

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

## **Name of Program/Strategy: SAFEChildren**

### **Report Contents**

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

---

### **1. Overview and description**

Schools And Families Educating Children (SAFEChildren) is a family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse and associated problems such as aggression, school failure, and low social competence. SAFEChildren targets 1st-grade children and their families living in inner-city neighborhoods. The intervention has two components. The first component is a multiple-family group approach that focuses on parenting skills, family relationships, understanding and managing developmental and situational challenges, increasing parental support, skills and issues in engaging as a parent with the school, and managing issues such as neighborhood problems (e.g., violence). Families participate in 20 weekly sessions (2 to 2.5 hours each) led by a trained, professional family group leader. Each session includes a review of the previous week's homework, discussion about a focused topic, and in-session role-plays and activities. The second component is a reading tutoring program for the child. Tutoring is provided twice weekly (one 30-minute and one 20-minute session) over 20 weeks, using a modified version of the Wallach program. Each tutoring session involves segments on phonics, sound and word activities, and reading books.

### **2. Implementation considerations (if available)**

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

## **3. Descriptive information**

<b>Areas of Interest</b>	Mental health promotion Substance abuse prevention
<b>Outcomes</b>	1: Reading achievement 2: Child problem behaviors 3: Parenting practices 4: Parental involvement in child's education
<b>Outcome Categories</b>	Education Social functioning Violence
<b>Ages</b>	6-12 (Childhood) 26-55 (Adult)
<b>Gender</b>	Male Female
<b>Races/Ethnicities</b>	Black or African American Hispanic or Latino
<b>Settings</b>	School Other community settings
<b>Geographic Locations</b>	Urban
<b>Implementation History</b>	Since 1997 approximately 550 families have participated in the SAFEChildren program.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	Parent group handouts and process and fidelity measures are available in Spanish.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the applicant.
<b>IOM Prevention Categories</b>	Selective

## **4. Outcomes**

### **Outcome 1: Reading achievement**

<b>Description of Measures</b>	Children's reading achievement was measured using the Woodcock Diagnostic Reading Battery (WDRB), a comprehensive set of
--------------------------------	--------------------------------------------------------------------------------------------------------------------------

## ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

	individually administered tests that measure important dimensions of reading achievement and closely related abilities. Four subscales of the battery were administered: letter-word identification, word attack, passage comprehension, and incomplete words. Results from each subscale were combined for a total reading score.
<b>Key Findings</b>	One study analyzed the growth trajectories in reading achievement from the end of kindergarten to the middle of 2nd grade for both intervention and nonintervention children. Children who received the intervention improved in overall reading ability at a more rapid rate for the reading composite ( $p < .01$ ) than those who did not receive the intervention. When the reading composite results were converted to grade-equivalent scores, the intervention participants were 0.44 grade-equivalent years ahead of the control participants by the middle of 2nd grade. In addition, the intervention participants were somewhat above the national average for mid-2nd-grade reading skills (grade equivalent = 2.9 level achievement, school month = 2.6), while the control participants were slightly below the national average (grade equivalent = 2.4, school month = 2.6). The slope effect size was very small (Cohen's $d = 0.17$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.6 (0.0-4.0 scale)

### **Outcome 2: Child problem behaviors**

<b>Description of Measures</b>	Teachers and parents provided ratings of the child's aggression, hyperactivity, and concentration problems using subscales of the Teacher Observations of Classroom Adaptation--Revised (TOCA-R) and Parent Observations of Classroom Adaptation--Revised (POCA-R). In this structured interview, teachers and parents report observations of the child's behaviors that may affect adaptation to school. Higher scores reflect higher levels of aggression, hyperactivity, and problems with concentration. Parent and teacher ratings were combined for each of the subscales.
<b>Key Findings</b>	Among families designated as high risk (those with less adequate parenting skills and family relationship quality at pretest), there was a decrease over time in aggression among children who received the SAFEChildren intervention, whereas there was essentially no

## ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

	<p>change among children who did not receive the intervention (<math>p &lt; .05</math>). In addition, SAFEChildren participants showed an improvement in concentration (<math>p &lt; .05</math>) relative to those who did not receive the intervention. The slope effect sizes were very small (Cohen's <math>d = 0.12</math> and <math>0.13</math>, respectively).</p> <p>Among high-risk children (having high levels of problem behaviors at pretest), SAFEChildren participants showed a decrease in aggression, whereas those who did not receive the intervention had a slight increase in aggression (<math>p &lt; .05</math>). The slope effect size was very small (Cohen's <math>d = 0.10</math>).</p>
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.6 (0.0-4.0 scale)

### **Outcome 3: Parenting practices**

<b>Description of Measures</b>	Parents completed the Parenting Practices Questionnaire, a 46-item self-report scale that measures two primary constructs, discipline practices and monitoring. Higher scores represent more effective or better parenting practices.
<b>Key Findings</b>	Among families designated as high risk (those with less adequate parenting skills and family relationship quality at pretest), there was a significantly greater improvement in parental monitoring among those who received the SAFEChildren intervention than among those who did not receive the intervention ( $p < .05$ ). The slope effect size was very small (Cohen's $d = 0.14$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.6 (0.0-4.0 scale)

### **Outcome 4: Parental involvement in child's education**

<b>Description of Measures</b>	Parents completed the Fast Track Parent Involvement Scales, a self-report measure of parental involvement in their child's education that contains three subscales: parent endorsement of school, parent involvement, and quality of relationship with the teacher. Higher scores on these composites indicate greater parental involvement in school.
--------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

<b>Key Findings</b>	Among families with high-risk children (having high levels of problem behaviors at pretest), those who received the SAFEChildren intervention showed a slight increase in parental involvement in the child's education, whereas families who did not receive the intervention showed a substantial decrease ( $p < .05$ ). The slope effect size was very small (Cohen's $d = 0.14$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.6 (0.0-4.0 scale)

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)
6. **Washington State results** (from Performance Based Prevention System (PBPS) – if available)
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties

## **8. Study populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	6-12 (Childhood) 26-55 (Adult)	51% Male 49% Female	57.5% Hispanic or Latino 42.5% Black or African American

## **9. Quality of studies**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

## **Study 1**

Gorman-Smith, D., Tolan, P. H., Henry, D. B., Leventhal, A., Schoeny, M., Lutovsky, K., & Quintana, E. (2002). Predictors of participation in a family-focused preventive intervention for substance use. *Psychology of Addictive Behaviors*, 16(Suppl. 4), S55-S64.

Tolan, P., Gorman-Smith, D., & Henry, D. (2000). Promoting academic and social competence among urban youth: The SAFEChildren Project. Final grant report submitted to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Tolan, P., Gorman-Smith, D., & Henry, D. (2004). Supporting families in a high-risk setting: Proximal effects of the SAFEChildren preventive intervention. *Journal of Consulting and Clinical Psychology*, 72(5), 855-869.

## **Supplementary Materials**

Gorman-Smith, D., Tolan, P., Henry, D. B., Quintana, E., Lutovsky, K., & Leventhal, A. (2007). Schools and Families Educating Children: A preventive intervention for early elementary school children. In P. H. Tolan, J. Szapocznik, & S. Sambrano (Eds.), *Preventing youth substance abuse: Science-based programs for children and adolescents* (pp. 113-135). Washington, DC: American Psychological Association.

## **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

<b>Outcome</b>	<b>Reliability of Measures</b>	<b>Validity of Measures</b>	<b>Fidelity</b>	<b>Missing Data/Attrition</b>	<b>Confounding Variables</b>	<b>Data Analysis</b>	<b>Overall Rating</b>
<b>1: Reading achievement</b>	4.0	4.0	3.8	3.5	3.0	3.5	3.6
<b>2: Child problem behaviors</b>	4.0	4.0	3.8	3.5	3.0	3.5	3.6

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

<b>3: Parenting practices</b>	4.0	4.0	3.8	3.5	3.0	3.5	3.6
<b>4: Parental involvement in child's education</b>	4.0	4.0	3.8	3.5	3.0	3.5	3.6

## **Study Strengths**

The measures used are well established and have good psychometric properties. The methods used to ensure intervention fidelity are noteworthy. When data were missing, this was addressed with growth curve modeling. The retention was good for this type of study. Appropriate analyses were used.

## **Study Weaknesses**

The researchers employed an unbalanced design favoring the intervention group (55% were randomly assigned to the intervention condition, and 45% were randomly assigned to the control condition), which somewhat limits the confidence in these findings. The large number of measures employed raises the possibility of co-linearity in the absence of a discussion of the statistical power of the multiple measures.

## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Forms and handouts:

Description of process and fidelity protocol

Description of training and technical support

Family Group Sessions: Parent Process Measure

Family Group Sessions: Process Measure--Interventionist Form

Family intervention handouts

Letter-Writing Sheets

Reading Response Sheet

Tutoring flash cards

Program Web site, <http://www.psych.uic.edu/fcrp/safe.html>

SAFEChildren family intervention manual. (2006).

Woo, S., Gorman-Smith, D., Gay, F., Schoeny, M., Tolan, P. H., & Henry, D. B. (n.d.). SAFEChildren tutoring manual. Revised for 7th and 8th grade student tutors. Chicago, IL: Authors.

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
3.0	2.3	3.0	2.8

## **Dissemination Strengths**

Implementation materials are thorough, coherent, and easy to follow. The family intervention manual includes specific guidance for family recruitment and engagement. Training and technical assistance are available upon request. Excellent fidelity and process instruments are available to support quality assurance.

## **Dissemination Weaknesses**

Little information is provided on organization-level implementation or tutor and leader qualifications. No formal training curriculum has been developed to supplement the intervention materials. No substantive guidance is provided on how new implementation sites use the information collected from quality assurance instruments.

## **11. Costs (if available)**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
Family intervention manual	\$50 each	Yes
Tutoring manual	\$20 each	Yes
Set of reproducible tutoring materials	\$75 each	Yes

## ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

Basic 3-day, on-site training	\$3,000 per site for up to 10 participants	No
Intensive 5-day, on-site training	\$6,500 per site for up to 10 participants	No
Initial 1.5-day consultation	\$2,500 per site	No
Phone consultation	\$250 per hour	No
Fidelity and process measures	Included with manuals	No

### **Additional Information**

Group leaders are usually hired to work half-time at a salary commensurate with a master's of social work and 4-6 years of post-degree experience. College students can serve as tutors; approximately 2 hours should be budgeted for each tutee per week, which allows for both preparation and travel time.

## **12. Contacts**

### **For information on implementation:**

Department of Psychiatry  
(312) 413-1090  
fcrg@psych.uic.edu

### **For information on research:**

Patrick Tolan, Ph.D.  
(434) 243-9551  
pht6t@virginia.edu

**Learn More by Visiting:** <http://www.psych.uic.edu/fcrg/safe.html>