

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

Name of Program/Strategy: Early Risers - Skills for Success

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1. Overview and description

Early Risers "Skills for Success" is a multi-component, developmentally focused, competency-enhancement program that targets 6- to 12- year-old elementary school students who are at high risk for early development of conduct problems, including substance use. Early Risers is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions to move high-risk children onto a more adaptive developmental pathway.

A "family advocate" (someone with a bachelor's degree and experience working with children/parents) coordinates the child- and family- focused components. The child-focused component has three parts: (1) Summer Day Camp, offered 4 days per week for 6 weeks and consisting of social-emotional skills education and training, reading enrichment, and creative arts experiences supported by a behavioral management protocol; (2) School Year Friendship Groups, offered during or after school and providing advancement and maintenance of skills learned over the summer; and (3) School Support, which occurs throughout each school year and is intended to assist and modify academic instruction, as well as address children's behavior while in school, through case management, consultation, and mentoring activities performed by the family advocate at school.

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The family-focused component has two parts: (1) Family Nights with Parent Education, where children and parents come to a center or school five times per year during the evening, with children participating in fun activities while their parents meet in small groups for parenting-focused education and skills training; and (2) Family Support, which is the implementation of an individually designed case plan for each family to address their specific needs, strengths, and maladaptive patterns through goal setting, brief interventions, referral, continuous monitoring, and, if indicated, more intensive and tailored parent skills training.

2. Implementation considerations (if available)

3. Descriptive Information

Areas of Interest	Mental health promotion Substance abuse prevention
Outcomes	1: Academic competence and achievement (performance and behaviors) 2: Behavioral self-regulation 3: Social competence 4: Parental investment in the child 5: Effective discipline
Outcome Categories	Education Family/relationships Social functioning Violence
Ages	6-12 (Childhood) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	White Race/ethnicity unspecified
Settings	Home School
Geographic Locations	Urban Suburban Rural and/or frontier
Implementation History	In addition to the original implementations evaluated by the developers, Early Risers has been implemented and evaluated by the Pillsbury United Communities agency in cooperation with Minneapolis Public Schools and the University of Minnesota.

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	Other evaluated implementations in Minnesota include the Hennepin County Project, the Healthy Families Network Project, the Service Delivery Innovations Project, the Truancy Prevention Pilot Project, and the Multisite Implementation Project. The program has been used at various other sites throughout the United States, but specific data on the number of implementations and students reached are not available.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: Yes
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Indicated

4. Outcomes

Outcome 1: Academic competence and achievement (performance and behaviors)

Description of Measures	<p>Academic achievement in reading and arithmetic was measured using the Woodcock-Johnson Tests of Achievement--Revised. Academic competence was measured using various teacher and parent rating scales. Teachers completed the Learning Problems subscale of the Behavioral Assessment System for Children--Teacher Rating Scale (BASC-TRS), the Cognitive Competence subscale of the Teacher's Scale of Child's Actual Competence and Social Acceptance, and the Concentration Problems subscale of the Teacher Observation of Classroom Adaptation Scale--Revised (TOCA-R). Parents completed the Concentration Problems subscale of the Parent Observation of Classroom Adaptation (POCA). Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.</p> <p>Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).</p>
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Key Findings	<p>At 2-year follow-up, scores of academic competence improved among children in the intervention group and worsened among children in the control group ($p < .018$). This finding had a small effect size (Cohen's $d = 0.26$) but was robust across both genders and all levels of aggressiveness.</p> <p>At 3-year follow-up, the improvements in academic competence observed at 2 years were maintained ($p < .018$). Children from intervention families who received at least half of the FLEX program over 3 years exhibited a greater rate of improvement in academic achievement ($p < .013$) and in concentration problems ($p < .036$) than children from intervention families who received less than half of the FLEX program. Intervention children whose families participated in FLEX also moved into the normative range for children their age on academic achievement.</p>
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.4 (0.0-4.0 scale)

Outcome 2: Behavioral self-regulation

Description of Measures	<p>Behavioral self-regulation was assessed using scales from two parent and two teacher measures: the Aggressive-Disruptive, Hyperactivity, and Impulsivity subscales of the TOCA-R and the POCA and the Aggression and Hyperactivity subscales of the BASC-TRS and BASC--Parent Rating Scale (PRS). Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.</p> <p>Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).</p>
Key Findings	<p>At 2-year follow-up, there were no significant overall findings on self-regulation for the entire sample of children. However, among severely aggressive children, those in the intervention group improved in self-regulation; while those in the control group remained relatively stable ($p < .008$). Severely aggressive children in the intervention group also improved in ratings of aggression,</p>

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	<p>hyperactivity, and impulsivity when compared with similar children in the control group ($p < .001$).</p> <p>At 3-year follow-up, there were no statistically significant findings on behavioral self-regulation measures after controlling for baseline scores.</p>
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.5 (0.0-4.0 scale)

Outcome 3: Social competence

Description of Measures	<p>Social competence was assessed using the Social Skills, Leadership, and Adaptability subscales of the BASC-TRS and BASC-PRS. As an element of social competence, peer acceptance was measured using the Social Acceptance subscale of the Teacher's Scale of Child's Actual Competence and Social Acceptance. Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.</p> <p>Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).</p>
Key Findings	<p>At 2-year follow-up, children in the intervention and control groups improved in social competence, but no overall intervention effects were found for social competence, social skills, or adaptability.</p> <p>At 3-year follow-up, children in the intervention group exhibited better scores on social competence relative to children in the control group ($p = .015$). Intervention group children whose families received at least half of the FLEX intervention exhibited more improvement in social skills than control group children ($p = .02$).</p>
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.4 (0.0-4.0 scale)

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Outcome 4: Parental investment in the child

Description of Measures	<p>Parental investment in the child was measured using the Involvement, Positive Parenting, and Inconsistent Discipline subscales of the Alabama Parenting Questionnaire; the Depression, Isolation, and Health subscales of the Parenting Stress Index; the Parenting Practices Questionnaire; the Support and Cohesion subscales of the Family Relations Scale; and the teacher and parent versions of the Parent-Teacher Involvement Questionnaire. Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.</p> <p>Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).</p>
Key Findings	<p>At 2-year follow-up, parental investment remained stable for both the control and intervention groups, and no significant effects were found. However, intervention and control group parents of the most severely aggressive children showed the lowest level of investment in their children ($p < .001$).</p> <p>At 3-year follow-up, parents of severely aggressive children who received at least half of the FLEX intervention improved more rapidly on parental distress than similar control group parents, but the effect was marginally statistically significant ($p = .058$).</p>
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

Outcome 5: Effective discipline

Description of Measures	<p>Effective discipline was measured using the Parenting Practices Questionnaire.</p> <p>Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).</p>
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Key Findings	At 2-year follow-up, intervention group parents of severely aggressive children reported improvements in the use of effective discipline, when compared with similar control group parents ($p < .003$). At 3-year follow-up, intervention group parents reported improvements in the use of effective discipline relative to control group parents, but the effect was marginally statistically significant ($p = .054$).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.2 (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. **Where is this program/strategy being used (if available)?**

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
Study 1	6-12 (Childhood) 26-55 (Adult)	68.6% Male 31.4% Female	89% White 11% Race/ethnicity unspecified

9. Quality of Research

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

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Study 1

August, G. J., Hektner, J. M., Egan, E. A., Realmuto, G. M., & Bloomquist, M. L. (2002). The Early Risers longitudinal prevention trial: Examination of 3-year outcomes in aggressive children with intent-to-treat and as-intended analysis. *Psychology of Addictive Behaviors*, 16(4S), S27-S39.

August, G. J., Realmuto, G. M., Hektner, J. M., & Bloomquist, M. L. (2001). An integrated components preventive intervention for aggressive elementary school children: The Early Risers program. *Journal of Consulting and Clinical Psychology*, 69(4), 614-626.

Supplementary Materials

August, G. J., Bloomquist, M. L., Lee, S. S., Realmuto, G. M., & Hektner, J. M. (2006). Can evidence-based prevention programs be sustained in community practice settings? The Early Risers' Advanced-Stage Effectiveness Trial. *Prevention Science*, 7(2), 151-165.

August, G. J., Bloomquist, M. L., Realmuto, G. M., & Hektner, J. M. (2007). The Early Risers "Skills for Success" program: A targeted intervention for preventing conduct problems and substance abuse in aggressive elementary school children. In P. H. Tolan, J. Szapocznick, & S. Sambrano (Eds.), *Preventing youth substance abuse: Science-based programs for children and adolescents* (pp. 137-158). Washington, DC: American Psychological Association.

August, G. J., Egan, E. A., Realmuto, G. M., & Hektner, J. M. (2003). Four years of the Early Risers early-age-targeted preventive intervention: Effects on aggressive children's peer relations. *Behavior Therapy*, 34, 453-470.

August, G. J., Egan, E. A., Realmuto, G. M., & Hektner, J. M. (2003). Parceling component effects of a multifaceted prevention program for disruptive elementary school children. *Journal of Abnormal Child Psychology*, 31(5), 515-527.

August, G. J., Lee, S. S., Bloomquist, M. L., Realmuto, G. M., & Hektner, J. M. (2003). Dissemination of an evidence-based prevention innovation for aggressive children living in culturally diverse, urban neighborhoods: The Early Risers effectiveness study. *Prevention Science*, 4(4), 271-286.

August, G. J., Lee, S. S., Bloomquist, M. L., Realmuto, G. M., & Hektner, J. M. (2003). Maintenance effects of an evidence-based prevention innovation for aggressive children living in culturally diverse urban neighborhoods: The Early Risers effectiveness study. *Journal of Emotional and Behavioral Disorders*, 12(4), 194-205.

August, G. J., Realmuto, G. M., Winters, K. C., & Hektner, J. M. (2001). Prevention of adolescent drug abuse: Targeting high-risk children with a multifaceted intervention model--The Early Risers "Skills for Success" program. *Applied & Preventive Psychology*, 10, 135-154.

Bloomquist, M. L., August, G. J., Lee, S. S., Berquist, B. E., & Mathy, R. (2005). Targeted prevention of antisocial behavior in children: The Early Risers "Skills for Success" program. In R. G. Steele & M. C. Roberts (Eds.), *Handbook of mental health services for children, adolescents, and families* (pp. 201-214). New York: Kluwer.

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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](#).

	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Academic competence and achievement (performance and behaviors)	4.0	4.0	3.0	2.5	3.0	4.0	3.4
2: Behavioral self-regulation	4.0	4.0	3.0	3.0	3.0	4.0	3.5
3: Social competence	4.0	4.0	3.0	2.5	3.0	4.0	3.4
4: Parental investment in the child	4.0	4.0	2.5	2.0	2.5	4.0	3.2
5: Effective discipline	4.0	4.0	2.5	2.0	2.5	4.0	3.0

Study Strengths

The research used well-selected measures with strong reliability and validity. To ensure fidelity of implementation, the researchers employed several strategies, including a fidelity checklist, manualized training, logbooks, supervision, rating forms, observations by fidelity technicians, and a parent satisfaction questionnaire.

Study Weaknesses

The fidelity was not as rigorous with the parent component as it was with other aspects of the intervention, particularly from a dosage perspective.

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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

Bloomquist, M., Coleman, S., Berquist, B., & August, G. (n.d.). Early Risers Skills for Success program implementation manual with CD- ROM.

Early Risers Skills for Success training slides [PowerPoint slide handout]

The Evolution of a Community Social Services Agency Into a Sustainable Prevention Service Provider: Dissemination of the Early Risers Prevention Program [PowerPoint slide handout]

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.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
2.0	2.5	1.3	1.9

Dissemination Strengths

Program materials include a collection of creative activities, behavior management strategies, handouts, forms, and session guides. The implementation manual is very detailed and contains good supportive material related to youth violence programming and strategies that could assist in training practitioners or supervisors. To support quality assurance, materials include measures that address child and parental attendance and documentation of services. Developers also provide an Internet-based fidelity monitoring procedure and direct observation of interventions to enhance quality assurance.

Dissemination Weaknesses

The program manual includes dense material that would benefit from significant reorganization. The individual unit information is provided, but there is no course outline or direction on how the units relate to each other. No program goals or selection criteria for students are provided. Materials also do not

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include a clear intervention training curriculum. Very little information is available on using quality assurance measures or using data to improve program implementation.

11. Costs

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.

Item Description	Cost	Required by Program Developer
2-day, on-site training (includes program manual)	\$7,000 including travel expenses	Yes
PATHS Basic Kit (grades 1-6)	\$629 each; \$719 with PATHS Turtle Unit	Contact the developer
Additional program manuals	\$75 each	No
Support and quality assurance information	Contact the developer	Contact the developer

Additional Information

The total annual cost to administer the program, including the agency's direct and indirect costs is approximately \$1,500-\$2,500 per student.

12. Contacts

For information on implementation or research:

Gerald J. August, Ph.D.
(612) 273-9727
augus001@umn.edu

George Realmuto, M.D.
(612) 273-9711
realm001@umn.edu