Name of Program/Strategy:  **SAFEChildren**

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
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

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

### 4. Outcomes

**Outcome 1: Reading achievement**

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children's reading achievement was measured using the Woodcock Diagnostic Reading Battery (WDRB), a comprehensive set of</th>
</tr>
</thead>
</table>
**Excellence in Prevention** – descriptions of the prevention programs and strategies with the greatest evidence of success

<table>
<thead>
<tr>
<th>Study Design</th>
<th>Study 1</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Research Rating</td>
<td>3.6 (0.0-4.0 scale)</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 2: Child problem behaviors**

| Description of Measures | 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. |
| Key Findings | 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** is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Outcomes of the SAFEChildren intervention:

- **Outcome 3: Parenting practices**
  - **Description of Measures**: 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.
  - **Key Findings**: 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).

- **Outcome 4: Parental involvement in child’s education**
  - **Description of Measures**: 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* is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Key Findings

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).

Studies Measuring Outcome

| Study 1 |

Study Designs

Experimental

Quality of Research Rating

3.6 (0.0-4.0 scale)


6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

7. Who is using this program/strategy

<table>
<thead>
<tr>
<th>Washington Counties</th>
<th>Oregon Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Study populations

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

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

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 is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Study 1


Supplementary Materials


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.

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

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
**Excellence in Prevention** – *descriptions of the prevention programs and strategies with the greatest evidence of success*

<table>
<thead>
<tr>
<th>3: Parenting practices</th>
<th>4.0</th>
<th>4.0</th>
<th>3.8</th>
<th>3.5</th>
<th>3.0</th>
<th>3.5</th>
<th>3.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>4: Parental involvement in child’s education</td>
<td>4.0</td>
<td>4.0</td>
<td>3.8</td>
<td>3.5</td>
<td>3.0</td>
<td>3.5</td>
<td>3.6</td>
</tr>
</tbody>
</table>

**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/fcrg/safe.html](http://www.psych.uic.edu/fcrg/safe.html)


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.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>2.3</td>
<td>3.0</td>
<td>2.8</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Program Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family intervention manual</td>
<td>$50 each</td>
<td>Yes</td>
</tr>
<tr>
<td>Tutoring manual</td>
<td>$20 each</td>
<td>Yes</td>
</tr>
<tr>
<td>Set of reproducible tutoring</td>
<td>$75 each</td>
<td>Yes</td>
</tr>
<tr>
<td>materials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Cost</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic 3-day, on-site training</td>
<td>$3,000 per site for up to 10 participants</td>
<td>No</td>
</tr>
<tr>
<td>Intensive 5-day, on-site training</td>
<td>$6,500 per site for up to 10 participants</td>
<td>No</td>
</tr>
<tr>
<td>Initial 1.5-day consultation</td>
<td>$2,500 per site</td>
<td>No</td>
</tr>
<tr>
<td>Phone consultation</td>
<td>$250 per hour</td>
<td>No</td>
</tr>
<tr>
<td>Fidelity and process measures</td>
<td>Included with manuals</td>
<td>No</td>
</tr>
</tbody>
</table>

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](http://www.psych.uic.edu/fcrg/safe.html)