

Promoting Positive Outcomes in Low Socioeconomic (SES) Communities

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### **Part A: Context of the Problem**

Statistics show that low socioeconomic status (SES) is strongly related to a variety of factors that place students at increased risk for mental illness, social, and behavioral problems, including exposure to crime and abuse and school problems related to low academic achievement (McWhirter, McWhirter, McWhirter, & McWhirter, 2007). Children and youth have worse mental health outcomes and less access to mental health care than higher income children (Children's Defense Fund [CDF], 2014). Lower SES children and youth have higher levels of emotional and behavioral difficulties, including anxiety, depression, attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), and higher levels of aggression (American Psychological Association [APA], 2014a). In 2007, the American Psychological Association's Task Force on Socioeconomic Status concluded that "the evidence suggesting that poverty leads to psychopathology, rather than vice versa, is becoming stronger, at least for children" (p. 17). According to data from APA, youth from low-income neighborhoods witness significantly more severe violence (e.g. murders and stabbings) than youths from middle- and upper-income neighborhoods (2014c). Children of low SES families are often unsupervised after school from 3pm to 6pm—the time when most violent youth crime occurs—and a child's chance of being a victim of crime triples after school (CDF, 2001c, as cited in McWhirter et al., 2007). Research has also found that declines in academic attainment are common after experiences with violence (Perez & Widom, 1994, as cited in APA, 2014c). Additionally, dropout rates for low SES children have steadily increased, with 60-70% of students in low-income school districts failing to graduate from high school (National Center for Education Statistics, 2002, as cited in APA, 2014a).

Many programs, organizations, and initiatives have been developed to address these areas

of risk for low SES students. Many provide multi-year after-school programming, including the Twenty First Century Community Learning Centers, By the Hand Club for Kids, Big Brothers Big Sisters, and many more (Greenberg et al., 2003). However, the majority of these programs focus only on promoting academic outcomes, as academic achievement is often used as a basis for funding (McWhirter et al., 2007). While promoting academic success is important for low SES students, the risk statistics demonstrate several areas of need that should also be addressed—mental health and social and behavioral problems. We propose the development of a multi-year, after-school program for low SES students offering not only homework assistance, but also mental health services and social and behavioral skills training.

### **Part B: Theoretical Basis**

The intervention program is based on two major theoretical concepts. The first, “40 Developmental Assets” (Scales, 2005), describes a list of 40 “building blocks” that assist in promoting healthy and successful development for children and adolescents. Educators “can affect the well-being of individual students through this focus on intentionally building students’ developmental assets, facilitating linkages across the multiple dimensions, and attempting to broadly influence school climate” (Scales, 2005, p. 110). The assets are divided into “External” categories (Support, Empowerment, Boundaries and Expectations, Constructive Use of Time) and “Internal” categories (Commitment to Learning, Positive Values, Social Competencies, Positive Identity). The three components of the program (mental health, social skills development, and academic achievement) attempt to strengthen many of these developmental assets, providing students with a stronger basis for a healthy, successful development. For instance, within the “Empowerment” category is Asset #10: Safety: “Young person feels safe at home, at school, and in the neighborhood” (Scales, 2005, p. 107). The program provides students

a place to go after school and transportation home, improving the likelihood that students feel safe in their community. With the program's focus on academic assistance, Assets #21-25 are incorporated: achievement motivation, school engagement, homework, bonding to school, and reading for pleasure. These assets help students see the importance of their academics, connect with the skills they are learning, and increase their likelihood of a successful school experience.

The second theory that this program is based on is the "Five C's of Competency," developed by McWhirter et al. (1994). The "Five C's" include critical school competencies; concept of self, self-esteem, and self-efficacy; connectedness; coping ability; and control. These characteristics "discriminate between young people who move through life with a high potential for success and those who do not do well" (McWhirter et al., 2007, p. 121). Students who possess strength in these five areas are considered at lower-risk for future problems, while students who lack these skills are considered to be at a higher risk for school dropout, substance abuse, teen pregnancy, youth delinquency and violence, and suicide. This intervention program broadly incorporates development of all five of these areas, by providing students opportunities to connect with their school, communicate effectively with others, increase self-esteem, and improve academic skills. More specifically, we delve more deeply into improving the areas of "critical school competencies," with the focus on after school homework time and tutoring; "concept of self," with the emphasis on improving mental health and helping students develop a healthy self-concept; and "connectedness," with the many opportunities for youth-to-adult relationships and peer-to-peer communications.

### **Part C: Components of the Intervention**

The goal of our after-school program is to promote the development of protective factors among low SES students by providing mental health services and social and behavioral skills

training. Programming will be implemented from 3-6pm, in an effort to minimize the potential harmful or negative events that can take place (as previously mentioned) during these often unsupervised hours. The program will service students in grades 4-8 who reside in a low SES community. The location of the program will be school-based in an effort to promote ease of access as well as provide a familiar environment for the students. In order to maintain the quality of the program and to effectively meet student needs, the staff to student ratio will be 1:12 (Council of Accreditation, 2008). The program will be available to students during the school week (i.e. Monday-Friday) from 3pm-6pm. For children who do not live within walking distance or during the fall and winter seasons, the program will provide bus fare for students who are unable to obtain transportation as otherwise identified by their parents.

A three-tier, multi-year format will be implemented in an effort to reinforce the different interventions as the students transition to each grade. A social and emotional progress monitoring tool (BASC-2: Progress Monitor) will be used to place students in tiers within the program. Classification levels fall in the Average, At-Risk, and Clinically Significant range. Students placed in tier one (Average range) based on the rating form will receive homework assistance services through the program. Students placed in tier two (At-Risk range) will receive social skills training, group counseling services as well as homework assistance. Students placed in tier three (Clinically Significant range) will receive individual counseling services in addition to the social skills training and homework assistance services.

The social skills training will consist of lessons regarding effective communication, self-control and emotional regulation and self-esteem. The social and behavioral skills lessons will be created using the following format: explicit instruction, peer modeling, implementation, and feedback (Brigman & Campbell, 2003). The lessons and activities will also be tailored by age

and grade level in order to ensure developmental appropriateness. The program will also offer individual and group counseling services provided by social work and school counseling graduate school students supervised by licensed professionals in their respective fields. The mental health counseling sessions will follow a person-centered approach in that the youth are involved in the choice of topics and issues to cover, as this will assist in their overall positive development (Metzger, Crean, & Forbes-Jones, 2009; Nicholson, Collins, & Holmer, 2004). The sessions will also feature interactive child and personal development activities to help students understand how and why they process situations and feelings in a particular manner. The associated outcomes with the implementation of mental health education and social skills training are a decrease in behavioral issues, depression and anxiety, an increase in positive feelings towards one's self and the relation to school and improved advocacy skills as identified by an increase in social and communication skills (Greenberg, Domitrovich, Graczyk, & Zins, 2005; Harvard Family Research Project, 2008; Metzger et al., 2009).

Homework assistance will include daily check-ins with designated staff to review student's homework status. In the event that a student has homework then they will be assigned to work with specified staff and other students who are working on the same discipline. Any students that are struggling in a particular subject will have the option of individual tutoring three times a week to enhance their understanding of that subject. The positive outcomes of this are that it will help students complete their homework more accurately and diligently, improve their understanding and attitude regarding school and higher education, and reduce suspensions, tardiness and dropouts (Harvard Family Research Project, 2008; Kane, 2004).

#### **Part D: Evaluation**

Progress monitoring will be used to assess the effectiveness of this intervention program.

We will collect data regularly related to students' mental health, social skills, academic outcomes, attendance, and dropout rates. Upon beginning the program, students and teachers of the students participating will complete a brief mental health rating form (BASC-2: Progress Monitor) regarding the student in order to determine which services they should receive, and to track their development over the course of their participation in the program. The Behavior Assessment System for Children 2nd Ed.: Progress Monitor (See Appendix A) will be used to track students' mental health and social skills. The BASC-2: Progress Monitor is a brief rating form with versions for teachers, parents, and students. Teacher and student self-report forms will be used to track the progress of participants. Data will also be collected related to students' grades, and attendance. Mental health progress monitoring forms, and student data will be collected at the start, mid-point and the end of each school year in order to monitor the progress of students in the program.

Student outcomes will be evaluated by tracking the students after the program for high school completion and dropout rates. Dropout rates of the participating students will be compared to historical dropout records at the school to determine if the program is effective for promoting successful high school completion. By collecting this information from each cohort group, we will also be better able to infer what length of participation in the program is effective in order to determine if adding students to the program beyond the fourth grade is beneficial.

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## Appendix A:



Ratings are provided for the following areas: Externalizing and ADHD Problems (School and ADHD problems on student form), Internalizing Problems, Social Withdrawal, and Adaptive and Social Skills.

\*Due to copyright, a copy of the BASC-2: Progress Monitor could not be provided. For more information please visit: <http://www.intensiveintervention.org/chart/behavioral-progress-monitoring-tools/13136>.