ABSTRACT
        This report highlights three of the programs funded through
the Safe Schools/Healthy Students Initiative in Pinellas County, Florida.
These programs are: (1) Think First, an anger management program for high
school students; (2) Families and Schools Together (FAST), a parenting
program for parents of at-risk elementary students; and (3) On-Campus
Intervention Program (OCIP), an alternative to out of school suspension for
high school students. Each of these programs targets students who are at risk
for school failure, and provides support and skills training to help them
become more successful learners. The On-Campus Intervention Program is
described first and outcomes include reductions in school suspensions where
the program is fully implemented, high levels of satisfaction among
principals and assistant principals, generally favorable responses from
teachers, and anecdotal responses from families indicating favorable results.
The program Think First is then described. Preliminary results indicate
positive findings, with students (n=159) learning skills that will enable
them to more successfully deal with conflict through means other than
fighting. Evaluation results from the FAST program indicate the program
contributes to the development of favorable improvements in families and
children and that parents (n=77) were very pleased with the program. (CR)

Symposium

The Safe Schools/Healthy Students Initiative: Methodologies and Results in Program-Based Evaluation

Symposium Introduction

The 1997-1998 school year served as a dramatic wakeup call to communities across the nation as violent incidents took place in schools. While statistics showed that most schools were safe places for children, violent incidents spread from Oregon to Virginia, from Arkansas to Pennsylvania, and from Mississippi to Kentucky (Dwyer, Osher & Wargner, 1998). As the shock of these incidents began to settle, American society started questioning why these incidents occurred in schools and demanded that strategies be put into place to prevent these tragedies from happening again (Elliot, 1998). In response to these national concerns to reduce school violence, the US Departments of Education, Health and Human Services, and Justice announced the Safe Schools/Healthy Students Initiative grants in the spring of 1999. The intent of this initiative was to provide funding meant to improve safety and security in schools and to promote healthy child development.

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Unique to this initiative was both the collaboration of these major government agencies in funding these grants and selecting recipients, as well as the requirement for school districts applying for monies to join with their community partners and families to insure that the services and activities funded reflected a comprehensive, community-wide approach in addressing problems of school violence, alcohol and drug abuse. Further, the grant required that the services and activities target prevention strategies toward the development of social skills and emotional resilience in children. Finally, the grant required a local plan and funding set aside for evaluating the community-wide strategy and additionally required participation in a national evaluation of the Initiative.

Initially, grant awards were made to 50 sites, designated as the local educational agencies (LEA). Up to $3 million per year for urban districts, up to $2 million per year for suburban districts, and up to $1 million per year for rural school districts was available for awards; an additional 22 sites were funded by this initiative the following year (2000). Target populations included preschool and school-age children and their families who were at risk of being involved in violence as perpetrators, victims, or including all families in the community. Best practices drawn from the education, mental health, juvenile justice, and social service literature were to serve as the framework for grant application. These grants were intended to strengthen local partnerships, improve the capacity of the community to provide prevention and intervention services, and thus, took into account the unique circumstances within each community. Because of the strengths and needs found within each community, the resulting grant proposals were very different.

Safe Schools/Healthy Students in Pinellas County, Florida

In an effort to improve the safety and security, and promote healthy childhood development in its community, with a population of 881,383, Pinellas County schools joined with their community partners to request these funds. Pinellas County is a large, urban school district, serving over 110,000 students in 149 schools, making it the twenty-third largest school district in the nation. Their proposal incorporated 14 distinct programs to fulfill the requirements of the Safe Schools/Healthy Students Initiative. Built around the principles of primary prevention, these programs are research-based and data-driven, and expand the availability of, or fill in the gaps, in services available to children and families. At the grant proposal stage, Pinellas County Schools contacted Florida Mental Health Institute at the University of South Florida (FMHI/USF) to assist in establishing a set of measurable goals and objectives to determine the effectiveness of programs.

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The following summaries highlight three of the programs funded through the Safe Schools/ Healthy Students Initiative in Pinellas County. These programs are Think First, an anger management program for high school students, Families and Schools Together (FAST), a parenting program for at-risk elementary students, and On Campus Intervention Program (OCIP'), an alternative to out of school suspension for high school students. Each of these programs targets students who are at risk for school failure, and provides support and skills training to help them become more successful learners.

References

Dwyer, K., Osher, D., & Wargner, C. (1998). *Early warning, timely response: A guide to safe schools.* U.S. Department of Education.

Elliot, D. (1998). *Prevention programs that work for youth: Violence prevention.* Boulder, Colorado: Center for the Study and Prevention of Violence.

The Incremental/Experimental Development of OCIP®: A Story of Continuous Evaluation

Doug Uzzell

Introduction

The On-Campus Intervention Programs (OCIP) were developed collaboratively by the Pinellas County School System and the Family Resource Center, with support of a great number of other entities interested in finding alternatives to the high rates of suspension and drop-out in the school system. The program was developed on an experimental basis at Clearwater High School, Florida beginning seven years ago. That is to say, each step of the incremental implementation has been evaluated and, where possible, improved.

The basic ideas behind the program were the following:

* Particularly in cases where parents are not at home during the day, suspension simply gives students unsupervised days off from school and do not necessarily act as a deterrent to misbehavior (Only about half of the students involved live with both parents).
* Students whose behavior traditionally warrants suspension tend to be having trouble academically as well. During suspension, the student is behind academically and falls farther behind.
* Students who act out in ways that result in suspension often are responding to non-communicated difficulties at home, at school, or elsewhere, or to psycho-social issues with which they need help.

Confronting these three facts, OCIP's developers set about generating an alternative to suspension. Instead of being suspended, the student would be referred to OCIP, where there would be a chance to catch up on uncompleted assignments and receive one-on-one assistance in learning so as not to be as far behind upon returning to class as at the time of referral.

At the same time the student would have a chance to meet one-on-one with a trained counselor for counseling on the spot, and, when appropriate, referral for continuing individual and family therapy. Meanwhile, students would be given rudimentary group training in problem solving, anger management, and other social skills.

In general, the idea was to take students who were not functioning well out of the classroom for a period of intensive academic and emotional assistance in hopes that this would reduce the severity and frequency of the students' negative behavior.

About three years ago, after the Clearwater experiment had been demonstrated to be successful, OCIPs began to be added to other schools. With more than 12 schools now developing programs Family Resources contracted for an outside evaluation.

The Outside Evaluation

The evaluation of the On-Campus Intervention Program took place over a year. In that time, researchers met on several occasions with staff of Family Resources, Inc., and interviewed teachers, principals, assistant principals, and students of most schools which have the Intervention Programs. In addition, evaluators have examined the results of teacher satisfaction surveys, student satisfaction surveys, and demographic reports from the Pinellas County School System and all but two of the OCIP sites, which were in operation by the end of the 1999-2000 school year. They conducted focus groups with students at one high school and with teachers at two middle schools.

The findings presented below are based on both quantitative and qualitative data. We are pleased to be able to report that the results so far are very encouraging. They appear to support all aspects of the theory of change implied by OCIP.

Overview of Findings

Outcomes

- Across the board reductions in school suspensions where the programs are fully implemented.
- High levels of satisfaction among assistant principals and assistant principals.
- Generally favorable responses from teachers, especially after a period of learning about the program directly. Many teachers were enthusiastic about the program, and were able to recount cases of lasting improvement in the behavior of individual students.
- Anecdotal responses from families indicating favorable results regarding their children.
- Stories of successful experiences from students, parents, teacher, assistant principals, and OCIP staff members.

Process

Successes

- Even in the first year of operation the effect of programs can often be felt by teachers, administrators, and students.
- At the more successful sites, OCIP teachers and OCIP counselors have been able to develop strong, cooperative relationships which appear greatly to enhance program effectiveness.
- Follow-up work with students and the ability of students to "drop in" after completing the program appears to fill a need for some students to have a stable "anchor" in the school.
- Teachers who maintain contact with OCIP staff report higher levels of satisfaction than those who have little contact.
- Principals and assistant principals seem to be learning to use OCIP as a valuable alternative to suspension, and as a tool they can use in subtle and complex dealings with troubled students.

Challenges

- Perceived effectiveness of the program at any given site appears to be proportional to the level of collaboration of the OCIP counselor and teacher.
- Perceived effectiveness of the program at any given site appears to be proportional to degree to which OCIP staff have been able to communicate with teachers at the school.
- In general, the more teachers and administrators know about the program and its day-to-day dealings with students, the more favorably school staff seem to regard the program and the greater use they make of it.

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• It appears that not all students are suitable for placement in OCIP for a variety of reasons. As staff and administrators learn to identify the more appropriate students they are able to make better use of the program.

• Developing strong working relationships between OCIP staff and teachers and assistant principles requires time, a great deal of work, and respect for the needs and contributions of teachers.

• The dilemma of dealing empathetically with students while not identifying with them to such an extent that work with teachers is adversely affected.

Conclusion

Continuing Evaluation

As the program matures, much has been learned not only about the program itself, but also about how it needs to be evaluated. Outcome goals have been consolidated. For each child the ideal outcome of attending OCIP instead of being suspended would be:

• Improvement of academic performance

• Reduction of negative incidents in class

• Reduction of negative incidents at home

• Increased willingness/ability to communicate with teachers, peers, administrators, and parents.

The next round of evaluation needs to track students for at least a year to see which of these changes took place, and how long they lasted. To control for effects of the program, a comparison group should be formed consisting of students with roughly the same demographic signature and similar academic and behavioral history who were suspended instead of being referred to OCIP. Matches in this comparison cohort should be added as each student graduates from the program and followed up at the same intervals as the matching students.

Our observations to date indicate that program effectiveness varies considerably from school to school, probably depending on some combination of quality of OCIP staff and faculty, school administrators, and school demographics. Therefore, tracking should be carried out at a variety of schools.

Continuing Improvement

Just as the experimental posture of the program has been maintained so far, the program needs to remain a "work in progress." Outcome assessment of the kind outlined above needs to be accompanied by examination of variables, inspired innovations in the process of the program, and evaluation of those innovations.

The transactions between school faculty and OCIP staff also suggests the possibility of a continued dialectic of innovation, testing, and improvement involving both teachers and staff as time goes on.

Preliminary Analysis of Results from a Conflict Resolution Intervention with At-Risk Students

Frank J. Sansosti, Oliver T. Massey & Kathleen Armstrong

Introduction

For the past several years, "lack of discipline" and "fighting/violence/gangs" have been among the greatest concerns that plague America's perceptions of public schools (Elam & Rose, 1995). Today's classrooms are sensationalized in the media as being common battlegrounds, or hot zones increasingly involved with emotion, sometimes even to the point of violence and mayhem. With these increased accounts of school violence, popularized by publications and media events, negative attitudes

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regarding the public education that our children receive become more widespread and, frighteningly, more real (Elam & Rose, 1995). Furthermore, student's behaviors become more aggressive and/or assaultive (e.g., increased amounts of name-calling, bullying/harassment, and threat/intimidation) (Furlong, Morrison, Chung, Bates, & Morrison, 1997), and every individual within a particular school can be negatively impacted (Batsche, 1997). As such, it is imperative that educators and educational staff become aware of what is known regarding the occurrence and dynamics of school violence. More specifically, it is necessary for school personnel to be informed concerning the various prevention/intervention strategies that have been, or that are currently being, implemented to reduce the negative impact that school violence has on American society.

One possible avenue for solution lies within teaching aggressive students how to deal with and, more importantly, control their anger. With an effective intervention, schools may become better equipped to deal with such demanding issues like school violence. In a distinctive opportunity, the Florida Mental Health Institute/University of South Florida (FMHI/USF) has conducted a major evaluation to document the effectiveness of programs funded by the Safe Schools/Healthy Students Initiative (SS/HSI) awarded to Pinellas County Schools, Florida in 1999. Of the many programs that are being implemented countywide, Think First (Larson & McBride, 1992), a conflict resolution curriculum for secondary students, represents one of the "targeted" evaluation programs. This paper examines the preliminary outcomes of the Think First model currently being implemented in Pinellas County Schools, Florida. Through a brief description of the program and its contents, the characteristics of the participants, the various outcome measures that were observed, and the future directions for the evaluation, this paper hopes to instill the image of a promising intervention for today's troublesome youth that can be effectively modeled by educators in the field.

Method

Participants

During the spring semester of the 1999-2000 school year, and the fall semester of the 2000-2001 school year, a total of 215 at-risk ninth grade students (114 boys and 98 girls, with a mean age of 15.59 years) participated. Teachers in seven Pinellas County high schools (Boca Ciega, Dunedin, East Lake, Northeast, Largo, Osceola, and Tarpon Springs High Schools) nominated students with a history of serious disruptive and aggressive behavior problems, documented by office referrals and suspensions. Participants attended both regular (66%) and special educational (34%) settings. On average, participants missed 18.2 days of school per year, had a cumulative grade point average (GPA) of 1.02 on a 4.0 scale, and had 11.6 disciplinary referrals. Figure 1 shows a detailed list of the educational risk factors for this group.

Figure 1
Target Risk Factors for Individuals Participating in THINK FIRST During the 1999-2001 School Years
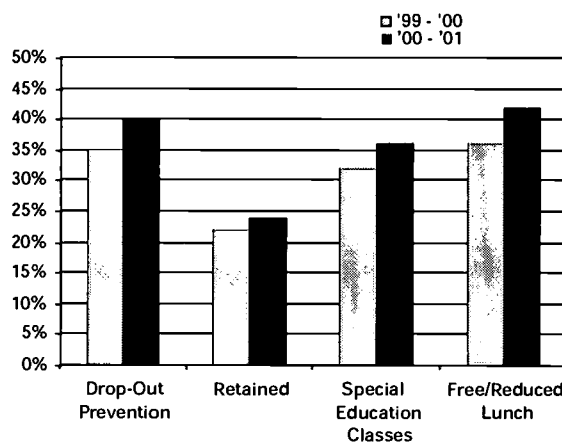
Instruments

Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma 1998). The BERS is a 52 item rating scale that measures five areas of emotional and behavioral strengths in children and youth from ages five to eighteen years. The areas rated include: a) family involvement, b) interpersonal strength, c) intrapersonal strength, d) affective strength, and e) school functioning. The BERS provides an overall Strength Score, expressed as a standard score, as well as standard scores from the five domains. This is a useful tool for both planning interventions and to document progress as a consequence of special intervention. Both parents and teachers of the target students rate the items on the BERS.

Agree to Disagree (Smead, 2000). Agree to Disagree is a ten-item self-rating scale used to assess feelings, thoughts, and beliefs about anger. It utilizes a Likert scale of one to five to measure student's responses toward anger or anger provoking situations.

ANGER Scale (Wellness Productions, 1992). The ANGER scale is a tool to help students identify symptoms of anger, the frequency and intensity of anger, and the situations that trigger anger. Using a Likert scale of one to five, students rank situations that spark their anger.

Design

The Think First model is a tertiary intervention curriculum designed for use with middle and high school-aged youth who demonstrate angry, aggressive behaviors in the school setting. The model utilizes a skills-building approach with two major objectives: a) to promote the emotional and social competencies of students, and b) to reduce the incidence of aggressive and disruptive behaviors in students. The Think First curriculum is designed for use in the classroom, has been empirically tested, and is considered to be a culturally sensitive anger management program (designated by the Center for the Study and Prevention of Violence; Botvin, Milhalic & Grotpeter, 1998).

This curriculum was taught for one day a week for 50 minutes over the course of ten weeks by two trained facilitators. Group sessions focused on skills building topics that promote self-control, social competencies, positive peer relationships, and interpersonal problem solving. Through the course of these sessions, students learned to: a) express, assess, and understand feelings; b) control impulses; c) reduce stress; d) interpret social cues, and; e) take the perspective of others. More specifically, students learned to identify and build upon their personal strengths, to set goals, and to use a problem-solving approach to resolve conflict.

During the spring semester of the 1999-2000 school year, students were pulled from classes and met together in a supportive environment. During the fall of the 2000-2001 school year, the curriculum was also implemented in curriculum-based peer mediation classes, in addition to pullout groups. Both pullout and classroom groups experienced the same curriculum.

Results

Paired samples t-tests were conducted for each of the five domains of the BERS. Results for both the pull-out ($N = 106$) and class-based ($N = 53$) groups were similar, showing an increase in prosocial functioning across several domains (see Table 1). Domain standard scores on the BERS were analyzed using a paired samples t-test. Overall score on the BERS was found to be significant [$t(105) = 2.670$, $p = 019$]. Significant differences also were found for Interpersonal Strength [$t(105) = -4.287, p < .001$], Intrapersonal Strength [$t(105) = -5.489, p < .001$], School Functioning [$t(105) = -3.494, p < .001$], and Affective Strength [$t(105) = -5.218, p < .001$] domains. The Family Involvement domain was not significant, [$t(93) = -1.570, p = .120$].

Only one of the ten items on the Agree to Disagree scale showed significance; "I can tell when a situation is going to turn into a fight, and I leave"; [$t(121) = -2.838, p = .005$]. Items on the ANGER scale showed no significant changes when compared pre- and post-intervention. As preliminary research, all *t*-tests were conducted even though we recognize the concern for Bonferroni corrections.

Table 1
Summary of Findings For THINK FIRST Pull Out and Curriculum-Based
Intervention Using Paired Samples T-Tests

BERS	(N = 159)	(N = 106)	(N = 53)
Family Involvement Domain	$p = .120$	$p = .574$	$p = .511$
Interpersonal Strength Domain	$p < .001$	$p = .020$	$p < .001$
Intrapersonal Strength Domain	$p < .001$	$p = .017$	$p < .001$
School Functioning Domain	$p < .001$	$p = .553$	$p < .001$
Affective Strength Domain	$p < .01$	$p = .017$	$p < .001$
Overall Strength Score	$p < .001$	$p = .001$	$p < .001$
Agree to Disagree (out of 10 items)			
"I can tell when a situation is going to turn into a fight and I leave."	$p = .005$		
"It is scary to get really angry."	$p = .017$		

Discussion

Follow-up data will be collected for another two years, including both pull-out and class groups. It is expected that data from a total sample size of 300 will be available to document program efficacy. In addition, documentation of improved prosocial behaviors and decreased number of discipline referrals through comparison to a matched cohort will also be utilized. The cohort will be matched to Think First participants by age, gender, ethnic background, grade level, and types of disciplinary referrals. The continued efforts to review discipline referrals, grades, and attendance records remain paramount, in addition to documenting program effectiveness through the use of the BERS and other measures.

Preliminary results of the Think First program suggest positive findings. More specifically, through teacher and parent perceptions, those students who matriculate through the program are learning the skills that will enable them to more successfully deal with conflict through means other than fighting.

Although the findings presented here provide preliminary results, with the ever-increasing demands placed on schools to provide a safe and healthy learning environment for children, such findings may shed light on those interventions that are, indeed, effective. Today's classrooms have shown a pattern of increased discipline problems as well as increased occurrences of antisocial behaviors (Batsche, 1997). With the validation of anger management programs such as Think First, educators and staff can begin to ameliorate the negative views of America's schools. Our schools are one of our greatest opportunities of social change; as researchers, it is our responsibility to identify those interventions that provide the skills our children need to learn, both academically and emotionally.

References

Batsche, G. M. (1997). Bullying. In G. G. Bear, K. M. Minke, & A. Thomas (Eds.), *Children's needs II: Development, problems, and alternatives* (pp. 171-179). Bethesda: National Association of School Psychologists.

Botvin, G. J., Milhalic, S.F., & Grotpeter, J. K. (1998). B*lueprints for violence presentation, book five: Life skills training.* Boulder, CO: Center for the Study and Prevention of Violence.

Elam, S. M, & Rose, L. C. (1995). The 27th annual Phi Delta Kappa/Gallup Poll of the public's attitudes toward the public schools. *Phi Delta Kappan, 77,* 41-56.

Epstein, M. H., & Sharma, J. M., (1998). *Behavior and emotional rating scale: A strength-based approach to assessment.* Austin, TX: PRO-ED.

Furlong, M., Morrison, G. M., Chung, A., Bates, M., & Morrison, R. L. (1997). School Violence. In G. G. Bear, K. M. Minke, & A. Thomas (Eds.), *Children's needs II: Development, problems, and alternatives* (pp. 245-256). Bethesda: National Association of School Psychologists.

Larson, J. D., & McBride, J. A. (1992). *Think First: Anger and aggression management for secondary level students (Treatment manual)*. Whitewater, WI: Author.

O'Neill, H. (1992). Managing anger. Beachwood, OH: Wellness Reproductions and Publishing Smead, R. (2000). *Skills for living: Group counseling activities for young adolescents*. Champaign, IL: Research Press.

Families and Schools Together (FAST): A Family Therapy-Based Approach to Building Relationships and Preventing Juvenile Delinquency

Angela Perry, Kathleen Armstrong & Oliver T. Massey

Introduction

Over the past few years, there has been much hype in the media about violence in schools. Researchers have made many attempts to explain, find causes, and design effective interventions to stop this violence. While exact causes are still unknown, several factors have been found to correlate with the onset of violence perpetrated by America's youth. Although intervention programs have surfaced, preventative programs are still lacking. In response to this phenomenon, Families and Schools Together (FAST) was developed to reach out to entire families and to organize groups to increase parents' involvement with their at-risk youth. (McDonald and Frey, 1999). FAST is intended to help at-risk youth by building relationships and preventing juvenile delinquency through a research and family therapy-based, multifamily group approach to preventing juvenile delinquency (McDonald and Frey, 1999). FAST also provides support to parents who feel isolated by helping them form networks with other parents through its Buddy Time (Parent Support Group) and Parent Training components.

In 1999, FAST was included as a component of the Safe Schools/Healthy Students Initiative in Pinellas County Florida (US Department of Education, Health and Human Services, 1999). This initiative, operating in Pinellas County, Florida promotes child success in school by enhancing family functioning in daily life situations. FAST currently operates as a collaborative venture between the Pinellas County School System and the Family Service Center, and is housed in six Pinellas County elementary schools.

Method

Participants

FAST targets families of children ages five through nine years old. A total of seventy-eight children and their families participated in the first two semesters of the program. These children were referred by teachers or parents; many already had discipline referrals for violence/aggression, both at school and on the school bus.

There are two ways families become involved in the FAST program. Children may be referred to FAST by teachers based on behavior problems, short attention spans, poor self-image and/or hyperactivity, or parents may also ask to participate in the program. For those children recommended by teachers, a letter is sent to the parent(s) of the child requesting permission for FAST personnel to contact them about the program. If parents agree, an in-home interview is conducted by members of the FAST team. If parents refer themselves to the program, the same procedures are followed, beginning with the in-home interview.

Description of the Program

Families attend multi-family group sessions that meet over the course of eight weeks. Sessions consist of therapeutically designed activities to help families reach the desired goals of the program. For example, parent-child play therapy is a central component of the program. This intervention trains parents to establish better relationships with their children through play and interaction. Parent

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Support Groups and Parent Training are also incorporated into FAST sessions, providing parent support through discussion groups and meetings with other parents. Discussion topics cover parenting issues such as fighting, substance abuse, and shared stressors of daily life. Following graduation from the eight-week program, families enroll in FASTWORKS for a series of monthly, parent-organized, family support follow-up meetings. These meetings include activities planned by the Parent Advisory Committee (PAC) to continue development of healthy family relationships. The PAC consists of parents who are former FAST graduates. This PAC team gives parents the opportunity to exercise the different networking skills and knowledge they learned through the parent-training component of the eight-week sessions.

Evaluation Tools

FAST uses a non-experimental pre-post test design to evaluate the outcomes of the program. Because of the early intervention nature of the program, FAST measures factors that correlate with the onset of violence, substance abuse, delinquency and school failure in adolescence and adulthood. These factors are: 1) child behavior, 2) family characteristics and 3) parent-school and parent-community affiliation. Several self-report instruments were chosen to measure these factors. While all instruments are described below, this paper will focus on the findings of three of these instruments; the Family Adaptability and Cohesion Scales III (FACES III), the Community Connections Survey (CCS), and the Parent Evaluation.

The Family Adaptability and Cohesion Scale III (FACES III), by Olson (1986), is a 20-item instrument used to assess the level of cohesion and adaptability within the family. It uses a 5-point Likert scale. Sample items on the Cohesion Scale include "Family members ask each other for help," and "We can easily think of something to do together." These items are designed to capture the level of cohesiveness among family members. Operationally defined, a cohesive family is one in which the members will be more likely to seek the council of one another family member when in need. Members of a cohesive family will be knowledgeable about of the types of activities and leisure that each family member enjoys. Sample items on the Adaptability Scale of the FACES III include: "In solving problems, the children's suggestions are followed" or "Rules change in our family." The purpose of these questions is to assess the degree of adaptability in the family. Adaptability is defined as the ability of a family system to change its power structure in response to situational and developmental stress.

The Parental Involvement & Family Support Survey is a local tool created by the Family Service Center to measure parents' level of involvement with their child and with the child's school. This tool is not included in the national model of FAST. Questions include: "How many times have you contacted the school about your child's academic performance over the past year?" and "How many times have you contacted the school about your child's behavior over the past school year?" Other questions are designed to explore the parents' perceived level of support in the child-rearing process. Sample items include "I feel alone and without friends" and "When I run into a problem taking care of my children, I have a lot of people to whom I can talk to get help or advice."

The Parent Evaluation and the Teachers' Evaluation are two locally created tools designed to measure parents' and teachers' personal satisfaction with the program. Items rated by respondents evaluate the child-family bond and observed behavior change in the child.

The Community Connections Survey (CCS) is an agency tool designed to explore parents' level of connection with the community. This survey looks at both the parent's participation in the community and parents' knowledge and use of other available resources.

Procedures

Parents completed all instruments before and after program participation, except for the Parent Evaluation, which was administered at post-test only. Parents also provided demographic information for their family and the referred child. All pre-tests were administered when the in-home interview was conducted, about two weeks prior to the beginning of the eight-week FAST sessions. Post-tests

were administered and collected within two weeks following graduation from FAST. The Teacher Evaluation was administered at post-test only. Because of the way data were administered and collected, the data return rate was 100%.

Results

The Family Adaptability and Cohesion Scale III (FACES III). Although this is an ongoing program and evaluation, preliminary findings indicate that the FAST program contributes to the development of favorable improvements in these families and children.

There was a significant improvement over time in family cohesion, as measured by the FACES III, $t(76) = -3.71$, $p < .01$. Parents reported a greater sense of connectedness with, and enmeshment in, their families. No significant change was found for the measure of Family Adaptability.

The Community Connections Survey (CCS). This survey gave parents the opportunity to report their sense of connection to other resources within the community for the purpose of increasing knowledge and family time and fun. The CCS has three domains: 1) Informal Connections, 2) Formal Connections, and 3) Personal Assets. Parents' informal connections within the community significantly increased over time, $t(66) = -2.97$, $p < .05$. The Informal Connections domain captures those connections that are made within the community just for the purposes of being affiliated and connected. Results indicate that these parents are getting involved and trying to nurture a healthy child.

There was also a significant improvement in their formal connections, $t(67) = -4.09$, $p < .01$. The Formal Connections domain captures parents' attempts to increase knowledge or improve their parenting skills through affiliations with other community resources such as support groups, PTA meetings, educational classes, or neighborhood associations. Results indicate that after participating in the program, parents are making attempts to become positively involved in the lives of their children and in the community.

The third domain, Personal Assets, measures the parent's perceptions of their ability to effectively manage their family and of the availability of supports and resources within the community. A significant improvement over time was also demonstrated in this domain, $t(68) = -3.90$, $p < .01$. Loneliness due to lack of support and high parental stress were common complaints of parents.

The Parent Evaluation Scale gave parents the opportunity to rate their satisfaction with the FAST program and its components. Parents were asked to rate the extent to which they agreed or disagreed with six items using a 5-point Likert scale. Questions considered whether FAST activities reinforce the parent as head of the family, if Parent Time reduces the stress and isolation of the parent(s), and whether FAST activities helped to develop good parenting skills. Overall the results were very favorable to the program and the parents were satisfied. (see Table 1).

Parents were very pleased with the program and felt it was excellent at meeting its objectives. Parents reported that Parent Time/Buddy Time helped to reduce stress and isolation experienced by the parents; this is consistent with findings from the Community Connections Survey, which demonstrated a significant improvement in parents' perceptions of available supports and of their ability to effectively manage their family.

Table 1
Results of Parent Program Evaluation (N = 77)

Scale Item	% Agree	% Strongly Agree	Total % In Agreement
Special Play strengthens parent-child bond	33.3	64.1	97.4
Parent-time reduces parental stress and isolation	44.9	47.4	92.3
FAST activities reinforce parent as head of family	38.5	51.3	89.8
FAST activities improve family relationships	37.2	57.7	94.9
FAST activities helps develop good parenting skills	48.7	43.6	92.3
Referred child's grades improved	32.15	23.1	55.2

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The two items that were rated highest relate to family relationships. These items were "Strengthening of the parent-child bond" (97%) and "Improved relationships within the family" (95%). This supports findings from both the Community Connections Survey and the Family Adaptability and Cohesion Scales III (FACES III), which indicated that families tend to become more enmeshed over time and to participate in more in-home and community activities together. A few additional findings between Family Cohesion, Formal Connections, and the two items of the Parent Evaluation mentioned above were found. Table 2 provides correlations between these three domains.

Table 2
Results of Correlations Across Instruments

	Formal Connections	Parent-Child Bond	Family Relationships
Family Cohesion	$R = .267$ $p = .023$ $N = 72$	$R = .229$ $p = .047$ $N = 76$	$R = .276$ $p = .016$ $N = 76$
Formal Connections		$R = .365$ $p = .001$ $N = 73$	$R = .275$ $p = .019$ $N = 73$
Parent-Child Bond			$R = .550$ $p = .001$ $N = 77$

Issues in family relations tend to be an overriding theme in this program. Recalling that family characteristics were identified as factors that correlate with the onset of violence, substance abuse, delinquency and school failure, these findings indicate that FAST shows promise for families.

Discussion

The results of the current study of Families and Schools Together (FAST) are encouraging. Findings are consistent with those of other studies nationwide (Sass, 1999). In the future, measurements will be improved by the introduction of the Behavior and Emotional Rating Scale (BERS) and Revised Teacher Report Surveys. The research and evaluation teams are working closely with the Pinellas County School System and will have access to school data to strengthen these results. Attempts are also being made by the school system to increase awareness of the FAST program so that more families can be served.

References

U.S. Departments of Education, Health, and Human Services. (1999). Safe *Schools/Healthy Students Initiative* Washington, DC (OMB No. 1810-0621).

McDonald, L., & Frey, H. E. (1999). *Families and schools together: Building relationships* (Report No. NCJ-173423). Washington, DC: Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (ERIC Document Reproduction Service No. ED 436 609).

Olson, D. H. (1986). Circumplex model VII: Validation studies and FACES III. *Family Process, 25*(3), 337-351. Sass, J. S. (1999). *Comprehensive Evaluation Report for the Canadian Replication of the Families and Schools Together (FAST) Program.* Milwaukee, WI: Alliance for Children and Families (ERIC Reproduction Service No. ED 435 689).

Symposium Discussion
Discussant: Kathleen Armstrong

The public schools in the United States remain, despite the recent history of incidents of school violence, a safe place for our children and youth. However, for us to expect schools to remain safe havens in the context of this rapidly changing world without proactively addressing school safety is foolish indeed. Two approaches to promoting school safety have emerged in recent years. One approach is to apply community-based safety strategies to schools. Examples of these strategies would include an increased presence of security personnel and the use of metal detectors, security cameras, and routine searches of student materials and lockers. Evidence already exists that these strategies are

insufficient to ensure school safety. A second approach is to apply strategies from evidence-based research that are effective in improving school climate, strengthening student and faculty skills in conflict resolution, promoting open communication within school and between home, schools, and the community, and ensuring the schools are *positive* environments for students and families from diverse backgrounds.

The papers presented in this symposium are examples of evidence-based strategies that can be applied in school and community settings that promote a positive, respectful school climate and promote communication. We are compelled to give priority to evidence-based strategies over those that may have some appeal to popular opinion yet do little to promote safety and school effectiveness. Schools are unique places with a unique mission. Finding the right mixture of strategies that maximize both the safety and effectiveness of schools is the unique challenge faced by those who conduct research in these two areas. The Safe Schools/Healthy Students initiative has provided the context within which applied research can develop and validate the best of these strategies. The papers presented in this symposium are evidence that this initiative is achieving its goal.

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