

## **BEST PRACTICE METHODS FOR PREVENTING SCHOOL VIOLENCE AND PROMOTING SAFETY IN SCHOOLS: PRACTICAL ISSUES FOR IMPLEMENTATION [610]**

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### **Abstract**

The authors outline preliminary data regarding barriers and gaps, challenges and other practical considerations of implementation of several of the best practice methods being implemented through a Safe Schools/Healthy Students grant. They present collaboration and partnerships formed between the community and schools for school violence prevention.

### **Introduction**

School violence and safety have become important issues that schools are trying to address. Childhood aggression, violence perpetrated by female youth, and suicides associated with bullying have been increasing (Weir 2005). According to the Youth Risk Behavior Surveillance System (Centers for Disease Control and Prevention 2003) students were progressively more likely to miss school because they felt too unsafe to attend. This survey also indicated that 1 in 10 high school students had reported being threatened or injured with a weapon on school property during the preceding 12 months. Two of the Healthy People 2010 national health objectives (nos. 15-38 and 15-39) are intended to help reduce the prevalence of physical fighting among adolescents and to reduce the prevalence of carrying a weapon by adolescents on school property (Centers for Disease Control and Prevention 2000). If health objectives and safer learning environments are to be a reality, school violence prevention efforts must continue to be implemented.

In 2004, the U. S. Departments of Education, Health and Human Services, and Justice awarded a Safe Schools/Healthy Students grant to the Lafayette Parish School System (LPSS) to assist in addressing violence and safety issues. This grant initiative is titled Lafayette Parish School System Lasting Partnerships for Safe Schools (LPSS). LPSS programs are intended to provide students, schools, and communities with an enhanced, coordinated, comprehensive plan of activities, programs, and services that focus on promoting healthy childhood development through prevention of violence and reduction of alcohol and other drug abuse. The grant initiative focuses on seven goals related to the following topics:

- (1) safe school environment;
- (2) alcohol and other drugs and violence prevention and early intervention programs,

- (3) school and community mental health preventive and treatment intervention service,
- (4) early childhood psychosocial and emotional development,
- (5) supporting and connecting schools and communities,
- (6) safe school policies, and
- (7) increase active agencies to the task force/ advisory committee each year.

## **Best Practice Methods Implemented**

In this three-year grant initiative, the following best practice methods for reducing school violence and improving school safety are being implemented:

- Second Step curriculum (Committee for Children 2006; SAMHSA 2006f)
- Principle Woods curriculum (Principle Woods 2006)
- Leadership and Resiliency program (SAMHSA 2006c)
- Communities Mobilizing for Change on Alcohol (SAMHSA 2006b)
- Protecting You/Protecting Me curriculum (SAMHSA 2006e)
- Nurse Family Partnership program (SAMHSA 2006d)

The Second Step curriculum, Leadership and Resiliency curriculum, Communities Mobilizing for Change on Alcohol (CMCA), Protecting You/Protecting Me curriculum, and the Nurse Family Partnership models are evidence-based, best practice methods that fit into the category of model programs. This means that they have been reviewed by the National Registry of Evidence-based Programs and Practice (NREPP) and have been well-implemented and well-evaluated (Substance Abuse and Mental Health Services Administration, 2006).

The Second Step curriculum, Leadership and Resiliency curriculum, Communities Mobilizing for Change on Alcohol (CMCA), and Protecting You/Protecting Me curriculum are being implemented to meet goal 2, which concerns alcohol and other drugs and violence prevention and early interventions of the grant initiative. The Nurse Family Partnership program is being implemented to meet goal 4 of the grant initiative, which concerns early childhood psychosocial and emotional development.

This paper summarizes the goals of the curricula, evaluations to be implemented, and the organizational plan of each program. Further, this paper highlights the lessons learned, including barriers and gaps, challenges and other practical considerations for implementation of these programs. Elements of collaboration and partnerships formed between the community and schools for school violence prevention in the particular programs are also discussed.

## **Second Step Curriculum**

Goal 2 of the LPSS states that alcohol and other drugs and violence prevention and early intervention programs are to be implemented. To meet goal 2 of the grant initiative a decision was made to implement the Second Step Curriculum. Second Step is a violence prevention curriculum that targets children ages 4–14 (preschool–grade 8), teachers and other school personnel, parents, and caretakers. The curriculum is designed to reduce impulsive and aggressive behavior in children by increasing their social competency skills. Second Step strives to teach the children skills in empathy, impulse control, and problem solving.

Original plans for the Second Step curriculum included the hiring of two substance abuse prevention educators to implement the program and following appropriate training and the Staff Evaluation Survey administered to the participants after the training. Evaluators for the LPSS<sup>2</sup> grant designed a completion log to facilitate tracking of the date the lesson was implemented, the school, the grade level, the number of students who attended the lesson, and the number of the lesson that was implemented. Middle school students were the

original intended population and were to receive both a pre- and post-version of the Second Step Middle School Student Attitude Survey.

Due to time constraints for participating middle schools, the substance abuse prevention educators were not able to implement all the lessons in the curriculum. Consequently, these educators decided to present just the first three lessons. Since the students were receiving only three lessons and this survey pertained to all the lessons, the survey was considered inappropriate. Thus, it was decided to implement the Second Step Satisfaction Survey to students upon completion of the lessons. This survey, whose purpose is to allow evaluators to gather student feedback on the program, consists of a five-item questionnaire for grades 3–8. By April 2006, 4,631 students had received Lesson One, 4,002 students received Lesson Two, and 4,118 students received Lesson Three. The Student Satisfaction Survey has been approved through the Internal Review Board (IRB) committee and will be implemented by the substance abuse prevention educators.

### **Principle Woods Curriculum**

The Principle Woods curriculum promotes the development of cognitive and emotional intelligence and strives to teach students the skills required to lead principle-centered lives. The curriculum includes such topics such as conflict resolution, self-discipline, and critical thinking skills. Additionally, this program includes language arts strategies and skills that will facilitate student communication, comprehension, and listening skills.

According to the organizational plan for this program, Principle Woods is to be implemented with students attending LPSS Extended Learning programs, which are after-school programs attended by approximately 700 students in grades K–5. Currently, Principle Woods is being delivered at six LPSS elementary schools. Upon the conclusion of the curriculum, the Principle Woods Student Survey Intermediate will be administered to the students as a pre- and post-test. In addition, teachers will administer the Principle Woods Student Behavior Rating Scale to each after-school class by the teacher before implementation of the curriculum as a pre-test and again as a post-test upon completion of the curriculum.

One interesting challenge was with the correct implementation of the program. Facilitators incorrectly had students complete the Principle Woods Student Behavior Rating Scale even though this particular survey is supposed to be filled out by the teachers. The lesson learned from this challenge was the need for accurate, clear directions to be given to all involved with implementation of the curricula. A need for training before implementation exists. For the future, evaluators will contact the facilitator of this program and review clear directions on how and to whom the surveys are to be administered. Because this curriculum is being implemented through collaboration with the Extended Learning Program in the school district, it possesses some logistical problems within the time limits.

### **Leadership and Resiliency Curriculum**

The Leadership and Resiliency Program (LRP) is a school- and community-based program that is targeted to high school students who have had a combination of behavioral problems, high absenteeism, disciplinary actions, low grades, and substance use and/or violence problems. The program’s goals are to improve students’ intrinsic strengths and resiliency, prevent involvement in substance use and violence, improve communication and refusal skills, and increase community involvement. Resiliency groups that meet weekly during the school day, adventure activities, and community service are some of the components of this program. Consequently, students are expected to participate in community service activities that might include working at an animal shelter or working with community projects to improve the environment. School administrators and school counselors identify students for this program.

Currently, the LRP is in its implementation phase at two high schools. In January 2006, meetings were held for the staff who will implement the program. All schools have been gathering referrals for the program, and prospective students for the LRP received information concerning the program. A summer program was tentatively scheduled for July 17–August 4. Before the program is presented, the Leadership and Resiliency Program Instrument will be administered to participants. This instrument is a 49-item survey that verifies demographic information about the participants and asks them about their personal behavior in terms of fighting, smoking, drinking, taking drugs, and harming themselves. The instrument has been administered as a pre-test to 14 participants, and the year end evaluation will be administered after the program is completed. This instrument is a Likert scale that requests feedback concerning participation in the program.

The LRP is a partnership between the schools, the Lafayette Parish Sheriff’s Office and community agencies. Decisions are being made now by the coordinator of the program regarding the community activities the participants will take part in during the summer.

### **Communities Mobilizing for Change on Alcohol**

Communities Mobilizing for Change on Alcohol (CMCA), a program designed to reduce underage drinking by adolescents, works toward changing local public policy, attitudes, and practices with regard to alcohol use by adolescents. Underage adolescents between 13 and 20 are its target audience.

CMCA activities include training, meetings, and surveys. In February 2006, training was implemented by CMCA Trainers, and, upon completion of the training, participants completed the CMCA Training Institute evaluation. This was a six-item Likert scale requesting feedback concerning the training. In March 2006, the first meeting of the CMCA Coalition Committee took place, with 12 participants, who received the Community Personality survey, to be returned at the next meeting. The Community Personality Survey seeks to determine the characteristics of the community and its relationship to alcohol.

The One-on-One Contact Information form, a brief survey, asks community members about their interest, level of commitment, and resources that they might have available to assist with the CMCA program. The Teen Alcohol Survey, to be administered to high school and college students, will help the coalition become knowledgeable about teen behaviors concerning alcohol consumption and purchase. This nine-item survey requests information to determine how often teens consume alcohol, where alcohol is accessed, and if they believe underage drinking is a problem. It will be administered when school begins again in August.

A social worker from the health agency, Family Tree, has been hired to act as the program’s coordinator. The CMCA program involves partnerships with the following offices, agencies, and organizations: Lafayette Parish Sheriff’s Office, Lafayette Police Department, City Council, Office of Youth Development, Office of Mental Health, Lafayette Consolidated Government, Lafayette Parish School System, Breaux Bridge Adolescent Drug Court, Southwest Louisiana Area Health Education Center, Stuller Place, Big Brothers Big Sisters of Acadiana, Schilling Distribution, Citizen’s Action Council, and many more community agencies and representatives. The natural disasters, hurricanes Katrina and Rita, caused delays in the implementation of this program.

### **Protecting You/Protecting Me Curriculum**

Protecting You/Protecting Me (PY/PM) is an alcohol use prevention curriculum geared to elementary students in grades one through five and high school students in the 11th and 12th grades. The goal of the curriculum is to prevent the injury and death of children and youth due to underage alcohol consumption and associated vehicle related accidents. The version of Protecting You/Protecting Me curriculum for elementary school-age students provides forty lessons, eight lessons for each grade, one through five.

Although PY/PM has yet to be implemented, initial organizational plans have been made. The project director of the grant has met with the school system representative who will be responsible for implementation of the PY/PM curriculum, which will be implemented to third and fifth graders by health teachers beginning in next school year (fall 2006). The Protecting You/Protecting Me 3–5 Survey has been submitted to the IRB Committee. If approved, this survey will be implemented when the curriculum is begun.

Again, hurricanes Katrina and Rita interrupted program implementation.

### **Nurse Family Partnership Program**

The Nurse-Family Partnership (NFP), a collaboration between nurses and first-time teenage mothers, offers home visitations by nurses to these young mothers to improve maternal, prenatal, and early childhood health and well being. The NFP initiative within this grant is a collaborative endeavor involving the LPSS nurses, Family Tree, and the Head Start program. Monies from the LPSS grant were used to hire six nurses, who refer students who fit the requirements of the NFP program. The criteria for participants to be eligible for NFP are being a first-time mom before the 28<sup>th</sup> week of gestation and being Medicaid-eligible.

Presently, the NFP program is being implemented through Head Start and a grant program through the community agency, Family Tree. Head Start has one full-time and one part-time nurse hired to work with the NFP, with an opening available for another full-time nurse. The program does case management with long-term, intensive home visitation service provided by RNs, who are extensively trained in three protocols: pregnancy, infancy, and toddler. The trained nurses make one-on-one home visits with the eligible students and follow the NFP curriculum. New mothers receive weekly visits after their babies are born. Clients may also receive visits at school if needed and, with the permission of principals, nurses may come into the schools to offer group based health education.

In terms of participation, eight LPSS students are participating in the Nurse Family Partnership through the Family Tree. Fifty nine students were enrolled in the LPSS Genesis Program for the 2005–2006 year. The Genesis Program, an existing program, gives pregnant teenagers the opportunity to attend school with other pregnant girls. Six of those Genesis students are enrolled in the Nurse Family Partnership.

Again, as with the other programs implemented this year, a major challenge was overcoming obstacles brought about by hurricanes Katrina and Rita.

### **Conclusion**

Considering the best practice methods that have been implemented, strides toward successful implementation were made in Second Step, Principle Woods, and Leadership and Resiliency programs. Organizational implementation plans for Protecting You/Protecting Me have been made, and the implementation of the Nurse Family Partnership and CMCA programs are progressing. In this first year, lessons have been learned that will be useful during continuance of the project. The organization of the evaluation is one of the more important challenges encountered due to the magnitude of the initiative. Hurricanes Katrina and Rita also posed major barriers that were unforeseen.

Numerous surveys and evaluation instruments are being administered in these programs. Therefore, specific directions need to be prearranged with the program facilitators. It is important to develop quality communication with the facilitators to create a clear understanding of how and when to administer the evaluation. For the evaluator to make plans to obtain the completed materials, cooperation between the facilitators and the evaluators is extremely important.

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