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| **ORIGINAL PROJECT SEEK (SERVICES TO ENABLE AND EMPOWER KIDS)***Note: This is information was published in 2000.This program is no longer in operation.***Operating Agency 1999-2004****MOTT CHILDREN'S HEALTH CENTER**806 Tuuri PlaceFlint, Michigan 48503Carol Burton, M.S.W., Project SEEK CoordinatorTelephone: 810-767-5750FAX: (810) 768-7512**Initiating Agency 1999-2004****MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**Behavioral Health, Prevention ServicesLewis Cass Building320 S. Walnut, 6th FloorLansing, Michigan 48913-0001Betty Tableman, Director, Prevention ServicesTelephone: 517-335-0124FAX: 517-335-2667Internet: Tableman@State.MI.US**Funding Agency 1999-2004****GENESEE COUNTY CMHSP**420 West Fifth AvenueFlint, Michigan 48503Gail Stimson, Executive Director, Child & Adolescent CenterTelephone: 810-257-3705FAX: 810-257-3770\* plus contributions from Family Independence Agency and Mott Children's Health Center**Recognitions:**1.1996 Innovations Award from The Council of State Governments.2. Selected by the Federal Office of Juvenile Justice and Delinquency Prevention's Strengthening America's Families Initiative as a model family-based program to prevent precursors of delinquency.3. To be featured in a publication of the National Institute of Justice.4. Has been featured on ABC and NBC News television broadcasts.**Program History:**Project SEEK - Services to Enable and Empower Kids - is an innovative prevention program serving children with a parent in prison, co-sponsored by the Departments of Community Health (formerly Department of Mental Health), Corrections and Social Services. Initiated as a pilot demonstration in Genesee County in December 1988, the project is funded by the Michigan Department of Community Health with contributions from other departments. Services are delivered by Mott Children's Health Center under contract with Genesee County Community Mental Health.Project SEEK resulted from remarks by a former Department of Corrections director that the way to impact the overwhelming growth in the prison population was to pay more attention to young children. At that time, there was no effort in Michigan to intervene systematically with children with a parent in prison. Project SEEK was developed in the context of the Michigan Department of Community Health's Prevention Services Division, which pilots and evaluates promising prevention strategies.Project SEEK targets children who have a parent in state prison, a population known to be at increased risk for negative outcomes. It is designed to impact the risk and protective factors associated with delinquency and criminal behavior at both the individual and family levels. Services are flexible in scope and duration. As a comprehensive program with multiple components, Project SEEK draws on prior experience with prevention programming and incorporates aspects of infant mental health programming; problem solving, social skills training, substance abuse prevention, violence prevention and conflict resolution curricula, and Michigan Cooperative Extension Service's "Building Strong Families" curriculum, as well as empowerment and wraparound concepts.**Theoretical Assumptions**There are identifiable risk factors that are precursors of negative life outcomes. Numerous risk factors have been identified as being predictors of negative life outcomes (Schorr, 1988; Institute of Medicine, 1994).**Protective factors can disrupt the relationship between risk and negative outcomes.** Researchers have identified factors that protect individuals from high levels of risk, by reducing the impact of risk factors or modifying the response to risk factors (Olsen, 1994; Kadzin, 1990; Werner & Smith, 1982).**Multiple risk and protective factors are related to delinquency and criminal behavior and they exist across several domains.** Risk factors associated with family relationships include the following: high risk behavior of a parent (criminal behavior and alcoholism), harsh or erratic parent management methods, lack of limit setting and unsupervised time, and lack of attachment and positive nurturing, (Tolan & Guerra, 1994). Individual risk factors include difficult temperament, impaired cognitive functioning, low academic achievement, poor social skills, lack of coping skills, and aggressive behavior (Kadzin, 1990; Tolan & Guerra, 1994).Protective factors that have been identified as being related to delinquent and criminal behavior are good attachment and nurturing during the first year of life, a stable adult relationship outside the immediate family during childhood and physical robustness (Werner & Smith, 1982), high self-esteem and an internal locus of control (Kadzin, 1990).**Children of inmates experience multiple risk factors identified as precursors of delinquent and criminal behavior.**Many researchers have found evidence of increased risk of criminal behavior in children of prisoners. Risk factors specific to this population include genetic factors related to aggressive behavior (Plomin, 1990), separation and loss upon the parents incarceration, and isolation from peers resulting from the embarrassment of having a parent in prison (Lowenstein, 1986). Many children of inmates live in poverty, which compounds risk.**Children of inmates have a reduced opportunity to develop protective factors.**Stress resulting from a family member's incarceration reduces the ability of the family to promote optimal growth and development of its members. When a family experiences severe levels of stress, resources are used to reduce stress, rather than promote positive outcomes. (Cameron, 1993).**Intervention can reduce risk factors and promote protective factors and therefore decrease the chance of negative outcomes such as delinquent and criminal behavior.** The effectiveness of targeting risk and protective factors for intervention is illustrated by the evaluated prevention programs found to have positive outcomes identified in the Institute of Medicine's Reducing Risks for Mental Disorder (1994).**Home-based outreach interventions are more effective in engaging high risk families.** Home visiting allows for intensive, individualized intervention which enables service providers to develop supportive relationships with all family members and to better understand and modify the family environment (Weiss, 1993).**Interventions that address multiple risk and protective factors in more than one domain are most effective.** A child's development is impacted by risk and protective factors from many domains. Programs which have a single focus are less likely to be as effective as those which are designed to impact multiple factors across more than one domain (Olds & Klitzman, 1993; Ramey & Ramey, 1993)**Intervention to prevent delinquency and criminal behavior needs to begin at a very young age.** Behaviors that lead to delinquency are in evidence early in a child's life. In a study by Spivak, (1987), 68% of chronic offenders were identifiable in kindergarten.**Interventions should be flexible and meet the needs of individual families.** Interventions are most effective if they are designed to meet individual family needs. Providing a menu of services from which families can choose, and varying the time span over which services are provided have been shown to be more effective than providing a prescribed set of services for a specified time to all families (Halpern, 1990).**Ultimate Outcomes Expected and Intermediate Objectives**Project SEEK is designed to reduce the probability that the children of inmates will participate in delinquent or criminal activities and to break the intergenerational cycle of criminal behavior.**Intermediate objectives are:**1. To promote social competency, cognitive development (school success), emotional well-being, physical well-being and family stability of children.2. To improve the child's caregiving environment by:a) promoting the psychological and physical well-being of caregivers,b) increasing their ability to meet basic needs,c) improving parenting practices, d) maintaining the parent-child relationship when appropriate while the inmate is incarcerated, and e) assisting with family issues of reintegration at the time of inmate's release.**Targeted Population**Project SEEK targets children of state prisoners with a minimum sentence of seven years or less. Children are included if prisoners claim parenthood, whether or not the prisoner normally resides with the family. Children must be under 11 years of age at intake. Project SEEK is limited to families and children who reside in Genesee County, Michigan (See description of the population on page 6 and 7).**Format****Recruitment of families.** Prisoners who have children are identified by staff in the Genesee County Circuit Court Probation Department, as part of the normal pre-sentence investigation process. Shortly after sentencing, project staff approach families and offer program advocacy and referral services. Participation in Project SEEK is voluntary.Project SEEK has four major program components, home visits, support groups, advocacy and referral, and facilitating child-inmate communication.**Home visits.** A project specialist is assigned to each family and meets with the caregiver and children in their home. Initially, several contacts may be made weekly, tapering off to monthly contacts as the family becomes stabilized. The duration of the program depends upon family need. Program services may be long term, but most families receive intense services for a limited period of time. Several families have received services for five years or more awaiting the inmates' return to the community. Families are encouraged to recontact the program in times of crisis. Caseloads range from twenty to twenty-five families.**Advocacy and Referrals.** The project specialist acts as an advocate for family members and makes referrals to other service systems on an as needed basis.**Support Groups.** Three children's groups (5-10 years of age) meet weekly during the school year at Mott Children's Health Center. Up to 15 children per group are selected based on greatest need. Children are assigned to groups based on age. The groups are led by one group facilitator and two classroom aides A light meal and transportation are provided to encouraged attendance. Transportation services are contracted through a local agency and meals are prepared by the classroom aide.One adolescent group (11-16 years of age) meets weekly for four eight-week sessions for a total of 32 meetings a year. Meetings are held at the Mott Children's Health Center. One group facilitator and two classroom aides lead the group of up to 15 members. A light meal and transportation are provided to encourage participation. Transportation services are contracted through a local agency and meals are prepared by a classroom aide.Caregiver support groups are offered annually on stress management training. The group is led by the Project SEEK coordinator who is assisted by one project specialist. Sessions are two hours weekly for a total of ten weeks. Groups are held at Mott Children's Health Center and are limited to 15 participants to ensure time for discussion. Flyers announcing training are mailed to each family enrolled in the program and monetary incentives are given to encourage enrollment and completion. Transportation is provided by a local cab company and snacks are provided. Child care is available for infants and pre-school children. Developmentally appropriate toys and snack are available. The number of child care staff varies with the ages of children and size of the group.**Communication with inmate.** Where contact between the prisoner and the children is appropriate (not prohibited by court order or discouraged by the caregiver), communication through written or telephone contacts and specialized visits is encouraged and facilitated. Special visits occur only when the inmate is in Genesee County Regional Prison. If the caregiver is not interested in visiting the inmate, and gives approval, project specialists take children to visit the inmate. The number of specialized visits vary based on the child's prior relationship with the inmate and the length of time the inmate remains at the regional prison, however, they do not exceed two per month. Project SEEK will provide financial assistance twice per month to families who wish to visit the inmate on their own. This assistance is available for every prison in the state.**Staff.** Project SEEK is staffed by I FTE coordinator, 4 FTE project specialists, .5 FTE clerical support and aide, I FTE data collector. Contractual staff is needed to conduct, assist, and prepare for children's groups, in addition to staff who provide child care for Stress Management Training. Transportation is contracted by area agencies.**Session Content/Program Processes****Home visits.** During home visits, the Project SEEK specialist promotes the psychological well-being of the caregiver by empathic listening, problem solving in resolving family conflicts, training in life coping skills, and mobilization of formal and informal supports. Guidance on child development issues is provided using the Building Strong Families curriculum. The specialist models positive parenting techniques and child management skills. The specialist acts as a mentor to the children and spends one-on-one time with them to talk about family and school issues.**Advocacy and Referral.** Families are assisted in obtaining services needed, using the process as a means of teaching problem solving skills. Services might include accessing financial assistance and Medicaid, obtaining safer housing or emergency payments for utilities, accessing mental health services, or legal services. Referrals are made to Mott Children's Health Center for the following services: well child clinic, dental care, hearing and speech evaluation and remediation, and behavioral management.Project SEEK specialists facilitate enrollment in early education programs. To promote school attendance and performance, the specialist assists the parent in advocating for the child at school, and may serve as the child's tutor.**Support Groups.** Groups for children and adolescents focus on problem-solving skills, open expression and labeling of feelings, cultural and ethnic promotion and socially acceptable life survival skills. There are specific lessons on coping with a parent's incarceration, violence prevention, problem solving skills, and social skills. (References for materials used are in Attachment A).Stress Management Training groups use a curriculum developed through the Michigan Department of Community Health Prevention Services Division. The 10 sessions cover the following topics: getting control over one's life (3 sessions), life planning strategies (5 sessions) and stress management techniques (2 sessions).**Communication with Inmate.** Project specialists help families to learn about rules and regulations for communicating with inmates. Before the first prison visit, the project specialist talks with the child about why the parent is in prison. It is stressed that the inmate made a poor decision and broke the law and that the child has no responsibility for the parent's actions. During specialized visits, the project specialist talks with the inmate about interacting with the child during visits. If the inmate is to return home, the Project SEEK specialist assists the caregiver in thinking through issues related to reintegration. If the inmate does not live with the child upon returning to the community, project specialists may work with the parent to help him/her understand the importance of maintaining contact with the child.**Instructors' Qualifications**The Program Coordinator should have a Master's in Social Work with experience in therapeutic and group processes, program development and supervision. Project Specialists need a Bachelors Degree in human services with experience in outreach programs for high risk populations. Leaders of children's groups have a four year degree in human services or education and must be able to deal with emotional issues that may arise for group participants during sessions. All staff with the exception of one has raised children.**Instructors' Training**Because Project SEEK broke new ground in programming with families of prisoners, knowledge of problems specific to the families with incarcerated members and of how to work with the corrections systems was gained through experience. Project SEEK staff received training in prevention concepts and data collection from Department of Community Health Prevention Services staff. Specialized training in infant mental health programming and working with substance abusing families were provided for all staff at a cost of $700 and $500, respectively. Additional training has been provided through various conference and professional meetings and at varying costs. Topics have included providing home-based services and developing cultural competence.**Evaluation Designs and Methods****Research Design.** The evaluation of Project SEEK is unique in that it is a longitudinal study using an experimental design. Because SEEK is a family-centered program, families, rather than individual children, were randomly assigned to service or,.. control conditions based on the last digit of the inmate parent's social security number (even numbers assigned to the service group; odd assigned to the control group). Data were collected at pretest (shortly after the inmate was sentenced), 6 months after intake, 12 months after intake and yearly thereafter. Data continue to be collected at yearly intervals.**Recruitment.** Approximately 39% of families who were identified as meeting the criteria for Project SEEK were unable to be located. Of those located, 82% agreed to participate in the evaluation. Families are paid for their participation each time data is collected.Families were recruited over a five year period, beginning in March, 1989. Because of the extended recruitment period, the data available for each family varies. Some families have been participating in the evaluation for seven (7) years, while others have been a part of the study for only two (2) years. Table 1 shows the number of families recruited into the evaluation each year from 1989 through 1993.**Table 1. Number of Families Recruited for Evaluation Per Year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | 1989 | 1990 | 1991 | 1992 | 1993 | Total |
| Service Group | 19 | 28 | 30 | 25 | 5 | 107 |
| Control Group | 9 | 14 | 18 | 24 | 43 | 108 |
| TOTAL | 28 | 42 | 48 | 49 | 48 | 215 |

**The Sample.** A total of 215 families with 371 children have participated in the evaluation. Of the 215 inmates whose children are participating in the evaluation, 63% are African American males, 26% are white males, 1% are Hispanic males, 7% are African American females and 3% are white females. Slightly less than 50% of the inmates were living with their children at the time of incarceration.Of the 371 children involved in the evaluation, 51% are males and 49% are females. Slightly more than 53% of the children were under four years of age at intake. When first contacted, the children were residing with their mothers in 85% of the families, their fathers in less than 2%, and with a grandmother or other female relative in slightly more than 12%.The children participating in Project SEEK are often aggressive and difficult to discipline. Fifty-seven percent of caregivers stated that they had difficulty controlling the child's behavior and 61% stated they feared that the child would get hurt, or in trouble. Caregivers rated 23% of the children as undisciplined and having poor self-control. Of the children who attend school, 36% were rated by their teachers as behaving in a hostile manner in the classroom.For many of the families participating in Project SEEK, having a family member incarcerated is not a new experience. Almost 80% of the inmates had a previous criminal history. Almost half were first arrested when they were under the age of 18. In 28% of the families, both parents have a criminal record. In almost 70% of the families, extended family members have been incarcerated.In almost 80% of the families, annual household income is below $10,000. Because of this, families experience many stressors related to meeting family needs: 82% report that they do not have enough money to buy necessities, 59% do not have dependable transportation, and 35% report they live in unsafe neighborhoods.Place of residence and household membership is ever-changing for many of these families. Six months after intake, 48% of the families reported they had moved in the last year, 45% reported a new member had been added to the household and 34% stated that a household member had moved out. Eleven percent of the children had moved in with new caregivers.**Retention Rate.** The retention rate for the evaluation study has been exceptional, with 80% of the families recruited still participating in the study. Not all families have provided data at each yearly interval; there are times when families cannot be located because they have left the area, or because they choose not to be found. Each year new attempts are made to locate the families, even if they have not provided data in the previous year.**Measuring Effectiveness.**The evaluation of Project SEEK is designed to measure the following intermediate indicators of effectiveness:1. Risk and protective factors related to negative outcomes2. Service providers' perceptions of child and family functioning3. Participant satisfactionMeasuring the effectiveness of Project SEEK in breaking the intergenerational cycle of criminal behavior will not be possible until the children participating in the program reach adulthood.**Risk and Protective Factors.** The comprehensiveness of the program model and the wide age range of children participating in the evaluation require the measurement of numerous risk factors. Tables 2 and 3 list the individual and family level risk and protective factors.**Table 2. Individual Risk and Protective Factors**

|  |  |  |
| --- | --- | --- |
| Risk Factor | Data Source | Age of child |
| Attachment/Supportiveparenting | birth - 3 yrs. | video tapes of caregiver-childinteraction |
| 5 yrs. + | child interview |
| Social skills/Peerrelations | birth - 5 yrs. | observation (DenverDevelopmental) |
| 3 yrs. + | caregiver Interview |
| 5 yrs. + | teacher report |
| Aggressive behavior | 3 yrs. + | caregiver interview |
| 5 yrs. + | teacher interview |
| 5 yrs. + | school disciplinary records |
| 11+ | self report |
| Cognitive abilities/academicachievement | birth - 5 yrs. | Observation (DenverDevelopmental) |
| 3 yrs. + | caregiver interview |
| 5 yrs. + | school records |
| Emotional well-being | 3 yrs. + (somatic symptoms) | caregiver interview |
| 5 yrs. + (self concept) | child interview |
| 5 yrs. + (withdrawal) | teacher interview |
| 7 yrs. + (depression) | child interview |
| 11 yrs. + (locus ofcontrol) | child interview |

**Table 3. Family Risk and Protective Factors**

|  |  |
| --- | --- |
| Risk/Protective Factor | Data Source |
| Social Support | caregiver interview |
| Family Stress | caregiver interview |
| Locus of control | caregiver interview |
| Recidivism of inmate parent | Department of Corrections records |

**Control Variables.** Additional data are being gathered on control variables. Through caregiver interviews, information is gathered on the relationship between the caregiver and the inmate and the child and the inmate. This includes information on the quality of the relationship, the frequency of contact, and the child's response to his/her parent's incarceration. Also being collected are socio-demographic variables (income, family size, employment status, education level), and the family history of incarceration for both parents, maternal and paternal grandparents and aunts and uncles.**Process Evaluation Data.** In addition to the data available on both the service and control groups, the following have been collected on the service group only: service provider's perception of family needs over time; number, type and purpose of contact and case records.**Participant Satisfaction Data.** In 1994, 60 caregivers completed the participant satisfaction questionnaire. At least 95% of the responses were positive for each question that asked about the way services were delivered.**Qualitative Data.** Four focus groups were held with caregivers and two with adolescents to learn how program services could be improved. Comments from caregivers included: "After my ex-boyfriend went to prison, I was very depressed. The folks at Project SEEK built my confidence and now I am in college." "My children had a hard time when their daddy went away. SEEK helped them to focus more on their school work." "My daughter got in trouble with the law and left me with her kids (ages 3,4,5, and 10). SEEK helps me with their shots, food stamps and taking the kids to see their mom." Adolescents commented that attending the support group, "gets you off the streets", "makes you think about consequences", "gives you a chance to talk and get things off your mind; allows you to do better in school because you can concentrate". Additional evidence of program effectiveness is included in case studies (Attachment B) and newspaper article (Attachment C).**Objectives/Problems Checklists.** The Objective/Problems Checklist is completed by staff on service group families only. The Checklist is designed to identify the problems families are experiencing, and to guide the project specialist in developing a service plan for the participants. Families and children are rated on the severity of problems at intake and every three months thereafter. By examining the difference between the highest score on an item and the most recent score, it is possible to assess the progress made. Preliminary analysis of the data indicates the following: (See Attachment A)1. For the majority of families in the project, staff report concerns about finances, transportation, and household goods, parenting skills, and the caregiver's psychological well-being.2. Within a relatively short time, concerns about basic needs and social support decrease dramatically.3. Concerns about chemical dependency, parenting, and caregiver's psychological well-being, do not diminish substantially until a family has participated in the program for over two years.**Evaluation Results.** Because of the complexity of the data set and limited resources with which to analyze data, only preliminary analyses have been completed at this time. The following trends have been identified in the data thus far:1. Caregivers rate service group children significantly higher on cognitive skills than they do control group children 12 months after intake.2. Service group children rate themselves significantly higher on academic self esteem than do control group children 12 months after intake.3. The mean number of times service group children changed schools in the first 12 months after intake was significantly fewer than control group children.4. Adolescents who have participated in Project SEEK score higher on internal locus of control than control group adolescents, i.e. they feel more in control of their lives and that their future depends on their own actions, rather than external forces.5. Adolescents who have participated in Project Seek reported they were less likely to report delinquent behavior and substance use than the control group adolescents.**Table 5. Self-reported Delinquent Behavior & Substance Use**

|  |  |  |
| --- | --- | --- |
| Behaviors | SEEK Kids | Control Kids |
| Been in a fight | 29% | 58% |
| Started fires | 8% | 17% |
| Mean to animals | 8% | 27% |
| Damaged Property | 8% | 17% |
| Smoked cigarettes | 4% | 36% |
| Drank Beer | 8% | 20% |
| Drank hard liquor | 8% | 18% |
| Used marijuana/hash | 4% | 20% |

6. Fewer inmates in service families have returned to prison than inmates of control families at 6, 12, 18 and 24 months after release (Table 4). This preliminary finding will be verified as more inmates return home from prison.**Table 6. Percentage of Inmates Returned to Prison Since Release**

|  |  |  |
| --- | --- | --- |
| Months Since Release | Service Group | Control Group |
| 6 months | 2% (n=48) | 13% (n=31) |
| 12 months | 14% (n=42) | 33% (n=27) |
| 24 months | 27% (n=30) | 58% (n=19) |
| 36 months | 62% (n=16) | 92% (n=13) |

**Replication Cost**At this time, no replication training has taken place. Training should include background in prevention programming, home-visiting, substance abuse, working with the Department of Corrections, working with infants, issues specific to incarceration of a family member and cultural competence. Additional topics could be included if requested. It is projected that training would take five full days. Consultation should be made available as needed for the first six months of the program. Projected costs for training are $400 per day plus travel. Consultation would be provided at $50 per hour. The annual cost of replicating Project SEEK, to serve 150 children living in 100 families is approximately $275,000.**References**Cameron, c. (1993). Absenteeism in Elementary School Children: A Family Ecosvstem Model. Unpublished dissertation.Halpern, R. (1993). The Societal context of Home Visiting and Related Services for Families in Poverty. The Future of children. vol.3, No 3. Las Altos, CA: The David and Lucille Packard Foundation.Lowenstein, A. (1986). Temporary Single Parenthood - The case of Prisoners' Families. Family Relations. Haifa, Israel, pp.35, 79-85.Mrazek, P.J. & Haggerty, R.J. (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. Washington, DC: National Academy Press.Olds, D.l. & Kitzman, H. (1993). Review of Research on Home Visiting for Pregnant women and Parents of Young Children. The Future of Children. vol.3 No.3. Los Altos, California: The David Lucille Packard Foundation.Olsen, J. (1994). Preventing Juvenile Violence and Delinquency: Risk and Resource Assessment. Seattle, WA.Plomin, R.T. (1990). Nature and Nurture: An Introduction to Human Behavioral Genetics. Pacific Grove, California: Brooks/Cole Publishing Company.Ramey, C.T. & Ramey S.L. (1993). Home 'Visiting Programs and the Health and Development of Young Children. The Future of Children. Vol.3, No.3. Los Altos, California: The David Lucille Packard Foundation.Rutter, M. (1979) Protective Factors in Children's Response to Stress and Disadvantage. In G.W. Albee & J.M. Joffee (Eds.). Social Competence in Children, pp.49-74. Primary Prevention of Psychopathology, Ill. Hanover, NH: University Press of New England.Schorr, L.B. & Schorr, D. (1988). The Risk Factors. 'Within Our Reach Breaking The Cycle of Disadvantage. New York: Anchor Press Doubleday.Spivack, G. & Cianci, N. (1987). High Risk Early Behavior Pattern and Later Delinquency. In J.D. Burchard & S. Burchard (Eds). Prevention of Delinquency and Antisocial Behavior, Washington, DC: US Government Printing Office.Tolan, P.H. & Guerra, N.G. (1994). Prevention of Delinquency: Current Status and Issues. Applied and Preventive Psychology. Chicago, IL: Cambridge University Press.Weiss, H.B. (1993). Home 'Visits Necessary But Not Sufficient. The Future of Children. Vol.3, No.3. Los Altos, CA: The David & Lucille Packard Foundation.Werner, E. & Smith, R. (1982). Vulnerable but Invincible: A Study of Resilient Children. New York: McGraw-Hill.**Support Group Materials**African-American Educators (1991). American Teaching Aids. Minneapolis, MN.Burton-Barnett, C. (1995). Building Confidence in the African-American Child. Curriculum and Lecture. Flint, Ml.Garbarino, J. (1993). Let's Talk About Living in a World with Violence. Chicago, IL: Erikson Institute.Gelder-Sterne, E. (1953). The Slave Ship. New York, NY: Scholastic, Inc. D. (1993). Social Skills Activities for Special Children. West Nyack, NY: The Center for Applied Research in Education.Marciniak, D. and Tableman, B. (1990). Stress Management Training for Low-Income Women (and Others) Michigan Department of Mental Health-Prevention Services, Lansing, Ml.McCarthy, T. (1994) Multicultural Myths and Legends. New York, NY: Scholastic Professional Books.Pinkney, G. (1994). The Sunday Outing. New York, NY: Dial Books for Young Readers.Schmidt F. and Friedman, A. (1994). Fighting Fair for Families. Miami, FL: Grace Contrino Abrams Peace Education Foundation, Inc.Shelf-Medearis, A. (1994). Our People. New York: NY: Macmillan Publishing Company.Smith, B. etal (1988). Support Services for Children: A Replication Manual. Prevention and Demonstration Projects Unit, Michigan Department of Mental Health, Lansing, Ml.Southern Poverty Law Center (1994). Teaching Tolerance. Montgomery, AL: Ed Press.Straight Talk About Risks (1992). Washington, DC: Center to Prevent Handgun Violence.Theolis, B. (1996). Readv to Use Self-Esteem & Conflict-Solving Activities for Grades 4-8. West Nyack, NY: The Center for Applied Research in Education.Wright, C. (1995). Wagon Train. New York, NY: Holiday House, Inc.**~**  |