Using Evidence-Informed Practice Methods to Foster the School Success of At-Risk African American Female Adolescents

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Workshop Goals

- Participants will gain knowledge about various psycho-social and behavioral risk and protective factors that influence the educational outcomes of African American female adolescents.
- Participants will demonstrate some proficiency with the use of evidence-informed practice methods to address the needs of at-risk adolescents who are also culturally diverse.
- Participants will consider methods that can be used to engage parents, teachers, and other school personnel in their efforts to support African American female adolescents who are academically at-risk.
Part I What Does the Evidence Tell Us about African American Female Adolescents?
16% of students in public schools are African American

Largest concentration is in the South (24%) compared to 6% in West, 16% in Midwest, & 16% in Northeast

46% of African American students in US attend a predominantly AA school, 29% attend predominantly White schools (a decline over the years); 39% attend an intensely segregated (90-100% students of color) school

22% of African American students receive special education, 7% of AA females in the 9th grade receive special education, compared to 8% White females

46% of AA students were educated in schools that failed; 21% in high-poverty secondary schools compared to 2% of White students...only 12% of AA secondary students are educated in low-poverty schools

(Morris, 2014)
Statistics

- **58% of AA students who dropped out of school were attending one of the nation’s lowest performing high schools**

- **AA students account for 35% of in-school suspensions; 35% of out-of-school suspensions & 39% of expulsions**

- Approximately 11% of AA female students have had an out-of-school suspension

- 5 of the nation’s largest school districts have a rate of suspension for AA students that is greater than 70% - Prince George’s County MD (87% of suspensions) – make up 71% of enrollment, Philadelphia (78%)- make up 62% of enrollment, Chicago (78%)- AA students make up 45% of enrollment, Charlotte/Mecklenberg (75%) – AA students make up 44% of enrollment, and Duval County Florida (72%)- AA students make up 46% of enrollment

(Morris, 2014)
Statistics

- 83% of AA high school students had their homework checked; compared to 57% of White high school students.
- 68% of AA female students had one parent attend a school or class event; compared to 80% of White students.
- 39% of AA female students had a parent volunteer; compared to 54% of White students.
- National dropout rate 8% for AA students (aged 16-24 years), national rate is 7.4% - (US DOE projects a 2% decrease in dropout rate for AA students between 2007 & 2020).
- 21% of 9th grade AA females have been retained; compared to 8% of White females.
- 85% of 8th grade AA females scored below the proficient level on the NAEP reading exam; compared to 43% of White females.
- 87% of 8th grade AA females scored below the proficient level on the NAEP math; compared to 56% of White females.

(Morris, 2014)
Statistics

- 78% of AA female 12th graders scored below the proficient level on the NAEP reading exam; 94% of AA students scored below the proficient level in math on the NAEP exam; 96% of AA students scored below the proficient level in science on the NAEP exam.

- Only 10% of youth in Gifted & Talented Education are AA; even though 19% of the districts offer these programs.

- AA students account for only 9.2% of AP test takers, the lowest rate of representation of any racial group.

- Since 2011, 32 states have improved the AP participation gap.

- 44% of 9th grade AA students have a “college counselor” – compared to 51% of White students & 60% of Asian students.

(Morris, 2014)
Psycho-social Factors - Family-Level

Grades (GPA) & Test Performance

- School Behavior Expectations*
- Home Academic Environment
- Parent/Family Emotional Support
- Parent Monitoring (of youth activities at home & in the community) – for those in high risk neighborhoods, reduced the risk of externalizing behaviors among urban youth & improved academic outcomes (& overall well-being)
- Family Cohesion – especially in the context of good parent monitoring
- Consistent Discipline aka Behavioral Support*
- Parent Involvement in Education
- Parental Guidance
- Relatives Graduated from High School –Stable Adult Role Models
- Established Family Routines – increase in both financial resources & routines more favorable for academic outcomes
Psycho-social Factors – School Level

Grades (GPA), Test Performance, School Engagement

- Teacher Support – tutoring, material support, quality instruction, help with homework,*
- Teacher’s Attitude & Behavior (+) (-) - affirming potential & acceptance, lack of acceptance/affirmation of potential (-); quality of teacher/student interaction
- Higher Academic Track Placement
- Involvement in Extracurricular Activities – reduced the risk of dropout
- Teachers who encouraged more Classroom Participation – associated with improved academic achievement (for younger adolescents)
- Feeling Accepted & a Sense of Belonging
- Social Acceptance – high-achieving adolescents who attended high-achieving majority African American schools experienced less social costs than those attending high-achieving schools with fewer AA students (important that AA adolescents are exposed to same-race peers in highly competitive school settings)
Psycho-social Factors - Peer Group

Grades (GPA), Test Performance, Engagement

- Friend Support* - differing findings related to the influence of peer support for those who reside in high-risk environments or who have been exposed to multiple risks; Social Support from peers, in general, has been found to be beneficial.

- Peer Group Acceptance* (+) (-) – for younger adolescents in the classroom setting when a teacher promotes positive social interaction this leads to better classroom functioning.

- Peers Intention to Complete School – was positively associated with grades (9th grade).

- Association with Negative Peers (9th grade) associated with lower general and academic functioning.

- Tangible & Emotional Support from Peers* - finding that low-achieving peers relied on more of these types of support from peers than higher achieving 12th grade students.

- SES – young adolescents in classrooms with peers who had higher SES performed better in math & reading.
Community-Level Factors

- Grades (GPA), Test Performance, Engagement

- Church Attendance – Family Members & Peers associated with intention to complete school (+)

- Church Attendance – Peers associated with reduction in # of suspensions

- Neighborhoods with greatest deterioration associated with poorer academic outcomes (even those with recreation centers)

- Utilization of community resources (+)

- Exposure to community violence associated with depressive symptoms-lower grades, less academic readiness, lower reading achievement

- Exposure to community violence associated with anxious symptoms- lower grades, less academic readiness, lower reading achievement

- Exposure to community violence – increase in Aggressive Behavior & decrease in Academic Performance
Individual-Level Attributes

Reduction of Risk & Promotion of Educational Resilience

- Higher Academic Future Expectations – more strongly correlated than Higher Future Expectations (a more generalized perspective)
- Educational Intention to Complete – correlated with GPA
- Future Outlook
- Belief in Personal Control
- Academic Self-Concept
- Perseverance/Personal Initiative
- Utilization of Community Resources
- Self-Esteem
- Self-Efficacy

As change agents, how can we support or promote educational resilience?
Practical Considerations: Before you Plan an Intervention...
Client Characteristics and Complexity

- Rarely do academically at-risk students have just one problem.
- Treating one problem in isolation is rarely productive.
- At-risk students often require a set of interventions to augment their Tier I, Tier II or Tier III intervention.

PRACTICAL CONSIDERATION #1
Clinical Experience and Expertise

- We have our own unique set of knowledge, skills, and experience to exchange
- Consultation and Supervision is “key” to our understanding of “what works and why it works”

PRACTICAL CONSIDERATION #2
What factors (time, materials, resources, space, support, schedules) should you consider when planning a school-based intervention?

How will those factors influence the delivery of the intervention?

PRACTICAL CONSIDERATION #3
What psycho-social factors should I consider in the process of planning a tailored Tier I, Tier II, or Tier III intervention for academically at-risk African American female adolescents?

Small Group Activity
Part II Using Evidence-Informed Practice Methods

What is Evidence-Informed Practice?

“The planned use of empirically supported assessment and intervention methods combined with the well thought out use of monitoring and evaluation strategies for the purpose of improving the psychosocial well-being of clients.”
Evidence-Informed:

Practitioners:

- Use valid & reliable assessment instruments

- Select intervention/treatment methods that have evidential support (aka empirical support or proof)

- Use outcome-oriented intervention strategies... *she plans and implements an intervention or treatment with specific goals in mind*

- Use empirically-supported evaluation methods & tools*** *she has proof that these methods or tools are the right ones to use!!!*
The Evidence-Informed Practitioner’s Toolkit
Data Collection

- Collect available data [individuals & groups- grades, attendance history, disciplinary history, school-wide data Annual Measurable Objectives data – disaggregated, demographic statistics, etc.]
- Determine what other data you need
- Identify all stakeholders
- Identify what the school district’s priorities are
- Align your intervention goals with school district or school level goals or priorities
- Establish doable, measurable, and tangible goals that represent positive changes/outcomes
Where Can I Find Information About Empirically Supported Interventions?

- Blueprints for Healthy Youth Development
  http://www.blueprintsprograms.com
- National Registry of Evidence-based Programs and Practices
  Http://www.nrepp.samhsa.gov
- Youth.gov
  http://www.youth.gov
Data Collection
Small Group Activity
Case Examples

1. What type of intervention is needed...?

2. What type of school district level, student and/or student support services data....do you need to plan that type of intervention?
Consider Outcomes before Adapting & Applying the Evidence (Implementation)

(Raines, 2008)

Step #1 - Create Answerable Questions

Step #2 - Investigate the Evidence

Step #3 - Appraise the Evidence

Step #4 - Adapt and Apply the Evidence

Step #5 - Evaluate the Results
Type #1 Service Outcomes- document program impact and reflect the goals of the intervention, the process of the intervention delivered, and/or aggregate accomplishments.

- They can be measured in many different ways. For example, you may want to know how many clients were served or the amount of intervention provided.

Type #2 Satisfaction Outcomes- document the user’s contentment with the services and the outcomes achieved.

- As a measure, satisfaction reflects service acceptability as well as the therapeutic relationship.
- Both are important because they are thought to be correlated with client retention and change.

Type #3 Practice Outcomes- document goal attainment or problem reduction as perceived by individuals or groups.

- For children and parents these may include in-session impact assessment or post session outcomes.
- Practice outcomes reflect treatment processes and client change occurring over the course of the intervention.

Three Types of Outcomes (Sabatino et.al, 2009)
Consider 1st is the desired outcome measurable? Is it attainable? *Is the student “buying in”? Does she agree that the goal or outcome is appropriate and important?*

Choose scales, measures or tools carefully. *Is there evidence that the measure is culturally sensitive or appropriate?*

Triangulate when possible– use more than one method to confirm or disconfirm your conclusions (i.e. observations, items on scales, scores on measures, existing data – attendance records, # of discipline referrals, anecdotal commentary – student(s), parent(s) & teachers.)

Progress Monitoring & Outcome Evaluation
Free Brief Scales/Measures for Screening & Progress Monitoring *Tier II* & *Tier III*

**Depression**
- *Kutcher Adolescent Depression Scale* (11 item) digital version & 6 item paper pencil version

**Self-Esteem**
- *Rosenberg Self-Esteem Scale*

**Anxiety**
- *Revised Children’s Anxiety & Depression Scale* (RCADS)
- *Trauma Exposure Checklist & PTSD Screener*
- *Youth Worries & Fears Questionnaire* – Clinical Version
- *Strengths & Difficulties Questionnaire* – Student and Other Informant Versions

**Note:** See also the Center for School Mental Health’s document “*Summary of Free Assessment Measures*”
Part III Engaging Parents, Teachers, & Others – To Make A Difference

Home School Peer Group & Community
Methods of Engagement

*Tier I, Tier II, & Tier III* Interventions

Brainstorming - Small Group Activity
Reporting to Stakeholders

What did you do?

Why did you do it?

What difference did it make? Were there tangible and significant positive changes?

What impact have the observed changes made on the student’s academic performance, attendance patterns, disciplinary concerns or referrals etc.?
References


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