

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?



## Statistics

- ▶ 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 9<sup>th</sup> 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 9<sup>th</sup> grade AA females have been retained; compared to 8% of White females*
- ▶ 85% of 8<sup>th</sup> grade AA females scored below the proficient level on the NAEP reading exam; compared to 43% of White females
- ▶ 87% of 8<sup>th</sup> 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 12<sup>th</sup> 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 student 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 9<sup>th</sup> 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 (9<sup>th</sup> grade)
- ▶ Association with Negative Peers (9<sup>th</sup> 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 12<sup>th</sup> 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

## Contextual Constraints

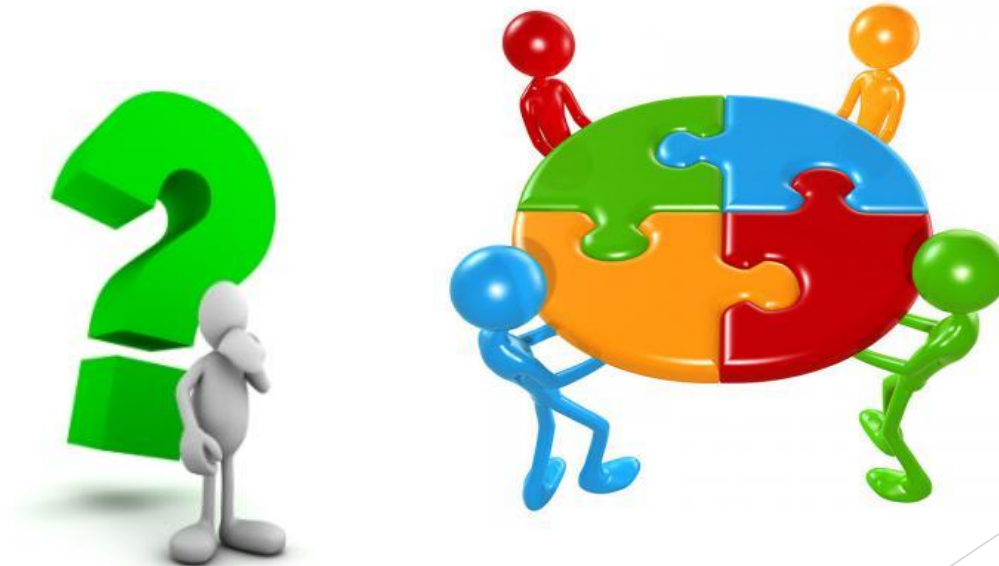
- ▶ What factors (time, materials, resources, space, support, schedules) should you consider when planning a school-based intervention?
- ▶ How will those factors influence the delivery of the intervention?

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!!!*



## 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

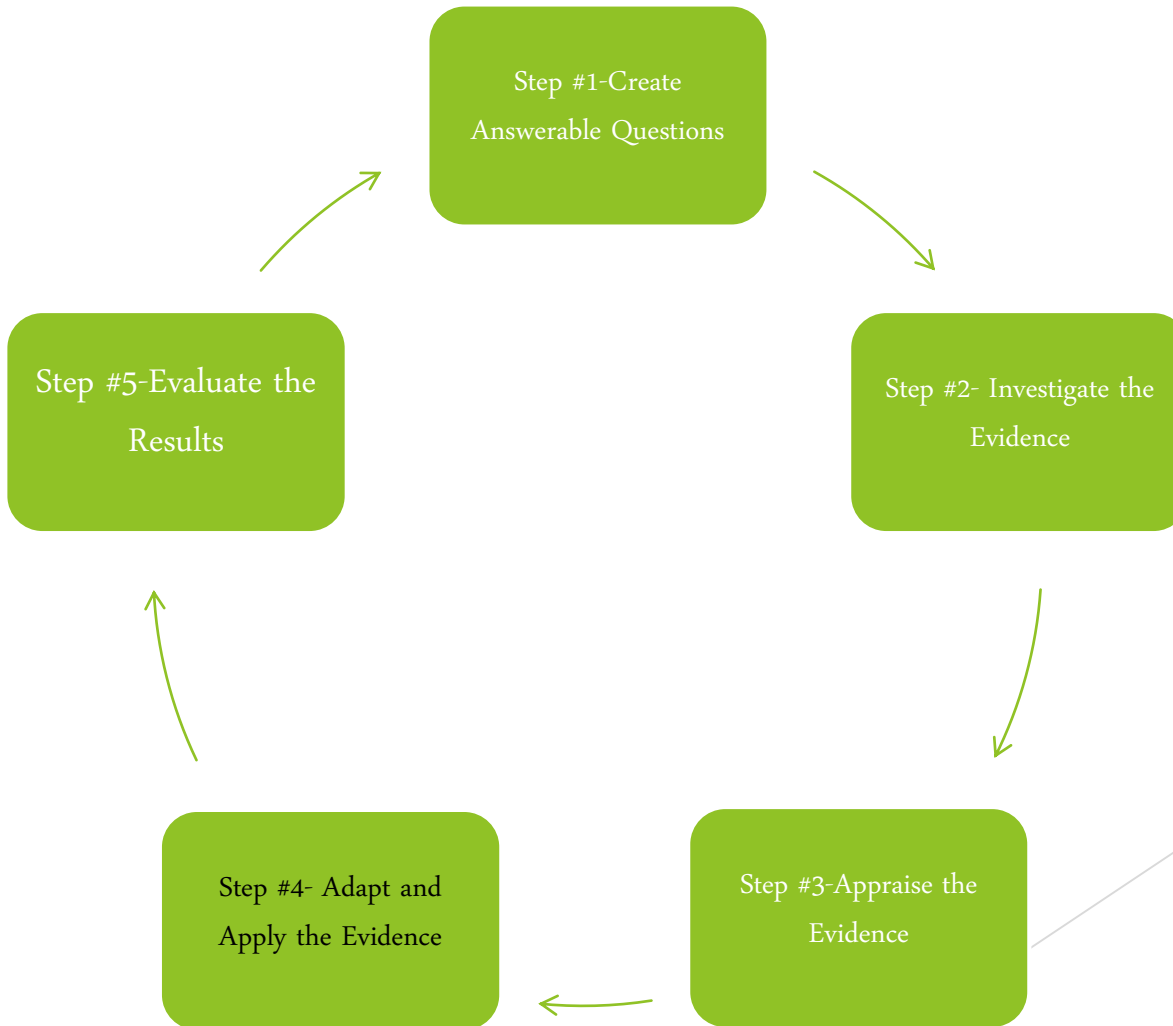
### Case Examples

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)





**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 1<sup>st</sup> 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

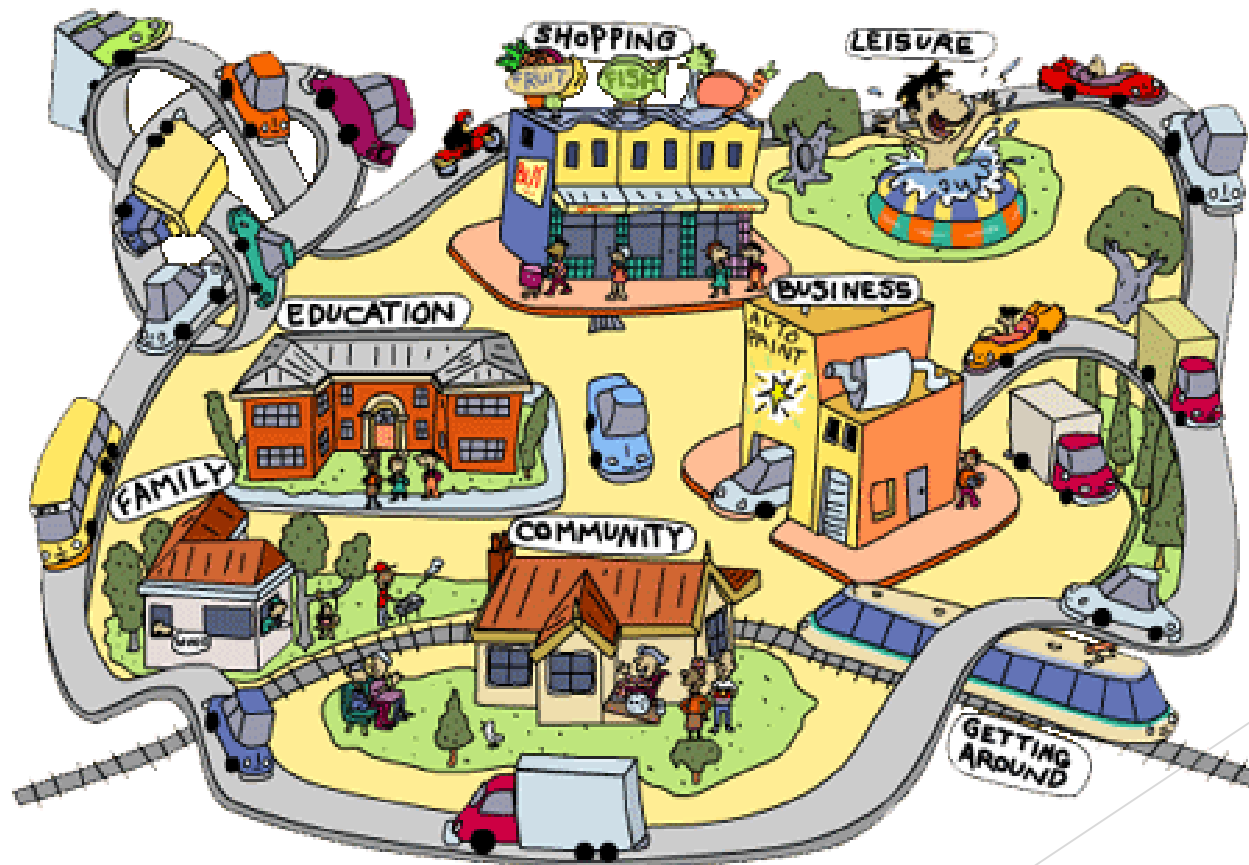


**Community**  
involvement

# 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.?*

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