

SchP 439: Comprehensive School Health Programs

Fall 2004

Class Meetings: Monday, 4 - 7 PM
Instructor: Edward S. Shapiro, Ph.D.
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Attention All Students:

Any student who has a documented disability and is in need of academic accommodations should notify the professor of this course and/or contact Cheryl Ashcroft, Director of the Office of Academic Support Services (758-4152). Accommodations are individualized and in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992.

REQUIRED TEXTS: NONE

INTRODUCTION:

Over the past decade, there has been a substantial concern raised about the future health of our children. Numerous professional and governmental agencies have established that a key to bettering the health care of tomorrow's youth comes with increased attention to programs focused on the development of healthy behavior in today's youth. Further, schools have been the site for health-programming in the United States since the earliest days of colonization of our country. As such, this course will examine the role and nature of school-health programs in the prevention of health-related disorders in youth.

Understanding the components of behavior that lead to healthy development is the center point of this course. In particular, the course will examine programs and methods that are key in the prevention of health and health-related problems. The course will examine issues of resilience and factors related to prevention of health-related problems. A significant portion of the course will target adolescent and urban centers, given that these groups represent the highest proportion of individuals at-risk for health-related disorders.

COURSE OBJECTIVES & COMPETENCIES:

Upon course completion, students should be able to:

(Numbers refer to numbered competencies from school psychology program competency list)

1. Students will demonstrate a knowledge base regarding the link between emotional and behavior disorders of children and adolescents and unhealthy patterns of behavior.
2. Students will demonstrate skills in designing curriculum adaptations and specialized instructional techniques for meeting the special education needs of students.
3. Students will demonstrate intervention skills in working with students to prevent the emergence of unhealthy patterns of behavior.
7. Students will demonstrate a knowledge base and practical experience in working with children from culturally and/or linguistically diverse backgrounds who have, or are at-risk for, health problems.
8. Students will demonstrate practical experience in the dissemination of a knowledge base with regard to health promotion and service delivery to students with, or at risk for, health problems.
10. Students will demonstrate a knowledge base and practical experience in the design of research related to health promotion programming and service delivery to students with or at risk for health problems.
11. Students will develop a knowledge of establishing primary prevention programs for students with health problems at-risk for development of mental health difficulties.
12. Students will demonstrate a knowledge of factors that are associated with childhood resilience to the development of health problems.
13. Students will demonstrate a knowledge of the components of developing a comprehensive program in schools for child and adolescent health.
14. Students will demonstrate a knowledge of the components of developing a crisis management plan for schools.
- 15.** Students will demonstrate a knowledge of the components of developing an early childhood program for the prevention of academic and behavior problems.
17. Students will demonstrate a knowledge of the components for development of a family oriented school health program.

ASSIGNMENTS:

- 1. Class-based review** — Each week, the articles assigned for reading will be divided among the students in the class. Although all students are responsible for reading all articles, the student to whom the specific article is assigned is expected to attain an in-depth analysis of the article allowing them to lead and be a substantial contributor to the discussion.
- 2. Student lead presentation** — Students will select/be assigned two topics beginning with the September 27^h class and through the November 22nd class. Students will be responsible for the entire class period (up to 2.5 hours). Organization for the class period will be determined in consultation with the instructor, but should include didactic presentation, discussion, videotape presentations, bringing in outside speakers, and other activities consistent with the seminar theme of the presentation. Students **MUST** meet with the instructor **two weeks** prior to the class. Readings for each class are assigned/selected by the instructor. All readings will be on-line for downloading. **For each class, students must prepare a detailed topical outline of the material covered in each assigned article. Students will also provide a list of discussion questions/focus points that will be used to facilitate the class discussion.**
- 3. Comprehensive reaction/summary papers** — The course is divided into subsections: Conceptual framework for prevention, Areas of health promotion and compromise, and Prevention programs in the schools. Students will complete a reaction/summary paper two weeks following the completion of each subsection of the course (Sept. 27, Nov 1, Dec. 6). The paper will represent a summary of the readings that were contained across the subsection of the course and the student's reactions to the assigned readings. Reactions should be a critical analysis of the material, supported by literature and offering recommendations for advancing the concepts discussed. **Students are expected to include additional literature that is linked to the topic and use that literature in support or to refute the conclusions reached through class discussion.** The papers will be judged by the degree to which students demonstrate deep, critical analysis and thinking skills, not simply a summarization of the existing content. A good model for these papers would be the discussion sections of articles published in journals such as Psychological Bulletin or the American Psychologist. All papers should be prepared using APA style format (2001). Papers should be in the 10-15 page range each.
- 4. Resource Guides** – Based on the presentations of each group of students, a resource guide will be put together. This guide should provide information where practitioners can find practical, useful, and valuable information on the topic. These guides should include internet based resources, printed material, visual media, reports from governmental sources and other forms of available information.

GRADING:

1. **Student lead presentation** — 200 pts

Presentations will be graded using a feedback system including indicators of organization, creativity, and maintaining interest. Additionally, students will be scored on the ability to respond to questions, generate discussion, and demonstrate mastery of the material being presented, **as well as the quality of the topical outline provided for class discussion. The grade will be based primarily on the depth of analysis and not just the coverage of material.**

2. **Comprehensive reaction/summary papers** (3 papers, each worth 100 pts) — 300 pts

Papers will be graded based on the organization, writing style, clarity, and detail of the summary. Additionally, papers will be judged on the degree of deep thinking and criticalness reflected in the papers.

3. **Resource Guides** – 100 pts

As part of the student based presentation topic, students will develop a resource guide that can serve as an information data base on their topic. These resource guides will provide internet and available information from public agencies. Each part of the resource guide must be reviewed and contain an evaluation of the item.

4. **Contributions to Course Discussion** — 50 pts (discretionary).

As a doctoral seminar, students are expected to carry a significant portion of the in-class efforts to discuss the material assigned for the week. As such, the instructor will assign a discretionary and subjectively rated maximum of 50 points per student during the semester based on the level and nature of in-class contributions

TOTAL = 650 pts

GRADING PROCEDURE:

93%+ pts	=	A
90 - 92.9% pts	=	A-
87 - 89.9% pts	=	B+
83 - 86.9% pts	=	B
80 - 82.9% pts	=	B-
< 80% pts	=	C
< 70% pts	=	F

WEEKLY TOPICS AND REQUIRED READINGS

Date	Topic	Reading
Aug 23	Course Overview/ Discussion of activity	
Aug 30	History and Development of School Health Programs/ Conceptual Framework for Prevention: Risk-factors and Resilience in Health & Mental-Health	Acosta, et al. 2004 Doll & Lyon, 1998 Kolbe et al., 1997 Masten, 2001 Masten & Coatsworth, 1998 Nation et al., 2003 Resnick et al., 1997
Sept 6	NO CLASS- LABOR DAY	
Sept. 13	Conceptual Framework for Prevention: Community and Academic Risk Factors and Resilience	Black & Krishnakumar, 1998 Cicchetti & Rogosch, 1997 Masten, Best, & Garmezy, 1990 Pianta & Walsh, 1998 Sameroff, et al. 1997 Wandersman & Florin, 2003
Sept. 20	Comprehensive School Health Programs: Education, Health, & Mental Health Services in Schools	Flaherty & Osher, 2003 Gill & Reynolds, 1999 Reynolds, 1999 Stoiber & Good, 1998 Temple & Reynolds, 1999 Wandersman & Nation, 1998
Sept 27	Areas of Health Promotion and Compromise: Drug Abuse and Violence REACTION PAPER #1 DUE	Botvin, 1995 Ennett, 1994 Conduct group, 1999a, b LeCroy & Mann, 2004 Weist, et al., 2001
Oct. 4	Areas of Health Promotion and Compromise: Sexually Transmitted Disease and HIV	Armistead, et al., 2004 Coyle et al., 1999 Coyle et al., 1996 Jemmott, 1996 Jemmott, 1998

Oct. 13	Areas of Health Promotion and Compromise: Diet and Obesity & Gender Specific Health FRIDAY CLASSES MEET- We will meet	Blom-Hoffman et al., 2004 Epstein, 1990 Lytle, 1996 McGraw, 2000 McVey, 2004 Reynolds, 2000 Wodarski & Wodarski, 2004
Oct. 20	Areas of Health Promotion and Compromise: Increasing Physical Activity	Faucette, 1995 Sallis, DiLorenzo, 1998 McKenzie, 1996 Perry, 1990
Oct. 27	Prevention Programs in Schools: Mental Health Prevention -- The Primary Mental Health Program	Cowen et al. (1996) Nabors et al., 2004 Nastasi, 1998 Paavola, (1989) Weissberg, (1983)
Nov. 1	REACTION PAPER #2 DUE Prevention Programs in Schools: Early Childhood Prevention Programs	Kitzman, et al. (1997) McConaughy et al (2000) Schweinhart, 1997 Serna (2000)
Nov. 8	Prevention Programs in Schools: Trauma and Crisis Response	Guritch et al., 2002 Rabalais et al., 2002 Saylor & Deroma, 2002 Silverman & La Greca, 2002
Nov. 15	Prevention Programs in Schools: Injury prevention	Dal Santo, 2004 Davidson, 1994 Kronenfeld, 1995 Rowe, 2004 Winston, 2000
Nov. 22	Prevention Programs in Schools: Primary Health Care in the Schools – The School-Based Health Clinic	Barnett, 2003 Crespo, 2000 Fothergill, 1998 McCord, 1993 Kisker, 1996 Shenckman, 1997
Nov 29 LAST CLASS	REACTION PAPER #3 DUE (DEC 6) Evaluating Prevention Programs –	Lipsey & Cordray, 2000

Assigned Reading List

8/23 - Introduction:

8/30 – Conceptual Framework for Prevention: Risk-factors and Resilience in Health & Mental-Health

Acosta, O. M., Weist, M. D., Lopez, F. A., Shafer, M. E., & Pizarro, L. J. (2004). Assessing the psychosocial and academic needs of Latino youth to inform the development of school-based programs. *Behavior Modification*, 28, 579 – 595.

Doll, B. & Lyon, M.A. (1998). Risk and resilience: Implications for the delivery of educational and mental health services in the schools. *School Psychology Review*, 27, 348-363.

Kolbe, L. J., Collins, J., & Cortese, P. (1997). Building the capacity of schools to improve the health of the nation. A call for assistance from psychologists. *American Psychologist*, 52, 256 – 265.

Masten, A.S. (2001). Ordinary Magic: Resilience processes in development. *American Psychologist*, 56, 227-238.

Masten, A. S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53, 205-220.

Nation, Crusto, Wandersman, Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. *American Psychologist*, 58, 449 – 456.

Resnick, M.D., et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278, 823-832.

9/13 - Conceptual Framework for Prevention: Community and Academic Risk Factors and Resilience

Black, M. M., & Krioshnakumar, A. (1998). Children in low-income, urban settings: Interventions to promote mental health and well-being. *American Psychologist*, 53, 635-646.

Cicchetti, D., & Rogosch, F.A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology*, 9, 797-815.

Masten, A. S., Best, K.M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.

Pianta, R.C., & Walsh, D.J. (1998). Applying the construct of resilience in schools: Cautions from a developmental systems perspective. *School Psychology Review, 27*, 407-417.

Sameroff, A.J., Seifer, R., & Burke, W.T. (1997). Environmental perspectives on adaptation during childhood and adolescence. In S. S. Luthar, J.A. Burack, D. Cicchetti, & J. E. Weisz (eds.). *Developmental Psychopathology: Perspectives on adjustment, risk, and disorder*, (pp. 507-526). Cambridge, U.K.: Cambridge University Press.

Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist, 58*, 441-448.

9/20 - Comprehensive School Health Programs: Education, Health, & Mental Health Services in Schools

Flaherty, L. T. & Osher, D. (2003). History of school-based mental health services in the United States. In M. D. Weist, S. W. Evans, & N. A. Lever (eds.), *Handbook of school mental health: Advancing research to practice* (pp. 11 -22). New York: Kluwer Academic/Plenum Press.

Gill, S., & Reynolds, A.J. (1999). Educational expectations and school achievement of urban African-American children. *Journal of School Psychology, 37*, 403-424.

Reynolds, A.J. (1999). Educational success in high-risk settings: Contributions of the Chicago Longitudinal study. *Journal of School Psychology, 37*, 345-354.

Stoiber, K.C., & Good, B. (1998). Risk and resilience factors linked to problem behavior among urban, culturally diverse adolescents. *School Psychology Review, 27*, 380-397.

Temple, J.A., & Reynolds, A.J. (1999). School mobility and achievement: Longitudinal findings from an urban cohort. *Journal of School Psychology, 37*, 355-377.

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: Psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist, 53*, 647-656.

9/27 - Areas of Health Promotion and Compromise: Drug Abuse and Violence

Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association, 273*, 1106 – 1112.

Conduct problems prevention research group. (1999a). Initial impact of the fast track prevention trial for conduct problems: I. The high -risk sample. *Journal of Consulting and Clinical Psychology, 67*, 631-647.

Conduct problems prevention research group. (1999a). Initial impact of the fast track prevention trial for conduct problems: II. Classroom effects. *Journal of Consulting and Clinical Psychology, 67*, 648-657.

Ennett, S. T., Tobler, N. S., Ringwalt, C. L., & Flewelling, R. L. (1994). How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations. *American Journal of Public Health, 84*, 1394 – 1401.

LeCroy, C. W., & Mann, J. E. (2004). Substance abuse. In L. A. Rapp-Paglicci, C. N. Dulmus, & J. S. Wodarski (eds.), *handbook of preventive interventions for children and adolescents* (pp. 198 – 226). New York: Wiley.

Weist, M. D., Acosta, A., & Youngstrom, (2001). Predictors of Violence Exposure Among Inner-City Youth. *Journal of Clinical Child Psychology, 30*, 187 – 198.

10/4 - Areas of Health Promotion and Compromise: Sexually Transmitted Disease and HIV

Armistead, L., Kotchick, B. A., & Forehand, R. (2004). Teenage pregnancy, sexually transmitted diseases, and HIV/AIDS. In L. A. Rapp-Paglicci, C. N. Dulmus, & J. S. Wodarski (eds.), *handbook of preventive interventions for children and adolescents* (pp. 227 - 254). New York: Wiley.

Coyle, K. et al., (1999). Short-term impact of safer choices: A multicomponent, school-based HIV, other STD, and pregnancy prevention program. *Journal of School Health, 69*, 181-188.

Coyle, L., et al., (1996). Safer choices: A multicomponent school-based HIV/STD and pregnancy prevention program for adolescents. *Journal of School Health, 66*, 89-94.

Jemmott, J.B., III & Jemmott, L.S. (1996). Strategies to reduce the risk of HIV infection, sexually transmitted diseases, and pregnancy among African American adolescents. In R.J. Resnick & R.H. Rozenky (Eds.) *Health psychology through the life span: Practice and research opportunities* (pp. 395-422). Washington, D.C.: American Psychological Association.

Jemmott, J.B., III, Jemmott, L.S., & Fong, G.T. (1998). Abstinence and safer sex HIV risk- reduction interventions for African American Adolescents: A randomized controlled trial. *Journal of the American Medical Association, 279*, 1529-1536.

**10/13 - Areas of Health Promotion and Compromise:
Diet and Obesity & Gender Specific Health**

Blom-Hoffman, J., Kelleher, C., Power, T. J., & Leff, S. S. (2004). Promoting healthy food consumption among young children: Evaluation of a multi-component nutrition education program. *Journal of School Psychology, 42*, 45 – 60.

Epstein, L. H., Valoski, A., Wing, R.R., & McCurley, J. (1990). Ten-year follow-up of behavioral, family-based treatment for obese children. *JAMA, The Journal of the American Medical Association, 264*, 2519-

Lytle, L. A., et al. (1996). Changes in nutrient intakes of elementary school children following a school-based intervention: Results from the CATCH study. *Preventive Medicine, 25*, 465 – 477.

McGraw, S. A., et al. (2000). Measuring implementation of school programs and policies to promote healthy eating and physical activity among youth. *Preventive Medicine, 31*, S86 - S97.

McVey, G. (2004). Eating disorders. In L. A. Rapp-Paglicci, C. N. Dulmus, & J. S. Wodarski (eds.), *handbook of preventive interventions for children and adolescents* (pp. 275 - 300). New York: Wiley.

Reynolds, K. D. et al., (2000). Increasing the fruit and vegetable consumption of fourth-graders: Results from the High 5 project. *Preventive Medicine, 30*, 309 - 319.

Wodarski, L. A., & Wodarski, J. S. (2004). Obesity. In L. A. Rapp-Paglicci, C. N. Dulmus, & J. S. Wodarski (eds.), *handbook of preventive interventions for children and adolescents* (pp. 301 - 320). New York: Wiley.

**10/20 - Areas of Health Promotion and Compromise:
Increasing Physical Activity**

DiLorenzo, T. M., Stucky – Ropp, R. C., Vander Wal, J. S. , & Gotham, H. J. (1998). Determinant of exercise among children. II. A longitudinal analysis. *Preventive Medicine, 27*, 470 – 477.

Faucette, N., et al. (1995). Comparison of fourth grade students' out-of-school physical activity levels and choices by gender: Project SPARK. *Journal of Health Education, 26*, S 82 – 90.

McKenzie, T. L., et al. (1996). School physical education: Effect of the child and adolescent trial for cardiovascular health. *Preventive Medicine, 25*, 423 – 431.

Perry, C. L. et al. (1990). School-based cardiovascular health promotion: The child and adolescent trial for cardiovascular health (CATCH). *Journal of School Health*, 60, 408 – 413.

Sallis, J. F., et al. (). Project SPARK: Effects of physical education on adiposity in children. *Annals of the New York Academic of Sciences*, 127 – 136.

**10/27 - Prevention Programs in Schools:
Mental Health Prevention --The Primary Mental Health Program**

Cowen,

Nabors, L. A., Leff, S. S., & Power, T. J. (2004). Quality improvement activities and expanded school mental health services. *Behavior Modification*, 28, 596 – 616.

Nastasi, B.K. (1998). A model for mental health programming in schools and communities: Introduction to the mini-series. *School Psychology Review*, 27, 165-174.

Paavola, J. C., Hannah, F. P., & Nichol, G. T. (1989). The Memphis City Schools mental health center: A program description. *Professional School Psychology*, 4, 61 – 74.

Weissberg, R.P., Cowen E. L., Lotyczewski, B. S., & Gesten, E. L. (1983). The Primary Mental Health Project: Seven consecutive years of program outcome research. *Journal of Consulting and Clinical Psychology*, 51, 100 – 107.

**11/1- Prevention Programs in Schools:
Early Childhood Prevention Programs**

Kitzman, H., et al. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *Journal of the American Medical Association*, 278, 644 – 652.

McConaughy, S.H., Kay, P.J., & Fitzgerald, M. (2000). How long is long enough? Outcomes for a school-based prevention program. *Exceptional Children*, 67, 21- 34.

Schweinhart, L. J., & Welkart, D. P. (1997). The High/Scope preschool curriculum comparison study through age 23. *Early Childhood Research Quarterly*, 12, 117 – 143.

Serna, L., Nielsen, E., Lambors, K., & Forness, S. (2000). Primary prevention with children at risk for emotional or behavioral disorders: Data on a universal intervention for Head Start classrooms. *Behavioral Disorders*, 26, 70- 84

**11/8 - Prevention Programs in Schools:
Trauma and Crisis Response –**

Gurwitch, R. H., Sitterle, K. A., Young, B. H., & Pfefferbaum, B. (2002). The aftermath of terrorism. In A. M. La Greca, W. K. Silverman, E. M. Vernberg, & M. C. Roberts (Eds.), *Helping Children Cope with Disasters and Terrorism* (pp.327 - 357). Washington, DC: American Psychological Association

Rabalais, A. E., Ruggiero, K. J., & Scotti, J. R. (2002). Multicultural issues in the response of children to disasters. In A. M. La Greca, W. K. Silverman, E. M. Vernberg, & M. C. Roberts (Eds.), *Helping Children Cope with Disasters and Terrorism* (pp.73 - 99) Washington, DC: American Psychological Association

Saylor, C., & Deroma, V. (2002). Assessment of children and adolescents exposed to disaster. In A. M. La Greca, W. K. Silverman, E. M. Vernberg, & M. C. Roberts (Eds.), *Helping Children Cope with Disasters and Terrorism* (pp.35 – 53). Washington, DC: American Psychological Association

Silverman, W. K., & La Greca, A. M. (2002). Children experiencing disasters: Definitions, reactions, and predictors of outcomes. In A. M. La Greca, W. K. Silverman, E. M. Vernberg, & M. C. Roberts (Eds.), *Helping Children Cope with Disasters and Terrorism* (pp.11-34) Washington, DC: American Psychological Association

**11/15 - Prevention Programs in Schools:
Injury prevention**

Dal Santo, J. A., Goodman, R. M., Gilk, D., & Jackson, K. (2004). Childhood unintentional injuries: Factors predicting injury risk among preschoolers. *Journal of Pediatric Psychology*, 29, 273 – 283.

Davidson, L. L., et al. (1994). The impact of the Safe Kids/Healthy Neighborhoods injury prevention program in Harlem, 1988 through 1991. *American Journal of Public Health*, 84, 580 – 586.

Kronenfeld, J. J., & Glik, D. (1995). Unintentional injury: A major health problem for young children and youth. *Journal of Family and Economic Issues*, 16, 365 – 393.

Rowe, R. , Maughan, B., & Goodman, R. (2004). Childhood psychiatric disorder and unintentional injury: Findings from a national cohort study. *Journal of Pediatric Psychology*, 29, 119- 130.

Winston, F. K., Durbin, D. R., Kallan, M. J., & Moll, E. (2000). The danger of premature graduation to seat belts for young children. *Pediatrics*, 105, 1179 – 1183.

11/22 - Prevention Programs in Schools:

Primary Health Care in the Schools – The School-Based Health Clinic

Barnett, B., Duggan, A. K., & Devoe, M. (2003). Reduced low birth weight for teenagers receiving prenatal care at a school-based health center: Effect of access and comprehensive care, *Journal of Adolescent Health, 33*, 349 – 358.

Crespo, R. D., & Shaler, G. A. (2000). Assessment of school-based health centers in a rural state: The West Virginia Experience. *Journal of Adolescent Health, 25*,

Fothergill, K., & Ballard, E. (1998). The school-linked health center: A promising model of community-based care for adolescents. *Journal of Adolescent Health, 23*, 27 – 36.

Kisker, E. E., & Brown, R. S. (1996). Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior? (1996). *Journal of Adolescent Health, 18*, 335 – 343.

McCord, M., T., Klein, J. D., Foy, J. M., & Fothergill, K. (1993). School-based clinic use and school performance. *Journal of Adolescent Health, 14*, 91 - 98.

Shenkman, E., et al., (1997). Children's health care use in the Healthy Kids program. *Pediatrics, 100*, 947 – 953.

Stock, M. R., Morse, E. V., Simon, P. M., & Zeanah, P.D., Pratt, J. M., & Sterne, S. (1997). Barriers to school-based health care programs. *Health & Social Work, 22*, 274-281.

11/29- Evaluating Prevention Programs

Lipsey, M. W., & Cordray, D. S. (2000). Evaluating methods for social intervention. *Annual Reviews of Psychology, 51*, 345 – 375.