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EFFECTIVENESS OF THE READ TO TEACH AFTER SCHOOL PROGRAM

BY

Jamie Beth Kreisberg, M.S.

A Directed Research Project

Submitted to the Faculty of  
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of the requirements for the degree of  
Specialist in School Psychology

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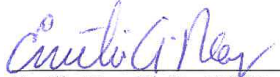
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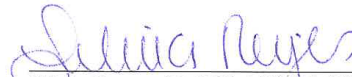
Effectiveness of the Read to  
Teach After School Program


BY

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### Abstract

This study measured the effectiveness of the Read to Teach Program in a predominantly Hispanic, at-risk community in South Florida. Children living in impoverished neighborhoods are exposed to higher levels of stressors, which places them at risk of several outcomes, including substance abuse, delinquency, violence, academic failure, and school dropout. Children who are at-risk are inclined to display poor social skills and show under-achievement in school, which leads to an increased risk for dropping out of school. After school community programs that focus on improving both social and academic functioning can be very beneficial and help children and adolescents increase resiliency. The goal of this study is to measure if the students' functional communication, social skills, and resiliency improve after receiving peer tutoring and substance abuse prevention therapy. Participants included approximately 41 at-risk students between the ages of five and eighteen who participated in the Read to Teach after school program. A within subjects, repeated measures MANOVA was used to measure the hypothesis that students identified as at-risk would exhibit an improvement in their functional communication, social skills, and resiliency at school after participating in the Read to Teach program. The results of this study supported the hypothesis that participants would demonstrate improvements in functional communication and resiliency after participating in the Read to Teach program. No significant improvements in social skills were found.

### Effectiveness of the Read to Teach After School Program

Equal access to education is considered to be a basic right afforded to children living in the United States. Yet The National Center for Education Statistics estimates that in October 2008, approximately 3 million 16 through 24 year olds were not enrolled in high school and had not earned a high school diploma. These rates represent 8 percent out of the 38 million individuals between the ages of 16 and 24 who were living in the United States (Chapman, Laird, Ifill, & Ramani, 2010). A well-established body of literature suggests that children living in impoverished neighborhoods are at risk of a wide range of negative outcomes, including substance abuse, delinquency, violence, academic failure, and school dropout (Criss, Shaw, Moilanen, Hitchings, & Ingoldsby, 2009; Harding, 2010; Levanthal & Brooks Gunns 2000; Murali & Oyebode, 2004). Furthermore, these negative outcomes seem to be highly related with each other, suggesting that common risk factors may contribute to multiple outcomes. For example, students who smoke cigarettes or use drugs are more likely to perform poorly academically when compared to students earn good grades in school (Griffin, Botvin, Nichols, & Doyle, 2003). These trends suggest that these social and academic outcomes are interdependent and that in order to be most effective, interventions should target risk and protective factors of both types of outcomes. A risk factor is a variable that impacts the likelihood of future negative outcomes (Durlak, 1998). With disproportionately high rates of negative outcomes being displayed in low socio-economic status (SES) children, it is crucial to identify those at risk and establish effective interventions that can prevent such outcomes.

#### **Socio-economic Status as a Risk Factor.**

The stress of living in a lower socio-economic status (SES) neighborhood is a particularly complex and salient risk factor because it frequently implies the presence of a wide range of

other, associated risk factors, such as drug use, exposure to high rates of crime, and teenage pregnancy use (Hill & Angel, 2005). Children living in low SES neighborhoods are exposed to higher levels of stressors, which may contribute to the development of internalizing and externalizing symptoms (Grant, Katz, Thomas, O’Koon, Meza, DiPasquale, Rodriguez, & Bergen, 2004). Internalizing symptoms may include withdrawal, loneliness, anxiety, depression, and suicidal thoughts and attempts (Hawker & Boulton, 2000; Reijntjes, Kamphuis, Prinzie, Boelen, Van der Schoot, & Telch 2011). Examples of externalizing symptoms include aggression, deviance, and truancy (Reijntjes et al., 2011). Children who are exposed to limited social and economic resources are more likely to internalize their surrounding risks and perceive them as being normal, leading to the potential for a variety of negative outcomes (Fitzpatrick & LaGory, 2000; Wilson, 1996). This, in turn, increases the likelihood that these children will engage in high risk behaviors such as violence, substance abuse, crime, and school truancy (Moren-Cross, Wright, LaGory, & Lanzi, 2006). In addition, children living in impoverished neighborhoods are at-risk for a range of co-occurring emotional and behavioral symptoms and poor psychosocial functioning such as disruptive behavioral problems and aggression (Henry, Gorman-Smith, Schoeny, & Tolan, 2014). Behavioral problems include primarily externalizing problems such as aggression, noncompliance, and antisocial behavior but may also reflect internalizing problems related to anxiety and depression (Durlak, 1998).

Children and adolescents living in lower SES neighborhoods have an increased likelihood of being exposed to crime and violence (Berman, Kurtines, Silverman, & Serafini, 1996). In fact, over 80 % of children living in urban areas have reportedly witnessed community violence, and as many as 70% of them report being victims (Fitzpatrick & Boldizar, 1993). Community violence is defined as intentional acts that are aimed to physically hurt another

person in a community (Cooley-Quille, Turner, & Beidel, 1995). Exposure to crime and violence have been associated with negative emotional outcomes such as post-traumatic stress symptoms (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). Poor social functioning, which includes increased rates of aggression and psychological distress, is likely to show in these children (Ceballo, Dahl, Aretakis, & Ramirez, 2001). Furthermore, exposure to violence that is modeled by parents, makes it more likely for children raised in these families to engage in violence or delinquent behaviors themselves (Barr, Hanson, Kilpatrick, Saunders, Resnick, & Amstadter, 2012).

Families living in low SES communities frequently experience stress within the home environment, further contributing to the risks these children face. When parents or caregivers are under significant stress, they are less available to tend to their children's cognitive and social development, which is important in improving their children's academic success (Boyd, Cooley, Lambert, & Ialongo, 2003). A lack of consistency and clarity in rule setting and their use of inconsistent or severe and abusive discipline also increase risk for violence (Hawkins, Herrenkohl, Farrington, Brewer, Catalano, & Harachi, 1998). Students' level of academic success and school experiences are also associated with the risk of violence, demonstrating the interrelated nature of variables such as violence, academic achievement, SES, and family environment. Furthermore, exposure to poverty both in the community and at home are likely to co-exist with neighborhood disorganization, further increasing the risk of violence (Brewer, Hawkins, Catalano, & Neckerman, 1995).

### **Crime and Violence as a Risk Factor**

Exposure to antisocial norms and values held by family members and individuals outside of the home may also have a negative effect on children's behavior by presenting violence as

acceptable and normalizing the occurrence of violence (Brewer, et al., 1995). Children exposed to violence are less likely to be motivated to master their surroundings (Osofsky, 1999). Violence exposure also has a negative effect on children's functioning, attitudes, social competence, and school performance (Cicchetti & Toth, 1997). Many times, these risk factors are associated with an array of behaviors that have an effect on learning, such as skipping school or skipping classes, not paying attention to the teacher, or not working on classwork or homework that is required. Children exposed to violence often times experience increases in anxiety and disturbances in sleeping (Pynoos, 1993). Violence exposure can affect development and lead to enduring emotional, behavioral, and social difficulties including significant discrepancy from the norm in areas such as emotional regulation, attachment, eating, sleeping, toileting, and language development (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006; Malik, Lederman, Crowson, & Osofsky, 2002). Children exposed to violence may also display psychological distress and post-traumatic stress symptoms (Shields, Nadasen, Pierce, 2008; Solberg, Carlstrom, Howard, & Jones, 2007). They also have trouble concentrating and paying attention in class as a result of their disturbing thoughts (Osofsky, 1999). Social learning theory suggests that children who witness violent acts come to view them as a normal and successful way of working out conflict. Therefore, children exposed to violence are more likely to display aggression and engage in violent acts in the future (Attar, Guerra, & Tolan, 1994; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). Children who have poor emotional regulation may have difficulty processing social cues, putting them at increased risk of impulsive, aggressive behavior in ambiguous situations (Cooley-Strickland, Quille, Griffin, Stuart, Bradshaw, & Furr-Holden, 2009).



### **Academic Risks**

Students who face one or more risk factors tend to have limited academic achievement and experience above average school drop-out rates (Finn & Rock, 1997). They frequently display an inclination toward under-achievement and seem to have poor social skills in school, interfering with their ability to complete high school (McMillan & Reed, 1994). Researchers have identified a variety of factors that place students at risk for academic failure, including limited English proficiency, poverty, race, living in a single-parent home, and low socioeconomic status (Davis & McCaul, 1991; National Institute on the Education of At-Risk Students, 1997).

Children living in low socioeconomic communities are more likely to start school with limited literacy, language, narrative and social skills (Dickinson & Tabors, 2002). On the other hand, children who enter school more prepared, achieve greater academic success and have increased social skills, which correspond with positive outcomes in behavior (Welsh, Nix, Blair, Bierman, & Nelson, 2010), fewer crimes, and increased rates of employment later on in life (Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005).

When starting kindergarten, children who experience many family and social risk factors, such as poor maternal education and single parent households, perform less well than children experiencing fewer risk factors in assessments of early reading, math, and general knowledge (Zill & West, 2001). Kindergarten teachers also rate children with higher levels of risk as being less socially proficient and more aggressive when compared to children who are not at risk (Ryan, Fauth, & Brooks-Gunn, 2006; Zill & West, 2001). Also, children who start school without the essential academic and social skills show greater academic and behavioral issues during kindergarten and beyond when compared to their peers (Konold & Pianta, 2005; Raver,

2002; West, Denton, & Germino-Hausken, 2000). The lack of positive social skills has been correlated with later difficulties in life, such as dropping out of school, criminal activities, unemployment, and social withdrawal (Brown, Odom, & Conroy, 2001; Parker & Asher, 1987; Sheridan, 1998), which limits their chances of achieving in school (Fantuzzo, Sekino, & Cohen, 2004).

School attendance is a key foundation that contributes to academic and social achievement. Student absenteeism from classes is strongly associated with low educational attainment and dropping out of school and is often considered one of the greatest barriers to education that teachers must address (Khattari, Riley, & Kane, 1997). Since education became mandatory in the 19th century, school truancy has been known to be a problem in the schools in the United States (Leyba & Massat, 2009), and is correlated with an array of life-course issues (Attwood & Croll, 2006; Garry, 1996). For example, truancy has been associated with several behavior issues in adolescence, school failure and juvenile delinquency (Reimer & Dimock, 2005). School failure is a construct that can be used to reflect poor academic success, school dropout, grade retention, or placement in special education classes (Durlak, 1998). In comparison to most developed countries, the United States ranks poorly with respect to tolerating a comparably high truancy and school dropout rate (Willms, 2003).

The development of truancy is linked with a host of interconnected and overlapping negative individual, family, social, and community risk factors (Lindstadt, 2005). "Truancy and nonattendance are associated with an array of negative child well-being outcomes such as poor academic achievement, low school attachments, delinquency, drug use, sexual promiscuity, and school dropout" (Sutphen, Ford, & Flaherty, 2010, page 162). Truancy is more common in schools that do not have a strict truancy enforcement policy (Epstein & Sheldon, 2002). It is

important to understand what characteristics contribute to the truancy of youth as well as what factors put them at risk for truancy (Henry & Huizinga, 2007).

**Family factors.**

A variety of family variables have also been identified that directly impact academic and social development. Parenting practices that include lower levels of warmth and responsiveness and higher levels of negative affect and unstable disciplinary plans have been associated with negative outcomes for students (Burchinal, Roberts, Zeisel, Hennon, & Hooper, 2006; Lengua, Honorado, & Bush, 2007; Dumka, Roosa & Jackson, 1997; Shepard, Armstrong, Silver, Berger, & Seifer, 2002). Warm, responsive, and consistent disciplinary actions have, on the other hand, been shown to be essential predictors of children's school readiness skills, including increased positive social interactions and fewer antisocial interactions with peers (Rimm-Kaufman & Pianta, 2006; Raver, 2002).

Poor interactions and relationships between parents and school personnel, unsupportive teachers, uncertified teachers, unchallenging class and homework assignments, and low sensitivity to diversity issues also impacts school attendance (Dougherty, 1999). Research findings suggest that family dynamics are a large predictor in absenteeism and truancy (Dougherty, 1999; Kleine, 1994). Kleine (1994) also found that research on family structure indicates that children living in single-parent homes are inclined to higher rates of absenteeism and truancy than children living in two-parent homes. Teasley (2004) reported that two-parent homes are generally better at monitoring their children's activities, because parents share responsibilities in the upbringing of their children. Stressors such as living in crowded conditions, poor parent-child relationships, and frequent relocation may have a negative impact on school attendance. These characteristics are usually seen within low-income families

(Thornberry, Smith, Rivera, Huizinga, & Stouthamer-Loeber, 1999). Epstein and Sheldon (2002), found that when parents are involved in checking their child's schoolwork, reading skills, academic progress, and grades, truancy is more likely to decrease. Jenkins & Bell (1997) found that many characteristics of many low SES families negatively affect school attendance.

### **Community factors.**

Factors in the community that contribute to truancy are low family income, living in impoverished neighborhoods, and type of local schools. These neighborhoods are marked by families moving frequently, violence, child abuse, crime, drug abuse, and unemployment that taken together contribute to more truancy (Astone & McLanahan, 1994; Jenkins & Bell, 1997; Epstein & Sheldon, 2002; Teasley, 2004; Wandersman & Nation, 1998). Students in lower SES often live in neighborhoods characterized by exposure to mental and physical health stressors (for example, abuse, neglect, neighborhood and domestic violence, family and parental strife) that are associated with truancy (Wandersman & Nation, 1998).

### **School factors.**

Improving student attendance at school requires a comprehensive approach that addresses what happens in the school as well as outside of school. Students are more likely to skip school or cut class if students think that the classroom environment is boring or disorganized. Students are also more likely to skip if they are receiving poor grades, are not committed to a challenging educational program, or have no desire in graduating high school (Henry & Huizinga, 2007). There are several factors and classroom practices that predict student attendance rates (Epstein & Sheldon, 2002). These school factors include problematic relationships with teachers, poor attendance policies, inability to provide accommodations for diverse learning styles and bullying (Bimler & Kirkland, 2001; Corville-Smith, Ryan, Adams, & Dalicandro, 1998; Jenkins & Bell,

1997; Teasley, 2004). Absenteeism and truancy are evidences of negative cognitive and behavioral complexes in youths (Teasley, 2004). "Students skip school for a variety of reasons (e.g., to care for younger sibling, to engage in drug use or crime, to spend time with their friends because they have become disenfranchised with school" (Henry & Huizinga, 2007, page 516-517).

### **Substance Abuse risk**

Multiple aspects of a child's environment impact how likely he or she is to abuse substances in the future. In the home environment, poor parenting skills, high levels of family conflict at home, and a low degree of parent and child relationship increase the risk for adolescents abusing alcohol and other drugs (Brook, Brook, Gordon, Whiteman, & Cohen, 1990). Factors that may prevent substance abuse include parental involvement and involvement in school and community activities (Puskar, Bernardo, & Switala, 2008), while inconsistent and poor parental monitoring has been linked with high levels of substance abuse (McVie & Holmes, 2005). Parental practices, such as behavioral control and parents' tolerance, are related to adolescent self-disclosure and parental awareness of their children's daily behaviors and activities, which can impact adolescents' substance use (Soenens, Vansteenkiste, Luyckx, & Goossens, 2006) and antisocial behaviors (Keijsers, Branje, VanderValk, & Meeus, 2009). A bond and attachment between the parent and child is an important protective factor that can decrease the likelihood of adolescents using substances (Brook, Whiteman, Finch, & Cohen, 2000; Kumpfer & Alvarado, 2003).

Parental substance abuse has been linked to aggression, rejection, neglect, and unskillful interactions with children (Das Eiden & Leonard, 2000; Locke & Newcomb, 2004). Children of parents who abuse substances and are exposed to many risk factors are more likely to

demonstrate maladaptive behavior. When parents abuse substances, this behavior is modeled for the children, which may send the message that the behavior is acceptable. Furthermore, parents who abuse alcohol and drugs increases the likelihood that their children will use drugs (Ennett, Bauman, Hussong, Faris, Foshee, & Cai, 2006; Urberg Goldstein, & Toro, 2005). Adolescents may become influenced by their parents substance abusing behaviors and learn to use substances themselves (Chuang, Ennett, Bauman, & Foshee, 2005). Children of substance abusers have an increased risk of having issues that impact their behavioral and emotional functioning (Kumpfer & Bluth, 2004; Werner & Johnson, 2004; Wiles, Biederman, Bredin, Haesy, Abrantes, Neft, Millstein, & Spencer, 2002).

Several characteristics of peer relationships have also been found to impact decisions to use substances. Peer use of substances is among the strongest predictors of adolescent substance abuse (Reinherz, Giaconia, Carmola-Hauf, Wasserman, & Paradis, 2000). Peer groups are the primary means by which children expand their experience and test their newly acquired social competencies. Children are extremely susceptible to social pressures, especially as they enter their adolescent years. Children who are incapable of making mature decisions for themselves and who cannot resist the negative influences of their peers are more likely to make negative choices. These choices involve early substance abuse, early sexual activity, and delinquent behaviors that are impacted by strong peer relationships (Dryfoos, 1996). It has been found that the primary reasons for substance abuse among the adolescents was peer pressure (Kangule, Darbastwar, & Kokiwar, 2011). Not being accepted by peers and wanting to become well-liked often times puts children at risk for substance abuse (Trucco, Colder, Bowker, & Wieczorek, 2001; Tucker, Green, Zhou, Miles, Shih, & D'Amico, 2011).

**Protective factors.**

In addition to the variables that put children at risk of negative outcomes, it is also important to identify variables that promote resiliency in the face of adversity. These variables, called protective factors, mediate or moderate the effects of exposure to risk (Cowen & Work, 1988; Garmezy, 1985; Rutter, 1985; Werner, 1989). A protective factor is a variable that decreases the likelihood of a negative result from occurring (Durlak, 1998). Esquivel, Doll, and Oades-Sese (2011) have defined resilience from a systemic view, as the interaction between a child's internal personality traits and external supports such as family, school, and community, which helps them understand and cope with negative outcomes. Research on resilience has described it as elongated accounts of protective factors occurring in the individual, family, school, and community traits of the child. An environmental viewpoint also recognizes the interaction of these influences and their effect on the child (Prince-Embury, 2011). A resilient child is proficient at readjusting to changing situations, can transfer behavior as needed, and easily uses problem-solving techniques. A non-resilient child on the other hand is distressed by new situations, tends to be anxious, and has difficulty dealing with stressful situations and coping with traumatic experiences (Block & Block, 2006). Children who are nervous and anxious tend to isolate themselves from unique situations, and non-resilient children tend to be discouraged by new situations. Resiliency is impacted by emotions and other personality characteristics, knowledge, and the essence of the stressors in a particular background (Eggum, Eisenberg, Spinrad, Valiente, Edwards, Kupfer, & Reiser, 2014). Children with higher levels of resiliency have lower externalizing (Chuang, Lamb, & Hwang, 2006; Hofer, Eisenberg, & Reiser, 2010; Smeekens, Riksen-Walraven, & van Bakel, 2008) and internalizing symptoms (Eisenberg, Chang, Ma, & Huang, 2009; Eisenberg, Spinrad, Fabes, Reiser, Cumberland, Shepard, Valiente,

Losoya, Guthrie, & Thompson, 2004; Martel, Nigg, Wong, Fitzgerald, Jester, Puttler, Glass, Adams, & Zucker, 2007) than children who are less resilient. Resiliency is also positively correlated with cognitive abilities and awareness (Martel et al., 2007). Children who are more emotionally receptive may have more trouble coping with difficult, stressful situations compared to children who are less resilient and receptive (Eggum et al., 2014). Eisenberg and colleagues (2004) found that adults reported that children's negative affectability, such as sadness, anxiety, distress, and anger, were negatively correlated to their resiliency synchronously and across a span of two years. Children who are prone to anger or nervousness are likely to become reactive to stressful experiences, which may prevent them from recovering easily (Blair & Ursache, 2011). The high level of stimulation involved in anger or nervousness might prohibit children to learn constructive ways to deal with stress, with the result that they are rather unlikely to form the techniques and compliance needed to recover from stress (Eggum et al., 2014). Building resilience has been found to be essential in personal, social, emotional, and physical improvements (Wagnild, 2010).

For children to successfully socially engage with their peers, they need the competency to initiate play, join peers in dynamic play activities, respond to play suggestions, and resolve conflicts with peers (Howes & Matheson, 1992). However, children from low socioeconomic communities tend to be delayed in these social skills, be less engaging with peers when playing and have poor social skills (Fantuzzo, Weiss, Atkins, Meyers & Noone, 1998). Children who display aggressive behaviors often have difficulties interacting and getting along with their peers and are more likely to experience academic failure, substance abuse, and delinquency (Nagin & Tremblay, 2001). Prior research has identified particular social skills that contribute to school success and can serve as a protective factor against academic failure. These include prosocial



behaviors that help build positive peer and teacher interactions such as sharing, taking turns, helping, and self-regulation skills that reinforce the control of aggression (Coolahan, Fantuzzo, Mendez, & McDermott; Denham & Burton, 2003; Ladd, Buhs, & Seid, 2000). Effective prosocial engagement and self-regulation are closely associated with the ability to recognize and regulate emotions (Denham & Burton, 2003) and with social problem-solving skills such as the ability to define problems, come up with alternative solutions, and plan ahead (Crick & Dodge, 1994; Youngstrom, Wolpaw, Kogos, Schoff, Ackerman, & Izard, 2000). Social interactions and behavior traits have been classified as essential characteristics to the perspectives and views on school among students (Blair, 2002). Children who have positive interactions with peers compared to those who display inappropriate social skills, demonstrate being accepting of peers, forming friendships, and receiving support from their peers. They are inclined to feel more positive about school (Boulton-Lewis, Brownlee, Walker, & Cobb-Moore, 2011; Kwon, Kim & Sheridan, 2012). Prosocial behaviors, including sharing, helping others, and being cooperative, have a strong impact on long-term academic success and positive relationships with peers (Caprara, Barbaranelli, Pastorelli, Bandura, & Zimbaro, 2000). Likewise, children's beliefs about social skills might serve as an important social cognition that contributes to children's functioning. Social skills involve a number of prosocial behaviors such as helping, sharing, and caring, and those behaviors are essentially situated in a social and interpersonal context (Kwon, Kim, & Sheridan, 2014). A study on life skills training conducted by Luczynski, Hanley, & Rodriguez (2013), showed that teaching social skills decreases and prevents problem behavior.

Functional communication skills include teaching children to request access to situations frequently shown to maintain negative behaviors such as assistance and help from adult attention. Functional communication skills help to decrease behaviors including aggression and

self-injury, property destruction, tantrums, body rocking, hand flapping, oppositional behavior, and walking away (Mancil, 2006; O'Neill & Sweetland-Baker, 2001). Students who show defiant and negative behavior in elementary school are at greater risk for placement in special education programs and failure in school in the future (Ary, Duncan, Duncan, & Hops, 1999; Windle & Mason, 2004). Studies have shown that functional communication training reduces disruptive behavior and increases the use of the replacement behavior (Mancil, 2006; Mirenda, 1997).

### **Intervention Techniques**

Intervention programs that emphasize positive reactions to social and peer pressures have been shown to decrease high-risk behaviors in the short term and to have some long-term effects as well (Dryfoos, 1996). Studies have found an increase in resilience as a result of problem-solving training and decision making skills that focus on increasing self-control and self-efficacy, adaptive coping strategies for relieving stress and anxiety, interpersonal skills, and general assertive skills (Botvin, 1986; Flay, 1985). Supporters of skills training believe that children who are socially proficient behave more adaptively in school and have better intellectual skills in such areas as basic problem solving, which is necessary for achievement in school (Asher & Renshaw, 1981). Group social skills training (SST) is a systematic approach for this type of social intervention. Group SST directly teaches social skills in a group setting and has been found as a successful way to teach these skills to children who display inappropriate social skills or are at-risk due to factors such as social anxiety, socially odd behaviors, victimization by peers, or bullying behaviors (DeRosier, 2004; DeRosier and Marcus, 2005; Greenberg, Domitrovich, & Bumbarger, 2001). Group SST interventions focus on both increasing skills for daily social interactions as well as improving the development of long-term, quality friendships

(Rogers, 2000). Parents report high contentment with existing social skills programs (Carter, Meckes, Pritchard, Swensen, Wittman, & Velde, 2004; Webb, Miller, Pierce, Strawser, & Jones, 2004), further indicating the continued need for the development of effective child interventions that include parental involvement. Social skills group intervention programs combine cognitive-behavioral and social learning strategies to improve social skills and peer relationships for typically developing children who are socially at-risk (DeRosier, 2004; DeRosier and Marcus, 2005).

Social support may result in resilient outcomes for children by boosting their self-esteem (Sandler, Miller, Short, & Wlchik, 1989). Children with higher levels of self-esteem might view stressors differently than children with lower levels of self-esteem, impacting their choice of coping skills (Kliewer & Sandler, 1992). Studies regarding the relationship between self-esteem and peer victimization have consistently shown that adolescents with low self-esteem are more often victimized than adolescents with high self-esteem (Egan & Perry, 1998; Grills & Ollendick, 2002). Self-esteem is important for children's mental health. Children with low self-esteem tend to have poor health and negative social behaviors including smoking, drug use, poor academic achievement, depression, suicide, and pregnancy (Daane, 2003; Shirk, Burwell, & Harter, 2003). Low socio-economic status, mistreatment and lack of trust are damaging to development of high self-esteem (Schofield & Beek, 2005). High self-esteem is associated with increased school achievement, good mental health, and increased feelings of pride and self-concept (Fletcher, Rollins, & Nickerson, 2004; Khan & Dhar, 2006; Wilcox, Kramer & Sen, 2011). In addition, higher levels of self-esteem may lead to greater achievement in life. The development of a positive perception of self-esteem during childhood is essential for children to cope with family stressors, social pressures, and temptations of defiance that occur. A connection

between close friendships and increased self-esteem has been reported (Fletcher et al., 2004). A child's participation in extracurricular activities has been shown to increase self-esteem (Dalgas-Pelish, 2006). Programs that provide enhancement of self-esteem during childhood may be important for preventing unhealthy lifestyle, poor academic performance, and subsequent deviant social behavior. Also, participating in physical activities has been found to improve children's self-esteem and increase their activeness, and successes (Strauss, 2001).

Community-based interventions can be very beneficial and effective at preventing future substance abuse, early aggression, poor social skills, and academic difficulty by introducing protective factors, such as supportive relationships, and minimizing risk factors (Benard, 1991; Davis 1996; Epstein 1995). When families are involved in their children's education, children are more likely to regularly attend school, achieve higher grades, register in challenging courses, attend college, and display positive social skills (Bryan, 2005). After school programs are commonly known to be a subgroup of the category of community-based programs that have been found to reduce behavioral problems (Gottfredson, Gerstenblith, Soule, Womer, & Lu, 2004). After-school programs can help parents gain skills and knowledge that will help their children succeed (Epstein & Sanders, 2000). After-school programs that focus on school enrichment and tutoring programs are reported to be effective in delivering academic success and resilience in children (Hock, Pulvers, Donald, Deshler, & Schumaker, 2001). School-family-community partnerships play a strong role in contributing to the protective factors that foster educational resilience in children (Benard, 1991). Interventions that promote the development of protective factors in high-risk communities can be particularly effective (Epstein, Botvin, Griffin, & Diaz, 1995). Children who participate in after-school enrichment programs have a greater chance of reporting a sense of skill and pride in school, handling frustration in socially

appropriate ways, and staying focused in class (Grossman, Price, Fellerath, Jucovy, Kotloff, Raley, & Walker, 2002). Well organized academic components in after-school programs can improve children's academic success. After-school programs that focus on the correlation between children's personal and social development and their academic development can be very effective. Moreover, significant improvements in children's feelings and attitudes such as their self-perceptions and bonding to school, feelings of self-confidence, behavioral adjustment, and their overall academic performance in school can be achieved. Children's behavioral problems including aggression, noncompliance and conduct problems, and drug use can decrease as a result of participating in after-school programs (Durlak & Weissberg, 2007).

### **Abriendo Puertas**

Abriendo Puertas, Inc is an after-school community outreach center that was founded in 1992 by Annie E. Casey Mental Health initiative for urban children. The child and youth development programs offered at Abriendo Puertas Inc. are intended to provide out-of-school enrichment and substance abuse prevention that address drug resistance skills, personal self-management skills, and general social skills. The programs address a variety of social problems, such as antisocial behaviors, poor social communication skills, detachment from parents/caregivers, poor emotional bonds with peers, substance abuse, and academic failure. Abriendo Puertas' child and youth development programs target youth from age 4 to 17 who have been identified as at-risk of abusing substances or school failure. The programs consist of daily (Monday through Friday) after school sessions. Read to Teach, one of the child and youth development programs of Abriendo Puertas Inc, offers tutoring, homework assistance, and physical fitness, as well as other wellness and enrichment activities. It is offered five days per week. Read to Teach is divided in two major components which includes an academic and a social component. It targets social and

academic functioning and brings about change by offering students opportunities to develop new skills and abilities, foster resiliency, and at the same time address obstacles that get in the way of developing a healthy sense of self. The goal of the staff is to use a number of strategies to encourage a multitude of learning styles that help each child develop skills to succeed and develop to his or her full potential. The Read to Teach curriculum supports various learning styles so that each individual student has the best chance of being successful in school.

The program includes parental involvement in the form of wellness and enrichment activities that are held in public places. These activities include participation in workshops on parenting, peer pressure and substance abuse, immigration and acculturation, health and nutrition, and yoga and relaxation-breathing exercises.

Parental involvement is an essential factor of Read to Teach as it impacts the children's academic and personal success. Read to Teach staff members also encourage parents to complete home activities that foster the development of a positive relationship between the parent and child. Students participating in Read to Teach receive assistance with homework, tutoring, physical education and life skills management as well as wellness and enrichment in the areas of nutrition, karate, dance instruction, sports and culture, preventative education on substance abuse, and educational field trips. These wellness and enrichment activities help to bridge the gap between family, friends and the community. Several of these activities become annual events that are held in the community.

Read to Teach's social component consists of three major sections, incorporating evidence-based Botvin Life Skills Training (LST) curriculum. Botvin LST focuses on teaching youth (1) Drug Resistance Skills, (2) Personal Self-Management Skills, and (3) General Social Skills specifically related to drug use. Skills are taught using training techniques such as

instruction, demonstration, feedback, reinforcement, and practice. Sessions are related to drug knowledge, pro-drug attitudes, and parenting variables such as role modeling, discipline, communication, monitoring, and setting an anti-drug message. The intervention is designed to target the psychosocial factors associated with the onset of drug involvement. The program attempts to influence drug-related expectancies (knowledge, attitudes, and norms), drug-related resistance skills, and general competence including personal self-management skills and social skills (Botvin, 2000). Increasing prevention-related drug knowledge and resistance skills can provide adolescents with the information needed to develop anti-drug attitudes and norms, as well as to resist peer and media pressure to use drugs. Teaching effective self-management skills and social skills (improving personal and social competence) offers the potential of producing an impact on a set of psychological factors associated with decreased drug abuse risk (by reducing intrapersonal motivations to use drugs and by reducing vulnerability to pro-drug social influences).

### **Purpose and Hypotheses**

The purpose of this study is to evaluate the effectiveness of a community outreach program that has been designed and implemented to work with at-risk youth in a South Florida community. This study is designed to gauge the effectiveness of the Read to Teach component of the Abriendo Puertas Inc, a community outreach Center. Development of adaptive skills and improved social and emotional functioning is the means by which Read to Teach purports to bring about change in program participants. Children who are at-risk due to low socioeconomic status experience poorer social skills, functional communication, and resiliency, which contribute to academic difficulties and substance abuse. Therefore, the aim of the study is to measure if the students' functional communication, social skills, and resiliency improve after

receiving peer tutoring and substance abuse prevention interventions. It is hypothesized that students identified as 'at-risk' will exhibit an improvement in their functional communication, social skills, and resiliency after participating in the Read to Teach program.

## **Methods**

### **Participants**

The sample consisted of the entire set of thirty-seven youth that participated in the Read to Teach component at the Abriendo Puertas community outreach center during the 2012 to 2013 academic year. Teachers and other school staff members, from local elementary, middle, and high schools, referred program participants due to low grades, poor attendance rates, and/or presence of high community or familial risk factors. In order to be eligible for the services provided by Abriendo Puertas Inc., participants are required to have a free and reduced lunch status, a minority low socioeconomic status, and low academic performance. Once identified as potential participants, parents are provided with information about the program and are given the option to enroll their children in the program. Participants in the current study ranged in age from five to eighteen, with an average age of 6.41 and a standard deviation of 2.8, and were 59% male and 41% female. In order to be included in the study, participants had to have data at both time points and attend at least 60% of sessions. All participants of Read to Teach program were Hispanic and resided in a lower socioeconomic status neighborhood. Initially, there were 39 participants, but 2 dropped out so there were 37 participants included in the final sample. Also, each participant attended at least 60% of the program, and had data from both time points; therefore no participants had to be eliminated.



## **Instruments**

Selected scales from the Behavior Assessment System for Children, Second Edition (BASC-2) were used to measure social skills, functional communication, and resiliency in program participants. BASC-2 data is regularly collected at two time points in the program, with the first administration at the onset of the program in late August and the second administration at the termination of the program in early June. The BASC-2 is a multi-method, multi-dimensional system that uses observational measures of behavior, structured developmental history, and behavior rating scales to gather a comprehensive assessment of social, emotional, and behavioral functioning (Reynolds & Kamphaus, 2004). The BASC-2 offers a triangulated view of the child's behavioral difficulties by having a parent, teacher, and self-report of the rating scales. However, only the Teacher Rating Scale (TRS) was used for the purpose of this study, and will be discussed in depth here. The BASC-2 TRS measures both adaptive and maladaptive behavioral symptoms as observed by the teacher in the school setting. The clinical scales reflect a variety of Internalizing, Externalizing, and School Problems, while adaptive scales reflect skills that promote effective functioning (Reynolds & Kamphaus, 2004). For the purpose of this study, teacher ratings of three aspects of adaptive functioning were used, including social skills, functional communication, and resiliency. Functional communication reflects the child's ability to express ideas and communicate in ways others can easily understand. The social skills scale assesses interpersonal characteristics of social adaptation such as complimenting, encouraging, and helping others. The resiliency scale measures an ability to access both internal and external support systems to alleviate stress and overcome adversity. The areas of functional communication, social skills, and resiliency were chosen as measurements for this study since Read to Teach focuses on fostering resiliency and teaching general social skills and

communication. For each scale on the BASC-2 a T-Score with a mean of 50 and a standard deviation of 10 is attained. On clinical scales, scores over 60 are considered to indicate areas of concern, while scores below 40 on adaptive scales suggest possible impaired functioning. The BASC-2 is a valid and reliable norm referenced, standardized behavioral assessment system used to assess social and emotional functioning in children. The construct validity of the measure is supported by the factor analysis of the scale's loadings and factor intercorrelations. Factor analysis is the statistical technique used in identifying these broad dimensions. Correlations within clinical and adaptive scales are positive, and correlations between clinical and adaptive scales are negative. Correlations between the clinical scores overall range from .78 to .81, correlations between the externalizing problems scores range from .75 to .85, and correlations range from a high of .80 to a low of .64 for internalizing problems (Reynolds & Kamphaus, 2004). The reliability of the scales is measured through the use of internal consistency. Internal consistency measures whether or not all items in a scale reflect the same basic element. For the Adaptive Skills composite, scales have reliabilities in the .80s to low .90s.

### **Procedures**

Upon receiving approval from the Barry University Institutional Review Board, permission was requested from the administration of Abriendo Puertas Inc. to access archival data from program records, and with permission, data was requested from program staff. All identifying information was removed and each participant was assigned a participant number that could not be traced back to the individual. Data requested included BASC teacher rating scales, age, gender, free or reduced lunch status, ethnicity, and attendance records for the Read to Teach program.

Participants attended the Read to Teach program at the Abriendo Puertas community outreach center for ten months during August 2012 to June 2013 academic year, five days a week for four hours each session. Read to Teach's academic and social components are administered by trained professionals. The staff who delivers the academic component of the intervention includes certified teachers who hold a minimum of a Bachelor's degree in education. The staff who delivers the social component of the intervention includes graduate students who attend Florida Interventional University and Barry University seeking a Master's degree in Counseling and are certified to deliver the Botvin LST curriculum. In addition, staff participates, on an annual basis, in mandatory trainings that include behavior management, abuse-prevention, incident reporting, cultural competency, managing transitions, and inclusion strategies.

### **Analyses**

In order to test the hypothesis that participation in Read to Teach resulted in improvements in functional communication, social skills, and resiliency a within subjects repeated measures MANOVA was used to compare pre-intervention functional communication, social skills, and resilience to the post intervention levels of functional communication, social skills, and resilience.

### **Results**

A within subjects repeated measures Multivariate Analysis of Variance was conducted to determine the effect of students' participation in the Read to Teach program on their functional communication, social skills, and resiliency. Preliminary analysis revealed that the assumption of normality was violated according to the Shapiro-Wilk statistic; however the researcher proceeded with analysis due to the robustness of the test. Correlations among all dependent variables were at acceptable levels. Inspection of Box Plots indicated that there was one outlier at

pre-test for Resiliency; however, this was not expected to impact the results, so the outlier was included in the analysis.

The overall MANOVA with combined dependent variables yielded statistically significant results,  $F(3, 34) = 6.715, p = .001$ ; Pillai's Trace = .372. Follow-up univariate ANOVAs indicated statistically significant increases in functional communication ( $F(1, 36) = 9.278, p = .004$ ; partial  $\eta^2 = .205$ ) and resiliency ( $F(1, 36) = 14.360, p = .001$ ; partial  $\eta^2 = .285$ ) after participating in the Read to Teach program. Students' functional communication after participating in the Read to Teach program improved ( $M = 55.1, SD = 7.5$ ) in comparison to students' functional communication prior to participating in the Read to Teach program ( $M = 50.2, SD = 8.4$ ). Students' resiliency after participating in the Read to Teach program improved ( $M = 56.8, SD = 11.2$ ) in comparison to their resiliency prior to participating in the Read to Teach program ( $M = 49.5, SD = 6.6$ ). There was no significant change in social skills from pre-test to post-test  $F(1, 36) = 2.982, p = .093$ .

### **Discussion**

The current study hypothesized that students identified as at-risk would exhibit an improvement in their functional communication, social skills, and resiliency at school after participating in the Read to Teach program. Results indicated that after participating in the Read to Teach program, at-risk youth did evidence improvements in functional communication and resiliency. However no significant improvements in social skills were observed. Overall, these findings suggest that the Read to Teach after school program can have a positive impact on the development of protective factors for at-risk youth, which may in turn lead to more positive social and academic outcomes.

The significant improvements in functional communication and resiliency following participation in the Read to Teach program is congruent with what would be expected based on prior research on the various intervention techniques included in the program (Bryan, 2005). Furthermore, prior research suggests that functional communication and resiliency are salient factors in helping children cope with stressful situations, meet demands of society, and decrease problematic behaviors (Eggum et al., 2014). These variables have also been found to contribute to a variety of outcomes, including functioning better in school, building friendships, and the ability to use self-control (Vanderbilt-Adriance & Shaw, 2008). Therefore, the results of this study offer promise for the greater impact that Read to Teach can have for program participants. Future research should explore whether the Read to Teach program is effective in impacting these long-term academic and social outcomes.

There may be several explanations for the lack of significant improvements in social skills. The social skills techniques and instruction included in the activities in Read to Teach may have needed to be implemented over a longer period time to show significant improvements. Therefore, future researchers may want to evaluate the long-term effects of the Read to Teach program on social skills. In addition, it may be necessary to consistently implement interventions in multiple settings in order to bring about the desired changes. While parents are encouraged to complete parent/child interaction activities at home that were assigned by program staff members, there was no way to control the parental compliance with the program. Therefore, these parent/child at-home activities may have impacted improvement or lack of improvement in the social skills of the participants.

The results of this study demonstrate significant improvements in the participants' ability to express ideas and communicate in ways others can easily understand as well as their ability to

access both internal and external support systems to alleviate stress and overcome adversity.

Participants interpersonal characteristics of social adaptation such as complimenting, encouraging, and helping others did not significantly improve.

### **Limitations**

Several limitations that may have impacted results in this study must be acknowledged. For example, the academic and social interventions implemented in Read to Teach may have had different effects on the participants depending on their age, as participants ranged from age five to eighteen. Since the majority of participants receiving the interventions in Read to Teach were between the ages of five and six, they were receiving early intervention compared to those who were between the ages of fourteen and seventeen. In addition, this study did not have a control group of participants who did not participate in the Read to Teach program. Without a control group, there is no way to rule out that extraneous factors may have contributed to the improvements that were found. These extraneous factors may include time, additional instruction at home or at school, and parent's motivation and willingness to enroll their children in the program.

The statistical analysis of the data did not sort or compare results by age group. Therefore, it cannot be determined if the three measures, functional communication, social skills, and resiliency, showed similar changes across age groups. For example, the students who were between the ages of four and seven may have been experiencing different symptoms associated with poor functional communication and social skills than the students between the ages of fourteen and seventeen. In addition, it may be easier for the participants who are younger to build resiliency in comparison to the participants who are older that may have more difficulty building resiliency since they have been exposed to negative at-risk factors for a longer period of time.

Another limitation to this study is that some of the participants may have had more clinically significant functional communication, social skills, and resiliency scores than other participants during the pre-assessment. Also, some participant scores may have changed significantly, while other participants showed less improvements. Moreover, this study had a small sample size. Even though there were significant improvements found in the participants' functional communication and resiliency, these improvements were based only on thirty seven participants.

### **Future Directions**

Since the participants of this study were all Hispanic, the significant improvements that were found in the functional communication skills and resiliency cannot be assumed to be true for the general population. In addition, BASC-2 pre and post data was only collected by the teachers of the students who participated in Read to Teach. Future research can measure the effects of the program by comparing results for different age groups to measure the effectiveness of the program as it relates to the age of the student. In that way, the program can be tailored more specifically to different age groups. Having a control group in future research would enable the researcher to be able to account for extraneous effects and ensure greater confidence in results. In addition, data can be collected from the parents as well in future research to assess the students' behaviors in both the school and home setting. Furthermore, the post-test data was collected immediately after the program was concluded and there was no long-range post data. Future research can collect the post-test data after two years following the pre data collection. This data would help determine if the positive changes that were noted remained over time, adding to the validity of the data.

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