Early Risers "Skills for Success"

Early Risers "Skills for Success" is a multicomponent, developmentally focused, competency-enhancement program that targets 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use. Early Risers is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions, coordinated by a family advocate, to move high-risk children onto a more adaptive developmental pathway.

The child-focused component has three parts: summer camp, school year friendship groups, and school support. The summer camp consists of 24 hours each of social-emotional skills training, reading enrichment and motivation, and creative activities, all supported by behavioral management protocols to build and support social, emotional, problem-solving, and peer friendship skills. The social-emotional skills training is implemented using a program such as Promoting Alternative Thinking Strategies (PATHS), Second Step, or Incredible Years, each of which was reviewed by NREPP separately. The school year friendship group is offered during or after school and promotes advancement and maintenance of skills learned over the summer. School support, which occurs throughout each school year during the school day, is intended to promote academic skill building, such as task organization and home-school communication, as well as to address children's behavior while in school, through case management, consultation, and mentoring activities.

The family-focused component has two parts: family nights with parent education (called Parents Excited About Kids, or PEAK) and family support. At family nights, held in a center or school five times per year during the evening, children participate in fun activities while their parents meet in small groups for parenting-focused education and skills training. Family support involves the implementation of an individually designed case plan for each family to address its specific needs, strengths, and maladaptive patterns through goal setting, brief interventions, referrals to community supports, continuous monitoring, and, if indicated, more intensive and tailored parent skills training. The family advocate must have a bachelor's degree in child or family education and experience working with parents or children.

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**Descriptive Information**

| Areas of Interest | Mental health promotion  
Substance abuse prevention |
|-------------------|--------------------------|
| **Outcomes**      | **Review Date: July 2012**  
1: Social competence  
2: Disciplinary practices  
3: Behavioral self-regulation  
4: School adjustment  
5: Parenting stress |
| **Review Date: May 2007**  
1: Academic competence and achievement (performance and behaviors)  
2: Behavioral self-regulation  
3: Social competence  
4: Parental investment in the child  
5: Effective discipline |
| **Outcome Categories** | Education  
Family/relationships  
Social functioning  
Violence |
| **Ages** | 6-12 (Childhood)  
26-55 (Adult) |
| **Genders** | Male  
Female |
Quality of Research
Review Date: July 2012

Documents Reviewed
The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Study 2

Study 3


Outcomes

Outcome 1: Social competence

Description of Measures
Social competence was measured in one study by averaging the scores from four scales: the Social Skills scale and Leadership Scale from the Behavior Assessment System for Children--Teacher Rating Scale (BASC-TRS) and the Social Skills scale and Leadership Scale from the BASC--Parent Rating Scale (BASC-PRS). The Social Skills scales measure behaviors such as admitting mistakes, complimenting others, encouraging others, beginning conversations appropriately, and expressing...
The Leadership Scales assess competencies such as having good ideas, giving good suggestions, and making decisions easily.

In another study, social competence was assessed using the Teacher-Preferred Social Behavior subscale of the Walker-McConnell Scale of Social Competence and School Adjustment. For each of 17 items, the teacher indicates the frequency of a behavior (e.g., "makes friends easily with other children," "initiates conversation[s] with peers in informal situations") using a scale from 1 (never) to 5 (frequently).

**Key Findings**

In one study, schools were randomly assigned to an intervention group or to a no-treatment control group. Kindergarten children and their families in the intervention group received Early Risers for 5 years. Assessments were conducted at baseline and each year thereafter for 6 years. From baseline to 6-year follow-up, intervention group children showed greater improvement in social competence compared with control group children ($p < .01$).

In another study, kindergarten and 1st-grade children and their families were randomly assigned to one of three groups: an intervention group receiving the full Early Risers model (with family support) for 2 years, an intervention group receiving the partial Early Risers model (without family support) for 2 years, or a no-treatment control group. Assessments were conducted at baseline and each year thereafter for 3 years. Because initial analyses comparing the two treatment models produced no significant group differences on the outcome variables, the two intervention groups were combined and compared with the control group. From baseline to the end of year 1, there was no difference between intervention and control group children in social competence. However, from the end of year 1 to the end of year 2, intervention group children had increases in social competence, whereas control group children had declines ($p < .01$), a finding associated with a small effect size (Cohen's $d = 0.35$). These group differences were maintained at 3-year follow-up ($p = .02$) with a small effect size (Cohen's $d = 0.26$).

**Outcome 2: Disciplinary practices**

**Description of Measures**

Disciplinary practices were measured by averaging the scores from two instruments: the Inconsistent Discipline Scale from the Alabama Parenting Questionnaire and the Effect of Discipline Scale from the Parenting Practices Questionnaire. The Alabama Parenting Questionnaire consists of 42 items scored on a scale ranging from 1 (never) to 5 (always). Examples of relevant items include, "You threaten to punish your child and then do not actually punish him/her," "Your child talks you out of being punished after he/she has done something wrong," and "The punishment you give your child depends on your mood." The Parenting Practices Questionnaire measures the use and effectiveness of disciplinary methods. Relevant items include, "When you are by yourself, do you have much difficulty controlling your child?" and "If your son/daughter is punished, does the punishment work?" Respondents indicate the frequency of each item using a 3-point scale of 1 (not really), 3 (half of the time), or 5 (usually) or of 1 (almost never), 3 (sometimes), or 5 (often).

**Key Findings**

Schools were randomly assigned to an intervention group or to a no-treatment control group. Kindergarten children and their families in the intervention group received Early Risers for 5 years. Assessments were conducted at baseline and each year thereafter for 6 years. From baseline to 6-year follow-up, intervention group parents had greater improvement in use of effective discipline practices compared with control group parents ($p < .01$).

**Outcome 3: Behavioral self-regulation**

**Description of Measures**

Behavioral self-regulation was assessed using the Problem Behaviors subscale of the Social Skills Scale.
### Rating System--Teacher Form
For each of 12 items, the teacher indicates the frequency of a behavior (e.g., "argues with others," "appears lonely") using a scale ranging from 0 (never) to 2 (very often).

### Key Findings
Kindergarten and 1st-grade children and their families were randomly assigned to an intervention group, which received Early Rises for 2 years, or to a no-treatment control group. Assessments were conducted at baseline and each year thereafter for 2 years. Over time, from baseline through the end of year 2, intervention group children had a small improvement in behavioral self-regulation, while those in the control group had a small decline ($p = .01$).

### Studies Measuring Outcome
- **Study 2**
- **Quality of Research Rating**: 3.0 (0.0-4.0 scale)

### Outcome 4: School adjustment

#### Description of Measures
School adjustment was measured using the School Adjustment subscale of the Walker-McConnell Scale of Social Competence and School Adjustment. For each of 10 items, the teacher indicates the frequency of a behavior (e.g., "has good work habits," "listens carefully to teacher instructions and directions," "displays independent study skills") using a scale from 1 (never) to 5 (frequently).

#### Key Findings
Kindergarten and 1st-grade children and their families were randomly assigned to one of three groups: an intervention group receiving the full Early Risers model (with family support) for 2 years, an intervention group receiving the partial Early Risers model (without family support) for 2 years, or a no-treatment control group. Assessments were conducted at baseline and each year thereafter for 3 years. Because initial analyses comparing the two treatment models produced no significant group differences on the outcome variables, the two intervention groups were combined and compared with the control group. Over time, from baseline through the end of year 2, intervention group children had an improvement in school adjustment compared with control group children ($p < .01$), a finding associated with a small effect size (Cohen's $d = 0.31$). The difference between groups was not maintained at 3-year follow-up.

### Studies Measuring Outcome
- **Study 3**
- **Quality of Research Rating**: 3.1 (0.0-4.0 scale)

### Outcome 5: Parenting stress

#### Description of Measures
Parenting stress was calculated using the parent domain of the Parenting Stress Index. The parent domain contains 54 items across 7 scales: Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse. Parents rate each item (e.g., "Being a parent is harder than I thought it would be," "I feel trapped by my responsibilities as a parent," "I feel alone and without friends," "I feel every time my child does something wrong it is really my fault") using a 5-point scale ranging from "strongly agree" to "strongly disagree." Responses were summed across the 7 scales to create a composite score.

#### Key Findings
Kindergarten and 1st-grade children and their families were randomly assigned to one of three groups: an intervention group receiving the full Early Risers model (with family support) for 2 years, an intervention group receiving the partial Early Risers model (without family support) for 2 years, or a no-treatment control group. Assessments were conducted at baseline and each year thereafter for 3 years. Because initial analyses comparing the two treatment models produced no significant group differences on the outcome variables, the two intervention groups were combined and compared with the control group. Over time, from baseline through the end of year 2, parenting stress remained stable among intervention group parents but increased among control group parents ($p < .05$), a finding associated with a small effect size (Cohen's $d = 0.25$). The difference between groups was not maintained at 3-year follow-up.

### Studies Measuring Outcome
- **Study 3**
Study Populations
The following populations were identified in the studies reviewed for Quality of Research.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood) 26-55 (Adult)</td>
<td>70.2% Male 29.8% Female</td>
<td>94% White 6% Race/ethnicity unspecified</td>
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<tr>
<td>Study 2</td>
<td>6-12 (Childhood)</td>
<td>63.1% Male 36.9% Female</td>
<td>79% Black or African American 10.8% White 10.2% Race/ethnicity unspecified</td>
</tr>
<tr>
<td>Study 3</td>
<td>6-12 (Childhood) 26-55 (Adult)</td>
<td>57.4% Male 42.6% Female</td>
<td>81% Black or African American 10% Race/ethnicity unspecified 8.9% White</td>
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</tbody>
</table>

Quality of Research Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
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</thead>
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<tr>
<td>1: Social competence</td>
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<td>3.7</td>
<td>3.0</td>
<td>2.9</td>
<td>2.6</td>
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<td>2: Disciplinary practices</td>
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<td>4.0</td>
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<td>2.0</td>
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<td>3: Behavioral self-regulation</td>
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<td>2.5</td>
<td>3.0</td>
<td>3.5</td>
<td>2.5</td>
<td>3.8</td>
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</tr>
<tr>
<td>4: School adjustment</td>
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<td>3.3</td>
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<td>2.5</td>
<td>3.3</td>
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<tr>
<td>5: Parenting stress</td>
<td>3.5</td>
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<td>3.0</td>
<td>2.5</td>
<td>2.5</td>
<td>3.3</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Study Strengths
The study instruments have established and strong psychometric properties and generally were developed through expert consensus and independent research studies. When possible, study outcomes were measured with multiple instruments. Appropriate mechanisms to maximize intervention fidelity were put in place, including use of a training manual, demonstration of mastery, technical assistance, supervision, and completion of fidelity implementation logs by fidelity technicians and family advocates. The analyses of study results were conducted using statistical techniques that controlled for the levels of grouping (classroom and school) that existed in the study populations.

Study Weaknesses
Some of the study measures did not demonstrate psychometric properties specific to the ethnic minority groups represented in the study populations. Data from fidelity measures were not reported. Attendance issues and changes in staff had an impact on intervention fidelity, and the study analyses could not completely control for these factors. Attrition was moderately high in one study.

Review Date: May 2007
Documents Reviewed
The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.
Outcome 1: Academic competence and achievement (performance and behaviors)

**Description of Measures**

Academic achievement in reading and arithmetic was measured using the Woodcock-Johnson Tests of Achievement--Revised. Academic competence was measured using various teacher and parent rating scales. Teachers completed the Learning Problems subscale of the Behavioral Assessment System for Children--Teacher Rating Scale (BASC-TRS), the Cognitive Competence subscale of the Teacher's Scale of Child's Actual Competence and Social Acceptance, and the Concentration Problems subscale of the Teacher Observation of Classroom Adaptation Scale--Revised (TOCA-R). Parents completed the Concentration Problems subscale of the Parent Observation of Classroom Adaptation (POCA). Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.

Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).

**Key Findings**

At 2-year follow-up, scores of academic competence improved among children in the intervention group and worsened among children in the control group ($p < .018$). This finding had a small effect size (Cohen's $d = 0.26$) but was robust across both genders and all levels of aggressiveness.

At 3-year follow-up, the improvements in academic competence observed at 2 years were maintained ($p < .018$). Children from intervention families who received at least half of the FLEX program over 3 years exhibited a greater rate of improvement in academic achievement ($p < .013$).
and in concentration problems ($p < .036$) than children from intervention families who received less than half of the FLEX program. Intervention children whose families participated in FLEX also moved into the normative range for children their age on academic achievement.

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>3.4 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

### Outcome 2: Behavioral self-regulation

**Description of Measures**

Behavioral self-regulation was assessed using scales from two parent and two teacher measures: the Aggressive-Disruptive, Hyperactivity, and Impulsivity subscales of the TOCA-R and the POCA and the Aggression and Hyperactivity subscales of the BASC-TRS and BASC--Parent Rating Scale (PRS). Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.

Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).

**Key Findings**

At 2-year follow-up, there were no significant overall findings on self-regulation for the entire sample of children. However, among severely aggressive children, those in the intervention group improved in self-regulation, while those in the control group remained relatively stable ($p < .008$). Severely aggressive children in the intervention group also improved in ratings of aggression, hyperactivity, and impulsivity when compared with similar children in the control group ($p < .001$).

At 3-year follow-up, there were no statistically significant findings on behavioral self-regulation measures after controlling for baseline scores.

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
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<tr>
<td>Quality of Research Rating</td>
<td>3.5 (0.0-4.0 scale)</td>
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</tbody>
</table>

### Outcome 3: Social competence

**Description of Measures**

Social competence was assessed using the Social Skills, Leadership, and Adaptability subscales of the BASC-TRS and BASC-PRS. As an element of social competence, peer acceptance was measured using the Social Acceptance subscale of the Teacher's Scale of Child's Actual Competence and Social Acceptance. Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.

Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).

**Key Findings**

At 2-year follow-up, children in the intervention and control groups improved in social competence, but no overall intervention effects were found for social competence, social skills, or adaptability.

At 3-year follow-up, children in the intervention group exhibited better scores on social competence relative to children in the control group ($p = .015$). Intervention group children whose families received at least half of the FLEX intervention exhibited more improvement in social skills than control group children ($p = .02$).

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Study Designs</td>
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</tr>
<tr>
<td>Quality of Research Rating</td>
<td>3.4 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>
Outcome 4: Parental investment in the child

**Description of Measures**

Parental investment in the child was measured using the Involvement, Positive Parenting, and Inconsistent Discipline subscales of the Alabama Parenting Questionnaire; the Depression, Isolation, and Health subscales of the Parenting Stress Index; the Parenting Practices Questionnaire; the Support and Cohesion subscales of the Family Relations Scale; and the teacher and parent versions of the Parent-Teacher Involvement Questionnaire. Using factor analysis, the authors created composite scores from the outcome measures to reduce redundancy across measures and create global constructs of the outcomes.

Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).

**Key Findings**

At 2-year follow-up, parental investment remained stable for both the control and intervention groups, and no significant effects were found. However, intervention and control group parents of the most severely aggressive children showed the lowest level of investment in their children ($p < .001$).

At 3-year follow-up, parents of severely aggressive children who received at least half of the FLEX intervention improved more rapidly on parental distress than similar control group parents, but the effect was marginally statistically significant ($p = .058$).

**Studies Measuring Outcome**

Study 1

**Study Designs**

Experimental

**Quality of Research Rating**

3.2 (0.0-4.0 scale)

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Outcome 5: Effective discipline

**Description of Measures**

Effective discipline was measured using the Parenting Practices Questionnaire.

Children were also categorized on severity of aggressiveness based on composite scores from the Aggression scales of the TOCA-R and POCA. Data on all measures were collected at baseline and at the end of 3 consecutive school years (i.e., at pretest and three posttests).

**Key Findings**

At 2-year follow-up, intervention group parents of severely aggressive children reported improvements in the use of effective discipline, when compared with similar control group parents ($p < .003$).

At 3-year follow-up, intervention group parents reported improvements in the use of effective discipline relative to control group parents, but the effect was marginally statistically significant ($p = .054$).

**Studies Measuring Outcome**

Study 1

**Study Designs**

Experimental

**Quality of Research Rating**

3.2 (0.0-4.0 scale)

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**Study Populations**

The following populations were identified in the studies reviewed for Quality of Research.

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<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood)</td>
<td>68.6%</td>
<td>89% White</td>
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<tr>
<td></td>
<td>26-55 (Adult)</td>
<td>Male</td>
<td>11% Race/ethnicity unspecified</td>
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<tr>
<td></td>
<td></td>
<td>31.4% Female</td>
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</table>

**Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:
For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
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<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Academic competence and achievement (performance and behaviors)</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
<td>4.0</td>
<td>3.4</td>
</tr>
<tr>
<td>2: Behavioral self-regulation</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
<td>4.0</td>
<td>3.5</td>
</tr>
<tr>
<td>3: Social competence</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
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<td>3.4</td>
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<tr>
<td>4: Parental investment in the child</td>
<td>4.0</td>
<td>4.0</td>
<td>2.5</td>
<td>2.0</td>
<td>2.5</td>
<td>4.0</td>
<td>3.2</td>
</tr>
<tr>
<td>5: Effective discipline</td>
<td>4.0</td>
<td>4.0</td>
<td>2.5</td>
<td>2.0</td>
<td>2.5</td>
<td>4.0</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Study Strengths
The research used well-selected measures with strong reliability and validity. To ensure fidelity of implementation, the researchers employed several strategies, including a fidelity checklist, manualized training, logbooks, supervision, rating forms, observations by fidelity technicians, and a parent satisfaction questionnaire.

Study Weaknesses
The fidelity was not as rigorous with the parent component as it was with other aspects of the intervention, particularly from a dosage perspective.

**Readiness for Dissemination**

**Review Date: July 2012**

Materials Reviewed
The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.


Other dissemination materials:
- Early Risers Budgeting Worksheet
- Early Risers Community-Parent Brochure
- Early Risers Program Description
- Early Risers Program Matrix
- Early Risers "Skills for Success" Training Protocol: Day 1 Agenda
- Early Risers "Skills for Success" Training Protocol: Day 2 Agenda
- Early Risers "Skills for Success" Training Protocol: Day 3 Agenda
- Fidelity Checklist: Family Programs Parent Night
- Observer Fidelity Checklist: Creative Activities
- Observer Fidelity Checklist: Literature Appreciation
- Phone Fidelity Checklist: Family Support
- SDI Observer Fidelity Checklist: Social Skills Group
- A Selection of Measures: Referral and Response Measures and Tailoring/Outcome Measures
Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
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<tbody>
<tr>
<td>2.5</td>
<td>2.4</td>
<td>3.0</td>
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</tr>
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</table>

Dissemination Strengths
The implementation manual provides a thorough overview of the intervention and practical tips for implementation in areas such as program staffing, scheduling and logistics, and participant identification and recruitment. It also contains straightforward, useful guidance for preparing to teach each lesson. The appendix includes helpful forms, charts, and tools to facilitate communication between the child and family components of the program. An initial on-site training is required, and follow-up consultation and technical assistance are available. The core elements supporting fidelity are identified and emphasized in the manuals and training materials, as are tools and strategies for monitoring their use. Fidelity checklists are straightforward and appear easy to use, and tools for process evaluation are available.

Dissemination Weaknesses
The implementation manual and appendix contain dense material that is not clearly formatted for ease of use. In addition, some of the vocabulary that is used during the PEAK sessions with parents is overly clinical and may not be appropriate for general parent audiences. Resources are available to assist with quality assurance procedures, but they are not clearly described for potential implementers. Three social-emotional skills training programs are recommended for implementation with Early Risers, but only one of them is described in detail and outlined in the program materials.

Review Date: May 2007

Materials Reviewed
The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Bloomquist, M., Coleman, S., Berquist, B., & August, G. (n.d.). Early Risers Skills for Success program implementation manual with CD-ROM.

Early Risers Skills for Success training slides [PowerPoint slide handout]

The Evolution of a Community Social Services Agency Into a Sustainable Prevention Service Provider: Dissemination of the Early Risers Prevention Program [PowerPoint slide handout]

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
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<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>2.5</td>
<td>1.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Dissemination Strengths
Program materials include a collection of creative activities, behavior management strategies, handouts, forms, and session guides. The implementation manual is very detailed and contains good supportive material related to youth violence programming and strategies that could assist in training practitioners or supervisors. To support quality assurance, materials include measures that address child and family components of the program.
Dissemination Weaknesses
The program manual includes dense material that would benefit from significant reorganization. The individual unit information is provided, but there is no course outline or direction on how the units relate to each other. No program goals or selection criteria for students are provided. Materials also do not include a clear intervention training curriculum. Very little information is available on using quality assurance measures or using data to improve program implementation.

**Costs**
The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-day, on-site training (includes implementation manual, curriculum with CD-ROM, fidelity checklists, and consultation and technical assistance on topics such as suggested outcome measures)</td>
<td>$7,000 for up to 20 participants (includes travel expenses)</td>
<td>Yes</td>
</tr>
<tr>
<td>Social-emotional skills training curriculum</td>
<td>Varies, depending on program selected by implementer</td>
<td>Yes</td>
</tr>
<tr>
<td>Phone and email consultation and technical assistance</td>
<td>Included in the cost of training for 1 year; fee based after the first year</td>
<td>No</td>
</tr>
<tr>
<td>Phone and email support</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>On-site technical assistance</td>
<td>Varies depending on the assistance needed, plus travel expenses</td>
<td>No</td>
</tr>
</tbody>
</table>

Additional Information
The developer recommends PATHS, Second Step, or Incredible Years as the social-emotional skills training to be implemented with Early Risers. Implementation sites are responsible for obtaining the books for literature appreciation lessons.

**Replications**
Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=304 on 7/25/2013