

*Twelve-Year Professional Youth Mentoring Program for High Risk Youth:
Continuation of a Longitudinal Randomized Controlled Trial*

Office of Juvenile Justice and Delinquency Prevention

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Final Report

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Abstract

This study investigated impacts of a professional mentoring program, Friends of the Children (FOTC), during the first 5 years of a 12 year program. Participants ($N = 278$) were early elementary school aged boys and girls who were identified as “high risk” for adjustment problems during adolescence and emerging adulthood, including antisocial behavior and delinquency, through an intensive collaborative school-based process. Participants were randomly assigned to FOTC or a referral only control condition. Mentors were hired to work full time with small caseloads of children and were provided initial and ongoing training, supervision, and support. The program was delivered through established non-profit organizations operating in four major U.S. urban areas within neighborhoods dealing with various levels of challenges, including relatively high rates of unemployment and crime. Recruitment into the study took place across a three year period, and follow-up assessments have been conducted every six months. Data have been collected not only from children, but also from their primary caregivers, their mentors, their teachers, and their schools (i.e., official school records). Strong levels of participation in study assessments have been maintained over the past 8 years. Most children assigned to the FOTC Intervention condition received a mentor, and at the end of the study, over 70% still had mentors. While few differences were found between the FOTC and control conditions for the first several years of the study, two key differences, in child "externalizing" behaviors and child strengths, emerged at the most recent assessment point, which on average was after 5 years of consistent mentoring. To date, outcomes do not appear related to the amount of mentor-child contact time or the quality of the mentor-child relationship. Analyses are ongoing, and additional funding is being sought to continue the study forward.

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Overview and Objectives

The Child Study ($N = 278$) is an ongoing, multisite, longitudinal randomized controlled trial (RCT) contrasting outcomes for children assigned to the Friends of the Children (FOTC) intervention versus a referral only control. FOTC is a theoretically and empirically-based long-term (i.e., 12 year, from kindergarten to high school graduation) mentoring program for children considered “high risk” for conduct disorder and delinquency, academic failure and high school dropout, and early sexual behavior and teen parenthood. In the trial, the program is being delivered by established, independent, non-profit FOTC chapters located in four U.S. inner city urban areas (hereafter referred to as "sites"). Thus, the RCT is neither an efficacy nor an effectiveness trial, but rather a rigorous examination of outcomes due to an ongoing, existing program delivered under in the real world under service-as-usual conditions, a research design our team often refers to as "reality-based research". Children eligible for the program are identified through intensive school-based screenings conducted by the chapters in concert with local public schools in kindergarten or first grade classrooms. Mentors are full-time employees who have small caseloads and who receive training and supervision to help children reach developmentally appropriate short and long-term goals. The primary aim of the overall study is to investigate whether FOTC positively impacts the behavior, the well-being, and the key interpersonal relationships of children throughout the program and beyond. Secondary aims include investigating whether the quality of the mentor-child relationship predicted program persistence, satisfaction, and engagement, as well as changes in the behavior, well-being, and the quality of the other interpersonal relationships of children; investigating whether program effects

vary by race/ethnicity, child gender, and baseline risk status and problem behaviors; and investigating the cost-effectiveness and cost-benefit of the program.

For the past year, the study has been funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). During this funding period, the project has focused on the following goals:(1) To investigate whether a theoretically and empirically based long-term youth mentoring program for high risk children positively impacts the behavior and well-being of children across the first four years of the program; (2) To investigate whether the quality of the mentor-child relationship, as measured both by independent observers and mentor, child, and parent/caregiver perceptions, is related to program persistence, satisfaction, and engagement, as well as the behavior and well-being of children across the first four years of the program; (3) To explore differential effectiveness of the FOTC program on the behavior and well-being of children by ethnicity, child gender, and baseline risk status and levels of problem behaviors; and (4) To investigate the cost-effectiveness and cost-benefit of the FOTC program across the first four years of the program.

Background

Adult support and guidance are cornerstones of healthy youth development (Reid, Patterson, & Snyder, 2002). Ideally, parents are the primary providers of this support, but many youth lack the full amount of parental support and guidance they need to successfully navigate childhood and adolescence. For these youth, the involvement of adults from outside of the family may be critical in fostering optimal emotional, cognitive and physical development. Researchers have noted that youth who come from disadvantaged backgrounds yet succeed often are those who are able to connect with “natural mentor” adults, who, in addition to or instead of their parents, provide them with support and guidance (Werner, 1986; Werner & Smith, 1992;

Rhodes, Gingiss, & Smith, 1994; McLearn, Colasanto, & Schoen, 1998). However, in recent times, it appears that many children in impoverished, distressed communities are less likely to have access to such adults and/or do not have the social skills to connect with them (Scales, 2003).

Ideas such as these are behind the recent proliferation of numerous mentoring programs throughout the U.S. (Rhodes, 2005). Over the past several decades, mentoring has been one of the most high profile youth preventive interventions in the country. There is simply no other mode of intervention that is broadcast as “vital” on a more frequent basis (DuBois & Karcher, 2005). Policymakers have been particularly interested in mentoring. During the years preceding the funding of the study of interest in this report, 15 cities and 20 states launched mentoring initiatives (MENTOR/National Mentoring Partnership, 2004a). At the federal level, President George W. Bush directed national attention to mentoring on repeated occasions. Most notably, support for mentoring programs was a part of the No Child Left Behind Act of 2001 (U.S. General Accounting Office, 2004). Subsequently, in his 2003 State of the Union address, Bush proposed spending \$450 million to support mentoring (MENTOR/National Mentoring Partnership, 2004b). In the following year, \$50 million was allocated to the Department of Health and Human Services to support programs targeting the children of incarcerated parents, and \$50 million was allocated to the Department of Education to support school-based programs. During this same period, Ad Council commercials encouraging adults to become mentors were broadcast multiple times each day on televisions around the country. Numerous films portraying mentoring were produced by Hollywood studios, with characters such as the mentor basketball coach (e.g., *Coach Carter*), the mentor high school teacher (e.g., *Stand and Deliver*), the mentor music teacher (e.g., *Music of the Heart*), and the “natural” mentor neighbor (e.g., *Finding*

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 - i. Eddy, J. M., Rebbe, R., Haggerty, K., Cearley, J. J., Martinez, C. R., Jr., & Grossman, J. (2014). *Quality of mentoring relationships: A longitudinal multi-method observational study*. Manuscript in preparation.
3. If desired by OJJDP, a final report suitable for a non-technical audience, as well as similar non-technical briefs on the study will be developed.

Remaining Tasks

Final analyses and manuscript writing and revision will occur during the winter and spring of 2015, as will the writing of any requested non-technical reports and briefs. During this period of time, we also will continue to search for a new funder that will enable us to follow the sample through adolescence and into their emerging adulthood years. We have submitted a variety of letters of intent and applications, but have not yet secured new funding. Our next discussions with two potential funders -- both private foundations -- will occur during late January of 2015.

Discussion

The aims of The Child Study were (1) to investigate whether a theoretically and empirically based long-term youth mentoring program for high risk children positively impacts

the behavior and well-being of children across the first four years of the program; (2) to investigate whether the quality of the mentor-child relationship, as measured both by independent observers and mentor, child, and parent/caregiver perceptions, is related to program persistence, satisfaction, and engagement, as well as the behavior and well-being of children across the first four years of the program; (3) to explore differential effectiveness of the FOTC program on the behavior and well-being of children by ethnicity, child gender, and baseline risk status and levels of problem behaviors; and (4) to investigate the cost-effectiveness and cost-benefit of the FOTC program across the first four years of the program.

With respect to the primary aim, no differences were found in terms of outcomes between children randomly assigned to the intervention condition versus the control condition during the initial years of the FOTC program based on the Phase I intent-to-treat analyses. However, the Phase II endpoint analysis based on available data from the most recent assessment did yield clinically meaningful findings favoring the FOTC condition based on parent reported data on BERS Total Strength Index, school-related behaviors, and CBCL externalizing problem behaviors. Hence, meaningful differences between the conditions appear to be emerging for those youths who continued to participate in the most recent assessment. These results are considered tentative as we continue to conduct analyses and examine the impact of missing data, study attrition, and program engagement on these promising findings.

In terms of the secondary aims of the study, the quality of the mentor-child relationship also was not related to outcomes, and program effects did not vary significantly by various potential moderators of outcomes. Given that effects were not observed for the Phase I intent-to-treat analyses, although we collected cost related data, we do not report them here. We will calculate cost-effectiveness and cost-benefits of the program after completing the Phase II

analyses. In short, during the early years of the program, FOTC does not appear to be impacting children in the assessed domains, though program effects appear to be emerging based on the Phase II endpoint analyses on the most recent assessments (at approximately 5 years into the program). These domains, namely child behavior problems, psychopathology, strengths, and academic achievement, were chosen not only because of their importance in the developmental model underlying this study, but also because they have been found to be impacted in a variety of other outcome studies of mentoring. The lack of findings in the initial years may be because mentoring programs in general have not been found to lead to powerful outcomes, even in the short term. In the Dubois et al. (2002) meta-analysis, average effect sizes tended to be small, and in many studies, programs had negligible effects. However, the program in this study had a variety of characteristics that have been found to lead to strong effects in past research. Thus, more likely reasons for a lack of more robust effects may be the variety of ways in which this particular study departs from prior mentoring studies.

Unlike most past studies of mentoring, the sample in this study was selected to be a high risk for subsequent problems using a “multiple gate” identification strategy that included both quantitative and qualitative components. The strategy involved not only asking teachers to complete questionnaires, as has often been done in the past, but also including direct observations of children in their classrooms and on the playground over a six week period, as well as the interviewing of multiple school staff members with experience with the child. This was followed by a committee approach, where the information collected on each child was considered using a “case conference” approach that focused not only the risk factors in a child’s life, but also the protective factors. The purpose was to as accurately identify as possible the children who, all things considered, appeared to be at highest risk for future problems. Perhaps

this approach was more effective than past studies in actually identifying children at very high risk, and if so, perhaps making an impact in the lives of these children will take a more significant amount of time than has been the case in past studies. Indeed, the initial Phase II endpoint analyses suggest that FOTC program effects may be emerging based on the most recent assessments.

Alternatively, while the children identified may be at high risk, they were also quite young when the program, and this study, began. During kindergarten and first grade, even challenging children are not involved in the same level of problem behaviors as at risk children in the typical volunteer mentoring study, who are often in late childhood or adolescence. Thus, this study was truly a “prevention”, rather than an “intervention”, study, and during their early years, prevention studies often have smaller effect sizes than intervention studies. Since not many problems are yet occurring for these children, at present, there are bound to be few, if any, differences between children in the control and an intervention conditions.

Perhaps most importantly, FOTC is a relationship based program. This puts it into contrast to the skill based programs that tend to dominate evidence-based practices lists. The FOTC program does not teach children through a lesson driven training experience that focuses on learning specific cognitive and behavioral skills that can be demonstrated and thus detected immediately. Rather, mentors work with children on a broad set of skills that are intended to build on each other over time, with the intention of helping a child prepare for the challenges to come during adolescence and emerging adulthood. Given this, impacts of the program, if it is in fact successful, seem more likely to emerge when children reach early to mid-adolescence. At this point, children in the sample who are continuing to have troubles are much more likely to actively participate in behaviors that can have major and serious long term consequences, such as

delinquency, frequent substance use, and sexual behavior. This is when intervention effects seem most likely to be detected.

A major accomplishment over the past 8 years has simply been the launching and continuation of this trial. Preparation for the trial began in the mid-1990's (see below) and was strongly encouraged by a variety of funders for many years, but was unfunded prior to the NICHD grant that launched The Child Study. With funding from one R01 grant, the trial was originally to include four sites across the country, to recruit 256 parent/caregiver and child and 32 mentor participants, and to follow child outcomes for 3 years. This would have been challenging enough, but initial funding cuts, compounded by the economic recession and its effects on funding for both the research and service aspects of the study, made the success of the study even more unlikely. However, thanks to the efforts of a wide variety of people, and to additional funding from numerous funders, mostly notably NICHD, OJJDP, the Robert Wood Johnson Foundation, the Edna McConnell Clark Foundation, and the Campbell Foundation, at the end of the eighth year of the trial, the originally hoped for milestones of the study have been met: follow-up assessments continue within the 4 sites and on average, have been conducted across a five year period for participants, most of the original 281 parent/caregiver and child participants are still actively participating in assessments, and children in the study have or soon will enter their adolescent years.

Over the past decade, an extremely popular model for intervening with children living in high risk circumstances has been a community wide approach, such as the Promise Neighborhoods program of the U.S. Department of Education. A primary inspiration for these efforts was and continues to be the work of the Harlem Children's Zone (HCZ). In the "zone" approach, a defined neighborhood is targeted, and a wide variety of resources are brought to bear

to nurture children through their growing up years and into adulthood. Interestingly, the HCZ encompasses one of the sites in this study, but few of the study children at that site participate in HCZ activities. Thus, even when a zone approach is attempted, not all children in the community may be engaged, and the children who are least likely to be so are probably most likely to be the children at current and highest risk for later problems. An individually-focused, long term approach like FOTC seems like an ideal complimentary strategy to a zone approach. It also may be a more feasible strategy when funds for social service activities are limited, as they are and have been during the Great Recession and its aftermath. While FOTC is a relatively expensive program per child, by targeting resources at the children who need support the most, if effective, it may very well be much less expensive than a zone approach. Information on the outcomes and economics of both types of approaches is very much needed to help guide policymakers on what programs are best to help support the most challenged children living in the most challenged neighborhoods so that they, too, have the opportunity to thrive.

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