Chapter 2

Strategies for Health Behavior Change

CARL C. BELL, BRIAN FLAY, AND ROBERTA PAIKOFF

Introduction

Currently, the major risks to health are the result of engaging in risky behavior. Risky behaviors include not seeking treatment for psychiatric disorders, engaging in unsafe sex, escalating interpersonal conflicts, and abusing drugs. The authors have been involved with two research projects and one large-scale naturalistic study—all of which underscore several key principles necessary to cause a health behavior change. Accordingly, we will highlight and explain these principles to guide future prevention/intervention initiatives designed to improve the health of under-served populations. The seven field principles that we will highlight are: (1) establishing the village, (2) providing access to health care, (3) improving bonding, attachment, and connectedness dynamics within the community and between stakeholders, (4) improving self esteem, (5) increasing social skills of target recipients, (6) reestablishing the adult protective shield and monitoring, and (7) minimizing the residual effects of trauma.

The Chicago HIV Prevention and Adolescent Mental Health Project (CHAMP)

Currently, Drs. Paikoff (Principal Investigator), McKay (Co-Principal Investigator), and Bell (Collaborator) are involved in an HIV prevention research project aimed at reducing the incidence of HIV infection in an area of Chicago with higher than average city wide seroprevalence rates [Other co-investigators include Carlvin, M. Culps, M. Hewitt, E. McKinney, L. McKinney, F. Oden, (Beethoven School); D. Baptiste, D. Coleman, G. Coleman, I. Coleman, J. Fuller, S. Madison, A. McCormick, S. Parfenoff, R. Scott, L. Wright (CHAMP); S. Sewell (CMHC); E. Bowers, M. Ellis, D. Phillips, D. Thompson, B. Turner, D. Wade, and L. Williamson (Coleman School); B. Easter, G. Nash, D. Nolan,
In this area are the Robert Taylor Homes, a Chicago housing development with several thousand, poor and underserved African American residents and their children. Because Robert Taylor community individuals are at high risk for getting HIV, Drs. Roberta Paikoff and Mary McKay developed the Chicago HIV Prevention and Adolescent Mental Health project (CHAMP) originally piloted to work on HIV prevention with African American 4th to 7th grades at a Chicago Public Grammar School on the Westside. The project developed a curriculum for parents from Robert Taylor to deliver, in partnership with University of Illinois mental health interns, aimed toward Robert Taylor children who attend four Chicago Public Grammar Schools in the community. The curriculum was developed based on: (1) basic developmental research with children and families on the South and West Sides of Chicago (Paikoff, 1995, 1997), (2) principles of multiple family group delivery and engagement in family programs (Tolan & McKay, 1996); (3) literature on prior successful behavior change programs (Jemmott, Jemmott, & Fong, 1992; Szapocznik, 1996); and (4) extensive community collaboration over time (Madison, Bell, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative board, under review; Madison, McKay, Paikoff & Bell, under review; McKay et al., in press).

The curriculum teaches students, parents, and families issues related improving: (1) parenting children, (2) monitoring children’s behavior, (3) improving the connectedness between parents and their children, and (4) increasing parental support by connecting parent with one another to function as mutual support systems. In addition, we focus on the health behavior risk of unsafe sex. Therefore, we seek to increase HIV prevention knowledge and to foster attitudes and family communication regarding these issues during children’s pubertal development. Further, we discuss family values on dating and sexual activity, and the family role in child assertiveness and refusal skills.

The project is a true academic/community partnership, with the governing board consisting of both academic and community board members who run the project. After the University of Illinois gets its indirect cost off the top, the other funds are split 50/50 between the academics and the community participants. As a collaborator on this project, Dr. Bell provides leadership that builds the spirit of collaboration between the stakeholders (Madison, Bell, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative board, under review).

**ABAN-AYA**

Drs. Flay (Principal Investigator) and Bell (Co-principle Investigator) [Other co-investigators include: Shaffideen Amuwo and Judith Cooksey (School of the Public Health, Julia Cowell and Barbara Dancy (School of Nursing), Sally Graumlich and Susan Levy (Health Research and Policy Centers), Robert Jagers (Departments of African-American Studies and Psychology), Roberta Paikoff (Department of Psychiatry and Institute for Juvenile Research), Indru Punwani (Department of Pediatric Dentistry), and Olga Reyes and Roger Weissberg (Department of Psychology, University of Illinois) are involved with the Chicago African-American Youth Health Behavior Project (Aban-Aya)]. This project is a public school-based community effort addressing violence, drug use, and inappropriate sexual behavior prevention, and is housed in the Health Research and Policy Centers (HRPCs) of the University of Illinois at Chicago.
This project maintains a more traditional research structure of principal investigators and co-investigators providing the leadership for the intervention, and project staff providing the actual day-to-day intervention work. Beyond funds paying the investigators and project staff is a smaller budget set aside for community members who work part-time assisting in the intervention.

There are three conditions in this health behavior change research project: (1) an Afro-centric health education control, (2) an Afro-centric social development curriculum (SDC) aimed at violence, drug use, and inappropriate sexual behavior, and (3) the SDC with a community development component. The SDC involves increasing students’ self-esteem, social skills, attachment to the schools, and information about health behavior risks. The SDC community condition additionally seeks to augment the community partnerships and reestablish the adult protective shield along with monitoring. This project is large and involves sixteen different school sites in the Chicago area.

The design of the interventions was informed by the Theory of Triadic Influence (TTI) (Flay and Petraitis, 1994) that provides an integration of multiple sociological and psychological theories of behavior and behavior change. The TTI incorporates sociological theories of social control and social bonding (Akers et al., 1979; Elliot et al., 1985), peer clustering (Oetting & Beauvais, 1986), cultural identity (Oetting & Beauvais, 1990–91), psychological theories of attitude change and behavioral prediction (Fishbein & Ajzen, 1975; Ajzen, 1985), personality development (Digman, 1990), social learning (Akers et al., 1979; Bandura, 1977, 1986), and other integrative theories (e.g., Jessor & Jessor’s Problem Behavior Theory; Brook’s Family Interaction Theory, Hawkins’ Social Development Theory). See Petraitis, Flay and Miller (1995) for a review of many such theories.

The TTI (Figure 6) includes five tiers of causes of behavior that range from very proximal to distal to ultimate, and three “streams” (and 6 substreams) of influence that flow
through the seven tiers. (1) cultural-environmental influences on knowledge and values → attitudes; (2) social situations’ contextual influences on social bonding and social learning → normative social beliefs; and (3) interpersonal influences on self determination/control and social skills → self-efficacy.

In addition to the direct influences of these streams, there are important inter-stream effects and influences. The theory is intended to account for factors that have direct and indirect effects on behavior—both new and regular. Experiences with related behaviors and early experiences with new behavior lead to feedback loops through all three streams, adding to the prior influences of these streams. This integration of existing theories leads to a meta-theoretical view that suggests higher order descriptions and explanations of health behavior, that, in turn, suggest new approaches for health promotion and disease prevention.

**Chicago Board of Education Violence Prevention Initiative**

Finally, Dr. Bell has been consulting with the Chicago Board of Education about violence prevention. In 1998, the Chicago Public Schools (CPS) revealed its violence prevention initiative that originated from the central location 4. The seven field principles found in this initiative, which are also found in the previous two projects, are (1) reestablishing the village, (2) providing access to health care, (3) improving bonding, attachment, and connectedness dynamics, (4) improving self-esteem, (5) increasing social skills, (6) reestablishing the adult protective shield increasing monitoring, and (7) minimizing the residual effects of trauma.

The purpose of this contribution is to underscore the seven field principles that are necessary for any successful universal health behavior intervention. Though TTI contains these seven field principles and is a useful comprehensive theoretical construct upon which to develop health behavior interventions, it may be too complicated to be used for guidance in the field.

Using the above public health prevention/intervention efforts, the authors will discuss the seven field principles of: (1) reestablishing the village consisting of developing and expanding community partnerships and coalitions (a broad sociocultural influence that entails a level of community organization around health behavioral issues—“cultural/attitudinal stream” and “social/normative stream” of TTI, (2) providing access to health care (addresses highly influential, individual-level risk factors that require a community-level service—“biology” in the Intra-Personal stream of TTI), (3) improving bonding, attachment, and connectedness dynamics within the community and between stakeholders (“social bonding” in the social/normative stream of TTI), (4) improving self-esteem (“sense of self” in the intra-personal stream of TTI), (5) increasing social skills of target recipients (“social skills” in the intra-personal stream of TTI), (6) reestablishing the adult protective shield and monitoring problem behaviors (“others’ behavior and attitudes” in the social/normative stream of TTI), and (7) minimizing the residual effects of trauma (“behavioral control-self-management skills and affect regulation” in the intra-personal stream of TTI). As we have described the efforts by CHAMP, Aban-Aya, and the Chicago Board of Education elsewhere (Madison, Bell, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative Board, under review; Madison, McKay, Paikoff and Bell, under review; McKay et al., in press; Paikoff, 1997; Smith et al., in press; Bell, Gamm, Vailas, and Jackson, in press; Flay and others, work in progress), rather than give details of the programs, we will highlight them as examples of the seven field principles.
Developing and Expanding Community Partnerships and Coalitions

Several years ago, Dr. David Satcher, U.S. Surgeon General, once asked “How do you deliver public health interventions in communities that lack infrastructure?” After thinking about his question for a year, our answer was that there had to be a facilitator that helped the community develop infrastructures by initiating community partnerships and coalitions. Figure 7 illustrates this process. This figure illustrates how one player—any player—brings the other players to the table to build a vision of a healthier community.

CHAMP

In CHAMP, the players who brought the other players to the table were a developmental psychologist (Dr. Roberta Paikoff), a Ph.D. social worker (Dr. Mary McKay), and community advisors at six Chicago Public schools who wrote a grant to attempt HIV prevention in Chicago’s Robert Taylor Homes. These researchers had the foresight to recruit a facilitator (Dr. Bell) to guide the university/community collaboration in developing an egalitarian model of collaboration (Hatch et al., 1993; Madison, Bell, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative Board, under review). Specifically, the community members were to progress from advisors to full collaborators. They were to participate in the direction and focus of the research. As full collaborators, the community members were to have a role in the conception, implementation, and interpretation of the research.

In addition, a basic principle of the CHAMP intervention was to help families collaborate to form mutual support groups. By families pooling resources to monitor children, the children are safer from engaging in high-risk behaviors associated with concentrating the HIV virus. The program was based on both intervention and developmental literature.
about HIV primary prevention, and general principles of human sexuality. Most programs traditionally have aimed primary prevention at high school youth, who are likely to be sexually active already (e.g., programs aimed at delaying the onset of sexual behavior): Youth who are already sexually active are far less likely to be sexually influenced by such programs than are youth who are not yet sexually active (Miller, Card, Paikoff, & Peterson, 1992; Howard & McCabe, 1990; Jemmott & Jemmott, 1998). Therefore, the goal of CHAMP was to involve youth before an initial onset of sexual behavior. In a series of studies of youth’s understanding of their sexual behavior, youth have consistently reported more contextual, rather than individually-based facilitators of early sexual experience (Paikoff, 1995; Paikoff and others, work in progress). Therefore, we almost aimed the program at changing contexts by providing child assertiveness training and refusal skills (McKay et al., in press).

**ABAN-AYA**

In the Aban-Aya project’s SDC/community intervention, we developed local school task forces to develop collaborations with the community. In this instance the principal investigator (Brian Flay) provided leadership for the Aban-Aya co-investigators, the project coordinator, and health educators to become players who brought other community players to the table. The purpose of the local school task forces was to increase parental and community involvement in the day-to-day activities of the school and to be supportive of Aban-Aya efforts. There is evidence that school-based interventions that shift how they manage high-risk children can reduce risk for in-school violence (Elliot & Tolan, 1999). Increasing parental involvement in school and increasing parental and community collaboration can accomplish this with school personnel (Comer, 1988; Haynes & Comer, 1996; Haynes, Comer, & Hamilton-Lee, 1989).

**Chicago Board of Education Violence Prevention Initiative**

The Chicago Public School strategy involved partnering with community-based secular and non-secular organizations to foster activities designed to reduce violent and disruptive behavior by and against youth in the school and surrounding communities. We designed these partnerships to share the vision of a violence-free environment. In this instance the player who brought the other players to the table was the leadership of the Chicago Board of Education (C.E.O.: Paul Vailas, Chief of Staff: Philip Jackson, and Specialized Services Coordinator: Sue Gamm). By partnering with the religious community in the “CPS Interfaith Community Partnership,” CPS could increase attendance, improve school environments, provide positive role models, and create activities for youth. At present, it provides support to twelve religious school-community partnership networks in each of the CPS regions. This partnership-coordinated anti-violence marches with religious communities throughout the city. In addition, the network of secular organizations provided assistance in mentoring programs, off-site detention and community service programs, and assistance with after-school homework centers. Further, there was a “Walking-Men School Bus” that recruits men to escort children to and from school.

Besides these efforts, CPS initiated efforts to partner with the community by developing the “CPS Youth Outreach Workers” program that they started during the “Safe
Schools, Safe Neighborhoods Summer” 1998 Initiative. This effort trained 100 Violence intervention Program Specialist compromising off-duty police, community member, parents, teachers, and social workers to provide positive alternative activities for youth in high crime areas. Also, they created a referral service network that reported and provided follow-up services for more than 2,000 referrals for suicide risk, recreational activities, job preparation, job orientation, job placement, gang detachment, and housing relocation issues. The CPS youth outreach workers’ efforts facilitated collaborative partnerships with more than fifty governmental and city agencies and community-based organizations.

CPS also developed many school-community activities, especially for schools whose communities experience high rates of violence. An example is the CPS Englewood Youth Violence Prevention Program, a community-based plan to reduce crime and violence for three schools in the West Englewood community. This program’s intervention and prevention activities included efforts designed to ensure that youth comply with curfew laws and provided intervention with gang members to reduce gang activity. The program also offered tutoring, family strengthening services, and social services.

Another example is the CPS Logan Square Neighborhood Association (LSNA). The goal of this effort was to create up to five community-learning centers to serve families in adult education, children and youth education, and recreational programming. In addition, the association provided homework assistance, childcare, and other family-focused activities. LSNA has trained more than 400 parents, who are then placed in classrooms where they tutor children and help the teacher.

There are several other community councils and alliances consisting of local churches, community organizations, residents, schools, and law enforcement that are helping parents to: (1) coordinate violence prevention activities of parents themselves, (2) hire and train parent patrols and parent attendance officers, and (3) develop evening sports programs. These efforts increase safety of students, parents, school staff, and increase attendance and learning environment. We see another CPS effort at developing community partnerships in the CPS Region anti-Violence Workshops. These summer regional workshops, address violence issues affecting school and their surrounding communities. Through collaborative relations with the Local school Councils and the Chicago Police Department’s Community Action Policing (CAP) they have identified and distributed program community resources.

Although all three projects made efforts to get various players at the table, getting players at the table is just the first step of developing collaboration. Another major consideration is each player’s role in the collaboration. Hatch et al. (1993) proposed four models of collaboration: (1) where community representatives, who may or may not be community residents, are involved to give advice and approval, (2) where influential community representatives are involved as advocates of the intervention’s efforts, (3) where community members may have jobs on the intervention as advisors but who do not provide any leadership for the intervention, and (4) where community members provide leadership for the intervention by developing a model, starting the intervention, and interpreting the outcomes. By emphasizing the shared vision a facilitator can encourage a mission-driven philosophy. Such a philosophy encourages diverse elements within society to attach to the mission, and place it above fewer important driving forces, e.g., “egos” or “turf.”

The question is: How does a partnership become a true coalition? Our experience is that by emphasizing the ecological relationships between diverse elements in a community, a good facilitator can encourage attachment/affiliative/approach behaviors between
these various elements. Further, emphasizing the ecological relationships encourages the development of systems thinking. By providing leadership to the diverse community elements, the facilitator encourages religious, business, social service, health, educational, civic, social, and other organizations to participate in an assessment of the nature and size of the problem. Thus, CHAMP stakeholders sized the problem of HIV, Aban-Aya stakeholders measured the problems of violence, drug abuse, and inappropriate sexual behavior, and Chicago Board of Education assessed the problem of school violence. The reader can obtain much more information about this process from the web site http://ahecpartners.org.

Clearly, communities with social fabric have less “deviant behavior” due to the prevention of this behavior (Sampson et al., 1997). Shaw and McKay (1942) proposed the social disorganization theory of deviance suggesting that few job opportunities, poverty, single-headed households, isolation from neighbors, and weakened community friendship networks and community institutions lead to reduced, informal, and formal social control. Elliot and Tolan (1999) note community organization efforts are producing promising results, although applying traditional scientific criteria to community organization experiments is difficult.

**Health Care**

This principle addresses highly influential, individual-level risk factors that require a community-level service. Individuals' needs sometimes overwhelm any intervention and must be attended to.

Moffitt (1997) gives ample evidence that neuropsychiatric factors impinge on behavior. There is evidence, children with high exposure to lead may be predisposed to violence (Bell, 1997b; Earls, 1991). Further, there is evidence children who have Attention Deficit Hyperactive Disorder (ADHD) may be predisposed to violence and conduct disorder (Klein et al., 1997). This disorder may predispose children to engaging in other high-risk behaviors such as drug abuse or early onsets of sexual behavior (American Psychiatric Association, 1994). Finally, evidence that neuropsychiatric disorders may predispose individuals to violence exists (Lewis et al., 1985). Clearly, to promote health behavior change in individuals with these psychiatric or behavioral disorders, treatment for neuropsychiatric disorders is essential. As neuropsychiatry becomes more sophisticated, the causes of impulse control problems will become more specific. In addition, as neuropsychiatry evolves, psychiatric treatment of impulse control problems that cause risky behavior will become more specific. For example, we are constantly discovering more specific treatments for drug addiction (American Psychiatric Association, 1996). Without developing the diagnostic and service delivery infrastructure to provide these more sophisticated services, communities with the greatest need will be the last to receive appropriate health care that can prevent some causes of risky health behaviors.

**CHAMP and ABAN-AYA**

Except for providing referrals when the need arises, CHAMP and Aban-Aya do not specifically seek to increase access to health care of their research subjects. While such efforts are beyond the scope of these two focused research projects, an increased access to health care is clearly a value of the researchers and program staff of these two projects. Consequently,
Strategies for Health Behavior Change

CHAMP provides linkages to health care services, and a comprehensive resource directory to all participating families. CHAMP developed the directory through collaboration between social work interns and community partners, and updates it annually.

Guerra (1997) notes two categories of prevention programs: state and locally funded service programs and university or research group supported research programs. She further observes that both service and research programs face problems with implementation. Service programs can be more flexible, while research programs lack this flexibility and are often more focused on specific research questions. Thus, CHAMP and Aban-Aya are required to study particular aspects of the health behavior change paradigm, while service-based prevention programs in the Chicago Public School can be more encompassing.

Chicago Board of Education Violence Prevention Initiative

Because Chicago mandates that the Chicago Public schools educate children who have psychiatric or behavioral disorders, CPS have stepped up efforts to ensure children have access to primary health care and social service to promote healthy social and physical development. Accordingly, CPS developed Healthy Kids/Healthy Minds. This service provides free hearing aides and eye examinations for under- and uninsured students. They also provide dental screening and cleaning for all elementary students. These efforts have established links between 300 schools and social service and health agencies.

As a pilot school-based outreach program of the U.S. Department of Education, CPS is collaborating with community health agencies and the Illinois Department of Public Aid to expand the number of eligible children and families for Medicaid and public insurance in a program called Kid Care. Expanded coverage enables children greater access to school-community health and social services.

Bonding, Attachment and Connectedness Dynamics

Bowlby (1973, 1988) and Ainsworth (1973) theorized that failure to form a secure attachment with caregivers during infancy has a strong influence on peoples’ ability to form trusting relationships later in life. Meloy (1992) provides ample evidence that individuals lacking in secure attachments during infancy may later form violent attachments resulting in chronically violent relationships. Similarly, Renken et al. (1989) found youth who engaged in aggressive behaviors were the most insecurely attached to their families. Several researchers’ observations confirm the fact that low levels of parental warmth, acceptance, and affection, low levels of cohesion, and high levels of conflict and hostility have been associated with delinquent and violent behavior (Farrington, 1989; Henggeler et al., 1992; Tolan & Lorion, 1988). There is also evidence that aggressive children show more “insecure” attachment styles (Booth et al., 1992). Further, there is an association between delinquency and weak attachment bonds to parents (Hirshchi, 1969). Eron, et al., (1991) found that parental rejection was strongly related to youth’s later criminal outcomes. Similarly, research has shown that low levels of parental warmth, acceptance, and affection, low levels of cohesion, and high levels of conflict and hostility are associated with children who engage in early sexual behavior (McBride & Paikoff, 1999).

Fortunately, early intervention (i.e., from ages 0 to 3) can improve problems with attachment. Sroufe, Egeland, and Kreutzer (1990) find that many children change
attachment classifications throughout the first few years of life; thus, there is malleability of attachment relationships over time. Urie Bronfenbrenner (1979) has also written about the potential importance of attachment figures outside the family, where familiar attachments are not secure. Pinderhughes (1972) outlined the importance of attachment behaviors in violence prevention and intervention efforts. Further, empirical studies reveal family variables of children being connected to their parents and school variables of being connected to the school are associated with reduced risk taking (Resnick et al., 1997). In addition, Borduin et al., (1985) notes that improving intra family relations—closeness, positive statements, communication clarity, and emotional cohesion—can reduce risk for serious antisocial behavior and violence. Alternatively, McCord (1983) found that parental warmth and affection buffered boys from criminal behavior despite increased risk for criminal involvement due to environmental disadvantages.

Thus, the age-old paradigm of medicine that admonishes the establishment of rapport with the patient holds truth for health behavior change. The three prevention/intervention examples seek to increase bonding, attachment, and connectedness dynamics in varying and differing ways. They all provide an opportunity for parents and youth to become attached. In addition, they all provide educational opportunities for children and their parents. Providing successful educational opportunities creates the “Ah Ha” experience, or the sense of personal mastery. This allows for the development of a strong bond or attachment to the educational service provider, whether they are a parent or school.

In addition, the issue of bonding, attachment, and connectedness dynamics has strong implications for attrition dynamics either in research or service involving non-white populations. Studies reveal that nonwhite populations are difficult to engage in research and treatment (Gorelick, Harris, Burnett, & Bonecutter, 1998; Sue et al., 1995). Thus, all the projects make strenuous attempts not to expose community members to microinsults or to microagressions (Bell, 1996). We believe that such subtle injuries dissuade poor, nonwhite communities from being attached to the research or the services being offered.

CHAMP

The CHAMP effort to increase bonding, attachment, and connectedness dynamics between parents and their children has essentially involved a strategy of “team learning” (Senge, 1994), or a cooperative learning strategy. Specifically, CHAMP teaches families HIV prevention skills in multiple family groups. CHAMP also teaches family members how to talk and listen to one another. These efforts help Robert Taylor families obtain a sense of person mastery and a clear shared vision (Senge, 1994), that is, the mission to avoid HIV risk behaviors.

CHAMP also provides conveniences to encourage poor, nonwhite community member to become attached to the program either as a CHAMP Collaborative Board member or research subject (Aponte, 1994). Specifically, CHAMP pays its Collaborative Board members and research subjects for their time. Further, board members participate in new “professional” roles at conferences, and obtain jobs as project staff (Madison, Bell, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative Board, under review). In addition, CHAMP board meetings and intervention sessions provide dinner for participants and child care for younger children. The organization holds meetings in an easily accessible Robert Taylor community center, or at their child’s school. Community-based staff takes
primary responsibility for recruitment and tracking of the sample over time, resulting in high rates of attendance and retention in the program (McCormick et al., in press). By including community participants in all aspects of CHAMP, we believe this sharply reduces community members’ exposure to microinsults and microaggressions; as such community participants are culturally sensitive by definition.

ABAN-AYA

This Afrocentric social development curriculum (SDC) also attempted to increase parental involvement with their children by giving the children various assignments that required parental participation. The aim of these assignments was to provide concrete activities to connect parents and children. In addition, Aban-Aya provided didactic materials that helped children in thinking about their family relations and to strengthen a sense of connectedness with their family and heritage. The Afrocentric SDC curriculum/community development intervention had family/community activities designed to increase the attachment and connectedness dynamics of the participants.

Chicago Board of Education Violence Prevention Initiative

The Chicago Public Schools developed several programs to increase bonding, attachment and connectedness dynamics between parents and CPS and between parents and their children. One program “CPS Parents As Teachers First” called for CPS hiring 600 parents from eighty schools to act as parent-tutor mentors. Their function became to mentor parents to prepare preschoolers for kindergarten by providing developmentally appropriate activities. Thus, preschoolers would obtain academically enriched opportunities, including attention to socially appropriate behavior. Employment opportunities for parents were also provided. This program served more than 2,000 preschoolers last year. “CPS Parents As Teachers First” thus served a dual function—one was to connect parents to CPS, and the other was to help parents connect to their children by helping parents to provide academically enriched opportunities for preschoolers.

CPS’s “Cradle to Classroom” provides opportunities for parents to bond with their infants. This long-range prevention strategy allows for infants to grow up with basic trust and security, providing the groundwork for later relationships in life that may prevent violence or intervene in violence. In addition, since pregnancy is the primary reason for high school dropout among urban teens (Dryfoos, 1990; Furstenbergs, Brooks-Gunn, & Morgan, 1987), and since many teenage girls with children stop attending school, the “Cradle to Classroom” program allows for teenage mothers to remain in school. By collaborating with Chicago Department of Public Health, six hospitals, and other agencies for pregnant and parenting teens, this program trains teens in the development of parenting skills and accessing community resources. It provides counseling to new mothers around issues of domestic violence and provides teens access to prenatal, nutritional, medical, social, and child care services. This program has significantly reduced dropout rates of teenage mothers in CPS. Last year there were 1,100 young women with babies in CPS and 228 of them graduated, with 100 going to college. These young women had only one child despite having the children at very young ages.
CPS has also expanded early childhood services by increasing the number of classrooms for preschool children so that approximately 25,000 of them, including children with disabilities, are receiving educational services. Thus, more preschool children receive educational services through contractual arrangements with more than forty private and public community-based agencies. By providing quality preschool activities for all children, children have an easier time adapting to the school context and getting attached and connected to school. In addition, these early childhood services allow for the identification of children with attachment disorders by providing 0 to three programs (ZERO TO THREE, 1994) parent/nursing home visitation programs (Olds, Henderson, Chamberlin, & Tatelbaum, 1986), and Head Start.

Another strategy the Chicago Public Schools is using to increase the attachment and connectedness dynamics is by expanding the school year. For example, during the summer of 1998, CPS held the largest ever school-based summer programs. Academic programs provide intensive structured instruction for children who do not meet academic promotion standards, for children with significant disabilities, and for children with limited-English-proficiency. In addition, regional competition and camping experiences provide athletic and recreational opportunities. Other efforts, such as the CPS McPrep Lighthouse Program (funded in part by Ronald McDonald Children’s Charities), include expanding the school day by providing structured academic activities for children after the regular school day, including a nutritious dinner. These efforts have also served to increase community partnerships with parental involvement. Additionally, all high schools and many elementary schools have competitive and noncompetitive athletic and sports programs after school. In addition, CPS is promoting the use of school uniforms. They require each Local School Council to vote on whether to enact a uniform or dress code policy for the school, and 75% of Chicago public schools have started a uniform or dress code policy.

Efforts are also directed at increasing student attendance and reducing youth drop out rates. Accordingly, CPS has developed a twenty-four hour “Truancy Hot Line” that takes calls from individuals to identify youth who are truant from school to help in truancy prevention. CPS truancy prevention services consist of at least two truancy outreach workers at every high school who follow-up on students with unexcused absences. The outreach workers provide counseling services, visit and call youth and parents at home, and daily monitor attendance. Further, regional staff works with all schools to provide assistance in developing programs designed to improve student attendance. There is also a CPS Hispanic dropout prevention program to address the high dropout rate among Hispanic teens. They offer alternative educational and extracurricular activities to all at-risk students of schools where at least 48% percent of the student population is Hispanic.

CPS has developed relationships with alternative schools for youth returning to school. Thirty schools, organized in cooperation with community and social service agencies, provide educational services for students who return to school after having dropped out. They provide small class sizes and support services through individual learning plans for each student.

Practitioners seeking to develop an ability to change health behaviors would do well to read Pinderhughes (1979). This work clearly explains the psychophysiology of bonding and attachment behaviors and why they are so important in developing influence over people. Common sense suggests that trying to teach someone that one lacks a relationship with or has a negative relationship with is a very difficult undertaking. Teaching someone with whom one has a good relationship is much easier.
Self-Esteem

Self-esteem is a feeling that comes from a sense of power, a feeling of being competent to do what must be done, a sense of uniqueness that acknowledges and respects the qualities and characteristics about oneself that are special and different. Self-esteem also means having a sense of models that can be used make sense of the world, and a sense of being connected, a feeling of satisfaction from being connected to people, places or things (Bean, 1992). To change health behavior, improving target recipients’ self-esteem is a critical component in any successful prevention/intervention strategy. Bell (1997) suggests that constructive activities help youth develop social skills and self-esteem that reduce engagement in risky behaviors. All three prevention/intervention examples are firmly grounded in the idea that their efforts needed to improve the self-esteem of their participants.

CHAMP

CHAMP’s efforts to improve self-esteem of the recipients started with recognizing that the Robert Taylor residents could collaborate in their own protection from HIV/AIDS. In addition, the strategy of having parents and children engage in team learning by learning skills in multiple family groups has an additional advantage of increasing the participants’ self-esteem. In initial work on basic developmental research, feelings of hopelessness and powerlessness in an overwhelming degree surfaced in parents’ discussions of risks that concern them regarding their children’s health. Such feelings are clearly linked to self-esteem, and decrease motivation to work on promoting health and preventing risk for one’s offspring or themselves. By involving parents directly, first, in helping to delineate stressors and possible areas of influence, and then as key influences over their children’s health and well being, we increase self-esteem in at least two ways. First, parents increase their understanding of their possible influences, and ways they may change their context. Second, parents develop concrete leadership skills, which may help them to further successes in arenas of child rearing, employment, education, and daily living. These effects are likely to be most pronounced for parents who lead CHAMP groups, but potentially affect all parents involved with CHAMP (Madison, Sewell, Nash, McKay, Paikoff, and the CHAMP Collaborative Board, under review).

ABAN-AYA

We developed Aban-Aya’s activities to increase self-esteem by developing initiatives that give youth a sense of power by teaching them social skills to get them out of high-risk situations. Further, the youth can obtain a sense of models from strategies involved in using the “stop, think, and act” model of decision making (Weissberg, Barton, & Shriver, 1997; Weissberg, Jackson, & Shriver, 1993). By using African-American values Naguzo Saba (Karenga, 1988) we hoped the African-American children would develop a sense of uniqueness and a sense of being connected. In addition, the SDC/community development condition had activities that would increase the youth’s feelings of self-esteem.

Further, the curriculum made it a point to include African-American history, African-American contributions, and African-American proverbs throughout the curriculum to help African-American children develop a sense of power, competence, uniqueness, models, and a sense of being connected, to people, places or things.
Chicago Board of Education Violence Prevention Initiative

One of the Chicago Board of Education’s strategies to give youth a sense of power was to incorporate service-learning requirements in the high school curriculum. Another strategy was to improve the academic performance of all students by requiring students, teachers, administrators, and schools to be accountable. Providing learning outcome standards and relevant staff development supported the academic performance of all students. Accordingly, they developed lesson plans consistent with the standards, and made them available to teachers. Establishing a rigorous high school core curriculum, junior and senior high school academies also improved the academic performance of all students, and advisories. Students attending the six regional high schools with academic entrance criteria or the expanded International Baccalaureate programs could also obtain a sense of power. Further, motivated and able students could take college courses by attending local area colleges and universities with which CPS was collaborating. For children having academic difficulty, providing individualized strategies could increase their sense of power. Retained students could improve their deficiencies by tutoring services, smaller class sizes, and specialized curricula.

CPS increases youth’s sense of uniqueness of students by providing them the opportunity to find their unique talent. Thus, they can acknowledge and respect the qualities and characteristics about themselves that are special and different. Accordingly, we have provided a wide range of activities for students in the hope that each student can find an area in which his or her unique talents will shine forth.

Character education curricula give youth a sense of models in pre-K through 12th grade by providing educational strategies for strengthening and supporting positive character development. Thus, CPS hopes to help youth in avoiding the high-risk health behavior of violence. In addition, models of conflict resolution are also given. Further, the school curriculum contains information and practice on how youth may avoid or prevent violence by including instruction to reduce racial, ethnic, and religious intolerance. Finally, by giving youth constructive activities that encourage developing skills on how to communicate, solve problems, provide leadership, manage resources, remove barriers to success, and plan, youth will learn models that will help them avoid high risk health behaviors.

Finally, CPS hoped to increase their student’s sense of being connected by some previous mentioned strategies found in the increasing bonding, attachment and connectedness dynamics section. In addition, we attempted to increase the feeling of satisfaction from being connected to people, places or things by providing opportunities that encourage attachment to valued people, places, and activities such as mentoring, sports, ROTC, and academic clubs.

Increase Social Skills of Target Recipients

Many researchers (Botvin & Wills, 1985; Cole, 1985; Weissberg & Elias, 1993; Weissberg & Greenberg, 1997) have been longtime proponents of teaching social skills as tools to help youth avoid engaging in risky behaviors. Recognizing this, all three of the prevention/intervention projects sought to increase the social skills of the target recipients that would help in reducing their health risk taking behaviors. In particular, CHAMP and Aban-Aya have been interested in improving youth’s assertiveness and refusal skills, and their understanding of potentially risky situations. In other words, CHAMP and Aban-Aya
(SDC/community condition) attempt to prepare youth for dealing with risky contexts, while simultaneously hoping to improve these contexts (making them less risky).

**CHAMP**

In helping youth avoid contracting HIV/AIDS, CHAMP teaches youth sexual behavior refusal skills. In addition, CHAMP teaches youth safer sex skills, so that if youth do become sexually active, they are better prepared. Research has shown programming that stresses abstinence—but providing “just in case” information regarding safer sex—is highly effective for a wide range of urban youth (Jemmott and Jemmott, 1998). In line with Elliott and Tolan (1999), who note “successful family interventions have combined behavioral parent training techniques with other intervention components based in family systems theory that are designed to improve family relations, CHAMP works to help youth develop good communication skills by helping youth and parents learn about and practice their communication skills in multiple family groups. We also give parents social skills that help them in supervision and monitoring of the child and increase involvement with the child as well as knowledge of children’s activities and whereabouts. We also teach parents the social skills that involve the use of positive parenting.

**ABAN-AYA**

Aban-Aya’s Afrocentric risk behavior prevention curriculum teaches skills to refuse offers and resist social pressure assertiveness, negotiation and conflict resolution, and gives youth the opportunity to practice these skills to aid in their ability to avoid high risk health behaviors. These social skills are taught in the context of learning decision making (“Stop, Think and Act”) and problem solving skills. Understanding the feelings of self and others (empathy), goal setting, and other self-management skills are also taught.

**Chicago Board of Education Violence Prevention Initiative**

CPS’s efforts to increase the social skills of its target recipients include providing educational opportunities for infants, toddlers, and preschoolers, and their parents. This strategy creates the opportunity to develop life skills and social skills necessary to prevent and intervene in violence. By giving youth opportunities to serve their community, resolve disputes peacefully and develop leadership skills that will enable them to model and promote healthy alternatives to violence, CPS hopes to give youth social skills to help in avoiding the high-risk health behavior of violence. Thus, schools are providing opportunities to be involved with a Teen Court program. In addition, in the CPS Peer Leaders Program, elementary and high school leaders teach students peer mediation, conflict resolution, and anger management skills. Further, the CPS Young Negotiators program teaches student negotiation skill. In the CPS Peer Mediation program students learn from peers to manage conflict and disagreements using a diversity of techniques. Such techniques allow them to avoid violence and other forms of aggressive and antisocial behavior. Finally, by being involved in mentoring programs and service clubs, youth learn additional social skills.

CPS is also providing support to school staff and parents to improve their ability to teach children appropriate social skills and to use positive interventions to decrease
disruptive student behavior. Thus, CPS School Climate Teams help in the development of safety plans that schools include in their School Improvement Plans. School Climate Teams cooperate with Crisis Intervention teams, Interfaith, and School and Community Relations staff to help in school crises situations. The CPS Boys’ Town Educational Model provides a social/life skill’s curriculum training model that provides intervention strategies to school personnel. The CPS Behavior Management Training program provides training upon request from schools, teachers, and educational support staff. It teaches team techniques to modify students’ disruptive and aggressive behavior and helps students develop control and socially proactive behavior. School personnel in twenty schools receive training on how to help in diffusing volatile behavior and teach students proactive behavior. School personnel in twenty schools receive training on how to help in diffusing volatile behavior and teach students proactive behavior. Finally, the CPS Behavior Intervention Teachers are specialists who provide proactive assistance to teachers who need to enhance their behavior management skills to deal with violent and hostile behavior. They help school personnel in developing individual behavior management plans for students.

Reestablishing the Adult Protective Shield

Pynoos and Nader (1988) discuss reestablishing the adult protective shield as a psychological first aid measure to deal with the child’s generalized anxiety when confronted with a traumatic stressor. The authors believe that this concept is also extremely useful in helping individuals to make health behavior changes. As previously pointed out, communities with social fabric clearly have less “deviant behavior.” This is due to the prevention of promulgation of this deviant behavior (Sampson et al., 1997), and this may depend on reestablishing the adult protective shield. The social disorganization theory of deviance, which attributes the deterioration of community social fabric as causing reduced informal and formal social control (Shaw & McKay, 1942), can be interpreted as a deterioration of the adult protective shield. As evidenced in all three prevention/intervention projects, this reestablishment of the adult protective shield is considered a key component in the health behavior change efforts.

CHAMP

As has been mentioned earlier, a key component of CHAMP has been the issue of ameliorating contexts for children. CHAMP sees families as key to ameliorating contexts, and attempts to help families in many ways. First, if we monitor children intensively, contexts by default are less risky. CHAMP works with parents to stress the importance of monitoring from the perspective of keeping kids out of risky situations. CHAMP also works with kids to underscore the reasons parents must monitor their children. However, monitoring children in an urban setting is fraught with problems, and requires substantial family support. Therefore, CHAMP stresses both internal and external support systems, hoping to link families together through multiple family groups and thus to increase potential monitoring resources, such changes ideally result in a neighborhood “village” where the adult protective shield consists of many in the community, all of whom we can trust to look out for the welfare of the child.
ABAN-AYA

Increasing family involvement with children is also a central concern in Aban-Aya. Materials are sent home to parents informing them of the importance of communicating with their children and ways of doing that. Many homework activities require the child to engage and communicate with their parents. In the SDC curriculum/community condition, parents are also offered Parent Education Workshops where they learn how to improve their parenting skills and attachment with their children.

Chicago Board of Education Violence Prevention Initiative

By strictly enforcing disciplinary rules while providing a safety net of school-based educational opportunities for expelled youth, youth who have violated probation, or have committed first time, but nonviolent, serious offenses, CPS reestablishes the adult protective shield. The CPS Zero Tolerance/Alternative Programs contain a Uniform Discipline Code that established consequences for student misconduct. Students found to possess illegal drugs, firearms, or other dangerous weapons have immediate consequences, including expulsion and referral to an alternative school. Fortunately, there are six alternative school sites available for 500 students expelled from school, or referred for chronically disruptive behavior, that allows for continual monitoring of these problematic youth. These schools have small class sizes and provide support services through individual learning plans for each student.

In addition, CPS has a Saturday Morning Alternative Reach Out and Teach Program (SMART). In this program, first time drug or alcohol offenders get taught a curriculum that focuses on character education, leadership development, conflict resolution training, gang prevention and detachment, and substance abuse counseling. Students meet on seven consecutive Saturdays, including two with their parents. Further, CPS expects each student to provide twenty hours of community service and they give each a mentor. They refer students who do not successfully complete the program for expulsion. In collaboration with the Cook County Probation Department, CPS Operation Jump Start gives intensive support to youth who are under the jurisdiction of the probation department. Jump Start also provides youth who have had significant educational problems extensive instruction in social skills and back-to-school transitional support. Following the eight-week program, youth attend either an alternative or regular school.

The Chicago Public Schools are also reestablishing the adult protective shield by implementing safety and security programs designed to maximize school safety. CPS has developed parent patrols that exist in more than 200 schools. In this initiative, parents patrol the streets before and after school to ensure safe travel. They train parents in safety and security measures, and participate in workshops on safety, violence, and conflict resolution. CPS has also enhanced training and expansion of security personnel by assigning more than 600 professional security personnel to CPS schools. Further, CPS, with the Chicago Police Department, provides two-person teams of uniformed police officers who work eight-hour shifts at each high school. The Chicago Police Department and the Office of Specialized Services provide monthly training to enable them to work proactively with students and the school community. Targeted training includes cultural awareness, diversity and sensitivity, internal and external school linkages, positive intervention techniques, de-escalating aggressive behavior, referral procedures and resources, and
communication skills. There is also assistance for schools in the development of individualized school security programs.

CPS also began Operation S.A.F.E. (Schools Are For Education). This is a system of rapid response teams consisting of officers in a mobile tactical unit. These teams patrol the vicinity immediately surrounding high schools and can respond quickly to any emergency calls. A Rapid Response Team, composed of part-time police officers, supplements the high school mobile tactical unit. Part-time officers who patrol the city after hours respond to alarms and break-ins at schools, and form the CPS Night Stalkers program. These efforts help to reduce burglaries, vandalism, and theft after school hours. They also give informational booklets to parents on the safe passage of students to and from school. The CPS Safe Passage booklet provided to principals and parents, offer helpful tips to keep children safe on their way to and from school, and in their neighborhoods during non-school hours. They provide parents and students tips including the use of the buddy system, following a designated safety route, and designating safe havens within the community.

Finally, there are metal detectors in every middle and high school. They install metal detectors in 90% of the system's high schools and a few elementary schools. These have been responsible for recovering many weapons that may otherwise have gone undetected. Paul Vailas C.E.O. of the schools notes that CPS metal detectors detected 100 guns in 1997. Such efforts create awareness between students and community that the adult protective shield is in existence and it will not tolerate weapons and illegal contraband.

One of the initiatives CPS began to increase the monitoring behavior of parents of children in Chicago Public Schools was to require parents to pick up their youth's report cards during a “parent report card pick up day.” They designed this activity to allow parents and teachers an opportunity to collaborate on monitoring the student’s academic performance and classroom behavior. In addition, ninety percent of CPS high schools have security cameras or complete surveillance systems, which monitor hallways, stairwells, remote areas, and the perimeter of the campuses. These endeavors have significantly reduced vandalism. Also, the Chicago Board of Education provides monitoring of youth by providing truancy services, increasing summer school, and enriching school activities.

In summary, family communication, school-wide climate changes, and community connections can be risk or protective factors which lead to increased or decreased negative outcomes. Protective approaches improve children’s attachment/bonding to positive family, school, community values and beliefs, and lessen the chances of maladaptive outcomes in the presence of risks (Garbarino, 1993; Garmezy, 1993; Grossman et al., 1992; Rutter, 1987; Masten et al., 1990). Effective programs must increase protective factors for students, by increasing their involvement with communal institutions of family, school and peers. Family-oriented intervention to change parenting style and practices can reduce risk or serious antisocial behavior and violence by increasing predictability, parental monitoring of children and decreasing negative parenting methods. Lack of parental monitoring, represented at its extreme by neglect and poor discipline methods and conflict about discipline, has been related to participation in delinquent and violent behavior for a range of populations (Farrington, 1989; Gorman-Smith et al., 1996; Patterson, 1992).

Minimizing Effects of Trauma

Behind all anger is hurt and attached to the hurt is fear of being hurt again. Unfortunately, such emotions often cause individuals to engage in health risk taking behaviors involving
anger, sex and drug use. Thus, to help individuals change their health behaviors, we need to address the issue of traumatic stress that causes the original hurt. Accordingly, we must develop a level of sensitivity to identify trauma in children (Bell & Jenkins, 1993). There needs to be provision of crisis intervention teams to address traumatic stress (Allen et al., 1999). Further, the effects of subtle long-term trauma need to be addressed with therapy (Pynoos & Nader, 1998). A major strategy of addressing issues of traumatic stress is to transform traumatic helplessness into learned helpfulness (Appel & Simon, 1996).

CHAMP and ABAN-AYA

Although CHAMP and Aban-Aya recognize the importance of this issue, due to the limited scope of the research we did not include this in the intervention. It is done on an informal manner. In CHAMP, all intervention groups have trained mental health interns who have been particularly sensitive to these issues, given the nature of the program. Thus, when stress related problems surface, CHAMP staff have sought out treatment services and made referrals. Aban-Aya staff has made similar interventions when they have identified similar problems.

Chicago Board of Education Violence Prevention Initiative

The mental health professionals at the Chicago Public School have long observed the impact of traumatic stress on the youth they serve (Dyson, 1990). Accordingly, the CPS Specialized Services developed the CPS Crisis Intervention Services program that provides pupil support teams. In addition, the Interfaith Partnerships and community-based social and health services supplement these services. These services provide prevention, intervention, and post-vention counseling activities to reduce the possibility and impact of violent acts. The Chicago Public School Specialized Services Department requires all schools have at least one counselor who can help students who are having difficulty in school or at home and a team that includes a nurse, psychologist, and social worker. Individual and small group counseling are part of the school pupil support services program. However, whenever the students’ needs are beyond the school’s resources, they refer the student to other programs or agencies. To turn learned helplessness into learned helpfulness, the Chicago Public Schools have developed community service demands for students. As a required component of the high school curriculum, students will provide a minimum of forty hours in service learning. They must engage in such activities as tutoring, working with elders, community beautification projects, etc. Teens will show their learning through presentations, papers, portfolios, etc.

Summary

This chapter covers the seven basic field principles necessary to effect health behavior changes in large populations. These principles—(1) reestablishing the village, (2) providing access to health care, (3) improving bonding, attachment, and connectedness dynamics within the community and between stakeholders, (4) improving self-esteem, (5) increasing
social skills of target recipients, (6) reestablishing the adult protective shield and monitoring and (7) minimizing the residual effects of trauma—are based on academic theoretical constructs which have been modified to inform field work. The authors have illustrated these seven principles by using three examples, two research projects and on naturalistic study, that highlight the principles.

References


Strategies for Health Behavior Change


