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WHAT WORKS FOR FEMALE CHILDREN AND ADOLESCENTS: Lessons from Experimental Evaluations of Programs and Interventions

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OVERVIEW

Girls face unique developmental challenges in childhood and adolescence. Compared to boys, girls tend to report more mental health problems¹, and they are susceptible to reproductive health risks, such as unwanted pregnancy and sexually transmitted disease². While a number of evidence-based programs have been found to be effective at reducing risk factors for children and adolescents, many programs have differential impacts for girls and boys. Understanding *what works* for girls is critical to improving outcomes youth. This brief and its companion brief, focused on boys³, examine programs and strategies that work, as well as those that don't for each gender.

This research brief synthesizes findings from 106 random assignment intent-to-treat evaluations of social interventions that targeted female children, adolescents, and young adults, or co-ed interventions that provide separate data about impacts for the female subgroup. Interventions were excluded from the review if they did not include at least 100 girls in the evaluation sample.

Overall, 51 of the 106 programs had a positive impact for girls on at least one of the outcomes reviewed, 27 had mixed findings, and 28 did not have a positive impact on any of the outcomes studied. While several themes emerged within each outcome area, there was no approach that worked across all outcome areas.

INTRODUCTION

The 106 rigorously evaluated programs were drawn from Child Trends' online database of experimentally-evaluated, out-of-school time social interventions called LINKS (Lifecourse Interventions to Nurture Kids Successfully).⁴

Findings for the programs in this Fact Sheet are reported in the following categories:

¹ Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. (2010) Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. 49 (10): 980-98

² Centers for Disease Control and Prevention. (2010) Sexually Transmitted Disease Surveillance 2009. Atlanta: U.S. Department of Health and Human Services.

³ Bandy, T. (2012) What Works for Male Children and Adolescents: Lessons from Experimental Evaluation of Programs and Interventions. Washington, DC: Child Trends

⁴ <http://www.childtrends.org/links>

Found to Work. Programs in this category have a *positive and significant*⁵ impact on at least one targeted social skills outcome.

Mixed Findings. Programs in this category have varied impacts either on particular outcomes, at different times, or for different populations. Thus, a program that results in significant improvements in contraceptive use at post-test, but has no impact at a one-year follow-up would be rating as having “mixed findings.” Also, a program found to improve teacher-rated, but not parent-rated behaviors on the same behavior rating scale would be characterized as having “mixed findings.” Finally, a program that works for a specific subgroup, but not another (e.g., African American girls, but not for Caucasian girls) would also receive a “mixed findings” rating.

Not Found to Work. Programs in this category have *no statistically significant impacts* or *only marginally significant impacts* on the outcomes examined.

Nine outcome areas were reviewed in this synthesis:

- Academic Achievement (such as school performance, grades)
- Delinquency (including crime, arrests, and recidivism)
- Externalizing or Acting Out Behaviors (behavior problems such as aggression or hyperactivity)
- Mental Health/Internalizing (Depression) Outcomes (including depressive symptoms, disordered eating, and suicidality)
- Physical Health and Nutrition (healthy eating, body mass index (BMI), weight or physical activity)
- Reproductive Health & Sexuality (such as sexual activity, condom and contraceptive use, pregnancy or births)
- Self Sufficiency (including employment, income, and receipt of public assistance)
- Social Skills (such as conflict resolution, empathy, relationship building)
- Substance Use (including alcohol, cigarettes, marijuana, and illicit drugs)

ACADEMIC ACHIEVEMENT

The education outcomes reviewed in this synthesis are academic achievement and educational attainment. Ten of the 29 programs included in this synthesis had positive impacts on at least one academic outcome for girls. Eight programs had mixed impacts, and 11 had no impact on girls’ academic outcomes. Programs targeting academic outcomes were conducted with toddlers (4 programs), children (16 programs), adolescents (18 programs), and/or young adults (5 programs).

Found to Work

Programs that target young adults. Three⁶ out of five programs that targeted young adult women (ages 18 to 24) had positive impacts on educational attainment. The other two programs had mixed impacts.

⁵ Reported impacts are those reported by the evaluators to be significant at the $p \leq 0.05$ level. Note that this literature review does not focus on the magnitude or duration of the impact, though this information is generally included in the LINKS program summaries. A research brief called “Improving the Lives of Adolescents and Young Adults: Out-of-School Time Programs That Have Significant Positive Impacts” reports on interventions for school-aged youth that have moderate to large impacts.

Mixed Findings

Gender-specific programs. Three of the four programs designed specifically for girls had mixed impacts on academic outcomes. The fourth program had no impact for girls.

Mentoring. Two⁷ out of four programs that included a mentoring component had positive impacts on academic outcomes for girls.

Vocational training/support. Of the 11 programs that provided vocational training and/or support, four⁸ had positive impacts and three had mixed impacts on academic outcomes for girls.

Not Found to Work

Social skills training. None of the five programs that taught participants social skills had a positive impact on any academic outcome for girls. One program had mixed impacts on academic achievement. The social skills training programs were all intensive, lasting 64 to 240 weeks and providing 40 to 3,750 hours of contact time. It is important to note that, while all of the programs measured academic outcomes, only one program ([Quantum Opportunities Program](#)) included components specifically designed to target academic outcomes. Three programs were variants of the [Metropolitan Area Child Study](#) and focused on children's social competence, and the final program ([Early Intervention Program for Adolescent Mothers](#)) was a home visiting program for adolescent mothers.

Programs with less than 70 hours contact time. None of the five programs with less than 70 hours of contact time had positive impacts on academic outcomes; two programs had mixed impacts.

DELINQUENCY

The LINKS database contains 11 programs that measure delinquency outcomes for girls. Of these 11 programs, one was found to have positive impacts, two had mixed impacts, and eight were not found to work for girls. Six of the programs included children as participants, nine included adolescents, and three included young adult women. Due to the small number of studies with positive or mixed impacts, no conclusions could be drawn about approaches that work or have mixed findings.

Not Found to Work

Mentoring programs. None of the four mentoring programs that measured delinquency outcomes for girls were found to work. One program had mixed impacts.

School-based programs. None of the four school-based programs had a positive impact on delinquency outcomes for girls. One program had mixed impacts.

EXTERNALIZING OR ACTING OUT BEHAVIORS

⁶ [Job Training Partnership Act \(JTPA\)](#), [JOBSTART](#), [New Chance](#)

⁷ [JOBSTART](#), [Big Brothers Big Sisters](#)

⁸ [CAS-Carrera](#), [Job Training Partnership Act \(JTPA\)](#), [JOBSTART](#), [New Chance](#)

This synthesis includes 26 social programs that measured externalizing or acting out outcomes for girls. Overall, seven programs had positive impacts on at least one externalizing outcome, four programs had mixed impacts, and 15 programs were not found to have any impact on externalizing outcomes for girls. Programs targeting externalizing behaviors included participants who were toddlers (4 programs), children (21 programs), and adolescents (12 programs).

Found to Work

Community-based programs. Three⁹ out of four programs that included community-based components had positive impacts on at least one of girls' externalizing behaviors.

Combining parent training with social skills training. Two¹⁰ out of three programs that included parent training and social skills training led to improved externalizing outcomes for girls. The third program had mixed findings.

Mixed Findings

Cognitive-behavioral skills training. Two¹¹ of the four programs that included cognitive-behavioral skills training had a positive impact on at least one externalizing outcome for girls.

Interactive activities. Out of eleven programs that included interactive activities, four programs had positive impacts¹² and three had mixed impacts on girls' acting out behaviors. The rest did not find significant impacts.

Not Found to Work

Targeting group norms or normative beliefs. Of the six programs that attempted to change group norms or participants' normative beliefs, one program¹³ had a positive impact and one program had mixed impacts on girls' acting out behaviors.

MENTAL HEALTH/INTERNALIZING (DEPRESSION) OUTCOMES

The mental health outcomes included in this synthesis of social interventions for girls include depression, anxiety, suicidality, disordered eating, and internalizing symptoms. Interventions in this outcome area targeted toddlers (4 programs), children (12 programs), adolescents (14 programs), and/or young adults (2 programs). Overall, six out of 21 social programs had a positive impact on girls' mental health outcomes, three had mixed impacts, and 12 had no impact for girls. The number of programs using any given approach is small; therefore, conclusions should be seen as preliminary.

Found to Work

Cognitive-behavioral skills training. Three¹⁴ out of five social programs that taught participants cognitive-behavioral skills in a group-based setting had positive impacts on at least one mental health outcome. One program had mixed impacts.

⁹ [Resolve It, Solve It, Safe Dates, Teen Outreach Program](#)

¹⁰ [The Family Bereavement Program \(FBP\), Schools and Homes in Partnership \(SHIP\)](#)

¹¹ [Second Step: A Violence Prevention Curriculum, The Family Bereavement Program \(FBP\)](#)

¹² [Safe Dates, Second Step: A Violence Prevention Curriculum, Schools and Homes in Partnership \(SHIP\), Teen Outreach Program](#)

¹³ [Safe Dates](#)

Qualified professionals and parent involvement. Three¹⁵ out of the three programs that included a parent component and were administered by professionals with graduate degrees had positive impacts on mental health outcomes.

Short-term programs. Three¹⁶ out of the four programs that lasted six weeks or less had positive impacts girls' mental health.

Mixed Findings

Parent training. Of the eight programs that included parent training, three¹⁷ had positive impacts and three had mixed impacts on mental health.

Life skills training. Three¹⁸ out of the eight programs that taught participants life skills (any practical skill such as decision-making or resistance strategies) had positive impacts on mental health. One program had mixed impacts.

Teacher-provided interventions. Three of the six programs that were provided by the participants' teachers had mixed impacts on girls' mental health, and one¹⁹ program had a positive impact.

Not Found to Work

Home visiting programs. None of the four home visiting programs that assessed mental health outcomes were found to work.

Case-management. None of the four social intervention programs that provided case-management services to participants were found to have a positive impact on girls' mental health.

Long-term interventions. Of the 10 social intervention programs that lasted for more than seven weeks, none had positive impacts and two had mixed impacts on mental health outcomes. It should be noted that only three of these long-term programs were designed specifically to target mental health outcomes. The [Family Bereavement Program](#), which is designed to improve children's mental health after the loss of a caregiver, had a positive impact on girls' mental health. The [FRIENDS program](#), designed to treat clinical anxiety in children, had mixed impacts on girls' mental health. The [Healthy Weight Regulation Curriculum](#), designed to prevent disordered eating, did not have a positive impact on girls' mental health.

PHYSICAL HEALTH AND NUTRITION

¹⁴ [Athletes Targeting Healthy Exercise and Nutrition Alternatives \(ATHENA\)](#), [CAST \(Coping and Support Training\)](#), [The Family Bereavement Program \(FBP\)](#)

¹⁵ [CAST \(Coping and Support Training\)](#), [Care, Assess, Respond, Empower \(CARE\)](#), [The Family Bereavement Program \(FBP\)](#)

¹⁶ [CAST \(Coping and Support Training\)](#), [Care, Assess, Respond, Empower \(CARE\)](#), [Guiding Good Choices](#)

¹⁷ [Busselton Health Study](#), [Guiding Good Choices](#), [The Family Bereavement Program \(FBP\)](#)

¹⁸ [CAST \(Coping and Support Training\)](#), [Guiding Good Choices](#), [The Family Bereavement Program \(FBP\)](#), [New Chance](#)

¹⁹ [CAST \(Coping and Support Training\)](#)

The physical health outcomes examined in this synthesis include obesity, nutrition, and physical fitness. Programs targeting this outcome area served toddlers (4 programs), children (15 programs), adolescents (15 programs), and/or young adults (2 programs). Overall, more than half of the physical health interventions were found to have positive impacts for girls. Fifteen out of the 27 programs had positive impacts on at least one physical health outcome for girls, five had mixed impacts, and seven had no impacts for girls.

Found to Work

Social cognitive theory. Six²⁰ out of seven programs that were informed by Bandura’s social cognitive theory had positive impacts on a physical health outcome. The seventh program had mixed impacts.

Teaching cognitive-behavioral skills. All four programs²¹ that taught cognitive-behavioral skills, including coping skills and emotion regulation techniques, to participants had positive impacts on girls’ physical health.

Media literacy. Of the four programs that encouraged participants to think critically about messages promoted in the media, three²² had positive impacts and one had mixed impacts on physical health outcomes.

School-based programs. Out of 20 school-based programs, twelve²³ had positive impacts and four had mixed impacts on girls’ physical health.

Mixed Findings

Setting goals and monitoring progress. Three²⁴ of the six programs that had participants set goals and monitor progress had positive impacts on girls’ physical health. One program had mixed impacts.

Life skills training. Of the nine programs that provided life skills training, four²⁵ had positive impacts and one had mixed impacts on physical health outcomes for girls.

REPRODUCTIVE HEALTH/SEXUALITY

The reproductive health outcomes included in this synthesis are unintended pregnancy, sexual activity, condom and/or contraceptive use, and sexually transmitted diseases. Programs that

²⁰ [5-A-Day Power Plus Program](#), [Know Your Body](#), [Lifestyle Education for Activity Program \(LEAP\)](#), [Planet Health](#), [Reducing Children’s Television Viewing to Prevent Obesity](#), [Stanford Adolescent Heart Health Program](#)

²¹ [Athletes Targeting Healthy Exercise and Nutrition Alternatives \(ATHENA\)](#), [Know Your Body](#), [Planet Health](#), [Stanford Adolescent Heart Health Program](#)

²² [Athletes Targeting Healthy Exercise and Nutrition Alternatives \(ATHENA\)](#), [Know Your Body](#), [Stanford Adolescent Heart Health Program](#)

²³ [5-A-Day Power Plus Program](#), [Athletes Targeting Healthy Exercise & Nutrition Alternatives \(ATHENA\)](#), [Heart Smart School Health Promotion](#), [Know Your Body](#), [Lifestyle Education for Activity Program \(LEAP\)](#), [Superkids/Superfit](#), [Untitled Fitness and Nutrition Intervention](#), [Untitled School-based Physical Activity Intervention](#), [Planet Health](#), [Untitled School-Based Physical Training Program](#),

[Reducing Children’s Television Viewing to Prevent Obesity](#), [Stanford Adolescent Heart Health Program](#)

²⁴ [Heart Smart School Health Promotion](#), [Reducing Children’s Television Viewing to Prevent Obesity](#), [Stanford Adolescent Heart Health Program](#)

²⁵ [5-A-Day Power Plus Program](#), [Heart Smart School Health Promotion](#), [Know Your Body](#), [Stanford Adolescent Heart Health Program](#)

measured reproductive health outcomes included girls who were adolescents (30 programs) and/or young adults (11 programs). One program also included children in 5th grade. Overall, only 14 out of 35 programs that measured reproductive health outcomes had a positive impact on at least one outcome. Four programs had mixed impacts, and 17 had no impact on girls' reproductive health. The number of programs employing any one strategy is modest, so conclusions must be seen as preliminary.

Found to Work

Discussing gender roles. Three²⁶ of the four programs that encouraged participants to think critically about gender roles had positive impacts on at least one reproductive health outcome for girls.

One-on-one interventions. Five²⁷ out of eight interventions in which participants met individually with a facilitator had a positive impact on at least one reproductive health outcome for girls. Furthermore, three²⁸ out of four one-on-one interventions that were located in a clinic or practitioner's office were successful at improving a reproductive health outcome.

Culturally relevant interventions. Three²⁹ out of four culturally-specific programs delivered by facilitators who shared common characteristics with participants had positive impacts for girls on at least one reproductive health outcome.

Interventions that meet girls' specific needs. Three³⁰ out of five gender-specific programs that were tailored to meet participant's needs had positive impacts for girls on at least one reproductive health outcome.

Mixed Findings

Social cognitive theory-based interventions. Four³¹ out of eight programs that were informed by Bandura's social cognitive theory had positive impacts on at least one reproductive health outcome for girls, and one program had mixed impacts. Although the number of programs is small, social cognitive theory-based programs tend to be more effective for girls when they are designed for specific populations. Two³² out of three gender-specific programs and three³³ out of five culturally-specific programs that were grounded in social cognitive theory had positive impacts on girls' reproductive health.

²⁶ [CAS-Carrera, Sistering, Informing Healing, Loving, and Empowering \(SiHLE\), TeenSTAR](#)

²⁷ [Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Health Belief Model Intervention to Increase Condom Use Among Female Adolescents, Nurse-Family Partnership, What Could You Do?, Project RESPECT](#)

²⁸ [Health Belief Model Intervention to Increase Condom Use Among Female Adolescents, What Could You Do?, Project RESPECT](#)

²⁹ [Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Sistering, Informing Healing, Loving, and Empowering \(SiHLE\), Video-Based STD Patient Education](#)

³⁰ [Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Nurse-Family Partnership, What Could You Do?](#)

³¹ [Be Proud! Be Responsible!, Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Sistering, Informing Healing, Loving, and Empowering \(SiHLE\), Project RESPECT](#)

³² [Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Sistering, Informing Healing, Loving, and Empowering \(SiHLE\)](#)

³³ [Be Proud! Be Responsible!, Computer-Assisted Motivational Intervention Plus \(CAMI Plus\), Sistering, Informing Healing, Loving, and Empowering \(SiHLE\)](#)

Media literacy. Two³⁴ out of the four programs that aimed to teach girls to be critical media consumers had a positive impact on reproductive health, and one program had mixed findings.

Altering group norms or participants' normative beliefs. Three³⁵ out of seven programs that attempted to change social norms regarding sexual activity had positive impacts on reproductive health for girls.

One-session interventions. Three of the six one-session interventions had positive impacts on girls' reproductive health and two had mixed impacts. All of the one-session interventions targeted condom use. Two of the successful interventions ([Health Belief Model Intervention to Increase Condom Use Among Female Adolescents](#) and [Video-Based STD Patient Education](#)) were clinic-based and lasted less than one hour, and the other ([Be Proud! Be Responsible!](#)) was community-based and lasted five hours.

Not Found to Work

Service learning. Of the four programs that included service-learning components, only one³⁶ had a positive impact on any reproductive health outcome for girls.

Vocational training and/or support. Only two³⁷ out of seven programs that included vocational training or support had positive impacts for girls on any reproductive health outcome.

Including parents or families. Only one³⁸ out of the four programs that included a parent/family component had a positive impact on girls' reproductive health outcomes.

School-based programs. Of the 14 school-based programs, only four³⁹ had a positive impact on a reproductive health outcome and two had mixed impacts.

SELF-SUFFICIENCY

Self-sufficiency outcomes considered in this synthesis include employment, earnings, and welfare receipt. Programs in this outcome area targeted adolescents (9 programs) and/or young adults (5 programs). Five out of ten programs had positive impacts, three programs had mixed impacts, and two programs had no impact on the self-sufficiency of adolescent or young adult women. Due to the limited number of interventions identified, we could not draw conclusions on approaches that worked or were not found to work.

Mixed Findings

Vocational training and/or support. Five⁴⁰ out of the ten programs that provided vocational training or support had positive impacts on girls' self-sufficiency. Three programs had mixed findings.

³⁴ [Postponing Sexual Involvement \(PSI\)](#), [TeenSTAR](#)

³⁵ [Centering Pregnancy Plus](#), [FOCUS](#), [Project RESPECT](#)

³⁶ [Teen Outreach Program](#)

³⁷ [CAS-Carrera](#), [Nurse-Family Partnership](#)

³⁸ [Nurse-Family Partnership](#)

³⁹ [Be Proud! Be Responsible!](#), [Postponing Sexual Involvement \(PSI\)](#), [TeenSTAR](#), [Teen Outreach Program](#)

⁴⁰ [CAS-Carrera](#), [Job Corps](#), [Youth Corps](#), [Summer Career Exploration Program \(SCEP\)](#), [Quantum Opportunities Program](#)

Individual counseling or therapy. Two⁴¹ out of the four programs that offered individual counseling or therapy had a positive impact on self sufficiency; one program had mixed impacts.

Life skills training. Of the six programs offering life skills training, three⁴² had positive impacts and one had mixed impacts on self sufficiency outcomes.

SOCIAL SKILLS

This synthesis examined social skills outcomes including conflict resolution, problem solving, empathy, and relationship building. Twenty programs targeting social skills were identified. Of the twenty programs, three had positive impacts, five had mixed impacts, and twelve did not have a significant impact on girls' social skills. The programs included toddlers (3 programs), children (13 programs), adolescents (12 programs), and young adults (2 programs).

Found to Work

Including families in individualized sessions. Of the three one-on-one interventions that included a parent/family component, two⁴³ had a positive impact on girls' social skills.

Mixed Findings

Social skills training. One⁴⁴ out of the four programs that taught participants social skills worked to improve girls' social skills, and one program had mixed impacts.

Not Found to Work

Mentoring. None of the four programs that provided mentoring to girls had a positive impact on their social skills. One program had mixed impacts.

School-based programs. Only one⁴⁵ out of 11 school-based programs had a positive impact on girls' social skills. Two programs had mixed impacts.

SUBSTANCE USE

This synthesis includes 20 programs that measured impacts on girls' substance use outcomes, including alcohol, tobacco, marijuana, and other illicit drug use. Five programs were found to work for girls, seven had mixed impacts, and eight were not found to work for girls. The 20 programs included participants who were children (9 programs), adolescents (14 programs) and young adults (4 programs).

Found to Work

Including parents in adolescent programming. Three⁴⁶ of the five programs for adolescents that included a parent/family component had a positive impact on girls' substance use.

⁴¹ [CAS-Carrera, Job Corps](#)

⁴² [Youth Corps, New Chance, Summer Career Exploration Program \(SCEP\), Quantum Opportunities Program](#)

⁴³ [Busselton Health Study, Nurse-Family Partnership](#)

⁴⁴ [Social Aggression Prevention Program \(SAPP\)](#)

⁴⁵ [Second Step: A Violence Prevention Curriculum](#)

⁴⁶ [Guiding Good Choices, Nurse-Family Partnership, Self Sufficiency Project](#)

Engaging local stakeholders. Two⁴⁷ of the three programs that made efforts to engage stakeholders in the community, often through forming committees, had positive impacts on substance use.

Mixed Findings

Encouraging media literacy. Five out of six programs designed to increase girls' media literacy had mixed impacts on substance use outcomes.

Targeting actual or perceived norms. Two of four programs that targeted participants' social norms or beliefs had mixed impacts on substance use, and one program⁴⁸ had a positive impact.

Not Found to Work

Teaching social skills. None of the four programs that taught participants social skills had a positive impact on substance use outcomes for girls. One program had mixed impacts and three had no impact.

DISCUSSION

This review of experimental evaluations indicates that social interventions can have positive impacts on the well-being of girls and young women. Half of the rigorously evaluated interventions reviewed in this synthesis worked for at least one outcome. Interventions in some outcome areas, such as physical health, were generally found to be successful, while for other outcome areas, including reproductive health and problem behaviors, it seems more difficult to achieve positive impacts. Also, the number of rigorous evaluations was limited for many outcomes, which suggests that patterns should be viewed as preliminary. Still, within each outcome area, we were able to identify several programs that worked and/or promising approaches that appear to improve outcomes for girls.

We found several similarities between strategies that work and do not work for girls and those identified as working and not working for boys in the companion Fact Sheet. Specifically, we found that including parents in interventions in some way led to desirable impacts for boys' and girls' mental health outcomes. We also found that, for reproductive health outcomes, most school-based programs did not work for boys or girls.

There were also meaningful differences between what worked for girls and for boys in certain outcome areas. For example, while one-on-one interventions often led to positive impacts for girls' reproductive health outcomes, experiential learning activities that included group activities were often effective for boys. Similarly, while social skills training interventions were not generally successful for boys in reducing delinquency outcomes, these types of interventions were often successful in reducing externalizing behaviors in girls. However, the number of studies is too small for these patterns to be more than suggestive.

Given these findings, continuing to assess which strategies work best for both girls and boys appears to be an important task for future research to undertake.

⁴⁷ [Nurse-Family Partnership, Tobacco Policy Options for Prevention \(TPOP\)](#)

⁴⁸ [Brief Alcohol Screening and Intervention for College Students \(BASICS\)](#)

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Summary Table: Review of Research Literature Programs for Female Children and Adolescents

OUTCOME AREA	NOT FOUND TO WORK	MIXED REVIEWS	FOUND TO WORK
Academics: Academic Achievement	<p><u>Busselton Health Study</u> The program had no impact on girls' academic achievement.</p> <p><u>Comprehensive Child Development Program</u> The program had no impact on girls' academic achievement.</p> <p><u>Department of Education Student Mentoring Program</u> The program had no impact on academic achievement.</p> <p><u>Leadership Education Through Athletic Development (LEAD)</u> The program had no impact on math ability.</p> <p><u>New Hope Project</u> The program had no impact on girls' academic achievement.</p> <p><u>Study of Mentoring in the Learning Environment (SMILE)</u> The program did not have a positive impact on academic achievement.</p> <p><u>Summer Career Exploration Program (SCEP)</u> The program had no impact on grades.</p>	<p><u>21st Century Community Learning Centers</u> Female participants were more likely to complete school assignments to satisfaction, but were not more likely to be attentive or participate in class.</p> <p><u>Case-Management Program for Academic Enhancement</u> Girls who participated in the program had higher grades than girls in the control group at post-test, but not at the one-year follow-up.</p> <p><u>Metropolitan Area Child Study (MACS)</u> The program had a positive impact on grades for students who only received the program in grades 1-4, but not for students who received it in grades 1-4 and 5-6 or only in grades 5-6.</p> <p><u>Monetary Incentive Program</u> The program had a significant impact on grades at post-test, but not the one-year follow-up.</p> <p><u>Self Sufficiency Project</u> The program had a positive impact on academic achievement for girls ages 6 to 18, but not for younger girls.</p> <p><u>Team Assisted Individualization (T.A.I.) for Math</u> The program had a positive impact achievement test scores for math computations but not math concepts and applications.</p>	<p><u>Big Brothers Big Sisters</u> Girls' who participated in the program had higher GPAs and scholastic competence than girls in the control group.</p> <p><u>CAS-Carrera</u> Program participants were significantly more likely than the control teens to believe that the quality of their schoolwork had improved. On PSAT verbal and math portions, Carrera teens had higher scores than the control group, and Carrera females were more likely to have higher scores on the verbal portion</p> <p><u>Mastery Learning for Children</u> The program had a positive impact on reading achievement.</p> <p><u>New Chance</u> The program had no impact on mothers' reading scores or children's school readiness.</p> <p><u>Teen Outreach Program</u> Participants were significantly less likely to fail a course.</p>
Academics: Educational Attainment	<p><u>Career Academies</u> The program had no impact on girls' educational attainment.</p> <p><u>Early Intervention Program for Adolescent Mothers (EIP)</u> The program had no impact on mothers' educational attainment.</p> <p><u>Summer Career Exploration Program (SCEP)</u> The program had no impact on likelihood of graduating from</p>	<p><u>Job Corps</u> Compared to the control group, program group members were more likely to receive the GED or vocational certificate. Participation did not improve college attendance and had negative impacts on receiving a high school diploma for those enrolled in school at the time they were assigned to participate in Job Corps.</p> <p><u>Nurse-Family Partnership</u> The program had a positive impact on the likelihood of participants to enroll in</p>	<p><u>Busselton Health Study</u> At the 20 year follow-up, women who participated in the program were more likely to have received a university degree.</p> <p><u>Job Training Partnership Act (JTPA)</u> Female participants in the program group were significantly more likely than control group members to obtain a high</p>

	<p>high school.</p>	<p>or graduate from an educational program at the 6-month interview, but this impact was limited to unmarried women at the 10-month interview and faded completely by the 22-month interview. Another study found no program impacts at the 4- year or 6-year assessments.</p> <p><u>Quantum Opportunity Program</u> At the 2-year follow-up, QOP-enrolled participants were significantly more likely than the control group to have attended college or vocational or technical school, enrolled in an apprenticeship, or enlisted in the military; however, there were no impacts on the likelihood of graduating high school with a diploma or earning a GED or having completed any 2- or 4- year college. At the 4-year follow-up, there were no impacts on any education attainment outcome.</p> <p><u>Youth Corps</u> White females who participated in the program were more likely to have an associate's degree and to expect to graduate from a four-year institution than the control group. Impacts were not found for women of other races or ethnicities.</p>	<p>school diploma or GED during the follow-up period.</p> <p><u>JOBSTART</u> Program participants were more likely to earn a GED or high school diploma than control group members.</p> <p><u>New Chance</u> Mothers who participated in the program were more likely to receive a high school diploma or GED.</p> <p><u>Progresa Poverty Program</u> Girls who participated in the program were more likely to be enrolled in school than girls in the control group.</p>
<p>Delinquency</p>	<p><u>21st Century Community Learning Centers</u> The program had no impact on delinquency.</p> <p><u>Aban Ava Youth Project</u> The program had no impacts on school delinquency for girls.</p> <p><u>Big Brothers Big Sisters</u> The program had no impact on the number of times girls stole something or damaged property.</p> <p><u>Busselton Health Study</u> The program had no impact on stealing or fire lighting at age 6.</p> <p><u>Job Training Partnership Act (JTPA)</u> The program did not have an impact on arrest rates.</p> <p><u>JOBSTART</u> The program had no impact on arrest rates for women.</p>	<p><u>Department of Education Student Mentoring Program</u> The program decreased truancy for younger students, but not for older students.</p> <p><u>Self Sufficiency Project</u> The program had a positive impact on delinquency for girls ages 15 to 18, but not for girls ages 12 to 14.</p>	<p><u>Job Corps</u> Participants had lower rates of arrests and convictions.</p>

	<p><u>Quantum Opportunity Program</u> The program had no impacts on the likelihood of committing a crime, or being arrested or charged with a crime.</p> <p><u>Summer Career Exploration Program (SCEP)</u> The program had no impact on criminal or delinquent activity.</p>		
<p>Externalizing or Acting Out</p>	<p><u>Aban Aya Youth Project</u> The program had no impacts on violence or provoking behavior for girls.</p> <p><u>Big Brothers Big Sisters</u> The program had no impact on the number of times girls hit someone.</p> <p><u>Catch Em Being Good</u> The program had no impact on girls' aggressive behavior.</p> <p><u>Comprehensive Child Development Program</u> The program had no impact on problem behaviors.</p> <p><u>Leadership Education Through Athletic Development (LEAD)</u> The program had no impact on conduct problems for girls.</p> <p><u>New Chance</u> The program increased behavior problems for girls over age five, and had no impact for younger girls.</p> <p><u>New Hope Project</u> The program had no impact on externalizing behavior for girls.</p> <p><u>Moving to Opportunity (MTO)</u> The program had no impact on girls' problem behaviors.</p> <p><u>Protecting You/Protecting Me</u> The program had no impact on whether girls reported following rules.</p> <p><u>Self Sufficiency Project</u> The program had no impact on behavior problems.</p>	<p><u>Busselton Health Study</u> At age six, girls who had participated in the program were less likely to hit people, but there was no program impact on cursing, swearing, destructiveness, or lying.</p> <p><u>Good Behavior Game</u> One study found that the program reduced aggressive behavior in girls, but other studies did not find the same impact.</p> <p><u>Metropolitan Area Child Study (MACS)</u> The intervention reduced aggression in neighborhoods with higher levels of school and community resources, but increased aggression in schools with lower resources.</p> <p><u>Resolve It, Solve It</u> The program reduced girls' physical aggression against people but not verbal aggression or physical aggression against objects.</p> <p><u>Responding in Peaceful and Positive Ways (RIPP)</u> Program participants were less likely to have disciplinary violations for violent behaviors or have been injured in a fight at posttest, but not at the 6- or 12-month follow-ups. Girls who participated in the program were less likely to report that they threatened to hurt a teacher at the 12- month follow-up. The program had no impacts on the likelihood of threatening someone with a weapon or bringing a weapon to school.</p> <p><u>Schools and Homes in Partnership (SHIP)</u> The program had a significant impact on parent-reported antisocial behavior and coercive behavior, but no impact on parent-reported externalizing behavior. The program reduced teacher-rated externalizing behaviors for participants</p>	<p><u>Safe Dates</u> Adolescents who received the Safe Dates intervention reported perpetrating less psychological abuse, moderate physical abuse, and sexual dating abuse than control group adolescents at all four follow-up assessments.</p> <p><u>Second Step: A Violence Prevention Curriculum</u> Participants had less aggression and need for adult intervention during prize division when compared with the control group.</p> <p><u>Teen Outreach Program</u> Participants were significantly less likely to be suspended from school.</p> <p><u>The Family Bereavement Program (FBP)</u> The program reduced externalizing problems in girls at the 11 month follow-up.</p>

	<p><u>Social Aggression Prevention Program (SAPP)</u> The program had no impact on social aggression.</p> <p><u>Students for Peace</u> The program had no impact on frequency of fights in school, being injured in a fight, perceived school safety, threatening to hurt others, or overall aggression.</p> <p><u>Youth Matters</u> The program had no impact on bullying behaviors.</p>	<p>who were aggressive at baseline, but increased rating for participants who were not aggressive at baseline.</p> <p><u>Steps To Respect</u> The program led to a reduction in bullying only among students who bullied at baseline.</p>	
Mental Health	<p><u>Comprehensive Child Development Program</u> The program had no impact on depression or anxiety.</p> <p><u>Early Intervention Program for Adolescent Mothers (EIP)</u> The program had no impact on mothers' depressive symptoms.</p> <p><u>Everybody's Different</u> The program had no impact on anxiety, depression, or disordered eating.</p> <p><u>Healthy Weight Regulation Curriculum</u> The program did not have an impact on weight regulation or prevent eating disorders.</p> <p><u>Home Visitation Trial for Urban Women</u> The program had no impact on mothers' psychological distress.</p> <p><u>Leadership Education Through Athletic Development (LEAD)</u> The program had no impact on depression.</p> <p><u>New Chance</u> Mothers who participated in the program reported feeling more stress than control group mothers. The program had no impact on depression.</p> <p><u>Nurturing Program for Teenage Parents and Their Families</u> The program had no impact on mothers' mental health.</p> <p><u>Planet Health</u></p>	<p><u>Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA)</u> Program participants were less likely to engage in disordered eating behavior (specifically diet pill use), but the program had no impact feelings of depression in the past week.</p> <p><u>Catch Em Being Good</u> White girls who participated in the program scored lower on the self-destructive, depressive and nervous-overactive scales of the CBCL. Impacts were not found for black girls.</p> <p><u>The Family Bereavement Program (FBP)</u> The program had a positive impact positive coping and parent-report internalizing problems for all girls, but the impact on self-report internalizing problems was only significant for girls who had high scores at baseline.</p> <p><u>FRIENDS Program</u> The program had a positive impact on sixth grade girls' anxiety symptoms over time, but no impact on ninth grade girls' anxiety symptoms. The program had no impact on depressive symptoms.</p> <p><u>Schools and Homes in Partnership (SHIP)</u> One study found that the program had an impact on internalizing problems only for non-Hispanic children. Another study did not find a significant impact on internalizing problems.</p>	<p><u>Busselton Health Study</u> At the 20 year follow-up, women who had participated in the program reported fewer depressive and neurotic symptoms.</p> <p><u>Care, Assess, Respond, Empower (CARE)</u> Participants declined faster than the control group on favorable attitudes toward suicide, suicidal ideation, depression, hopelessness, anxiety, and anger (but not on suicide threats or attempts.)</p> <p><u>CAST (Coping and Support Training)</u> The program had positive impacts on depression, anxiety, and suicide ideation (but not suicide threats or attempts).</p> <p><u>Guiding Good Choices</u> Adolescents' whose parents participated in the intervention had slower growth of depressive symptoms over time than control group adolescents.</p>

	<p>The program had no impact on eating disorders.</p> <p><u>Project TRUST (Teaching, Reaching, Using Students and Theatre)</u> The program had no impact on anxiety scores.</p> <p><u>Protecting You/Protecting Me</u> The program had no impact on participants' stress management.</p> <p><u>Self Sufficiency Project</u> The program had no impact on depression.</p>		
<p>Physical Health / Nutrition</p>	<p><u>Action Schools! British Columbia (AS! BC)</u> The program had no impact, or negative impacts, on physical activity for girls.</p> <p><u>Comprehensive Child Development Program</u> The program had no impact on girls' physical health.</p> <p><u>Middle School Physical Activity and Nutrition (M-SPAN)</u> The program had no impact on girls' physical activity, fat intake, or BMI.</p> <p><u>New Chance</u> Mothers who participated in the program were not more likely to rate their personal health as "very good" or "excellent".</p> <p><u>Project SPARK: Sports, Play and Active Recreation for Kids</u> Neither the teacher- nor specialist-led versions of the program had any impact on skinfold measurements.</p> <p><u>Quantum Opportunity Program</u> The program had no impact on self-reported health status.</p> <p><u>WIC Nutrition Education Demonstration Study: Prenatal Intervention</u> The program had no impact on nutrition knowledge.</p>	<p><u>5-A-Day Power Plus Program</u> Girls who received the intervention consumed significantly more fruits and vegetables than girls in the control group. Findings were mixed regarding consumption of fat, iron, calcium, fiber, Vitamin A, and Vitamin C. The program did not impact consumption of saturated fat or folacin.</p> <p><u>Everybody's Different</u> Normal weight females in the intervention condition were less likely to lose weight than normal weight females in the control group, based on standard body weight measures. There were no impacts on standard body weight for overweight or underweight participants.</p> <p><u>Healthy Weight Regulation Curriculum</u> The program had a small impact on BMI for the high-risk subgroup but no impact for the sample as a whole.</p> <p><u>Heart Smart School Health Promotion</u> The program has a positive impact on high-density lipoprotein cholesterol levels but no impact on physical fitness.</p> <p><u>Lifestyle Education for Activity Program (LEAP)</u> Girls attending LEAP schools were significantly more likely to report engaging in regular vigorous physical activity than were girls attending control schools, but the program did not have an impact on the percentage of girls who were overweight.</p> <p><u>Physical Activity and Teenage Health (PATH)</u> Two studies have evaluated the</p>	<p><u>Athletes Targeting Healthy Exercise and Nutrition Alternatives (ATHENA)</u> The program had positive impacts on protein consumption and strength training skills.</p> <p><u>Busselton Health Study</u> At age six, girls who had participated in the program had fewer sleep disorders and eating problems (other health conditions were not affected). At the 20 year follow-up, women who participated in the program had lower BMIs.</p> <p><u>CAS-Carrera</u> Program participants were significantly more likely to have four or five desirable health outcomes (e.g., medical check-up last year, teeth checked in the last year, etc.)</p> <p><u>Job Corps</u> Participants were less likely than control group members to report their health status as "poor" or "fair".</p> <p><u>Know Your Body</u> Girls who participated in the program showed a significant net decrease in saturated fat intake as well as a significant increase in carbohydrate and crude fiber intake.</p>

	<p>program, but results have not been consistent. The first study found positive impacts on body fat percentage (ES = 0.42) and blood pressure (ES = 0.28, 0.33), but these were not replicated in the second study. The second study found positive impacts on dietary behaviors (ES = 0.11), cholesterol (ES = 0.03), and cardiovascular fitness (ES = 1.33), which were not found in the first study.</p> <p><u>Planet Health</u> Girls who participated in the intervention ate more fruits and vegetables and had lower total energy intake than girls in the control group. Black girls who participated in the intervention had lower prevalence of obesity than black girls in the control group, but this impact was not found for white or Hispanic girls. There was no program impact on physical activity.</p> <p><u>Reducing Children's Television Viewing to Prevent Obesity</u> The program had positive impacts on BMI, skinfold thickness, waist circumference, and waist-to-hip ratio, but no impact on waist circumference, physical activity or nutrition.</p> <p><u>Self Sufficiency Project</u> The program had a positive impact on physical health for girls ages 6 to 11, but not for younger or older girls.</p> <p><u>Triple A Program</u> The program had a positive impact on asthma quality of life but no impact on lung function.</p> <p><u>Untitled Fitness and Nutrition Intervention</u> The intervention had positive impacts on fiber and fat intake, physical endurance, skinfold thickness, and blood pressure, but no impacts on sugar or protein intake, body fat percentage, cholesterol, or BMI.</p> <p><u>Untitled School-based Physical Activity Intervention</u> The program had positive impacts on physical activity during school time (ES=0.4) and moderate to vigorous physical activity (ES=0.29), but no impact on total physical activity.</p> <p><u>Untitled School-Based Physical Training Program</u> The program had a positive impact on</p>	<p><u>Superkids/Superfit</u> Girls who participated in the program had lower BMI's at post-test (ES=.29) than girls in the control group and were less likely to have increasing BMI's at follow-up (ES=-.63).</p> <p><u>Stanford Adolescent Heart Health Program</u> The program had a positive impact on physical fitness, obesity, and nutrition for girls.</p>
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<p>Reproductive Health: Sexual Activity / Abstinence</p>	<p><u>Aban Ava Youth Project</u> The program did not impact sexual activity for girls.</p> <p><u>Adult Identity Mentoring (AIM)</u> The program had no impact on sexual activity for females.</p> <p><u>Draw the Line/Respect the Line</u> There were no program impacts on the likelihood of initiating sex, number of partners, or frequency of sex for girls.</p> <p><u>Peer-led HIV Prevention Education</u> The program had no impact on number of sexual partners.</p> <p><u>Reach for Health</u> The program did not have a significant impact on sexual initiation or recent sex.</p> <p><u>Recapturing the Vision</u> The program had no positive impact on girls' sexual behaviors.</p> <p><u>Teen Talk</u> Females who participated in the program were not more likely to maintain abstinence over the 1-year follow-up.</p> <p><u>The McMaster Teen Program</u> The program had no impacts on sexual abstinence for girls.</p>	<p><u>Be Proud! Be Responsible!</u> Participants reported engaging in anal sex less frequently and with fewer partners, but they were not more likely to practice abstinence.</p> <p><u>FOCUS</u> FOCUS participants who were sexually inexperienced at baseline had significantly fewer sexual partners and fewer casual partners than did sexually inexperienced members of the control group. This impact was not found for those who were sexually experienced.</p> <p><u>Peer-Led Sex Education (RIPPLE study)</u> Girls' who participated in the intervention were less likely to initiate sex before age 16, but not before age 18.</p> <p><u>Project CHARM</u> Project CHARM students reported having significantly fewer sexual partners than did control students at the 6-month follow-up. This was no longer the case at the 12-month follow-up.</p> <p><u>Staying Connected With Your Teen</u> African American adolescents who participated in the self-administered program were less likely to initiate sexual activity. This impact was not found for Caucasian participants.</p> <p><u>What Could You Do?</u> Participants were more likely to report practicing abstinence at the 3 month follow-up, but not at the 6-month follow-up.</p>	<p><u>Postponing Sexual Involvement (PSI)</u> Females who participated in the intervention were more likely to be virgins at the end of the follow-up period.</p> <p><u>Sistering, Informing Healing, Loving, and Empowering (SiHLE)</u> Participants were less likely to report having acquired new sexual partners in the month leading up to the follow-up assessment.</p> <p><u>TeenSTAR</u> Female TeenSTAR participants were less likely to initiate sexual intercourse than control females.</p>

<p>Reproductive Health: Pregnancy and Births</p>	<p><u>Computer-Assisted Motivational Intervention (CAMI)</u> The program had no impact on repeat births.</p> <p><u>Early Intervention Program for Adolescent Mothers (EIP)</u> The program had no impact on repeat births.</p> <p><u>Family Planning Clinic Support Services</u> Participants were no less likely to get pregnant than individuals in the control group.</p> <p><u>Job Corps</u> The program had no impact on birth rates.</p> <p><u>JOBSTART</u> The program had no impact on childbearing.</p> <p><u>New Chance</u> The program had no impact on pregnancy.</p> <p><u>Peer-Led Sex Education (RIPPLE study)</u> The program had no impact on pregnancy.</p> <p><u>Quantum Opportunity Program</u> The program had no impact on teen pregnancy.</p> <p><u>The McMaster Teen Program</u> The program had no impact on pregnancy.</p>	<p><u>Centering Pregnancy Plus</u> Participants were significantly less likely to have a repeat pregnancy at the 6-month follow-up, but not at the 12-month follow-up.</p> <p><u>Sistering, Informing Healing, Loving, and Empowering (SiHLE)</u> Participants were less likely to report a pregnancy at the 6-month follow-up (OR=.38), but not at the 12-month follow-up.</p>	<p><u>CAS-Carrera</u> Participants had lower rates of pregnancies and births than controls.</p> <p><u>Computer-Assisted Motivational Intervention Plus (CAMI Plus)</u> Adolescents who participated in the CAMI-Plus intervention group were less likely to have a rapid repeat birth than adolescents in the control group in the two years after the birth of their first child (ES=.29).</p> <p><u>FOCUS</u> FOCUS participants were less likely to have an unintended pregnancy or acquire an STD over the one year follow-up (while this difference was significant when combining pregnancy and STI as one variable, neither was significant on its own).</p> <p><u>Teen Outreach Program</u> Girls who participated in the program were significantly less likely to become pregnant.</p> <p><u>TeenSTAR</u> The program reduced pregnancy rates for the intervention group compared to the control group.</p> <p><u>Nurse-Family Partnership</u> Three studies have found that the program reduced subsequent births, although one of the studies found that this impact was only significant for poor, unmarried women.</p>
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<p>Reproductive Health: Sexually Transmitted Infections</p>	<p><u>Health Belief Model Intervention to Increase Condom Use Among Female Adolescents</u> Clients in the treatment group were not any less likely than clients in the control group to become re-infected with Chlamydia during the six-month follow-up period.</p>	<p><u>Centering Pregnancy Plus</u> Adolescents in the CPP group had significantly fewer cases of STIs at 12 months when compared with adolescents in the control group. This impact was not found for young adults.</p> <p><u>Sistering, Informing Healing, Loving, and Empowering (SiHLE)</u> SiHLE females were significantly less likely to have acquired Chlamydia, but were not less likely to have acquired trichomonas or gonorrhea during the 12-month follow-up period.</p>	<p><u>FOCUS</u> FOCUS participants were less likely to acquire an STD or have an unintended pregnancy over the one year follow-up (while this difference was significant when combining pregnancy and STI as one variable, neither was significant on its own).</p> <p><u>Project RESPECT</u> Participants were less likely to acquire an STD.</p> <p><u>What Could You Do?</u> Participants were significantly less likely to report having been diagnosed with an STI at the 6-month follow-up.</p>
<p>Reproductive Health: Condom Use or Contraception</p>	<p><u>Aban Ava Youth Project</u> The program did not have an impact on condom use for girls.</p> <p><u>AlcoholEdu</u> Participating in the program increased the likelihood that participants would have unprotected sex.</p> <p><u>Draw the Line/Respect the Line</u> The program had no impact on condom use.</p> <p><u>Family Planning Clinic Support Services</u> The program had no impact on contraception use.</p> <p><u>FOCUS</u> The program did not have an impact on consistency of condom use.</p> <p><u>Peer-led HIV Prevention Education</u> The program has no impact on condom use.</p> <p><u>Peer-Led Sex Education (RIPPLE study)</u> The program had no impact on unprotected sex.</p> <p><u>Project CHARM</u> The program did not have an impact on frequency of unprotected sexual intercourse.</p>	<p><u>Condom Intervention with Women</u> At the 6-week follow-up, treatment women were significantly more likely to carry condoms and practice telling their partners to use condoms than control women, but they were not more likely to purchase condoms or to discuss condom use with their partner. At the 6-month follow-up, there were no significant differences between groups.</p> <p><u>Condom Promotion Videos for College Students</u> Participants were significantly more likely to have used a condom the last time they had sex with a regular partner, but not the last time they had sex with a new or casual partner.</p> <p><u>What Could You Do?</u> The program did not have an impact on frequency of condom use, but the program did have an impact on number of condom failures at the 6-month follow-up.</p>	<p><u>Be Proud! Be Responsible!</u> Participants reported engaging in unprotected sex less frequently than control students at the 6-month follow-up.</p> <p><u>CAS-Carrera</u> Female participants were significantly more likely to have used Depo-Provera than females in the control group.</p> <p><u>Centering Pregnancy Plus</u> The program had a significant impact on condom use at the 6- and 12-month follow-ups, and a significant impact on number of unprotected sexual encounters at the 12 month follow-up.</p> <p><u>Health Belief Model Intervention to Increase Condom Use Among Female Adolescents</u> Compared with clients in the control group, clients in the treatment group significantly increased their condom usage over the six-month follow-up period, but remained inconsistent users.</p>

	<p><u>New Chance</u> The program had no impact on contraceptive use.</p> <p><u>Recapturing the Vision</u> The program has no impact on birth control use.</p> <p><u>Teen Talk</u> Females assigned to the Teen Talk program were significantly less likely to be consistent users of effective contraception and to have used contraception the last time they had sex than were females assigned to other programs.</p> <p><u>The McMaster Teen Program</u> The program had no impact on contraception use.</p> <p><u>Untitled Prevention Intervention for Hispanic Couples</u> The program had no impact on consistent use of contraception.</p>		<p><u>Postponing Sexual Involvement (PSI)</u> Female participants were significantly more likely to use contraception than control females.</p> <p><u>Sistering, Informing Healing, Loving, and Empowering (SiHLE)</u> SiHLE females reported significantly more consistent condom use than did control group females at both the 6- and 12-month follow-ups.</p> <p><u>Video-Based STD Patient Education</u> Participants were more likely to redeem coupons for free condoms.</p>
<p>Self-Sufficiency</p>	<p><u>Career Academies</u> The program had no impact on girls' employment or welfare receipt.</p> <p><u>Job Training Partnership Act (JTPA)</u> The program had no impacts on earnings or receipt of public assistance.</p> <p><u>New Chance</u> The program had no impact on employment, welfare receipt, or earnings.</p>	<p><u>JOBSTART</u> Participants were more likely to work at the 1-year follow-up but not the 2- or 4-year follow-ups. Participants' earnings were lower than controls' for the first two years of follow-up and no different for the final two years. Participants were not less likely to receive of public benefits, except for females with children, who were less likely to receive AFDC at the 4-year follow-up.</p> <p><u>Nurse-Family Partnership</u> One study found women who participated in the program worked more than women in the control group, but a subsequent study found that these impacts faded by the 2-year follow-up. Another study found the impact on employment to be limited a subgroup of poor, unmarried, younger women. This study also found that poor, unmarried, older women received fewer days of public assistance at the 10-month follow-up, but not the 24-month follow-up. A six-year follow-up study found impacts on receipt of public assistance but not employment.</p> <p><u>Quantum Opportunity Program</u> QOP-enrolled participants were more likely to have a job with benefits than control participants at the 4-year follow-up, but there was no impact on</p>	<p><u>CAS-Carrera</u> Participants were more likely to have bank accounts and to have had work experience than control group members.</p> <p><u>Job Corps</u> Participants had reduced reliance on public assistance, higher paying jobs, and higher levels of employment when compared with control group members.</p> <p><u>Summer Career Exploration Program (SCEP)</u> Girls who participated in the program earned more than girls in the control group.</p> <p><u>Youth Corps</u> Participants had greater total numbers of hours worked and were more likely to have worked for pay.</p>

		employment or welfare receipt.	
Social Skills	<p><u>21st Century Community Learning Centers</u> The program had no impact on teacher reports that girls “get along with others”.</p> <p><u>Alcohol Misuse Prevention Study (AMPS)</u> The program did not have a significant impact on girls’ refusal skills.</p> <p><u>Big Brothers Big Sisters</u> The program had no impact on relationships with parents or peers for girls.</p> <p><u>Comprehensive Child Development Program</u> The program had no significant impact on girls’ adaptive social behavior.</p> <p><u>Department of Education Student Mentoring Program</u> The program had no impact on girls’ pro-social behaviors.</p> <p><u>Home Visitation Trial for Urban Women</u> The program had no impact on mothers’ perceived social support.</p> <p><u>LEAD</u> The program had no impact on girls’ self regulation skills.</p> <p><u>Nurturing Program for Teenage Parents and Their Families</u> The program had no impact on mothers’ empathy or social support.</p> <p><u>Peer-Led Sex Education (RIPPLE study)</u> Girls in the intervention group were less comfortable refusing to do something sexually that they did not want to do.</p>	<p><u>CAS-Carrera</u> One study found that girls in the experimental group were more likely to refuse to have sex when pressured. Another study did not find a significant impact on this outcome.</p> <p><u>New Hope Project</u> One study found that the program had a positive impact on parent report of girls’ positive social behaviors, but not on teacher report. Another study did not find a significant impact on girls’ positive social behaviors. Neither study found an impact on girls’ social relationships.</p> <p><u>Self Sufficiency Project</u> The program increased positive social behavior for girls ages 6 to 11 but not younger girls.</p> <p><u>Social Aggression Prevention Program (SAPP)</u> The program had a positive impact on pro-social behavior for high-aggression girls, but not girls with normal aggression levels. There was no impact on teacher ratings of empathy.</p> <p><u>Study of Mentoring in the Learning Environment (SMILE)</u> High-school girls in the experimental condition reported greater social support from friends, but middle-school girls reported less self control than girls in the control group.</p>	<p><u>Busselton Health Study</u> Girls in the experimental group reported significantly more positive feelings about their mothers than girls in the control group.</p> <p><u>Nurse Family Partnership</u> The program had a positive impact on mothers’ social support.</p> <p><u>Second Step: A Violence Prevention Curriculum</u> The program had a positive impact on girls’ negotiation strategies and positive social behavior.</p>

	<p><u>Schools and Homes in Partnership (SHIP)</u> The program had no impact on teacher-rated social competence or positive social behavior.</p> <p><u>Steps to Respect</u> The program had no impact on girls' social interaction skills.</p>		
Substance Use	<p><u>Aban Ava Youth Project</u> The program had no impact on substance use for girls.</p> <p><u>Big Brothers Big Sisters</u> The program had no impact on likelihood of initiating drug or alcohol use.</p> <p><u>Busselton Health Study</u> The program had no impact on smoking at age 20.</p> <p><u>Early Intervention Program for Adolescent Mothers (EIP)</u> The program had no impact on alcohol, tobacco, or marijuana use.</p> <p><u>Good Behavior Game</u> The program had no impact on smoking for girls.</p> <p><u>Job Corps</u> The program had no impact on tobacco, alcohol, or illegal drug use.</p> <p><u>Know Your Body</u> The program did not impact smoking for girls.</p> <p><u>Recapturing the Vision</u> The program had no impact on alcohol, tobacco, or marijuana use.</p>	<p><u>AlcoholEdu</u> Program participants were less likely to play drinking games, but there was no impact on number of drinks in the past two weeks.</p> <p><u>Alcohol Misuse Prevention Study (AMPS)</u> The program had positive impacts on alcohol use only for six grade students with prior drinking experience. For high school students, there was a significant impact on alcohol misuse but not serious alcohol offenses.</p> <p><u>Friendly PEERsuasion</u> Younger participants were less likely than younger control students to use substances. The program did not have the same impact for older students.</p> <p><u>Project Toward No Tobacco Use (TNT)</u> Participants were less likely to use cigarettes up at the one and two year follow-ups, but impacts on smokeless tobacco use were only evident at the one-year follow-up.</p> <p><u>Quantum Opportunities Program</u> The program had a positive impact on binge drinking on 8 or more days in past month at the two year follow-up, but no impacts on substance use at the four year follow-up.</p> <p><u>Stanford Adolescent Heart Health Program</u> More students in the intervention group who smoked on a monthly basis or less at baseline quit smoking at follow-up and fewer of these students became regular smokers when compared to the control group. The intervention did not have an impact on smoking frequency for students who had never smoked at baseline or students who were regular smokers at baseline.</p>	<p><u>Brief Alcohol Screening and Intervention for College Students (BASICS)</u> The program decreased alcohol dependence over the 2-year follow-up period.</p> <p><u>Guiding Good Choices</u> The program decreased multiple substance use over time.</p> <p><u>Tobacco Policy Options for Prevention (TPOP)</u> Intervention communities had lower net prevalence of daily, weekly, and monthly smoking than control communities.</p> <p><u>Nurse-Family Partnership</u> Mothers who received the intervention smoked fewer cigarettes per day than mothers in the control group.</p> <p><u>Self Sufficiency Project</u> The program had a positive impact on alcohol use but not drug use or smoking.</p>