

# Research Brief

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## MISSION of SDRG

To understand and promote healthy behaviors and positive social development among children, adolescents, and young adults by:

- ◆ conducting research on factors that influence development;
- ◆ testing the effectiveness of interventions;
- ◆ studying service systems and working to improve them;
- ◆ presenting science-based solutions to health and behavior problems; and
- ◆ disseminating knowledge produced by this research.

## Effects of a Social Development Intervention Fifteen Years Later

Poverty, unemployment, and neighborhood disorganization are persistent problems in America's cities. Mental health problems, drug use, crime, high dropout rates, and teen pregnancy plague many urban children and families. Public schools, available to all children in the United States beginning at age 5 or 6 years, are a potentially powerful setting for preventive intervention. A study reported in the *Archives of Pediatrics and Adolescent Medicine* examined the effects of a three-component preventive intervention provided in public schools during the elementary grades on outcomes at ages 24 and 27, up to 15 years after the intervention ended.

### Intervention

The Seattle Social Development Project (SSDP) intervention was conducted in 18 public elementary schools in Seattle that served diverse, high-crime neighborhoods. It aimed to improve the skills of teachers, parents, and children to increase positive functioning in school. The intervention included teacher training in classroom instruction and management, child social and emotional skills development, and parenting workshops. Three experimental conditions were compared: a "full" intervention condition implemented throughout Grades 1 through 6; a "late" intervention condition implemented when children were in Grades 5 and 6 only; and a control group condition that received no intervention.

### Study Participants

The gender-balanced, multiethnic sample for this study consisted of 598 participants surveyed at ages 24 and 27 (93% of the original sample in these conditions). Forty-six percent were White, 26% Black, 22% Asian American and 6% Native American.

### Key Findings

Findings from the Seattle Social Development Project show that 15 years after a childhood intervention ended, the participants reported significantly better mental health, sexual health, and higher educational and economic attainment than a control group.

- 11% fewer with mental health disorders
- 12% fewer with STDs
- 9% more were at or above the median in socio-economic attainment

### Results

Fewer young adults in the full intervention group reported mental health disorders and sexually transmitted diseases, and the intervention group reported higher overall educational and economic attainment than the control group who didn't receive the intervention.

Participants who received the full intervention in Grades 1 through 6 showed the strongest effects and the highest positive functioning in young adulthood. Those who received the partial intervention showed lesser effects, though they fared somewhat better than those who did not receive either intervention.

The study also showed a significantly lower prevalence of lifetime sexually transmitted disease diagnosis among those assigned to the full intervention—23% compared to 35% in the control group at age 27. This finding is consistent with earlier results from the SSDP that showed children in the full intervention group started having sex later, had fewer sex partners, and used condoms more

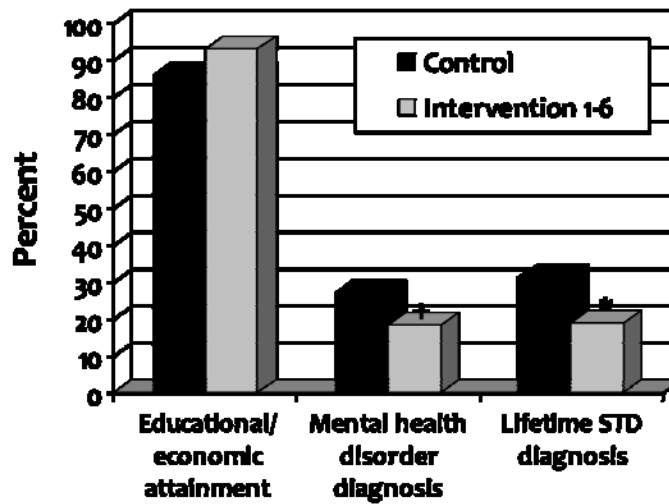
consistently when they were teenagers than those in the other two conditions. Furthermore, fewer in the full treatment group met criteria for mental health disorders—15% compared to 26% in the control group.

Other encouraging, though not statistically significant, findings included higher annual income and higher level responsibilities at work among those in the full intervention group at age 27 compared with controls. The full intervention group also reported more civic involvement and volunteerism than the control group. However, the full intervention did not impact rates of substance use or criminal behavior at ages 24 or 27.

## Discussion

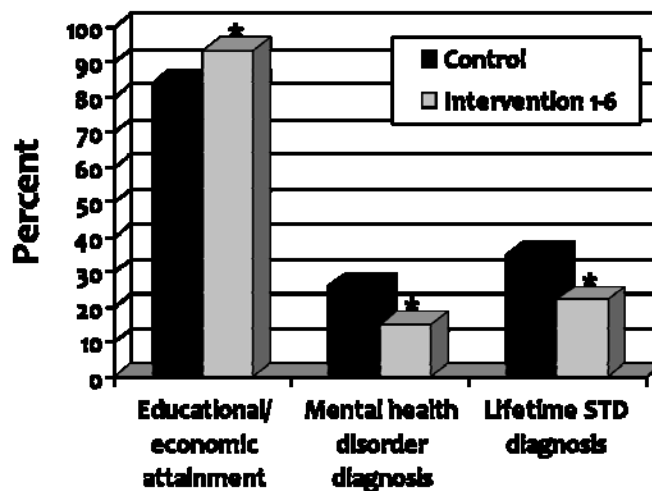
The results reported here indicate that a theory-based intervention that improved classroom management and instruction, children’s social competence, and parenting practices during the elementary grades influenced some, though not all, indices of adult functioning in the mid- to late 20s. The intervention was associated with greater accomplishment and engagement in school, work, and the community; lower STD rates; and fewer mental health problems by ages 24 and 27. Effects of the SSDP intervention on mental health outcomes are particularly noteworthy at this stage of young adulthood given the debilitating consequences of depression and anxiety.

### Effects of SSDP Intervention Age 24



Adjusted t-tests  
\* $p < .05$   
+ $p < .10$

### Age 27



Adjusted t-tests  
\* $p < .05$   
+ $p < .10$

For additional information on the Seattle Social Development Project refer to the original article:

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of social development intervention in childhood fifteen years later. *Archives of Pediatrics and Adolescent Medicine, 162*, 1133-1141.