

## **IMPROVING THE LIVES OF ADOLESCENTS AND YOUNG ADULTS: Out-of-School Time Programs That Have Significant Positive Impacts**

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### **Background**

Across the country, thousands of out-of-school time programs seek to improve the lives of children and youth. Decision makers in these communities are faced with the question of how to use limited resources most effectively. The Lifecourse Interventions to Nurture Kids Successfully (LINKS) database aims to help decision makers identify the most effective out-of-school time programs and avoid programs that do not work. LINKS is an online compendium of more than 575 experimental evaluations of social interventions for children and young adults. It includes programs that work and programs that do not work, as well as those that have mixed impacts. While it is important to know about programs and approaches that do not have the expected impacts on children's outcomes, there is also considerable interest in identifying programs that work. Of course, even among the programs that work, there is considerable variation in the magnitude of the impacts that have been found. Some programs have quite small impacts, while others have large impacts. This fact sheet highlights programs for adolescents and/or young adults that have relatively sizeable impacts for at least one outcome.

### **Overview**

In this Fact Sheet, Child Trends identifies 43 rigorously evaluated out-of-school time programs for adolescents or young adults that have somewhat to very sizeable and statistically significant positive impacts on select outcome categories. Outcome categories include behavior problems, substance use, reproductive health, social-emotional health, life skills, education, and physical health. Program impacts are summarized in tables at the end of this Fact Sheet. Programs which currently have technical assistance providers or training materials are listed separately from those which only offer implementation materials, such as a curriculum.

### **What Programs are Included?**

All programs included in this Fact Sheet have been evaluated using random assignment experiments with rigorous intent-to-treat<sup>b</sup> analyses. In addition, all programs have materials, such as a manual or handbook, to guide implementation, though the amount and completeness of resources and materials available to implement these programs varies substantially. Both program evaluation studies conducted in a controlled research environment (efficacy studies) and studies conducted under real-world conditions (effectiveness studies) are included.

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<sup>b</sup> Intent-to-treat (ITT) analyses maintain individual or group membership to the intervention and control groups formed at randomization and include data from members with little or no participation in the program.

## How to Read the Tables in this Fact Sheet

The tables included in this Fact Sheet list effect sizes for each program, organized by youth outcome category. Effect sizes are a useful way to compare the magnitude of impacts across different programs. Effect sizes are usually interpreted as follows:

- *Very small* 0 to .2
- *Small*: .2 to .5
- *Medium*: .5 to .8
- *Large*: .8 to 1.0
- *Very large*: 1.0 to 3.0

Programs with effect sizes below .25 are excluded from this brief. (We note, though, that programs with multiple small impacts may warrant replication, based on other equally valid criteria.) For more information about effect sizes, see page 3.

## Effective Programs

Of the 575 programs currently included in LINKS, 43 out-of-school time programs were identified which target adolescents and young adults, have implementation materials, and have at least one significant and sizeable positive impact on the outcome categories. These programs are listed below.

Out-of school time programs which have technical assistance providers or training materials:

1. Aban Aya Social Development Curriculum
2. Adolescent Community Reinforcement Program
3. Athletes Targeting Healthy Exercise & Nutrition Alternatives (ATHENA)
4. BASICS
5. Be Proud! Be Responsible!
6. Brief Strategic Family Therapy (BSFT)
7. CenteringPregnancy Plus
8. Children's Aid Society (CAS) Carrera Program
9. Communities Mobilizing for Change on Alcohol
10. Communities that Care
11. Coping with Depression
12. ¡Cuídate!
13. Eye Movement Desensitization and Processing (EMDR)
14. Focus on Youth (formerly Focus on Kids)
15. Functional Family Therapy (FFT)
16. Go Grrrls
17. Horizons
18. Interpersonal Psychotherapy for Adolescents
19. Life Skills Training (LST)
20. Making Proud Choices
21. Multidimensional Treatment Foster Care (MTFC)
22. Multisystemic Therapy (MST)
23. Nurturing Program for Teenage Parents and their Families
24. Parenting Wisely
25. Planet Health
26. Positive Prevention
27. Project Ex
28. Reconnecting Youth
29. Strengthening Families Program (SFP)
30. Teen Intervene
31. Teen Outreach Program (TOP)

Out-of school time programs which solely provide implementation materials:

1. Adolescents Coping with Stress
2. Care, Assess, Respond, Empower (CARE)
3. Children of Divorce Intervention Program
4. Everybody's Different
5. Family Matters
6. FOCUS
7. Know Your Body
8. Postponing Sexual Involvement
9. Project TALC
10. Safer Choices
11. Sembrando Salud
12. What Could You Do?

This review identified 15 programs with impacts on substance use; 13 programs for social and emotional health; 13 programs for reproductive health; 7 programs for behavior problems; 7 programs for life skills; 4 programs for education; and 3 programs for physical health. Out of 43 programs, 31 programs are supported by technical assistance or materials/resources to support staff trainings. Information about each program can be found in the LINKS database located online at [.childtrends.org/links](http://childtrends.org/links).

## Discussion

While the list of programs above seems extensive, the number of social interventions that are effective for any given outcome (as shown in the tables) is more limited (especially for behavior problems, life skills, and physical health). Certainly, more rigorous evaluations are needed so that this list can be expanded to include more programs. In addition, the programs listed are at different stages of development and evaluation, and many of these programs need to identify the core components, which program elements can be adapted, and how to implement core ingredients with fidelity when the program is brought to scale.

Nevertheless, having a list of nearly four dozen rigorously-evaluated programs for adolescents and young adults found to have effect sizes that are sizeable and statistically significant represents important progress. As additional experimental evaluations are published and programs with no or minimal impacts are strengthened and improved, this list of programs is likely to grow.

### Exhibit 1: What is an effect size?

An effect size is a value which, if standardized, can be compared across studies. Consistent with a meta-analytic approach (Lipsey and Wilson, 2001), effect sizes reported in this review are *standardized mean differences*, a statistic which represents the difference between group means (or proportions) relative to the pooled variance of this difference.

Generally, standardized mean differences are assessed using the following metric:

- Very Small (0-.20) ;
- Small (.2-.5);
- Medium (.5-.8);
- Large (.8-1.0); and
- Very Large (1.0-3.0).

The magnitude of the effect size must be interpreted relative to the outcome for which it is being assessed. For example, an effect size of .40 might be considered impressive for low-prevalence outcomes such as pregnancy among adolescents, whereas it might be considered average for an outcome such as contraceptive knowledge.

## References

Lipsey, M.W. and D.B. Wilson (2001). *Practical Meta-Analysis*. Applied Social Research Methods Series, Volume 49. Thousand Oaks, CA: Sage.

## Acknowledgements

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### More Resources on Effective Social Interventions for Children and Young Adults from Child Trends

Since 2000, Child Trends has been compiling the LINKS database to inform evidence-based practice in out-of-school time programs, with funding from the Edna McConnell Clark Foundation, the Stewart Trust and, initially, the John S. and James L. Knight Foundation. LINKS, which stands for Lifecourse Interventions to Nurture Kids Successfully, presents knowledge about programs found to "work," or not, to enhance children's development, in a user-friendly format for policy makers, practitioners, and funders in several formats.

- Child Trends' [database](#) is a free, searchable online catalog of rigorously evaluated social interventions for children, youth, and young adults. The database can be searched by age group, grade, gender, special populations, race/ethnicity, location, program setting, program type, implementation information, and outcome. Users can select multiple search criteria to narrow results. Each database entry contains a description of the program and its target population, details about each of the random assignment evaluations, cost information if available, references, whether there is a manual, and sources for more information.
- Child Trends' [syntheses](#) are literature reviews prepared using the random assignment, intent-to-treat evaluations included in the LINKS database. LINKS syntheses are grouped into three categories: [Type](#), , and . For example, syntheses by program include evaluations of home visiting and parenting programs, while syntheses on populations include an assessment of evaluations with Latinos, African Americans, boys and girls. Syntheses that focus on outcomes range from reviews that focus on obesity to substance use to acting out/externalizing to social skills. Each of the syntheses seeks to identify effective intervention *approaches*, as well as programs, across multiple studies, and also approaches that have not been found to be effective.
- Child Trends' [Effectiveness Charts](#) map effective, manualized programs by the age of the child, youth, or young adult. Effective programs for all outcomes are displayed in an easy-to-read visual format.
- [Interventions that Work](#) offers a matrix of programs for children, adolescents, and young adults that have been identified as "proven," "model," or "exemplary" by a number of organizations, federal agencies, and other evidence-based registries and resources. It is different from other LINKS resources in that it focuses on interventions that have been identified as "proven," "model," or "exemplary" by each registry; and the standards used for these ratings vary from organization to organization. The criteria for each evidence-based rating are noted in the key provided at the end of the matrix.

**Table 1. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Behavior Problems**

Name	Age Range	Violence/Aggression	Delinquency	School Suspension	General Problem Behaviors*
<a href="#">Aban Aya Social Development Curriculum</a>	10-14 years	.31 <sup>a</sup>	ns	-	-
<a href="#">Children of Divorce Intervention Program</a>	8-15 years	-	-	-	.66 <sup>b</sup>
<a href="#">Multisystemic Therapy (MST)</a>	12-17 years	ns	.44-1.20 <sup>c</sup>	-	1.43 <sup>d</sup>
<a href="#">Multidimensional Treatment Foster Care (MTFC)</a>	12-17 years	-	.27-.65 <sup>e</sup>	-	-
<a href="#">Parenting Wisely</a>	12-18 years	-	-	-	.29-.66 <sup>f</sup>
<a href="#">Strengthening Families Program</a>	10-14 years	.33-.35 <sup>g</sup>	-	-	-
<a href="#">Teen Outreach Program (TOP)</a>	14-18 years	-	-	.36-.52 <sup>h</sup>	-

\*Refers to scores on nonspecific measures, such as the Eyberg Child Behavior Inventory or the Child Behavior Checklist.

ns: The program did not have a significant impact on this outcome.

<sup>a</sup> For boys: self-report of school violence

<sup>b</sup> Health Resources Inventory follows rules subscale

<sup>c</sup> Incarceration (.44), risk of arrest (1.2)

<sup>d</sup> Revised Behavior Problem Checklist

<sup>e</sup> For girls: Child Behavior Checklist delinquency subscale (.27), number of days in locked settings (.46). For boys: felony assaults from the Elliot Behavioral Checklist Self-Report Scales (.45), official criminal referral rates (.45), index offenses from the Elliot Behavioral Checklist Self-Report Scales (.54), general delinquency from the Elliot Behavioral Checklist Self-Report Scales (.59), one or more criminal referrals for violence (.65)

<sup>f</sup> Eyberg Child Behavior Inventory total problems scores: 1 month follow-up (.29), 4 month follow-up (.51). Eyberg Child Behavior Inventory problem intensity scores: 1 month follow-up (.37), 4 month follow-up (.66)

<sup>g</sup> Observer rated aggression and hostility (.33), self report of aggressive and destructive conduct (.35)

<sup>h</sup> Suspension from school (.36 and .52, different studies)

**Table 2. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Substance Use**

Name	Age Range	Marijuana	Tobacco	Alcohol	Illicit Substances	Nonspecific*
<a href="#">Aban Aya Social Development Curriculum</a>	10-14 years	-	-	-	-	.42 <sup>i</sup>
<a href="#">Community Reinforcement Approach</a>	12-17 years	.32 <sup>j</sup>	-	ns	-	ns
	College students	-	-	.27-.60 <sup>k</sup>	-	-
<a href="#">Aid Society (CAS) Carrera Program</a>	13-15 years	.28 <sup>l</sup>	-	ns	ns	-
<a href="#">Mobilizing for Change on Alcohol</a>	15-20 years	-	-	.76 <sup>m</sup>	-	-
<a href="#">that Care</a>	10-14 years	ns	.32-.47 <sup>n</sup>	.26 <sup>o</sup>	ns	-
<a href="#">Matters</a>	12-14 years	-	.26 <sup>p</sup>	<.25	-	-
<a href="#">Know Your Body</a>	9-15 years	-	2.03 <sup>q</sup>	-	-	-
<a href="#">Skills Training (LST)</a>	12-13 years	.72-1.02 <sup>r</sup>	<.25	<.25	.26 <sup>s</sup>	<.25
<a href="#">Ex</a>	14-19 years		.47 <sup>t</sup>			
<a href="#">TALC</a>	11-19 years	.27 <sup>u</sup>	-	<.25		-
<a href="#">Youth</a>	14-18 years	-	-	-	-	.32 <sup>v</sup>

<sup>i</sup> For boys: substance use

<sup>j</sup> Abstinence from marijuana use for nine months

<sup>k</sup> 3-month follow up: drinking days per week (.33), binge drinking days per week (.42), drinks per week (.43). 6-month follow up: drinking quantity (.27), peak consumption (.27). 1-year follow up: drinking frequency (.3), Rutgers Alcohol Problem Index (.35). 2-year follow up: Alcohol Dependence Scale (.32), Rutgers Alcohol Problem Index (.35), alcohol problem (.6)

<sup>l</sup> Males: initiation of marijuana use

<sup>m</sup> Drinking behavior

<sup>n</sup> Initiation of cigarette use (.32), 30-day smokeless tobacco use (.32), initiation of smokeless tobacco use (.32)

<sup>o</sup> Initiation of alcohol use

<sup>p</sup> For non-Hispanic white subgroup: smoking

<sup>q</sup> Current cigarette smoker

<sup>r</sup> Monthly marijuana use (.72), weekly marijuana use (1.02)

<sup>s</sup> Total illicit drug use

<sup>t</sup> Smoking cessation

<sup>u</sup> Marijuana frequency

<sup>v</sup> Drug problems and consequences

**Table 2. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Substance Use**

Name	Age Range	Marijuana	Tobacco	Alcohol	Illicit Substances	Nonspecific*
<a href="#">Families Program</a>	10-14 years	-	-	.26-.39 <sup>w</sup>	.61-1.28 <sup>x</sup>	-
<a href="#">Intervene (Adolescent and Parent)</a>	14-17 years	-	-	1.02-1.65 <sup>y</sup>	.75 <sup>z</sup>	1.51 <sup>aa</sup>
<a href="#">Intervene (Adolescent Only)</a>	14-17 years	-	-	1.19 <sup>bb</sup>	ns	1.18 <sup>cc</sup>

\*Includes any measure that combines multiple types of substance use (i.e. marijuana and tobacco)

ns: The program did not have a significant impact on this outcome.

<.25: Though the program had a significant impact on this outcome, the effect size did not meet the minimum criteria for inclusion in this fact sheet (.25).

<sup>w</sup> Alcohol initiation, 1-year follow up (.26) and 2-year follow up (.39)

<sup>x</sup> Lifetime use of methamphetamine, 4-year follow up (.61) and 5-year follow up (1.28)

<sup>y</sup> Number of binge drinking days (1.02), number of alcohol use days (1.65)

<sup>z</sup> Number of illicit drug use days

<sup>aa</sup> Personal consequences of drug use

<sup>bb</sup> Number of alcohol use days

<sup>cc</sup> Personal consequences of drug use

**Table 3. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Reproductive Health**

Name	Age Range	Condom and/or Contraceptive Use	Sexual Activity	Pregnancy	STDs
<a href="#">Be Proud! Be Responsible!</a>	11-13 years	.46-.67 <sup>a</sup>	.44 <sup>b</sup>	-	-
<a href="#">CenteringPregnancy Plus</a>	14-25 years	<.25	-	.52 <sup>c</sup>	ns
<a href="#">Aid Society (CAS) Carrera Program</a>	15-15 years	.58 <sup>d</sup>	ns	.35-.41 <sup>e</sup>	-
<a href="#">¡Cuídate!</a>	13-17 years	.36-.42 <sup>f</sup>	.35 <sup>g</sup>	-	-
<a href="#">FOCUS</a>	17+ years	ns	.35-.40 <sup>h</sup>	ns	.65 <sup>i</sup>
<a href="#">Focus on Youth</a>	9-15 years	.39-.71 <sup>j</sup>	-	-	-
<a href="#">Horizons</a>	15-21 years	.25 <sup>k</sup>	-	-	sig
<a href="#">Making Proud Choices</a>	11-13 years	.46-.67 <sup>l</sup>	ns	-	-
<a href="#">Positive Prevention</a>	14-18 years	ns	.92 <sup>m</sup>	-	-

ns: The program did not have a significant impact on this outcome.

sig: Though a significant impact was found, the article did not provide enough information to calculate an effect size for this outcome.

<.25: Though the program had a significant impact on this outcome, the effect size did not meet the minimum criteria for inclusion in this fact sheet.

<sup>a</sup> 3-month follow up: mean frequency of condom use (.46), percent reporting unprotected sex (.63), percent reporting consistent condom use (.67)  
6-month follow up: mean frequency of condom use (.52). 12-month follow up: mean frequency of condom use (.67)

<sup>b</sup> Risky sexual behavior

<sup>c</sup> Repeat pregnancy

<sup>d</sup> Females: Use of depo-provera at last intercourse

<sup>e</sup> Females: pregnancy (.35), actual births (.41)

<sup>f</sup> Condom use (.36), unprotected sex (.42)

<sup>g</sup> Multiple partners

<sup>h</sup> For participants who were sexually inexperienced at baseline: multiple sex partners (.35), casual sexual experience (.40)

<sup>i</sup> For participants with no history of STD or pregnancy but who engaged in risky sex at baseline: likelihood of acquiring an STD (.65)

<sup>j</sup> No contraceptive used (.39), used condom during last intercourse (.71)

<sup>k</sup> Consistent condom use

<sup>l</sup> 3-month follow up: frequency of condom use (.46), unprotected sex (.63), consistent condom use (.67).

6-month follow up: frequency of condom use: (.52). 12-month follow up: frequency of condom use (.67)

<sup>m</sup> Sexual initiation

**Table 3. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Reproductive Health**

Name	Age Range	Condom and/or Contraceptive Use	Sexual Activity	Pregnancy	STDs
<a href="#">Postponing Sexual Involvement</a>	12-13 years	.67 <sup>n</sup>	.35 <sup>o</sup>	-	ns
<a href="#">Safer Choices</a>	14-15 years	.25-.38 <sup>p</sup>	ns	-	ns
<a href="#">Teen Outreach Program (TOP)</a>	14-18 years	-	-	.35-.95 <sup>q</sup>	-
<a href="#">What could you do?</a>	14-18 years	ns	.51 <sup>r</sup>	-	.57 <sup>s</sup>

ns: The program did not have a significant impact on this outcome.

<sup>n</sup> For girls: used birth control or condoms last time had sex

<sup>o</sup> For girls: virginity status

<sup>p</sup> 7-month follow up: frequency of intercourse without a condom (.38), used condom at last intercourse (.36), used protection at last intercourse (.27)

6-year follow up: frequency of intercourse without a condom (.25), used condom at last intercourse (.26), used protection at last intercourse (.31)

<sup>q</sup> For whole sample: pregnancy (.35 and .49, different studies). For teenage parents: pregnancy (.95)

<sup>r</sup> Abstinence

<sup>s</sup> STD acquisition

**Table 4. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Social-Emotional Health**

Name	Age Range	Depression or Suicidality	Anxiety	Other Mental Health	Self Efficacy	Self Concept	Relationships
<a href="#">Adolescents Coping with Stress</a>	13-17 years	.27-.53 <sup>a</sup>	ns	ns	-	-	-
<a href="#">Strategic Family Therapy</a>	14-18 years	-	-	.29-.62 <sup>b</sup>	-	-	-
<a href="#">Assess, Respond, Empower (CARE)</a>	14-19 years	.27-.3 <sup>c</sup>	.28-.43 <sup>d</sup>	.27-.32 <sup>e</sup>	-	-	-
<a href="#">of Divorce Intervention Program</a>	8-15 years	-	.55-1.15 <sup>f</sup>	.58 <sup>g</sup>	-	-	.99 <sup>h</sup>
<a href="#">Coping with Depression</a>	10-14 years	.41-2.20 <sup>i</sup>	-	-	-	.80-1.18 <sup>j</sup>	-
<a href="#">Different</a>	11-14 years	ns	ns	ns	-	.32-.43 <sup>k</sup>	-
<a href="#">Movement Desensitization and Processing (EMDR)</a>	16-25 years	.73 <sup>l</sup>	.67-.76 <sup>m</sup>	-	-	ns	-
<a href="#">Grrrls</a>	12-13 years	-	-	<.25	.63 <sup>n</sup>	1.11-1.16 <sup>o</sup>	ns

ns: The program did not have a significant impact on this outcome.

<sup>a</sup> Frequency of depressive symptoms in past week: post-test (.46), 3-month follow up (.3), 9-month follow up (.31), 12-month follow up (.53). Depressive symptoms in the past two weeks: 3-month follow up (.27).

<sup>b</sup> Reality testing (.29), behavioral disturbance (.47), subjective distress (.53), total pathology (.62)

<sup>c</sup> Depression: 10-week follow-up (.27), 9-month follow-up (.3)

<sup>d</sup> Anxiety: 10-week follow-up (.43), 9-month follow-up (.28)

<sup>e</sup> Anger (.27), Hopelessness (.32)

<sup>f</sup> State-Trait Anxiety Inventory for Children (.55), Classroom Adjustment Rating Scale: shy-anxious subscale (1.15)

<sup>g</sup> Health Resources Inventory, frustration tolerance

<sup>h</sup> Health Resources Inventory, peer sociability

<sup>i</sup> Bellevue Index of Depression (BID), post-test (1.02); Children's Depression Inventory (CDI), post-test (.41), 1-month (1.03); Reynolds Adolescent Depression Scale (RADS), post-test (1.9), 1-month (1.23); moved from dysfunctional to functional on BID, post-test (1.47); moved from dysfunctional to functional on CDI, post-test (2.2), 1-month (1.43); moved from dysfunctional to functional on RADS, post-test (2.2), 1-month (1.9)

<sup>j</sup> Piers Harris Children's Self Concept Scale, post-test (1.18), 1-month (.8)

<sup>k</sup> Importance of appearance to self-concept (.32), perception of father's perception of appearance (.43)

<sup>l</sup> Beck Depression Inventory

<sup>m</sup> State-Trait Anxiety Inventory (.67), Penn Inventory for Post-Traumatic Stress Disorder (.72), Impact of Event Scale (.76)

<sup>n</sup> Self efficacy

<sup>o</sup> Acceptance of body image (1.11), self-liking (1.16)

**Table 4. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Social-Emotional Health**

Name	Age Range	Depression or Suicidality	Anxiety	Other Mental Health	Self Efficacy	Self Concept	Relationships
<a href="#">Psychotherapy for Adolescents</a>	12-18 years	.48-1.46 <sup>p</sup>	-	-	-	.46 <sup>q</sup>	.32-.77 <sup>r</sup>
<a href="#">Therapy</a>	12-17 years	-	-	.51 <sup>s</sup>	-	-	.40-1.12 <sup>t</sup>
<a href="#">Program for Teenage Parents and their Families</a>	12-18 years	-	-	ns	-	-	.33 <sup>u</sup>
<a href="#">Youth</a>	14-18 years	sig	-	-	-	.40 <sup>v</sup>	.36 <sup>w</sup>
<a href="#">Salud</a>	11-16 years	-	-	-	-	-	.26 <sup>x</sup>

ns: The program did not have a significant impact on this outcome.

sig: Though a significant impact was found, the article did not provide enough information to calculate an effect size for this outcome.

<.25: Though the program had a significant impact on this outcome, the effect size did not meet the minimum criteria for inclusion in this fact sheet (.25).

<sup>p</sup> Clinical Global Impressions Scale (depression, severity of illness) (.48), Hamilton Depression Rating Scale (.5), Children's Global Assessment Scale (depression) (.54), Clinical Global Impressions Scale (depression improvement) (.59), Beck Depression Inventory (.59), Hamiltly Rating Scale for Depression (.71), Children's Depression Inventory (.73), Clinical Global Impressions—depression symptoms (1.25), Clinical Global Impressions—reported improvement (1.46)

<sup>q</sup> Piers-Harris Children's Self-Concept Scale

<sup>r</sup> Social Adjustment Scale--Self report: Family (.32, ), Social Adjustment Scale--Self report: Dating (Study 1: .43, Study 2: .7), Social Adjustment Scale--Self report: Overall Functioning (Study 1: .55, Study 2: .77), Social Adjustment Scale--Self-report: Friends (.7), Social adjustment scale for children and adolescents (.73)

<sup>s</sup> Brief Symptom Inventory, Global Severity Index

<sup>t</sup> Mother-adolescent conflict hostility (.4), mother-adolescent supportiveness (.41), father-adolescent supportiveness (.74), father-adolescent conflict hostility (1.12)

<sup>u</sup> Parent Stress Index: parent-child dysfunctional interaction

<sup>v</sup> Self esteem

<sup>w</sup> Deviant peer bonding

<sup>x</sup> Parent-child communication

**Table 5. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Life Skills**

Name	Age Range	Problem Solving	Assertiveness	Self Sufficiency	Other
<a href="#">Assess, Respond, Empower (CARE)</a>	14-19 years	.29-.39 <sup>a</sup>	-	-	.26-.27 <sup>b</sup>
<a href="#">of Divorce Intervention Program</a>	8-15 years	-	.54 <sup>c</sup>	-	-
<a href="#">Aid Society (CAS) Carrera Program</a>	13-15 years	-	-	.42-.66 <sup>d</sup>	-
<a href="#">Family Therapy (FFT)</a>	11-18 years	-	-	-	.83-1.27 <sup>e</sup>
<a href="#">Grrrls</a>	12-13 years	-	.87 <sup>f</sup>	-	-
<a href="#">Psychotherapy for Adolescents</a>	12-18 years	.69-.84 <sup>g</sup>	-	-	-
<a href="#">Wisely</a>	12-18 years	-	-	-	.54 <sup>h</sup>

<sup>a</sup> Problem solving coping: 10 week (.39), 9 month (.29)

<sup>b</sup> Personal control: 10 week (.27), 9 month (.27)

<sup>c</sup> Health Resources Inventory: adaptive assertiveness

<sup>d</sup> Full sample: has had work experience (.49), has a bank account (.62); Females: had work experience (.51), has a bank account (.66); Males: had work experience (.41), has a bank account (.57)

<sup>e</sup> Amount of silence within the family (.83), frequency of simultaneous speech within the family (1.15), duration of simultaneous speech within the family (1.27)

<sup>f</sup> Assertiveness

<sup>g</sup> Positive problem-solving orientation (.69), Rational problem solving (.69), Social problem solving—generation of alternatives (.81), Social problem solving—solution implementation and verification (.84)

<sup>h</sup> Apply adaptive parenting skills instead of coercive parenting skills to hypothetical situations

**Table 6. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Education**

Name	Age Range	Grades	Standardized Test Scores	Course Failure	Educational Attainment	Other
<a href="#">Children of Divorce Intervention Program</a>	8-15 years	-	.47 <sup>i</sup>	-	-	-
<a href="#">Aid Society (CAS) Carrera Program</a>	13-15 years	ns	ns	-	ns	.36 <sup>j</sup>
<a href="#">Reconnecting Youth</a>	14-18 years	.33 <sup>k</sup>	-	-	-	-
<a href="#">Teen Outreach Program (TOP)</a>	14-18 years	-	-	.28-.48 <sup>l</sup>	-	-

ns: The program did not have a significant impact on this outcome.

**Table 7. Out-of-school Time Programs with Statistically Significant, Sizeable Impacts on Physical Health**

Name	Age Range	Nutrition	Physical Fitness	Cholesterol	Obesity
<a href="#">Athletes Targeting Healthy Exercise &amp; Nutrition Alternatives (ATHENA)</a>	14-18 years	.69 <sup>m</sup>	<.25	-	-
<a href="#">Know Your Body</a>	9-15 years	1.03 <sup>n</sup>	ns	.73-1.94 <sup>o</sup>	ns
<a href="#">Planet Health</a>	11-13 years	sig	ns	-	.42 <sup>p</sup>

ns: The program did not have a significant impact on this outcome.

<sup>i</sup> Classroom adjustment rating scale, learning problems subscale

<sup>j</sup> Males: schoolwork has improved

<sup>k</sup> Grade point average

<sup>l</sup> Course failure (.28 and .48, different studies)

<sup>m</sup> Protein intake

<sup>n</sup> Saturated fat intake

<sup>o</sup> Total cholesterol: Bronx county sample (.73), Westchester county sample (.94)

<sup>p</sup> For girls: obesity prevalence (.42), obesity remission (.42)