The Washington Hospital Teen Outreach
Educate Children for Healthy Outcomes (ECHO)
Behavioral Outcomes

Demographic Standards and Definition: Youth served through the ECHO program are in grades 2 – 8, reside in Washington County, Pennsylvania and have been assessed by ECHO professionals as within ECHO guidelines for admission into the program.
The following demographics/guidelines determine acceptance into the ECHO program:

- Early sexualization
- Familial alcohol/substance abuse
- Foster placement
- Generational history of early childbearing
- History of abuse or neglect
- History of juvenile delinquency
- History of violence/bullying
- Incarcerated parents
- Internal or external poverty
- School truancy, discipline or academic failure
- Sexual minority/gender identity problems
- Socialization problems
- Special needs requiring intensive mentoring

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Strengthening and Empowering Families			
Model healthy family relationships	ECHO families will discuss and model healthy family relationships by parent/youth activities that empower positive relationships regardless of family dynamics. Role-play and modeling will be on-going during	Staff one-on-one interviews with parents/guardians and child; completion of pre and post intervention survey.	Although many families sustain positive relationships with youth as adolescence begins, families in which children are at risk often do not have the skills to develop healthy relationships. Moore, K.A., Guzman, L., Hair, E., Lippman, L., & Garrett, S. (2004). *Parent-teen relationships and interactions: far more positive than not*. ChildTrends Research Briefs. Retrieved from www.childtrends.org/files/parent_teenRB.pdf Young, M. A. (2004). Healthy family relationships: Where's the research? *The Family Journal, 12* (2), 159 – 162.

	the child's involvement with ECHO and will be evaluated quarterly		
Promote healthy family communication	ECHO families will model improved communication in at least five of six major communication areas within 6 months of inception in the program	Intermittent evaluation using TWHTO created pre and post testing	Families in which communication about risky behavior is on-going result in fewer unplanned pregnancies and decreased drug/alcohol use; parent-youth agreement on key issues is associated with positive youth behaviors. Aspy, C., Vesely, S., Oman, R., Rodine, S., Marshall, L., Fluhr, J., McLeroy, K. (2006). Youth-parent communication and youth sexual behavior: Implications for physicians. *Family Medicine, 38*(7), 500 – 504. Kelly, K.J., Leonora, M. G., Comello, L.C., & Hunn, P. (2002). Parent-child communication, perceived sanctions against drug use, and youth drug involvement. *Adolescence.* Retrieved from http://findarticles.com/p/articles/mi_m2248/is_168_42?pnum=10&opg=n27483299

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Empowering Youth			
Encourage positive body image	ECHO youth will explore the impact media lends to cultural expectation of positive body image; an emphasis upon self-awareness and individual uniqueness will be the focus. Youth will assess personal body image using a Likert scale pre and post intervention.	Staff one-on-one interviews and observations at weekly encounters; pre and post testing for affective response to body images.	The sexualization of young girls and the internalization of thin as a positive image for both males and females can lead children to develop a negative body image. Prevention of eating disorders is enhanced by increased self-awareness and improved self-concept. Clark, L., & Tiggemann, M. (2008, July). Sociocultural and individual psychological predictors of body image in young girls: A prospective study. *Developmental Psychology*, *44*(4), 1124-1134. Grabe, S., Hyde, J., & Ward, L. (2008, May). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, *134*(3), 460-476.
Model personal hygiene	ECHO youth will explain the ramifications of poor personal hygiene to social acceptance, discuss cultural expectations of hygiene that are developmentally appropriate, and demonstrate hygienic choices through personal journaling, within the first quarter of program	Staff one-on-one interviews, observations at weekly encounters, and review of personal journals.	Poor personal hygiene is linked to negative peer social acceptance, bullying, and social isolation. Acquiring positive personal hygiene is a long term life skill and part if an empowering youth development program. Effective cognitive growth needs enhanced through practical interventions like role play, demonstration/return demonstration, and modeling. Catalano, R. F., Berglund, L.M., Ryan, J.A. Lonczak, H.S. & Hawkins, J.D. (2004, January). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The Annals of the American Academy for Political and Social Science, 591,* 98 – 124.

	involvement		
Model short term and long term goal setting	ECHO youth will demonstrate sequential steps to short and long term goal setting; daily, weekly, monthly and yearly goals will be set for each individual young person on a quarterly basis	Pre and post intervention cognitive and affective testing; on-going staff observation; recording of short and long term goals	Goal setting not only stimulates critical thinking but also can provide youth with the developmental stimulus for employment and enhanced self-efficacy. An improved locus of control with a resultant decrease in internal poverty is a long term goal. Hurn,J., Kneebone, I. & Cropley, M. (2006, September). Goal setting as an outcome measure: A systematic review. *Clinical Rehabilitation, 20, 756 - 772.* Strecher, V. J., Seijts, G.H., Gerjo J. K., Latham, G. P., Glasgow, R. DeVellis, B., Ree M. Meertens,R.M. & Bulger, D.W. (1995, January). Goal setting as a strategy for health behavior change. *Health Education & Behavior, 22,* 190 - 200. Young, T., Turner, J., Denny, G., Young, M. (2004, July). Examining external and internal poverty as antecedents of teen pregnancy. *American Journal of Health Behavior, 28*(4), 361 – 373.
Promote healthy decision-making and problem solving	ECHO youth will demonstrate sequential steps to decision making and problem solving within 2 months of inception in the program	Pre and post intervention cognitive and affective testing; staff observation	Decision making and problem solving are critical thinking skills necessary to improve healthy choices. Cognitive development of these skills will enhance behavioral change. Hudak, P. L., Frankel, R.M., Braddock, C., Nisenbaum, R., Luca, P., McKeever, C. & Levinson, W. (2008, June). Do patients' communication behaviors provide insight into their preferences for participation in decision making? *Medical Decision Making, 28*, 385 – 393. Tmsley, B. J., Holtgrave, D. R., Reise, S.P., Erdley, C., & Cupp, R.G. (1995, January). Developmental status, gender, age, and self-reported decision-making influence on students' risky and preventive health behaviors. *Health Education & Behavior, Jan 1995; vol. 22: pp. 244 - 259.*
Promote mental health and wellness	ECHO youth will be identified for signs of depression and/or the need for	Initial assessment and on-going one-on-one interviews and observation;	Mentored youth are more likely to seek mental health counseling and respond to treatment.

	therapeutic counseling within the first 4 weeks of inception into the program; youth will respond positively to core components of a mental health program	contact with mental health professionals	Bauldry, S. (2006). *Positive support: Mentoring and depression among high risk youth*. Philadelphia, PA: Public/Private Ventures.
Promote self-esteem	ECHO youth will demonstrate increased self-confidence and self-awareness through acquisition of leadership skills, facilitator techniques and peer education training	Staff observations; peer educator training; evaluation of peer leadership opportunities	TWHTO believes that self-esteem is an on-going acquisition that cannot be given to a young person, but rather must grow from within. Mentors who empower have been associated with improved youth self-esteem, resilience, and self-concept. Southwick, S., Morgan, C., Vythilingam, M., & Charney, D. (2006, September). Mentors enhance resilience in at-risk children and adolescents. *Psychoanalytic Inquiry*, *26*(4), 577-584.
Promote socialization skills	ECHO youth will improve at least two measurable social skills (defined by self-assessment with staff support) within the first year of attendance	One-on-one staff/youth interviews pre and post intervention; observations at group events;	Socialization can enhance self-confidence, decrease compliance with peer pressure, and improve self-concept. Savidge, C., Christie, D., Brooks, E., Stein, S. & Wolpert, M. (2004). A pilot social skills group for socially disorganized children. *Clinical Child Psychology and Psychiatry, 9,* 289 – 296.
Provide education of anger management techniques and conflict resolution	ECHO youth will demonstrate anger management/ conflict resolution techniques; post-testing will show 20% improvement in cognition post intervention	Pre and post intervention cognitive and affective testing; staff observation	Evidence-based data show that violence is decreased when youth are instructed in anger management/conflict resolution techniques. Coyle, J. (2005, September). Preventing and reducing violence by at-risk adolescents common elements of empirically researched programs. *Journal of Evidence-Based Social Work*, *2*(3/4), 125.

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Improving Academic Performance			
Decrease school discipline referrals	School discipline referrals will decrease by 10% in the first six months of ECHO services.	Monthly data collection from schools	Increased connection to one, committed mentor will decrease need for negative acting out at school with a resultant decrease in discipline referrals. Armoni, S. & Gonzales, R. (2007). *Positive action center: A new approach to discipline management.* Proceedings of Persistently Safe Schools: The 2007 National Conference on Safe Schools. gwired.gwu.edu/hamfish/merlin-cgi/p/downloadFile/d/19134/n/off/other/1/name/003pdf/ -
Improve academic progress	ECHO youth will increase academic achievement as measured by QPA with an improvement each 9 weeks of the school year.	Monthly data collection from schools	Mentoring has been shown to enhance academic achievement and adjustment in young people. Rhodes, J.E., Grossman, J. B., & Resch, N. L. (2003, January). Agents of change: Pathways through which mentoring relationships influence adolescents' academic adjustment. *Society for Research in Child Development, 71*(6), 1662 – 1671.
Increase school attendance	ECHO youth will demonstrate increased awareness of the importance of compliance with school rules by increasing attendance by 10% within the first six months of inclusion in the ECHO program	Monthly data collection from schools	ECHO advisors serve as advocates for youth and can access the rationale behind school absences, serve as a liaison between school and family, and encourage school attendance by enhancing the family's cultural currency of school as an important growth indicator. Karcher, M. (2005). The effects of developmental mentoring and high school mentors' attendance on their younger mentees' self-esteem, social skills and connectedness. *Psychology in the Schools, 42*(1), 65 – 77. Retrieved from www.adolescentconnectedness.com/media/KarcherPITS_mentoring&conn.pdf

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Decreasing Violence, Bullying and Delinquent Behaviors			
Decrease involvement in violence and other delinquent activities	ECHO youth will decrease violent responses to anger; delinquent activities will decrease by 10% in the first six months of ECHO involvement.	Data collection from schools and county agencies	Delinquent behavior has multi-faceted antecedents; evidence-based data shows that one-on-one mentoring decreases violent behavior with a subsequent decrease in delinquency. Kellerman, A. L., Fuqua-Whitley, D.S., Rivara, F. P. & Mercy, J. (1998, May). Preventing youth violence: What works?. *Annual Review of Public Health, 19*, 271-292. Walker, G. (2007). *Mentoring policy and politics*. Philadelphia, PA: Public/Private Ventures.
Decrease need for foster placement	Numbers of ECHO youth from at-risk families who are likely to be placed in foster care will decrease by 5%	Data collection from county agencies	ECHO mentors include families in all their interventions; intense, weekly contact with a caring professional will diminish the need for foster placement due to youth high risk behavior. ECHO mentor involvement in the family, mentor modeling of positive communication and behavior, and mentor empowerment of youth to avoid high risk behavior will support families and lower foster placement rates. Beier, S.R.; Rosenfeld, W. E., Spitalny, K. C., Zansky, S., & Bontempo,A. N. (2000, April). The potential role of an adult mentor in influencing high-risk behaviors in adolescents. *Archives of Pediatric and Adolescent Medicine* 154, 327-331.
Decrease time in foster placement	ECHO youth will be reunited with their families with an increase of family unity of 5% in the first two years of ECHO involvement	Data collection from county agencies	ECHO mentors will serve as advocate within the juvenile system and improve communication, compliance and interagency collaboration to decrease time spent in foster care placement. McGlade, K. & Ackerman, J. (2006). A hope for foster care: Agency executives in partnerships with parent leaders. *Journal of Emotional Abuse, 6*(2/3), 97-112.
Increase awareness of bullying;	ECHO youth will demonstrate positive social roles that	Pre and post intervention one-on-one interviews	Anti-bullying programs have demonstrated decreased bullying and bystander participation in bullying.

| bystander roles, anti-bullying standards, and respect | avoid bullying, bystander roles and support for bullies; youth role-plays will provide practical guides for anti-bullying | and testing | Jucovy, L. (2002, August). *Measuring the quality of mentoring programs.* Philadelphia, PA: Public/Private Ventures.

Vreeman, R.C. & Carroll, A.E. (2007, January). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatric Adolescent Medicine, 161*(1), 78-88. |

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Lowering Risk-Taking and Decreasing Risky Behavior			
Discourage use of alcohol and illegal drugs	ECHO youth will articulate rationale for avoidance of alcohol and illegal drugs; abuse of alcohol and substances will decrease by 10% in the first six months of inception in the program	Data collection from schools and county agencies; results of CTC youth behavioral risk survey	Positive long term mentoring relationships can decrease alcohol and substance abuse. Jekielek, S. M., Moore, K.A., Hair, E. C., & Scarupa, H.J. (2002, February). Mentoring: A promising strategy for youth development. *Child Trends Research Brief.* Retrieved from www.mentoring.ca.gov/pdf/MentoringBrief2002.pdf Sipe, C.L. (2002). Mentoring programs for adolescents: A research summary. *Journal of Adolescent Health,* 31, 251-260.
Discourage use of tobacco	ECHO youth will articulate rationale for avoidance of tobacco use; tobacco cessation program will be attended by 100% of ECHO youth who are tobacco users when program is begun	Internal data collection/compilation; National Youth Tobacco Survey	Tobacco education has been linked to avoidance of tobacco use; tobacco cessation programs are presented by TWHTO staff. Biglan, A. & Taylor, T.K. (2000). Why have we been more successful in reducing tobacco use than violent crime? *American Journal of Community Psychology, 28*(3), 269-304. National Youth Tobacco Survey (NYTS). (2006). Center for Disease Control. Retrieved from http://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm
Provide coping skills and stress management	ECHO youth will model coping skills of relaxation and stress management within one year of inception in the program	Staff interviews and observations at weekly encounters; youth self-report	Stress is common among young people; mentors can play a role in decreasing stress. American Academy of Child and Adolescent Psychiatry. (2005). Helping teenagers with stress. No. 66. Retrieved from http://www.aacap.org/cs/root/facts_for_families/helping_teenagers_with_stress
Model personal boundaries and avoidance of	ECHO youth will observe personal boundaries as	Staff interviews and observations at weekly	Positive youth development is linked to decreased risk taking.

risky behaviors	demonstrated by mentors and will provide return demonstrations of same within one year of inception in the program	encounters	Catalano, R.F., Berglund, M. L., Ryan, J. M., Lonczak, H. S., & Hawkins, J.D. (1998, November). *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs.* Seattle, WA: Social Development Research Group, University of Washington, School of Social Work. Retrieved from http://aspe.os.dhhs.gov/hsp/PositiveYouthDev99/index.htm
Provide growth and development information on the physical and emotional changes of puberty	ECHO youth will demonstrate awareness of physical and emotional changes of puberty through role-play, discussion and interactive activity with resultant improved youth/adult communication by the end of the sessions as measured by pre/post testing	Pre and post intervention cognitive and affective testing; staff observation	Communication and increased awareness of typical pubertal development has been linked with decreased anxiety, increased parental communiction and adhereance to parental values. Flannery, D., Rowe, D. & Gulley, (1993). Impact of pubertal status, timing and age on adolescent sexual experience and delinquency. *Journal of Adolescent Research, 8*, 21 – 36. Halbern, C, Udry, J, R,, Campbell, B., & Suchindran, C. (1993). Testosterone and pubertal development as predictors of sexual activity: A panel analysis of adolescent males. *Psychosomatic Medicine, 55*, 436 – 447. Miller, B., Norton, M., Fan, X., Christopherson, C. (1998). Pubertal development, parental communication, and sexual values in relation to adolescent sexual behaviors. *Journal of Early Adolescence, 18*(1), 27 - 52.
Promote sexual health, discouraging unplanned pregnancies and STIs	ECHO youth will avoid unplanned pregnancies and support healthy choices as determined by improved a 30% increase in cognition regarding consequences of unprotected sexual involvement and STIs and behavior	Pre and post intervention cognitive and affective testing; staff observation	Health choices regarding reproductive health include abstinence, access to reproductive health care, and protection from unplanned pregnancies and STIs. Langer, L. Zimmerman, R. & Katz, J. (1994). Which is more important to high school students: Preventing pregnancy or preventing AIDS? *Family Planning Perspectives, 26*. 154-159. Lawson, A., & Rhode, D. (1993). *The politics of pregnancy: Adolescent sexuality and public policy.* New Haven, CT.: Yale University Press.

	within 1 year of inception into the program.		
Delay early sexual involvement	ECHO youth will demonstrate interest in delaying sexual involvement as measured by a 10% increase in self-reported delays within six weeks of educational intervention	Staff interviews and observations at weekly encounters; pre and post testing	Research shows that delaying sexual involvement is the most effective means of controlling teen pregnancy and STIs. Howard, M. & McCabe, J. (1990. January/February). Helping teenagers postpone sexual involvement, *Family Planning Perspectives, 22*(1), 21 – 26.
Delay early childbearing	ECHO youth will list consequences of sexual activity, rationale for delaying childbearing; demonstration of refusal skills, assertiveness skills, and relationship skills will improve within six months of inception into the program.	Department of Health pregnancy data; results of PRAMS (Pregnancy Risk Assessment Monitoring System) testing.	ECHO current data reveal 4 pregnancies since its inception (1999) with a n of 499; intensive one-on-one support can offset negative variables for early childbearing. Kotelchuck, M. (2006, January-February). Pregnancy Risk Assessment Monitoring System (PRAMS): Possible new roles for a national MCH data system. *Public Health Reports, 121*, 6 – 10. Raneri, L., & Constance, M. (2007, March).Social ecological predictors of repeat adolescent pregnancy. *Perspectives on Sexual & Reproductive Health, 39*(1), 39-47.

Goal	Outcome/ Objective	Evaluation	Rationale/Citation
Reaching Special Populations			
Empower, encourage and support children of incarcerated parents	ECHO youth whose have adult relatives in prison will articulate their unique needs to ECHO staff; each young person will connect with one, consistent ECHO mentor	Staff one-on-one interviews and weekly observation	Children of incarcerated parents are often shunted from one caregiver to another. They may be separated from siblings and grandparents or be placed in the foster care system. Their parent(s) are alive but are inaccessible to them; a relationship with one consistent mentor can provide a caring adult during this challenging time. Goode, W.W. & Smith, T. J. (2005). *Building from the ground up: Creating effective programs to mentor children of prisoners.* Philadelphia, PA: Public/Private Ventures.
Provide support and education for special needs youth	ECHO youth will special needs will demonstrate inclusion and developmentally appropriate cognition/behavior	Staff one-on-one interviews and weekly observation	Special needs youth require intensive interventions to achieve developmentally appropriate standards of care. Britner, P.A., Balcazar, F. E., Blechman, E. A., Blinn-Pike, L., & Larose, S. (2006). Mentoring special youth populations. *Journal of Community Psychology, 34*(6), 747-763.
Empower and support LGBTQ (lesbian, gay, bisexual, transgender and questioning) youth	ECHO youth who are questioning their sexuality or are part of a sexual minority will participate in the TWHTO gay straight alliance on at least a monthly basis.	Monitor participation.	Support for questioning youth can decrease depression, enhance feelings of self-confidence and provide adult guidance. Jucovy, L. (2000). *Mentoring sexual minority youth.* Philadelphia, PA: Public/Private Ventures.
Promote gender identification and improved self-concept	ECHO youth who are questioning gender will participate in parent/youth support	Monitor participation	Parental support for young children who are questioning their gender identity is crucial for a positive parent/child dyad and for the mental health and well-being of the child. McDowell, L. (1999). *Gender, identity and place: Understanding feminist*

groups on at least a monthly basis		*geographies.* University of Minnesota Press. Worthington, R.L., Bielstein- Savoy, Hl, Dillon, F.R. & Vernaglia, E.R. (2002, July). Heterosexual identity development: A multidimensional model of individual and social identity. *The Counseling Psychologist, 30, 496 - 531.*