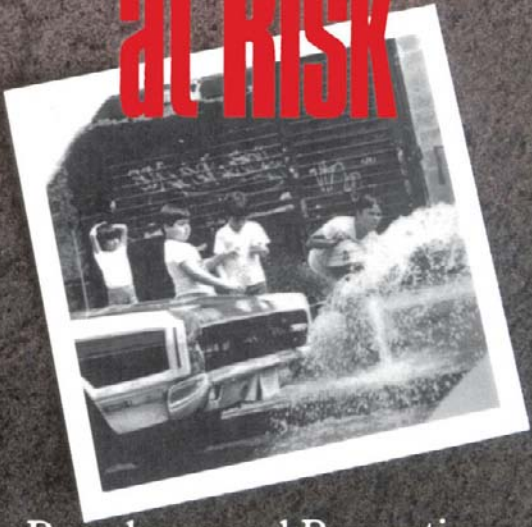
Adolescents at Risk



Prevalence and Prevention

Joy G. Dryfoos

ADOLESCENTS AT RISK

This page intentionally left blank

ADOLESCENTS AT RISK

Prevalence and Prevention

JOY G. DRYFOOS

New York Oxford
OXFORD UNIVERSITY PRESS

Oxford University Press

Oxford New York Toronto
Delhi Bombay Calcutta Madras Karachi
Petaling Jaya Singapore Hong Kong Tokyo
Nairobi Dar es Salaam Cape Town
Melbourne Auckland

and associated companies in
Berlin Ibadan

First published in 1990 by Oxford University Press, Inc.,
198 Madison Avenue, New York, New York 10016-4314

First issued as an Oxford University Press paperback, 1991.

Oxford is a registered trademark of Oxford University Press

Library of Congress Cataloging-in-Publication Data
Dryfoos, Joy G.
Adolescents at risk : prevalence and prevention / Joy G. Dryfoos.
p. cm.
ISBN 0-19-505771-6
ISBN 0-19-507268-5 (pbk)
1. Socially handicapped teenagers—United States. 2. Teenagers—
Counseling of—United States. 3. Juvenile delinquency—United
States—Prevention. 4. Drug abuse—United States—Prevention.
5. Teenage pregnancy—United States. 6. High school dropouts—
United States. I. Title.
HV1431.D79 1990
362.7'96'0973—dc20 89-70974 CIP

19 18 17 16 15 14 13 12 11

Printed in the United States of America
on acid-free paper

Preface

This book is about young people aged 10 to 17 growing up in the United States today. Most of these children have a high probability of maturing into responsible adults. A certain group, however, have only limited potential for becoming productive adults because they are at high risk of encountering problems in school, at home, or in their communities. This is an exploration of four problem areas that have received a great amount of resources, public interest, and social concern: delinquency, substance abuse, teen pregnancy, and school failure. For the first time, we can see how risky behaviors interrelate and gain an understanding of the size and the scope of the prevention interventions needed.

If the problems are connected, then the solutions may require a more cohesive, less fragmented, approach than is currently in practice. This book moves toward a synthesis of solutions. The framework is made up of prevention programs that "work" to change specific behaviors in the four separate areas. Many similar and replicable elements are present in successful programs but should be integrated into a more effective strategy for assisting high-risk children.

Part I presents data about each of the four problem areas, showing who is at risk of each problem and with what consequences. Quantification of the overlap in these risky behaviors produces estimates of target populations for different levels of interventions. Part II examines prevention programs in each of the four fields, extracting workable concepts about program development on which there is consensus among experts. Part III incorporates the ideas generated from the categorical program reviews and presents a set of common concepts to guide the formulation of comprehensive strategies. The book concludes with examples of the application of these principles at the local, state, and federal levels.

The goal of this book is to provide evidence that the knowledge base exists on which successful programs can be initiated. The state-of-the-art of prevention of high-risk behavior, while incomplete and fragmented, is adequate for developing interventions that "work." Much has been written separately about each of these problem behaviors: each of these fields has its own literature and "gurus," independent categorical funding sources and agencies, advocates and detractors. This volume builds on that rich foundation and presents a unique synthesis of what is known.

This book is addressed to a wide range of audiences. It is a general resource guide for those interested in youth development, providing an overview of the issues of delinquency, substance abuse, teen pregnancy, and school failure and dropout. For practitioners in a specific field such as teachers, case workers, health educators, physicians, and program administrators, it offers descriptions of the components of successful programs. For researchers, it presents the major findings of youth surveys and program evaluations, with emphasis on the strengths and weaknesses of the many data sources utilized. And finally, for decision-makers, this work suggests policies that should be implemented at the local, state, and federal levels to further a more cohesive, more successful approach to preventing high-risk behavior.

The research for this work was undertaken for a project, *Adolescents-at-Risk: A Strategy for Intervention,* supported by the Carnegie Corporation of New York. I am deeply indebted to the foundation for giving me this unique opportunity to explore the complex subjects of adolescent behavior and programs aimed at changing that behavior. Vivien Stewart, Program Chair, Healthy Child Development, has been both a mentor and a friend, enriching my work with important observations and questions as well as providing me with consistent assurances that this project was worth pursuing. The interpretations of the findings are, of course, my own and do not necessarily represent the views of the Carnegie Corporation.

Many individuals and organizations contributed to this work by providing information and responding to requests for materials. I am particularly indebted to several intrepid friends who read and critiqued the entire manuscript: Ruby Takanishi, Elizabeth McGee, George Dryfoos, and Alice Radosh. In addition, Rebecca Kenard and Cynthia Rogers commented on specific chapters and Shana Millstein and Richard Jessor commented on earlier drafts of reports that led to this book.

I must also acknowledge the strong support I have received from Joan Bossert, Editor at Oxford University Press, who encouraged me to "tell it like it is" and who arranged for critical reviews by Scott Menard and Perry London. All of these people contributed enormously to clarifying and validating the findings presented in this volume.

In a sense, this book is a "status" report on an unfinished piece of work. What happens to American youth in the future will be partially shaped by the programs put forth in this book. But programs alone cannot change the social environment in which children live. Our society is being tested in a way that is different from all that has gone before. It has to face up to that potential loss of fully one-fourth of its youth who will never become productive citizens unless they receive immediate attention. I hope I have contributed to an increased awareness of just how critical this situation is and offered some new perceptions about what to do.

This book is dedicated to Paul Dryfoos who demonstrated that seemingly obstreperous children can mature into strong and responsible adults and to George Dryfoos who made it all possible.

September 1989 J. G. D.
Hastings-on-Hudson, N.Y.

Contents

This page intentionally left blank

ADOLESCENTS AT RISK

This page intentionally left blank

1

Introduction: Hypotheses and Theories

Many children are growing up in the United States today without a hope of enjoying the benefits that come with adulthood. They are not learning the skills necessary to participate in the educational system or to make the transition into the labor force. They cannot become responsible parents because they have limited experience in family life and lack the resources to raise their own children. The gap between achievers and nonachievers is expanding. A new class of "untouchables" is emerging in our inner cities, on the social fringes of suburbia, and in some rural areas: young people who are functionally illiterate, disconnected from school, depressed, prone to drug abuse and early criminal activity, and eventually, parents of unplanned and unwanted babies. These are the children who are at high risk of never becoming responsible adults.[1]

There is growing concern in this nation about the future status and work potential of these high-risk youth. This concern has been heightened in direct proportion to the awareness that at least one-quarter of future labor force requirements will not be met unless these ill-equipped young people are helped. We cannot say that their problems are being ignored. The press and television are full of stories dramatizing the difficulties of young people, and hundreds of local, state, and national conferences address these issues and make recommendations about amelioration. There are literally thousands of programs addressed to preventing or ameliorating various problem behaviors. In fact, each problem area (e.g., school achievement, drugs, pregnancy, delinquency, suicide, mental health) has its own specialized constitutency, meetings, publications, and "gurus." One might well ask, if all of these resources are being used to combat the separate problems, why is the status of high-risk youth deteriorating?

An array of explanations can be offered in response to this critical question. Success is elusive because the programs as interventions are too fragmented and weak to have enough impact. They do not create change either in the individuals who exhibit the behavior or in the institutions responsible for the environment in

which the behavior is learned. The programs are not targeted on the children who most need them, and many resources are wasted. The programs are not addressed to changing the quality of life of the child, but only to some symptom of disadvantage. The programs do not deal with the antecedents or the predisposing factors that lead to the behavior, but only with the outcome.

Yet, in each of the problem areas mentioned, there are successful programs. Some interventions do work. Children who start out with certain disadvantages do achieve in school, do not abuse drugs, are not delinquent, do not experience early unprotected intercourse. The hypothesis of this volume is that it is possible to document what works to prevent negative outcomes, to know which interventions produce what results under what conditions. It is possible to synthesize the diverse experience from myriads of categorical programs and extract the common concepts from successful models. And it is necessary to utilize these common concepts, interventions from all disciplines, that change individual or institutional behavior as the building blocks for designing more integrated and stronger programs that address high-risk children's needs.

In the same vein, it is possible to design programs that impact directly on the antecedents of problem behavior. It is possible to determine who within each community needs what kind of help and to launch prevention efforts *before* the damaging behavior occurs rather than after the fact. This is a program-oriented book. The challenge here is to extract and organize knowledge from academic sources to ensure that it will be valid and useful for program planning and implementation.

Defining High-Risk Behavior

One goal of this study is to identify and quantify a broadly defined segment of the population: young people who are at risk of not maturing into responsible adults. In the United States, we expound the credo that all children are born with "equal opportunity," meaning that being born an American endows each individual with the same options: to live in a community, go to a public school, and to gain access to the economic system. It is not necessary to document that the American ideal has not been reached, and that many children are born with little chance of success.[2] But not all children born in poor social environments fail, nor do all children born into privileged circumstances succeed.

To define our target population, it is necessary to understand what problems create barriers to maturing into responsible adulthood. What are the markers of high risk? In this work, the concept of *antecedents,* events or conditions that occur prior to problem behaviors, is used to identify those markers. Included in this definition are *characteristics,* demographic descriptors such as age, sex, and race, and *predisposing factors,* such as social status and community quality which create a state of susceptibility. Some researchers refer to *determinants* of behavior, meaning *causal factors,* but this definition is too narrow for our purposes here. We often do not fully understand the causal links (the chicken or the egg) even when an antecedent and a behavior are clearly associated.

Social science and behavioral research have produced a large pool of information into which we can dip to find out who is at risk of what. In each different problem area, it is possible to construct an aggregate life history, to see what the antecedents are for specific behaviors. This literature can also be used to study what the consequences of the behaviors have been.

Four areas have been selected for this investigation: delinquency, substance abuse, early childbearing, and school failure. These are the four major problems that today's youth experience and that impact on their chances of growing up into healthy functioning adults. These problems interrelate in complex ways, and as will be documented, they have many common antecedents.

Before risk behavior can be quantified, it is necessary to define what constitutes this behavior in each field. In some cases, a behavior (smoking cigarettes) carries little or no immediate risk of damage, but the long-term consequences can be fatal (lung cancer). In other cases, a behavior (sexual intercourse) can have immediate negative consequences (unintended pregnancy), but when sufficient protection is used, negative consequences may be avoided. Risk behavior may have minor or major, short- or long-term consequences. In defining risk, those youngsters for whom there is a high probability (risk) that the negative consequences will occur would make up the primary target population for interventions. This means that some young people may not have initiated the behavior yet, but their demographic, personal, or social characteristics predict that they are vulnerable. Thus risk is used here in the actuarial sense (as insurance companies predict risk). Given certain characteristics, the probabilities that these behaviors will occur can be calculated and applied to current population estimates, assuming conditions are unchanged.

In the separate chapters about these problems (Chapters 3 to 6), risk status will be defined according to variables of interest (for example, early initiation of any substance, truancy, intercourse without contraception, poor grades). These variables will be presented in terms of "prevalence rates"—the total number of "cases" existing in a given area (the United States) at a particular time related to the total number of individuals exposed.[3] To gain a further understanding of who is at risk of what, prevalence rates will be presented by sex, age, race/ethnicity, and other relevant variables.

Prevalence rates by sex are important for determining whether gender-specific interventions are required. Age of initiation of some of the behaviors is necessary for understanding trends as well as needs. The tables in this book generally present prevalence data for 10- to 17-year-olds (broken into smaller cohorts, if available). Many studies of adolescents concentrate on ages 15 to 19, but the focus of prevention must take place earlier, and 18- to 19-year-olds are often already out of school and out of the range of interventions. Race/ethnicity rates are often used as surrogates for indicators of the effects of poverty and segregation. It would be preferable to present data by social class, since when these controls are added, racial differences are minimized. However, in most social research, rates for minority groups are presented because few investigators include social class indicators.

The analyses of prevalence are drawn from scores of different sources. Most

studies of behavior are cross-sectional; they describe a certain population at one point in time. A few studies are longitudinal; a population is followed for a period of years to document changes in individuals. A few major studies include carefully selected national samples. Others select samples from a state or a community. Many studies are limited to a classroom or a school, or treatment groups, or clinic users. Each study uses its own definitions (for example, heavy use of alcohol may be measured by frequency of drinking or amount consumed at one time), age groups, descriptive variables, and methodologies. Most behavioral surveys are based on self-reports. As a result of this wide array of conditions, the data on which the prevalence rates are based are less than perfect. But they are the best data that could be located for the purposes of this study. Each chapter includes a discussion of sources and the limitations of present data.

Estimating the Overlap in Problem Behaviors

While the separate prevalence rates for each problem behavior are of considerable interest, what we really want to know is the co-occurrence of these behaviors. How many young people are at risk of all or most of the negative outcomes from risk behavior? Are there a small number of children who are most likely to end up in each of these sets of statistics? No one data set has been identified that meets all the necessary criteria (age, sex, antecedent characteristics, the full range of behaviors) to produce an estimate of what proportion of the youth population is at risk of all, some, and none of the negative outcomes from high-risk behavior. However, several data sets contain enough evidence to allow the construct of "synthetic estimates" of the number of high, medium, and low-risk children between the ages of 10 and 17. This process is elucidated in Chapter 7, which shows how various data sets can be combined to develop rough approximations of the proportion of young people who probably fall into the various risk groups. These proportions are then applied to the population to develop estimates of the numbers of children potentially in the target population for various interventions. These numbers are important tools for helping decision-makers and the general public understand the magnitude of the task of assisting high-risk youth.

Looking for Successful Programs

Having dealt with the quantification of the problems, we can then turn to the question of solutions. What works to prevent which kind of behaviors? The search for categorical programs designed to change specific behaviors leads beyond the library and into the field. The literature in the different areas (delinquency, substance use, adolescent pregnancy, and educational remediation) serves mainly to document that not very many human service programs have been scientifically evaluated.[4] However, we are greatly indebted to those programs that have been evaluated and are found to be effective; they prove that carefully planned and implemented social interventions do work. A number of evaluation efforts have

never been published, but it is possible through the process of networking with researchers, foundations, and organizations to identify research reports that contribute to our knowledge base. Some programs can only be documented through site visits. Personal contact does not generate data; observations, however, can often refine and even alter conclusions drawn from "harder" data. Chapters 8 to 12 describe the processes undertaken to identify well-evaluated programs and enumerate the evidence on which the determination was made that a program is a "successful model."

Certain programs emerge nationally as "the" models of prevention, despite the lack of scientifically acceptable evaluation data. In some instances, the reputation of a charismatic program director has led to discovery. In other instances, a public relations campaign has put the program in the news for the purposes of marketing curricula.

Demands of Program Evaluation

It is extremely difficult to prove that a program "causes" a change in behavior. If behavioral change can be measured, not an easy procedure, how can one prove that the change is attributable to the program? The following conditions are required: random assignment of a population to treatment and control groups and the capacity to track individual behavioral changes over time. If measurement is limited to pre- and post-surveys (do you drink, smoke marijuana, get in trouble with the police, have sexual intercourse, play "hookey"), there is no evidence generated of either long-term effects or diminished consequences. Survey responses may merely reflect a desire to please a teacher. It is possible to mount a program with an evaluation design that uses official statistics as a measurement tool—for example, school grades, arrest rates, or birth rates. In a sense, these are behavioral outcomes. But these kinds of data are difficult to collect, often inaccurate, and generally aggregated beyond applicability to a specific program.

It is not the purpose here to write a treatise on evaluation but merely to remind the reader that the state-of-the-art is far from perfect.[5] Nevertheless, where science may falter, common sense can be a great asset. Enough is known to proceed. It is not the lack of evaluation data that keeps this society from moving ahead to develop strong interventions to help disadvantaged children. Such qualities as leadership and commitment may be in shorter supply than research.

Theories of Prevention

The theoretical construct on which this book is based is relatively simple. Prevention interventions should be directed toward the common *antecedents* of the categorical problem behaviors rather than at the separate manifest behaviors. Thus, if it is concluded that children who act out through drugs, truancy, or early unprotected intercourse generally lack parental support and guidance, than the strategy for prevention should focus on making up for that lack in parental support. Inter-

TABLE 1.1. Framework for Developing Strategies for Prevention of High-Risk Behavior

PREVENTION INTERVENTIONS ↓ ANTECEDENTS	→ HIGH-RISK BEHAVIORS
Demographic	Delinquency and acting out
Age	Substance abuse
Sex	Early unprotected intercourse
Race and ethnicity	School failure and dropping out
Personal	
Expectations for education	
Perception of life options	
School grades	
Conduct, general behavior	
Religiosity	
Peer influence	
Peer use	
Conformity–rebelliousness	
Involvement in other high-risk behaviors	
Psychological factors	
Self-esteem	
Family	
Household composition	
Income, poverty status	
Parental education	
Parental role, bonding	
Parental practice of high-risk behaviors	
Culture in home	
Community	
Neighborhood quality	
Segregation	
School quality	
Employment situation	

ventions that focus only on the specific behaviors such as substance use and sexual activity might be less effective because they are not addressing the antecedents of the behaviors. Table 1.1 presents a graphic representation of this model of prevention. Antecedents are grouped by four general categories: demographic, personal, family, and community. In this construct, prevention strategies would be designed to influence and affect these different categories of antecedents simultaneously. Programs would be shaped to be appropriate for different demographic age/sex groups (since these variables are immutable).

This work builds on that of Richard Jessor and his colleagues who advanced the concept "problem behavior syndrome."[6] Using sample survey data, they showed the clustering of adolescent high-risk behaviors (e.g., drinking, smoking marijuana, precocious sexual intercourse) and claimed that this constituted a kind of adolescent life-style, "an organized constellation of behaviors rather than a col-

lection of independent activities."[7] According to Jessor, these behaviors had to be simultaneously addressed in order to change the life trajectory of these young people. He proposed that in each of the areas of life experience (personal, psychological, and social) negative "health compromising" behaviors had to be discouraged and positive "health enhancing" behaviors rewarded.

Most current prevention theories recognize the need for multidimensional approaches centering on family, school, and community. They build on our growing understanding of the interrelatedness of problem behaviors. Hawkins and his colleagues have promulgated the "social development model" to prevent a range of deviant behaviors.[8] Their research has led them to believe that the existence of strong social bonds to others exhibiting prosocial behaviors is an essential component of healthy childhood experience. Their model of prevention calls for three kinds of interventions to help high-risk children: the creation of opportunities for positive involvement with families, in schools, in communities, and among peers; the acquisition of social, cognitive, and behavioral skills to participate successfully in those social units; and the availability of reinforcements through consistent rewards for prosocial behavior.

Mueller and Higgins in their discussion of prevention models favor an "ecological framework" encompassing four different levels: individual or psychological, family, community or school, and societal.[9] They think of these environments as concentric circles surrounding an individual, and problems are defined as increasingly complex as they fall into more rings.

The emerging body of theories addressing prevention of substance abuse supports the multidimensional view (see Chapter 9). Gilbert Botvin, along with many others in his generation of researchers, believes that adolescent high-risk behaviors stem from a complex interplay of factors: social influences from parents, peers, and the media; personality characteristics; and values.[10] Thus, interventions must be designed to address these multiple antecedent factors by dealing with social influences and by teaching coping skills.

As we will see in the discussion of successful intervention programs, the Perry Preschool early childhood education program has received more attention than all others because of its documented success in altering the life course of participants.[11] This successful intervention was based on a very simple cause-effect model. The program designers focused on only two factors: setting and performance. By their definition, *setting* is the physical and social environment in which a child lives. *Performance* is behavior within the context of that specific setting. For their intervention, they characterized the setting as family poverty (unfavorable levels of parental education, occupation, and housing). The intervention was designed to offset the deleterious effects of poverty on school performance. A special curriculum was organized around the "key experiences" important for child development.[12]

While broad theories of prevention may be generally untested, some social and political scientists believe that enough is known to pursue specific strategies. Schorr bases a strategy on the facts linking high-risk behavior to poverty.[13] In her view, interventions must go beyond individual and personal aspects of children's lives and involve a large-scale social response. Her major theme is that sufficient

knowledge exists to match effective interventions with problem behaviors (e.g., she believes that unintended pregnancy can be reduced through better access to family planning services). Within this framework, the problem behaviors would be addressed directly (rather than the antecedents), but the interventions would be more targeted, more intense, and more effective.

Ginzberg et al. review the individual, family, institutional, and societal forces that may negatively impact on the development of young people. In their prevention strategy, racism, poverty, and single parenthood are the three powerful deterrents to the establishment of the protective and supportive environment that children need to help them develop and mature.[14]

Prevention strategies range from simple cause-effect models that identify one or two powerful antecedents of problem behavior for a program's focus to complex multivariable risk assessments that call for an array of interventions. Some analysts believe that since high-risk behavior derives largely from social disadvantage, major social changes in the economic system are required. They see the behaviors as symptoms of larger social issues. Other analysts believe that interventions must be targeted on individuals and families, to modify behavior rather than to change institutions.

Building a Prevention Strategy

Despite shortcomings in program evaluation, many common themes run through the research from all prevention fields. As we will see, a review of the "what works" literature (Chapters 9 to 12) will reveal a number of common components (Chapter 13). But the programs in each field are typically aimed at only one behavior, supporting the hypothesis that program planners think that each behavior emanates from a different part of the child. There are good and sufficient reasons why programs such as pregnancy prevention, substance abuse, school remediation, and delinquency prevention developed along categorical lines. Most problem-oriented approaches emerged from crises: the epidemic of teen pregnancy, crime in the streets, plummeting SAT scores, and, most recently, the "crack" disaster. The AIDS catastrophe has only recently emerged as a potential problem for inner city youngsters. Public funding, the support base for all large-scale efforts, responds to crises; money is generated by pressure groups who have to fit their demands into the exigencies of line-item budgets. Consider the crises just mentioned here and the structure of the U.S. government—each problem is the responsibility of a different bureaucratic jurisdiction, and this fragmentation carries down to the state and local levels (see Chapter 8). And the private sector mirrors the public sector with endless programs following along categorical lines, furthering the particular interests of the volunteer board that makes the policies and raises the money.

This structure for the delivery of services is not immutable. All over the country, programs are emerging that address the multiple needs of disadvantaged youngsters in a more comprehensive fashion. Chapter 14 describes programs that jointly address school failure, teen pregnancy, substance abuse, and delinquency. This holistic approach is being encouraged by state and local initiatives and foun-

dations, which are moving intervention in the direction of collaborative, multi-agency efforts. The research leads to a strategy for developing a broad-based program at the community, state, and national levels, what we have called a Youth Development Initiative. The components that make up the package are drawn from documented evidence of what works.

In sum, this book reviews and abstracts state-of-the-art prevention strategies that have focused on problem behaviors. The prevention model directs interventions toward the common antecedents of these behaviors rather than toward the specific acts. This is an attempt to offer a workable, commonsense strategy for assisting disadvantaged children aged 10 to 17 to move ahead in school by lowering their risk of early childbearing, substance abuse, and delinquency. An assumption of this strategy is that existing institutions are amenable to change. And the knowledge base required for designing more effective programs, though fragmented, is sufficient to move ahead.

Notes

1. Ginzberg et al. used the term "ineffective performers" to describe adolescents at risk—i.e., young people who would not be able to support themselves or their dependents, would get in trouble with the law, would not be able to sustain a long-term marital relationship, or serve in the armed forces. See E. Ginzberg, H. Berliner, and M. Ostow, *Young People at Risk: Is Prevention Possible?* (Boulder, Colo.: Westview Press, 1988).
2. See L. Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage* (New York: Doubleday, 1988), pp. 1–22.
3. *Prevalence* is defined as the total number of cases at a given time. *Incidence* is the number of new cases occurring within a time frame, usually a year.
4. For a useful summary of the status of prevention program research, see D. Mueller and P. Higgins, *Funders' Guide Manual: A Guide to Prevention Programs in Human Services* (St. Paul, Minn.: Wilder Foundation, April 1988).
5. See P. Rossi and H. Freeman, *Evaluation* (Newbury Park, Calif.: Sage, 1985); S. Shortell and W. Richardson, *Health Program Evaluation* (St. Louis: Mosby, 1978).
6. R. Jessor and S. Jessor, *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth* (New York: Academic Press, 1977).
7. MacArthur Foundation, *At Issue* (Spring 1988).
8. J. Hawkins and J. Weis, "The Social Development Model: An Integrated Approach to Delinquency Prevention," *Journal of Primary Prevention* 6 (1985): 73–97.
9. Mueller and Higgins, *Funders' Guide Manual*, p. 7.
10. G. Botvin, "The Life Skills Training Program as a Health Promotion Strategy: Theoretical Issues and Empirical Findings," in J. Zins, ed., *Health Promotion in the Schools* (New York: Haworth Press, 1985).
11. J. Berrueta-Clement, L. Schweinhart, W. Barnett, A. Epstein, and D. Weikart, *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19* (Ypsilanti, Mich.: High/Scope Press, 1984).
12. D. Wiekart, *Quality Preschool Programs: A Long-Term Social Investment* (New York: Ford Foundation, 1989).
13. Schorr, *Within Our Reach*, pp. 30–32.
14. Ginzberg et al., *Young People at Risk*, pp. 122–31.