Research FAQs
May 2012 Update

HOW DID CAPTURING KIDS' HEARTS™ (CKH) BEGIN?

Through his experience working with at-risk youth, Flip Flippen saw the need for a program to help adults create meaningful and healthy relationships with children and youth.

WHY WAS IT DEVELOPED?

Flip believes that improving relationships with adult role models helps all students, including at-risk students, succeed in life. The following description was presented in our application to a national "evidence-based program" list:

The CKH process is a research-based school program designed to strengthen students' connectedness to school through enhancing protective factors (strong bonds with teachers, clear rules of conduct that are consistently enforced) and targeting modifiable risk factors (inappropriate behavior, poor social coping skills). Results from the National Longitudinal Study on Adolescent Health demonstrated that student connectedness reduced negative behaviors in four domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality.

HOW WAS IT PILOTED?

It was piloted as an after-school program. Information about the pilot program is provided in a dissertation thesis (1a) and a peer-reviewed journal article (1b).

1a   Cirillo, K. J. "Effects of a Social-Cognitive Group Intervention on Violence, Empathy, and Personal Development in At-Risk High School Students." Texas A&M University, 1994. United States -- Texas: *Dissertations & Theses @ Texas A&M System; ProQuest Dissertations & Theses (PQDT)*. Web. 25 Apr. 2012.

1b   Cirillo-Teverbaugh, K.J. "Adolescent loneliness: Implications and intervention strategies." *Eta Sigma Gamma Student Monograph Series*. 12.1 (1994): 1-10. Print.

HOW WAS IT STUDIED?

The researcher used a *quasi-experimental* research design and relied on established survey tools to document changes for a number of outcomes.

- Students were surveyed about their perceived **progress in developing leadership skills.** The researcher used two of the ten subscales defined in the Leadership and Personal Development Inventory (developed by Richard I. Carter in 1989 at Iowa State University). The two subscales used in this study were *attitude toward group work* and *personal development*.

- Students were asked about their **feelings of loneliness** using the Revised UCLA Loneliness Scale, a 20-item, Likert-type assessment for measuring several aspects of loneliness. The choice of '1' for a survey item indicated 'least lonely' feelings whereas the choice of '4' indicated 'most lonely' feelings. Thus, the minimum ('least lonely') score was 20 (1 x 20 items) and the maximum ('most lonely') score was 80 (4 x 20 items).

- Students were asked for their perspective concerning the **extent of openness or freedom to exchange ideas, trust and honesty, and emotional tone of interactions** with their parents. The researcher used two subscales, *open family communication* and *problems in family communication*, defined in the Parent-Adolescent Communication Scale.

- Students' **self-esteem** was measured using the Texas Social Behavior Inventory, a 16-item Likert-type assessment that measures *self-confidence* as well as *confidence in social situations.*

WHAT IS EXPERIMENTAL DESIGN?
Experimental design is a research study design used to test cause-and-effect relationships between variables. Experimental design requires an intervention and control group as well as *random assignment* of participants to either the intervention or control group. A study using experimental design is often referred to as a randomized controlled trial.

WHAT IS QUASI-EXPERIMENTAL DESIGN?
Quasi-experimental design is a research study design used to test cause-and-effect relationships between variables. Quasi-experimental design also requires an intervention and control group, but *does not use random assignment* of participants to the intervention and control groups. This type of design is generally used when random assignment of participants into treatment groups is not possible. A study using quasi-experimental design is often referred to as a nonrandomized controlled trial.

WHAT IS A LIKERT SCALE?
A Likert scale measures the degree to which people agree or disagree with a survey statement.

HOW HAS THE PROGRAM BEEN MODIFIED?
The CKH process has been modified from being an after-school program to one that is implemented in the classroom, as a school-wide model, and as a district-wide initiative.

We offer the following trainings to support the CKH process:

1. Capturing Kids' Hearts™ (CKH) – a three-day teacher and administrator training program that provides school faculty with the skills they need to model and teach relational skills, communicative competencies, problem solving skills, citizenship, and consequential thinking. This program provides the foundation on which teachers build effective classroom management strategies including engaging students at the beginning of class, developing classroom expectations for behavior, providing effective feedback, and identifying and addressing conflict. Schools may choose to offer the **Capturing Kids' Hearts™–Teen Leadership (CKH-TL)** curriculum taught by faculty members with advanced training in **CKH. CKH-TL** is a semester or full-year course elective that is approved for course credit in some states. Through the **CKH-TL** curriculum, students learn to develop healthy relationships, recognize and resist peer pressure, build public speaking skills, make responsible decisions, resolve conflicts and develop a sense of personal responsibility.

2. Process Champions – a two-day teacher and administrator training program that reinforces **CKH** skills and develops leaders to act as onsite **CKH** mentors, helping their colleagues apply and master all aspects of the training so that the process is implemented with fidelity.

3. Capturing Kids' Hearts™–Campus by Design (CKH-CBD) – a skill intensive, systemic process designed to develop high-performing school cultures, align organizational and individual behaviors to outcomes, and increase school connectedness. As a result of implementing this integrated approach, 1) faculty members build an intentional culture that emphasizes connectedness with students and with each other, 2) negative behaviors are minimized while learning is maximized, and 3) students acquire communication and conflict resolution skills that help them succeed in school and beyond graduation.

4. Campus Consulting – offered under the **CKH-CBD** plan, these are two separate two-day sessions that provide the opportunity for campus administrators and Process Champions (teacher mentors) to work one-on-one with a lead consultant. These sessions help improve implementation of the **CKH-CBD** process. One session is offered in each school term (fall and spring).

5. Phone Consulting – also only available under the **CKH-CBD** plan, these are one-hour phone calls that provide support for campus administrators and Process Champions as they implement the **CKH-CBD** process. During the calls, the lead consultant may assist with setting **CKH-CBD** implementation expectations, dealing with conflict, establishing an effective communication system, or addressing other issues that require attention. The phone calls are conducted on a monthly basis during the school year.

HAS THE CKH PROCESS BEEN PROVEN VALID AND RELIABLE?

In addition to numerous Ph.D. dissertations and case studies, there are five research articles published in peer-reviewed journals that demonstrate the effectiveness, validity, and reliability of the process.

- Cirillo-Teverbaugh, K.J. "Adolescent loneliness: Implications and intervention strategies." *Eta Sigma Gamma Student Monograph Series.* 12.1 (1994): 1-10. Print.

- Sherwood, R. "It all began with a handshake." *Effective Schools Project Journal.* 9 (2003): 6-11. Print.

- Castro, V., Johnson, M. B., and Smith, R. "Self-reported resilient behaviors of seventh and eighth grade students enrolled in an emotional intelligence based program." *Journal of School Counseling.* 6.27 (2008): n.page. Web Apr. 2012. http://www.jsc.montana.edu/articles/v6n27.pdf.

- Holtzapple, C.K. "Measuring behavioral outcomes associated with comprehensive character education programs: A practical approach to using fewer schools in school-randomized controlled trials while maintaining adequate statistical power." *Journal of Research in Character Education.* 9.1 (2011): 57-69. Print.

- Holtzapple, C.K., Griswold, J.S., Cirillo, K.J., Rosebrock, J., Nouza, N., and Berry, C. "Implementation of a school-wide adolescent character education and prevention program: Evaluating the relationships between principal support, faculty implementation, and student outcomes." *Journal of Research in Character Education.* 9.1 (2011): 71-90. Print.

WHAT DOES WHAT WORKS CLEARINGHOUSE (WWC) OR SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP) SAY ABOUT OUR PROGRAM?

We have submitted our program to the National Registry of Evidence-based Programs and Practices (NREPP), which is maintained and updated every year by the Substance Abuse and Mental Health Services Administration (SAMHSA). Our application was accepted for review, so our CKH process will be on the NREPP list as soon as the review process is complete (2012).

The following page provides the response received from the NREPP review manager, stating our submission documents meet the minimum NREPP review requirements:

Dear Applicant:

The National Registry of Evidence-based Programs and Practices (NREPP), a project of the Substance Abuse and Mental Health Services Administration (SAMHSA), has determined that your submission meets the minimum NREPP requirements. These requirements are:

- The intervention has produced one or more positive behavioral outcomes ($p \leq .05$) in mental health or substance use among individuals, communities, or populations.
- Evidence of these outcomes has been demonstrated in at least one study using an experimental or quasi experimental design. Quasi-experimental designs do not require random assignment but do require a comparison or control group and pre- and post intervention assessments; this category includes longitudinal/ multiple time series designs with at least three pre intervention or baseline measurements and at least three post intervention or follow-up measurements.
- The results of these studies have been published in a peer-reviewed journal or other publication or documented in a comprehensive evaluation report.
- Implementation materials, training and support resources, and quality assurance procedures have been developed and are ready for use by the public.

Your program was screened following the guidelines described in SAMHSA's June 30, 2009, Federal Register Notice. We will contact you again to notify you if your program was selected for review.

We thank you for your submission and will be in touch with you in the next few weeks.

If you have any questions or concerns, please let us know.
 Stephen E. Gardner, Ph.D.
Program Review Manager
NREPP
MANILA Consulting Group, Inc.
sgardner@manilaconsulting.net
571-633-9797, ext. 228

Lizbeth E. Castro
NREPP
MANILA Consulting Group, Inc
lcastro@manilaconsulting.net
571-633-9797, ext. 232

Our process was accepted for review by NREPP in May, 2011.

Below is additional information about our process and the research studies supporting it. Some of the information has been cut and pasted into the questions listed above.

DESCRIPTIVE INFORMATION

Topics	Mental health promotion, Substance abuse prevention
Areas of Interest	Environmental strategies
Outcomes	Outcome 1: Academic Achievement (protective factor)
	Outcome 2: Problem behaviors (risk factors)
	Outcome 3: Pro-social skills (protective factors)
	Outcome 4: General Socio-Emotional (protective factors)
Study Populations	Age: 13-17 (Adolescent) Gender: Female, Male Race: Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	The Flippen Group was founded by M.B. (Flip) Flippen in College Station, Texas, in 1990. Since then, components of the company's process have served teachers and students in more than 6,000 school settings. ***CKH*** has been implemented in urban, suburban, and rural areas with a wide variety of ethnic, cultural, and socioeconomic groups. The company's programs have been used in 47 states and have been implemented internationally in 12 countries. Components of the program have been used in a variety of contexts including school districts and additional school-related sites (such as alternative schools and after-school programs), juvenile courts and probation, welfare and other social services, businesses, law enforcement, and others. The duration of implementation varies, with some customers using the program for as long as 10 years.
Replications	
Adaptations	The Flippen Group provides trainers who are bilingual in Spanish, and will adapt the training to special groups needing Spanish translation. The training has also been adapted for parent groups.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.

Public or Proprietary Domain	Proprietary
Costs	**Capturing Kids' Hearts™–Campus by Design** consists of: **Capturing Kids' Hearts™**, a three-day, off-site training for teachers and administrators; includes the teacher training manual (please ask about current pricing) **Process Champions**, a two-day training for campus mentors; includes the teacher training manual **Campus Consulting**, two, two-day onsite consulting sessions **Phone Consulting**, one-hour consulting sessions *Additional advanced training opportunities:* **Capturing Kids' Hearts™–Teen Leadership**, a one-day training that leads to certification as a *CKH–TL* teacher
Institute of Medicine Category	Indicated, Selective, Universal

OUTCOME 1: ACADEMIC ACHIEVEMENT

Description of Measures	Academic achievement was measured using passing rates in English, math, and social studies from the previous year's (2001) first six weeks, the total freshman class' passing percentage in the first six weeks of 2002, and the passing rate of **CKH-TL** students in the first six weeks of 2002.
Key Findings	In six weeks, intervention students achieved a 19.3% higher passing rate in English classes (95.5%) than did control students (76.2%). In six weeks, intervention students achieved an 11.9% higher passing rate in math classes (92.6%) than did control students (80.7%). In six weeks, intervention students achieved a 7.5% higher passing rate in social studies classes (98.5%) than did control students (91.0%). In six weeks, intervention students achieved an 11% lower overall failure rate.
Study Measuring Outcome	**Study 2** *(Study numbers correspond to the numbered citations in the Research Studies section below.)*
Study Designs	Quasi-experimental

OUTCOME 2: PROBLEM BEHAVIORS

Description of Measures	Change from baseline for problem behavior was measured using school-level archival data for attendance and disciplinary referrals, which included suspensions and incidents related to violence; disobedience; use of alcohol, tobacco and other drugs; and violations of school rules.
Key Findings	In one study (#2), the attendance rate for students in the intervention group was 2.4% higher than the attendance rate for all students (98.0% vs. 95.6%). In a second study (#4), at-risk seventh and eighth grade students enrolled in the **CKH-TL** program were randomly assigned to treatment or control groups. Mann-Whitney U Test distributions for office referral ranks pre- and post-treatment demonstrated that students in the treatment group on average experienced a greater decrease in the number of office referrals for disciplinary reasons when compared with those in the control group. In another study (#5), records of disciplinary referrals were obtained for the three years (SY 2005, 2006, 2007) prior to the study. Analyses measuring the change from baseline (mean score derived from 2005-2006, 2006-2007, and 2007-2008 discipline referrals) to one school-year post-implementation (May 2009) demonstrated that discipline referrals decreased 22% in intervention schools whereas they increased 11% in control schools. A random-intercept, permutation model (SAS: intercept + block + treat) supported a calculated Hedge's g standardized effect size of -2.1 (df = 7).
Studies Measuring Outcome	**Study 2, 4, 5** *(Study number corresponds to the numbered citations in the Research Studies section below.)*
Study Designs	Quasi-Experimental; Experimental; Experimental

OUTCOME 3: PRO-SOCIAL COMPETENCIES

Description of Measures	Change in behaviors was measured using direct observation of classrooms. The **CKH-CBD** evaluation form was used to collect data.
Key Findings	One study investigated the effect of **CKH-CBD** on student acquisition of pro-social competencies. The results demonstrate that the level of support exhibited by school leadership (principal) was positively correlated to the level of **CKH-CBD** implementation by teachers in the classroom, and that the level of implementation (skill modeling) by teachers was positively correlated to the level of pro-social skills acquired by students. At one school year post-implementation, students' pro-social skills and competencies (respect, caring concern for others, communicative competencies, citizenship, and problem solving) as measured by direct observation of classrooms increased significantly in the intervention schools. The composite score as well as sub-category scores for pro-social outcomes are provided below. By the end of one school year: Students in intervention schools exhibited behaviors involving Personal Morality (sense of justice/fairness and respect) at a level 53% greater than the level exhibited in control schools. Students in intervention schools exhibited Pro-Social Behaviors (caring concern, teamwork, helping others, sharing) at a level 42% greater than the level exhibited in control schools. Students in intervention schools exhibited behaviors involving Communicative Competencies (communication skills, attentive listening) at a level 47% greater than the level exhibited in control schools. Students in intervention schools exhibited behaviors involving Citizenship (democratic values) at a level 55% greater than the level exhibited in control schools. Students in intervention schools exhibited Problem Solving Skills (consequential thinking, behavioral adjustment, conflict resolution) at a level 26% greater than the level exhibited in control schools.

Study Measuring Outcome	Study 5
	(Study numbers correspond to the numbered citations in the Research Studies section below.)
Study Designs	Experimental

OUTCOME 4: GENERAL SOCIO-EMOTIONAL

Description of Measures	Students' perceptions of their own personal development in regards to obtaining leadership skills were measured using two subscales (attitude toward group work and personal development) of the Leadership and Personal Development Inventory.
	Adolescents' feelings of loneliness were measured using the Revised UCLA Loneliness Scale, a 20-item, Likert-type assessment for measuring several aspects of loneliness. Each item has a minimum score of one, indicating the least lonely position, and a maximum score of 4, indicating the most lonely position. Thus, the total score has a potential for a minimum "least lonely" score of 20 to a maximum "most lonely" score of 80.
	The extent of openness or freedom to exchange ideas, trust and honesty, and emotional tone of interaction were measured using two subscales (open family communication and problems in family communication) of the Parent-Adolescent Communication Scale.
	Students' self-esteem was measured using the Texas Social Behavior Inventory, a 16-item Likert-type assessment that measures self-confidence as well as confidence in social situations.
	Students' connectedness and ability to make smart choices were measured using the **CKH-TL** Student Survey and through interviews using semi-structured, open-ended questioning strategies.

Key Findings	The ten-week intervention focused on building social skills, facilitating supportive social bonds, restructuring negative thought patterns about self and others, introducing coping strategies for dealing with loneliness, developing communication skills, and enhancing pro-social involvement with the school, community, peers, and parents. The results indicate that the program is effective in increasing self-esteem, attitude toward group work, personal development, mother-adolescent communication and father-adolescent communication. These outcomes did not change significantly in the control group. Simple main effects analyses for the intervention group across time were conducted for each of the following outcomes:
	Self-esteem (Range 0 – 64) increased 16% from 40.33 to 46.91. Attitude toward group work (Range 25-175) increased 7% from 124.39 to 132.97. Personal development (Range 24-168) increased 8% from 136.36 to 147.25. Loneliness (Range 20-80) significantly decreased 15% from 37.89 to 32.50. Mother-adolescent communication (Range 20-100) increased 13% from 62.44 to 70.63. Father-adolescent communication (Range 20-100) increased 11% from 60.75 to 67.42. In another study (#3), intervention students who participated in the semester long **CKH-TL** class were significantly more connected to their teachers than students in the control group. Survey scores indicated that intervention students made significantly smarter behavioral choices than students in the control group.
Studies Measuring Outcome	**Study 1a, 1b, 3** *(Study numbers correspond to the numbered citations in the Research Studies section below.)*
Study Designs	Quasi-experimental; Quasi-experimental; Experimental

STUDY POPULATIONS

Study	Age	Gender	Race/Ethnicity
Study 1	14-17 (Adolescent)	61% Female 39% Male	Not specified
Study 2	13-17 (Adolescent)	Not specified	Not specified
Study 3	13-17 (Adolescent)	54% Female 46% Male	52% White 44% Hispanic or Latino 3% Black or African American
Study 4	7th – 8th Grade	Not specified	Not specified
Study 5	13-17 (Adolescent)	50% Female 50% Male	62% White 28% Hispanic or Latino 4% Black or African American

RESEARCH STUDIES
(There are five studies, with some studies having more than one citation.)

1a
Cirillo, K. J. "Effects of a Social-Cognitive Group Intervention on Violence, Empathy, and Personal Development in At-Risk High School Students." Texas A&M University, 1994. United States – Texas: *Dissertations & Theses @ Texas A&M System; ProQuest Dissertations & Theses (PQDT).* Web. 25 Apr. 2012.

1b
Cirillo-Teverbaugh, K.J. "Adolescent loneliness: Implications and intervention strategies." *Eta Sigma Gamma Student Monograph Series.* 12.1 (1994):1-10. Print.

2
Sherwood, R. "It all began with a handshake." *The Effective Schools Project Journal.* 9 (2003): 6-11. Print.

3
Danaher, A.C. "Character Education: The Impact of a Teen Leadership Program on Student Connectedness." Texas A&M University, Kingsville, 2006, United States – Texas: The dissertation is available from the library at Texas A&M University, Kingsville, 2006, United States – Texas: *Dissertations & Theses @ Texas A&M System; ProQuest Dissertations & Theses (PQDT).* Web. 30 Apr. 2012.

4
Castro, V., Johnson, M. B., and Smith, R. "Self-reported resilient behaviors of seventh and eighth grade students enrolled in an emotional intelligence based program." *Journal of School Counseling.* 6.27 (2008): n.page. Web Apr. 2012. http://www.jsc.montana.edu/articles/v6n27.pdf.

5a

Holtzapple, C.K. "Measuring behavioral outcomes associated with comprehensive character education programs: A practical approach to using fewer schools in school-randomized controlled trials while maintaining adequate statistical power." *Journal of Research in Character Education.* 9.1 (2011): 57-69. Print.

5b

Holtzapple, C.K., Griswold, J.S., Cirillo, K.J., Rosebrock, J., Nouza, N., and Berry, C. "Implementation of a school-wide adolescent character education and prevention program: Evaluating the relationships between principal support, faculty implementation, and student outcomes." *Journal of Research in Character Education.* 9.1 (2011):71-90. Print.