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## Implementing a Comprehensive Program for the Prevention of Conduct Problems in Rural Communities: The Fast Track Experience<sup>1</sup>

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### Abstract

Childhood conduct problems are predictive of a number of serious long-term difficulties (e.g., school failure, delinquent behavior, and mental health problems), making the design of effective prevention programs a priority. The Fast Track Program is a demonstration project currently underway in four demographically diverse areas of the United States, testing the feasibility and effectiveness of a comprehensive, multicomponent prevention program targeting children at risk for conduct disorders. This paper describes some lessons learned about the implementation of this program in a rural area. Although there are many areas of commonality in terms of program needs, program design, and implementation issues in rural and urban sites, rural areas differ from urban areas along the dimensions of geographical dispersion and regionalism, and community stability and insularity. Rural programs must cover a broad geographical area and must be sensitive to the multiple, small and regional communities that constitute their service area. Small schools, homogeneous populations, traditional values, limited recreational, educational and mental health services, and politically conservative climates are all more likely to emerge as characteristics of rural rather than urban sites (Sherman, 1992). These characteristics may both pose particular challenges to the implementation of prevention programs in rural areas, as well as offer particular benefits. Three aspects of program implementation are described in detail: (a) community entry and program initiation in rural areas, (b) the adaptation of program components and service delivery to meet the needs of rural families and schools, and (c) issues in administrative organization of a broadly dispersed tricounty rural prevention program.

### Keywords

conduct problems; rural areas; prevention programs

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Conduct problems are the most prevalent and among the most intractable of the mental health problems of childhood (Kazdin, 1987; Loeber & Dishion, 1983; McMahon & Wells, 1989). Due to their serious consequences, conduct problems have been studied extensively

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by developmental and clinical researchers (Loeber, 1990; Patterson, 1982). Reliable risk factors have been identified and several promising intervention strategies have been developed (Kazdin, 1987). However, despite evidence that child problem behaviors can be reduced in short-term clinical trials, no study to date has demonstrated the effective long-term prevention of conduct disorder (Kazdin, 1987). Nor have the processes of implementation and impact of programs preventing conduct problems been examined in communities that vary widely in terms of their demographic characteristics and cultural heritage.

In 1990, the Fast Track Program was developed to evaluate the feasibility and effectiveness of a comprehensive, multicomponent prevention program targeting children at risk for conduct disorders in four demographically diverse sites: rural Pennsylvania; Seattle, WA; Durham, NO, and Nashville, TN (Conduct Problems Prevention Research Group [CPPRG], 1992). At each of these sites, schools were randomly assigned to the intervention or control condition. Three cohorts of families and children are participating currently in a long-term developmental study that provides ongoing comparative information about the development of children at each of the sites and about the progress and outcomes of children who are or are not receiving the prevention services. The prevention program involves a 6-year span of prevention activities, covering the important developmental transitions of school entry and the transition to middle school.

At the universal level, the intervention includes a classroom curriculum that is taught by teachers at randomly assigned intervention schools at each of the three urban sites and at the rural site (see Bierman, Greenberg, & CPPRG, 19%). An adapted version of the PATHS (Promoting Alternative THinking Strategies) Curriculum, originally developed by Greenberg and Kusche (1993) is used, which focuses on skills in four domains related to school success: (a) prosocial behavior and friendship skills, (b) emotional understanding and self-control skills, (c) communication and conflict resolution skills, and (d) problem solving skills. The curriculum includes a developmental progression of skills across Grades 1–5.

In addition to the universal level of intervention, the Fast Track Program includes selective interventions for children who were identified as at risk for future conduct problems during a kindergarten screening (see Lochman & CPPRG, 1995, for details). Selective interventions include parent training, home visiting, parent–child relationship enhancement, social skills training, peer-pairing social skills support, and academic tutoring (Bierman et al., 1996; CPPRG, 1992; McMahon, Slough, & CPPRG, 1996).

The purpose of the present paper is to focus on some of the lessons learned about the implementation of this large, multicomponent prevention program in the rural areas of central Pennsylvania. This paper begins with an overview of the characteristics of the central Pennsylvania site and some of the features that differentiate it from the urban sites that have had an impact on program implementation. Then, program experiences having to do with three core areas of implementation are described: (a) the processes associated with entering the rural communities and forming trusting relationships with school personnel and families, (b) the processes associated with the delivery of the various components of intervention, and (c) the processes associated with the administrative organization of a broadly dispersed, tricounty rural prevention program.

## CHARACTERISTICS OF THE RURAL SITE

### General Description

In describing the implementation of the Fast Track prevention program at the rural site, it is important to emphasize the characteristics of this particular geographical region. Given its

demography and cultural heritage, rural Pennsylvania is different in some significant ways from rural areas of the Midwest, Southern states, or Western areas of the country. Therefore, the specific characteristics of this site should be considered and generalizations to other rural areas should be made with caution.

Although the state of Pennsylvania is polarized at each end by large, urban areas (e.g., Philadelphia, Pittsburgh), it also has one of the largest rural (nonmetropolitan) populations in the nation. Central Pennsylvania, where the Fast Track program is underway, is characterized by hills and valleys, with the Appalachian Mountains running across the area. Small towns are scattered through the extensive areas of woods and pastureland that constitute the area. Like many rural areas, the political climate is conservative, and religion and family life play a central role in the culture (Beltrame, 1978; Human & Wasem, 1991; Melton, 1983). The cultural heritage is predominantly Germanic. The population is very stable (80% of the people living in the region were born there), and ethnically homogeneous (99% white in the school districts served by the project).

The administrative offices for the Fast Track program are located in State College, a college town in the center of the state that houses Pennsylvania State University. The rural regions served by the project are located in three different counties, to the west, east and south of the University; the University town and region itself is not considered “rural” and is not included in the field trial. Each of the participating school districts serves a rural area with one central large town (with populations ranging from 4,500 to 9,800). Although considerable areas of the central Pennsylvania region are devoted to farming, the majority of the at-risk families served in the Fast Track program live in small towns. Laboring jobs (truck driving, service occupations) or unemployment are more common than farming occupations among the families served.

In contrast to the rural Pennsylvania site, the other three sites of the Fast Track program are large metropolitan centers where the program serves economically disadvantaged, ethnically diverse, inner-city neighborhoods. Although there are many areas of commonalities in program experiences and program implementation, rural/urban differences have emerged, mostly due to two key characteristics of the rural site: (a) its geographic dispersion and regionalism, and (b) the small, stable, and insular structure of the rural communities.

### **Geographical Dispersion and Regionalism**

When one considers the process of implementing a community-based prevention program, one important issue is the definition of the community itself. At the Pennsylvania site, communities define themselves in large part along the lines of the formal school districts. Unlike the three urban sites, where school districts are large metropolitan organizations, the school districts in central Pennsylvania are small and regional. At the rural site, three different school districts are participating in the Fast Track program, each located in a different county. Each school district has its own administrative structure, its own set of procedures related to program development, and its own set of dynamics and history in relation to new program implementation. The small, geographically dispersed, and regional community organization of central Pennsylvania created some unique challenges to the implementation of the prevention program, but also offered some distinct benefits when compared to the large, centralized, and metropolitan communities of the three urban sites.

On the one hand, initial community entry and implementation processes were complicated at the rural site, as all procedures had to be completed in triplicate. That is, rather than one set of administrative clearances, it was necessary to pursue three different sets. Rather than developing collaborative relationships with one set of community agencies, it was necessary to develop an understanding of and establish relationships with the community members and

agencies in each of the three different counties separately. That is, despite being one site, the rural area involved work with three separate and distinct communities.

On the other hand, although more time consuming initially, the small and regional nature of the rural area has proven to be advantageous for program implementation over time. Leadership positions within the school districts and within the rural communities are held by a relatively small and easily defined set of individuals. The high level of stability that characterizes the population as a whole is also reflected in the stability of individuals holding key leadership positions in the community over time. Hence, although it took time initially to establish connections within each of the small communities, these connections (once established) appear likely to be long-lasting.

The process of entering the three communities is described in more detail in a later section, along with some of the other challenges posed by the geography of the site, including organizational/administrative issues, transportation problems, and coping with the relatively low rate of mental health, educational, and recreational services available in the rural areas.

### Stability and Insularity

A second characteristic of the small, regional, and stable communities of rural Pennsylvania is that they represent fairly “closed” social systems. When sociologists have characterized “rural culture” in terms of attitudes and belief systems, the closed nature of these systems is evident both in terms of the size and characteristics of the social networks available in rural areas and also in terms of the psychological orientation toward “outsiders” and “outside influences” (Human & Wasem, 1991; Melton, 1983). For example, in rural areas, individuals tend to have relatively few, but long-term, interpersonal relationships (Bachrach, 1983; Photiadis & Simoni, 1983). A conservative political climate prevails, along with a preference for traditional educational and parenting practices, an emphasis on conventional behavior and conformity to traditions, and a belief in self-sufficiency (Beltrame, 1978; Human & Wasem, 1991). Innovative changes, in general, are typically viewed with wariness, and mental health services may be rejected if they are offered by outsiders whose mission and unfamiliarity make them suspect (Heyman, 1986; Human & Wasem, 1991).

The stable and insular nature of the rural communities in central Pennsylvania affected parent and teacher preferences for various intervention components offered in the Fast Track Program. For example, relatively low rates of child behavior problems were exhibited in the rural classrooms where order, obedience, and respect for authority were highly valued. Innovations in school discipline or classroom management practices were viewed initially with considerable skepticism (why fix something that is not perceived as broken?). On the other hand, many rural teachers were concerned about social cliques and ostracism in their classes—problems that were particularly salient in the stable and closed social systems that characterized the rural classroom communities. Hence, teachers were highly supportive of intervention services designed to improve the peer relations and reduce the ostracism of rejected children.

In other cases, it was the process rather than the content of the intervention components that was affected by rural culture. For example, rural families experienced problems with child behavior and family dysfunction (e.g., marital discord, domestic violence, harsh and punitive discipline practices) that were similar to those experienced by urban families (Hope, Bierman & CPPRG, 1995). Accordingly, rural families, like urban families, showed considerable interest in the family-focused services offered by *Fast Track* (e.g., parent training, parent-child relationship enhancement, home visiting). However, several aspects of rural culture such as greater reticence and discomfort discussing family problems in public

settings affected the form and process of the parenting groups, as described more fully in a later section.

The advantages and challenges posed by the stability and insularity of the rural communities are illustrated further in the next sections that describe the processes involved in the entry and initiation of the Fast Track prevention program, the tailoring of intervention components and service delivery processes in the rural area, and the development of a working administrative organization at the rural site.

## ENTRY PROCESSES

Community psychologists have argued compellingly about the importance of the entry process in the establishment of viable community-based prevention programs (Elias & Clabby, 1992). It has been suggested that, unless community members agree with the basic purpose and method of a prevention program, and unless they feel some “ownership” of the program, they will not be motivated to support the implementation of the program in the long run. Prevention programs such as Fast Track require the active involvement of community members. To be effective, school personnel and parents must become committed to the program and willing to invest in the process of making the changes supported by the program.

The entry process operates at both a “formal” and an “informal” level. At the formal level, the approval and support of the key school administrators (superintendents, principals, school board members) was needed to introduce the program into the community. At the informal level, it was critical to gain the active support of teachers and parents who were asked to become involved as agents of the intervention process. Of course, entry issues are critical at any site, whether rural or urban. However, some of the entry issues experienced by the Fast Track Program did seem to vary across site, with the following issues emerging as particularly salient at the rural site.

### Establishing Collaborative Relationships with Schools

As mentioned, the rural site comprised three distinct communities, necessitating three parallel lines of effort directed at establishing positive relationships with schools and communities. In general, the formal process of school entry was straightforward in each of the three participating rural school districts. All of the school administrators approached were motivated to garner additional services for children with school behavior problems, all were supportive of providing services for parents of at-risk students, and all were interested in providing teachers with additional training in a basic prevention curriculum. Information meetings were held at each elementary school in each district to allow teachers to hear about the program and to decide (on a building level) whether they wanted to participate in the program. No school declined. In terms of formal support before the program actually began, administrators and teachers alike indicated an interest in helping children with school behavior problems and a willingness to become involved in the field trial.

Attaining formal support for the program through administrative channels was a necessary but not sufficient level of support for the Fast Track program. In addition, it was critical for individual teachers in the intervention schools to embrace the intervention, because they were responsible for the implementation of the classroom prevention curriculum and were the gatekeepers for the scheduling of supplemental school-based services for at-risk students, such as tutoring. Gaining the support of individual teachers proved to be a time-consuming task during the first 2 years of the program, and extensive staff time was devoted to establishing a positive presence and personal relationships with individual teachers in each of the school buildings.

The degree of difficulty associated with informal entry into the social systems existing in each school varied greatly by school building. In central Pennsylvania, as in other rural areas, schools tend to be smaller and more dispersed geographically than in urban areas, and organized around neighborhoods. In general, when rural schools are compared to urban schools, school expenditures per pupil are lower in rural areas, teachers typically offer a narrower range of curriculum, and teachers are often older, more poorly paid, and less well-trained than their urban counterparts (Sherman, 1992).

The basic effect of these characteristics is the creation of social systems within rural schools that are more stable and self-contained than those in urban schools comprising larger and more fluid teaching staffs. In some cases, the stable, self-contained social systems we encountered in rural schools had a positive orientation toward innovative University programs, in general, which made the process of entry for us very smooth. However, the stable, self-contained social systems we encountered in other schools included elevated levels of demoralization, in general, linked with suspicion about the motivations and potential negative effects of any new program supported by administrative staff or the University.

Significant issues regarding trust emerged in about half of the rural schools during our first 2 years of program implementation. Emotionally charged and publicly voiced areas of concern about the program ranged from concerns about the quality of the program (e.g., the efficacy of the paraprofessional tutoring program) to concerns about the personal impact of the program (e.g., whether personal taxes might increase with the supplemental compensation provided by the program; whether program staff could adequately protect the school building during after-school and evening hours). Teachers worried about the level of the demands placed on them by the program (e.g., teaching PATHS curriculum lessons three times a week) and wondered whether program staff would pass on negative evaluations about them to their administrative superiors.

Trust issues were particularly salient in two of the rural schools, where relationships between teachers and administrators were strained and administrative support for the program was viewed as “external pressure” that forced teacher compliance without willingness. In the course of working through the issues with teaching staff at these schools, several important process issues became clear. First, it soon became clear that formal group meetings about the program with the administrative staff and teachers in attendance did little to resolve concerns, and in some cases, heightened the negativism of some teachers and reinforced their impression that they were being “forced” to accept the program. Instead, we found it most effective to meet with teachers individually or in very small groups. In the more intimate setting of the individual or small group meeting, teachers tended to relate to program staff as individuals rather than as outsiders representing a foreign program. Teachers felt more comfortable sharing their feelings and often related the historical source or personal reasons behind their concern. Individual meetings helped to forge personal relationships between program staff and teachers and thus to build a foundation of trust between them. In these meetings, staff were instructed to listen carefully to the concerns raised by teachers, provide information about the rationale for various program design features, and to remain flexible, taking a joint problem-solving orientation with teachers and balancing the goals of preserving the integrity of the field trial with the preferences or concerns of various teachers. Once basic trust issues between teachers and program staff were resolved, issues regarding program implementation became open for collaborative negotiation.

Establishing positive relationships with school personnel was a time-consuming process for program staff at the rural site and the urban sites during the first 2 years of the program, and



it became clear that developing trusting personal relationships between program staff and teachers was a critical component to program success regardless of the rural or urban nature of the community being served. Over time, however, the relatively more stable and closed school social systems that characterized the rural site provided advantages to program implementation when compared to the larger and more fluid school social systems prevalent at the urban sites. That is, over the 5 years of program operation, we have seen very little turnover in our teaching or school administrative staff. Hence, the time spent forming relationships with teachers and learning about the preferences and operating orientation of staff in different school buildings has paid-off over time, as these relationships have blossomed into a foundation of support for the program within the schools. In contrast, new entry issues have been more prevalent for staff at the urban sites where higher levels of transfers and turnovers characterize their school personnel.

Several indices reflect the growing foundation of informal support for the program at the rural site. For example, the number of PATHS lessons actually taught by teachers in the rural schools has been equal to or greater than the number of lessons taught by teachers in the urban sites. In addition, teachers in control schools at the rural site are beginning to volunteer for training in the PATHS curriculum. That is, once the field-trial evaluations are completed for a particular grade level, teachers in the control schools are given the option to receive training and materials to implement the curriculum. Three years after the initiation of this training, teachers from nine control schools have participated voluntarily. A final index of the growing support and school ownership for the program that has emerged over time is reflected in a state grant attained in one district to support a continuation of Fast Track skill training groups for parents and children in first and second grades (grade levels no longer being served in the field trial), conducted by teaching staff in the district.

In addition to establishing collaborative working relationships with teachers, the success of the prevention program depended upon identifying and successfully recruiting at-risk families into the voluntary program.

### Family Recruitment

The identification and successful recruitment of at-risk families into the program was a goal shared by program staff at the urban sites and the rural site, and similar procedures were used effectively across sites. A number of the family factors that contribute to elevated rates of child conduct problems (e.g., low socioeconomic status, maternal depression, marital discord and instability, insularity, and single-parent status) also reduce the likelihood that at-risk families will volunteer for extracurricular school programs or that they will seek out community support programs (Dumas & Wahler, 1983; Harnish, Dodge, Valente, & CPPRG, 1995; Offord, Boyle, & Racine, 1991; Rutter & Giller, 1983). In some cases, families may have already experienced conflict with schools or other social service agencies because of their child's misbehaviors and, in consequence, may feel wary of pejorative labeling or "special treatment" that may indicate that they or their children are considered deficient in some way. Hence it was felt that, although a public announcement about the program (e.g., a flier sent from school or a newspaper recruitment advertisement) might elicit the interest of many parents, it might be ineffective in recruiting the parents of the most high-risk children. Instead, a multistep process was developed for recruitment that included (a) a population-based sampling to identify at-risk children, (b) sequential contacts with parents that included an initial low-risk/low-demand contact, followed by an in-person moderate-demand contact, followed by an in-person recruitment visit, (c) a focus on building competencies rather than focusing on child or family deficits, and (d) the provision of support and incentives to become involved in the program. Each of these procedures is described briefly.

The multistage, population-based sampling procedure used to identify children at-risk for future conduct problems is described in detail elsewhere (Lochman et al., 1995). Basically, across sites teacher interviews were attained on all children attending public kindergarten, making it possible to identify children who were struggling to adjust behaviorally to school and to focus in on making contact with their parents. At the rural site, the parents of children who scored in the top 30% with regard to school adjustment problems were identified for contact, along with a representative normative sample of parents.

The first contact with parents involved a permission form sent home from school requesting parental participation in a brief (15-minute), school-sponsored telephone survey on children's adjustment to kindergarten. Parents who failed to return the permission form and parents who declined to participate in the survey were contacted by telephone. The interviewer asked whether the parent understood the purpose of the survey, whether they had questions or concerns about the survey, or whether they simply preferred not to participate. No attempt was made to talk parents into completing the survey; the focus of these follow-up telephone calls was simply to clarify the nature of the survey for parents. In most of the cases in which parents had not returned permission forms, they were interested and willing to complete the survey. In addition, in many of the cases in which parents had declined, they had misunderstood the nature or purpose of the survey and were willing to participate once the survey was described to them more clearly. Home visits or mail-in surveys were included to reach parents who did not have telephones. By adding elements of personal contact to our recruitment procedures, our positive response rate for this initial parent survey at the rural site climbed from 82% to 94%.

A second contact with families was made during the summer between the child's kindergarten and first-grade year. Families were recontacted and asked whether they would be willing to participate in a more in-depth study of children's adjustment to school and parenting and family factors that might be related to school adjustment. A developmental study that involved an annual 2½-hour home interview was described to parents, including measures that would track the child's academic and social adjustment over time and parent and family factors that might be related to child school adjustment.

Attempts to recruit families into the intervention were not made until the end of the summer or in the first month of the child's first-grade year. At this point in time, parents had experienced two personal contacts with project staff: the brief telephone survey in the spring and the longer home visit interview in the summer. Hence, project staff were no longer strangers. The entire program was described to parents and they were invited to attend an evening orientation meeting at the school where they could meet other interested parents and find out more about the program. Later in September, an orientation "dessert party" was held at each local school building. Parents brought their children and were introduced to the school and Fast Track staff and presented with examples of program components. Parents were invited to participate in all aspects of the program, but were also given the option of participating in only those aspects that felt comfortable or useful to them. This gradual and stepwise method of making contact with parents allowed parents to ease into the program and gave them the opportunity to become familiar and comfortable with program staff and reduced feelings of being intimidated or overwhelmed by the commitments asked of parents by the program. In a number of cases, parents who were only willing at first to sign up their child for the school-based interventions (academic tutoring and peer pairing), later became involved in the parent groups or home visiting components of the program, once they became more familiar with the staff and methods of the program.

At all sites, attempts were made to recruit professional staff from the geographical areas in which the program was being conducted, as it was felt that parents would feel more



comfortable with staff who they perceived to be similar to themselves (Orrell, Pinderhughes, Valente, & CPPRG, 1995). At the rural site, it was possible to recruit professional staff whose backgrounds included rural upbringings; however, many mental health professionals had moved into larger towns and areas of denser populations to attain better employment opportunities and, hence, were not presently living in the rural areas where the project was underway. Typically, rural areas suffer from a paucity of resident professionals (Bachrach, 1983). However, it was possible to recruit the paraprofessional staff used in the program (e.g., the tutors) from each of the local school communities. Indeed, many of the paraprofessional staff were also parents of children in the schools being served by the program. The inclusion of community members in the program staff was useful both in terms of providing information about local norms and issues and in terms of providing a bridge of familiarity in the recruitment of community families.

One of the most important lessons learned in terms of presenting the program to parents was the relative appeal of a program that focused on building competencies as opposed to a program that focused on remediating deficits. Often when children are experiencing adjustment difficulties at school, the language used to explain the problem to parents focuses on child (or family) deficits. Understandably, many parents become wary of remedial services that carry with them a deficiency label that may be perceived by themselves, their family members, or their neighbors as pejorative (e.g., learning disabled, behavior problem). Concerns about pejorative labeling may exist at both rural and urban sites, but the concern about the potential negative effect of participating in a program for “problem” children or parents on one’s reputation within the family or the neighborhood may be particularly acute in rural areas where communities are small and privacy is limited (Bachrach, 1983). In contrast, most parents are invested in their child’s school adjustment and achievement—they want their children to do well in school. Enrichment programs that offer children a “boost” in terms of school skills are viewed favorably. In general, parents are also interested in talking with other parents about their parenting experiences and in discussing strategies for positive discipline and enhancing positive relationships with their children.

Fast Track, like most prevention programs, focuses on building child and parent competencies that promote adaptive development. To maintain the competency enhancement focus in the community image of the Fast Track program, it has been important to monitor how the program is portrayed by school personnel or by the media, so that the program is not described as deficiency-focused (e.g., a program for problem parents or children). In addition, the comprehensive structure of the Fast Track Program is designed so that a broad range of children and families are being served. For example, the PATHS curriculum is provided to all children in each school, and classmates are included in the peer pairing, lunch club, and social club components of the program. Although it is certainly the case that children who are experiencing more severe school adjustment problems can qualify for more intensive prevention services in Fast Track, other components of the Fast Track Program serve the school in a comprehensive fashion and focus on promoting schoolwide competencies. This broad and competency-based (rather than deficit-focused) program orientation is an important factor in maintaining the positive interest and involvement of community parents in all communities (rural or urban), but may be particularly important in the small and stable rural communities, where “everyone knows everyone’s business” and families may be particularly reluctant to participate in a program that could have negative connotations for their social reputations (Bachrach, 1983; Human & Wasem, 1991).

The prevailing politically conservative climate in the rural site has also made it important to monitor the language used to describe the program. Some terms may be readily misunderstood. For example, one group of parents questioned our use of the word “alternative” in the title of PATHS (Providing Alternative Thinking Strategies) and

expressed concerns that we were advocating acceptance of “alternative life-styles” in violation of their personal beliefs. Some similar concerns were raised about terms like “understanding others” and “improving self-esteem,” which some parents felt were vague and suggested values that might conflict with their own. In contrast, parents were comfortable when they were able to review the lessons and when the focus of the lessons was described in clear and concrete terms, such as “being kind to others,” “following school rules,” “making responsible decisions about school behavior.”

Reducing pragmatic obstacles also facilitated parental involvement in the program (McMahon et al, 1996). For example, at all sites sessions are held at local school buildings in the familiar neighborhoods of the families, transportation is provided to parents and children who need it, a program is provided for siblings during family sessions, and welcoming refreshments are offered to parents and children during each session. In addition, financial compensation is offered to families for their involvement in the program. Compensation is offered for the initial telephone survey, for the annual home interview assessments, and for parental attendance at each of the parent training sessions. Parents are treated as colleagues (rather than clients) in the program and, just like the collaborating teachers, parents are paid for the time they spend in program training sessions. For parents who are uncomfortable in the school setting and disinclined to “get involved,” for single parents who are strapped for time, and for parents who are economically disadvantaged, the financial compensation offered for group sessions often provides an incentive to give the groups a try. Once parents are engaged in the program, the financial incentive becomes less important, and the actual money earned via involvement in the program declines across the grade levels, as group meetings decline in frequency.

## INTERVENTION DELIVERY

The basic design of intervention services in the Fast Track Program is similar across rural and urban sites and all program components are delivered at all sites. However, some qualitative features have emerged that distinguish the rural site from the urban sites in terms of the methods and format of service delivery and the utilization of some intervention components.

### Family Focused Interventions

Many of the conditions of family adversity that increase the risk for child conduct problems are similar across rural and urban settings. In rural and urban areas, family size is comparable and rates of unemployment, low educational attainment, and poor quality housing are equivalent (Sherman, 1992). Although single-parent status is more common in urban settings, other factors such as insularity, marital discord, and economic stress may affect as many rural as urban families, leading to equivalent rates of parent-reported child behavior problems (Hope et al., 1995). Thus, the family intervention components of the Fast Track program, with a focus on increasing positive parent-child involvement, decreasing punitive discipline, and increasing parent empowerment were equally appropriate across rural and urban settings.

However, on a subjective level, there were several characteristics of the parent groups at the rural site that differentiated them from parent groups held at the urban site. The most noticeable difference involved the degree of loquaciousness and sociability in the parent groups. In general, particularly during initial sessions, parents at the urban sites (as compared to the rural site) tended to be more talkative, more forthcoming about their problems and their opinions, and they more quickly established friendly relations with other parents in the group. Although there was certainly variability within the groups at the rural site, in general parents were more reticent in the group setting and more interested in hearing

from the group leader than they were in talking about themselves or their problems. Dumas and Wahler (1983) have described the detrimental effects of insularity among at-risk families. Insularity may be particularly characteristic of at-risk families living in isolated rural areas, who may experience low levels of positive social interaction and support due to factors such as transportation difficulties, social skill deficits, or the low level of available community resources and opportunities (Bachrach, 1983; Beltrame, 1978). For many of these parents, their primary source of social interaction and support exists within the network of their extended family. Socializing with less familiar individuals and, in particular, sharing information of a personal nature with individuals outside of the family, is an unfamiliar and often anxiety-provoking situation.

Overall, the discomfort of rural parents in the parent group setting diminished over time, and parents in the groups did become more comfortable with and more bonded to each other over time. However, in running parent groups effectively in rural areas, we found it helpful to make several process adjustments in the parent group curriculum. For example, leader-directed modeling examples and practice exercises were often more successful than open-ended discussions at the rural site. In general, parents at the rural site felt more comfortable responding to activities, questions, or exercises introduced by the group leaders than they did initiating or leading discussions themselves. Perhaps reflecting the emphasis on order and conformity that prevails in the rural culture, parents in the rural area also preferred an ordered and structured curriculum, which contrasted with the greater appeal of spontaneous discussions in the urban areas.

### School-Focused Interventions

Although the family factors associated with the development of conduct problems are similar in rural and urban areas, school differences are pronounced, with aggressive and violent school behaviors considerably more prevalent in urban than in rural schools (Quinton, 1980; Rutter, 1982; Sherman, 1992). In the central Pennsylvania area, order and obedience are emphasized in the schools, supported in two of the three rural school districts by corporal punishment policies. In contrast, in urban school settings, where classrooms may contain many aggressive children, aggressive behavior may be supported by peers (Cairns, Neckerman, & Cairns, 1989; Wright, Giammarino, & Parad, 1986) and teachers find it difficult to manage aggression effectively (Werthamer-Larson, Kellam, & Wheeler, 1991). Indeed, teacher ratings of child behavior problems collected in the Fast Track project were significantly higher in urban areas than in rural areas, even when the contributions of SES and ethnic/racial group status were partialled out (Hope, et al., 1995). The relatively low rate of behavior problems in rural classrooms reduces the perceived need for innovations or changes in school discipline or classroom management practices.

Although low rates of classroom behavior problems are certainly a positive feature of the rural school context, they do not protect all children from the display of behavior problems in the school setting. Children who develop behavior problems in rural sites are particularly likely to display their problems in less structured school settings where classroom teacher supervision is not available, for example, in the lunchroom and on the playground. In addition, children who are aggressive in rural areas are particularly likely to become rejected by peers for their behavior (Stormshak et al., 1995). Given the relative stability of the population in rural areas and the neighborhood organization of schools, children with conduct problems may become well known by other children and community members and susceptible to ostracism and victimization. Negative family reputations may develop along kinship lines and even across generations, such that teachers and community members expect behavior problems from certain children.

Although teachers and community members in the rural area felt less need for the classroom management services offered by the Fast Track staff than did teachers in urban areas, they were supportive of intervention services designed to improve child behavior in lunchroom and recess settings and for services to improve the peer relations and reduce the ostracism of rejected children.

The Fast Track Program offers teachers consultation to help them develop classroom behavioral management programs. At the rural site, although we are rarely asked to consult about behavior problems in the classroom, we have been active in the design and implementation of recess and lunchroom programs. For example, we have trained lunchroom aides in behavioral management strategies, and we have developed recess activity programs. Based upon research suggesting that playground aggression may be reduced when children are offered structured recess games, we have even collaborated with the Parent–Teacher Organization to paint play grounds (adding four-square, hop-scotch, and kickball diamonds) and purchase playground equipment (balls and jump ropes).

Across all sites in the Fast Track Program, a peer-pairing program and after-school social clubs have been utilized to promote friendships and decrease the peer rejection of at-risk children. These program components have been particularly important at the rural site in order to maintain positive peer contacts with low-risk peers and reduce the ostracism and victimization of at-risk children with conduct problems.

One additional characteristic of the rural setting that has affected the form of Fast Track services in both home and school contexts involves the availability of programs and services in the community setting. One of the overriding goals of the Fast Track Program is to empower families to take advantage of community-based services and to integrate children into “normative” community-based recreational and support activities. Family involvement in community activities and support systems is viewed as a protective factor that can sustain and support the long-term effects of the preventive intervention. Although this goal is shared across the rural and urban sites, the goal has been more difficult to meet in the rural than in the urban sites due to the reduced level of resources available in rural communities. In general, the amount of and quality of mental health, educational, and recreational services available in rural areas is considerably lower than in urban areas (Human & Wasem, 1991; Sherman, 1992). The dispersed population makes it difficult to support agencies that offer centralized services. For example, families in only one of our three rural school districts have access to a fully operational YMCA. YMCAs are struggling to survive in the other two districts and offer only a limited range of services. Only one of the three districts is served by any public transportation (and services are extremely limited in that district.) Public mental health services are available in each of the communities, but are limited and have long waiting lists. Each of our rural communities receives Cooperative Extension Services from the University. However, most of these services involve the dissemination of information rather than ongoing activities and support.

To cope with the limited resources available in our rural communities, two steps were taken to address this intervention goal in the Fast Track Program. First, attempts were made to help families identify and take advantage of any community activities or resources that did exist. Seasonal sports activities existed in each of the communities, as did some organized youth groups through churches or organizations such as 4-H and scouting. Once contacted, the agencies that supported these activities were often willing to waive or reduce registration fees for families who had financial needs, and parent volunteers and coaches were often willing to assist with transportation. The range of choices of community activities was limited, making it difficult to match the interests of some children, and many of the activities were time-limited. Hence, Fast Track also provided transportation to some supplemental

summer activities at the University (drama camp, arts camp, boating activities, sporting events)—involving a round-trip distance of 30–70 miles from the homes of the families involved.

To supplement the services and activities available to at-risk children in the rural communities, Fast track staff also took on the task of initiating a series of after-school programs, including homework clubs and social clubs with occasional community field trips. After-school activities were a part of the Fast Track Program at all sites. However, program staff at the urban sites were more often able to facilitate the participation of their at-risk children in existing after-school programs whereas, at the rural site, program staff had to provide more extensive after-school programs themselves. In the short run, rural community members have been very supportive of program attempts to increase the involvement of at-risk children in organized activities. Teachers are very enthusiastic about the after-school programming, and staff at local agencies (the YMCA, cooperative extension) have been very helpful in identifying and facilitating connections between at-risk children and their families and existing community resources. The relatively low level of community resources available in these communities, however, may emerge as a risk factor in later years as our at-risk children move into adolescence and opportunities for organized activities with nondeviant peers are limited.

## ADMINISTRATIVE ORGANIZATION

In addition to issues involving the content and process of service delivery, the implementation of a large-scale prevention program in the sparsely populated and broadly defined geographical areas that characterize the rural site has necessitated adjustments in the administrative structure and staffing of the program.

A central administrative office for the program is located at the University, providing a location for staff meetings and fostering coordination, communications, and support among staff servicing each of the three rural school districts. The central office is located in the relatively “resource-rich” environment of a college town, which offers opportunities and resources for staff and program development.

Although the central office served several important roles for the project, it was also necessary to have a more decentralized, county-based administrative structure. As mentioned earlier, the administrative structure of schools as well as the characteristics and needs of various communities tended to vary considerably across the three counties. Although it was important to maintain equivalence of intervention across counties, it was also important to be sensitive to the needs and responsive to the different issues facing schools and families in each of the counties. For example, the placement of PATHS into the existing curriculum of each school district had to be negotiated separately, as the curriculum structure differed by district. The scheduling of school-based services differed by district, as inclusion models were favored in some districts whereas pull-out sessions were preferred elsewhere. The issues facing families and children differed by county. For example, in one county in particular, the recent building of several low-cost housing projects in the rural area had contributed to elevated rates of antisocial behavior and sexual activity among children that were of high concern to parents and that became a particular focus of the parent groups in that county. Children and youth, special education services, and other community services were all organized at the county level as well.

To balance the needs for a centralized organization for the program and the needs to be sensitive and responsive to each of the separate communities involved in the program, a hierarchical organization structure evolved. Three types of administrative staff meetings took place at regular intervals. In one type of meeting, individuals who held the same job



position from all counties met to discuss and review specific job-related activities. For example, Educational Coordinators (ECs) met to discuss the child social-skill training groups, the PATHS Curriculum, peer-pairing and social club programs, and the tutoring program. Family Coordinators (FCs) met to discuss the parent-training groups, parent-child relationship enhancement program, and home visiting program. In a second type of meeting, all core clinical staff (ECs and FCs) met together to discuss big-picture aspects of the program and to coordinate program activities across roles. These two types of meetings occurred at all sites, whether rural or urban. A third type of administrative meeting emerged as necessary at the rural site only, and it involved coordinating staff meetings organized at the county level. At these county-level meetings, county-level issues related to program implementation were discussed and county staff identified strategies for service delivery in their particular community. School-based services, such as tutoring, were organized and supervised at the county level, in order to include local community staff members and to implement these services in accordance with local organizational preferences. This multitiered administrative structure enabled the program staff to enjoy the benefits of centralized resources and guidance, but also allowed staff the flexibility needed to adapt the program to fit the local needs of the different rural communities they served.

## SUMMARY

Given the stability and long-term risks associated with conduct problems in childhood, designing effective preventive intervention programs remains an important goal. The large-scale implementation of a comprehensive prevention program, the Fast Track Program, in four different areas of the United States provides an opportunity to examine issues in implementation and program delivery that exist in rural and urban areas. It would be a mistake to focus too extensively on rural/urban differences, as the experiences associated with the Fast Track program suggest that there are many areas of commonality in terms of program needs, program design, and implementation issues in rural and urban sites. For example, across rural and urban sites, establishing personal, trusting relationships with key members of the community during the initial phase of program implementation may be a critical factor determining the long-term acceptance, support, and ownership of the prevention program by the community. Similarly, a recognition of and responsiveness to the varying local issues and local systems of organization may be important to facilitate the successful recruitment and involvement of local families and school personnel. Although developmental and clinical research may provide the best basis for the selection of program goals and the identification of intervention strategies effective in reducing child conduct problems across sites, it may be critical in both rural and urban areas to attend to local culture when developing recruitment procedures, when choosing the language used to describe the intervention, and when selecting specific topics and activities for intervention sessions.

On the other hand, in general, rural areas differ from urban areas along the dimensions of geographical dispersion and regionalism, and community stability and insularity. Hence, in contrast to an urban program serving a similar number of families, rural programs must be designed to cover a much broader geographical area and must be sensitive to the multiple, small, and regional communities that constitute their service area. Small schools, homogeneous populations, traditional values, limited recreational, educational and mental health services, and politically conservative climates are all more likely to emerge as characteristics of rural rather than urban sites (Human & Wasem, 1991; Melton, 1983; Sherman, 1992). As described above, these characteristics may pose particular challenges to the implementation of prevention programs in rural areas, particularly in the areas of entry processes (which must address multiple communities) and administrative organization (which must balance the provision of centralized resources and program design with flexible



regional adaptations and control). In other ways, however, the characteristics of rural sites are advantageous to prevention programming. Once established, the small, stable, and more insular community structures of rural areas can facilitate a long-term commitment to and ownership of a prevention program that may be more difficult to attain in the large and fluid school and community structures of the cities.

Although outcome data comparing the effects of the Fast Track Program in rural versus urban sites is just accumulating, attendance records and “consumer satisfaction” ratings suggest that participation in and support for the Fast Track prevention activities is very high in the rural communities. Future explorations of the shared, as well as unique, characteristics of different rural and urban communities may help us further understand and improve comprehensive, community-based prevention programming.

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