Positive Action
Review by The National Registry of Evidence-based Programs and Practices (NREPP)

Date of Review: December 2006

Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.

Positive Action has materials for schools, homes, and community agencies. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme.

The program components include grade-specific curriculum kits for kindergarten through 12th grade, drug education kits, a conflict resolution kit, sitewide climate development kits for elementary and secondary school levels, a counselor’s kit, a family kit, and a community kit. All the components and their parts can be used separately or in any combination and are designed to reinforce and support one another.
## Descriptive Information

<table>
<thead>
<tr>
<th>Topics</th>
<th>Mental health promotion, Substance abuse prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas of Interest</td>
<td>Alcohol (e.g., underage, binge drinking), Criminal/juvenile justice, Environmental strategies, Tobacco/smoking, Violence prevention</td>
</tr>
</tbody>
</table>
| Outcomes | Outcome 1: Academic achievement  
Outcome 2: Problem behaviors (violence, substance use, disciplinary referrals, and suspensions)  
Outcome 3: School absenteeism  
Outcome 4: Family functioning |
| Study Populations | **Age:** 6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult), 26-55 (Adult)  
**Gender:** Female, Male  
**Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race/ethnicity unspecified  
*(See Study Populations section below for percentages by study)* |
| Settings | Rural and/or frontier, School, Suburban, Tribal, Urban |
| Implementation History | Positive Action, Inc., was founded by Dr. Carol Gerber Allred in Twin Falls, Idaho, in 1982. Since then, the company's program has served approximately 5 million individuals in more than 15,000 settings. Positive Action has been implemented in urban, suburban, and rural areas with a wide variety of ethnic, cultural, and socioeconomic groups. Since 1983, Positive Action has been used in all 50 States; internationally; and in various contexts, including 15,000 schools/districts and school-related sites (such as alternative schools, detention centers, and before- and after-school programs), mental health centers, adult and juvenile courts, welfare and other social services, probation and corrections, businesses, family services, law enforcement, affordable housing, and others. The duration of implementation has varied, with some customers having used the program for as long as 17 years. |
| Replications | No replications were identified by the applicant. |
| Adaptations | Positive Action currently offers a Spanish-language |
version of most of the grade-level drug education kits (including kindergarten through 4th grade, 7th and 8th grade, and middle school kits), the Family Kit, and the Conflict Resolution Kit.

**Adverse Effects**  
No adverse effects, concerns, or unintended consequences were identified by the applicant.

**Public or Proprietary Domain**  
Proprietary

**Costs**  
The Positive Action curriculum is priced by grade level: Kindergarten and 12th Grade Instructor's Kits are $460, 1st Grade through 11th Grade Instructor's Kits are $360, 5th Grade Drug Education Supplement Instructor's Kits are $250, and Middle School Drug Education Supplement Instructor's Kits are $360.

The cost of training is $1,200 per day, plus travel time and expenses. Training kits can be purchased for $200-$250 each; each provides materials for up to 25 individuals. Available self-training kits include Orientation Training Workshop Kits, the Ongoing Training Workshop Kit, and the Media Training Workshop Kit.

Additional components are also available: Counselor's Kit ($125), Family Kit ($75), Family Classes Instructor's Kit ($360), Parenting Classes Instructor's Kit ($140), and Community Kit ($550).

**Institute of Medicine Category**  
Indicated, Selective, Universal
# Outcome 1: Academic achievement

## Description of Measures

Academic achievement was measured using several standardized instruments: the Hawaii Content and Performance Standards (HCPS) test, Florida Reading Test (FRT), Florida Comprehensive Assessment Test (FCAT; 4th grade), Norm Referenced Tests (NRT) of reading and math (8th grade), Florida Writes Test, High School Competency Test (HSCT) of communication and mathematics, Scholastic Aptitude Test (SAT), American College Testing (ACT) test, and TerraNova Comprehensive Test of Basic Skills.

## Key Findings

Over 4 academic years, intervention schools had higher rates of math proficiency (26%) than did control schools (21%), a difference that represents a small effect size (Cohen's $d = 0.34$).

Over 4 academic years, intervention schools had higher rates of reading proficiency (52%) than did control schools (44%), a difference that represents a medium effect size (Cohen's $d = 0.73$).

Another evaluation reported that elementary schools that implemented Positive Action produced average FRT scores that were 40% higher than all other schools and 45% higher than comparable schools with students of similar socioeconomic status.

Middle schools with relatively high enrollment from elementary schools that received Positive Action ("PA primary schools") produced higher average standardized test scores in math and reading than comparable schools with relatively low enrollment from PA primary schools. Improvement in average test scores ranged from 10.8% to 20.6%, depending on the subject matter and the percentage of enrollees from PA primary schools.

High schools with relatively high enrollment from PA primary schools reported 11% higher average scores on the Florida Writes Test and 10% higher average SAT scores than high schools with relatively low enrollment from PA primary schools. Similar results were observed for the percentages of students who passed the communication section of the HSCT.

Two additional evaluations reported improvements in
Elementary schools participating in Positive Action as measured by State achievement tests in Hawaii and Nevada, respectively. Hawaii scores in math and reading improved an average of 52%, while Nevada scores on math, reading, and language improved by an average of 16%.

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1, Study 3, Study 4, Study 5 (Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental, Quasi-experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>2.8 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>
Outcome 2: Problem behaviors (violence, substance use, disciplinary referrals, and suspensions)

**Description of Measures**
Problem behavior was measured by self-reported substance use, violence, and sexual behavior (for grades 5 and above); school records of disciplinary referrals, suspensions, and incidents related to violence, disobedience, sexual behavior, crime, and use of alcohol, tobacco, and other drugs; and school records of incident reports of student-to-student and student-to-staff violence and weapons possession. In one study, measures also included school records of felonies, misdemeanors, school suspensions, and violations of department and school rules.

**Key Findings**
In one study, students from intervention schools were 30% less likely to have used alcohol, 78% less likely to have been drunk, and 100% less likely to have tried an illegal drug than students enrolled in primary schools without the intervention.

One study found a 61% reduction in the occurrence of any violent behavior among boys in intervention schools compared with those in primary schools without the intervention (p = .001). No statistically significant reduction of violent behavior was observed among girls, but the rate of any reported violence by girls in grade 5 was very low.

In intervention schools, 0.74% of boys reported voluntary sexual behavior compared with 4.55% of boys at primary schools without Positive Action.

Over one school year, schools participating in Positive Action reported a suspension rate of 1.63 per 1,000 compared with 6.2 per 1,000 for control schools. Three years earlier, the two groups of schools respectively reported suspension rates of 1.36 and 1.46 per 1,000. The effect size was medium for this measure (Cohen's d = 0.63).

Middle schools with relatively high enrollment from PA primary schools had 52%-71% lower rates of problem behaviors such as drug use, violence, "disrespectful, disobedient, and, disorderly behaviors," and property crime, compared with middle schools with relatively low enrollment from PA primary schools.

High schools with medium enrollment from PA primary schools
had 17%-50% fewer problem behaviors, including substance use, violence, sexual behavior, falsifying records, and suspensions, than did high schools with relatively low enrollment from PA primary schools. High schools with high enrollment from PA primary schools had 25%-63% fewer of these problem behaviors than did schools with low enrollment from these primary schools.

Rates of violence, including felonies, misdemeanors, and rule violations, among PA primary schools in Hawaii were between 51% and 79% lower than rates in comparable schools. Rates of student-to-student and student-to-staff violence in Nevada's Positive Action schools were respectively 87% and 100% lower than the rates among comparable schools in Nevada.

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</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental, Quasi-experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>2.4 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>
# Outcome 3: School absenteeism

## Description of Measures

School-wide attendance was assessed using multiple measures: average daily absences, number of students absent during the school year, number of days absent (>21 days) during the school year, average number of days absent, and absenteeism rate.

## Key Findings

Four studies examined change in attendance in schools that used Positive Action. In one study, average per student daily absences in Positive Action schools decreased over 4 years while other schools maintained stable rates of daily absence, with students averaging 9.8 days absent in intervention schools versus 11 days absent in control schools during the 4th year of the study. This result represents a medium effect size (Cohen's $d = 0.55$). Three other studies did not find statistically significant differences in absenteeism between students in PA primary schools and other elementary schools.

In other analyses, middle schools with relatively high enrollment from PA primary schools had 75% less absenteeism than middle schools with relatively low enrollment from PA primary schools. Similarly, high schools with relatively high enrollment from PA primary schools had 8% less absenteeism than high schools with relatively low enrollment from PA primary schools.

## Studies Measuring Outcome

- Study 1, Study 3, Study 4, Study 5
  
  *Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below*

## Study Designs

- Experimental, Quasi-experimental

## Quality of Research Rating

- 2.5 (0.0-4.0 scale)
Outcome 4: Family functioning

Description of Measures
Family functioning was measured using 16 self-report items that assessed family conflict, family cohesion, and quality of parent-child bonding. The items were administered at pretest and posttest.

Key Findings
When compared with control families, families that received the Positive Action curriculum had more improved family functioning in all three areas. Effect sizes were small for family conflict (Cohen's $d = 0.36$), small for family cohesion (Cohen's $d = 0.34$), and medium for parent-child bonding (Cohen's $d = 0.59$).

Studies Measuring Outcome
Study 2
(Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)

Study Designs
Experimental

Quality of Research Rating
2.2 (0.0-4.0 scale)
Ratings

Quality of Research Ratings by Criteria (0.0-4.0 scale)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Academic achievement</td>
<td>3.3</td>
<td>3.3</td>
<td>1.5</td>
<td>2.5</td>
<td>2.7</td>
<td>3.4</td>
<td><strong>2.8</strong></td>
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<tr>
<td>Outcome 2: Problem behaviors (violence, substance use, disciplinary referrals, and suspensions)</td>
<td>2.1</td>
<td>2.2</td>
<td>1.5</td>
<td>2.5</td>
<td>2.7</td>
<td>3.5</td>
<td><strong>2.4</strong></td>
</tr>
<tr>
<td>Outcome 3: School absenteeism</td>
<td>2.5</td>
<td>2.5</td>
<td>1.3</td>
<td>2.5</td>
<td>2.7</td>
<td>3.5</td>
<td><strong>2.5</strong></td>
</tr>
<tr>
<td>Outcome 4: Family functioning</td>
<td>2.5</td>
<td>2.0</td>
<td>0.0</td>
<td>3.0</td>
<td>3.0</td>
<td>2.5</td>
<td><strong>2.2</strong></td>
</tr>
</tbody>
</table>

Study Strengths: The researchers used appropriate matching variables when making comparisons between schools, and they demonstrated the equivalence of intervention and control schools. The authors also did an exemplary job of matching schools and attending to differences in feeder school rates in the analysis of middle and high school data in one study. The authors used strong analytic techniques.

Study Weaknesses: Schools were not randomly assigned to the intervention in some of the studies. In one study, the data from one sample were retrospective, and extraneous variables may have affected the outcomes. Some of the data presented (e.g., disciplinary referrals, incidents of violence) were based on administrative records, which are often unreliable and inconsistent from school to school.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support</th>
<th>Quality Assurance</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td><strong>4.0</strong></td>
</tr>
</tbody>
</table>

Dissemination Strengths: Implementation materials are very detailed and include everything a potential user would need to implement the program. The program implementation plan includes sample 3-year plans along with key questions to guide the implementation planning process. The Family Kit is a very valuable component, with structured materials and activities that support and extend the school-based program. A wide variety of both initial
and ongoing training and support is available to users. All the material focuses substantially on implementation fidelity, and a comprehensive evaluation guidebook is provided to directly support quality assurance.

**Dissemination Weaknesses:** No weaknesses were identified by reviewers.
## Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood)</td>
<td>50% Female 50% Male</td>
<td>55.8% Native Hawaiian or other Pacific Islander 16.1% Race/ethnicity unspecified 13.4% White 10.7% Asian 2.2% Hispanic or Latino 1.3% Black or African American 0.5% American Indian or Alaska Native</td>
</tr>
<tr>
<td>Study 2</td>
<td>6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)</td>
<td>50% Female 50% Male</td>
<td>Data not reported/available</td>
</tr>
<tr>
<td>Study 3</td>
<td>6-12 (Childhood)</td>
<td>50% Female 50% Male</td>
<td>55.3% White 22.3% Black or African American 18.3% Hispanic or Latino 4.1% Race/ethnicity unspecified</td>
</tr>
<tr>
<td>Study 4</td>
<td>6-12 (Childhood)</td>
<td>50% Female 50% Male</td>
<td>54.9% Native Hawaiian or other Pacific Islander 32.3% Race/ethnicity unspecified 12.8% White</td>
</tr>
<tr>
<td>Study 5</td>
<td>6-12 (Childhood)</td>
<td>50% Female 50% Male</td>
<td>53.6% White 22.9% Hispanic or Latino 18% Black or African American 5.5% Race/ethnicity unspecified</td>
</tr>
</tbody>
</table>

## Studies and Materials Reviewed

The documents below were reviewed for Quality of Research and Readiness for Dissemination. Other materials may be available. For more information, contact the person(s) listed at the end of this summary.
Quality of Research Studies

Study 1

Study 2

Study 3

Study 4

Study 5

Quality of Research Supplementary Materials

Description of Positive Action evaluation instruments


Readiness for Dissemination Materials

Kits:


Manuals:


Other materials:


Positive Action Materials Catalog

Contact Information

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The NREPP review of this intervention was funded by the Center for Substance Abuse Prevention (CSAP).