

Guide for Identifying “Best Practice” Programs for At-Risk Youth

(Prepared January 1, 2006)

Numerous websites and reports are available to policy makers and practitioners to help them identify programs that work for at-risk youth. Given the abundance of information available, undertaking any review of such programs can prove daunting. Further complicating such a review is the fact that the rating systems used to classify programs as “best practice” vary considerably. This Guide was developed to help practitioners identify evidence-based programs that address areas targeted for funding by the New York State Division of Criminal Justice Services’ Request for Proposals (RFP) for federal Juvenile Accountability Block Grant (JABG) funds.

This Guide will help to facilitate the review of programs that work for at-risk youth by (1) identifying programs rated highly by experts, (2) explaining how rating systems for selected websites and reports differ, and (3) identifying websites and reports that provide estimates of program costs. It is important to emphasize that the list of “best practice” programs highlighted in this Guide is not comprehensive. Instead, it should be used as a starting point for the identification and review of programs.

“Best Practice” Programs Highlighted in This Guide

Only those “best practice” programs that were given high ratings by selected websites and reports and targeted appropriate youth or youth populations are highlighted in this Guide. Each of these programs is briefly summarized in the Appendix to this Guide. The program screening criteria used to select the 43 “best practice” programs are discussed in the next two sections.

Importantly, the program screening criteria found few “best practice” programs with high ratings for those youth who have formally entered the juvenile justice system as alleged or adjudicated juvenile delinquents. This is due in part to ethical concerns that hinder the conduct of research involving strong experimental designs requiring random assignment and legal issues that make accessing juvenile records difficult. Practitioners who are interested in implementing these types of programs are encouraged to visit the OJJDP Model Programs Guide where programs are rated *exemplary* (highest rating), *effective* or *promising* (lowest rating). *Exemplary* programs are highlighted in this report. There are 11 programs that OJJDP rates as *effective* that target alleged or adjudicated juvenile delinquents and meet the other program screening criteria discussed below.¹ Please keep in mind that an OJJDP rating of *effective* indicates that there is greater confidence in the soundness of a program than in one given the rating of *promising*.

Table 1: Selected “Best Practice” Programs

Table 1 provides an overview of key aspects of the 43 “best practice” programs highlighted in this Guide. For each program, the table shows (1) what age group it targets, (2) whether the program is based on a multi-year treatment model; (3) whether there is program involvement by parents and/or schools; (4) what behaviors and special populations it targets; and (4) what ratings the program was given by each of the selected websites/reports that provide a rating for it.

¹ The following 11 programs are rated “effective” in the OJJDP Model Programs Guide and meet program screening criteria: Academic Tutoring and Social Skills Training, Aggression Replacement Training (ART), Baton Rouge Partnership for the Prevention Juvenile Gun Violence, Bethlehem Police Family Group Conferencing Project, Career Academy, Families in Action, Indianapolis Restorative Justice Project, Lifeskills ’95, Phoenix House, SAFE-T (Sexual Abuse, Family Education and Treatment) Program, and VisionQuest. With the exception of the ART program, none of the other websites or reports rate these programs. The ART program is rated as “promising” by both the Safe and Drug-Free Schools and Center for Mental Health Services reports.

The four criteria used to determine which programs would be included in Table 1 are as follows:

1. A program was included if it was identified as a “best practice” program by at least:
 - 1.1. one of the following websites: BluePrints for Violence Prevention, OJJDP Model Programs Guide, SAMHSA Model Programs, or Strengthening America’s Families Project; or
 - 1.2. one of the following reports: *Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs, 2001* (US. Department of Education, 2002), *Preventing Mental Disorders in School-Age Children* [Greenberg, M. T., C. Domitrovich, & B. Bumbarger (1999) for the U.S. Department of Health and Human Services, Center for Mental Health Services], or *Youth Violence: A Report of the Surgeon General* (U.S. Department of Health and Human Services, 2001).
2. One of more of the above websites/reports gave a program its highest rating (see Table 2 for rating categories).
3. It targeted youth ages 7-15.
4. Finally, a program that met the above criteria was included only when:
 - 4.1. the OJJDP Model Programs Guide indicated that the program (a) addressed the problem behaviors of aggression/violence, gang activity, or delinquency; (b) targeted juvenile delinquents, status offenders, or truants/dropouts; or (c) was identified as an aftercare, day treatment, drug court, group home, gun court, gang prevention, home confinement, probation services, reentry court, restorative justice, truancy prevention, or wraparound/case management program; or
 - 4.2. the SAMHSA Model Programs guide indicated that the program addressed antisocial,² aggressive, or violent behavior.

It is important to reiterate that programs were included in Table 1 only if one or more of the selected websites/reports gave the program its highest rating (see Table 2 for ratings). Lower ratings given by the websites/reports to any of these selected programs are also reported in Table 1. High ratings are highlighted with a gray background to distinguish them from the lower ratings. For instance, the “All Stars” program was given the SAMHSA Model Programs highest rating (Model), but received lower ratings from the Safe and Drug-Drug Free Schools report (Promising) and the OJJDP Model Programs Guide (Promising).

Finally, although the program selection process did not include all “best practice” programs identified by the 2003 National Institute on Drug Abuse report *Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition*, the ratings given by this report for programs included in Table 2 are also presented.

² Programs that target antisocial behavior and are concerned only with substance abuse prevention were excluded. There were four such programs: Athletes Training and Learning to Avoid Steroids (ATLAS), Life Skills Training, Midwestern Prevention Project/Project Star, and Project Toward No Drug Abuse (Project TND).

Table 2: Selected Websites/Reports

The selection of websites/reports was guided by the adequacy of their methodological standards for program review and their relevance to delinquency prevention and intervention programming. Table 2, which is located in appendix C, provides a summary of the websites and reports selected for inclusion in this Guide and the criteria used by each to identify and rate “best practice” programs. The Internet links provided in Table 2 will make it relatively easy to access more detailed information on highlighted “best practice” programs (as well as other promising programs) and the criteria used to identify and rate these programs.

Program Descriptions

Program Costs

Three websites and one report provide estimates of program costs for most of the 43 programs in Table 1. These websites/reports include BluePrints (Model programs only), SAMHSA (Model programs only), Strengthening American Families Project (all programs), and Safe and Drug-Free Schools (all programs).

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

Model Programs***	Target Ages	Multi-Year Treatment Model	Components		Targeted Behaviors							Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **								
			Family Involvement	School-Based/Involvement	Academic Problems	Sexual Activity/Exploitation	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	High			Moderate			Reasonable	Undetermined
																			Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strength-ening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)		
Creating Lasting Family Connections (CLFC)	9-17	No	Yes	No		•	•	•	•									Promising	Model			Effective				
Early Risers "Skills for Success" Program	6-12	Yes	Yes	Yes	•	•	•	•											Model			Exemplary	Effective			
Families and Schools Together (FAST)	4-14	Yes	Yes	Yes	•	•	•	•	•										Model	Model	Promising	Promising				
Family Effectiveness Training (FET)	6-12	No	Yes	No		•	•	•											Model			Promising				
FAST Track	5-15	Yes	Yes	Yes			•	•										Promising				Effective	Exemplary	Effective		
Functional Family Therapy (FFT)	11-18	No	Yes	No		•	•	•			•					•		Model				Exemplary 1	Exemplary			
Good Behavior Game	6-10	No	No	Yes	•			•										Promising				Effective	Exemplary			
Guiding Good Choices/Families That Care (formerly Preparing for Drug Free Years)	8-14	No	Yes	Yes		•	•	•										Promising	Promising	Promising 2	Model	Exemplary 1		Exemplary	Effective	
The Incredible Years: Parent, Teacher and Child Training Series (IYS)	2-10	No	Yes	Yes				•			•							Model				Promising 2	Model	Exemplary 1	Exemplary	

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																			Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strengthening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)
Leadership and Resiliency Program (LRP)	14-19	Yes	Yes	Yes		•			•												Model				
Linking the Interests of Families and Teachers (LIFT)	6-11	No	Yes	Yes	•		•	•	•	•								Promising	Promising	Promising 2	Promising		Effective	Exemplary	
Multidimensional Family Therapy (MDFT)	11-18	No	Yes	Yes		•	•		•				•								Model	Exemplary 2		Effective	
Multidimensional Treatment Foster Care (MTFC)	11-18	No	Yes	No			•		•	•		•		•		•		Model	Exemplary	Model 1	Effective	Exemplary 1		Exemplary	
Multisystemic Therapy (MST)	12-17	No	Yes	No		•	•		•						•	•		Model		Model 1	Model	Exemplary 1		Exemplary	
Parenting Wisely	6-18	No	Yes	No		•			•		•										Model	Exemplary 2		Promising	
Parenting With Love and Limits	12-18	No	Yes	No	•	•	•	•	•	•														Exemplary	
Peacebuilders	5-11	Yes	Yes	Yes					•	•										Promising		Promising		Exemplary	
Preventive Treatment Program (also know as Montreal Longitudinal Study)	7-9	Yes	Yes	Yes		•	•	•	•	•								Promising		Promising 1			Effective	Exemplary	
Project ACHIEVE	3-14	Yes	Yes	Yes	•				•												Model			Promising	
Promoting Alternative Thinking Strategies (PATHS)	5-10	Yes	Yes	Yes	•				•									Model	Promising	Promising 2	Model		Effective	Exemplary	Effective

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

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																		Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strengthening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Strengthening Families Program	6-12	Yes	Yes	No		•	•		•	•											Model	Exemplary 1		Exemplary	Effective
Strengthening Families Program for Parents and Youth 10-14	10-14	Yes	Yes	No													Promising	Exemplary	Promising 2	Model	Exemplary 2		Exemplary	Effective	
Teaching Students to be Peacemakers	7-18	Yes	No	Yes					•												Model			Promising	
Too Good for Violence	5-18	No	Yes	Yes		•			•												Model			Exemplary	
Trauma-Focused Cognitive Behavioral Therapy	3-18	No	Yes	No			•				•					•					Model			Exemplary	

* Categories are those used by the OJJDP Model Programs Guide.

** Programs were included in Table 1 only if one of more of the selected websites/reports (other than NIDA) gave the program its highest rating. (See Table 2 for ratings.) Lower ratings given by websites/reports to any of these programs are also reported in Table 1. High ratings are highlighted with a gray background to distinguish them from the lower ratings. For instance, the "All Stars" program was given the SAMHSA Model Programs highest rating (Model), but received lower ratings from the Safe and Drug-Drug Free Schools report (Promising) and the OJJDP Model Programs Guide (Promising).

*** Please see the main report for model program descriptions.

TABLE 2 Selected Websites/Reports for "Best Practice" Programs: Program Rating Categories and Criteria

Source	Focus	Reviewer	Website	Rating Categories	Comprehensiveness of Review Criteria	Criteria That Must Be Met for a Given Rating					
						Experimental Design	Quasi-Experimental Design	Methodological Standards	Replication of Findings	Sustained Effects Post-Treatment	
BluePrints for Violence Prevention Website	Prevention of violence, delinquency and/or drug use in children and adolescents from birth to age 19	Center for the Study and Prevention of Violence	www.colorado.edu/cspv/blueprints	Model Promising	HIGH: Required Replication of Findings & Sustained Effects	•	•	Strong	•	•	
						•	•	Moderate			
<i>Youth Violence: A Report of the Surgeon General</i>	Violence prevention and intervention	U.S. Department of Health and Human Services, Office of the Surgeon General (2001)	www.surgeongeneral.gov/library/youthviolence/yuvioreport.htm	Model 1* Model 2* Promising 1* Promising 2*			•	•	Strong-Violence	•	•
							•	•	Strong-Risk Factor	•	•
							•	•	Moderate-Violence	Evidence of one, but not both	
							•	•	Moderate-Risk Factor	Evidence of one, but not both	
<i>Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs, 2001</i>	Reducing substance use, violence, and other conduct disorders to make schools safe, disciplined and drug-free.	U.S. Department of Education, Office of Special Educational Research and Improvement, Office of Reform Assistance and Dissemination, Safe and Drug-Free Schools Program (2002)	www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf	Exemplary Promising		•	•	Strong	•	•	
						•	•	Moderate	Evidence of one, but not both		

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Source	Focus	Reviewer	Website	Rating Categories	Comprehensiveness of Review Criteria	Criteria That Must Be Met for a Given Rating				
						Experimental Design	Quasi-Experimental Design	Methodological Standards	Replication of Findings	Sustained Effects Post-Treatment
SAMHSA Model Programs Website	Preventing or reducing substance abuse and other related high-risk behaviors.	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	www.modelprograms.samhsa.gov	Model	MODERATE: Required Replication of Findings	•	•	Strong	•	
				Effective **		•	•	Moderate	•	
				Promising		•	•	Reasonable		
Strengthening America's Families Website	Family therapy, family skills training, in-home family support, and parenting programs	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	www.strengtheningfamilies.org	Exemplary 1***	MODERATE: Required Replication of Findings	•		Strong	By an independent investigator	
				Exemplary 2***		•		Strong	Not by an independent investigator	
				Model Promising		•	•	Moderate Reasonable		

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						Experimental Design	Quasi-Experimental Design	Methodological Standards	Replication of Findings	Sustained Effects Post-Treatment
Center for Mental Health Services (CMHS), <i>Preventing Mental Disorders in School-Age Children: A Review of the Effectiveness of Prevention Programs</i>	Preventing aggression, depression, and anxiety in children.	Greenberg, M. T., C. Domitrovich, & B. Bumbarger (1999) for the U.S. Department of Health and Human Services, Center for Mental Health Services (CMHS)	www.prevention.psu.edu/pubs/documents/CMHS_Implementation_report.pdf	Effective Promising	REASON-ABLE: Sustained Effect Only	•	•	Strong Moderate	•	
OJJDP Model Programs Guide Website	Delinquency prevention	Office of Juvenile Justice and Delinquency Prevention (OJJDP)	www.dsgonline.com/mpg2.5/mpg_index.htm	Exemplary Effective Promising	REASONABLE: Did Not Require Either of the Above	•	•	Strong Moderate Reasonable		
National Institute on Drug Abuse (NIDA) Website, <i>Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition</i>	Preventing drug abuse among children adolescents	National Institute on Drug Abuse (2003)	www.drugabuse.gov/Prevention/Prevopen.html	Effective****	Undetermined	•	•	Effective	Undetermined Undetermined	

* A distinction is made between strategies and programs that have demonstrated effects on violence and serious delinquency (Level 1) and those that have demonstrated effectiveness on known risk factors (Level 2).

** Effective programs meet the same criteria as Model programs, except that program developers have yet to agree to work with SAMHSA/CSAP to support the broad-based dissemination of their programs; the developers may be disseminating these programs themselves.

*** An Exemplary 1 rating differs from and Exemplary 2 rating in that one of its replication studies was conducted by an independent evaluator.

****Program review focused heavily on the adequacy of core program elements defined by NIDA (see website). Evaluation criteria were not sufficiently detailed in report to determine the importance of replication and sustained findings.

Appendix: Overviews of Selected “Best Practice” Programs³

The Adolescent Transitions Program (ATP)

The Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children. The parent-focused curriculum concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving, and active listening. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The curriculum for teens takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, developing and providing peer support for prosocial and abstinent behavior, setting limits, and learning problem-solving.

The long-term goals of the program are to arrest the development of teen antisocial behaviors and drug experimentation. Intermediate goals are to improve parents’ family management and communication skills. To accomplish these goals, the intervention uses a “tiered” strategy with each level (universal, selective, and indicated) building on the previous level. The universal level is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behavior and substance use. At the selective level of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behavior and substance use. At the indicated level, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioral family therapy, parenting groups, or case management services.

Program activities are led by group leaders and include parent group meetings, individual family meetings, and teen group sessions, as well as monthly booster sessions for at least 3 months following completion of the group. Meetings and sessions may include discussion and practice of a targeted skill, group exercises (either oral or written, depending on group needs), role-plays, and setting up home practice activities. Many of the skill-building exercises include activities that parents and children do together. Each curriculum also has six accompanying videotapes that demonstrate the program’s targeted skills and behaviors.

Al’s Pals: Kids Making Healthy Choices

Al’s Pals: Kids Making Healthy Choices is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior. The program was piloted in Head Start and other community-based child development centers whose populations included primarily African-American and white children. Since the pilot, the program has been expanded and found to be effective with children ages 3 to 8 of all socioeconomic and racial backgrounds living in urban, suburban, and rural areas. Al’s Pals has been proven to work in preschools, early elementary school grades, afterschool programs, and childcare centers.

The program follows from the premise that by intervening during the early years when children are forming patterns of behaviors and attitudes, reductions can be made in the likelihood of their later developing aggressive, antisocial, or violent behavior. Al’s Pals is based heavily on resiliency research as a framework for developing an intervention. Its curriculum is designed to build resiliency by presenting

³ Unless otherwise noted, program descriptions are from the OJJDP Model Programs Guide website.

children with real-life situations that introduce them to health-promoting concepts and prosocial skills. The program also recognizes the ongoing nature of resilience-building and trains teachers to use resilience-promoting concepts in their teaching and classroom management practices.

AI's Pals uses 46 interactive lessons to teach children how to practice positive ways to express feelings, relate to others, communicate, brainstorm ideas, solve problems, and differentiate between safe and unsafe substances and situations. The lessons are delivered twice a week over 23 weeks. It is ideal to deliver the program during circle time or in an open reading area. Each lesson lasts 15 to 20 minutes and typically consists of two or three activities. Fourteen of the lessons have letters and activities for parents. Optional follow-up activities can be incorporated later in the school day. A nine-lesson booster curriculum is used in second or third grade with children who have previously received the full program. Required training sessions for teachers address the underlying conceptual framework of the program and implementation issues.

All Stars

All Stars™ is a character-based approach to preventing high-risk behaviors such as substance use, violence, and premature sexual activity in teens ages 11 to 15. The program is based on strong research identifying the critical factors that lead young people to begin experimenting with substances and engaging in other high-risk behaviors. It is designed to reinforce positive qualities that are typical of youths at this age. It works to strengthen five specific qualities vital to achieving preventive effects:

- Establishing positive norms
- Building strong personal commitments
- Promoting positive parental attentiveness
- Developing positive ideals and future aspirations
- Promoting bonding with school and community organizations

A program specialist or regular classroom teacher can implement the program. All Stars™ consists of whole classroom sessions, small group sessions outside of the classroom, and one-on-one sessions between the instructor and the child. The program is interactive, including debates, games, and general discussion. Homework assignments are given to include parents in the program and to increase parent-child interactions.

Big Brothers & Big Sisters

Big Brothers/Big Sisters (BB/BS) is a federation of more than 500 agencies that serve children and adolescents. The basic concept of the BB/BS program is not to ameliorate specific problems, but to provide support in all aspects of young people's lives through a professionally supported one-to-one relationship with a caring adult. The program concentrates on children from single-parent households. Its most intricate component is that the volunteer mentor commits substantial time to the youth, meeting for about 4 hours, two to four times a month, for at least 1 year. During their time together, the mentor and youth engage in developmentally appropriate activities that include walking; visiting a library; washing the car; playing catch; grocery shopping; watching television; attending a play, movie, school activity, or sporting event; or just hanging out and sharing thoughts. According to Grossman and Garry, "Such activities enhance communication skills, develop relationship skills, and support positive decision-making."

Although individual agencies may customize their programs to fit specific needs, the integrity of the program is protected through a national infrastructure that oversees recruitment, screening, matching, and supervision. The screening and matching process provides an opportunity to select adults who are most likely to be successful mentors and match them with adolescents who share a common belief system. Staff supervision and support are critical to ensuring that mentor and mentee meet regularly to build positive relationships.

Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse. BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions over more than 3 months. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in office, home, or community settings.

Bullying Prevention Program (BPP)

This universal intervention was developed to promote the reduction and prevention of bullying behavior and victimization problems. The main arena for the program is the school, and school staff have the primary responsibility for introducing and implementing the program. Components of the program are carried out at the school level (questionnaires, conferences, committees, increased supervision), class level (rule enforcement and regular class meetings), and individual level (interventions with children identified as bullies or victims, with parental participation). All students within a school participate in most aspects of the program.

Caring School Community Program

The Caring School Community Project (CSCP), formerly the Child Development Project, is a comprehensive, universal, school-change program that trains teachers and school administrators in revised teaching practices. The three major facets of this classroom project are developmental discipline, cooperative learning, and a literature-based language arts curriculum. Developmental discipline is a classroom management style that engages children in the decision-making process within the classroom. This allows the children to feel autonomous, influential, and competent. Cooperative learning entails working in small groups or pairs on tasks that are inherently interesting and challenging to the students. Teachers oversee and monitor these tasks, but students have opportunities to be self-directing. Emphasis is placed on both the social and academic goals of the activities. CSCP provides a supportive atmosphere for open discussions of meaningful issues that are brought about through high-quality literature readings.

Another aspect of the CSCP is the implementation of schoolwide student service activities, including the cross-grade “buddy programs,” which are meant to increase the students’ understanding of other people.

Schoolwide events and activities that involve parents and their children are also provided, such as “homework” activities, which involve parents and students in conversations that strengthen family relationships. The program can be employed in any rural, suburban, or urban elementary school.

CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows), formerly known as Children at Risk, is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youths free of substance abuse and criminal involvement. It is based on the assumption that, while all preadolescents are vulnerable to experimentation with substances, those who lack effective human and social support are especially vulnerable. CASASTART seeks to build resiliency in youths, strengthen families, and make neighborhoods safer for children and their families. The program employs a positive youth development framework and uses intensive case management to coordinate and provide services to counteract the various factors that make children vulnerable to substance abuse and delinquency. Case review conferences every other week—along with quarterly administrative and advisory council meetings—ensure that all partners are up to date on the program and individual case status.

Each case manager serves 15 children and their families. Case managers directly provide—or coordinate through appropriate referral—a comprehensive menu of services for the youth and family. Each site develops its own approach to designing and delivering the services consistent with local culture and practice. Every child in the program receives all of the services—except juvenile justice services, if he or she is not in trouble with the law. Each CASASTART program is managed locally, in deference to local culture and setting, but shares with the other programs eight basic core components.

- *Community-enhanced policing/enhanced enforcement*, which increases police presence and involvement in the community and their work with youth.
- *Case management*: small caseloads (13–18 families) ensure close attention to the needs of participating youths and their families and implementation of plans to meet their needs.
- *Criminal/juvenile justice intervention*: communication between case managers and the juvenile justice and probation departments ensure enhanced supervision and planning for youths who become involved with the courts.
- *Family services*: parent programs, counseling services, organized activities, and family advocacy by case managers increase positive involvement of parents in the lives of their children.
- *Afterschool and summer activities* offer prosocial activities with peers. These types of activities include not only recreation and entertainment but also personal social development programs, particularly those aimed at self-esteem, cultural heritage, and social problems.
- *Education services* strengthen individual skills by offering tutoring and homework assistance, as well as work preparation opportunities.
- *Mentoring*: group or one-to-one relationships are fostered to promote positive behaviors.
- *Incentives*: there are both monetary and nonmonetary incentives for participation in CASASTART activities.

The Caring School Community Project (CSCP) (formerly the Child Development Project)

The Caring School Community Project (CSCP), formerly the Child Development Project, is a comprehensive, universal, school-change program that trains teachers and school administrators in revised teaching practices. The three major facets of this classroom project are developmental discipline, cooperative learning, and a literature-based language arts curriculum. Developmental discipline is a classroom management style that engages children in the decision-making process within the classroom. This allows the children to feel autonomous, influential, and competent. Cooperative learning entails working in small groups or pairs on tasks that are inherently interesting and challenging to the students. Teachers oversee and monitor these tasks, but students have opportunities to be self-directing. Emphasis is placed on both the social and academic goals of the activities. CSCP provides a supportive atmosphere for open discussions of meaningful issues that are brought about through high-quality literature readings.

Another aspect of the CSCP is the implementation of schoolwide student service activities, including the cross-grade “buddy programs,” which are meant to increase the students’ understanding of other people. Schoolwide events and activities that involve parents and their children are also provided, such as “homework” activities, which involve parents and students in conversations that strengthen family relationships. The program can be employed in any rural, suburban, or urban elementary school.

Children in the Middle

Children in the Middle is a skills-based program that helps children and parents deal with the children’s reactions to divorce. The program is built around a 37-minute video for parents and a 30-minute video for children. The parent video teaches the skills parents need to avoid putting children into the middle of their conflicts. The child video helps children understand why parents divorce. The program is designed to deal with problems such as 1) loss of concentration and attention, 2) declining grades and behavior problems at school, 3) withdrawal from friends, 4) emotional outbursts and health problems, 5) serious anger with one or both parents, and 6) delinquency and substance use. The program needs no special training or licensing to implement.

Parents are usually mandated by domestic relations courts to attend classes held in their communities (at social service agencies, community colleges). A group leader facilitates the adult portion of the program. The first session includes the 37-minute video narrated by a dynamic husband-and-wife team, augmented by realistic scenes of divorce depicting inappropriate and appropriate methods of handling conflict. The tape is stopped at cued discussion points to allow parents to respond to questions about how children feel when caught in loyalty binds and what they can do to resolve the conflicts. Workbook exercises and role-plays give parents a chance to practice new skills. One or two 90- to 120-minute class sessions are typical.

The children’s program may be held at school, with a mental health practitioner, or in groups at social service agencies. Parents and children will view a video together and complete workbook exercises at home or at the practitioner’s office with guidance from the practitioner. Typically, a family counselor will incorporate the materials into a treatment plan consisting of 4 to 10 sessions over 2 to 4 months. Parents are given the *What About the Children?* booklet and the Parents and Children’s Guidebook to study and complete exercises at home.

Coping Power Program

The Coping Power Program is a multicomponent preventive intervention for aggressive children that uses the contextual sociocognitive model as its conceptual framework. The sociocognitive model concentrates on the contextual parenting processes and on children’s sequential cognitive processing. It posits that aggressive children have cognitive distortions at the appraisal stage of sociocognitive processing because of their difficulties in encoding incoming social information and in accurately interpreting social events

and others' intentions. These children also have cognitive deficiencies at the problem solution stage of sociocognitive processing; they tend to generate maladaptive solutions for perceived problems and have nonnormative expectations for the usefulness of aggressive and nonaggressive solutions to their social problems. The contextual sociocognitive model also emphasizes parenting processes in the development and escalation of problem behaviors. Child aggressive behavior arises most fundamentally out of early contextual experiences with parents who provide harsh or irritable discipline, poor problem-solving, vague commands, and poor monitoring of their children's behavior.

On the basis of this contextual sociocognitive model, the Coping Power Program was developed with parent and child components. Intervention covers 15 months (the second half of one academic year and all of the next). The child component includes eight intervention sessions in the 1st intervention year and 25 in the 2nd intervention year. Group sessions lasted for 40–60 minutes each. The sessions include four to six boys and are co-led by a program specialist with a master's or doctoral degree in psychology or social work and by a school guidance counselor. The Coping Power child component was derived primarily from a previously evaluated 18-session Anger Coping Program. The Coping Power child component sessions emphasize the following: behavioral and personal goal-setting, awareness of feelings and associated physiological arousal, use of coping self-statements, distraction techniques and relaxation methods when provoked and made angry, organizational and study skills, perspective taking and attribution retraining, social problem-solving skills, and dealing with peer pressure and neighborhood-based problems by using refusal skills.

The parent component consists of 16 parent group sessions over the same 15-month intervention period. It was delivered in groups of four to six single parents or couples, and groups usually met at the boys' schools. Groups are led by two staff persons. Assertive attempts are made to promote parent attendance and to include both mothers and fathers in parent groups. The content of the parent component was derived from social-learning-theory-based parent training programs. Parents learn skills for identifying prosocial and disruptive behavioral targets in their children, rewarding appropriate child behaviors, giving effective instructions and establishing age-appropriate rules and expectations for their children, applying effective consequences to negative child behavior, and establishing ongoing family communication through weekly family meetings. In addition, parents learn to support the sociocognitive skills that children learn in the Coping Power child component and to use stress-management skills to remain calm and in control during stressful or irritating disciplinary interactions with their children.

Creating Lasting Family Connections (CLFC)

Creating Lasting Family Connections (CLFC) is a comprehensive family strengthening and substance abuse and violence prevention curriculum designed to help youths and families in high-risk environments become strong, healthy, and supportive. CLFC targets African-American, Caucasian, Native American, Asian and Pacific Islander, and Hispanic youths ages 9 to 17 and their families living in rural, suburban, or urban settings. The curriculum is designed for use in a community system (churches, schools, recreation centers, court-referred settings) that provides significant contact with parents and youths, has existing social outreach programs, and is linked with other human service providers. The program consists of six 5- to 6-week modules that examine a variety of issues including practical ATOD prevention strategies, family enhancement and management practices and personal and family communication skills with a focus on parental and youth refusal skills.

Early Risers “skills for Success” Program

Early Risers is a multicomponent, high-intensity, competency-enhancement program that targets elementary school children (ages 6 to 10) who are at high risk for early development of conduct problems, including substance use (i.e., who display early aggressive, disruptive, or nonconformist behaviors). Most of the original participants were Caucasian and resided in semirural communities. Subsequent replications have involved African-American children from economically disadvantaged urban communities.

The program is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. Early Risers uses a full-strength intervention model with two complementary components to move high-risk children onto a more adaptive developmental pathway. Interventions include

- Parent education and skills training
- Proactive parent–school consultation
- Child social skills training and strategic peer involvement
- Reading and math instruction and educational enrichment activities
- Family support, consultation, and brief interventions to cope with stress
- Contingency management of aggressive, disruptive, and noncompliant behavior

The enhanced competence gained through the program leads to the development of positive self-image, independent decision-making, healthy problem-solving, assertive communication, and constructive coping. Once acquired, these attributes and skills collectively enable youths to resist personal and social forces that encourage early substance use and potential abuse and dependency.

Families and Schools Together (FAST)

Families And Schools Together (FAST) is a collaborative, multifamily, group early-intervention/prevention program that combines concepts and practices of community organizing with effective clinical techniques based on family therapy and play therapy. Grounded in family stress theory, FAST is designed to build protective factors for children (4 to 12 years old), empower parents to be the primary prevention agents for their own children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to produce changes at the levels of individual child functioning and the local social network. Specifically, the program works to intervene early to help at-risk youths succeed in the community, at home, and in school and thus avoid problems such as adolescent delinquency, violence, addiction, and school dropout. The FAST process uses the existing strengths of families, schools, and communities in creative partnerships. FAST offers youths structured opportunities for involvement in repeated relationship-building interactions with the primary caretaking parent, other family members, other families, peers, school representatives, and community representatives.

Participation in FAST begins when teachers or other school professionals identify children with problem behaviors who are at risk for serious future academic and social problems. Next, trained recruiters—often FAST graduates—visit parents at home to discuss the school’s concerns and invite them to participate in the program. Families then gather with 8 to 12 other families for eight weekly meetings usually held in the school. The meetings include planned opening and closing routines, structured family activities, parent mutual-support time, and parent–child play therapy. A trained team consisting of a parent, a school

professional, a clinical social worker, and a substance abuse counselor facilitates the meetings. Families participate in a graduation ceremony at the end of 8 weeks and then continue to participate in monthly follow-up meetings, run by the families, for 2 years.

Family Effectiveness Training (FET)

Family Effectiveness Training (FET) is a family-based program for Hispanics that targets family factors known to place children at risk. FET helps Hispanic immigrant families with children ages 6 to 12, particularly when the child is exhibiting behavior problems, associating with deviant peers, or experiencing parent-child communication problems. The goal of FET is to strengthen families by increasing their ability to adapt to new situations, particularly developmental and cultural challenges the family will face. The program consists of three components: Family Development, Bicultural Effectiveness Training, and Brief Strategic Family Therapy. FET uses two primary strategies to initiate change: 1) didactic lessons and participatory activities that help parents master effective family management skills and 2) organized discussions in which the therapist/facilitator intervenes to correct dysfunctional communications between or among family members. The training sessions last for 13 weeks, are 1½ to 2 hours long, and are tailored to each individual family.

FAST Track

FAST Track is a comprehensive, long-term prevention program that aims to prevent chronic and severe conduct problems in high-risk children. The program targets children identified in kindergarten for disruptive behavior and poor peer relations. It is based on the view that antisocial behavior stems from the interaction of multiple influences that include the school, the home, and the individual. The main goals of the program are to increase communication and bonds between these three domains; to enhance children's social, cognitive, and problem-solving skills; to improve peer relationships; and ultimately to decrease disruptive behavior in the home and school. The developmental model guiding this project indicates that an effective prevention program would address classroom, school risk, and family risk factors, including communication between parents and schools.

FAST Track extends from 1st through 10th grade, with particularly intensive interventions during the transitions at school entry and from elementary to middle school. The primary intervention is designed for all youths in a school setting. The most intense phase of intervention took place in the first grade year for each of three successive cohorts. The program can be implemented in rural and urban areas for boys and girls of varying ethnicity, socioeconomic background, and family composition.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a family-based prevention and intervention program for dysfunctional youths ages 11 to 18 that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. It integrates several elements (established clinical theory, empirically supported principles, and extensive clinical experience) into a clear and comprehensive clinical model. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.

The model includes specific phases: engagement/motivation, behavior change, and generalization. Engagement and motivation are achieved through decreasing the intense negativity often characteristic of high-risk families. The behavior change phase aims to reduce and eliminate the problem behaviors and

accompanying family relational patterns through individualized behavior change interventions (skill training in family communication, parenting, problem-solving, and conflict management). The goal of the generalization phase is to increase the family's capacity to adequately use multisystemic community resources and to engage in relapse prevention.

FFT ranges from an average of 8 to 12 one-hour sessions for mild cases and incorporates up to 30 sessions of direct service for families in more difficult situations. Sessions are generally spread over a 3-month period and can be conducted in clinical settings as an outpatient therapy and as a home-based model.

Good Behavior Game

The Good Behavior Game (GBG) is a classroom management strategy designed to improve aggressive/disruptive classroom behavior and prevent later criminality. The program is universal and can be applied to general populations of early elementary school children, although the most significant results have been found for children demonstrating early high-risk behavior. It is implemented when children are in early elementary grades to provide them with the skills they need to respond to later, possibly negative, life experiences and societal influences.

GBG improves teachers' ability to define tasks, set rules, and discipline students and allows students to work in teams in which each individual is responsible to the rest of the group. Before the game begins, teachers clearly specify those disruptive behaviors (e.g., verbal and physical disruptions, noncompliance) that, if displayed, will result in a team's receiving a checkmark on the board. By the end of the game, teams that have not exceeded the maximum number of marks are rewarded, while teams that exceed this standard receive no rewards. Eventually, the teacher begins the game with no warning and at different periods during the day, so students are always monitoring their behavior and conforming to expectations.

Guiding Good Choices/Families That Care (formerly Preparing for Drug Free Years)

Guiding Good Choices (GGC), formerly known as Preparing for the Drug-Free Years, is a multimedia family competency training program that promotes healthy, protective parent-child interactions and reduces children's risk for early substance use. The program targets families of middle school children (ages 8-14) who reside in rural, economically stressed neighborhoods.

GGC is based on the social development model, which theorizes that enhancing protective factors such as effective parenting practices will decrease the likelihood that children will engage in problem behaviors. The program is delivered in five weekly sessions specifically designed to strengthen parents' child-rearing techniques, parent-child bonding, and children's peer resistance skills. Children are required to attend one session, which concentrates on peer pressure. The other four sessions involve only parents and include instruction in four areas:

1. Identifying risk factors for adolescent substance use and creating strategies to enhance the family's protective processes;
2. Developing effective parenting skills, particularly those regarding substance use issues;
3. Managing anger and family conflict; and
4. Providing opportunities for positive child involvement in family activities.

The Incredible Years: Parent, Teacher and Child Training Series (IYS)

The Incredible Years series features three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The series is based on Patterson's social learning model, which emphasizes the importance of the family as well as teacher socialization processes, especially those affecting young children. It argues that negative reinforcement develops and maintains children's deviant behaviors and the parents' and teachers' critical or coercive behaviors. The parents' or teachers' behaviors must therefore be changed so the children's social interactions can be altered. If parents and teachers can learn to deal effectively with children's misbehavior and to model positive and appropriate problem-solving and discipline strategies, children can develop social competence and reduce aggressive behavior at home and at school.

The parent training series concentrates on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences, to promote children's academic and social competencies and reduce conduct problems. It includes three programs targeting parents of high-risk children and those displaying behavior problems. The *Basic* program emphasizes parenting skills known to promote children's social competence and reduce behavior problems, such as knowing how to play with children, helping children learn, using praise and incentives effectively, and using limit-setting and strategies effectively to handle misbehavior. This can be self-administered or offered for groups of 10 to 14 participants, and it can be covered in 12 to 14 two-hour sessions. The *Advance* program emphasizes parent interpersonal skills such as effective communication skills, anger management, problem-solving between adults, and ways to give and get support. It is offered to groups of parents who have completed the *Basic* programs and takes 10 to 12 two-hour sessions to complete. The *Supporting Your Child's Education* program emphasizes parenting approaches designed to promote parental involvement in setting up predictable homework routines and children's academic skills such as reading and building collaborative relationships with teachers. This program is implemented after the completion of the *Basic* programs because it builds on the behavioral principles regarding social skills that were introduced in *Basic* and applies them to academic skills.

The teacher training series consists of six comprehensive group discussion and intervention programs for teachers, school counselors, and psychologists who work with children ages 4 to 10. Each program concentrates on strengthening teacher classroom management strategies, promoting children's prosocial behavior and school readiness (reading skills), and reducing classroom aggression and noncooperation with peers and teachers. The teaching concepts are illustrated with brief videotaped vignettes of teachers interacting with children in classrooms. Group leaders use the videotaped scenes (of teachers handling problem situations effectively and ineffectively) to facilitate discussion, solve problems, and share ideas among teachers. Group leaders also help teachers discuss important principles and practice new skills through role-playing.

Leadership and Resiliency Program (LRP)

The Leadership and Resiliency Program (LRP) is a school- and community-based program for high school students (14 to 17 years of age) that works to enhance youths' internal strengths and resiliency, while preventing involvement in substance use and violence. Program components include:

- **Resiliency Groups** held at least weekly during the school day
- **Alternative Adventure Activities** that include ropes courses, white water kayaking, camping, and hiking trips
- **Community Service** in which participants are active in a number of community- and school-focused projects

These alternative activities, offered after school, on weekends, and during the summer, focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution. (This program description is from the SAMHSA Model Programs website.)

Linking the Interests of Families and Teachers (LIFT)

Linking the Interests of Families and Teachers (LIFT) is a research-based intervention program designed to prevent the development of aggressive and antisocial behaviors in children within the elementary school setting (particularly first graders and fifth graders).

LIFT was informed by scientific research on the development of delinquency—specifically coercion theory (for more details, see Patterson, 1982, or Patterson, Reid, and Dishion, 1992). As such, LIFT is designed to decrease the likelihood of two major factors that put children at risk for subsequent antisocial behavior and delinquency: 1) aggressive and other socially incompetent behaviors with teachers and peers at school and 2) ineffective parenting, including inconsistent and inappropriate discipline and lax supervision. LIFT has three main components: 1) classroom-based child social skills training, 2) the playground Good Behavior Game, and 3) parent management training. These efforts are fortified by systematic communication between teachers and parents. To facilitate communication, a “LIFT line” is implemented in each classroom. The LIFT line is a phone and an answering machine in each classroom that families are encouraged to use if they have any questions for the teachers or have concerns that they wish to share.

Child social skills training sessions are held during the regular school day and are broken into distinct segments. The first segment includes 1) classroom instruction and discussion about specific social and problem-solving skills, 2) skills practice in small and large groups, 3) free play in the context of a group cooperation game, and 4) review and presentation of daily rewards. The second segment includes a formal class problem-solving session and free play and rewards. The curriculum is similar for all elementary school students, but delivery format, group exercises, and content emphasis are modified to address normative developmental issues depending on the grade level of the participants.

The playground Good Behavior Game takes place during the middle of the free-play portion of the social skills training and is used to actively encourage positive peer relations on the playground. During the game, rewards are earned by individual children for demonstrating positive problem-solving skills and other pro-social behaviors with peers as well as for the inhibition of negative behaviors.

Parent Management Training in LIFT is conducted in groups of 10 to 15 parents and consists of six weekly 2½-hour sessions. Sessions can provide training either after school or in the evenings. Session content concentrates on positive reinforcement, discipline, monitoring, problem solving, and parent involvement in the school. Communication is fostered throughout the school year.

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy (MDFT) is a family-based treatment and substance-abuse prevention program developed for adolescents with drug and behavior problems. The multidimensional perspective suggests that symptom reduction and enhancement of prosocial and appropriate developmental functions occur by facilitating adaptive developmental events and processes in several domains of functioning. The treatment seeks to significantly reduce or eliminate the adolescent’s substance abuse and other problem behavior and to improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. The objectives for the adolescent include transformation of a drug-using lifestyle into a developmentally normative lifestyle and improved functioning in several developmental domains. The objectives for the parent include blocking parental abdication by facilitating parental commitment and investment, improving the overall relationship and day-to-day communication

between parent and adolescent, and increasing knowledge about and changes in parenting practices (e.g., limit-setting, monitoring, appropriate autonomy granting).

Multidimensional Treatment Foster Care (MTFC)

Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. It is based on the Social Learning Theory model that describes the mechanisms by which individuals learn to behave in social contexts and the daily interactions that influence both prosocial and antisocial patterns of behavior. Consequently, the MTFC program recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. The treatment program includes a structured living environment with clear and consistent limits, positive reinforcement for appropriate behavior, a relationship with a mentoring adult, and separation from delinquent peers.

The program places adolescents in a family setting for 6 to 9 months. MTFC parents are supported by a case manager who coordinates all aspects of their youngster's treatment program. Additional components of the program include weekly supervision and support meetings for MTFC parents; skill-focused individual treatment for youths; weekly family therapy for biological parents (adoptive or other aftercare resource); frequent contact between participating youths and their biological/adoptive family members, including home visits; close monitoring of the youngsters' progress in school; coordination with probation/parole officers; and psychiatric consultation/medication management, as needed.

Multisystemic Therapy

Multisystemic Therapy (MST) typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive behavioral, and the pragmatic family therapies. This family-therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.

Parenting Wisely

Parenting Wisely is a self-administered, computer-based program that teaches parents and their children important skills to enhance relationships and decrease conflict through behavior management and support. The program concentrates on families with parents who do not usually seek or complete mental health or parent education treatment for child problem behaviors. Single-parent families and stepfamilies with children who exhibit behavior problems constitute most of the families targeted. Parenting Wisely has been tested with families in rural and urban areas and is equally appealing to African-American, Hispanic/Latino, and white families.

The program enhances child adjustment and has the potential to reduce delinquency, substance abuse, and involvement with the juvenile justice system. In addition, it seeks to improve problem solving, parent-school communication, school attendance, and grades while reducing disciplinary infractions. The program uses an interactive CD-ROM in which parents view video scenes of common family problems. For each problem, parents choose a solution, watch it enacted, and listen to a critique. The video program covers communication skills, problem-solving skills, speaking respectfully, assertive discipline,

reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, step-family problems, single-parent issues, violence, and others. The program is administered in only one or two sessions.

Parenting With Love and Limits

Developed from a 3-year process-outcome research study, Parenting With Love and Limits is a parenting education program that integrates the best principles of a structural family therapy approach into a comprehensive 6-week program for juvenile delinquent populations with the primary diagnosis of oppositional defiant or conduct disorder. The program is designed to provide parents with specific tools and techniques (e.g., contracting, troubleshooting, anti-button pushing tactics, using creative consequences) to reestablish the parents' ability to determine rules and restore nurturance to the parent-child relationship.

Teens and parents participate together in a small group led by two facilitators that also includes caregivers and other parents and teenagers (no more than six families and no more than 15 people total in the group). There are six classes, each 2 hours long. Parents and teens meet together as a group for the 1st hour. During the 2nd hour, the parents meet in one breakout group and the teens meet in another breakout group (with a facilitator leading each) to address issues that the collective group cannot.

The six classes that make up the Parenting With Love and Limits program are as follows:

- Class 1. Understanding Why Your Teen Misbehaves: Parents learn why their teen creatively uses things such as substance abuse, truancy, disrespect, running away, or violence to commit acts of parent abuse to defeat parents each time they try to regain control of their household. Parents and teens go into their respective breakout groups to vent their feelings and frustrations.
- Class 2. Button Pushing: Parents learn how their teen skillfully pushes their hot buttons (whining, disgusted look, swearing, etc.), and teens learn how parents push theirs (lecturing, criticizing, talking in chapters, etc.).
- Class 3. Ironclad Contracting: Parents learn how and why their old methods of contracting have failed and the five microsteps to assemble an ironclad contract that actually works with the use of both rewards and consequences. Teens meet in their breakout groups to help write their own contract.
- Class 4. Troubleshooting: Parents learn how teens have a special ability called “enhanced social perception” to think two steps ahead and derail even the best-laid contract.
- Class 5. Stopping the Seven Aces: Parents choose from a recipe menu of creative consequences to stop the teen’s seven “aces” or “big guns” of disrespect, ditching or failing school, running away, drugs or alcohol, sexual promiscuity, violence, and threats of suicide.
- Class 6. Reclaiming Lost Love: Parents understand how years of conflict have drained the softness from the parent-child relationship and the six strategies needed to reclaim this lost love.

The program also provides parents with a detailed treatment manual on curtailing their teenagers' substance abuse and other behavior problems. To assist in intervention delivery, workbooks are available.

Peacebuilders

PeaceBuilders is a schoolwide violence prevention program for elementary and middle schools (K–8). A high school program is also being piloted in several locations. The program incorporates a strategy to change the school climate created by staff and students and is designed to promote prosocial behavior among students and adults. Children learn six simple principles: 1) praise people, 2) avoid put-downs, 3) seek wise people as advisers and friends, 4) notice and correct hurts you cause, 5) right wrongs, and 6) help others. Adults reinforce and model behaviors at school, at home, and in public places.

The underlying theory is that youth violence can be reduced by initiating prevention early in childhood, increasing children’s resilience, and reinforcing positive behaviors. This point of view also hypothesizes that aggressive behavior can be reduced by altering school environment to emphasize rewards and praise for prosocial behavior. PeaceBuilders includes four components: 1) parent education, 2) marketing to families, 3) collateral training, and 4) mass media tie-ins.

Nine broad behavior-change techniques are used: 1) common language for community norms, 2) story and live models for positive behavior, 3) environmental cues to signal desired behavior, 4) role-plays to increase range of responses, 5) rehearsals of positive solutions after negative events and response cost as “punishment” for negative behavior, 6) group and individual rewards to strengthen positive behavior, 7) threat reduction to reduce reactivity, 8) self- and peer-monitoring for positive behavior, and 9) generalization promotion to increase maintenance of change across time, places, and people.

Preventive Treatment Program (also known as the Montreal Longitudinal Study)

The Preventive Treatment Program (also known as the Montreal Longitudinal Study and the Montreal Prevention Experiment) was aimed at disruptive kindergarten boys and their parents, with the goal of reducing short- and long-term antisocial behavior. This program targeted white, Canadian-born males ages 7 to 9, from low socioeconomic families, who were assessed as having high levels of disruptive behavior in kindergarten. The program provided training for both parents and boys with the long-term goal of decreasing delinquency, substance use, and gang involvement. The program was administered to the treatment boys and their parents when the boys were 7 years old and lasted until they were 9.

The parent-training component was based on a model developed at the Oregon Social Learning Center. Parents received an average of 17 sessions that concentrated on monitoring their children’s behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. Caseworkers helped parents generalize what they learned through home visits, and teachers were encouraged to cooperate with the intervention.

The school-based component emphasized promoting social competence and emotional regulation by stressing problem-solving skills, life skills, conflict resolution, and self-control. The training was provided in small groups, which included one or two disruptive boys with a group of three to five peers who were teacher identified as prosocial. Interactive learning methods and behavioral management techniques such as coaching, peer modeling, self-instruction, reinforcement contingency, and role-playing to build skills were used to promote positive change. Sessions during the 1st year concentrated on developing prosocial skills with themes such as “how to invite someone into a group” and “how to make contact.” The 2nd year concentrated on promoting self-control skills with themes such as “what to do when I am angry” and “look and listen.”

Project ACHIEVE

Project ACHIEVE is designed to help schools, communities, and families develop, strengthen, and solidify youths’ resilience, protective factors, and self-management skills. Developed for use in preschool,

elementary school, and middle school settings (i.e., with students ages 3 to 14), the program concentrates on improving school and staff effectiveness and places particular emphasis on increasing student performance in social skills and socioemotional development, conflict resolution, self-management, achievement and academic progress, positive school climate, and safe school practices. Project ACHIEVE has been replicated at more than 25 sites across the United States. While the target audience is predominantly elementary and middle school children, program components also have been used in high schools, alternative schools, psychiatric and juvenile justice facilities, Head Start and afterschool programs, and numerous specialized charter schools. Project ACHIEVE is put into action by following a series of carefully sequenced steps that generally occur over a 3-year period. The seven interdependent components:

1. *Strategic Planning and Organizational Analysis and Development* analyzes the facility's operations and recommends specific program objectives and action plans. Moreover, it coordinates meaningful evaluation procedures.
2. *Referral Question Consultation Problem-Solving Process* uses a systematic, functional, problem-solving process to explain why student problems are occurring and links assessment to interventions that help students' progress.
3. *Effective Classroom and School Processes/Staff Development* concentrates on developing and reinforcing classroom behaviors and school processes that maximize academic engagement and learning.
4. *Instructional Consultation and Curriculum-Based Assessment and Intervention* involves the functional assessment of referred students' learning problems. It evaluates their response to and success with the curriculum and coordinates the instruction and interventions needed to teach them to master necessary academic skills.
5. *Social Skills, Behavioral Consultation, and Behavioral Interventions* facilitates implementation of effective interventions that address students' curricular and behavioral problems, including "special situation" analyses, crisis prevention and intervention procedures, and team development.
6. *Parent Training, Tutoring, and Support* develops ongoing home-school collaboration, including the assessment, coordination, and use of community resources.
7. *Research, Data Management, and Accountability* reinforces the collection of formative and summative outcome data (including consumer satisfaction and time- and cost-effectiveness data) to validate various aspects of a schoolwide improvement process.

Promoting Alternative Thinking Strategies (PATHS)

The PATHS curriculum is a comprehensive program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. The curriculum is designed for use by educators and counselors in a multiyear, universal prevention model that concentrates primarily on school and classroom settings but also includes information and activities for use with parents. Ideally, the program should be initiated at the start of schooling and continued through grade 6.

The curriculum was developed for classroom use with all elementary school children. PATHS has been field tested and researched in general education classrooms, with a variety of special needs students (deaf, hearing impaired, learning disabled, emotionally disturbed, mildly mentally retarded, and gifted), and among African-American, Hispanic/Latino, Asian-American, Pacific Islander, Native American, and white children.

Raising a Thinking Child: I Can Problem Solve for Families

The program aims to develop a set of interpersonal cognitive problem-solving (ICPS) skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the goal is to decrease future serious problems by addressing the behavioral predictors early in life. In addition, the parent intervention is designed to help parents use a problem-solving style of communication that guides young children to think for themselves. The program lasts 10 to 12 weekly sessions, although a minimum of 6 weeks is sufficient to convey the approach. The first section concentrates on learning a problem-solving vocabulary in the form of games. The second section teaches children how to listen. It also teaches them how to identify their own and others' feelings and to realize that people can feel different ways about the same thing. In the last section children are given hypothetical problems and asked to think about people's feelings, consequences to their acts, and different ways to solve problems. During the course of the program, parents are given exercises to help them think about their own feelings and become sensitive to those of their children. Parents also learn how to find out their children's view of the problem and how to engage their children in the process of problem solving. This program is available in Spanish.

Reconnecting Youth

Reconnecting Youth (RY) is a school-based prevention program for youth in grades nine through twelve (14 to 18 years old) who are at risk for school dropout. These youth may also exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors. Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals:

- Decreased drug involvement
- Increased school performance
- Decreased emotional distress

Students work toward these goals by participating in a semester-long high school class that involves skills training in the context of a positive peer culture. RY students learn, practice, and apply self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques. (This program description is from the SAMHSA Model Programs website.)

Responding in Peaceful and Positive Ways (RIPP)

Responding In Peaceful and Positive Ways (RIPP) is a school-based violence prevention program designed to provide students in middle and junior high schools with conflict resolution strategies and skills. RIPP targets the universal population of students enrolled in grades 6, 7, and 8 in middle and junior high school and is suitable for children from all socioeconomic, racial/ethnic, and cultural backgrounds. Delivered every year for 3 years, RIPP combines a classroom curriculum of social/cognitive problem solving with real-life skill-building opportunities such as peer mediation. Students learn to apply critical thinking skills and personal management strategies to personal health and well-being issues. RIPP teaches key concepts such as

- The importance of significant friends or adult mentors
- The relationship between self-image and gang-related behaviors
- The effects of environmental influences on personal health

Using a variety of lessons and activities, students learn about the physical and mental development that occurs during adolescence, analyze the consequences of personal choices on health and well-being, learn that they have nonviolent options when conflicts arise, and evaluate the benefits of being a positive family and community role model.

Safe Dates

Safe Dates is a school-based program designed to stop or prevent the initiation of psychological, physical, and sexual abuse on dates or between individuals involved in a dating relationship. The program goals are to change adolescent dating violence norms, change adolescent gender-role norms, improve conflict resolution skills for dating relationships, promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, promote help-seeking by victims and perpetrators, and improve peer help-giving skills. Intended for male and female middle and high school students, the Safe Dates program can stand alone or fit easily within a health education, family, or general life-skills curriculum. Because dating violence is often tied to substance abuse, Safe Dates also may be used with drug and alcohol prevention and general violence prevention programs.

The Safe Dates program includes a curriculum with nine 50-minute sessions, a 45-minute play to be performed by students, and a poster contest. The sessions include

1. *Defining Caring Relationships.* Students are introduced to Safe Dates and use a bingo game and discussion to evaluate how they wish to be treated in dating relationships.
2. *Defining Dating Abuse.* Through the discussion of scenarios and statistics, students clearly define what dating abuse is.
3. *Why Do People Abuse?* Students identify the causes and consequences of dating abuse through large- and small-group scenario discussions.
4. *How to Help Friends.* Students learn why it is difficult to leave abusive relationships and how to help an abused friend through a decision-making exercise, dramatic reading, and the "Friends Wheel."
5. *Helping Friends.* Students use stories and role-playing to practice effective skills for helping abused friends or confronting abusing friends.
6. *Overcoming Gender Stereotypes.* Students learn about gender stereotypes and how they affect dating relationships through a writing exercise, scenarios, and small-group discussions.
7. *Equal Power Through Communication.* Students learn the eight skills for effective communication and practice these skills in role-plays.
8. *How We Feel, How We Deal.* Students learn effective ways to recognize and handle anger through a feelings diary and a discussion of "hot buttons," so that anger does not lead to abusive behavior.
9. *Preventing Sexual Assault.* Students learn about sexual assault and how to prevent it through a quiz, a caucus, and a panel of peers.

Safe Dates involves family members through its parent letter and parent brochure, which provide information about and resources for dealing with teen dating abuse. In addition, schools can get parents more involved by hosting parent education programs or by talking with parents of children who are victims or perpetrators of dating abuse. Teachers are encouraged to connect with community resources by locating and using community domestic violence and sexual assault information, products, and services that provide valid health information.

Other activities that can involve more students and raise awareness of the issues presented by the Safe Dates program include a schoolwide dating abuse prevention campaign and events that promote group activities rather than individual dating.

School Transitional Environmental Program

STEP (School Transitional Environmental Program) is a school organizational change initiative that seeks to decrease student anonymity, increase student accountability, and enhance students' abilities to learn school rules and exceptions. The program targets students in transition from elementary and middle schools who are in large urban junior high and high schools with multiple feeders serving predominantly nonwhite lower income youths. Students remain in intact small groups for their homeroom period and their academic subjects (these classrooms are physically close together). Homeroom teachers act as administrators and guidance counselors, providing class schedule assistance, academic counseling in school, and counseling in school for personal problems. Teachers also explain the project to parents and notify them of student absences. Project students are assigned to homerooms in which all classmates are STEP participants, and they are enrolled in the same core classes to help develop stable peer groups and enhance participants' familiarity with the school.

Second Step: A Violence Prevention Curriculum

Second Step: Violence Prevention Curriculum is designed to reduce impulsive and aggressive behavior in children by increasing their social competency skills. The program is composed of four grade-specific curricula: preschool/kindergarten (Pre/K), grades 1–3, grades 4–5, and grades 6–8. The curricula are designed for teachers and other youth service providers to present in a classroom or other group setting. A parent education component, “A Family Guide to Second Step” for Pre/K through grade 5, is also available.

Students are taught to reduce impulsive, high-risk, and aggressive behaviors and increase their socioemotional competence and other protective factors. Intended for use with a broad population of students, the program has proven effective in geographically diverse cities in the United States and Canada, in classrooms varying in ethnic/racial makeup (predominantly African-American, predominantly European-American, or highly racially mixed), and in schools with students of varied socioeconomic status.

The Second Step elementary curriculum consists of thirty 35-minute lessons taught once or twice a week. Group discussion, modeling, coaching, and practice are used to increase students' social competence, risk assessment, decision-making ability, self-regulation, and positive goal setting. The program's lesson content varies by grade level and is organized into three skill-building units covering the following:

- Empathy (teaches young people to identify and understand their own emotions and those of others)
- Impulse control and problem solving (helps young people choose positive goals, reduce impulsiveness, and evaluate consequences of their behavior in terms of safety, fairness, and impact on others)
- Anger management (enables youths to manage emotional reactions and engage in decision-making when they are highly aroused)

The Second Step curriculum for middle school students is composed of fifteen 50-minute lessons organized into four units:

- Unit 1 is centered on knowledge and describes violence as a societal problem.
- Unit 2 trains students in empathy and encourages emotionality through learning to find common ground with others, avoid labeling and stereotyping, using “I” messages, and active listening.
- Unit 3 combines anger management training and interpersonal problem-solving for reducing impulsive and aggressive behavior in adolescents.
- Unit 4 applies the skills learned in previous units to five specific situations: making a complaint, dealing with peer pressure, resisting gang pressure, dealing with bullying, and diffusing a fight. Students learn modeling behaviors through role-plays and videotapes.

Skills, Opportunities, and Recognition (SOAR) (formerly the Seattle Social Development Project)

The Skills, Opportunity, and Recognition (SOAR) program (formerly known as the Seattle Social Development Project) has its roots in the Social Development Model, which posits that positive social bonds can reduce antisocial behavior and delinquency. It is a multidimensional intervention designed for the general population and high-risk children (those with low socioeconomic status and low school achievement) who are attending grade school or middle school. The program seeks to decrease juveniles’ problem behaviors by working with children, their parents, and their teachers. It intervenes early in children’s development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency.

Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. When implemented, these techniques minimize classroom disturbances by establishing clear rules and rewards for compliance; increase children’s academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first grade teachers teach communication, decision-making, negotiation, and conflict resolution skills, and sixth grade teachers present refusal skills training. The project’s success lies in its combination of parent and teacher training. Parents receive optional training programs throughout their children’s schooling, including sessions on family management, improving communication, and drug and alcohol resistance.

SMART Team: Students Managing Anger and Resolution Together Team

SMART Team is an eight-module, multimedia software program designed to teach violence prevention messages and methods to students in grades 6 through 9 (11 to 15 years old). The program’s content fits well with commonly used conflict mediation curricula and other violence prevention strategies that schools may implement. Operation is straightforward, so students can access the modules independently for information, to build skills, or to resolve a conflict. This independence eliminates the need for trained adult implementers. The program has three major components:

- *Anger management.* Animation, interactive assessment interviews, and games teach students to recognize the cycle of anger and situations that will trigger anger as well as how to handle their anger.
- *Perspective taking.* Games are used to show students anger-producing situations from the different perspectives of those involved in a situation. Interviews are shown of celebrities and older kids on how they handle conflict.
- *Dispute resolution.* An interactive mediation tool guides students on how to generate solutions to their conflict, resulting in a printed contract.

Strengthening Families Program

The Strengthening Families Program (SFP) is a family therapy program that consists of 7 consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session practicing the skills they learned earlier. Four booster sessions are used at 6 months to 1 year after the primary course. Youth sessions concentrate on setting goals, dealing with stress and emotions, communication skills, responsible behavior, and how to deal with peer pressure. Topics in the parental section include setting rules, nurturing, monitoring compliance, and applying appropriate discipline.

SFP was developed and tested in 1983 with 6- to 12-year-old children of parents in substance abuse treatment. Since then, culturally modified versions with new manuals have been evaluated and found effective for families with diverse backgrounds: African American, Asian/Pacific Islander, Hispanic, American Indian, Canadian, and Australian.

Strengthening Families Program for Parents & Youth 10-14

The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) is an adaptation of the Strengthening Families Program. Formerly called the Iowa Strengthening Families Program, the goal of the program is to reduce substance use and behavior problems during adolescence through improved skills in nurturing and child management by parents and improved interpersonal and personal competencies among youth. SFP 10–14 consists of seven 2-hour sessions for parents and youths. The parents and child attend separate skill-building groups for the 1st hour and spend the 2nd hour together in supervised family activities. Four booster sessions are designed to be used 6 months to 1 year after the end of the first seven sessions to reinforce the skills gained in the original sessions. Youth sessions generally concentrate on strengthening goal setting, communication skills, behavior management techniques, and peer pressure. By contrast, parents generally discuss the importance of nurturing while simultaneously setting rules, monitoring compliance, and applying appropriate discipline. Topics include developing appropriate rules, encouraging good behavior, using consequences, building bridges, and protecting against substance abuse.

Teaching Students to be Peacemakers

The Teaching Students to Be Peacemakers (TSP) is a 12-year conflict resolution program in which students learn increasingly sophisticated negotiation and mediation procedures each year. It concentrates on teaching all students how to value constructive conflict, engage in problem-solving and integrative negotiations, and mediate classmates' conflicts. The intent is to provide each student with at least 12 years of training in how to manage conflicts constructively and thereby significantly change the way they manage their conflicts for the rest of their lives. There are seven phases in implementing the program:

1. Create a cooperative context. When individuals are competing, they strive for a “win” in conflicts. Disputants should recognize their long-term interdependence and the need to maintain effective working relationships with one another. The easiest way to establish a cooperative context is through the use of cooperative learning.
2. Teach students the desirability of conflicts when they are managed constructively. Students are taught that a) a conflict-free life is impossible and undesirable and b) conflict has many positive outcomes (e.g., laughter, insight, learning, problem solving) when it is managed constructively.

3. Teach students the problem-solving, integrative negotiation procedure. The purpose of integrative, problem-solving negotiations is to ensure that all parties achieve their goals while maintaining or even improving the quality of their relationship. Students are taught a six-step integrative negotiation procedure.
4. Teach students the mediation procedure. The purpose of mediating is to facilitate problem-solving negotiations among disputants. Students are taught a four-step procedure.
5. Implement the peer mediation program. Working in pairs at first, mediators are made available to help schoolmates negotiate more effectively. The mediator's role is rotated so every student gains experience as a mediator. When all students become skillful mediators, mediators may work alone.
6. Continue the training in negotiation and mediation procedures throughout the school year to refine and upgrade students' skills. The easiest way to do this is to integrate the training into academic lessons.
7. Reteach the negotiation and mediation procedures the next year at a higher level of complexity and sophistication. This results in a spiral curriculum from kindergarten (or before) through the 12th grade.

Too Good for Violence

Too Good for Violence (TGFV) is a school-based violence prevention/character education program that improves student behavior and minimizes aggression. TGFV helps students in kindergarten through 12th grade learn the skills they need to get along peacefully with others. In both content and teaching methods, the program teaches students positive attitudes, beliefs, and behaviors. It builds skills sequentially and at each grade level provides developmentally appropriate curricula designed to address the most significant risk and protective factors. TGFV promotes what it calls a "C.A.R.E.-ing" approach to violence prevention by teaching Conflict resolution, Anger management, Respect for self and others, and Effective communication.

The program consists of student curricula with seven 30- to 60-minute lessons per grade for kindergarten through 5th grade, nine 30- to 45-minute lessons per grade for 6th through 8th grades, and fourteen 60-minute lessons per grade for 9th to 12th grades. Trained teachers, counselors, or prevention specialists deliver the program in classrooms with 20 to 35 students. Each grade-level kit includes everything needed for successful implementation: a scripted curriculum, workbooks, and teaching materials such as posters, games, CDs, and visual aids. Each lesson includes rationale, objectives, character education traits, a materials list, recommended resources, and suggestions for lesson extensions. Curricula also include *Home Workouts: Information and Exercises for Parents and Kids*, to be copied and sent home. TGFV also includes supplemental activities (lesson extenders that can be used to infuse violence prevention/character education skills into subject areas such as music, physical education, and language arts) as well as community activities, recommended books, videos, and other resources.

The optimal dosage for TGFV is once a week: for 7 weeks in grades K–5; for 9 weeks in grades 6 to 8; and 14 weeks for the high school core curriculum. The high school curriculum—*Too Good for Drugs and Violence—High School*, which contains substance-abuse prevention components—has 12 infusion lessons. Review and skills practice between and following lessons is strongly recommended. For maximum effect, the program should involve students, their families, and the entire school in using all of the program's components.

The program's highly interactive teaching methods encourage students to bond with prosocial peers and engage students through role-playing, cooperative learning, games, small-group activities, and class discussions. TGFV teaches that each student has what it takes to solve conflicts peaceably and provides opportunities to practice peacemaking and antibullying skills.

Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a treatment intervention designed to help 3- to 18-year-olds and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse. TF-CBT was created for young people who have developed significant emotional or behavioral difficulties following exposure to a traumatic event (e.g., loss of a loved one, physical abuse, domestic and community violence, motor vehicle accidents, fires, tornadoes and hurricanes, industrial accidents, terrorist attacks). The program targets boys and girls from all socioeconomic backgrounds, in a variety of settings, and from diverse ethnic groups; it has been adapted for Hispanic/Latino children.

TF-CBT was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies to help children talk directly about their traumatic experiences in a supportive environment. The program operates through the use of a parental treatment component and several child–parent sessions. The parent component teaches parents effective parenting skills to provide optimal support for their children. The parent–child session encourages children to discuss the traumatic events directly with the parent, and both parent and child learn to communicate questions, concerns, and feelings more openly.