Appendix G

Descriptions of Exemplary Programs

Program Name
Across Ages
http://templecil.org/Acrossageshome.htm

Overview. The Across Ages program uses older adults as mentors for youth. Originally designed solely as a school-based program, the program's design now uses a wide-ranging prevention strategy suitable for a variety of settings during both school time and out-of-school time. The program targets its supports to five domains: the individual, the family, the school, the peer group, and the community. By acting as advocates, challengers, nurturers, role models, and friends, older (age 55 and over) mentors help "at-risk" youth develop awareness, self-confidence, and skills to help resist drugs and overcome obstacles.[1]

Strategies. After-school; Family Engagement; Life Skills Development; Mentoring; Structured Extracurricular Activities

The program includes four primary activities: (1) weekly mentoring of youth by elder mentors; (2) bi-weekly youth community service activities to residents in nursing homes; (3) classroom-based life skills, problem-solving, and substance abuse curricula; and (4) monthly family, cultural, and recreational activities.[1,3]

Components. The program includes the following components: (1) infrastructure/staffing to manage program, (2) screening and training of mentors with pre-service and ongoing in-service, (3) training and orientation for all participants, (4) stipends/reimbursement for mentors, (5) written agreements between collaborating organizations, (6) minimum of 12-month duration, and (7) supervision and monitoring of mentor-youth matches.[3]

Targeted Risk Factors/Groups. Targeted youth are between the ages of 9 and 13 and reside in communities with no opportunities for positive free-time activities and few positive adult role models. They may be in kinship care due to the inability of their birth parents to care for them, often because of incarceration or substance use. They also have poor school performance and attendance.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk social behavior, (2) poor attendance, (3) low commitment to school, and (4) no extracurricular participation

Research Evidence. The Across Ages program was evaluated using a quasi-experimental design. The findings indicate that mentoring was critical to the success of the program, but all program components were critical for success. Specifically, students participating in the full program showed:[1,3,4]

- Decreased alcohol and tobacco use
- Increased school attendance
- Increased positive attitudes toward school and the future

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Program Name
Adolescent Sexuality and Pregnancy Prevention Program (Children's Aid Society) (was Carrera's)
http://www.childrensaidsociety.org/locations_services/healthservices/teenpregnancy

Overview. Launched in 1984 in one of the Children's Aid Society's (CAS) community centers in Harlem, the program practices a holistic approach aiming to empower youth, help them develop a desire for a productive future, and aid young people in improving their sexual literacy and their understanding of the consequences of sexual activity. The program encompasses varied activities and services throughout the year and includes a "parallel family systems approach" where staff treats participating children as their own.[1]

Strategies. Academic Support; Case Management; Life Skills Development; Mental Health Services; Pregnancy Prevention; Structured Extracurricular Activities

There are five main areas of activities: (1) job club (stipends, employment experiences); (2) academic enhancement (academic assessment, tutoring, homework assistance, college exam, and entrance help); (3) family life and sex education; (4) arts; and (5) sports. Counseling and comprehensive medical and dental services are also provided.[1]

Components. The program includes: (1) full-time coordinator, full-time community organizer, and other part-time staff; (2) activities five days per week plus Saturday during school year; (3) employment assistance and education sessions in summer; (4) some social, recreational, and/or cultural trips; and (5) an average of 12 to 16 hours of programming for teens per month.[1]

Targeted Risk Factors/Groups. Diverse groups of middle and high school students nationwide have participated in the program.[1]

Relevant Impacted Risk Factors
Individual risk factors: (1) parenthood, (2) low achievement, and (3) no extracurricular participation

Research Evidence. The program was evaluated through a three-year random assignment evaluation comparing the impact of the Adolescent Sexuality and Pregnancy Prevention Program with other types of youth after-school programming. Compared to the control group, participating youth: [1]

- Had significantly lower pregnancy rates after three years
- Had significantly higher PSAT scores
- Were more likely to feel their schoolwork had improved

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Program Name
Adolescent Transitions Program (ATP)
http://cfc.uoregon.edu/atp.htm

Overview. 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, and providing reasonable consequences for rule violations. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The program focuses on arresting the development of teen antisocial behaviors by improving parents' family management and communication skills.[4]

Strategies. Case Management; Family Strengthening; Family Therapy; Other: Family Identification Assessment

To accomplish program goals, the intervention uses a "tiered" approach with three levels of activities that build on each other: (1) a strategy targeting all parents, (2) an assessment to identify high-risk families, and (3) provision of professional support to identified high-risk families.[4] Program evaluation found that putting high-risk youth together into groups for the Teen Focus curriculum resulted in escalation of problem behaviors; therefore this activity was excluded from the above list.[5]

Components. The program includes the following components: (1) videotape examples and newsletters disseminated through the Family Resource Center, (2) family goals established at the beginning of the program, (3) weekly parent meetings for discussion and practice, (4) parent consultants, (5) individual family meetings, (6) weekly phone contacts with each family, and (7) monthly booster after group completion.[6]

Targeted Risk Factors/Groups. Targeted groups include high-risk, special needs, rural middle school youth, and their families.[7]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk social behavior and (2) misbehavior

Research Evidence. A two-year randomized clinical trial was carried out to assess the effectiveness of the parent and teen interventions. The most recent evaluation was a four-year randomized trial of the parent-focused ATP component with eight small community samples in Oregon. Relevant findings include: [4]

- Decreased total problem behavior[4]
- Reduced youth smoking behavior[6]
- Decreased antisocial behavior at school[6]

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Program Name
Advancement Via Individual Determination (AVID)
http://www.avidcenter.org

Overview. AVID is an in-school academic support program for middle and high schools that places underachieving high-risk students in a college-preparatory program to prepare them to go to and succeed in college. Students take rigorous courses and are provided with intensive and targeted support to ensure their success. Parents become involved at a variety of levels.[17,20,21]

Strategies. Academic Support; Family Strengthening; Structured Extracurricular Activities; Other: College Preparation

Teachers are provided professional development in the program and AVID courses, which teach students inquiry, writing, and critical thinking skills as well as study skills, library research skills, and college entrance exam preparation. Students take advanced-level college-preparatory classes and are provided assistance and tutoring during AVID courses to help them succeed in these courses. Students are also involved in AVID activities during lunch, elective periods, and after school and participate in a number of related extracurricular activities. AVID emphasizes family involvement and includes a family-training curriculum to assist parents or other family members with the college-going process.[17,20,21]

Components. Program components include: (1) AVID curriculum and program materials, (2) interdisciplinary leadership team, (3) lead teacher or coordinator, (4) professional development through weeklong initial summer training institute and monthly follow-ups, (5) student selection process, (6) college or peer tutors trained in AVID curriculum, (7) monitoring of student progress, and (8) daily AVID elective course and activities. [17,20,21]

Targeted Risk Factors/Groups. The program focuses on low-income underachieving students with a C grade point average, who have the potential to succeed in college-preparatory coursework, and are first in their families to have a chance to go to college.[20]

Relevant Impacted Risk Factors
Individual risk factor: low achievement

Family risk factor: low contact with school

Research Evidence. In longitudinal studies of schools where the project was implemented as designed, project students relative to their counterparts in comparison schools showed significant:[17,20,21]

- Improvement in academic performance
- Increases in advanced placement course enrollment and completion
- Decreases in dropout rates
- Increases in college enrollment

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Program Name
Athletes Training and Learning to Avoid Steroids (ATLAS)
Web site: www.atlasprogram.com

Overview. Athletes Training and Learning to Avoid Steroids (ATLAS) is a multicomponent school-based drug and alcohol prevention program for male high school athletes, 13 to 19 years old. It is designed to reduce or stop adolescent male athletes' use of anabolic steroids, sport supplements, alcohol, and illegal drugs, while improving healthy nutrition and exercise practices. The program is delivered to a school sports team, with instruction led by student-athlete peers and facilitated by coaches. ATLAS promotes healthy nutrition and exercise behaviors as alternatives to substance use (alcohol, illegal drugs, anabolic steroids, and unhealthy sport supplements).[4]

ATLAS is delivered in a classroom to an entire sports team. Students are divided into small social learning groups, with a peer (squad) leader for each group.[4]

Strategies. After-school; Family Engagement; Life Skills Development; Substance Abuse Prevention

The program includes the following activities: (1) health and substance abuse classroom curricula, (2) youth leadership development through peer squad leader positions, and (3) parent involvement through family activities.[4]

Components. Program components include: (1) committed coach-facilitator; (2) team-based presentation of the program with one peer leader for each small group; (3) interactive curricula that contains games and role-playing scenarios; (4) one-day training of coach-facilitator; and (5) program materials that include team workbooks, sports menus, training guides, a scripted instructor package, and a peer squad leader guide.[4]

Targeted Risk Factors/Groups. Male high school athletes ages 13 to 19.

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. In a randomized control design, three sequential cohorts were assessed before and one year after each athletic season and found:[3]

- Decreased new substance use
- Decreased new use of anabolic steroids
- Reduced instances of drinking and driving
- Lowered index of alcohol and drug use
- Reduced use of performance-enhancing supplements

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Program Name
Big Brothers Big Sisters
http://www.bbbsa.org/site/pp.asp?c=iuJ3JgO2F&b=14576

Overview. 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. During their time together, the mentor and youth engage in developmentally appropriate activities, such as walking; visiting a library; washing the car; playing catch; attending a play, school activity, or sporting event.[4]

Individual programs are customized to local needs while a national infrastructure oversees recruitment, screening, matching, and supervision to ensure that quality mentors are selected; that good mentor-mentee matches are made; and that these relationships receive adequate staff supervision and support.[4]

Strategies. After-school; Mentoring

The program centers around adult mentoring of at-risk youth. The volunteer mentor commits substantial time to the youth, meeting for about four hours, two to four times a month, for at least one year.

Components. The success of the program depends on the following components: (1) stringent guidelines for screening mentors, (2) required orientation for all mentors, (3) an assessment process that includes interviews with parent and youth and home visit, (4) matching process to find best match for youth and mentor, and (5) supervision and support of mentoring relationship by program staff.[10,11]

Targeted Risk Factors/Groups. Youth ages 10 to 19 in low socioeconomic status families, with no more than one parent/guardian actively involved in their lives.

Relevant Impacted Risk Factors
Individual risk factors[1]: (1) high-risk social behavior, (2) low achievement, and (3) poor attendance

Family risk factors: (1) not living with both natural parents and (2) family disruption

Research Evidence. An extensive 18-month study using classical experimental design was used to evaluate the program. The researchers found among mentored youth, compared to the control group:[4]

- Reduced initiation of drug use, particularly for minority males
- Reduced initiation of alcohol use, particularly for minority females
- Reduced incidents of hitting someone
- Increased feeling of competence in school, particularly for minority females
- Improved grades, particularly for minority females
- Fewer skipped days of school, particularly for females

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Program Name
Brief Strategic Family Therapy (BSFT)
http://www.brief-strategic-family-therapy.com/bsft

Overview. Brief Strategic Family Therapy (BSFT) adopts a structural family systems framework to improve children and adolescent behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms. BSFT is a short-term, problem-focused, family-based intervention with an emphasis on modifying maladaptive patterns of interactions. Therapy is based upon the assumption that each family has unique characteristics that emerge when family members interact, and that this family "system" influences all members of the family, thus the family is viewed as a whole organism. The repetitive interactions, or ways in which family members interact and behave with regard to one another can be either successful or unsuccessful. BSFT targets the interaction patterns that are directly related to the youth's behavior problems and establishes a practical plan to help the family develop more effective patterns of interaction.[10]

Strategies. Family Strengthening; Family Therapy; Life Skills Development

The program includes the following activities: (1) family therapy; (2) conflict resolution, parenting, and communication skills training for parents; (3) life and social skills, conflict resolution, and peer resistance education for youth.[3]

Components. Program components include: (1) training for counselors; (2) administrative support for families; (3) technical assistance through the program developers; (4) a therapy/treatment that uses the techniques of joining, diagnosing, and restructuring; and (5) Twelve to fifteen 60- to 90-minute sessions over three months. [3,4]

Targeted Risk Factors/Groups. BSFT targets children and adolescents between 8 and 17 years of age who are displaying or at risk for developing conduct problems such as rebelliousness, truancy, or delinquency; early substance use; problematic family relations; and association with antisocial peers.[3,10] The program has been tailored to work with inner-city, minority families, particularly African American and Hispanic families.[6]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk peer group, (3) high-risk social behavior, and (4) misbehavior

Research Evidence. Three studies tested the efficacy of BSFT in increasing family participation in therapy in randomized trials in several diverse communities. While adolescents in comparison groups showed no significant changes, BSFT adolescents showed: [3,10]

- Reduced association with antisocial peers
- Reduced substance use, particularly marijuana
- Reduced acting-out behavioral problems

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Program Name
Career Academy
http://casn.berkeley.edu/

Overview. A Career Academy is a school within a school that links students with peers, teachers, and community partners in a disciplined environment, fostering academic success and mental and emotional health. Originally created to help inner-city students stay in school and obtain meaningful occupational experience, academies and similar programs have evolved into a multifaceted, integrated approach to reducing delinquent behavior and enhancing protective factors among at-risk youths. These academies enable youths who may have trouble fitting into the larger school environment to belong to a smaller educational community and connect what they learn in school with their career aspirations and goals.[4]

Strategies. Career Development/Job Training; Mentoring; Other: Alternative Program

Each academy has a specific career focus and offers academic and career classes. They include a small cohort of students who apply in their freshman year and stay in the academy through graduation. Students also take regular high school classes.[11,18]

Components. The Career Academy approach is flexible and can be adapted to local needs but is distinguished by some core features: (1) small learning communities with 50 to 100 students per grade; (2) one core group of teachers; (3) combination of academic and vocational curricula and uses a career theme to integrate the two; (4) partnerships with local employers to build connections between school and work, recruit mentors, and offer work opportunities; (5) field trips and guest speakers; and (6) an advisory group with local employers, academy representatives, and school district officials.[4,11]

Targeted Risk Factors/Groups. Urban high school students, grades 9 to 12, particularly in those schools serving low-income communities and students at risk of school failure.[4,18]

Relevant Impacted Risk Factors
Individual risk factor: poor attendance

Research Evidence. Those with the highest fidelity to the Career Academy program design were the most effective. A number of studies have been carried out on these programs, some with longitudinal data, and most found positive results on students. One experimental study of nine programs carried out over a six-year period found that the program had the strongest impact on high-risk students. Compared to the control group, these students:[4]

- Were less likely to drop out of school
- Had better attendance
- Earned more course credits

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Program Name
CASASTART
http://www.casacolumbia.org

Overview. CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youth free of substance abuse and criminal involvement. It seeks to improve communication between children and their families, improve parents' abilities to manage their children's behavior, and cultivate the involvement of families with schools and social service agencies. CASASTART promotes collaboration among the key stakeholders in a community or neighborhood and provides case managers to work daily with high-risk children and youth. Parents and students are both primary target populations.[3]

Strategies. Academic Support; Case Management; Court Advocacy/Probation/Transition; Family Strengthening; Family Therapy; Life Skills Development; Mentoring; Structured Extracurricular Activities; Other: Community-Enhanced Policing and Incentives

Each CASASTART program is managed locally, in deference to local culture and setting, but all programs organize around eight basic core areas: (1) community-enhanced policing, (2) case management, (3) criminal/juvenile justice intervention, (4) family services, (5) after-school and summer activities, (6) education services for targeted students, (7) mentoring, and (8) incentives. [3,4]

Components. The program (1) utilizes intensive case management to coordinate and provide services, (2) provides a wide array of services, (3) allows local control over program, (4) employs a positive youth development framework, (5) emphasizes partner involvement, and (6) keeps caseloads small for managers.

Targeted Risk Factors/Groups. This program targets students between the ages of 8 and 13 who have at least four risk factors—at least two individual school-related risk factors, one family risk factor, and one community risk factor.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk peer group, (2) high-risk social behavior, (3) retention/over-age for grade, and (4) no extracurricular participation

Research Evidence. Based on an independent evaluation using treatment and control groups, after a one-year follow-up, CASASTART youth as compared to two control groups: [3,10]

- Were less likely to associate with delinquent peers
- Were less likely to report past month use of stronger drugs
- Were less likely to report past month, past year, and lifetime use of gateway or any drugs
- Reported fewer violent crimes in the past year
- Were less likely to be involved in drug sales during the last month or in lifetime
- Were more likely to be promoted to the next grade in school

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Program Name
Check & Connect
http://ici.umn.edu/checkandconnect/

Overview. Check & Connect centers around increasing student school engagement through relationship building, monitoring of disengagement warning signs, interventions individualized to student needs, development of problem-solving skills, and the encouragement of participation in extracurricular activities. A key factor in the Check & Connect model is the monitor, who is responsible for assessing levels of student engagement and for implementing basic and intensive interventions.[18]

Strategies. Academic Support; Behavioral Intervention; Case Management; Family Strengthening; Mentoring; Truancy Prevention

"Checking" involves following student engagement indicators, particularly attendance, daily or weekly. "Connecting" includes two levels of student-focused interventions: (1) a basic intervention for all students that includes information about monitoring, feedback on their progress, and training in cognitive-behavioral problem-solving; and (2) intensive interventions for those students showing high risk on indicators, which may include tutoring, home-school meetings, making connections with community resources, or behavioral contracts or interventions. Relationships with families are established and family ties to school strengthened by the monitor through phone calls, meetings, and home visits.[18,21,23]

Components. Program components include: (1) program manual and staff development materials, (2) monitor serving up to 50 students, (3) monitoring sheets filled out daily or weekly, (4) data entry and analysis from monitoring sheets, (5) parent and student outreach rewards, (6) program coordinator to supervise and train monitors, and (7) regular meetings between monitor and referred students.[18,24]

Targeted Risk Factors/Groups. The program has served students in grades K-12 in urban and suburban settings and has been proven effective for students with and without disabilities, including students with learning, emotional, and behavioral disabilities. Students are referred to the program based on specific warning signs, such as attendance problems, poor performance, or emotional or behavioral problems.[18,21]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) low achievement, and (3) poor attendance

Research Evidence. Four longitudinal studies using experimental and quasi-experimental designs have been carried out on Check & Connect across all school levels. Compared to students in control or comparison groups, students served by the program showed significant: [18,21]

- Decreases in truancy
- Decreases in absenteeism
- Decreases in dropout rates
- Increases in credit accrual
- Increases in school completion

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Program Name
Children of Divorce Intervention Program
http://www.childrensinstitute.net/

Overview. The Children of Divorce Intervention Program (CODIP) is a supportive, small-group, preventive intervention designed to reduce the stress of family transitions and foster children's resilience and healthy adjustment to changes in family structure. CODIP helps children identify and express feelings, share experiences, form bonds with peers, enhance positive perceptions of self and family, and increase their capacity to cope with challenging changes associated with divorce. The program's five main goals are to:

- Foster a safe, supportive group environment
- Facilitate the identification and expression of divorce-related feelings
- Promote understanding of divorce-related concepts and clarify misconceptions
- Teach effective coping and interpersonal skills
- Enhance positive perceptions of self and family[4]

Strategies. Life Skills Development

The program is based on two central activities: (1) small support groups and (2) training in social competence.[4]

Components. CODIP includes (1) a structured, sequential, 12-to-15-session, field-tested CODIP curricula, with four variations tailored to the developmental needs and emotional reactions of diverse groups of children from kindergarten through 8th grade; and (2) implementation by mental health professionals.

Targeted Risk Factors/Groups. The program is designed for children, ages 5 to 13, in foster care and those whose parents are separated or divorced.

Relevant Impacted Risk Factors
Individual risk factor: misbehavior

Family risk factors: (1) not living with both natural parents and (2) family disruption

Research Evidence. In an evaluation with a quasi-experimental design, children participating in the program demonstrated significantly greater gains in adjustment at the end of the program and at the time of the follow-up two years later than those in a comparison group.[4] Teachers rated CODIP children as having: [3]

- Better overall school adjustment
- Greater improvements in their ability to follow rules
- Greater improvements in their ability to get along well with peers

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Program Name
Coca-Cola Valued Youth Program (VYP)
http://www.idra.org/ccvyp/index.htm

Overview. The Coca-Cola Valued Youth Program (VYP) is an international cross-age tutoring program in which secondary at-risk students work with at-risk elementary students. The program philosophy revolves around seven key tenets that emphasize the valuing of students, such as that all students can learn, that the school values all students, and that all students can actively contribute to their own education and to the education of others. Based on this philosophy, the program strives to improve the self-esteem and academic skills of at-risk students to help reduce their dropout rates. This is accomplished through the tutoring experience along with the provision of assistance on basic academic skills; the elimination of other factors that may influence them to drop out, such as misbehavior or truancy; and the formation of home-school ties. [16,17,18]

Strategies. Academic Support; Family Engagement; Structured Extracurricular Activities; Other: Motivational/Professional Guest Speakers

VYP incorporates tutoring classes, tutoring sessions with tutees using a program–designed curricular framework, educational field trips, role models, and student recognition. There are also parent meetings and sessions and training and enrichment activities for staff. [16,17,18]

Components. The program includes: (1) stipends for tutors, (2) a minimum of 30 class sessions for tutors, (3) weekly four-hour tutoring sessions, (4) implementation by existing school staff, (5) requirement for 10 training and technical assistance days, and (6) implementation guides for staff and for family involvement activies.[18,20]

Targeted Risk Factors/Groups. Students recruited as tutors are at-risk middle and high school students who may also be from low socioeconomic families and/or have been retained at some point. The program has been successfully implemented with limited English-proficient students.[18]

Relevant Impacted Risk Factors
Individual risk factors: (1) low achievement, (2) lack of effort, (3) low commitment to school, and (4) no extracurricular participation

Research Evidence. Some elements critical to program success were fidelity to program components, a minimum age of tutors, and a four-grade difference between tutors and tutees. The primary program evaluation used a quasi-experimental design with a matched comparison group for up to two years after the program was implemented. Compared to the comparison group, student participants had:[17,18]

- Significantly higher reading grades
- Significantly better attitudes toward school (including liking school and commitment to schoolwork)
- Lower dropout rates

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Program Name
Cognitive Behavioral Therapy for Child Sexual Abuse
(also referred to as Trauma-Focused Cognitive Behavioral Therapy)

Overview. Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse overcome posttraumatic stress disorder (PTSD), depression, and other behavioral and emotional difficulties. The program helps children to:

- Learn about child sexual abuse as well as healthy sexuality
- Therapeutically process traumatic memories
- Overcome problematic thoughts, feelings, and behaviors
- Develop effective coping and body safety skills[3]

Strategies. Behavioral Intervention; Family Therapy

The program emphasizes the support and involvement of nonoffending parents or primary caretakers and encourages effective parent-child communication. Cognitive behavioral methods are used to help parents learn to cope with their own distress and respond effectively to their children's behavioral difficulties. This CBT approach is suitable for all clinical and community-based mental health settings and its effectiveness has been documented for both individual and group therapy formats.[3]

Components. The program includes (1) treatment by therapist in medical or community setting; (2) parallel sessions with the child and his or her non-offending parent(s) and two joint parent-child sessions; (3) 12-session duration; (4) either individual or group therapy format; and (5) book, audiotape, children's book, and training by program developers.[3]

Targeted Risk Factors/Groups. CBT-CSA is designed for children and adolescents 3 to 18 years old who have experienced sexual abuse and are exhibiting posttraumatic stress, depression, and other abuse-related difficulties (e.g., age-inappropriate sexual behaviors, problematic fears, social isolation).[3]

Impacted Relevant Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) high-risk social behavior

Research Evidence. Seven treatment outcome studies (two pre- and post-test designs and five randomized control trials) have documented the efficacy of this treatment approach. Children who participated with their non-offending parents demonstrated greater improvements than the control group, and improvements were maintained over a two-year follow-up period: [3]

- Reduction in children's acting-out behaviors

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Program Name
Coping Power

Overview. The Coping Power Program is a multicomponent preventive intervention for aggressive boys 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. The contextual sociocognitive model also emphasizes parenting processes in the development and escalation of problem behaviors. [3,4]

Strategies. Behavioral Intervention; Conflict Resolution/Anger Management; Family Strengthening; Life Skills Development

Primary program activities include (1) small group sessions for targeted boys and (2) group training for their parents. [3,4]

Components. The program includes (1) 15-month intervention; (2) 33 one-hour sessions for targeted boys, with periodic individual sessions; (3) 16 parent group sessions, with periodic home visits and individual sessions; (4) two co-leaders for child and parent sessions; and (5) sessions carried out in school setting.[3,4]

Targeted Risk Factors/Groups. The target group is aggressive boys ages 9 to 11 and their families.[4]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk social behavior, and (3) misbehavior

Research Evidence. The evaluation used a classical experimental design on two cohorts of boys with a one-year follow-up assessment two summers after intervention. Boys who had participated in the program along with their parents at the time of the follow-up as compared to the control group had:[4]

- Lower rates of self-reported covert delinquent behavior (theft, fraud, property damage)
- Significant and continuing improvement in school behavioral problems, particularly for White boys

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Program Name
Families and Schools Together (FAST)
http://www.wcer.wisc.edu/fast/

Overview. Families And Schools Together (FAST) is a collaborative, multifamily, group program that combines concepts and practices of community organizing with effective clinical techniques based on family therapy and play therapy. 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, and school failure and dropout. FAST offers youths structured opportunities for relationship-building interactions with the primary caretaking parent, other family members, other families and peers, and offers parents training and coached practice in family management and communication skills.[4]

Strategies. Family Strengthening; Family Therapy; Structured Extracurricular Activities; Other: Middle School Youth Groups

The program centers around multifamily support group meetings that are sequential and include meals, structured family activities, parent mutual-support time, and parent-child play therapy. The first eight weekly meetings are facilitated by a trained local team. Monthly reunion meetings are led by families with team support. For middle school students, there is a youth group.[3,4]

Components. The primary components of FAST include: (1) parent identification and recruitment through home visits, (2) eight to 10 multifamily group sessions with five to 25 families, (3) FAST curriculum that has 40 percent required and 60 percent locally adapted content, (4) ongoing monthly reunions over a 21-month period, (5) required pre- and post-tests, (6) required four-day training over a four-month period; (7) monitoring by FAST Center staff, and (8) 12-week middle school youth group with locally developed content.[3]

Targeted Risk Factors/Groups. Developed for diverse groups of at-risk children, 4 to 12 years of age, FAST has been implemented in middle schools, in preschools, and with teen mothers with infants.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) low achievement, (2) no extracurricular participation, (3) misbehavior, and (4) early aggression

Family risk factors: (1) low education level of parents and (2) low contact with school

Research Evidence. Four studies carried out by three groups of independent researchers on FAST using experimental designs showed significant improvements for both parents and children after the program and up to two years later. Specifically, studies showed, as compared to control groups:[3,6]

- Improvement in conduct disorder, anxiety, and attention span in classrooms
- Reductions after two years in aggression
- Improvements in academic performance
- Increased parent involvement in school
- Increased pursuit of adult education by parents

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Program Name
Family Matters
http://www.sph.unc.edu/familymatters/introduction.htm

Overview. Family Matters is a home-based program designed to prevent tobacco and alcohol use in adolescents. The program is delivered through four booklets mailed to the home and follow-up telephone calls to parents by health educators. The booklets contain lessons and activities designed to motivate families to participate in the program and to encourage families to consider characteristics related to adolescent substance use. Booklet content includes communication skills, parenting styles, attachment and time together, educational encouragement, conflict resolution, availability of tobacco and alcohol in the home, family rules about child use of tobacco and alcohol, and insights into peer and media influences.[3] Each booklet contains information based on behavioral science theory and research and includes participant activities.[4]

Strategies. Family Strengthening; Substance Abuse Prevention

The program centers around two primary activities: (1) self-administered, task-oriented adult family member and adolescent training through booklets that cover substance use, family communication, and conflict resolution as well as peer-resistance skills for adolescents; and (2) follow-up calls with the mother or mother surrogate by health educators after the mailing of each booklet.[3,4]

Components. The program includes: (1) four mailed booklets containing reading material and activities; (2) participation incentives; (3) trained and supervised volunteer or paid health educators, such as college students or school nurses, to call families; (4) involvement of all adult family members; (5) a *Health Educators Manual* with health educator scripts, protocols, and forms for each unit; and (6) an optional four- to eight-hour training session for health educators and program managers on location. [3,4]

Targeted Risk Factors/Groups. The program was designed for use with any family with children 12 to 14 years old in which at least one adult can read English.[3]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. Family Matters was evaluated through a randomized experimental design with a sample of parent–child pairs from throughout the United States. Twelve months after the program, adolescents in families that received Family Matters compared to controls were:

- Less likely to have smoked
- Less likely to have used alcohol

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Project Name
FAST Track
http://www.fasttrackproject.org/

Overview. FAST Track is a comprehensive and long-term prevention program that aims to prevent chronic and severe conduct problems for high-risk children, with intensive interventions at school entry and from elementary to middle school. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. FAST Track's main goals are to increase communication and bonds among these three domains; enhance children's social, cognitive, and problem-solving skills; improve peer relationships; and ultimately decrease disruptive behavior in the home and school.[10]

Strategies. Academic Support; Family Strengthening; Life Skills Development; School/Classroom Environment

The curriculum used in the primary intervention helps children develop emotional awareness skills, self-control, and problem-solving skills; foster a positive peer climate; and improve teachers' classroom management skills. A selected intervention for high-risk children includes parent training, child social-skills training, and academic tutoring.[4,10]

Components. FAST Track includes: (1) modified PATHS curriculum for all students in grades one to five; (2) multi-stage screening to identify high-risk children; and (3) parent training groups, home visits, peer-pairing activities, reading tutoring three times per week, and social skills building for targeted children.[4,10]

Targeted Risk Factors/Groups. The primary intervention is designed for all elementary school-aged children in a school setting. The selected intervention is specifically targeted to children identified in kindergarten for disruptive behavior and poor peer relations.[9,10]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) misbehavior, and (3) early aggression

Family risk factor: low contact with school

Research Evidence. FAST Track has been evaluated through a randomized clinical trial involving 50 elementary schools in four U.S. urban and rural locations with data collected post-intervention in the 1st grade and at the end of the 2nd and 3rd grades. Compared to control groups, intervention children had:[4,9]

- Significantly lower rates of special education assignment
- Significantly lower serious conduct problems
- Improvement in aggression and oppositional behavior

Parents participating in the program, compared to the control group, showed: [4,10,13]

- More maternal involvement in school activities

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Program Name
Functional Family Therapy
http://www.fftinc.com/

Overview. Functional Family Therapy (FFT) is an empirically grounded, family-based intervention program for acting-out youth. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. Other goals include helping family members adopt positive solutions to family problems and developing positive behavior change and parenting strategies. Although originally designed to treat middle-class families with delinquent and pre-delinquent youth, the program has recently included poor, multiethnic, multicultural populations, with very serious problems such as conduct disorder, adolescent drug abuse, and violence.[6]

Strategies. Behavioral Intervention; Family Therapy

The program is conducted in four phases by family therapists working with each individual family in a clinical or home setting.[6]

Components. FFT includes: (1) an average of 8 to 12 or up to 30 sessions for more severe problem situations; (2) sessions spread over a three-month period; (3) flexible delivery of service by one- and two person teams; (4) a three-day clinical training for all FFT therapists, with follow-up visits, technical assistance, and supervision; and (5) four phases, each containing assessment, techniques of intervention, and therapist goals.[4,6,10]

Targeted Risk Factors/Groups. Targeted youth are aged 11 to 18 and at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.[10]

Relevant Impacted Risk Factor
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) high-risk social behavior

Research Evidence. Several evaluation studies of the program were conducted, using matched or randomly assigned control/comparison group designs on diverse populations and included one-, two-, three-, and five-year follow-up periods. These studies demonstrated that, compared to no treatment or other types of interventions, FFT:[4]

- Effectively treated and prevented further incidence of the presenting problem, including adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, and alcohol and other drug abuse disorders; and who were delinquent and/or violent [10]
- Reduced adolescent re-arrests[4]
- Significantly reduced recidivism for a wide range of juvenile offense patterns[4]

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Program Name
Good Behavior Game

Overview. The Good Behavior Game (GBG) is a classroom, team-based, behavior modification program designed to improve children's adaptation to classroom rules/authority, improve aggressive/disruptive classroom behavior, and prevent later criminality. It is implemented when children are in the early elementary grades in order to provide students with the skills they need to respond to later, possibly negative life experiences and societal influences.[9,10] The GBG utilizes a group-based approach in which students are assigned reading units and cannot advance until a majority of the class has mastered the previous set of learning objectives. It aims to decrease early aggression and shy behaviors to prevent later criminality. 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.[3]

Strategies. Academic Support; Life Skills Development; School/Classroom Environment

The program is primarily a classroom management activity that helps children to adapt to school rules while also improving reading achievement through group-based reading mastery.[9]

Components. The intervention is conducted by teachers (1) over the course of grades one and two with all children and (2) three times per week.

Targeted Risk Factors/Groups. The program is for all early elementary children, ages 6 to 10, with the most significant results found for children demonstrating early high-risk behavior.[10]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk social behavior, (2) misbehavior, and (3) early aggression

Research Evidence. Two evaluations have been carried out on the program in a large urban area. In the most recent study, five years after the intervention (6th grade), researchers found for participating children, as compared to control group children:[4]

- Significantly fewer meeting the diagnostic criteria for conduct disorder
- Fewer receiving or having been judged to need mental health services
- Fewer suspensions from school in the last year
- Significantly better ratings on conduct problems from their teachers
- Lower levels of aggression among males who were rated highest for aggression in 1st grade

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Program Name
Guiding Good Choices (formerly Preparing for the Drug-Free Years)
http://www.channing-bete.com/positiveyouth/pages/FTC/FTC-GGC.html

Overview. Guiding Good Choices (GGC) is a multimedia drug prevention program (part of the Families That Care series) that gives parents of children in grades four through eight the knowledge and skills needed to guide their children through early adolescence. It is based on the social development model and addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. The sessions are interactive and skill-based, with opportunities for parents to practice new skills and receive feedback from workshop leaders and other parents.[3]

Strategies. Family Strengthening; Life Skills Development; Substance Abuse Prevention

Primary program activities include training for parents to improve parenting skills, particularly those related to substance use, and parent-child bonding and training for children to build peer resistance skills.[10]

Components. Components of the GGC include: (1) flexibility to be implemented in a variety of settings; (2) five weekly sessions; (3) two co-leaders; (4) one required session for children and parents; (5) four sessions for parents only; (6) three-day on-site training for co-leaders; (7) curriculum kit for co-leaders, video-based vignettes parent handouts, and a family guide.[3,4,12]

Targeted Risk Factors/Groups. GGC is designed for families from various ethnic and socioeconomic backgrounds with children 8 to 14 years of age.[3]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. The curriculum has been tested in various controlled trials in diverse settings, including a comprehensive, randomized clinical trial. Over a four-year period following the program, GGC youth, compared to a control group, had:[3]

- Significantly lower rates of increase in initiation of drinking to drunkenness
- Significantly lower rates of increase in initiation of marijuana use
- Less drinking in the past month

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Program Name
Helping the Noncompliant Child (HNC)

Overview. Helping the Noncompliant Child (HNC) is a parent-skills training program aimed at teaching parents how to obtain compliance in their children to reduce conduct problems and prevent subsequent juvenile delinquency. The program, designed for parents and their children, is based on the theoretical assumption that noncompliance in children is a keystone behavior for the development of conduct problems, and faulty parent-child interactions play a significant part in the development and maintenance of these problems.[3]

Parents attend sessions with their children, and trainers teach the parents skills necessary for increasing compliance in their children. The intervention generally takes place in a therapeutic playroom and parents learn skills through instructions, modeling, role-playing, and practice with their children. Sessions are typically conducted with individual families rather than in groups.[3,4]

Strategies. Family Strengthening; Life Skills Development

The HNC program is centered around a trainer working with parents and their child on the mastery of a series of parenting skills over an average of 10 sessions.[4]

Components. The HNC program includes the following components: (1) five to 15 weekly, 60- to 90-minute sessions for parents and children; (2) single trainer for each family; (3) minimum of two days of training required, with additional technical assistance and follow-up available; and (4) materials include a trainer's manual, training videotape, and self-help book for parents.[3,6]

Targeted Risk Factors/Groups. The program is designed for parents and their three- to eight-year-old children with noncompliance and/or other conduct problems but also has been used with other high-risk populations of children and parents.[6]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk social behavior, (3) low achievement, and (4) early aggression

Research Evidence. Maintenance or long-term effects of HNC have been documented in several quasi-experimental studies, with follow-up assessments ranging from two months to 14 years after the end of treatment. Relative to a nonreferred "normal" comparison group, the young adults (ages 17 to 22) who had participated in the program as children reported:[4]

- Similar levels of delinquency
- Similar levels of various types of psychopathology
- Similar levels of drug use
- Similar levels of academic progress
- Decrease in other overt conduct problems, such as aggression

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Program Name

Keepin' it REAL (Refuse, Explain, Avoid, Leave)
http://keepinitreal.asu.edu/

Overview. The Keepin' it REAL (Refuse, Explain, Avoid, Leave) program is a video-enhanced intervention that uses a culturally-grounded resiliency model that incorporates traditional ethnic values and practices that protect against drug use. A school-based prevention program for elementary, middle, and early high school students, Keepin' it REAL is based on previous work that demonstrates that teaching communication and life skills can combat negative peer and other influences. Keepin' it REAL extends resistance and life-skills models by using a culturally based narrative and performance framework to: (1) enhance anti-drug norms and attitudes; and (2) facilitate the development of risk assessment, decision making, and resistance skills. Distinct Mexican American, African American, and multicultural versions of Keepin' it REAL are available.[3]

Strategies. Life Skills Development; Substance Abuse Prevention

Keepin' it REAL utilizes a classroom curriculum accompanied by a collection of youth-produced videos that demonstrate resistance strategies and illustrate the skills taught in the lessons.[3]

Components. The program relies heavily on the acceptance and commitment of school leadership and staff to the importance of culturally relevant materials and approaches. Components include: (1) 10 45-50-minute lessons; (2) teacher's manual, videos, worksheets, and instructional aids in English and Spanish; (3) recommended follow-up booster session; and (4) optional media/publicity campaign.

Targeted Risk Factors/Groups. The Keepin' it REAL program targets urban youth ranging in age from 10 to 17.

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk peer group and (2) high-risk social behavior

Research Evidence. The initial REAL evaluation was conducted over 48 months using a randomized block assignment with sample middle schools. Compared to students in control schools at a two-year follow-up, students who participated in the program:[3]

- Retained unfavorable attitudes against someone their age using substances
- Significantly reduced marijuana, tobacco, and alcohol use, especially alcohol
- Improved their resistance skills to using alcohol, cigarettes, and marijuana

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Program Name
LifeSkills™ Training (LST)
http://www.lifeskillstraining.com/

Overview. LifeSkills™ Training (LST) is a three-year classroom-based tobacco, alcohol, and drug abuse prevention program for upper elementary and middle/junior high school students. LST is designed to prevent early stages of substance use, particularly occasional or experimental use. It provides students with information and drug-resistance skills, teaches general self-management and social skills, and helps to reduce or prevent a variety of health-risk behaviors. Skills are taught in a series of classroom sessions using training techniques such as instruction, demonstration, feedback, reinforcement, and practice.[3,4,10]

Strategies. Life Skills Development; Substance Abuse Prevention

LST centers around a self-contained, structured curriculum that can be taught in classrooms by teachers or in after-school programs or other community settings. Although it primarily targets substance use, it also includes optional violence prevention units that can be implemented in the middle school program.[3]

Components
Successful program implementation requires the following: (1) for full impact, three-year implementation with primary sessions in year one and booster sessions for years two and three; (2) LST-trained provider recommended (teacher, counselor, or health professional); (3) a curriculum set consisting of a teacher's manual, student guide, and relaxation tape; and (4) provider training available and recommended.[3]

Targeted Risk Factors/Groups
LST is intended for diverse youth, ages 8 to 14, who have not yet initiated substance use.[3]

Relevant Impacted Risk Factor
Individual risk factor: high-risk social behavior

Research Evidence. The results of over a dozen large-scale, long-term evaluations, experimental and quasi-experimental, consistently show that the LST program significantly reduces tobacco, alcohol, and marijuana use. These studies further show that the program works with a diverse range of adolescents; produces results that are long-lasting; and is effective when taught by teachers, peer leaders, or health professionals.[10] Stronger effects were found for students in high-implementation schools.[4]

Long-term follow-up results observed six years following the intervention show that LST students, compared to control groups, had:[10]

- Significantly lower tobacco, alcohol, and marijuana use
- Lower multiple drug use
- Lower pack-a-day smoking
- Decreased use of inhalants, narcotics, and hallucinogens

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Program Name

Linking the Interests of Families and Teachers (LIFT)
http://www.oslc.org/

Overview. Linking the Interests of Families and Teachers (LIFT) is a school-based intervention for the prevention of conduct problems such as aggressive and antisocial behavior, involvement with delinquent peers, and drug/alcohol use. LIFT was 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. The main goal of LIFT is to decrease children's antisocial behavior and increase their pro-social behavior.[3,10]

Strategies. Family Strengthening; Life Skills Development

LIFT has three main activities: (1) in-class social skills training curriculum, (2) a playground version of the Good Behavior Game to encourage positive peer relations; and (3) small-group parent discipline and child monitoring training.[3]

Components. Program components include: (1) 20 one-hour in-class sessions for children across a 10-week period, including lecture, role plays, review, and awards; (2) 6 two-hour parent training sessions held concurrently with child sessions; and (3) a "LIFT" line, comprised of a phone and answering machine in each classroom to facilitate home-school communication.[3,4,10]

Targeted Risk Factors/Groups. LIFT is designed for all 1st and 5th grade elementary school boys and girls and their families living in at-risk neighborhoods characterized by high rates of juvenile delinquency.[10]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk peer group, (3) high-risk social behavior, (4) misbehavior, and (5) early aggression

Relevant Impacted Risk Factors
LIFT was evaluated using a randomized intervention trial using pre-test and post-test assessments with yearly follow-ups through interviews, questionnaires, observations, and school and court records.[4] LIFT had the greatest impact on those with the highest initial aggressive behavior. Post-intervention results revealed:[10]

- A significant decrease in observed aggressive behavior on the LIFT playgrounds, especially for those rated most aggressive at pre-test
- A significant increase in positive classroom behavior

At a three-year follow-up, compared to the control group, 5th grade participants were:[3]

- Less likely to affiliate with misbehaving peers
- Less likely to be involved in patterned alcohol use
- Less likely to have tried marijuana
- Less likely to be arrested by the age of 14

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Program Name
Los Angeles' Better Educated Students for Tomorrow (LA's BEST)
http://www.lasbest.org

Overview. The LA's Better Educated Students for Tomorrow (LA's BEST) Program is an after-school education and enrichment program created as a partnership between the City of Los Angeles, the Los Angeles Unified School District, and the private sector. The program has five goals: (1) a safe environment, (2) enhanced opportunities through the integration of an educational support structure, (3) educational enrichment activities to supplement and deepen the regular program, (4) recreational activities, and (5) interpersonal skills and self-esteem development.[1]

Strategies. Academic Support; After-school; Family Engagement; Life Skills Development; Structured Extracurricular Activities; Other: Safe Environment

LA's BEST students receive tutoring in a variety of subjects; participate in library, recreational, cultural, and enrichment activities; take occasional field trips; and participate in other activities in a safe environment. The program sponsors family-oriented events with activities and parent workshops.[1,15]

Components. LA's BEST: (1) is available from the end of the school day until 6 p.m., five days per week; (2) is offered at no cost; (3) admits students on a first-come, first-served basis: (4) requires students to maintain minimum attendance; and (5) is staffed by a full-time program director, playground workers, small-group leaders, high school student workers, and volunteers.[1,15]

Targeted Risk Factors/Groups. LA's BEST schools are inner-city elementary schools with low academic achievement in low socioeconomic and high gang or crime rate neighborhoods.[1]

Relevant Impacted Risk Factors.
Individual risk factors: (1) low achievement, (2) poor attendance, (3) low educational expectations, (4) low commitment to school, and (5) no extracurricular participation

Research Evidence. Two quasi-experimental studies, one following students for two years and the other for four years, have been conducted on the impact of LA's BEST on participants. Dosage of the program was key to successful outcomes. Those students with the highest participation levels (more than 75 percent of days present), as compared to the comparison group:[1]

- Had fewer absences
- Had higher achievement on standardized tests
- Liked school more
- Had higher expectations of how far they would go in school

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Program Name
Midwestern Prevention Project (Project STAR)

Overview. The Midwestern Prevention Project (MPP), also known as Project STAR, is a comprehensive, community-based, multifaceted program for adolescent drug abuse prevention that targets the entire population of middle school students. Its ultimate goal is to prevent or reduce gateway substance use (alcohol, tobacco, and marijuana). MPP strives to help youths recognize the tremendous social pressures to use drugs and provides skills in how to avoid drug use. The project first offers a series of classroom-based sessions during middle school that continues with efforts for parents and the community, and through the media.[3,4]

Strategies. Life Skills Development; Substance Abuse Prevention; Other: Health Policy; Other: Community Awareness/Mobilization

MPP disseminates this message through a system of well-coordinated, community-wide activities introduced in sequence at a rate of one a year, including mass media programming; a school program; continuing school boosters; a parent education and organization program; community organization and training; and local health policy change regarding tobacco, alcohol, and other drugs.[4]

Components. MPP utilizes: (1) student peer leaders for the school program, (2) a parent-principal policy committee, and (3) regular meetings of respective deliverers.[10]

Targeted Risk Factors/Groups. The MPP bridges the transition from early adolescence to middle through late adolescence. Since early adolescence is the first risk period for gateway drug use (i.e., alcohol, cigarettes, and marijuana), programming is initiated with whole populations of 6th or 7th grade students (ages 10-12).[10]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. The program was evaluated through longitudinal quasi-experimental studies in several locations. Results demonstrated for program youths, compared with control youths, included the following:[4,10]

- Reductions in smoking and alcohol and marijuana use in middle school
- Significant reductions in daily smoking and in marijuana use in high school
- Some effects on daily smoking, heavy marijuana use, and some hard drug use through early adulthood (age 23)

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Program Name
Multidimensional Family Therapy (MDFT)
http://phs.os.dhhs.gov/ophs/BestPractice/mdft_miami.htm

Overview. Multidimensional Family Therapy (MDFT) is a comprehensive and flexible family-based program for substance-abusing adolescents or those at high risk for substance use and other problem behaviors. MDFT is a multicomponent and multilevel intervention system.[3] There is also a substance abuse prevention version of MDFT for early adolescents.[6] Interventions are solution-focused and strive to obtain immediate and practical impact on the youth's everyday environment. MDFT has been designed, adapted, and tested in a variety of different versions—as a standalone or part of a broader program.[3,6]

Strategies. Behavioral Intervention; Court Advocacy/Probation/Transition; Family Strengthening; Family Therapy; Mental Health Services; Structured Extracurricular Activities; Substance Abuse Prevention

The MDFT approach has intervention activities to address each of four areas: (1) the adolescent, (2) the parent, (3) the family, and (4) the extrafamilial (school, neighborhood, legal, social services, and medical).[3]

Components. Required program components include: (1) treatment length of four to six months, (2) supervisors trained and skilled in the MDFT approach, (3) six to eight cases per therapist, (4) seven-month MDFT training of therapists, (5) administrative support, (6) capacity to do in-home sessions, (7) cell phones and provisions for team travel, (8) urine test kits, and (9) videotaping equipment.[3]

Targeted Risk Factors/Groups. The MDFT model has been applied in a variety of community-based clinical settings targeting a range of populations. Participating youth between the ages of 11 and 18 met diagnostic criteria for substance abuse disorder as well as other problems, such as delinquency or depression.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk peer group, (2) high-risk social behavior, (3) low achievement, (4) lack of effort, (5) no extracurricular participation, and (6) misbehavior

Research Evidence. Studies support the effectiveness of the MDFT treatment system among diverse samples of adolescents, including several randomized controlled clinical trials. Studies found that, compared to other types of treatment, MDFT significantly: [3]

- Decreased substance abuse, with gains maintained up to one year post-treatment
- Decreased delinquent behavior, arrests, and placement on probation
- Reduced affiliation with delinquent and drug-using peers
- Decreased disruptive school behavior over comparison youth
- Increased rate of passing grades over comparison youth

When used for prevention, compared with controls, adolescents who received MDFT exhibited: [4]

- Increased bonding to school
- Decreased association with antisocial peers

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Program Name
Multidimensional Treatment Foster Care (MTFC)
http://www.mtfc.com/

Overview. Multidimensional Treatment Foster Care (MTFC) is a cost-effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. MFTC is based on the Social Learning Theory model. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.[10]

Strategies. Behavioral Intervention; Case Management; Family Strengthening; Family Therapy; Mentoring; Other

The program places adolescents in a family setting for six to nine months and emphasizes behavior management methods to provide youth with a structured and therapeutic living environment. Training and follow-up support are provided for MTFC parents and family therapy provided for the youth's biological or adoptive family.[3,10]

Components. MTFC includes the following components: (1) case manager; (2) weekly supervision and support meetings for MTFC parents; (3) skill-focused individual treatment for youths; (4) weekly family therapy for biological parents; (5) frequent contact between participating youths and their biological/adoptive family members; (6) close monitoring of the youngsters' progress in school; (7) coordination with probation/parole officers; and (8) psychiatric consultation/medication management, as needed.[4]

Target Risk Factors/Groups. The program targets teenagers, ages 11-18, with histories of chronic and severe criminal behavior at risk of incarceration.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) high-risk social behavior

Research Evidence. Evaluation results showed that MTFC was not only feasible but also, compared with alternative residential treatment models, cost-effective and led to better outcomes for children and families.[4] One clinical trial of MFTC that included several follow-ups over a two-year period, demonstrated that, compared to control group youth, program youth:[6,10]

- Spent fewer days incarcerated at 12-month follow-up
- Had significantly fewer subsequent arrests
- Had significantly less hard drug use in the follow-up period

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Program Name
Multisystemic Therapy (MST)
http://www.mstservices.com/

Overview. Multisystemic Therapy (MST) is a family-focused, home-based program that focuses on chronically violent, substance-abusing juvenile offenders at high risk for out-of-home placement. It is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. It seeks to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. It places special attention on factors in the adolescent and family's social networks that are linked with antisocial behavior. The goal is to empower both family members and youth to address and cope with problems. [3]

Strategies. Behavioral Intervention; Family Therapy

Therapist teams provide services in the home and school, and the family takes the lead in setting treatment goals. Parents collaborate with the therapist on the best strategies to use in improving youth behavior. Intervention activities are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.[3,4,10]

Components. The average treatment involves about 60 hours of contact during a four-month period as well as (1) a team of three to five full-time clinical staff, (2) small caseloads of four to six families, (3) co-planning with community members and social service agencies, (4) services provided 24/7 at convenient times for family, and (5) commitment to MST supervision and training protocols.[3,4]

Targeted Risk Factors/Groups. MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families.[10] The typical program youth has one or more arrests for violent behavior.[4]

Relevant Impacted Risk Factor
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) high-risk social behavior

Research Evidence. The effectiveness of MST has been supported by several controlled, random-assignment evaluations, where youth were randomly assigned to either MST or a control group receiving other services. MST was effective across youth with varied demographic characteristics and pre-existing problems. The long-term effectiveness of MST was found in youth and families two and four years after completing the program. Compared to a control group receiving other services, MST youth:[3,4]

- Were significantly less likely to use substances
- Had fewer arrests or re-arrests for all types of offenses
- Engaged in less aggression with peers
- Were less likely to be involved in criminal activity

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Program Name
Nurse-Family Partnership (NFP)
http://www.nursefamilypartnership.org/index.cfm?fuseaction=home

Overview. Nurse–Family Partnership (NFP) provides first-time, low-income mothers of any age with comprehensive home visitation services from public health nurses during pregnancy and the first two years after the birth of the child. Program delivery is primarily through home visitation, but also depends on a variety of other services to achieve outcomes. NFP nurses work intensively with these mothers to improve maternal, prenatal, and early childhood health and well-being with the expectation that this intervention will help achieve long-term improvements in the lives of at-risk families.[4,10]

Strategies. Case Management; Teen Parent Support

The intervention process is designed to improve five broad domains of family functioning: (1) parental roles; (2) family and friend support; (3) health (physical and mental); (4) home and neighborhood environment; and (5) major life events (e.g., pregnancy planning, education, employment).[4]

Components. The program is highly structured and is accessible only through an intensive application process for materials, resources, and training support. Applicants are expected to implement with very high fidelity and: (1) show commitment and resources to sustain the program over at least three years, (2) use one registered nurse for every 25 families, (3) follow program guidelines, (4) use a visit schedule that follows developmental stages of pregnancy, (5) use a data-tracking system designed for program, and (6) have nurses participate in training and technical assistance provided by program developers.[3]

Target Risk Factors/Groups. This therapeutic program is developed for first-time, low-income expectant mothers.[3] Although the primary client is the first-time mother, ultimately her baby and all the members of her support system (e.g., friends, parents, boyfriend, child's father) get involved.[4]

Relevant Impacted Risk Factors
Individual risk factors: (1) parenthood and (2) high-risk social behavior

Family risk factors: (1) low socioeconomic status and (2) large number of siblings

Research Evidence. NFP produced consistent benefits for low-income mothers and their children, in contrast to the comparison groups, in three experimental studies, including one 15-year follow-up:[3,4]

- Improved mother's prenatal health and decreased preterm births
- Increased mother's participation in the workforce
- Reduced rates of subsequent pregnancy and greater intervals between births
- Reduced maternal behavioral problems attributable to substance use
- Reduced arrests among the mothers
- Resulted in fewer arrests and convictions among the 15-year-old adolescents
- Reduced cigarette smoking by the 15-year-olds

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Program Name
Parenting Wisely
http://www.familyworksinc.com/

Overview. Parenting Wisely (PW) 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 children's problem behaviors. Single-parent families and stepfamilies with children who exhibit behavior problems constitute most of the families targeted. 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. PW has been tested with diverse families in rural and urban areas.[4]

Strategies. Family Strengthening; Life Skills Development; Teen Parent Support

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. Parents can use it alone, in a group, with their children, or with a practitioner. The video program covers communication skills, problem-solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervision of children hanging out with peers who are a bad influence, stepfamily problems, single-parent issues, and violence. PW is designed to be used by parents totally unfamiliar with computers as well as those with experience and can be used by teen parents.[3,4,6]

Components. The program includes: (1) nine case studies; (2) several administration possibilities—two to three 3-hour sessions for individuals or six to ten 1-hour sessions in a group format; (3) a non-interactive video version; (4) periodic upgrades for purchase; (5) a guide that supplies all of the information necessary to fully implement the program; and (6) a required parent workbook.[3,4]

Targeted Risk Factors/Groups. The program was designed for low-income, at-risk families who have children, ages six to 18, with mild to serious behavior problems.[3]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Family risk factors: (1) not living with both natural parents, (2) family disruption, and (3) lack of conversation about school

Research Evidence. Thirteen evaluations have been conducted on PW across a variety of settings. Five studies involved random assignment of parents to treatment and control groups. The program was found to:[4]

- Significantly reduce problem conduct/behavior in children
- Improve parental involvement with children and their schoolwork

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Program Name
Preventive Treatment Program (Montreal Longitudinal Experimental Study)
http://www.gripinfo.ca/Grip/Public/www/

Overview. The Preventive Treatment Program (also known as the Montreal Longitudinal Experimental Study) is a multicomponent program designed to prevent antisocial behavior of boys who display early problem behavior. It provides training for both parents and youth to decrease delinquency, substance use, and gang involvement. Parent training is targeted at improving parental behavior (e.g. improve monitoring and positive reinforcement; teach effective, nonpunitive discipline; improve coping with crisis); and child social skills training in order to reduce aggressive behavior in the children.[4,9,10]

Strategies. Conflict Resolution/Anger Management; Family Strengthening; Life Skills Development

Parent training is combined with family consultant assistance for generalization to home situations. The training for boys is implemented in small groups containing both disruptive and nondisruptive boys, and utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing.[10]

Components. The program is administered over two years and includes: (1) an average of 17 sessions for parents, (2) 19 sessions for boys that include positive role model peers, (3) family consultant follow-up with parents, and (4) some contact between family consultant and boys' teachers.[4,9]

Targeted Risk Factors/Groups. The intervention has been successfully implemented for White, Canadian-born males, ages seven to nine, from low socioeconomic, low education families and who were assessed as having high levels of disruptive and/or aggressive behavior in kindergarten.[9,10]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk peer group, (3) high-risk social behavior, (4) retention/over-age for grade, and (5) misbehavior

Research Evidence. There were no program effects until one year after the intervention and changes were not evident until three years post-intervention and became increasingly significant over time. At age 12, three years after the intervention, treated boys, compared to untreated boys, were:[4,9,10]

- Less likely to report trespassing or theft
- Rated by teachers as fighting less
- Less likely to be held back in school
- Less likely to be placed in special education classes
- Less likely to have highly aggressive best friends

At age 15, those receiving the intervention were less likely than untreated boys to report:

- Gang involvement
- Having been drunk or taken drugs in the past 12 months
- Committing delinquent acts (stealing, vandalism, drug use)
- Having friends arrested by the police

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Program Name
Project Graduation Really Achieves Dreams (Project GRAD)
http://www.projectgrad.org/

Overview. Project GRAD is a comprehensive dropout prevention and college attendance program that works with high schools and their feeder schools to implement multiple reforms. Interventions are implemented that focus on classroom management, student performance, parent involvement, and graduation and college acceptance rates. Annual college scholarships are provided to students who graduate on time, complete a set number of math courses, maintain a minimum grade point average, and attend at least two program-sponsored summer institutes.[20]

Strategies. Academic Support; Case Management; Family Strengthening; School/Classroom Environment; Other: College Preparation and Scholarships

There are five core initiatives to Project GRAD: (1) a math initiative to supplement existing curricula for grades K-8; (2) a reading and literacy initiative that focuses on reading success at the elementary level but extends through middle school for those not reading at grade level; (3) a classroom management initiative that builds a partnership among students, teachers, and parents to ensure instructional and discipline consistency; (4) a social services and parental involvement initiative that provides dropout prevention, social services, and referrals to community resources for at-risk children and works to enhance communication between teachers and parents, get parents actively involved in the school, offer parent courses, and promote college awareness; and (5) a program at the high schools, including a scholarship coordinator, summer institutes, and efforts to increase advanced placement courses.[20,25]

Components. Program components include: (1) district Project GRAD facilitator; (2) initial teacher training and ongoing material and curricular support by facilitators for teachers and administrators in all feeder schools; (3) social worker/project manager at each school; (4) ongoing data tracking and evaluation; (5) shared decision-making committees (principals, teachers, students, parents, and community leaders) to manage project; (6) high school scholarship coordinator; and (7) annual $1,000 college scholarships for qualifying students.[20,25]

Targeted Risk Factors/Groups. Project GRAD serves inner-city school feeder patterns with primarily low-income, minority students.[20]

Relevant Impacted Risk Factors
Individual risk factors: (1) low achievement and (2) misbehavior

Family risk factor: low contact with school

Research Evidence. Several studies using quasi-experimental designs have evaluated the impact of Project GRAD on student outcomes. Participating students, as compared to those in comparison schools, have shown significant:[17,20]

- Gains in math and reading test scores
- Decreases in discipline referrals
- Gains in college attendance

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Program Name
Project Toward No Drug Abuse (Project TND)
http://www.cceanet.org/Research/Sussman/tnd.htm

Overview. Project Towards No Drug Abuse (TND) is an interactive school-based program designed to help high school youth resist substance use. The program teaches participants increased coping and self-control skills by making them aware of misleading information that facilitates drug use. The program motivates them not to use drugs, to develop skills that help them bond to lower-risk environments, to appreciate the physical consequences that drug use may have on their own lives, to become aware of cessation strategies, and to develop decision-making skills to make a commitment to not use drugs.[3,4]

Strategies. Life Skills Development; Substance Abuse Prevention

The program can be used in a self-instruction format or run by a health educator or classroom teacher. The program lessons contain motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercises, videos, and student worksheets.[4]

Components. The program (1) consists of twelve 40- to 50-minute in-class lessons; (2) should be implemented over a four-week period; (3) can be delivered to classes of 8-40 students; (4) has recommended teacher training; and (5) includes an implementation manual, video, student workbook, and optional instructional materials kit.[3,4]

Targeted Risk Factors/Groups. Although the program was originally designed for high-risk youth in alternative high schools, it has been revised to target all high school youths, ages 14–19.[4]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. TND has been evaluated numerous times with both alternative and mainstream high schools, primarily using a randomized block design to assign schools. For TND to show significant one-year effects, all 12 sessions should be implemented. In one study, health educator-led programs had significant results while those using self-instruction did not.[3,4]

After a one-year follow-up, results for both alternative and mainstream high schools revealed that, compared to those in control groups, students receiving TND,:[3,4,10]

- Had significant reductions in hard drug use
- Had significant reductions in marijuana use
- Had significant reductions in alcohol use
- Had significantly lower risk of victimization
- Were less likely to carry weapons

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Program Name
Project Towards No Tobacco Use (Project TNT)

Overview. Project Towards No Tobacco Use (Project TNT) is a comprehensive, classroom-based curriculum designed to prevent or reduce tobacco use in youth. It is designed to counteract several different causes of tobacco use simultaneously, because the behavior is determined by multiple causes. Project TNT works well for a wide variety of youth who may have different risk factors influencing their tobacco use. It teaches awareness of misleading social information; develops skills that counteract social pressure to use tobacco; and provides information about the physical consequences of tobacco use, such as addiction.[3]

Strategies. Life Skills Development; Substance Abuse Prevention

Project TNT is primarily a curriculum implemented by teachers in classroom settings. The curriculum uses games, homework assignments, role-plays, discussions, student worksheets, activism letter writing, and a videotaping project.[3,4]

Components. Any school or school district can implement Project TNT through trained teachers in standard size classes. The program includes: (1) a one- to two-day teacher training session; (2) ten 40- to 50-minute core lessons to be delivered during a two- to four-week period; (3) an implementation manual, two videos, a student workbook, and optional materials kit; and (4) two booster sessions to be delivered one year after core lessons in a two-day sequence.

Targeted Risk Factors/Groups. The program, originally developed with 7th graders, has been successfully implemented with youth in 5th through 10th grades, 10 to 15 years of age.[3,4]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. Five conditions (four programs and the "usual school health education" control) were contrasted using a randomized experiment involving 7th grade students from 48 junior high schools. The four programs included three with single program components and one, Project TNT, which included all three components. To determine outcomes, one- and two-year follow-ups were conducted through an in-class, self-report questionnaire after the initial intervention was delivered. Outcomes for Project TNT students as compared to the other programs included: [3,4]

- Reduced initiation of cigarette smoking
- Reduced initiation of smokeless tobacco use
- Reduced weekly or more frequent cigarette smoking
- Eliminated weekly or more frequent smokeless tobacco use

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Program Name
Prolonged Exposure Therapy for Posttraumatic Stress Disorders
http://www.med.upenn.edu/ctsa/

Overview.
Prolonged Exposure (PE) therapy is a cognitive-behavioral treatment program for individuals suffering from post-traumatic stress disorder (PTSD). The program consists of a course of individual therapy designed to help clients process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research have shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety.[3]

Strategies. Behavioral Intervention; Mental Health Services

The PE Therapy treatment program can be used in a variety of clinical settings, including community mental health outpatient clinics, rape counseling centers, private practice offices, and inpatient units. Treatment is individual and includes: (1) psychoeducation on reactions to trauma, (2) imaginal exposure (emotional reliving), and (3) in-vivo exposure.[3,4]

Components. The standard treatment program requires (1) training for therapists (e.g., social workers, psychologists) through a four- to five-day workshop on the treatment; (2) use of the PE manual, which specifies the agenda and treatment procedures for each session; (3) nine to 12 once- or twice-weekly 90-minute sessions; (4) ongoing supervision by program developers; and (5) access to equipment for video or audio recording of sessions for supervision and client use.[3]

Targeted Risk Factors/Groups. Although PE was designed for adults who have experienced either single or multiple/continuous traumas and suffer from significant PTSD symptoms, the program has been successfully used with girls, starting at age 15, with symptoms related to sexual abuse.[3]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. The effectiveness of PE therapy has been established through single-case reports, quasi-experimental designs, and, above all, many randomized control studies. One controlled study, for example, compared the effects of several programs on female victims of sexual and nonsexual assaults. Compared to the other treatments, PE therapy clients continued to improve one year after treatment termination while those treated in other programs did not. Specifically, PE therapy has been found to result in:[3,4]

- Improvements in and/or elimination of PTSD symptoms
- Improved daily functioning, including substantial reduction in depression, anxiety, and anger

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Program Name
Promoting Alternative Thinking Strategies (PATHS)
http://www.channing-bete.com/prevention-programs/

Overview. The Promoting Alternative Thinking Strategies (PATHS) curriculum is a multiyear, comprehensive program that promotes emotional and social competencies through cognitive-skill building and reduces aggression and behavior problems in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. With an emphasis on teaching students to identify, understand, and self-regulate their emotions, PATHS also adds components for parents and school contexts beyond the classroom to increase generalizability of the students' newly acquired skills.[3,4,9]

Strategies. Family Engagement; Life Skills Development; School/Classroom Environment

The curriculum is designed as a universal prevention model and should be initiated at the entrance to school and continued throughout the elementary grades. The program concentrates primarily on school and classroom settings, with academics embedded in the lessons, but also includes information and activities for use with parents.[3,4,9,10]

Components. To achieve desired outcomes, PATHS should be implemented with (1) teachers trained through two-day training; (2) district or school-based support; (3) all classrooms in all elementary grades, K-6; (4) full 131-lesson curriculum; (5) 20-30 minute segments per day, three to five times per week; (6) an on-site coordinator; (7) instructor's and curriculum manuals; and (8) parent letters, handouts, and home activities.[3,4,10]

Targeted Risk Factors/Groups. Originally developed for use with deaf children, PATHS has been adapted for use with elementary aged (five to 10 years of age) regular education and special needs children (deaf, hearing-impaired, learning-disabled, language-delayed, behaviorally and emotionally impaired, and mildly mentally delayed children). [3,9,10]

Relevant Impacted Risk Factors
Individual risk factors: (1) misbehavior and (2) early aggression

Research Evidence. There have been numerous randomized, controlled studies demonstrating the effectiveness of the PATHS curriculum with various populations (including regular education, special education, and deaf youth). Program fidelity and quality of implementation appear to have strongly influenced the success of the PATHS curriculum. Results from one- and two-year follow-up evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf), compared to control youth, in the following areas:[4,10,13]

- Increased the use of effective conflict-resolution strategies
- Reduced school conduct problems, including aggression, for regular and special-needs students
- Reduced anxiety, depression, and sadness for special-needs students

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Program Name
Quantum Opportunities
http://www.oicofamerica.org/onlprog.html

Overview. The Quantum Opportunities Program (QOP) is designed to help at-risk youth make a "quantum leap" up the ladder of opportunity through academic, developmental, and community service activities, coupled with a sustained relationship with a peer group and a caring adult, offered to them over their four years of high school. The QOP framework strives to compensate for some of the deficits found in poverty areas by (a) compensating for both the perceived and real lack of opportunities, which are characteristic of disadvantaged neighborhoods; (b) providing interactions and involvement with persons who hold pro-social values and beliefs; (c) enhancing participants' academic and functional skills to equip them for success; and (d) reinforcing positive achievements and actions.[1]

Strategies. Academic Support; After-school; Life Skills Development; Mentoring; Structured Extracurricular Activities; Other: Planning for Future

QOP is focused around education activities (tutoring, homework assistance, computer-assisted instruction) and development activities (life and family skills, planning for the future, including postsecondary education and jobs). Young people are provided with adult mentors and community agencies work with schools to provide service opportunities after school.[11]

Components. The program begins in 9th grade and continues through high school and includes: (1) financial incentives for youth for participation; (2) mentors who serve as role models, tutors, and case managers to refer youth to needed services; (3) year-round services, regardless of student's school enrollment status; (4) goal of annual participation rate of 250 hours; (5) staff bonuses tied to youth participation rates; and (6) supportive services, such as snacks and transportation.[1]

Targeted Risk Factors/Groups. QOP students selected are disadvantaged youth, selected randomly from families receiving public assistance, or youth with low grades in high schools with high dropout rates and include primarily ethnic minorities.[1,11]

Relevant Impacted Risk Factors
Individual risk factors: (1) parenthood, (2) low achievement, (3) low educational expectations, and (4) no extracurricular participation.

Research Evidence. Two multisite experimental studies were carried out from 9th grade through expected time of graduation and statistically significant results were consistently found at one site in one of the studies. The key at this site was dosage and fidelity to the program model. Compared to the control group, youth at this site,: [1,11,13]

- Became teen parents less often
- Had higher academic and functional skills
- Were more likely to graduate
- Had higher educational expectations and were more likely to attend postsecondary schools

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Program Name
Responding in Peaceful and Positive Ways (RIPP)
http://www.has.vcu.edu/RIPP/

Overview. Responding in Peaceful and Positive Ways (RIPP) is a three-year, school-based, violence prevention program designed to provide students in middle and junior high schools with conflict resolution strategies and skills. The goal of the program is to promote nonviolence in the school setting by teaching students more effective ways of dealing with interpersonal conflicts than fighting, and by lowering the number of violent incidents in school settings. Students learn to apply critical thinking skills and personal management strategies to personal health and well-being issues.[3]

Strategies. Conflict Resolution/Anger Management; Life Skills Development; School/Classroom Environment

The problem-solving model is the backbone of the cumulative curriculum and uses experiential learning, guided discussions, and opportunities for peer mediation. It is typically taught during the academic subjects of social studies, health, and/or science. A trained RIPP facilitator teaches the curriculum, serves as an adult role model for pro-social attitudes and behavior, promotes the program schoolwide, and supervises the peer mediation program.[3,4]

Components. The program components include: (1) school commitment to program; (2) required trained (five-day workshop), full-time RIPP facilitator; (3) ongoing technical assistance; (4) peer mediation program (with optional training); (5) teacher's manual, student workbooks, materials on nonviolence; (6) 25 50-minute sessions in year one, 12 50-minute sessions in years two and three; and (7) program implementation options for slower program introduction.[3]

Targeted Risk Factors/Groups. The program was developed and initially delivered to a primarily urban, African-American middle or junior high (grades 6-9) population but has been successfully implemented in similar grades with ethnically diverse, multilingual populations in rural and suburban settings.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) misbehavior and (2) early aggression

Research Evidence. Achievement of program outcomes requires a three-year complete implementation of the program. Three published studies have examined the effectiveness of RIPP using random assignment of students or classes. Follow-up data ranged from one to two years post-intervention. In comparison with control students, students who participated in RIPP have shown:[3,4]

- Fewer school disciplinary code violations for violent behaviors
- Fewer in-school suspensions
- Fewer fight-related injuries
- Lower frequencies of aggression

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Program Name
Safe Dates
http://www.hazelden.org/

Overview. Safe Dates is a school-based middle and high school 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. 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. Safe Dates could also be part of a school's support group or counseling program, after-school, or enrichment program.[3,4]

Strategies. Family Engagement; Life Skills Development

The Safe Dates program is a dating violence prevention curriculum that also includes a student-developed play script, a poster contest, and activities to involve parents. Schools are encouraged to collaborate with local domestic violence crisis centers and to implement schoolwide awareness campaigns.[3,4]

Components. The Safe Dates program includes: (1) nine 50-minute daily or weekly sessions; (2) a 45-minute play script; (3) a poster contest at the end of session nine; (4) implementation manual with student handouts; (5) parent letter and brochure; and (6) optional teacher training.[3,4]

Targeted Risk Factors/Groups. The program is intended for diverse populations of male and female middle and high school students, aged 12 to 18. The program is available in Spanish and provides suggestions on how to adapt the content to address specific cultural issues around dating and dating violence.[3,4]

Relevant Impacted Risk Factors
Individual risk factor: high-risk social behavior

Research Evidence. To achieve outcomes, all nine sessions of the curriculum, the play, and the poster contest should be completed. Safe Dates was evaluated using a pre-test, post-test control group experimental design in schools across one county at one-month and one-year follow-ups up to four years out from treatment. At the one-month follow-up, compared to students in control schools, Safe Dates students were:[3]

- Less likely to perpetrate psychological, sexual, and physical violence against their current dating partners

Four years after the treatment, compared to students in control schools, Safe Dates students were significantly:[3]

- Less likely to perpetrate psychological, sexual, and physical violence against their current dating partners
- Less likely to experience sexual victimization

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Project Name
Schools and Families Educating Children (SAFE Children)

Overview. Schools and Families Educating Children (SAFE Children) is a community- and school-based program that helps families manage educational and child development in inner-city communities where children are at high risk for substance abuse and other problem behaviors. The program aims to help children make the transition into 1st grade, have a successful first year, and set a strong base for the future. The program, based on a developmental-ecological perspective, focuses on enhancing parenting and family management skills, strengthening the relationship between the families and the schools, and improving reading skills in the children.[3,4]

Strategies. Academic Support; Family Strengthening

Parents participate in weekly family group meetings to build support networks among parents, develop parenting skills, and obtain a better understanding of schools and how they work. Children receive intensive one-on-one tutoring in the phonics-based program that teaches the basic skills of reading and participate in literacy activities.[3]

Components. SAFE Children includes: (1) 20 weekly multiple-family group meetings (four to six families per group); (2) two 30-minute per week, one-on-one tutoring sessions for children; (3) required program manual and materials; (4) required staff training and ongoing contact with developers; and (5) required staff: site coordinator, family group leaders, tutors, and intervention leaders.[3]

Targeted Risk Factors/Groups. Families with children entering 1st grade, ages four to six, and living in inner-city, high-risk neighborhoods are targeted. Program materials are available in Spanish and English.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) low achievement and (2) early aggression

Family risk factor: low contact with school

Research Evidence. Training staff and fidelity to the program model are required to achieve reported results. The SAFE Children project was evaluated in a fully randomized trial across eight inner-city schools in one city over a 24-month period. After six months, compared to a control group, participating children had:[3,4]

- Greater improvement in academic achievement
- Reading scores approximating the national average
- Improvements in aggression and social competence

After six months, compared to a control group, participating parents showed:[4]

- Better parental involvement in school

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Program Name
SOAR (Skills, Opportunities, and Recognition) (formerly Seattle Social Development Project)
http://depts.washington.edu/sdrg/

Overview. The Skills, Opportunity, and Recognition (SOAR) program 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 who are attending elementary or middle school. The program seeks to decrease juveniles' problem behaviors by working with children and their parents and teachers. It intervenes early in children's development to increase pro-social bonds, to strengthen attachment and commitment to schools, and to decrease delinquency. [4]

Strategies. Academic Support; Family Strengthening; Life Skills Development; School/Classroom Environment

A SOAR school provides social skills training for elementary students, training for their teachers to improve methods of classroom management, and instruction on providing developmentally sequenced parenting workshops for parents.[3]

Components. SOAR concentrates heavily on a combination of teacher training and parent training. Teachers receive instruction that emphasizes (1) proactive classroom management, (2) interactive teaching, and (3) cooperative learning. Parents receive optional training programs throughout their children's schooling, including: (1) seven sessions while child is in 1st and 2nd grades, (2) four sessions while child is in 2nd and 3rd grades, and (3) five sessions while child is in 5th and 6th grades.[3,10]

Targeted Risk Factors/Groups. SOAR can be used for the general population as well as high-risk children (those with low socioeconomic status and low school achievement) attending elementary and middle school, ages five to 14.[4,10]

Relevant Impacted Risk Factors
Individual risk factors: (1) parenthood, (2) high-risk social behavior, (3) low achievement, (4) lack of effort, and (5) misbehavior

Research Evidence. Results of an ongoing, 20-year quasi-experimental study in Seattle, Washington, indicate that only the intervention that began in the early grades had long-term impact on post-graduation outcomes. At the age 18 follow-up, full intervention students, compared to comparison groups, showed statistically significant:[4,9,13]

- Improvement in commitment and attachment to school
- Improvement in self-reported achievement
- Improvement in self-reported involvement in school misbehavior
- Lower likelihood of committing violent delinquent acts
- Lower likelihood of heavy alcohol use in the past year
- Lower likelihood of having been or having gotten someone pregnant

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Program Name
School Transitional Environment Program (STEP)

Overview. The School Transitional Environmental Program (STEP) is based on the transitional life events model, which theorizes that stressful life events, such as making transitions between schools, places children at risk for maladaptive behavior. Research has shown that, for many students, changing schools can lead to a host of academic, behavioral, and social problems and may lead to dropping out of school. STEP redesigns the high school environment to make school transitions less threatening for students and aims to increase peer and teacher support, decrease student anonymity, increase student accountability, and enhance students' abilities to learn school rules and exceptions.[4,10]

Strategies. School/Classroom Environment

STEP creates small "cohorts" of transitioning students who remain together for core classes and homeroom, creates smaller "learning communities" within the larger school, and redefines the role of the homeroom teacher and counselors to provide greater support to students.[9]

Components. Key program components include: (1) subgroups of 65-100 STEP students take all primary classes together, (2) STEP classrooms are located close together, (3) homeroom teachers serve as the primary link between student and school and school and home, (4) students receive individual 15- to 20-minute monthly counseling sessions, and (5) STEP teachers meet once or twice weekly.[11]

Targeted Risk Factors/Groups. 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 non-White lower income youths.[4]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk social behavior, (2) low achievement, (3) poor attendance, (4) low educational expectations, (5) low commitment to school, and (6) misbehavior.

Research Evidence. OJJDP—Several quasi-experimental studies have examined the STEP program, including high- and low-risk schools. STEP has been found to be more effective than programs targeting transitional life events through individual skill building and has been demonstrated effective at both middle and high school transitions.[9]

Long-term follow-up indicated that STEP students, compared to controls, had: [4,10,13]

- More positive feelings about the school environment
- Higher grades
- Fewer absences
- Fewer increases in substance abuse and delinquent acts
- Less teacher-reported behavior problems
- Higher academic expectations
- Lower dropout rates

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Program Name
Strengthening Families Program
http://www.strengtheningfamiliesprogram.org/index.html

Overview. The Strengthening Families Program (SFP) is a family therapy program that involves weekly skill-building sessions for elementary school children and their families. The program uses family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. It seeks to improve family relationships, parenting skills, and youth's social and life skills. Topics in the parental section include setting rules, nurturing, monitoring compliance, and applying appropriate discipline. Youth sessions concentrate on setting goals, dealing with stress and emotions, communication skills, responsible behavior, and how to deal with peer pressure.[3,4]

Strategies. Family Strengthening; Life Skills Development

Parents and children work separately in training sessions and then participate together in a session practicing the skills they learned earlier. SFP has been successfully implemented in a variety of settings: schools, churches, mental health centers, housing projects, homeless shelters, recreation centers, family centers, and drug courts.[6]

Components. SFP includes (1) seven consecutive sessions, with children and parents working separately for one hour and together for a second hour; (2) three-hour booster sessions at six months to one year after the primary course; (3) program manuals and materials; (4) part-time site coordinator; (5) four group leaders; (6) two- to three-day training for coordinator and group leaders: (7) four to 14 families per group; and (8) provision of family meals, transportation, and child care recommended.[3,4]

Targeted Risk Factors/Groups. Although originally developed for children of substance abusers, ages six to 12, SFP has been modified and found to be effective for families of elementary school children with diverse backgrounds: African American, Asian/Pacific Islander, Hispanic, and American Indian families, rural families, and families with early teens. SFP is available in English and Spanish.[4,6]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance, (2) high-risk social behavior, and (3) early aggression

Research Evidence. To achieve maximum results, all 7 two-hour sessions of SFP must be completed. SFP has been evaluated more than 17 times, some studies using experimental or quasi-experimental designs and up to five-year follow-up. The program has resulted in:[3,4]

- Clinically significant decreases in conduct disorders
- Significant decreases in aggression
- Significant decreases in delinquency
- Decreased substance use

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Program Name
Strengthening Families Program for Parents and Youth 10-14 (formerly Iowa Strengthening Families Program)
http://www.extension.iastate.edu/sfp/

Overview. The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14) is an adaptation of the Strengthening Families Program. The video-based program aims 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. 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.[4]

Strategies. Family Strengthening; Life Skills Development

The seven-week intervention utilizes a biopsychosocial model in which parents and children learn individual skills in separate sessions, then are brought together to improve family communication and practices. Sessions can be delivered in schools, churches, community centers, or family service agencies, and center on narrated videos that portray typical youth and parent situations.[3,10]

Components. SFP 10–14 consists of: (1) 7 two-hour sessions for parents and youths—one hour for parent and children groups and one hour for family activities; (2) four booster sessions at three months to one year after primary sessions; (3) eight to 13 families per group; (4) three group leaders; (5) two- to three-day training for group leaders; (6) teaching manuals, videos, handouts, posters, and game cards, along with optional promotional materials; and (7) provision of family meals/snacks, transportation, and child care recommended.[3]

Targeted Risk Factors/Groups. SFP is designed for use with youth ages 10-14 and their families. It is available in English and Spanish.[3,10]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) high-risk social behavior

Research Evidence. Both post-test evaluations of family processes and follow-up studies of individual substance use have demonstrated positive effects for SFP families and adolescents, compared to control groups. During the four years after the study pre-test, compared to the control group, SFP participants showed:[3,4,10]

- Reduction in first time use of substances
- Reduction in conduct problems
- Delayed onset of other problematic behaviors

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Program Name
Success for All
http://www.successforall.net/

Overview. Success for All was developed to help all elementary school students achieve and retain high reading levels. The curriculum balances phonics and meaning-oriented approaches and includes story discussion, vocabulary, and comprehension assignments that progress through a set sequence of reading materials. As students' reading improves, reading, discussion, and assignments get increasingly more difficult. The program emphasizes cooperative learning, meta-cognitive skills, comprehension, and writing.[20,22]

Strategies. Academic Support; Family Strengthening

Students learn with same-age peers for most of the day, but work in cross-grade groups by reading level for 90 minutes every day. Cross-group assignments are reevaluated every eight weeks. One-to-one tutoring is provided for struggling readers, particularly for those in the 1st grade, but also for any student having problems reading. Family support services are provided to resolve problems, build home-school relationships, and help parents help their children with reading. A program facilitator coordinates program components, provides professional development and coaching for teachers, and tracks student progress.[20,22]

Components. Program components include: (1) program facilitator for all sites; (2) three-day summer training and on-site training throughout year for teachers; (3) program manual and reading lists; (4) 20 minute per day one-on-one tutoring sessions; and (5) family support team including parent liaison, school administrator, counselor, program facilitator, and other school staff.[20,22]

Targeted Risk Factors/Groups. The program is targeted to high-risk students in kindergarten through 6th grade and has been particularly successful with limited English proficient students. Materials are available in English and Spanish. The Spanish version uses similar instructional strategies as in the English version, but has adaptations making them appropriate for Spanish speakers and Latino culture.[22]

Relevant Impacted Risk Factors
Individual risk factors: (1) has a learning disability or emotional disturbance and (2) low achievement

Family risk factor: low contact with school

Research Evidence. Longitudinal research on Success for All has been carried out in several school districts in the U.S. Relative to students at comparison schools, Success for All students showed significant:[22]

- Gains in reading
- Reductions in special education placement
- Improvements in achievement

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Program Name
Teen Outreach Program
http://www.wymancenter.org/shell.asp?id=18

Overview. The Teen Outreach Program (TOP) is a school-based program involving young people in volunteer service in their communities. The program connects the volunteer work to classroom-based, curriculum-guided group discussions on various issues important to young people. Designed to increase academic success and decrease teen pregnancy, TOP helps youth develop positive self-image, learn valuable life skills, and establish future goals. Coordinators can tailor the program to local needs, but must adhere to TOP's guiding principles.[1,11]

Strategies. After-school; Life Skills Development; Pregnancy Prevention; Service-Learning

TOP encompasses three interrelated elements: (1) supervised community volunteer service, (2) classroom-based discussions of service activities, and (3) classroom-based discussions and activities related to key social-developmental tasks of adolescence.[1]

Components. TOP includes: (1) student-selected service activity, with students providing 20 hours or more per year; (2) TOP curriculum manual and materials, with age-appropriate exercises and discussions, and evaluation manual; (3) student assessment through student journals and portfolios; (4) technical assistance on curriculum, recruitment of students, and identification of funding sources; and (5) nine-month program period for class of 18 to 25 students.[1,11]

Targeted Risk Factors/Groups. Originally designed for high school girls, the program now serves males and females in middle and high school, ages 12–17.[1]

Relevant Impacted Risk Factors
Individual risk factors: (1) parenthood, (2) low achievement, and (3) misbehavior

Research Evidence. Both experimental and quasi-experimental studies have been used to evaluate TOP. Researchers found that the students who worked more volunteer hours had better outcomes than those volunteering for fewer hours. In general, TOP participants, relative to control or comparison groups, were significantly:[1,11]

- Less likely to get pregnant
- Less likely to fail a course
- Less likely to be suspended

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Program Name
The Incredible Years
http://www.incredibleyears.com/

Overview. The Incredible Years program features three comprehensive, multifaceted, developmentally-based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children. The Incredible Years addresses multiple risk factors known to be related to the development of conduct disorders in children in both school and home. In all three training programs, trained facilitators use videotaped scenes to structure the content and stimulate group discussion and problem solving.[3,10]

Strategies. Behavioral Intervention; Family Strengthening; Life Skills Development; School/Classroom Environment

The Incredible Years program includes: (1) a three-part parenting skills series, (2) a teacher training series that emphasizes classroom management and social skills building, and (3) a life/social/academic skills training for children that can also be used as a "pull out" treatment program for conduct problems.[10]

Components. The programs can be implemented as prevention by schools or related programs or as treatment in mental health centers.[3] Program implementation requires: (1) three primary curricula, (2) 18 to 22 weekly sessions for children, (3) 60 classroom lessons, (4) approximately 24 parenting group sessions, (5) 14 teacher training sessions, (6) trained co-leaders for all groups, and (7) administrative support for the program.[3,10]

Targeted Risk Factors/Groups. The Incredible Years program targets children, ages two to eight, at risk for and/or presenting with conduct problems (such as high rates of aggression or defiance).[10]

Relevant Impacted Risk Factors
Individual risk factors: (1) lack of effort and (2) misbehavior

Family risk factor: low contact with school

Relevant Impacted Risk Factors. All three program components have been extensively evaluated in randomized control group studies by independent investigators with different ethnic populations and age groups. Two randomized control group studies of outcomes of the teacher training indicated significant:[4]

- Increases in engagement in school activities
- Reductions in aggression in the classroom
- Increases in positive interactions with peers
- Reductions in conduct problems at school

Six randomized control group evaluations conducted by the developer and several independent replications by other investigators have revealed that the parent training significantly:[4]

- Increased parents' bonding and involvement with teachers and classrooms

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Program Name
Too Good for Violence (TGFV)
http://www.mendezfoundation.org/

Overview. 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 *C*onflict resolution, *A*nger management, *R*espect for self and others, and *E*ffective communication.[4]

Strategies. Conflict Resolution/Anger Management; Life Skills Development

TGFV is designed to be delivered in a classroom setting by a trained teacher, counselor, or prevention specialist. The program's highly interactive teaching methods encourage students to bond with pro-social peers and engage students through role-playing, cooperative learning, games, small-group activities, and class discussions.[4]

Components. The program consists of: (1) a student curricula with seven 30- to 60-minute lessons per grade for K-5, nine 30- to 45-minute lessons per grade for 6-8, and 14 60-minute lessons per grade for 9-12; (2) groups of 20 to 35 students, fewer for special needs classes; (3) grade-level kits that include scripted curriculum, workbooks, and teaching materials such as posters, games, CDs, and visual aids; (4) recommended one- or two-day training for teachers; and (5) materials for families to use at home.[3,4]

Targeted Risk Factors/Groups. TGFV is a universal program intended for all school-age youth in grades K–12, ages 5 to 18.[3]

Relevant Impacted Risk Factors
Individual risk factors: (1) high-risk social behavior and (2) misbehavior

Research Evidence. Five studies conducted by independent evaluators have examined the effectiveness of TGFV, primarily examining pre-/post-test comparisons between treatment and control groups. Teachers generally observed:[3]

- Significantly more prosocial behaviors by students

Among high school students, grades 9–12, there were reductions in intentions to:[3]

- Drink alcohol
- Smoke marijuana
- Fight

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Program Name
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (formerly Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress)
http://www.pittsburghchildtrauma.com/

Overview. Trauma-Focused Cognitive Behavioral (TF-CBT) is a psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. It targets symptoms of posttraumatic stress disorder (PTSD), which often co-occurs with depression and behavior problems. The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance use.[3]

Strategies. Behavioral Intervention; Family Therapy; Mental Health Services

The program can be provided to children, youth, and their parents by trained mental health professionals in individual, family, and group sessions in outpatient settings. For youth, therapeutic interventions are combined with social skills education and artistic engagement.[3]

Components. The program operates through the use of: (1) 12 to 16 weekly, separate 30- to 45- minute sessions with children and with parents; (2) three child-parent sessions; (3) a one- to three-day training for qualified therapists; and (4) a treatment training manual.

Targeted Risk Factors/Groups. The program targets boys and girls, ages three to 18, from all socioeconomic backgrounds, in a variety of settings, and from diverse ethnic groups. It has been adapted for Hispanic/Latino children.[4]

Relevant Impacted Risk Factors.
Individual risk factors: (1) has a learning disability or emotional disorder and (2) high-risk social behavior

Family risk factors: (1) not living with both natural parents and (2) family disruption

Research Evidence. There have been several randomized controlled trials demonstrating the efficacy of TF–CBT in children of various ages. Children treated through TF-CBT had significantly fewer behavior problems and significantly fewer posttraumatic stress disorder symptoms. Studies have found that a year after treatment, compared with children who received supportive therapy, children who received TF–CBT had significantly:[3,4]

- Less acting-out behavior
- Greater improvement in defiant and oppositional behaviors

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