UNODC
United Nations Office on Drugs and Crime

Compilation of **Evidence-Based Family Skills Training Programmes**

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Introduction

I.

This publication is a supplement to the *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention*,[1] which was published in March 2009. It provides policymakers, programme managers, non-governmental organizations and others interested in implementing family skills training programmes with a review of existing evidence-based family skills training programmes. Its purpose is to provide details of the content of such programmes, the groups targeted, the materials used and the training implemented, in order to assist users in selecting the programme best suited to their needs and to offer guidance as to the kind of programmes available. In 2007, UNODC, with the help of Karol Kumpfer of the University of Utah, began to search for family programmes around the world that were either being developed or had been implemented by Governments, non-governmental organizations or practitioners. UNODC received descriptions of some 150 programmes; the programmes included in this publication are those regarded, on the basis of randomized control trials, as having had positive results. The programmes appear in descending order of the level of scientific evidence on which they are based.

UNODC strongly recommends practitioners, clinicians and others working in the area of prevention to use evidence-based programmes rather than start developing their own from scratch. There are two main reasons for this: firstly, while efforts in the area of prevention to help and support others are undoubtedly founded on good intentions, research has shown that good intentions can sometimes cause unintended harm. Evidence-based

[1] United Nations publication, Sales No. E.09.XI.8.

programmes are based on a vast body of scientific research that has undergone peer review to ensure that the results are safe and beneficial to those targeted by such programmes. Secondly, that research not only shows that evidence-based programmes are effective and have a positive impact but also indicates how those results are achieved. Evidence-based programmes therefore offer the assurance that positive results will be obtained, that the programme will benefit those targeted and that close adherence to the programme structure and content will ensure that implementation has no negative effects. This translates into huge savings in terms of the funds used to implement such programmes. The development of new programmes requires evaluation over a period of many years in order to obtain sufficient information as to their effectiveness and safety, and such evaluation is costly.

The *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* provides guidelines for the adaptation of existing evidence-based programmes to specific cultural settings. Research shows that the cultural adaptation of evidence-based family skills training programmes helps to encourage families to participate. However, it is important to avoid changing the structure and content of the programmes too much, since doing so may eliminate those components that make the programmes effective. Users are recommended to translate the programme materials into local languages and to modify the graphs, pictures and examples to represent the local culture and religion and, most importantly, the families who will participate in the programme. For more information on cultural adaptation, please see the *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention*.

Triple P-Positive Parenting Program

11.

The Triple P-Positive Parenting Program is a multilevel, multi-disciplinary, evidence-based system of parenting and family support strategies designed to prevent behavioural, emotional and developmental problems in children (or, where applicable, to halt the progression or reduce the severity of such problems). It aims to help parents develop a safe, nurturing environment, promote positive, caring family relationships and develop effective, non-violent strategies for promoting children's development and dealing with common behavioural problems and developmental issues.

The programme also aims to promote parent confidence, reduce parent stress and, in the case of two-parent families, improve couples' communication and consistency in relation to parenting, thus reducing known risk factors and strengthening protective factors associated with behavioural problems.

While acknowledging and respecting the diversity of family types and cultural backgrounds, the programme aims to empower families by building on existing parenting strengths and focusing on self-regulation of parental skill in order to enhance parents' self-sufficiency and preparedness for future problem-solving.

Level of evidence

4 meta-analyses of Triple-P studies

10 independent randomized control trials

47 randomized control trials

28 quasi-experimental studies

11 studies based on pre- and post-intervention evaluation

Risk level

Universal, selective, indicated, early intervention, treatment

Age of children

The children targeted by Triple P studies range in age, from infants to teenagers, and display a variety of behavioural and emotional problems. Versions of the programme that are specially adapted to the needs of teenagers are available at levels 2-4.

II. Target group

Level 1
Universal Triple P
All parents interested in information about general parenting issues and promoting their child's development.

Level 2
Selected Triple P
All parents interested in parenting education and information about promoting their child's development, or parents with specific concerns about their child's development or behaviour (e.g. toilet training, bedtime problems, school engagement).

Level 3
Primary Care Triple P
Parents with specific concerns about their child's behaviour or development who require brief consultations or active skills training. Typically targets parents of children with discrete behavioural problems (e.g. tantrums, whining, fighting with siblings, being rude or disrespectful).

Level 4
Standard Triple P/Group Triple P/Self-directed Triple P
Parents seeking intensive training in positive parenting skills. Typically targets parents of children with more severe behavioural problems (e.g. aggressive behaviour, oppositional defiant disorder, conduct disorder, learning difficulties, attention-deficit/hyperactivity disorder (ADHD)).

Stepping Stones Triple P
Families of children with disabilities who have or are at risk of developing behavioural or emotional disorders.

Level 5
Enhanced Triple P
Parents of children with child or adolescent behavioural problems arising as a result, inter alia, of family dysfunction (e.g. relationship conflict, depression, stress).

Pathways Triple P
Parents at risk of maltreating their children. Targets anger management problems, dysfunctional attributions and other factors associated with abuse.

Sessions (number, length and interval)

Level 1
Universal Triple P
A coordinated information campaign using print and electronic media and health promotion strategies to raise awareness of parenting issues and normalize participation in parenting programmes such as Triple P. May include some contact with professional staff (e.g. telephone information line).

Level 2
Selected Triple P
May involve face-to-face or telephone contact with a practitioner (about 20 minutes over two sessions) or three (90-minute) seminars.

Level 3
Primary Care Triple P
A brief three- or four-session selective intervention designed for use in primary care settings when problems are first identified (sessions last 15-30 minutes). Consultations combine advice and active skills training to help parents acquire new knowledge and

skills, and resources such as parent tip sheets are available for parents to take home. May involve face-to-face or telephone contact with a practitioner.

Level 4

Standard Triple P

A 10-session parenting skills programme. Sessions typically last 60 minutes each (with the exception of three practice sessions, which should last 40 minutes each). In-session behavioural rehearsal and dedicated practice sessions provide opportunities for the parent to practice and review his or her application of positive parenting skills.

Group Triple P

Parent groups of 10-12, involving five two-hour group sessions, three 15-30 minute telephone calls to each group member to review his or her individual progress and a final group session. Sessions are usually conducted once a week. Group sessions include video and live demonstrations and active group participation. Telephone sessions involve personal goal-setting and self-evaluation.

Self-directed Triple P

A self-help workbook guides parents through a 10-week series of reading and practice tasks covering the same content as Standard Triple P. Additional recommended resource materials are listed for each week of the programme. Designed for families in rural or remote areas and families seeking a self-help programme that they can work through at home. Telephone consultations may be included to support personal goal-setting and self-evaluation.

Stepping Stones Triple P

This programme has been designed to be completed in 10 sessions, but may take considerably less or more time depending on the needs of individual families. Sessions typically last 60-90 minutes each (with the exception of the three practice sessions, which should last about 40 minutes each).

Level 5

Enhanced Triple P

An intensive, individually tailored programme (up to 11 one-hour sessions) for dysfunctional families and families of children with behavioural problems. Programme modules include home visits aimed at enhancing parenting skills, mood management strategies, stress management skills and partner support skills.

Pathways Triple P

A four- or five-session intervention strategy for parents at risk of maltreating their child, implemented in combination with other Triple P interventions. There are two additional intervention modules (each comprising two sessions) focusing on coping with anger and avoiding parent traps (attribution retraining) and a closure session that aims to promote maintenance of treatment gains.

Languages

Published:

Chinese (Mandarin/Cantonese), Dutch, English, Flemish, French, German, Japanese, Papiamento (the Netherlands Antilles) and Spanish

Under development:

Arabic (standard and Moroccan), Berber, Malay (Singapore), Portuguese, Swedish, Turkish and Vietnamese

Countries

Australia, Belgium, Canada, China, the Netherlands Antilles (Curaçao), Germany, Iran (Islamic Republic of), Ireland, Japan,

New Zealand, Netherlands, Singapore, Sweden, Switzerland, United Kingdom, and United States

Description of content

Level 1
Universal Triple P
A coordinated information campaign using print and electronic media and health promotion strategies to raise awareness of parenting issues and normalize participation in parenting programmes such as Triple P. May include some contact with professional staff (e.g. telephone information line).

Level 2
Selected Triple P
Selected Triple P, as a group programme, comprises three introductory seminars designed for all interested parents. It is particularly useful as a universal transition programme for parents enrolling their children in childcare, kindergarten, pre-school or high school, although it can also be used as a booster programme or refresher course for parents who have completed a higher level of intervention, such as Group Triple P. It can also involve a brief individual intervention providing early anticipatory developmental guidance to parents of children and adolescents with mild behavioural problems or developmental difficulties.

Level 3
Primary Care Triple P
A brief consultation framework combining advice, rehearsal of parenting skills and self-evaluation with the aim of teaching parents to manage a child or adolescent with discrete behavioural problems or to develop a specific parenting plan.

Level 4
Standard Triple P/Group Triple P/Self-directed Triple P
A broad programme focusing on parent-child interaction, the application of parenting skills to a wide range of target behaviours and the use of generalization-enhancement strategies to promote parental autonomy. Incorporates session activities and homework tasks covering causes of children's behavioural problems; strategies for promoting positive family relationships and encouraging children's development; strategies for managing misbehaviour; and generalization enhancement.

Stepping Stones Triple P
An early intervention strategy for families of children with disabilities who currently have or are at risk of developing behavioural and emotional disorders. It is particularly useful for parents who have difficulty adjusting to their child's disability. The programme is implemented in parallel with Standard Triple P and includes parent training and strategies based on disability research. It is now available also in Primary Care and Group delivery formats.

Level 5
Enhanced Triple P
Designed to follow on from Standard, Group or Self-Directed Triple P, this is an intensive, individually tailored programme for families of children or adolescents with behavioural problems and for dysfunctional families. Programme modules include practice sessions to enhance parenting, stress management and partner support skills and mood management strategies.

Pathways Triple P
An adjunctive intervention strategy for parents at risk of maltreating their child, applied in combination with other

Triple P interventions. Intervention modules focus on parental anger and attribution retraining.

Outcomes

The outcomes achieved in Triple P studies vary depending on the target population (universal, indicated, etc.), whether the programme was used for prevention or treatment and the level of intervention selected. A variety of positive outcomes for children and their parents have been reported across studies.

Child outcomes

- Fewer behavioural problems observed and reported by parents
- Fewer emotional problems
- Higher self-esteem
- Fewer psychosocial difficulties overall.

Parent outcomes

- Increased parental self-efficacy
- Reduced coercive parenting
- Improved parent-child relationship
- Increased use of positive parenting methods
- Reduced marital conflict
- Lower level of parental depression
- Reduced parental stress
- Lower level of parental anger
- Fewer cases of child maltreatment
- Lower rates of hospitalization and fewer emergency room visits resulting from maltreatment
- Fewer cases in which children have to be placed in the care of a guardian or foster parent or a residential home as a result of maltreatment
- Reduced occupational stress
- Higher work satisfaction
- High levels of client satisfaction.

The impact of Triple P varies considerably depending on the level of the intervention (i.e. population or individual), the level of the programme, the outcome measure (e.g. child outcome or parent outcome) and the research methodology used. This variability of impact is attributable to the fact that Triple P is a support system that operates at various levels of intervention intensity. Thus, calculation of a mean level of impact is not considered the best approach to evaluating the effectiveness of the interventions.

Description of materials

Parent resources are designed to be understood by the majority of the adult literate population and are suitable for persons with a reading age equivalent to grade 6 or above. Special guidelines are available on resources for parents of limited reading ability, such as DVDs used to demonstrate skills and assist parents with practice tasks and rehearsal of parenting strategies.

Group Triple P and Selected Triple P require access to a data projector, DVD-player and computer to show PowerPoint presentations and play DVDs. Other levels of the intervention require access to a DVD-player for showing relevant video footage.

Cost of materials

Implementation resources are available for all levels of Triple P. Costs vary according to parent resources.
Visit www.triplep.net.

11. Staff

Individual and group programmes are typically implemented by a single practitioner; however, group co-facilitators are sometimes used with larger groups or as a training opportunity.

Generally, Triple P Provider Training Courses are offered only to professional practitioners with post-secondary school qualifications in the area of health, education, juvenile justice or social services. Workplace supervision and support are highly recommended, particularly for practitioners with limited formal qualifications.

Training

- Selected Triple P: 1 day training + ½ day accreditation following completion of Group Triple P training
- Primary Care Triple P: 2 days' training + ½ day accreditation
- Group Triple P: 3 days' training + ½ day accreditation
- Standard Triple P: 3 days' training + ½ day accreditation
- Enhanced Triple P: 2 days' training and ½ day accreditation following completion of Level 4 training
- Stepping Stones Triple P: 3 days' training + ½ day accreditation
- Pathways Triple P: 2 days' training + ½ day accreditation following completion of Level 4 training.

Triple P allows for a high degree of flexibility in the way training courses are configured. Prices are tailored to reflect staff availability and target population and commence at $6,995.00. For further information on the range of courses available, contact training@triplep.net.

Contact details

Matthew R. Sanders
Professor of Clinical Psychology
Parenting and Family Support Centre
School of Psychology
University of Queensland, Brisbane QLD 4072
Australia
E-mail: matts@psy.uq.edu.au
Telephone: +61 7 3365 7290
Fax: +61 7 3365 6724
Website: www.pfsc.uq.edu.au

Desmond McWilliam
Managing Director (Training and Publications)
Triple P International Pty. Ltd.
P.O. Box 1300
Milton QLD 4064
Australia
E-mail: des@triplep.net
Telephone: +61 7 323 6121

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The Incredible Years

III.

The Incredible Years parent, teacher and child training series features three comprehensive, multifaceted and development-based curricula for parents, teachers and children. The series is based on cognitive social learning theory, which emphasizes the importance of the family and of teacher socialization processes, especially those affecting young children. It is based on the premise that negative reinforcement develops and maintains negative behaviours in children and critical or coercive behaviour in parents and teachers, and that parents and teachers must therefore change their own behaviour in order to improve the social interaction of the child. If parents and teachers can learn to deal effectively with child misbehaviour and to develop positive and appropriate problem-solving and discipline strategies, children can develop social and emotional competence and reduce aggressive behaviour at home and at school.

Level of evidence

8 independent randomized control trials

10 randomized control trials (4 on indicated prevention; 6 on treatment)

3 studies based on pre- and post-intervention evaluation

Risk level

Universal, selective, indicated, early intervention, treatment

Age of children

0-12 years

III. Target group

Parents, teachers, children

Studies include indicated prevention studies with the participation of Head Start families[2] and schools in which more than 60 per cent of children are from families living in poverty. These prevention studies include very high percentages of families from minority cultures and families whose first language is not English. Studies also include treatment studies with the participation of children diagnosed with oppositional defiant disorder, behavioural problems and attention-deficit/hyperactivity disorder.

Sessions (number, length and interval)

12-20 two-hour sessions for parents
18-22 two-hour sessions for children

Languages

Chinese, Danish, Dutch, French, Norwegian, Portuguese, Russian, Spanish, Swedish and Turkish

Countries

Germany, Ireland, Netherlands, New Zealand, Norway, Portugal, Republic of Korea, Russian Federation, Turkey, United States and Wales (United Kingdom)

[2] "Head Start families" refers to families who have participated in the Head Start programme of the United States Department of Health and Human Services.

Description of content

The parent training series comprises three programmes targeting parents of high-risk children and of children displaying behavioural problems.

The Basic Programme focuses on parenting skills known to promote children's social competence and reduce behavioural problems. Those skills include child-directed play skills, social and emotional coaching, helping children learn, effective use of praise and incentives, effective limit-setting and positive discipline strategies to handle misbehaviour and ways to teach children to solve problems.

The Advanced Programme focuses on parent interpersonal skills such as effective communication skills, anger and depression management, problem-solving between adults and ways to give and receive support. It is offered to groups of parents who have completed the Basic Programme.

The Supporting Your Child's Education Programme fosters parenting approaches designed to promote parental involvement in setting up predictable homework routines and fostering children's academic skills, such as reading and building collaborative relationships with teachers. This programme is implemented following completion of the Basic Programme since it builds on the behavioural principles underlying social skills that were introduced in the Basic Programme and applies those principles to academic skills.

The teacher training series consists of six comprehensive group discussion and intervention programmes for teachers, school counsellors and psychologists who work with children between 3 and 10 years of age. Each programme focuses on strengthening classroom management strategies, promoting pro-social

behaviour and school readiness (reading skills) in children and reducing child aggression in the classroom and non-cooperation of children with their peers and teachers. The teaching concepts are illustrated using video vignettes of teacher interaction with children in classrooms. Group leaders use the videotaped scenes (which demonstrate both effective and ineffective ways in which teachers handle problem situations) to facilitate discussion, solve problems and share ideas among teachers. Group leaders also help teachers to discuss important principles and practice new skills through role play and homework assignments.

The child training series, the Dina Dinosaur Social Skills and Problem-Solving Curriculum, focuses on training children in such skills as emotional literacy, empathy (or perspective-taking), friendship, anger management, interpersonal problem-solving, school rules and how to succeed at school. The series materials consist of a leader's manual, handouts for children and parents, children's books, manuals on "detective" home activities, games and activities and DVDs.

Outcomes

Parent outcomes

- Small to medium increase in positive and nurturing parenting
- Medium to large reduction in harsh, coercive and negative parenting.

Child outcomes

- Small to medium reduction in child aggression and conduct problems at home
- Medium to large reduction in child aggression and behavioural problems at school
- Medium increase in child's social and emotional competence
- Small to large increase in child's classroom engagement
- Large increase in school readiness.

Teacher outcomes

- Medium increase in parent-teacher bonding
- Large increase in use of positive classroom management strategies
- Decrease in use of negative classroom management strategies.

Description of materials

Curriculum materials, puppets and books. Technology required: DVD/CD player, television, etc.

Cost of materials

The cost of curriculum materials varies, but on average is $1,500 per programme;
Books: $17.95-$37.95 each;
Puppets: $28, $299 and $360 each.

Staff

Two or three staff are required per programme.

A qualification in psychology, social work, education or related fields at master's degree level or above is desirable; however, group leaders with experience of child development courses and working with children and families are eligible for training.

III.

The approximate cost of the staff training workshop is $4,500, depending on the type of training delivered, plus travel expenses. The cost of staff supervision is approximately $150 per hour for consultation by telephone; the certification fee is $350 per person.

Contact details

Carolyn Webster-Stratton
Developer and Chief Executive Officer
1411 8th Avenue West
Seattle, Washington 98119
United States of America
E-mail: incredibleyears@incredibleyears.com
Telephone: +1 206 285 7565
Fax: +1 206 285 7565
Website: www.incredibleyears.com

Lisa St George
Administrative Director
E-mail: lisastgeorge@comcast.net

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Strengthening Families Program

IV.

The Strengthening Families Program is an evidence-based 14-week family skills training programme that involves the whole family in three classes run on the same night once a week. On arrival, participants have a family-style meal together with the facilitators, after which the parents or carers attend the Parent Training Program in the first hour. At the same time, their children attend the Teen Skills Training Program. In the second hour, the families participate in the Family Skills Training Program. Incentives including child-minding and assistance with transportation help to ensure that families complete the programme and also serve to remove obstacles to attendance.

In some states of the United States of America, in-home programme delivery with the attendance of case managers is being tested as a means of preventing child maltreatment. A group version of the programme can be implemented with in-home case manager support. Case managers reinforce the home practice sessions and can support positive change in the home environment. They also provide a pro-social role model, immediate responses to crises and problems and resources enabling participants to find the services they need.

Level of evidence

8 independent randomized control trials

10 randomized control trials

Over 100 quasi-experimental studies

Risk level

Universal, selective, indicated and early intervention

Age of children

Three versions of the programme are available: one for children aged 3-5, one for children aged 6-11 and one for children aged 12-16.

A new Web- and DVD-based 10-session version for children aged 10-16 has been developed but not yet evaluated for effectiveness.

IV. Target group

The programme generally targets high-risk families but has also been found to be highly effective in general populations. It is specifically designed for children of substance abusers, parents who are considered to be at risk of maltreating or neglecting their child and are therefore being monitored by child protection services, parents in prisons or on probation for drug-related offences, parents or adolescents undergoing treatment for drug abuse and children in foster care.

Sessions (number, length and interval)

14 sessions of 2.5 hours each and one booster session for children; same session structure for parents and families.

A new universal programme for children aged 10-16, delivered online over 10 sessions, has been developed and is available free of charge at www.strengtheningfamiliesprogram.org, www.madd.org or www.parentsempowered.org.

Languages

Dutch, English, Farsi, French, Italian, Norwegian, Portuguese, Russian, Spanish, Swedish and Thai. A Chinese version should be available in the near future.

Countries and territories

Australia, Canada, Chile, Costa Rica, El Salvador, France, Ireland, Italy, Netherlands, Norway, Peru, Portugal, Russian Federation, Spain, Sweden, Thailand, United Kingdom, United States (including a number of American Indian communities). Iran (Islamic Republic of), Palestine and Saudi Arabia are in the process of implementing the programme.

Description of content

Parents are taught to set appropriate expectations for their child's behaviour according to the child's developmental level and age, to interact positively with the child, inter alia, by praising good behaviour and rewarding such behaviour with greater attention, letting the child take the lead in play activities, fostering positive family communication through active listening and reduced criticism and sarcasm, holding family meetings to improve order and organization and developing effective and consistent discipline, including "consequences" and "time out".

The children's sessions teach children communication skills to help them to improve their relationships with parents, peers, and teachers; future-oriented thinking and how to dream; resilience, problem-solving and peer resistance skills; appropriate identification of feelings; and anger management and coping skills.

The family practice sessions give parents and children an opportunity to practice what they have learned in their individual sessions through interactive exercises. This is also a time for the four group leaders to coach and encourage family members in improving parent-child interactions. The major skills learned are allowing the child to determine the play or recreation activity through a game similar to therapeutic child play, holding family meetings, effective communication skills and effective discipline through a parent game. Home practice assignments improve application of new behaviours in the home environment. The 12-16 Teen Skills Training component is similar to the Children Skills Training component but includes an additional session on sexual relations.

IV. Outcomes

Randomized control trials found that the programme consistently yielded the following results on the basis of a five-year follow-up measure:

- The Parent Training component improves parenting skills, parenting efficacy, parental confidence, monitoring and supervision and parent-child involvement and decreases negative child behaviour, overt and covert aggression and conduct disorders
- The Children's Skills Training component improves children's grades and social competencies (e.g. communication, problem-solving, peer resistance and anger and behavioural control)
- The Family Skills Training component improves family attachment/bonding, harmony, communication, organization, family strengths and resilience
- The full Strengthening Families Program (comprising all three components) reduces alcohol and drug use or the likelihood of initiation of alcohol or drug use by parents and older children, improves protective factors and reduces risk factors predictive of later problem behaviours more than other interventions studied
- Booster sessions or retraining improve outcomes
- In high-risk families, the 14-session programme for children aged 6-11 had the largest impact, followed by the 7-session programme for children aged 10-14, although the latter was not designed specifically for high-risk families.

Description of materials

Training and curriculum manuals are free of charge and can be ordered by telephone or on the website at www.strengtheningfamiliesprogram.org.

Reading skills are not required for the programme. Some versions of the programme, including the English, Iranian and Spanish versions, involve the use of videotapes.

Cost of materials

A six-book CD master set including the Parent Training Group Leader's Manual and Parents' Handouts, the Children's Skills Training Manual and Children's Handouts, the Family Skills Training Manual, the Implementation Manual, evaluation forms and a site licence for unlimited photocopying (for agency use only) is available for each of the three versions of the programme (for children aged 3-5, children aged 6-11 and children aged 12-16) for $450.

The Parent Handbook and Handouts are also available in Spanish for $100. Other language versions are disseminated directly by universities or research institutions in other countries. The LutraGroup should be contacted for information on how to obtain the Dutch, French, Canadian French, Iranian, Italian, Norwegian, Portuguese, Russian, Spanish, Swedish and Thai versions.

Staff

Five staff are required, including two group leaders for the parents, two for the children or teenagers and a site coordinator. The group leaders should ideally be gender balanced, a male group leader and a female group leader jointly leading each of the parents' and children's groups. They should also preferably be ethnically matched with the participating families to enhance cultural adaptation.

IV.

No academic qualifications are required. Experience in conducting classes or leading groups is helpful. Owing to the programme's high staffing requirements, many agencies use psychology or social work interns, volunteers or parent graduates who have been trained to co-lead groups with one experienced staff member. Since it can be difficult to find male co-leaders, many agencies advertise for and hire from among community applicants on contracts to lead one group per week. Those hired under such contracts are often daytime employees of youth services, recreation organizations, churches or other faith communities or treatment services, or probation or police officers. Cultural and local adaptations is best achieved by employing group leaders who are members of the local community and who are respectful of the family's values and traditions.

Group leaders are required to undergo a two-day training workshop provided by LutraGroup. Group leader trainers are culturally sensitive and culturally matched with the trainee group leaders. The trainers are from many countries and represent a wide range of ethnicities. The training workshop is conducted for up to 35 trainees. Ideally, more participants than the five core staff required to deliver the programme should be invited to participate in the training, including administrators and referral agencies. Several agencies can participate together in order to share the cost and have more people trained.

Optional additional training

Annual or biannual on-site quality and fidelity observation with staff feedback by qualified and experienced trainers is available in several countries and is highly recommended in order to improve programme delivery and problem-solving barriers to enrolling and retaining hard-to-reach families.

Monthly or weekly phone conferences or Web chat supervision with the programme developer is available for larger-scale dissemination in countries or States with multiple implementation sites. See website for costs.

The costs of team training range from $2,200 plus trainer travel expenses for a small group with only one group leader trainer to $3,200 plus trainer travel expenses for a large group of up to 35 group leaders with two trainers. The average total cost of training including travel is about $4,000 (if trainers have to travel only a short distance to the implementation site) to $5,000 for two trainers requiring travel by air, hotel accommodation, per diem and local transportation.

Contact details

Website: www.strengtheningfamiliesprogram.org

For programme information, grant writing support and evaluation:

Dr. Karol L. Kumpfer, Professor, SFP Program Developer
Department of Health Promotion and Education
University of Utah
United States of America
Telephone: +1 801 581 7718
E-mail Karol.Kumpfer@health.utah.edu

or

Lutra Group
5215 Pioneer Fork Road
Salt Lake City, Utah 84108
United States of America
Telephone: +1 801 583 4601
E-mail: kkumpfer@xmission.com

IV.

For training and manuals:

Dr. Henry Whiteside
Lutra Group
5215 Pioneer Fork Road
Salt Lake City, Utah 84108
United States of America
Telephone: +1 801 583 4601
Fax: +1 801 583 7979
E-mail: hwhiteside@lutragroup.com

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Parents as Teachers

V.

Parents as Teachers is a parent education, family support and school readiness programme that serves parents-to-be and parents of children up to the age of entry to kindergarten. The programme targets families from all socio-economic backgrounds and from rural, urban and suburban communities and may be adapted to the needs of a specific community. Home visits are carried out by professional staff trained and certified in the application of the Born to Learn™ curriculum, which draws heavily on the science of child development, including brain development. In addition, parents meet in groups to discuss such topics as positive discipline, sleep, sibling rivalry and toilet training and to promote parent-child interaction through such activities as story-reading and play.

The programme offers periodic developmental screening and provides links to community resources. It has also been adapted for centre-based providers and special populations (teenage parents, parents of children with special needs, Native Americans living on reservations, homeless families, military families and parents who are in prison or on probation or parole). The primary risk factors addressed by the programme include family functioning and problem behaviour, poor supervision and monitoring, child abuse and neglect, poor attachment and weak parent-child bonding.

Level of evidence

8 independent randomized control trials

5 randomized control trials

9 quasi-experimental studies

Multiple studies based on pre- and post-intervention evaluation

Risk level

Universal

Age of children

0-5 years

V. Target group

Parents-to-be or parents of children up to the age of entry to kindergarten (usually 5 years), regardless of socio-economic background. A supplementary curriculum is available for pregnant mothers and parents of children of up to 5 years of age in possible high-risk environments, such as teenage-parent, low-income and single-parent households and families in which the parents are poorly educated.

Sessions (number, length and interval)

It is recommended that the programme be implemented over several years, depending on the curriculum used. Home visits to each family once a month, or more frequently in the case of families in need of greater attention, are recommended. Each home visit should last at least 50 minutes, the precise duration depending on the number of children in the family and the specific needs of that family. Monthly group meetings should also be organized. The length of group meetings varies depending on the topic addressed.

Languages

Originally in English; translated into French, German, Mandarin Chinese and Spanish

Countries

Australia, Belize, Canada, China, Germany, Mexico, New Zealand, United Kingdom and United States

Description of content

Personal visits

A minimum of one personal visit per month, typically in the home, using Born to Learn™ curriculum plans that are appropriate to the child's age and level of development. Parent educators:

- Build rapport with the family
- Discuss child development and parenting practices
- Demonstrate and guide the application of parenting practices in consultation with parents
- Engage in parent-child activities, including reading, to foster observation of the child's behaviour and parent-child interaction
- Summarize new information and monitor progress achieved between visits in order to reinforce parents' awareness of their parenting strengths, of newly achieved milestones in their child's development and activities to support further developmental progress.

Screenings

A minimum of one screening per programme year is conducted by a parent educator or other qualified individual who:

- Assesses developmental progress in terms of cognitive, language, socio-emotional and motor skills
- Assesses vision, hearing and overall health
- Shares information on the child's health and developmental progress as observed through continuous monitoring of developmental milestones.

V.

Group meetings

Site-based group meetings held at least once a month and led by parent educators. At these meetings, parents:

- Receive information about parenting skills, parent-child interactions, child development and community resources
- Participate in structured activities to promote knowledge related to parenting and child development
- Meet other parents and give and receive support
- Participate in outings and events in community settings.

Resource network

Parent educators help to connect the family using community resources such as:

- Community activities, groups, or general enrichment opportunities
- Health and mental health professionals, social service agencies, employment agencies, etc.
- Early intervention for children with developmental delays.

Outcomes

Parent outcomes

- Parents who have participated in the programme are more knowledgeable about child development and child-rearing practices
- Parents who have participated in the programme engage in more language- and literacy-promoting behaviours with their children
- Parents who have participated in the programme are more involved in their children's schooling
- Parents who have participated in the programme are more knowledgeable about discipline, display more positive interaction with their children and organize their home environment more appropriately
- There are fewer suspected and documented cases of abuse and neglect in families that have participated in the programme.

Child outcomes

- Children who have participated in the programme undergo developmental screenings and are less likely to need remedial education in their first year of school
- Children whose families have received the recommended level of services are much more likely to be fully immunized by the age of 2
- Children who have participated in the programme are more advanced than their peers in terms of language, problem-solving and other cognitive abilities and social development
- Children who have participated in the programme score higher in kindergarten readiness tests and in standardized tests for reading and language ability and mathematics in the elementary grades.

Description of materials

Please refer to the Parents as Teachers University for descriptions of courses and materials.

Curriculum and materials to be used by parent educators are suitable for persons with a reading ability equivalent to grade 9 or above.

For the Born to Learn™ "Prenatal to 3" curriculum, handouts for families are available at two levels of reading ability: grade 3 and grade 5/6.

V.

For the Born to Learn™ "3 to Kindergarten Entry" curriculum, handouts for families are suitable for persons with a reading ability of age 8 or above.

For professionals

Various brochures, curriculum samples and other information are available for download free of charge from the Parents as Teachers website (www.parentsasteachers.org).

For families/parents

All services and corresponding handouts and other materials are provided free of charge.
Curriculum guides are available in CD format.
Programme staff are asked to submit an annual programme report in hard-copy format or online.
Programme staff may collect and maintain data about the families they serve as hard-copy records or using stand-alone computer programmes or the web-based data management system available from the Parents as Teachers National Center.

Cost of materials

Please refer to the Parents as Teachers University for the latest training schedule and prices. Prices include training and, where available, a guide. Both the Parents as Teachers University and the Parents as Teachers e-store are accessible through the Parents as Teachers website (www.parentsasteachers.org/).

Staff

A minimum of one staff member (serving the dual role of parent educator and supervisor) is needed in order to implement a programme.

Parents as Teachers standards require parent educators to have successfully completed training at the Born to Learn Institute. Parent educators may be required to undergo additional training in order to carry out developmental, hearing or vision screenings. Parent educators who are to serve families with children between the ages of 3 and 5 must also attend "3 Years to Kindergarten Entry" course at the Born to Learn Institute. About 65 per cent of current parent educators are educated at least to bachelor's degree level. Almost 20 per cent hold an associate degree.

Staff undergo five days of training at the Born to Learn Institute. Supervisors must attend at least the first two days of the training.

The Institute offers face-to-face or online follow-up courses.

Contact details

Sue S. Stepleton, PhD., Licensed Clinical Social Worker
President and Chief Executive Officer
Parents as Teachers National Center
E-mail: info@parentsasteachers.org
Telephone: +1 314 432 2330; (toll-free: +1 866 728 4968)
Website: www.parentsasteachers.org

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Stop Now and Plan

VI.

Stop Now and Plan (SNAP) is an evidence-based, multifaceted cognitive-behavioural strategy developed at the Child Development Institute in Toronto, Canada, more than 22 years ago. SNAP targets children with behavioural problems and children at risk of becoming juvenile offenders. It addresses key risks posed by the behaviour of such children, such as poor impulse control, and fosters problem-solving skills.

The SNAP Under 12 Outreach Project was launched in 1985 for children with behavioural problems, and in 1996, the SNAP model became gender-sensitive with the launch of SNAP Girls Connection, in response to a general lack of literature and services for girls. It is imperative that attention be paid to the serious risks faced by troubled young girls and their families. In the absence of effective interventions, such girls are at considerable risk of following a delinquent and unproductive path in life and becoming parents to similarly troubled children.

SNAP seeks to meet needs that are not addressed by general health programmes offered to young children and their families and is the basis for gender-sensitive, multifaceted, multisystemic interventions designed specifically for children with disruptive behavioural problems and/or in conflict with the law. SNAP helps children and parents to deal effectively with anger and impulse control problems by teaching them to stop and think before they act and thus to respond in a way that makes their problems smaller, not bigger. With help and practice, children and parents are able to stop, calm down and generate positive solutions “at the snap of their fingers”. This concept works because it is easy to learn; skills are taught and practiced in a

Level of evidence

6 independent randomized control trials

4 randomized control trials

5 quasi-experimental studies

4 studies based on pre- and post-intervention evaluation

Risk level

Indicated

Age of children

6-11 years

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real and meaningful way and children are able to apply their learning to everyday life. SNAP programmes are grounded in the understanding that behavioural problems in childhood can lead to numerous problems in adolescence.

Target group

SNAP is aimed at children with conduct or disruptive behaviour problems (and their families).

Such problems include poor impulse control, stealing, lying, cheating, physical attacks on others, suspension from school and poor social skills. Each child admitted to the SNAP programme undergoes a thorough eco-systemic and risk assessment using early assessment risk lists to determine level of risk and of need. An individual treatment plan is drawn up on the basis of that assessment.

Sessions (number, length and interval)

Parents

Regular sessions:
SNAP Parent Group, 12 sessions (one 1.5-hour session per week)

Other treatment components involving parent participation:

- Stop Now and Plan Parenting family sessions (3-8 sessions)
- Continued Care Group: 8 sessions

Children

Regular sessions:
SNAP Under 12 Outreach Project and Girls Connection: 12 sessions (one 1.5-hour session per week)

Girls Growing Up Healthy: 8 sessions (one 2-hour session per week)

Other treatment components involving child participation:

- Individual befriending (1-16 sessions)
- Homework Club (6-12 sessions)
- School advocacy (3 sessions or more)
- Leaders in Training: as many sessions as needed until the child reaches 18 years of age

Languages

The Early Assessment Risk List for Boys (EARL-20B), the Early Assessment Risk List for Girls (EARL-21G) and SNAP manuals (Under 12 Outreach Project) are available in Dutch, English, Finnish, French, Norwegian and Swedish.

Countries

Canada, Finland, New Zealand, Norway, Sweden, United Kingdom and United States. Training is currently being implemented in Australia

Description of content

The SNAP Under 12 Outreach Project is a multi-component and multisystemic intervention that teaches social skills, problem-solving techniques, self-control strategies and cognitive self-instruction to boys and their parents. The boys and their families are offered 10 possible treatment components based on an assessment of their specific treatment needs carried out using the Early Assessment Risk List for Boys (EARL-20B) (Augimeri and others, 2001).

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The following core components are offered to all boys and their families:

(1) 12-week SNAP Children's Group (also known as the Transformers Club), a structured after-school group that focuses on teaching boys cognitive-behavioural self-control and problem-solving techniques
(2) Concurrent 12-week SNAP Parent Group, which focuses on teaching parents effective child management strategies.

Additional Under 12 Outreach Project components for boys and their families, based on level of risk and need, include:

(3) Family counselling based on Stop Now and Plan Parenting
(4) Academic tutoring (Homework Club)
(5) School advocacy and teacher consultation
(6) Victim restitution
(7) Individual befriending, which links boys with a SNAP worker, trained volunteer or student intern with the aim of strengthening their skill-building and enabling them to become involved in structured community-based activities
(8) Evening Night Club, a continued care component involving an evening club for high-risk boys who have completed the SNAP Children's Group and are working on leadership skills
(9) Continuing care groups for parents who have completed the SNAP Parent Group
(10) The Arson Prevention Program for Children.

Components of SNAP Girls Connection:

Girls Connection is a multifaceted, client-responsive intervention. The girls and their families are offered 13 possible treatment components based on an individual assessment of specific treatment needs and risk level using the Early Assessment Risk List for Girls (EARL-21G) (Augimeri and others, 2001).

Generalization activities, including role play, individualized goals and home practice, are key learning modalities common to all treatment components.

Three core components are offered to all girls and their families:

(1) SNAP Girls Club: 12-week self-control and problem-solving SNAP groups (girls clustered by age)
(2) Parent training group: a 12-week concurrent SNAP Parent Group that focuses on teaching parents effective child-management strategies
(3) Girls Growing Up Healthy: eight-session mother-daughter groups focusing on relationship-building and physical and sexual health.

Additional Girls Connection components offered to girls and their families on the basis of level of risk and of need include:

(4) Problem-Solving Group: an extended-service, six-session parent support group focusing on problem-solving skills
(5) Leaders in Training: a nine-month leadership and life skills training group for girls of 12-15 years of age who have completed the core components
(6) Family counselling based on Stop Now And Plan Parenting (Levene, 1998)
(7) Academic tutoring
(8) Homework Club
(9) School advocacy and teacher consultation
(10) Individual befriending links girls with a SNAP worker for individual counselling with the aim of strengthening their skill-building, addressing

such issues as co-morbidity and engaging girls in structured community-based activities. Girls may also be assigned to a volunteer individual befriender who may act as a mentor

(11) Victim restitution

(12) Specialized risk assessments; the Arson Prevention Program for Children

(13) Trauma assessment and treatment based on the trauma-focused cognitive behavioural therapy model.

Outcomes

- Significant improvements following treatment and maintenance of treatment gains at 6, 12 and 18 months in terms of externalizing behaviours (e.g. aggression, delinquency), internalizing behaviours (e.g. anxiety, depression) and social competency (e.g. peer relations, participation in activities)
- Children who undergo treatment improve significantly more than children who participate in an attention-only group or who receive delayed treatment; the interventions have a large impact on boys and a moderate impact on girls
- Parents experience less stress in interacting with their children and increased confidence in managing their children's behaviour
- Children report improved quality of interaction with parents (less yelling, more limit-setting)
- 70 per cent of children who participate in the Under 12 Outreach Project do not have a criminal record by the age of 18
- Children report feeling less positive towards antisocial behaviour, associate with fewer peers whom parents consider "a bad influence" and demonstrate more pro-social skills following interventions involving the participation of teachers, peers and family members
- Further analyses have shown that treatment intensity influences treatment effectiveness in terms of immediate decreases in delinquent and aggressive behaviour and longer-term outcomes such as involvement in criminal activities
- The severity of a child's behavioural problems at the time of the child's admission to the programme, including childhood risk factors as assessed through the early risk assessment tool (e.g. antisocial attitudes, poor academic performance), are shown to influence the rate of improvement of the child's behaviour. The higher the level of severity and risk, the slower the rate of improvement
- Among high-risk children, positive treatment outcomes were attributed to the number of treatment components and the duration of treatment
- Among girls, early sexual development and evidence of abuse, neglect or trauma are key risks associated with complex risk profiles and poorer treatment outcomes
- 60-70 per cent of girls who participate in the Girls Connection programme display fewer behavioural problems and more pro-social behaviours.

Description of materials

Booklets
(available in English and French)

- Stealing
- Lying
- Bullying
- SNAP

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- Brothers and Sisters Learn SNAP
- Tips for Troubled Times

Treatment manuals

- SNAP Under 12 Outreach Project Children's Group Manual (for boys)
- SNAP Under 12 Outreach Project Parent Group Manual
- SNAP Girls Club Manual
- SNAP Girls Connection Parent Group Manual
- Stop Now And Plan Parenting Manual

Risk assessment tools

- Early Assessment Risk List for Boys (EARL-20B)
- Early Assessment Risk List for Girls (EARL-21G)

DVDs

- SNAP
- Stopping Stealing

These DVDs are intended for use by professional staff.

The SNAP Resource Kit includes gender-sensitive SNAP Children Group Manuals, SNAP Parent Group Manuals, EARL-20B and EARL-21G Risk Assessment Tools, SNAP Booklets and the training videos "SNAP" and "Stopping Stealing".

SNAP Puppet is not part of the SNAP Resource Kit but can be purchased separately.

The materials provided to parents and families are suitable for persons whose level of literacy is equivalent to grade 7 or above. Video recordings, DVDs, television monitors and observational equipment (one-way mirror and video monitoring) are required for those involved in outcome evaluation (requirement under the new SNAP licensing agreement; other technology may include statistical software, scoring software and computers).

Cost of materials

The approximate yearly cost of SNAP resource materials is $1,000 (includes SNAP Resource Kit, manuals, SNAP booklets, risk assessment tools (EARLS) and SNAP Puppet).

Staff

Basic model: one full-time child worker, one part-time child/group leader, one full-time family worker and one full-time supervisor (programme researcher optional);

Enhanced model: two full-time child/group workers, one part-time child/co-group leader, two full-time family workers, one full-time manager and one full-time researcher;

Clinicians, including child/group worker and family workers from community college to master's degree level;

Supervisor: bachelor's degree and five years of related experience and/or master's degree.

Training takes five to seven days and includes regular consultation and verification of the trainee's adherence to the programme (e.g. groups and file audits) in years 1-4.

Consultation and professional fees for training and issue of licence:

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One-off start-up cost of $18,000 (includes consultations, five-day core SNAP training and two-day SNAP implementation). Other costs to be considered: staffing, facility and capital costs (equipment).

Ongoing costs

Year 1: $8,600; Year 2: $8,000; Year 3: $5,200; Year 4+: $3,200. These costs include consultation, annual licences and verification of the therapist's adherence to the programme.

Contact details

Dr. Leena K. Augimeri
Child Development Institute
c/o Centre for Children Committing Offences
46 St. Clair Gardens
Toronto
Ontario M6E 3V4
Canada
Telephone: +1 416 603 1827, extension 3112
Fax: +1 416 654 8996
E-mail: augimeri@childdevelop.ca

Kathy Levene
Child Development Institute
46 St. Clair Gardens
Toronto
Ontario M6E 3V4
Canada
Telephone: +1 416 603 1827, extension 3107
Fax: +1 416 654 8996
E-mail: klevene@childdevelop.ca

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Multisystemic therapy

VII.

Multisystemic therapy is an intensive family- and community-based treatment for juvenile offenders who have committed serious offences and their families. The primary goals of multisystemic therapy are to reduce substance abuse and criminal behaviour among young persons and the number of juveniles placed in care. Critical features of multisystemic therapy include: *(a)* integration of empirically based treatment approaches to address a comprehensive range of risk factors across family, peer, school and community contexts; *(b)* promotion of behaviour change in the natural environment of the young person, with the overarching goal of empowering caregivers; and *(c)* rigorous quality assurance mechanisms that focus on achieving outcomes by adhering to the treatment regime and developing strategies to overcome barriers to behaviour change. Several separate multisystemic therapy randomized clinical trials have yielded significant findings relating to substance abuse, including, relative to comparison groups, a decrease in the number of drug-related arrests over a 14-year period, higher rates of abstinence from marijuana at four years following treatment and a decrease in the number of cases of substance abuse dealt with by juvenile courts specializing in drug-related cases.

Level of evidence

4 independent randomized control trials

12 randomized control trials

2 quasi-experimental studies

2 studies based on pre- and post-intervention evaluation

Risk level

Indicated

Age of children

12-17 years

VII. Target group

Juvenile offenders and their families

Sessions (number, length and interval)

The course of treatment ranges from three to five months; the intensity of the treatment (i.e. number of hours) varies according to clinical need (from 2 to 15 hours per week). All therapists have a small caseload and are available to the family 24 hours a day.

Languages

The "Therapist Adherence Measure — Revised", which is the adherence measure for multisystemic therapy, has been translated into multiple languages, including Arabic, Bosnian, Danish, Dutch, French, Norwegian, Somali, Spanish, Swedish and Turkish. The MST treatment manual has been translated into Danish and Norwegian.

Countries

Australia, Canada, Denmark, Ireland, Netherlands, New Zealand, Norway, Sweden, United Kingdom and United States

Description of content

Multisystemic therapy is a multifaceted family- and community-based treatment for young persons at imminent risk of being placed in care as a result of serious antisocial behaviour and substance abuse problems. Intervention strategies integrate techniques based on empirically supported treatments, including structural and strategic family therapies, parent management training, marital therapies, behavioural therapy and cognitive-behavioural therapy. Treatment sessions identify strengths in the everyday contexts of the young person and his or her family (e.g. youth, family, peers, school, neighbourhood, community) that can be used to promote positive change with the aim of addressing the combination of known risk factors in those contexts that contribute to the young person's problems. The main focus of multisystemic therapy is to cultivate caregivers' skills and resourcefulness in effectively addressing the challenges presented by the young person's behavioural problems. In school settings, the therapist works to facilitate a collaborative relationship between school and parents that will enable them jointly to design strategies for addressing identified performance and behavioural problems displayed by the young person at school. As regards the peer context, therapists work with caregivers to discourage the young person from associating with delinquent friends or friends who abuse drugs and encourage his or her association with peers who have a positive influence.

The design and implementation of multisystemic therapy interventions are guided by the following nine multisystemic therapy principles (available from www.mstservices.com/text/treatment.html#nine):

- Principle 1: "Finding the fit": The primary purpose of assessment is to understand how identified problems fit into the broader systemic context and how those problems make sense in the context of the young person's social environment
- Principle 2: "Positive and strength-focused": Therapeutic contacts emphasize the positive and use systemic strengths to encourage positive change
- Principle 3: "Increasing responsibility": Interventions are designed to promote responsible behaviour and decrease irresponsible behaviour among family members

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- Principle 4: "Present-focused, action-oriented and well-defined": Interventions are present-focused and action-oriented, targeting specific and well-defined problems
- Principle 5: "Targeting sequences": Interventions target sequences of behaviour within and between multiple systems that perpetuate the problems identified
- Principle 6: "Developmentally appropriate": Interventions are developmentally appropriate and meet the developmental needs of the young person
- Principle 7: "Continuous effort": Interventions are designed to require daily or weekly effort by family members, thus presenting young persons and their families with ample opportunities to attempt change
- Principle 8: "Evaluation and accountability": Intervention effectiveness is evaluated continuously from multiple perspectives and MST team members assume accountability for overcoming barriers to successful outcomes
- Principle 9: "Generalization": Interventions are designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.

All clinical interventions and components of the quality assurance system are detailed in two treatment manuals. The treatment manuals for antisocial behaviour (Henggeler and others, 1998) and serious emotional disturbance (Henggeler and others, 2002) are available from Guilford Press.

Outcomes

- Decrease in recidivism (26-43 per cent)
- Decrease in the number of days young persons spend in care (50-64 per cent)
- Decrease in the number of rearrests (37-54 per cent)
- Decrease in the number of days spent by juvenile offenders in detention (57 per cent)
- Decrease in psychiatric symptomatology
- Treatment adherence linked to long-term outcomes
- Decrease in violent crime
- Decrease in self-reported substance abuse
- Increase in abstinence from marijuana
- Decrease in externalizing and internalizing symptoms
- Increase in social competence
- Increase in client satisfaction.

Description of materials

- Cellular phones for therapists and case manager
- Urine test kits for weekly testing for drug abuse
- Automobile transportation costs for conducting at-home sessions
- Audio-visual equipment for recording and reviewing sessions (video camera, tripod, digital videotapes and digital audio recorder)
- All printed and online materials are provided by trainers.

Cost of materials

Not specified

Staff

Each MST treatment team consists of three or four therapists and at least one half-time supervisor.

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MST is conducted by therapists educated to master's degree level who are supervised on site by doctoral-level mental health professionals or, in some cases, highly competent master's-level professionals or highly experienced bachelor's-level therapists. Therapists are selected on the basis of their motivation, flexibility, common sense and "street smarts". The holding of a master's degree is viewed more as a sign of motivation than as evidence of a particular type or level of clinical expertise.

The core of MST training services for staff consists of a five-day orientation training course, ongoing MST clinical support, quarterly booster training, ongoing organizational assistance and quality assurance support through the monitoring of adherence to the programme.

The five-day orientation training course costs between $2,250 and $8,000, depending on the number of participants, the venue for the course and travel expenses.

Programme support costs between $17,000 and $26,000 per team, depending on the number of teams.

Licensing fees cost approximately $4,000 per agency and $2,500 per team.

The course of treatment ranges from three to five months; treatment is provided in the family's home and other locations in which the young person's problems occur and must be addressed (e.g. school, neighbourhood). Therapists and families jointly develop and continuously revise interventions on the basis of observations of intervention success and failure, plan how to address problem areas and establish treatment goals. In order to evaluate the progress achieved, the therapist and the family establish and review goals on a weekly basis.

Contact details

Marshall Swenson
Manager of Programme Development, MST Services
710 J. Dodds Boulevard
Suite 200
Mount Pleasant
South Carolina 29464
United States of America
E-mail: marshall.swenson@mstservices.com
Telephone: +1 843 856 8226
Fax: +1 843 856 8227
Website: www.mstservices.com/

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Parent-child interaction therapy

VIII.

Parent-child interaction therapy is an empirically supported treatment that places emphasis on improving the quality of parent-child relationships and changing parent-child interaction patterns in cases of conduct disorder in young children and cases of child abuse. The behavioural problems frequently observed in such children are defiance of authority, rule-breaking and attention-seeking and aggressive and destructive behaviour. Since these children are the ones at greatest risk of becoming delinquent adolescents and of abusing their own children later in life, parent-child interaction therapy may also be considered a preventive intervention. Follow-up studies have demonstrated maintenance of gains in parent and child behaviour for as long as six years. Follow-up studies over longer periods have not yet been conducted.

Parent-child interaction therapy teaches parents specific skills that enable them to establish a nurturing and secure relationship with their child while fostering pro-social behaviour and discouraging negative behaviour. The therapy focuses on two basic interactions: child-directed interaction, which is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship, and parent-directed interaction, which is similar to clinical behaviour therapy in that parents learn to use specific behaviour management techniques when playing with their child.

Level of evidence

4 independent randomized control trials

10 randomized control trials

16 quasi-experimental studies

4 studies based on pre- and post-intervention evaluation

Risk level

Indicated

Age of children

Children with conduct disorder: 2-7 years of age

Children abused by a parent who is receiving treatment: 2-12 years of age

VIII. Target group

The effects of parent-child interaction therapy were originally studied in families with children who have disruptive behaviour disorders such as oppositional defiant disorder or conduct disorder. However, the therapy has been demonstrated to successfully address externalizing and internalizing problems affecting children with such disorders as attention-deficit/hyper-activity disorder and separation anxiety. It is also intended for children who have suffered abuse and/or neglect and children with chronic medical conditions, mental retardation or developmental disabilities or speech and language disorders.

Sessions (number, length and interval)

One 1-hour session per week for families.

Treatment is not limited to a certain period but rather is completed when parents have mastered parent-child interaction therapy skills and rated their child's behaviour as being within normal limits.

Languages

Chinese, Dutch, English, German, Norwegian, Russian, Spanish and Taiwanese

Countries

Australia, Canada, China (including Taiwan Province), Germany, Norway, Netherlands, Russian Federation, United Kingdom and United States (including Puerto Rico)

Description of content

Each phase of treatment begins with a teaching session during which the therapist explains and demonstrates child-directed interaction and parent-directed interaction skills, followed by coaching sessions during which parents practice those skills with their child while the therapist prompts them and provides reinforcement to shape the parents' new behaviour. During the coaching sessions, the therapist first briefly reviews the progress achieved by the parents at home and provides any necessary support. The therapist then observes and codes the behaviour of parent and child during a five-minute interaction, which helps to determine which skills the parents have mastered and which will be important targets for coaching during the session.

Coaching usually takes place in a playroom equipped with a one-way mirror and microphone and wireless receiver system that enables the therapist to coach the parent while the parent plays with the child. If such a system is unavailable, the therapist coaches the parent in a low voice inside the playroom. Coaching consists of frequent, brief statements that give parents immediate feedback on their child-directed or parent-directed interaction skills. The therapist also makes suggestions or gentle corrections.

At the end of each session, the therapist reviews with the parent a summary sheet showing how often the parent used each skill during the initial five-minute observation period. The summary sheet includes data from each session so that parents can see their progress and, on the basis of the summary, decide which skill to focus on most during daily home practice sessions the following week.

VIII. Outcomes

Child outcomes

- Children with oppositional defiant disorder and co-morbid separation anxiety disorder showed moderate improvement in symptoms of separation anxiety disorder following standard parent-child interaction therapy
- Major improvement in both internalizing and externalizing symptoms was observed both in children with oppositional defiant disorder and co-morbid separation anxiety disorder and in children with oppositional defiant disorder only
- A study of 58 Mexican American families with children between 3 and 7 years of age with clinically significant behavioural problems found major, clinically significant improvement in child behaviour, on the basis both of parent reports and observational measures
- A longitudinal multiple baseline single-subject study of six children aged 3-10 found a significant decrease in stuttering in four of the six children by the time of completion of parent-child interaction therapy. Those gains were found to have been maintained at follow-up after 12 months
- Parent-child interaction therapy modified for the treatment of separation anxiety resulted in significant improvements, from pre- to post-treatment, in the severity of separation anxiety disorder; those gains had been maintained at follow-up
- The modified intervention resulted in significant improvement in the symptoms of separation anxiety disorder. Assessment at three months following treatment revealed that that improvement had been maintained
- 93 per cent of children treated with the modified intervention reached non-clinical levels of separation anxiety disorder by the time of post-treatment follow-up or within three months of treatment; the frequency of episodes of separation anxiety also decreased significantly after treatment
- Participants in treatment groups reported “large” and “significant” decreases in child behaviour problems and parental stress. These results were maintained at three to six months following the intervention
- Children with mental retardation were more compliant (large treatment effect) following treatment than children in the waiting list control group
- Preschool children in the parent-child interaction therapy group were reported by their parents to be less hyperactive and more flexible and were less likely to be diagnosed with ADHD than preschool children in the waiting list group
- Six months following treatment, children who had received parent-child interaction therapy were comparable to the social validation (normal) group in terms of ratings for oppositional behaviour and hyperactivity
- Therapeutic gains achieved through standard and abbreviated parent-child interaction therapy were largely maintained at one and two years following treatment
- The treatment group demonstrated major improvements over the course of the therapy, whereas the behaviour of the waiting list control group continued to be problematic.

Parental outcomes

- A single case study of an immigrant African family with a history of domestic violence found that post-treatment parental outcomes included increased positive behaviour and reduced parental stress, while post-treatment child outcomes included fewer symptoms of trauma and fewer behavioural problems

VIII.

- A study of 43 families with children aged 19-52 months referred to community clinics for parent-child interaction therapy for the treatment of disruptive child behaviour found major, clinically and statistically significant improvements in child behaviour and parental well-being following treatment. Parents reported being highly satisfied with treatment
- A large decrease in the use of inappropriate child management strategies and a large increase in the use of positive parenting practices were observed. Those results were maintained for three to six months following the intervention
- Parents of children with mental difficulties or mental retardation interacted more positively with their child after standard parent-child interaction therapy than mothers in the waiting list control group
- Mothers reported a large decrease in disruptive and problematic behaviour. No decrease was observed in the control group
- A case study of a single family found increased positive parent behaviour, decreased child behavioural problems and reduced parental stress
- Parents reported being highly satisfied with the treatment
- A large decrease in parental behaviour that could potentially lead to child abuse and in parental distress were observed in the parent-child interaction therapy group
- Parents assessed the behaviour of their child's siblings as being much less problematic following treatment
- Moderate to large improvements, as measured on the basis of observation and parent reporting, in the case of individual therapy
- Parents assigned to individual therapy reported greater satisfaction with treatment.

Description of materials

A complete parent-child interaction therapy manual is available free of charge from www.pcit.org. The manual is suitable for persons with a reading ability equivalent to grade 8.

In accordance with the standard intervention protocol and in research studies supporting the efficacy of parent-child interaction therapy, a one-way mirror between the therapy playroom and the observation/coaching room is used and communication between coach and parent is conducted using a microphone and wireless receiver system during parent-child interaction coding and coaching. However, there have been anecdotal reports of successful application of the therapy in clinical practice without such equipment.

Cost of materials

The parent-child interaction therapy manual (containing session outlines, an integrity check system, parent and teacher handouts and progress charts (in English only)) is available free of charge from www.pcit.org.

Manuals on the dyadic parent-child interaction coding system and coder training manuals (both comprehensive and abridged versions) and all standard assessment instruments, except the Eyberg Child Behavior Inventory and the Sutter-Eyberg Student Behavior Inventory, are available from the same website. The aforementioned inventories are available for purchase from Psychological Assessment Resources, Inc. Please check with the publisher for current pricing and sales restrictions.

VIII. Staff

One therapist is required.

Mental health professionals with at least a master's degree in psychology, social work or a related area of mental health are eligible for training in parent-child interaction therapy.

Training for professionals involves 40 hours of direct didactic and experiential training followed by work on at least two cases, during which a master trainer provides supervision and consultation at least once a month for 12 months. Adherence to the model is assessed throughout the supervision and consultation period.

The standard training model used for many years to train parent-child interaction therapists has been used in training for psychology graduates and internship training programmes. It involves didactic training in the form of either a three-hour graduate-level seminar or, in the case of internship training, a year of didactic training in the theory of parent-child interaction therapy, research and experiential training in the form of intensive role play and coding practice. This training precedes or is concurrent with one year of supervised practice in real cases. During that year, the trainee works on the basis of a co-therapy model, first as a co-therapist with an expert clinician, completing two cases, then as a lead therapist, working together with a co-therapist who may be less experienced on two cases. The therapist is supervised weekly by an expert clinician for at least one year and in his or her work on at least four cases.

In recent years, practising therapists have sought training in parent-child interaction therapy. The training model has evolved, and current approved training is offered to licensed mental health professionals with a master's degree or equivalent in a mental health field. The training includes an initial intensive training workshop over 40 hours that consists of pre-workshop readings, didactic presentations of theory, research and practice issues, video presentations demonstrating how to train and coach parents, observation sessions and intensive experiential training in coding and coaching parent-child interactions, didactic and experiential methods, role play and live coding and coaching of families. Following this initial training, the co-therapy training model is used, whereby the less experienced therapist trainee learns from an experienced lead therapist. In accordance with the model, the co-therapist assists in two cases by coding during the session and tracking the session elements in the treatment manual to prevent omissions. The co-therapist (trainee) then serves as lead therapist in a further two cases. In the latter model, trainees are supervised by a master trainer once a week for at least one year.

Contact details

Sheila M. Eyberg, PhD., member of the American Board of Professional Psychology
E-mail: eyberg@ufl.edu

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First Step to Success

IX.

First Step to Success is a school-based early intervention programme that consists of three phases: therapeutic coaching, teacher- and parent-led intervention and maintenance. The programme also includes home visits. The primary goals of the programme are to divert antisocial kindergarten children from negative behaviour patterns during their school years and to develop their ability to adjust to positive behaviour towards their teachers and peers and others. The programme targets kindergarten children who show early signs of an antisocial pattern of behaviour (e.g. aggression, oppositional defiant behaviour, severe fits of temper, victimization of others). Early signs of conduct problems can be detected as early as in preschool, and many children have a pattern of antisocial behaviour when they start school. This early pattern can indicate the beginning of a stable pattern of maladaptive behaviour that presages more severe problems at a later stage when the child is less amenable to treatment. Such problems include peer rejection, refusal to attend school and delinquency.

Level of evidence

2 independent randomized control trials

3 randomized control trials

1 quasi-experimental study

3 studies based on pre- and post-intervention evaluation

Risk level

Selective

Age of children

5-6 years

IX. Target group

Kindergarten children who show early signs of an antisocial pattern of behaviour, and their parents.

Sessions (number, length and interval)

First Step to Success requires that participants complete 30 programme days, for each of which the target pupil must achieve a specific performance criterion. The programme usually takes about three months to complete.

There are three programme phases: coaching, teacher- and parent-led intervention and maintenance. A behaviour coach sets up the programme, implements it for the first five days, turns it over to the teacher and then provides supervision as necessary for the remainder of the implementation period. After completion of day 10, the coach invites the child's parents to participate in the "HomeBase" module of the programme, in which parents learn how to teach their child school success skills at home. Those skills are then reinforced by the teacher at school.

The coach makes weekly home visits over a six-week period to instruct parents how to teach their child school success skills such as completing homework, cooperating and sharing.

The final 10 programme days are devoted to phasing out the use of rewards at home and school and working to sustain the programme gains achieved.

Languages

English

Countries

Canada, Japan, Netherlands, Norway, Turkey and United States

Description of content

First Step to Success consists of three interconnected modules:

(1) Proactive, universal screening of all kindergarten children;
(2) School intervention involving teacher, peers and target child;
(3) Parent/caregiver training and involvement to support the child's school adjustment.

The intervention requires about three months for full implementation in both school and home settings.

A key part of the programme is the coaches, who act as caseworkers for two or three students and are responsible for implementing and coordinating the school and home components of the intervention. Coaches are trained through lectures, videotaped demonstrations, role play, skill practice/feedback sessions, materials and self-evaluation. In order to ensure adherence to the programme, the coaches are monitored and supervised.

Coaching gives teachers and parents the skills they need to teach children to use positive instead of negative behaviours and reward them when those behaviours are used appropriately and consistently. Strategies for implementation include schedules for praising and awarding points, prepared scripts, daily task lists and guidelines for application. Children are taught specific skills and behaviours to use in place of inappropriate behaviours they

have used in the past. More specifically, during the school day, the coach or the teacher gives the child visual cues (in the form of a green or red card) to indicate whether or not the child is focusing sufficiently on the task at hand and using appropriate behaviour. Throughout the day, the child accrues points toward his or her behavioural goal. If the child achieves the daily goals, he or she is allowed to choose an enjoyable activity for the whole class.

Each evening, parents receive feedback about their child's day. Parents are trained and encouraged to reward positive behaviour by spending extra time engaged in an activity with their child, such as playing a game or taking a walk together.

Outcomes

Ratings by teachers and parents and evaluation on the basis of behavioural observation indicate that the First Step programme generally produces positive treatment outcomes.

The aggression subscale of the Achenbach Child Behavior Checklist (completed by regular classroom teachers) and teacher and parent ratings using the Social Skills Rating Scale (Gresham and Elliott) have proved sensitive to the First Step to Success intervention in a randomized control trial.

Teacher ratings of adaptive and maladaptive forms of classroom behaviour (using the Systematic Screening for Behavioral Disorders system (Walker and Severson)) have also proved sensitive to the intervention, positive effects having been reported at pre- and post-intervention evaluation.

Description of materials

A literacy level equivalent to upper elementary to middle-school level is required.

DVDs are used to illustrate programme procedures.

Cost of materials

Each programme kit costs approximately $181. Most of the materials in the kit (i.e. programme manuals) are reusable for all applications. Each kit contains sufficient materials (i.e. point cards, stickers, etc.) for three applications.

Each refill pack of materials costs $35.

Staff

The programme requires 40-50 hours of behavioural coaching over a three-month implementation period. Coaches are usually school psychologists, school counsellors, early interventionists, behavioural specialists or social workers.

A coach must be able to devote sufficient time to working with other coaches and teachers during implementation. A master's degree in a relevant field is desirable.

Training takes one or two days and is conducted in the form of a workshop.

IX. Contact details

Hill M. Walker
Institute on Violence and Destructive Behavior
1265 University of Oregon
Eugene
Oregon 97403
United States of America
Telephone: +1 541 346 3591
Fax: +1 541 346 2594
E-mail: ivdb@darkwing.uoregon.edu
Website: www.uoregon.edu/~ivdb

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Reviews of early intervention programmes effective in addressing antisocial behaviour and risk factors for destructive outcomes in which First Step to Success is a recommended programme:

1. ***Preventing Mental Disorders in School-Age Children: A Review of the Effectiveness of Prevention Programs***. Mark T. Greenberg, PhD, Director, Prevention Research Center for the Promotion of Human Development, College of Health and Human Development, Pennsylvania State University, University Park, Pennsylvania 16802, United States of America. Telephone: +1 814 863 0112; fax: +1 814 865 2530; website: www.psu/edu/dept/prevention.

2. ***Effective Interventions for Children Having Conduct Disorders in the 0 to 8 Age Range***. Carolyn H. Webster-Stratton, PhD, Professor and Director, Parenting Research Clinic; Professor, Family and Child Nursing; Box 354801, 305 University District Bldg., School of Nursing, University of Washington, Seattle, Washington, D.C., United States of America. Telephone: +1 206 543 6010; fax: +1 206 543 6040; e-mail: cws@u.washington.edu.

3. ***Effective Programs and Strategies to Create Safe Schools***. Paul Kingery, PhD, Director, Hamilton Fish National Institute on School and Community Violence – National Office, 2121 K Street, N.W., Suite 200, Washington, D.C. 20037-1830, United States of America. Telephone: +1 202 496 2201; fax: +1 202 496 6244; e-mail: kingery@gwu.edu; website: www.hamfish.org.

4. ***Compilation of Early Violence Prevention Programs and Resources.*** American Psychological Association. Julia M. Silva, PhD, APA Public Interest Directorate, 750 First Street, N.E., Washington, D.C. 20002-4242, United States of America. Telephone: +1 202 336 5817; fax: +1 202 336 5723; e-mail: publicinterest@apa.org; website: www.apa.org/pi.

5. ***Programs and Interventions to Make Schools Safer***. Video Series on Safe Schools, National Education Association, 1201 16th Street, N.W., Washington, D.C. 20036, United States of America. Telephone: +1 202 833 4000.

6. ***Preventing Delinquency Through Early Interventions: Prenatal to Age Ten.*** Ray Mathis, Children's Delinquency Reduction Committee; Executive Director, Citizens Crime Commission, Affiliate of the Portland Metropolitan Chamber of Commerce, 21 N.W. Second Ave., Portland, Oregon 97209-3999, United States of America. Telephone: +1 503 228 9736; fax: +1 503 228 5126; e-mail: ccc@pdxchamber.org.

7. ***School-based Aggression Prevention Programs for Young Children: Current Status and Implications for Violence Prevention***. Stephen Leff et al., *School Psychology Review*, 2001, Vol. 30, No. 3, pp. 344-362.

8. ***Communities That Care Prevention Strategies Guide***. This guide is an integral part of the Communities That Care prevention-planning system developed by Dr. J. David Hawkins and Dr. Richard F. Catalano of the University of Washington. In press. Channing-Bete Co., One Community Place, South Deerfield, Massachusetts 01373-0200, United States of America. Telephone: +1 413 665 7611; fax: +1 413 665 2671; website:www.channing-bete.com.

9. ***Comprehensive Evidence-Based Social-Emotional Curricula for Young Children: An Analysis of Efficacious Adoption Potential***. Gail E. Joseph and Phil S. Strain, Positive Early Learning Experiences Center, University of Colorado at Denver.

10. ***Model Programs Guide***. Office of Juvenile Justice and Delinquency Prevention (OJJDP). Available from www2.dsgonline.com/mpg

Guiding Good Choices

X.

Guiding Good Choices, formerly known as Preparing for the Drug-Free Years, is a drug abuse prevention programme that provides parents of children aged 9-14 with the knowledge and skills they need to guide their children through early adolescence. It seeks to strengthen and clarify family expectations regarding behaviour, enhance the conditions that promote bonding within the family and teach skills that enable children to resist drug abuse. Guiding Good Choices is based on research that shows that consistent, positive parental involvement is important in helping children to resist substance abuse and antisocial behaviour. Sessions are interactive and skills-based and provide parents with opportunities to practice new skills and receive feedback using videotaped vignettes to demonstrate parenting skills.

Level of evidence

2 independent randomized control trials

1 quasi-experimental study

2 studies based on pre-and post-intervention evaluation

Risk level

Universal

Age of children

9-14 years

X. Target group

Parents and their children

Sessions (number, length and interval)

5 two-hour sessions once a week

Languages

English, Spanish

Countries

United States

Description of content

The Guiding Good Choices curriculum consists of 5 two-hour sessions or 10 one-hour sessions usually held over five consecutive weeks. Session topics include:

- How to prevent substance abuse in the family
- Setting clear family expectations regarding drugs and alcohol
- Avoiding trouble
- Managing family conflict
- Strengthening family bonds.

Sessions are interactive and skills-based and provide parents with opportunities to practice new skills and receive feedback from workshop leaders and other parents. Videotaped vignettes are used to demonstrate parenting skills in a variety of family situations. Families also receive a family guide containing family activities, discussion topics, skill-building exercises and information on positive parenting.

Outcomes

- Observed and self-reported positive effects on parenting and positive parent-child interaction outcomes (Kosterman and others, 2001; Redmond and others, 1999; Spoth and others, 1998)
- Long-term decreases in several forms of drug abuse (Mason and others, 2003; Park and others, 2000; Spoth, Reyes and others, 1999; Spoth and others, 2001), including alcohol and polysubstance abuse (Mason and others, 2003)
- Of particular note are the sustained effects of Guiding Good Choices on substance abuse outcomes. Mason et al. found a significantly lower prevalence of alcohol dependence at age 21 among females that had participated in the Guiding Good Choices programme.

Description of materials

A preview of the programme materials is available at www.channing-bete.com/prevention-programs/guiding-good-choices/preview-intro-ggc.php.

A DVD player or VCR is required.

Cost of materials

The core programme kit, which includes a set of materials for two workshop leaders, costs $799.

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Family guides (one per parent or couple) cost $13.39 each. Discounts are available for quantities of 10 or more.

Staff

Two staff are needed to implement the programme.

Workshop leaders should be teachers, parent educators or others who are comfortable leading workshops for adults.

An optional three-day training course is recommended to ensure adherence to the programme.

An on-site training event costs $4,200 plus the cost of workshop leader materials and travel expenses.

Contact details

For information on studies:

Kevin Haggerty
Assistant Director, Social Development Research Group
9725 3rd Ave NE, Suite 401
Seattle
Washington 98115
United States of America
E-mail: haggerty@u.washington.edu
Telephone: +1 206 543 3188
Fax: +1 206 543 4507
Website: www.sdrg.org

For information on materials and implementation:

Channing Bete Company
1, Community Place
South Deerfield
Massachusetts 01373
United States of America
E-mail: custsvcs@channing-bete.com
Telephone: +1 877 896 8532
Fax: +1 800 499 6464
Website: www.channing-bete.com/ggc

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Parenting Wisely

XI.

Parenting Wisely is a self-administered online programme that teaches parents and their children important skills for enhancing relationships and decreasing conflict through behaviour management and support. The programme is designed to enhance child adjustment and has the potential to reduce juvenile delinquency and substance abuse. In addition, it seeks to improve problem-solving, parent-school communication and children's school attendance and grades while improving discipline.

Level of evidence

1 independent randomized control trial

4 randomized control trials

Level of risk

Selective, indicated

Age of children

6-18 years

XI. Target group

The programme is designed for low-income, at-risk families who have children with mild to serious behaviour problems.

Sessions (number, length and interval)

1-3 sessions, each lasting 2-2.5 hours

Languages

English, Spanish, French

Countries

Australia, Canada, France, Ireland, United Kingdom and United States

Description of content

The programme uses an interactive CD-ROM that shows video scenes of common family problems. The programme instructs parents in effective parenting skills through the use of demonstration, quizzing, repetition, rehearsal, recognition and feedback on correct and incorrect answers. For instance, for each problem, the parent chooses one of several solutions, only one of which is an effective and adaptive method of dealing with that problem. The parent then sees the chosen solution acted out in the video and receives feedback through an on-screen question-and-answer format that explains any problems associated with the selected solution and why the common mistakes in parenting highlighted in the incorrect solutions lead to difficulties. If the correct solution is chosen, the parent receives feedback on the specific skills used in the situation depicted that make the solution effective. Lastly, the feedback is followed by several review questions that further reinforce the skills learned. After completing the review questions, the parent moves to the next problem. The video programme covers communication skills, problem-solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervision of children who spend time in the company of peers who are a bad influence, stepfamily problems, single-parent issues and violence. The programme is administered in one to three sessions, each lasting 2-2.5 hours, depending on the time spent by users in discussion. Parents using the programme receive a workbook for future reference that outlines all problems and solutions included in the programme.

Outcomes

Parenting Wisely students have been found to score significantly higher on measures of parenting knowledge, belief in the effectiveness of adaptive parenting practices and the application of adaptive parenting skills to hypothetical problem situations than members of a control group at two months following completion of the programme.

Parent outcomes

- Improved problem-solving
- Setting of clear expectations
- Increased knowledge and use of good parenting skills
- Reduced spousal violence and reduced parental violence towards children
- Increased parental self-efficacy and parenting satisfaction (large effect).

XI. Child outcomes

A clinically significant improvement in behaviour was observed in children for 20 to 55 per cent of the time spent by their parents using the programme.

Rates of programme completion by parents ranged from 83 to 95 per cent.

Description of materials

All CD-ROM content is narrated, so there is no literacy requirement. Printed materials are written at grade 5 level.

A personal computer, CD-ROM player and a high-speed Internet connection are required.

Cost of materials

- Parenting Wisely CD-ROM programme kit (includes interactive CD-ROM, motivational video, service provider's guide with group curriculum, poster, parent brochures and completion certificates, referral cards, floppy disk or online evaluation tools, five parent workbooks as a starter set): $659
- Parenting Wisely CD-ROM programme kit bundle (includes both English and Spanish language versions plus 30 Spanish workbooks): $999
- Parenting Wisely three-volume video series: $299
- Parenting Wisely CD-ROM kit plus video series: $898
- Parent workbooks (each, per order of 19 copies, ranging up to order of 200 copies): $6.75-$9 each, depending on quantity ordered
- Brochure, pack of 100: $25
- Completion certificates, pack of 25: $10
- Referral cards, per pack of 50 (bulk discounts available): $10
- Online subscriptions: $15-$30 each, depending on quantity ordered

Staff

No staff are needed, except when the programme is delivered in a group setting, in which case one group leader is needed. Group leaders must have good interpersonal skills and experience working with parents and children and must be thoroughly acquainted with the group curriculum provided.

A one-day training workshop is recommended but participation is not required. A three-day workshop on presenting the programme is recommended.

Contact details

Donald A. Gordon, PhD.
Family Works, Inc.
1005 E. State St., Ste. G
Athens
Ohio 45701–3751
United State of America
Telephone: +1 866 234 9473
Fax: +1 541 482 2829
E-mail: familyworks@familyworksinc.com
Website: www.familyworksinc.com, www.parentingwisely.com

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Families and Schools Together

XII.

Families and Schools Together is an after-school multi-family group programme offered for eight weeks to all children within the same grade and their families. The multisystemic intervention brings together family, home, school and community to increase child well-being by strengthening relationships and factors that protect against stress. While the programme may be implemented in communities with high levels of drug abuse, it should not target individual children.

Under the programme, the whole family comes to the school building after school hours to take part in family activities and share a family meal. Up to 80 families are divided into multi-family groups of 10 families each (or "hubs"); each group is then assigned a classroom. The groups are led by trained teams of local parents, older children at the school, school staff and professionals specializing in mental health or treatment for drug abuse. Most activities are carried out by hubs of 8-10 families. The head teacher and other teachers encourage all families to participate at least once. The programme provides families whose children are new to the school with the opportunity to meet the families of their children's classmates and to provide extra support to their children.

The programme goals are to:

(1) Strengthen the family and the parent-child bond;
(2) Increase the child's success at school;
(3) Reduce drug and alcohol abuse in the family;
(4) Reduce family stress and social isolation.

Level of evidence

1 independent randomized control trial

3 randomized control trials

3 randomized control trials completed with programme developer as co-principal investigator

Risk level

Universal

Age of children

6-13 years

Although the focal child is allowed "one-to-one" time with his or her parent, the entire family participates in the programme. If the focal child is over 11 years old, he or she is placed under the charge of a planning and implementation team comprising older children (aged 14-16) and parents. Programme benefits include youth leadership development.

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Over the eight-week group programme, trained teams work with families to increase children's respect for their parents as the authority in the family, strengthen parent-child attachment and family closeness, reduce conflict in the family, build parent friendship networks linking families of children of the same age at the same school and increase parent involvement in schools and parent leadership in communities.

Such activities to enhance the social environment strengthen the child's resilience and reduce the temptation to use drugs and alcohol. They also increase social capital in disadvantaged communities and empower small groups of families. Families and Schools Together promotes social justice by engaging socially marginalized, low-income families and helping to address inequality through experiential education, adult education, community organizing and "shared governance", whereby programme participants and parents who have completed the programme work alongside professionals.

The programme is based on the following research findings and theories:

(1) Family systems theory, which proposes that a child can be helped if family cohesion is strengthened, parents are supported and conflict is avoided;
(2) Family stress theory, which suggests that social support for parents and a positive attitude can help families to survive social and economic crises;
(3) Risk and protective factor theory, which proposes that even one strong protective factor, such as the support of a caring adult, can override multiple risk factors for a child;
(4) Attachment theory, the basic tenet of which is that the early years of the parent-child bond are critical in ensuring that the child develops into a psychologically balanced adult;
(5) Social learning theory, according to which the practice of discrete positive parenting behaviours can have a positive effect on a child's mental health;
(6) Social ecological theory, which suggests that interventions should encompass parent-child, family, school and community domains;
(7) New brain research indicates that early reduction in cortisol levels and early exposure to dopamine and serotonin reduce susceptibility to drug addiction later in life;
(8) Group dynamics theory, which suggests that belonging to a small group can reduce stress and isolation;
(9) Adult education strategies based on experiential learning and small group processes can empower socially marginalized populations;
(10) Community organizing requires outreach, the building of relationships, attention to local needs and encouragement of local leadership to sustain and maintain the benefits of brief group interventions over time.

Pre- and post-intervention evaluation by parents and teachers is required for every new Families and Schools Together programme. Evaluations are carried out using established instruments for assessing child mental health, published norms for normal and deviant scores (Goodman's Strengths and Difficulties Questionnaire) to determine the impact of the programme on each specific community and measures of social capital. Parents who have completed the programme are asked in focus groups about their views regarding its effectiveness. Practitioner feedback is also sought and used for programme

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improvement. This "active research" approach enhances multi-family group processes and increases the chances of successful cultural adaptation.

Target group

Schools in at-risk settings; the programme does not target individual children. Families and Schools Together was originally designed for teachers who had identified children with behaviour problems, and was tested in schools in high-risk communities. It is now offered to all students within the same grade, particularly those who have recently changed schools, and their parents, guardians or relatives.

The programme has had high participant retention rates among political refugees; indigenous groups living in rural areas in Australia, Canada and the United States; low-income immigrant, African American and Afro-Caribbean families living in urban areas; low-income white families; working- and middle-class families; Muslims, Catholics, Buddhists and Protestants; families whose first language is not English; and German, Philippine, Turkish and Russian families.

Sessions (number, length and interval)

Eight weekly family sessions of 2.5 hours;
Monthly booster sessions of 2.5-4 hours led by parents who have completed the programme (who also engage in outreach by visiting families and recruiting them for participation in the programme).

Languages

English, French, German, Russian and Spanish
Evaluations have also been translated into Hmong and Vietnamese.

Countries

Over 2,000 schools in Australia, Austria, Canada, Germany, the Netherlands (Holland), the Philippines, the Russian Federation, the United Kingdom (England) and the United States (all 50 States)

Description of content

The eight weekly meetings include a family meal and family communication games, which the parents are encouraged to lead at their own family table. Instructions are given only to the parents, who explain the rules to their children. Games require the children to talk, describe drawings, describe and act out feelings, take turns and refrain from interrupting or criticizing. Children are taught to respect their parents and follow their commands within a safe and positive setting; parents are taught to listen to their children and play with them responsively. Team members coach parents each week as the parents implement positive parenting practices. The parents then have time to talk with other parents while the children play under supervision. In addition, the parent and focal child have weekly one-to-one responsive playtime, during which the parent is coached by the team. Responsive play strengthens parent-child attachment and is a best practice featured in many evidence-based models. Following completion of the eight-week programme, monthly multi-family group meetings, with the support of school staff, are led by groups of parents who have completed the programme. Those parents are responsible for deciding on the agenda of each meeting and for maintaining relationships.

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Certified trainers encourage programme teams to help adapt the programme to the local culture. However, while 60 per cent of the programme is adaptable, the remaining 40 per cent — the core of the programme — is not. The integrity of the programme core is monitored through direct observation and feedback on three of the eight weekly sessions.

Specific activities include:

Flag

Each family creates a family flag to set on their family table for the eight weeks of the programme. Parents are supported in leading the process of creating the flag, while each of the other family members contributes.

The aims of this activity are to establish the boundaries of the family unit, support parental hierarchy, have fun while building family cohesion and build conflict resolution skills through turn-taking.

Greetings and music

Parents are asked to introduce their family by name; everyone waves and greets other family units. Parents ask children to suggest songs to teach to the group; all sing. Songs and greetings are opening rituals.

The aims of this activity are the same as those of the flag design activity, except with the addition of building relationships with other families in the same life situation living in the same neighbourhood.

Meal

Families eat together at a family table. Parents ask a child to serve the meal; staff facilitate the activity.

A lottery is held each week and the winning family hosts the following week's meal, using the money from the lottery to buy food, planning the menu and preparing a meal for 10 families.

The aims of the meal activity are the same as those of the greetings and music activity.

Scribbles

Parents organize a drawing and talking game at the family table first asking a child to get paper and pencils then giving instructions to family members and directing conversational turns regarding the drawing, thoughts and ideas, with the support of staff. Families learn to listen to one another and exchange ideas.

The aims of this activity are the same as those above.

Feelings charades

Parents direct a family game at the family table, asking each family member to select a "feeling" card then organizing turn-taking at play-acting, guessing and talking about a range of seven feelings. By the fourth week, parents are encouraged to adapt the game to family style.

Again, the aims of this activity are the same as above.

Kid's play

A team leads locally created, developmentally appropriate activities for separate small groups of children. Selected curricula include plays, character-building and positive peer group experiences.

The aims of this activity are to clarify the boundaries of the child subsystems, support the peer group development of children and siblings attending the same school, have fun and actively build friendships and team trust.

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Parent talk

Parents spend 15 minutes in pairs for intimate support, followed by 45 minutes in a mutual aid parent group, sharing their successes, listening to one another and sharing advice so as to help each other to help their children succeed in school. Marriages become stronger, friendships emerge with trust and reciprocity and social capital is built in the school setting.

The aims of "parent talk" are to clarify the boundaries of the adult and marital subsystems, support the executive subsystem and parental hierarchy and build interdependent relationships with other local families at the same stage in life in the same neighbourhood for informal social support.

Parent-child special play

One parent sits with one child for 15 minutes, giving full attention to child-initiated play without judging, directing or teaching the child. A team observes microsequences of interaction and coaches the parent. Non-directive materials are provided, parents are praised and interruptions are avoided. Parents and children build mutual trust and strengthen bonds and children become enthusiastic.

The aim of this activity is to clarify the boundaries of the parent-child dyadic subsystem within the family unit. The parent gives attention rather than exercising power and supports the child's self-esteem and feelings of self-efficacy through nurturance, thus building an intimate bond with the child. The activity should be carried out by all parents.

Lottery

Parents are asked to tell their children to trust them, convincing the children that their family will win the lottery one week. Parents do not tell the children that the lottery is fixed (every family wins once over the course of the eight weeks). When they do win, the child's respect for the parent is increased. The winning family is then applauded and each family member receives a prize. The winning family plans and cooks the next week's meal.

The aim of the lottery is to establish the boundaries of the family unit, support parental hierarchy, have fun, build family cohesion, develop conflict resolution skills — i.e. impulse control through turn-taking of families over time — and to build relationships of trust with other families in the same life situation in the same neighbourhood.

Closing circle

All gather into a large circle for announcements, singing on birthdays, etc. As a closing ritual, nonverbal movements are passed around the circle; the group makes sounds of rain then uses movements to represent an emerging sun.

The aims of the closing circle are to talk and listen in a large group setting, acknowledge contributions, applaud accomplishments, include all members as equally important and establish rituals.

Daily homework for parent(s): special play

Parents are expected to engage in "special play" every day at home as homework, for which they are provided with a chart and stickers. This activity helps parents to apply newly learned parenting behaviours in the home environment.

Discussion of substance abuse (week 5)

A team presentation is made to the group at large, after which parents lead a discussion with their children at the family table on drug abuse and addiction. This is the only session during which families are allowed to talk about drugs. Family

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relationships are sufficiently strong and stress levels sufficiently reduced by week 5 to introduce the difficult topic of drug abuse, addiction and prevention. Parents who have been using drugs often seek treatment during the same week.

"Graduation" (final session)

Parents are supported in planning the graduation event and may invite guests. The school principal (or a member of the programme staff) presents families with framed certificates of completion. Graduation hats and music add to the celebration, which is in the style of a high school graduation event. Parents are praised on their parenting skills.

FASTWORKS (for the two years following programme completion)

Monthly meetings for two years for which parents who have completed the programme decide on the agenda, receive a small budget and receive support from the school. Parents choose goals, further training or outings. FASTWORKS helps to develop parent leadership.

Communities develop following the eight-week programme on the basis of the relationships that have been built and can now be maintained and strengthened. Stress and social isolation are reduced and community members are more likely to seek assistance.

Outcomes

Pre- and post-intervention evaluation of over 2,000 Families and Schools Together programmes in rural and urban schools in eight countries have revealed the following outcomes:

Family outcomes

- High retention rates (72-95 per cent) among socially marginalized, low-income, immigrant, inner-city and single-parent families, minority groups, families of political refugees, mobile groups, families of children with behaviour problems and Native Americans living in rural areas. Only 20 per cent of participants drop out of the programme.
- Increased adaptability and closeness; reduced conflict, stress and social isolation
- Similar impact across low-income and minority- and majority-group families in Australia (including Melbourne and Perth and Aboriginal families in the Northern Territory and Western Australia), Austria, Canada, Germany, the Netherlands (Holland), the Russian Federation, the United Kingdom (England) and 48 States in the United States.

Parent outcomes

- Increased parent involvement in schools and increased social capital; parents of classmates get to know each other better
- At two-year follow-up, 86-90 per cent of parents who have completed the programme report that they still see friends they met during the eight weekly sessions

Child outcomes

- Positive child mental health outcomes and increased social skills; improved academic and school behaviour; reduced aggression and anxiety
- Parents reported small to medium decrease in children's externalizing behaviours as listed on the Child Behaviour Checklist

- Teachers reported a large decrease in children's externalizing behaviours as listed on the Child Behaviour Checklist and small to medium improvements in academic performance
- A comparison of a universal Families and Schools Together group with a group that received parenting pamphlets by mail once a week for eight weeks found a significant positive impact on the academic behaviour of children in the Families and Schools Together group as reported by teachers after two years, but no significant decrease in those children's externalizing behaviours as listed on the Child Behaviour Checklist, except among the Latino subgroup (130 members)
- The same study also found that Families and Schools Together reduced aggressive and delinquent behaviours after eight weeks and that both that result and academic outcomes were maintained after two years (according to teacher ratings using the Social Skills Rating System and the Child Behaviour Checklist), but only among the Latino subgroup
- Another study showed that, at one-year follow-up, parents who had completed a Families and Schools Together programme were significantly more likely to engage in community volunteering and community leadership.

Description of materials

No materials required, as learning is experiential. No literacy requirements.

Programme team members require the following team training materials: team manuals; training DVDs; handouts; videos. Training materials for teams require a literacy level equivalent to grade 8. Materials for certified programme trainers are suitable for college-educated persons with knowledge of family systems and related research.

Cost of materials

The cost of materials for a multi-family group comprising eight hubs of 10 families each includes meals and crockery, play and drawing materials, lottery materials and prizes and craft materials. The cost for 80 families is approximately $60 per family, or $5,000 in total.

The cost of training a team and supervising and evaluating implementation is $15,000.

The initial site-based programme team should ideally consist of 32 members, all of whom receive training and training and evaluation materials. A certified trainer comes to the implementation site five times over a four-month period. There are typically eight teams for each site, each corresponding to a hub and comprising 16 professionals and 16 parents. The cost of training for professionals is $800 each for three days of team training and three days of face-to-face supervision during programme implementation. Each team can serve up to 80 families.

Training of trainers is conducted in the form of a five-day compulsory seminar (following completion of team training) and costs $2,500. Those who have completed the seminar become trainer interns. A programme supervisor is assigned to each trainer intern to guide him or her through programme implementation. The trainer intern becomes a certified trainer on completion of the programme during which he or she has been supervised.

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The total cost of team training is $3,900-$5,000 (plus travel). The cost of retraining per team is $2,900.

Staff

Each hub team works with 10 families and must include a minimum of four facilitators; 25-75 per cent of team members must be local parents working in partnership with a drug abuse treatment or mental health professional, a community organizer and a school representative. Eight hub teams can serve up to 80 families at one school. Over time, the proportion of parent "graduates" of the programme in teams increases to 75 per cent (50 per cent of the members of teams in charge of families of children over 11 years of age are older children).

There are no minimum educational qualifications for team members. However, programme integrity standards (which are non-negotiable) include the requirement that teams of local parents, young persons and professionals represent the culture of the families at the local school, inter alia, in terms of language, religion, immigrant status, ethnicity and income level. Team members must be familiar with local issues of importance to the families and are encouraged to adapt group activities to the local culture. The use of experiential learning has enabled parents with no college education to learn to lead multi-family groups in partnership with professionals. Teams are required to include parents, young persons and professionals from community agencies and the school.

The required two days of team training are followed by supervised implementation. Implementation of the eight weekly multi-family group sessions is required for training to be completed, as the team learns through doing. A certified trainer attends three of the eight sessions to observe and supervise the groups directly and give feedback on the programme integrity checklist. After graduation and a final day of training reviews, the trainer interviews programme graduates and provides training for the monthly booster sessions. A certified trainer visits the implementation site five times over a four-month period, providing training, supervision, technical assistance, programme integrity checklists, manuals, CDs and pre- and post-intervention evaluation questionnaires. Training of trainers with supervision is offered to communities in order to promote local sustainability over time.

Parent leaders attend booster sessions over two years, after which they work to improve their local community.

Contact details

Lynn McDonald, PhD (Programme Developer)
Professor of Social Work
Department of Mental Health and Social Work
University of Middlesex
Archway
London
United Kingdom
E-mail: L.mcdonald@mdx.ac.uk or lynn.mcdonald@gmail.com
Telephone: +44 7910771086
Website: www.familiesandschools.org

Ms. Pat Davenport
Chief Executive Officer
Families and Schools Together Inc.
Madison
Wisconsin
United States of America
E-mail: pdavenport@familiesandschools.org
Telephone: +1 608 213 9557
Website: www.familiesandschools.org

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Staying Connected with Your Teen

XIII.

Staying Connected with Your Teen (formerly Parents Who Care) is an educational skill-building programme created for families with children between the ages of 12 and 17 years. The objective of the programme is, within family settings, to reduce risk factors and strengthen protective factors known to influence the likelihood of the child's abusing alcohol or other drugs, becoming delinquent or violent or displaying other problem behaviour later in life. The programme focuses on strengthening family bonds and establishing clear standards of behaviour, helping parents to manage their teenage child's behaviour more appropriately and, at the same time, to encourage the child's independence. In this way, the programme seeks to address specific risk factors in the family and peer domains, including drug abuse by a parent or sibling, parental tolerance of drug abuse, poor and inconsistent family management practices, family conflict, lack of family communication, involvement and bonding and association with delinquent and drug-abusing peers.

Level of evidence

1 independent randomized control trial

1 randomized control trial

Risk level

Universal

Age of children

12-17 years

XIII. Target group

Parents and their children

Sessions (number, length and interval)

7 two-hour sessions for parents and children

Languages

English

Countries

United States

Description of content

The programme is led by a facilitator and implemented over 7 two-hour sessions held once a week. The programme is very flexible and can be implemented by schools, health-care organizations, civic organizations, social service organizations and faith institutions. Parents and their teenage children attend sessions together and are given a family workbook consisting of seven chapters and corresponding video segments. The video follows four ethnically diverse families as they struggle with the issues and emotions that confront many parents. The programme is structured around three major topics: the importance of risk and protective factors, the power of communication and family management.

The programme has also been tested and found effective as a self-administered programme with weekly follow-up by telephone over a 10-week period.

Outcomes

Parent outcomes

In a waiting list control trial, results for parent participants indicated that the group in treatment showed a statistically significant improvement in three areas: family discipline, family non-tolerance of antisocial behaviour and level of family bonding. In addition, risk factors such as poor family supervision and low parental commitment to school were shown to have diminished in the treatment group following the trial. Overall, the evaluation indicated that the programme had the potential to influence risk and protective factors in families (Pollard et al., 1998).

Child outcomes

An independent randomized control trial tested the programme in two formats: a self-administered intervention and an intervention administered to parents and adolescents in weekly group sessions. Both formats had a small to moderate effect in discouraging favourable attitudes towards drug abuse among young persons. Young African Americans who participated in the self-administered intervention reported a moderate decrease in violent behaviour compared with control-group counterparts. No effects were found on drug abuse or delinquency among those who participated in the interventions.

Lastly, a combined outcome measure of initiation of alcohol, tobacco or drug use and/or sexual activity found African American teenagers who participated in both the administered

and the self-administered intervention significantly less likely to initiate substance abuse and/or become sexually active than those in the control group (70 per cent less likely in the case of teenagers participating in the self-administered intervention and 75 per cent less likely in the case of teenagers participating in the administered intervention).

Description of materials

An Internet preview of materials is available free of charge at www.channing-bete.com/prevention-programs/staying-connected-w-your-teen/preview-intro-sct.php.

The family workbook is suitable for persons with a reading ability equivalent to grade 8.

A DVD player or VCR is required.

Cost of materials

The programme kit (includes two sets of workshop leader materials and materials for 10 programme participants): $1,338 (bulk discounts available).

Additional materials for programme participants: $55 per set (bulk discounts available).

Staff

Two staff per workshop session are required.

Staff are required to have experience in working with families. Familiarity with substance abuse issues is also important.

Family sessions are led by two workshop leaders with prior experience in conducting workshops for parents or teenagers. The workshop leaders undergo 20 hours of training by the principal investigator and intervention coordinator in the specific content of the programme and in the implementation of standardized intervention protocols. Group sessions are led by two workshop leaders, typically one European American and one African American.

Contact details

For information on studies:

Kevin Haggerty
Assistant Director, Social Development Research Group
9725 3rd Ave NE, Suite 401
Seattle
Washington 98115
United States of America
E-mail: haggerty@u.washington.edu
Telephone: +1 206 543 3188
Fax: +1 206 543 4507
Website: www.sdrg.org

For information on materials and implementation:

Channing Bete Company
1, Community Place
South Deerfield
Massachusetts 01373
United States of America
E-mail: custsvcs@channing-bete.com
Telephone: +1 877 896 8532
Fax: +1 800 499 6464
Website: www.channing-bete.com/sct

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Helping the Noncompliant Child

XIV.

Helping the Noncompliant Child is a parenting skills programme aimed at teaching parents how to achieve compliance in their child so as to reduce conduct problems and prevent subsequent juvenile delinquency and other problem behaviours. The programme, designed for parents and their children aged 3-8 years, is based on the theoretical assumption that non-compliance in children is a key factor contributing to the development of conduct problems and that faulty parent-child interactions also play a significant part in the development and continuation of those problems.

Parents attend sessions with their children and trainers teach the parents the skills they need to increase compliance in their children. The intervention generally takes place in a therapeutic playroom and parents learn skills through instructions, models, role play and practice with their child.

Level of evidence

1 independent randomized control trial

1 randomized control trial

16 quasi-experimental studies

12 pre- and post-intervention evaluations

Risk level

Selective, indicated

Age of children

3-8 years

XIV. Target group

Parents of children who are non-compliant or have other conduct problems

Sessions (number, length and interval)

5-14 sessions (the average number of sessions is 8-10), each lasting 60-90 minutes. Sessions are attended once or twice a week.

Languages

English (adapted parent handouts are available in Spanish)

Countries

Canada, United Kingdom and United States

Description of content

Sessions are typically conducted with individual families rather than in groups (although the programme has been adapted for use in groups). Parents (both mothers and fathers whenever possible) and children participate in weekly sessions of 60-90 minutes. The programme focuses on a series of parenting skills: increasing positive attention in response to appropriate child behaviour; ignoring minor inappropriate behaviours; providing clear instructions to the child; and responding appropriately to compliance (positive attention) and non-compliance ("time out"). Skills are taught using extensive demonstration, role plays and direct practice with the child at the training location and at home. The parent must demonstrate proficiency in one skill before moving on to the next.

The programme consists of two phases. During the "differential attention" phase, parents learn to increase the frequency and range of types of attention given to the child and to reduce the frequency of competing verbal behaviour. A major goal is to break out of the coercive cycle by establishing a positive, mutually reinforcing relationship between parent and child.

During the "compliance training" phase, parents are taught to use the so-called "clear instructions sequence" whereby they provide direct, concise instructions to the child, allow the child sufficient time to comply, and respond appropriately to compliance (i.e. positive attention) or non-compliance (i.e. "time out"). Parents also learn how to implement the parenting skills in situations outside the home (e.g. riding in the car, shopping, visiting others).

Outcomes

Studies over the past 30 years indicate the following outcomes:

Child outcomes

- Long-term (2 months to 3.5 years) positive changes in child behaviour; behaviour comparable to non-referred peers after 11 years (during adolescence) and after 16 years (during young adulthood)
- Observed change also in behaviours not specifically targeted by the intervention
- Programme may be associated with positive change in child's behaviour at school

XIV.

- Programme works equally well with children across the age range of 3-8 years.

Parent outcomes

- Changes in observed parent and child behaviour in the clinic and the home
- Change in parent attitude towards child
- Observed change in parent behaviour towards siblings of target child and in sibling behaviour
- High levels of parent satisfaction
- Decrease in symptoms of depression in mothers
- Greater effectiveness in changing child and parent behaviour than family systems therapy.

General outcomes

- Programme works equally well with disadvantaged groups.

Description of materials

Trainer's manual and trainer's videotape.
A supplemental book for parents is available.
The use of a one-way radio device can be a useful supplement in training sessions but is not necessary.

Cost of materials

Trainer's manual: $29 (paperback) (bulk discounts available; please contact publisher).

McMahon, Robert J., and Rex Forehand, *Helping the Noncompliant Child: Family-Based Treatment for Oppositional Behavior*, 2nd ed. New York: Guilford Press, 2003.

Training videotape: $29.95 (available from R. Forehand).

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Supplemental book for parents: $14.95

Forehand, Rex, and Nicholas Long. *Parenting the Strong-Willed Child: The Clinically Proven Five-Week Program for Parents of Two-to-Six-Year-Olds*, revised and updated ed. New York: McGraw-Hill, 2002.

Parent class curriculum: free of charge.

Long, Nicholas, and Rex Forehand. *Parenting the Strong-Willed Child: Leader's guide for the six-week parenting class*. Class curriculum, 2000. (Contact Nicholas Long, Department of Pediatrics, UAMS/ACH, 800 Marshall St., Little Rock, Arizona 72202, United States of America).

Staff

One trainer per family is required. If resources permit, the participation of a co-trainer can increase the trainer's flexibility in demonstrating various skills to the parent and can serve as a useful in vivo training experience for new trainers.

The trainer should have a background in psychology or education and should be familiar with social learning principles and their application to child behaviour. Ideally, the trainer should have experience working with young children (3-8 years old) with conduct problems and their parents.

XIV. A minimum of two days' training is necessary. In addition, trainees are required to read and study the trainer's manual prior to the training.

Contact details

Robert J. McMahon, PhD
Department of Psychology
P.O. Box 351525
University of Washington
Seattle
Washington 98195–1525
United States of America
Telephone: +1 206 543 5136
Fax: +1 206 685 3157
E-mail: mcmahon@u.washington.edu

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Positive Action

XV.

The Positive Action programme is primarily a school-based curriculum; however, a self-administered version is available in the form of a family kit comprising seven lessons to be followed at home. The family component of the programme has not been evaluated.

Positive Action empowers families to make positive choices throughout their lives. Together, families learn basic physical, intellectual, social and emotional positive actions and become naturally motivated to implement those actions. The Family Kit includes a scripted and interactive manual covering 42 lessons and containing all the materials needed for six family members. The Family Classes Instructor's Kit provides seven scripted lessons and prepared materials for introducing the Positive Action concepts to separate school classes, adolescents, parents and the family. Families take assignments from the Family Kit after each class and go through the lessons together at home before attending the next class. The Parenting Classes Instructor's Kit follows the same model, but only parents attend classes to learn the concepts before teaching the Family Kit at home. Families can also get involved in the Positive Action school curriculum and the programme's climate development and community components.

Level of evidence

1 independent randomized control trial

1 randomized control trial

Risk level

Universal, selective, indicated, early intervention, treatment

Age of children

0-18 years

XV. Target group

Families

Sessions (number, length and interval)

7 two-hour sessions for parents; the same for children and families

Languages

English, Spanish

Countries and territories

Bahamas, Canada, Commonwealth of the Northern Mariana Islands, Germany, Guam, Japan, Puerto Rico, Russian Federation, United States and United States Virgin Islands

Description of content

Session 1

Concept of self; philosophy and "thoughts-actions-feelings" circle

Concepts covered:

Philosophy: Positive thoughts and actions make people feel good about themselves, and there is always a positive way to do everything.

Concept of self: How you think and feel about yourself.

"Thoughts-actions-feelings" circle: Thoughts lead to actions, actions lead to feelings about yourself, and feelings lead to more thoughts.

Success and happiness: Feeling good about who you are, what you do and how you treat others.

Session 2

Positive actions for body and mind (physical and intellectual)

Concepts covered:

Eating nutritiously, getting enough exercise, getting enough sleep and rest, practising personal hygiene, keeping home and vehicle clean and safe, being curious, learning new things, creating, making decisions and solving problems.

Session 3

Social and emotional positive actions for managing yourself (being responsible for your resources)

Concepts covered:

Managing time, energy, talents, possessions, money, thoughts, actions and feelings.

Session 4

Social and emotional positive actions: treating others the way you like to be treated (getting along with others)

Concepts covered:

Love, empathy, respect, cooperation, kindness, fairness, positive communication and conflict resolution.

XV.

Session 5
Social and emotional positive actions for telling yourself the truth (being honest with yourself and others by taking responsibility for your actions)

Concepts covered:

Recognizing our strengths and weaknesses, doing what we say we'll do, admitting our mistakes and refusing to blame others, refusing to rationalize, acknowledging the truth and lightening up.

Session 6
Social and emotional positive actions for improving yourself continually (reaching goals)

Concepts covered:

Pursuing our dreams and ideals, improving ourselves continually, setting and achieving goals, believing in our potential, having the courage to try, turning our problems into opportunities and being persistent.

Session 7
Review

Positive Action addresses both risk and protective factors.

Protective factors addressed:

Social domains (family, school, peer group, neighbourhood)

- Bonding
- Healthy beliefs and clear standards
- Prosocial opportunities
- Reinforcement for prosocial involvement

Risk factors addressed:

Family:

- Family conflict
- Family history of problem behaviour
- Family management problems
- Tolerance or approval of problem behaviour
- Parental tolerance or approval of problem behaviour

Outcomes

- Significant decrease in family conflict (9 per cent)
- Improved family cohesion (7 per cent improvement)
- Improved parent-child bonding (10 per cent improvement)

Description of materials

Materials require a literacy level equivalent to grade 6.

Cost of materials

Family classes

Instructor's kit (with materials for 10 families): $1,450
Family materials for an additional 10 families: $990
Family materials for one family: $120

Parenting classes

Instructor's kit (with materials for 10 families): $980
Parenting materials for an additional 10 families: $800
Parenting materials for one family: $95

XV. Staff

Four instructors are required to run the programme.
No previous qualifications required.

Instructors receive four hours of training, which comprises an overview of the programme, including research; a review of instructor's materials, including time to practice lessons; and a discussion of the importance of confidentiality and problem-solving methods.

The cost of a four-hour staff training workshop is approximately $40 ($10 per hour) plus lunch.

The cost of staff supervision is approximately $25 per hour. Eight hours' supervision per week is required.

Contact details

Carol Gerber Allred, PhD
President/Program Developer
264 4th Ave S, Twin Falls
Idaho 83301
United States of America
E-mail: carol@positiveaction.net
Telephone: +1 800 345 2974
Fax: +1 208 733 1590
Website: www.positiveaction.net
Keri Metzger
Administrative Assistant
E-mail: keri@positiveaction.net
Address, telephone and fax as above

Reference

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Family Matters

XVI.

Family Matters is a family-directed programme that seeks to reduce tobacco and alcohol use among 12- to 14-year-olds. The intervention is delivered through four booklets that are mailed to the home and through follow-up telephone calls by health educators. The booklets contain lessons and activities designed to motivate families to participate in the home-based family skills training programme and encourage families to consider factors related to substance use among adolescents. 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.

Level of evidence

1 randomized control trial

2 independent randomized control trials (forthcoming)

Risk level

Universal

Age of children

12-14 years

XVI. Target group

Families in the universal group with a child or children aged 12-14 years.

Sessions (number, length and interval)

One or more follow-up calls after each booklet is received (there are four booklets).

Languages

English, Spanish

Countries

United States

Description of content

Four booklets are mailed successively to parents, together with token Family Matters participation incentives (an imprinted pencil, button, balloon or magnet). After each mailing, health educators telephone parents to encourage them to complete the booklet and any included parent-child activities and to answer questions. Each booklet contains information based on behavioural science theory and research and includes participant activities. The booklets, in order of delivery, are as follows:

- Why Families Matter: describes the programme and encourages participation
- Helping Families Matter to Teens: considers general family factors such as communication skills and parenting styles, which influence alcohol and tobacco use among adolescents
- Alcohol and Tobacco Rules Are Family Matters: emphasizes behaviour-specific factors that families can influence, including the availability of tobacco and alcohol in the home and family rules about child substance use
- Non-Family Influences That Matter: deals with non-family influences on substance use by adolescents, such as substance-using friends and the media. Also reviews the main points of the programme.

The adolescent's mother (or surrogate) is usually the programme contact person. She is asked to participate in the programme and to involve additional adult family members, who in turn are asked both to read the booklet and to complete activities with the adolescent that implement key programme content areas such as communication skills and rule-setting. Some of the reading material and activities are for adult family members only, while other parts of the programme are for all family members. The health educators who conduct follow-up calls after each booklet is completed never interact directly with the adolescent as part of programme delivery.

Outcomes

The programme reduced the prevalence of cigarette and alcohol use.

Description of materials

Materials available free of charge from the Family Matters website at http://familymatters.sph.unc.edu

Literacy level equivalent to grade 6 required.

XVI. Cost of materials

Materials available free of charge from the Family Matters website.

Average cost per family: $147 (depending on staffing costs).

Staff

Qualifications and skills required: undergraduate college degree and good telephone communication skills.
Number of staff depends on number of families targeted and other features of programme delivery.
One day of training is required.

Contact details

Karl E. Bauman, PhD (programme developer)
116 Nolen Lane
Chapel Hill
North Carolina 27516
United States of America
E-mail: kbauman@mindspring.com
Website: www.sph.unc.edu/familymatters/introduction.htm
or http://familymatters.sph.unc.edu

Strengthening Families Program for Parents and Youth 10-14

XVII.

The Strengthening Families Program for Parents and Youth 10-14 is a parent, youth and family skill-building curriculum designed to prevent substance abuse and other behaviour problems in teenagers, strengthen parenting skills and build family strengths. The programme is delivered over seven sessions for parents, children and families using videos, role play, discussions, learning games and family projects. The programme has proved effective in delaying the age at which adolescents begin to abuse substances, lowering levels of aggression, increasing the resistance of adolescents to peer pressure and enhancing the ability of parents and caregivers to set appropriate limits and show their children affection and support.

Level of evidence

5 randomized control trials

100 studies based on pre- and post-intervention evaluation

Risk level

Universal

Age of children

10-14 years

XVII. Target group

Fathers, mothers and teenagers in the universal population. The programme is designed for implementation in junior high schools. It is not intended for high-risk families.

Sessions (number, length and interval)

7 two-hour sessions and 4 booster sessions for parents; same session structure for children and families

Languages

English, Greek, Polish, Spanish (Central American), Spanish (Spain) and Swedish

Countries

El Salvador, Norway, Poland, Spain, Sweden, United Kingdom and United States

Description of content

Parent sessions

Parent sessions consist of video presentations, role play, group discussions and other skill-building activities

Topics in sessions 1-7

- Using love and limits
- Making house rules
- Encouraging good behaviour
- Using consequences
- Building bridges
- Protecting against substance abuse
- Using community resources

Topics in booster sessions 1-4

- Handling stress
- Communicating when you don't agree
- Reviewing love and limits skills
- Reviewing how to help with peer pressure

Youth sessions

Youth sessions engage each child in small and large group discussions, group skill practice and social bonding activities.

Topic in sessions 1-7

- Having goals and dreams
- Appreciating parents
- Dealing with stress
- Following rules
- Handling peer pressure I
- Handling peer pressure II
- Reaching out to others

Topics in booster sessions 1-4

- Handling conflict
- Making good friends
- Getting the message across
- Practising our skills

Family sessions

Family sessions use specially designed games and projects to increase family bonding, build positive communication skills and facilitate learning to solve problems together.

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Topics in sessions 1-7

- Supporting goals and dreams
- Appreciating family members
- Using family meetings
- Understanding family values
- Building family communication
- Reaching our goals
- Putting it all together and graduation

Topics in booster sessions 1-4

- Understanding each other
- Listening to each other
- Understanding family roles
- Using family strengths

Outcomes

- Positive effects have been found for intervention conditions as compared to control conditions with respect to several substance abuse and related outcomes (conduct problems, internalizing behaviours and academic success)
- Analyses of growth trajectories have demonstrated that positive intervention effects generally increased over time
- According to meta-analyses carried out by the Cochrane Collaboration, the programme has the largest impact in reducing alcohol and drug use among adolescents.

Description of materials

Sample materials are available free of charge from the Strengthening Families Program website (www.strengtheningfamiliesprogram.org).

A reading level equivalent to grade 8 is required.

Video cassettes or DVDs are included in the materials.

Cost of materials

Curriculum materials: $883 plus shipping; other programme materials: $255

Childcare for seven sessions: $350

Transportation costs (vary depending on location): $200

Food (cost varies depending on location and on whether meals or snacks are required): $375-$1,225

Incentives (may include grocery coupons, family gift bags, graduation gifts, store gift cards, cash): $150-$2,000 (not charged to participants)

XVII. Staff

Three facilitators are required to deliver the programme. Ideally, an additional person should be on hand to assist with preparation of materials and meal, childcare and logistic arrangements for the implementation site. It is also helpful to have a person to recruit participants.

Staff are expected to have experience in working with adolescents and/or parents, be willing to adhere to the programme structure and content and have excellent facilitation skills.

Staff attend a two- or three-day training workshop in order to be able to implement the programme. The cost of the staff training workshop is approximately $5,000-$6,000.

Staff supervision costs are approximately $1,900 (variable).

Contact details

Cathy Hockaday, PhD (Program Coordinator)
1087 Lebaron Hall
Iowa State University
Ames, Iowa 50011
United States of America
E-mail: hockaday@iastate.edu
Telephone: +1 515 294 7601
Fax: +1 515 294 5507

Catherine Webb (Program Assistant)
2625 N. Loop Dr. Suite 500
Ames, Iowa 50010
United States of America
E-mail: cwebb@iastate.edu
Telephone: +1 515 294 1426
Fax: +1 515 294 3613

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Multidimensional Family Therapy

XVIII.

Multidimensional Family Therapy is a comprehensive and flexible family-based programme that addresses substance abuse and other problem behaviours in adolescents. The intervention targets the risk factors proven by research to lead to and perpetuate substance abuse and related problems such as conduct disorder and delinquency. It also helps individuals and families to develop protective and healing factors and processes empirically proven to offset substance abuse and behavioural problems. Multidimensional Family Therapy is a multi-component and multilevel intervention system. It is used as a means of multisystemic assessment and intervention at the following levels:

- Adolescent and parent(s) individually
- Family as an interacting system
- Individual family members relative to their interactions with influential social systems that affect the adolescent's development

Interventions are solution-focused and seek to obtain immediate and practical outcomes in the most important individual and transactional domains of the adolescent's everyday life: home and school.

Multidimensional Family Therapy studies have been conducted in many locations. The intervention has demonstrated capacity to significantly reduce substance abuse and behaviour problems and improve school, peer and family functioning in many different youth populations, including:

- Males and females
- Young persons living in urban, suburban and rural areas

Level of evidence

4 randomized control trials

Risk level

Indicated

Age of children

12-17 years

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- African American, Hispanic/Latino and white young persons between the ages of 11 and 18
- Young persons with substance abuse problems only
- Young persons with substance abuse and co-morbid psychiatric problems (i.e. dual diagnosis)
- Young persons at risk
- Young persons who have come into contact with the juvenile justice system
- Families from various socio-economic backgrounds

Target group

Families with one or more adolescent children who abuse substances or display problem behaviours and adolescents at high risk of abusing substances or developing other problem behaviours.

Sessions (number, length and interval)

4-6 months; number of sessions variable

Languages
English and Spanish

Countries
United States

Description of content

Therapy
Multidimensional Family Therapy focuses on four areas: the adolescent, the parent, the family and extrafamilial systems (e.g. school, neighbourhood, juvenile justice, child welfare, social services). The model was developed on the basis of an approach to substance abuse and delinquency in adolescents as multidimensional problems requiring a multidimensional response in order to develop appropriate multisystemic interventions. The therapist considers each of those areas and acts accordingly at all times in order to ensure successful outcomes.

Community service
The therapist works closely with probation officers, court officials and parents to use community service as a tool to promote healthy behaviours. The therapist seeks to place the adolescent in an appropriate community service setting that will enable the adolescent to acquire the skills he or she needs in order to develop healthy behaviours and that the adolescent will enjoy.

Community collaboration
The therapist works closely with community agencies to create a strong support system. The community agencies can also provide opportunities for adolescents and parents to learn important skills that will help them to regain control over their lives. The therapist uses specific protocols and parent guides on access community resources. The protocols and guides are used in sessions with parents and adolescents.

Parent training
The therapist works with parents on a one-to-one basis, focusing not only on their parenting role but also on their concerns and needs as individuals. The therapist helps each parent to acquire self-management skills and learn good parenting practices and directly addresses areas of communication and parenting that need improvement. He or she then provides the parent with opportunities to practise those skills. If the therapist feels that

the parent will benefit from other training services, he or she contacts a community agency to arrange those services and monitors the parent's progress throughout the training provided.

School collaboration

The therapist works closely with school personnel to help to ensure that the adolescent receives adequate support and has positive experiences at school. The therapist helps the parent to develop positive relationships with school counsellors, teachers and the school principal and thus become more involved in the school. The therapist uses specific protocols and parent guides on how to develop such relationships successfully. These protocols and parent guides are used in sessions with parents and adolescents.

Skill development

The therapist addresses skill development with parents and adolescents individually and in family sessions. He or she also uses community agencies and specific protocols to provide skill development training. In one-to-one sessions with parents, the therapist addresses parenting practices, communication skills, anger management, understanding adolescent development, awareness of HIV and other sexually transmitted infections and job training. In one-to-one sessions with adolescents, the therapist addresses anger management, prevention of HIV and other sexually transmitted infections, job training, communication skills and educational skills.

Substance abuse/prevention education

The therapist works with the adolescent to address drug abuse. If the adolescent does not abuse drugs, the therapist focuses on how the adolescent can ensure continued abstinence from drug abuse. The therapist helps the adolescent to examine how drug abuse affects lives and families and to talk to his or her parent(s) about drug abuse. The therapist also works closely with parents on how to listen to their adolescent child and how to support the child in giving up drug abuse or maintaining a drug-free life. If a parent abuses drugs, the therapist works with that parent to address the problem and how it affects both parent and child, thus assisting the parent's recovery.

Collaboration with the juvenile justice system

In the event that an adolescent is prosecuted, the therapist works closely with court officials to help to ensure that the adolescent receives adequate support and assists the parent(s) in helping the child to seek closure of the case and avoid any future arrests. The therapist helps the parent to develop positive relationships with important court officials, such as the probation officer, thus becoming more involved in the court process. The therapist uses specific protocols and parent guides on how to develop such relationships. These protocols and parent guides are used in sessions with parents and adolescents.

Outcomes

Decreases in substance abuse

- Decrease of 41-66 per cent in substance abuse by completion of therapy, maintained for up to one year
- Reduced severity of substance-related impairment

At one year following commencement of therapy:

- 93 per cent of adolescents reported no substance-related problems
- 64-93 per cent of adolescents reported abstinence from alcohol and drug abuse
- Decrease in negative attitudes/behaviours
- Decrease in delinquent behaviour and association with delinquent peers

- Decreased likelihood of arrest or prosecution
- Significant decrease in disruptive school behaviours and absences from school
- Decreased family conflict, improved parenting practices and improved family functioning.

Improvements in positive attitudes/behaviours

Improved school functioning (academic performance and behaviour):

- Higher school attendance rates and improvement of 43 per cent in grades
- Significant improvement in grades awarded for conduct.

Parent outcomes

- Significantly greater involvement in teenage child's everyday life and improved relationship with child
- Significant improvement in parenting skills and reduced stress.

Youth outcomes

- Significantly lesser likelihood of abusing drugs or alcohol
- Significantly fewer psychiatric symptoms
- Significant decrease in association with antisocial and drug-abusing peers
- Significant increase in individual developmental functioning as measured on the basis of self-esteem and social skills
- Self-reported and observed significant improvement in relationships with parents
- Significant improvement in behaviour at school and academic performance.

Other benefits

Multidimensional Family Therapy costs less than standard treatments

- Average weekly costs of therapy ($164) are significantly lower than those for community-based outpatient treatment ($365)
- Average weekly costs of an intensive Multidimensional Family Therapy programme ($384) as an alternative to residential treatment are lower than those for residential substance abuse treatment ($1,068).

Multidimensional Family Therapy effectively engages and retains adolescent clients

- Three-month retention: 95 per cent of clients undergoing intensive outpatient Multidimensional Family Therapy stayed in treatment for 90 days (compared to 59 per cent of clients undergoing comparison residential treatment)
- Six-month retention and treatment completion: 88 per cent of clients undergoing intensive outpatient Multidimensional Family Therapy completed treatment (180 days), compared to 24 per cent in residential treatment
- 96 per cent of members of a sample group of early adolescents undergoing Multidimensional Family Therapy completed treatment (120 days), compared to 78 per cent of youth in group therapy.

Description of materials

- Cellular phones for therapists and case manager
- Urine test kits for weekly drug testing
- Ground transportation costs for conducting in-home sessions
- Audio-visual equipment for recording and reviewing sessions (video camera, tripod, digital videotapes and digital audio recorder).

All written and online materials are provided by trainers.

XVIII. Cost of Materials

Not specified

Staff

Minimum of one Multidimensional Family Therapy team per site. A team comprises two full-time therapists, one full-time therapist assistant/case manager and a half-time supervisor. One team typically has a caseload of five to eight adolescents/families, depending on the geographical area served and the nature of the cases concerned (the more difficult the cases, the smaller the caseload).

Qualifications:

- Therapists are required to hold a master's degree in social work, counselling or related field
- Supervisors (clinical supervisors) are required to hold a master's degree
- Case managers must hold a bachelor's degree or be paraprofessionals.

The cost of the six months of training required for certification is between $25,000 and $30,000 per team.

Training structure:

- Three site visits, including five-day introductory workshop
- Two site visits including presentation, videotape and live supervision
- Twice weekly case consultations by telephone, access to the Multidimensional Family Therapy Online Learning Program, review of videotaped therapy sessions and two examinations.

Training support is provided in person at the training site and through Multidimensional Family Therapy electronic training tools (PDA, Multidimensional Family Therapy Online Learning Program, Web conferences and an e-mail "listserv").

Contact details

Prof. Howard A. Liddle, Doctor of Education, American Board of Professional Psychology
Director, Center for Treatment Research on Adolescent Drug Abuse (CTRADA)
University of Miami Leonard M. Miller School of Medicine
Clinical Research Building, Office 1016
1120 N.W. 14th Street
Miami
Florida 33101
United States of America
E-mail: hliddle@med.miami.edu
Telephone: +1 305 243 5343
Fax: +1 305 243 3651
Website: www.miami.edu/ctrada/

Dr. Gayle Dakof, PhD
Investigator, Center for Treatment Research on Adolescent Drug Abuse (CTRADA)
University of Miami Leonard M. Miller School of Medicine
Clinical Research Building, Office 1010
1120 N.W. 14th Street
Miami
Florida 33101
United States of America
E-mail: gdakof@med.miami.edu
Telephone: +1 305 243 3656
Fax: +1 305 243 3651

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Nurse-Family Partnership

XIX.

Nurse-Family Partnership provides expectant, first-time and low-income mothers of any age with home visits by public health nurses who work intensively with those mothers to improve prenatal, maternal and early childhood health and well-being with the aim of contributing to long-term improvements in the lives of at-risk families. The intervention is effective because it concentrates on the development of therapeutic relationships with the family and is designed to improve five broad domains of family functioning:

- Parental roles
- Family and friend support
- Health (physical and mental)
- Home and neighbourhood environment
- Major life events (e.g. pregnancy planning, education, employment).

The programme also addresses substance abuse and other behaviours that contribute to family poverty, unwanted pregnancies, poor maternal and infant outcomes, suboptimal childcare and lack of opportunities for children. Although the primary client is the first-time mother, the programme encourages the involvement of all members of the mother's support network (e.g. partner, friends, parents).

Level of evidence

3 randomized control trials

Risk level

Indicated

Age of children

Prenatal to 2 years

XIX.

Target group

The programme is intended primarily for low-income, at-risk expectant mothers bearing their first child.

Sessions (number, length and interval)

Variable according to needs of family

Languages

English

Countries

United States

Description of content

Nurses visit the client's home during the client's pregnancy and for the first two years of the child's life. The programme is designed to help women to improve their prenatal and post-natal health and the care they provide to their infants and toddlers with the aim of enhancing the child's health and development and their own personal development. It focuses in particular on the planning of future pregnancies, education and employment. Nurse visitors are typically assigned to a family for the duration of the programme.

Outcomes

The programme has been tested in both white and African American families in rural and urban settings. Women and children visited by nurses fared better than those assigned to control groups in each of the outcome domains established as goals for the programme. A follow-up study of primarily white families in Elmira, New York, carried out 15 years following programme implementation, found the following results among low-income and unmarried women who had participated in the programme compared to those in a control group:

- 61 per cent fewer arrests
- 72 per cent fewer convictions
- 98 per cent fewer days in jail (the number of cases in which women were sentenced to imprisonment was small, so this figure is not a precise indicator of programme effect)
- 48 per cent fewer cases of child abuse and neglect
- 90 per cent reduction in supervised probation (based on records of family courts for 116 children).

Description of materials

Materials are free of charge.

Cost of materials

See website.

Staff

Four nurse home visitors, a half-time nurse supervisor and a half-time administrative support person typically serve 100 families living in one area (a "site").

XIX.

Nurse home visitors and nurse supervisors must be registered nurses.

Training is conducted over a 14-month period, as follows:

- Nurse home visitors and supervisors are required to undergo four days of intensive training, which is usually provided by the Nurse-Family Partnership National Service Office in Denver, United States. The training addresses programme goals and theory, assessments, skill-building, strategies for facilitating change in maternal health behaviours, introduction to prenatal home visit guidelines, clinical record-keeping and the Nurse-Family Partnership Clinical Information System. Supervisors undergo an additional day of training following completion of the intensive training.
- A two-day regional training programme on implementation of infancy guidelines is offered four months after programme implementation begins. Supervisors undergo an additional day of training following the two-day training programme.
- A two-day regional training workshop prepares nurses to conduct the intervention during the toddler period.

Contact details

Nurse-Family Partnership National Service Office
1900 Grant Street, Suite 400
Denver
Colorado 80203
United States of America
Telephone: +1 866 864 5226
Fax: +1 303 327 4260
E-mail: info@nursefamilypartnership.org
Website: www.nursefamilypartnership.org

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Families Facing the Future

XX.

The Families Facing the Future research programme was developed for parents receiving methadone treatment and for their children. Its primary goals are to reduce parents' use of illegal drugs and to minimize risk factors that increase the likelihood that their children will also abuse drugs in future life while enhancing protective factors.

The curriculum has been tested at two methadone clinics in Seattle, United States, with funding from the United States National Institute on Drug Abuse. Home-based services are provided as part of the curriculum.

The Families Facing the Future case management intervention comprehensively addresses important aspects of family life. The case management intervention is designed to test the effectiveness of: *(a)* helping families to identify goals and empowering them to work toward those goals; *(b)* building on families' strengths in order to enhance family stability; *(c)* working directly with clients and their families to reduce post-treatment relapse factors and risk factors increasing the likelihood of later drug abuse by children; *(d)* motivating and encouraging the continuation of parenting skills training; and *(e)* further reinforcing and practising parenting skills and applying them in the home environment. Case managers approach these tasks by providing families with a prosocial model, offering them opportunities for involvement in prosocial activities, ensuring that they have access to the necessary services and changing their reward structure through coaching and reinforcement of new skills. Case managers also work with families to accomplish the family goals established during the initial parent training session.

Level of evidence

2 randomized control trials (including a follow-up study after 12 years)

Risk level

Selective

Age of children

5-14 years

XX. Target group

Families in which one or both parents use methadone

Sessions (number, length and interval)

32 ninety-minute sessions for parents
12 ninety-minute sessions for children
1 five-hour retreat for family
Sessions are conducted twice a week over a 16-week period.

Languages

English

Countries

United States

Description of content

The Families Facing the Future parent training curriculum consists of a five-hour family retreat and 32 ninety-minute parent training sessions. Sessions are conducted twice a week over a 16-week period. Children attend 12 of the sessions to practise the skills with their parents. Session topics target specific risk and protective factors and include:

- *Family goal setting:* this five-hour session focuses on bringing a variety of families together to share a trust-building experience. During the session, families work together to develop goals that they wish to achieve under the programme.
- *Relapse prevention:* four sessions are dedicated to this topic and include:
  (a) Identification of relapse signals or triggers;
  (b) Anger and stress control;
  (c) Creation and practice of a relapse plan.

The primary focus of these sessions is the impact of relapse on the clients' children and skills for preventing and coping with relapse situations.

- *Family communication skills:* two sessions are dedicated to this topic and include learning the skills of paraphrasing and using open questions. The use of "I" messages is also taught during these sessions. Families practise and use family involvement skills to develop family expectations and make plans for regular family meetings or family play and fun time. Families are asked to conduct weekly family meetings to practise the skills learned during the training. All subsequent sessions reinforce the use of the communication skills taught during these initial sessions.
- *Family management skills:* parents learn and practise how to set clear and specific expectations, monitor expectations, reward positive behaviours and give appropriate responses to negative behaviours. Parents practise using minimal measures to achieve the desired behaviour on the part of their child. They also learn and practise a variety of disciplinary techniques. These include praise, ignoring or expressing feelings, conditional rewards/punishments, "time out" and privilege restrictions.
- *Creating family expectations about drugs and alcohol:* families work together to define and clarify their expectations about drugs and alcohol.
- *Teaching children skills:* parents learn how to teach their children two important skills, refusal skills and problem-solving skills, using a five-step process.

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- *Helping children succeed in school:* parents build on the previously learned skills to create, monitor and use appropriate consequences in a learning routine for their children at home.

Parent sessions are conducted with groups of six to eight families. The sessions provide practice opportunities and include skill components that address recurring problem behaviours and are tailored to the needs of the parents. The parent training format combines a peer support and skills training model. The training curriculum teaches skills through demonstration by trainers and other group members followed by discussion among participants. Skills steps are reviewed before parents practise the steps. Videos are frequently used to demonstrate the skills or during practice. The training focuses on affective, cognitive and behavioural aspects of performance.

The curriculum provides opportunities for participant practice in real-life situations with their children. Parents complete home extension exercises after each session to apply the skills they have learned to the home setting. After parents have learned and practised the skills, family sessions are conducted so that parents and children can practise their new skills together.

Outcomes

Parents and children who participated in the programme were evaluated at one year and two years following the intervention; the results were then compared with findings for a control group.

Parent outcomes

Parents who participated in the programme:

- Were more likely to use relapse prevention and refusal skills in drug use situations
- Were less likely to abuse drugs following difficult life events
- Reported using more household rules than members of the control group
- Reported a reduction of 65 per cent in frequency of heroin abuse after one year
- Were six times less likely to have used cocaine in the last month one year after the intervention
- Had greater knowledge of parenting skills
- Reported a significant decrease in abuse of marijuana.

Analysis of data 24 months following the intervention also revealed a lower incidence of problem behaviours among children.

A follow-up evaluation conducted 12 years after the intervention found no significant difference between intervention and control group participants in terms of risk of first-time substance abuse except among males, the risk level among intervention group males being approximately half that among control group males.

Description of materials

Materials for families are suitable for persons with a literacy level approximately equivalent to grade 6.

A video camera and video player are required.

Cost of materials

Family workbooks and notebooks: $20 per person

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Poster board, pens, stickers: $100

Videotapes: $25

Video camera/video player: $750

Curriculum materials per group: $200

Incentives for participants (transportation, meals, gifts, childcare, graduation party): $1,750 (not charged to participants)

Trainer travel: $500.

Staff

Families Facing the Future is typically implemented by a two-person training/case management team. Trainers should be familiar with addiction, methadone treatment and parenting practices. While formal training is not required, it is recommended in order to ensure adherence to programme structure and content. A three-day training session and a two-day training session are available. The three-day staff training workshop costs $4,500 per day plus travel expenses.

Two full- or half-time staff are needed for group work and home visits.

Staff supervision costs can be negotiated with programme developer.

Contact details

Kevin Haggerty
Assistant Director
9725 3rd Ave NE, Suite 401
Seattle
Washington 98115
United States of America
E-mail: haggerty@u.washington.edu
Telephone: +1 206 543 3188
Fax: +1 206 543 4507
Website: www.sdrg.org

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Parents Under Pressure

XXI.

The Parents Under Pressure programme is specifically designed for use with multi-problem, high-risk families. The programme is flexible, and each family has an individualized case plan based on the principles underlying the PUP programme. The programme intervention is delivered in parents' homes, and a complementary group-based programme is available.

Of particular importance to the programme is the recognition that parents in multi-problem families are under great stress and have limited support networks. This makes the day-to-day job of parenting extremely difficult. Furthermore, parents may themselves have experienced abuse or poor parenting as children and may have had little opportunity to work through the emotional impact of their own childhood experiences. The resulting lack of an internalized model of good parenting and of fundamental parenting skills adds to family difficulties.

Learning how to understand and regulate emotional states is a critical component of the programme. There is a strong focus on learning mindful awareness skills and on helping parents work with their children to develop these skills as a family unit. The stressors associated with financial disadvantage, poor housing and lack of social support are addressed, and families work with their Parents Under Pressure therapist to develop meaningful and achievable action plans.

The overriding aim of the programme is to help parents facing adversity to develop positive and secure relationships with their children, reduce children's problem behaviour and promote a settled, stable and safe family environment.

Level of evidence

1 randomized control trial

3 studies based on pre-intervention and post-intervention evaluation

Risk level

Selective/indicated

Age of children

2-8 years, although the programme has been used with children up to 10 years old.

XXI. Target group

Families with multiple problems

Sessions (number, length and interval)

Families have 12-14 in-home sessions of about 90 minutes each. They often work with children and their teachers if behaviour problems occur in the school setting. In addition to direct clinical work, extensive case management helps families with life problems such as those involving childcare, employment, benefits and legal matters.

Languages

English

Countries

Australia, and one pilot location in New Zealand

Description of content

The programme consists of 12 modules delivered over a four-month period. A group programme can be used to supplement the individual work done with families.

The key aspect of the programme is the focus on an individualized treatment programme developed collaboratively with the family after a comprehensive assessment. Clear goals are specified, and a time frame for achieving the goals helps to keep therapy on track in families where there are often chaotic conditions and multiple life problems.

Each module has a theme that may continue through treatment. For example, module 3, "View of self as a parent", is aimed at strengthening parents' view that they are competent in the parenting role. Each success over the course of the programme is added to a list of achievements in the parent workbook. In module 4, "How to manage emotions when under pressure", parents are taught to become aware of emotional states and develop mindfulness skills that help them to regulate their emotions more effectively without recourse to drugs or alcohol.

The programme includes many of the traditional concepts associated with parent training. Module 6, "Connecting with your child and encouraging good behaviour", focuses on the use of praise and rewards to encourage good behaviour. In addition, child-centred play techniques are used to help parents maintain focus on the child during play sessions in order to increase their emotional availability. Module 7, "Mindful child management", focuses on teaching techniques such as the use of "time out". Mindfulness techniques are also used to help parents to gain greater control over their own emotions and remain calm in disciplinary situations. Thus, the effectiveness of traditional child management techniques such as limit-setting and non-punitive disciplinary strategies are enhanced in parents who have poor impulse control.

Module 8, "Managing substance use problems", focuses on the development of skills to help parents avoid or cope with substance abuse problems. Module 9, "Extending support networks", encourages parents to identify and avail themselves of sources of support. This module addresses interpersonal deficits that may underlie problems of social isolation. Module 10, "Life skills", provides practical advice on diet and nutrition, budgeting, health care, exercise, etc. Module 11, "Relationships", is aimed at improving effective communication between partners and identifying unproductive relationship patterns from the past.

The programme can be used with either one parent or both.

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Outcomes

Not specified by programme developer.

Description of materials

Grade 8 literacy is required for the parent workbook.

DVDs on mindfulness skills and for relaxation are available.

Staff

Each therapist typically has a caseload of six to eight families.

No specific qualifications are required, although a background in social work or psychology is advantageous. Experience in and commitment to working with multi-problem families are essential.

The training model consists of one day of training and 20 hours of clinical supervision. A Parents Under Pressure therapist becomes accredited when he or she has completed all training and clinical supervision and has worked with at least four families.

Contact details

Sharon Dawe
Professor, School of Psychology
Griffith University
Brisbane, Queensland 4111
AUSTRALIA
Email: S.DAWE@griffith.edu.au
Telephone: 7 3875 3371
Fax: 7 3875 3388

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Al's Pals: Kids Making Healthy Choices

XXII.

Al's Pals: Kids Making Healthy Choices is a resiliency-based, early-childhood prevention curriculum and teacher training programme that develops personal, social and emotional skills in children aged 3 to 8 years. It includes a component on building positive relationships between parents and children, which reinforces Al's Pals concepts at home. The programme is designed to help children gain the skills they need in order to express feelings appropriately, relate to others, accept differences, use self-control, resolve conflicts peacefully, cope and make safe and healthy choices. The Al's Pals approach can be used in all aspects of teaching and interacting with children, providing them with opportunities to practise and generalize their skills.

In preparation for implementing the programme, teachers receive training in how to create a caring environment of cooperation, respect, responsibility and healthy decision-making. In training, educators learn how to embed protective factors in the classroom environment so as to protect children from risk factors associated with substance abuse and violence later in life. Educators enhance their abilities to communicate clear norms, respond to sensitive issues, respond to disclosures of substance abuse in the family and guide problem-solving.

Level of evidence

1 randomized control trial

4 quasi-experimental studies

90 non-experimental studies based on pre- and post-intervention evaluation

Risk level

Universal

Age of children

3 to 8 years

XXII. Target group

Children in preschool, kindergarten, grades 1 and 2, after-school programmes, childcare centres and therapeutic treatment centres, and their parents.

Sessions (number, length and interval)

46 core sessions for children and 9 booster sessions. Each session lasts 10 to 15 minutes.

Languages

English. Materials for home use are available also in Spanish

Countries

United States and Canada

Description of content

The Al's Pals programme consists of 46 core lessons that capture real-life childhood experiences and provide opportunities for children to acquire and practise social and emotional skills. Designed for preschool, kindergarten and first-grade children, the lessons are delivered by a classroom teacher for 10 to 15 minutes twice a week. At the heart of the programme is an original hand puppet named Al, who serves as a positive role model. In addition, there are the puppet pals Ty and Keisha, as well as a wide range of teaching tools to engage children, including scripted puppet-led discussions, guided creative play, original songs, posters, colour photographs, message pads and books.

Each lesson fosters specific skills associated with resilience traits. Through the lessons, children learn and practise ways to express feelings; relate to others; communicate; accept differences; differentiate between safe and unsafe substances and situations, including tobacco, alcohol and inhalants; brainstorm ideas; and solve problems. By reinforcing the Al's Pals concepts throughout the day, the teacher shapes a caring environment, encouraging independent thinking, use of self-control, healthy decision-making and peaceful problem-solving. The nine-lesson booster curriculum may be used in the second or third grade to reinforce skills learned through the core lessons. An observation form for monitoring implementation is available to ensure adherence to the programme.

Al's Pals includes a component for parents. Letters from Al are sent to parents regularly to inform them about the life skills their children are learning and suggest activities they can use to help their children practise and retain those skills. The curriculum also includes "Al-a-Grams", which are school-to-home messages, delivered by the children, that recognize positive behaviour noted at school (e.g. caring about others' feelings or calming down).

Outcomes

Child outcomes

- Children who participate in Al's Pals show significant improvement in their use of positive social behaviour, such as sharing, taking turns, using self-control, helping others and using words to solve problems
- Upon completion of the Al's Pals curriculum, 25 per cent of participating children show significant improvement in their use of positive social behaviours and skills

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- Among children who lack positive social skills before beginning Al's Pals, 49 per cent show significant increases in their use of positive social skills upon completion of the programme
- Children who participate in Al's Pals are two to five times more likely than non-participating children to improve their use of positive social behaviour
- Children who participate in Al's Pals are 1.5 to 4 times more likely than non-participating children to improve their use of positive classroom coping skills, such as talking about a problem with a friend or teacher or asking for help to solve a problem
- Participation in Al's Pals prevents increases in antisocial and aggressive behaviours that typically occur in children who do not participate in the programme, such as hitting, kicking, name-calling, bullying and destroying others' belongings. More than 95 per cent of participating children show either a decrease or no increase in antisocial and aggressive behaviours
- Participating children show significant decreases in negative coping behaviours such as the use of physical or verbal aggression to solve problems
- Participating children show significant reductions in problem behaviours such as social withdrawal
- Children who do not participate in Al's Pals are two to six times more likely than participating children to increase their use of antisocial and aggressive behaviour.

Al's Pals has been reviewed and nationally recognized as an effective prevention programme:

- Rated as "Model Program" by the Substance Abuse and Mental Health Services Administration (United States Department of Health and Human Services)
- Rated as "Promising Program" by the Safe, Disciplined and Drug-Free Schools Expert Panel of the United States Department of Education
- Rated as "Exemplary Prevention Program" by the United States Department of Justice Office of Juvenile Justice Delinquency Prevention
- Reviewed and selected for inclusion in the *Communities That Care Prevention Strategies Guide* (Substance Abuse and Mental Health Services Administration, 2004)
- Reviewed and selected for inclusion in *Safe and Sound: An Educational Leader's Guide to Evidenced-Based Social and Emotional Learning (SEL)* Programs (Collaborative for Academic, Social, and Emotional Learning, 2003)

Description of materials

The Al's Pals curriculum kit includes manuals for 46 lessons, curriculum materials (2 spiral-bound volumes), puppets, a music CD, songbooks, posters, books, Al-a-Grams, completion certificates and parent letters.

The Al's Pals booster curriculum kit includes parent letters and curriculum materials.

A CD or audiocassette player is required.

A literacy level approximately equivalent to grade 8 is required.

Cost of materials

The Al's Pals curriculum kit, packaged in a puppet house, is to be used for preschool to first-grade children. Each classroom needs its own kit. $685 per kit, plus shipping and handling.

Curriculum materials are available only together with training.

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A new set of parent letters costs $50 per classroom set of 14 different letters or $20 for copy-ready masters upon signing a licence use agreement.

The Al's Pals booster curriculum kit includes a manual for nine lessons, masters for handouts, posters, parent letters, Al-a-Grams, a music CD and a songbook. It is for use in the second or third grade to reinforce concepts taught in the core curriculum. $285 per kit plus shipping and handling.

A Booster trainer's manual for Al's Pals educators costs $100.

Staff

One Al's Pals teacher is required per classroom. One or more instructional assistants may also participate in the lessons.

No qualifications are required.

Training consists of a two-day face-to-face session or seven online sessions lasting two hours each.

Contact details

Susan R. Geller, President
Wingspan, LLC
4196–A Innslake Drive
Glen Allen
Virginia 23060
United States of America
Phone: +1 804 967 9002
Fax: +1 804 967 9003
E-mail: sgeller@wingspanworks.com
Website: www.wingspanworks.com

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Resilient Families

XXIII.

The Resilient Families programme was developed to provide a framework enabling disadvantaged schools to improve student education, health and well-being. The programme is designed to empower students and parents to work together to develop knowledge, skills and support networks during the first two years of secondary school (years 7 and 8 in Victoria, Australia). The components include a 10-session social relationship curriculum for students (including relationship homework to complete with parents), parent education resources and events and parent-friendly school-policy reform efforts. The programme design emphasizes improved interaction between student and parent social networks within the school community context. It has been developed and modified on the basis of empirical evaluation evidence. A randomized control trial conducted between 2004 and 2006 revealed that students in 12 intervention schools had better results than students in 12 control schools in terms of school attendance, school and family attachments and alcohol misuse.

Level of evidence

1 randomized control trial

1 quasi-experimental study

Risk level

Universal

Age of children

11-15 years

XXIII. Target group

Parents and their children

Sessions (number, length and interval)

1 evening forum for parents followed by 8 sessions of 2 hours each

10 sessions of 45 minutes each

Languages

English

Countries

Australia

Description of content

The five components are:

(1) A student curriculum delivered by teachers in classrooms over 10 weeks (45-minute classroom sessions), covering relationship problem-solving, communication and conflict resolution;

(2) Brief parent education, comprising a two-hour, professionally facilitated evening session for parents and carers;

(3) Extended parent education, consisting of 8 two-hour professionally facilitated group sessions for parents and carers;

(4) Building a community of parents to facilitate parent-friendly organizational and policy changes at school;

(5) A parenting handbook disseminated to all parents and carers, combining evidence-based information and practical strategies to help them prepare their adolescents to achieve success in school and in life.

Outcomes

Child outcomes

- After one year, students exposed to the intervention reported better family attachments, school attendance, academic performance and behaviour at school than those in the control group
- After two years, students exposed to the intervention reported reduced alcohol misuse (less binge drinking and less frequent use)
- A number of additional positive effects were observed among students whose families attended the parent education events. After one year, those students reported improved school grades, less school peer bullying, improved problem-solving and reduced depressive symptoms; after two years, school grades improved, the rate of tobacco use was lower and social concerns were reduced
- The programme was revised to address two unanticipated negative effects related to increased student social concerns in the first year and arguments between adolescents and parents in the second year. Findings were in line with an earlier quasi-experimental study that had also found positive effects associated with parents' participation in the extended parent education programme.

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Description of materials

Available free of charge:

Extended parent education (Jenkin and Bretherton, 1994)

Parenting handbook (Jenkin and Toumbourou, 2005)

Other components are available under licence.

Cost of materials

Curriculum materials for both student and parent: approximately $3,500

Literacy level required: equivalent to year 7 for children and year 8 for parents

Technology required: none for children; PowerPoint for parent events

Staff

1 staff member per classroom (student curriculum)

1 staff member for whole school (brief parent education; building a community of parents)

1 staff member for a group of 10-15 families (extended parent education)

No qualifications required for staff

Training

School staff receive one day of training in the curricula and then extended supervision. Parent educators receive two days of training.

The cost of a staff training workshop is approximately $1,000 per school staff trainer.

The cost of supervision for staff is approximately $1,000 per school staff supervisor.

Contact details

Professor John Toumbourou, PhD
Chair in Health Psychology
School of Psychology, Deakin University
1 Gheringhap Street
Geelong
Victoria 3217
Australia
E-mail: john.toumbourou@deakin.edu.au
Telephone: +61 3 5227 8278
Fax: +61 3 5227 8455
Website: www.rch.org.au/cah/research.cfm?doc_id=10588

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DARE to be You

XXIV.

DARE to be You combines three support aspects — educational activities for children, strategies for parents or teachers and environmental structures — to enable programme participants to learn and practise the desired skills. The programme includes a preschool activity book for children aged 2-5 and developmentally appropriate curricula for kindergarten to grade 2, grades 3-5 and grades 6-8. High-school students use a curriculum that encourages them to become teachers or leaders within their communities.

The programme is designed to significantly lower the risk of future substance abuse and other harmful activities by dramatically improving parent and child protective factors in communication, problem-solving, self-esteem and family skills. The family component — which offers parents, youths and families training and activities to foster responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decision-making skills — consists of an initial 12-week family workshop series (30 hours) and semi-annual 12-hour reinforcing family workshops. Participants in the school and community component undergo 15 hours of training.

DARE is an acronym for the key constructs of the programme:

Decision-making, reasoning skills and problem-solving
Assertive communication and social skills
Responsibility (internal locus of control/attributions) and role models
Esteem, efficacy and empathy

Level of evidence

1 randomized control trial

Risk level

Universal and selective

Age of children

Mainly 2.5-5 years, also older

XXIV.

DARE to be You seeks to improve parent and child protective factors by improving parents' sense of competence and satisfaction with regard to being parents and to provide them with knowledge and understanding. It is a multilevel, primary prevention programme that targets Native American, Hispanic, African-American and white parents and their preschool children. Each of the programme components is based on models of human development, social-cognitive theory and theories of reasoning about moral and social problems.

Target group

Families, parents and children

Sessions (number, length and interval)

11 sessions, 2.5 hours each, with 4 booster sessions for parents
11 sessions, 2.5 hours each, with 4 booster sessions for children
11 sessions, 2.5 hours each, with 4 booster sessions for families

Languages

English, Navajo and Spanish

Translations may be available in some Asian languages from relevant institutions that have replicated the programme.

Countries

United States and Puerto Rico

Outcomes

Parent outcomes

- Better child self-management and family communication reported by families
- A significant increase in satisfaction with support systems and self-sufficiency
- Increase in positive parenting techniques (effective communication skills and use of "time out" were those most improved)
- Forty-five per cent of families had a father figure participate in and complete the intervention.

Child outcomes

- A statistically significant decrease or delay in the onset of alcohol and tobacco use in the experimental group, as compared with the control group.

Description of materials

Manuals

Cost of materials

Training cost: approximately $5,400, including one set of materials

Additional manuals are $65 each. Additional sets of materials usually costs $350 each. The optional activity kit for the children's programme is $225.

XXIV. Programme costs for implementation without research are $40,000 for 150 family members (not including siblings), or about $266 per person. This includes financial incentives and meals.

Staff

- Coordinator (in attendance for 10 per cent of programme time)
- Parent facilitator (spends and average of 10 hours per week attending sessions and about one month helping with recruitment, survey administration, class preparation, logistics and reporting)
- Preschool facilitator (same terms as for parent facilitator)
- Sibling coordinator and teen helpers (hourly as needed, may vary widely depending on family size)
- Research coordinator (in attendance for 10 per cent of programme time; deals with administration, record-keeping and tracking for follow-up surveys. May need a separate contract if data analysis and evaluation of the programme results is requested by client).

Up to five members of implementation site staff must attend a minimum of 20 hours of DARE to be You training.

Technical assistance is available free of charge once the training costs have been paid

Qualifications required: for facilitators (parent, preschool and sibling), bachelor's degrees; master's degrees are preferred. Aides or teens are supervised directly and thus need lesser qualifications.

Contact details

Jan Miller-Heyl, M.S.
Program Director
Colorado State University
215 North Linden, Suite E
Cortez
Colorado 81321
United States of America
E-mail: jan.miller-heyl@colostate.edu
Website: www.coopext.colostate.edu/DTBY/index.html

Training

Renee Podunovich
Program Coordinator
215 North Linden, Suite E
E-mail: Renee.podunovich@colostate.edu
www.coopext.colostate.edu/DTBY/index.html

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