



COMPETENCE



POTENTIAL



KNOWLEDGE



VISION

Evidence Based Strategies

Part 1: Mental Health and Substance Use



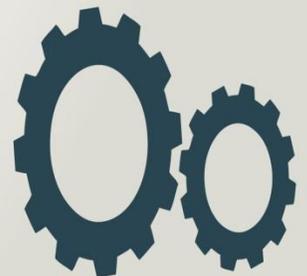
ETHIC

PERFORMANCE



EXPERIENCE

DEVELOPMENT



100%



Introduction

The Evidence Based Strategies Workbook is designed to provide individuals who are interested in mental health and substance abuse prevention with an overview of available evidence-based programs. This workbook pulls information from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review, and have been independently assessed and rated for Quality of Research and Readiness for Dissemination. The outcomes submitted for each program are evaluated by reviewers on six Quality of Research rating criteria to assess the strength of evidence supporting the results or outcomes of the intervention. **This workbook includes those programs which target both mental health and substance abuse, with at least one relevant outcome that is rated by reviewers at a 3 or higher on a scale of 0 to 4.** It is not designed to be a comprehensive list of all programs in the database. While every program has been reviewed, that does not necessarily mean that it has been proven effective for your situation. Once you narrow down your selection of programs it will be important for you to review the evidence for yourself and determine if each program is a good fit for your needs. A list of all NREPP programs with shared areas of interest in mental health promotion and substance abuse prevention, and Quality of Research ratings is included as an appendix.



How to Use the Workbook

General information about the program, intended audience and an overview of each program is provided with links to additional information including NREPP listing and contact information. More detailed information about quality of research and readiness for dissemination can be found on NREPP. The following icons are used throughout the booklet to identify what subpopulations have been evaluated for the program. Age is separated by chapters so any program within a chapter will be appropriate for that age group. Some programs are appropriate for multiple age groups; this is indicated at the end of each chapter.



Males



Females



Rural



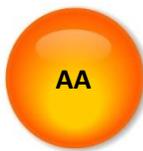
Suburban



Urban



Caucasian



African American



Hispanic or Latino



Asian



American Indian or Alaskan Native



A yellow star is used to indicate those programs that are commonly used in Missouri (data collected as of 2013)

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Early Childhood (0-5)

AI's Pals: Kids Making Healthy Choices



Target Audience

- Children ages 3-8 in preschool, kindergarten, and first grade
- School-based

Curriculum Overview

- Year-long program
- 46-session interactive curriculum
- Delivered by trained classroom teachers
- Teachers regularly communicate with parents about the skills children are learning, suggested home activities to reinforce these concepts, and to inform parents about their child's progress

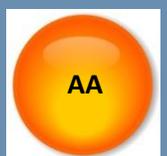
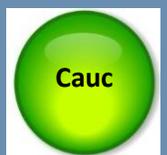
Intended Outcomes

- Improved Social competence and prosocial behaviors
- Reduced Antisocial/aggressive behaviors

Program Overview

The program fosters both the personal traits of resilience and the nurturing environments children need to overcome difficulties and fully develop their talents and capabilities. Through fun lessons, engaging puppets, original music and materials, and appropriate teaching approaches, the AI's Pals curriculum helps young children regulate their own feelings and behavior; creates and maintains a classroom environment of caring, cooperation, respect, and responsibility; teaches conflict resolution and peaceful problem-solving; promotes appreciation of differences and positive social relationships; prevents and addresses bullying behavior; conveys clear messages about the harms of alcohol, tobacco, and other drugs; and builds children's abilities to make healthy choices and cope with life's difficulties.

Show n Effective For:



Adaptations

Program materials are available in Spanish.

History

- Pilot tested in 1993
- Implemented in 34 States and in Ontario, Canada
- Implemented in approximately 4,000 early childhood classrooms, more than 700 elementary schools, and more than 250 school districts
- Used in an additional 700 preschools, child care centers, Head Start programs, after-school programs, faith-based programs, and other community-based child-serving organizations
- Within the United States, more than 135 evaluation studies have been conducted involving more than 24,500 children across 1,665 classrooms
- The longest continuous length of implementation is 17 years
- The average length of implementation is 6 years

Costs

Over a 5-year period, implementing AI's Pals: Kids Making Healthy Choices costs approximately \$9-\$15 per child, depending on the number of children in the classroom. Start-up costs include training on the intervention and the purchase of materials (prices listed elsewhere).

Contact Information

Susan R. Geller, M.S.
(804) 967-9002
sgeller@wingspanworks.com

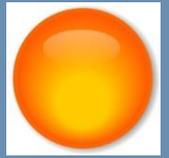
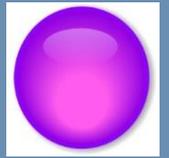
Website: http://www.wingspanworks.com/educational_programs

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=116>

Families and Schools Together (FAST)



Shown Effective For:



Target Audience

- Families, particularly in low-income areas
- Families with children transitioning into elementary school

Curriculum Overview

- 2-year long, multifamily group intervention
- Active outreach phase to engage and recruit families
- 8 weeks of multifamily group meetings, lasting 2.5 hours long
- 2 years of monthly, parent-led group meetings
- Collaborative FAST teams are first trained and then supervised by trainers over three on-site visits

Intended Outcomes

- School mobility
- Reduced child problem behaviors
- Improved child social skills and academic competencies

Program Overview

Families and Schools Together (FAST) is based on social ecological theory, family systems theory, and family stress theory. FAST is designed to build relationships between and within families, schools, and communities to increase children's well-being. The objectives of the intervention are to 1) Enhance parent-child bonding and family functioning while reducing family conflict and isolation and child neglect, 2) Enhance school success through more parent involvement and family engagement at school, improved school climate, and reduced school mobility, 3) Prevent substance use by both adults and children by building protective factors and referring appropriately for treatment and 4) Reduce the stress that children and parents experience in daily life situations in their communities by empowering parents, building social capital, and increasing social inclusion.

Adaptations

Manualized adaptations are available for families of children ages 0–3, 3–5, 11–14, and 14–18. FAST has been adapted for low-income, socially marginalized cultural groups in the U.S., including Latino immigrants, Southeast Asian refugees, African Americans living in inner cities, and American Indians in rural and urban communities. It has also been adapted for rural Aborigine families in Australia, the First Nation people in Canada, and families of preschool-age children living in favelas (slums) in Brazil. Many FAST resources have been translated into Dutch, German, Portuguese, Russian, and Spanish

History

- Developed in 1988
- Implemented in about 2,500 schools and 450,000 participants in 48 states
- Also used in 19 countries outside the US
- Several State, county, and city governments have used their funds to support scale-ups of FAST programs in their areas.
- The developer, maintains an ongoing monitoring and feedback system to track implementations and evaluations of the intervention

Costs

A sample budget for implementing FAST is available from the developer. Costs include a licensing fee of \$550 per site, a Training package for \$4,295 per site plus travel expenses, ongoing technical assistance for \$200 per site, and the Evaluation package for \$1,100 per site. The training and evaluation costs estimated are for 1 site serving 10 families. Costs for other implementations are higher.

Contact Information

Families & Schools Together, Inc.
(888) 629-2481
answers@familiesandschools.org

Website: <http://familiesandschools.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=375>

Family Spirit

Target Audience

- American Indian teenage mothers from pregnancy through 36 months postpartum

Curriculum Overview

- 63 structured lessons during home visits
- Visits occur weekly through 3 months postpartum and occur less frequent thereafter
- Each home visit lasts about an hour and includes a warm-up conversation, lesson content, question-and-answer period, and review of summary handouts

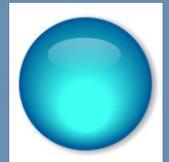
Intended Outcomes

- Improved parenting knowledge
- Improved mothers' perception of infant and toddler behavior
- Improved parenting self-efficacy
- Reduced mothers' depressive symptoms
- Reduced mothers' substance use

Program Overview

Each home visit lasts about an hour and includes a warm-up conversation, lesson content, question-and-answer period, and review of summary handouts. The intervention is designed to increase parenting competence (e.g., parenting knowledge and self-efficacy), reduce maternal psychosocial and behavioral risks that could interfere with effective parenting (e.g., drug and alcohol use, depression, externalizing problems), and promote healthy infant and toddler emotional and social adjustment (i.e., internalizing and externalizing behaviors). It also aims to prepare toddlers for early school success, promote parents' coping and life skills, and link families to appropriate community services.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Development began in 1995 by Johns Hopkins Center for American Indian Health, in partnership with several southwestern tribes
- The curriculum was subsequently adapted into a modular format for use by the Indian Health Service (IHS) Early Head Start home-visiting program and the Seattle Indian Health Board
- The first institutional replication of Family Spirit occurred in 2005-2009
- Approximately 3,000 families have received the intervention in 6 States: Arizona, California, Michigan, Minnesota, New Mexico, and Washington

Costs

Required costs include training on curriculum content and implementation (\$3,000 per person for up to 30, plus travel expenses), and tailored training development and implementation affiliation fee (\$9,600 per program, plus travel). Additional items are available (prices listed elsewhere) and volume discounts are available when purchasing participant workbooks.

Contact Information

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kspeakma@jhsph.edu nneault@jhsph.edu

Website: <http://www.jhsph.edu/caih/familyspirit>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=361>

Nurse-Family Partnership (NFP)

Target Audience

- Low-income, first-time parents and their children

Curriculum Overview

- Minimum of 100-200 families supported by 4-8 trained registered nurse home visitors, a nurse supervisor, and administrative support
- Nurse home visits begin early in pregnancy and continue until the child's second birthday
- A maximum of 13 visits occur during pregnancy and 47 after the child's birth

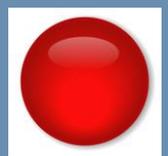
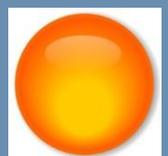
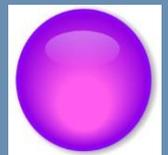
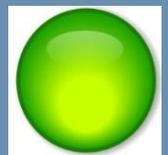
Intended Outcomes

- Improved maternal prenatal health
- Reduced childhood injuries and maltreatment
- Reduced number of subsequent pregnancies and longer birth intervals
- Improved maternal self-sufficiency
- Improved school readiness

Program Overview

NFP is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency. Program activities are designed to link families with needed health and human services, promote good decision-making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends. Nurses follow a detailed, visit-by-visit guide that provides information on tracking dietary intake; reducing substance use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care professionals; promoting parent-child interactions; creating safe households; and considering educational and career options.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Implemented and evaluated in randomized controlled trials in Elmira, New York (1977), Memphis, Tennessee (1988), and Denver, Colorado (1994).
- Currently serving approximately 21,000 families a day in more than 380 counties in 31 States across the Nation
- Serves large numbers of families in Colorado, Oklahoma, Louisiana, and Pennsylvania, and expansions and new implementations are underway in several States.
- Implementation efforts and formative evaluations are underway in Australia, England, Germany, and Holland

Costs

NFP costs approximately \$4,500 per family per year with a range of \$2,914 to \$6,463 per family per year.

Contact Information

Nurse-Family Partnership National Service Office
(866) 724-2892
info@nursefamilypartnership.org

Website: <http://www.nursefamilypartnership.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88>

Promoting Alternative Thinking Strategies (PATHS), PATHS Preschool

Target Audience

- Children in elementary school or preschool
- School-based

Curriculum Overview

- Concepts are presented through direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations
- The elementary school curriculum is available in two units and includes 131 20- to 30-minute lessons taught by regular classroom teachers approximately 3 times per week over the course of a school year
- PATHS Preschool, for children 3 to 5 years old, is designed to be implemented over a 2-year period with lessons and activities that help students build the critical cognitive skills necessary for school readiness and academic success.

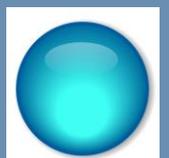
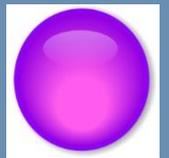
Intended Outcomes

- Improved emotional knowledge
- Reduced internalizing behaviors
- Reduced externalizing behaviors
- Reduced Depression
- Improved neurocognitive capacity
- Improved learning environment
- Improved social-emotional competence

Program Overview

The interventions are designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems.

Shown Effective For:



Adaptations

PATHS materials have been translated into Croatian, Dutch, French, German, Greek, Hebrew, Spanish, and Welsh. Parent materials are available in Spanish. PATHS has been adapted for use with after-school programs in several states. It has also been translated into Dutch, Korean, and Spanish and has been successfully adapted for use in Head Start programs in Pennsylvania.

History

- Developed in the early 1980s; PATHS Preschool developed in 2005
- Delivered to an estimated 865,600 students in all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and internationally in an estimated 10,500 classrooms
- Used in a variety of schools, including those for children with special needs
- PATHS Preschool Implemented in 45 States and the District of Columbia, and internationally
- Reached an estimated 4,600 classrooms and at least 63,500 children

Costs

Elementary school curriculum is \$799 each and the Preschool Kit is \$479 each. Additional materials are available (prices listed elsewhere). Discounts are available for 10 or more curriculum kits.

Contact Information

Channing Bete Company, Inc.
(877) 869-8532
custsvcs@channing-bete.com

Carol A. Kusche, Ph.D.
(206) 323-6688
ckushe@comcast.net

Dorothy Morelli
(615) 364-6606
dorothy@pathseducation.com

Websites: <http://www.channing-bete.com/paths>
<http://www.channing-bete.com/pathspreschool>
<http://www.prevention.psu.edu/projects/paths.html>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=20>



Childhood (6-12)

AMIkids Personal Growth Model

Target Audience

- 10- to 17-year-old youth who have been adjudicated

Curriculum Overview

- Intended for use over 6-8 months
- Before services are provided, the risks, needs, and motivation to change of the youth and his/her family are assessed
- A treatment plan that combines education, treatment, and behavior modification is developed specifically for each individual
- Participants attend classes, receive research-based mental health and/or substance abuse interventions

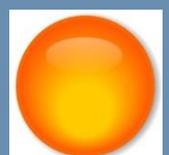
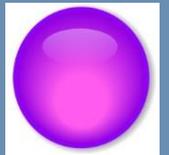
Intended Outcomes

- Reduced recidivism
- Academic achievement

Program Overview

The AMIkids Personal Growth Model (PGM) is a comprehensive approach to treatment for youth who have been adjudicated and, in lieu of incarceration, assigned to a day treatment program, residential treatment setting, or alternative school or who have been assigned to an alternative school after failing in a conventional school setting. The AMIkids PGM is designed to target and reduce the risk factors that sustain delinquent behavior and academic failure, reduce recidivism, improve program completion rates, and promote academic achievement. In studies reviewed for this summary, the AMIkids PGM was implemented in day treatment programs, alternative schools, and juvenile justice programs.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Since 1969, AMIkids has partnered with communities to establish local programs that have helped more than 100,000 at-risk and delinquent youth
- It is used at 57 program sites across Florida, Georgia, Illinois, Louisiana, New Mexico, North Carolina, South Carolina, Texas, and Virginia
- These sites serve approximately 500 youth annually through alternative schools, 3,500 youth through day treatment programs, and 2,700 youth through residential facilities

Costs

Required costs include Annual licensing fee (\$5,000 per site), 5-day, on-site implementation training (\$20,000 per site for up to 10 individuals, plus travel expenses), Annual on-site booster training (\$7,000 per site, plus travel expenses), First-year, on-site follow-up consulting and videoconferencing (\$8,000 per site, plus travel expenses), Fidelity evaluation tools, annual on-site assessment, and data collection (\$8,000 per site, plus travel expenses), and Monthly and annual analytical reports (\$6,000 per site). Subsequent consulting and videoconferencing is also available for \$200 per hour.

Contact Information

Judy Estren, J.D.
(813) 887-3300
jle@amikids.org

Website:

<http://www.amikids.org/our-services/amikids-personal-growth-model>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=252>

Behavior Management through Adventure

Target Audience

- Youth between the ages of 8 and 18
- Youth with behavioral, psychological, and learning disabilities
- Students excluded from school for disciplinary reasons
- Juvenile offenders

Curriculum Overview

- Trained facilitators deliver BMtA over approximately 60-120 days
- Groups of 12-20 youth who live together and participate in therapy together
- The group participates in adventure challenges

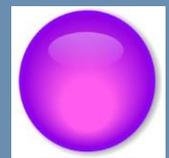
Intended Outcomes

- Reduced rearrest rates
- Improved time period from release until rearrest
- Reduced depression symptoms
- Improved family self-concept
- Reduced social introversion

Program Overview

Behavior Management through Adventure (BMtA) is a form of outdoor therapy for youth. BMtA incorporates group-based adventure challenges (e.g., ropes courses) and developmental exercises with problem-solving components in an effort to help participants change feelings, thinking, and social behaviors; reduce dysfunctional behaviors; improve functional life behaviors; and avoid rearrest.

Shown Effective For:



Adaptations

None identified by the developer.

History

- BMtA was originally developed and implemented by Project Adventure in the early 1980s to address the needs of at-risk youth in Georgia
- Has been implemented by more than 20 schools, agencies, and programs with more than 5,000 youth in Georgia, Massachusetts, New Jersey, New York, and Pennsylvania
- BMtA is now one of several related programs that are included within Project Adventure's Building Respectful Learning Communities model

Costs

Required costs include Training manuals, workshop manual, activity guide, and books (\$190 per set), 4-day on-site level 1 facilitator training (\$6,000 for up to 16 participants, plus travel expenses), 4-day on-site level 2 facilitator training (\$6,000 for up to 16 participants, plus travel expenses), 8 days of on-site consultation and support (\$12,000 per site, plus travel expenses), and Quality assurance process and report (Cost varies depending on site needs). Additional training and materials are also available (prices listed elsewhere).

Contact Information

Peter Aubry
(978) 524-4608
paubry@pa.org

Website: http://www.pa.org/?page_id=1866

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260>

Big Brothers Big Sisters Mentoring Program



Target Audience

- Youth ages 6-18

Curriculum Overview

- Trained adult volunteer mentors over age 18 are matched to youth participants
- The mentor acts as a role model and provides guidance
- The pairs agree to meet 2-4 times per month for at least a year
- Get-togethers usually last 3-4 hours and consist of mutually enjoyable activities

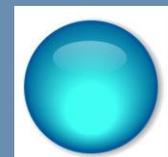
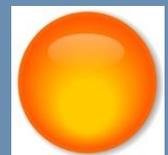
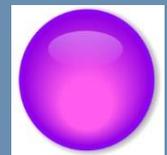
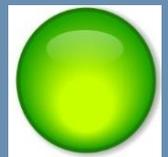
Intended Outcomes

- Reduced initiation of drug use
- Reduced aggressive behavior
- School competence and achievement
- Improved family relationships

Program Overview

The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ("Littles") reach their potential through supported matches with adult volunteer mentors ("Bigs"). The program focuses on positive youth development, not specific problems, and the Big acts as a role model and provides guidance to the Little through a relationship that is based on trust and caring.

Shown Effective For:



Adaptations

The parent orientation guide has been translated into Spanish.

History

- Founded in 1904 to provide one-to-one youth and adult volunteer mentor matching through the Big Brothers Big Sisters Mentoring Program
- Since then, more than 360 agencies in each of the 50 States, the District of Columbia, and Guam have used the program
- Served 210,000 youth in 2010

Costs

Required costs include membership fee (minimum of \$150,000 per year for 3 years). An Agency Information Management (AIM) system is also available at an additional cost (prices listed elsewhere).

Contact Information

Keoki Hansen
(315) 254-9759
keoki.hansen@bbbs.org

Website: <http://www.bigbrothersbigsisters.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260>

Brief Strategic Family Therapy

Target Audience

- Hispanic families
- African American families

Curriculum Overview

- Typically 12-16 family sessions, but can be delivered in 8-24 sessions
- Sessions conducted at locations that are convenient to the family, including the home
- Therapeutic techniques fall into three categories: joining, diagnosing, and restructuring

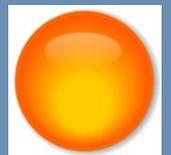
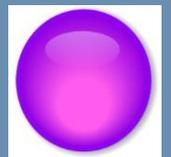
Intended Outcomes

- Engagement in therapy
- Reduced conduct problems
- Reduced socialized aggression (delinquency in company of peers)
- Reduced substance use
- Improved family functioning

Program Overview

Brief Strategic Family Therapy (BSFT) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school.

Shown Effective For:



Adaptations

Originally developed for Hispanic families, BSFT has been adapted for use with other ethnic populations, including African American, German, and Swedish families. BSFT also has been widely used with White families; research is currently ongoing with this population.

History

- BSFT has been in use and under continual development for approximately 30 years
- It has been implemented at approximately 110 sites in the United States, as well as in Chile, Germany, and Sweden
- Has served more than 2,600 families

Costs

Implementation, training, and quality assurance materials and resources are disseminated through two different entities that offer different packages. The implementation points of contact can provide detailed information about requirements and costs.

Contact Information

Joan Muir, Ph.D.
(305) 243-6363
jmuir@med.miami.edu

Lisa Bokalders
(888) 527-3828
lbokalders@bsft-av.com

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260>

Building Skills

Target Audience

- 5th graders

Curriculum Overview

- 12 lessons
- Lessons are approximately 1 hour each
- Lessons are delivered during class time by a trained prevention specialist once per week for 12 weeks
- Each lesson consists of lecture-based instruction, a group activity, an individual activity, and a debriefing session

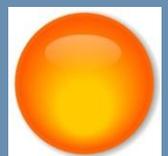
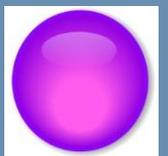
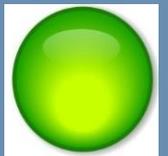
Intended Outcomes

- Goal setting
- Stress management
- Anger management
- Cooperation
- Improved decision making
- Assertiveness

Program Overview

Building Skills is designed to help 5th graders avoid or reduce high-risk behaviors, including substance abuse, by improving their inter- and intrapersonal skills. Curriculum topics include self-esteem, goal setting, decisionmaking, problem solving, communication skills, choosing friends, stress/anger management, conflict resolution, assertiveness, and substance refusal skills. Prevention specialists encourage students to practice the skills in their everyday lives, especially at home and at school. At the end of the program, students are encouraged to take their handbooks home and discuss the curriculum topics with their parents, in order to reinforce the skills learned.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Building Skills has been delivered in over 25 sites in western New York since 2005
- Has reached more than 7,500 students in the Buffalo Public Schools and surrounding suburban school districts

Costs

Required costs include the Implementation kit (\$100 per kit) which includes 1 teacher's manual, 25 student handbooks, 50 student surveys, 1 survey administration instruction sheet, and 1 fidelity instrument. Additional manuals and handbook kits can be purchased (prices listed elsewhere).

Contact Information

Timothy Smykowski
(716) 821-7722 ext 311
tsmykows@wnyunited.org

Website: <http://www.wnyunited.org/>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260>

Caring School Community

Target Audience

- Elementary school (K-6)

Curriculum Overview

- The program has four components designed to be implemented over the course of the school year:
 - Class meeting lessons
 - Cross-Age Buddies
 - Homeside Activities
 - Schoolwide Community-Building Activities
- Schoolwide implementation is recommended

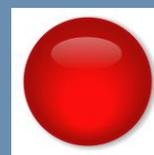
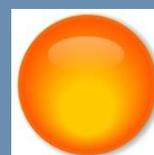
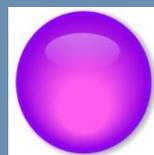
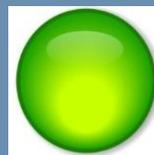
Intended Outcomes

- Reduced alcohol use
- Reduced marijuana use
- Concern for others
- Academic achievement
- Reduced student discipline referrals

Program Overview

Caring School Community (CSC), formerly called the Child Development Project, is a universal improvement program aimed at promoting positive youth development. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. By creating a caring school community, the program seeks to promote prosocial values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency.

Shown Effective For:



Adaptations

None identified by the developer.

History

- First introduced in California elementary schools in the early 1980s as the Child Development Project
- Has been adopted by approximately 1,000 schools in 34 states
- Has also been implemented in Australia, Spain, and Switzerland

Costs

Required costs include a Teacher's package (\$225 per grade level, or \$1,500 for K-6 combined) and a Principal's package (\$425 each). Additional materials, workshops, and visits are available (prices listed elsewhere).

Contact Information

Developmental Studies Center
(800) 666-7270
pubs@devstu.org

Website: <http://www.devstu.org/csc/videos/index.shtml>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=260>

Curriculum-Based Support Group (CBSG) ★

Target Audience

- At risk children and youth ages 4-17

Curriculum Overview

- 10-12 weekly, 1-hour support group sessions
- Groups consist of 6-10 participants no more than 2 years apart in age
- Groups are led by trained adult facilitators and cofacilitators
- Lesson content and objectives are essentially the same for all participants but are tailored for age and developmental status

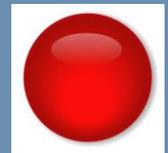
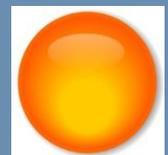
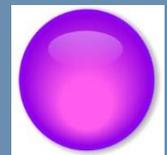
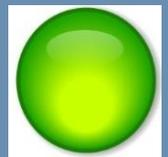
Intended Outcomes

- Reduced antisocial attitudes
- Reduced rebellious behavior
- Improved attitudes and intentions about substance use
- Reduced substance use

Program Overview

The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth who are identified as being at elevated risk for early substance use and future delinquency and violence. Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce antisocial attitudes and rebellious behavior. The curriculum addresses topics such as self-concept, anger and other feelings, dreams and goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and making a public commitment to staying drug free and true to life goals.

Shown Effective For:



Adaptations

The program has been adapted for use in Christian faith-based settings and in homeless and domestic violence shelters, group homes, and other transitional settings. All program handouts have been translated into Spanish.

History

- Developed in Texas in 1982 and was implemented first in community-based settings and then in schools
- Since dissemination of the program began in 1984, more than 17,000 youth service professionals have been trained to implement the program in more than 2,400 schools and community-based sites in 32 States
- 1.6 million children and youth have participated in the program

Costs

Required costs include one training option of 1-day training in cities throughout Texas (\$250 per participant) or 1-day, on-site training (\$3500 for the first 15 participants and \$150 for each additional participant plus travel expenses).

Contact Information

Kathy Daley
(800) 899-7828
kathyd@rainbowdays.org

Website: <http://www.rainbowdays.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=185>

Early Risers “Skills for Success”

Target Audience

- 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use

Curriculum Overview

- The child-focused component has three parts: summer camp, school year friendship groups, and school support
- The family-focused component has two parts: family nights with parent education (called Parents Excited About Kids, or PEAK) and family support

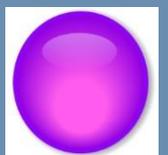
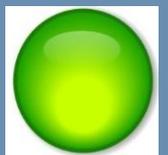
Intended Outcomes

- Improved social competence
- Improved disciplinary practices
- Behavioral self-regulation
- Improved school adjustment
- Reduced parenting stress
- Academic competence and achievement
- Parental investment in the child
- Effective discipline

Program Overview

Early Risers "Skills for Success" is a multicomponent, developmentally focused, competency-enhancement program. It is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions, coordinated by a family advocate, to move high-risk children onto a more adaptive developmental pathway.

Shown Effective For:



Adaptations

The materials used for parent education and skills training, including the curriculum and parent handouts, are available in Spanish.

History

- Has been implemented in public schools since 1997
- Approximately 1,700 families have received the intervention through collaborations with over 100 public schools, community and human service agencies, mental health collaboratives, and transitional housing units
- Has been implemented in Arkansas, Colorado, Florida, Indiana, Kansas, Michigan, Minnesota, North Carolina, Tennessee, and Virginia

Costs

Required costs include 3-day, on-site training (\$7,000 for up to 20 participants) and Social-emotional skills training curriculum (cost varies, depending on program selected by implementer). The developer recommends PATHS, Second Step, or Incredible Years as the social-emotional skills training to be implemented with Early Risers. Implementation sites are responsible for obtaining the books for literature appreciation lessons.

Contact Information

Sarah M. Coleman
(612) 273-9711
colem050@umn.edu

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=304>

Familias Unidas Preventive Intervention

Target Audience

- Hispanic families with children ages 12-17

Curriculum Overview

- Delivered primarily through multiparent groups and family visits
- Multiparent groups meet in weekly 2-hour sessions
- Each group has 10-12 parents, with at least 1 parent per family
- The intervention proceeds in three stages
- Each family receives up to eight home visits
- Duration ranges from 3 to 5 months
- Facilitators must be Spanish speaking and bicultural, with a minimum of a bachelor's degree in psychology and 3 years of clinical experience, or a master's degree and 1 year of clinical experience

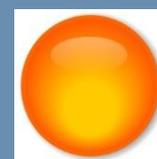
Intended Outcomes

- Reduced behavior problems
- Improved family functioning
- Reduced substance use
- Reduced risky sexual behaviors
- Reduced externalizing disorders

Program Overview

The Familias Unidas Preventive Intervention is a family-based program for Hispanic families. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. The program is guided by ecodevelopmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects.

Shown Effective For:



Adaptations

None identified by developer.

History

- First implemented in 1996 at the University of Miami's Miller School of Medicine with Hispanic families recruited from three public middle schools in low-income areas of Miami
- An estimated 650 individuals have participated
- Three ongoing clinical trials are expected to serve more than 1,200 families

Costs

The required implementation package includes five 1-day workshops for up to 10 participants, 48 hours of adherence monitoring and supervision over 3 months, and evaluation assistance (\$50,000 per site).

Contact Information

Hilda M. Pantin, Ph.D.
(305) 243-2343
hpantin@med.miami.edu

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=85>

Good Behavior Game

Target Audience

- First and second grade children

Curriculum Overview

- 1st grade children are assigned to one of three teams matched for gender, aggressiveness, disruptiveness, and shyness/social isolation of children
- Teams are rewarded for following posted classroom rules during game
- Played 3 times per week for 10 minutes each for the first 3 weeks
- Game periods are increased in length and frequency at regular intervals
- Predictability and reinforcement schedule of the game evolves
- Participation continues through 2nd grade with new teams assigned

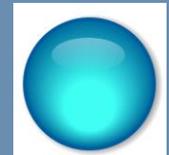
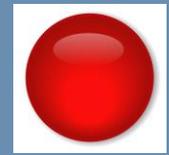
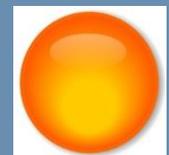
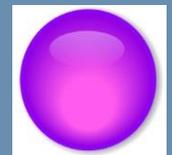
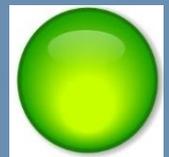
Intended Outcomes

- Reduced drug abuse/dependence disorders
- Reduced alcohol abuse/dependence disorders
- Reduced regular cigarette smoking
- Reduced antisocial personality disorder
- Reduced violent and criminal behavior

Program Overview

Good Behavior Game (GBG) is a classroom-based behavior management strategy used along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. GBG is structured around four core elements: classroom rules, team membership, self- and team-behavior monitoring, and positive reinforcement of individual team members and the team as a whole.

Shown Effective For:



Adaptations

The classroom materials have been translated into Spanish and are being used in classrooms in which Spanish is the language of instruction.

History

- Developed in 1969 as a classroom behavior management strategy
- First evaluated as a preventive intervention in a population-based randomized field trial in the mid-1980s
- Since 2003, an estimated 4,000 children in the United States and internationally have received GBG through implementations led by Johns Hopkins Bloomberg School of Public Health and the American Institutes for Research (AIR)
- In 2010, SAMHSA awarded 5-year grants to 22 local educational agencies in economically disadvantaged communities across the country, including tribal communities, to implement GBG
- GBG has been implemented and evaluated as part of randomized field trials in the Netherlands and Belgium, and it is currently being piloted in England

Costs

The total cost to certify one to four local GBG coaches over the course of a year is \$34,250-\$40,250, excluding travel expenses. Sites spend about \$150 per classroom annually on student incentives.

Contact Information

Jeanne M. Poduska, Sc.D.
(410) 347-8553
jpoduska@air.org

Website: <http://www.air.org/goodbehaviorgame>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201>

Guiding Good Choices



Target Audience

- Parents of children in grades 4 through 8

Curriculum Overview

- Five interactive and skill based sessions, with opportunities for parents to practice new skills and receive feedback, and use video based vignettes to demonstrate parenting skills
- Family guide is provided that contains family activities, discussion topics, skill-building exercises, and information on positive parenting

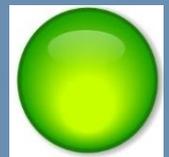
Intended Outcomes

- Reduced alcohol abuse disorder
- Reduced drunkenness frequency
- Reduced alcohol-related problems
- Reduced illicit drug use frequency
- Reduced substance use
- Improved parenting behaviors and family interactions
- Reduced delinquency
- Reduced symptoms of depression

Program Overview

Formerly known as Preparing for the Drug Free years, Guiding Good Choices (GGC) is a drug use prevention program that provides parents with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. GGC is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors

Shown Effective For:



Adaptations

Intervention materials are available in Spanish.

History

- Field-tested over 2 years in 10 public schools in Seattle, Washington, under the name Preparing for the Drug Free Years before being made into a video-assisted program for wider distribution in 1987
- Since 1987, GGC workshops have been delivered to urban, suburban, and rural families in all 50 States and the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, as well as in Canada, Cyprus, the Netherlands, Spain, Sweden, and the United Kingdom
- In 1993, GGC was implemented as part of an experimental, longitudinal study in rural Midwest communities
- Developer estimates that more than 313,820 families have been served by GGC since 1987

Costs

The basic cost to deliver the intervention to an initial group of 10 parents is estimated to be \$1,016.70. The cost of subsequent groups of 10 is \$135.70.

Contact Information

Channing Bete Company, Inc.
(877) 896-8532
custsvcs@channing-bete.com

Website: <http://www.channing-bete.com/ggc>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=302>

Michigan Model for Health

Target Audience

- Students aged 5-19 years (grades K-12)

Curriculum Overview

- Lessons address issues commonly faced by students
- 20- to 45-minute lessons are designed to be implemented by the classroom teacher, and they include extension ideas for core subjects
- Provides information for parents regarding the content that students are learning in the classroom and suggestions for related activities

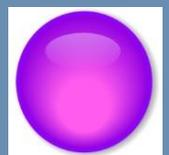
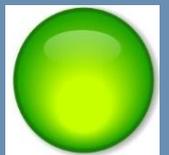
Intended Outcomes

- Reduced alcohol use
- Reduced tobacco use
- Reduced intention to use alcohol and cigarettes
- Reduced aggression
- Improved judgment on healthy behaviors

Program Overview

The Michigan Model for Health is based on the Adapted Health Belief Model, which merges several behavior change theories and maintains the principle that a health education program is more likely to impact behavior change if it incorporates knowledge, skills, self-efficacy, and environmental support. The intervention, which can be implemented in public, private, or alternative schools, facilitates learning and skill development through a variety of interactive teaching and learning techniques, including demonstration and guided practice. Materials are packaged for each grade from kindergarten through 6th grade, for 7th and 8th grade, and for 9th through 12th grade. Teacher training, which is required in Michigan and recommended for implementers in other States, provides grade-specific information, including an understanding of the curriculum and the application of skills-based instruction.

Shown Effective For:



Adaptations

None identified by the developer.

History

- First implemented in 1985 when multiple Michigan State agencies collaborated to create a coordinated program providing school-aged children with information and skills related to health promotion and disease prevention
- According to the results of a 2008 survey of schools, approximately 80% of Michigan schools implement the Michigan Model for Health, and 72% of all Michigan students (1.2 million) receive the lessons annually
- Michigan has a network of regional school health coordinators who conduct required teacher trainings on the intervention and provide ongoing technical assistance in their respective school districts
- Including Michigan, the Michigan Model for Health has been implemented in 40 States

Costs

Required costs include Teacher's manual and program materials for each grade, K-6, 7-8, and 9-12 (prices vary by grade and are not listed here). Additional training and materials are available (costs not listed here). Special packaging of materials is available by request.

Contact Information

Paula Nettleton
(800) 214-8961
emc@cmich.edu

Website: <http://www.emc.cmich.edu/mm>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=214>

Nurturing Parenting Programs

Target Audience

- Parents and school-age children
- Families who have been identified by child welfare agencies for past child abuse and neglect
- Families who are at high risk for child abuse and neglect

Curriculum Overview

- Families complete questionnaires and participate in discussion, role-play, and audiovisual exercises
- Families attend sessions at either home or in a group format
- Group sessions combine concurrent separate experiences with shared “family nurturing time”
- In home-based sessions, parents and children meet separately and jointly during a 90-minute lesson once per week for 15 weeks

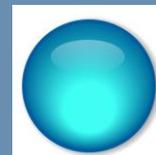
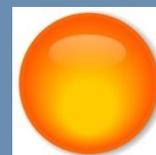
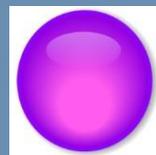
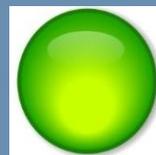
Intended Outcomes

- Improved parenting attitudes, knowledge, beliefs, and behaviors
- Reduced recidivism of child abuse and neglect
- Improved children’s behavior and attitudes toward parenting
- Improved family interaction

Program Overview

The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. NPP instruction is based on psychoeducational and cognitive-behavioral approaches to learning and focuses on "re-parenting," or helping parents learn new patterns of parenting to replace their existing, learned, abusive patterns. NPP can be implemented by professionals or paraprofessionals in fields such as social work, education, recreation, and psychology who have undergone NPP facilitator training and have related experience.

Shown Effective For:



Adaptations

NPP materials have been translated into Arabic, Hmong, Kreyol (Haitian), and Spanish. Thirteen separate adaptations of NPP are listed on the NREPP website for this intervention.

History

- Initial research and development occurred in the early 1980s
- National implementation began in 1985
- Over the past 30 years, about 14,000 agencies have implemented NPP worldwide, reaching an estimated 1.1 million families
- Approximately 30 studies have been published or described in evaluation reports
- NPPs are currently being implemented in all 50 States plus 24 other locations internationally (not listed here)

Costs

Required costs include the materials set (approximately 15 families; \$300-\$2,000 depending on the program selected) and a 3-day facilitator training (\$250-\$325 per participant). Additional training and technical assistance is available (prices listed elsewhere). Two group facilitators are recommended for every seven adults participating in the program. Two additional group facilitators are recommended for every 10 children participating.

Contact Information

Stephen J. Bavolek, Ph.D.
(800) 688-5822
fdr@nurturingparenting.com

Websites: <http://nurturingparenting.com>
<http://nurturingtraining.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=171>

PeaceBuilders



Target Audience

- Elementary school students (grades K-5)

Curriculum Overview

- Begins with 2-hour meeting with developer to create an implementation plan
- School staff participate in a 4-hour on-site training
- Each of the principles is taught by instructional staff in monthly installments over the remainder of the year
- Principles are prominently displayed and daily rituals are introduced
- Schools receive on-site coaching and ongoing support as needed

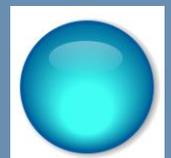
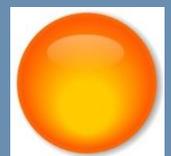
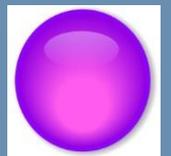
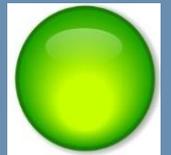
Intended Outcomes

- Improved social competence
- Increased peace-building behavior
- Reduced aggressive and violent behavior

Program Overview

PeaceBuilders is a schoolwide violence prevention program. It attempts to create a positive school climate by developing positive relationships between students and school staff; directly teaching nonviolent attitudes, values, and beliefs; and providing incentives for young people to display these behaviors at school, in the community, and at home. PeaceBuilders introduces a common language to a school centered on six principles: praise people; avoid put-downs; seek wise people as advisers and friends; notice and correct hurts we cause; right wrongs; and help others. Activities and rewards designed to teach and encourage these "peace-building" behaviors are woven into the school's everyday routine with the participation of all staff in the school, including teachers, classroom aides, administrators, librarians, nurses, playground monitors, and any others who regularly interact with students.

Shown Effective For:



Adaptations

Versions of the curriculum are now offered for use in preschool and prekindergarten programs, middle and high schools, and afterschool programs. Some program materials, including materials for parents, are available in Spanish. A limited number of materials are available in other languages including Navajo, Khmer, Vietnamese, and Korean.

History

- First implemented in 1991 in Pima County, Arizona
- Since then, it has been implemented in more than 1,450 sites with over 1 million students in 41 States, the District of Columbia, Saipan, and Canada

Costs

Required costs include the initial site licensing fee (cost provided by developer during summary approval), PeacePack (\$140 per teacher/staff member), leadership guide (\$90 per member of leadership team), support staff manual (\$25 per staff member), essentials workbook (\$10 per teacher/staff member), PraiseNote/apology pads (1 per teacher/staff member; \$11 per pack of 6 or \$22 per pack of 13), pledge poster (\$7 each), PeaceBuilders customizable banner (\$220 per site), 4-hour on-site PeaceBuilders Essentials Training (\$2,500 for up to 40 participants plus travel expenses). Additional resources are available (prices listed elsewhere).

Contact Information

Michelle A. Molina
(877) 473-2236
mmolina@peacebuilders.com

Website: <http://www.peacebuilders.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=352>

Ripple Effects

Target Audience

- Kids (grades 2-5)
- Teens (grades 6-10)

Curriculum Overview

- Staff can preselect the content for students from an array of topics
- Students also may choose some topics for themselves
- Topics can be explored in a multitude of ways (e.g., case studies, videos, factual information, photos/illustrations, journal writing exercises, quizzes) in any order depending on what is most compelling to individual students
- Program duration varies by setting
- Staff use core process components and built-in data management system to ensure correct log-in, assign tutorials, and track progress

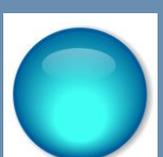
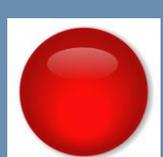
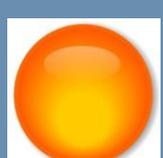
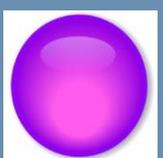
Intended Outcomes

- School achievement
- Improved resilience assets

Program Overview

Ripple Effects Whole Spectrum Intervention System (Ripple Effects) is an interactive, software-based adaptive intervention for students that is designed to enhance social-emotional competencies and ultimately improve outcomes related to school achievement and failure, delinquency, substance abuse, and mental health. Two versions of the software are available: Ripple Effects for Kids and Ripple Effects for Teens. The software presents students with peer-narrated tutorials that address social-emotional competencies, present science-based information about group-level risk factors, and give each student personalized guidance to address risk and protective factors specific to the student's environment and personal goals.

Shown Effective For:



Adaptations

The instructional process has been adapted to respond to differences in learning styles and to meet the needs of students with attention deficit problems, students with low reading skills, and English language learners. The program also has been adapted for students with a hearing impairment, and it has been used at some schools for deaf students. Thousands of student-level adaptations of content scope and sequence have been made to meet specific individualized education program requirements and as specific therapeutic sanctions for individual students.

History

- Since development in 1998, more than 1 million children and adolescents have used the program
- An estimated 180,000 students use the software each year in more than 3,000 schools and community-based settings
- The intervention has been implemented in all 50 States and the U.S. Virgin Islands; in British Columbia, New Brunswick, and Ontario, Canada; and in the Cayman Islands and Trinidad

Costs

Required costs include Ripple Effects for Kids and/or Ripple Effects for Teens depending on age of participants (costs depend on number of computer licenses purchased and all options are not listed here, the cost for license for 1 computer is \$599). Additional resources are also available (prices listed elsewhere).

Contact Information

Kerry Crespo
(888) 259-6618 ext 350
kpifer@rippleeffects.com

Website: <http://www.rippleeffects.com/index.html>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=210>

SAFEchildren

Target Audience

- 1st-grade children and their families living in inner-city neighborhoods

Curriculum Overview

- Families participate in 20 weekly sessions (2 to 2.5 hours each) led by a trained, professional family group leader
- Each session includes a review of the previous week's homework, discussion about a focused topic, and in-session role-plays and activities
- Tutoring is provided twice weekly (one 30-minute and one 20-minute session) over 20 weeks, using a modified version of the Wallach program
- Each tutoring session involves segments on phonics, sound and word activities, and reading books

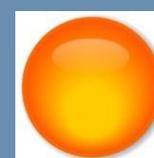
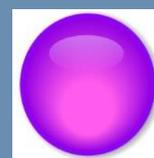
Intended Outcomes

- Reading achievement
- Reduced child problem behaviors
- Improved parenting practices
- Parental involvement in child's education

Program Overview

Schools And Families Educating Children (SAFEChildren) is a family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse and associated problems such as aggression, school failure, and low social competence.

Shown Effective For:



Adaptations

Parent group handouts and process and fidelity measures are available in Spanish.

History

- Since 1997 approximately 550 families have participated

Costs

Required costs included the family intervention manual (\$50 each), tutoring manual (\$20 each), and set of reproducible tutoring materials (\$75 each). Additional resources are available (costs not listed here). Group leaders are usually hired to work half-time at a salary commensurate with a master's of social work and 4-6 years of postdegree experience. College students can serve as tutors; approximately 2 hours should be budgeted for each tutee per week, which allows for both preparation and travel time.

Contact Information

Department of Psychiatry
(312) 413-1090
fcrg@psych.uic.edu

Website: <http://www.psych.uic.edu/fcrg/safe.html>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=40>

Say It Straight (SIS)

Target Audience

- Students and adults

Curriculum Overview

- Delivered in 5 to 10 sessions, each 45-50 minutes in duration
- Sessions can be held once per week or on consecutive days
- One or two trainers facilitate the program with groups as large as 35 students
- With participants other than students, SIS is delivered in 5 to 15 sessions, 1-3 hours each, depending on group size and group needs

Intended Outcomes

- Reduced alcohol and drug related school suspensions
- Improved intentions to use assertive refusal skills
- Reduced criminal offenses
- Improved communication skills
- Improved intentions to use assertive refusal skills in sexual situations

Program Overview

Say It Straight (SIS) is a communication training program designed to help students and adults develop empowering communication skills and behaviors and increase self-awareness, self-efficacy, and personal and social responsibility. In turn, the program aims to reduce risky or destructive behaviors such as substance use, eating disorders, bullying, violence, precocious sexual behavior, and behaviors that can result in HIV infection. SIS began as a school-based program for use in grades 3-12. Its application has been expanded to include students in detention and treatment, student mentors and mentees, parents, high-risk communities, adults in treatment, college students, and the homeless.

Shown Effective For:



Adaptations

All printed materials have been translated into Spanish. Some adaptations have been made to support SIS's expansion to a broader range of settings and populations.

History

- In use since 1982
- Implemented in urban and rural schools in a number of States, as well as with Native American youth in schools and summer camps and with Native Canadian youth and adults
- More recently, implementation has expanded to a broader range of settings and populations
- SIS has been used with a wide range of populations and age groups, ranging from pre-teenagers to older adults.
- Evaluations of SIS have been conducted with students starting in grade 3, and some implementations have included children in grade 2
- One of the SIS studies reviewed in this summary was conducted in schools in high-risk areas and some of the schools had large percentages of African American and Hispanic students (40% or higher)

Costs

Required costs include trainer manual (\$250 each), Age-specific workbook/journal (\$6.75-11.50 each), posters (9; \$15 per set; reproducible), 4-day training-of-trainers workshop (\$750 per participant), and review and evaluation process to certify a Master Trainer-of-Trainers (750 per participant). Additional resources are available (prices listed elsewhere).

Contact Information

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NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=186>

SODAS City

Target Audience

- Preadolescents and adolescents

Curriculum Overview

- Self-instructional software program
- Delivered through 10 initial sessions (30-40 minutes each)
- 5 optional annual booster sessions (20-30 minutes each)
- The SODAS acronym reflects the five-step problem-solving sequence that composes the central element of the program
- Problem situations are simulated through a series of adventures, games, and puzzles
- The participant maneuvers through each situation by applying the five-step problem-solving sequence

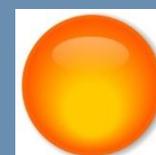
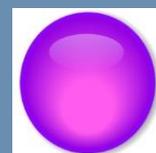
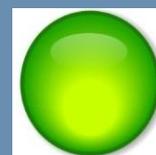
Intended Outcomes

- Reduced alcohol, cigarette, and marijuana use
- Reduced heavy or binge drinking
- Improved refusal skills for drugs and alcohol
- Reduced number of friends who drank alcohol
- Reduced intentions to drink

Program Overview

SODAS City is designed to help prevent participants' current and future use of alcohol and other substances, as well as the problems associated with this use. The SODAS acronym reflects the following steps: Stop (stop and think about the problem you are facing), Options (generate options for solving the problem), Decide (decide on the best option), Act (act in accordance with your decision), and Self-praise (give self-praise for acting correctly), which are applied to problem situations. The City component of the name reflects the urban context for the problem situations featured in the program.

Shown Effective For:



Adaptations

None identified by the developer.

History

- First implemented in 2001 in a group randomized trial conducted by investigators from Columbia University in New York City
- Has been implemented once in Delaware, New Jersey, and New York
- Approximately 370 children have received the program

Costs

Required costs include Thinking Not Drinking: A SODAS City Adventure on CD-ROM (\$20 per child). Additional resources are available (prices listed elsewhere).

Contact Information

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NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=329>

Strengthening Families Program



Target Audience

- Children 3-16 years old

Curriculum Overview

- Three life-skills courses delivered in 14 weekly, 2-hour sessions
- Sessions include Parenting Skills sessions, Children's Life Skills sessions, and Family Life Skills sessions
- Participation in ongoing family support groups and booster sessions is encouraged

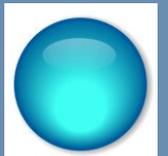
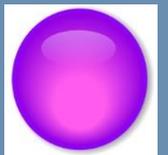
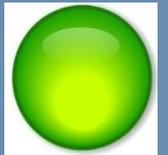
Intended Outcomes

- Reduced children's internalizing and externalizing behaviors
- Improved parenting practices/parenting efficacy
- Improved family relationships

Program Overview

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together.

Shown Effective For:



Adaptations

SFP has been adapted for African American, Asian/Pacific Islander, Hispanic, and American Indian families. Independent researchers have developed language and culture specific versions for the Australian, Austrian, Canadian, Dutch, French, Italian, Norwegian, Portuguese, Russian, Spanish, Slovenian, Swedish, and Thai governments. Translations into Arabic and Farsi are underway.

History

- Initially developed and evaluated in 1982-1986 in a NIDA randomized controlled trial (RCT) with children of addicted parents
- Independent replication studies with cultural adaptations for high-risk, culturally diverse families were conducted in six states
- RCTs were conducted by independent investigators in Maryland, New York, Virginia, Washington, DC, and Canada with more than 1,300 families
- Statewide evaluations have been conducted in four states
- More than 12,500 individuals have been trained to deliver SFP to about 250,000 families in the last 10 years
- SFP is currently being tested for the prevention of child abuse in six states
- New curriculum materials are being tested (not described here)

Costs

Required costs include CD containing materials for one age group (\$450 each). Additional resources are available (prices listed elsewhere).

Contact Information

Jessica Ahearn Greene, Ph.D.
(240) 460-3931
sfp@ahearngreene.com

Website: <http://www.strengtheningfamiliesprogram.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=44>

Strengthening Families Program: for Parents and Youth 10-14

Target Audience

- Parents and Youth 10-14

Curriculum Overview

- Seven 2-hour sessions
- Four optional booster sessions
- Parents and youth meet separately for instruction during the first hour and together for family activities during the second hour
- Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff

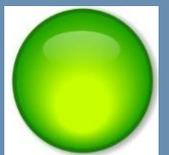
Intended Outcomes

- Reduced substance use
- School success
- Reduced aggression
- Improved cost effectiveness

Program Overview

The Strengthening Families Program: For Parents and Youth 10-14 is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances.

Shown Effective For:



Adaptations

A supplemental teaching manual has been developed for use with special groups for whom the program's videos may not be appropriate. In addition, a Spanish-language version of SFP 10-14, called Familias Fuertes, has been created by the Pan American Health Organization in collaboration with the developer.

History

- First implemented in 1993
- Has been used in approximately 1,300 sites and has reached about 89,000 individuals
- Implementation within the United States has included Puerto Rico and the U.S. Virgin Islands. Internationally, the program has been used in Bosnia, Canada, El Salvador, England, Germany, Greece, Norway, Poland, Spain, Sweden, Turkey, and Wales

Costs

Required costs include program materials (\$1,109 per set for 6-10 facilitators) and 3-day training (\$6,000 for up to 30 people, including travel expenses). The initial implementation cost per family is \$373-\$398, based on estimated costs for expendable family materials (\$18), child care (\$35), transportation (\$20), and facilitators (\$180), assuming the sessions are not taught by agency staff. Other costs per family included in this estimate are for snacks (\$25) or meals (\$50) and monetary incentives (\$150). The costs are based on 10 families per 7-week session. An additional option is hiring a program coordinator, which costs approximately \$400 per family. The program coordinator estimate is based on 10 7-week sessions implemented over a 1-year period.

Contact Information

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hockaday@iastate.edu

Catherine Webb
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cwebb@iastate.edu

Website: <http://www.extension.iastate.edu/sfp>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=63>

Strong African American Families (SAAF)

Target Audience

- 10- to 14-year-old African American youths and their primary caregivers

Curriculum Overview

- Seven 2-hour sessions using separate skill-building curricula for youths and primary caregivers
- During the first hour of each session, youths and primary caregivers meet separately with facilitators
- During the second hour of each session, youths and primary caregivers meet as a family with the facilitator and build on what was learned in the separate sessions
- SAAF is usually offered at schools and community facilities

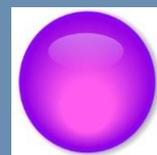
Intended Outcomes

- Reduced alcohol use
- Reduced conduct problems

Program Overview

SAAF is a culturally tailored, family-centered intervention for African American families. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing primary caregivers' efforts to help youths reach positive goals. Includes sessions for youth only, primary caregiver only and combined family sessions with topics individualized for each.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Initially implemented in a 2-year (2001-2003) randomized prevention trial with more than 600 African American families in rural counties in Georgia
- Organizations in Colorado, Georgia, Iowa, and Pennsylvania have used SAAF with approximately 115 additional families

Costs

Required costs include SAAF Program Pack (\$7,000 each) and 3-day training (included in SAAF Program Pack cost). Other implementation costs can range from approximately \$3,600 to \$9,500, depending on whether the implementer provides meals, child care, transportation, and incentives for participants and whether facilitators are compensated. This estimate is based on program implementation with a group of 24 participants (i.e., 12 youths and 12 primary caregivers).

Contact Information

Christina Grange, Ph.D.
(706) 425-3005
cgrange@uga.edu

Website: <http://www.cfr.uga.edu/saaf1>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=216>

Additional Programs Appropriate for this Age Group

Program Name

Location in Workbook

AI's Pals: Kids Making Healthy Choices

page 6

Families and Schools Together (FAST)

page 8

Lions Quest Skills for Adolescence

page 67

Promoting Alternative Thinking Strategies (PATHS), PATHS Preschool

page 14





Adolescent (13-17)

CAST (Coping And Support Training)

Target Audience

- Youth 14 to 19 years old

Curriculum Overview

- Life-skills training and social support in a small-group format (6-8 students per group)
- The program consists of 12 55-minute group sessions administered over 6 weeks
- CAST serves as a follow-up program for youth who have been identified through screening as being at significant risk for suicide

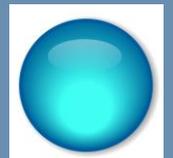
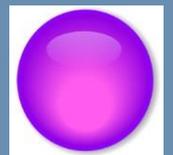
Intended Outcomes

- Reduced suicide risk factors
- Reduced severity of depression symptoms
- Reduced feelings of hopelessness
- Reduced anxiety
- Reduced anger
- Reduced drug involvement
- Improved sense of personal control
- Improved problem-solving/coping skills

Program Overview

CAST (Coping And Support Training) is a high school-based suicide prevention program. Skills training sessions target three overall goals: increased mood management, improved school performance, and decreased drug involvement. Sessions focus on group support, goal setting and monitoring, self-esteem, decisionmaking skills, better management of anger and depression, "school smarts," control of drug use with relapse prevention, and self-recognition of progress through the program. Each session helps youth apply newly acquired skills and increase support from family and other trusted adults. "Lifework" assignments continue this skill building outside of sessions.

Shown Effective For:



Adaptations

Originally piloted and tested in youth 14-19 years old, the CAST program is currently being tested with middle school-aged youth. CAST has been evaluated with racially and ethnically diverse groups of high school youth at risk of dropping out of school.

History

- Since 1995, the intervention has reached more than 3,000 students in more than 60 middle schools and high schools in the United States and Canada.

Costs

Required costs include the CAST curriculum (\$425 each), 4-day training workshop for CAST leaders and coordinators (\$8,000 per group of 5-8, \$9,900 per group of 9, or \$1,100 per participant to attend an open training), and student notebooks (\$16 each or \$115.20 for eight). Additional resources available (prices listed elsewhere).

Contact Information

Reconnecting Youth Inc.
(425) 861-1177
info@reconnectingyouth.com

Website: <http://www.reconnectingyouth.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=51>

Fourth R: Skills for Youth Relationships

Target Audience

- 8th- and 9th-grade students

Curriculum Overview

- The Fourth R is composed of three units:
 - Personal safety and injury prevention
 - Healthy growth and sexuality
 - Substance use and abuse
- Each unit contains seven 75-minute classes, which are delivered by trained teachers and integrated into the school's standard health and physical education curriculum
- Includes many examples of the types of conflicts faced by teens on a daily basis, and examples of both peer and dating conflicts are used concurrently
- Makes extensive use of role-playing, with feedback from peers and teachers
- Boys and girls participate in slightly different exercises and activities

Intended Outcomes

- Reduced physical dating violence
- Increased condom use
- Reduced violent delinquency

Program Overview

The Fourth R: Skills for Youth Relationships is a curriculum for students that is designed to promote healthy and safe behaviors related to dating, bullying, sexuality, and substance use. Based on social learning theory and grounded in stages of social development, the Fourth R focuses on improving students' relationships with peers and dating partners and avoiding symptomatic problem behaviors (e.g., violence, aggression).

Shown Effective For:



Adaptations

The Fourth R has been adapted for use with Canadian Aboriginal populations, Catholic school students, and students in alternative education settings. Program materials have been translated into French, Portuguese, and Spanish.

History

- Implementation began in 2004
- The program is used in more than 1,200 schools in Canada and the United States, reaching more than 100,000 students each year
- Implemented in Alberta, British Columbia, Manitoba, Newfoundland, Northwest Territories, Nova Scotia, Nunavut, Ontario, Saskatchewan, and Yukon
- In the United States, the program has been implemented in 18 states
- Four U.S. sites are using the program as part of the Robert Wood Johnson Foundation's Start Strong teen dating violence prevention initiative
- Also has been implemented in Australia, Portugal, and Spain
- Two evaluations have been conducted in Canada, and a third evaluation is being conducted in the United States

Costs

Required costs include the Fourth R Curriculum Binder for teachers (\$135 per binder). Additional resources are available (costs not listed here). In the study reviewed by NREPP, approximately 1,700 students participated, at an average cost of \$16 per student.

Contact Information

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shanna_burns@camh.net

Website: <http://www.youthrelationships.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=207>

LifeSkills Training (LST)



Target Audience

- Elementary school (grades 3-6)
- Middle school (grades 6-9)
- High school (grades 9-12)

Curriculum Overview

- Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills

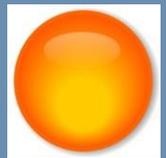
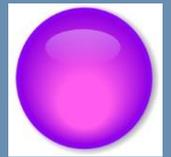
Intended Outcomes

- Reduced substance use
- Improved normative beliefs about substance use and substance use refusal skills
- Reduced violence and delinquency

Program Overview

LifeSkills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist prodrug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. The research studies and outcomes reviewed for this summary involved middle school students.

Shown Effective For:



Adaptations

LST curriculum materials are available in Spanish.

History

- Broad dissemination of LST began in 1995
- An estimated 50,000 teachers, 10,000 schools/sites, and 3 million students have participated in the program
- Duration of implementation varies; some sites have implemented LST for 5 years or longer
- Has been extensively evaluated in more than 30 scientific studies involving more than 330 schools/sites and 26,000 students in suburban, urban, and rural settings
- LST has been used with youth in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands
- Has been used in 32 countries outside the United States

Costs

Required costs include a grade level curriculum set (\$175-275 depending on grade level), smoking and biofeedback DVD (\$20 each, for middle school only), and stress management techniques audio CD (\$10 each, for middle school only). Additional resources are available (prices listed elsewhere).

Contact Information

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(914) 421-2525
czettle@nhpamail.com

Website: <http://www.lifeskillstraining.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=109>

Lions Quest Skills for Adolescence

Target Audience

- Grades 6-8 (ages 10-14)

Curriculum Overview

- The learning model employs inquiry, presentation, discussion, group work, guided practice, service-learning, and reflection to accomplish the desired outcomes
- Comprised of a series of 80 45-minute skill-building sessions

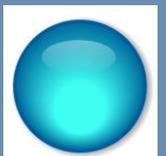
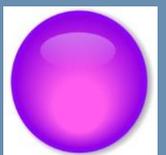
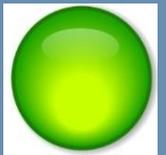
Intended Outcomes

- Improved social functioning
- Success in school
- Reduced misconduct
- Improved attitudes and knowledge related to alcohol and other drugs
- Reduced tobacco use
- Reduced alcohol use
- Reduced marijuana use

Program Overview

Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for schoolwide and classroom implementation. The goal is to help young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives. The program unites educators, parents, and community members to utilize social influence and social cognitive approaches in developing the following skills and competencies in young adolescents: (1) essential social/emotional competencies, (2) good citizenship skills, (3) strong positive character, (4) skills and attitudes consistent with a drug-free lifestyle and (5) an ethic of service to others within a caring and consistent environment.

Shown Effective For:



Adaptations

Lions Quest SFA has been translated into about 20 different languages and culturally adapted to most of the countries listed under Implementation History. It has been used mostly in school settings but also with a number of specific populations including after-school groups, youth camps, unemployed youth, at-risk youth, homeless street children (in India), and young adults at risk for HIV/AIDS (in South Africa).

History

- Worldwide, 500,000 teachers in more than 50 countries have been trained in Lions Quest programs, with 11.8 million students participating in programs to date

Costs

Required costs include a student book (\$5.95 per student), 2-day on-site training (\$180-330 per person plus travel expenses), and 2-day off-site training (\$425-500 per person). Additional resources are available (costs not listed here).

Contact Information

Matthew Kiefer
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Website: <http://www.lions-quest.org>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=24>

New Moves

Target Audience

- Adolescent girls

Curriculum Overview

- Typically implemented over a two-semester, 9-month school year
- During the first semester, teachers deliver 50-minute classes each weekday
- Once a week, the class consists of nutrition or social support lessons, which alternate weekly for a total of 8 lessons each; on the other 4 days, participants attend the girls-only PE class.
- During the second semester, girls participate in maintenance activities
- Each girl also schedules 5-7 individual 15-20 minute counseling sessions
- The curriculum is reinforced through parent outreach activities

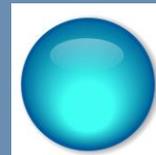
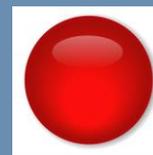
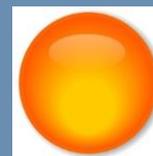
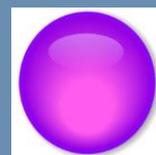
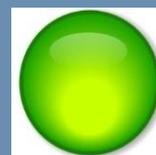
Intended Outcomes

- Improved physical activity
- Improved eating patterns
- Reduced unhealthy weight control behaviors
- Improved body image
- Improved self-worth

Program Overview

New Moves is a school-based physical education (PE) intervention aimed at preventing weight-related problems in adolescent girls by increasing their physical activity, improving body image and self-worth, and improving diet. The primary component is an all-girls PE class that is designed to provide a noncompetitive, supportive environment to encourage girls to be physically active regardless of size, shape, or skill level. The intervention's theoretical model of change is based on social cognitive theory and addresses a combination of socioenvironmental, personal, and behavioral factors.

Shown Effective For:



Adaptations

None identified by the developer.

History

- First implemented in 2002
- Has since been implemented in 25 schools in Minnesota, serving approximately 5,000 students

Costs

Required costs include a teacher guidebook (free electronic or \$12 per hard copy), Girl Pages (free electronic or \$33 per hard copy), and interview session observation checklist (free). Additional resources are available (costs not listed here). Depending on the site, implementation may include guest instructor fees and costs for exercise equipment, t-shirts, pedometers, magazines, craft supplies, assorted prizes, water bottles, beverages, snacks, and a parent-daughter event. These costs are estimated at \$2,200 annually.

Contact Information

Colleen F. Flattum, M.S., R.D.
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Website: <http://www.newmovesonline.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=354>

Reconnecting Youth: A Peer Group Approach to Building Life Skills

Target Audience

- Students ages 14-19 years
- Youth who demonstrate poor school achievement and high potential for school dropout

Curriculum Overview

- Participants are identified using a school's computer records or are referred by school personnel
- Eligible students may show signs of multiple problem behaviors, such as substance abuse, aggression, depression, or suicidal ideation.
- Incorporates several social support mechanisms for participating youth: social and school bonding activities, development of a crisis response plan, and parent involvement

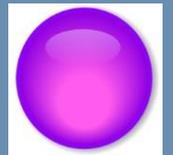
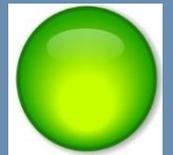
Intended Outcomes

- Improved school performance
- Reduced drug involvement
- Improved mental health risk and protective factors
- Reduced suicide risk behaviors

Program Overview

Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress. RY targets youth who demonstrate poor school achievement and high potential for school dropout. Eligible students must have either (1) fewer than the average number of credits earned for all students in their grade level at their school, high absenteeism, and a significant drop in grades during the prior semester or (2) a record of dropping out of school.

Shown Effective For:



Adaptations

None identified by the developer.

History

- Developed in 1985
- Implemented in all 50 States as well as internationally and has reached hundreds of thousands of youth
- Implemented in an estimated 3,000 settings annually
- Several States have adopted RY as an evidence-based program, recommending it to agencies and school districts and providing funding and/or training to support its implementation
- U.S. Department of Education's Safe and Drug-Free Schools program has provided grants for more than 10 years to a substantial number of schools and individuals to implement and evaluate RY
- An estimated 200-250 evaluations have been conducted through this funding source alone, with additional evaluations conducted as required by other funding agencies

Costs

Required costs include the RY curriculum (\$299.95 each), RY student workbooks (\$24.95 each or \$224.55 for 10), and 4-day training workshop for RY leaders and coordinators (\$8,800 per group of five to eight or \$1,100 per participant to attend an open training). Additional resources are available (costs not listed here).

Contact Information

Reconnecting Youth Inc.
(425) 861-1177
info@reconnectingyouth.com

Website: <http://www.reconnectingyouth.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96>

Additional Programs Appropriate for this Age Group

| <u>Program Name</u> | <u>Location in Workbook</u> |
|--|-----------------------------|
| AMIkids Personal Growth Model | page 17 |
| Behavior Management through Adventure | page 19 |
| Big Brothers Big Sisters Mentoring Program | page 21 |
| Brief Strategic Family Therapy | page 23 |
| Familias Unidas Preventive Intervention | page 33 |
| Family Spirit | page 10 |
| Guiding Good Choices | page 37 |
| Michigan Model for Health | page 39 |
| Nurse-Family Partnership (NFP) | page 12 |
| Ripple Effects | page 45 |
| Say It Straight (SIS) | page 49 |
| Strengthening Families Program | page 53 |





Young Adult (18-25)

Coping with Work and Family Stress

Target Audience

- Employees 18 years and older

Curriculum Overview

- Sixteen 90-minute sessions
- Provided weekly to groups of 15-20 employees
- Emphasizes the role of stress, coping, and social support in relation to substance use and psychological symptoms
- Sessions are led by a trained facilitator who typically has a master's-level education; is experienced in group dynamics, system theory, and cognitive and other behavior interventions; and is able to manage group process

Intended Outcomes

- Reduced perceived stressors
- Improved coping strategies
- Improved perceived social support
- Reduced alcohol and other drug use/problem drinking
- Reduced psychological symptoms of stress

Program Overview

Coping With Work and Family Stress is a workplace preventive intervention designed to teach employees how to deal with stressors at work and at home. The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory. Sessions teach effective methods for reducing risk factors and enhancing protective factors through behavior modification (e.g., methods to modify or eliminate sources of stress), information sharing (e.g., didactic presentations, group discussions), and skill development (e.g., learning effective communication and problem-solving skills, expanding use of social network).

Shown Effective For:



Adaptations

None identified by the developer.

History

- Implemented in 22 sites across the United States and in Trinidad and Tobago
- Approximately 1,500 individuals have participated in the intervention

Costs

The estimated cost to provide sixteen 2-hour sessions with a group of 20 employees is \$3,200 if using an external provider (at \$100 per hour) or \$1,038 if using an internal provider (at \$32.45 per hour). Materials cost an additional \$400 for each group of 20 participants.

Contact Information

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<http://www.theconsultationcenter.org/index.php?/coping-with-work-a-family-stress.html>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=103>

Creating Lasting Family Connections Fatherhood Program: Family Reintegration

Target Audience

- Fathers, men in fatherlike roles, and men who are planning to be fathers
- Individuals who are experiencing or are at risk for family dissonance resulting from the individual's physical and/or emotional separation

Curriculum Overview

- Two certified trainers implement the program with a group of 8-20
- 2-hour sessions are held weekly or twice weekly over 8-20 weeks
- A total of 16-20 sessions
- Consists of 3 standard modules and 1 optional module

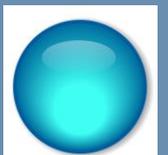
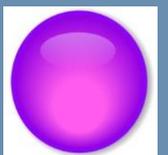
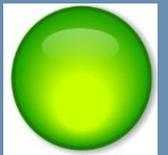
Intended Outcomes

- Reduced recidivism
- Improved relationship skills
- Improved knowledge about sexually transmitted diseases
- Reduced intention to binge drink
- Improved spirituality

Program Overview

The Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP) was premised on social learning theory and on moderating risk and enhancing protective factors, CLFCFP is designed to modify the attitudes of participants and help them to (1) strengthen families and establish strong family harmony, (2) enhance parenting skills, and (3) minimize the likelihood of further personal problems (e.g., substance abuse, violence, risky sexual behavior, prison recidivism).

Shown Effective For:



Adaptations

None identified by the developer.

History

- First implemented in 2006 in two federally funded and evaluated projects in Louisville, Kentucky
- Currently being implemented in two 3-year projects funded by the Administration for Children and Families
- Since 2006, approximately 1,200 participants have received the program

Costs

Required costs include Developing Positive Parental Influences training kit (\$250 each), Raising Resilient Youth training kit (\$250 each), Getting Real training kit (\$250 each), either 8-day off-site implementation training for up to 18 participants (\$950) or 6 to 8-day on-site implementation training for up to 18 participants (\$800-1,500 per day plus travel expenses for 2 trainers), and retrospective survey kit (\$99 each). Additional resources are available (prices listed elsewhere).

Contact Information

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Website: <http://www.copes.org/explore-fatherhood.php>
<http://www.myresilientfuturesnetwork.com>

NREPP: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=324>

Additional Programs Appropriate for this Age Group

| <u>Program Name</u> | <u>Location in Workbook</u> |
|---|-----------------------------|
| CAST (Coping And Support Training) | page 61 |
| Family Spirit | page 10 |
| Nurse-Family Partnership (NFP) | page 12 |
| Reconnecting Youth: A Peer Group Approach to Building Life Skills | page 71 |
| Say It Straight (SIS) | page 49 |





Adult (26-55)

Programs Appropriate for this Age Group

| <u>Program Name</u> | <u>Location in Workbook</u> |
|---|-----------------------------|
| Early Risers “Skills for Success” | page 31 |
| Familias Unidas Preventive Intervention | page 33 |
| Guiding Good Choices | page 37 |
| Nurturing Parenting Programs | page 41 |
| Nurse-Family Partnership (NFP) | page 12 |
| SAFEchildren | page 47 |
| Say It Straight (SIS) | page 49 |
| Strengthening Families Program | page 53 |
| Strengthening Families Program: for Parents and Youth 10-14 | page 55 |
| Coping with Work and Family Stress | page 75 |
| Creating Lasting Family Connections Fatherhood Program | page 77 |





Older Adult (56+)

Programs Appropriate for this Age Group

Program Name

Location in Workbook

Coping with Work and Family Stress

page 75

Creating Lasting Family Connections Fatherhood Program

page 77



Appendix

Complete List of Programs and Quality of Research Ratings

The following list includes 58 programs from NREPP that share mental health promotion and substance use prevention as areas of interest. For each program, the implementation setting (a), measured outcomes, and Quality of Research (QOR) rating (1-4) assigned by reviewers (b) are included. All programs with QOR ratings of 3 or above were included in the workbook.

1. Active Parenting of Teens: Families in Action
 - a. Home, school, other community
 - b. Outcomes and QOR
 - i. Positive attachment to family, school, and peers (2010): 2.6
 - ii. Participation in counseling (2010): 2.2
 - iii. Attitudes toward alcohol use (2010): 2.6
 - iv. Self-esteem (2010): 2.7
2. Al's Pals: Kids Making Healthy Choices
 - a. Setting: school & other community
 - b. Outcomes and QOR:
 - i. Social competence and prosocial behaviors (2008): 2.9
 - ii. Antisocial/aggressive behaviors (2008): 3
3. All Stars
 - a. School
 - b. Outcomes and QOR
 - i. Personal commitment to not use drugs (2007):2.2
 - ii. Lifestyle incongruence (2007): 2.2
 - iii. School bonding (2007): 2.2
 - iv. Normative beliefs (2007): 2.2
 - v. Cigarette use (2007): 2.2
 - vi. Alcohol use (2007): 2.2
 - vii. Inhalant use (2007): 2.2
4. AMIkids Personal Growth Model
 - a. Residential, home, school, other community
 - b. Outcomes and QOR
 - i. Recidivism (2011): 3.3
 - ii. Academic achievement (2011): 3.1
5. An Apple A Day
 - a. School
 - b. Outcomes and QOR
 - i. Identification and use of safe person and place (2011): 1.4
 - ii. Reading habits and attitudes (2011): 1.3

6. ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)
 - a. School
 - b. Outcomes and QOR
 - i. Intention to use steroids/creatine (2012): 2.9
 - ii. Intention to engage in unhealthy weight loss (2012): 2.9
 - iii. Diet pill use (2007): 2.9
 - iv. Use of body-shaping substances (2007): 2.9
 - v. Behaviors and beliefs related to nutrition (2007): 2.5
 - vi. Risk and protective factors (2007): 2.6
 - vii. Alcohol and other drug use (2007): 2.5
 - viii. Tobacco use (2007): 2.5
 - ix. Knowledge of curriculum content (2007): 2.6
7. Behavior Management through Adventure
 - a. Correctional
 - b. Outcomes and QOR
 - i. Rearrest rates (2012): 3
 - ii. Time period from release until rearrest (2012): 3
 - iii. Depression symptoms (2012): 2.3
 - iv. Family self-concept (2012): 2.2
 - v. Social introversion (2012): 2.2
8. Big Brothers Big Sisters Mentoring Program
 - a. Other community
 - b. Outcomes and QOR
 - i. Initiation of drug use (2011): 3
 - ii. Aggressive behavior(2011): 3
 - iii. School competence and achievement (2011): 3.1
 - iv. Family relationships (2011): 3.1
9. Brief Strategic Family Therapy
 - a. Outpatient, home
 - b. Outcomes and QOR
 - i. Engagement in therapy (2008): 3.4
 - ii. Conduct problems (2008): 3.4
 - iii. Socialized aggression (delinquency in company of peers) (2008): 3.4
 - iv. Substance use (2008): 3
 - v. Family functioning (2008): 3.2
10. Building Assets--Reducing Risks (BARR)
 - a. School, other community
 - b. Outcomes and QOR
 - i. Class failure (2009): 1.3

- ii. Bullying at school (2009): 1
- iii. School connectedness (2009): 1

11. Building Skills

- a. School
- b. Outcomes and QOR
 - i. Goal setting (2010): 3.3
 - ii. Stress management (2010): 3.3
 - iii. Anger management (2010): 3.2
 - iv. Cooperation (2010): 3.1
 - v. Decision making (2010): 3.3
 - vi. Assertiveness (2010): 3.2

12. CAST (Coping And Support Training)

- a. School
- b. Outcomes and QOR
 - i. Suicide risk factors (2007): 3.5
 - ii. Severity of depression symptoms (2007): 3.5
 - iii. Feelings of hopelessness (2007): 3.4
 - iv. Anxiety (2007): 3.5
 - v. Anger (2007): 3.5
 - vi. Drug involvement (2007): 3.6
 - vii. Sense of personal control (2007): 3.6
 - viii. Problem-solving/coping skills (2007): 3.7

13. Caring School Community

- a. School
- b. Outcomes and QOR
 - i. Alcohol use (2008): 2.5
 - ii. Marijuana use (2008): 2.5
 - iii. Concern for others (2008): 3.1
 - iv. Academic achievement (2008): 3
 - v. Student discipline referrals (2008): 2.3

14. Celebrating Families!

- a. Residential, outpatient, other community
- b. Outcomes and QOR
 - i. Parenting skills (2008): 2.3
 - ii. Parent tobacco and substance use (2008): 2.4
 - iii. Parent depressive symptoms (2008): 2.6
 - iv. Family environment (2008): 2.1
 - v. Child behaviors (2008): 2.1
 - vi. Family reunification (2008): 2.1

15. Coping With Work and Family Stress

- a. Workplace
- b. Outcomes and QOR
 - i. Perceived stressors (2007):2.8
 - ii. Coping strategies (2007):3.0
 - iii. Perceived social support (2007):2.5
 - iv. Alcohol and other drug use/problem drinking (2007):3.0
 - v. Psychological symptoms of stress (2007):3.0

16. Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP)

- a. Correctional, other community
- b. Outcomes and QOR
 - i. Recidivism (2013):3.2
 - ii. Relationship skills (2013):3.0
 - iii. Knowledge about sexually transmitted diseases (2013):2.9
 - iv. Intention to binge drink (2013):2.9
 - v. Spirituality (2013):2.9

17. Curriculum-Based Support Group (CBSG) Program

- a. School
- b. Outcomes and QOR:
 - i. Antisocial attitudes (2010): 3.7
 - ii. Rebellious behavior (2010): 3.7
 - iii. Attitudes and intentions about substance use (2010): 3.7
 - iv. Substance use (2010): 3.7

18. DARE to be You

- a. Other community
- b. Outcomes and QOR:
 - i. Parental self-efficacy(2006): 2.8
 - ii. Use of harsh punishment (2006): 2.8
 - iii. Child's developmental level (2006): 2.7
 - iv. Satisfaction with social support system (2006): 2.8

19. Early Risers "Skills for Success"

- a. Home, School, & other community settings
- b. Outcomes and QOR:
 - i. Social competence (2012): 3.2
 - ii. Disciplinary practices (2012): 3.2
 - iii. Behavioral self-regulation (2012): 3
 - iv. School adjustment (2012): 3.1
 - v. Parenting stress (2012): 3
 - vi. Academic competence and achievement (performance and behaviors; 2007): 3.4

- vii. Behavioral self-regulation (2007): 3.5
 - viii. Social competence (2007): 3.4
 - ix. Parental investment in the child (2007): 3.2
 - x. Effective discipline (2007): 3.2
- 20. Familias Unidas Preventive Intervention**
- a. Home, school
 - b. Outcomes and QOR
 - i. Behavior problems (2009):3.9
 - ii. Family functioning (2009):3.9
 - iii. Substance use (2009): 3.9
 - iv. Risky sexual behaviors (2009): 3.9
 - v. Externalizing disorders (2009): 3.8
- 21. Families and Schools Together (FAST)**
- a. School & other community
 - b. Outcomes and QOR:
 - i. School mobility (2014): 3.7
 - ii. Child problem behaviors (2008): 3.7
 - iii. Child social skills and academic competencies (2008): 3.7
- 22. Family Centered Treatment (FCT)**
- a. Home, other community
 - b. Outcomes and QOR
 - i. Recidivism (2013): 2.2
 - ii. Posttreatment placement (2013): 2.2
 - iii. Cost-effectiveness (2013): 2.2
- 23. Family Spirit**
- a. Outpatient, Home, other community
 - b. Outcomes and QOR
 - i. Parenting knowledge (2013): 2.7
 - ii. Mothers' perception of infant and toddler behavior (2013): 3.3
 - iii. Parenting self-efficacy (2013): 3.3
 - iv. Mothers' depressive symptoms (2013): 3.3
 - v. Mothers' substance use (2013): 3.4
- 24. Footprints for Life**
- a. Home, school
 - b. Outcomes and QOR
 - i. Social competence (2011): 2.5
- 25. Fourth R: Skills for Youth Relationships**
- a. School
 - b. Outcomes and QOR

- i. Physical dating violence (2011): 3.0
- ii. Condom use (2011): 2.6
- iii. Violent delinquency (2011): 2.8

26. Good Behavior Game

- a. School
- b. Outcomes and QOR:
 - i. Drug abuse/dependence disorders (2010): 3.2
 - ii. Alcohol abuse/dependence disorders (2010): 3.2
 - iii. Regular cigarette smoking (2010): 3.1
 - iv. Antisocial personality disorder (2010): 3.2
 - v. Violent and criminal behavior (2010): 3.2

27. Guiding Good Choices

- a. school
- b. Outcomes and QOR
 - i. Alcohol abuse disorder (2012): 3.5
 - ii. Drunkenness frequency (2012): 2.8
 - iii. Alcohol-related problems (2012): 3.5
 - iv. Illicit drug use frequency (2012): 3.1
 - v. Substance use (2012): 2.4
 - vi. Substance use (2007): 2.6
 - vii. Parenting behaviors and family interactions (2007): 2.9
 - viii. Delinquency (2007): 2.6
 - ix. Symptoms of depression (adolescents) (2007): 3.1

28. Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women (HWFD)

- a. Other community settings
- b. Outcomes and QOR
 - i. Knowledge, attitudes, beliefs, and intentions related to HIV/AIDS and risky sexual behaviors (2010): 2.4
 - ii. Self-efficacy (2010): 2.3
 - iii. Attitudes toward drug use (2010): 2.4
 - iv. Self-worth (2010): 2.3
 - v. Hopelessness and depression (2010): 2.5

29. Healing Species Violence Intervention

- a. School
- b. Outcomes and QOR
 - i. Beliefs about aggression (2011): 2.8
 - ii. Disciplinary referrals (2011): 2.2
 - iii. Aggressive and violent behaviors (2011): 2.2

30. Healthy Alternatives for Little Ones (HALO): “HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices.”

- a. School and other community settings
- b. Outcomes and QOR:
 - i. ATOD and other health-related knowledge (2010): 1.5
 - 1. Significant changes on:
 - a. Knowledge about harmful effects of ATOD on internal organs
 - b. Knowledge about key internal organs and functions
 - c. Knowledge about healthy food choices

31. Joven Noble

- a. Outpatient, correctional, school, other community
- b. Outcomes and QOR
 - i. HIV risk knowledge (2012): 2.5
 - ii. Cultural knowledge and beliefs (2012): 2.6
 - iii. Cultural esteem (2012): 2.6
 - iv. Psychosocial stress exposure (2012): 2.5
 - v. Attitudes toward couple violence (2012): 2.5

32. I Can Problem Solve (ICPS)

- a. School
- b. Outcomes and QOR:
 - i. Interpersonal cognitive problem-solving skills (2011): 2.5
 - ii. Prosocial behavior (2011): 2.5
 - iii. Problem behaviors (2011): 2.6
 - iv. School bonding: (2011): 2.6

33. InShape Prevention Plus Wellness

- a. School
- b. Outcomes and QOR
 - i. Alcohol use and driving after drinking (2010):2.7
 - ii. Marijuana use (2010):2.7
 - iii. Health-related quality of life (2010):2.5
 - iv. Quantity of sleep (2010):2.4

34. LifeSkills Training (LST)

- a. School
- b. Outcomes and QOR
 - i. Substance use (alcohol, tobacco, inhalants, marijuana, and polydrug) 2008):3.9
 - ii. Normative beliefs about substance use and substance use refusal skills (2008):3.9
 - iii. Violence and delinquency (2008):4

35. Lions Quest Skills for Adolescence

- a. School
- b. Outcomes and QOR
 - i. Social functioning (2007):2.3
 - ii. Success in school (2007): 2.7
 - iii. Misconduct (2007): 2.1
 - iv. Attitudes and knowledge related to alcohol and other drugs (2007): 3.1
 - v. Tobacco use (2007): 2.3
 - vi. Alcohol use (2007): 3.0
 - vii. Marijuana use (2007): 3.5

36. Michigan Model for Health

- a. Home, school
- b. Outcomes and QOR
 - i. Alcohol use (2011): 2.8
 - ii. Tobacco use (2011): 2.6
 - iii. Intention to use alcohol and cigarettes (2011): 3.1
 - iv. Aggression (2011): 3.2
 - v. Judgment on healthy behaviors (2011): 3.2

37. New Moves

- a. School
- b. Outcomes and QOR
 - i. Physical activity (2013): 3.4
 - ii. Eating patterns (2013): 2.9
 - iii. Unhealthy weight control behaviors (2013):2.9
 - iv. Body image (2013):3.2
 - v. Self-worth (2013):3.3

38. Nurse-Family Partnership

- a. Home
- b. Outcomes and QOR
 - i. Maternal prenatal health (2008):3.5
 - ii. Childhood injuries and maltreatment (2008): 3.5
 - iii. Number of subsequent pregnancies and birth intervals (2008):3.3
 - iv. Maternal self-sufficiency (2008): 3.2
 - v. School readiness (2008): 3.4

39. Nurturing Parenting Programs

- a. Home, other community
- b. Outcomes and QOR
 - i. Parenting attitudes, knowledge, beliefs, and behaviors (2010): 3.1
 - ii. Recidivism of child abuse and neglect (2010): 2.9

- iii. Children's behavior and attitudes toward parenting (2010): 3.0
 - iv. Family interaction (2010): 3.2
- 40. PALS: Prevention through alternative learning styles**
 - a. School
 - b. Outcomes and QOR
 - i. Intentions to use ATOD (2011): 2.4
 - ii. Knowledge of ATOD (2011): 2.4
 - iii. Knowledge of peer pressure and healthy choices (2011): 2.4
 - iv. Knowledge of learning styles (2011): 2.4
- 41. Parenting Wisely**
 - a. Other community
 - b. Outcomes and QOR
 - i. Child problem behaviors (2008): 2.7
 - ii. Parental knowledge, beliefs, and behaviors (2008): 2.7
 - iii. Parental sense of competence (2008): 2.8
- 42. Positive Action Pre-K Program**
 - a. School
 - b. Outcomes and QOR
 - i. Social-emotional skills (2012): 1.6
- 43. PeaceBuilders**
 - a. School
 - b. Outcomes and QOR
 - i. Social competence (2013): 3.2
 - ii. Peace-building behavior (2013): 3.0
 - iii. Aggressive and violent behavior (2013): 3.1
- 44. Positive Action**
 - a. School
 - b. Outcomes and QOR
 - i. Academic achievement (2006): 2.8
 - ii. Problem behaviors (violence, substance use, disciplinary referrals, and suspensions) 2006): 2.4
 - iii. School absenteeism (2006): 2.5
 - iv. Family functioning (2006): 2.2
- 45. Project Magic**
 - a. School, other community
 - b. Outcomes and QOR
 - i. Academic engagement and achievement (2010): 2.6
 - ii. Attitudes toward substance use and perceived substance use by peers (2010): 2.6
 - iii. Parental monitoring (2010): 2.6

- iv. Internal locus of control (2010): 2.6
 - v. Life skills development (2010):2.2
- 46. Promoting Alternative Thinking Strategies (PATHS), PATHS Preschool**
 - a. School
 - b. Outcomes and QOR
 - i. Emotional knowledge (2007): 2.5
 - ii. Internalizing behaviors (2007): 2.9
 - iii. Externalizing behaviors (2007): 2.9
 - iv. Depression (2007): 3.2
 - v. Neurocognitive capacity (2007): 2.8
 - vi. Learning environment (2007): 2.6
 - vii. Social-emotional competence (2007): 2.8
- 47. Reconnecting Youth: A Peer Group Approach to Building Life Skills**
 - a. School
 - b. Outcomes and QOR:
 - i. School performance (2009): 3.3
 - ii. Drug involvement (2009): 3.2
 - iii. Mental health risk and protective factors (2009): 3.3
 - 1. Self-esteem, school bonding, deviant peer bonding, depression, hopelessness, perceived stress, anger, personal control, perceived social support
 - iv. Suicide risk behaviors (2009): 3.3
- 48. Ripple Effects**
 - a. School
 - b. Outcomes and QOR
 - i. School achievement (2011): 3.3
 - ii. Resilience assets (2011): 3.4
- 49. SAFEchildren**
 - a. School, other community
 - b. Outcomes and QOR
 - i. Reading achievement (2007): 3.6
 - ii. Child problem behaviors (2007): 3.6
 - iii. Parenting practices (2007): 3.6
 - iv. Parental involvement in child's education (2007): 3.6
- 50. SANKOFA Youth Violence Prevention Program**
 - a. School, other community
 - b. Outcomes and QOR
 - i. Fighting and bullying behaviors (2011):2.1
 - ii. Violence-related bystander behaviors (2011):2.0
 - iii. Personal victimization (2011):2.3

51. Say It Straight

- a. School, other community
- b. Outcomes and QOR
 - i. Alcohol and drug related school suspensions (2010): 3.4
 - ii. Intentions to use assertive refusal skills (2010): 2.9
 - iii. Criminal offenses (2010): 3.5
 - iv. Communication skills (2010): 2.6
 - v. Intentions to use assertive refusal skills in sexual situations (2010): 3.2

52. Second Step

- a. School
- b. Outcomes and QOR
 - i. Social competence and prosocial behavior (2006): 2.4
 - ii. Incidence of negative, aggressive, or antisocial behaviors (2006): 2.4

53. SODAS city

- a. Home, school, other community
- b. Outcomes and QOR
 - i. Alcohol, cigarette, and marijuana use (2012): 3.1
 - ii. Heavy or binge drinking (2012): 3.1
 - iii. Refusal skills for drugs and alcohol (2012):3.1
 - iv. Number of friends who drank alcohol (2012): 3.1
 - v. Intentions to drink (2012): 3.1

54. Strengthening Families Program

- a. Home, school
- b. Outcomes and QOR
 - i. Children's internalizing and externalizing behaviors (2007): 3.1
 - ii. Parenting practices/parenting efficacy (2007): 3.1
 - iii. Family relationships (2007): 3.1

55. Strengthening Families Program: for parents and youth 10-14

- a. School
- b. Outcomes and QOR
 - i. Substance use (2008): 2.8
 - ii. School success (2008): 2.9
 - iii. Aggression (2008): 3.0
 - iv. Cost effectiveness (2008): 3.3

56. Strong African American Families

- a. School, other community
- b. Outcomes and QOR
 - i. Alcohol use (2011):3.6
 - ii. Conduct problems (2011): 3.8

57. STARS Nashville

- a. School
- b. Outcomes and QOR
 - i. Substance use and abuse (2011): 2.6
 - ii. Attitudes toward drugs (2011): 2.6
 - iii. School values (2011): 2.6
 - iv. Social attitude and social bonding (2011): 2.6
 - v. Rebellious and violent attitudes (2011): 2.6

58. Team Resilience

- a. Workplace
- b. Outcomes and QOR
 - i. Recurring heavy drinking (2012): 2.8
 - ii. Alcohol-related work problems (2012): 2.3
 - iii. Exposure to problem coworkers (2012): 2.3
 - iv. Personal stress (2012): 2.3