CENTER FOR MENTAL HEALTH
QUALITY AND ACCOUNTABILITY

MATRIX OF CHILDREN'S EVIDENCE-BASED INTERVENTIONS

This report is part of a series that CMHQA will be publishing on evidence-based practices and their implementation.

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Introduction to Matrix of Children's Evidence-Based Interventions

Purpose

The NRI Center for Mental Health Quality and Accountability synthesized key literature reviews which summarized the effectiveness of prevention, intervention, and/or treatment programs that can be applied to child and adolescent mental health services. The purpose was not to redefine or create another hierarchy of what constitutes an evidence-based practice vs. a promising practice or emerging practice, but rather to compile a comprehensive list of interventions or programs that have been evaluated or more rigorously tested, and found to have varying degrees of evidence as to their effectiveness.

Sources of Information Used in Compiling the Matrix

After examining the limited number of reviews that exist, 21 publications and journal articles authored by researchers and government agencies, from 1998 to present, were used to compile the list. These sources are listed in the next section with the criteria used by the authors to classify the extent of evidence in existence on a particular program or intervention at the time the review was conducted. Many lists used the American Psychological Association's definition of evidence-based practices as a foundation for selection and presented interventions or programs by disorder or community setting. The reviews covered prevention and intervention, community and school-based, and clinical interventions/programs.

The sources differed slightly on minimum levels of evidence for inclusion and classification and the information presented for the program description and study methodology and results. One source expanded on the APA's levels to create five, while a few others simply reviewed what evidence existed and made no determination of hierarchy. For practical application due to a dearth of current research, some sources felt interventions that met a minimum of evidence (one randomized controlled trial) should be considered not only for further evaluations, but implementation. Some reviews included cross-cutting program components found to be effective, although the delivery method differed slightly. The extent of information provided by sources about the interventions, how they were studied, and results of evaluations varied.

Information Contained in the Matrix

A matrix was created to give the reader a brief, yet rich, snapshot of each intervention or program's goals and expected outcomes. This matrix includes for each intervention a description, the evidence of its effectiveness, availability of technical assistance and training materials, the population and setting with which the program was tested, and sources that identified the program or intervention. Some of the information for specific interventions was derived from blending sources (i.e. the evidence, population, or setting of a particular intervention may come from different sources), or was expanded on by further search. Therefore, the information presented for each intervention is not necessarily uniform where the population, setting and outcomes may not all stem from the same study. Technical assistance and training materials for each program/intervention were sought, and those found are listed. The matrix does not contain all known information on the programs or interventions listed.

The matrix orders programs/interventions by: purpose (prevention, intervention, treatment, crisis), setting (clinic, home, school, community), type of disorder (internalizing, externalizing, substance abuse, autism, general functioning, etc.), and target population (individual child, family, both, etc.).

The matrix contains 92 entries and several factors must be taken into consideration while using it. As previously stated, the descriptive information is intended to provide readers with a snapshot (not complete picture) of the rigor of evaluation and for whom and in what setting the program/practice can be applied. Of these 92, over 50 are interventions or programs created for a specific population to address a particular disorder/behavior while the rest are general clinical practices or core components that may be common to programs shown to be effective. Several programs/practices are either a version of or based on cognitive behavioral therapy.

The value of the matrix is as a reference tool for what the field currently knows concerning programs, practices, and core components that have been evaluated for positive outcomes with children and their families. This list can be used as an initial way of exploring which evidence-based practices to incorporate into state or local service arrays. It can also be used by agencies to identify whether a component which they are implementing is considered to be evidence-based, or to build tailored programs for the desired audiences and outcomes.

Sources Used to Compile Matrix

Chambless, D. Baker, M. J., Baucom, D. H., et al. (1998). Update on empirically validated therapies, II. *The Clinical Psychologist, 51*(1) pp. 3-16.

Selection Criteria**:**

Well Established:

At least two good between group design experiments demonstrating efficacy in one or more of the following ways: superior (statistically significantly) to pill or psychological placebo or to another treatment or equivalent to an already established treatment in experiments with adequate sample sizes.

OR

A large series of single case design experiments (n>9) demonstrating efficacy. These experiments must have: Used good experimental designs and compared the intervention to another treatment as in 1A.

PLUS

Experiments must be conducted with treatment manuals.
Characteristics of the client samples must be clearly specified
Efforts must have been demonstrated by at least two different investigators or investigating teams.

Probably Efficacious Treatments

Two experiments showing the treatment is superior (statistically significantly) to a waiting-list control group

OR

One or more experiments meeting the Well-Established Treatment Criteria and have a Manual and Client Sample specified

OR

A small series of single case design experiments (n>3 otherwise meeting Well-Established Treatment.

Kaslow, N.J. and Thompson, M.P. (1998) Applying the Criteria for Empirically Supported Treatments to Studies of Psychosocial Interventions for Child and Adolescent Depression. Journal of Clinical Child Psychology, 27 (2): 146-155.

A review of the psychosocial intervention literature on treatment outcomes for depressed children and adolescents. The authors applied the APA criteria against the evaluation methodology and outcomes to determine which interventions could be considered well established or probably efficacious.

Ollendick, T.H. and King, N.J. (1998) Empirically Supported treatments for Children with Phobic and Anxiety Disorders: Current Status. *Journal of Clinical Child Psychology*, 27 (2): 156-167.

A review of behavioral and cognitive behavioral therapies for simple/specific phobias, separation anxiety disorder and overanxious/generalized anxiety disorder. The analysis

of the research was categorized using the APA criteria for well-established, probably efficacious and experimental treatments.

Pelham, W.E., Wheeler, T., Chronis, A. (1998) Empirically Supported Psychosocial Treatments for Attention Deficit Hyperactivity Disorder. *Journal of Clinical Child Psychology*, 27 (2): 190-205.

A review of psychosocial treatments for attention deficit hyperactivity disorder in children and adolescents. They used the APA Task Force Criteria for evaluating the state of the science.

Brestan, E.V. and Eyberg, S.M. (1998) Effective Psychosocial Treatments of Conduct-Disordered Children and Adolescents: 29 Years, 82 Studies, and 5,272 Kids.

Used criteria developed by the APA Division 12 to review 82 studies on treatments for children and adolescents with conduct problems. Found two meet the criteria for well-established and ten for probably efficacious.

Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999) Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2(4), 199-253.

Literature review of the evidence for effective interventions for children and adolescents in the areas of prevention, traditional forms of treatment (outpatient, partial hospitalization, inpatient, and psychopharmacology), intensive comprehensive community-based interventions, crisis and support services, and treatment for depressive disorder and attention-deficit hyperactivity disorder. The review included studies that either produced positive outcomes or no benefit. The APA criteria for well established and probably efficacious were used to classify level of support for diagnostic specific treatment.

U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

For diagnostic specific treatment, the report used the APA criteria of well-established and probably effective treatments. For widely used, non-diagnostic specific treatment programs, the report reviewed current research as to what positive outcomes are known currently.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review, *Clinical Child and Family Psychology Review, 3*(4), pp.223-241.

Review of research on school-based mental health services from 1985 - 1999. Studies had to be either randomized designs, quasi-experimental, or multiple baselines and include a control group, standardized outcome measures, and outcomes at baseline and post intervention. The final group of 47 studies contained 36 randomized controlled studies, 9 quasi-experimental designs, and 2 multiple baseline designs.

U.S. Department of Health and Human Services (2001). *Youth Violence: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Selection Criteria:

Model Programs

Rigorous experimental design, significant deterrent effects on: violence or serious delinquency (level 1) or any risk factor for violence with a large effect size of .30 or greater (level 2). Replication with demonstrated effects and sustainability of effects.

Promising Programs

Rigorous experimental design and significant deterrent effects on: violence or serious delinquency (level 1) and any risk factor for violence with an effect size of .10 or greater (level2) and either replication or sustainability of effects.

Webster-Stratton, C., & Taylor, T. (2001). Nipping Early Risk Factors in the Bud: Preventing Substance Abuse, Delinquency, and Violence Targeted at Young Children (0-8 years), *Prevention Science, 2*(3), pp. 165-192.

Selection Criteria:

Programs met four standards:

1. Detailed scientific report on outcomes in peer reviewed journals (a few were unpublished reports).
2. Short and long-term effects demonstrated in a randomized controlled trial compared to non-treatment or an alternative treatment approach.
3. The effects were demonstrated on a primary predictor of adolescent substance abuse, violence, and delinquency.
4. A manual is available.

Burns, B.J., & Hoagwood, K. (2002). *Community Treatment for Youth*. NY: Oxford University Press.

Program must have at least one randomized control trial. The list contains a mix of well-established and emerging community programs that do not focus on one diagnosis, but on programs that encompass more than one and are viewed as an alternative to institutional care. All programs adhere to a system of care.

Hawaii Department of Health Evidence Based Services Committee (2002). ***Summary of Effective Interventions for Youth with Behavioral and Emotional Needs.***

Selection Criteria:

Level 1: Best Support.

At least two good between group design experiments demonstrating efficacy either through being superior to pill placebo, psychological placebo, or another treatment or equivalent to an already established treatment in experiments with adequate statistical power (30 per group). OR

A large series of single case design experiments (n>/= 9) demonstrating efficacy and used good experimental designs and compared the intervention to another treatment.

AND

Experiments be conducted with a treatment manual

Characteristics of the client samples must be clearly specified

Effects must have been demonstrated by at least two different investigators or teams of investigators

Level 2: Good Support

Two experiments showing the treatment is (statically significantly) superior to a waiting-list control group.

OR

One between group design experiment that demonstrates efficacy by either being superior to pill placebo, psychological placebo, or another treatment or equivalent to an already established treatment in experiments with adequate statistical power. Use of manuals and sample specification required.

OR

Small series of single case design experiments (n>/=3) with good experimental design and compared to the intervention or to pill or psychological placebo or to another treatment. Use of manuals and sample specification required.

Level 3: Moderate Support

One between group design experiment with clear specification of treatment approach and demonstrating efficacy by either being superior to pill placebo, psychological placebo, or another treatment or equivalent to an already established treatment in experiments with adequate statistical power. Specification of sample required.

OR

A small series of single case design experiments (n>/=3) with clear specification of treatment approach, good experimental designs, and comparison of the intervention to pill, psychological placebo, or another treatment clear specification of group required at least 2 different investigators or teams.

Level 4: Minimal Support
Treatment does not meet criteria for Level 1, 2, 3, or 5

Level 5: Known Risks
At least one study or review demonstrating harmful effects of a treatment that would otherwise meet criteria for Level 4.

Compton, S.N., Burns, B.J., Egger. H.L. and Robertson, E. (2002) Review of the Evidence Base for Treatment of Childhood Psychopathology: Internalizing Disorders. *Journal of Consulting and Clinical Psychology*, 70 (6): 1240-1266.

A review of the empirical literature on psychosocial, psychopharmacological, and adjunctive treatments for children between ages 6-12 with internalizing disorders. The purpose was to identify interventions that may have potential to prevent substance use disorders by treating the internalizing disorder.

Farmer, E. M.Z, Compton, S.N., Burns, B.J., and Robertson, E. (2002) Review of the Evidence Base for Treatment of Childhood Psychopathology: Externalizing Disorders. *Journal of Consulting and Clinical Psychology*, 70 (6): 1267 – 1302.

A review of controlled research on treatments for childhood externalizing behavior disorders (disruptive disorders and attention-deficit/hyperactivity disorder). The review focused on studies targeting children aged 6-12.

University of Colorado, Center for the Study and Prevention of Violence (2002) *Blueprints for Violence Prevention*. Website: http://www.colorado.edu/cspv/blueprints/

For model programs, program must show effectiveness either using random assignment or very carefully control group studies. School based programs must have used multiple schools per condition with main effects analysis that have sufficient power to detect effects. Program effects must be sustained at least one year beyond evaluation. Programs must be replicated and demonstrate success in diverse settings. Mediating studies and cost-benefit analysis was also taken into consideration.

Kazdin. A. E., & Weisz, J. R. (2003) *Evidence-Based Psychotherapies for Children and Adolescents,* NY: Guilford Press.

Programs were selected based on the quality of the research methodology including randomized control trials and replication studies. A clear chart of progress, evident through sound research, was also taken into consideration. Some treatments are well established with multiple control and replication studies while some treatments are beginning to establish evidence, but current studies are in progress.

Santiago, R. (August, 2003). *Building the Infrastructure for Evidence-based Practices*. Paper presented at the conference on Evidence-based Practices in Children's Mental Health: Building Capacities for Implementation and Research, Fort Lauderdale, FL.

CMHS identified 11 evidence- based interventions through a special nomination and selection process.

Daniel, S.S. et al. (August 2004) Review of Literature on Aftercare Services Among Children and Adolescents. *Psychiatric Services*, 55 (8): 901-912.

Twenty-one studies on aftercare services were reviewed for youth aged 18 and younger who were discharged from child and adolescent inpatient facilities.

Hahn, R.A., Lowy, J., Bilukha, O., et al. (July, 2004). Therapeutic Foster Care for the Prevention of Violence: A Report on Recommendations of the Task Force on Community Preventive Services. Website: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5310a1.htm

An independent task force who conducts systematic reviews on a particular preventive health topic. As part of their Community Guide, the Task Force reviewed Therapeutic Foster Care and recommends it as an intervention for prevention of violence among adolescents with a history of chronic delinquency.

Macgowan, M.J. (May, 2004) Psychosocial Treatment of Youth Suicide: A Systematic Review of the Research. *Research on Social Work Practice,* 14 (3): 147-162.

Review of treatments for adolescent suicidality. The author reviewed ten empirical studies that focused on reducing either suicidal behaviors or ideations. The American Psychological Association's Division 12 Task Force criteria of well established and probably efficacious was applied to determine level of empirical support. Rudd's schema to classify treatment outcomes and success was used to determine study success.

Weisz, J.R., Hawley, K.M., and Doss, A.J. (In press) Evidence Update: Empirically Tested Psychotherapies for Youth Internalizing and Externalizing Problems and Disorders. *Psychiatric Clinics of North America.*

A review of the literature for psychotherapies for youth internalizing and externalizing problems and disorders. To be included in the review the study had to:

1. Include comparison of psychotherapy to a control group (waitlist, no treatment, placebo or other process intended to be inert) or an alternative treatment.
2. Involve prospective design and random assignment of subjects to treatment and comparison treatment.
3. Use a sample within the 3-18 year range.

4. Use participants selected for having psychological problems or maladaptive behavior.
5. Include a post-treatment assessment of the psychological problems or maladaptive behavior for which participants were selected and treated.
6. Participants in the groups to be compared were not taking psychotropic medications.

Instructions for Using the Matrix

This document provides bookmarks for the reader's convenience. Bookmarks provide a table of contents and usually represent the chapters and sections in a document. To browse this document using bookmarks:

1. Click the Bookmarks tab on the left side of the window, or choose View>Navigation Tabs>Bookmarks to display bookmarks.
2. To jump to a topic using it bookmark, click the bookmark. Click the plus sign (+) next to a parent bookmark to expand it. Click the minus sign (-) next to a bookmark to hide its contents.

Matrix of Children's Evidence-Based Interventions includes bookmarks to help readers locate information easily. Select the bookmarks tab on the left hand side of the viewed document. Readers can browse information by **focus** (prevention, prevention/treatment, treatment, crisis and service coordination access), **setting** (school, across setting, clinic and out of home) and type of **behavior** (aggression, depression, substance abuse, autism, anxiety and phobia, etc). Selecting a topic area will direct the reader automatically to the appropriate page.

Note to readers: The behavior outlined as **Behavior Problems & Aggression** refers to all areas of aggression, including:

- aggression,
- behavior problems and high risk students,
- children with severe emotional and behavioral problems,
- conduct problems,
- conduct disorders,
- disruptive behavior,
- general behavior problems,
- noncompliance,
- oppositional behavior,
- oppositional defiant behavior,
- prevention of violence among adolescents with
- chronic delinquency,
- violence, and
- youth with severe mental health, behavioral, or emotional disorders.

Matrix of Children's Evidence-Based Interventions

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
PREVENTION FOCUS						
School Setting						
Coping with Kids	Stress Anxiety	Universal program based on cognitive behavior therapy (CBT) to reduce stress and teach relaxation techniques. Topics include coping with stress, anger management, friendship development and problem solving.	Control group design Students in the treatment group exhibited higher locus of control and use of appropriate coping strategies compared to control group.	Inner city school-age children.	*Materials* : AGS Publishing 800-328-2560 http://www.agsnet.com/group.asp?nGroupInfoID=a9502 Application of both the Cooperative Discipline and the STEP philosophy available in a book entitled "Coping with Kids" *TA:* Yvette Zgonc 321-725-6688 YZgonc@aol.com Louise Griffith 952-484-3100 louise@oneshininglight.com Joann Corrao Spera 908 232-5042 joannjogs@comcast.net	Rones and Hoagwood
Seattle Social Development Project	Aggression Misbehavior	A universal prevention program that utilizes both teacher and parent training. The teacher's classroom management and teaching skills are enhanced through techniques such as proactive classroom management, interactive teaching and cooperative learning. First grade teachers implement the ICPS curriculum. The parent training component focus is on improving parental monitoring through providing clear expectations and use of positive reinforcement and negative consequences for misbehavior.	Comparison study At the 6-year follow up, the treatment group reported fewer negative behaviors: fewer violent delinquent acts, lower ages of drinking, sexual activity, and pregnancy by 18 years, and exhibited significant positive outcomes of self-reported achievement and involvement in school misbehavior.	Male and Female 7-11 Students living in high crime neighborhoods.		Webster-Stratton and Taylor
Second Step	Disruptive Behavior	A derivative of the "I Can Problem Solve" program, Second Step targets elementary students to improve prosocial behavior and interpersonal problem-solving skills. Topics covered include problem solving, empathy, and impulse control.	Evaluation study Post treatment measures showed a reduction in aggressive behavior for 1/4 of all observations. No significant results found in teacher or parent reports. At six month follow-up physical aggression in the classroom remained reduced, but no other outcomes.	Male and Female 8-9 School -- classroom level	*Materials and TA:* Committee for Children Client Support Services Department 800-634-4449, ext. 200 http://www.cfchildren.org/ssf/ssf/ssindex/clientsupport@cfchildren.org Materials in the form of photo-lesson cards, classroom videos (1–5), Pre/K puppets, song CD, and classroom posters.	Webster-Stratton and Taylor
Project Achieve	Disruptive and Aggressive Behavior	A school effectiveness program which works to improve school and staff effectiveness as well as directly work with the students to increase academic achievement and more positive social skills.	Matched comparison and single-school multiple baseline. Three years after initiation of the program there were significant decreases in special education referrals and placement, disciplinary referrals, and suspensions.	First to third grade school age children 38% African American, 59% Caucasian, 19% other	*Materials:* Howard M. Knoff Tampa, FL knoffprojectachieve@earthlink.net www.projectachieve.info Teachers Manuals, with accompanying Forms Booklets, Posters and Signs, and Skill Cards for Students are available at the following student levels: Preschool through Early Elementary School *TA:* TA papers also available through website; direct in-school training is an aspect of the program	HI -- Level 3 Rones and Hoagwood

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Student-Mediated Conflict Resolution Program	Aggressive Behavior Children with Severe Emotional and Behavioral Problems	Trains student peer mediators in conflict resolution. A team of eight mediators monitor the playground during recess and use the mediating skills during times of conflict.	Multiple baseline design A decline in aggressive playground behavior from 57% to 28% in three treatment conditions. and maintained at one year follow-up. Physical aggression dropped anywhere from 57% to 75% in the three treatment conditions.	Male and Female Fifth grade students	*Materials and TA:* Collaborative Student Mediated Team Charles E. Cunningham, Ph.D. Professor Department of Psychiatry and Behavioral Neurosciences Jack Laidlaw Chair in Patient-Centered Health Care Faculty of Health Sciences McMaster University Hamilton, Ontario, Canada 905-521-2100 x 77307 cunningh@mcmaster.ca	Rones and Hoagwood
Life Skills Training	Disruptive Behavior	A three-year prevention program to prevent or reduce gateway drug use. Topics cover multiple areas including general self-management skills, social skills, and information and skills related to drug use. Program is 15 sessions in year one, 10 sessions in year two, and 5 sessions in year three.	Multiple RCTs Drug use: shown to cut tobacco, alcohol, and marijuana use by 50-75% with long term results include up to 66% reduction in polypharmacy use, 25% reduction in a pack a day smoking; and reduction in the use of inhalants, narcotics, and hallucinogens.	Male and Female Middle school children. Classroom based program	*Materials:* Princeton Health Press, Inc. Phone: (800) 636-3415 www.lifeskillstraining.com A set for each year includes 1 teacher's manual, 30 student guides and 1 relaxation tape *TA:* National Health Promotion Associates, Inc. Phone: (800) 293-4969	BluePrints for Violence Prevention Model Program
Project Towards No Drug Abuse	Substance Abuse	Targeted prevention program that provides students with skills on how to resist drug use, education on the consequence of drug use, and skills training in communication , stress management, coping, self control, and tobacco cessation. Two lessons taught in a 4-5 week period.	Three randomized controlled trials with other program conditions and a control condition Drug use: one year follow-up: 27% prevalence reduction in 30-day cigarette use, 22% for marijuana use, and 26% for hard drug use. A 9% prevalence reduction for 30-day alcohol use among baseline drinkers and a 25% prevalence reduction in 1-year weapons carrying among males.	14-19 Classroom-based	*Materials and TA* : Steve Sussman Institute for Health Promotion and Disease Prevention Department of Preventive Medicine University of Southern California 1000 South Fremont Avenue, Unit 8, Suite 4124 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 Email: ssussma@usc.edu Website: www.cceanet.org/Research/Sussman/tnd.htm	BluePrints for Violence Prevention Model Program
Project Northland	Substance Abuse	Universal multiyear, multilevel prevention program that is student based, but includes parents and the community. During 6th grade students learn to communicate with their parents, 7th grade, students are taught strategies to resist alcohol use, and in 8th grade students learn how to develop peer support and learn to be active in the community.	Randomized control Mixed results -- positive effects include lower tendency to use alcohol.	School	*Materials* Hazelden Publishing and Educational Services 800-328-9000 http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sh=t&sf=t&page_id=27170 Available for three grades; teacher's guides, audio tapes, and comic books comprise the curricula *TA:* Hazelden Publishing Ann Standing 800-328-9000 x4030 On-site training available	Rones and Hoagwood
I Can Problem Solve (pre-school to 6th grade)	Healthy Management of Emotions	Universal prevention program that teaches children to use problem solving skills to find solutions to interpersonal problems.	Improved classroom behavior and problem solving skills, maintained up to 4 years.	Nursery and kindergarten school age children and 5th and 6th grades. Found most effective with children living in poor, urban areas.	*Materials:* Research Press 800-519-2707 rp@researchpress.com http://www.researchpress.com/product/item/4628/ Manuals for three grade levels and associated workbook available through Research Press *TA:* Myrna B. Shure, Ph.D. Drexel University, MS 626 215-762-7205 www.thinkingchild.com	Surgeon's General Report -- Youth Violence Webster-Stratton and Taylor

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Promoting Alternative Thinking Strategies (PATHS)	Healthy Management of Emotions	School based curriculum to teach students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills.	RCT Second and third grade students compared to a control group showed significant differences with higher emotional vocabularies and better able to discuss emotional experiences and understand each others.	Male and Female; 6-11 32% African American, 58% Caucasian, 4% Asian American	*School Cost:* over a three year period range is $15 - $45 per student per year. *Materials:* Channing Bete Company (877) 896-8532 www.channing-bete.com/positiveyouth/pages/PATHS/PATHS.html Materials available for kindergarten and grades 1-6; instructor's and curriculum manual, posters *TA:* Dr. Carol A. Kusche PATHS Training, LLC (206) 323-6688 ckusche@attglobal.net	HI -- Level 2 Rones and Hoagwood Blueprints for Violence Prevention -- Model program Webster-Stratton and Taylor
School Transitional Environmental Program	Behavior Problems High Risk Students	The goal is to lessen the stress of transitioning to a new school (junior high to high school) by redefining the role of the homeroom teacher. Behavior management is the core component and used to create an environment of academic achievement and reduce behavior problems.	Participation in the program showed a reduction in substance abuse and delinquency and improvement in academic achievement and school dropout rates.	Junior and High school age Most successful in urban, nonwhite communities. School		Surgeon's General Report -- Youth Violence
Child Development Project	Increase Protective Factors	A program to build school capacity to enhance protective factors such as school bonding and satisfying basic needs. Staff are trained in cooperative learning and classroom decision-making; school-wide community building activates are used to promote school bonding and parent involvement.	One comparison study The high implementing schools showed significant reductions in marijuana use, vehicle theft, and carrying a weapon.	Third through sixth grade school age children	Materials: The project is discussed	Webster-Stratton and Taylor
Across Settings - Home, School, or in Community						
Family Effectiveness Training (FET) (6-12 years)	Risk factors and protective factors for adolescent substance abuse and related disruptive behaviors	Family Effectiveness Training (FET) is a family-based program developed for, and targeted to, Hispanics. It is proven effective in reducing risk factors and increasing protective factors for adolescent substance abuse and related disruptive behaviors. FET, applied in the pre-adolescent years (6-12), targets three family factors that place children at risk as they make the transition to adolescence: 1) problems in family functioning; 2) parent-child conflicts; and 3) cultural conflicts between children and parents. FET also uses two primary strategies: Didactic lessos and participatory activities that help parents master effective family management skills. Planned family discussions in which the therapist/facilitator intervenes to correct dysfunctional communications between or among family members. Interventions employed by FET cover: normal family changes during the transition to adolescence and related conflict resolution, substance use and adolescent alternatives to using, parent and family supervision of children and their peer relationships, family communication and parenting skills, and recognition.		Families with children aged 6-12; male and female; Hispanic/Latino	José Szapocznik, Ph.D. Spanish Family Guidance Center Center for Family Studies Department of Psychiatry and Behavior 1425 NW 10th Avenue Miami, FL 33136 Phone: (305) 243-8217 Fax: (305) 243-5577 Email: jszapocz@med.miami.edu Website: www.cfs.med.miami.edu Dr. Lila Smith Center for Family Studies University of Miami School of Medicine 1425 NW 10th Avenue Miami, FL 33136 Phone: (305) 243-7585 Fax: (305)243-2298 Email: cdiez@med.miami.edu Website: www.cfs.med.miami.edu *Training:* $18,000 includes training and supervision	NREPP

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Early Risers "Skills for Success" Risk Prevention	Conduct problems	A selective multicomponent, preventive intervention for children at heightened risk for early onset of serious conduct problems, including licit and illicit drug use. It is designed to deflect children from the "early starter" developmental pathway toward normal development by effecting positive change in academic competence, behavioral, self-regulation, social competence, and parent investment in the child.	Findings reveal that program participants showed greater gains in social skills, peer reputation, prosocial friendship selection, academic achievement, and parent discipline than did controls	Elementary school children, male and female	Gerald August, Ph.D. Division of Child and Adolescent Psychiatry University of Minnesota Medical School P256/2B West 2450 Riverside Avenue Minneapolis, MN 55454 Phone: (612) 273-9711 Fax: (612) 273-9779 Augus001@tc.umn.edu	NREPP
Yale Child Welfare Project (Infants)	Disruptive Behavior	A prevention program for first-born infants of mothers whose income is below poverty level and live in an inner city. In-home visitations and day care services provide parent training and other family and children medical and social services. pediatric medical care and psychological services.	A ten year follow up showed positive effects with parents more involved in their children's education and less antisocial behavior by the children.	Infants - 3 and mothers who are below the poverty level and live in an inner city. Home and day care		Surgeon's General Report - - Youth Violence
Midwestern Prevention Project	Substance Abuse	A drug abuse prevention program that takes place in school, at home and in the community. The goal is to teach children how to recognize social pressures and provide them with skills training in how to avoid drug use. This is reinforced through a mass media campaign, parent education, and community policy changes.	Several RCTs Student drug use: up to 40% reduction in daily smoking, reduction in marijuana and alcohol use through grade 12. Effects on daily smoking, heavy marijuana use and some hard drug use was shown up to age 23. *Family:* increased parent-child communications about drug use.	Sixth and seventh grade students. Middle school classrooms and the community for media campaign and policy changes	*Materials and TA* : Karen Bernstein USC Norris Comprehensive Cancer Center University of Southern California 1441 Eastlake Avenue, MS-44 Los Angeles, CA 90089-9175 Phone: (323) 865-0325 Fax: (323) 865-0134 Email: karenber@usc.edu	BluePrints for Violence Prevention Model Program
Striving Together to Achieve Rewarding Tomorrows CASASTART	High Risk Youth	For severely distressed neighborhoods that is multicomponent and comprehensive with eight core components: community enhanced policing/enhanced enforcement, case management, criminal/juvenile justice intervention, family services, mentoring and incentives for participation.	Positive effects were shown and sustained up to a year: improved avoidance of gateway drug use and a decrease in violent crime and drug sales.	Severely distressed neighborhoods	*Materials and TA:* Lawrence Murray The National Center on Addiction and Substance Abuse Columbia University (212) 841-5208 Lmurray@casacolumbia.org Start-up guide, manual, and TA available through Dr. Murray.	Surgeon's General Report - - Youth Violence
Air Force Suicide Prevention	Suicide Prevention	Education program on suicide risk awareness as well as reducing stigma and barriers to mental health services.		Older adolescents/young adults on active duty in the Air Force		Surgeon's General Report-Mental Health
PREVENTION/INTERVENTION FOCUS						
School Setting						
Bullying Prevention Program	Violence	Universal intervention program that targets the school as a whole, classrooms, and the individual. The school and classroom components are designed to create an environment that curbs bullying and when there is a problem with a particular student, intervenes on an individual level.	Multiple RCTs Reduction in reports of bullying and victimization and general antisocial behavior as well as improved school climate such as reports of improved order and discipline, increased positive social relationships, and improved positive attitudes toward schoolwork and school.	Male and female; Elementary and middle schools. In the school with all personnel and affects all students in some ways and directly intervenes with students identified as showing inappropriate behavior.	*Materials and TA:* Marlene Snyder, PhD Research Associate Institute on Family & Neighborhood Life Clemson University www.clemson.edu/olweus/ Phone: 864-710-4562 E-mail: nobully@clemson.edu Six required books and videos available through website; two day in-school training available through website	BluePrints for Violence Prevention Model Program

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Peer Coping Skills	Aggression	Group skills training that includes children with and without conduct problems. The goal is to teach effective communication skills for a variety of common social interactions. Participants are also taught to hone their listening and speaking skills. Role playing is part of the practice sessions in which one aggressive child is matched with one non-aggressive child . Children also engage in playing games and working on crafts to give the skills a realistic context.	One RCT As reported by teachers, aggression decreased immediately after treatment and at 6-month follow up. Because the amount of aggressive behavior problems remained at a clinical level, the program may not be adequate on its own to decrease problem behavior.	6-8. In school with small groups of children that run 50 minutes per week for 19-24 weeks.		Webster-Stratton and Taylor
Across Settings - Home, School, or in Community						
Relaxation	Depression Anxiety and Phobia ADHD	Teaching relaxation exercises to use at times of anxiety or distress. The exercises focus on deep breathing and guided imagery combined with progressive muscle relaxation techniques.	Two RCT with another intervention Effect size 1.48 *ADHD* Several studies showing reduced impulsivity and gains in attention.	Male and Female 11-15 School group sessions	*Example Materials and TA:* Center for Mindfulness (508) 856-2656 mindfulness@umassmed.edu www.umassmed.edu/cfm Relaxation and stress reduction materials and program information available through website; TA also available through website	*Depression* HI -- Level 2 *Anxiety* Weisz et al. *ADHD* Weisz et al. *Conduct problems* Weisz et al
Dare to be you (2 - 5 years)	Conduct Problems	Targeted at high-risk families, this parent training and education program combines didactic lessons with therapist guided practice sessions. Topics include parent self-efficacy and self-esteem, effective child-rearing strategies, understanding appropriate developmental norms and increasing social supports and problem-solving skills.	One randomized control trial and several replication studies with various populations. Parents report decreases in their child's oppositional behavior. *Parent behavior:* parents report increased democratic child-rearing practices.	2-5 Ute Mountain Ute, Hispanic, Anglo;	*Materials and TA:* DARE to be You Jan Miller-Heyl, Program Director http://www.colostate.edu/Depts/CoopExt/DTBY/ 970-565-3606 darecort@coop.ext.colstate.edu Curriculum and Training information available	Webster-Stratton and Taylor
Positive Parenting Program (birth-12 years)	Conduct problems	Parent training that places an emphasis on engaging parents through a thorough assessment interview and reporting the findings in a manner that parents find useful and insightful. The program teaches behavior management techniques, gives parent feedback on the implementation of the techniques, explains how to manage behavior outside the home, and guides parents on how to support each other.	Two RCTs: one comparing two versions of the program, and one with a wait-list control group. Compared to pretest, both approaches showed short-term reduction in negative behavior from the child. *Parent Behavior:* for parents rated with higher marital discord, the gains were only maintained at four-month follow-up if they received the partner support training. Adapted for a rural area with the partner support training being self-administered	Birth - 12 years	*Material and TA:* Triple P America 4840 Forest Drive, Number 308 Columbia, SC 29206 Email: triplepa@bellsouth.net Phone: (803) 787-9944 www.triplep-america.com Manuals, facilitator kits, and training available through the Triple P Institute. Website is extremely easy to navigate and offers a detailed explanation about the program and costs involved. There are varying costs associated with the program (i.e. manuals are $125 and up; training costs vary).	Webster-Stratton & Taylor
Focus on Families	Oppositional Behavior	Designed for former heroin addicts currently receiving methadone treatment to build protective and reduce risk factors. with therapist guidance to learn and implement the skills, parents learn how to set family goals, to communicate with and manage the family effectively, to speak with the children about drugs and alcohol, to help children succeed in school and other child rearing skills. Relapse prevention is also included. Therapists help parents implement skills with children through practice sessions and home visits.	Multiple evaluations. One randomized control trial results listed: *Parent Behavior* : improved parenting practices, increased coping ability, fewer relapses.		*Materials and TA:* Kevin Haggerty, M.S.W. Social Development Research Group 146 North Canal, Suite 211 Seattle, WA 98103 Tel: (206) 685–1997 Manual available, though not fully developed; call for update on materials and TA	Webster-Stratton and Taylor

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Living with Children (parent training)	General Behavior Problems Oppositional Defiance Disorder Conduct Disorder	Developed at the Oregon Social Learning Center, the program teaches parents child management skills in the areas of tracking, positive reinforcement, discipline, monitoring, and problem-solving. 15-20 hours per week, the therapist either meets individually with the parents or, if the child is older, with both the parents and child, for family skills training.	Several quasi experiments and at least one randomized control study with usual treatment. Results of RCT: Fewer symptomatic problems exhibited in the home by the child. Other researchers have evaluated variations of the program with significant, positive results	Males and Females 3-12	*Material:* Research Press, Inc. 800-519-2707 rp@researchpress.com	Surgeon's General report for MH Burns, Hoagwood, and Mrazek Brestan and Eyberg
Montreal Longitudinal Experiment Study	Aggressive Boys	A combination school and home based program for high risk boys. The children receive social skills and self-control training in school while their parents received training on how to reinforce those skills at home.	One RCT with control condition By age 12, the boys in the treatment group exhibited more positive behavior by committing less burglary and theft, less likely to get drunk, less likely to get involved in fights, and higher achievement.	Male 7-9 6-12. Home and School	*Materials and TA:* Mr. R. E. Tremblay GRIP University of Montreal (514) 343-6963	Webster-Stratton and Taylor Surgeon's General Report - Youth Violence Farmer et al.
Helping the Noncompliant Child (3-8 years)	Noncompliance	Parent training program in child management for young children. Through various evaluations, the program was enhanced by adding self control training, problem-solving for non parenting issues, and teaching the underlying social learning principles for the behavior management skills.	Several randomized control group studies. Decreased child's noncompliance. Long-term follow up showed treatment effects were maintained.	3-8.	*Materials* Manual -- Helping the Noncompliant Child: Family-Based Treatment for Oppositional Behavior Authors: R.J. McMahon and Rex L. Forehand Available at Guilford Press http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/mcmahon2.htm&dir=pp/cpap&cart_id=860819.18827 *Training* Standard 2 day training with intermittent booster sessions and follow-up phone calls Dr. Robert McMahon University of Washington Department of Psychology, Box 351525 Seattle, WA 98195-1525 206 543-5136 mcmahon@u.washington.edu	Webster-Stratton and Taylor
Mentoring (10-16 years)	Children with Complex Mental Health Needs	"Positive effects in related populations, but lack of adequate data on mental health populations; need to operationalize and assess fidelity; need to examine net of other factors." Considered "promising" (Farmer) An adult works one on one with a child to foster a positive relationship and provide a positive role model. The goal is for the child to learn positive social skills and problem solving skills through normal, everyday interactions with the mentor. The child and mentor participate in many different activities together in the community. The idea is for the child and mentor to pursue activities together to develop self-esteem and social skills and competencies. They can play a sport together, go to a museum or any other productive and interesting activity.	One randomized control study Youth participating in the program were half as likely to initiate drug and alcohol use as the control group. *Environmental* -- improved functioning with parents and peers.	Male and Female 50% minority 10-16.	Big Brothers, Big Sisters is an organization that trains mentors before they work with a child. Big Brothers Big Sisters National Office 230 North 13th St. Philadelphia, Pa 19107 www.bbbsa.org 215.567.7000 Information about becoming a mentor available through website	Farmer, et al (2004) Burns and Hoagwood (2004)
The PLAY Project (2 -6 years)	Autism	Psycho educational program that informs, educates, and supports parents of children with autism.	One RCT with another intervention Parents' reported level of distress and their knowledge about autism improved with the average parent scoring better than 79 % of pre-test scores.	Male 2-6. Day care	*Materials and TA:* The P.L.A.Y Project The Ann Arbor Center for Developmental and Behavioral Pediatrics (734) 997-9088 www.playproject.org CD Rom workshop including seminars, workshops, and techniques available through website; TA also available through website.	HI -- Level 3

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
TEACCH (pre-school age)	Autism	School and home based program.	Comparison study Short-term gains demonstrated	Preschool students.	*Materials and TA:* Division TEACCH Dr. Gary B. Mesibov Gary_Mesibov@unc.edu www.teacch.com Materials in the form of videos, journal articles, teaching kits, and assessments available through the website; TA also available through the website.	Surgeon's General Report--Mental Health
Brief Strategic Family Therapy (6-17 years)	High Risk Youth	The family is seen as a whole organism that has its own unique characteristics and properties that emerge only when family members interact. The focus is on identifying and changing unhealthy patterns. Improving relationships between the family and other systems involved in the youth's life are also included.	A few control studies Youth showed significant reductions in conduct behavior problems compared to the other intervention comparison group.	Male 6-12 Clinic, home, community	José Szapocznik, Ph.D. Center for Family Studies Department of Psychiatry and Behavioral Sciences University of Miami 1425 NW 10th Avenue Miami, FL 33136 Phone: (305) 243-8217 Fax: (305) 243-5577 Email: jszapocz@med.miami.edu Website: www.cfs.med.miami.edu Dr. Lila Smith Center for Family Studies University of Miami School of Medicine 1425 NW 10th Avenue Miami, FL 33136 Phone: (305) 243-7585 Fax: (305) 243-2298 Email: cdiez@med.miami.edu Website: www.cfs.med.miami.edu *Training*: Available in English or Spanish (length assessed by BSFT counselors) $2,000 per day, plus expenses for up to 30 participants *Materials:* BSFT manual published by NIDA Spring, 2002 Books: Kurtines, William, and Szapocznik, Jose. *Breakthroughs in Family Therapy with Drug Abusing and Problem Youth*	CMHS -- EBP NREPP Model Program
FAST Track	High Risk Youth	A multi-dimensional prevention program for high-risk students in grades 1-6, but most concentrated in first grade. The program is designed to work stimulatingly with the youth and parents to increase parenting skills, as well as develop social and academic skills in the child. The PATHS curriculum is used along with academic tutoring, home visiting, parent training based on Forehand and MacMahon's and the Incredible Years parent program, and weekend friendship enhancement groups.	Hawaii Effect size .16 Students enrolled in the program, by third grade, exhibited less oppositional and aggressive behavior compared to those not in the program.	Male and Female 51% African American, 47% Caucasian, 2% Hispanic, Pacific Islander Age First grade 6-12. School classroom	Conduct Problems Prevention Research Group -- Consortium of Penn State University, Duke University, University of Washington, and Vanderbilt University. Currently conducting a multi-site evaluation. Manual is available. Dr. Karen Bierman The Pennsylvania State University (814) 865-3879 kb2@psu.edu	HI -- Level 2 Rones and Hoagwood Webster-Stratton and Taylor Farmer et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Nurse Family Partnership	Healthy Management of Emotions and Behavior	The main goals of these types of programs are to improve prenatal health, educate mothers on proper infant and toddler care, and help women with their own personal development including employment. One program is the Elmira model which is now called the Nurse-Family Partnership.	The Elmira program: Four studies: two randomized control groups, two unknown methodoligies. Four different investigators Elmira Program: Mother: Mothers in treatment group stopped smoking and had fewer preterm delivers than the control group. Child: Babies born to treatment group had higher birth weights. Long-term results -- A 15-year follow up studied showed that women (low-income and unmarried) in the treatment group (home visitor both at prenatal and postnatal) faired better than the comparision group (prenatal only) and the control group with fewer reports for the following: child abuse or neglect reports, subsequent births, behaviroal problems of alcohol and drug abuse, and arrests. The children also exhibited fewer arrests, instances of running away and lower alcohol consumption. Replicated with low-income, poor African American women with results of fewer reports of child injuries in the first two years of life, but not all the results discussed above. Two other studies showed similiar results.	Pregnant mothers deemed high risk and typically low-income, single and under the age of 19. Caucasian and African American In home visits by nurses during pregnancy and for two years after the child was born.	Patricia Uris, Interim Director Nurse-Family Partnership 1900 Grant Street, Suite 750 Denver, CO 80203-4307 Tel: 303-327-4256 FAX: 303-327-4260 Patricia.Uris@nursefamilypartnership.org	Webster-Stratton and Taylor Burns, Hoagwood, and Mzrek BluePrints for Violence Prevention Model program
Perry Preschool Study/The High/Scope Preschool Educational Approach	Healthy Management of Emotions and Behavior	40 year study of preschool children with low IQ's from poor families. The program in the Perry Preschool Study focuses on intellectual stimulation and includes weekly home visits by teachers. The Perry Preschool Study led to the creation of the High Scope Preschool Educational Approach. This program promotes all areas of academic and social development of pre-kindergarten-aged students, including language and literacy, math and science, social skills, and the arts.	One RCT with multiple follow-up studies and one replication study. At age 15, the treatment group showed significantly better results than the control group on school achievement, teacher rated classroom behavior, and self-reports of offending. Age 19 -- treatment group were more likely employed and graduated from high school and had fewer arrests. Age 27 -- treatment group had half the amount of arrests as control group. Results were replicated in a 23 year study.	Preschool children from low-income families. Preschool classroom	*Materials and TA created based on results of Perry Preschool Study:* High/Scope Educational Research Foundation 600 North River Street Ypsilanti, MI 48198-2898, USA Phone: 734-485-2000 Fax: 734-485-0704 www.highscope.org info@highscope.org Books and videos available through website in four age groups; Training event schedule accessible on website	Surgeon General -- Youth Violence Webster-Stratton and Taylor
Linking the Interests of Family and Teacher (LIFT) (6-11 years)	Healthy Management of Emotions and Behavior	A multicomponent intervention designed to prevent conduct problems in elementary students living in high crime neighborhoods. The program works with both the students and the parents to teach social skills, communication skills, and behavioral management.	RCT Results from immediately after and three years following the program, participants reported less negative behavior (substance use, being arrested, disruptive behavior in the classroom).	First and fifth graders	John B. Reid, Ph.D. Oregon Social Learning Center 160 East Fourth Avenue Eugene, OR 97401 Phone: (541) 485-2711 Fax: (541) 485-7087 Email: johnr@osic.org	Rones and Hoagwood Webster-Stratton and Taylor
Syracuse Family Development/Quality Infant Toddler Care Program	Healthy Management of Emotions and Behavior	Targets low-income families to provide parent training and day care. The program is tailored for each individual child to teach social and cognitive skills while aiding the parents in behavior management. Quality Infant Toddler Care Program is an umbrella program from which the Syracuse Family Development Program originated.		Low-income families.	*Materials and TA:* Dr. Alice Honig Syracuse University (315) 443-4296 ahonig@mailbox.syr.edu One training session conducted by Dr. Honig annually	Surgeon General -- Youth Violence

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Synthesis Training Narrative Restructuring	Healthy Management of Emotions and Behavior	Parent training program designed specifically for disadvantaged, stressed and depressed mothers. The program focuses on helping the mother differentiate between the difficulties with parenting and the difficulties of addressing outside stressors and provides her with coping and problem solving skills to address all stressful issues. The program has morphed from Synthesis training to Narrative Restructuring. The earlier work suggests that a means of helping troubled mothers to improve the coherence of their personal narratives about family life enhances their performance in the parent training program.	One RCT with two other versions of program. *Family environment* : Parents exhibited fewer indiscriminant reactions to their child and the child exhibited less aversive behavior. A pilot study of the Narrative Restructuring is being conducted.	5-9 Parent training with day care provided.	Dr. Robert Wahler University of Tennessee Department of Psychology 865-974-1000 rwahler@utk.edu	Webster-Stratton and Taylor
TREATMENT FOCUS						
Clinic Settings						
Educational Support	Anxious and Avoidant	Intervention to reduce anxiety-based school refusal.	Effect size not reported	Male and Female Caucasian 6-17		HI -- Level 2
Modeling Live Modeling Filmed Modeling Participant Modeling Symbolic Modeling	Anxious and Avoidant Phobia	Learning a skill through observational viewing. One person demonstrates the skill, either through film or live, while the participant watches. Modeling has been combined with exposure.	Four RCTs with a waitlist, two RCTs with another intervention Effect size .55 Multiple rigorous studies that showed more effective than comparison control group or alternative treatment.	Male and Female 3-13		HI -- Level 1 Burns, Hoagwood, and Mrazek Surgeon's General Report -- Mental Health *Live Modeling and Filmed Modeling* Ollendick and King -- probably efficacious *Participant Modeling* Ollendick and King -- Well-established *Live/Symbolic/Participant* Weisz et al.
Reinforced Practice	Anxiety and Phobia Conduct Problems	Based on operant conditioning, reinforced practice is graduated exposure to stimuli accompanied by reinforcement. Verbal coping skills can be added to teach children a set of self-instruction to help cope with their fear and anxiety.	Four between group studies showed the practice to be more effective than no-treatment control and be superior to two other treatments (verbal coping skills and live adult modeling.	4-12.		Ollendick and King -- Well established Compton et al. Weisz et al.
Client-Centered and Play Therapy	Anxiety and Phobia Conduct Problems	A group therapy designed to teach youth to express their feelings and accept them as well as the others in the group. Skill building exercises include building trust, self-awareness, self-disclosure, and listening skills. Another version taught teachers the skills to use during play with socially withdrawn children.	Several studies comparing the practice to a comparison control or alternative treatment found better outcomes for this practice.	Male and Female African American and Hispanic		Weisz et al.
Systematic Desensitization Imaginal Desensitization In Vivo Desensitization	Anxiety	Reducing anxiety of a particular stimuli by introducing the stimuli a little at a time and paring it with a relaxation technique. Imaginal is the standard absent another particular component. In vivo exposes the child to gradual real-life fear producing stimuli and combines that with relaxation techniques.	Four controlled studies. Imaginal Desensitization was found more effective than no treatment in four between-group designs and more effective than some other models (relaxation) but not others (live modeling) In Vivo desensitization was found more effective than no treatment control conditions. and in one study more effective than another treatment (imaginal desensitization).	*Imaginal Systematic Desensitization* 5-10 *In Vivo Desensitization* 3-5		Burns, Hoagwood, and Mrazek *Imaginal and In vivo* Ollendick and King -- probably efficacious Compton et al. Weisz et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Coping Cat (CBT)	Anxious and Avoidant Behavior	This form of CBT teaches the child to recognize signs that lead to anxious arousal and use those as a cue to enact learned strategies that decrease the arousal. The skills taught are awareness of physical symptoms of anxiety, recognition of anxious self-talk, behavior and coping self-talk, self-evaluation and administration of self-reward for efforts. Parents are involved as consultants. The program is manualized, but flexibility with the manual is encouraged to tailor the treatment to the child's individual needs.	One multiple baseline design and three RCTs. Two studies showed similar results: At post-test, 50% - 64% of children in the treatment no longer met the diagnostic criteria for their primarily diagnosis which was higher (5% for one group) than children on the waitlist control group Long term results showed treatment gains remained (3.35 years, 7.4 years).	No moderating variables in outcomes. 9-13	Materials: Workbook Publishing, Inc. (610) 896-9797 info@workbookpublishing.com http://www.workbookpublishing.com/anxiety.htm Workbook and notebook available with guidelines for implementing the program *Possible TA:* Philip C. Kendall Temple University (215) 204-1558 philip.kendall@temple.edu	Kazdin and Weisz
CBT with Parents	Anxious and Avoidant Depression and Withdrawn	CBT with the parents involved in the treatment of the child.	Anxious and Avoidant Three RCTs, two with waitlist and one with another treatment. Effect size 1.68 Depression Two RCTs with waitlist. Effect size 1.40	Male and Female 14-18		HI -- Level 2 *Depression* Weisz et al. (can also be CBT with both youth and parents)

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
CBT plus CBT for Parents	Anxious and Avoidant Disruptive Behavior	Provides CBT with the child and a separate CBT program for the parents.	On RCT with another intervention Anxious and Avoidant Effect size .47 Disruptive Behavior A combination of child-focused and parent/family focused approaches may provide increased effectiveness.	Male and Female 7-14		HI -- Level 2 Ollendick and King -- probably efficacious *Disruptive Behavior* Farmer et al. Weisz et al.
CBT Group for Depression	Depression / Depression with Delinquent Youth/ Depressed Youth with Depressed Parents	The program is based on the adult Coping With Depression program; the adolescent version is simplified and adds more participatory exercises. Topics covered include problem-solving, communication, and negotiation skills. The first half the program is behavioral therapy to increase the amount of age-appropriate and individually tailored fun activities. The second half involves cognitive therapy (Beck and Rational Emotive Therapy). The goal is for the youth replace unproductive, unexamined beliefs with more positive, productive ones. 16, two-hour sessions delivered twice per week. Each group is comprised of 6-10 youth and either one therapist or a main therapist and a training, co-therapist. The therapist works from a manual with scripted sessions while the youth follows along in workbook with corresponding exercises.	Four randomized control trials Two RCTs with a waitlist group 46% - 67% of those who received treatment had a reduction of symptoms vs. 5%-48% in the wait-list condition . *Juvenile Justice Population:* One RCT with a placebo condition 26% of participants showed recovery from depression compared to 14% in the placebo group. No difference in long term results. *Offspring of Depressed Adults* One RCT with usual care No significant differences between the two treatment conditions .	Male and Female 13-18	*Materials and TA:* Kaiser Permanente Center for Health Research (503) 335-2400 www.kpchr.org/public/acwd/acwd.html Therapist manual and adolescent workbook are available through the website; Questions should be sent to Greg Clarke at greg.clarke@kpchr.org	Kazdin and Weisz
Interpersonal Psychotherapy for Depressed Adolescents	Depression	Interpersonal problems are seen as the underlying cause of the depression. The objectives are to identify problem areas, relate symptoms to problem areas, focus on current relationships, and master the interpersonal context of the depression. This therapy is better suited for adolescents who are motivated to be in treatment and agree that one or more interpersonal problems exits. Twelve sessions with sessions 1-4 the introduction, 5-8 learning strategies, and 9-12 review. All sessions occur in a clinic and are weekly 45 minute sessions. Treatment duration can last up to 12 weeks or longer.	Hawaii Two RCTs with a waitlist and one RCT with another intervention. Effect size: 1.51 Kadzin and Weisz One open trial, one RCT with another intervention, one RCT with waitlist control group and another intervention (CBT) with Puerto Rican adolescents. Open trial : none of the participants qualified for a depression diagnosis post-treatment and exhibited decreased psychological and physical distortions. Environment: improvement in home and school. RCT: *Symptoms* : 88 % of treatment completers vs. 46 % of control had significantly fewer symptoms. *Puerto Rican adolescents* Used a modified training manual adapted to the culture. CBT and IPT groups showed greater reduction in symptoms and the IPT was shown superior to the waitlist condition at increasing self-esteem and improving social adaptation.	Male and Female 49% Puerto Rican, 41% Hispanic, 10% Caucasian 12-18	*Materials:* Guilford Press (800) 365-7006 http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/mufson.htm&dir=pp/cpap&cart_id=73496.18847 info@guilford.com Manual entitled "Interpersonal Psychotherapy for Depressed Adolescents" No TA available	HI -- Level 2 Kazdin and Weisz Kaslow and Thompson -- probably efficacious Weisz et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Self Control ("Taking Action" Program for Depressed Youth)	Depression Anxiety	The use of self-observation to chart one's behavior to understand environmental triggers and in act strategies to effectively respond to those triggers. Several components comprise this treatment including social skills training, assertiveness training, relaxation and imagery, and cognitive restructuring.	Two control studies with another intervention Compared to a waitlist condition and behavior-solving therapy, Self-control exhibited the most decrease in symptoms. Modifying the curriculum to increase the number of sessions and adding a parent component, compared to traditional counseling, participants at 7-month follow up reported few symptoms. Shown effective using a 12- session model and a 24-session model with monthly family meetings.	3-8. 6-12	*Materials* Manual and workbook available through Workbook Publishing at www.workbookpublishing.com *TA* Kevin Stark University of Texas at Austin (512) 471-0267	Surgeon's General Report - - Mental Health Kaslow and Thompson -- probably efficacious Compton et al.
Primary and Secondary Control Enhancement Training for Youth Depression PASCET (3-6 years)	Depression	Rooted in CBT, PASCET uses a two process model of control and coping. The primary goal is to control situations that are modifiable and learn how to adjust one's thinking to events that are not modifiable. The ACT (primary control) skills learned include: problem solving activities, discovering activities that are enjoyable and relaxing, improving self-esteem, and learning to develop talents. The Think skills taught include: increasing positive cognition, building peer supports, learning to look for benefits in negative situations, and how to cease bad thoughts. 10 structured, manualized individual sessions followed by five individually tailored sessions. Youth are given an ACT and Think practice book for during and after treatment. Parents engage in a summary sessions as well as 3 individual parent sessions and one home visit. School contacts are also made.	One RC efficacy trial Significant reduction in depressive symptoms at post treatment on three different scales compared to the control group: questionnaire measure (50 % vs. 16 %); 9-month follow-up questionnaire (62% vs. 31 %) and interview measure (69% vs. 24%). Current effectiveness trial underway.	Male and female; Majority Caucasian Grades 3-6	Dr. John R. Weisz UCLA Department of Psychology (310) 206-7620 weisz@psych.ucla.edu	Kazdin and Weisz
Videotaped Modeling Parent Training (6-12 years)	Oppositional Defiance Disorder Conduct Disorder	Parent and child series to training parents more effectively how to interact with their child and respond appropriately to problem behaviors. As noted in Brestan and Eyberg, the videotaped modeling parent training is intended to be administered to parents if groups with therapist-led group discussion of the videotape lessons and is considered well-established. Parents who receive this intervention report fewer problems after treatments and have a better attitude towards their child and feel more self-confident. Weisz, et al. (2004) found that this behaviorally-oriented parent training program to have been supported across multiple studies. Noted manuals used per Weisz, et al: *Parents and Children: a 10 program Videotape Parent-Training Series with Manuals; Videotape Modeling: A Method of Parent Education*	Series of studies showed better outcomes than a wait-list control group and shown to be cost effective. Providing training to both the parent and the child produced the most significant improvement at 1-year post treatment.	6-12.	*Materials, TA and Training* (888) 506-3562 www.incredibleyears.com Materials and training provided by the developers of the Incredible Years. Many different programs and associated materials are listed on the website.	Brestan and Eyberg Webster-Stratton Farmer et al. Weisz et al.
Parent Management Training-Oregon (3-13 years)	Conduct Problems	Behavior parent training that teaches parents basic behavioral principles, how to define, track, and record rates of antisocial and pro-social behaviors, how to design, role play, carry out, and refine behavior modification programs and assess intervention efforts.	Tested compared to either a control comparison or alternative treatment with positive results.	3-13.		Weisz et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Rational Emotive Therapy	Disruptive Behavior Conduct Disorders	The therapist uses an active-directive approach by having the youth confront irrational ideas and take responsibility for his/her emotions. The purpose is to give the adolescent a new philosophical outlook by replacing negative thoughts with more positive ones. Group sessions held in a clinic on a daily basis. Treatment duration is 12 weeks.	One RCT with another intervention. Effect size 3.07	Male and Female African American and Hispanic 15-17 6-12	*Materials and TA:* Albert Ellis Institute 45 East 65th Street New York, NY 10021 (800) 323-4738 or (212) 535-0822 Resource materials are available	HI -- Level 2 Burns, Hoagwood, and Mrazek Bresdan and Eyberg Farmer et al. Weisz et al.
Parent - Child Interaction Therapy (PCIT) (3-6 years)	Oppositional Disorder	In order to improve the parent-child attachment through behavior management, the PCIT program uses structural play and specific communication skills to teach parents and children constructive discipline and limit setting. The CDI is the child directed interaction which teaches parents how to assess their child's immediate behavior and give feedback while the interaction is occurring. The PDI is the parent directed interaction where parents learn how to give their child direction towards positive behavior. Therapist guides parents through education and skill building sessions and oversees practicing sessions with the child.	14 studies: 4 RCT, 3 Quasi, 5 pre/post test, 2 other. Several studies compared PCIT to waitlist, classroom controls, and modified PCIT. Results: decrease in the child's disruptive behavior and improvement in the parent's behavior towards child. Skills increased by an increase in reflective listening, physical proximity, and prosocial verbalization and a decrease in criticism and sarcasm by the parents. The effects generalized to untreated siblings in other settings and across time.	3-6 Preschool	*Materials:* PCIT is discussed on the following web-site of the University of Florida Department of Clinical and Health Psychology: http://www.pcit.org/ For a summary of PCIT and information about future research directions, see Herschell, Eyberg and McMeil (2002) Parent-child interaction therapy: New directions in research. Cognitive and Behavioral Practice, 9, 9-16.	Kazdin and Weisz CMHS -- EBP Brestan and Eyberg
Coping Skills Parenting Program (2-5 years)	Young Children with Behavior Problems	Group based parenting program based on an interactive problem-solving model. Through videotapes and role plays, parents learn how to attend and reward prosocial behaviors, teach their children to plan for difficult situations, encourage compliance and ignore minor disruptions and disengage from coercive interaction.	Randomized control with another treatment. Parents report significant improvement on behavior problems at home up to 6 month follow-up.	2-5		Webster-Stratton and Taylor
Cognitive Behavioral Training for Parents of Children with AD/HD	AD/HD	Parent training program designed to inform and teach parents how to manage their child's behavior. The program includes therapeutic components to facilitate parental understanding and acceptance of their child. The program has 10 components that reviews the basics of behavior management strategies, how to incorporate the strategies in public and for the future as well as providing a booster session to review progress and troubleshoot problems with execution. Either in a group or on an individual basis, the sessions are a mix between lecture, interactive discussion, and exercises. Sessions can occur on a weekly basis spanning 6-12 weeks.	Five control studies -- two studies combined with pharmacology. Improved functioning in the child's behavior and the parent-child relationship. *Environmental* -- improved parent functioning (decreased parenting stress and increased parenting self-esteem). In comparison with other treatments, the program was shown to perform better on only a few indicators (family functioning) and with certain types of children (co-morbid anxiety). Current study showed mixed results (not published).		*Materials* Dr. Arthur D. Anastopoulous University of North Carolina at Greensboro (336) 256-0006 ada@uncg.edu	Kazdin and Weisz

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Developmental Group Psychotherapy	Suicidality	Includes problem solving, cognitive behavioral, dialectical and behavior therapy, and psychodynamic group psychotherapy. Stages are initial assessment phase, six group sessions covering: relationships, school problems, family problems, anger management, depression and self-harm, and hopelessness, long term weekly group sessions.	Risk reduction for second episode was 26%. More likely to have better school attendance, lover rate of behavioral problems. Attendance of more sessions correlated to decrease in repeat self-harm.			McGowan
Family Communication and Problem Solving	Suicidality	Home based intervention that includes problem solving and communication. Assessment session, home visits by M.S.W directing family communication and problem solving sessions.	RCT usual care and home-based services vs. usual care. Only found that those youth without major depression had significantly lower suicidal ideations at post test.	Adolescents who poisoned themselves.		McGowan
Integrated Cognitive-Behavior Therapy for Traumatic Stress Symptoms	Post Traumatic Stress Disorder Substance Abuse	A team of clinicians provide an integrated treatment for both disorders at the same time. The treatment combines several therapies together (stress inoculation training, relapse prevention, and exposure for PTSD) along with education about PTSD and substance abuse.	No empirical testing has been conducted on the combined approach. The different components of the treatment have been tested and shown to produce positive results.	Not yet established.	Two manuals for adult versions of CBT interventions are available and may be used to adapt for adolescents.	Burns and Hoagwood
Pivotal Response Training	Autism	Parent education program that teaches parents different procedures to manage their child's behavior. The parents implement the procedures directly with their child with clinical supervision. The procedures are based on teaching parents how to motivate their child to respond to social and environmental stimuli and to self-initiate social interactions.	10 studies -- 3 RCT, 4 multiple baseline, 3 others. Child behavior: More verbalizations, increased responding, increased symbolic play and play complexity, increased vocabulary Parent behavior: More positive affect, better parent-child interactions.	2-9		Kazdin and Weisz
UCLA Young Autism Project (YAP) (under 4 years)	Autism	An early intervention program for children under 4 years of age, the program works with children and their parents to foster positive, normal child development. The program consists of five stages: establish a teaching relationship, teach foundational skills (gross motor actions/begin playing with toys), begin communication skills, expand communication and start peer interaction, and advanced communication and adjusting to school. Parents join the therapists in working with the child to develop these skills. A multi year program 40 hours per week in one to one intervention with the child. Parents work with their child and the therapist in the first 3-4 months, five hours per week.	One quasi-experiment, One RCT with another intervention Children had higher IQs and satisfactory placement in schools compared to the other treatment controls. Replication study yielded the same type of outcomes, but not as significant. A large-scale, multisite study is currently underway.	Mostly male Caucasian, African American, Hispanic Under 4 years old.		Kazdin and Weisz book
School Settings						
Coping with Distress and Self-Harm	Depression	A cognitive-behavioral education program to teach youth what it means to feel distress, how to properly frame the distress, and how to cope with it. Coping skills are taught and include positive self-talk, empathy, help seeking, and refuting irrational thoughts. A 12-session program conducted in the classroom and at home through homework.	RCT Students in the treatment group exhibited greater coping skills and scored better on the Israeli Index of Potential Suicide.	Eighth grade		Rones and Hoagwood

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Coping with Stress	Depression	A group cognitive-behavioral program targeted at students who report depressive symptoms. The program teaches students how to identify and change negative or irrational thoughts and beliefs that lead to feeling depressed. Held in school by trained psychologists and counselors in a group setting.	RCT Significantly fewer students in the treatment group exhibited major depression or dysthymia during follow-up than in the control group.	Ninth and tenth grade students		Rones and Hoagwood
AC-SIT	Disruptive and Aggressive Behavior in Schools	A school based program that works with the youth to understand their cognitive dysfunctions and distortions and help them build social cognitive skills through self-instruction. Group sessions in school held weekly. Duration is 18 weeks.	One RCT with another intervention. No effect size reported.	Male African American and Caucasian 9-11	*Materials:* Guilford Press (800) 365-7006 http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/larson.htm&dir=edu/school&cart_id=233677.23854 info@guilford.com Manual entitled "Helping Schoolchildren Cope with Anger: A Cognitive-Behavioral Intervention" available through website *TA:* Dr. John Lochman University of Alabama (205) 348-7678	HI -- Level 2
Anger Coping/Anger Control/ problem solving	Disruptive Behavior Conduct Disorders	Learning to cope with anger through self-management/monitoring skills, perspective-taking skills, and social problem-solving skills. Can be pared with stress inoculation. Group sessions held in school on a weekly basis. Treatment duration is 7 to 18 weeks.	Four RCTs : one with another treatment and three with no-treatment. Effect size .55	Male 9-15.	Multiple publications on Anger Control Training are available by various authors. See AC-SIT information above	HI -- Level 2 Rones and Hoagwood (Anger Coping Therapy, Lochman) Brestan and Eyberg (Anger Control with Stress Inoculation , Feindler and Anger Coping Therapy, Lochman) Farmer et al.
Coping Power (9-13 years)	Disruptive Behavior	Updated and expanded version of Anger Coping that comprises two components, one for children and one for parents. The child component consists of cognitive-behavioral group sessions and the parent component consists of 16 group sessions. Addresses goal setting, study skills, anger management, positive attention, and promotion of study skills.	The evaluation results indicate that the Coping Power Program had significant impact on three of five follow-up outcomes. Specifically, boys who had participated in the program along with their parents had lower rates of self-reported covert delinquent behavior (theft, fraud, property damage) at the time of the 1-year follow-up; though there were no intervention effects on overt delinquency (assault, robbery). Moreover, the positive intervention effect on covert delinquency was apparent only for the children who had been in the Coping Power condition that had both the parent and child components (OJJDP)	4th - 6th graders	*Materials and TA:* Nicole Powell Senior Research Coordinator Coping Power Program University of Alabama (205) 348-3535 npalardy@bama.ua.edu Materials in the form of a manual and TA in the form of in person training	NREPP "Effective" OJJDP
The Good Behavior Game	Aggression	For grades 1 and 2, this program is designed to improve the children's social adaptation to rules and authority by assigning children to teams and either rewarding or penalizing the team based on their appropriate behavior. A Mastery Learning component works to enrich the teachers instructional strategy for reading lessons. In the classroom, with the entire class, for 10 minute per day three times per week.	One RCT with matched comparison, one follow up study Teachers report a decline in aggressive behavior for boys and girls in the treatment group compared to those who did not receive the intervention. Boys showed a significant reduction in aggressive behavior. The six-year follow up showed that males with initial higher rates of aggression now had significant fewer behavior problems.	Male and female 6-7.	*Materials* The Center for Prevention and Early Intervention www.bpp.jhu.edu/ Manual available for download at www.bpp.jhu.edu/Manuals.htm	Rones and Hoagwood Webster-Stratton and Taylor

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Social Relations	Disruptive and Aggressive Behavior	Cognitive behavioral program that combines social problem solving and anger coping methods to decrease the youth's interpersonal maladjustment and provide skills to enhance positive social interaction. Individual and group sessions in the school two times per week. Duration is 17 weeks.	One study comparing to another intervention No effect size reported	Male and Female African American Third graders		HI -- Level 3
Functional Communication Training (FCT) and Applied Behavior Analysis (ABA)	Autism	FCT -- Teach children with limited or no communication skills a way to communicate requests to avoid negative behavior. ABA -- works to teach new skills or eliminate negative behaviors. Implemented in school 5 days per week to twice a week. Treatment duration is 2 weeks to 11 months.	>15 demonstrations of controlled single subject experimental designs Changes in behavior (i.e.. Self injury).	Male and female 2-15.	*FCT Materials and TA:* Guilford Press (800) 365-7006 http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/durand.htm&dir=pp/cpap&cart_id=474944.1968 info@guilford.com Book available on website entitled "Severe Behavior Problems: A Functional Communication Training Approach" TA: Dr. Mark Durand (727) 553-4814 *ABA Materials and TA:* Institute for Applied Behavior Analysis (310) 649-0499 www.iaba.com Books and videos available through website; TA also available through website	HI -- Level 3
Across Settings - Home, School, or in Community						
Friends Program	Anxiety	A cognitive behavioral program that is a adaptation of the Australian Coping Cat workbook. The program utilizes peer learning, experimental learning, and family directed problem solving. The objective is to have the child understand the psychological cues for their anxiety and use positive reinforcement to change behavior in response to those cues. Building a peer network for socialization and support is also part of the program. Parents are an integral part of this learning and support system and are taught reinforcement strategies, tangible rewards, cognitive techniques to challenge unhelpful thoughts, and communication and problem solving skills. A collaborative team approach between the therapist, parents, and child. Taught in a group format. Parent training is 6 hours and can either be in a clinic or community setting. The children are grouped in age sets (7-11 or 12-16). The children participate in 10 sessions, 1 hour each week with two booster sessions at one and three months	Current control study of the Friends program is underway, but positive outcomes for other models that the Friends program is based have been found in several studies. One RCT found 88 % of children were drug free in the family model compared to 61% in the CBT only and 30% in the waitlist. 12 month follow up results were maintained; 5-7 year follow up the findings equalized between the family model and CBT. Contrary results by two studies did not show better results of the family component compared to CBT alone.	7-14		Kazdin and Weisz

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Exposure	Anxious and Avoidant	Repeated exposure to the item or circumstance that causes fear for the purpose of reducing the avoidance. In vivo exposure uses real-life situations for the exposure exercises. Group or individual sessions, provided on a daily or weekly basis, in a clinic or school. Treatment duration is 1 day to 12 weeks.	12 RCTs with no-treatment control and five RCTs with other interventions. Effect size 2.02	Male and Female 3-17	*Manual is available* Edna B. Foa, Ph.D. Director Center for the Treatment and Study of Anxiety Department of Psychiatry University of Pennsylvania 3535 Market Street, Suite 600 North Philadelphia , PA 19104 Phone: (215) 746-3327 Fax: (215) 746-3311 Email: foa@mail.med.upenn.edu	HI -- Level 1
Assertiveness Training	Disruptive Behavior Conduct Disorders	Learning how to assert oneself in a productive, non-confrontational manner. Group sessions held in a clinic two times per week. Treatment duration is four weeks.	One randomized control study with another intervention. Effect size not specified.	Male African American 13-14	Manuals available by multiple authors.	HI -- Level 2 Bresdan and Eyberg
Multisystemic Therapy (10-17 years)	Oppositional Defiant Disorder Conduct Disorder Sexual Offenders Substance Abuse	MST views the individual as nestled within a comple network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The care giver is viewed as the key to long term outcomes and with whom the primary treatment occurs. The therapist works with the parent to enhance parenting skills and coordination with other community services. Brestan & Eyberg (1998) classify this intervention as "probably efficacious." Weisz, et al (2004) state that MST has shown significant effects in 7 trials. "Most extensive research base in community-based treatment; need for replication by additional researchers; current focus on dissemination; need for refinement and testing model for youth with psychiatric problems." Considered "promising" or "probably efficacious." (Farmer, et al). MST views the individual as nesteled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long -term outcomes and with whom the primary treatment occurs. The therapist works with the parent to enhance parenting skills in coordination with other community services.	13 RCT and One Quasi-experimental study showed the following positive outcomes: *Family:* Improved family relations, improved parent-child interactions *Individual Behavior:* Decrease in behavior problems, decrease association with deviant peers, improved peer relations, decrease in psychiatric symptomology, reduced days in hospital, increase in school attendance *Criminal Behavior* : Decrease in sexual offending, decrease in other criminal offending, decrease in drug related arrests, decreased recidivism, *Out of Home Placements:* reduction in out of home placements, *Substance Abuse:* Reduced alcohol and drug abuse Treatment linked to long-term outcomes	Mostly Male African American and Caucasian 10-17 Home, school, community	*Materials and TA* Dr. Scott W. Henggeler Family Services Research Center, Department of Psychiatrist and Behavioral Sciences, Medical University of South Carolina 171 Ashley Avenue, Charleston, SC 9425-0742 Phone: 843.876.1800 Fax: 843.876.1808 This website (http://www.mstservices.com) provides information on upcoming trainings and conferences, plus discusses the benefits and uses of MST. Costs are not specifically outlined on this site. There is an order form on the site, however it does not describe adequately describe the materials or manuals.	HI -- Level 2 Burns and Hoagwood Kazdin and Weisz Surgeon's General Reports for Mental Health and Violence Prevention Farmer et al. Weisz et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Functional Family Therapy (11-18 years)	Violence Conduct Problems	A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization. 8-26 hours of direct service with the youth and their family by one or two person team in the home, clinic, school or juvenile justice faculty.	Several control studies Shown to prevent an increase in symptoms, prevent youth from moving into the adult CJ system. Treatment effects transferred across systems. *Environment* -- shown to prevent younger siblings from entering the juvenile justice system.		*Materials and TA:* Holly de Maranville, Communications Coordinator Functional Family Therapy, LLC 2538 57th Avenue, SW Seattle, WA 98116 Phone: (206) 369-5894 Fax: (206) 664-6230 Email: hollyfft@attbi.com Website: www.fftinc.com	BluePrints for Violence Prevention -- Model program OJJDP Model Program NREPP
Parent Training	Disruptive and Misconduct	Parents are taught behavior management skills to aid in the effective rearing of their children and manage disruptive behavior. Many different parent training courses exist and include a variety of components: videotaped instructions, parent group discussions, and therapist guidance of skills implementation with the child. Self administered or in group or individual sessions in the clinic or the home on a weekly basis. Treatment duration is 2 weeks to 6 months, 13 weeks is the average.	15 RCTs -- 6 with other interventions and 9 with a waitlist control group. Effect size .89	Mostly Male 3-15.		HI -- Level 1 CMHS -- EBP Brestan and Eyberg (Peek and Wells)
Problem Solving Skills Training (also combined with Parent Management Training) (7-13 years)	Disruptive Behavior Conduct Disorders	Teaches the child how to deconstruct interpersonal situations and apply prosocial responses. The three steps include: learn to make practical statements that aid in effective solutions, foster prosocial behaviors through modeling, and direct reinforcement and structural tasks. Parent Management training: teaches parents to alter child's behavior at home through operant conditioning. Child setting: 12 weekly sessions for 30-50 minutes. Parent training: 12-16 weekly home sessions at 45-60 minutes. Brestan & Eyberg classify this intervention as "probably efficacious." Weisz, et al (2004) reviewed 229 treatment groups and found that Kazdin's Problem-Solving Skills Training has received consistent support across repeated trials.	Hawaii Five RCTs with other interventions for Problem Solving Skills Problem Solving Skills Training alone : Effect size 1.59 Kadzin and Weisz 10 control studies by program developers. The combined program is being evaluated on an ongoing basis at Yale. Results thus far show that the combined treatment is more effective than either treatment alone. Effects shown at post-treatment and 1 yr follow up are : improved child behavior, reductions in stress and maternal depression and improved family relations.	Mostly Male African American and Caucasian 7-13		HI-- Level 2 Kadzin and Weisz Bresdan and Eyberg Weisz et al.

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
First Steps to Success (5-6 years)	Aggression	A combination of the CLASS program and a home-based parent training program. The parent training component is based on research developed at the Oregon Social Learning Center and teaches parents how to provide adequate monitoring and reinforcement to build their child's social competencies. Classroom based with in-home visits once per week for six weeks by program consultants.	One RCT with a waitlist control. Teacher reports showed a significant difference between treatment and control groups with more adapted and less aggressive behaviors and more engagement in academics. Three to four years later these results remained.	Age 5. 6-12.	*Materials and TA:* Dr. Hill M Walker University of Oregon (541) 346-3591 hwalker@uoregon.edu The Institute on Violence and Destructive Behavior 1265 University of Oregon Eugene, OR 97403 Phone: (541) 346-3591 Fax: (541) 346-2594 ivdb@darkwindk.uoregon.edu	Webster-Stratton and Taylor Farmer et al. OJJDB "Effective"
Anger Control for Aggressive Youth	Aggression	CBT program where the fidelity is flexible to allow for tailoring to the youth's specific problems and issues. The program addresses anger arousal and social-cognitive processes associated with aggression in children and covers anger management, perspective taking, choices and consequences, and problem solving. In a school or clinic, with co-leaders who alternate between leading activities and monitoring children's behaviors. There are 5-7 children in a group with 18 sessions that are 60-90 minutes.	Several RCT and Quasi studies and follow up studies by program developer. Shown to decrease aggressive behavior of the child as reported by teachers and parents and higher levels of self-esteem. Positive results were shown at 7 month and 3 year follow up. At 7 months -- improved observed on-task behavior in the classroom. At 3 years -- lower rates of substance use and maintained increases in self-esteem and problem solving skills.	Mostly Male African American mean age 10.		Kazdin and Weisz
The Incredible Years (2 - 8 years)	Oppositional Defiant Disorder Conduct Disorder	Multicomponent program that works with parents most heavily as well as the child and teacher. The parent program has three components: BASIC -- educates parents on social learning and child development and non-violent discipline techniques. Advance: to aid parents cope with personal and interpersonal problems. School -- help parents collaborate with teachers and work with their child to foster academic readiness. Teacher training: works with the teacher to learn how to manage misbehavior and develop a plan with the parents for behavior management. Child training: promote competencies and reduce aggression through increased emotional awareness and self-esteem. Program uses videotaped vignettes as an integral learning tool. The BASIC program is 26 hours over 13-14 weekly 2 hr sessions. Advance is a 14 session videotape program (60 vignettes) and the school component is six sessions. The teacher component is 32 hours. The child component is 22 weeks. A group meeting with the teachers, counselors, and psychologist is held. Weisz, et al. state that a "remarkably well-tested intervention is the video-guided program through which Webster & Stratton and colleagues convey behavioral skills training."	Nine RCT by program developers. Researched all three components of the program which were all shown to be effective. The Basic Training significantly improved parental attitudes and parent-child interactions and reduced parent's reliance on violence and critical discipline. BASIC plus Advance vs. just BASIC showed significant increases in prosocial solutions during problem solving and greater parent satisfaction. At 3 year follow up, 25-46% of parents and 26% of teachers reported child behavior problems. Teacher training program: Teachers were rated as less critical, harsh, and inconsistent as teachers in the control group. Child program: significant improvement in child behavior.	2-8	*Materials and TA:* Incredible Years (888) 506-3562 www.incredibleyears.com A comprehensive set of curricula comprised of parent training, teacher training, and child training programs in the form of books, videos, and materials available on the website; TA is also available through the website	Kazdin and Weisz, et al (2004)
Family Systems	Substance Abuse	Works with the entire family to improve the functioning of the youth through improved functioning of the family. Weekly sessions in a clinic for 7-15 weeks.	One RCT with another intervention. Effect size unknown	Caucasian, African American, Hispanic 11-20		HI -- Level 2

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Aftercare Services	Substance Abuse	Aftercare services are a compilation of various outpatient mental health care and related services that is provided after discharge from inpatient hospitalization. For substance abuse, aftercare services evaluated included 12-step groups.	Adolescents who attended 12-step meetings during the follow up period were more likely to abstain from additional substance use and a lower risk of relapse.	14-20 Participated in substance abuse treatment	12-Step programs are in all communities, which those for adolescents may be limited.	Daniel et al.
Behavior Therapy	Attention and Hyperactivity Disorders Substance Abuse Depression Conduct Problems	Behavior management techniques taught to the teacher or the parents to aid the child in replacing negative behaviors with more positive ones. With substance abuse, behavior therapy is used directly with the individual .	*Attention and Hyperactivity Behavior Disorders:* One randomized control with a pill placebo and six RCTs with no-treatment control. Effect size 1.24 *Substance Abuse* : One RCT with another intervention. Effect size 4.20 *Depression:* decrease in symptoms compared to experimental group , but slightly lower decrease in symptoms compared to self-control.	*Attention and Hyperactivity* Behavior Disorders *Populations:* Gender -- 81.5 % Male; Ethnicity -- ethnicity not specified; Age -- 6-12 *Substance Abuse* *Populations:* Gender -- 77% Male; Ethnicity -- 81% Caucasian, 19% not specified; Age -- 13-18 *Depression* 3-8		*ADHD* HI -- Level 1 Pelham, Wheeler, Chronis Weisz et al. *Substance Abuse* Level 2 *Depression* Kaslow and Thompson -- probably efficacious *Conduct problems* Weisz et al. (teacher focused and parent focused)
Homebuilders Program	Abused and Neglected Children Returning to their Families	Family reunification program for abused and neglected children returning to their family. The goal is to provide a broad array of support services and build family skills identified by each families' needs. Services offered include: marital and family interventions, coordination of community services and assistance with basic needs (food, housing). Support is available 24 hours per day.	Reduced out of home placements and the youth's verbal and physical aggression decreased.		*Materials:* Institute for Family Development (253) 874-3630 info@institutefamily.org www.institutefamily.org Book entitled "Keeping Families Together The HOMEBUILDERS Model" available through website; TA also available through website	Surgeon's General Report -- Mental Health
Parent Connections	Healthy Management of Behavior and Emotions of Parents	Promote psychological and social functioning of children through supporting the parents. The program links parents already in the program to new parents entering the system, provides education on the causes of their child's mental health problems, teaches how to collaborate with mental health professionals, and informs how to manage behavioral problems at home. These workshops also help parents form a support network where they can share ideas, experiences, and connect with each other.	Currently conducting RCT on program. Other studies using similar models have shown some success in reducing symptoms of depression and anxiety in mothers and parents and increase knowledge of MH services and perceptions of self-efficacy .	9-14.		CMHS -- EBP Burns and Hoagwood

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
Out of Home Setting						
Multidimensional Foster Care	Youth with Severe Mental Health, Behavioral, or Emotional Disorders Prevention of Violence Among Adolescents with Chronic Delinquency	Based on social learning theory, a person's behavior, attitudes, and emotions are highly influenced by their environmental context. New behaviors should be taught in vivo. As an alternative to residential, institutional, or group care for youth with significant mental health problems, MFC provides treatment in a foster care home with trained parents. The foster parents go through an extensive training program and receive continued support during treatment. The foster parents work closely with the case manager, who is the team leader, to tailor the program to meet the individual youth's needs and coordinate with various other community services including a family therapist, parole/probation officer, a psychiatrist for medication management, and a school liaison to monitor behavior in school.	Multiple studies: single samples, surveys, comparison quasi and controlled studies. Hawaii Effect size .73 Used with a juvenile justice population: fewer runaways (30.5% vs. 57.8 %) more completed placements (73% vs. 36%) fewer days in locked settings and decrease in criminal referral rates in the year after the referral. For female offenders: more time in treatment and fewer days in lockup. One year follow up showed a decrease in arrests, and decrease days in the hospital for mental health problems.	Male and female Caucasian, African American, American Indian 9-18. Foster home with the foster parents on a daily basis. Treatment duration is 9 months. Cost: The cost of TFC is lower than traditional residential treatment. The Washington State Institute for Public Policy found that the benefit to dollar ratio was $22.58 and saved $43, 661 per participant in future costs to crime victims.	*Materials* Two books describe the model : Family Connections and Blueprint for Multidimensional Treatment Foster Care. A fidelity monitoring system is in place. Gerard Bouwman TFC Consultants, Inc. 1163 Olive Street Eugene, OR 97401 Phone: (541) 343-2388 Fax: (541) 343-2764 Email: gerardb@mtfc.com Website: www.mtfc.com	HI -- Level 2 Kazdin and Weisz Rones and Hoagwood Burns and Hoagwood CMHS -- EBP Task Force on Community Preventive Services Weisz et al.
Wrap Around Foster Care	Children in Foster Care with Emotional and Behavioral Problems	Social, mental health, and health services are "wrapped around" the child and family to reinforce natural family supports.	Reduced inattention, withdrawal, and number of runaways and time incarcerated. Effect size -- .5.	Male and female Caucasian and African American 7-15 Foster Home		HI -- Level 3
CRISIS FOCUS						
Home Based Crisis Intervention	Crisis Intervention	An in-home, intensive emergency service.	One uncontrolled study 95% of the youth receiving the service were referred to or enrolled in other services.	Home		Surgeon's General Report-Mental Health
Short-Term Residential Services	Crisis Intervention	Short-term residential services for youth in crisis.	Review of children receiving the intervention. More than 80% of children were discharged in less than 15 days and many were diverted from inpatient hospitalizations. Inpatient admissions to the county psychiatric center decreased by 20% after the program was established.	Residential program		Surgeon's General Report-Mental Health
Youth Emergency Services	Crisis Intervention	Mobile crisis team that will provide a clinician directly at the scene of the crisis.	Data reported that the program showed it prevented emergency department visits and out of home placements.	Community		Surgeon's General Report-Mental Health

Program Name	Example of Behavior/ Disorder Program Targets	Description of Program or Intervention	Example of Evaluation Methodology and Outcomes	Example of Evaluation Population and Setting	Technical Assistance and Materials Available	Source
SERVICE COORDINATION & ACCESS						
Intensive/ regular Case Management	Service Coordination for Children with Emotional and Behavioral Disorders	Case managers are coordinators who work with the children to assess their needs, plan what services will meet those needs, link the child and family to those services, and monitor that the services are appropriate and effective. The relationships that the case manager builds between the child, family and other services is the key to the program so to foster compliance and maximize treatment effectiveness.	Two RCT, one Quasi-experimental, two with non-SED populations. Different evaluators. Studies evaluating case management show improvement in child and family functioning and systems outcomes compared to not using a case manager or using the primary care mental health clinician as the case manager. One particular study using the Family Centered Intensive Case Management -- compared to Family Based treatment, found those children in the FCICM showed more positive outcomes than those in the control group including improved behavior, and decreased social and thought problems. Families in both groups did not show significant differences at the 18 month follow up. *Disruptive Behavior* Mixed results with the most intensive case management model showing improvements in symptoms and marginally significant changes in placement stability, community based tenure, and decreased running away.	Male and female 5-13; other studies worked with children at least the age of 8 and one with a mean age of 11.7. Case managers have an office base, but typically spend the majority of their time in the community. Cost: A cost study connected to the FCICM evaluation revealed for the same length of time in treatment, the FCICM was three times less than the family based treatment.	No one manual exists for case management. A variety of studies have outlined four program requirements, but more evaluation is needed to understand more fully what form these components should take. The four components are: Organizational arrangements; identification of the target population; selection, preparation, and support of case managers, resource requirements.	CMHS -- EBP Burns and Hoagwood Farmer et al.
Wraparound (Across age groups)	Children with Complex Mental Health Needs	"Relatively weak research designs; needs work on assessing fidelity; requires substantial research." Considered "promising (weak)." Farmer, et al. Wraparound is designed to provide a set of individually tailored services to the child and family through a sound planning process that is community based and focused on strengths. The wraparound approach is team driven (family, child, natural supports, agencies, and community services) where families must be active partners and the supports put in place is a balance between formal services and informal community and family supports. Funding must be flexible to allow for needed services.	15 studies, with multiple evaluators, were conducted to establish the effectiveness of the program (2 Qualitative, 9 pre-post studies, 2 quasi-experimental, and 2 randomized clinical studies). Studies point to positive results including continued placement in the community, and fewer emotional and behavioral problems.	Male and female Community, school, home, clinic	No one manual exists for wraparound, but ten essential elements and ten requirements for practice have been outlined by wraparound leaders and advocates. Three training approaches have been developed. The first is the PEN-PAL affiliated with East Carolina University is for agency staff and is manualized. A higher education training program at the Program in Community Mental Health at Trinity College in Vermont. The third, in which states are heavily relying, is a train the trainer model with a manual and videotapes.	Farmer, et al (2004) Burns and Hoagwood

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