
Lessons From Family-Strengthening Interventions: Learning From Evidence-Based Practice

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Abstract: The purpose of the brief is to help educators, service providers, and local evaluators in schools, intermediary and community-based organizations, and social service agencies become more effective by highlighting the best program and evaluation practices of family-strengthening intervention programs. At a time when evidence-based practice matters, this brief adds value to the field by reviewing programs proven by substantial research and evaluation to be effective.



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Introduction

Families make a difference in the academic and social lives of children and youth.¹ For this reason, many schools and community-based social service organizations have designed and implemented family-strengthening intervention programs. A family-strengthening program promotes family involvement in children's development and is a "deliberate and sustained effort to ensure that parents have the necessary opportunities, relationships, networks and supports to raise their children successfully."² Schools and community-based organizations design family-strengthening programs to increase parents' abilities to guide their children's learning and to create a community of support from which parents can draw over time. These programs can include workshops, video trainings, directed parent-child activities, counseling, and group support. They can take place either in the home, in the school, or in a community-based location.

This research brief examines a sample of family-strengthening intervention programs that provide support to parents and seek to change family behaviors and environments to encourage healthy child development. The purpose of the brief is to help educators, service providers, and local evaluators in schools, intermediary and community-based organizations, and social service agencies become more effective by highlighting the best program and evaluation practices of family-strengthening intervention programs. At a time when evidence-based practice matters, this brief adds value to the field by reviewing programs proven by substantial research and evaluation to be effective. As such, data for this brief derive from experimental and quasi-experimental evaluations of how intervention programs impact families and children.

Specifically, this brief addresses the following two questions:

1. What outcomes can rigorously evaluated family-strengthening programs successfully target and affect?
2. What are the best program and evaluation practices of well-evaluated family-strengthening intervention programs?

Method

In order to review family-strengthening intervention programs with strong evidence and research support, we searched the database of effective interventions developed by the Substance Abuse and Mental Health Service Administration (SAMHSA) of the U.S. Department of Health and Human Services.³ This database includes information about comprehensive programs with multiple services that have been proven to prevent or reduce substance abuse and other related high-risk behaviors in children and youth. The SAMHSA database was chosen because it employs rigorous

¹ For more information, see Harvard Family Research Project (2006). *Family involvement makes a difference in school success*. Cambridge, MA: Harvard Family Research Project. Available at http://www.gse.harvard.edu/hfrp/policy/family_involvement_success.html

² The Annie E. Casey Website is located at <http://www.nassembly.org/fspc/aboutus.html>

³ The Substance Abuse and Mental Health Services Administration (SAMHSA) database is located at http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list

standards for determining which preventive interventions have a sufficiently strong evidence base to warrant inclusion and because it permits users to search easily for high-quality programs by children and youth's academic and social-emotional outcomes.⁴

First, we conducted a content-focus category search for model programs (those that were rated of the highest quality) that promoted either children and youth's academic achievement and/or social-emotional competency. Next, we narrowed these programs down to those that contained a family-strengthening component and incorporated a measure of family change in the evaluation. This scan yielded 13 programs. We then systematically reviewed each of these 13 programs, integrating information from various sources, including evaluations, peer-reviewed journal articles, the SAMHSA database, program websites, and information sent to us directly from programs. We entered each program into a template that contained categories such as program mission, evaluation design, family involvement measures, and child and family findings. Because these programs yielded an extensive body of research, we limited our review to each program's seminal theoretical and overview articles and those written after the year 2000.⁵

Appendix A shows which programs we included, along with a brief description of each. All programs utilized either a quasi-experimentally or experimentally designed evaluation to show its effectiveness. Many programs carried out multiple randomized-control trials and conducted a variety of feasibility or pilot studies that did not necessarily assign subjects to treatment or control groups. Selected outcomes of the effectiveness studies are described below.

Model Program Characteristics

The programs included in this review were comprehensive, sustained, of high quality, developed for culturally diverse groups, implemented in geographically diverse areas within participants' communities, and spanning various developmental periods. They were also theory-driven—that is, they were based on testable relationships among the psychological and social factors that affect behavioral change.

Collectively, the programs employed large-scale quasi-experimental or experimental evaluations that were conducted over many years. Often, programs carried out multiple evaluations to test the effectiveness of the program as it evolved and improved over time. All of the programs had large sample sizes and used advanced statistical analysis and modeling to determine program effectiveness.

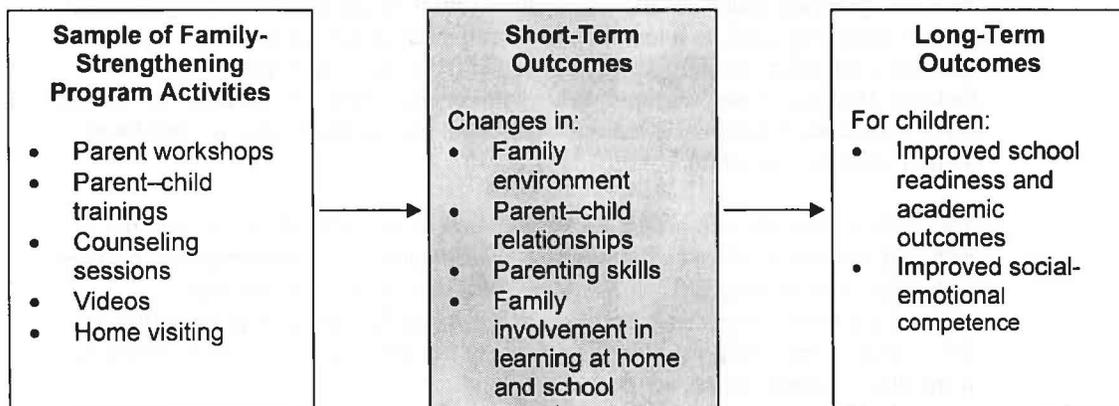
In nearly all of the 13 programs, the family-strengthening component was implemented as part of a broader intervention. In other words, the 13 reviewed programs employed multiple strategies to influence children's outcomes including intervention elements for children, families, schools, and communities. From a

⁴ For a list of other effective prevention programs put forth by federal agencies, see Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003). Prevention that works for children and youth. *American Psychologist*, *58*(6/7), 425–432; p. 428.

⁵ Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly*, *82*, 581–629.

theoretical standpoint, programs included a family component to change family behaviors and environments in order to, in turn, impact children and youths' academic and social outcomes. (See Figure 1.) However, not all family-strengthening intervention programs in this review tested parent, child, and family components separately; therefore, caution must be used when attributing changes in child outcomes to family-strengthening interventions alone. For many, but not all, of these programs, the specific impact of the family-strengthening component in producing changes for children and youth must be understood in the context of the larger intervention program.⁶

Figure 1



What outcomes can family-strengthening programs successfully target and affect?

The programs we reviewed had a positive impact on four main parenting processes: family environment, parent-child relationships, parenting, and family involvement in learning in the home and at school. In addition, family-strengthening programs, as part of larger comprehensive intervention programs, were shown to improve child outcomes.

Family-strengthening programs can positively change the family environment. “Family environment” refers to characteristics of the home that influence children, including the physical setting, parents’ health and well-being, and the presence of routines and structure. The family-strengthening programs in our review were able to positively impact family functioning, cohesion, communication, and parents’ social networks and self-confidence, as well as decrease parents’ levels of depression. For example, Families and Schools Together (FAST), an 8-week program for families and children held in school and community locations, had some of the most robust

⁶ Ginsburg, A., & Rhett, N. (2003). Building a better body of evidence: New opportunities to strengthen evaluation utilization. *The American Journal of Evaluation*, 24(4), 489–498. Ginsburg & Rhett (2003) elaborate on this dilemma by writing that experimental evaluation often provides little guidance on program improvement because “evaluations using random assignments differentiate program from non-program treatments, but do not usually randomize on particular program features. Hence, the randomization process provides information on overall performance, perhaps broken out by population characteristics, but the treatment is often not well specified unless the program is very narrow” (p. 492).

family environment findings. In an experimental evaluation of the program, families in the intervention group who participated in FAST were more likely than control-group families to seek substance abuse treatment or mental health counseling at the completion of the program, to pursue adult education, and do volunteer work in the community and become community leaders.⁷ The creation of a support network for parents during and after the program helped to contribute to these results.

Parent–child relationships can be altered.

“Parent–child relationships” refers to the connectedness between parents and children. Programs in this review were able to strengthen parents’ involvement, bonding, and communication with their children and thereby improve parent–child relationships. For example, the evaluators of the Guiding Good Choices program, a multimedia program of multiple 2-hour sessions held over 5 consecutive weeks, carefully detailed the ways in which the program increased parents’ warmth and sensitivity toward their children, which in turn helped reduce problem attitudes and behaviors among youth.⁸

Family-strengthening programs can modify parenting skills.

“Parenting skills” refers to the skills necessary for parents to effectively nurture and manage children’s behavior. The programs reviewed here increased positive child-rearing practices, discipline, limit-setting, control, and monitoring. For example, the Incredible Years program, designed to provide training for parents of toddlers and preschoolers, demonstrated in various experimental studies that their 8- to 9-week parent-training program significantly increased Head Start parents’ positive and nonpunitive parenting skills.⁹ In one study, parents enrolled in the program used fewer critical statements, commands, and punitive discipline strategies with their children than parents in control centers, both immediately after the program and 1 year later.

Family involvement in learning at home and school is amenable to change.

For the purpose of this brief, “family involvement” refers to parents’ efforts to support children’s learning and development in the home as well as to parent participation and relationships with the school. Our review shows that family involvement within the home is responsive to intervention. Programs increased parents’ desire and ability to talk with children about school, strengthened their confidence in helping children in academic activities such as homework, and raised hopes and expectations for children’s futures as learners.

⁷ Kratochwill, T. R., McDonald, L., & Levin, J. R. (2003). *Families and Schools Together (FAST): An experimental analysis of a parent-mediated early intervention program for elementary school children*. Madison, WI: Wisconsin Center for Education Research; Abt Associates (2001, April). *National evaluation of family support programs. Final Report Volume B: Research Studies*. Cambridge, MA: Abt Associates. Kratochwill, T. R., McDonald, L., Levin, J. R., Bear-Tibbetts, H. Y., & Demaray, M. K. (2004). *Families and Schools Together: An experimental analysis of parent-mediated multi-family group program for American Indian children*. *Journal of School Psychology, 42*(5), 359–383.

⁸ Redmond C., Spoth R., Shin C., & Lepper H. S. (1999). Modeling long-term parent outcomes of two universal family-strengthening preventive interventions: One-year follow-up results. *Journal of Consulting and Clinical Psychology, 67*(6), 975–984.

⁹ Webster-Stratton C. (1998). Preventing conduct problems in Head Start children: Strengthening parent competencies. *Journal of Consulting and Clinical Psychology, 66*, 715–730.; Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology, 30*(3), 282–302.

Programs were also efficacious in helping parents maintain involvement with schools. Fast Track, a comprehensive intervention for young children at high risk for long-term antisocial behavior, and SAFE Children, a community and school-based program for 5- and 6-year-olds living in poverty, both found that while control group participants tended to show declining family involvement scores over time, intervention group parents maintained a stable or slightly increasing score.¹⁰ In other words, although programs might not necessarily be able to increase family involvement, they are able to act as a safety net and maintain the level of involvement that exists.

Moreover, programs are capable of increasing parents' participation in school activities and knowledge of their children's schooling. For example, Positive Action, a comprehensive school-wide intervention that involves families, showed that parents who were more involved with the family component of the Positive Action program over a 2-year period participated in school activities more than parents who were less involved in the program.¹¹ Project Achieve, also a school reform program that involves families, demonstrated that the establishment of a Parent Drop-In Center, along with parents' participation in parenting workshops, increased parents' knowledge of their children's classrooms and curricula.¹²

Family-strengthening intervention programs, often as part of a larger intervention, can improve outcomes for children and youth.

Family-strengthening intervention programs, most often as part of a larger comprehensive intervention, have positive effects for children and youth's academic and social-emotional development. Overall, programs reduced conduct and emotional problems, aggressive behavior, and substance use, and improved social competence, self-control, and social skills. Academically, programs increased basic reading skills, grades, academic competence, and school bonding, while they reduced special education referrals and absenteeism. Many of these programs targeted children in the early years and were able to show that effects could sustain over time.

For example, children who participated in Fast Track showed less aggressive and more socially competent behavior after 1 year in the program.¹³ By the end of the third grade, the intervention group demonstrated less aggressive behavior in the classroom and at home and was less likely to be placed into special education or to

¹⁰ Conduct Problems Prevention Research Group. (1999). Initial impact of the Fast Track prevention trial for conduct problems: I. The high-risk sample. *Journal of Consulting and Clinical Psychology, 67*, 631-647; Tolan, P. H., Gorman-Smith, D., & Henry, D. (2004).

¹¹ Flay, B. R. (2001). *An intensive case study of the Positive Action Program as a comprehensive school reform demonstration program: Year 2 results*. Report to Positive Action, Inc. University of Illinois at Chicago, Chicago, IL. Available at http://www.positiveaction.net/content/PDFs/Intensive_Case_Study.Yr_2.pdf. These findings come from an intensive case study of one school over a 2-year period. Positive Action was fully implemented in 11 classrooms, partially implemented in 7 classrooms, and sporadically or not implemented in 7 classrooms. Thus, caution must be used when interpreting the findings as teachers were not randomly assigned to different levels of implementation and no control group was used. It is possible that teachers were "self-selected" such that those teachers who naturally foster stronger relationships with parents were more likely to implement the curriculum in the first place. No data have been reported to date on the effectiveness of the parent or community components using randomized control trials (see Flay, B. R., Alled, C. G., & Ordway, N. (2001). Effects of the Positive Action program on achievement and discipline: Two matched-control comparisons. *Prevention Science, 2*(2), 71-89.

¹² Knoff, H. M. (2003). *Project ACHIEVE Effectiveness Study: National Longitudinal Sites*. Little Rock, AR: Project ACHIEVE Incorporated.

¹³ Conduct Problems Prevention Research Group, 1999.

demonstrate serious conduct problems.¹⁴ These positive changes could be accounted for, in part, by programs intervening in parenting behavior.¹⁵ Parents who participated in the family-strengthening intervention component utilized less-harsh parenting discipline skills, and in turn, children's social abilities improved. Ongoing research demonstrates that the positive effects of the program have continued through the end of fourth and fifth grade.¹⁶

The Incredible Years Program is an example of an intervention that has successfully isolated the relative impact of its parenting component. The program has been successful in decreasing young children's conduct disorders in both the home and preschool classrooms and increasing children's prosocial behavior.¹⁷ Parent participation in the parent-training component only was linked to increases in children's prosocial behaviors at home and decreases in child conduct problems. These positive changes in children were directly linked to modifications in parenting behaviors attributed to participation in the intervention.¹⁸ In a different study, children who were identified in the beginning of the preschool year as being at high-risk for behavior problems and whose parents participated in parent-training sessions were more likely than children in the control group to be identified as low-risk behavior problems at the end of the year.¹⁹

Finally, the Strengthening Families Program (SFP) has also tested parent and child components separately. Although the full program (parent training and child training together) is the most effective delivery method, the parent-only component of SFP in conjunction with a different classroom-based social competence curriculum successfully enhances children's social competence and self-regulation.²⁰ Thus, the parenting component of the program exerts unique outcomes.

¹⁴ Conduct Problems Prevention Research Group (2002). Evaluation of the first three year of the Fast Track Prevention Trial with children at high risk for adolescent conduct problems. *Journal of Abnormal Child Psychology*, 30, 19–35.

¹⁵ Conduct Problems Prevention Research Group (2002a). Using the Fast Track randomized prevention trial to test the early starter model of the development of serious conduct problems. *Development and Psychopathology*, 14, 927–945.

¹⁶ Conduct Problems Prevention Research Group (2004). The effects of the Fast Track Program on serious problem outcomes at the end of elementary school. *Journal of Clinical Child and Adolescent Psychology*, 33(4), 650–661.

¹⁷ Webster-Stratton, Reid, & Hammond, 2001; Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes or parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 105–124.

¹⁸ Reid, M. J., Webster-Stratton, C., & Bayder, N. (2004). Halting the development of conduct problems in Head Start children: The effects of parent training. *Journal of Clinical Child and Adolescent Psychology*, 33(2), 279–291.

¹⁹ Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology*, 71(2), 261–278. This study evaluated the relative effectiveness of parent training among low-income parents across four conditions: (a) parent training only (PT), (b) teacher training only (TT), (c) parent training delivered to parents and teachers in separate groups (PT+TT), and (d) wait list control. However, the effects for parent training were based on analyses that included children in the PT and PT + TT conditions combined, tempering the impact of the isolated parent training effect.

²⁰ Kumpfer, K. L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6–8 year-old rural children. *Psychology of Addictive Behaviors*, 16(4S), S65–S71.

Close Up: Family Involvement in Education

In recent years, efforts to involve parents in the education of their children have become better informed by theories that recognize that parent involvement is multidimensional and complex. However, this very multidimensionality makes measuring family involvement difficult.¹

The Parent–Teacher Involvement Questionnaire (PTIQ) developed for the Fast Track study is a 26-item measure that assesses the amount and type of contact that occurs between parents and teachers in a multidimensional and dynamic way.² Based on decades of family involvement research, the PTIQ is a reliable and valid instrument that measures six components of family involvement in education:

1. *Parent–Teacher Contact*: 4 parent-report items (e.g., “How often did you call the child’s teacher in the past year?” and “How often did you attend parent–teacher conferences in the past year?”) and 4 parallel teacher-report items asking the teacher to evaluate the parent’s level of involvement
2. *Parent Involvement at School*: 4 parallel parent- and teacher-report items (e.g., “How often have you visited your child’s school for special events?” and “How often have you attended PTO meetings in the last year?”)
3. *Quality of Parent–Teacher Relationship*: 6 parent-report items measuring the parent’s feeling about the teacher (e.g., “Do you enjoy talking with your child’s teacher?” and “Do you feel that the teacher cares about your child?”) and 5 teacher-report items that reflected the teacher’s perspective of the relationship (e.g., “Is the parent interested in knowing you?” and “Can you talk to the parent?”)
4. *Teacher’s Perception of Parent’s Value of Education (Teacher’s Perception of Parent)*: 3 teacher-report items (e.g., “Does the parent encourage positive attitudes toward education?” and “How important is education in this family?”)
5. *Parent Involvement at Home*: 3 parent-report items related to school readiness (e.g., “How often do you read to your child?” and “How often do you take your child to the library?”)
6. *Parent Endorsement of School*: 4 parent-report items asking the parent about the child’s school (e.g., “Is the child’s school is a good place for your child to be?” and “Is the school is preparing your child for the future?”)

This scale was used in a number of the evaluations reviewed in this brief and can be employed in order to relate which demographic factors (e.g., maternal depression, parent education level, family structure) are linked to family involvement as well as to how family involvement changes over time. To download this measure, go to www.fasttrackproject.org/allmeasures.htm.

¹ Baker, A. J., & Soden, L. M. (1998, Sept.). *The challenges of parent involvement research*. New York: ERIC Clearinghouse on Urban Education. ED419030; Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family involvement questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology*, 92, 367–376; Mattingly, D. J., Prislun, R., McKenzie, T. L., Rodriguez, J. L., & Kayzar, B. (2002). Evaluating evaluations: The case of parent involvement programs. *Review of Educational Research*, 72, 549–576.

² Kohl, G. O., Lengua, L. J., McMahon, R. J., & the Conduct Problems Prevention Research Group. (2000). Parent involvement in school: Conceptualizing multiple dimensions and their relations with family and demographic risk factors. *Journal of School Psychology*, 38, 501–523; Nix, R. L. (2004). Improving Parental Involvement: Evaluating Treatment Effects in the Fast Track Program. *The Evaluation Exchange*, 10(4), 5.

What are the program and evaluation practices that can be learned from well-evaluated family-strengthening programs?

Our review demonstrates the positive effects that family-strengthening interventions can have on multiple dimensions of family processes and, in turn, on children's outcomes. This section of the brief highlights best practices vital to the successful program design and evaluation of family-strengthening programs.

Regardless of the specific program model, a major issue for family-strengthening programs is how to implement best practices. For example, even when programs have strong theoretical underpinnings and design, families still must sign up for and maintain participation for a program to create change. Overall, three effective program practices emerged from the review, including the need for programs to provide opportunities for parent-child bonding, focus on recruitment and retention, and prepare staff to work with families and implement the program effectively.

Provide opportunities for parent-child bonding.

Nearly every program in this review is designed so that parents have opportunities to learn new information and parenting techniques and to come together with their children in a community space. By engaging in activities that are developmentally appropriate—eating dinners together, interacting in structured or free play, or simply talking with each other—parents and children spend time together and reinforce connectedness and relationships. The Strengthening Families Program provides opportunities for parent-child bonding in its fourteen 3-hour skills training sessions, which include (a) preclass activities for families and children in which parents and children eat a meal together and work on homework; (b) separate parent and child skills training classes, in which parents meet with group leaders apart from their children to discuss parenting skills, while children meet with group leaders to learn social and emotional regulation skills; and (c) family activity time, during which families engage in structured activities to improve communication and attachment.

Ideas for Parent-Child Bonding Activities

- Sharing a family meal
- Working on homework together
- Solving puzzles or playing board games
- Creating artwork
- Telling stories about family experiences and history
- Conducting parent-child interviews
- Playing sports
- Singing songs and dancing
- Encouraging family outings to community locations (e.g., libraries, museums, parks, etc.)

During the parent skills training class, parents meet with group leaders to learn strategies to increase desired behaviors in children, while their children learn effective communication and prosocial principles with their peers. During the family skills training sessions, families and children come together to engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communications skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Parent-child bonding activities are designed both to reinforce loving behaviors such as taking turns and to support relationships and connections.

Focus on recruitment and retention.

Implementing family-strengthening interventions is no easy task. Programs often find that family recruitment and retention is a challenge. For example, in the 2003 Early Risers replication and effectiveness study, the parent education and skills training program component was dropped because not enough parents could be recruited to participate.²¹ Family decisions to enroll in family-strengthening intervention programs are shaped by a variety of individual, programmatic, and neighborhood conditions.²² Programs that understand these conditions and actively focus on recruiting and retaining parents have a better chance of getting families in the door and maintaining their participation.

FAST is one program with high rates of recruitment and retention. FAST's outreach strategy includes efforts to recruit entire families through face-to-face visits by current and past FAST participants conducted at times and places convenient for parents. For example, a FAST team member repeatedly visits or meets with the parent being recruited at nontraditional hours—not 9 a. m. to 3 p. m., but in the evenings or on weekends—on his or her terms. The team member explains FAST and invites the parent to attend just one session. The program also actively recruits participants by providing transportation, infant care, and meals.²³

Cultural sensitivity is also an important aspect of recruitment and retention. For example, FAST ensures that team leaders include individuals who are representative of the culture and background of the families served.²⁴ The Strengthening Families Program (SFP) adapted its curriculum for Hispanics, African Americans, Asians, Pacific Islanders, and American Indians. These cultural adaptations have increased recruitment and retention by an average of 40% across multiple sites.²⁵

Tips for Recruitment and Retention

- Recruit families through face-to-face visits.
- Ask current and former program participants to help with recruitment.
- Hold meetings for parents during nontraditional hours, including weekends and evenings.
- Visit parents in community locations.
- Provide transportation, infant care, and meals at meetings.
- Ensure that staff are culturally sensitive.
- Understand the beliefs, values, and attitudes of the community.
- Help staff to think of recruitment and retention as a routine and ongoing process.

²¹ August, G. J., Lee, S. S., Bloomquist, M. L., Realmuto, G. M., & Hektner, J. M. (2003). Dissemination of an evidence-based prevention innovation for aggressive children living in culturally diverse, urban neighborhoods: The Early Risers effectiveness study. *Prevention Science, 4*, 271–286; p. 275.

²² McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory', *Family Relations, 50*(2), 113–121.

²³ McDonald, L. (2001). Parent involvement as a protective factor to prevent drug abuse for inner-city youth: Recruiting inner-city parents into higher involvement in schools. Available at <http://www.wcer.wisc.edu/fast/research/ParentInvolvement.htm>

²⁴ Kratochwill, McDonald, Levin, Bear-Tibbetts, & Demaray, 2004.

²⁵ Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity in universal family-based prevention interventions. *Prevention Science, 3*(3), 241–244.

Brief Strategic Family Therapy makes recruitment a natural part of its intervention.²⁶ Those working in the program are trained to think of recruitment and retention difficulties as natural reactions to be expected rather than indications of negative family characteristics. Moreover, recruitment is thought of as an ongoing process that permeates the course of the entire intervention, such that staff are prepared to tackle barriers to retention that can emerge in each stage of the intervention process.

Prepare staff to work with families and implement the program effectively.

Staff must have opportunities to reflect on their attitudes and beliefs in working with families, as well as the skills to engage all groups. For example, the evaluators of Fast Track found that staff-level factors accounted for much of the success of the program.²⁷ The level of engagement between the parents and the family coordinator (who was responsible for making home visits and leading parenting groups) was positively associated with the rate of parent attendance at group training sessions. Additionally, when staff were more prepared to work with parents and connect with them, parents participated at higher rates. Moreover, the relationship between parents and the family coordinator improved when the two were more similarly matched on variables such as race, economic status, and life experience.

Tips for Preparing Staff to Work With Families

- Help those who work with families take different perspectives on situations by discussing hypothetical cases from different family members' points of view.
- Ask staff to evaluate their own assumptions and beliefs about the families with whom they work.
- Develop staff communication skills.
- Aid staff in understanding research on families and the theoretical rationale for the program.
- Provide staff time to process with others difficult conversations or situations.

Family-strengthening intervention programs can also invest time in communicating and working with other adults, beyond staff members, who come into contact with families. For example, as part of its intervention, the Incredible Years program trains teachers to increase their capacity to work with children and families. Findings from evaluations of the Incredible Years teacher-training component suggest that teacher training increased teachers' bonding with parents and that parent involvement in school was higher in classrooms where the teacher participated in the teacher training component.²⁸ For this reason, both families and those who work with families need support in developing relationships with one another.

Last, investing time in training staff not only to work with families, but also to implement the program well can compensate for challenges in recruitment and retention. For example, in a replication of the Strengthening Families Program in

²⁶ Coatsworth, J. D., Santisteban, D. A., McBride, C. K., & Szapocznik, J. (2001). Brief Strategic Family Therapy versus community control: Engagement, retention, and an exploration of the moderating role of adolescent symptom severity. *Family Process, 40*(3), 313–330.

²⁷ Orrell-Valente, J.K., Pinderhughes, E.E., Valente, E., Laird, R.D., and the Conduct Problems Prevention Research Group. (1999b). If it's offered, will they come? Influences on parents' participation in a community-based conduct problems prevention program. *American Journal of Community Psychology, 25*, 753–783.

²⁸ Webster-Stratton, Reid, & Hammond, 2004.

Washington, DC, despite difficulties with engaging parents, program facilitators delivered the program enthusiastically and were able to cover more than 90% of the curriculum. As a result, the program was able to make significant reductions in family conflict.²⁹

Evaluation Practices

Each of the programs in this review used sophisticated evaluation designs, but three themes emerged as practices on which all programs—regardless of the size or complexity of the program or evaluation—can draw for learning and continuous improvement. All programs can increase and assess family involvement by measuring family participation and attendance, gathering baseline data, and asking families to respond to satisfaction surveys.

Measure family participation and attendance in the program.

Recruitment and retention alone can not ensure program success. The degree to which parents participate in and attend a program is also critical. Attendance is defined as an indication of the time parents spend participating in the program activities, while participation is defined as active involvement in a prevention and

Measuring Family Participation

Measures of program participation can involve more than rates of attendance. Participation may reflect additional aspects of program involvement, including enthusiasm toward the program and responsiveness to recruitment efforts (e.g., how much effort and time and how many phone calls and home visits it takes to get families to participate). SAFE Children, a family-strengthening preventive intervention designed for first-grade children and their families living in inner-city neighborhoods in Chicago, was able to group participants into three general participation categories:

1. *Joiners*, who are easy to recruit and fully participate
2. *Responders*, who need extensive recruiting but then fully participate
3. *Minimal responders*, who respond to recruiting and participate, but less fully and less enthusiastically¹

Interestingly, nearly 69% of SAFE Children program participants were joiners, indicating that the majority of families who ultimately participated were likely to do so with minimal recruitment effort. In addition, although it took a significant amount of effort to engage the responders—who were overwhelmingly single African American mothers—once engaged, they too became active and enthusiastic participants. Thus, if programs can identify the characteristics of groups that might need extensive recruitment efforts, they then can direct their energies in the appropriate areas, instead of over-recruiting a majority and spending too much time on families who are less likely to get involved.

¹ Gorman-Smith, D., Tolan, P. H., Henry, D. B., Leventhal, A., Schoeny, M., Lutovsky, K., & Quintana, E. (2002). Predictors of participation in a family-strengthening preventive intervention for substance use. *Psychology of Addictive Behaviors*, 16(4S), S55–S64.

²⁹ Fox, D. P., Gottfredson, D. C., Kumfer, K. K., & Beatty, P. D. (2004). Challenges in disseminating model programs; A qualitative analysis of the Strengthening Washington, DC Families program. *Clinical Child and Family Psychology Review*, 3, 165–176.

intervention program.³⁰ Whether a program is being formally evaluated or not, participation and attendance are critical pieces of information to collect. By measuring participation and attendance, programs are able to measure “dosage” and cluster respondents into those who received the proper amount of the intervention versus those who did not.

For example, in its process evaluation, Early Risers³¹ noted that parents who attended more than half of the family sessions reported improved discipline practices over time, whereas those attending less than half of the sessions reported no appreciable change.³² Moreover, understanding patterns of participation and attendance is important for understanding how the findings of an intervention can be generalized to some groups but not others.

Gather baseline information on families.

Programs can gather baseline information about families when they first begin the program. This information can be used to help explain what impedes and facilitates recruitment, retention and success in a family-strengthening intervention program. For example, understanding families’ level of functioning (e.g., employment, routines, levels of stress, general health) when they begin the program provides useful information on program effectiveness. The evaluators of Brief Strategic Family Therapy (BSFT) looked separately at families with high and low family functioning at intake. They found that families who demonstrated high family functioning at intake, but did not receive family treatment, tended to show signs of deterioration, while those families who entered the program with high family

Gathering Baseline Information: Sample Questions

Although both Early Risers and BSFT used psychological scales to measure family functioning, program staff and/or evaluators—regardless of the nature of their program—can also ask families right from the start a list of simple questions that can contribute to a better understanding of who the program is serving and for whom the program might have the greatest benefits. The questions below serve as guiding questions programs can utilize to develop a baseline survey of family lives:

- What is the average age of program participants?
- How many parents in the program are currently employed full-time or part-time?
- What is the cultural background of participating families?
- Where were families born?
- On average, how many people live in family members' homes?
- What is a typical weekday/weekend for a family like?
- How much stress do parents' perceive in their lives?
- What other organizations or clubs do parents participate in?
- On average, how are children in the program doing in school?

³⁰ Chaput, S. S., Little, P. M. D., & Weiss, H. (2004). *Understanding and measuring attendance in out-of-school time programs*. Issues and opportunities in out-of-school time evaluation briefs. Cambridge, MA: Harvard Family Research Project. Available at <http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/issuebrief7.html>

³¹ August, G. J., Realmuto, G. M., Hektner, J. M., & Bloomquist, M. L. (2001). An integrated components preventive intervention or aggressive elementary school children: The early risers program. *Journal of Consulting and Clinical Psychology, 69*, 614–626.

³² One caveat to using attendance as a dosage measure is that attendance is in itself an outcome of parental choice and motivations. Parents are often not randomized into varying levels of program exposure but rather fall into differing levels and patterns of attendance based on individual characteristics. Therefore the effects of program engagement and attendance probably reflect to some extent distinctiveness of the families.

functioning and received family treatment tended to maintain their functioning.³³ On the other hand, those families demonstrating low family functioning at intake and received family treatment showed significant improvement in comparison to the control group. The impact of the program on low-functioning families would have been concealed had the evaluator simply averaged the two groups together.

Conversely, Early Risers found high and low functioning families that received equal amounts of the family-strengthening support and empowerment component of the program

chose to use their time in the program in different ways because of their different needs.³⁴ Lower functioning families spent the majority of time addressing basic living needs, while higher functioning families were more focused on their children's welfare. This, in turn, had implications for children's outcomes. In high-functioning families, increased family-focused time led to improved parental social relationships, which in turn led to increases in child social competence. These benefits did not hold for the low functioning group.³⁵ Taken together, findings from Early Risers and BSFT suggest the importance of investigating differential levels of initial functioning on families' response to treatment and more generally the need to consider what families bring to programs from the very start.

Ask families to regularly respond to satisfaction and needs surveys.

Once parents were enrolled, the majority of programs in this review measured program quality through satisfaction questionnaires and surveys. By actively seeking feedback from families, programs were able to create a system that directly responded to family needs and to tailor their work accordingly. Moreover, perceptions of program quality are generally linked to higher levels of participation

Satisfaction Surveys: Sample Questions

Generally, satisfaction questionnaires ask respondents to respond to several Likert-type or open-ended questions about the benefits of a program.

- On a scale from 1–5 (with 1 being the lowest and 5 the highest), how effective was your group leader?
- On a scale from 1–5, how useful was the program content (e.g., specific program features)?
- On a scale from 1–5, how effective were the techniques you learned?
- Would you recommend this program to a friend?
- What was the best part of the program?
- What aspects of the program would you change?

Programs can also conduct individual exit interviews or focus groups to understand families' level of satisfaction with services provided.

³³ Santisteban, D. A., Coatsworth, J. D., Perez-Vidal, A., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., & Szapocznik, J. (2003). Efficacy of Brief Strategic Family Therapy in modifying Hispanic adolescent's behavior problems and substance use. *Journal of Family Psychology, 17*(1), 121–133.

³⁴ August, G. J., Realmuto, G. M., Mathy, R. M., & Lee, S. S. (2003). The "early risers" FLEX program: A family centered preventive intervention for children at-risk for violence and antisocial behavior. *The Behavior Analyst Today, 4*, 26–33.

³⁵ August, Realmuto, Mathy, & Lee, 2003.

and openness to change.³⁶ Thus, families were often considered program consumers and were asked to respond to how much they enjoyed the program as well as about its utility.

For example, as part of its implementation evaluation, Dare To Be You asked participants to respond to questions about the benefits of the program, including the best part of it and aspects of the programs they would change.³⁷ Likewise, Incredible Years asked parents to rate the program on its degree of helpfulness, their satisfaction with weekly assignments, and whether or not they would recommend the program to a friend or relative.³⁸ Parents and children participating in the FAST program also reported high levels of satisfaction, and one community gathered the narratives of positive experiences and petitioned their school board for more FAST sessions to be offered at the school.³⁹

Conclusion

This research brief is based on the principle that families make a difference in the academic and social lives of children and youth. Schools and community-based organizations are increasingly called upon to design and implement research-based family-strengthening intervention programs to support families' abilities to guide their children's learning. This brief has examined a sample of family-strengthening intervention programs proven to be effective by substantial research and evaluation in order to help key personnel in social service agencies, schools and community based organizations understand a) what outcomes rigorously evaluated family-strengthening programs can successfully target and affect and b) the best program and evaluation practices that can be learned from well-evaluated family-strengthening intervention programs.

This brief demonstrates that families are an integral and critical component of interventions targeted to improve academic and social outcomes for children and youth. This finding reflects the concept of *complementary learning*. Complementary learning occurs when two or more institutions—including families, schools, and communities—intentionally link with each other to improve learning and developmental outcomes for children and youth. Overall, this brief has shown that family-strengthening programs have a positive impact on four main parenting processes: family environment, parent-child relationships, parenting, and family involvement in learning in the home and at school. In addition, family-strengthening programs, as part of a larger comprehensive intervention program, can improve child outcomes. Regardless of the nature of the intervention, successful programs tend to provide opportunities for parent-child bonding, focus on recruitment and retention, prepare staff to work with families, and implement the program effectively. Measuring family participation and attendance, gathering baseline information on families, and asking families to regularly respond to satisfaction and needs surveys all emerged as important evaluation themes.

³⁶ McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory, *Family Relations*, 50(2), 113–121.

³⁷ Miller-Heyl, J., MacPhee, D., & Fritz J. (1998). DARE to Be You: A family support, early prevention program. *Journal of Primary Prevention*, 18, 257–285; p. 267.

³⁸ Gross, Fogg., Webster-Stratton, Garvey, Julion, & Grady, 2003.

³⁹ Kratochwill, McDonald, Levin, Bear-Tibbetts, & Demaray, 2004.

Examining effective program practices to work with families and the effectiveness of this work will continue to be important for understanding the role of family-strengthening programs in promoting positive outcomes for children and youth.

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For More Information

For more information about complementary learning and HFRP's other projects, visit www.hfrp.org. To learn more about this series of publications, email fine@gse.harvard.edu. To be notified when future HFRP publications become available, subscribe to our e-news email at www.gse.harvard.edu/hfrp/subscribe.html.

Other Resources from HFRP

For more information and resources to help you design, implement, and evaluate family involvement work, see these resources from Harvard Family Research Project.

The Evaluation Exchange: Evaluating Family Involvement Programs

This issue of *The Evaluation Exchange* addresses the challenges of evaluating family programs, such as the need for conceptual clarity, methodological rigor, accountability, and contextual responsiveness. "A Catalog of Family Involvement Measures" contains a matrix of measures the 13 programs in this review used to measure family change in their evaluations.

www.gse.harvard.edu/hfrp/eval/issue28/index.html

Family Involvement Makes a Difference: Family Involvement in Early Childhood Education

HFRP launched a new series of evidence-based research briefs on family involvement in education. This first brief in the series synthesizes the latest research on how family involvement contributes to young children's learning and development. Future briefs in the series will focus on family involvement in elementary school and middle and high school settings.

www.gse.harvard.edu/hfrp/projects/fine/resources/research/earlychildhood.html

Taking a Closer Look: A Guide to Online Resources on Family Involvement

The online guide contains Web links to research, information, programs, and tools from over 100 national organizations. It provides information about parenting practices to support children's learning and development, home-school relationships, parent leadership development, and collective engagement for school improvement and reform.

www.gse.harvard.edu/hfrp/projects/fine/resources/guide/guide.html

Promoting Involvement of Recent Immigrant Families in their Children's Education

Based on an evaluation of a parent involvement training program, this report by Shari Golan and Dana Petersen of SRI International presents a conceptual framework and promising practices for involving Hispanic immigrant parents in their children's education.

www.gse.harvard.edu/hfrp/projects/fine/resources/research/golan.html

Join the Family Involvement Network of Educators (FINE)

FINE is a bold effort to strengthen family and community engagement in education. Membership to this community is free, and all are welcome to join. Members get the latest and best information about family involvement including teaching tools, training materials, and research reports; receive monthly updates of new resources that strengthen family, school, and community partnerships; exchange ideas and insights with a diverse group of higher education faculty, school personnel, researchers, and community and parent groups; and learn about assessment methods for continuous improvement in family involvement practice and professional training.

www.gse.harvard.edu/hfrp/projects/fine/joinfine.html

Appendix A: Programs Included in This Study

Name	Description of Program Activities	Age and Demographics	Selected Family Outcomes	Selected Child Outcomes	Dates of Program
Brief Strategic Family Therapy (BSFT)	BSFT consists of 8–12 weekly 1–1.5-hour family counseling sessions. Families and BSFT counselors meet in the program office or in a family home to develop and implement change strategies based in culturally sensitive family support.	Hispanic and African American 8–17 year olds at risk for problem behaviors	Improved family functioning	Reduced conduct and emotional problems, association with antisocial peers, and substance abuse; improved self-concept and self-control	Developed in 1975; 7 randomized clinical trials beginning in 1989 ¹
Dare to Be You	Dare to Be You's family component consists of a family workshop series held in a school or community location over a 10–12-week period, during which parents and children have opportunities to interact. The program's school and community component consists of training for teachers, community members, and early childhood providers to work with families.	Ethnically diverse 2–5 year olds	Improved child-rearing skills, increased satisfaction in social support networks; reduced harsh discipline practices	Reduced oppositional behavior	Developed in 1979; randomized control trial published in 1998 ²
Early Risers	Early Risers consists of two complementary components: CORE components and FLEX components. CORE components consist of child-centered programming and a biweekly family program held in public schools in which parents engage in structured play with children, participate in discussion groups, and/or learn to collaborate with teachers. The FLEX component consists of individually tailored family support through home visits.	Ethnically and geographically diverse 4–7 year olds at risk for aggressive behavior	Improved discipline practices and family social functioning	Increased social competence and basic reading skills; reduced self-regulation problems	Developed in the 1990s; randomized control trials with various replication studies ³
Families and Schools Together (FAST)	FAST is an 8-week program held in school or community locations for families in groups of 8–12 individuals for 3 hours at a time. Meetings follow the same routine each week: parent-child quality time, shared meal, structured family communication activities, and separate child play and parent discussions. FASTWORKS is the follow-up program.	Ethnically and geographically diverse 5–12 year olds at risk for problem behavior	Increased number of self-referrals to substance-abuse treatment or mental-health counseling, rate of volunteer work, and number of community leaders; improved family adaptability and social networks	Increased academic competence and social skills; reduced special-education referrals and childhood aggression and anxiety	Developed in 1988; 10 randomized control studies since 1996 ⁴

Fast Track	Fast Track consisted of seven integrated intervention programs: a school-based curriculum, parent groups, child social skills training groups, parent-child sharing time, home visiting, child peer pairing, and academic tutoring. Parent groups, social skills training groups, and academic tutoring were selective and met once a week. During the first hour of the program, parents met to discuss parenting strategies, and children met in social skills training groups. Following this, parent-child pairs spent 30 minutes together in cooperative activities. In the last 30 minutes, children worked with an academic tutor, while parents observed.	Ethnically and geographically diverse 5-16 year olds at risk for conduct disorder	Increased involvement in learning at home and school; reduced harsh discipline practices	Reduced special education referrals and aggressive behavior; increased language arts and reading skills and social-emotional competence	Developed in the early 1990s; 10-year large-scale longitudinal intervention project ⁵
Guiding Good Choices	Guiding Good Choices is a multimedia program consisting of five 2-hour sessions held over 5 consecutive weeks. Video-based vignettes demonstrating parenting skills are presented to parents along with opportunities for parents to practice new skills. Families also receive a written family guide.	Ethnically and geographically diverse 8-13 year olds	Increased parent-child affective quality and parent-child communication about alcohol-related rules	Improved peer relationships; reduced substance use	Developed in 1987; 2 main evaluations (under the prior program name Preparing for the Drug Free Years) ⁶
High Scope	As originally evaluated, High Scope entailed a 2.5-hour classroom session for children each weekday morning and a weekly 1.5 hour home visit to each mother and child on one weekday afternoon each week.	Ethnically and geographically diverse 3-5 year olds	Increased the amount of time children spent each week on homework and preparing schoolwork, enjoyment in talking about school, and parents' hopes for children to attend college; reduced attendance at parent-teacher conferences (by age 15)	Improved cognitive and social-emotional skills and reduced arrests (by age 27); increased earnings, property wealth, and commitment to marriage (by age 27)	Developed in 1962; the High/Scope Perry Preschool Study continues to collect longitudinal data on participants up to 40 years of age ⁷
Incredible Years	The family component of Incredible Years is delivered through parenting groups in which a trained leader facilitates discussions and collaboration among parents about parenting issues according to three main curricula: BASIC (basic parenting skills), ADVANCE (parental communication and anger management), and SCHOOL (parents promoting children's academic skills).	Ethnically and geographically diverse 2-6 years olds at risk for conduct disorder	Decreased harsh discipline practices; improved parent-child interactions; increased parent-teacher bonding and effective limit-setting and parent involvement with children at home and school	Increased school readiness and use of prosocial conflict management strategies and play skills	Developed in the 1980s; numerous evaluations since 1982 ⁸

Parenting Wisely	Parenting Wisely is a self-administered computer based program that teaches parents and their children about the risks of substance abuse. Over three sessions, youth meet with a substance-abuse prevention specialist, while parents view the CD-ROM. Families then share a meal together. During the last 30 minutes, families talk about a CD-ROM scenario with workbooks.	Ethnically and geographically diverse 9–18 year olds at risk for juvenile delinquency	Improved ability to talk with children about how they are doing in school; increased likelihood of loving and affectionate behavior toward children; reduced likelihood to shout or yell at children	Improved behavior	Developed in the 1990s; 5 randomized control trials have been conducted ⁹
Positive Action	Positive Action consists of five main components: a pre-K–12 classroom curriculum; a “Principal’s Kit,” a “Counselor’s Kit,” a “Family Kit” that contains prepared weekly home lessons paralleling the school program, along with parent-involvement activities; and a community involvement program.	Ethnically and geographically diverse 4–18 year olds in a school-based character development program	Increased parent–child communication, knowledge of child’s contacts and other parents, and participation in school activities	Increased academic achievement scores; reduced daily absenteeism and discipline problems	Developed between 1974 and 1982; multiple evaluations conducted at the school site level ¹⁰
Project Achieve	Project ACHIEVE is a whole-school improvement with seven components including parent training. The parent component involves activities including conducting a needs assessment of home–school collaboration, organizing outreach to parents, training parents to work at home with children, teaching about school programs, a “parents in the classroom” component, and parent centers.	Ethnically and geographically diverse 3–14 year olds as part of a whole-school reform process	Increased control of children and knowledge of classroom curriculum content; improved relationships with children	Reduced special-education referrals and grade retention; increased academic achievement scores and behavior	Developed in 1990; quasi-experimental evaluation at the elementary-school level ¹¹
SAFE Children	SAFE Children is a community and school-based program with child and family-focused components. The family component consists of a 20-week family group curriculum that focuses on enhancing parent and child understanding of and involvement with school, strengthening family relationships, supporting successful parenting practices, and creating supportive social networks. Sessions include dissemination of information, group discussion, and family activities.	African American and Latino 5-6 year olds living in high-risk communities	Improved monitoring skills and involvement in children’s learning and development at home and at school	Increased academic achievement and reading scores; improved child self-regulation skills and social competence.	Developed in mid-1990s; evaluation conducted between 1997 and 1999 ¹²

Strengthening Families Program	The Strengthening Families Program is a 14-session behavioral skills training program. In the first hour of the program, parents and children share a meal together. Next, parents meet in community locations separate from their children with two group leaders to learn about child behavior and parenting skills, while children meet with two group leaders to learn about social and emotional regulation skills. During the final hour, families engage in structured family activities together to improve communication, attachment through special play, and effective discipline practice.	Ethnically and geographically diverse 3–17 year olds at risk for problem behavior	Increased parent-child bonding; reduced social isolation and depression; improved family cohesion and family organization	Reduced school problems and conduct disorders; increased school bonding; improved behavior, social competencies	Developed in early 1980s; numerous evaluations over the past 20 years ¹³
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Endnotes to Appendix

¹ Szapocznik, J. & Williams, R. A. (2000). Brief strategic family therapy: Twenty-five years of interplay among theory, research and practice in adolescent behavior problems and drug abuse. *Clinical Child and Family Psychology Review*, 3, 117–134.

² Miller-Heyl J., MacPhee D., & Fritz J. (1998). DARE to Be You: A family support, early prevention program. *Journal of Primary Prevention*, 18, 257–285; p. 267.

³ August, G. J., Realmuto, G. M., Mathy, R. M., & Lee, S. S. (2003). The “Early Risers” FLEX program: A family-centered preventative intervention for children at-risk for violence and antisocial behavior. *The Behavior Analyst Today*, 4(1), 26–33.

⁴ The Families and Schools Together (FAST) Program Research and Evaluation Summary is available at http://www.gse.harvard.edu/hfrp/content/projects/fine/resources/case_study/families_and_schools_together.pdf

⁵ Conduct Problems Prevention Research Group. (2000). Merging universal and indicated prevention programs: The Fast Track model. *Addictive Behaviors*, 25, 913–927.

⁶ Kosterman, R. & Hawkins, D. J. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from Preparing for the Drug Free Years. *Journal of Community Psychology*, 25(4), 337–352; Park, J., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Duncan, T. E., Duncan, S. C., & Spoth, R. (2000). Effects of the “Preparing for the Drug Free Years” curriculum on growth in alcohol use and risk for alcohol use in early adolescence. *Prevention Science*, 1(3), 125–138.

⁷ Schweinhardt, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2006). The High/Scope Perry Preschool study through age 40. Ypsilanti, MI: High Scope Press.

⁸ Reid, M. J. & Webster-Stratton, C. (2001). The Incredible Years parent, teacher and child intervention: Targeting multiple areas of risk for young children with pervasive conduct problems using a flexible, manualized treatment program. *Cognitive and Behavior Practice*, 8, 377–386.

⁹ Gordon, D. A., & Rolland-Stanar, C. (2003). Lessons learned from the dissemination of Parenting Wisely: A parent training CD-ROM. *Cognitive and Behavioral Practice*, 10, 312–323.

¹⁰ Flay, B. R., & Allred, C. G. (2003). Long-term effects of the Positive Action Program: A comprehensive positive youth development program. *American Journal of Health Behavior*, 27 (Suppl), S6–S21.

¹¹ Knoff, H. M. (2003). *Project ACHIEVE Effectiveness Study: National Longitudinal Sites*. Little Rock, AR: Project ACHIEVE Incorporated.

¹² Tolan, P.H., Gorman-Smith, D., & Henry, D. (2004). Supporting families in a high-risk setting: Proximal effects of the SAFEChildren Prevention Program. *Journal of Consulting and Clinical Psychology*, 72, 855–869.

¹³ For more information, see the Strengthening Families Website at http://www.strengtheningfamiliesprogram.org/pubs_type.html#B

