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WHAT WORKS FOR PARENT INVOLVEMENT PROGRAMS FOR CHILDREN: Lessons from Experimental Evaluations of Social Interventions

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OVERVIEW

Child health and well-being are intrinsically important and also contribute to a healthy, productive adolescence and adulthood. Parents can play an important role in helping their children acquire or strengthen the behaviors, skills, attitudes, and motivation that promote physical and mental health and overall well-being in childhood, adolescence and well into their adulthood. Acknowledging this, a variety of programs and interventions seek to engage parents in efforts to achieve one or more outcomes for their children: academic achievement and attendance; a reduction in internalizing behaviours such as depression and anxiety, a reduction in externalizing behaviours or acting out such as aggression or delinquent behaviours; an awareness, reduction, or avoidance of substance abuse; awareness or avoidance of risky sexual behavior; and achieving/maintaining health and fitness.

In this Fact Sheet, Child Trends synthesizes the findings from 67 experimental evaluations of parent involvement interventions for children ages 6-11 years old to identify the components and strategies associated with successful programs and interventions. Programs were identified by searching LINKS (Lifecourse Interventions to Nurture Kids Successfully), Child Trends' database of random assignment, intent-to-treat studies of social interventions. The database can be accessed at <http://www.childtrends.org/LINKS>. We present lessons learned from 67 parent involvement programs that work, don't work, or have mixed results for children aged 6-11. (See Table 1 for a program-by-program summary.)

Recognizing the difficulty of recruiting and engaging parents, experimentally evaluated programs that actively engage parents generally have positive impacts on at least one child outcome. These include parenting skills training programs (21 of 25 evaluated programs had positive impacts on at least one child outcome), parent-child involvement programs (15 of 18 had positive impacts), and programs that actively involved both parents and children (40 of 46 had positive impacts). However, parent education-only programs did not generally have impacts; only six of 19 had impacts on any child outcomes. On the other hand, most (10 of 12) programs that integrate technology into their interventions have positive impacts on at least one child outcome.

INTRODUCTION

Programs that address parenting take varied approaches. This synthesis includes evaluations of interventions that encourage parents to play a supportive role in their children's development. Thus, multi-element programs targeting child and family outcomes, as well as child-focused programs that solely target children's outcomes with more peripheral parent involvement, are included. Six broad child outcomes areas are explored: (a) educational outcomes; (b) internalizing (depression) and externalizing (acting out) behavior; (c) substance abuse; (d) reproductive health; and (e) health and fitness. Findings are presented separately for each outcome, as well as across all outcomes.

These evaluated parenting programs were classified based on program type and their target population.

Program Type

- **Skills training** programs teach parents parenting skills, such as discipline, monitoring, limit-setting, and communication, to change how they interact with their children. Parents are given activities to practice with their child at home (25 programs).
- **Parent education** programs deliver information about a certain topic, but do not build in opportunities for parents to practice skills or participate in activities with their children (19 programs).
- **Parent-child involvement** programs provide children and parents with opportunities to participate in activities together related to achieving program goals. These programs do not offer skills-training opportunities, and they may or may not teach parents new information (18 programs).
- **Therapy focused on a parent or family issue (parent-focused)**. Programs that provide therapy to address a parent or family issue often teach parents how to deal with their own personal issue (such as parent drug addiction) or with a family-related issue (such as divorce) with the secondary goal of improving parenting skills (five programs).

Target Population

- **Combined focus on parents and children**. Programs with a combined focus on parents and children have intervention components that are specifically designed for parents and for children. These components may be delivered to parents and children in separate groups or in the same group (46 programs).
- **Focus on children, with limited parent involvement**. Programs with a focus on children work primarily with children (either individually or with other children) and involve parents in a limited way. For instance, a program may deliver a well developed, 25-week curriculum for children and involve parents in small ways – by sending home materials that include information about the program, by asking children to practice new skills at home with their parents, or by designing only a couple of sessions for parents (nine programs).
- **Focus on parents, with limited child involvement**. Programs with a focus on parents work primarily with parents and involve children in a limited way. For instance, they may invite children to only one or two of the sessions for the purpose of allowing parents a chance to practice new skills (12 programs).

Cross-cutting themes drawn from all programs are presented first, followed by outcome-specific lessons where applicable.

WHAT WORKS: CROSS-CUTTING THEMES

- **Evaluated parenting skills training programs are generally effective at improving child outcomes:** Of 25 skills training programs, 21 had a statistically significant¹ positive impact on at

¹ Reported impacts are those reported by the evaluators to be significant at the $p \leq 0.05$ level. Note that this review does not focus on the magnitude or duration of the impact, though this information is included in the LINKS program summaries.

least one of the following child outcomes. *Among parent skills training programs*, outcomes include:

- Educational outcomes (seven out of 10 programs had positive impacts);
 - Depression or anxiety (eight out of 12 programs had positive impacts);
 - Disruptive behavior (acting out: 10 out of 20 programs had positive impacts); and
 - Substance use (six out of eight programs had positive impacts).
- **Parent-child involvement programs also tend to have positive impacts on child outcomes:** Fifteen out of 18 parent-child involvement programs had a statistically significant positive impact on at least one child outcome (with 10 of these improving health and obesity outcomes).² Overall, *among parent-child involvement programs*, outcomes include:
 - Health and Obesity (10 out of 14 programs had positive impacts, including all five programs that targeted weight loss);
 - Education (three out of four programs had positive impacts);
 - Depression and anxiety (three out of five programs had positive impacts);
 - Disruptive (externalizing) behavior (three out of four programs had positive impacts); and
 - School Adjustment (two out of three programs had positive impacts).
 - **Programs with a combined focus on the parent and child generally have positive impacts:** Of 46 evaluated programs, 40 had a statistically significant positive impact on at least one child outcome. *Among programs with a combined focus on parents and children*, outcomes include:
 - Education (seven out of nine programs had positive impacts);
 - Health and Obesity (nine out of 10 programs had positive impacts);
 - Internalizing behavior (depression: eight out of 10 programs had positive impacts);
 - Externalizing behavior (acting out: nine out of 16 programs had positive impacts);
 - School adjustment (three out of five programs had positive impacts);
 - Substance abuse (four out of seven programs had positive impacts)
 - **Programs that integrate the use of technology – such as videos, DVDs, telephones, and software programs– in innovative ways (for example, computer-delivered interventions and telephone-based counseling) appear to be effective.** Ten out of 12 programs that integrated technology had positive impacts on at least one child outcome.

WHAT WORKS: THEMES FROM EVALUATED PROGRAMS THAT TARGET SPECIFIC OUTCOMES FOR CHILDREN

Health and Nutrition

- **Programs that actively involved school cafeterias and their staff were likely to have positive impacts.** As shown in Table 1, all three programs that engaged their school cafeterias or school staffs in changing students' dietary intake improved the nutritional intake habits of children.

Educational Outcomes

- **Parent involvement programs conducted entirely or partially in a classroom setting often improve educational outcomes:** Of the 10 effective programs addressing educational outcomes, 7 were conducted entirely or partially in the classroom.

² Of these, 8 were successful at addressing nutritional changes, while 5 were successful at addressing weight loss.

- **Programs that improved educational outcomes implemented at least 11 sessions.** All seven effective programs had at least 11 sessions of parent-training and/or child-centered components.

MIXED REVIEWS: THEMES FROM PROGRAMS THAT TARGET SPECIFIC CHILD OUTCOMES

School Adjustment Outcomes

- **Programs targeting both the parents and child with a combined focus on both were not consistently effective.** As shown in Table 1, three out of six programs with a combined focus on both the parent and child had a positive impact on children’s school adjustment. School adjustment included outcomes such as school bonding, academic competence, school competence, academic self perceptions, school functioning, and academic engaged time (time students spend on academic activities).

Externalizing Behavior

- **Programs that focused on parent or family issues were not consistently effective.** Two out of four programs had a positive impact on children’s externalizing behavior.

WHAT DOES NOT WORK: CROSS-CUTTING THEMES

- **Among evaluated programs, parent education programs were not consistently effective.** As shown in Table 1, just 6 out of 15 parent education programs had positive impacts on at least one child outcome.³

Themes from Programs that Target Specific Child Outcomes

Reproductive Health

- **Abstinence-only programs have not been found to have impacts for children.** None of the three abstinence-only programs for children in this age group yielded significant changes in sexual activity or parent-child communication about sexual activity and sexuality.

Substance Abuse

- **Parent-child involvement programs were not consistently effective in preventing substance use in children.** Two out of three programs did not show positive impacts, while a fourth program showed positive impacts for only part of the sample.

Internalizing Behavior

- **Programs that focused on parent or family issues were not found to be effective.** One out of three programs showed positive impacts on children’s internalizing behavior.

NEEDED RESEARCH

Additional research is needed to address a number of issues. This research holds the potential to increase the breadth and magnitude of positive impacts yielded by parental involvement programs. Both research

³ While parent education programs were not consistently effective, they were the only programs targeting children’s reproductive health issues that had positive impacts. Of the seven programs targeting children’s reproductive health, only two programs had positive impacts. Both were parent education programs: [Saving Sex for Later](#) had impacts on children’s attitudes and [Who Do You Tell](#) had impacts on children’s knowledge.

to develop and improve parent involvement interventions for children (intervention research) and research to improve the rigor and breadth of available evaluation studies (evaluation research) are needed.

Intervention Research

- **Assess the role of incentives and other strategies for recruiting and retaining parents and children to participate.** Despite wide recognition of the challenge of involving parents in interventions for children, only five out of 67 programs explored the use of incentives, such as cash and gifts. While these five programs were generally successful at positively affecting children's outcomes, generalizations about the use of incentives could not be drawn.
- **Use technological innovations for program delivery.** Only 12 out of 67 programs used technological enhancements including use of videos, DVDs, computer-based learning, and telephone-based counseling and monitoring. However, 10 of these 12 had positive impacts. The use of technology is popular among children; therefore, integrating technology into intervention design may help both parents and children to be involved with the program.
- **Develop culturally-appropriate interventions for ethnic and racial minority children.** Only five out of 67 programs were adapted for ethnic/racial minority youth. Of these five programs, three were found to work on at least one outcome ([Bienstar Health Program](#), [Families and Schools Together](#), [Strong African American Families](#)), one had mixed findings ([Aban Aya Youth Project](#)), and one did not work on any outcomes ([Girlfriends for Keeps](#)).
- **Combine several effective approaches to increase the breadth, magnitude and duration of impacts.** Combining parent skills-training, parent-child involvement, focusing on both the parent and child, or use of technological innovations, while paying attention to particular cultural, ethnic and gender specific needs of target populations, may be more likely to lead to successful outcomes for children.

Improving Available Evaluation Studies

- **Need to assess parents' impact on program effectiveness.** The role of parents in improving children's outcomes could be better understood by engaging in more evaluations that compare the *relative* effectiveness of parent-only, child-only, and parent-plus-child intervention conditions. Out of 67 programs evaluated for this synthesis, only seven were evaluated in this way. Of these seven programs, three showed positive impacts on children's outcomes for the parent components of the respective programs: [New Beginnings](#), [Incredible Years Series](#), and [Behavioral Weight Loss Program for Children and their Parents](#). Another two programs showed some positive impacts for family involvement for some subgroups: [Metropolitan Area Child Study \(MACS\)](#) and [Project Safe, Strengthening America's Families and Environment](#). However, Project Safe also evaluated the incremental value of a parent training-only component and found no impacts for children's outcomes. Finally, two programs found no impacts for parenting components of their programs: [Early Risers](#) and [Cognitive Behavior Therapy](#).
- **Need to track parental participation rates and measure parent outcomes.** Parental participation is often not measured, and, when it is measured, participation is often not assessed consistently across studies. Another issue to consider is the need to measure parent outcomes (for example, testing of parents' knowledge of the curriculum as they progress through the program).

- **Need to assess long-term outcomes.** Many programs use pre-test to post-test improvement as evidence of program effectiveness, without measuring whether this improvement is sustained over time. Hence, it is difficult to assess whether parent involvement programs improve children's outcomes in the long run.

DISCUSSION

An extensive body of research has found that parents have a profound influence on the socialization and development of their children.⁴ However, getting parents to attend parent involvement intervention programs (and getting them to attend regularly) is a challenging task for programs. Factors such as the lack of child care and transportation, work schedule conflicts, stressful financial situations, residential mobility, marital or relationship conflict, and the lack of positive relationships with school teachers and administrators, individually and jointly, decrease parents' ability and desire to participate in programs on a regular basis, if at all.

This synthesis of experimentally evaluated parent involvement programs for children, by definition, reviews parent involvement programs for children with parents who were recruited into and participated in a random assignment evaluation study. These findings, therefore, apply to a small subset of all programs. With that caveat, almost two-thirds (45 out of 67) of all reviewed programs had a positive impact on at least one child outcome. However, it is also the case that none of the programs were consistently effective in changing all of the outcomes examined. Among the strategies that are found to be most often effective were:

- Parent skills training;
- Parent-child involvement;
- A combined focus on both the parent and child; and
- Use of technological innovations and media.

Combining these strategies, while paying attention to the particular cultural, ethnic and gender- specific needs of a given target population, may be most likely to lead to successful outcomes for children. On the other hand, programs whose primary strategy is to deliver information about a certain topic to parents that do not offer parents opportunities to practice skills or to participate in activities with their children were generally found to be less successful at producing positive impacts.

The findings in this review support previous research on the importance of parental involvement in affecting children's outcomes. However, they also illuminate several areas that warrant further study. For example, few programs (only 7 out of 67) assessed the *incremental* value of parent's involvement in the intervention. Such an evaluation would enable policy makers and funders to make more decisive statements about when and how to involve parents in interventions for children. Also, much more needs to be learned about recruiting and involving parents in intervention programs. This is a challenge for most programs which has not been sufficiently examined by research.

Finally, parent involvement programs do not affect all outcomes equally. Table 3 ranks reviewed outcomes in order from those that were most often affected to those least often affected. Programs

⁴ Baumrind, D., *Parenting styles and adolescent development*, in *The encyclopedia of adolescence*, I.J. Brooks-Gunn, R. Lerner, and A.C. Peterson, Editors. 1991, Garland: New York. p. 746-758.

Borkowski, J., Ramey, S., & Bristol-Power, M. (2002). *Parenting and the child's world: Influences on academic, intellectual, and social-emotional development*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Huston, A., & Ripke, M. (2006). *Middle Childhood: Contexts of Development*. Developmental contexts in middle childhood: Bridges to adolescence and adulthood (pp. 1-22). New York, NY US: Cambridge University Press

addressing children's health and obesity and their education were the most often effective. We suggest several reasons for this variation. First, some behaviors have been better understood than others and therefore interventions targeting these behaviors may be better designed. Second, some behaviors during childhood may be more malleable (changeable) to changes in the home environment than others. For example, this review suggests that parent involvement programs may be more successful for outcomes such as health and obesity than for substance use (see Table 2). As the number of rigorous evaluations increases, it should be possible to answer these more nuanced questions.

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Table 1: LINKS Parenting Synthesis Summary Chart for Children (ages 6-11), by Child Outcome

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Education Variables			
<i>Academic Achievement</i>	<ul style="list-style-type: none"> -Families and Schools Together (FAST) -Reaching Educators, Children and Parents (RECAP), -Comprehensive Child Development Program -Focus on Families -Schools and Homes in Partnership (SHIP) 	<ul style="list-style-type: none"> -Metropolitan Area Child Studies (class room only intervention had positive impacts, group only interventions did not) -Early Risers (one program found improvements, another did not) 	<ul style="list-style-type: none"> -Building Educated Leaders for Life (BELL) Summer Learning Program -Montreal Prevention Experiment New Beginnings -Raising Healthy Children -SAFEChildren -Positive Action Family Program -Fast Track Prevention Project
<i>Other Academic outcomes</i>			<ul style="list-style-type: none"> -Project SAFE (Strengthening America’s Families and Environment)
School Adjustment and Behavior			
<i>Academic Attendance</i>	<ul style="list-style-type: none"> -Reaching Educators, Children and Parents (RECAP) 	<ul style="list-style-type: none"> -Positive Action Family Program (some evaluations had positive impacts for absenteeism while others did not) 	<ul style="list-style-type: none"> -Building Educated Leaders for Life (BELL) Summer Learning Program -Woodrock Youth Development Project -First Step to Success
<i>School Behavior Problems</i>	<ul style="list-style-type: none"> -Building Educated Leaders for Life (BELL) Summer Learning Program -Early Risers -Montreal Prevention Experiment -Raising Healthy Children 		<ul style="list-style-type: none"> -Early Risers -Families and Schools Together (American Indian Adaptation) -First Step to Success -Parent-education group for families affected by depression - Linking the Interests of Families and Teachers (LIFT)
Internalizing Behaviors			
<i>Depression or Depressive</i>	<ul style="list-style-type: none"> -Parent-education Group for Families Affected by 	<ul style="list-style-type: none"> -Catch’em Being Good: (only white girls) 	<ul style="list-style-type: none"> -Cognitive Behavior Therapy (CBT)

<i>symptoms</i>	Depression -Positive Parenting	benefited) - New Beginnings	-Dietary Intervention Program in Children -Guiding Good Choices Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
<i>Anxiety</i>	-Positive Parenting -Cognitive Behavior Therapy:		-Queensland Early Intervention and Prevention of Anxiety -Functional Family Therapy -Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
<i>General Internalizing Problems</i>	-Building Educated Leaders for Life (BELL) Summer Learning Program -First Step to Success -Minnesota Competence Enhancement Project (MCEP) -Project Support -Clinician-Based Psycho-educational Intervention	-Reaching Educators, Children and Parents – RECAP (difference in teacher, self, and parent reports) -New Beginnings (short term gains dissipate at 6 th yr) -Schools and Homes in Partnership(SHIP) (positive impacts recorded only for non-Hispanics)	-Early Risers -Families and Schools Together (American Indian adaptation) -First Step to Success -Reaching Educators, Children and Parents (RECAP) -Family Bereavement Program (FBP) - Parenting Through Change
Externalizing Behaviors			
<i>Aggression /Antisocial behavior</i>	-Montreal Prevention Experiment	-Aban Aya Youth Project (self-reported violence, provoking behavior had positive impacts for boys, not girls) -Incredible Years Series (not effective when administered in video format) -Metropolitan Area Child Study (MACS): (aggression improved among those in schools with greater resources, some school programs were associated with more aggressive youths or	-Families and Schools Together (American Indian Adaptation) -First Step to Success -New Beginnings -Fast Track Prevention Project -Positive Parenting. -Linking the Interests of Family and Teachers (LIFT) -Strengthening Families Program (SFP, formerly Iowa Strengthening

		<p>no impacts at all)</p> <p>-Raising Healthy Children: (teacher reports of child behavior showed positive impacts while child reports did not)</p> <p>-SAFEChildren: (only showed positive impacts for high risk families)</p> <p>-Catch'em Being Good: (positive impacts not found for Black males, only White males and all females)</p> <p>-Schools and Homes in Partnership (SHIP) (one study found positive impacts while a second did not)</p>	<p>Families Program 10-14)</p> <p>-Families First</p> <p>-Parent Management Training</p> <p>-Clinician-Based Psycho-educational Intervention</p>
<i>ADHD or Attention Problems</i>	-Social Skills Training Program for Children with ADHD		-Positive Parenting
<i>Delinquency</i>	<p>-Focus on Families:</p> <p>-Parent Management Training:</p>	-Aban Aya Youth Project: (positive impacts for boys, not girls)	<p>-Montreal Prevention Experiment</p> <p>- Positive Parenting:</p> <p>-Functional Family Therapy</p> <p>-Parenting Through Change</p> <p>-Restorative Justice Conferencing</p> <p>-Guiding Good Choices</p> <p>-Positive Action Family Program</p> <p>-The Coping Power Program</p>
<i>Schizophrenia</i>			-Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
<i>General Behavior Problems</i>	<p>-Building Educated Leaders for Life (BELL) Summer Learning Program</p> <p>-Early Risers</p> <p>-Montreal Prevention</p>	<p>-Reaching Educators, Children and Parents – RECAP (difference in teacher, self, and parent reports)</p> <p>-New Beginnings (gains dissipate at 6th yr, only</p>	<p>-First Step to Success</p> <p>-Project SAFE (Strengthening America's Families and Environment)</p> <p>-Reaching Educators,</p>

	Experiment -Minnesota Competence Enhancement Project (MCEP)	among those with high behavior problems) -Family Bereavement Program (FBP) (reduced externalizing behavior problems for boys but not girls)	Children and Parents (RECAP) -Cognitive Behavioral Family Intervention (CBFI) -Parenting Through Change -Project Support -Triple P-Positive Parenting Program -Parenting Wisely
Other Mental Health or Behavioral Problems			
<i>Post-traumatic Stress Disorder</i>			-Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Substance Use			
<i>Alcohol Use</i>	-Focus on Families -Parent-targeted Substance Use Intervention (PTI).	-All Stars (programs administered by teachers worked but those administered by specialists did not work)	-Strong African American Families, -Guiding Good Choices -CDROM Plus Parent Intervention -Child and Parent Relations Project
<i>Heavy Alcohol Use/Drunkness</i>			-Montreal Prevention Experiment -Guiding Good Choices
<i>Cigarette Use</i>	-Focus on Families -Parent-targeted Substance Use Intervention (PTI)		-All Stars -CDROM Plus Parent Intervention
<i>Other Drug Use</i>	-New Beginnings		-All Stars - CDROM Plus Parent Intervention
<i>General Substance Use</i>	-Focus on Families -Keep a Clear Mind	-Aban Aya Youth Project (a program targeting African American youth that reduced substance abuse for boys but not girls) -The Coping Power Program,	-Montreal Prevention Experiment -Woodrock Youth Development Project

		(parents in the Child-Parent Intervention reported reduced drug use while children did not report improvements) -New Beginnings (positive impacts only for those with mental health problems at baseline)	
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OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Reproductive Health			
<i>Improved Parent-Child Communication</i>	-Facts and Feelings (abstinence)		-Saving Sex for Later
<i>Sexual activity, Number of Sexual partners, Age of onset, STD</i>	-Heritage Keepers Life Skills Education Program (abstinence) -Families United to Prevent Teen Pregnancy (abstinence) -Aban Aya Youth Project -All Stars		
<i>Inappropriate Touching, Child Abuse</i>			-Who Do You Tell
Health and Fitness			
<i>Nutrition</i>	-Girlfriends for KEEPS	-5-A-Day Power Plus Program (positive impacts on nutritional intake were observed for girls, not boys) Bienstar Health Program (positive impacts were recorded for dietary fiber intake but not for saturated fat intake) -The Family Health Project (positive impacts for dietary consumption were recorded)	- High 5 -Reducing Sedentary Behavior -Family-based Behavior Modification Program to Target Obesity -Gimmie 5 -Behavioral Weight Control Program, Dietary Intervention Study in Children (DISC) -Problem Solving Program for Childhood Obesity -Behavioral Weight Loss Program for Children and their Parents

		for girls but not for boys)	
<i>Physical Activity</i>	-Diet and Weight Loss Program for Families -Girlfriends for KEEPS -Problem Solving Program for Childhood Obesity		-Bienstar Health Program -Reducing Sedentary Behavior -Behavioral Weight Control Program,
<i>Weight Loss</i>	-Bienstar Health Program -The Family Health Project -Girlfriends for KEEPS	-Problem Solving Program for Childhood Obesity (one study found negative impacts on children’s BMI while a second study found BMI decreases were not sustained in the long run)	-Diet and Weight Loss Program for Families -Parental Training and Contingency Contracting for Overweight Children -Reducing Sedentary Behavior -Family-based Behavior Modification Program to Target Obesity -Behavioral Weight Control Program

Table 2: Glossary of Programs

1. [5-A-Day Power Plus Program](#): a multi-component, school-based dietary intervention for 4th and 5th graders focused on increasing students’ fruit and vegetable consumption. Lessons include skill-building and problem-solving activities and also provide students with opportunities to prepare and taste healthy snacks. Students share and complete information/activity packets with their children. Cafeteria food service staff is also trained.
2. [Aban Aya Youth Project](#): an intervention program designed to reduce rates of risky behaviors among African American children in 5th through 8th grade. The social development curriculum focuses on reducing risky behaviors, such as violence, substance abuse, and unsafe sexual practices. The school/community intervention includes the social development curriculum, plus parental support and school climate and community components.
3. [All Stars](#): a school-based intervention program designed to reduce adolescents’ engagement in risk behaviors such as substance use, violence and sexual activity. Sessions include a variety of interactive activities. Students are also assigned homework to reinforce lessons learned as well as involve parents at home. Four of the sessions are spent in small groups outside of class time and four of them are spent in one-on-one meetings with a teacher and student. These meetings are intended to help students become more integrated into the school and increase the level of student-school attachment.
4. [Behavioral Weight Control Program](#): this program explores the benefits of a rapid (closely-spaced sessions) versus a gradual (intervals of increasing inter-session) approach to weight loss. The procedures use a combination of dietary, exercise and environmental management techniques. Children and their parents attend all sessions and complete homework assignments
5. [Behavioral Weight Loss Program for Children and their Parents](#): a weight reduction program for overweight children and their parents. Children and their parents attended the program together. Program participants were encouraged to monitor food and caloric intake, energy expenditure, and

adherence to recommended changes in weight-related habits. Responsibility for monitoring was divided between parents and children although parents have the ultimate responsibility for record keeping. The program was supplemented with a parent training element.

6. [Bienstar Health Program](#): a school-based intervention developed to prevent the development of diabetes in low-income Mexican American children by encouraging healthful lifestyle changes. This intervention, based on social cognitive theory and social ecological theory, is designed to address students' knowledge, beliefs, and behavior; to alter students' environment; and to be culturally appropriate for Mexican Americans.
7. [Building Educated Leaders for Life \(BELL\) Summer Learning Program](#): an enrichment program that primarily focuses on summer learning loss among children of color from low-income backgrounds. Supplementary aims include academic self-concept and parental involvement.
8. [Catch'em Being Good](#): an early childhood aggression prevention program consisting of training in monitoring children's behavior, appropriate rewards and punishment, effective communication, and family activities. Parents of students receive seven consecutive, weekly sessions in family management training. Additionally, teachers are trained on the importance of rewarding pro-social behavior and employing less disruptive disciplinary methods.
9. [CDROM Plus Parent Intervention](#): a computer delivered intervention aimed at reducing alcohol and substance abuse. Separate interventions were administered to youth and their parents. The youth intervention included components on norm correcting, media literacy, refusal skills, goal setting, and decision making and were delivered via a computer CD-ROM. The parent component was based on family interaction theory and was delivered via video. Both groups received booster sessions.
10. [Child and Parent Relations Project](#): a home-delivered intervention aimed at decreasing adolescent's alcohol use and misuse. In addition to home sessions, the intervention included follow-up telephone calls. Sessions focused on general parenting skills and family functioning as well as factors specific to alcohol use/misuse. Booster sessions were offered to years after the initial intervention.
11. [Clinician-based Psycho educational Intervention](#): a program intended for families with parents with significant mood disorder. Alleviating this disorder would improve outcomes for parents and their children. Based on public health models, the intervention provides information about mood disorders to parents, equip parents with skills they need to communicate this information to their children, and open dialogue in families about the effects of parental depression.
12. [Cognitive Behavior Therapy](#): a type of psychotherapy based around the concept that changing the way a person thinks also changes his/her behaviors and the way that he/she feels. The program is used to treat depression and anxiety. Parent involvement conditions include adding a parent training component to help parents model and reinforce skills and ignore anxious and avoidant behaviors.
13. [Cognitive Behavioral Family Intervention \(CBFI\)](#): designed to reduce mother's depression and children's disruptive behavior through integrating cognitive therapy strategies to treat depression and teach parenting skills. Therapy consists of 12 sessions, including 8 clinic sessions and 4 feedback sessions in the mother's homes.
14. [Comprehensive Child Development Program](#): aims at enhancing child development and ensuring the delivery of early and comprehensive services to low-income families. It enhances services including early childhood education by building on programs already in existence in most communities.

15. [Diet and Exercise Program for Families](#): a family-based obesity treatment program designed to compare differences between a diet-only and a diet-plus-exercise program. Participants followed the “Traffic Light Diet”, a diet that made easy to follow by color coding appropriate foods.
16. [Dietary Intervention Study in Children \(DISC\)](#): promotes adherence to a specific diet through frequent meetings and follow-up phone calls. It is designed to meet the recommended dietary allowances for age- and sex-specific groups.
17. [Early Risers](#): aims to reduce aggressive behaviors using a summer program for children as well as a parent education and skills training program. The child-focused intervention, CORE, consists of an annual 6-week summer program, which includes highly structured physical and educational activities, and a “buddy system” which pairs aggressive children with non aggressive peers for activities to promote development of social skills. FLEX, the family program provides biweekly sessions for parents and children that cover topics including parenting practices.
18. [Facts & Feelings \(Ages 10-14\)](#): this abstinence-education program is designed to help parents talk to their pre- and early-adolescent children about sexuality. The program consists of six videos, each 15-20 minutes in length and printed information to accompany each tape.
19. [Families and Schools Together \(American Indian adaptation\)](#): a program designed to improve the behavioral and academic outcomes of at-risk early elementary school aged children. The program includes dinner and structured family activity and play. This specific study targeted American Indian children through a culturally adapted version of the FAST program.
20. [Families First](#): a six-week, intensive home-based intervention for families that have difficulties managing severe behavioral problems in their children. The program uses a strengths-based, skills training approach that focuses on encouraging a parent’s agenda for change. The program focuses on teaching skills such as communication, rule-setting, and providing praise and consequences for child behaviors. The program also provides concrete services, such as helping with finances and improving community support in the schools and elsewhere.
21. [Families United to Prevent Teen Pregnancy](#): an abstinence education after-school program, funded by Title V, Section 510 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The FUPTP program met after school for two and a half hours every day. Program attendance was entirely voluntary; students could attend as frequently or as infrequently as they choose. A key component of FUPTP’s after-school activities was its abstinence curriculum: “A Life Options Model Curriculum for Youth.”
22. [Family based Behavior Modification Program to Target Obesity](#): a program designed to study the importance of targeting not just the child, but other family members with the intervention. Specifically, this study placed participants in one of 3 randomly assigned conditions, one with just a child focus, another with a parent/child focus, and a third condition with a non-specific focus. Participants received diet, nutrition, and exercise information.
23. [Fast Track Prevention Project](#): a multi-component intervention designed for use with high-risk elementary-school children, from first through sixth grade. The program is designed to prevent antisocial behaviors through promoting child competencies, improved school context, parent-school relationships, and parenting skills. Program components include a classroom curriculum (PATHS),

tutoring, home visiting, group skills training, mentoring, and various individualized services for high-risk children.

24. [First Step to Success \(FSS\)](#): an early intervention program that targets kindergarten children exhibiting antisocial behaviors and aims to enhance children's social competence skills and school engagement. The multifaceted program relies on parents, teachers, and children in order to modify and, in turn, reward behavior both at school and at home. It is organized around three distinct modules which include a universal screening of at-risk kindergarten children, a school-based intervention, and skill-building lessons for parents.
25. [Focus on Families](#): a program for parents in methadone treatment and their children. FOF is a joint program, consisting of parent skills training and home-based case management services. The program concentrates on the risk factors for relapse among opiate addicts, but mainly addresses the risk factors for substance abuse among the addicts' children.
26. [Functional Family Therapy](#): a prevention and intervention program for adolescents at risk of, or already engaging in, problem behaviors. The program has 8 to 12 one-hour sessions and is designed to motivate change and eliminate obstacles that may encourage behaviors such as delinquency and violence, substance abuse, and various conduct disorders. The program emphasizes communication skills, family interaction, problem-solving and promoting constructive behaviors.
27. [Gimmie 5 \(4th and 5th Grade Students\)](#): a multi-component, school-based dietary intervention for 4th and 5th graders. The intervention focuses on increasing students' fruit, juice, and vegetable consumption. Classroom sessions are highly interactive and give students opportunities to prepare and sample healthy snacks. Students are encouraged to ask for fruits and vegetables at fast-food restaurants, and they practice asking skills in role plays. Students also set consumption goals and receive incentives if they reach these goals.
28. [Girlfriends for KEEPS \(Keys to Eating, Exercising, Playing, and Sharing\)](#): an after-school program designed to prevent obesity among African-American girls. The program was based on social cognitive theory and sought to impact girls' levels of physical activity and girls' dietary habits.
29. [Guiding Good Choices](#): this drug prevention program is a revised version of Preparing for the Drug Free Years. It incorporates more family activities. The program strengthens family communication and expectations while providing children with skills to avoid drug use. Only programs serving White children have been evaluated.
30. [Heritage Keepers Life Skills Education Program](#): a multiyear, multi-component abstinence education program. The program includes an abstinence curriculum, a community education program, and a life skills education curriculum. Heritage Keepers promotes sexual abstinence until marriage through three main components: a mandatory core abstinence education curriculum, a community education program, and a voluntary life skills education curriculum
31. [High 5](#): a multi-component, school-based dietary intervention for 4th graders. The intervention focuses on increasing students' fruit and vegetable consumption. Program lessons involve modeling, self-monitoring, problem-solving, reinforcement, and taste testing. The program also includes an information session for parents and weekly homework activities for children to complete with their parents. Parents are provided with informational materials, skill-building materials (such as recipes), and other items intended to trigger healthy eating in the home (such as refrigerator magnets).

32. [Incredible Years Series](#): a prevention and intervention program intended to enhance children's social and emotional competencies and ultimately reduce behavior problems. The series consists of three curricula that can be used independently or in conjunction with each other. The curricula are intended for use by parents, teachers and children. The training series incorporate a range of activities that promote positive parenting and teaching practices, interpersonal skills, academic competence, and general social skills.
33. [Keep a Clear Mind](#): a four-week take home drug education program for students to work through with their parents. The program is designed so that parents and their upper elementary aged children work on the activities together and engage in communication about the effects of drug use. Each lesson contained an introduction of the topic as well as five activities such as answering questions about drugs and listing reasons not to use drugs.
34. [Linking the Interests of Families and Teachers \(LIFT\)](#): a program designed to decrease delinquent behaviors and promote the positive development of at-risk school-age children and adolescents. The program targeted specific youth social skills, such as opposition, deviance, and social ineptitude, and parenting practices such as disciplining and monitoring through three major components: classroom-based problem-solving and social skills training, playground-based behavior modification, and group-delivered parent training.
35. [Metropolitan Area Child Study \(MACS\)](#): a program designed to prevent aggression in children and early adolescents. The full program curriculum consists of a classroom curriculum, small group peer-skills training, and family counseling. The intervention is conducted over two school years.
36. [Minnesota Competence Enhancement Project \(MCEP\)](#): this is a two-year school-based program which has been designed to target children with behavior problems. The program consists of a classroom curriculum and group sessions for children where they are taught social skills and problem-solving tactics; a parent component where parents receive didactic instruction in parenting skills and group discussions; and a teacher component where teachers are trained to deal with disruptive children through modifying behavior, problem-solving, conflict resolution, and self-monitoring
37. [Montreal Prevention Experiment](#): a program designed to reduce antisocial behavior among elementary school boys exhibiting disruptive behaviors. Parents and their children participating in the Montreal Prevention Experiment (MPE) received a series of skills training sessions over the course of two years. The training sessions largely emphasized management and monitoring skills for parents, as well as pro-social and self-control skills for boys.
38. [New Beginnings](#): a program for recently divorced mothers and their children. In one variant of the program, parents attend group and individual sessions with clinicians which focus on mother-child relationships, dealing with the problems of divorce, and reducing inter-parental conflict. A second variant added group sessions for children to the program for mothers.
39. [Parent Management Training \(PMT\)](#): a program that focuses on child-rearing practices, improving parent-child interactions, and promoting contingencies to support pro-social behavior at home and at school.
40. [Parental Training and Contingency Contracting for Overweight Children](#): the program teaches behavioral techniques that would impact children's eating and exercise habits and thus lead to weight loss. Some parents are also contracted to reinforcement and stimulus control techniques which might

facilitate their child's weight loss. In this situation, parents were penalized if their children did not meet the weight loss goals.

41. [Parent-education group for families affected by depression](#): a program whose goal is to reduce parents' depressive symptoms, which, is expected to reduce the negative impact of depression on parenting. Parents participated in group sessions where they discussed their experiences with depression, watching videos of difficult parenting situations, learned about depressive symptoms, and received a homework assignment.
42. [Parenting Through Change](#): this program teaches parenting techniques to recently separated or divorced mothers. These techniques are aimed at reducing behavioral and emotional problems in the mother's children. The program teaches various effective parenting practices, such as skill encouragement, limit-setting, problem-solving, monitoring, and positive involvement.
43. [Parenting Wisely](#): a set of interactive, computer-based training programs for parents of children ages 3-18 years exhibiting behavior problems such as substance abuse, delinquency, and school dropout. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills. Parents use this self-instructional program on an agency's personal computer or laptop, either on site or at home, using the CD-ROM or online format.
44. [Parent-targeted Substance Use Intervention](#): a prevention program that seeks to reduce tobacco and alcohol use in adolescents. This three- to four-session program is designed to increase drug refusal skills, peer friendships, and parent-child involvement. The program includes three sessions for parents of fifth graders and four sessions for parents of seventh graders. The first session involves a group session with parents, their children, and their children's friends
45. [Positive Action Family Program](#): an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. The program geared toward teaching members of a family to relate to one another in a positive way and involves a classroom component as well as a self-taught family training kit/curriculum.
46. [Positive Parenting and the Pediatric Symptom Checklist \(PSC-17\) – 7-15](#): a telephone based intervention to educate parents of at-risk children. It is designed to strengthen the relationship between parent and child. Parents in the program receive materials such as videotapes and guidebooks designed to strengthen the relationship between parent and child. Along with these materials, parents have weekly 15-30 minute phone sessions with a parent educator. Parents choose areas of their parenting to focus on from a variety of topics such as respect, monitoring, and discipline.
47. [Problem Solving Program for Childhood Obesity](#): a fairly short, 6 month intervention which offers didactic problem solving training along with individual meetings with therapists and also separated group sessions for both parents and children. It is designed as a complement to obesity programs for families with children who are more than 20 percent overweight.
48. [Project SAFE \(Strengthening America's Families and Environment\)](#): a multi-component prevention program which seeks to prevent risk-enhancing behaviors which can lead to substance abuse. The program is composed of two main components: the I Can Problem Solve (ICPS) program which focuses on problem solving and critical thinking and the Strengthening Families (SF) program which provides parents, children, and families with problem solving and communication skills.

49. [Project Support](#): this intervention was designed to help women who were leaving a shelter for battered women and were in the process of setting up a home away from their batterer. The intervention consists of two main components: providing mothers with emotional and instrumental support as they make a transition out of a shelter for battered women and attempt to start up again away from their batterer and teaching them how to use effective child management skills, in an effort to reduce their child's conduct problems.
50. [Queensland Early Intervention](#): a school-based cognitive behavioral intervention intended to prevent and reduce childhood anxiety. The program also includes a parent component. For the children there was a cognitive-behavioral program implemented in school that focused on teaching children to cope with anxiety. Parents had three sessions that focused on managing their child's anxiety, managing their own anxiety, and modeling and encouraging anxiety management strategies.
51. [Raising Healthy Children](#): a multifaceted program whose goal is to increase academic success and reduce adolescent antisocial behavior and chronic mental health which includes teachers, parents, and students. Program components include a series of workshops for teachers focusing on instruction strategies previously found to reduce academic risks and early aggression. School-home coordinators conduct parent training and workshops focusing on family management skills and in-home problem solving. The student intervention consists of summer camps and in-home services focusing on decreasing the negative impact of the student in the classroom and home setting.
52. [Reaching Educators, Children and Parents \(RECAP\)](#): serves as both a treatment and prevention program for children having both internalizing and externalizing problems, and is designed to help children, parents and teachers address psychopathology and social functioning of children experiencing concurrent internalizing and externalizing problems. The program lasts one academic year, and includes individual sessions; small group sessions; classroom groups with a peer group; classroom teachers, and parent group sessions
53. [Reducing Sedentary Behavior](#): this study was conducted with obese children and their families to determine whether different methods of reducing targeted sedentary behaviors (such as watching TV, playing video games, etc) were associated with differences in changes in sedentary and active behaviors and percentage overweight. The study was also conducted to learn if treatment outcomes were related to individual differences in substitution of physical activities for sedentary ones, or if changes in eating habits are also related.
54. [Restorative Justice Conferencing](#): involves a meeting between youth offenders, victims of their offense, and family members or others who have been affected by the offense. The end result of these meetings is an agreement for reparations which is signed by all parties.
55. [SAFEChildren](#): a family-based preventive intervention with support for the child entering the first grade that seeks to address and negate risk factors in low-income inner city neighborhoods. The program consists of two components; multiple-family group sessions and a reading tutoring program. The group sessions focus on parenting skills, family relationships, managing family challenges, engaging parents in their child's education, and managing neighborhood problems. The sessions are also designed to give parents a peer support network with other parents
56. [Saving Sex for Later](#): a parent-focused intervention which aims to delay sexual initiation among young adolescents who are at risk for early sexual initiation. The program is designed to be brief and convenient for parents.

57. [Schools and Homes in Partnership \(SHIP\)](#): a home- and classroom-based, conduct problems prevention program that targets children in the first through fourth grades with reading and behavioral problems – two prominent risk factors associated with later conduct problems. SHIP employs three major strategies to prevent conduct problems: social behavior interventions; parent training; and supplemental reading instruction.
58. [Social Skills Training Program for Children With ADHD](#): the social skills training program is a short-term curriculum for children with ADHD. The program seeks to help children acquire positive social skills in the following areas: cooperation with peers, problem solving, anger management, assertiveness, conversations, and accepting consequences. Children meet in groups with trained therapists. In addition to the child component, parents also attend three group sessions in which they are introduced to the program and are shown how to monitor their child's homework completion and progress over the course of the intervention.
59. [Strengthening Families Program \(SFP formerly Iowa Strengthening Families Program – 10-14\)](#): an intervention aimed to reduce substance use among 10-14-year-olds and improve the parent-child relationship by teaching various communication, problem-solving, and perspective-taking skills to parents and adolescents. In addition to separate sessions for adolescents and parents, family members practice conflict resolution and communication skills, and engage in activities designed to improve family cohesiveness.
60. [Strong African American Families \(SAAF\)](#): a program for rural low-income African American Families seeking to prevent initiation of risky behaviors including drug abuse, cigarette and alcohol use, and sexual activity among adolescents. At sessions, families eat a meal together and then divide into parent and child small groups for discussion. The focus of the sessions are on effective parenting behaviors, providing guidance and support for children, helping children appreciate their parents, and teaching children skills to deal with stress and peer pressure.
61. [The Coping Power Program](#): a multifaceted intervention targeted at children with aggression problems. The program consists of separate parent and child skill-building sessions over 15 months that help promote social competence, self-regulation, school bonding and parental involvement.
62. [The Family Bereavement Program \(FBP\) – Ages 8-16](#): a program designed for families with children ages 8-16 who had experienced the loss of a caregiver in the past 2 ½ years. Caregivers and children attend a series of 12 2-hour sessions which focus on improving self-esteem and increase adaptive beliefs about why negative events occur.
63. [The Family Health Project](#): a family-based intervention designed to improve cardiovascular health among Mexican-American and Anglo-American parents and children. Based on social learning theory and principles of self-management, the program was designed to assist families in making long-term changes to their physical activity and dietary habits.
64. [Trauma-Focused Cognitive-Behavioral Therapy \(TF-CBT\)](#): targeted at children who are experiencing symptoms of post-traumatic stress disorder (Depression). Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) involves individualized therapy sessions in which children are given emotional skills training and later, with the help of trained therapists, children begin to confront the experience which initialized the PTSD symptoms

65. [Triple P-Positive Parenting Program](#): a behavioral family intervention designed to teach parents nonviolent child management techniques as an alternative to coercive parenting practices. The program provides parents information about unrealistic or dysfunctional parent cognitions and helps them to understand their children’s behaviors. The program focuses on improving parents’ skills so they are capable of solving problems themselves. The parents in the program are taught self-monitoring, self-determination of goals, self-evaluation of performance, and self-selection of change strategies.
66. [Who Do You Tell](#): the program is designed to give participants information and the skills necessary to identify and respond to unwanted touch. It consists of two sessions presented on consecutive days. The sessions are conducted in small groups of 15 to 20 children and taught with two trainers. The trainers teach children through the use of short videos, pictures, role-plays and discussions. Prior to the beginning of the program, there is also an information evening held for the parents where training for parents is provided on how to proceed if children disclose about inappropriate touching.
67. [Woodrock Youth Development Project \(WYDP\)](#): a comprehensive, multi-component program designed to reduce alcohol, tobacco, and drug use among at-risk elementary and middle school minority students. The program’s approach incorporated educating participants about substance use, changing norms about substance use, as well as promoting problem-solving, coping, and refusal skills, and improving self-perception by increasing academic achievement and fostering a sense of cultural pride.

Table 3: Proportion of Effective Programs by Outcome

Health and Obesity	➤ 10 out of 14 programs were found to have impacts on at least one outcome related to child health or fitness.
Education	➤ 10 out of 15 programs were found to have impacts on at least one outcome related to improving academic achievement.
Internalizing Problems	➤ 12 out of 21 programs measuring impacts on internalizing problems such as depression and anxiety were found to have impacts on at least one outcome..
Externalizing Problems	➤ 18 out of 32 programs measuring impacts on externalizing problems such as delinquency and disruptive behavior were found to have impacts on at least one outcome.
Substance Use	➤ 8 out of 15 programs measuring impacts on substance use were found to have impacts on at least one outcome.
School Adjustment	➤ 5 out of 10 programs were found to have impacts on at least one outcome related to improving school adjustment.
Reproductive Health	➤ 2 out of 7 programs were found to have impacts on at least one outcome related to delaying sex and informing children about inappropriate sexual touching by adults.