

Child TRENDS FACT SHEET

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

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OVERVIEW

Adopting healthy and positive behaviors and avoiding risky ones are key developmental tasks of adolescence. Parents can play an important role in helping their adolescent children acquire or strengthen the behaviors, skills, attitudes, and motivation that promote physical and mental health and overall well-being. Recognizing this, a variety of programs and interventions seek to engage parents in efforts to achieve one or more outcomes for their adolescents: academic achievement; a reduction in internalizing behaviors such as depression and anxiety, or in disruptive or delinquent behaviors; a reduction or avoidance of substance use; avoidance of sexual risk-taking; and achieving/maintaining health and fitness.

In this Fact Sheet, Child Trends synthesizes the findings from 47 experimental evaluations of parent involvement interventions for adolescents 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 47 parent involvement programs that work, don't work, or have mixed results for adolescents ages 12 to 17. (See Table 1 for a program-by-program summary.)

Recognizing the difficulty of recruiting and engaging parents, nearly two-thirds of parent involvement programs were found to be effective on at least one child outcome. Interventions that build parenting skills generally had positive impacts (13 out of 18 worked). All (nine out of nine) family and teen-focused therapeutic interventions were found to work for at least one outcome. On the other hand, parent education programs--those that simply offer information, but do not offer parents opportunities to practice related skills--did not tend to work (only three out of 11 had a positive impact). Also, programs with a combined focus on parents and teens--those that include intervention components for both groups--were likely to be effective (21 out of 29 worked for at least one outcome). Finally, programs offering at least five sessions were likely to have positive impacts (29 out of 30 such programs worked for at least one outcome). Positive impacts for parent involvement programs were least likely to occur for substance use (7 out of 23 programs), educational (one out of seven programs), and reproductive health outcomes (none out of eight programs).

INTRODUCTION

Seven broad outcome areas were examined in this review of experimentally evaluated parent involvement programs: 1) academic achievement, 2) internalizing behavior (depressive or anxious symptoms), 3) disruptive or externalizing behavior (acting out or engaging in physical fights), 4) delinquency, 5) substance use, 6) reproductive health (pregnancy and condom use), and 7) health and fitness. Findings are presented separately for each outcome, as well as across outcomes. These evaluated parenting programs were classified based on program type and their target population, as described below.

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 children at home. (18 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. (11 programs)
- **Parent-child involvement** programs provide teens and parents with opportunities to participate together in activities that are related to achieving program goals. These programs do not offer skills-training opportunities, and they may or may not teach parents new information. (Five programs)
- **Therapy (teen- or family-focused)** interventions – those focused on teens or families include family therapy interventions as well as adolescent psychotherapy with family involvement – are typically delivered by trained clinicians in an outpatient setting. (Nine programs)
- **Therapy with focus on parent or family issue (parent-focused):** Programs with a focus on a parent or family issue often teach parents how to deal with their own personal issues such as parent drug addiction or with family-related issues such as divorce, with the secondary goal of improving parenting skills. (Four programs)

Target Population

- **Combined focus on parents and teens:** Programs with a combined focus on parents and teens have intervention components that are specifically designed for parents and for teens. These components may be delivered to parents and teenagers in separate groups or in the same group. (29 programs)
- **Focus on teenagers, with limited parent involvement:** Programs with a focus on teenagers work primarily with teens (either individually or with other teens) and involve parents in a limited way. For instance, a program may deliver a well-developed, 25-week curriculum for teens and involve parents in small ways—by sending home materials that include information about the program, asking youth to practice new skills at home with their parents, or designing a couple of sessions for parents. (Seven programs)
- **Focus on parents, with limited teen involvement:** Programs with a focus on parents work primarily with parents and involve adolescents in a limited way. For instance, they may invite adolescents to only one or two of the sessions for the purpose of allowing parents a chance to practice new skills. (11 programs)

Cross-cutting themes drawn from all programs are presented next, followed by outcome-specific themes, where applicable. When school-based approaches were found to work consistently for certain outcomes, this finding is noted

WHAT WORKS: Cross-Cutting Themes

- **Building parenting skills (skills training) often improves adolescent outcomes.** Most programs designed to build parenting skills (13 out of 18) were found to have a statistically

significant¹ impact on at least one adolescent outcome. *Among skills training programs*, outcomes include:

- Disruptive behavior problems (8 out of 10 skills training programs had positive impacts on this outcome domain)
 - Delinquency (four out of five programs had positive impacts on this outcome domain)
 - Substance use (6 out of 11 skills-training programs had positive impacts on this outcome domain); all 5 of the programs that measured follow-up impacts resulted in long-term declines in substance use.
- **Teen- and family-focused therapy is effective.** Most programs using teen- and family-focused therapy (eight out of eight) were found to have a statistically significant impact on at least one adolescent outcome, including the following outcomes:
 - Disruptive Behavior Problems (five out of five programs had a positive impact in this outcome domain)
 - Health and Fitness (two out of two programs had a positive impact in this outcome domain)
 - Education (one out of one program had a positive impact in this outcome domain); this was the only effective type of program for education)
 - Depression or Anxiety (four out of five programs had a positive impact in this outcome domain)
- **A combined focus on parents and adolescents appears to be more effective than focusing on one group or the other.** Most programs with a two-pronged approach (21 out of 29) were found to have a statistically significant impact on at least one of the following outcomes:
 - Disruptive behavior problems (11 out of 13 programs with a combined focus had a positive impact in this outcome domain)
 - Depression and/or anxiety (five out of seven programs with a combined focus had a positive impact in this outcome domain)
 - Delinquency (five out of seven programs with a combined focus had a positive impact in this outcome domain)
- **At least five sessions appear to be necessary for a program to be effective.** Twenty-nine out of 30 effective programs had more than five sessions. One effective program (a home-based intervention that relies on the use of digital media entitled [Parenting Adolescents Wisely](#)) had fewer than five sessions. All ineffective programs had fewer than five sessions. The exception is for abstinence-education programs targeting reproductive health outcomes: regardless of how many sessions these programs offered (some offered up to 40 sessions), this type of program was not found to work.

WHAT WORKS: Themes from Programs that Target Specific Outcomes for Teens

Adolescent Disruptive Behavior Disorders and Delinquency

- **Although parent education programs tended not to work overall, this strategy appeared to work for disruptive behavior disorders and delinquency.** Two out of two parent-education programs assessing impacts on disruptive behavior disorders were effective, and two out of two parent education programs assessing impacts on delinquency were effective. These findings are mitigated, however, by the small number of parent education programs assessing these outcomes.

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.

MIXED REVIEWS: Cross-Cutting Themes

- **Programs using a parent-child involvement approach were not consistently effective.** Only two out of five parent-child involvement programs (see page 2 for definition) worked for at least one adolescent outcome (one was not found to work and two had mixed findings).
- **Parent involvement programs that integrated the use of technology were not consistently effective.** Only two out of four programs were effective, one was not proven to work, and one had mixed findings.

WHAT DOES NOT WORK: Cross-Cutting Themes

- **Parent education programs were generally ineffective.** Only 3 out of 11 parent education programs (see page 1 for definition) were effective. The three parent education programs that worked were all effective for disruptive behavior problems.

WHAT DOES NOT WORK: Themes from Programs that Target Specific Outcomes for Teens

Adolescent Education

- **A combined focus on parents and teens does not appear to improve academic outcomes.** Just one out of the five programs with a dual focus on parents and children ([Multidimensional Family Therapy](#)) that assessed academic outcomes improved these outcomes.
- **Skills training programs were not associated with improved educational outcomes.** While effective for other outcomes, none of five parent skills-training programs assessing educational outcomes improved these outcomes. This anomalous finding could be because none of the programs evaluating this outcome were designed to target this outcome.

Substance Use

- **Teen- and family-focused therapy does not appear to reduce substance use.** *Among teen- and family-focused therapy programs*, only one out of four that assessed impacts on substance use led to decreased use.

Adolescent Reproductive Health

- **A combined focus on parents and teens does not appear to improve adolescent reproductive health outcomes.** None out of the six reproductive health programs with a dual focus on parents and children improved adolescent reproductive health outcomes. However, all of these programs focused on abstinence, so it is unclear whether a combined parent-teen approach does not work for reproductive health outcomes generally.

NEEDED RESEARCH

This synthesis revealed several areas of needed research. This research holds the potential to increase the breadth and magnitude of positive impacts yielded by parental involvement programs. Both research to develop and improve parent involvement interventions for adolescents (intervention research) and research to improve the rigor and breadth of available evaluation studies (evaluation research) are needed.

Intervention Research

- **Need to develop more gender-specific programs.** Of the 47 rigorously evaluated programs, only one program targeted adolescent males ([REAL – Responsible, Empowered, Aware, Living – Men](#)) and only one program targeted adolescent females ([Family Planning Clinic Support Services](#)). [REAL Men](#) had a delayed impact on condom use— increases in condom use were not found until the 12-month follow-up. [Family Planning Clinic Support Services](#) resulted in no impact on the use of contraception or pregnancy. *Note:* Although few gender-specific programs were found, three programs were found to work for gender subgroups. Male-specific impacts were found in two programs ([The Family Bereavement Program](#), [Project Six’Teen](#)) and female-specific impacts were found in one program ([Untitled School-Based Physical Activity Intervention](#)).
- **Need to develop culturally-appropriate parenting programs for ethnic and racial minority adolescents.** Culturally-appropriate programs include activities that incorporate the traditions and values of a particular culture; they may also modify curricula to address issues of common concern to individuals and families of a certain cultural background or heritage. Only 2 out of 47 programs targeted Latinos. [Familias Unidas](#) reduced behavior problems, but did not have any impacts on perceived academic competence. [Nuestras Familias](#) reduced aggressive and externalizing behavior; it did not reduce alcohol or other drug use, and it had mixed findings for depression— reducing depression for U.S.-born youth, but not for foreign-born youth. *Note:* Although few culturally-appropriate programs were found, ethnic-specific impacts on African American teens were found in one program – **Staying Connected with Your Teen (formerly Parents Who Care)** – the group-administered version. This intervention reduced violent behaviors and rates of sexual initiation among African American teens two years after program completion. In addition, two programs were delivered primarily to African American teenagers ([Informed Parents and Children Together \(ImPACT\)](#) and [REAL \(Responsible, Empowered, Aware, Living\) Men](#)), although it does not appear that these program were culturally adapted.
- **Need to use technological innovations.** Despite the fact that teens are heavily engaged with and adept at using technology, only 4 out of 47 programs integrated the use of technology ([Facts and Feelings](#), [Parenting Adolescents Wisely](#), [Positive Parenting](#), and [Untitled School-based Physical Activity Intervention](#)).
- **Need to develop interventions to improve educational outcomes.** Although involving parents in the education of adolescents is important, only 7 out of 47 parent involvement programs targeted and evaluated educational outcomes. Out of these seven programs, only one program improved one of these outcomes ([Multidimensional Family Therapy](#) improved academic achievement among adolescents using alcohol and/or other substances). Because national rates of high school completion and college enrollment are still low, these issues merit a renewed focus among programs with parent involvement.

Improving Available Evaluation Studies

- **Need to examine the impact of dosage.** Only 1 out of 47 programs ([Behavioural Weight Control Programme](#)) conducted an experimental comparison of a long and a short version of the intervention to test whether a greater number of sessions made a difference. This study found that the 4-week intervention was just as effective as the 15-week intervention.

- **Need to examine long-term impacts (at least one year after program completion).** Out of 47 programs, only 15 evaluated whether improvements were sustained past program completion. 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.
- **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 programs with teens and parents compared to similar programs with teens only. Those that did engage in this type of evaluation (3 out of 47) offered mixed evidence. More research would help clarify whether, when, and for whom parent involvement is critical to promoting healthy teen outcomes, in light of the cost and difficulty of involving parents.
- **Need to collect data on parents' participation and attendance rates.** Parent participation rates within and across studies tend to vary widely. Non-experimental studies suggest that the more program exposure parents have, the more their children benefit. Collecting parent attendance data would permit the estimation of correlations between participation rates and program outcomes. However, only a random-assignment experiment such as the one described above can determine whether participants with more program exposure are more likely to experience benefits from participation than participants with less program exposure.
- **Need to assess the role of incentives and other strategies for recruiting and retaining parents and teens to participate.** Despite wide recognition of the challenge of involving parents in interventions for children, zero out of 47 studies explored the use of incentives, such as cash and gifts, to recruit and retain parents and adolescents.

DISCUSSION

An extensive body of research has found that parents have a profound influence on the socialization and development of their children.² 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 47 experimentally-evaluated, parent involvement programs for adolescents, by definition, reviewed parent involvement programs for adolescents with parents who were recruited into and participate in a random assignment evaluation study. These findings, therefore, apply to a small subset of all programs. With that caveat, the programs involving parents in this review often lead to behavioral improvement, with almost two-thirds of programs (30 out of 47) having a positive impact on at

² 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

least one adolescent outcome. However, it is also the case that none of the programs were consistently effective in changing all of the outcomes examined.

Overall, the following strategies may be most successful when implementing parent involvement programs for adolescents:

- Interventions that use a **skills-training approach** for normally developing or at-risk teens, or **family therapy interventions** or **adolescent psychotherapy with family involvement** for adolescents who are already exhibiting problem behaviors.
- Two-pronged interventions with a **combined focus on both parents and teens**.
- Programs that include **at least five sessions**.

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 adolescents. 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 illuminate several areas that warrant further study. More interventions that are tailored to specific populations and outcomes and also more evaluations that assess the incremental value of parental involvement or of program dosage are needed. Also, much more needs to be learned about recruiting and involving parents in intervention programs. This is a challenge for most programs which has received little attention in the research.

Finally, the parent involvement programs reviewed were more likely to improve some outcomes than others. In Table 2, outcome areas are ordered from those that showed improvements most often (disruptive behavior problems, such as aggression and hyperactivity) to those that showed improvements least often (reproductive health outcomes). These varied impacts may occur for several reasons. First, some behaviors are better understood than others and therefore interventions targeting these behaviors may be better designed. Second, some behaviors during adolescence may be more malleable (changeable) to changes in the home environment than others. For example, this review suggests that parent involvement programs for outcomes such as substance use and reproductive health problems may be more successful if they target peer- and individual-level risk and protective factors. 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 Chart for Adolescents (ages 12-17)

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Education Variables			
Academic Achievement	<p><i>Home-based interventions</i></p> <ul style="list-style-type: none"> -Multisystemic Therapy (MST) -Focus on Families <p><i>Community-based interventions</i></p> <ul style="list-style-type: none"> -Familias Unidas -Multifamily Educational Intervention -Nuestras Familias -Parent Management Training 		<p><i>Community-based therapeutic interventions</i></p> <ul style="list-style-type: none"> -Multidimensional Family Therapy (MDFT)
Internalizing Problems			
Depression or Depressive Behaviors	<p><i>Community-based interventions</i></p> <ul style="list-style-type: none"> -Multidimensional Treatment Foster Care (MTFC) <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Clinician-Based Cognitive Psychoeducational Intervention for Families 	<p><i>Community-based interventions</i></p> <ul style="list-style-type: none"> -Nuestras Familias. <i>Reduced depression for U.S.-born youth, but not for foreign-born youth</i> <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -New Beginnings. <i>Reduced depression for high-risk youth in one study but not in another study</i> <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <i>Reduced depression at the 6-month follow-up but not at the 12-month follow-up</i> 	<p><i>School-based interventions</i></p> <ul style="list-style-type: none"> -Guiding Good Choices (formerly Preparing for the Drug-Free Years) <p><i>Community-based interventions</i></p> <ul style="list-style-type: none"> Parenting with Love and Limits (PLL) <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Family Behavior Therapy
General Anxiety, Emotional Distress, or Anxious Behaviors		<p><i>Community-based interventions</i></p> <ul style="list-style-type: none"> -Project TALC (Teens and Adults Learning to Communicate) <i>Reduced emotional distress and anxiety at the 15-month follow-up, but not at the 18-, 21-, or 24-month follow-ups</i> <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <i>Reduced anxiety at the 6-month follow-up but not at the 12-month follow-up</i> 	<p><i>School-based interventions</i></p> <ul style="list-style-type: none"> -Skills for Social and Academic Success -The Queensland Early Intervention and Prevention of Anxiety Project <p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Functional Family Therapy (FFT)
Post-Traumatic Stress Disorder (PTSD)			<p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (for Post-Traumatic Stress Disorder)
General Internalizing Problems	<p><i>Home-based interventions</i></p> <ul style="list-style-type: none"> -Positive Parenting 		<p><i>Clinic-based interventions</i></p> <ul style="list-style-type: none"> -The Family Bereavement Program (FBP)

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Externalizing Problems			
Disruptive Behavior Problems (including Conduct and Oppositional Defiant Disorders)		<i>Community-based interventions</i> -Adolescent Transitions Project (ATP-Parent Focus) <i>The Parent Focus was effective while the Teen Focus intervention produced harmful effects; effects on problem behavior were observed at posttest but they were not sustained</i> -Staying Connected with Your Teen (formerly Parents Who Care) <i>Reduced violent behavior two years after program completion, but only for African American teens</i> <i>Clinic-based interventions</i> -The Family Bereavement Program (FBP) <i>Reduced externalizing behaviors for boys but not girls; it also reduced externalizing behavior for those with high levels of this measure at baseline but not for those with low levels at baseline</i>	<i>School-based interventions</i> -Strengthening Families Program (10-14), formerly the Iowa Strengthening Families Program <i>Clinic-based interventions</i> -Brief Strategic Family Therapy (BFST) -Family Behavior Therapy -Functional Family Therapy (FFT) -New Beginnings <i>Community-based interventions</i> -Familias Unidas -Families First -Nuestras Familias -Parent Management Training -Parenting with Love and Limits (PLL) -Project TALC <i>Home-based interventions</i> -Multisystemic Therapy (MST) -Parenting Adolescents Wisely -Positive Parenting
School Attendance	<i>Community-based interventions</i> -Project TALC		<i>Clinic-based interventions</i> -Family Behavior Therapy <i>Community-based interventions</i> - Informed Parents and Children Together (ImPACT)
Delinquency	<i>Home-based interventions</i> -Focus on Families <i>Community-based interventions</i> -Parent Management Training -Positive Action Family Program -South Oxnard Challenge Program (SOCP) -Staying Connected with Your Teen (formerly Parents Who Care)		<i>School-based interventions</i> -Guiding Good Choices (formerly Preparing for the Drug-Free Years) <i>Clinic-based interventions</i> -Functional Family Therapy <i>Community-based interventions</i> -Multidimensional Treatment Foster Care (MTFC) <i>Home-based interventions</i> -Informed Parents and Children Together (ImPACT) -Multisystemic Therapy (MST) -Positive Parenting

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Substance Use			
Alcohol Use	<p><i>School-based interventions</i> -Focus on Families</p> <p><i>Community-based interventions</i> -The Adolescent Community Reinforcement Approach (A-CRA) -South Oxnard Challenge Program (SOCP) -Nuestras Familias. Measured adolescents' report of being likely to use target substance during the next year if offered by a best friend</p>	<p><i>School-based interventions</i> -Start Taking Alcohol Risks Seriously (STARS) Students from one school (who were bused in) benefited, while those from the other school (who were not bused in) did not</p> <p><i>Home-based interventions</i> -Informed Parents and Children Together (ImPACT) Decreased alcohol use at posttest but impacts faded by 24-month follow-up</p> <p><i>Community-based interventions</i> -Family Matters. Reduced drinking in non-Hispanic Whites, but not in other groups</p> <p><i>Clinic-based interventions</i> -Family Behavior Therapy Reduced alcohol use in non-diagnosed adolescents and young adults but not in a study of conduct-disordered youth</p>	<p><i>School-based interventions</i> -Guiding Good Choices (formerly Preparing for the Drug-Free Years) -for use and heavy use/drunkenness -Strengthening Families Program (10-14), formerly the Iowa Strengthening Families Program (ISFP)</p> <p><i>Community-based interventions</i> -Project Northland</p>
Cigarette Use	<p><i>Community-based interventions</i> -Adolescent Transitions Project (ATP-Parent Focus) -Parent-Targeted Intervention for Adolescent Substance Use -Nuestras Familias. Likelihood of using target substance during the next year if best friend offered</p> <p><i>Home-based interventions</i> -Focus on Families</p>	<p><i>Community-based interventions</i> -Family Matters Reduced smoking for non-Hispanic Whites, but not other racial/ethnic groups</p>	<p><i>School-based interventions</i> -Guiding Good Choices (formerly Preparing for the Drug-Free Years) -Project Northland -Project Six'Teen</p> <p><i>Home-based interventions</i> -Informed Parents and Children Together (ImPACT)</p>
Smokeless Tobacco Use	<p><i>Community-based interventions</i> -Family Matters</p>	<p><i>School-based interventions</i> -Project Six'Teen Reduced the use of smokeless tobacco among ninth-grade boys but did not do so for girls</p>	
Other Drug Use	<p><i>Home-based interventions</i> -Focus on Families</p> <p><i>Community-based interventions</i> -Nuestras Familias Measured adolescents' report of being likely to use target substance during the next year if offered by a best friend -South Oxnard Challenge Program (SOCP)</p>		<p><i>School-based interventions</i> -Project Northland -Project Six'Teen</p> <p><i>Community-based interventions</i> -The Adolescent Community Reinforcement Approach (A-CRA)</p> <p><i>Home-based interventions</i> -Informed Parents and Children Together (ImPACT)</p>

General Substance Use	<p><i>Clinic-based interventions</i> <u>-New Beginnings</u></p> <p><i>Community-based interventions</i> <u>-Creating Lasting family Connections (CLFC)</u></p>	<p><i>Clinic-based interventions</i> -Family Behavior Therapy A study of conduct-disordered youth found posttest impacts on drug use but effects faded six months after treatment completion <u>-Brief Strategic Family Therapy (BFST)</u>, Impacts on substance use at post-test and one-year follow up were greater for adolescent girls.</p>	<p><i>School-based interventions</i> <u>-Woodrock Youth Development project</u></p> <p><i>Community-based therapeutic interventions</i> <u>-Multidimensional Family Therapy (MDFT)</u> -Multifamily Educational Intervention (MEI)</p> <p><i>Home-based interventions</i> <u>-Multisystemic Therapy (MST)</u></p>
Substance Use Initiation	<p><i>Community-based interventions</i> <u>-Parent-Targeted Intervention for Adolescent Substance Use</u> <u>-Staving Connected with Your Teen</u> (formerly Parents Who Care)</p>		<p><i>School-based interventions</i> <u>-Guiding Good Choices (formerly Preparing for the Drug-Free Years)</u> <u>-Strengthening Families Program (10-14), formerly the Iowa Strengthening Families Program</u> <u>-Woodrock Youth Development Project</u></p>
Drug Abuse and Dependency	<p><i>Clinic-based interventions</i> <u>-New Beginnings</u> <u>-Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</u> (see interventions for Depression)</p>		

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Reproductive Health			
Initiation of Sexual Activity	<p><i>School-based interventions</i> <u>-Enhanced Managing Pressures Before Marriage</u> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p> <p><i>Home-based interventions</i> <u>-Facts and Feelings</u></p>	<p><i>Community-based interventions</i> <u>-Staving Connected with Your Teen</u> (formerly Parents Who Care) Reduced the rate of sexual initiation two years after program completion, but only for African Americans in the group-administered format of this intervention</p>	
Frequency of Sexual Activity	<p><i>Community-based interventions</i> <u>-Project TALC</u></p>	<p><u>-REAL (Responsible, Empowered, Aware, Living Men)</u>, Participants were more likely than non-participants to report being abstinent at the six-month follow-up but not at the 12-month follow-up</p> <p><i>Home-based interventions</i> <u>-Informed Parents and Children Together (ImPACT)</u> Decreased sexual activity at posttest but not at the 24-month follow-up</p>	
Number of Sexual Partners	<p><i>School-based interventions</i> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p>		

Use of Condoms for STD and/or Pregnancy Prevention	<p><i>School-based interventions</i> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p>	<p><i>Home-based interventions</i> <u>-Informed Parents and Children Together (ImPACT)</u> <i>Impacts on condom use were not sustained at 24-month follow-up</i></p>
Use of Contraception	<p><i>School-based interventions</i> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p> <p><i>Clinic-based interventions</i> <u>-Family Planning Clinic Support Services</u></p>	
Contracting STDs	<p><i>School-based interventions</i> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p>	
Pregnancies and Births	<p><i>School-based interventions</i> <u>-Families United to Prevent Teen Pregnancy (FUPTP)</u></p> <p><i>Clinic-based interventions</i> <u>Family Planning Clinic Support Services</u></p>	

OUTCOME AREA	NOT PROVEN TO WORK	MIXED FINDINGS	FOUND TO WORK
Health and Fitness			
Nutrition		<p><i>School-based interventions</i> <u>-Gimme 5: A Fresh Nutrition Concept for Students</u> <i>Impacts were not sustained at follow-up</i></p>	<p><i>School-based interventions</i> <u>-Behavioural Weight Control Programme</u></p>
Physical Activity		<p><i>School-based interventions</i> <u>-Untitled School-based Physical Activity Intervention</u> <i>Increased physical activity for girls more than boys</i></p>	<p><i>School-based interventions</i> <u>-Behavioural Weight Control Programme</u></p> <p><i>Clinic-based interventions</i> <u>-Family Therapy as a Supplement to Dietary Counseling</u></p>
Weight Loss			<p><i>School-based interventions</i> <u>-Behavioural Weight Control Programme</u></p> <p><i>Community-based therapeutic interventions</i> <u>-Varving Maternal Involvement in a Weight Loss Program</u> (mother-and child separately condition).</p> <p><i>Clinic-based interventions</i> <u>-Family Therapy as a Supplement to Dietary Counseling</u></p>

Table 2. Glossary of Programs

1. [The Adolescent Community Reinforcement Approach \(A-CRA\)](#): a substance use outpatient intervention that seeks to help adolescents and young adults who have received residential treatment for substance use disorders recover from their addictions and dependencies. It replaces environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. Case-management services include a home-visiting component.
2. [Adolescent Transitions Project \(Parent Focus\)](#): a project that evaluated a parent-focused, teen-focused, and a parent- and teen-focused intervention to evaluate impacts on externalizing behavior and cigarette use.
3. [Behavioural Weight Control Programme](#): conducted with five or six parent-child pairs by two therapists. It focuses on a variety of dietary, nutritional, and environmental approaches, including keeping daily records of caloric intake and exercise activity. Parents are asked to serve as role models for their children and to use praise to reinforce good behaviors, while children are taught to use self-reinforcement skills. Stimulus-control techniques, such as restricting eating to specific times and places, are encouraged, while negative cognitions are discouraged. Rapid (4-week) and gradual (15-week) versions of this program were tested and both were found to be effective.
4. [Brief Strategic Family Therapy \(BSFT\)](#): a family-systems approach that is designed for adolescents with behavior or drug problems. Based on a model of strategic structural-systems engagement, trained therapists identify and change maladaptive relationship patterns within families. Family therapy sessions follow a set of lessons and designed to be attended weekly for up to six months.
5. [Clinician-Based Cognitive Psychoeducational Intervention for Families](#): a 6- to 11-session program designed to help parents with significant mood disorders cope better with their diagnosis and develop more healthy child-related behaviors and attitudes.
6. [Creating Lasting Family Connections \(CLFC\)](#): a selective program for children and families that connects families to resources and alternative activities. Part of the Creating Lasting Connections program, this intervention teaches participants about substance-use issues, personal and family responsibility, and communication and refusal skills.
7. [Enhanced Managing Pressures Before Marriage](#): adds to the Managing Pressures Before Marriage (MPM) program by including five homework assignments designed to increase parent-child communication about sex. It teaches students that abstinence until marriage as the standard and consists of five hour-long lessons that address the risks of early sexual involvement, social and media pressures to become sexually active, and methods for handling these pressures.
8. [Facts and Feelings](#): an abstinence-education program designed to help parents talk to their pre- and early-adolescent children about sexuality. The program consists of six videos, each 15 to 20 minutes in length, and printed information to accompany each tape.
9. [Familias Unidas](#): a nine-month program intended to prevent drug abuse and delinquency in Latino adolescents by improving familial interactions, involving families with schools and communities, and increasing access to external supports. Parents attend 24 multifamily group sessions and receive two to three home visits.

10. [Families First](#): a home-based, parent-training intervention for families having difficulty managing their children's severe behavioral problems. Families meet with specialists for up to 15 hours per week over six weeks.
11. [Families United to Prevent Teen Pregnancy \(FUPTP\)](#): an abstinence-education after-school program. Parenting workshops are included to supplement the abstinence-education curriculum, teen-mentoring program, and summer program with teen mentors. Attendance was voluntary.
12. [Family Behavior Therapy](#): an acute, outpatient program designed to reduce drug and alcohol use in youth experiencing multiple behavioral and/or emotional problems.
13. [The Family Bereavement Program \(FBP\)](#): designed for families with children ages 8 to 16 who have experienced the loss of a caregiver in the past two-and-a-half years. Caregivers and children attend a series of 12 two-hour sessions that focus on improving self-esteem and increase adaptive beliefs about why negative events occur.
14. [Family Matters](#): an eight-week tobacco- and alcohol-use prevention program designed to help parents develop expectations and rules relating to their children's use of alcohol and tobacco. Parents are mailed four instructional booklets and receive follow-up phone calls from health educators after each mailing.
15. [Family Planning Clinic Support Services](#): a family support program comprising a series of six weekly counseling sessions (50 minutes each) for participants to attend with an adult family member or "surrogate family member" who could influence and support the participant in her contraceptive practice and sexual decision-making.
16. [Family Therapy as a Supplement to Dietary Counseling](#): a program that features six sessions of solution-focused family therapy delivered in conjunction with dietary counseling. The program's focus is on improving family functioning and building a positive emotional climate.
17. [Focus on Families](#): a program for parents in methadone treatment and their children. It consists 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. The intervention replaced regular methadone treatment for drug addicts with the parent skills training and home-based management services for families.
18. [Functional Family Therapy \(FFT\)](#): implemented in multiple settings since 1969 as 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.
19. [Gimme 5: A Fresh Nutrition Concept for Students](#): a multi-component, school-based dietary intervention for high school students. The four-year intervention focuses on increasing students' fruit and vegetable consumption.
20. [Guiding Good Choices \(formerly Preparing for the Drug-Free Years\)](#): a program designed to decrease students' likelihood of using drugs and alcohol. This multifamily group- administered program uses a multimedia approach to teach parents how to interact effectively with their children. It consists of five workshops that emphasize student, parent, and family practices that help discourage and prevent adolescent substance use.

21. [Informed Parents and Children Together \(ImPACT\)](#): an eight-session HIV/STD prevention program geared toward high-risk, urban African American youth. It adapts the *Focus on Youth* program by adding a component that teaches parental monitoring skills.
22. [Multidimensional Family Therapy \(MDFT\)](#): a family-based intervention for teens with substance abuse problems. It consists of outpatient, multi-component therapy provided by trained therapists in both individual and family settings. Topics include adolescents' perceptions of drugs' harmfulness, emotional regulation processes, parenting, and interactional patterns.
23. [Multidimensional Treatment Foster Care \(MTFC\)](#): designed to serve as an alternative to residential treatment and deter subsequent incarceration among a high-risk population. Each youth who participates in MTFC receives an individualized program that emphasizes behavioral skills training, discipline and reinforcement, and positive relationships. The foster families, biological families, and youth are the primary participants.
24. [Multifamily Educational Intervention \(MEI\)](#): a structured, clinic-based approach to family therapy that is delivered in a psycho-educational setting with multifamily groups (usually about three or four families). The intervention consists of 14 to 16 90-minute sessions conducted over five to six months. It includes didactic presentations, skill-building exercises, and homework assignments focused on decreasing family stress, improving rules and limit setting, improving family communication, and improving family problem solving.
25. [Multisystemic Therapy \(MST\)](#): targets family correlates of antisocial behavior in order to reduce criminal behavior and violent acts in juvenile offenders and prevent delinquency in other populations. It uses a wraparound services approach to delinquency prevention and intervention.
26. [New Beginnings](#): designed to protect children, ages 3 to 17, against the negative stress and effects of divorce. The program focuses on helping mothers cope with divorce and seeks to improve parent-child relationships. Parents attend 11 sessions led by trained clinicians.
27. [Nuestras Familias](#): a 12-week intervention designed to prevent and deter substance use in Latino teens that was adapted from the Parent Management Training program. Topics included effective communication, supervision, communication, family problem solving, and bridging cultures.
28. [Parent Management Training](#): a program that focuses on child-rearing practices, improving parent-child interactions, and promoting contingencies to support prosocial behavior at home and at school.
29. [Parent-Targeted Intervention for Adolescent Substance Use](#): a three- to four-session tobacco- and alcohol-prevention program that has been delivered to fifth and seventh graders. It seeks to increase drug-refusal skills and foster parent-child involvement.
30. [Parenting Adolescents Wisely](#): a CD-Rom-based program that includes a series of short, interactive video vignettes of challenging parenting situations. It requires a minimum literacy level and usually takes two to three hours to complete at home.
31. [Parenting with Love and Limits \(PLL\)](#): consists of six multifamily group sessions combined with three to 30 family therapy sessions (depending on need). It designed for children and teens aged 10 to 18 with severe emotional and behavioral problems. The program helps parents regain their authority with their children and set clear boundaries.
32. [Positive Action Family Program](#): a seven-session program for high-risk children and adolescents to reduce delinquency. The intensive model, delivered over a period of seven weeks, emphasizes the

connections among thoughts, actions, and feelings and provides parents with brief activities to implement with their children.

33. [Positive Parenting](#): a selective prevention program that teaches parents about topics such as respect, monitoring, and discipline through videotapes, guidebooks, and weekly 15- to 30-minute telephone sessions with a parent educator.
34. [Project Northland](#): a community-based alcohol-prevention program that includes a school-based curriculum, parent education, and participation by youth in alcohol-free activities outside of school.
35. [Project Six'Teen](#): a universal, school-based program supplanted by a multipronged, community-based program that includes a family component, a youth campaign, a media campaign, and an enforcement campaign.
36. [Project TALC \(Teens and Adults Learning to Communicate\)](#): designed to improve behavioral, social, and mental health outcomes among parents with AIDS and their adolescent children through eight parent-only sessions and 16 parent-teen sessions. All sessions include goal-setting and problem-solving activities.
37. [The Queensland Early Intervention and Prevention of Anxiety Project](#): a 10-week school-based child- and parent-focused psychosocial intervention for 7- to 14-year-olds who have been identified as having anxiety problems using teacher nominations and children's self-report.
38. [REAL \(Responsible, Empowered, Aware, Living\) Men](#): an HIV-prevention program consists of seven weekly sessions designed to improve fathers' knowledge about STD/HIV prevention, communication skills, and parental monitoring skills.
39. [Skills for Social and Academic Success](#): a 12-session, cognitive-behavioral, school-based intervention for adolescents with social anxiety disorder. The program emphasizes social skills and in-vivo exposure during group and individual sessions. Parents attend two psycho-educational meetings about social anxiety, its treatment, and approaches for managing their children's anxiety.
40. [South Oxnard Challenge Program \(SOCP\)](#): a community center-based program through which service workers from the fields of social work, juvenile justice, substance abuse, mental health, and education support teens who are on probation. These services, combined with face-to-face contact with the children and their families, are intended to offer an alternative to what juveniles normally receive under routine juvenile probation. The program lasts seven months for teens under informal probation and nine months for teens under formal probation.
41. [Start Taking Alcohol Risks Seriously \(STARS\)](#): a school-based program that aims to prevent alcohol use among adolescents. Intervention consists of health consultations with nurses and receiving, reading, and discussing "prevention postcards" that contain key facts about specific alcohol-related risk factors discussed during the health consultation.
42. [Staying Connected with Your Teen \(formerly Parents Who Care\)](#): a seven-session universal prevention program that works with parents to improve family management skills. Parents develop family policies on health and safety and meet with their children to work together on these issues and strengthen their relationship.
43. [Strengthening Families Program \(10-14\), formerly the Iowa Strengthening Families Program](#): a seven-week intervention aimed at reducing substance use among 10- to 14-year-olds and improving the parent-child relationship by teaching various communication, problem-solving, and perspective-taking skills to parents and adolescents.

44. [Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\)](#): delivers therapy sessions weekly for 12 weeks. Sessions include individual therapy for the child and individual therapy for the parent, and are focused on feeling identification, stress inoculation techniques, direct discussion and gradual exposure of traumatic events, education about healthy sexuality, and safety skill building.
45. [Untitled School-based Physical Activity Intervention](#): a program that fosters healthy food choices and physical activity for students. In the parental support program, parents attend a meeting about the program, receive information through the mail, and receive free CDs with an intervention for them to follow.
46. [Varying Maternal Involvement in a Weight Loss Program](#) (mother and child separately version): a 16-session treatment program includes behavior modification, nutrition education, exercise instruction, and social support. Subjects assigned to this treatment group attend treatment sessions with their mothers but meet separately as well.
47. [Woodrock Youth Development Project](#): a comprehensive, multi-component program designed to reduce alcohol, tobacco, and drug use among at-risk elementary and middle school minority students. The program includes social skills and drug resistance training, mentoring, regular meetings with teachers, home visits, and parenting classes.

Table 3. Proportion of Effective Programs by Outcome

Disruptive Behavior Problems	➤ 17 out of 20 programs measuring impacts on disruptive behavior problems such as aggression and antisocial behavior worked. Out of 6 programs that measured outcomes at least one year after program completion, 5 had long-term impacts.
Delinquency	➤ 7 out of 11 programs measuring impacts on delinquency worked. Out of 3 programs that measured outcomes at least one year after program completion, 4 had long-term impacts.
Internalizing Problems	➤ 8 out of 14 programs measuring impacts on internalizing problems such as depression and anxiety worked. Out of 2 programs that measured outcomes at least one year after program completion, 2 had long-term impacts.
Health and Fitness	➤ 3 out of 5 programs were found to be effective in improving health and fitness outcomes. No studies assessed long-term impacts on this outcome.
Substance Use	➤ 7 out of 23 programs measuring impacts on substance use worked. Out of 8 programs that measured outcomes at least one year after program completion, 5 had long-term impacts.
Education	➤ 1 out of 7 programs were found to be effective in improving academic achievement. No studies assessed long-term impacts on this outcome.
Reproductive Health	➤ 0 out of 8 programs were found to be effective in delaying the onset of sex, decreasing the number of sexual partners, decreasing the frequency of sexual activity, or increasing the use of condoms and contraception. No studies assessed long-term impacts on this outcome.