

Positive Approaches to Preventing Substance Use and Misuse Among Boys and Young Men of Color— *Programs and Strategies At-A-Glance*



TABLE OF CONTENTS

INTRODUCTION	3
Applying a Socio-Ecological Model to Prevention	4
USING THIS RESOURCE TO GUIDE PREVENTION PRACTICE	6
THE FINE PRINT: SEARCH METHODS AND INCLUSION CRITERIA	9
RELATED TOOLS.....	9
SECTION ONE: CROSSWALK OF PROGRAMS BY PROTECTIVE FACTOR.....	11
Individual-level Programs	11
Relationship-level Programs.....	15
Community-level Programs	18
SECTION TWO: INDIVIDUAL-LEVEL PROGRAMS.....	20
Individual-Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color.....	21
Joven Noble	21
Sport Hartford Boys.....	22
Individual-Level Programs Designed for and/or Evaluated with Youth of Color	24
Adolescent Decision-Making for the Positive Youth Development Collaborative	24
Family and Community Violence Prevention.....	25
Grief and Trauma Intervention for Children	26
I Can Problem Solve	28
Keepin’ It REAL	30
Peacemakers	32
Penn Resiliency Program.....	33
Pono Curriculum.....	34
Project Life – Digital Storytelling.....	36
Project Venture	37
Red Cliff Wellness School Curriculum	38
Residential Student Assistance Program	39
Responding in Peaceful and Positive Ways.....	40
SANKOFA Youth Violence Prevention Program	42
Storytelling for Empowerment	43
Individual-Level Programs Designed for and/or Evaluated with All Youth, but with Outcomes for Youth of Color.....	44
Big Brothers/Big Sisters Mentoring Program.....	44
Coping Power	45
LifeSkills Training.....	46
Peaceful Alternatives to Tough Situations.....	48
Prodigy	49

SECTION THREE: RELATIONSHIP-LEVEL PROGRAMS.....	51
Relationship-Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color	52
Brief Strategic Family Therapy	52
Fathers and Sons	54
Relationship-Level Programs Designed for and/or Evaluated with Youth of Color	56
Adults in the Making	56
Early Risers: Skills for Success	58
Familias Unidas Preventive Intervention	60
Families and Schools Together.....	62
Family Connections	63
Legacy for Children.....	64
Multidimensional Family Therapy.....	66
Multisystemic Therapy for Juvenile Offenders	68
ParentCorps.....	70
Schools And Families Educating Children (SAFEChildren)	72
Strong African American Families	74
Relationship-Level Programs Designed for and/or Evaluated with All Youth, but with Outcomes for Youth of Color.....	76
Family Centered Treatment	76
Functional Family Therapy for Adolescent Alcohol and Drug Abuse	77
Start Taking Alcohol Risks Seriously (STARS) for Families.....	79
SECTION FOUR: COMMUNITY-LEVEL PROGRAMS.....	80
Community-Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color	82
Community-Level Programs Designed for and/or Evaluated with Youth of Color	82
Child-Parent Center.....	82
HighScope Curriculum.....	83
PAX Good Behavior Game.....	84
Positive Action.....	86
Community-Level Programs Designed for and/or Evaluated with All Youth, but with Outcomes for Youth of Color.....	88
Classroom Consultation for Early Childhood Educators Program	88
Fast Track	89
PeaceBuilders Violence Prevention Program	91
Project SUCCESS	92
SECTION FIVE: SOCIETAL-LEVEL PROGRAMS	93

INTRODUCTION

State- and local-level prevention practitioners are well-positioned to more effectively address the diverse substance use, misuse, and related behavioral health needs of the populations they serve, including traditionally underserved groups such as boys and young men of color.

State- and frontline practitioners ensure that federal Block and discretionary grant funds are spent on effective solutions to prevent substance use and misuse. They do this by implementing SAMHSA's Strategic Prevention Framework (SPF), a five-step planning process that supports the systematic selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable prevention activities. For example, over the past five years state- and local-level prevention practitioners have:

- Identified and used behavioral health indicators and other data to inform prevention planning for priority populations, such as Native Americans and Pacific Islanders.
- Addressed data gaps for hidden or hard-to-reach populations (e.g., for 18- to 25-year olds not attending college)
- Incorporated cultural practices into strategic prevention planning efforts
- Identified and used "shared" risk and protective factors (i.e., factors common to both substance misuse and mental health outcomes) to inform the selection of prevention programming and engage stakeholders from multiple disciplines in prevention activities.
- Directed prevention efforts to reduce behavioral health disparities, for example, by increasing awareness of adverse childhood experiences, such as abuse, neglect, and crime in the home, that are strongly related to the development and prevalence of a wide range of health problems.
- Supported the implementation of evidence-based programming by, for example, increasing awareness of factors that contribute to effective program implementation and capacity to monitor and evaluate prevention programming.

To facilitate these efforts, SAMHSA's Center for the Application of Prevention Technologies has developed this tool to help state- and local-level prevention practitioners identify effective and innovative programs that provide opportunities to, and improve outcomes for, boys and young men of color: youth under the age of 25 who identify a percentage of their ethnicity or race to be of a minority group (i.e., African American, Latino, Hispanic, Asian-American, Native American) or subgroup (i.e., Mexican, Vietnamese, Hmong, Alaska Native). Informed by a careful review of SAMHSA's National

Registry of Evidence-based Programs and Practices (NREPP), other federal registries, and peer-reviewed evaluation literature (see the Fine Print below), this tool includes programs, practices, and strategies associated with reductions in substance use and misuse, specifically, as well as with those factors thought to protect against substance misuse and promote emotional well-being.

Modeled after other tools we have developed, this resource provides:

- Consistent and comparable information for each identified program, including information on protective factors addressed, underlying theory and core elements, settings where implemented, target populations, evaluation methods, outcomes, references, and links to other relevant material.
- Guidance for applying this information to the selection and implementation of programs and strategies that focus on meeting the needs of boys and young men of color.

Applying a Socio-Ecological Model to Prevention

Health disparities are created and can be averted by considering multi-layered determinants of health behaviors. We are influenced not only by traits specific to us or what we think and believe, but by our relationships with others, by the institutions and communities to which we belong, and by the broader society in which those institutions and communities are embedded. The socio-ecological model allows us to consider the different contexts in which risk and protective factors exist and to intervene using evidence-based programs, practices, policies and strategies that influence those factors at the various levels.

The programs included in this tool are organized and color-coded according to the four levels of the socio-ecological model. These levels include the following:

- **Individual Level:** Includes programs that focus on the youth individually, such as increasing grades or increasing substance use refusal skills.
- **Relationship Level:** Includes programs that involve the youths' closest social circle, such as family members and peers
- **Community Level:** Includes programs that focus on the settings where social relationships occur, such as in the school or neighborhood.
- **Societal Level:** Includes programs that focus on changing social and cultural norms, such as



broad policy changes.

Within each level, we further organize programs according to focus population:

- Programs designed for and/or evaluated specifically with boys and young men of color
- Programs designed for and/or evaluated with youth of color (includes boys and girls)
- Programs designed for and/or evaluated with all youth, but with outcomes for youth of color (includes boys and girls)

Finally, programs within each section and sub-section appear in alphabetical order. Each program summary provides the following information:

- *Contacts*: Whom to contact for more information
- *Description*: Key components of the program
- *Populations*: Intended target population for the program
- *Settings*: Where the program has been implemented
- *Protective factors*: Protective factors that the intervention was designed to address
- *Evaluation design*: How the program was evaluated, including the demographic make-up of the sample
- *Evaluation measures*: The measurement tools used to determine outcomes
- *Evaluation outcomes*: Summary of outcomes specific to positive youth development, including outcomes specific to boys and young men of color
- *Evaluation measure references*: Full citation for where to find information on evaluation measures used in the outcome evaluation studies
- *Evaluation studies*: Full citation of evaluation studies producing the outcomes summarized above
- *Acknowledged by*: National organizations or agencies that recognize the program

For more information on an individual program, follow the URL address provided in the *Contacts* section of each program summary. Please be advised that URLs included in this document were active as of January 2016 and are subject to change at any point by the host sites.

USING THIS RESOURCE TO GUIDE PREVENTION PRACTICE

Although there are several ways to approach and use this and its accompanying tools, the following are suggested steps or guidelines.

- 1. Start by looking at protective factors.** To be effective, interventions must be linked to the protective factors that drive the problem in the community. Therefore, it is critical that you begin with a solid understanding of these factors, based on a comprehensive review of local quantitative and qualitative data. After reviewing and identifying salient local protective factors, you then will want to begin searching for interventions that are closely linked to these factors. Information on the protective factors relevant to youth of color can be found in the companion tool *Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse*. Note, however, that a focus on protective factors and positive approaches alone is not sufficient to prevent substance misuse. Comprehensive prevention approaches that address risk factors as well as protective factors at all levels of socio-ecological influence are needed to produce change.
- 2. Identify relevant programs.** Once you have identified salient factors, use *Section One: Matrix of Programs by Protective Factor* to browse and identify programs relevant to the protective factors you prioritized. There may be multiple strategies that address a selected factor, so be sure to search the entire document. Additionally, many strategies are designed to address more than one factor, and such strategies may be more cost-effective than more narrowly tailored strategies. For instance, a single, family-based intervention may seek to strengthen both youth factors and parental protection factors. The “Populations” and “Settings” columns of the matrix can help you determine the relevance of a particular program or strategy to your community. For instance, a strategy created for Alaska Native youth may not be relevant to a community seeking to work with urban, African American high school students. Note that specific terms used to identify populations (e.g., African American vs. Black, Latino vs. Hispanic) reflect language used in the related articles.

You will also notice in this matrix a column labeled IOM—for the Institute of Medicine (IOM). The IOM created a continuum of care model which guides identification and categorization of population groups with differing prevention needs, and can be used to align these needs with appropriate interventions. The IOM, as reflected in the matrix, uses three distinct categorizations:

- *(U)niversal*: Interventions that target the general public and/or the whole population that has not been identified on the basis of individual risk.

- *(S)elective*: Interventions that target individuals or a population sub-group whose risk of developing mental or substance use/misuse disorders is significantly higher than average.
- *(I)ndicated*: Interventions that target individuals at high risk who have minimal but detectable signs or symptoms of mental illness or substance use/misuse problems (prior to the diagnosis of a disorder).

Again, it is important to reflect back on the protective factors that your assessment revealed were relevant in your community to determine which IOM categorization of interventions best fits your community needs.

3. Refine your search by considering outcomes and evidence of effectiveness. The “Evaluation Outcome(s)” column of the matrix can also help you determine which strategies provide the most effective results for your selected factors. You can then read through the more detailed program summaries to learn more about those programs and strategies that seem most relevant, and to determine further if any of these interventions would meet your community’s needs. For more detailed information, use the citations provided at the bottom of each summary to obtain the full-text of the most relevant articles. When examining potential interventions, consider the following:

- What outcome does the strategy address?
- Does the outcome in the article align with your intended outcomes?
- Do similar interventions currently exist in your community?
- Would this intervention complement existing strategies or duplicate efforts?

Once you have selected a relevant program or programs, determine whether the evidence of effectiveness is sufficient. Comparing and weighing the evidence of the different studies is beyond the scope of this tool. However, the “Evaluation Design” row in each of the program summaries provides some information on this topic, and communities that wish to do so are encouraged to further examine the original articles using guidance from other SAMHSA products.

4. Determine the feasibility of implementation. Once you have identified a program that addresses the protective factors associated with boys and young men of color in your community, it is important to determine how feasible it will be to implement, given your resources and community conditions (i.e., the community’s willingness and/or readiness to address the problem).

5. Search additional databases, if needed. Given the relatively small number of interventions included in this document, you may not be able to identify one that meets your needs—that is, that addresses those factors for which there is sufficient evidence of effectiveness—and that is feasible to implement. Due to the limitations of available literature and known effective programs and strategies created for youth of color, you may need to choose an intervention shown to be effective for a population that does not exactly match your own. Should this occur, consider searching [other databases](#). For instance, there may be a well-researched prevention strategy that addresses improving socio-emotional competencies with a predominately White urban population, but that has not been evaluated with youth of color. Before implementing this sort of strategy, consider whether it may need to be adapted to more specifically address the population of interest. For instance, activities may need to be altered to be culturally relevant and adapted to fit the setting context.

If you choose to implement a program that has not been formally evaluated or has been evaluated but does not match the population you serve or implementation context, it may be important to consult an evaluator and evaluate the program to see if it produces the desired outcomes.

It is important to also remember that implementing only one prevention program may not be appropriate to meet all needs. Therefore, a comprehensive approach that spans multiple socio-ecological levels, and that comprises more than one strategy, may be most effective and achieve the greatest impact.¹ For example, to promote youth ethnic self-concept, you might implement a strategy at the individual level, such as *Joven Noble*, that increases cultural esteem; another strategy at the family level that focuses on family cultural traditions, and at the community level a program that affects neighborhood strength.

Moreover, there may be programs or strategies that are effective but did not emerge in our search, especially those that do not specifically target substance use or misuse, or that are more challenging to evaluate, such as those implemented at the society or community level. It is difficult to evaluate population-level strategies using experimental research designs—one of many criteria judged as important for demonstrating sufficient evidence of effectiveness.²

¹ Frankford, E. (2007). Changing service systems for high-risk youth using state-level strategies. *American Journal of Public Health, 97*(4), 594-600.

² Dow, W. H., Schoeni, R. F., Adler, N. E., & Stewart, J. (2010). Evaluating the evidence base: Policies and interventions to address

THE FINE PRINT: SEARCH METHODS AND INCLUSION CRITERIA

All of the interventions included in this tool have been shown, through rigorous evaluation, to produce positive outcomes among youth (ages 25 and younger). These programs were designed for and/or evaluated specifically with:

- boys and young men of color;
- youth of color (at least 75% of sample); or
- all youth, but with outcomes for youth of color.

To identify these programs, we reviewed a range of national databases, registries of effective programs, and the peer-reviewed literature. We consulted these national registries:

- [Blueprints for Health Youth Development](#)
- [Office of Justice Programs' Crimesolutions.gov](#)
- [Promising Practices Network](#)
- SAMHSA's National Registry of Evidence-based Programs and Practices
- [The Athena Forum](#)

We *excluded* interventions for the following reasons:

- Evaluations demonstrated no effects with regard to protective factors or positive youth development
- Sample in the evaluation design consisted of predominantly White youth
- Sample in the evaluation design consisted of predominantly girls/females

RELATED TOOLS

SAMHSA's Center for the Application of Prevention Technologies (CAPT) has created some related tools that you may find helpful in your search for more information:

- [Executive Summary: Main Findings on Protective Factors and Programs](#). This tool provides an overview of protective factors associated with substance use and misuse, and strategies that have been shown to be effective in addressing these factors, and for improving outcomes and promoting behavioral health among boys and young men of color.

socioeconomic status gradients in health. *Annals of the New York Academy of Sciences*, 1186(1), 240-251.

- [Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse.](#) This tool distills information from cross-sectional and longitudinal studies on (1) factors that have been shown to either protect boys and young men of color from substance misuse or to mitigate risks associated with adverse experiences or situations, and (2) factors that have been shown to promote well-being and positive youth development for boys and young men of color in the United States.
- [Sources of Data on Substance Use and Misuse Among Boys and Young Men of Color.](#) This tool offers a quick overview of key national, state, and local data sources that provide substance use consumption, consequences, and protective factor data for this population.
- [Using Strengths to Address Alcohol Abuse and Suicide among American Indian and Alaska Native Youth.](#) This information brief introduces prevention practitioners to the positive youth development framework as an effective approach to preventing alcohol misuse and suicide among Native youth.
- [Improving the Behavioral Health of Boys and Young Men of Color: Addressing Data Challenges.](#) This webinar discusses the prevalence of health disparities among boys and young men of color and how programs can strengthen their protective factors.
- [Red Lake Nation Highlights Culture as Prevention.](#) This fact sheet describes culture as prevention and identifies protective factors meaningful to the Red Lake Band of Chippewa.

SECTION ONE: CROSSWALK OF PROGRAMS BY PROTECTIVE FACTOR

Individual-level Programs

Program	Population	IOM	Setting	Protective Factors	Outcomes
Adolescent Decision-Making for the Positive Youth Development Collaborative	African American and Latino adolescents	U	Afterschool	High perceived risks of substance use; social-emotional competencies	Increased perception of substance use harms; lower increase in substance use on year after the start of the program
Big Brothers/Big Sisters Mentoring Program	African American and Hispanic youth (ages 6 – 18)	U	Community	Prosocial behaviors and involvement	Reduced likelihood for initiating drug use; improvement in relationships with peers
Coping Power	Preadolescent boys (grades 5 – 6) at risk for aggression, and their families	S	School	Positive family functioning; social-emotional competencies	Improved school behavioral problems; reduced risk for regression; lower rates of self-reported covert delinquent behavior
Family and Community Violence Prevention	Youth of color at risk for violence	S	Minority-serving college	Academic abilities; social-emotional competencies; supportive school environment	Reduced involvement in violence; fewer risky behaviors (especially for boys younger than 12)
Grief and Trauma Intervention for Children	African American children (ages 7 – 12) with post-traumatic stress	S	Home, school, afterschool, community center	Social-emotional competencies	Reduced symptoms of post-traumatic stress, depression, and traumatic grief

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
I Can Problem Solve	Black and Hispanic children (ages 4 – 12)	U	School	Prosocial behaviors and involvement; social-emotional competencies	Increased prosocial behaviors; reduced aggressive behaviors; lower likelihood to begin showing behavioral difficulties over a two-year period
Joven Noble	Male Hispanic/Latino youth and young men (ages 10 – 24)	S	School, probation, community alternative justice program	Cultural heritage; social-emotional competencies	Increased cultural esteem; decreased psychosocial stress; improved cultural knowledge and beliefs
Keepin' It Real	Predominantly Mexican American students (ages 12 – 14)	U	School	High perceived risks of substance use; social-emotional competencies	Less substance use, stronger intentions to refuse substances, greater confidence in ability to refuse substances, adopting more strategies to resist alcohol, cigarettes, and marijuana
LifeSkills Training	Middle/junior high school students	U	School	High perceived risks of substance use; social-emotional competencies	Lower smoking prevalence rates; lower smoking onset rates
Peaceful Alternatives to Tough Situations	Predominantly African American school-aged children (grades 2 – 12)	U	School	Positive family functioning; social-emotional competencies	Increased forgiveness of others; fewer instances of aggression
Peacemakers	Predominantly African American elementary and school-aged students	U	School	Positive sense of self; social-emotional competencies	Increased knowledge of psychosocial skills; decreased aggression; fewer aggression-related disciplinary incidents and suspensions

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
Penn Resiliency Program	African American and Latino late elementary and middle school students	U	School, community	Social-emotional competencies	Fewer negative or hopeless thoughts for youth who were initially symptomatic
Pono Curriculum	Troubled, at-risk adolescents – predominantly Hawaiian and Filipino	S	School	Cultural heritage; high perceived risks of substance use; positive sense of self; social-emotional competencies	Increased school commitment; increased self-esteem; increased perception of harm from substance abuse
Prodigy	Juvenile justice system-adjudicated youth and at-risk youth	S	Community	Social-emotional competencies	Improvements in internalizing behavior; improvements in externalizing behaviors; increased academic self-efficacy
Project Life – Digital Storytelling	Alaska Native youth	U	Afterschool	Cultural heritage; positive sense of self; positive social relationships	Felt cared about, increased technology skills, sense of achievement
Project Venture	American Indian youth (grades 5 – 8)	U	School	Cultural heritage; positive sense of self; prosocial behaviors and involvement; social-emotional competencies	Lower increase in substance use over time
Red Cliff Wellness Curriculum	American Indian students (grades K – 12)	U	School	Cultural heritage; social-emotional competencies; supportive school environment	Slower rate of increase in alcohol use; smaller increase in intention to use marijuana

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
Responding in Peaceful and Positive Ways	African-American middle school students	U	School	Social-emotional competencies; supportive school environment	Fewer disciplinary violations for violent offenses and in-school suspensions; fewer suspensions maintained for boys; more frequent use of peer mediation; fewer fight-related injuries
Residential Student Assistance Program	Mostly Black and Hispanic high-risk multi-problem youth (ages 12 – 18) placed in a residential child care facility	S	Foster care or correctional facility; treatment center	Social-emotional competencies	Reduced amount of drugs used; reduced number of drugs used
SANKOFA	African American adolescents (ages 13 – 19)	U	School, community	Cultural heritage; positive family functioning; social-emotional competencies	Less violent behavior (esp. boys); decreased substance use
Sport Hartford Boys	Elementary and middle school boys, primarily African American and Hispanic/Latino	U	Afterschool	Positive social relationships; positive sense of self; social-emotional competencies	Growth in confidence, competence, connection, character, and caring
Storytelling for Empowerment	Hispanic teenagers at risk for HIV, substance use, other risk behaviors	S	School	Cultural heritage; high perceived risks of substance use	Decreased alcohol use; increased resistance to use drugs or to peer pressure

U=Universal; S=Selective; and I=Indicated

Relationship-level Programs

Program	Population	IOM	Setting	Protective Factors	Outcomes
Adults in the Making	African American adolescents and their families	U	Community	Access to community resources; positive family functioning; social-emotional competencies	Less likely to increase alcohol use over time (especially high risk youth)
Brief Strategic Family Therapy	Hispanic/Latino or African American children and adolescents	S	Clinical	Positive family functioning; social-emotional competencies	Improvements in: psychodynamic ratings (e.g., intellectual functioning, ego functioning, self-concept, aggression control, emotional adjustment, relationships and psychosexual development); and family functioning
Early Risers: Skills for Success	Primarily African American elementary school students (ages 6 – 12) at risk for conduct problems	S	School, community	Academic abilities; positive family functioning; positive social relationships; social-emotional competencies	Gains in school adjustment and social competence; fewer symptoms of conduct disorder, oppositional defiant disorder, and major depressive disorder
Familias Unidas Preventive Intervention	Hispanic/Latino immigrant families with adolescent children	S	Home, school	Positive family functioning	Lower reported illicit drug use, reduction in alcohol dependence diagnosis, increased condom use
Families and Schools Together	Primarily Hispanic school-aged children (ages 6 – 12)	U	School, community	Academic abilities; positive family functioning; supportive school environment	Improved academic performance; improved social skills and reduced aggression in the classroom

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
Family Connections	Predominantly African American families with children (ages 0 -- 18) who meet risk criteria for child maltreatment	S	Home, community	Access to community resources; positive family functioning	Larger decrease in internalizing and externalizing behavioral problems among boys
Family Centered Treatment	Adolescent juvenile offenders and their families	S/I	Home, school, community	Positive family functioning	Decreased post-treatment residential placements; reduction in law violations
Fathers and Sons	African American fathers and sons (ages 8 – 12)	S	Community	Social-emotional competencies; positive family functioning	Increased communication about sex with fathers; increased intentions to avoid violence
Functional Family Therapy	Youth (ages 13 – 19) with substance abuse and delinquency, HIV risk behaviors, and/or depression and their families	I	Outpatient, home	Positive family functioning	Fewer days of marijuana use; more youth shifting from heavy to minimal marijuana use
Legacy for Children	Black and Hispanic children (ages 0 – 5) of limited resource mothers	S	Home, community	Positive family functioning	Less hyperactive; less likely to meet criteria for behavioral concerns; less likely to meet criteria for socio-emotional concerns
Multidimensional Family Therapy	Black and Hispanic substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, adolescents at high risk for continued substance	I	Clinical, correctional	Access to community resources; positive family functioning; social-emotional competencies	Decreased cannabis consumption; reduced alcohol use; reduced substance use problems and frequency; reduced delinquency; decreased internalized distress

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
Multidimensional Family Therapy (cont.)	use and other problem behaviors such as conduct disorder and delinquency				
Multisystemic Therapy for Juvenile Offenders	Predominantly African American troubled youth (ages 6 – 17)	S	Clinic, home, school and community	Access to community resources; positive family functioning; social-emotional competencies	Improved psychiatric symptoms; reduced arrests
ParentCorps	Young children of color (ages 3 – 6) in families living in low-income communities	S	Early childhood education, child care	Positive family functioning; social-emotional competencies	Increased effective parenting practices; decreased child behavior problems
Schools and Families Educating Children	Hispanic and African American first grade children and their families	U	School, community	Academic abilities; positive family functioning	Improved academic performance; better parent involvement in school; decreased aggression; decreased hyperactivity; increased leadership rating on social competence scale
Strong African-American Families	African-American youth (ages 10 – 14) and their caregivers	U	School, community center	High perceived risks of substance use; positive family functioning; positive sense of self; social-emotional competencies	Less likely to increase their involvement in conduct problems over time; less likely to initiate alcohol use
Start Taking Alcohol Risks Seriously	Middle school youth (ages 11 – 14) and their families	U	School, afterschool, clinic, home	High perceived risks of substance use; positive family functioning	Reduced risk of alcohol consumption

U=Universal; S=Selective; and I=Indicated

Community-level Programs

Program	Population	IOM	Setting	Protective Factors	Outcomes
Child-Parent Center	African American preschool children residing in primarily low-income neighborhoods	S	Community	Academic abilities; positive family functioning; supportive school environment	More likely to complete high school; more likely to earn a General Education Development (GED) degree
Classroom Consultation for Early Childhood Educators Program	Black and Hispanic children (ages 3 – 5)	U	School	Positive family functioning; social-emotional competencies; supportive school environment	Decreased behavioral concerns; increased healthy attachment to significant adults; increased self-control; increased initiative
Fast Track	At risk youth exhibiting aggression and disruptive behavior	S	School, community	Prosocial behaviors and involvement; social-emotional competencies	Increased social competence; decreased social cognition problems; decreased involvement with deviant peers; decreased conduct problems
HighScope	Young African American children (ages 0 – 5)	U	Preschool	Academic abilities; social-emotional competencies	Fewer arrests for drug crimes; lower rates of substance use, including sedatives, marijuana, and heroin; higher rates of employment
PAX Good Behavior Game	Predominantly African American elementary school children	U	School	Academic abilities; social-emotional competencies; supportive school environment	Performing better in math and reading; needing fewer special education services from grades 1 – 12; more likely to attend college; less likely to use tobacco, cocaine, or heroin by grade 8

Positive Approaches: Programs and Strategies At-a-Glance

Program	Population	IOM	Setting	Protective Factors	Outcomes
PeaceBuilders Prevention Program	Elementary school students	U	School	Prosocial behaviors and involvement; social emotional competencies; supportive school environment	Decreased aggression; increased social competence
Positive Action	Black and Hispanic elementary and middle school students (grades K – 8)	U	School	Prosocial behaviors and involvement; social-emotional competencies; supportive school environments	Less substance use; better social-emotional and character development scores
Project SUCCESS	Students ages 12 – 18	U	School	High perceived risks of substance use; social-emotional competencies; supportive school environment	Lower rates of having ever used marijuana; greater likelihood of reducing or stopping marijuana use

U=Universal; S=Selective; and I=Indicated

SECTION TWO: INDIVIDUAL-LEVEL PROGRAMS

Most prevention programs designed to bolster positive outcomes for youth of color aim for individual behavior change and target universal populations. However, only two programs (*Joven Noble; Sport Hartford Boys*) were designed for or evaluated specifically with boys and young men of color. The majority (n=15), were designed for or evaluated with youth of color (boys and girls). Five were designed for or evaluated with all youth, but demonstrate outcomes for youth of color.

If you look at the setting where these programs take place, the majority occur at school, either during or after school, which makes sense due to the amount of hours youth spend in that setting. Two programs predominately occur in the general community (*Big Brothers/Big Sisters; Prodigy*). One program (*Residential Student Assistance Program*) gets implemented at a residential child care facility, but that is with a selective population that is at high-risk and has multiple problems.

As for protective factors, social-emotional competencies were the most commonly identified protective factors associated with the prevention strategies included in this document. This coincides with the research suggesting that social-emotional competencies are associated with promoting well-being and preventing substance use and misuse.ⁱ Interestingly, regarding other protective factors, seven programs infused elements of cultural heritage into programming. Past research has demonstrated that having a strong cultural identification can make adolescents more able to benefit from protective factors than adolescents who do not have this strong identification.ⁱⁱ Three programs infuse Native American or Alaska Native traditions, one program infuses African traditions, one program infuses predominantly Hawaiian and Filipino traditions, and two programs infuse Hispanic/Latino traditions.

Programs that focus on strengthening individual assets are associated with reductions in behavioral problems generally and more specifically substance use (i.e., alcohol, cigarette, and marijuana) as well as improved psychosocial skills, school commitment and academic efficacy.

Individual-Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color

Joven Noble

CONTACT(S)	Jerry Tello, MA Phone: (626) 333-5033 Email: tellojt@aol.com	Richard Cervantes, PhD Phone: (310) 652-6449 Email: rccbeth@aol.com
Website: N/A		
DESCRIPTION	<p>The Joven Noble curriculum, designed to enhance protective factors among Hispanic/Latino youth and young men promotes the development of character, leadership, and “rites of passage.” In doing so, it seeks to prevent and reduce unplanned pregnancies, substance use and misuse, and violence in communities and relationships; and to promote responsible and respectful behavior in relationships. Facilitators deliver ten weekly sessions grounded in positive youth development theory and Latino cultural values. Sessions explore four main topics:</p> <ol style="list-style-type: none"> 1. Acknowledgement/<i>conocimiento</i> (e.g., social and cultural attachment), 2. Understanding/<i>entendimiento</i> (e.g., social and behavioral aspects of violence and aggression, goal-setting) 3. Integration/<i>integración</i> (e.g., cultural factors that can contribute to feelings of isolation and sadness) 4. Movement/<i>movimiento</i> (e.g., the intersection of physical and emotional development) 	
POPULATIONS	Male Hispanic/Latino youth and young men (ages 10 – 24)	
SETTINGS	School (high school), probation program, community alternative justice program	
PROTECTIVE FACTORS	Cultural heritage; social-emotional competencies	
EVALUATION DESIGN	Tello, Cervantes, & Santos, 2010: Prospective, quasi-experimental design with no control group, including pretest and posttest assessments; sample consisted of 683 adolescents (92% Hispanic/Latino, 100% male)	
EVALUATION MEASURES	<p><u>Tello et al., 2010</u>: Sexual Behavioral; Opinions About Sexual Behavior; Questions Regarding HIV/AIDS; HIV/AIDS Knowledge; the Children and Adolescent Prevention Scale (CAPS); Attitudes Toward Abstinence (ATA); Cultural Esteem; Hombres Jovenes Con Palabra (Tello et al., 2010)</p> <p><u>Tello et al., n.d.</u>: Cultural knowledge and beliefs; Psychosocial stress exposure; Attitudes toward couple violence (Tello et al., n.d.)</p>	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	Compared to the pretest assessment, the posttest assessment showed: <ul style="list-style-type: none"> • Increased cultural esteem (Tello, Cervantes, & Santos, n.d.) • Decreased psychosocial stress exposure (Tello, Cervantes, & Santos, n.d.) • Improved cultural knowledge and beliefs (Tello, Cervantes, Cordova, & Santos, 2010)
EVALUATION MEASURE & OUTCOME STUDIES	Tello, J., Cervantes, R. C., Cordova, D., & Santos, S. M. (2010). Joven Noble: Evaluation of a culturally focused youth development program. <i>Journal of Community Psychology, 38</i> (6), 799-811. Tello, J., Cervantes, R. C., & Santos, S. (n.d.). <i>Evaluation of the Joven Noble youth development program: San Jose study</i> . Beverly Hills, CA: Behavioral Assessment.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices

Sport Hartford Boys

CONTACT(S)	Rhema D. Fuller, PhD Phone: (607) 587-3464 Email: FullerRC@alfredstate.edu Website: N/A
DESCRIPTION	Sport Hartford Boys aims to help boys explore and develop their self-understanding, thus promoting healthy psychosocial development. Trained staff members visit youth afterschool for two hours, twice a week, for 24 weeks. During each visit, they assist youth with homework and then lead a lesson on sports, physical activity, life skills, or nutrition. Specific discussion topics include conflict resolution, peer pressure, respect, responsibility, accountability, and leadership. Staff members also offer periodic field trips to a university and sporting events.
POPULATIONS	Elementary and middle school boys, primarily African American and Hispanic/Latino
SETTINGS	Afterschool program
PROTECTIVE FACTORS	Positive social relationships; positive sense of self; social-emotional competencies
EVALUATION DESIGN	Prospective, qualitative design with voluntary assignment to intervention group, and including assessments at baseline, 12 weeks, 24 weeks, and end of intervention; sample of eight youth (75% Black, 25% Hispanic/Latino, 100% male)
EVALUATION MEASURES	Researcher created qualitative interview guides (Fuller, Percy, Bruening, & Cotrufo, 2013)

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to baseline assessment, participants demonstrated growth in (Fuller et al., 2013):</p> <ul style="list-style-type: none"> • Competence • Confidence • Connection • Character • Caring
EVALUATION MEASURE & OUTCOME STUDIES	<p>Fuller, R. D., Percy, V. E., Bruening, J. E., & Cotrufo, R. J. (2013). Positive youth development: Minority male participation in a sport-based afterschool program in an urban environment. <i>Research Quarterly For Exercise and Sport</i>, 84(4), 469-482.</p>
ACKNOWLEDGED BY	N/A

Individual-Level Programs Designed for and/or Evaluated with Youth of Color

Adolescent Decision-Making for the Positive Youth Development Collaborative

CONTACT(S)	Jacob Kraemer Tebes, PhD Phone: (203) 789-7645 Email: jacob.tebes@yale.edu
	Website: N/A
DESCRIPTION	Adolescent Decision-Making for the Positive Youth Development Collaborative (ADM-PYDC) aims to promote well-being and prevent substance use among youth in afterschool programs. Trained leaders deliver 18 sessions covering stress management, decision-making skills and their application, information about drugs and alcohol, and goal-setting for healthy lifestyles. The curriculum includes separate versions for middle and high school students, and incorporates cultural heritage materials tailored to African American and Hispanic/Latino youth.
POPULATIONS	Adolescents (middle and high school students)
SETTINGS	Afterschool program
PROTECTIVE FACTORS	High perceived risks of substance use; social-emotional competencies
EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to intervention or control group, and including assessments pretest, posttest, and 1 year following the pretest; sample of 304 adolescents (76% African American, 20% Hispanic/Latino, 53% male)
EVALUATION MEASURES	Center for Substance Abuse Prevention (CSAP) Student Survey (Risk of Harm Scale, Drug Beliefs Scale, Substance Use Behavior Scale; CSAP, 2001)
EVALUATION OUTCOME(S)	Compared to the control group, intervention participants showed (Tebes et al., 2007): <ul style="list-style-type: none"> • Increased perception of the harms of substance use. • Lower increase in substance use one year after the start of the program.
EVALUATION MEASURE REF.	Center for Substance Abuse Prevention. (2001). <i>Student survey</i> . SAMHSA. Rockville, MD: U.S. Government Printing Office.
EVALUATION STUDIES	Tebes, J. K., Feinn, R., Vanderploeg, J. J., Chinman, M. J., Shepard, J., Brabham, T., ... & Connell, C. (2007). Impact of a positive youth development program in urban after-school settings on the prevention of adolescent substance use. <i>Journal of Adolescent Health, 41</i> (3), 239-247.
ACKNOWLEDGED BY	N/A

Family and Community Violence Prevention

CONTACT(S)	<p>Laxley W. Rodney, PhD Phone: (936) 261-3656 Email: lwrodney@pvamu.edu</p> <p>Website: N/A</p>
DESCRIPTION	<p>The Family and Community Violence Prevention (FCVP) program comprehensively addresses youth violence prevention through culturally tailored academic, extracurricular, and social components. The program addresses factors that place youth at risk for violence and implements strategies to promote protective factors and prevent youth violence. Family Life Centers, established at minority-serving colleges and universities, implement a curriculum with six foci:</p> <ol style="list-style-type: none"> 1. Academic development (e.g., building cognitive and study skills) 2. Personal development (e.g., managing problems and aggression constructively) 3. Family bonding (e.g., improving family relationships and coping mechanisms) 4. Cultural enrichment (e.g., learning about cultural arts) 5. Recreational enrichment (e.g., practicing relaxation and other aspects of healthy lifestyles) 6. Career development (e.g., exploring fields and career paths).
POPULATIONS	Minority youth (elementary, middle, and high school students) at risk for violence
SETTINGS	Minority-serving college or university
PROTECTIVE FACTORS	Academic abilities; social-emotional competencies; supportive school environment
EVALUATION DESIGN	Prospective, quasi-experimental design with intervention and comparison groups, and including pretest and posttest assessments; sample of 2,548 youth (72% African American, 10% Hispanic/Latino, 7% Native American, 8% Native Hawaiian, 58% male)
EVALUATION MEASURES	Wide Range Achievement Test Third Edition (WRAT 3; Wilkinson, 1993); School Bonding Index Revised (SBI-R; see Appendix A – Rodney, Johnson, & Srivastava, 2005); Violence Risk Assessment Inventory (VRAI; see Appendix B – Rodney et al., 2005)
EVALUATION OUTCOME(S)	<p>Relative to the comparison group, intervention participants showed (Rodney, Johnson, & Srivastava, 2005):</p> <ul style="list-style-type: none"> • Reduced involvement in violence • Fewer risky behaviors (especially for boys younger than 12)

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURES REFERENCES	Rodney, L. W., Johnson, D. L., & Srivastava, R. P. (2005). The impact of culturally relevant violence prevention models on school-age youth. <i>The Journal of Primary Prevention</i> , 26(5), 439-454. Wilkinson, G. S. (1993). <i>The Wide Range Achievement Test (WRAT 3): Administration manual</i> . Wilmington, DE: Wide Range.
EVALUATION STUDIES	Rodney, L. W., Johnson, D. L., & Srivastava, R. P. (2005). The impact of culturally relevant violence prevention models on school-age youth. <i>The Journal of Primary Prevention</i> , 26(5), 439-454.
ACKNOWLEDGED BY	N/A

Grief and Trauma Intervention for Children

CONTACT(S)	Alison Salloum, PhD Phone: (813) 9741535 Email: asalloum@usf.edu Website: http://www.childrens-bureau.com/gti
DESCRIPTION	Grief and Trauma Intervention (GTI) for Children endeavors to alleviate children’s symptoms of post-traumatic stress, depression, and traumatic grief that have resulted from witnessing or being victimized by violence or disaster, or from witnessing or experiencing the death of a loved one, including death by homicide. Mental health clinicians conduct ten hour-long sessions with children—one-on-one or in groups, with one session including parents. Sessions use developmentally and culturally appropriate techniques from cognitive behavioral therapy and narrative therapy. Clinicians engage children’s thoughts and feelings while constructing a clear narrative of the trauma through drawing, writing, discussing, making meaning of loss, and building positive coping strategies. Play and the visual and dramatic arts are incorporated throughout. Common discussion topics include nightmares, questioning, anger, and guilt. Sessions are linguistically and culturally tailored, especially when discussing concepts of death and spirituality, coping strategies, and historical occurrences.
POPULATIONS	Children (ages 7 – 12) with post-traumatic stress
SETTINGS	Home, school, afterschool program, community center
PROTECTIVE FACTORS	Social-emotional competencies
EVALUATION DESIGN	Salloum & Overstreet, 2008: Prospective, experimental design with random assignment to individual or group therapy and including pretest, posttest, and 3-week assessments; sample of 56 children (89% African American, 62% male) Salloum & Overstreet, 2012: Prospective, experimental design with random assignment to one of two intervention groups (coping skills only, or coping skills and narrative processing) and including pretest, posttest, and 3- and 12-month

Positive Approaches: Programs and Strategies At-a-Glance

	assessments; sample of 70 children (100% African American, 56% male)
EVALUATION MEASURES	<p>Salloum & Overstreet, 2008: Disaster Experience Questionnaire (Scheeringa & Zeanah, 2008); UCLA Posttraumatic Stress Disorder Index for DSM-IV (UCLA-PTSD-Index; Pynoos, Rodriquez, Steinberg, Stuber, & Frederick, 1998); The Mood and Feelings Questionnaire-Child Version (MFQ-C; Angold & Costello, 1987); UCLA Grief Inventory-Revised (Layne, Poppleton, Saltzman, & Pynoos, 2006)</p> <p>Salloum & Overstreet, 2012: Things I Have Seen and Heard survey (Richters & Martinez, 1993); Hurricane Exposure Scale (Salloum, Carter, Burch, Garfinkel, & Overstreet, 2010); UCLA Posttraumatic Stress Disorder Index for DSM-IV (UCLA-PTSD-Index; Pynoos, Rodriquez, Steinberg, Stuber, & Frederick, 1998); The Mood and Feelings Questionnaire-Child Version (MFQ-C; Angold & Costello, 1987); Extended Grief Inventory (Brown & Goodman, 2005; Layne, Savjak, Saltzman, & Pynoos, 2001); Measure of Distress (Salloum & Overstreet, 2008); Multidimensional scale of perceived social support (Canty-Michell & Zimet, 2000; Zimet, Dahlem, Zimet, & Farley, 1988); Child behavior checklist (Achenbach & Rescorla, 2001)</p>
EVALUATION OUTCOME(S)	<p>Following the interventions, participants reported:</p> <ul style="list-style-type: none"> • Reduced symptoms of post-traumatic stress, depression, and traumatic grief (Salloum & Overstreet, 2008; Salloum & Overstreet, 2012).
EVALUATION MEASURE REFERENCES	<p>Angold, A., & Costello, E. J. (1987). <i>Mood and Feelings Questionnaire</i>. Durham, NC: Developmental Epidemiology Program, Duke University. Retrieved from http://devepi.mc.duke.edu/mfq.html</p> <p>Achenbach, T. M., & Rescorla, L. A. (2001). <i>Manual for the ASEBA school-age forms & profiles</i>. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.</p> <p>Brown, E. J., & Goodman, R. F. (2005). Childhood traumatic grief: an exploration of the construct in children bereaved on September 11. <i>Journal of Clinical Child and Adolescent Psychology, 34</i>, 248-259.</p> <p>Canty-Michell, J., & Zimet, G. D. (2000). Psychometric properties of the multidimensional scale of perceived social support in urban adolescents. <i>American Journal of Community Psychology, 28</i>, 391-400.</p> <p>Layne, C. M., Poppleton, L. E., Saltzman, W. R., & Pynoos, R. S. (2006). <i>Measuring grief responses in traumatically bereaved adolescents: Recent advances in test development using multiple samples</i>. Manuscript submitted for publication.</p> <p>Layne, C. M., Savjak, N., Saltzman, W. R., & Pynoos, R. S. (2001). <i>Extended grief inventory</i>. University of California at Los Angeles and Brigham Young University.</p> <p>Pynoos, R. S., Rodriquez, N., Steinberg, A., Stuber, M., & Frederick, C. (1998). <i>The UCLA Posttraumatic Stress Reaction Index for DSM-IV</i>. Los Angeles, CA: UCLA Trauma Psychiatric Program.</p> <p>Richters, J. E., & Martinez, P. (1993). The NIMH community violence project: I. Children as victims of and witnesses to violence. <i>Psychiatry: Interpersonal & Biological Processes, 56</i>, 7-21.</p> <p>Salloum, A., Carter, P., Burch, B., Garfinkel, A., & Oversteet, S. (2010). Impact of exposure to community violence, Hurricane Katrina, and Hurricane Gustav on</p>

Positive Approaches: Programs and Strategies At-a-Glance

	<p>posttraumatic stress and depressive symptoms. <i>Anxiety, Stress and Coping</i>, 24(1), 27-42.</p> <p>Scheeringa, M. S., & Zeanah, C. H. (2008). Reconsideration of harm’s way: Onsets and comorbidity patterns of disorders in preschool children and their caregivers following Hurricane Katrina. <i>Journal of Clinical Child and Adolescent Psychology</i>, 37(3), 508–518.</p> <p>Zimet, G. D., Dahlem, N.W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. <i>Journal of Personality Assessment</i>, 52, 30-41.</p>
EVALUATION STUDIES	<p>Salloum, A., & Overstreet, S. (2008). Evaluation of individual and group grief and trauma interventions for children post disaster. <i>Journal of Clinical Child and Adolescent Psychology</i>, 37(3), 495-507.</p> <p>Salloum, A., & Overstreet, S. (2012). Grief and trauma intervention for children after disaster: Exploring coping skills versus trauma narration. <i>Behaviour Research and Therapy</i>, 50(3), 169-179.</p>
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices

I Can Problem Solve

CONTACT(S)	<p>Mary Beth Johns, MSW Phone: (302) 345-6301 Email: marybjohns@gmail.com</p> <p>Myrna B. Shure, PhD Phone: (215) 762-7205 Email: mshure@drexel.edu</p>
	<p>Website: www.thinkingchild.com</p>
DESCRIPTION	<p>I Can Problem Solve (ICPS) is a universal program that builds children’s interpersonal cognitive processes and problem-solving skills, aiming to prevent and reduce early-onset risk behaviors (e.g., impulsivity, social withdrawal) and to promote prosocial behaviors (e.g., concern for others, positive peer relationships). Teachers deliver age- specific lessons—lasting twenty minutes, three to five times per week over the school year— that teach children how to talk about problem-solving, understand their own feelings and those of others, recognize consequences of an action, and come up with alternate solutions to problems. Concepts are not presented in black-and-white terms; rather they are explored through games, stories, puppets, illustrations, and role-plays. ICPS also provides strategies for integrating problem-solving concepts into daily classroom activities.</p>
POPULATIONS	Children (ages 4 – 12)
SETTINGS	School (preschool through intermediate elementary school)
PROTECTIVE FACTORS	Prosocial behaviors and involvement; social-emotional competencies

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION DESIGN	<p>Boyle & Hassett-Walker, 2008: Prospective, quasi-experimental design with assignment to intervention or control groups, and including assessments at pretest and at one and two years; sample of 226 students (80% Hispanic/Latino, approximately 45% male)</p> <p>Shure & Spivack, 1982: Prospective, quasi-experimental design with assignment to intervention or control groups and including assessments at pretest and at one and two years; sample of 219 students (100% Black, 44% male)</p>
EVALUATION MEASURES	<p><u>Boyle & Hassett-Walker, 2008</u>: Preschool Social Behavior Scale (PSBS; Crick et al.,1997); Hahnemann Behavior Rating Scale (HBRS; Shure, 2002)</p> <p><u>Shure & Spivack, 1982</u>: Preschool Interpersonal Problem-Solving (PIPS) Test (Shure & Spivack, 1974); What Happens Next Game (WHNG; Shure & Spivack, 1975); Hahnemann Preschool Behavior (HPSB) Scale (Shure & Spivack, 1975)</p>
EVALUATION OUTCOME(S)	<p>Compared to the control group, participants in the ICPS intervention showed:</p> <ul style="list-style-type: none"> • Increased prosocial behaviors (Boyle & Hassett-Walker, 2008). • Reduced aggressive behaviors (Boyle & Hassett-Walker, 2008). • Lower likelihood to begin showing behavioral difficulties over a 2-year period (Shure & Spivack, 1982).
EVALUATION MEASURE REFERENCES	<p>Crick, N. R., Casas, J. F. & Mosher, M. (1997), Relational and overt aggression in pre-school. <i>Developmental Psychology</i>, 33(4), 579-588.</p> <p>Shure, M. B. (2002). <i>Hahnemann Behavior Rating Scale</i>. Unpublished instrument, Hahnemann University.</p> <p>Shure, M. B., & Spivack, G. (1975). <i>A mental health program for preschool and kindergarten children, and a mental health program for mothers of young children: An interpersonal problem solving approach toward social adjustment. A comprehensive report of research and training</i> (No. MH-20372). Washington, D.C.: National Institute of Mental Health.</p> <p>Shure, M. B., & Spivack, G. (1974). <i>Preschool interpersonal problem-solving (PIPS) test: Manual</i>. Philadelphia: Department of Mental Health Sciences, Hahnemann Medical College and Hospital.</p>
EVALUATION STUDIES	<p>Boyle, D., & Hassett-Walker, C. (2008). Reducing overt and relational aggression among young children: The results from a two-year outcome evaluation. <i>Journal of School Violence</i>, 7(1), 27-42.</p> <p>Shure, M. B., & Spivack, G. (1982). Interpersonal problem-solving in young children: A cognitive approach to prevention. <i>American Journal of Community Psychology</i>, 10(3), 341-356.</p>
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices

Keepin' It REAL

CONTACT(S)	Scott Gilliam Phone: (800) 223-3273 Email: scott.gilliam@dare.org	Michael Hecht, PhD Phone: (814) 863-3545 Email: mhecht@psu.edu
Website: www.kir.psu.edu/index.shtml		
DESCRIPTION	Keepin' it REAL aims to prevent and reduce substance use among students by teaching them to assess the risks of substance use, improve their beliefs and attitudes about substance use, and use strategies for decision-making and resistance. Trained teachers deliver a curriculum in 10 weekly, 45-minute sessions plus booster sessions the following year. Lessons emphasize resistance strategies using the “REAL” acronym: <ul style="list-style-type: none"> • Refuse offers to use substances. • Explain why you do not want to use substances. • Avoid situations in which substances are used. • Leave situations in which substances are used. Program content is tailored to incorporate cultural and ethnic values and practices that protect against substance use.	
POPULATIONS	Students (ages 12 – 14)	
SETTINGS	School	
PROTECTIVE FACTORS	High perceived risks of substance use; social-emotional competencies	
EVALUATION DESIGN	Hecht et al., 2003: Prospective, experimental design with random assignment to intervention or control groups, and including baseline assessment and follow-up assessments over two years; sample of 6,035 students (55% Mexican/Mexican American; 19% Hispanic/Latino other than Mexican/Mexican American; 9% African American; approximately 50% male) Kulis et al., 2005: Prospective, experimental design with random assignment to one of three intervention groups or a control group, and including pretest and posttest (14 months after intervention) assessments; sample of 3,402 students (100% Mexican American, Mexican, Chicano; 51% male)	
EVALUATION MEASURES	Hecht et al., 2003: Substance use scale items (modified from Flannery, Vazsonyi, Torquati, & Fridrich, 1994); Self-Efficacy Scale (Kasen, Vaughan, & Walter, 1992); Resistance Strategies Measures (Hecht et al., 2003); Expectancies measure (Hansen & Graham, 1991); Focus Theory of Norms (Cialdini, Reno, & Kallgren, 1990) Kulis et al., 2005: Substance use scale items (modified from Flannery, Vazsonyi, Torquati, & Fridrich, 1994); Focus Theory of Norms (Cialdini et al., 1990); Self-Efficacy Scale (Kasen, Vaughan, & Walter, 1992); Expectancies measure (Hansen & Graham, 1991)	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to the control group, Hispanic/Latino students in the intervention group reported:</p> <ul style="list-style-type: none"> • Less substance use (Kulis et al., 2005). • Stronger intentions to refuse substances (Kulis et al., 2005). • Greater confidence in their ability to refuse substances (Kulis et al., 2005). • Adopting more strategies to resist alcohol, cigarettes, and marijuana (Hecht et al., 2003).
EVALUATION MEASURE REFERENCES	<p>Cialdini, R., Reno, R., & Kallgren, C. (1990). A focus theory of normative conduct: Recycling the concept of norms to reduce littering in public places. <i>Journal of Personality and Social Psychology</i>, 58, 1015–1026.</p> <p>Flannery, D. J., Vazsonyi, A. T., Torquati, J., & Fridrich, A. (1994). Ethnic and gender differences in risk for early adolescent substance use. <i>Journal of Youth and Adolescence</i>, 23(2), 195– 213.</p> <p>Hansen, W. B., & Graham, J. W. (1991). Prevention alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. <i>Preventive Medicine</i>, 20, 414–430.</p> <p>Kasen, S., Vaughan, R. D., & Walter, H. J. (1992). Self-efficacy for AIDS preventive behaviors among 10th grade students. <i>Health Education Quarterly</i>, 9, 187–202.</p>
EVALUATION STUDIES	<p>Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P., & Miller-Day, M. (2003). Culturally grounded substance use prevention: An evaluation of the keepin' it REAL curriculum. <i>Prevention Science</i>, 4(4), 233-248.</p> <p>Kulis, S., Marsiglia, F. F., Elek-Fisk, E., Dustman, P., Wagstaff, D., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and keepin' it REAL: An evidence-based, substance abuse prevention program. <i>Children and Schools</i>, 27(3), 133-145.</p>
ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices</p>

Peacemakers

CONTACT(S)	Jeremy Shapiro, PhD Phone: (216) 292-2710 Email: jeremyshapiro@yahoo.com Website: N/A
DESCRIPTION	Peacemakers aims to prevent violence by teaching students positive attitudes and values regarding violence and helping them build key socioemotional skills. Trained teachers or youth-serving professionals deliver a universal curriculum over 18 classroom-based sessions lasting 45 minutes. Topics include examining attitudes and values regarding violence and self-concept, managing anger, maintaining positive self-perception, avoiding and resolving conflict, solving problems, communicating well, behaving assertively, resisting negative peer pressure, and providing positive peer pressure. Peacemakers offers additional components for students referred for aggressive behavior. Group discussion, role-play, handouts, and experiential exercises make the program interactive; and story-based reading and writing activities integrate the program with the school’s academic lessons.
POPULATIONS	Elementary and middle school students
SETTINGS	School (elementary and middle school)
PROTECTIVE FACTORS	Positive sense of self; social-emotional competencies
EVALUATION DESIGN	Prospective quasi-experimental design with assignment to intervention or control group and with pretest and posttest assessments; sample of 1,822 students (88% African American, 50% male).
EVALUATION MEASURES	Attitudes toward Guns and Violence Questionnaire (AGVQ; Shapiro, 2000; Shapiro, Burgoon, Welker, & Clough, 1997); Knowledge of Psychosocial Skills (Shapiro, Burgoon, Welker & Clough, 2002); Aggressive Behavior Checklist (ABC; Shapiro, 2000)
EVALUATION OUTCOME(S)	Compared to the control group, students in the intervention group showed (Shapiro et al., 2002) ³ : <ul style="list-style-type: none"> • Increased knowledge of psychosocial skills. • Decreased aggression. • Fewer aggression-related disciplinary incidents and suspensions.
EVALUATION MEASURE REFERENCES	Shapiro, J.P. (2000). <i>Attitudes toward Guns and Violence Questionnaire: Manual</i> . Los Angeles, CA: Western Psychological Services. Shapiro, J.P., Dorman, R.L., Burkey, W.M., Welker, C.J., & Clough, J.B. (1997). Development and factor analysis of a measure of youth attitudes toward guns and violence. <i>Journal of Clinical Child Psychology</i> , 26, 311–320.

³ Shapiro et al., 2002 suggested that the intervention effects were stronger for boys than for girls.

EVALUATION STUDIES	Shapiro, J. P., Burgoon, J. D., Welker, C. J., & Clough, J. B. (2002). Evaluation of the Peacemakers program: School-based violence prevention for students in grades four through eight. <i>Psychology in the Schools</i> , 39(1), 87-100.
ACKNOWLEDGED BY	The Athena Forum: www.theathenaforum.org

Penn Resiliency Program

CONTACT(S)	Jane Gillham, PhD Email: info@pennproject.org	Karen Reivich, PhD Email: info@pennproject.org
	Website: https://ppc.sas.upenn.edu/services/penn-resilience-training	
DESCRIPTION	The Penn Resiliency Program (PRP) uses a curriculum to teach groups of students about cognitive-behavioral and social problem-solving skills that can be applied to their relationships and academics. Trained specialists, graduate students, mental health professionals, or school teachers and counselors deliver the program, usually in 12 90-minute or in 18- 24 60-minute sessions. Topics include identifying inaccurate thoughts, evaluating the accuracy of those thoughts, and considering alternative interpretations. Students also learn resilience skills such as solving interpersonal problems, coping with hard situations and emotions, being assertive, negotiating, making decisions, and practicing relaxation. PRP uses skits, role-plays, short stories, and cartoons to illustrate program content. Students practice new skills using activities that emulate real-life situations; and program leaders encourage students to apply their skills in their homework and daily lives.	
POPULATIONS	Late elementary and middle school students	
SETTINGS	School (elementary and middle school), community	
PROTECTIVE FACTORS	Social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group and including assessments at baseline, program completion, and 3, 6, 12, and 24 months following completion; sample of 168 students (65% African American, 31% Hispanic/Latino, 50% male)	
EVALUATION MEASURES	Children’s Depression Inventory (CDI; Kovacs, 1985); Automatic Thoughts Questionnaire (ATQ; Kazdin, 1990); Hopelessness Scale (H-Scale; Kazdin, Rodgers, & Colbus, 1986); Self-Perception Profile for Children (SPPC; Harter, 1982, 1985)	
EVALUATION OUTCOME(S)	Compared to the control group, Hispanic/Latino ⁴ youth in the intervention group reported (Cardemil et al., 2007): <ul style="list-style-type: none"> • Fewer negative or hopeless thoughts for youth who were initially symptomatic. 	

⁴ Evaluation did not confirm effectiveness of intervention for African American youth as compared to control group.

EVALUATION MEASURE REFERENCES	<p>Harter, S. (1982). The perceived competence scale for children. <i>Child Development</i>, 53, 87–97.</p> <p>Harter, S. (1985). <i>Manual for the social support scale for children and adolescents</i>. Denver, CO: University of Denver.</p> <p>Kazdin, A. E. (1990). Evaluation of the automatic thoughts questionnaire: Negative cognitive processes and depression among children. <i>Psychological Assessment</i>, 2, 73–79.</p> <p>Kazdin, A. E., Rodgers, A., & Colbus, D. (1986). The hopelessness scale for children: Psychometric characteristics and concurrent validity. <i>Journal of Consulting and Clinical Psychology</i>, 54, 241–245.</p> <p>Kovacs, M. (1985). The Children’s Depression Inventory (CDI). <i>Psychopharmacology Bulletin</i>, 21, 995–1124</p>
EVALUATION STUDIES	<p>Cardemil, E., Reivich, K. J., Beevers, C. G., Seligman, M. E. P., & James, J. (2007). The prevention of depressive symptoms in low-income, minority children: Two-year follow-up. <i>Behaviour Research and Therapy</i>, 45(2), 313-327.</p>
ACKNOWLEDGED BY	N/A

Pono Curriculum

CONTACT(S)	<p>Richard Kim, PhD Phone: (808) 593-1998 Email: rkim@tcgoc.com Website: N/A</p>
DESCRIPTION	<p>The Pono Curriculum is an interactive, school-based curriculum centered around 21 Native Hawaiian spiritual and cultural values, such as communication, cooperation, conflict resolution, honesty, patience, and generosity. The curriculum seeks to prevent youth substance use by teaching that substance use affects not only individuals, but also their interconnected families, friends, communities, and the environment. It encourages youth to live by the 21 values to build their self-confidence, understanding of Hawaiian spirituality and culture, and pride in their cultural heritage. Program staff members deliver eight, two-hour weekly sessions that cover communication and conflict resolution skills, positive family and community relationships, and the risks associated with substance use.</p>
POPULATIONS	Troubled and at-risk adolescents on the island of Hawaii
SETTINGS	School (middle school)
PROTECTIVE FACTORS	Cultural heritage; high perceived risks of substance use; positive sense of self; social-emotional competencies

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION DESIGN	Prospective, quasi-experimental design including pretest and posttest assessments; sample of 155 youth (58% Native Hawaiian, 25% Filipino ⁵ , 55% male)
EVALUATION MEASURES	School Commitment (Hawkins, Arthur, Pollard, Catalano, & Baglioni, 2001); Family Relations/Cohesion Scale (Liddle & Rowe, 1998); Self Esteem Scale (Rosenberg, 1965); Problem Solving (Zane, 1992); Cultural Pride (Zane, 1992); Resistance to Negative Peer Pressure Scale (Zane, 1992); GPRA instrument (CSAP, 2003)
EVALUATION OUTCOME(S)	Compared to pretest, intervention participants reported at posttest (Kim et al., 2007): <ul style="list-style-type: none"> • Increased school commitment. • Increased self-esteem. • Increased perception of harm from substance use.
EVALUATION MEASURE REFERENCES	Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, A.J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Manuscript submitted for publication. Center for Substance Abuse Prevention. (2003). <i>GPRA (government performance results act survey)</i> . Rockville, MD: Author. Liddle, H.A., & Rowe, C. (1998). <i>Family measures in drug abuse prevention</i> . NIDA Monograph. Rosenberg, M. (1965). <i>Society and the adolescent self-image</i> . Princeton, NJ: Princeton University Press. Zane, N. (1992). <i>Unpublished measure</i> . San Francisco, CA: Four Winds Research Corporation.
EVALUATION STUDIES	Kim, R., Withy, K., Jackson, D., & Sekaguchi, L. (2007). Initial assessment of a culturally tailored substance abuse prevention program and applicability of the risk and protective model for adolescents of Hawai'i. <i>Hawaii Medical Journal</i> , 66(5), 118-123.
ACKNOWLEDGED BY	N/A

⁵ Many youth were multiethnic and selected multiple ethnicities in baseline survey.

Project Life – Digital Storytelling

CONTACT(S)	Lisa Wexler, PhD Phone: (413) 545-2248 Email: lwexler@schoolph.umass.edu Website: N/A
DESCRIPTION	Project Life seeks to strengthen health outcomes for Alaskan students—most of whom are Alaska Native—by engaging them in workshops to produce digital stories, which are short videos incorporating photography, music, and narration. Project staff deliver one five-day, afterschool workshop in an Alaska Native village. They encourage youth to share their videos online.
POPULATIONS	Alaska Native youth
SETTINGS	Afterschool program
PROTECTIVE FACTORS	Cultural heritage; positive sense of self; positive social relationships
EVALUATION DESIGN	Qualitative design including exit surveys and interviews; sample of 299 youth
EVALUATION MEASURES	Researcher created qualitative interview protocol
EVALUATION OUTCOME(S)	Participants reported that making and watching their videos (Wexler et al., 2012): <ul style="list-style-type: none"> • Made them realize how many people cared about them. • Served as a memento of the happy times in their lives. • Increased their technology skills. • Led to a sense of achievement.
EVALUATION MEASURE & OUTCOME STUDIES	Wexler, L., Gubrium, A., Griffin, M., & DiFulvio, G. (2012). Promoting positive youth development and highlighting reasons for living in Northwest Alaska through digital storytelling. <i>Health Promotion Practice, 14</i> (4), 617-623.
ACKNOWLEDGED BY	N/A

Project Venture

CONTACT(S)	McClellan (Mac) Hall Phone: (505) 722-9176 Email: machall@niylp.org	Susan Carter, PhD Phone: (505) 508-2232 Email: susanleecarter@comcast.net Website: www.projectventure.org
DESCRIPTION	Project Venture aims to help youth—primarily American Indian youth— resist substance use by building their social and emotional competence. Project staff lead games and activities in classrooms; experiential activities (e.g., hiking, camping) after school, on weekends, and during summers; extended adventure camps and wilderness treks during summers; and community-focused service learning and service leadership activities throughout the year. The program teaches topics such as developing a positive self-concept, community service ethic, and internal locus of control; and builds decision-making, problem-solving, and social skills. All activities are strengths-based and centered around American Indian values about the role of family, learning from the natural world, spiritual awareness, service to others, and respect.	
POPULATIONS	American Indian youth (grades 5 – 8)	
SETTINGS	School (elementary and middle school), afterschool program, community	
PROTECTIVE FACTORS	Cultural heritage; positive sense of self; prosocial behaviors and involvement; social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including assessments at baseline and at six and 18 months; sample of 397 students (76% American Indian, 50% male)	
EVALUATION MEASURES	Unavailable	
EVALUATION OUTCOME(S)	Compared to the control group, participants in the intervention group reported (Carter, Straits, & Hall, 2007): <ul style="list-style-type: none"> • Lower increase of substance use over time. 	
EVALUATION STUDIES	Carter, S., Straits, K. J. E., & Hall, M. (2007). Project Venture: Evaluation of an experiential, culturally-based approach to substance abuse prevention with American Indian youth. <i>Journal of Experiential Education</i> , 29(3), 397-400.	
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices	

Red Cliff Wellness School Curriculum

CONTACT(S)	Eva Petoskey, MS Phone: (231) 357-4886 Email: epetoskey@centurytel.net	Ron DePerry Phone: (745) 779-3755 Email: ron_deperry@yahoo.com
	Website: N/A	
DESCRIPTION	The Red Cliff Wellness School Curriculum seeks to reduce risk factors and enhance protective factors associated with substance use. Trained teachers deliver 20-30 lessons, using separate versions for grades K-3, 4-6, and 7-12. Topics include understanding emotions as well as the values of sharing, respect, honesty, and kindness. Teachers lead Talking Circles, interactive small-group process activities, individual workbook activities, and collaborative activities for older students. The original school curriculum—developed by the First American Prevention Center, which is part of the Red Cliff Band of Lake Superior Chippewa—is based on American Indian traditions and cultures. It is situated in a broader wellness initiative that also includes a community-based curriculum and home wellness kit. The school curriculum has also been adapted for schools with diverse student populations, some of which have a small percentage of non-Native students.	
POPULATIONS	Students (grades K – 12)	
SETTINGS	School	
PROTECTIVE FACTORS	Cultural heritage; social-emotional competencies; supportive school environment	
EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to intervention or control group, and including pretest and posttest; sample of 251 students (74% American Indian, 50% male)	
EVALUATION MEASURES	First American Prevention Center Student Survey which incorporated items from Monitoring the Future (Johnston, O’Malley, Bachman, & Schulenberg, 2011), the National Household Survey (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000), and the Primary Prevention and Awareness, Attitudes, and Usage Scales (Swisher, 1988)	
EVALUATION OUTCOME(S)	Compared to the control group, participants in the intervention group reported (Petoskey, Van Stelle, & De Jong, 1998): <ul style="list-style-type: none"> • Slower rate of increase in alcohol use. • Smaller increase in intention to use marijuana. 	
EVALUATION MEASURE REFERENCES	Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2011). <i>Monitoring the Future national results on adolescent drug use: Overview of key findings, 2010</i> . Ann Arbor: Institute for Social Research, The University of Michigan. Substance Abuse and Mental Health Services Administration. (2000). <i>National Household Survey on Drug Abuse Series: H-11. National Household Survey on Drug Abuse Main Findings, 1998</i> . Office of Applied Studies. DHHS Pub. No. (SMA) 00-3381. Swisher, J.D. (1988) <i>Primary Prevention and awareness, attitudes, and usage scales</i> . State	

Positive Approaches: Programs and Strategies At-a-Glance

	College: PA.
EVALUATION STUDIES	Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), <i>Substance abuse prevention in multicultural communities</i> (pp. 147- 162). New York: Haworth Press.
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices The Athena Forum: www.theathenaforum.org

Residential Student Assistance Program

CONTACT(S)	Ellen Morehouse, LCSW, CASAC, CPP Phone: (914) 332-1300 Email: sascorp@aol.com	Bonnie Fenster, PhD Phone: (914) 332-1300 Email: bonnie.fenster@sascorp.org
	Website: www.sascorp.org/RSAP.html	
DESCRIPTION	The Residential Student Assistance Program (RSAP) aims to prevent and reduce substance use among youth in residential child care facilities. Masters-level counselors deliver coordinated services over 20-24 weeks that are integrated with the rest of youth’s care in the facilities. Services include assessment for all youth as they enter the facilities, eight sessions on prevention education, group and individual counseling for youth who are using substances or who have substance-abusing parents, and referral to substance abuse treatment as needed. These services promote wellness and address factors associated with substance use, such as emotional problems, mental disabilities, parental abuse and neglect, and parental substance abuse. Counselors also lead facility-wide activities; they raise awareness, train and consult staff on substance use prevention, and establish task forces for staff and residents that seek to improve facility culture and norms about substance use and to increase referrals to the program.	
POPULATIONS	High-risk multiproblem youth (ages 12 – 18) who have been placed voluntarily or involuntarily in a residential child care facility	
SETTINGS	Foster care facility, treatment center for adolescents with mental health problems, juvenile correctional facility	
PROTECTIVE FACTORS	Social-emotional competencies	
EVALUATION DESIGN	Prospective, quasi-experimental design with control group and including pretest and posttest assessments; sample of 507 youth (59% Black, 26% Hispanic/Latino, 83% male)	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURES	Monitoring the Future questionnaire (Johnston, O’Malley, & Bachman, 1989); Community Oriented Programs Environment Scale (COPEs; Moos, 1988)
EVALUATION OUTCOME(S)	Compared to the control group, RSAP participants showed (Morehouse & Tobler, 2000): <ul style="list-style-type: none"> • Reduced amount of drugs used. • Reduced number of drugs used.
EVALUATION MEASURE REFERENCES	Johnston, L., O’Malley, P., & Bachman, J. (1989). <i>Drug use, drinking, and smoking: National survey results from high school, college, and young adult populations, 1975-1988</i> . Washington, DC: U.S. Department of Health and Human Services. Moos, R. (1988). <i>Community-Oriented Programs Environment Scale manual</i> (2 nd ed.). Palo Alto, CA: Consulting Psychologists Press.
EVALUATION STUDIES	Morehouse, E., & Tobler, N. S. (2000). Preventing and reducing substance use among institutionalized adolescents. <i>Adolescence</i> , 35(137), 1-28.
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices The Athena Forum: www.theathenaforum.org

Responding in Peaceful and Positive Ways

CONTACT(S)	Wendy B. Northup, MA Phone: (804) 301-4909 Email: wendynorthup@hughes.net	Albert D. Farrell, PhD Phone: (804) 828-8796 Email: afarrell@vcu.edu
	Website: N/A	
DESCRIPTION	Responding in Peaceful and Positive Ways (RiPP) aims to prevent violence among middle school students by teaching them to recognize and select nonviolent strategies for addressing conflict. A school-based prevention specialist leads 25, weekly, 50-minute sessions that are often integrated with social studies, health, or science classes. Topics are presented in grade-specific curricula, including violence prevention in general (grade 6), conflict resolution skills for friendships (grade 7), and successful transition to high school (grade 8). Besides didactic instruction, experiential learning and behavioral repetition are also used. RiPPP is meant to be implemented alongside a peer mediation program.	
POPULATIONS	Middle school students (grades 6 – 8)	
SETTINGS	School (middle school)	
PROTECTIVE FACTORS	Social-emotional competencies; supportive school environment	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to intervention or control group, and including pretest, posttest, and 12-month follow-up assessments; sample of 626 youth (96% African American, approximately 50% male)
EVALUATION MEASURES	Problem Behavior Frequency Scales (Farrell, Danish, & Howard, 1992); Problem Situation Inventory (Farrell, Ampy, & Meyer, 1998); Beliefs Supporting Aggression Scale (Slaby & Guerra, 1988); Attitude Toward Conflict Scale (Lam, 1989); RIPP Knowledge Test (Farrell, Meyer, & White, 2001)
EVALUATION OUTCOME(S)	Compared to the control group, RiPP participants showed (Farrell, Meyer, & White, 2001): <ul style="list-style-type: none"> • Fewer disciplinary violations for violent offenses and in-school suspensions (posttest). • Fewer suspensions maintained for boys (12-month follow-up). • More frequent use of peer mediation (posttest). • Fewer fight-related injuries (posttest).
EVALUATION MEASURE REFERENCES	Farrell, A. D., Ampy, L. A., & Meyer, A. L. (1998). Identification and assessment of problematic interpersonal situations for urban adolescents. <i>Journal of Clinical Child Psychology, 27</i> , 293–305. Farrell, A. D., Danish, S. J., & Howard, C. (1992). Relationship between drug use and other problem behaviors in urban adolescents. <i>Journal of Consulting and Clinical Psychology, 60</i> , 705–712. Lam, J. A. (1989). <i>School mediation program evaluation kit</i> . Unpublished manual. Slaby, R. G., & Guerra, N. G. (1988). Cognitive mediators of aggression in adolescent offenders. <i>Developmental Psychology, 24</i> , 580–588.
EVALUATION STUDIES	Farrell, A. D., Meyer, A. L., & White, K. S. (2001). Evaluation of Responding in Peaceful and Positive Ways (RIPP): A school-based prevention program for reducing violence among urban adolescents. <i>Journal of Clinical Child Psychology, 30</i> (4), 451-463.
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices Office of Justice Programs’ Crimesolutions.gov: www.crimesolutions.gov/ProgramDetails Promising Practices: www.promisingpractices.net/program

SANKOFA Youth Violence Prevention Program

CONTACT(S)	Paulette Moore Hines, PhD Phone: (732) 521-8259 Email: hinespa@gmail.com
	Website: N/A
DESCRIPTION	The SANKOFA Youth Violence Prevention Program aims to minimize youths' risk for involvement in or victimization by violence, substance use, and other negative behaviors. To this end, it promotes resilience and survival and focuses on building strengths, knowledge, attitudes, skills, confidence, and motivation to resist negative behaviors. In their classrooms, trained teachers deliver 24 modules and three booster modules; the number of sessions depends on whether they select 45-, 60-, or 80-minute formats. Topics include setting goals; taking responsibility; examining values, stereotypes, beliefs, and attitudes; strengthening an internal locus of control; assessing risk; understanding the stages of conflict escalation; and selecting strategies for nonviolent conflict resolution. Besides didactic teaching, sessions incorporate demonstration, experiential activities, case studies, games, discussions, role-play, feedback, and multimedia elements. Teachers may also deliver an optional, 4-module, parent curriculum that introduces the school-based curriculum content and encourages parents to examine their beliefs and attitudes about violence, promote positive parent-child interactions, and reinforce program content at home (e.g., through role modeling, stress and anger management). Program content weaves in African values regarding consciousness, caring, connectedness, character, competency, commitment, and courage.
POPULATIONS	Adolescents (ages 13 – 19), primarily African American
SETTINGS	School, community
PROTECTIVE FACTORS	Cultural heritage; positive family functioning; social-emotional competencies
EVALUATION DESIGN	Prospective, experimental design with schools randomly assigned to intervention or control conditions, and including assessments at baseline, post-intervention, and at three, six, and 12 months post-intervention; sample of 500 students (70% African American, 26% Hispanic/Latino, approximately 43% male)
EVALUATION MEASURES	Unavailable
EVALUATION OUTCOME(S)	Compared with the control group, intervention participants showed (Hines, Vega, & Jemmott, 2004): <ul style="list-style-type: none"> • Less violent behavior (particularly from boys). • Decreased substance use.
EVALUATION STUDIES	Hines, P. M., Vega, W., & Jemmott, J. (2004). <i>Final report: A culture based model for youth violence risk-reduction</i> . Unpublished manuscript.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices

Storytelling for Empowerment

CONTACT(S)	Dora R. Sanchez Email: dora@wheelcouncil.org	Annabelle Nelson, PhD Phone: (928) 214-0120 Email: annabelle@wheelcouncil.org
Website: www.wheelcouncil.org		
DESCRIPTION	Storytelling for Empowerment aims to reduce teen substance use by decreasing risk factors and strengthening protective factors associated with substance use. Trained teachers, program staff, or youth facilitators use Facilitator’s Guides to deliver a flexible number of classroom-based sessions that can vary in duration. Students use Storytelling PowerBooks— workbooks, available in English and Spanish, that cover the effects of substances on the brain; decision-making strategies; cultural studies; multicultural stories, historical figures, and role models; and goal-setting. Supplements to workbook activities include role-play, symbol-making, and fotonovelas intended to foster parent-child discussion of certain behaviors. Two available adaptations focus on HIV and on methamphetamine, ecstasy, and club drugs.	
POPULATIONS	Teenagers at risk for HIV, substance misuse, and other problem behaviors, primarily Hispanic/Latino	
SETTINGS	School	
PROTECTIVE FACTORS	Cultural heritage; high perceived risks of substance use	
EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to intervention or control group, and including pretest and posttest; sample of 292 students (85% Hispanic/Latino, 46% male)	
EVALUATION MEASURES	National Youth Survey (Elliott, Ageton, & Huizinga, 1985)	
EVALUATION OUTCOME(S)	Compared to the control group, intervention participants reported (Nelson & Arthur, 2003): <ul style="list-style-type: none"> • Decreased alcohol use. • Increased resistance to drug use. 	
EVALUATION MEASURE REFERENCE	Elliott, D. S., Ageton, S. S., & Huizinga, D. (1985). <i>Explaining delinquency and drug use</i> . Beverly Hills, CA: Siegel.	
EVALUATION STUDIES	Nelson, A., & Arthur, B. (2003). Storytelling for Empowerment: Decreasing at-risk youth's alcohol and marijuana use. <i>Journal of Primary Prevention</i> , 24(2), 169-180.	

ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices</p> <p>The Athena Forum: www.theathenaforum.org</p>
-----------------	--

Individual-Level Programs Designed for and/or Evaluated with All Youth, but with Outcomes for Youth of Color

Big Brothers/Big Sisters Mentoring Program

CONTACT(S)	<p>Keoki Hansen Phone: (315) 254-9759 Email: keoki.hansen@bbbs.org</p> <p>Website: www.bigbrothersbigsisters.org</p>
DESCRIPTION	<p>This program promotes positive youth development by matching youth with adult volunteer mentors. Mentors serve as positive role models, offer guidance to youth, and nurture a relationship centered on trust and caring. Each mentor-youth pair commits to two to four meet-ups per month for at least one year, typically spending three or four hours together on activities of mutual interest.</p>
POPULATIONS	Youth (ages 6 – 18)
SETTINGS	Community
PROTECTIVE FACTORS	Prosocial behaviors and involvement
EVALUATION DESIGN	<p>Prospective, experimental design with random assignment of youth to a waiting list or a mentoring program, and including assessments at baseline and 18 months after start of intervention; sample of 959 10- to 16-year-olds (36% African American, 9% Hispanic/Latino, 60% male)</p>
EVALUATION MEASURES	Unavailable
EVALUATION OUTCOME(S)	<p>Compared to minority youth in the control group, minority youth in the mentoring program showed (Tierney et al., 1995):</p> <ul style="list-style-type: none"> • 70% reduced likelihood for initiating drug use. • Significant improvement in relationships with peers.
EVALUATION STUDIES	<p>Tierney, J. P., Grossman, J. B., & Resch, N. L. (1995, November). <i>Making a difference: An impact study of Big Brothers Big Sisters</i>. Philadelphia, PA: Public/Private Ventures.</p>

Positive Approaches: Programs and Strategies At-a-Glance

ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices:</p> <p>Blueprints: www.blueprintsprograms.com/factSheet.php</p> <p>The Athena Forum: www.theathenaforum.org</p>
-----------------	--

Coping Power

CONTACT(S)	<p>John E. Lochman, PhD Phone: (205) 348-7678 Email: jlochman@gp.as.ua.edu</p> <p>Website: www.copingpower.com</p>
DESCRIPTION	<p>The Coping Power program addresses variables predictive of substance misuse with both child and parent components implemented over 16 months. The child component teaches students about problem-solving techniques, conflict management strategies, and coping mechanisms, positive social supports; and promotes social skill development. Children attend 34 group sessions led by a school-family program specialist and guidance counselor, as well as individual sessions every two months. The parent component covers dealing with stress, understanding and managing disruptive child behaviors, disciplining and reward children effectively, and communicating well. Parents attend 16 group sessions.</p>
POPULATIONS	Preadolescent boys (grades 5- 6) at risk for aggression and their families
SETTINGS	School
PROTECTIVE FACTORS	Positive family functioning; social-emotional competencies
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group and including pretest, posttest, and one-year follow-up assessments; sample of 183 boys (47% African American)
EVALUATION MEASURES	National Youth Survey (NYS; Elliott, Huizinga, & Ageton, 1985); Parent-Reported Substance Use Score (Lochman & Wells, 2004); School Behavior Improvement (Conduct Problems Prevention Research Group, 2002)

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared with the control group, boys in the intervention showed (Lochman & Wells, 2004):</p> <ul style="list-style-type: none"> • Improved school behavioral problems. • Reduced risk of aggression. <p>Compared with the control group, boys who participated with their families showed (Lochman & Wells, 2004):</p> <ul style="list-style-type: none"> • Lower rates of self-reported covert delinquent behavior (e.g., theft, fraud, property damage).
EVALUATION MEASURE REFERENCES	<p>Conduct Problems Prevention Research Group. (2002). Evaluation of the first three years of the Fast Track prevention trial with children at high risk of adolescent conduct problems. <i>Journal of Abnormal Child Psychology</i>, 14, 927–945.</p> <p>Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). <i>Explaining delinquency and drug use</i>. Beverly Hills, CA: Sage.</p>
EVALUATION STUDIES	<p>Lochman, J. E., & Wells, K. C. (2004). The coping power program for preadolescent aggressive boys and their parents: Outcome effects at the 1-year follow-up. <i>Journal of Consulting and Clinical Psychology</i>, 72(4), 571-578.</p>
ACKNOWLEDGED BY	<p>Blueprints: www.blueprintsprograms.com/factSheet.php</p>

LifeSkills Training

CONTACT(S)	<p>National Health Promotion Associates, Inc. Phone: (914) 421-2525 Email: lstinfo@nhpamail.com Website: www.lifeskillstraining.com</p>
DESCRIPTION	<p>LifeSkills Training (LST) is a universal, three-year program that aims to prevent substance use—especially tobacco, alcohol, and marijuana—and violence. To this end, it trains students on topics such as</p> <ul style="list-style-type: none"> • self-management (e.g., setting goals; analyzing self-images, decisions, problem situations, and consequences; reducing stress) • social skills (e.g., communicating effectively, identifying responses to hard situations that go beyond aggression and passivity) • social resistance skills (e.g., practical ways to resist peer and media pressure toward substance use and violence) <p>Teachers deliver 15 sessions in year one, ten booster sessions in year two, and five booster sessions in year three, plus optional sessions on violence prevention each year. They teach interactively, demonstrating skills, facilitating behavioral rehearsal, giving feedback and reinforcement, and guiding students to practice new skills outside the classroom.</p>
POPULATIONS	<p>Middle/junior high school students</p>

Positive Approaches: Programs and Strategies At-a-Glance

SETTINGS	School (middle/junior high school)
PROTECTIVE FACTORS	High perceived risks of substance use; social-emotional competencies
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control groups, and including pretest and posttest; sample of 3,153 youth (56% Hispanic/Latino, 19% Black, 49% male)
EVALUATION MEASURES	Cigarette Smoking (Botvin, Baker, Filazzola, & Botvin, 1990); Teenager's Self-Test: Cigarette Smoking (USPHS, 1974); Smoking knowledge and social skills knowledge (Botvin & Eng, 1982); Normative expectations (Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990); Decision Making subscale of the Coping Inventory (Wills, 1986); Assertion Inventory (Gambrill & Richey, 1975); Skills efficacy (Botvin et al., 1992); Personal Efficacy subscale of the Spheres of Control Scale (Paulus, 1983); Rosenberg Self-Esteem Scale (Rosenberg, 1965); Mental Health Inventory Scale (Veit & Ware, 1983)
EVALUATION OUTCOME(S)	Compared to the control group, participants in the intervention group reported (Botvin et al., 1992): <ul style="list-style-type: none"> • Lower smoking prevalence rates. • Lower smoking onset rates.
EVALUATION MEASURE REFERENCES	Botvin, G. J., Baker, E, Dusenbury, L, Tortu, S., & Botvin, E. M. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a three-year study. <i>Journal of Consulting and Clinical Psychology, 58</i> , 437-446. Botvin, G. J., Baker, E., Filauola, A. D., & Botvin, E. M. (1990). A cognitive-behavioral approach to substance abuse prevention: One-year follow-up. <i>Addictive Behaviors, 15</i> , 47-63. Botvin, G. J., Dusenbury, L., Baker, E., James-Ortiz, S., Botvin, E. M., & Kerner, J. (1992). Smoking prevention among urban minority youth: Assessing effects on outcome and mediating variables. <i>Health Psychology, 11</i> (5), 290-299. Botvin, G. J., & Eng, A (1982). The efficacy of multicomponent approach to the prevention of cigarette smoking. <i>Preventive Medicine, 11</i> , 199-211. Gambrill. E. D., & Richey, C. A. (1973). An assertion inventory for use in assessment and research. <i>Behavior Therapy, 6</i> , 550-561. Paulus, D. (1983). Sphere-specific measures of perceived control. <i>Journal of Personality and Social Psychology, 44</i> , 1253-1265. Rosenberg, M. (1965). <i>Society of the adolescent self-image</i> . Princeton, NJ: Princeton University Press. U.S. Public Health Service. (1974). <i>Teenager's self-test: Cigarette smoking</i> (DHEW Publication No. CDC 74-8723). Washington, DC: Centers for Disease Control. Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. <i>Journal of Consulting and Clinical Psychology, 51</i> , 730-742. Wills, T. A. (1986). Stress and coping in early adolescence: Relationships to substance use in urban school samples. <i>Health Psychology, 5</i> , 503-529.
EVALUATION STUDIES	Botvin, G. J., Dusenbury, L., Baker, E., James-Ortiz, S., Botvin, E. M., & Kerner, J. (1992). Smoking prevention among urban minority youth: Assessing effects on outcome and

	mediating variables. <i>Health Psychology</i> , 11(5), 290-299.
ACKNOWLEDGED BY	Blueprints: www.blueprintsprograms.com/factSheet.php SAMHSA's National Registry of Evidence-based Programs and Practices

Peaceful Alternatives to Tough Situations

CONTACT(S)	Ann-Marie Long, CFT Phone: (757) 838-1960 ext 315 Email: amlong@kidsandfamilies.com	Ellen Williams, LCSW Phone: (757) 838-1960 ext 313 Email: ewilliams@kidsandfamilies.com
	Website: www.patts.info	
DESCRIPTION	Peaceful Alternatives to Tough Situations (PATTs) is a school-based program intended to help students resolve conflict more effectively, forgive others more easily, and reduce aggressive behavior. Trained teachers, guidance counselors, and mental health counselors deliver the PATTs curriculum in nine, weekly, one-hour sessions. They use separate curricula for grades K- 2, 3- 5, and 6- 12. Using group discussion, role-play, games, and skills review, the interactive sessions cover cognitive, peer refusal, and conflict resolution skills; noticing and verbalizing emotions, identifying anger cues, using calming techniques, and forgiving others. The program also trains parents and non-delivering teachers about the skills in the curriculum and encourages them to support the application of these skills at home and in the classroom.	
POPULATIONS	School-aged children and adolescents (grades 2-12)	
SETTINGS	School (elementary, middle, and high school)	
PROTECTIVE FACTORS	Positive family functioning; social-emotional competencies	
EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to intervention or control group, and including pretest and posttest assessments; sample of 106 youth (69% African American, 74% male)	
EVALUATION MEASURES	Conflict Tactics Scale-Revised (Straus, Gelles, & Steinmetz, 1980); Mauger Forgiveness Scale (Mauger et al., 1991)	
EVALUATION OUTCOME(S)	Compared to the control group, participants in the PATTs program showed (Williams, Johnson, & Bott, 2008): <ul style="list-style-type: none"> • Increased forgiveness of others. • Fewer instances of aggression. 	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURE REFERENCES	<p>Mauger, P. A., Perry, J. E., Freeman, T., Grover, D. C., McBride, A. G., & McKinney, K. E. (1991). The measurement of forgiveness: Preliminary research. <i>Journal of Psychology and Christianity</i>, 11, 170-180.</p> <p>Straus, M. A., & Gelles, R. J., & Steinmetz, S. K. (1980). <i>Behind closed doors: Violence in the American family</i>. New York: Doubleday.</p>
EVALUATION STUDIES	<p>Williams, E., Johnson, J. L., & Bott, C. (2008). Evaluation of a program for reduction of childhood aggression. <i>Psychological Reports</i>, 103(2), 347-357.</p>
ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices:</p>

Prodigy

CONTACT(S)	<p>Lisa Rapp-Paglicci Email: lrapp@bcs.usf.edu Website: www.transformingyounglives.org</p>
DESCRIPTION	<p>The Prodigy program aims to prevent and divert youth in the juvenile justice system from engaging in further delinquency. To this end, it teaches key socioemotional skills through classes in the visual, performing, musical, media, and theatre arts. Trained master artists deliver classes over eight weeks, teaching cultural arts while building self-regulation, anger management, problem-solving, and social skills. The artists also seek to develop supportive, mentoring relationships with the youth. Program staff members monitor implementation, lesson plans, and skill delivery.</p>
POPULATIONS	<p>Juvenile justice system-adjudicated youth and at-risk youth (ages 7 – 17)</p>
SETTINGS	<p>Community</p>
PROTECTIVE FACTORS	<p>Social-emotional competencies</p>
EVALUATION DESIGN	<p>Prospective, quasi-experimental design with voluntary assignment to intervention and including pretest and posttest assessments; sample of 223 youth (33% Hispanic/Latino, 55% male)</p>
EVALUATION MEASURES	<p>Child Behavior Checklist (CBCL) and Youth Self-Report (YSR; Achenbach, 1991); School district administrative data (grade level, number of days of in-school suspension, number of days in out-of-school suspension, reduced lunch participation, yearly grade point average (GPA), grades in math, science, and reading courses by quarter, number of reported incidents (drugs/alcohol, disruptive behavior, crimes), total number of days enrolled by quarter, excused absences by quarter, unexcused absences by quarter); Family Assessment Device (FAD; Miller, Epstein, Bishop, & Keitner, 1985)</p>

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared with pretest, Hispanic/Latino youth after the intervention showed (Rapp-Paglicci et al., 2011):</p> <ul style="list-style-type: none"> • Improvements in internalizing behaviors. • Improvements in externalizing behaviors (such as aggression and disruptive behaviors). • Increased academic self-efficacy.
EVALUATION MEASURE REFERENCES	<p>Achenbach, T. M. (1991). <i>Integrative Guide to the 1991 CBCL/4-18, YSR, and TRF Profiles</i>. Burlington, VT: University of Vermont, Department of Psychology.</p> <p>Miller, I., Epstein, N., Bishop, D., & Keitner, G. (1985). The McMaster family assessment device: Reliability and validity. <i>Journal of Marital and Family Therapy, 11</i>, 345-356.</p>
EVALUATION STUDIES	<p>Rapp-Paglicci, L., Stewart, C., Rowe, W., & Miller, J. M. (2011). Addressing the Hispanic delinquency and mental health relationship through cultural arts programming: A research note from the Prodigy evaluation. <i>Journal of Contemporary Criminal Justice, 27(1)</i>, 110-121.</p>
ACKNOWLEDGED BY	N/A

SECTION THREE: RELATIONSHIP-LEVEL PROGRAMS

Family functioning is affected by stressors in the larger environment. For this reason, many of the family functioning prevention programs are designed to help families deal with these stressors or buffer their children from them. Environmental stressors can sometimes push families into extremes—either dysfunction, where family competence declines, or the opposite—families gain competence and thrive in adverse circumstances.⁶ Family systems theory provides some explanation of why this is: Families with structures, roles, and processes in place are better able to handle crises and stressors, and therefore can successfully adapt to adversity. Some of these processes include such things as meals together, open communication, clear rules, and so forth.⁷ Programs that focus on family functioning (quality of relationships and family management practices) typically target patterns of behavior in families that are detrimental to child well-being (i.e., child neglect, lack of boundaries, and lack of communication) while strengthening practices that are likely to promote well-being and protect against risk behaviors. Oftentimes such programs are designed to bolster the protective power of families since families are the first line of defense in adverse circumstances. Families can either pass along the stressors of the larger environment or filter these in order to protect children.

In our search of evidence-based registries and the evaluation literature, we found 16 programs targeting relationships as the unit of change. Programs focusing on family systems and family behavior help families learn new or reinforce existing strategies that may benefit their children. Twelve of the 16 programs identified in our search aim to increase positive family functioning. In contrast to programs focused on individual-level change, only five are implemented universally. Eight of them are specifically designed for youth of color who are exhibiting behaviors that place them at greater risk for negative outcomes. Many of the family-based programs are implemented in multiple settings—home, school, and sometimes community.

Programs that focused on family functioning are associated with reductions in behavioral problems, generally, and, more specifically substance use and misuse, risky sex, and delinquency, as well as improved parent-child communication and academic performance which are protective against future substance use and other risk behavior.

Interestingly, our search did not yield any programs focused on peer influences. Research focusing on protective factors with youth of color shows that peer support protects against substance use

⁶ Hetherington, M. (1984). Stress and coping in children and families. In A. Doyle, D. Gold, & D. Moskowitz (Eds.), *Children in families under stress* (pp. 7–33). San Francisco, CA: Jossey-Bass.

⁷ McCubbin, M.A. (1993). Family stress theory and the development of nursing knowledge about family adaptation. In S.L. Feetham,, S.B. Meister, J.M. Bell, & C.L. Gillis (Eds.) *The nursing of families* (pp. 46-58). Newbury Park, CA: Sage.

and related behaviors. Friendships can provide informal social support and help perpetuate the message that it is wrong for youth to use substances. If friends do not support substance use behavior, it is less likely that a youth will participate in that behavior.⁸ Because of this connection, programs that focus on peer interaction and friendship networks may be an innovative approach to future prevention programming for youth of color.

Relationship Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color

Brief Strategic Family Therapy

CONTACT(S)	Joan Muir, PhD Phone: (305) 243-6363 E-mail: jmuir@med.miami.edu	Lisa Bokalders Phone: (888) 527-3828 E-mail: lbokalders@bsft-av.com
Website: www.bsft.org		
DESCRIPTION	Based on the belief that adolescent behavioral symptoms are rooted in family interactions, Brief Strategic Family Therapy (BSFT) works with adolescents to prevent, decrease, and treat behavioral problems and strengthen prosocial behaviors; and with families to improve family functioning. Over 12 to 16 family sessions, the therapist first allows the family to get comfortable behaving as they normally do, then diagnoses patterns in their family interactions, and finally uses strategies to introduce and promote more adaptive patterns of interaction.	
POPULATIONS	Hispanic/Latino or African American children and adolescents (ages 6 - 18) already showing conduct and emotional problems	
SETTINGS	Community social services agency, mental health clinic, substance abuse prevention and treatment clinic, health agency, and family clinic	
PROTECTIVE FACTORS	Positive family functioning; social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with random assignment to structural family therapy (SFT) treatment group, individual psychodynamic child therapy (IPCT) treatment group, or control group, and including pretest, posttest, and one-year follow-up assessments; sample of 69 youth (100% Hispanic/Latino; 100% male)	

⁸ Vidourek, R. A., & King, K. A. (2013). Attitudinal correlates associated with recent alcohol use and episodic heavy drinking among African American youth. *Social Science Journal*, 50(4), 530–539.

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURES	Revised Child Behavior Checklist (RCBC; Achenbach & Edelbrock, 1983); Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1983); Children's Depression Inventory (CDI; Kovacs, 1983); Children's Manifest Anxiety Scale (MAS; Levy, 1958); Psychodynamic Child Rating Scale (Szapocznik, Rio, Richardson, Alonso, & Murray, 1986); Structural Family System Ratings (Szapocznik, Hervis, et al., 1986).
EVALUATION OUTCOME(S)	Compared to participants assigned to the control group (Szapocznik et al., 1989): <ul style="list-style-type: none"> • Hispanic/Latino boys in both treatment groups showed improved psychodynamic ratings⁹ of child functions. • Participants in the SFT treatment group displayed improvements in family functioning.
EVALUATION MEASURE REFERENCES	Achenbach, T. M., & Edelbrock, C. (1983). <i>Manual for the Child Behavior Checklist and Revised Child Behavior Profile</i> . Burlington, VT: Thomas A. Achenbach. Kovacs, M. (1983). <i>The Children's Depression Inventory: A self-rated scale for school-aged youngsters</i> . Unpublished manuscript, University of Pittsburgh School of Medicine. Levy, N. (1958). A short form of the Children's Manifest Anxiety Scale. <i>Child Development, 29</i> , 153-154. Quay, H. C, & Peterson, D. R. (1983). <i>Revised Behavior Problem Checklist</i> . Coral Gables, FL: University of Miami. Szapocznik, J., Hervis, O., Rio, A., Farad, A. M., Foote, F., & Kurtines, W. (1986). <i>Structural family systems ratings: A manual</i> . Miami, FL: University of Miami School of Medicine (Mimeographed). Szapocznik, J., Rio, A., Richardson, R., Alonso, M., & Murray, F. (1986). <i>Manual for the Psychodynamic Child Ratings</i> . Miami, FL: University of Miami School of Medicine (Mimeographed).
EVALUATION OUTCOME STUDIES	Szapocznik, J., Rio, A., Murray, E., Cohen, R., Scopetta, M., Rivas-Vazquez, A., ... & Kurtines, W. (1989). Structural family versus psychodynamic child therapy for problematic Hispanic boys. <i>Journal of Consulting and Clinical Psychology, 57</i> (5), 571-578.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices The Athena Forum: www.theathenaforum.org

⁹ The Psychodynamic Child Rating Scale evaluates the effectiveness of child therapy. The scale assesses intellectual functioning, ego functioning, self-concept, aggression control, emotional adjustment, family relations, peer relations, and psychosexual development (Szapocznik et al., 1989).

Fathers and Sons

CONTACT(S)	Cleopatra Caldwell, PhD Phone: (734) 647-3176 Email: cleoc@umich.edu	Cassandra Brooks, MA Email: clbrooks@umich.edu
Website: http://prc.sph.umich.edu/research/fathers-and-sons		
DESCRIPTION	This program works with African American fathers and sons who do not live in the same home to strengthen father-son bonds and promote positive health behaviors. Project staff members use a curriculum to deliver 15 two- to three-hour sessions over a two-month period. Topics include achieving goals, communicating effectively, parenting skills (for fathers), and peer refusal skills (for sons). Staff members encourage fathers and sons to practice their new skills and share challenges with each other. A designated “check in” time allows fathers and sons to discuss important issues using new communication skills. Sessions are contextualized in discussions of African cultural values and cultural awareness. Each group of father and son(s) chooses an African design representing a particular cultural value, which is printed on t-shirts that the fathers and sons wear during the family graduation ceremony.	
POPULATIONS	African American fathers and their sons (ages 8 – 12)	
SETTINGS	Community	
PROTECTIVE FACTORS	Social-emotional competencies; positive family functioning	
EVALUATION DESIGN	Prospective, quasi-experimental design with comparison and intervention groups and including pretest and posttest assessments; sample of 287 father-son families (100% African American; 100% male)	
EVALUATION MEASURES	Index of parental monitoring (Jacobson & Crockett, 2000); Barnes and Olson’s Parent–Child Communication Scale (Forehand et al., 1997); Blake’s Parent–Child Communication Scale (Blake et al., 2001); Youth Assets Scale (HEART of OKC, 2002); Adaptation of Theory of Reasoned Action Scale (TRA, Ajzen, & Fishbein, 1980); Intentions to Use Non-Violent Strategies Scale (Bosworth et al., 1999); Racial Socialization Scale (Martin, 2000); Index For Parenting Skills Satisfaction (Caldwell, Rafferty, Reischl, De Loney & Brooks, 2010); CAGE (Winters, & Zenilman, 1994); Aggressive Behavior Measure (Caldwell et al., 2010)	
EVALUATION OUTCOME(S)	Relative to the comparison group, intervention group participants demonstrated (Caldwell et al., 2010): <ul style="list-style-type: none"> • Increased father-son communication about sex. • Increased intentions to avoid violence. 	
EVALUATION MEASURE REFERENCES	Ajzen, I., & Fishbein, M. (1980). <i>Understanding attitudes and predicting social behavior</i> . Englewood Cliffs, NJ: Prentice Hall. Blake, S. M., Simkin, L., Ledsky, R., Perkins, C., & Calabrese, J. M. (2001). Effects of parent-child communications intervention on young adolescents’ risk for early onset of sexual intercourse. <i>Family Planning Perspectives</i> , 33, 52–61.	

Positive Approaches: Programs and Strategies At-a-Glance

	<p>Bosworth, K., Espelage, D. L., & Simon, T. R. (1999). Factors associated with bullying behavior in middle school students. <i>Journal of Early Adolescence</i>, 23, 341–362.</p> <p>Caldwell, C. H., Rafferty, J., Reischl, T. M., De Loney, E. H., & Brooks, C. L. (2010). Enhancing parenting skills among nonresident African American fathers as a strategy for preventing youth risky behaviors. <i>American Journal of Community Psychology</i>, 45(1-2): 17-35.</p> <p>Forehand, R., Miller, K. S., Dutra, R., & Chance, M. W. (1997). Role of parenting in adolescent deviant behavior: Replication across and within two ethnic groups. <i>Journal of Consulting & Clinical Psychology</i>, 65, 1036–1041.</p> <p>HEART of OKC Website. (2002). <i>Reducing teen pregnancy in Oklahoma: Focusing on older teens (18–19 years old)</i>. The Healthy, Empowered and Responsible Teens of Oklahoma City (HEART OKC).</p> <p>Jacobson, K. C., & Crockett, L. J. (2000). Parental monitoring and adolescent adjustment: An ecological perspective. <i>Journal of Research on Adolescence</i>, 10, 65–97.</p> <p>Martin, P. (2000). <i>The African American church and African American parents: Examining relationships between racial socialization practices and racial identity attitudes</i>. Unpublished Dissertation, Michigan State University.</p> <p>Winters, K. C., & Zenilman, J. M. (1994). <i>Simple screening instruments for outreach for alcohol and other drug abuse and infectious diseases: Treatment improvement protocol (TIP) series</i>. US Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center Substance Abuse Treatment.</p>
EVALUATION STUDIES	<p>Caldwell, C. H., Rafferty, J., Reischl, T. M., De Loney, E. H., & Brooks, C. L. (2010). Enhancing parenting skills among nonresident African American fathers as a strategy for preventing youth risky behaviors. <i>American Journal of Community Psychology</i>, 45(1-2), 17-35.</p>
ACKNOWLEDGED BY	N/A

Relationship-Level Programs Designed for and/or Evaluated with Youth of Color

Adults in the Making

CONTACT(S)	Gene H. Brody, PhD Phone: (404) 712-9518 Email: gbrody@emory.edu Website: N/A
DESCRIPTION	Adults in the Making (AIM) is a universal, family-centered intervention designed to promote resilience and prevent substance use by enhancing protective factors for African American youth as they enter adulthood. Protective processes addressed in the intervention include developmentally appropriate emotional support, educational mentoring, and strategies for dealing with discrimination. AIM provides adolescents experiencing racism with strategies for self-control and problem-focused coping. The intervention also supports youth in developing and pursuing educational or career goals, and connects them with community resources.
POPULATIONS	African American adolescents
SETTINGS	Community
PROTECTIVE FACTORS	Access to community resources; positive family functioning; social-emotional competencies
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including assessments at pretest and three assessments between six and 28 months after pretest; sample of 347 youth (100% African American, 47% male)
EVALUATION MEASURES	Ineffective Arguing Inventory (IAI; Kurdek, 1994); Discussion Quality Scale (DQS; Brody et al., 1998); Racist Hassles Questionnaire (Brody et al., 2006; Simons, Chen, Stewart, & Brody, 2003); Eysenck's Risk-Taking Scale (Eysenck & Eysenck, 1977); 10-item Minnesota Survey of Substance Use Problems (Harrison, Fulkerson, & Beebe, 1998)
EVALUATION OUTCOME(S)	Compared to the control group, participants in the AIM intervention were (Brody et al., 2012): <ul style="list-style-type: none"> • Less likely to increase alcohol use over time (particularly for high-risk youth).

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURE REFERENCES	<p>Brody, G. H., Chen, Y-f., Murry, V. M., Ge, X., Simons, R. L., Gibbons FX, ... Cutrona, C. E. (2006). Perceived discrimination and the adjustment of African American youths: A five-year longitudinal analysis with contextual moderation effects. <i>Child Development, 77</i>, 1170–1189.</p> <p>Brody, G. H., Flor, D. L., Hollett-Wright, N., & McCoy, J. K. (1998). Children’s development of alcohol use norms: Contributions of parent and sibling norms, children’s temperaments, and parent-child discussions. <i>Journal of Family Psychology, 12</i>, 209–219.</p> <p>Eysenck, S. B., & Eysenck, H. J. (1977). The place of impulsiveness in a dimensional system of personality description. <i>British Journal of Social and Clinical Psychology, 16</i>, 57–68.</p> <p>Harrison, P. A., Fulkerson, J. A., Beebe, T. J. (1998). DSM-IV substance use disorder criteria for adolescents: A critical examination based on a statewide school survey. <i>American Journal of Psychiatry, 155</i>, 486–492. http://ajp.psychiatryonline.org/cgi/content/abstract/155/4/486.</p> <p>Kurdek, L. A. (1994). Conflict resolution styles in gay, lesbian, heterosexual nonparent, and heterosexual parent couples. <i>Journal of Marriage and the Family, 56</i>, 705–722. Retrieved from http://www.jstor.org/stable/352880.</p> <p>Simons, R. L., Chen, Y-f., Stewart, E. A., & Brody, G. H. (2003). Incidents of discrimination and risk for delinquency: A longitudinal test of strain theory with an African American sample. <i>Justice Quarterly, 20</i>, 827–854.</p>
EVALUATION STUDIES	<p>Brody, G. H., Yu, T., Chen, Y., Kogan, S. M., & Smith, K. (2012). The Adults in the Making program: Long-term protective stabilizing effects on alcohol use and substance use problems for rural African American emerging adults. <i>Journal of Consulting and Clinical Psychology, 80</i>(1), 17-28.</p>
ACKNOWLEDGED BY	<p>Office of Justice Programs’ Crimesolutions.gov: www.crimesolutions.gov/ProgramDetails.aspx?ID=365</p>

Early Risers: Skills for Success

CONTACT(S)	Sarah M. Coleman Phone: (612) 273-9711 Email: colem050@umn.edu	Gerald J. August, PhD Phone: (612) 273-9711 Email: augus001@umn.edu
Website: N/A		
DESCRIPTION	Early Risers "Skills for Success" assigns high-risk children to family advocates who coordinate integrated interventions at the child, family, and school levels. The program seeks to enhance children’s competencies and guide them toward more adaptive developmental trajectories. Children participate in three program components: camps in the summer, and friendship groups and school support during the school year. The summer camp’s activities promote reading skills, the motivation to read, and creative expression, interwoven with strategies to build social-emotional, problem-solving, and peer friendship skills. During the school year, youth build on what they learned over the summer, practicing social-emotional skills in friendship groups, and strengthening academic skills through school support. Parents participate in family nights, when family advocates implement individually designed case plans that address strengths, maladaptive patterns, and other areas for improvement. Together, advocates and families can set goals, implement brief interventions, connect with community supports, monitor progress, and, as needed, embark on more intensive parent skills training.	
POPULATIONS	Elementary school students (ages 6 – 12) at high risk for early development of conduct problems	
SETTINGS	School (elementary school), community	
PROTECTIVE FACTORS	Academic abilities; positive family functioning; positive social relationships; social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with randomization to intervention or control group, and including assessments at baseline and at one, two, and three years; sample of 327 children (81% African American, 54% male)	
EVALUATION MEASURES	<p><u>August, Lee, Bloomquist, Realmuto, & Hektner, 2003</u>: Woodcock–Johnson Tests of Achievement—Revised (WJTA; Woodcock & Johnson, 1990); Behavioral Assessment System for Children—Teacher Rating Scale (BASC-TRS; Reynolds & Kamphaus, 1992); Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSP; Harter & Pike, 1984); Walker–McConnell Scale of Social Competence and School Adjustment (WMS; Walker & McConnell, 1995); Behavioral Assessment System for Children—Parent Rating Scale (BASC-PRS; Reynolds & Kamphaus, 1992); Alabama Parenting Questionnaire (APQ; Shelton, Frick & Wooten, 1996); Parenting Stress Index (PSI; Abidin, 1995); Family Environment Scale (FES; Moos & Moos, 1986)</p> <p><u>Hektner, August, Bloomquist, Lee, & Klimes-Dougan, 2014</u>: Behavioral Assessment System for Children—Teacher and Parent Rating Scales (BASC-TRS and BASC-PRS; Reynolds & Kamphaus, 1992); Alabama Parenting Questionnaire (Shelton, Frick, & Wooten, 1996); Parenting Practices Questionnaire (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996); National Institute of Mental Health Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000)</p>	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to the control group, intervention participants showed:</p> <ul style="list-style-type: none"> • Gains in school adjustment and social competence (August et al., 2003).¹⁰ • Fewer symptoms of conduct disorder, oppositional defiant disorder, and major depressive disorder (Hektner et al., 2014).
EVALUATION MEASURE REFERENCES	<p>Abidin, R. R. (1995). <i>The Parenting Stress Index</i> (2nd ed.). Charlottesville, VA: Pediatric Psychology Press.</p> <p>Gorman-Smith, D., Tolan, P. H., Zelli, A., & Huesmann, L. R. (1996). The relation of family functioning to violence among inner-city minority youth. <i>Journal of Family Psychology, 10</i>, 115–129.</p> <p>Harter, S., & Pike, R. (1984). The pictorial scale of perceived competence and social acceptance for young children. <i>Child Development, 55</i>, 1969–1982.</p> <p>Moos, R. H., & Moos, B. S. (1986). <i>Family Environment Scale: Manual</i>. Palo Alto, CA: Consulting Psychologist Press.</p> <p>Reynolds, C. R., & Kamphaus, R. W. (1992). <i>BASC: Behavioral Assessment System for Children</i>. Circle Pines, MN: American Guidance Service.</p> <p>Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., & Schwab-Stone, M. E. (2000). NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, differences from previous versions, and reliability of some common diagnoses. <i>Journal of the American Academy of Child & Adolescent Psychiatry, 39</i>, 28–38.</p> <p>Shelton, K. K., Frick, P. J., & Wooten, J. (1996). Assessment of parenting practices in families of elementary school-age children. <i>Journal of Clinical Child Psychology, 25</i>, 317–329.</p> <p>Walker, H. M., & McConnell, S. R. (1995). <i>Walker–McConnell Scale of Social Competence and School Adjustment: Elementary version</i>. San Diego, CA: Singular.</p> <p>Woodcock, R. W., & Johnson, M. B. (1990). <i>Woodcock–Johnson Psychoeducational Battery-Revised: Tests of achievement</i>. Allen, TX: DML Teaching Resources.</p>
EVALUATION STUDIES	<p>August, G. J., Lee, S. S., Bloomquist, M. L., Realmuto, G. M., & Hektner, J. M. (2003). Dissemination of an evidence-based prevention innovation for aggressive children living in culturally diverse, urban neighborhoods: The Early Risers Effectiveness Study. <i>Prevention Science, 4</i>(4), 271-286.</p> <p>Hektner, J. M., August, G. J., Bloomquist, M. L., Lee, S., & Klimes-Dougan, B. (2014). A 10-year randomized controlled trial of the Early Risers conduct problems preventive intervention: Effects on externalizing and internalizing in late high school. <i>Journal of Consulting and Clinical Psychology, 82</i>(2), 355-360.</p>
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices:

¹⁰ These outcomes were not maintained through one-year follow-up.

Familias Unidas Preventive Intervention

CONTACT(S)	Hilda M. Pantin, PhD Phone: (305) 243-2343 Email: hpantin@med.miami.edu	Guillermo Prado, PhD Phone: (305) 243-2748 Email: gprado@med.miami.edu
Website: N/A		
DESCRIPTION	Familias Unidas Preventive Intervention works with families on improving their family functioning in an effort to prevent adolescent conduct disorders, drug and alcohol use, and risky sexual behaviors. A trained facilitator leads parent groups—two hours long over eight or nine weeks—in which parents discuss creating a parent-support network, building parenting skills, and understanding their roles in protecting their children from harm. Parents then apply the skills they learned with their children during family visits.	
POPULATIONS	Hispanic/Latino immigrant families with adolescent children	
SETTINGS	Home, school	
PROTECTIVE FACTORS	Positive family functioning	
EVALUATION DESIGN	Prospective, experimental design with random assignment to treatment or control group with assessments at baseline and at 6, 18, and 30 months; sample of 213 eighth-grade students at risk for problem behaviors	
EVALUATION MEASURES	<p>Pantin et al., 2009: Sexual Behavior instrument (Jemmott III, Jemmott, & Fong, 1998); Diagnostic Interview Schedule for Children (DISC) predictive scales (Lucas et al., 2001); The Parent-Adolescent Communication Scale (Barnes & Olson, 1985); Parenting Practices Scale (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996); Family Relations Scale (Tolan, Gorman-Smith, Huesmann, & Zelli, 1997); Parent Relationship with Peer Group Scale (Pantin, 1996); Monitoring the Future Study (Johnston, O’Malley, Bachman, & Schulenberg, 2011)</p> <p>Prado et al., 2012: Monitoring the Future Study (Johnston, O’Malley, Bachman, & Schulenberg, 2011); Diagnostic Interview Schedule for Children (DISC) predictive scales (Lucas et al., 2001); Sexual Behavior instrument (Jemmott III, Jemmott, & Fong, 1998); Hispanic Stress Inventory (Cervantes, Padilla, & Salgado de Snyder, 1991); Social Provisions Scale (Russell, Cutrona, Rose, & Yurko, 1984)</p>	
EVALUATION OUTCOME(S)	Compared to baseline and to the control group, the treatment group showed: <ul style="list-style-type: none"> • Lower reported illicit drug use (Prado et al., 2012). • Reduction in the percentage of adolescents with an alcohol dependence diagnosis (Prado et al., 2012). • No change in the proportion of youth having had sex under the influence of alcohol or drugs from baseline to nine-month follow-up¹¹ (Prado et al., 2012). • Increased condom use among sexually active youth from six to 30 months post-baseline (Pantin et al., 2009). 	

¹¹ The control group’s proportion of youth having had sex while under the influence increased from baseline.

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURE REFERENCES	<p>Barnes, H. L., & Olson, D. H. (1985). Parent-adolescent communication and the circumplex model. <i>Child development</i>, 438-447.</p> <p>Cervantes, R. C., Padilla, A. M., & Salgado de Snyder, N. (1991). The Hispanic Stress Inventory: a culturally relevant approach to psychosocial assessment. <i>Psychological Assessment</i>, 3(3), 438–447.</p> <p>Gorman-Smith, D., Tolan, P. H., Zelli, A., & Huesmann, L. R. (1996). The relation of family functioning to violence among inner-city minority youths. <i>Journal of Family Psychology</i>, 10(2), 115.</p> <p>Jemmott III, J. B., Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents. <i>JAMA</i>, 279, 1529–1536.</p> <p>Johnston, L. D., O’Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2011). <i>Monitoring the Future national results on adolescent drug use: Overview of key findings, 2010</i>. Ann Arbor: Institute for Social Research, The University of Michigan.</p> <p>Lucas, C. P., Zhang, H., Fisher, P. W., Shaffer, D., Regeir, D. A., Narro, W. E. ... Friman, P. (2001). The DISC Predictive Scales (DPS): Efficiently screening for diagnoses. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 40, 443–449.</p> <p>Pantin, H. (1996). Ecodevelopmental measures of support and conflict for Hispanic youth and families. <i>Miami, FL: University of Miami School of Medicine</i>.</p> <p>Russell, D., Cutrona, C. E., Rose, J., & Yurko, K. (1984). Social and emotional loneliness: an examination of Weiss's typology of loneliness. <i>Journal of personality and Social Psychology</i>, 46(6), 1313.</p> <p>Tolan, P. H., Gorman-Smith, D., Huesmann, L. R., & Zelli, A. (1997). Assessment of family relationship characteristics: a measure to explain risk for antisocial behavior and depression among urban youth. <i>Psychological Assessment</i>, 9(3), 212.</p>
EVALUATION STUDIES	<p>Prado, G., Cordova, D., Huang, S., Estrada, Y., Rosen, A., Bacio, G. A., & McCollister, K. (2012). The efficacy of Familias Unidas on drug and alcohol outcomes for Hispanic delinquent youth: Main effects and interaction effects by parental stress and social support. <i>Drug and Alcohol Dependence</i>, 125 (Suppl 1), S18-S25.</p> <p>Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M. I., Schwartz, S. J. ... Branchini, J. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. <i>Psychosomatic Medicine</i>, 71, 987-995.</p>
ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices</p> <p>Blueprints: www.blueprintsprograms.com/factSheet.php</p>

Families and Schools Together

CONTACT(S)	Families & Schools Together, Inc. Phone: (888) 629-2481 Email: answers@familiesandschools.org	Lynn McDonald, MSW, PhD Phone: + 011 44 7910771086 Emails: l.mcdonald@mdx.ac.uk ; mrmcdona@wisc.edu
Website: http://familiesandschools.org		
DESCRIPTION	Families and Schools Together (FAST) works with groups of families to strengthen parent-child bonding and family functioning, reduce family stress, promote school success, and prevent parent and child substance use. The intervention recruits and engages families to participate in 8 weeks of 2.5-hour multifamily group meetings, which include culturally and linguistically adapted activities on family communication, parent-child bonding games, bonding activities between families, social support groups for parents, play therapy, parent-led meals, and modeling of family practices. Parents then assume leadership of the groups and meet monthly for two years.	
POPULATIONS	School-aged children (ages 6 – 12)	
SETTINGS	School, community	
PROTECTIVE FACTORS	Academic abilities; positive family functioning; supportive school environment	
EVALUATION DESIGN	Fiel, Haskins, & Turley, 2013: Prospective, experimental design with random assignment to intervention or control groups and including assessments at baseline and at 2 and 3 years; sample of 3,091 students (70% Hispanic/Latino, 10% Black, 50% male) McDonald et al., 2006: Prospective, experimental design with random assignment to intervention or comparison groups and including baseline assessment and 1- and 2-year follow-ups; sample of 473 Hispanic/Latino students (approximately 50% male)	
EVALUATION MEASURES	Fiel, Haskins, & Turley, 2013: School moves were identified using rosters provided by schools at the beginning of the first and third years McDonald et al., 2006: Teachers Report Form (TRF) of the Child Behavior Checklist (CBCL; Achenbach, 1991); Social Skills Rating System (SSRS; Gresham & Elliott, 1990)	
EVALUATION OUTCOME(S)	Compared to students in the control group, FAST participants reported (McDonald et al., 2006): <ul style="list-style-type: none"> • Improved academic performance. • Improved social skills and reduced aggression in the classroom. Compared to students in the control/comparison group (Fiel, Haskins, & Turley, 2013): <ul style="list-style-type: none"> • Black FAST participants reported decreased school mobility. • Hispanic/Latino FAST participants reported no reduction in school mobility. 	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURE REFERENCES	Achenbach, T. M. (1991). <i>Manual for the Child Behavior Checklist and 1991 Profile</i> . Burlington, VT: University of Vermont, Department of Psychiatry. Gresham, F. M., & Elliott, S. N. (1990). <i>Social Skills Rating System</i> . Circle Pines, MN: American Guidance Service.
EVALUATION STUDIES	Fiel, J. E., Haskins, A. R., & Turley, R. (2013). Reducing school mobility: A randomized trial of a relationship-building intervention. <i>American Educational Research Journal</i> , 50(6), 1188-1201. McDonald, L., Moberg, D. P., Brown, R., Rodriguez-Espiricueta, I., Flores, N. I., Burke, M. P., & Coover, G. (2006). After-school multifamily groups: A randomized controlled trial involving low-income, urban, Latino children. <i>Children & Schools</i> , 28(1), 25-34.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices The Athena Forum: www.theathenaforum.org

Family Connections

CONTACT(S)	Diane DePanfilis, PhD Phone: (410) 706-3609 Email: ddepanfilis@ssw.umaryland.edu Website: www.family.umaryland.edu/fc-replication
DESCRIPTION	The Family Connections (FC) Program aims to help families meet their children's needs, lower the risk of child neglect, and improve family and child functioning. Trained specialists visit families in their homes and develop a helping alliance. Therapists provide emergency assistance, family assessment, tailored interventions (e.g., outcome-based service plans, individual and family counseling), referrals to mental health and school-based counseling, and recreational activities for groups of families. All services are culturally and developmentally appropriate, and emphasize empowerment and a strengths-based perspective.
POPULATIONS	Families with children (birth to age 18) who meet risk criteria for child maltreatment
SETTINGS	Home, community
PROTECTIVE FACTORS	Access to community resources; positive family functioning
EVALUATION DESIGN	Retrospective, quasi-experimental design with random assignment to three- or nine-month FC intervention group, and including pretest, posttest, and 6-month assessments; sample of 111 youth and their families (86% African American, 61% male)
EVALUATION MEASURES	Child Behavior Checklist (CBCL; Achenbach, 1991)

EVALUATION OUTCOME(S)	From pretest to posttest, boys completing the FC intervention (regardless of intervention dosage) showed (Lindsey, Hayward, & DePanfilis, 2010): <ul style="list-style-type: none"> • A larger decrease in both internalizing and externalizing behavioral problems than girls showed.
EVALUATION MEASURE REFERENCES	Achenbach, T. M. (1991). <i>Manual for the Child Behavior Checklist/ 4–18 and 1991 profile</i> . Burlington, VT: University of Vermont Department of Psychiatry.
EVALUATION STUDIES	Lindsey, M. A., Hayward, R., & DePanfilis, D. (2010). Gender differences in behavioral outcomes among children at risk of neglect: Findings from a family-focused prevention intervention. <i>Research on Social Work Practice, 20</i> (6), 572-581.
ACKNOWLEDGED BY	N/A

Legacy for Children

CONTACT(S)	Ruth Perou, PhD Phone: (404) 498-3005 Email: rperou@cdc.gov Website: www.cdc.gov/ncbddd/childdevelopment/legacy.html
DESCRIPTION	Legacy for Children works with low-income mothers of infants and young children to cultivate positive parenting and thereby improve child outcomes. A trained specialist delivers weekly group sessions, providing information as well as emotional and practical support to mothers. Sessions use a curriculum timed with child milestones (e.g., walking, talking) and issues (e.g., sleeping and feeding problems) that teaches relevant knowledge and skills when mothers are most motivated to learn them. Groups discuss topics such as sensitive responding, affection, routine, discipline, play, creativity, language, and school readiness. The specialist meets with each mother periodically—at home or within the group settings—to reinforce the group session content and talk through the mother's parenting concerns. Group social activities, such as field trips and birthday celebrations, allow for follow-up conversations on program topics, build a sense of community, and encourage continued interest and investment in the intervention.
POPULATIONS	Children (ages 0 – 5 years) of limited-resource mothers
SETTINGS	Home, community
PROTECTIVE FACTORS	Positive family functioning
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including assessments when the children were six, 12, 24, 36, 48, and 60 months old; sample of 573 mother-child pairs (mothers were 57% Black, 25% Hispanic/Latino)

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURES	Brief Infant-Toddler Social and Emotional Assessment (BITSEA; Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004); Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999); Strengths and Difficulties Questionnaire (SDQ; Bourdon, Goodman, Rae, Simpson, & Koretz, 2005)
EVALUATION OUTCOME(S)	<p>Compared to the control group, children in the Legacy intervention were (Kaminski et al., 2013):</p> <ul style="list-style-type: none"> • Less hyperactive at 60 months. • Less likely to meet criteria for behavioral concerns at 24 months. • Less likely to meet criteria for socioemotional concerns at 48 months.
EVALUATION MEASURE REFERENCES	<p>Bourdon, K. H., Goodman, R., Rae, D. S., Simpson, G., & Koretz, D. S. (2005). The Strengths and Difficulties Questionnaire: U.W. normative data and psychometric properties. <i>Journal of the American Academy of Child Adolescent Psychiatry, 44</i>(6), 557-564.</p> <p>Briggs-Gowan, M. J., Carter, A. S., Irwin, J. R., Wachtel, K., & Cicchetti, D. V. (2004). The Brief-Infant Toddler Social and Emotional Assessment: Screening for social emotional problems and delays in competence. <i>Journal Pediatric Psychology, 29</i>(2), 143-155.</p> <p>LeBuffe, P. A., & Naglieri, J. (1999). <i>Devereux Early Childhood Assessment: Technical manual</i>. Lewisville, NC: Kaplan Press.</p>
EVALUATION STUDIES	<p>Kaminski, J. W., Perou, R., Visser, S. N., Scott, K. G., Beckwith, L., Howard, J., & Danielson, M.L. (2013). Behavioral and socioemotional outcomes through age 5 years of the Legacy for Children public health approach to improving developmental outcomes among children born into poverty. <i>American Journal of Public Health, 103</i>(6), 1058-1066.</p>
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices

Multidimensional Family Therapy

CONTACT(S)	Gayle A. Dakof, PhD Phone: (305) 749-9332 Email: gdakof@mdft.org	Howard A. Liddle, EdD, ABPP Phone: (305) 243-6860 Email: hliddle@med.miami.edu
Website: www.mdft.org		
DESCRIPTION	Multidimensional Family Therapy (MDFT) works with youth and their families to improve youth coping, problem-solving, and decision-making skills and families' interpersonal functioning as protective factors against substance misuse and associated problems. Over 12 to 16 weekly or twice-weekly sessions lasting 60-90 minutes, a therapist and family focus on four topics: (1) how the youth interacts with parents and peers, (2) parents' parenting practices and level of adult functioning, (3) parent-youth interactions within therapy sessions, and (4) communication between family members and relevant systems (e.g., school, child welfare, mental health, juvenile justice).	
POPULATIONS	Substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, adolescents at high risk for continued substance misuse and other problem behaviors such as conduct disorder and delinquency	
SETTINGS	Outpatient, inpatient, correctional, home	
PROTECTIVE FACTORS	Access to community resources; positive family functioning; social-emotional competencies	
EVALUATION DESIGN	Liddle et al., 2008: Prospective, experimental design with random assignment to MDFT or cognitive behavior therapy (CBT), and including assessments at baseline, termination, and 6 and 12 months post-termination; sample of 244 adolescents (72% African American, 81% male) Liddle et al., 2009: Prospective, experimental design with random assignment to MDFT or peer group intervention, and including assessments at baseline, 6 weeks, discharge, and 6 and 12 months; sample of 83 adolescents (49% Black, 42% Hispanic/Latino, 74% male)	
EVALUATION MEASURES	<u>Liddle et al., 2008</u> : Personal experience inventory (PEI; Winters, & Henley, 1989); Timeline follow-back method (TLFB; Fals-Stewart, O'Farrell, Freitas, McFarlin, & Rutigliano, 2000) <u>Liddle et al., 2009</u> : Global Appraisal of Individual Needs (GAIN; Dennis, 1999); Parent and Adolescent Interviews (Center for Treatment Research on Adolescent Drug Abuse, 1998); Timeline Follow-Back Method (Sobell & Sobell, 1992) as adapted and validated with adolescents (Waldron, Slesnick, Brody, Turner, & Peterson, 2001); Problem Oriented Screening Instrument for Teenagers (POSIT; Rahdert, 1991); National Youth Survey Self-Report Delinquency Scale (SRD; Huizinga & Elliot, 1984); Adolescent Daily Report (Chamberlain & Reid, 1987); National Youth Survey Peer Delinquency Scale (Elliot, Huizinga, & Ageton, 1985)	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to baseline, MDFT and CBT participants showed (Liddle et al., 2008):</p> <ul style="list-style-type: none"> • Decreased cannabis consumption. • Reduced alcohol use. <p>Compared to the peer group participants, MDFT participants showed (Liddle et al., 2009):</p> <ul style="list-style-type: none"> • Reduced substance use problems and frequency. • Reduced delinquency. • Decreased internalized distress.
EVALUATION MEASURE REFERENCES	<p>Center for Treatment Research on Adolescent Drug Abuse. (1998). <i>Parent and Adolescent Interview</i>. Miami, FL: University of Miami.</p> <p>Chamberlain, P., & Reid, J. B. (1987). Parent observation and report of child symptoms. <i>Behavioral Assessment, 9</i>, 97–109.</p> <p>Dennis, M. L. (1999). <i>Global Appraisal of Individual Needs (GAIN): Administration guide for the GAIN and related measures</i>. Bloomington, IL: Chestnut Health Systems.</p> <p>Elliot, D. S., Huizinga, D., & Ageton, S. S. (1985). <i>Explaining delinquency and drug use</i>. Beverly Hills, CA: Sage.</p> <p>Fals-Stewart, W., O’Farrell, T. J., Freitas, T. T., McFarlin, S. K., & Rutigliano, P. (2000). The timeline followback reports of psychoactive substance use by drug-abusing patients: psychometric properties. <i>Journal of Consulting and Clinical Psychology, 68</i>, 134–144.</p> <p>Huizinga, D., & Elliot, D. S. (1984). <i>Self-report measures of delinquency and crime: Methodological issues and comparative findings</i> (National Youth Survey Project Report No. 30). Boulder, CO: Behavioral Research Institute.</p> <p>Rahdert, E. (1997). <i>Problem Oriented Screening Instrument for Teenagers special report: Development of a POSIT-related HIV/STD risk of exposure scale</i>. Bethesda, MD: National Institute on Drug Abuse.</p> <p>Sobell, L. C., & Sobell, M. B. (1992). Timeline follow-back: A technique for assessing self-reported ethanol consumption. In J. Allen & R. Z. Litten (Eds.), <i>Measuring alcohol consumption: Psychosocial and biological methods</i> (pp. 41–72). Totowa, NJ: Humana.</p> <p>Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., & Peterson, T. R. (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. <i>Journal of Consulting and Clinical Psychology, 69</i>, 802–813.</p> <p>Winters, K., & Henly, G. A. (1989). <i>Personal Experience Inventory and manual</i>. Los Angeles, CA: Western Psychological Services.</p>

EVALUATION STUDIES	<p>Liddle, H. A., Dakof, G. A., Turner, R. M., Henderson, C. E., & Greenbaum, P. E. (2008). Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behavior therapy. <i>Addiction, 103</i>(10), 1660-1670.</p> <p>Liddle, H. A., Rowe, C. L., Dakof, G. A., Henderson, C. E., & Greenbaum, P. E. (2009). Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. <i>Journal of Consulting and Clinical Psychology, 77</i>(1), 12-25.</p>
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices

Multisystemic Therapy for Juvenile Offenders

CONTACT(S)	<p>Melanie Duncan, PhD Phone: (843) 856-8226 Email: melanie.duncan@mstservices.com</p> <p>Scott W. Henggeler, PhD Phone: (843) 876-1800 Email: henggesw@musc.edu</p> <p>Website: www.mstservices.com</p>
DESCRIPTION	<p>Multisystemic Therapy (MST) for Juvenile Offenders encourages families toward healthier functioning by building protective factors and reducing risk factors—at the child, family, and community levels—specific to child behavior problems. It aims to reduce antisocial behaviors and other clinical problems and improve functioning (e.g., family relations, school performance), while preventing the need for out-of-home child placement. Therapists meet with families—in homes, schools, or community settings—each week over four months. They use techniques from behavioral, cognitive-behavioral, and pragmatic family therapies.</p>
POPULATIONS	Troubled youth (ages 6 – 17)
SETTINGS	Outpatient, home, school, community
PROTECTIVE FACTORS	Access to community resources; positive family functioning; social-emotional competencies
EVALUATION DESIGN	Henggeler et al., 1997: Prospective, experimental design with random assignment to intervention or control group and including pretest, posttest, and 1.7-year follow-up assessments; sample of 155 youth and their families (81% African American, 82% male)
EVALUATION MEASURES	Brief Symptom Inventory (BSI; Derogatis, 1993); Revised Problem Behavior Checklist (RBPC; Quay & Peterson, 1987); Self-Report Delinquency Scale (SRD; Elliott, Ageton, Huizinga, Knowles, & Canter, 1983); The Family Adaptability and Cohesion Evaluation Scales (FACES-III; Olson, Portner, & Lavee, 1985); Family Assessment Measure (FAM-JJI; Skinner, Steinhauer, & Santa-Barbara, 1983); parent version of the Monitoring Index (Patterson & Dishion, 1985); Missouri Peer Relations Inventory (MPRJ; Borduin, Blaske, Cone, Mann, & Hazelrigg, 1989); Parent Peer Conformity Inventory (PPCI; Berndt, 1979)

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to the control group, MST participants showed (Henggeler et al., 1997):</p> <ul style="list-style-type: none"> • Improved psychiatric symptoms
EVALUATION MEASURE REFERENCES	<p>Berndt, T. J. (1979). Developmental changes in conformity to peers and parents. <i>Developmental Psychology, 15</i>, 608-616.</p> <p>Borduin, C. M, Blaske, D. M., Cone, L., Mann, B. J., & Hazelrigg, M. D. (1989). <i>Development and validation of a measure of peer relations: The Missouri Peer Relations Inventory</i>. Unpublished manuscript, Department of Psychology, University of Missouri—Columbia.</p> <p>Derogatis, L. R. (1993). <i>Brief Symptom Inventory: Administration, scoring, and procedures manual</i>. Minneapolis, MN: National Computer Systems, Inc.</p> <p>Elliott, D. S., Ageton, S. S., Huizinga, D., Knowles, B. A., & Canter, R. J. (1983). <i>The prevalence and incidence of delinquent behavior: 1976-1980</i> (National Youth Survey Project Report No. 26). Boulder, CO: Behavioral Research Institute.</p> <p>Olson, D. H., Portner, J., & Lavee, Y. (1985). <i>FACES-IH</i>. St Paul: Department of Family Social Science, University of Minnesota.</p> <p>Patteison, G. R., & Dishion, T. J. (1985). Contributions of family and peers to delinquency. <i>Criminology, 23</i>, 63-79.</p> <p>Quay, H. C., & Peterson, D. R. (1987). <i>Manual for the Revised Problem Behavior Checklist</i>. Coral Gables, FL: University of Miami.</p> <p>Skinner, H. A., Steinhauer, P. D., & Santa-Barbara, J. (1983). The Family Assessment Measure. <i>Canadian Journal of Community Mental Health, 2</i>, 91-105.</p>
EVALUATION STUDIES	<p>Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. <i>Journal of Consulting and Clinical Psychology, 65</i>(5), 821-833.</p>
ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices</p>

ParentCorps

CONTACT(S)	<p>Laurie Miller Brotman, PhD Phone: (646) 754-4999 Email: laurie.brotman@nyumc.org</p>
DESCRIPTION	<p>ParentCorps is a culturally tailored intervention that helps families enhance their children's socioemotional and physical development, mental health, and behavioral and academic functioning—both independently and in partnership with early childhood educators. Fourteen, 2-hour group sessions concurrently serve parents (who are led by mental health professional facilitators) and children (who are led by teachers). Parents learn parenting strategies such as setting routines, using child-directed play as an opportunity for positive parent-child interaction, giving positive reinforcement to encourage social and behavioral competence, ignoring small misbehaviors, and effectively disciplining large misbehaviors. Facilitators use discussion, role-play, video, and photography-based storytelling to help parents tailor strategies to their cultures, and adopt them according to individual goals. Parent groups also foster a sense of belonging to a supportive parent community. In child groups, teachers promote socioemotional skills (e.g., self-regulation) and behaviors that complement the parenting strategies; they also give feedback to parents after each session about their child’s progress. Child groups feature interactive lessons, experiential activities, and play.</p>
POPULATIONS	<p>Young children (ages 3 – 6) in families living in low-income communities</p>
SETTINGS	<p>Early childhood education, child care</p>
PROTECTIVE FACTORS	<p>Positive family functioning; social-emotional competencies</p>
EVALUATION DESIGN	<p>Prospective, experimental design with random assignment to intervention or control group, and including pretest and posttest; sample of 171 children (39% Black, 24% Hispanic/Latino, 12% Asian; 44% male)</p>
EVALUATION MEASURES	<p>Parenting Practices Interview (PPI; Webster-Stratton, 1998); The Effective Parenting Test (EPT; Calzada & Brotman, 2002); The Global Impressions of Parent Child Interactions–Revised (GIPCI–R; Brotman, Calzada, & Dawson-McClure, 2003; Brotman, Gouley et al., 2005); The Behavior Assessment System for Children–Preschool Version (BASC; Reynolds & Kamphaus, 2004); The New York Teacher Rating Scale (NYTRS; Miller et al., 1995); Involvement Questionnaire (INVOLVE–T; Webster-Stratton, Reid, & Hammond, 2001); Developmental Indicators for the Assessment of Learning–3 (Speed DIAL–3; Mardell-Czudnowski & Goldenberg, 1998)</p>
EVALUATION OUTCOME(S)	<p>Compared to the control group, participants in the intervention group reported (Brotman et al., 2011):</p> <ul style="list-style-type: none"> • Increased effective parenting practices. • Decreased child behavior problems.

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION MEASURE REFERENCES	<p>Brotman, L. M., Calzada, E., & Dawson-McClure, S. (2003). <i>Global Impressions of Parent-Child Interactions (GIPCI)</i>. Unpublished assessment instrument.</p> <p>Brotman, L. M., Gouley, K. K., Chesir-Teran, D., Dennis, T., Klein, R. G., & Shrout, P. (2005). Prevention for preschoolers at high risk for conduct problems: Immediate outcomes on parenting practices and child social competence. <i>Journal of Clinical Child & Adolescent Psychology, 34</i>, 724–734.</p> <p>Mardell-Czudnowski, C., & Goldenberg, D. S. (1998). <i>Developmental Indicators for the Assessment of Learning–3</i>. Monterey, CA: American Guidance Service.</p> <p>Miller, L. S., Klein, R. G., Piacentini, J., Abikoff, H., Shah, M. R., Samoilov, A., & Guardino, M. (1995). The New York teacher rating scale for disruptive and antisocial behavior. <i>Journal of the American Academy of Child & Adolescent Psychiatry, 34</i>(3), 359-370.</p> <p>Reynolds, C. R., & Kamphaus, R. W. (2004). <i>BASC–2: Behavior Assessment System for Children (2nd ed.)</i>. Circle Pines, MN: American Guidance Service.</p> <p>Webster-Stratton, C. (1998). Preventing conduct problems in Head Start children: Strengthening parenting competencies. <i>Journal of Consulting & Clinical Psychology, 66</i>, 715–730.</p> <p>Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. <i>Journal of Clinical Child Psychology, 30</i>, 283–302.</p>
EVALUATION STUDIES	<p>Brotman, L. M., Calzada, E., Huang, K.-Y., Kingston, S., Dawson-McClure, S., Kamboukos, D., ... & Petkova, E. (2011). Promoting effective parenting practices and preventing child behavior problems in school among ethnically diverse families from underserved, urban communities. <i>Child Development, 82</i>(1), 258–276.</p>
ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices</p>

Schools And Families Educating Children (SAFEChildren)

CONTACT(S)	Department of Psychiatry, University of Illinois at Chicago Phone: (312) 413-1090 Email: fcr@psych.uic.edu	Patrick Tolan, PhD Phone: (434) 243-9551 Email: pht6t@virginia.edu
	Website: N/A	
DESCRIPTION	Schools And Families Educating Children (SAFEChildren) aims to strengthen young children’s academic achievement and reduce their risk for later substance misuse and related problems such as aggression, school failure, and low social competence. SAFEChildren has two components: multi-family groups and a reading tutoring program for children. A trained, professional family group leader holds 20 weekly sessions for groups of families. Together, they learn about improving parenting skills, strengthening family relationships, understanding and managing developmental and situational challenges, increasing parental support, engaging with schools, and dealing with violence and other problems in their neighborhoods. Sessions include a review of the previous week’s homework, focused discussion, role-play, and other activities. Children receive tutoring twice a week for 20 weeks that involves phonics, sound and word activities, and reading books.	
POPULATIONS	First-grade children and their families living in inner-city neighborhoods	
SETTINGS	School, community	
PROTECTIVE FACTORS	Academic abilities; positive family functioning	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including two pretests, one posttest, and a six-month follow-up assessment; sample of 424 families with first-grade children (57% Hispanic/Latino, 43% African American, 51% male)	
EVALUATION MEASURES	Woodcock Diagnostic Reading Battery (Woodcock, 1997); Behavioral Assessment System for Children (BASC; Reynolds & Kamphaus, 1998); Teachers Observations of Classroom Adaptation – Revised (TOCA-R; Kellam, Brown, Rubin, & Ensminger, 1983), Parent Observations of Classroom Adaptation – Revised (POCA-R; Kellam et al., 1983); Parenting Practices Questionnaire (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996); Family Relationships Scale (Tolan, Gorman-Smith, Huesman, & Zelli, 1997); Fast Track Parent Involvement Scales (Conduct Problems Prevention Research Group, 1999)	

Positive Approaches: Programs and Strategies At-a-Glance

EVALUATION OUTCOME(S)	<p>Compared to the control group, SAFEChildren participants reported (Tolan, Gorman-Smith, & Henry, 2004):</p> <ul style="list-style-type: none"> • Improved academic performance. • Better parent involvement in school. <p>Compared to the control group, high-risk youth in the intervention showed (Tolan, Gorman-Smith, & Henry, 2004):</p> <ul style="list-style-type: none"> • Decreased aggression. • Decreased hyperactivity. • Increased leadership rating on a scale of social competence.
EVALUATION MEASURES REFERENCES	<p>Conduct Problems Prevention Research Group. (1999). Initial impact of the fast track prevention trial for conduct problems: 1. The high-risk sample. <i>Journal of Consulting and Clinical Psychology, 67</i>, 631-647.</p> <p>Gorman-Smith, D., Tolan, P. H., Zelli, A., & Huesmann, L. R. (1996). The relation of family functioning to violence among inner-city minority youth. <i>Journal of Family Psychology, 10</i>, 115–129.</p> <p>Kellam, S. G., Brown, C. H., Rubin, B. R., & Ensminger, M. E. (1983). <i>Paths leading to teenage psychiatric symptoms and substance use: Developmental epidemiological studies in Woodlawn</i>. In S. B. Guze, F. J. Earls, & J. E. Barrett (Eds.). <i>Childhood psychopathology and development</i> (pp. 17-47). Chicago, IL: University of Chicago Press.</p> <p>Reynolds, C. R., & Kamphaus, R. W. (1992). <i>BASC: Behavioral Assessment System for Children</i>. Circle Pines, MN: American Guidance Service.</p> <p>Tolan, P. H., Gorman-Smith, D., Huesmann, L. R., & Zelli, A. (1997). Assessment of family relationship characteristics: A measure to explain risk for antisocial behavior and depression in youth. <i>Psychological Assessment, 9</i>, 212-223.</p> <p>Woodcock, R. W. (1997). <i>Woodcock Diagnostic Reading Battery: Examiner’s manual</i>. Itasca, IL: Riverside Publishing.</p>
EVALUATION STUDIES	<p>Tolan, P., Gorman-Smith, D., & Henry, D. (2004). Supporting families in a high-risk setting: Proximal effects of the SAFEChildren preventive intervention. <i>Journal of Consulting and Clinical Psychology, 72</i>(5), 855-869.</p>
ACKNOWLEDGED BY	<p>The Athena Forum: www.theathenaforum.org</p>

Strong African American Families

CONTACT(S)	Christina Grange, PhD Phone: (706) 425-3005 Email: cgrange@uga.edu	Gene Brody, PhD Phone: (888) 542-3068 Email: gbrody@uga.edu
	Website: cfr.uga.edu/saaf-programs/saaf/	
DESCRIPTION	<p>Strong African American Families (SAAF) aims to prevent substance use and behavior problems among African American youth by building positive family interactions, helping youth prepare for later adolescence, and assisting primary caregivers to better support youth in reaching positive goals. Trained facilitators deliver seven 2-hour sessions over a flexible schedule. During sessions, they first meet with youth and their caregivers separately. Youth groups discuss following house rules; responding to racism adaptively; setting goals and planning to reach them; and building skills for resisting early sexual activity, substance use, and other risky behaviors. Caregiver groups discuss monitoring youths' behavior, encouraging youth to respond to racism adaptively, and building effective communication skills to discuss risky behaviors. Facilitators then meet with each family to expand on the content from the separate groups. They discuss how to build racial pride, communication skills, and family-based strengths for supporting youth's goals.</p>	
POPULATIONS	African American youth (ages 10-14) and their primary caregivers	
SETTINGS	School, community center	
PROTECTIVE FACTORS	Cultural heritage; high perceived risks of substance use; positive family functioning; social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group and including assessments at pretest, posttest, and 29 months after pretest; sample of 667 youth (100% African American, 47% male)	
EVALUATION MEASURES	<p>National Youth Survey (NYS; Elliott, Ageton, & Huizinga, 1985); Humphrey's Self-Control Inventory (Humphrey, 1982); protective factor indices (Felix-Ortiz, & Newcomb, 1992); Frequency of communication about sexuality (Kotchick, Dorsey, Miller, & Forehand, 1999); Racial Socialization Scale (Hughes & Johnson, 2001); Frequency of communication regarding parents' expectations concerning alcohol and drugs (Brody et al., 2008); Consistent use of intervention-targeted child management techniques (Brody et al., 2008); Relationship-building behaviors (Brody et al., 2008); Perceived Competency Scale for Children (Harter, 1982); Rosenberg Self-Esteem Measure (Rosenberg, 1965); Youths' ability to set, sustain, and achieve goals for the future (Brody et al., 2008); Youths' Negative Attitudes Toward Drinking and Sexual Activity measure (Jessor & Jessor, 1977)</p>	
EVALUATION OUTCOME(S)	<p>Compared to youth in the control group, youth in the SAAF group were (Brody et al, 2008):</p> <ul style="list-style-type: none"> • Less likely to increase their involvement in conduct problems over time. • Less likely to initiate alcohol use. 	

EVALUATION MEASURES REFERENCES	<p>Elliott, D. S., Ageton, S. S., & Huizinga, D. (1985). <i>Explaining delinquency and drug use</i>. Beverly Hills, CA: Siegel.</p> <p>Felix-Ortiz, M, & Newcomb, M. D. (1992). Risk and protective factors for drug use among Latino and White adolescents. <i>Hispanic Journal of Behavioral Sciences, 14</i>, 291–309.</p> <p>Harter, S. (1982). The perceived competence scale for children. <i>Child development, 53</i>, 87-97.</p> <p>Hughes, D., & Johnson, D. (2001). Correlates in children's experiences of parents' racial socialization behaviors. <i>Journal of Marriage and Family, 63</i>(4), 981-995.</p> <p>Humphrey, L. L. (1982). Children's and teachers' perspectives on children's self control: The development of two rating scales. <i>Journal of Consulting and Clinical Psychology, 50</i>, 624–633.</p> <p>Jessor, R. & Jessor, S. L. (1977). <i>Problem behavior and psychosocial development</i>. New York, NY: Academic Press.</p> <p>Kotchick, B. A., Dorsey, S., Miller, K. S., & Forehand, R. (1999). Adolescent sexual risk-taking behavior in single-parent ethnic minority families. <i>Journal of Family Psychology, 13</i>(1), 93.</p> <p>Rosenberg, M. (1965). <i>Society and the adolescent self-image</i>. Princeton, NJ: Princeton University Press.</p>
EVALUATION STUDIES	<p>Brody, G. H., Kogan, S. M., Chen, Y., & Murry, V. M. (2008). Long-term effects of the Strong African American Families program on youths' conduct problems. <i>Journal of Adolescent Health, 43</i>(5), 474-481.</p>
ACKNOWLEDGED BY	<p>SAMHSA's National Registry of Evidence-based Programs and Practices:</p> <p>Blueprints: www.blueprintsprograms.com/factSheet.php</p> <p>Office of Justice Programs' Crimesolutions.gov: www.crimesolutions.gov/ProgramDetails.aspx?ID=41</p>

Relationship-Level Programs Designed for and/or Evaluated with All Youth, but with Outcomes for Youth of Color

Family Centered Treatment

CONTACT(S)	Tim Wood, MS, LPC Phone: (704) 787-6869 Email: tim.wood@familycenteredtreatment.org	William E. Painter, Jr., MA Phone: (704) 308-0812 Email: bill.painter@familycenteredtreatment.org
Website: www.familycenteredtreatment.com		
DESCRIPTION	<p>Family Centered Treatment (FCT) provides intensive in-home services to juvenile offenders and their families, aiming to reduce recidivism, improve family relationships, and avoid the need for out-of-home youth placement. With a focus on strengths and by acknowledging trauma at all program phases, a trained family therapist meets the family (at their home, a relative's home, a school, a workplace, or another location) several times a week for an average of 6 months. Together they:</p> <ul style="list-style-type: none"> • build trust, complete assessments, and challenge family functioning patterns (the joining and assessment phase); • explore the origins of behaviors and family members' underlying needs (the restructuring phase); • identify changes they are all committed to make (the valuing changes phase); and • demonstrate these changes within the family and community (the generalization phase). 	
POPULATIONS	Adolescent juvenile offenders and their families	
SETTINGS	Home, school, community	
PROTECTIVE FACTORS	Positive family functioning	
EVALUATION DESIGN	Prospective, quasi-experimental design with assignment to FCT or to a residential treatment facility and including assessments at baseline and at 1 and 2 years; sample of 1,335 adolescents (59% Black, 74% male)	
EVALUATION MEASURES	Maryland Department of Juvenile Services Administrative data: residential placements, pending placements, community detentions, secure detentions, offenses, and adjudications	
EVALUATION OUTCOME(S)	Youth in both the FCT and in the residential treatment group showed (Sullivan et al., 2012): <ul style="list-style-type: none"> • Decreased post-treatment residential placements. • Reduction in law violations. 	

EVALUATION STUDIES	Sullivan, M. B., Benneer, L. S., Honess, K. F., Painter, W. E., Jr., & Wood, T. J. (2012). Family Centered Treatment--An alternative to residential placements for adjudicated youth: Outcomes and cost-effectiveness. <i>OJJDP Journal of Juvenile Justice</i> , 2(1), 25-40.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices:

Functional Family Therapy for Adolescent Alcohol and Drug Abuse

CONTACT(S)	Aleah Montañó Phone: (505) 453-8984 Email: aleah@liffit.co	Charles W. Turner, PhD Phone: (732) 501-9505 Email: cturner@ori.org
	Website: N/A	
DESCRIPTION	<p>Functional Family Therapy for Adolescent Alcohol and Drug Abuse provides strengths-based, nonjudgmental therapy to youth and their entire families, using a family systems model that incorporates cognitive behavioral strategies. It seeks to reduce substance use and delinquent behavior among youth, and strengthen family cohesion by ameliorating family interaction patterns and parent-youth relationships. Delivered by a certified therapist in 12-16 sessions, the program has five phases:</p> <ol style="list-style-type: none"> 1. engagement (e.g., building the therapeutic relationship) 2. motivation (e.g., cultivating readiness to change, addressing blaming and hostility, reframing negative interactions) 3. assessment (e.g., identifying maladaptive behaviors to design a behavior change plan) 4. behavior change (e.g., implementing strategies for communication, problem-solving, managing moods, resisting urges and cravings) 5. generalization (e.g., maintaining behavior change, preventing relapse) 	
POPULATIONS	Youth (ages 13 – 19) with substance use and delinquency, HIV risk behaviors, and/or depression (or other behavioral and mood disturbances) and their families	
SETTINGS	Outpatient, home	
PROTECTIVE FACTORS	Positive family functioning	
EVALUATION DESIGN	Prospective, experimental design with random assignment to one of four treatment conditions: (1) individual cognitive- behavioral therapy (CBT), (2) functional family therapy, (3) combined individual therapy and functional family therapy, or (4) group therapy and including assessments at pretreatment and at 4 and 7 months; sample of 120 adolescents (47% Hispanic/Latino, 80% male)	

EVALUATION MEASURES	Form 90D version (Miller & Del Boca, 1994) of the Timeline follow-back interview (TLFB; Sobell et al., 1980); Problem Oriented Screening Instrument for Teenagers (POSIT; McLaney, Del Boca, & Babor, 1994); Child Behavior Checklist (Achenbach & Edelbrock, 1982)
EVALUATION OUTCOME(S)	<p>Compared to the CBT and group therapy groups, participants in the functional family therapy group showed fewer days of marijuana use from pretest to 4 months (Waldron et al., 2001).</p> <p>Compared to the group therapy group, participants in the functional family therapy group and combined individual and group therapy groups showed more youth shifting from heavy to minimal marijuana use¹² from pretest to 4 months (Waldron et al., 2001).</p> <p>Compared to participants in the CBT group, participants in the functional family therapy, combined individual and family therapy, and group therapy groups showed more youth shifting from heavy to minimal marijuana use from pretest to 4 months (Waldron et al., 2001).</p>
EVALUATION MEASURE REFERENCES	<p>Achenbach, T. M., & Edelbrock, C. S. (1982). <i>Manual for the Child Behavior Checklist and Child Behavior Profile</i>. Burlington, VT: University of Vermont.</p> <p>McLaney, M. A., Del Boca, F. K., & Babor, T. F. (1994). A validation study of the Problem Oriented Screening Instrument for Teenagers (POSIT). <i>Journal of Mental Health, 3</i>, 363-376.</p> <p>Miller, W. R., & Del Boca, F. K. (1994). Measurement of drinking behavior using the Form 90 family of instruments. <i>Journal of Studies on Alcohol, Suppl 12</i>, 112-118.</p> <p>Sobell, M. B., Maisto, S. A., Sobell, L. C., Cooper, A. M., Cooper, T., & Sanders, B. (1980). Developing a prototype for evaluating alcohol treatment effectiveness. In L. C. Sobell, M. B. Sobell, and E. Ward (Eds.), <i>Evaluating alcohol and drug abuse treatment effectiveness: Recent advances</i> (pp. 129-150). New York: Pergamon.</p>
EVALUATION STUDIES	Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., & Peterson, T. R. (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. <i>Journal of Consulting and Clinical Psychology, 69</i> (5), 802-813.
ACKNOWLEDGED BY	SAMHSA's National Registry of Evidence-based Programs and Practices:

¹² Minimal marijuana use was defined as abstaining or nearly abstaining from using marijuana.

Start Taking Alcohol Risks Seriously (STARS) for Families

CONTACT(S)	Dinky Hicks Phone: (800) 962-6662 ext 191 Email: dinky@nimcoinc.com	Chudley E. Werch, PhD Phone: (904) 472-5022 Email: cwerch@preventionpluswellness.com
Website: http://nimcoinc.com		
DESCRIPTION	Start Taking Alcohol Risks Seriously (STARS) for Families works with youth and their families to prevent or reduce youth alcohol use. In schools or afterschool programs, trained adults conduct short consultations—and follow-up consultations as needed—with each participating youth about avoiding alcohol use. They also mail to participating parents and guardians a series of eight postcards that offers strategies for talking to youth about alcohol avoidance. Participating families also complete four take-home lessons that aim to strengthen parent-child communication about prevention skills and knowledge. Program components can be implemented separately or in combination.	
POPULATIONS	Middle school youth (ages 11 – 14) and their families	
SETTINGS	School (middle school), after-school program, health clinic, youth organization, home	
PROTECTIVE FACTORS	High perceived risks of substance use; positive family functioning	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including assessments at baseline, post-intervention, and one year post-intervention; sample of 650 students (58% African American, 54% male)	
EVALUATION MEASURES	Youth Alcohol and Drug Survey (Werch, 1996); measures of motivation to avoid drinking, expectancy beliefs, peer prevalence, influenceability and total risk factors for alcohol use (Werch et al., 2003)	
EVALUATION OUTCOME(S)	Compared to the control group, intervention participants reported (Werch et al., 2003): <ul style="list-style-type: none"> • Reduced risk of alcohol consumption. 	
EVALUATION MEASURE REFERENCES	Werch, C. (1996). <i>The Youth Alcohol and Drug Survey</i> . Jacksonville, FL: University of North Florida, Center for Drug Prevention and Health Promotion.	
EVALUATION STUDIES	Werch, C. E., Owen, D. M., Carlson, J. M., DiClemente, C. C., Edgemon, P., & Moore, M. (2003). One-year follow-up results of the STARS for Families alcohol prevention program. <i>Health Education Research</i> , 18(1), 74-87.	
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices:	

SECTION FOUR: COMMUNITY-LEVEL PROGRAMS

Community ties and neighborhood strengths can be both health promoting and protective against substance misuse. Our search yielded eight programs that were designed to create change at the community level. Four programs were designed or evaluated with youth of color (boys and girls) and four with all youth, but demonstrated outcomes specifically for youth of color (boys and girls). Our search did not produce any community-level programs that were designed or evaluated with boys and young men of color specifically.

The majority of community-level programs (n=7) were designed to impact the school environment—an important setting because youth spend much of their day there.¹³ In general, a positive school experience, such as one that involves supportive peers, teacher influences, and opportunities for success (academic or social), is associated with adolescent resilience in general.¹⁴ Some programs are integrated into existing curricula and provide training for teachers on behavior modification strategies (e.g., *PAX Good Behavior Game*, *PeaceBuilder Prevention Program*) or educate teachers about emotional development (e.g., *Classroom Consultation for Early Childhood Educators Program*). These programs aim to help teachers better manage their classroom, reduce violent and delinquent behaviors at school, and increase prosocial behavior among students.

Other programs provide guidance to teachers (or other instructors) on how to implement specific classroom or school-wide activities with the goal of creating a school and classroom climate that is more supportive of students (e.g., *HighScope*, *Positive Action*). Some school-based programming extends outside the classroom and school setting and involves other stakeholders, such as parents (e.g., *Project SUCCESS*) and peers (e.g., *FastTrack*). Involving multiple stakeholders and targeting other levels of influence (i.e., family relationships) can provide a more holistic and comprehensive approach to health promotion and substance misuse prevention that often is associated with successful outcomes.¹⁵ Consider, for example, the *Child-Parent Center*—an alternative school that provides preschool and kindergarten education as well as serves as a social services hub for family resource distribution.

While the school setting is particularly pertinent to youth, neighborhood characteristics also influence youth behavior. Therefore, strategies or programs that intervene to make communities

¹³ Noam, G. G., & Hermann, C. A. (2002). Where education and mental health meet: Developmental prevention and early intervention in schools. *Development and Psychopathology*, *14*, 861–875.

¹⁴ Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, *26*, 1–11.

¹⁵ Frankford, E. (2007). Changing service systems for high-risk youth using state-level strategies. *American Journal of Public Health*, *97*(4), 594-600.

safer or to increase opportunities for youth to connect positively to their neighborhood through civic participation may have positive health benefits. As of yet, these types of neighborhood-level strategies have not been evaluated to determine their effectiveness regarding well-being and substance misuse among youth of color. Neighborhood-level programs do show promise, however and are beginning to develop an evidence base. For example, housing interventions such as rental vouchers and relocation to low-poverty neighborhoods show potential in affecting social, economic, and environmental well-being because of their ability to reduce overcrowding, segregation, and concentrated poverty in low-income neighborhoods where people of color often reside.* There needs to be further research to assess their impact on health improvements.¹⁶

The outcomes associated with the community-level programs that we did review include: increased well-being (i.e., increased healthy attachment to significant adults; increased self-control; increased initiative; better social-emotional development), increased academic success (i.e., more likely to complete high school; performing better in math and reading), reduction of delinquent behaviors (i.e., fewer arrests for drug crimes), and reduction in substance use (i.e., lower rates of ever used marijuana; less likely to use tobacco, cocaine, or heroin by grade 8).

***Please note: SAMHSA expressly prohibits any grantees or contractors from using SAMHSA funds to pursue any activity that is designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive orders proposed or pending before the Congress or any State government, State legislature, local legislature, or legislative body.**

¹⁶ Lindberg, R. A., Shenassa, E. D., Acevedo-Garcia, D., Popkin, S. J., Villaveces, A., & Morley, R. L. (2010). Housing intervention at the neighborhood level and health: A review of the evidence. *Journal of Health Management and Practice*, 16(5E-Supp), S44-S52.

Community-Level Programs Designed for and/or Evaluated Specifically with Boys and Young Men of Color

Our search yielded no programs that intervene at the community level and that are designed for or are evaluated specifically with boys and young men of color.

Community-Level Programs Designed for and/or Evaluated with Youth of Color

Child-Parent Center

CONTACT(S)	<p>Child-Parent Centers Office Phone: (773) 553-1958 Website: http://cps.edu/Schools/EarlyChildhood/Pages/Childparentcenter.aspx</p>
DESCRIPTION	<p>The Child-Parent Center (CPC) program works in high-poverty, underserved neighborhoods to promote school readiness and academic achievement, increase parental involvement in school, and prevent delinquency. The CPC preschool program consists of activities focused on reading and language skills development, parental involvement, comprehensive services including home visitation and nutritional support, and capacity building for schools to help aid in children’s transition into elementary school. Parents must visit the Center for at least half a day per week while their children are in preschool and kindergarten. They can volunteer as classroom aides, chaperone field trips, visit the parent-resource room, or join other parents in reading groups. The parent program also includes parenting training, home visits, health and nutrition services, and sponsors continuing education courses for parents.</p>
POPULATIONS	<p>Preschool children and their parents residing in primarily low-income neighborhoods</p>
SETTINGS	<p>Community (with close proximity to an elementary school)</p>
PROTECTIVE FACTORS	<p>Academic abilities; positive family functioning; supportive school environment</p>
EVALUATION DESIGN	<p>Retrospective, quasi-experimental design with assignment to treatment or control group; assessments at baseline (age 4) and at age 22; sample of 1,334 minority youth (approximately 94% Black; 49% male)</p>
EVALUATION MEASURES	<p>Iowa Test of Basic Skills (ITBS; Hieronymus, Lindquist, & Hoover, 1980); High School Diploma attainment; GED attainment; Indicators of family support hypothesis; Indicators of social adjustment hypothesis; Indicators of motivational advantage hypothesis; Indicators of school support hypothesis (Ou & Reynolds, 2010)</p>

EVALUATION OUTCOME(S)	Compared to the control group, male participants in the preschool program were (Ou & Reynolds, 2010): <ul style="list-style-type: none"> • More likely to complete high school. • More likely to earn a GED.
EVALUATION MEASURE REFERENCES	Hieronymus, A. N., Lindquist, E. F., & Hoover, H. D. (1980). <i>Iowa Tests of Basic Skills: Early primary battery</i> . Chicago, IL: Riverside Publishing Company.
EVALUATION STUDIES	Ou, S. R., & Reynolds, A. J. (2010). Mechanisms of effects of an early intervention program on educational attainment: A gender subgroup analysis. <i>Children and Youth Services Review, 32</i> (8), 1064-1076.
ACKNOWLEDGED BY	Office of Justice Programs' Crimesolutions.gov: www.crimesolutions.gov/ProgramDetails.aspx?ID=292

HighScope Curriculum

CONTACT(S)	Gavin Haque Phone: (734) 485-2000 Email: gavin@highscope.org	Marijata Daniel-Echols, PhD Phone: (734) 485-2000 Email: mdaniel-echols@highscope.org
	Website: www.highscope.org	
DESCRIPTION	The HighScope Curriculum builds young children's skills to augment their cognitive, socioemotional, and physical development and promote school success and increased productivity and responsibility. For one to three years, children participate in the curriculum, which arranges classrooms into areas (e.g., house, art, block, book) for child-directed play. Children plan their activities each day, carry them out, and discuss them with adults and other children—thus encouraging initiative and competence. This is balanced with adult-directed activities (e.g., field trips, small and large groups, and events) that foster children's sense of responsibility and social cooperation. The content of each year of the curriculum is developmentally appropriate and age-appropriate.	
POPULATIONS	Young children (0 – 5 years)	
SETTINGS	Preschool	
PROTECTIVE FACTORS	Academic abilities; social-emotional competencies	
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including follow-up assessments post-intervention (age 4), and at ages 10, 15, 19, 27, and 40; sample of 123 low-income children (100% Black, 50% male)	
EVALUATION MEASURES	Unavailable	

EVALUATION OUTCOME(S)	Compared to males in the control group, at age 40 males in the HighScope Curriculum group reported (Schweinhart et al., 2005): <ul style="list-style-type: none"> • Fewer arrests for drug crimes. • Lower rates of substance use, including sedatives, marijuana, and heroin. • Higher rates of employment.
EVALUATION STUDIES	Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). <i>Lifetime effects: The HighScope Perry Preschool study through age 40</i> . Ypsilanti, MI: HighScope Press.
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices Blueprints: www.blueprintsprograms.com/factSheet.php

PAX Good Behavior Game

CONTACT(S)	Bea Ramirez Phone: (877) 467-2947 Email: info@paxis.org	Dennis D. Embry, PhD Phone: (520) 299-6770 Email: dde@paxis.org
	Website: www.goodbehaviorgame.org	
DESCRIPTION	The PAX Good Behavior Game (PAX GBG) is an intervention that fosters a classroom environment conducive to young children’s learning. PAX GBG intends to help students be more attentive, on task, and engaged, and be less aggressive and disruptive. In so doing, it aims to strengthen academic success and mental health and substance use outcomes over time. In classrooms, teachers first apply evidence-based strategies or “kernels,” ¹⁷ (e.g., transition cues, praise for positive behavior, timers that challenge faster task completion, fun activities used as rewards). Teachers also discuss expectations for class behavior. They then introduce the game and announce its start. After a few minutes, teams with fewer than three infractions for unwanted behavior receive a reward. Over time, the game lasts longer and is announced less frequently. Parents receive a booklet explaining the game and how it can be played at home.	
POPULATIONS	Elementary school children	
SETTINGS	School (elementary school)	
PROTECTIVE FACTORS	Academic abilities; social-emotional competencies; supportive school environment	
EVALUATION DESIGN	Prospective, experimental design with random assignment to one of two treatment groups (classroom-centered or family school partnership) or a control group, including assessments at baseline (first grade) and periodically until participants reached age 19;	

¹⁷ Some kernels have been adapted from PeaceBuilders (see page 91).

	sample of 678 urban youth (87% African American, 53% male)
EVALUATION MEASURES	<p><u>Bradshaw, Zmuda, Kellam, & Ialongo</u>: Teacher Observation of Classroom Adaptation—Revised (TOCA-R; Werthamer-Larsson, Kellam, & Wheeler, 1991); Kaufman Test of Educational Achievement (KTEA; Kaufman & Kaufman, 1985); Teacher Report of Classroom Behavior Checklist (Ialongo et al., 2001); Local school district special education services and graduation administrative data</p> <p><u>Furr-Holden, Ialongo, Anthony, Petras, & Kellam, 2004</u>: Structured Interview of Parent Management Skills and Practices—parent version (SIPMSP; Capaldi & Patterson, 1994); Teacher observation of classroom adaptation—revised (TOCA-R; Werthamer-Larsson, Kellam, & Wheeler, 1991); National Household Survey on Drug Abuse (SAMHSA, 2000)</p>
EVALUATION OUTCOME(S)	<p>Compared to the control group, participants in the PAX GBG group were:</p> <ul style="list-style-type: none"> • Performing better in math and reading (Bradshaw et al., 2009). • Needing fewer special education services from grades 1-12 (Bradshaw et al., 2009). • More likely to attend college (Bradshaw et al., 2009). • Less likely to use tobacco, cocaine, or heroin by grade 8 (Furr-Holden et al., 2004).
EVALUATION MEASURE REFERENCES	<p>Ialongo, N., Poduska, J., Werthamer, L., & Kellam, S. (2001). The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. <i>Journal of Emotional & Behavioral Disorders, 9</i>, 146–161.</p> <p>Kaufman, A. S. & Kaufman, N. L. (1985). <i>Kaufman Test of Educational Achievement</i>. Circle Pines, MN: American Guidance Service.</p> <p>Werthamer-Larsson, L., Kellam, S. G., & Wheeler, L. (1991). Effect of first-grade classroom environment on child shy behavior, aggressive behavior, and concentration problems. <i>American Journal of Community Psychology, 19</i>, 585–602.</p>
EVALUATION STUDIES	<p>Bradshaw, C. P., Zmuda, J. H., Kellam, S. G., & Ialongo, N. S. (2009). Longitudinal impact of two universal preventive interventions in first grade on educational outcomes in high school. <i>Journal of Educational Psychology, 101</i>(4), 926-937.</p> <p>Capaldi, D. M., & Patterson, G. R. (1994). Interrelated influences of contextual factors on antisocial behavior in childhood and adolescence for males. In D. Fowles, P. Sutker, & S. Goodman (Eds.), <i>Psychopathy and antisocial personality: A developmental perspective</i> (pp. 165-198). New York: Springer.</p> <p>Furr-Holden, C. D. M., Ialongo, N. S., Anthony, J. C., Petras, H., & Kellam, S. G. (2004). Developmentally inspired drug prevention: Middle school outcomes in a school-based randomized prevention trial. <i>Drug and Alcohol Dependence, 73</i>(2), 149-158.</p> <p>Substance Abuse and Mental Health Services Administration. (2000). <i>National Household Survey on Drug Abuse Series: H-11. National Household Survey on Drug Abuse Main Findings, 1998</i>. Office of Applied Studies. DHHS Pub. No. (SMA) 00-3381.</p> <p>Werthamer-Larsson, L., Kellam, S., & Wheeler, L. (1991). Effect of first-grade classroom environment on shy behavior, aggressive behavior, and concentration problems. <i>American Journal of Community Psychology, 19</i>(4), 585-602.</p>

ACKNOWLEDGED BY	<p>SAMHSA’s National Registry of Evidence-based Programs and Practices:</p> <p>Blueprints: www.blueprintsprograms.com/factSheet.php</p> <p>The Athena Forum: www.theathenaforum.org</p>
-----------------	--

Positive Action

CONTACT(S)	<p>Carol Gerber Allred, PhD Phone: (800) 345-2974 Email: carol@positiveaction.net</p> <p>Website: www.positiveaction.net</p>
DESCRIPTION	<p>Positive Action teaches students a wide variety of positive behaviors and skills and seeks to cultivate a positive school climate. Teachers deliver two to four scripted, age-appropriate lessons per week, totalling 140 15-minute lessons for grades K-6 and 82 15- 20-minute lessons for grades 7-8. Example topics include positive and negative actions; healthy habits; cognitive skills (e.g., problem-solving, decision-making, critical and creative thinking, studying techniques); self-management skills (e.g., managing time, energy, emotions, money); interpersonal social-emotional skills; honesty and responsibility; and goal-setting. Teachers integrate puppets, music, games, and print materials with their lessons. Principals and appointed committees use school-wide climate development kits (available in elementary and middle-school versions) to reinforce lesson content and incorporate informational displays, rewards, clubs, and shared student activities into their school environments. School counselors, social workers, and school psychologists can use Counselor’s Kits to implement mentoring, peer tutoring, and support group activities.</p>
POPULATIONS	Elementary and middle school students (grades K – 8)
SETTINGS	School (elementary and middle school)
PROTECTIVE FACTORS	Prosocial behaviors and involvement; social-emotional competencies; supportive school environments
EVALUATION DESIGN	Prospective, experimental design with random assignment to intervention or control group, and including assessments at baseline and twice yearly for six years; sample of 1,170 students (approximately 54% Black, 31% Hispanic/Latino, 52% male)
EVALUATION MEASURES	Child Social-Emotional and Character Development Scale (DuBois, Ji, Flay, Day, & Silverthorn, 2010; Ji, Dubois, & Flay, 2013); Risk Behavior Survey (Centers for Disease Control and Prevention, 2004)

EVALUATION OUTCOME(S)	<p>Compared to the control group, participants in the intervention group reported (Lewis et al., 2012):</p> <ul style="list-style-type: none"> • Less substance use. • Better social-emotional and character development scores.
EVALUATION MEASURE REFERENCES	<p>Centers for Disease Control and Prevention. (2004). <i>Methodology of the Youth Risk Behavior Surveillance System</i>. Retrieved from: http://www.cdc.gov/healthyyouth/index.htm.</p> <p>DuBois, D. L., Ji, P., Flay, B. R., Day, J., & Silverthorn, N. (2010). <i>Further validation of the youth social and character development scale</i>. Washington, DC: Institute of Educational Sciences Annual Meeting.</p> <p>Ji, P., DuBois, D. L., & Flay, B. (2013). Social emotional and character development scale: Development and initial validation with elementary school students. <i>Journal of Research in Character Education</i>, 9(2), 121-147.</p>
EVALUATION STUDIES	<p>Lewis, K. M., Bavarian, N., Snyder, F. J., Acock, A., Day, J., DuBois, D. L., ... & Flay, B. R. (2012). Direct and mediated effects of a social-emotional and character development program on adolescent substance use. <i>The International Journal of Emotional Education</i>, 4(1), 56-78.</p>
ACKNOWLEDGED BY	<p>SAMHSA's National Registry of Evidence-based Programs and Practices</p> <p>Blueprints: www.blueprintsprograms.com/factSheet.php</p>

Community-Level Programs Designed for and/or Evaluated with All Youth, But with Outcomes for Youth of Color

Classroom Consultation for Early Childhood Educators Program

CONTACT(S)	Cindy A. Crusto, PhD Phone: (203) 789-7645 Email: cindy.crusto@yale.edu
DESCRIPTION	The Classroom Consultation for Early Childhood Educators Program (CCP) is a program designed to help teachers better understand their students' emotional development and support their social-emotional development. For students with social-emotional difficulties, it seeks to improve social-emotional outcomes and strengthen protective factors. CCP has three levels of intervention: the universal, classroom level; the short-term parental support level; and the home-based intensive intervention level. CCP was implemented in 15 early care and education classrooms alongside The Devereux Early Childhood Assessment Program (DECA) to provide teachers support from mental health consultants to effectively implement the intervention. DECA, a universal screening tool, assesses students' strengths and areas for improvement and provides individual- and classroom-level strategies to address those areas for improvement. DECA also offers universal strategies that promote positive social-emotional development across entire classrooms.
POPULATIONS	Young children (ages 3 – 5)
SETTINGS	School (Preschool, elementary school)
PROTECTIVE FACTORS	Positive family functioning; social-emotional competencies; supportive school environment
EVALUATION DESIGN	Prospective, quasi-experimental design with no control group, and including pretest and posttest; sample of 261 children (54% Black, 36% Hispanic/Latino, 52% male)
EVALUATION MEASURES	Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999); Self-efficacy Inventory (SEI; Friedlander & Snyder, 1983)
EVALUATION OUTCOME(S)	Relative to baseline, participants in the intervention group demonstrated (Crusto et al., 2013): <ul style="list-style-type: none"> • Decreased behavioral concerns. • Increased healthy attachment to significant adults. • Increased self-control. • Increased initiative.

EVALUATION MEASURE REFERENCES	Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory process: Testing a developmental model. <i>Counselor Education and Supervision</i> , 22, 342–348. LeBuffe, P. A., & Naglieri, J. A. (1999). <i>Devereux Early Childhood Assessment: Technical manual</i> . Lewisville, NC: Kaplan Press.
EVALUATION STUDIES	Crusto, C. A., Whitson, M. L., Feinn, R., Gargiulo, J., Holt, C., Paulicin, B., & ... Lowell, D.I. (2013). Evaluation of a mental health consultation intervention in preschool settings. <i>Best Practice In Mental Health</i> , 9(2), 1-21.
ACKNOWLEDGED BY	N/A

Fast Track

CONTACT(S)	Karen Bierman, PhD Phone: (814) 865-3879 Email: kb2@psu.edu Website: www.fasttrackproject.org
DESCRIPTION	Fast Track provides academic tutoring along with life skills lessons and positive peer groups to help youth learn social skills and regulate their behavior. The program also offers parent training, home visiting, and classroom programming to reinforce lessons learned in both school and home environments. Friendship groups, a main component of Fast Track for elementary school children, are scheduled weekly after school or on the weekends in coordination with a school-based social competence promotion program. These friendship groups use stories, films, role-playing, and discussions to demonstrate and promote social skills. Friendship groups also include cooperative activities and group, social problem-solving exercises to give children an opportunity to practice social skills in a supportive environment.
POPULATIONS	At-risk youth (exhibiting aggression and disruptive behavior)
SETTINGS	School, community
PROTECTIVE FACTORS	Prosocial behaviors and involvement; social-emotional competencies
EVALUATION DESIGN	Prospective, experimental design with random assignment of schools to intervention or control group and including yearly assessments from kindergarten through fifth grade; sample of 891 students (51% African American, 69% male)

EVALUATION MEASURES	Social Problem-Solving measure (Dodge, Bates, & Pettit, 1990); Social Competence–Teacher instrument (Conduct Problems Prevention Research Group [CPPRG], 1999a); Things That Your Friends Have Done scale (CPPRG, 2000); Parent Daily Report (Chamberlain & Reid, 1987); Parent Ratings of Child Behavior Change instrument (CPPRG, 1999a); Things That You Have Done scale based on National Youth Survey (Elliott, Huizinga, & Ageton, 1985); TOCA-R Authority Acceptance (Werthamer-Larsson, Kellam, & Wheeler, 1991); Woodcock–Johnson Psycho-Educational Battery – Revised (Woodcock & Johnson, 1990)
EVALUATION OUTCOME(S)	Compared to the control group, intervention participants showed (Bierman et al., 2004): <ul style="list-style-type: none"> • Increased social competence. • Decreased social cognition problems. • Decreased involvement with deviant peers. • Decreased conduct problems in home and community.
EVALUATION MEASURE REFERENCES	<p>Chamberlain, P., & Reid, J. B. (1987). Parent observation and report of child symptoms. <i>Behavioral Assessment, 9</i>, 97–109.</p> <p>Conduct Problems Prevention Research Group (CPPRG). (1999a). Initial impact of the Fast Track prevention trial for conduct problems: I. The high-risk sample. <i>Journal of Consulting and Clinical Psychology, 67</i>, 631–647.</p> <p>Conduct Problems Prevention Research Group (CPPRG). (2000). <i>Things Your Friends Have Done (Technical Report)</i>. Retrieved June 1, 2003, from the World Wide Web: http://www.fasttrackproject.org</p> <p>Dodge, K. A., Bates, J. A., & Pettit, G. S. (1990). Mechanisms in the cycle of violence. <i>Science, 250</i>, 1678–1683.</p> <p>Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). <i>Explaining delinquency and drug use</i>. Beverly Hills, CA: Sage.</p> <p>Werthamer-Larsson, L., Kellam, S. G., & Wheeler, L. (1991). Effects of first grade classroom environment on shy behavior, aggressive behavior, and concentration problems. <i>American Journal of Community Psychology, 19</i>, 585–602.</p> <p>Woodcock, R. W., & Johnson, M. B. (1990). <i>Woodcock–Johnson Psycho-Educational Battery– Revised</i>. Allen, TX: D.M. Teaching Resources.</p>
EVALUATION STUDIES	Bierman, K. L., Coie, J. D., Dodge, K. A., Foster, E. M., Greenberg, M. T., Lochman, J. E.,... & Pinderhughes, E. E. (2004). The effects of the Fast Track program on serious problem outcomes at the end of elementary school. <i>Journal of Clinical Child and Adolescent Psychology, 33</i> (4), 650-661.
ACKNOWLEDGED BY	N/A

PeaceBuilders Violence Prevention Program

CONTACT(S)	Michelle A. Molina Phone: (877) 473-2236 Email: mmolina@peacebuilders.com	Dennis D. Embry, PhD Phone: (520) 299-6770 Email: dde@paxis.org
	Website: www.peacebuilders.com	
DESCRIPTION	PeaceBuilders Violence Prevention Program aims to cultivate a positive school climate and prevent violence by teaching nonviolent values and rewarding young children who display prosocial, nonviolent behaviors. It also seeks to build social competence and reduce aggression among students. All staff in participating schools are trained to model and support “peace-building” behavior (e.g., praising people through speech and written notes, foregoing put-downs, finding wise advisers and friends, righting wrongs, and helping others). Educators deliver monthly sessions about these behaviors. Schools display peace-building principles (e.g., on designed notepads and floor decals). School staff members build rewards for peace-building behavior (e.g., praising students, sending them to the principal’s office to praise for good behavior).	
POPULATIONS	Elementary school students (grades K – 5)	
SETTINGS	School (elementary school)	
PROTECTIVE FACTORS	Prosocial behaviors and involvement; social emotional competencies; supportive school environment	
EVALUATION DESIGN	Prospective, experimental design with 9 schools randomly assigned to intervention or control group; assessments at baseline and every 6 months for 2 years; sample of 4,679 children (50% Hispanic/Latino, 15% Native American, approximately 50% male)	
EVALUATION MEASURES	Walker-McConnell Scale of Social Competence (Walker & McConnell, 1995); Child Behavior Checklist Teacher Report Form (Achenbach, 1991); Prosocial behavior (child report; developed by the research team); Delinquency and Aggression subscales of the Child Behavior Checklist-Youth Self Report (Achenbach, 1991)	
EVALUATION OUTCOME(S)	Compared to the control group, participants in the intervention group showed (Vazsonyi , Belliston, & Flannery, 2004): <ul style="list-style-type: none"> • Decreased aggression. • Increased social competence. 	
EVALUATION MEASURE REFERENCES	Achenbach, T. M. (1991). <i>Manual for the Child Behavior Checklist/4-18 and 1991 Profile</i> . Burlington, VT: University of Vermont Department of Psychiatry. Walker, H. M., & McConnell, S. R. (1995). <i>The Walker-McConnell Scale of Social Competence and School Adjustment (SSCSA)</i> . Florence, KY: Thomson Learning	
EVALUATION STUDIES	Vazsonyi, A. T., Belliston, L. M., & Flannery, D. J. (2004). Evaluation of a school-based, universal violence prevention program: Low-, medium-, and high-risk children. <i>Youth Violence and Juvenile Justice</i> , 2(2), 185-206.	
ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices	

Project SUCCESS

CONTACT(S)	Ellen Morehouse, LCSW, CASAC, CPP Phone: (914) 332-1300 Email: sascorp@aol.com	Bonnie Fenster, PhD Phone: (914) 332-1300 Email: bonnie.fenster@sascorp.org Website: www.sascorp.org/success.html
DESCRIPTION	Project SUCCESS works to prevent and reduce substance use among students. Trained local staff members (Project SUCCESS Counselors) deliver six to eight weekly sessions that cover identifying and resisting pressures to use substances, examining misperceptions about the prevalence of substance use and availability of substances, and understanding substance use consequences. Schools implement schoolwide activities and use promotional materials that seek to change social norms about substance use and increase compliance with school substance use policies. Parents engage in parent advisory committees and informational meetings. Project SUCCESS Counselors provide some individual and group counseling and refer students and families to additional counseling and treatment as needed.	
POPULATIONS	Students (ages 12 –18)	
SETTINGS	School (middle and high school, including alternative school)	
PROTECTIVE FACTORS	High perceived risks of substance use; social-emotional competencies; supportive school environment	
EVALUATION DESIGN	Morehouse & Tobler, 2000: Prospective, experimental design with random assignment to intervention or control group, and including pretest and posttest; sample of 425 students (66% Black, 20% Hispanic/Latino, 56% male) Morehouse et al., 2007: Prospective, experimental design with random assignment to intervention or control group, and including assessments at baseline, post-intervention, and two years post-intervention; sample of 363 students (42% Black, 23% Hispanic/Latino, 54% male)	
EVALUATION MEASURES	Unavailable	
EVALUATION OUTCOME(S)	Compared to the control group, Project Success participants reported: <ul style="list-style-type: none"> • Lower rates of having ever used marijuana (Morehouse et al., 2007). • Greater likelihood of reducing or stopping marijuana use if they had used at pretest (Morehouse et al., 2007; Morehouse & Tobler, 2000). 	
EVALUATION STUDIES	Morehouse, E. R., & Tobler, N. S. (2000). <i>Project SUCCESS final report: Grant number 4 HD1 SP07240</i> . Report submitted January 26, 2000, to the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services. Vaughan, R., & Johnson, P. (2007). <i>The effectiveness of Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) in a regular secondary school setting</i> . Unpublished manuscript.	

ACKNOWLEDGED BY	SAMHSA’s National Registry of Evidence-based Programs and Practices The Athena Forum: www.theathenaforum.org
--------------------	---

SECTION FIVE: SOCIETAL-LEVEL PROGRAMS

Based on our search parameters, we were unable to identify any societal-level programs designed for or evaluated with youth of color. One reason for this dearth of programs: Compared to those at the individual and relationship levels, programs and strategies designed to produce societal and community-level change are difficult to evaluate in a way that meets the rigorous research criteria applied by evidence-based registries.ⁱⁱⁱ Moreover, societal-level policies and programs that have the potential to promote positive well-being among youth of color may exist, but may not have been evaluated to ascertain their influence on health outcomes, including emotional well-being and substance misuse, among populations of color.

To begin to identify societal-level strategies that have the potential for increasing well-being and reducing substance misuse, it is important to examine protective factors that research suggests are associated with those positive outcomes (see above). Among these factors is socioeconomic status. Worth mentioning are several types of policies thought to enhance socioeconomic advantage and promote health equity, but that require further study to demonstrate their associations with improvements in health outcomes, such as emotional well-being and substance use behaviors among youth of color. These include policies that intend to:

- Increase access to comprehensive early childhood education.^{iv}
- Increase the income security of the economically disadvantaged (populations of color are disproportionately low income).^{iii, iv}
- Counteract the targeted marketing that encourages cigarette and alcohol consumption among populations of color.^{iv}
- Reduce residential segregation and promote housing choice and mobility.^v
- Promote cooperation among municipalities (rather than intervene in deprived neighborhoods only) to encourage building of affordable housing in more racially-ethnically diverse areas, reducing exclusionary zoning ordinances, implementing transportation systems accessible to suburban or higher income areas, and building the regional employment base.^{vi}

Also, as noted above, another factor found to protect against substance misuse and to promote well-being among youth of color was cultural milieu that, for the most part, reinforced heritage traditions and practices. Therefore, an area requiring further investigation may be strategies designed to help immigrants and other cultural minorities retain and celebrate cultural traditions.

Please note: SAMHSA expressly prohibits any grantees or contractors from using SAMHSA funds to pursue any activity that is designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive orders proposed or pending before the Congress or any State government, State legislature, local legislature, or legislative body.

-
- ⁱ Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health, 105*(11), 2283-2290.
- ⁱⁱ Zickler, P. (1999). Ethnic identification and cultural ties may help prevent drug use. *NIDA Notes, 14*(3), 7-9.
- ⁱⁱⁱ Dow, W. H., Schoeni, R. F., Adler, N. E., & Stewart, J. (2010). Evaluating the evidence base: Policies and interventions to address socioeconomic status gradients in health. *Annals of the New York Academy of Sciences, 1186*(1), 240-251.
- ^{iv} Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: Pathways and policies. *Health Affairs, 21*, 60-76.
- ^v Lindberg, R., Shenassa, E. D., Acevedo-Garcia, D., Popkin, S. J., Villaveces, A., & Morely, R. L. (2010). Housing interventions at the neighborhood level and health: A review of the evidence. *Journal of Public Health Management Practice, 16*, E-Suppl., S44-S52.
- ^{vi} Osypuk, T., & Acevedo-Garcia, D. (2010). Beyond individual neighborhoods: A geography of opportunity perspective for understanding racial/ethnic health disparities. *Health Place, 16*(6), 1113-1123.