Evidence-Based Social-Emotional Curricula and Intervention Packages for Children 0-5 Years and Their Families

Diane Powell & Glen Dunlap
June 2009

Technical Assistance Center on Social Emotional Intervention for Young Children
TACSEI

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ROADMAP TO EFFECTIVE INTERVENTION PRACTICES

2

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Evidence-Based Social-Emotional Curricula and Intervention Packages for Children 0-5 Years and Their Families

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This document is part of the *Roadmap to Effective Intervention Practices* series of syntheses, intended to provide summaries of existing evidence related to assessment and intervention for social-emotional challenges of young children. The purpose of the syntheses is to offer consumers (professionals, other practitioners, administrators, families, etc.) practical information in a useful, concise format and to provide references to more complete descriptions of validated assessment and intervention practices. The syntheses are produced and disseminated by the Office of Special Education Programs (OSEP) Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI).

INTRODUCTION

This synthesis presents summary information on curricula and intervention packages designed to help young children ages birth to 5 years improve their social-emotional functioning. It includes evidence-based manualized curricula and programs for use with children, in classrooms or small groups, or with families/parents. It builds and expands on Joseph and Strain (2003), using efficacious adoption criteria ratings to reflect the state of the evidence supporting the effectiveness of each intervention package. It is meant to provide practical guidance to early childhood special education and early intervention personnel, early educators, families, and other professionals seeking interventions to promote healthy social emotional development in young children with and without disabilities or to intervene early with young children who may already be displaying problematic social emotional behaviors.

Social-emotional development in young children has become accepted as critical to school readiness and children's long term success in school and in life. Along with this recognition has come increased attention to ways of promoting healthy social-emotional development, preventing the development of social, emotional and behavior problems, and intervening early when young children are displaying challenging behavior or delays in social emotional development. Systems that serve young children and their families including health care, early childhood care and learning, early childhood special education, early intervention, mental health, and family services present opportunities to offer interventions that address these needs for children and their families. Manualized curricula and intervention packages that have been established through research studies to be effective in producing positive social emotional outcomes for children are resources that can be used by programs and agencies within these systems. This synthesis provides information that programs can use as guidance in selecting curricula or intervention packages that are most appropriate for their setting and best meet the needs of the children and families they serve.

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In terms of the Pyramid Model for promoting the social and emotional development of infants and young children (Fox, Dunlap, Hemmeter, Joseph & Strain 2003; Hunter & Hemmeter, 2009), the curricula/interventions reviewed here address all three levels of the pyramid: universal promotion, secondary prevention and tertiary intervention

1

practices. The classroom-wide curricula and group parenting programs are universal supports for promoting positive social emotional outcomes by helping create supportive early childhood and home environments. The classroom curricula shown to be effective with children at risk and those interventions intended for children already exhibiting challenging behavior or their families provide systematic approaches to teaching child social skills that can have preventive and/or remedial effects. At the tertiary level, two of the child-directed interventions provide more intensive, individualized intervention for children displaying maladaptive behavior or with behavioral diagnoses. Likewise, several of the parenting programs are either intended for families of children with diagnoses or disabilities, or have individualized, more intensive adaptations.

ORGANIZATION OF THE SYNTHESIS

We first present the scope of the synthesis, including the criteria that were used to determine which curricula and intervention packages to include and definitions of key terms. We then provide explanations of the two tables that provide information about the curricula and packages, the Information Table and the Efficacious Adoption Ratings Table. Similarities and differences in purpose, intended population, delivery parameters, format, theoretical basis, content and methods among the curricula and packages are then examined. Finally we discuss some of the factors programs can consider in selecting the curriculum or package best suited to their needs.

SCOPE

This synthesis examines interventions that: 1) are specifically intended to impact social-emotional-behavioral outcomes for children 0-5 years; 2) are manualized; and 3) have been evaluated in at least one study that: a) reported social-emotional-behavioral outcomes for children 5 years or younger; and b) was published in a peer reviewed journal. Interventions include curricula and intervention packages meant for use with children and for use with parents/ families. The child-directed packages are for use classroom wide,

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in small groups or individually and the parent-directed packages are for use with small groups or individually. Curricula or intervention packages were considered to be manualized if a description of the intervention was available that contained sufficient detail to allow it to be implemented, either by itself or in conjunction with training.

The following types of interventions were not included in this review:

- Comprehensive preschool curricula intended to be primary instructional tools to guide classroom instruction in multiple learning domains and providing activities, materials and guidance for an entire preschool day, although it is acknowledged that in many cases such curricula include social-emotional learning components (e.g. Creative Curriculum, Tools of the Mind).

- Interventions targeting language and communication skills, even though they may produce positive social communication outcomes (e.g. Hanen's It Takes Two to Talk).

- Curricula/interventions for which a manual was not available. In some cases this was because a manual was out of print (e.g. PALS: Developing Social Skills Through Language, Communication Skill Builders; Vaughn, Ridley & Levine, 1986); and, in other cases, while a general description of the intervention was available, a manual designed for implementation was not (e.g. Social-Emotional Intervention; Denham & Burton, 1996).

- Curricula designed for children in kindergarten through the later elementary grades rather than a preschool or preschool through kindergarten population.

Two programs, one a child-directed intervention, First Step to Success, and the other a family directed intervention, Families and Schools Together (FAST), were included in the table of information but not the efficacious adoption ratings table. Although these programs do not have research results published on the preschool population, they both have a body of supporting evidence with kindergarten and older children, and preschool versions of the intervention are available for both.

Nine child-directed interventions were identified that met these criteria: five intended for use with whole classrooms of preschool children, one intended for use with small groups of children, two that can be used either with entire classrooms or in small groups, and one intended for use with individually identified children within a classroom setting. Seven parenting curricula/interventions were identified: six intended primarily for use with groups of parents and one intended for use primarily with individual parents, although several can be adapted for either format.

EXPLANATION OF TABLES

Table 1: *Program Information*

In Table 1, the first group of interventions consists of packages designed for use directly with children and the second group consists of packages targeted to parents or other home caregivers.

The following information is presented for each curriculum/intervention:

Name of the curriculum/intervention package, the citation for the manual, and the program website address or the website for the manual publisher

Purpose of the curriculum/intervention package, taken from program materials

Target population for whom the intervention is intended

Delivery:
- Delivered to whole classroom, in small groups, or individually
- Type of professional meant to deliver/conduct the curriculum/intervention (e.g. teachers, mental health professionals, health care professionals)
- Training information (whether training is available and/or required, whether certification is available and/or required)

Descriptive information:
- Format (number, length, frequency of lessons/sessions)
- Theoretical basis of the program
- Content (subjects and skills taught)
- Methods used
- When a curriculum/intervention has distinct versions of the program for different aged children within the 0-5 year range, their availability is noted, although not all versions may have been subject to evaluation. Advanced or supplementary versions of the program are also listed.

Table 2: *Efficacious Adoption Ratings*

The second table provides information concerning the research evidence for each package. It includes ratings on nine efficacious adoption criteria, citations for the studies used in the ratings, brief descriptions of the populations of children in the studies (i.e. the populations of children for whom the intervention has been demonstrated to produce positive outcomes) and the child outcomes found in the studies.

The efficacious adoption criteria are those used by Joseph and Strain (2003) to provide "a yardstick for determining the probability of efficacious adoption, meaning the likely reproduction of prior positive results should a program choose to use a particular curricular approach" (p. 63). The following definitions were used for the nine criteria:

- **Treatment fidelity:** One or more studies included a measure of the extent to which the intervention was implemented as planned (intended).

- **Treatment generalization:** One or more studies assessed behavior change in settings, with other people or with behaviors that were not part of the intervention.

- **Treatment maintenance:** One or more studies assessed the continuation of behavior change beyond the end of the intervention.

- **Social validity of outcomes:** One or more studies assessed the social importance of the intervention outcomes to stakeholders.

- **Acceptability of interventions:** One or more studies assessed the acceptability of the intervention procedures to stakeholders.

- **Replication across investigators:** One or more studies in which the developer(s) of the intervention/curriculum is not the primary author.

- **Replication across clinical groups:** The program/curriculum has been studied with more than one target population such as children at risk, children with identified disabilities, children with clinical diagnoses.

- **Evidence across ethnicity/racially diverse groups:** Study populations have included more than one ethnic, racial or national group.

- **Replication across settings:** The intervention/curriculum has been studied in more than one service system setting such as Head Start, private child care, prekindergarten, mental health clinic. This criterion applies only to child-directed interventions, not to parenting interventions.

It should be noted that the first five criteria address only whether studies measured the factor and do not address whether findings were positive or negative.

Ratings on the efficacious adoption criteria provide an indication of the existing degree of knowledge concerning the effects of the interventions presented here. However, among the interventions there is wide variation in the amount and type of research support. Several of the interventions have been the subject of only one or two studies. Some have undergone only efficacy studies; that is, studies conducted under optimal conditions, usually within a small setting

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with many resources devoted to implementing the intervention with fidelity, and delivered by highly trained/expert staff. At the other extreme, several of the interventions have undergone multiple efficacy studies and in addition have been replicated in numerous effectiveness studies conducted under "real world" conditions, with broad and diverse populations, in multiple settings and delivered by a variety of different staff. Among these are Parent Child Interaction Therapy (PCIT), Triple P, and Incredible Years parenting programs and the Incredible Years child training program. For those interested in further information about research support for the interventions, many of the program websites provide summaries of the research evidence, lists of research publications, and/or links to full research studies.

SIMILARITIES AND CONTRASTS AMONG CURRICULA/INTERVENTION PACKAGES

Purpose

The curricula/packages vary in their purpose from use as universal measures to promote healthy social emotional development, to use as preventative measures with children who are at high risk of disrupted social emotional development, to use as remedial intervention measures for children already displaying challenging behavior. While most state their purpose in broad terms of affecting social emotional development, skills and behaviors, others are more specific. For example, the I Can Problem Solve program focuses on interpersonal problem-solving skills, and the Emotions Course focuses on understanding and regulating emotions.

Target Population

Many of the programs define their intended population in broad terms such as "preschool children," "preschool children ages 3-5," "children in preschool and kindergarten," or "parents of children 0-6 years." Others add qualifiers indicating a degree of risk, such as "children ages 3-8 especially those at risk due to factors

Many of the programs define their intended population in broad terms such as "preschool children,"… Others add qualifiers indicating a degree of risk,… Finally, some programs are intended for children with more severe problems or with clinical diagnoses…

such as poverty and violence," "high-risk families with children 2-5 years," and "children in preschool and kindergarten from high risk populations." Finally, some programs are intended for children with more severe problems or with clinical diagnoses: "children ages 3-8 with diagnosed problems such as ODD, CD, ADHD; children exhibiting early onset of conduct problems" and "parents of children birth to 12 years with more severe and multiple behavior

problems such as aggression, ODD, CD." Only one program, the Triple-P Stepping Stones parenting program, was designed specifically for children with disabilities.

It is important to note that the intended audience(s) described in program materials may include groups of children or parents other than those with whom the program has been evaluated. For example, Preschool PATHS lists its audience as "preschool children ages 3-5" and Social Skills in Pictures, Stories, and Songs lists its audience as "children in child care, preschool, and the early elementary grades", but the evaluation studies for both of these programs were with Head Start children only.

Delivery

Five of the child-directed programs are designed for delivery to whole classrooms of children. These are social-emotional curricula typically delivered by classroom teachers and meant as promotion or primary prevention strategies. Two of the child-directed interventions can be delivered either to whole classrooms or in small groups: Social Skills in Pictures, Stories, and Songs was designed for delivery to whole classrooms, but can be adapted to a small group format; the I Can Problem Solve curriculum was designed for small groups of children but can be delivered in a whole classroom format. In the Incredible Years Classroom curriculum, each lesson is presented to the whole class followed by small group skill practice sessions.

The one child intervention designed for use with small groups of children (Incredible Years Dina Dinosaur Child Training Program) is intended for children who are exhibiting behavior problems or who have received mental health diagnoses. It is designed to be delivered by mental health professionals. Similarly, the one child intervention for use with individual children (First Step to Success) is intended for children who have been identified as at risk for or already exhibiting maladaptive behavior. It is delivered by coaches and classroom teachers.

While most of the parenting programs are designed for use with groups of parents, many allow for flexibility in delivery. For example, the Incredible Years parenting program is designed for small groups of parents but can also be delivered through a home visitor coaching model for parents who cannot attend groups or for parents who attend groups but need supplemental assistance. The Triple P family of parenting programs allows for a number of delivery variations: Triple P Standard can be individual, group or self-directed, and Triple P Stepping Stones can be delivered individually or in a combination of individual and group delivery. PCIT is primarily used with individual parents but has also been adapted for small groups.

The parenting programs are designed to be delivered by a variety of professionals. Most often cited are mental health professionals such as social workers, family therapists, counselors, and psychologists. Educational professionals such as early childhood educators, parent educators and teachers are also mentioned. PCIT

requires that those delivering the intervention be licensed mental health professionals or be supervised by someone who is licensed. PreK FAST is delivered by a collaborative team comprising a parent, an early childhood specialist, a public school representative and representatives from community agencies.

Format

The classroom-based curricula typically present between one and three lessons per week, each lasting 15-20 minutes over a period of about 20 to 30 weeks. An exception to this pattern is the I Can Problem Solve curriculum which is delivered over 12 weeks. The Incredible Years classroom curriculum is presented in 20 minute whole class "circle time" sessions followed by 20 minutes of small group skill practice activities.

The parenting programs are typically delivered in 10-14 weekly sessions, each lasting 2 to 2 ½ hours. Exceptions to this pattern include PCIT which uses assessments of parent progress to advance through the program and FAST which is delivered in eight weekly sessions followed by a second phase of 21 monthly sessions planned and lead primarily by the participating families.

Theoretical Basis

Most of the programs claim multiple theoretical bases. Many include social learning theory or some variant (e.g. cognitive social learning theory, behavior theory, operant theory) as a theoretical foundation. Other theoretical sources include attachment theory, self-determination theory, self-efficacy, psychodynamic theory, risk and resiliency theory, and coercion theory.

Content

There are commonalities in the content of the social emotional classroom curricula, although some have a dedicated focus on one area while others have a broad focus across a number of subject areas. The Emotions Course concentrates on emotional regulation. I Can Problem Solve focuses on problem-solving but also includes material on identifying emotions. The other five classroom curricula cover multiple topics, most commonly problem solving, emotional understanding, self-control or self-regulation, and anger management. Other content areas include empathy, friendship skills, and learning school rules. The Incredible Years Child Training Program for small groups of children with diagnosed conditions covers the topics of understanding feelings, empathy, interpersonal problem solving skills, anger management, friendship skills and behaving appropriately in the classroom.

The parent training curricula also share some common content. All the programs teach behavior management skills, and for some, such as Triple P and Incredible Years, this is the primary content. Three of the programs (Pathways to Competence for Young Children, Incredible Years and PCIT) also teach parents methods for playing with their child. Two programs contain material that is more parent-focused: Pathways to Competence for Young

Children explores parent's experiences of being parented in family of origin and parent's views of self and other, and DARE to be You covers parental self-efficacy and self-esteem, internal locus of control, stress management, and peer support. The Pre-K FAST program is more family oriented and addresses family communication, interaction and engagement.

Two of the parenting models, The Incredible Years and Triple P, have versions addressing family risk factors that can be used as supplements after parents have completed the standard versions of the programs. Incredible Years ADVANCE is a 10-14 week supplement covering topics such as conflict management, self-control techniques, communication and problem solving skills, and coping with depression. Triple P Enhanced is designed for parents who have completed Triple P Standard or Stepping Stones and is individually tailored to parent needs such as enhanced parenting skills, mood management and stress coping skills, attribution retraining, and anger management.

Unique among the programs is Triple P Stepping Stones which in addition to covering the Triple P Standard behavioral parenting skills addresses topics of concern to parents of children with disabilities. These include increased care giving, inclusion and community living, and family supports; behavior protocols for problems such as self-injurious behavior, pica and repetitive behaviors; and strategies such as blocking, physical guidance and functional communication training.

Methods

The methods used in the child curricula are designed to be appropriate for young children. All the curricula specify that they use puppets and all but one specify the use of role-play. Games, stories, music and songs along with discussion and brainstorming are also common tools. Notably, all of the classroom programs contain instruction for teachers to assist children

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in learning and practicing new social emotional skills during daily classroom activities and interactions.

Most of the child directed packages also incorporate a degree of parent involvement or participation. For many this consists of information sent home to parents describing the topic areas or skills children are being taught, with some including suggestions for home activities and ways parents can reinforce skills. First Step to Success includes sessions with individual parents to teach behavior management skills and close communications with parents who provide child rewards at home contingent on classroom behavior.

The parenting curricula rely on didactic presentation of information, videotape vignettes, discussion and in some cases, group

activities. All but one of the programs use homework assignments and several use parent workbooks or home activity plans. PCIT, the Incredible Years coaching model, and Triple P Standard and Stepping Stones include joint parent-child sessions that employ practice, observation and feedback to help parents learn and implement new skills. PCIT employs bug-in-the-ear technology for its coaching sessions.

Both DARE to be You and Pre-K FAST incorporate joint parent child sessions that focus on issues such as parent-child relationships and family communication.

CONSIDERATIONS IN SELECTING CURRICULA/INTERVENTIONS

In selecting a curriculum or intervention, agencies or programs should consider a number of factors regarding appropriateness and feasibility.

To determine if the curriculum/intervention is appropriate for their needs, decision-makers can ask the following questions:

1. Are the stated purpose of the curriculum/intervention and the outcomes obtained in the evaluation studies congruent with the needs of our program?
2. Are the theoretical basis, the content and the methods of the curriculum/intervention a good fit with those of our program?
3. Has the curriculum/intervention been shown to be effective with the population of children/parents we will be using it with?

To determine the feasibility of adapting a curriculum/intervention, decision-makers can examine the following issues.

1. *How much support for implementation of the curriculum/intervention would our program need and how much is available?*

   In order to obtain the outcomes documented in evaluation studies, an intervention must be implemented with fidelity. Critical to implementation fidelity are the types and amounts of supports employed, including materials, training, technical assistance and consultation. The degree of implementation support available varies widely among the curricula/interventions. For many of these, information on the support available can be found on the websites listed in the first column of Table 1.

   In addition to a leader/teacher manual or guide, many of the child curricula/interventions provide supplementary materials including storybooks, puppets, coloring books, visual aids such as posters and charts, parent informational letters, CDs with songs, and DVDs with vignettes. Several curricula/

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interventions offer evaluation materials or kits.

Seven of the nine child curricula/interventions offer training in implementation, with one (Al's Pals) requiring training. Some also offer follow-up consultation, refresher and advanced trainings, and/or certification processes. Several provide technical assistance and consultation on curriculum/intervention start-up issues such as identifying community partners and funding sources, and organizational readiness.

As with the child interventions, most of the parenting programs offer an array of supplementary materials along with a manual/leader's guide, such as brochures for advertising the program; forms for registration, attendance, etc.; DVDs for use in group sessions; and parent certificates. In addition, materials for use by parents such as handouts, tip sheets, videos, take-home practice assignments, workbooks and books are often part of a kit or available separately.

Of the seven parenting programs, six have training available and five of those require training. Both PCIT and Pre-K FAST offer intensive training and support with PCIT requiring an initial 40 hour training, an advanced follow-up training and a year of on-going supervision/consultation. FAST requires an initial 3-day training, a follow-up site visit and on-going technical support.

2. *Does our program have the time and resources to implement the entire curriculum or intervention?*

   While some of the curricula/interventions state that they allow for flexibility in timing or in selection of components/lessons, this should be done with caution. The greater the deviation from the way in which the intervention was implemented in evaluation studies, the less likelihood that the same outcomes will be obtained.

3. *Does our program have the fiscal resources needed to implement the curriculum/intervention?*

   In general, the greater the degree of implementation resources employed, the greater the cost will be. Many of the curricula/interventions do not mandate training, and programs can implement the curriculum/intervention by purchasing only the necessary materials. In some cases this is only a manual or leader's guide, although in many cases the manual is part of a kit containing other materials and props. Additional costs will be entailed when training is obtained for staff implementing the curriculum/intervention. This may be a one time start up expense, or may be an on-going expense when follow-up training, technical assistance and/or consultation are used.

   For many of the curricula/interventions, cost information for materials and training can be obtained from the websites listed in Table 1. In other cases cost information is not listed on the website but a contact is given for obtaining cost information.

TABLE 1: PROGRAM INFORMATION

Al's Pals *(Wingspan, 1999)*

www.wingspanworks.com

PURPOSE:
Promote emotional and social competence, foster resilient development, and reduce the risk of later anti-social behavior and substance abuse in young children

TARGET POPULATION:
Children ages 3-8 especially those at risk due to factors such as poverty and violence

DELIVERY:
- Whole classroom
- Delivered by classroom teachers
- Training required

INTERVENTION DESCRIPTION:

Format: 23 weeks, two 15-20 minute lessons per week

Theoretical basis: Risk and resiliency theory

Content: Understanding and expressing emotions, self-regulation of behavior, problem-solving, positive coping, positive social interactions, healthy decision-making, lessons on substance abuse and violence prevention

Methods: Puppets, discussion, brainstorming, role-play, guided creative play, music and books. Teachers use teaching strategies to help children practice and generalize skills in daily classroom interactions.

Emotions Course *(Izard, 2001)*

PURPOSE:
Increase young children's ability to understand and regulate emotions, and utilize modulated emotions, reduce maladaptive behavior

TARGET POPULATION:
Preschool children ages 3-5

DELIVERY:
- Whole classroom
- Delivered by classroom teachers

INTERVENTION DESCRIPTION:

Format: 20 lessons, each with 2-5 modules. 2-3 modules taught per week over 5 month period

Theoretical basis: Differential emotions theory

Content: Labeling, recognizing and regulating emotions of: joy/happiness, sadness, anger, fear, interest and contempt

Methods: Puppet shows, interactive games and storybooks. Teachers provide emotional tutoring and coaching for children experiencing dysregulation.

Incredible Years: *Dina Dinosaur Classroom Curriculum Preschool/Kindergarten (Webster-Stratton, 2002)*

www.incredibleyears.com

PURPOSE:
Promote children's social competence, emotional self-regulation and positive school behavior

TARGET POPULATION:
Children in preschool and kindergarten from high risk populations

DELIVERY:
- Whole classroom
- Delivered by classroom teachers
- Training available and recommended
- Certification available

INTERVENTION DESCRIPTION:

Format: 30 weeks, 2-3 sessions per week, 20 minutes of whole classroom circle time followed by 20 minute small group skill practice activities

Theoretical basis: Cognitive social learning theory, coercion model, modeling and self-efficacy theories

Content: Learning school rules, emotional literacy, interpersonal problem solving, anger management, social skills, communication skills

Methods: Videotape modeling, role-play, puppets, picture cue cards, games, group discussion, small group practice activities, promotion of skills throughout school day

PRESCHOOL PATHS *(Domitrovich, Greenberg, Kusche & Cortes, 2004)*

www.prevention.psu.edu/projects/paths.html

PURPOSE:
Prevent or reduce behavior and emotional problems in young children and enhance children's social emotional competence

TARGET POPULATION:
Preschool children ages 3-5

DELIVERY:
- Whole classroom
- Delivered by classroom teachers
- Training available

INTERVENTION DESCRIPTION:

Format: 33 lessons, 1 per week. Lessons can be presented on flexible timeline.

Theoretical basis: Affective-Behavioral-Cognitive-Dynamic model of development

Content: Friendship skills, emotional understanding and expression skills, self-control strategy, and problem-solving

Methods: Modeling stories and discussions, puppets, role-play, songs. Teachers integrate extension activities including cooperative projects and games into classroom activities and use natural situations in classroom to provide emotional coaching and teach/reinforce skills.

SECOND STEP *(Committee for Children, 1991)*

www.cfchildren.org

PURPOSE:
Primary prevention program designed to decrease aggression and promote social competence

TARGET POPULATION:
Children in preschool and kindergarten

DELIVERY:
- Whole classroom
- Delivered by classroom teachers
- Training available

INTERVENTION DESCRIPTION:

Format: 28 sessions delivered once or twice per week over academic year

Theoretical basis: Social learning theory

Content: Empathy, problem solving, emotion management, impulse control and anger management

Methods: Vignettes, puppets and role-play. Teachers cue use of skills during classroom activities.

SOCIAL SKILLS IN PICTURES, STORIES, AND SONGS *(Serna, Nielsen & Forness, 2007)*

www.researchpress.com

PURPOSE:
Assist young children in learning social and emotional skills necessary for school readiness and success

TARGET POPULATION:
Children in child care, preschool, and the early elementary grades

DELIVERY:
- Whole classroom or small groups
- Delivered by classroom teachers

INTERVENTION DESCRIPTION:

Format: Manual contains 22 lessons that can be presented on flexible timeline. Research studies presented lessons in two 3-hour sessions per week over 12-14 weeks.

Theoretical basis: Self-determination

Content: Direction following, sharing and problem-solving skills

Methods: Stories, role-play, songs, puppet games, visual aids, coloring books, mnemonics. Teachers create opportunities for children to practice skills during classroom activities.

PRESCHOOL I CAN PROBLEM SOLVE *(Shure, 2000)*

www.thinkingpreteen.com • www.researchpress.com

PURPOSE:
Teach children how to think in ways that help resolve typical interpersonal problems with peers and adults in order to reduce and prevent early high-risk behaviors

TARGET POPULATION:
Preschool children, ages 4 -5, especially those living in poor, urban environments

DELIVERY:
- Small groups. Can be used with whole classroom
- Delivered by classroom teachers
- Training available

INTERVENTION DESCRIPTION:

Format: 59 lessons, 20-minutes each, delivered daily over 12 week period

Theoretical basis: Interpersonal problem solving, means-end thinking

Content: Problem-solving language, identifying emotions, problem-solving skills

Methods: Role-playing games, puppets, group interaction. Teachers assist children in using problem-solving approach during the day when actual problems arise.

INCREDIBLE YEARS: *Dina Dinosaur Child Training Program*
(Webster-Stratton, 2004)   www.incredibleyears.com

PURPOSE:
Promote children's social competence, emotional self-regulation and positive school behavior; prevent, reduce and treat early onset of conduct problems in young children

TARGET POPULATION:
Children ages 3-8 with diagnosed problems such as ODD, CD and ADHD; children exhibiting early onset of conduct problems

DELIVERY:
- Small groups
- Delivered by mental health professionals
- Training available and recommended
- Certification available

INTERVENTION DESCRIPTION:
Format: 20-22 weeks, 1 meeting per week, 2-hours in length
Theoretical basis: Social learning theory, coercion model, modeling and self-efficacy theories
Content: Understanding feelings, empathy, interpersonal problem solving skills, anger management, friendship skills, behaving appropriately in the classroom
Methods: Videotape modeling, role-play, group discussion, stories, games, puppets, picture cue cards, coloring books

FIRST STEP TO SUCCESS *(Walker, Golly, Kavanaugh, Stiller, Severson & Feil, 2001)*   store.cambiumlearning.com

PURPOSE:
Identify children with problems of antisocial behavior through a universal screening process, teach adaptive, pro-social school behavior, and teach parents key skills for improving their child's school adjustment and performance

TARGET POPULATION:
Children ages 4-5 displaying signs of risk and maladaptive behavior

DELIVERY:
- Individually delivered to target children within classroom setting
- Implemented by coaches and classroom teachers
- Training available and recommended

INTERVENTION DESCRIPTION:
Format: 30 classroom days
Theoretical basis: Social learning theory
Content: Targeted classroom pro-social and antisocial behaviors individually determined for each child. Coach works with teacher, parents and child to develop child competencies in communication, cooperation, setting limits, solving problems, making friends and developing confidence.
Methods: Classroom: point system, immediate feedback on behavior through GREEN/RED cards, positive verbal feedback, individual child and group rewards, time-out. Home: parent provides rewards based on classroom behavior.

PARENTING PROGRAMS

PATHWAYS TO COMPETENCE FOR YOUNG CHILDREN *(Landy & Thompson, 2006)*   www.brookespublishing.com

PURPOSE:
Provide parents with information and parenting strategies to enhance the development and behavior of infants and young children

TARGET POPULATION:
Parents and other primary caregivers of children ages birth to 7 years

DELIVERY:
- Small groups
- Delivered by professionals such as social workers, home visitors, early childhood educators, psychologists

INTERVENTION DESCRIPTION:
Format: Ten lessons covered in weekly sessions over 20 weeks
Theoretical basis: Behavioral theory, psychodynamic theory, developmental theory
Content: Children's developmental capacities, parent's experience of being parented in family of origin, parent-child interaction, parent's view of self and other, playing with child, management of behavior, dealing with child's negative emotions and affect regulation, negotiation and problem solving, encouraging pro-social behavior and empathy
Methods: Didactic presentations, group exercises, homework

INCREDIBLE YEARS: *Parent Training* (Webster-Stratton, 2001)

PURPOSE:

Strengthen parenting competencies and foster parent involvement in children's school experiences in order to promote children's academic, social and emotional competencies and reduce conduct problems

TARGET POPULATION:

Parents of children 0-6 years

Early Childhood Parent Training program may be used as prevention or adapted for use with families of children with behavior problems or referred by child protective services.

DELIVERY:

- Group format
- May also be delivered through a home visitor coaching model; coaches must have attended authorized training.
- Delivered by counselors, psychologists, nurses, social workers, family therapists or other mental health professionals
- Training available and recommended
- Certification available

INTERVENTION DESCRIPTION:

Early Childhood BASIC Parent Training Program (3-6 years)

Format: 12-14 weekly 2-2 ½ hour sessions as a prevention program. Minimum of 20 sessions for children with conduct problems or families referred by child protective services.

Theoretical basis: Cognitive social learning theory

Content: Parenting skills including child-directed play skills, empathy, using praise and incentives, limit-setting and nonviolent discipline techniques

Methods: Facilitator-lead discussion of video vignettes, practice activities, home activity plans

ADVANCE Parent Training Program (4-12 years)

10-14 week supplement to the BASIC program. For families with risk factors such as depression, marital discord, poor coping skills, lack of support and isolation. Covers conflict management, self-control techniques, communication and problem solving skills, coping with upsetting thoughts and depression, and how to give and get support.

Versions available, but not evaluated:

Incredible Years Parents and Babies Program (0-12 months).
Incredible Years Parents and Toddlers Program (1-3 years).

TRIPLE P STANDARD

(Triple P manuals and materials available in conjunction with training)

PURPOSE:

Prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents

TARGET POPULATION:

Parents of children birth to 12 years with more severe and multiple behavior problems such as aggression or oppositional behavior

DELIVERY:

- Individual, group or self-directed (with or without telephone consultation)
- Children included in some sessions to facilitate skills practice
- Delivered by psychologists, social workers, family therapists, counselors, parent educators and school personnel
- Training required

INTERVENTION DESCRIPTION:

Format: Individual: ten 1-hour sessions; Group: four 2-hour sessions + four 20-minute phone consultations

Theoretical basis: Social learning theory, operant theory, coercion theory and applied behavior analysis

Content: 17 core parenting skills to increase pro-social child behaviors and decrease problem behaviors (e.g. quality time, praise, attention, incidental teaching, behavior charts, setting rules, planned ignoring, instruction-giving, logical consequences, quiet time, time out), strategies for generalization and maintenance

Methods: Modeling, rehearsal, practice, observation, feedback, discussion, homework, and workbook with activities and exercises

Other versions of program

Triple P Primary Care: Brief, flexible consultation, typically four 20-minute sessions, either face-to-face or by telephone teaching behavior management skills to parents of children birth to 12 years with mild to moderate discrete behavior difficulties such as tantrums, fighting with siblings

Triple P Enhanced: For parents of children birth to 12 years with concurrent child behavior problems and family problems such as stress, depression, or conflict between partners who have completed Triple P Standard or Triple P-Stepping Stones. An intensive individually tailored program (up to 11 sessions). Program modules include practice sessions to enhance parenting skills, mood management strategies, stress coping skills, partner support skills, attribution retraining and anger management.

Triple P Stepping Stones

PURPOSE:
Help families achieve durable improvements in children's behavior and lifestyle and in the quality of family life

TARGET POPULATION:
Families of children birth to 12 years with a disability

DELIVERY:
- Individual delivery or combined group and individual delivery
- May include home observation/practice sessions
- Delivered by a variety of health, education and welfare professionals who counsel parents
- Training required

INTERVENTION DESCRIPTION:

Format: Ten sessions individually tailored to family needs

Theoretical basis: Social learning theory, operant theory, coercion theory and applied behavior analysis

Content: Standard Triple P content plus issues such as adjustment to having a child with a disability, increased care giving, inclusion and community living, family supports. Covers additional causal factors for behavior problems such as communication difficulties. Provides behavior protocols for common problems associated with disability such as self-injurious behavior, pica, repetitive behaviors. Covers additional strategies such as blocking, physical guidance and functional communication training.

Methods: Didactic presentations; modeling, role-play and feedback; homework, workbook, video demonstrations

DARE to be You *(Miller-Heyl, MacPhee, & Fritz, 2000)*

PURPOSE:
Primary prevention to promote resiliency and substance abuse prevention

TARGET POPULATION:
High-risk families with children 2-5 years

DELIVERY:
- Parent groups with concurrent child groups. Joint parent-child activity at each session.
- Delivered by teachers or community volunteers
- Training required

INTERVENTION DESCRIPTION:

Format: 10-12 weeks, weekly 2 ½ hour sessions

Theoretical basis: Developmental theories of self-efficacy and social behavior, and family interaction theory

Content: Parents: self-efficacy and self-esteem, internal locus of control, decision-making skills, effective child-rearing strategies and communication skills, stress management, strengthened peer support. Children: self-responsibility, communication and decision-making skills.

Methods: Parent: groups-experiential activities, group discussion and didactic presentations. Child: groups-activities, games, puppets and storybooks.

Parent-Child Interaction Therapy *(Hembree-Kigin & McNeil, 1995)*

PURPOSE:
Improve the quality of the parent-child relationship, increase parents' behavior management skills, increase children's prosocial behavior and decrease negative behavior

TARGET POPULATION:
Families with children ages 2-7 who are experiencing a broad range of behavioral, emotional, and family problems

DELIVERY:
- Individual parent-child sessions or small groups of parents and children
- Delivered by mental health professionals
- Training required

INTERVENTION DESCRIPTION:

Format: Weekly sessions, 1 hour in length. Number of sessions determined by assessment of parent progress. Typical length is 10-16 weeks. Follow-up and booster sessions recommended

Theoretical basis: Attachment theory and social learning theory

Content: Two phases: Child-Directed Interaction to strengthen parent-child attachment teaches parent to use praise, reflection, imitation, description and enthusiasm while playing with child. Parent-Directed Interaction teaches structured, consistent discipline through use of clear commands and consistent consequences for compliance and non-compliance using praise and time-out.

Methods: Parent sessions use instruction, modeling, role-play and homework assignments. Parent-child sessions use coaching through bug-in-the-ear; and observation, coding and feedback of parent skills.

PRE-K FAST: *Families and Schools Together*

PURPOSE:

Support and empower parents, enhance family functioning, increase parent involvement, family social support, and child social skills, and prevent substance abuse

TARGET POPULATION:

Parents and their children ages 3-6

May be used as a universal intervention or targeted to families of children with problem behaviors identified through screening

DELIVERY:

- Parent-child groups
- Implemented by collaborative team composed of parent, early childhood specialist, public school representative and representatives from community agencies
- Training required
- Certification available

INTERVENTION DESCRIPTION:

Format: Ten weekly 2 ½ hour sessions. Follow-up: 21 monthly sessions planned and implemented by parents

Theoretical basis: Family systems theory

Content: Family communication skills, family engagement, parent-to-parent communication and support, community resources information

Methods: Family interactive assignments, one-to-one parent-child personal engagement time, community building activities, music and singing

Other versions available:

Baby FAST (0-3);
Kids FAST (K-3rd)

TABLE 2: EFFICACIOUS ADOPTION RATINGS

Program	Citations	Treatment Fidelity	Treatment Generalization	Treatment Maintenance	Social Validity of Outcomes	Acceptability of Interventions	Replication Across Investigators	Replication Across Clinical Grps.	Evid. Across Eth./Rac. Diverse Grps.	Replication Across Settings	Study Populations	Child Outcomes
Al's Pals	*Dubas, Lynch, Galano, Geller & Hunt, 1998; Lynch, Geller & Schmidt, 2004*	✓				✓	✓		✓	✓	• Children in community preschools and child care • Head Start children	• Increased prosocial behavior • Decreased problem behavior
Emotions Course	*Izard, Trentacosta, King & Mostow, 2004; Izard, King, Trentacosta, Morgan, Laurenceau, Krauthamer-Ewing & Finlon, 2008*	✓							✓		• Head Start children ages 3–5	• Increased emotion knowledge and regulation, and social competence • Decreased negative emotion expression, aggression, anxious/depressed behavior and negative peer and adult interactions • Decreases in children scoring in clinical range for aggression and anxious/depressed behavior
Incredible Years: *Dina Dinosaur Classroom Curriculum Preschool/Kindergarten*	*Webster-Stratton, Reid & Stoolmiller, 2008*	✓			✓	✓			✓	✓	• Children in Head Start, kindergarten and 1st grade classrooms. Children rated as having high levels of behavior problems	• Increased social competence and emotional self-regulation • Decreased conduct problems
Preschool PATHS	*Domitrovich, Cortes & Greenberg, 2007; Bierman, Domitrovich, Nix, Gest, Welsh, Greenberg, Blair, Nelson & Gill, 2008; Bierman, Nix, Greenberg, Blair & Domitrovich, 2008*	✓	✓						✓		• Head Start children ages 3–4	• Increased emotional understanding, social-emotional competence and social problem-solving • Decreased aggressive behavior and internalizing behavior
Second Step	*McMahon, Washburn, Felix, Yakin & Childrey, 2000*								✓	✓	• Preschool students ages 3–5 and kindergarten students ages 4–7 living in public housing	• Increased knowledge regarding empathy, impulse control, problem solving and anger management • Decreased disruptive behavior, verbal aggression and physical aggression

Program	Citations	Treatment Fidelity	Treatment Generalization	Treatment Maintenance	Social Validity of Outcomes	Acceptability of Interventions	Replication Across Investigators	Replication Across Clinical Grps.	Evid. Across Eth./Rac. Diverse Grps.	Replication Across Settings	Study Populations	Child Outcomes
Social Skills in Pictures, Stories, and Songs	*Serna, Nielsen, Lambros & Forness, 2000; Serna, Lambros, Nielsen & Forness, 2002; Serna, Nielsen, Mattern & Forness, 2003*	✓						✓	✓		• Head Start children • Head Start children at risk for emotional-behavioral disorders	• Improvements in adaptive behavior and social interaction • Decreased problem behavior, inattention and over-activity • Increased adaptive social skills • At-risk children improved or maintained functioning level
Preschool I Can Problem Solve	*Shure, Spivack & Jaeger, 1972; Shure & Spivak, 1979, 1980,1982; Feis & Simons, 1985*		✓	✓			✓		✓	✓	• Children in federally funded preschool programs and public kindergarten	• Increased solutions and consequences, and adjusted behavior • Decreased inhibited, impulsive and problem behavior
Incredible Years: *Dina Dinosaur Child Training Program*	*Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid & Hammond 2001, 2004; Barrera, Biglan, Taylor, Gunn, Smolkowski, & Black, 2002; Reid, Webster-Stratton & Hammond, 2003*	✓	✓	✓	✓	✓	✓	✓	✓	✓	• Children ages 4-8 with conduct problems, with diagnosis of ODD, or CD • Children in kindergarten-3rd grade with aggressive behavior and/or reading difficulties	• Increased prosocial behavior and positive conflict management skills • Decreased aggressive and disruptive behavior in interactions with parents, teacher and peers
PARENTING PROGRAMS												
Pathways to Competence for Young Children	*Landy, Menna & Sockett-Dinarcio, 1997; Landy & Menna, 2006*		✓		✓	✓				N/A	• Mothers of children ages 3-6, some with high levels of aggressive behavior and some with normative behavior	• Decreased externalizing behavior • Decreased aggressive and antisocial behavior
Incredible Years: *Parent Training*	*Webster-Stratton 1994, Webster-Stratton & Hammond, 1997; Taylor, Schmidt, Pepler, & Hodgins, 1998; Webster-Stratton, Reid, & Hammond, 2001, 2004; Hartman, Stage & Webster-Stratton, 2003; Reid, Webster-Stratton & Baydar, 2004; Webster-Stratton & Herman, 2008*	✓	✓	✓	✓	✓	✓	✓	✓	N/A	• Families of children: ages 4-8 diagnosed with CD or ODD; in Head Start; ages 2-5 in a community sample; ages 4-7 with diagnosis of CD or ODD+ attentional problems	• Increased prosocial behavior and social competence • Decreased aggressive, destructive and oppositional-defiant behaviors • Decreased mood and internalizing symptoms

Program	Citations	Treatment Fidelity	Treatment Generalization	Treatment Maintenance	Social Validity of Outcomes	Acceptability of Interventions	Replication Across Investigators	Replication Across Clinical Grps.	Evid. Across Eth./ Rac. Diverse Grps.	Replication Across Settings	Study Populations	Child Outcomes
Triple P Standard	*Sanders, Markie-Dadds, Tully, & Bor, 2000; Sanders & McFarland, 2000; Bor, Sanders & Markie-Dadds, 2002; Cann, Rogers & Mathews, 2003; Leung, Sanders, Leung, Mak & Lau, 2003; McTaggart & Sanders, 2003; Markie-Dadds & Sanders, 2006; Morawska & Sanders, 2006; Turner, Richards & Sanders, 2007*	✓	✓	✓	✓	✓	✓	✓	✓	N/A	• Families of children: ages 3-9 with diagnosis of CD or ODD; ages 2-5 with elevated disruptive behavior; aged 3 with disruptive behavior and attention problems; ages 3-6 from high risk community samples of children; and ages 18-36 months with parental concerns about behavior	• Increased self-esteem • Decreased disruptive behavior and anxiety
Triple P Stepping Stones	*Roberts, Mazzucchelli, Studman & Sanders, 2006; Plant & Sanders, 2007; Whittingham, Sofronoff, Sheffield & Sanders, 2009*	✓	✓	✓	✓	✓		✓		N/A	• Families of children ages 2-9 with developmental delay or developmental disabilities including ASD, Down Syndrome and cerebral palsy	• Decreased oppositional behavior, non-compliance, disruptive behavior, and number of problematic care-giving tasks
DARE to be You	*Miller-Heyl, MacPhee & Fritz, 1998*	✓		✓					✓	N/A	• High risk families with children ages 2-5	• Increased developmental levels • Decreased oppositional behavior
Parent-Child Interaction Therapy	*McNeil, Eyberg, Eisenstadt, Newcomb & Funderburk, 1991; Eisenstadt, Eyberg, McNeil, Newcomb, & Funderburk, 1993; Schumann, Foote, Eyberg, Boggs & Algina, 1998; Nixon, Sweeney, Erickson, & Touyz, 2003; Timmer, Urquiza, Zebell & McGrath, 2005; Bagner & Eyberg, 2007; Chase & Eyberg, 2008*	✓	✓	✓	✓	✓	✓	✓	✓	N/A	• Families of children: ages 3-6 with diagnosis of ODD, or ODD + SAD, with MR + ODD; ages 2½- 7 with CD +ADHD, with ODD + ADHD or with ADHD alone; ages 2-8 with behavior problems and history of maltreatment	• Increased compliance • Decreased disruptive behavior • Decreased internalizing behavior problems

ADHD—Attention Deficit Hyperactivity Disorder; ASD—Autism Spectrum Disorder; CD—Conduct Disorder; MR—Mental Retardation; ODD—Oppositional Defiant Disorder; SAD—Separation Anxiety Disorder

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