

ANNOTATED "LISTS" OF EMPIRICALLY SUPPORTED/EVIDENCE BASED INTERVENTIONS FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS

The following table provides a list of lists, with indications of what each list covers, how it was developed, what it contains, and how to access it.

I. Universal Focus on Promoting Healthy Development

A. Safe and Sound. An Educational Leader's Guide to Evidence-Based Social & Emotional Learning Programs. The Collaborative for Academic, Social, and Emotional Learning (CASEL).

1. *How it was developed:* Contacts with researchers and literature search yielded 250 programs for screening; 81 programs were identified that met the criteria of being a multiyear program with at least 8 lessons in one program year, designed for regular ed classrooms, and nationally available.
2. *What the list contains:* Descriptions (purpose, features, results) of the 81 programs.
3. *How to access:* CASEL <http://www.casel.org>

B. Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs. Social Development Research Group, Univ. of Wash.

1. *How it was developed:* 77 programs that sought to achieve positive youth development objectives were reviewed. Criteria used: research designs employed control or comparison group and had measured youth behavior outcomes.
2. *What the list contains:* 25 programs designated as effective based on available evidence.
3. *How to access:* <http://ann.sagepub.com/content/591/1/98.abstract>

II. Prevention of Problems; Promotion of Protective Factors

A. Blueprints for Violence Prevention . Center for the Study and Prevention of Violence, Institute of Behavioral Science, University Colorado, Boulder.

1. *How it was developed:* Review of over 600 delinquency, drug, and violence prevention programs based on a criteria of a strong research design, evidence of significant deterrence effects, multiple site replication, sustained effects.
2. *What the list contains:* 11 model programs and 21 promising programs.
3. *How to access:* Center for the Study and Prevention of Violence / <https://cspv.colorado.edu/blueprints/>

B. Preventing Drug Use Among Children & Adolescents. Research Based Guide. National Institute on Drug Abuse (NIDA).

1. *How it was developed:* NIDA and the scientists who conducted the research developed research protocols. Each was tested in a family/school/community setting for a reasonable period with positive results.
2. *What the list contains:* 10 programs that are universal, selective, or indicated.
3. *How to access:* NIDA <http://www.nida.nih.gov/prevention/prevopen.html>

C. Safe, Disciplined, and Drug-Free Schools Expert Panel Exemplary Programs. U.S. Dept. of Educ. Safe & Drug Free Schools

1. *How it was developed:* Review of 132 programs submitted to the panel. Each program reviewed in terms of quality, usefulness to others, and educational significance.
2. *What the list contains:* 9 exemplary and 33 promising programs focusing on violence, alcohol, tobacco, and drug prevention.
3. *How to access:* U.S. Dept. of Education – Archived at <http://www2.ed.gov/admins/lead/safety/exemplary01/panel.html>

It is either naive or irresponsible to ignore the connection between children's performance in school and their experiences with malnutrition, homelessness, lack of medical care, inadequate housing, racial and cultural discrimination, and other burdens . . . Harold Howe II

III. Treatment for Problems

A. American Psychological Association's Society for Clinical Child and Adolescent Psychology, Committee on Evidence-Based Practice List

1. *How it was developed:* Committee reviews outcome studies to determine how well a study conforms to the guidelines of the Task Force on Promotion and Dissemination of Psychological Procedures.
2. *What it contains:* Reviews of the following:
 - > *Depression (dysthymia):* Analyses indicate only one practice meets criteria for "well-established treatment" (best supported) and two practices meet criteria for "probably efficacious" (promising)
 - > *Conduct/oppositional problems:* Two meet criteria for well established treatments: videotape modeling parent training programs (Webster-Stratton) and parent training program based on Living with Children (Patterson and Guillion). Ten practices identified as probably efficacious.
 - > *ADHD:* Behavioral parent training, behavioral interventions in the classroom, and stimulant medication meet criteria for well established treatments. Two others meet criteria for probably efficacious.
 - > *Anxiety disorders:* For phobias participant modeling and reinforced practice are well established; filmed modeling, live modeling, and cognitive behavioral interventions that use self instruction training are probably efficacious. For anxiety disorders, cognitive-behavioral procedures with and without family anxiety management, modeling, in vivo exposure, relaxation training, and reinforced practice are listed as probably efficacious.

Caution: Reviewers stress the importance of (a) devising developmentally and culturally sensitive interventions targeted to the unique needs of each child; (b) a need for research informed by clinical practice.
3. *How it can be accessed:*
<http://www.effectivechildtherapy.com>

IV. Review/Consensus Statements/ Compendia of Evidence Based Treatments

- A. *School-Based Prevention Programs for Children & Adolescents* J.A. Durlak. Sage: Thousand Oaks, CA. Reports results from 130 controlled outcome studies that support "a secondary prevention model emphasizing timely intervention for subclinical problems detected early.... In general, best results are obtained for cognitive-behavioral and behavioral treatments & interventions targeting externalizing problems."
- B. *Society of Pediatric Psychology*, Division 54, American Psychological Association, *Journal of Pediatric Psychology*. Articles on empirically supported treatments in pediatric psychology related to obesity, feeding problems, headaches, pain, bedtime refusal, enuresis, encopresis, and symptoms of asthma, diabetes, and cancer.
- C. *Preventing Crime: What works, what doesn't, what's promising. A Report to the United States Congress* by L.W. Sherman, Denise Gottfredson, et al. Washington, DC: U.S. Dept. of Justice. Reviews programs funded by the OJP for crime, delinquency and substance use. <https://www.ncjrs.gov/pdffiles/171676.pdf> Also see Denise Gottfredson's book: *Schools and delinquency* (2001). New York: Cambridge Press.
- D. The *What Works Clearinghouse* (WWC). Collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies). <http://ies.ed.gov/ncee/wwc/>

Also see the Center's Online Clearinghouse Quick Find on *Empirically-Supported/Evidence-Based Interventions* – <http://smhp.psych.ucla.edu/qf/ests.htm>

What the best and wisest parent wants for (her)/his own child that must the community want for all of its children. Any other idea . . . is narrow and unlovely.

John Dewey

BUT KEEP IN MIND THAT THE NEEDS OF SCHOOLS ARE MORE COMPLEX!

Currently, there are over 90,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs designed with a range of behavior, emotional, and learning, problems in mind. School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in

regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth – though relatively few resources usually are allocated for such activity. There is a large body of research supporting the promise of specific facets of this activity. However, no one has yet designed a study to evaluate the impact of the type of comprehensive, multifaceted approach needed to deal with the complex range of problems confronting schools.