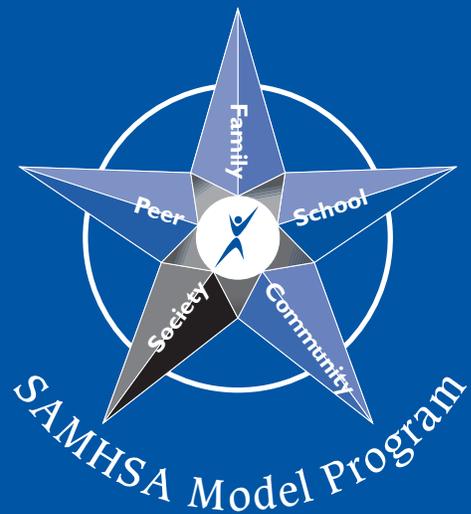


Also available  
in Spanish



*Effective Substance Abuse and  
Mental Health Programs  
for Every Community*

## Families and Schools Together (FAST): Building Relationships

Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors and reduce the risk factors associated with substance abuse and related problem behaviors for children 4 to 12 years old and their parents. FAST systematically applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve its four goals:

- Enhanced family functioning
- Prevention of school failure by the targeted child
- Prevention of substance abuse by the child and other family members
- Reduced stress from daily life situations for parents and children

One of the primary strategies of FAST is parent empowerment: parents receive support to be the primary prevention agents for their own children. Entire families participate in program activities that are designed to build parental respect in children, improve intrafamily bonds, and enhance the family-school relationship. FAST activities were developed to build the social capital of parents and provide a safe place to practice parenting. As a result of this program, the participating children increase their social skills and attention span while reducing their anxiety and aggression. Research has shown that these childhood behavioral outcomes are correlated in adolescence to the prevention of substance abuse, delinquency, and school failure.

### INTENDED POPULATION

Although FAST was initially developed to serve teacher-identified, at-risk 5- to 12-year-old elementary school youth and their families, universal recruitment is now the recommended strategy. FAST has been proven effective

### PROVEN RESULTS\*

- 20% teacher-reported improvement at school (bullying, hitting, stealing, and lying)
- 25% parent-reported improvement at home (misconduct, anxiety, and attention-span problems)
- 15% teacher-reported reduction in anxiety/withdrawal
- 15% teacher-reported reduction in attention-span problems

*\*Change from the baseline pretest scores.*

### INTERVENTION

Universal

Selective

Indicated



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

## Outcomes

The FAST experimental studies across populations and sites show statistically significant reductions in childhood aggression and anxiety and increases in academic competence and social skills, as rated by either teachers or parents at 1- or 2-year follow-up. The outcomes of the single site pre- and postprogram outcome evaluation studies are consistent with these findings. (Longitudinal research of childhood aggression has demonstrated that it correlates, at age 38, with chronic substance abuse problems, chronic unemployment, school drop out, and court involvement.)

with low- and middle-income, rural and urban, African American, Asian American, Hawaiian, Hispanic/Latino, Native American, and White families. Program adaptations have also been replicated with preschool children and with teen mothers in Baby FAST.

## BENEFITS

- 33% of parents self-refer to substance abuse treatment or mental health counseling
- 44% of parents return to pursue adult education
- 10% of parents become community leaders
- 86% of parents report ongoing friendships
- Successful with ethnically diverse, low-income communities
- 80% of parents who attend one session complete the 8-week program

## HOW IT WORKS

A collaborative team of parents, trained professionals, and school personnel recruits and then delivers FAST program components to 5 to 25 families at a time. After the team has been created and funding identified, it takes about 5 months from the beginning of training to the review of the outcomes report. *Team members do not lecture at FAST but structure highly participatory activities, with turn taking, experiential learning, and parent support, which allow—*

- Family fun without alcohol
- Conflict-free family time in a safe environment
- Parents to rehearse multiple requests for compliant behavior and being “in charge”
- Parents to practice “responsive play” with their child with team support

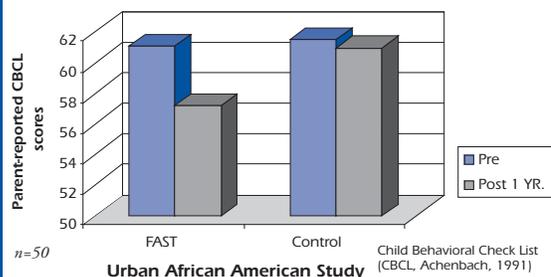
## Program components include:

**Outreach** to recruit whole families to attend 8 weekly multifamily support groups and monthly multifamily meetings. These face-to-face visits by team members conducted at times and places convenient for the parent are vital.

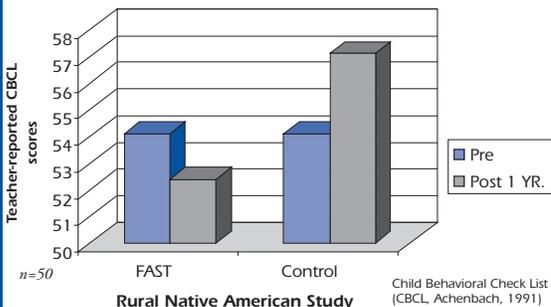
**Multifamily support groups** of 5 to 25 families held weekly for 8 to 12 weeks, depending on the age of the designated youth. Family support group meeting activities are sequential and each session includes—

- A family meal and family communication games
- A self-help parent support group occurring while children engage in supervised play and organized activities
- One-to-one parent-mediated play therapy
- A “fixed” family lottery (so that every family wins once)
- Opening and closing routines, which model the effectiveness of family rituals for children

### Reduction in Child Aggression



### Reduction in Child Anxiety



**Multifamily meetings** are held monthly after families “graduate” from the 8-week FAST program. With team support, parents design the agenda to maintain FAST family networks that were developed and identify/develop community development goals.

## IMPLEMENTATION ESSENTIALS

Each new FAST site must create a collaborative team to be trained and implement the multifamily support groups. This team must be culturally representative of the families being served in FAST, and have representatives from—

- Community agencies—one substance abuse professional and another person who can provide mental health and domestic violence services
- School
- A parent whose child attends the school

In addition to the team listed above, the middle school FAST team must also include—

- A youth advocate (adult)
- Two middle school youth (girl and boy)

## Adaptation

Although FAST has a very rigorous curriculum, the model also has built-in options for local adaptations. Forty percent of the curriculum is required and cannot be changed or adapted by local sites. However, 60 percent of the FAST program can be changed to meet the needs of local sites as determined by the team. Each school or community should run two to three FAST groups per year and, to facilitate the process, one dedicated half-time staff person per site is recommended.

## Space and Materials

Program implementation requires a single space large enough to host 60 to 80 people, as well as a separate play area, parent meeting room, and eating area.

## Training and Technical Assistance

FAST training is purchased from FAST National Training Center. The training package includes five visits with a certified FAST trainer who provides technical assistance for local adaptation, direct observation of implementation, and a review of program integrity checklists. Each team member receives a program manual and 6 days of team training over a 5-month period. The FAST Web site, [www.wcer.wisc.edu/FAST](http://www.wcer.wisc.edu/FAST), is regularly updated with new training materials. In addition, national satellite-broadcast trainings are conducted to allow local teams to stay connected to evolving best practices.

## Program Fidelity

Certified FAST trainers are required to conduct three site visits for new programs in order to monitor the integrity of the program implementation. Since 2001, an independent evaluation center, Center for Health Policy and

## HERE'S PROOF PREVENTION WORKS

Program Evaluation (CHPPE) based at the University of Wisconsin-Madison Department of Preventive Medicine, analyzes FAST replication data for multi-site replications and conducts random checks of evaluation reports for patterns that can improve implementation practices.

### PROGRAM BACKGROUND

The FAST program was developed in 1988 to serve teacher-identified, at-risk elementary school youth and their families. The program design evolved out of Dr. Lynn McDonald's work conducting intensive, in-home family therapy with addicted and court-involved teenagers. Dr. McDonald decided to apply the in-home therapy model, based on existing family systems and family stress approaches, to multifamily groups. Her goal was to increase the number of families served and make the treatment more cost effective. Over the past 12 years, FAST research and development have been sponsored by the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Justice.

### EVALUATION DESIGN

Two strategies have been used to evaluate FAST: (1) large multisite studies with rigorous experimental designs and (2) pre- and postprogram outcome evaluations of every new site. Both are described below:

**Experimental Designs:** Four different, separately funded research designs administered by three groups of independent researchers were used to rigorously evaluate FAST. Each study randomized the families into FAST vs. control (or comparison), and each tested a different hypothesis using separate measures. The Gresham and Elliot Social Skills Rating Scale (SSRS) and the Achenbach Child Behavior Checklist (CBCL) were used across all four studies and measured child functioning as assessed by parents and teachers. These evaluations tested program outcomes goals: family support, substance abuse and school failure prevention, and reduced referrals to special education.

**Single Site Pre-Post Outcome Evaluation:** Each new FAST site is required to administer standardized pre- and postprogram questionnaires to parents, teachers, and youth for local evaluation and certification. The data are coded and entered by staff members of the FAST National Training Center, who oversee the completion of a final evaluation report for every site.

### PROGRAM DEVELOPER

#### **Lynn McDonald, M.S.W., Ph.D.**

Dr. Lynn McDonald, family therapist and former social work faculty member, now is a senior scientist at the Wisconsin Center for Education Research, School of Education, University of Wisconsin-Madison. She was raised in five

countries, speaks several languages, and is the mother of two adult children. She is committed to connecting research and practice, developing and evaluating research-based best practices, and creating institutional structures that help today's mothers, who are all under stress, support one another in raising our next generation of citizens. Dr. McDonald is former president of the Wisconsin chapter of the National Association of Social Workers.

### CONTACT INFORMATION

Ms. Pat Davenport, CEO  
FAST National Training Center  
2801 International Lane  
Madison, WI 53704  
Phone: (608) 663-2382  
Fax: (608) 663-2336  
E-mail: [fast@chorus.net](mailto:fast@chorus.net)  
Web site: [www.wcer.wisc.edu/FAST](http://www.wcer.wisc.edu/FAST)

### RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Family Strengthening Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

School Reform Model—Office of Education for At-Risk Students, U.S. Department of Education

Innovation in Government (finalist)—Harvard School of Government and Ford Foundation