

Office of Mental Health and Addiction Services
List of OMHAS Approved Evidence-based Practices

ASAM Patient Placement Criteria 2nd Edition-Revised

Mee-Lee, David; Magura, Stephen

ASAM Patient Placement Criteria are a system for treatment matching to level of care based on need. The ASAM PPC-2R provides two sets of guidelines, one for adults and one for adolescents, and five broad levels of care for each group. The levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically-Managed Intensive Inpatient Treatment. Within these broad levels of service is a range of specific levels of care. For each level of care, a brief overview of the services available for particular severities of addiction and related problems is presented; as is a structured description of the settings, staff and services, and admission criteria for the following six dimensions: acute intoxication/withdrawal potential; biomedical conditions and complications; emotional, behavioral or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and recovery environment.

The Matrix Model: Outpatient Stimulant Treatment

Richard Rawson, Ph.D.- Associate Director, UCLA Integrated Substance Abuse Programs; Co-Principle Investigator CSAT Methamphetamine Treatment Project

The Matrix Model is an intensive 16-week outpatient experience that is followed by weekly aftercare sessions. It is designed to give clients the necessary knowledge, structure and support to achieve abstinence and long-term recovery. The focus is on important fundamentals such as initial stabilization, abstinence, maintenance, and relapse prevention during the recovery process—not therapy or confrontation. The model emphasizes the critical importance of using 12 – Step programs

Methadone Maintenance

Numerous authors

Methadone is an opiate agonist. When used in maintenance, Opiate Treatment Programs (OTP) usually dispenses it in a liquid oral solution. OTPs are regulated by OMHAS, CSAT, and the DEA. They are required by CSAT to maintain national accreditation; most agencies in Oregon are accredited through CARF.

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Motivational Enhancement Therapy (Project Match)

Miller, William R - Departments of Psychology and Psychiatry, University of New Mexico

Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment employs motivational strategies to mobilize the client's own change resources.

MET consists of four carefully planned and individualized treatment sessions. The first two focus on structured feedback from the initial assessment, future plans, and motivation for change, The final two sessions at the midpoint and end of treatment provide opportunities for the therapist to reinforce progress, encourage reassessment, and provide an objective perspective on the process of change.

The counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goal; emphasis is placed on eliciting from clients self-motivational statements of desire for and commitment to change. The working assumption is that intrinsic motivation is a necessary and often sufficient factor in instigating change.

Twelve Step Facilitation Therapy –(Project Match)

Nowinski, Joseph, PhD, MD

Twelve Step Facilitation Therapy facilitates patients' active participation in the fellowship of Alcoholics Anonymous. TSF regards such active involvement as the primary factor responsible for sustained sobriety (recovery) and therefore as the desired outcome of participation in this treatment program. This therapy is grounded in the concept of alcoholism as a spiritual and medical disease. TSF consists of a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It is intended to be implemented on an individual basis in 12 to 15 sessions and is based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent.

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Cognitive Behavioral Therapy (Project Match)

Longabaugh, Richard; Monti, Peter M

Cognitive Behavioral Social Skills Therapy is an intervention that improves the patient's cognitive and behavioral skills for changing his/her problematic drinking behavior. CBT is based on the principles of social learning theory and views drinking behavior as functionally related to major problems in a person's life. It posits that addressing this broad spectrum of problems will prove more effective than focusing on drinking alone. Emphasis is placed on overcoming skill deficits and increasing the person's ability to cope with high-risk situations that commonly precipitate relapse, including both interpersonal difficulties and intrapersonal discomfort such as anger or depression.

Motivational Interviewing

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Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor intentionally uses the directive approach in pursuing this goal.

The Cannabis Youth Treatment (CYT) series:

Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT) for Adolescent Cannabis Users: 5 Sessions

Dr. Susan Sampl- University of Connecticut Health Center
Ronald Kadden- University of Connecticut Health Center

The intervention consists of 5 sessions including 2 individual sessions of Motivational Enhancement Therapy (MET) and 3 weekly group sessions of Cognitive-Behavioral Therapy (CBT). The MET sessions focus on factors that help motivates clients (who abuse substances) to change. The CBT sessions focus on learning skills to cope with problems and find ways to work on problems without turning to marijuana or alcohol.

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CYT: Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users.

Charles Webb, Ph.D, Meleney Scudder, Psy.D, Yifrah Kaminer, M.D, Ron Kadden, Ph.D

This supplements MET/CBT5 adding an additional 7 sessions using cognitive behavioral therapy. The additional sessions were psycho-educational, skills training and relapse preventions skills groups.

CYT: The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users (ACRA)

Susan Harrington Godley, Ph.D., Robert J. Meyers, M.S., Jane Ellen Smith, Ph.D., Tracy Karvinen, M.A., Janet C. Titus, Ph.D., Marak D. Godley, Ph.D., George Dent, M.S. Lora Passetti, B.A. Pamela Kelberg, M.S.W.

ACRA was comprised of 10 individual sessions with the client and 2 individual sessions with one or more caregivers and 2 sessions with the client and caregiver together. Interventions focused on rearranging environmental contingencies so that abstaining from marijuana was more rewarding than using it.

CYT: Family Support Network (FSN) for Adolescent Cannabis Users

Nancy L. Hamilton M.P.A., CAP, CCJAP, Laura Bunch Brantley, Ph.d, Frank M. Tims, Ph.d, Nancy Angelovich, MS., LMHC, Barbara McDougall, M.A., CAP

Family Support Network (FSN) is a family intervention designed in conjunction with any other standardized adolescent treatment. The FNS approach combined Motivational Enhancement Therapy (MET)– Cognitive Behavioral Therapy (CBT) 12 sessions, with six parent education groups, four family therapy sessions, case management and referral to self help groups.

CYT: Multidimensional Family Therapy for Adolescent Cannabis Users (MDFT)

Howard A. Liddle, Ed.D

Multidimensional Family Therapy (MDFT) is based on research linking reduction in adolescents' drug and problem behavior to changes in parenting practices. MDFT consists of 12 to 15 sessions (6 with adolescent, 3 with parent, and 6 with the whole family) and case management provided over a period of 12 to 14 weeks. MDFT integrates treatment for substance abuse into family therapy.

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Consumer-run Drop-In Centers

Various (Jean Campbell, Ph.D. - fidelity instrument)

Consumer staff facilitates a safe atmosphere where socialization and mutual support readily occur due to the equanimity that exists between peers. In addition, peers, who have skills, experience, and knowledge of living and coping with symptoms of mental illness and existing community and mental health system resources, provide support to peers who lack such skills, experience, and knowledge.

Dialectical Behavior Therapy (DBT) Approaches

DBT maintains that some people, due to invalidating environments during upbringing and due to biological factors as yet unknown, react abnormally to emotional stimulation. Their level of arousal goes up much more quickly, peaks at a higher level, and takes more time to return to baseline.

There are four primary sets of DBT strategies, each set including both more acceptance-oriented and more change-oriented strategies. Core strategies in DBT are validation (acceptance) and problem-solving (change). Dialectical behavior therapy proposes that comprehensive treatment for patients with Borderline Personality Disorders needs to address four functions. It needs to help the patient develop new skills, address motivational obstacles to skills use, help the patient generalize what they learn to their daily lives, and keep therapists motivated and skilled. In standard outpatient DBT, these four functions are addressed primarily through four different modes of treatment. These are group skills training, individual psychotherapy, telephone coaching between sessions when needed, and a therapist consultation team meeting, respectively. Skills are taught in four modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

DBT adapted for adolescents

Marsha Linehan, PhD

Miller, Rathus, Linehan, Wetzler, and Leigh (1997) described an adaptation of DBT for treatment of suicidal adolescents. The primary modifications included: (a) shortening treatment to 12 weeks, (b) reducing the number of skills taught and simplifying the language on the skills-training handouts, (c) including parents or other caregivers in the skills-training group in order to help them coach the adolescent in skills use and to improve their own skills when interacting with the adolescents, reducing the amount of family dysfunction, and (d) including family members in some of the adolescent's individual therapy sessions when family issues were paramount. Individual therapy sessions occur twice per week.

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Telephone consultation and a therapists' consultation team meeting occur as in standard DBT treatment.

DBT for Substance Abuse (DBT-S)

Marsha Linehan, Ph.D.; Linda Dimeff Ph.D.

With some modification the DBT approach has been shown to be effective in treating addiction disorders for women with Borderline Personality Disorder.

Solution Focused Brief Therapy

Steve de Shazer and Insoo Kim Berg

Design and Focus of treatment interventions is on solutions to the presenting/most immediate problem. There are two essential components to brief solution focused therapy:

1. "Exceptional moments" when the presenting problems do **not** overwhelm or pre-occupy the individual's ability to function. These "exceptional moments" will be the basis for a potential solution to the problem. Part of the therapist's task is, therefore, to discover whatever a person is already doing which might contribute to the resolution of the problem with which they come.
2. Secondly, knowing what an individual wants to achieve and where they want to get to makes their getting there much more likely. One of the common consequences of a serious problem is that it clouds and obscures the future, and the individual loses sight of their future as a result of their preoccupation with the problem. The therapist's task is to query and direct the individual to reflect on what their life might be like when the problem is solved. As the answers to these questions become clearer, both the therapist and the client begin to get a picture of where they should be heading and what the treatment goals are.

Supported Employment

Robert Drake, Deborah Becker, and Gary Bond

Supported employment is a well-defined approach to helping people with mental illness find and keep competitive employment. "Competitive employment" means work in the community that anyone can apply for and pays at least minimum wage. The wage should not be less than the normal wage (and level of benefits) paid for the same work performed by individuals who do not have a mental illness. Supported employment is a successful approach that has been used in various settings by culturally diverse consumers, employment specialists, and practitioners.

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Co-occurring Disorders: Integrated Dual Diagnosis Treatment (IDDT)

Robert Drake, Susan Essock, Andrew Shaner, Kenneth Minkoff, and others

IDDT is for people who have co-occurring disorders—mental illness and addiction. This treatment approach helps people recover by offering mental health and substance abuse services together, in one setting, at the same time. In other words, the same clinicians (or team of clinicians) provide a personalized treatment plan for both mental health and substance abuse problems. A wide variety of services are offered in a stage-wise fashion because some services are important early in treatment, while others are important later on. Individualized treatments are offered depending on what stage of recovery a person is in. Examples of services include basic education about the illnesses, case management, help with housing, money management, or relationships, and specialized counseling specifically designed for people with co-occurring disorders. This is a comprehensive and long-term approach to treatment that has hope and optimism as core beliefs. Services are offered in a positive atmosphere and people are encouraged to believe that they can recover as many others have. Ultimately, the goal of integrated dual disorders treatment is to help people learn to manage both their mental illness and substance use problems so that they can pursue their own meaningful life goals.

Illness Management and Recovery

Kim T. Mueser, Ph.D and Susan Gingrich, MSW

The Illness Management and Recovery Program consists of a series of weekly sessions where practitioners help people who have experienced psychiatric symptoms to develop personal strategies for coping with mental illness and moving forward in their lives. The author's write, "The program can be provided in an individual or group format and generally lasts between three to six months." However, subsequent research conducted by Ohio Office of Mental Health finds that six to nine months duration is more realistic.

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Family Psychoeducation

Lisa Dixon, William McFarlane, and others

Family psychoeducation involves a strong partnership between consumers, families and supporters, and practitioners. This can involve a variety of formats, approaches, lengths of time, and places where services are offered, but effective family psychoeducation programs have a common basis, methods, and set of principles. Through relationship-building and alliance, education, collaboration, problem-solving, and an atmosphere of hope and partnership, family psychoeducation helps consumers and their families and supporter to:

- Learn what they need to know about mental illness
- Master new ways to manage it
- Reduce tension and stress in the family
- Provide social support and encouragement
- Focus on the future (instead of the past)
- Find ways for families and supporters to help consumers in their recovery

The result is that consumers have markedly fewer symptoms, higher success with employment, and improved family relationships, while families experience markedly lower stress and medical illness.

Assertive Community Treatment (ACT)

Susan Phillips, Barbara Burns, and others

ACT is for people who experience the most severe symptoms of mental illness. Due to the severity of symptoms, individuals who receive ACT services often have problems taking care of even their most basic needs. Substance abuse, homelessness, and problems with the legal system are not uncommon. ACT offers services customized to the consumer. These services address needs related to managing symptoms, housing, finances, employment, medical care, substance abuse, family life, and activities of daily living. The goal of ACT is to help people stay out of the hospital and develop skills for living in the community so that having a mental illness does not drive their lives.

Medication Management Approaches in Psychiatry (MedMAP)

Thomas Mellman, Alexander Miller, and others

MedMAP means using medication is a systematic and effective way, as part of the overall treatment for severe mental illnesses. MedMAP's approach includes involving consumers, families and other supporters, practitioners and supervisors, program leaders, and public mental health authorities in a partnership to make sure that medications are prescribed in a way that supports

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a person's recovery efforts. MedMAP provides guidelines and steps for decision-making that help those involved choose medications based on current evidence and outcomes. Results are monitored so that future decisions about medication can take into account what has happened before. Because this is an approach to medication decision-making driven by acceptable results, the consumer's needs and concerns are an integral part of the decision-making process. MedMAP focuses on an evidence-based, systematic approach to medication for severe mental illnesses, monitoring and recording information about medication results, and involving consumers, families and supporters, and practitioners in the decision-making process.

Stimulant Treatment of ADHD (methylphenidate, dextroamphetamine, mixed salts amphetamine, pemoline)

American Academy of Child and Adolescent Psychiatry; MTA Cooperative Group (1999);

Currently in press: PATS study sponsored by NIMH: Treatment of Attention Deficit Hyperactivity Disorder in Preschool-Age Children

A recent longitudinal study (MTA Cooperative Group, 1999) concluded that for children with ADHD medication management alone or medication management in combination with behavioral treatment was superior to intensive behavioral treatment alone or routine community treatment. In the combined treatment group, children could often be successfully treated with lower doses of medication; and some areas associated with ADHD such as anxiety, academic performance, oppositionality, parent-child relations, and social skills, showed a superior improvement during combined treatment.

Multisystemic Therapy (MST)

Scott W. Henggeler

MST is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST views individual behavior as determining and determined by a network of interconnected social systems (the family, the peer group, the school, the neighborhood). To successfully treat the juvenile offender, intervention may be necessary in any one or in a combination of these systems. MST views the parent(s) or guardian(s) as valuable resources, even when they have serious and multiple needs of their own. The primary goals of MST are to: (a) reduce criminal activity; (b) reduce other types of antisocial behavior such as drug abuse; and (c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement.

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Cognitive Behavioral Therapy for Depression-adolescents

Peter M. Lewinsohn, Gregory N. Clarke, Hyman Hops

Original authors copyrighted the Adolescent Coping with Depression course. It includes mood monitoring, improving social skills, increasing pleasant activities, decreasing anxiety, reducing depressogenic cognitions, improving communication and conflict resolution. The material is presented in workbook format that includes brief readings, short quizzes, and homework assignments. There is also a workbook for Parent of Adolescents enrolled in the Adolescent Coping with Depression Course. Both are published by Castaglia Press in Eugene, OR. The workbooks are used in the group therapy courses that span 8 weeks, two hours twice a week for teens, and one two hour session/week over 8 weeks for parents.

Cognitive Behavior Treatment for Childhood Anxiety Disorders

Kendall, P. et al., Barrett, P.M., et al., Silverman, W.K., et. al

Uses both a cognitive and behavioral approach to treating anxiety disorders. The cognitive aspect focuses on recognizing anxious feelings and somatic reactions to anxiety; clarifying cognition in anxiety provoking situations; developing a plan to cope with the situation. The behavioral component incorporates practicing using both imaginal and in vivo experiences with a variety of anxiety provoking situations specific to each child. Group treatments typically use a program manual/workbook. Parent management sessions reinforced and strengthened the results for children when they were included.

Trauma Focused Cognitive Behavioral Therapy

Cohen, Judith A. and Mannarino, Anthony P.; Deblinger, Esther

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT–CSA) is a behavioral treatment approach designed to help children and adolescents who have suffered sexual abuse overcome posttraumatic stress disorder (PTSD), depression, and other behavioral and emotional difficulties. The program emphasizes the support and involvement of non-offending parents or primary caretakers and encourages effective parent–child communication. Cognitive behavioral methods are used to help parents learn to cope with their own distress and respond effectively to their children’s behavioral difficulties. This approach is suitable for all clinical and community-based mental health settings, and its effectiveness has been documented for both individual and group therapy formats.

Trauma focused CBT has been proven effective for children exposed to a variety of traumatic events and has received the strongest empirical support from

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studies with abused children (American Academy of Child and Adolescent Psychiatry, 1998). It has been used in individual, family and group therapy and in office-based and school-based settings.

Parent Management Training

Dr. Gerald Patterson and Dr. Carolyn Webster Stratton

Parent management training (PMT) refers to programs that train parents to manage their child's behavioral problems in the home and at school. PMT has emanated from two lines of work. First, maladaptive parent-child interactions, particularly in relation to discipline practices, have been shown to foster and to sustain conduct problems among children. Second, social learning techniques, relying heavily on principles of operant conditioning, have been extremely useful in altering parent and child behavior. In PMT, parent-child interactions are modified in ways that are designed to promote pro-social child behavior and to decrease antisocial or oppositional behavior.

Multi-dimension Treatment Foster Care (MTFC)

Patricia Chamberlain and John Reid

Foster care program for delinquent youth and/or youth in need of out of home care. The program provides them with close supervision, fair and consistent limits, predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult, and reduced exposure to delinquent peers. Goals are to decrease delinquent behavior and increase participation in developmentally appropriate pro-social activities.

Brief Strategic Family Therapy

Santisteban, Daniel A., Szapocznik, Jose, Kurtines. W. M., et. Al

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying or are at risk for developing behavior problems including substance abuse. BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction

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patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). BSFT is a short-term, problem-focused intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions over more than 3 months. For more severe cases, such as substance abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in the office or home/community settings.

Wraparound (a treatment planning process model, not a treatment model)

Multiple contributors. Originated in Canada – developed in this country by the Kaleidoscope program in Chicago in 1975. Implemented in 1985 through the Alaska Youth Initiative managed by John VanDenBerg. Other contributors include: Naomi Tannen, Mary Grealish, John Franz, and Patricia Miles in Oregon.

A wraparound approach allows for the provision of any service (traditional or nontraditional) that is specifically designed for individual youngsters (or their families) that enables them to achieve treatment goals and fulfill unmet needs. Broadly applied the concept of wraparound services is the creative combination of all types of services, resources, and supports that are needed by a child and family. A child and family team of four to ten people who know the child very well develop the actual plan that emerges out of the wraparound process. As a rule, the child and family are always included on the team. Professionals are included as team members as well; however, they should ideally make up no more than 50% of the team.

Functional Family Therapy

James Alexander & Thomas Sexton

A multi-systemic prevention program focusing on multiple domains and systems in which adolescents (who have demonstrated the entire range of maladaptive, acting out behaviors and disorders) and their families live. The primary focus of prevention is the family. The approach reflects understandings of the positive and negative behaviors that are both influenced by and, in turn, influence relational systems within the family. The program focuses on the treatment system with family functioning, individual functioning, and the therapist as major components.

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Seeking Safety: “a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse”.

- 1) Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions);
- 2) Integrated treatment (working on both PTSD and substance abuse at the same time);
- 3) A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse;
- 4) Four content areas: cognitive, behavioral, interpersonal, case management;
- 5) Attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues).

Communities That Care

J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D.

The **Communities That Care® prevention planning system** is a complete package of training and support services delivered by experienced professionals in the field of prevention science to help communities develop an integrated approach to:

- the positive development of children and youth
- the prevention of problem behaviors, including substance abuse, delinquency, teen pregnancy, school dropout, and violence.

LifeSkills Training

Gilbert J. Botvin PhD.

LifeSkills Training (LST) is the highest rated, recommended and researched school-based substance abuse prevention program today. It is uniquely designed, proven effective, and grounded in over 20 years of research. Rather than simply teaching information about drugs, LifeSkills combats the underlying causes of substance use. Other ways in which LifeSkills differs from existing substance abuse prevention programs include:

- Its effectiveness.
- Its comprehensiveness.
- Its use of interactive teaching methods.
- Its suitability for individuals from diverse backgrounds.

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Incredible Years

Carolyn Webster-Stratton, M.S.N., M.P.H., Ph.D.

The Incredible Years: Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series—parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problem.