**Summary of Recognized Evidence-Based Programs Implemented by Expanded School Mental Health (ESMH) Programs\***

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| **Program Name/Link** | **Age/****Grade****Level** | **Topics Addressed** | **Primary Implementer** | **Structure of Curriculum** | **Evidence-based Program Recognition** |
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| [*Aggression Replacement Training*](http://www.aggressionreplacementtraining.org) *(ART)* | 12 to 17 | Teaches adolescents to understand and replace aggression and anti-social behavior with positive alternatives. Uses 3 components: prosocial skills, anger management, and moral reasoning. | Teachers School Mental Health Professionals | Students participate in groups for 1 hour, three times per week for 10 weeks. The program suggests roughly 10 students to a group. Each week presents one full session of each of the three components of the program. | OJJDP Effective ProgramPPN Screened Program |
| [*CARE (Care, Assess, Respond, Empower)*](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=225) | 13 to 17- has been expanded, 18-25 for out of school use | This program focuses on suicide prevention targeting high-risk youth, includes outcomes for depression, anxiety, anger control, drug use, and stress management. | School-based mental health professionals or a teacher. A parent or guardian is also contacted. | Begins with a 2-hour long computerized suicide assessment which is followed by a 2 hour motivational counseling and social support intervention. A follow –up reassessment and booster counseling session occur 9 weeks after the initial session. | Reviewed By NREPPPPN Promising Program |
| [*Cognitive Behavioral Interventions for Trauma in Schools*](http://www.hrsrcenter.ucla.edu/research/cbits.shtml) *(CBITS)* | 10 to 15 | Most often used with children who have experienced a traumatic event. CBITS teaches six cognitive-behavioral techniques: education about reactions to trauma, relaxation, real life exposure, cognitive therapy, stress or trauma exposure, and social problem solving. | School mental health professionals | The program consists of 10 group sessions with 6 to 8 students per group. Groups are once per week and last approximately 1 hour. Also includes 2 parent education sessions and 1 teacher education session | NREPP Legacy ProgramOJJDP Exemplary ProgramPPN Proven Program |
| [*Coping Cat*](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=82) | 8 to 13, has been modified for older children, *The C.A.T. Project*: ages 14-17 | This program focuses on helping children recognize and analyze anxious feelings and develop strategies to cope with anxiety-provoking situations. | School mental health professionals | *Coping Cat* groups consist of 16 sessions total. During the first half children are taught the basic concepts of anxiety reduction, the last half is for practicing those skills. | Reviewed by NREPPPPN Promising Program |
| [*Coping Power*](http://www.copingpower.com) | 9 to 11 | *Coping Power* is based on an empirical model of risk factors for substance abuse and delinquency. It addresses factors such as social competence, self regulation, and positive parental involvement. | School Mental Health Professionals | The program is implemented in a group of approximately 6 members. The group meets once per week and the full program lasts 15 to 18 months (usually delivered in 2 school years).  | Helping America’s Youth Registry Level 1NREPP Legacy ProgramOJJDP Exemplary ProgramPPN Screened ProgramSAMHSA Model Program |
| [*Girls Circle*](http://www.girlscircle.com/index.htm) | 9 to 18 | The *Girls Circle* model, a structured support group for girls from 9-18 years, integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls’ growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices | School Mental Health Professionals, teachers, school staff | *Girls Circles* are most often held weekly for 1 1/2 to two hours. Each week the facilitator leads the group of girls through a format that includes each girl taking turns talking and listening to one another respectfully about their concerns and interests. The girls express themselves further through creative or focused activities such as role playing, drama, journaling, poetry, drama, dance, drawing, collage, clay, and so on. Gender specific themes and topics are introduced which relate to the girls’ lives, such as being a girl, trusting ourselves, friendships, body image, goals, sexuality, drugs, alcohol, tobacco, competition, and decision-making. | Helping America’s Youth Level 3OJJDP Promising Program |
|  [*Good Behavior Game*](http://www.colorado.edu/cspv/blueprints/promising/programs/BPP06.html) *(GBG)* | 4 to 10 | *The* ***Good Behavior Game (GBG)*** is a classroom management strategy for teachers and other school staff designed to improve aggressive/disruptive classroom behavior and reduce later criminality. It can be implemented when children are in early elementary grades in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. For students in later elementary and middle school this strategy is used to help the teacher gain control of his or her classroom. | Teachers, staff, and School Mental Health Professionals | Before the game begins, teachers clearly specify those disruptive behaviors (e.g., verbal and physical disruptions, noncompliance, etc.) which, if displayed, will result in a team's receiving a checkmark on the board. By the end of the game, teams that have not exceeded the maximum number of marks are rewarded, while teams that exceed this standard receive no rewards. Eventually, the teacher begins the game with no warning and at different periods during the day so that students are always monitoring their behavior and conforming to expectations. | Helping America’s Youth Registry Level 1NREPP Legacy ProgramOJJDP Exemplary ProgramPPN Screened ProgramSAMHSA Effective Program |
| [*I Can Problem Solve: Raising a Thinking Child*](http://www.researchpress.com/product/item/4628/) *(ICPS)* | 4 to 12 | *ICPS* is a violence prevention program and helps children think of alternative nonviolent ways to solve everyday problems. This program helps children resolve interpersonal problems and prevents anti social behaviors | Teachers and School Mental Health Professionals | The program curriculum is split into three sets of lessons. *ICPS* for Preschool contains 59 lessons, Kindergarten and Primary Grades contains 83 lessons, and Intermediate Elementary Grades contains 77 lessons. It is a self-contained program that involves the use of games, stories, puppets, and role plays to make learning enjoyable. Each lesson contains a teacher script, reproducible illustrations, and a list of readily available materials. | Blueprints Promising  ProgramA CASEL Select ProgramHelping America’s Youth  Registry Level 2NREPP Legacy ProgramOJJDP Effective ProgramPPN Screened ProgramSAMHSA Promising ProgramStrengthening America’s Families Exemplary II  Program USDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program |
| [*The Incredible Years*](http://www.incredibleyears.com/Program/teacher.asp)*: Teacher and Child Programs* | 2 to 10 | These programs seek to strengthen children's social and emotional and academic competencies such as understanding and communicating feelings, using effective problem solving strategies, managing anger, practicing friendship and conversational skills, as well as appropriate classroom behaviors. The parent component of incredible years is comprised of a series of programs focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social  and emotional competencies and reduce conduct problems. These programs are grouped according to age. | Teachers, School Mental Health Professionals, other school staff | The Incredible Years has two programs for teachers: *The Teacher Classroom Management Program* and the *Dina Dinosaur Classroom Curriculum*. Both focus on training programs to help teachers ignore students' aggressive, hyperactive and noncompliant behaviors in the classroom. There is also a child program led by therapists for preschool and early elementary students. | Blueprints Model ProgramReviewed by NREPPOJJDP Model ProgramPPN Proven ProgramSAMHSA Model ProgramStrengthening America’s  Families Exemplary I  Program  |
| [*Life Skills Training*](http://www.lifeskillstraining.com) *(LST)* | 8 to 14 | *LST* is a substance use prevention program. *LST* reduces the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote risky behaviors. Teaches self esteem, confidence, and coping skills. | Teachers, School Mental Health Professionals, other school staff | For optimal program implementation *LifeSkills Training* should be implemented in a classroom setting that is conducive to learning. The curriculum can be taught in school, community, faith-based, summer school and after-school settings. The curriculum consists of three major components, drugs resistance skills, personal self-management skills, and general social skills. | Blueprints Model ProgramHelping America’s Youth Registry Level 1Reviewed By NREPPOJJDP Exemplary ProgramPPN Proven ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Exemplary Program |
| [*Lion's Quest Skills*](http://www.lions-quest.org) *for Adolescence* | 6th to 8th | Lions Quest Skills for Adolescence is a comprehensive life skills and drug prevention curriculum for grades 6-8 that emphasizes character development, communication, decision making, and service-learning. Skills for Adolescence is also a strong prevention tool–guiding young people toward healthy choices and a drug- and violence-free lifestyle.  | Teachers, mental health professionals | SFA’s five-component structure includes Parent and Family Involvement, Positive School Climate, Community Involvement, Professional Development (2 to 3 day introductory workshop for implementers) and Classroom Curriculum. The classroom curriculum consists of 102 skill-building lessons; implementation models range from a 9 week, 40-lesson minicourse to a 3-year program of all 102 lessons where 45-minute session are arranged into eight sequential thematic units and a service-learning unit that extends through the curriculum. | A CASEL Select ProgramHelping America’s Youth Registry Level 3Reviewed by NREPPOJJDP Effective ProgramPPN Screened ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program |
| [*Lion’s Quest Skills for Action*](http://www.lions-quest.org/downloads/LCIF_303_SFC_Brochure.pdf) | 9th to 12th | Li*ons Quest Skills for Action* is an innovative and ﬂexible curriculum for grades 9-12 that moves beyond the classroom to build essential life and citizenship skills through community and school-based service-learning experiences. Created to help young people become personally and socially responsible citizens, *Lions Quest Skills for Action* offers students the opportunity to gain the knowledge and skills to make positive contributions at home, at school, in the community, and in the workplace. Students learn to communicate effectively, analyze and solve problems, set and achieve goals, work successfully as part of a team, and resolve conﬂicts peacefully. Students also develop the means to resist negative peer pressure, make healthy choices, and to understand and appreciate diversity in the classroom, school, and broader community. *Skills for Action* stimulates students’ intellectual curiosity and academic growth, guiding them towards active citizenship and positive social action.  | Teachers, mental health professionals | The program, with more than 100 lessons focused around 26 personal, social, and thinking skills, ranges from one semester to four years in length. Students explore personal stories highlighting values and behavior through teachers’ questions and group discussion and resource pages in the curricular materials. For service learning, students perform school-based or community-based projects and reflect on their experiences. Optional components include a student magazine, an Advisory Team, and supplemental units on drug use prevention. | A CASEL Select Program |
| [*Multisystemic Therapy*](http://www.mstservices.com/text/licensed_agencies.htm) *(MST)* | 12 to 17 | *MST* addresses risk factors of serious anti-social behavior in juvenile offenders. The multisystemic approach views individuals as part of a complex network of interconnected systems that encompass individual, family, and extrafamilial factors such as peer, school, and neighborhood. | *Multisystemic Therapy (MST)* is conducted by therapists who are part of a *MST* "team." Two to four *MST* therapists and their on-site supervisor make up a *MST* team which works together for purposes of group and peer supervision, and to support the 24 hour/7 day/week on-call needs of the team's client families.  | On a highly individualized basis, treatment goals are developed in collaboration with the family, and family strengths are used as levers for therapeutic change. Specific interventions used in *MST* are based on the best of the empirically validated treatment approaches such as cognitive behavior therapy and the pragmatic family therapies. | Helping America’s Youth  Registry Level 1Blueprints Model ProgramOJJDP Exemplary ProgramPPN Proven ProgramSAMHSA Model ProgramStrengthening America’s  Families Exemplary I  Program (1999) |
| [*Nurturing Parenting Program*](http://www.nurturingparenting.com/home.php) | There are specific curricula for parents with children from birth to age 18. | The *Nurturing Parenting Programs* are a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.  The long term goals are to prevent recidivism in families receiving social services, lower the rate of multiparent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.  The Nurturing Programs target all families at risk for abuse and neglect with children birth to 18 years.  The programs have been adapted for special populations, including Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges. | School Mental Health Professionals work with parents in a group or individual capacity | Programs have been identified according to the standard levels of prevention: primary, secondary (intervention) and tertiary (treatment). Primary: Parenting education at the pre-parent stage, the pre-natal stage, education for special learning needs children,  support groups, community action teams, community awareness campaigns, community resources are implemented so all forms of child maltreatment can be prevented. Secondary: Programs are designed to “intervene” to prevent further escalation of the early stages of maltreatment. Families at this level are often referred to as “at-risk.” The goal of intervention is to provide families with the necessary knowledge, skills, resources and services to build upon their parenting strengths to prevent abuse and neglect. At the tertiary level of prevention, programs are designed to “treat” families identified by Social Services for child abuse and neglect. At this level of prevention, families are in need of structured, long-term, family-based programs and services to replace old, existing hurting patterns of parenting with newer, nurturing parenting patterns.  | Helping America’s Youth,  Level 3OJJDP Promising ProgramNREPP Legacy ProgramSAMHSA Promising Program Strengthening Families  Model Program (1999) |
| [*Olweus Bully Prevention Program*](http://www.clemson.edu/olweus/) | K to 9th grade | The *Olweus Bullying Prevention Program* is a comprehensive, school-wide program designed for use in elementary, middle, or junior high schools. Its goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The program has been found to reduce bullying among children, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. The *Olweus Program* has been implemented in more than one dozen countries around the world.  | School staff are trained and form a Bullying Prevention Coordinating Committee who correspond with a member of the *Olweus* team throughout the year | Classroom-level components include: reinforcement of school-wide rules against bullying, holding regular classroom meetings with students to increase knowledge and empathy, and informational meetings with parents. Individual-level components include: interventions with children who bully, interventions with children who are bullied, and discussions with parents of involved students  | Blueprints Model ProgramPPN Screened ProgramSAMHSA Model Program |
| [*Primary Project*](http://www.childrensinstitute.net/programs/primaryProject) | K to 3rd  | *Primary Project* is a school-based early intervention program for young children (preschool through grade 3) who show evidence of early school adjustment difficulties. *Primary Project* is an indicated prevention program, meaning that it targets children deemed “at-risk.” It seeks to maximize children’s healthy school adjustment and is targeted primarily for children with evident or incipient school adjustment problems inthe mild to moderate range, not for children with already crystallized, serious dysfunction. Program evaluations indicate that it can be effectively implemented in geographically, ethnically and economically diverse communities. *Primary Project* uses carefully selected and trained paraprofessionals to provide direct services to children identified through the screening process. | Paraprofessionals trained in *Primary Project.* School Mental Health Professionals serve as supervisors. | Primary Project has been developed around six structural components, each of which contributes to the program’s success. 1) A focus on young children; 2) Early screening and appropriate selection of children; 3) Use of paraprofessionals to provide direct services to children; 4) Use of mental health professionals as supervisors, consultants and leaders; 5) Use of ongoing outcome and process evaluation; 6) Integration of Primary Project within the school and community settings. This training program covers topics such as 1) the school environment, 2) playand young children, 3) confidentiality, 4) communication skills, 5) effective limit settingstrategies with aggressive children, and 6) cultural and ethnic/racial differences. A part-time (15-20 hours per week) child associate can see l0-l5 children in a week and have sufficient time for participation in training, supervision, and completion of necessary documents related to program implementation. | Helping America’s Youth  Level 3Reviewed by NREPPOJJDP Promising ProgramPPN Screened ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program  |
| [*Promoting Alternative Thinking Strategies (PATHS)*](http://www.colorado.edu/cspv/blueprints/model/programs/PATHS.html) | Pre-K to 5th | The *PATHS (Promoting Alternative Thinking Strategies)* Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in preschool through 5th grade students while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. | Teachers and School Mental Health Professionals | The *PATHS* Curriculum, taught three times per week for a minimum of 20-30 minutes per day, provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. A key objective of promoting these developmental skills is to prevent or reduce behavioral and emotional problems. | Blueprints Model Program A CASEL Select ProgramHelping America’s Youth Registry Level 1Reviewed by NREPPOJJDP Exemplary ProgramPPN Screened ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program |
| [*PATHS to PAX*](http://www.jhsph.edu/prevention/Paths/index) | Pre-K to 5th | *PATHS to PAX* is the integration of *PATHS* and the *Good Behavior Game* and aims to reduce student behavior problems and drug use, and to enhance academic competence. Whereas the *GBG* uses a small group contingency management strategy, *PATHS* provides a comprehensive curriculum to improve student’s social-emotional skills. | Teachers are primary implementers but entire staff plays a part in promoting the program school-wide. | The *PATHS* component is a nonsequential series of social/emotional lessons that are grade appropriate and taught in-class on a weekly basis for 15 to 30 minutes. The *GBG* is recommended to be taught 3 times daily for short periods of time beginning at 2 or 3 minutes and working toward 30 to 45 minutes gradually. | Both PATHS and GBG (see above) have been recognized, however this new integration has only begun implementation 3 years ago. |
| [*Positive Action*](http://www.positiveaction.net) | 5 to 18 | Positive Action is a nationally recognized, evidence-based program that improves academics, behavior, and character. *Positive Action* consists of five components. It works by teaching and reinforcing the intuitive philosophy that you feel good about yourself when you do positive actions and there is a positive way to do everything. The program teaches the positive actions for the physical, intellectual, social, and emotional areas of the self. Our founding principle, illustrated by the Thoughts- Actions- Feelings Circle, is that “Positive thoughts lead to positive actions, positive actions lead to positive feelings about yourself, and positive feelings lead to more positive thoughts.”  | Teachers, and School Mental Health Professionals | Each component of *Positive Action* is based on the Thoughts-Actions-Feelings Circle. The program is delivered through the K–12 Curriculum, and Site-wide Climate Development. Materials are also available for counselors, family, and the community. The K-12 kits contain an instructor’s manual with scripted 15-minute lessons, along with completely prepared materials. Included are student activity booklets, journals (4-12), and other hands-on materials for 30 students. The lessons contain activities that address academic standards and some lessons are aligned with states’ standards. The lessons are interactive, engaging, and allow for maximum flexibility and implementation. | Helping America’s Youth  Registry Level 2Reviewed by NREPPOJJDP Effective ProgramPPN Screened ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program |
| [*Project ACHIEVE*](http://www.projectachieve.info/home.html) | 3 to 14 | *Project ACHIEVE* is an **evidence-based school effectiveness and school improvement program** focusing on the academic and social-emotional/ behavioral progress and success of all students. It uses **strategic planning, professional development, and on-site consultation and technical assistance**for student achievement, positive school and classroom climates, effective teaching and instruction, and meaningful parent and community outreach and involvement. It Helps schools develop and implement **Positive Behavioral Support Systems** (PBSS) and **Response-to-Intervention** processes speeding evidence-based academic and behavioral interventions to at-risk and underachieving student. | Teachers, School Mental Health Professionals. | *Project ACHIEVE* is implemented in a three-year Implementation Blueprint that is tailored to each participating school.  While schools may implement *Project ACHIEVE's*strategies and activities in different sequences to meet their needs and existing statuses, the evidence-based Implementation Blueprint guides the entire process, ensuring the success of each school or district. This whole school approach involves students, staff, administration, and parents building and reinforcing; 1. Students’ interpersonal, problem-solving, and conflict resolution skills and interactions; 2.Positive, safe, supportive, and consistent school climates and settings; 3.School and district capacity such that the entire process becomes self-sustaining.   | A CASEL Select ProgramHelping America’s Youth  Registry Level 2OJJDP Promising ProgramPPN Screened ProgramSAMHSA Model Program |
| [*Project ALERT*](http://www.projectalert.best.org) | 12 to 14 | ***Project ALERT*** is a focused, classroom-based adolescent substance abuse prevention program. The program was designed to motivate students against drug use, to provide skills and strategies for resisting use, and to establish non-use attitudes and beliefs. The program addresses tobacco, alcohol, marijuana, and inhalants, the substances teens are most likely to use. It is designed for middle grade students, and has been found effective in rural and urban settings and in both schools with low and high minority populations. The program typically begins in the seventh grade and ends in the eighth grade. | Teachers, School Mental Health Professionals | The *Project ALERT* two-year Core Curriculum consists of 11 lessons that are most effective when taught once a week during the first year, plus 3 booster lessons that should be delivered the following year. *Project ALERT* complements other curricula and can be implemented in conjunction with lessons from sex education, health, physical education, science and social studies. Lessons include small group activities, role playing exercises, real life videos, and guided classroom discussions. | Blueprints Promising  ProgramHelping America’s Youth  Registry Level 1Reviewed by NREPPOJJDP Exemplary ProgramPPN Proven ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined, and Drug Free Schools Exemplary Program |
| [*Project SUCCESS*](http://www.projectsuccess.org/) | 6th to 12th | *Project SUCCESS* is designed to serve each student for six years from middle school through high school. All components work within the *Project SUCCESS* philosophy, which is to provide a non-judgmental, supportive setting where students can speak out and be heard, and where they learn to assess themselves and their options regarding their future. All program components are designed to help your student gain confidence in creative thinking, decision making, goal setting and resourcefulness while developing the skills to plan their future. | Project SUCCESS Facilitators work in collaboration with teachers, administrators, and school mental health professionals | The program is comprised of these components: Goal-Setting Workshops in the Classroom, Theater Experiences, One-on-One Assistance, College Tours and Special Programming. Students participate in a workshop once a month for a total of eight workshop experiences per student, per year. The program offers students and their families the opportunity to attend between six and twelve theater experiences a year. These are not school field trips, but tickets to evening and weekend performances. So we offer a one-on-one counseling program in after-school sessions. Facilitators help high school students with reviewing and filling out applications for college or financial aid, finding job opportunities and seeking the resources necessary to make life after high school a positive, productive experience. | Reviewed by NREPPPPN Screened ProgramSAMHSA Model ProgramReviewed by NREPP |
| [Project TNT: Towards No Tobacco](http://casat.unr.edu/bestpractices/view.php?program=96)  | 5th to 9th | Project Towards No Tobacco Use (Project TNT) is a classroom-based curriculum that aims to prevent and reduce tobacco use by students. The intervention was developed for a universal audience and has served students with a wide variety of risk factors. Designed to counteract multiple causes of tobacco use simultaneously, Project TNT is based on the theory that youth will be better able to resist tobacco use if they are aware of misleading information that facilitates tobacco use (e.g., pro-tobacco advertising, inflated estimates of the prevalence of tobacco use), have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequences of tobacco use. | Teachers, School Health and Mental Health Professionals | Project TNT comprises 10 core lessons and 2 booster lessons, all 40-50 minutes in duration. The core lessons are designed to be taught over a 2-week period but may be spread out over as long as 4 weeks. Booster lessons, which are taught 1 year afterward, are intended to be delivered over 2 consecutive days but may be taught 1 week apart. The curriculum uses a wide variety of activities to encourage student involvement and participation. Activities include games, videos, role-plays, large and small group discussion, use of student worksheets, homework assignments, activism letter writing, and a videotaping project. The two-lesson booster program summarizes previously learned material and discusses how this material might be used in daily living.  | Helping America’s Youth  Registry Level 1Reviewed by NREPPOJJDP Exemplary ProgramPPN Screened ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Exemplary Program |
| [*Responsive Classroom*](http://www.responsiveclassroom.org) *(RC)* | K to 8th | The goal of *RC* is to help further student learning by fostering on social, emotional, and academic growth. The guiding principles of *RC* are focused on positive social interaction and teaching children good social skills which promotes good self-esteem. Teachers are encouraged to get to know their students as well as their student’s families and work toward effective collaboration. | Teachers are primary implementers but entire staff plays a part in promoting the program school-wide. | *RC* is a universal prevention strategy that spans the entire school. In class teachers conduct morning meetings, model positive language and interactions, allow children to create their own rules, and help them problem solve when an issue arises. School-wide, staff must create a sense of community including all policies, procedures and activities. | A CASEL Select ProgramHelping America’s Youth Registry Level 3OJJDP Promising Program |
| [*Second Step Violence Prevention Program*](http://www.cfchildren.org/programs/ssp/overview/) | Preschool to 8th | Children learn and practice a variety of social skills such as empathy, emotional control, problem solving, and cooperation. *Second Step* teaches children to identify and understand their own and others’ emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decision-making process when emotionally aroused. | Teachers | *Second Step* is a universal prevention strategy and is taught to entire classrooms as a supplement to regular curriculum. Preschool through 5th grade are taught 20-25 lessons per year ,6th are taught 15 per year and 7th through 9th are taught 8 part year. A family component is also available. | A CASEL Select ProgramHelping America’s Youth  Registry Level 2Reviewed by NREPPOJJDP Effective ProgramPPN Promising ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Exemplary Program |
| [*SOS Signs of Suicide*](http://www.mentalhealthscreening.org/highschool/index.aspx?gclid=CPSNpsWxs5MCFQ54HgodXDrV5g) | 14 to 18 | Students are taught the appropriate response when encountering a friend or peer that is suicidal. Efforts seek to increase help-seeking behavior and students are taught to recognize warning signs in themselves and others.  | Teachers, School Mental Health Professionals and School staff | 2-day secondary school-based intervention that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. Students view a video that teaches them to recognize signs of depression and suicide in others and then participate in guided classroom discussions about suicide and depression. | NREPP ReviewedOJJDP Promising ProgramSAMHSA Promising ProgramSPRC Reviewed Evidence- Based Practices |
| [*Steps to Respect*](http://www.cfchildren.org/programs/str/overview) | 3rd to 6th | The *STEPS TO RESPECT* program takes a whole-school approach to bullying, bringing staff, students, and families into the picture. A schoolwide approach sends a message to students that it's safe to come forward when there is a problem and that adults will take steps to help them. Engaging classroom lessons for Grades 3–5 or 4–6 give children the skills they need to recognize and refuse bullying, maintain friendships, and resolve conflicts. Coaching training and booster sessions provide extra support for staff members. Family trainings and materials reinforce bullying prevention skills at home. | Administrators, teachers, and school mental health professionals | A comprehensive Program Guide gives administrators, teachers, and counselors step-by-step tools for developing policies and implementing the program. In-depth training ensures that all adults who have contact with students integrate core program concepts into every aspect of the school day. Each curriculum kit includes 11 skill-building lessons and two literature unit selections (which contain 7–10 lessons each). Each skill lesson takes 20–30 minutes to teach. Literature lessons are designed to last 30–40 minutes each. | CASEL ReviewedHelping America’s Youth Registry Level 2OJJDP Effective Program |
| [*The Stop and Think Social Skills Program for Schools*](http://www.projectachieve.info/productsandresources/thestopthinksocialskillsprogramschool.html) | Pre-K through 8 |      Focused on teaching students interpersonal, problem-solving, and conflict resolution skills, the four ***Stop & Think*** levels (Prek -1st, 2nd -3rd, 4th – 5th, and 6th – 8th) ensure that all skills are taught in a developmentally-sensitive and appropriate way.  Each level concentrates on 10 Core and 10 Advanced Skills.  These are practical skills that help students to manage their own behavior and successfully interact with others:  Listening, Following Directions, Asking for Help, Ignoring Distractions, Accepting Consequences | Teachers, School Mental Health Professionals | Stop and Think uses a behavioral/social learning process that involves the following five components: 1) Teaching the steps of the desired social skill; 2) Modeling; 3) Role playing, 4) Providing performance feedback to students; and 5) Applying the skill and its steps as much as possible during the day to reinforce the teaching over time, in different settings, with different people, and in different situations. | A CASEL Select Program OJJDP Promising Program SAMHSA Model Program |
| [*Strengthening Families Program (SFP*](http://www.strengtheningfamiliesprogram.org)*)* | 3 to 16 | The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. | School Mental Health Professionals | The Strengthening Families Program is a 14-session, science-based parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Group Leader Manuals contain a complete lesson for every session. Parents' and children's Handbooks/ Handouts are also provided for every session. Curricula are grouped according to age, 3 to 5 years, 6 to 11 years, and 12 to 16 years. | Helping America’s Youth  Level 1OJJDP Exemplary ProgramReviewed by NREPPPPN Screened ProgramSAMHSA Model ProgramStrengthening Families  Exemplary I Program  |
| [*Teaching Students to be Peacemakers (Peacemakers)*](http://www.co-operation.org/pages/peacemaker.html) | 9 to 14 | Peacemakers educates students, faculty, and other school staff members on conflict resolution procedures. This program focuses on teaching social/emotional competence, reducing anti-social and aggressive behaviors as well as violence. Peacemakers does not specifically address substances. | Teachers and School Mental Health Professionals | The lessons are 30 minutes long and are taught in 20 segments. Four lessons focus on the nature of conflict and its potential constructive outcomes; eight lessons teach students how to engage in problem solving negotiations, and eight lessons focus on how to mediate schoolmates’ conflicts. Students learn peer mediation through these lessons which continues after the 20 lessons are taught. Each year as students proceed to the next grade they are retaught at an appropriately more complex and sophisticated level. Weekly follow-up lessons are also taught throughout the school year | Helping America’s Youth  Registry Level 2OJJDP Promising ProgramPPN Screened ProgramSAMHSA Model ProgramUSDE’s Safe, Disciplined,  and Drug Free Schools  Promising Program |
| [*Teen Outreach Program (TOP)*](http://www.wymancenter.org/teenoutreach.htm) | 12 to 17 | *Teen Outreach* is a program based on the principles of positive youth development that is designed to meet the needs of adolescents during the transitional period in which they are growing into adulthood and is typically taught as an after school program. TOP combines curriculum-guided experiential activities and discussion plus community service work in a program that supports positive youth development and prevents negative youth behaviors, such as early pregnancy and school failure. TOP teens gather throughout the school year for open discussions about relevant issues such as peer pressure and making good decisions for the future. | School Mental Health Professionals, Teachers, School Staff | TOP features four flexible levels of curriculum, as well as an integrated community service learning guide. The four levels are age appropriate to the needs of adolescents ages 12-17. Core activities across the curriculum levels include: Values Clarification, Relationships, Communication/Assertiveness, Influence, Goal Setting, Decision Making, Development and Human Sexuality, and Community Service Learning. To reach similar outcomes found in the research programs should offer at least 1 to 2 group discussion/activity sessions per week and a minimum of 20 hours of community service per program year (nine months or the academic school year). | Helping America’s Youth,  Registry Level 2OJJDP Effective ProgramPPN Promising Program |
| [Teenscreen](http://www.teenscreen.org) | 13 to 17 (Adolescent)18 to 25 (Young Adult) | The Columbia University TeenScreen Program identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. | Outside Mental Health Professionals are brought into the school. | Typically, all youth in the target age group(s) at a setting are invited to participate. The screening involves the following stages: 1. Before any screening is conducted; parents' active written consent is required for school-based screening sites. Teens must also agree to the screening. 2. Each teen completes a 10-minute paper-and-pencil or computerized questionnaire covering anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior. 3. Teens whose responses indicate risk for suicide or other mental health needs participate in a brief clinical interview with an on-site mental health professional. If the clinician determines the symptoms warrant a referral for an in-depth mental health evaluation, parents are notified and offered assistance with finding appropriate services in the community. Teens whose responses do not indicate need for clinical services receive an individualized debriefing.  | NREPP Reviewed |
| The [Too Good for Drugs and Violence](http://partnershipforadrug-freecommunity.org/toogood.html) Programs | K-8 and 9-12 | The Too Good for Drugs and Violence programs are designed to promote students’ prosocial skills, positive character traits, and violence- and drug-free norms. The program includes optional family and community involvement components that may or may have not been implemented as part of the program evaluated. *Too Good for Drugs* and *Too Good for Violence* are separate curriculum in K-8 but join in High School. The *Too Good* programs also offer a staff development and after school component. | Teachers or other staff that have been trained in implementation of the *Too Good* programs. | The curricula consist of core lessons at 60 minutes each. Students engage in role-play and cooperative learning activities and are encouraged to apply the skills to different contexts. Lessons include a combination of information about normative peer use and the consequences of drugs and violence and life skills development such as goal setting, decision-making, developing healthy relationships, stress management, coping, communication, peer resistance, and interpersonal skills.  | Helping America’s Youth  Registry Level 1 - Violence  Component, Level 3 –  Drug componentReviewed by NREPP- Drug  componentOJJDP Exemplary Program – Violence componentOJJDP Promising Program – Drug componentPPN Screened ProgramSAMHSA Model Program |

\*The list of evidence-based programs generated for this table were identified as part of the Center for School Mental Health’s National Survey of Expanded School Mental Health Programs (2007). 152 ESMH Programs from across the county responded to the survey. Only evidence-based programs that received at least one recognition on one of ten evidence-based program registries (see Center for School Mental Health Summary of Evidence Based Program Registries, 2008) were included in the table. The table was developed by Kerri Stiegler, B.A. and Nancy Lever, Ph.D., Center for School Mental Health, June 2008. The table is available online, [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org) and <http://csmh.umaryland.edu>.

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