

**Name of Program/Strategy: Families and Schools Together (FAST)**

**Report Contents**

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

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**1. Overview and description**

Families and Schools Together (FAST) is a multifamily group intervention designed to build relationships between families, schools, and communities to increase well-being among elementary school children. The program's objectives are to enhance family functioning, prevent school failure, prevent substance misuse by the children and other family members, and reduce the stress that children and parents experience in daily situations. Participants in the multifamily group work together to enhance protective factors for children, including parent-child bonding, parent involvement in schools, parent networks, family communication, parental authority, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans.

FAST includes three components: outreach to parents, eight weekly multifamily group sessions, and ongoing monthly group reunions for up to 24 months to support parents as the primary prevention agents for their children. Collaborative teams of parents/caregivers, professionals (e.g., substance abuse or mental health professionals), and school personnel facilitate the groups, which meet at the school at the end of the school day. With each cycle of FAST implementation, 30 to 50 students in one grade level and their families can participate.

Although versions of FAST have been developed for families with children of all ages (babies through teens), the research reviewed for this summary included only elementary school children.

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## **2. Implementation considerations (if available)**

## **3. Descriptive Information**

<b>Areas of Interest</b>	Mental Health Promotion Substance abuse prevention
<b>Outcomes</b>	1: Child problem behaviors 2: Child social skills and academic competencies
<b>Outcome Categories</b>	Education Family/relationships Mental health Social functioning Violence
<b>Ages</b>	0-5 (Early childhood) 6-12 (Childhood)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White
<b>Settings</b>	School Other community settings
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier Tribal
<b>Implementation History</b>	FAST was developed in Madison, Wisconsin, at a community, nonprofit family service agency in 1988. Since then, trained FAST teams have implemented groups in about 2,000 schools in 48 States and internationally, reaching more than 450,000 individuals. The first multifamily group was evaluated using standardized instruments, and each new site has been systematically trained and evaluated to monitor the program's impact on child well-being. The first small randomized controlled trial (RCT) was conducted in 1991; since 2001, four large RCTs have been completed. Several

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	<p>State, county, and city governments have used their funds to support FAST programs in their areas (e.g., California invested \$10 million in a State initiative to prevent violence using FAST).</p> <p>The program has been adapted, implemented, and in some cases evaluated in Australia, Austria, Canada, England, Germany, the Netherlands, and Russia.</p>
<b>NIH Funding/CER Studies</b>	<p>Partially/fully funded by National Institutes of Health: Yes</p> <p>Evaluated in comparative effectiveness research studies: Yes</p>
<b>Adaptations</b>	<p>FAST group processes have been adapted for use with various cultural groups, including Latino immigrants, Southeast Asian refugees, African Americans living in inner cities, and American Indian youth in rural reservation schools.</p>
<b>Adverse Effects</b>	<p>No adverse effects, concerns, or unintended consequences were identified by the applicant.</p>
<b>IOM Prevention Categories</b>	<p>Universal</p> <p>Selective</p> <p>Indicated</p>

### **4. Outcomes**

#### **Outcome 1: Child problem behaviors**

<b>Description of Measures</b>	<p>Child problem behaviors were measured using the following instruments:</p> <ul style="list-style-type: none"> <li>• Child Behavior Checklist (CBCL). The externalizing subscale measures delinquent and aggressive behaviors, and the internalizing subscale measures withdrawal, somatic complaints, and anxiety/depression. Using a 3-point rating scale from 0 (not true) to 2 (very true or often true), parents and teachers indicate the extent to which each item describes a child's behavior at home and/or at school within the past 6 months.</li> <li>• Social Skills Rating System (SSRS), parent and teacher versions. The problem behavior subscale measures internalizing and externalizing behaviors. Parents and teachers rate how often a child exhibits certain behaviors using a 3-point rating scale from 0 (never) to 2 (often).</li> </ul>
<b>Key Findings</b>	<p>One study compared students in FAST families with students in an assessment-only control group.</p>

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	<p>At posttest, FAST students had significant improvements in teacher-reported externalizing behaviors, teacher-reported aggressive behaviors, and parent-reported withdrawal (all p values &lt; .05) compared with control group students. The effect sizes were small (Cohen's d = 0.36 for externalizing behaviors) and large (Cohen's d = 1.20 for aggressive behaviors and Cohen's d = 0.87 for withdrawal).</p> <p>At 1-year follow-up, FAST participants sustained their improvement in withdrawal compared with control students (p &lt; .05), a finding associated with a large effect size (Cohen's d = 1.92). FAST participants also showed significant improvement compared with control students in the following teacher-reported measures at 1-year follow-up: internalizing behaviors, anxious/depressed behaviors, attention problems, aggressive behaviors, and problem behaviors (all p values &lt; .05). The effect sizes were medium (Cohen's d = 0.51 for internalizing behaviors, Cohen's d = 0.78 for anxious/depressed behaviors, Cohen's d = 0.70 for aggressive behaviors, and Cohen's d = 0.61 for problem behaviors) and large (Cohen's d = 0.92 for attention problems).</p> <p>Another study compared students in FAST families with those in families receiving eight behavioral parenting pamphlets and family education. At 2-year follow-up, FAST students had significant improvement in teacher-reported externalizing behaviors compared with students in the control group (p &lt; .001). No significant difference was found between groups on internalizing behaviors.</p> <p>A third study compared students in FAST families with students receiving their school's usual services. At 1-year follow-up, FAST students had significant improvements in parent-reported externalizing behaviors and somatic complaints compared with control group students (all p values &lt; .05). The effect sizes for these findings were small (Cohen's d = 0.42) and medium (Cohen's d = 0.53), respectively.</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2, Study 3
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.7 (0.0-4.0 scale)

### **Outcome 2: Child social skills and academic competencies**

<b>Description of Measures</b>	Child social skills and academic competencies were assessed using the following instruments:
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	<ul style="list-style-type: none"> <li>• CBCL. The academic performance scale, completed by the teacher, measures the child's specific academic skills, including reading, writing, and math, relative to the skills of other children at the same grade level.</li> <li>• SSRS, parent and teacher versions. The social skills subscale measures cooperation, assertion, and self-control. The academic competence subscale (in the teacher version only) measures overall academic performance, reading, mathematics, motivation, parental encouragement, intellectual functioning, and classroom behavior.</li> <li>• Parents and teachers rate how often a child exhibits certain behaviors using a 3-point scale from 0 (never) to 2 (often).</li> </ul>
<b>Key Findings</b>	<p>One study compared students in FAST families with students in an assessment-only control group.</p> <p>At 1-year follow-up, teachers assessed FAST students as having greater academic competence than control students (<math>p &lt; .05</math>), a finding associated with a medium effect size (Cohen's <math>d = 0.77</math>). No significant difference was found between groups on social skills.</p> <p>Another study compared students in FAST families with those in families receiving eight behavioral parenting pamphlets and family education. At 2-year follow-up, FAST students had significant improvements in social skills and academic performance compared with students in the control group (all <math>p</math> values <math>&lt; .05</math>).</p> <p>A third study compared students in FAST families with students receiving their school's usual services. No significant difference was found between groups on social skills or academic performance.</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2, Study 3
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.7 (0.0-4.0 scale)

- 5. Cost effectiveness report** (Washington State Institute of Public Policy – if available)
- 6. Washington State results** (from Performance Based Prevention System (PBPS) – if available)

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## **7. Where is this program/strategy being used (if available)?**

Washington Counties	Oregon Counties

## **8. Study Populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	0-5 (Early childhood) 6-12 (Childhood)	Data not reported/available	100% American Indian or Alaska Native
<b>Study 2</b>	0-5 (Early childhood) 6-12 (Childhood)	59% Female 41% Male	100% Hispanic or Latino
<b>Study 3</b>	0-5 (Early childhood) 6-12 (Childhood)	57% Female 43% Male	40% White 35% Black or African American 13% Asian 12% Hispanic or Latino

## **9. Quality of Research**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### **Study 1**

Kratochwill, T. R., McDonald, L., Levin, J. R., Bear-Tibbetts, H. Y., & Demaray, M. K. (2004). Families and Schools Together: An experimental analysis of a parent-mediated multi-family group program for American Indian children. *Journal of School Psychology, 42*, 359-383.

### **Study 2**

McDonald, L., Moberg, D. P., Brown, R., Rodriguez-Espiricueta, I., Flores, N. I., Burke, M. P., et al. (2006). After-school multifamily groups: A randomized controlled trial involving low-income, urban, Latino children. *Children and Schools, 28*(1), 25-34.

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## **Study 3**

Kratochwill, T. R., McDonald, L., Levin, J. R., Scalia, P. A., & Coover, G. (2008). Families and Schools Together: An experimental study of multi-family support groups for children at risk. Manuscript in preparation.

### **Supplementary Materials**

Layzer, J. I., Goodson, B., Creps, C., Werner, A., & Bernstein, L. (2001). National Evaluation of Family Support Programs. Final report. Volume B: Research studies. Cambridge, MA: Abt Associates. Retrieved from <http://www.abtassoc.com/reports/NEFSP-VoIB.pdf>

McDonald, L., & Villadsen, A. (n.d.). Supplement #1. Overview of FAST evaluation studies.

McDonald, L., & Villadsen, A. (n.d.). Supplement #2. Reliability and validity of standardized instruments used across all three RCTs. Supplement #3. (n.d.). Programme fidelity assessment strategies and tools.

### **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
<b>1: Child problem behaviors</b>	4.0	4.0	3.5	3.5	3.5	3.5	<b>3.7</b>
<b>2: Child social skills and academic competencies</b>	4.0	4.0	3.5	3.5	3.5	3.5	<b>3.7</b>

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Study Strengths**

All the studies used standardized data collection instruments with well-established psychometric properties. The authors addressed the majority of methodological concerns related to fidelity, attrition, missing data, confounding variables, and analysis.

## **Study Weaknesses**

One study implemented an adaptation of the intervention, making it difficult to monitor intervention fidelity. While the ability to modify the intervention is viewed as an important benefit, adaptations are nevertheless problematic in evaluating overall effectiveness.

## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Families and Schools Together, Inc. (2003). FASTWORKS manual. Madison, WI.

Families and Schools Together, Inc. (2004). FAST PCS training manual. Madison, WI.

Families and Schools Together, Inc. (2004). Middle school FAST: Trainer's resource kit. Madison, WI.

Families and Schools Together, Inc. (2005). Baby FAST program guide. Madison, WI.

Families and Schools Together, Inc. (2008). FAST program guide. Madison, WI.

Families and Schools Together, Inc. (n.d.). FAST research background [DVD]. Madison, WI.

Families and Schools Together, Inc. (n.d.). FAST training presentations [CD-ROM]. Madison, WI:  
Author. FAST Web site, <http://familiesandschools.org/>

McDonald, L. (2004). Baby FAST program manual. Madison, WI: Families and Schools Together, Inc.

McDonald, L. (n.d.). High school FAST program manual. Madison, WI: Families and Schools Together, Inc.

McDonald, L., Morgan, A., Billingham, S., Kiser-Billingham, B., Coe-Braddish, D., Payton, E., et al. (2001). Middle school FAST program manual. Madison, WI: Families and Schools Together, Inc.

McDonald, L., & Scalia, P. (2002). Families & Schools Together (FAST): Interactive CD-ROM. Madison, WI: University of Wisconsin Board of Regents.

McDonald, L., & Scalia, P. (n.d.). FAST babies: Trainer resource kit. Madison, WI: Families and Schools Together, Inc.

Scott, D., McDonald, L., Roessler, J., & Scalia, P. (2007). Multi-site replication manual: Taking FAST to scale. Madison, WI: Families and Schools Together, Inc.



# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
4.0	4.0	4.0	<b>4.0</b>

## **Dissemination Strengths**

Excellent materials and a strong implementation model support the implementation of this program. Detailed information on funding and sustaining the program is available to administrators. Robust training, consultation, and trainer certification are provided by developers. Training includes comprehensive information for both planning and implementation. Evaluation is seen as an integral part of program implementation and is addressed during training. Numerous evaluation tools and clear instructions for their use support a comprehensive quality assurance package.

## **Dissemination Weaknesses**

No weaknesses were identified by reviewers.

## **11. Costs**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
Training package	\$6,045 plus travel expenses	Yes

## **Additional Information**

The training package includes all required implementation materials, training, the licensing fee, ongoing technical assistance, and an evaluation package.

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## **12. Contacts**

### **For information on implementation:**

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### **For information on research:**

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