Harnessing the strength of families to prevent social problems and promote adolescent well-being

Melissa A. Lippold[a,*,1], Todd M. Jensen[a,2]

[a] School of Social Work at the University of North Carolina at Chapel Hill, USA

A R T I C L E I N F O

Keywords:
Prevention
Family
Implementation science
Family strength
Parenting

A B S T R A C T

The family context exerts notable influence on many domains of adolescent development and well-being. Recent research indicates that the family has the power not only to help youth get back on course after problems emerge, but that the family can also play a critical role in *preventing* problems for youth by reducing the severity of a problem or mitigating its occurrence. The purpose of this paper is to outline the promise and challenges of family-based approaches to prevention in social work practice. Research and theory have identified numerous risk and protective factors in the family. Prevention programs that address these risk and protective factors have shown strong evidence of reducing youth risky behavior. Program effects vary based on the strength of program implementation. Agencies often face barriers to implementation including maintaining model fidelity, engaging families, and sustaining funding. Implications for practice and policy are discussed.

1. Introduction

The family context exerts notable influence on youth development, with implications across many domains of adolescent adjustment (Bronfenbrenner, 1986). Strong family relationships have been associated with reduced risk for a host of youth problems, ranging from substance use to delinquency, risky sexual behavior, and youth depression (Greenberg & Lippold, 2013). More recently, family relationships have even been linked to physical health and well-being (Lippold, McHale, Davis, Almeida, & King, 2016) with family relationships in childhood exerting lifelong health effects into adulthood (Repetti, Taylor, & Seeman, 2002). Given its critical role, the family is often a key target of efforts to improve youth outcomes after the emergence of problems, such as behavioral or mental health issues.

In addition to course-correcting when youth problems emerge, families can mobilize their capabilities to *prevent* the emergence of youth problems (Van Ryzin, Kumpfer, Fosco, & Greenberg, 2015). That is, although family contexts can give rise to risk factors that inhibit youths' healthy development, family contexts can also give rise to protective factors that either reduce risk or buffer the impact of risk on youth development (Fraser, Galinsky, & Richman, 1999). Family-based prevention programs that increase family protective factors and reduce family risk factors can promote youth well-being and reduce risky behavior (Greenberg & Lippold, 2013; Van Ryzin et al., 2015). Family-based prevention approaches can also eliminate or reduce the intensity, severity, and duration of future youth behavior problems, thereby promoting healthy development over the life course (Van Ryzin et al., 2015).

In the context of the social work profession, the Grand Challenges for Social Work Initiative has taken form in an effort to unify and steer professional efforts towards tackling some of the most pressing social issues (American Academy of Social Work, 2017). One grand challenge is to ensure healthy development for all youth. The development and implementation of family-based prevention programs has been identified as one key strategy to tackling this challenge (Hawkins, 2006; Uehara et al., 2014).

Thus, the purposes of this paper are threefold. First, we articulate why and how families operate as a proximal and highly influential social context, particularly with respect to shaping adolescent development and well-being. We employ theory and past research to identify key family-based risk and protective factors associated with youth well-being—factors that often serve as the targets of family-based prevention programs. Second, we overview the features and efficacy of several commonly evaluated and applied family-based prevention programs that target adolescents and their families. Lastly, we note several challenges associated with implementing family-based prevention

* Corresponding author at: School of Social Work, University of North Carolina at Chapel Hill, 325 Pittsboro Street, Chapel Hill, NC 27599-3550, USA.
E-mail address: lmelissa@email.unc.edu (M.A. Lippold).
[1] Melissa A. Lippold, PhD is an assistant professor in the School of Social Work at the University of North Carolina at Chapel Hill (address: Tate-Turner Kuralt Building, 320 Pittsboro St., CB #3550, Chapel Hill, NC 27599, USA).
[2] Todd M. Jensen, MSW is a research associate in the School of Social Work at the University of North Carolina at Chapel Hill.

http://dx.doi.org/10.1016/j.childyouth.2017.06.066
Received 15 December 2016; Received in revised form 28 June 2017; Accepted 28 June 2017
Available online 29 June 2017

programs in organizational and agency settings that may mitigate their public health impact. We end with a discussion of implications for social workers, other helping professionals, and policymakers. It should be noted that this paper is intended to provide a brief overview of family-based prevention theory and approaches for social workers and other researchers and practitioners. Additional resources are cited throughout the paper.

2. Conceptualizing "family"

A clear conceptualization of "family" is a necessary foundation on which any discussion of family-based practice and research can be built. As an institution, families have undergone shifts in function, meaning, and conceptualization over time. For example, during the last century, the general foundation on which couple and family relationships have been built has shifted from social and institutional obligations, to companionship and love, to self-fulfillment and life enrichment (Amato, Booth, Johnson, & Rogers, 2007). As a result, a number of demographic trends have emerged. These trends include persistently high rates of relationship dissolution and repartnership, as well as increasing rates of cohabitation, non-marital child-bearing, and multiple-partner fertility. These trends have coalesced to create a diverse array of family structures (Brown, Stykes, & Manning, 2016). Indeed, contemporary families are as dynamic and ever-changing as the individuals who reside in them. Common family structures now include single-parent families, stepfamilies, post-divorce families with joint custody arrangements (i.e., binuclear families), biological nuclear families, and families with foster youth or adopted children, among others. Families can be headed by married or cohabitating parents, as well as same-sex or mixed-sex couples. Family transitions and processes are also informed by cultural background, racial/ethnic identity, and socioeconomic status (Brown, 2010).

Consequently, conceptualizing and defining "family" is not straight forward. One contemporary view of families is that they are a "collection of individuals who have clearly stated long-term commitment to the general well-being of one another, who label themselves as a 'family,' and who are recognized in their community as an integral unit with designated responsibilities within their society" (Ramey, Lanzi, & Ramey, 2015, p. 188). This definition is inclusive of diverse family structures, and reflects an acknowledgement that family members may be linked by social as well as biological ties. As we discuss the family as a context for promoting youth well-being, it is important to consider structural complexity, and the challenges, strengths, and opportunities available to families of all types. We acknowledge that families are embedded in larger social environments that can also influence family functioning and well-being; however, the focus of this manuscript is on dynamics internal to the family.

3. Why families matter

3.1. Theoretical perspectives

Families serve as a foundational unit of society and the most proximal social context in which youth develop (Patterson, 2002). Indeed, a richer understanding of youth behavior and well-being can be obtained from examining the family system, and the interrelated family relationships of which youth are a part. A *family systems perspective*, specifically, offers several insightful propositions about families (Cox & Paley, 1997). First, families possess a hierarchical structure, composed of interrelated subsystems. For example, families often contain parental subsystems, parent-child subsystems, and sibling subsystems. Each of these subsystems is related to the others, such that interactions in one subsystem (e.g., the parental relationship) can affect the interactions in another subsystem (e.g., a parent-child relationship). Family relationships are inter-related and the experiences of some family members can spill over to affect the experiences of other family members. Second, the whole of a family system is greater than the sum of its parts. In other words, the power and influence of family relationships exceeds a mere summation of those relationships, and it can be difficult to understand a specific behavior between two family members without understanding their roles in the larger family system. Third, families are goal-directed and seek to self-stabilize and self-organize in response to changing environmental conditions and inputs. In other words, family interactional patterns and roles are often stable over time. Yet, key changes to the individuals in the family (e.g., a child's transition into adolescence) or changes from external circumstances (e.g., a change in parental employment) can change family roles and interactional patterns. These changes may be especially relevant during the adolescent transition, as families need to shift roles and boundaries to accommodate a growing need for adolescent independence and autonomy (Sawyer et al., 2012). Adolescents also experience significant biological, social, and neurological changes that can dramatically shift family interactional patterns (Sawyer et al. 2012). Family systems theory suggests that family members influence each other immensely, and that factors both internal and external to the family can influence family functioning and youth well-being.

Building on family systems theory, the *Family Adjustment and Adaptation Response* (FAAR) model provides a helpful framework for drawing clear connections between family functioning and youth well-being (Patterson, 2002). The FAAR model posits that families perform four key functions: a) membership and family formation; b) economic support; c) nurturance, education, and socialization; and d) protection of vulnerable members (Patterson, 1988). Successes and failures with respect to families performing key functions have implications for youth well-being. Consistent with primary socialization theory, this theory emphasizes that families play a central role in socialization, including the development of youth norms and values that shape youth behavior (Oetting & Donnermeyer, 1998). Further, the family can also play a central role in the influence of other external factors, such as peers, on youth behavior: Youth who are bonded to their parents are more likely to internalize prosocial values and select friends that share these values (Catalano & Hawkins, 1996). The FAAR model also posits that a family's ability to perform its key functions is optimized when a family has the capabilities to successfully meet the demands it faces. Family demands often include stressor events, ongoing family strains, or daily hassles. Family capabilities can include tangible and psychosocial resources (i.e., what families have), and coping behaviors (i.e., what families do). Family demands and capabilities can emerge from individual family members, a subsystem, or the whole family system (Patterson, 2002). From this perspective, youths' transition to adolescence and shifts in family roles can generate new demands on a family system, and require new capabilities to meet these demands.

The *Family Resilience Framework* points to plausible forms of family capability (Walsh, 2002) and highlights family characteristics that can enhance a family's ability to function effectively when faced with adversity and new demands. Family functioning might be optimized when interactions are marked by flexibility and connectedness, such as the following: a capacity to change and reorganize; cooperative parenting; mutual support; collaboration; and respect for individual needs, differences, and boundaries (Walsh, 2002). Moreover, families can benefit from communication processes marked by clarity, open emotional sharing, and collaborative problem solving. Thus, the Family Resilience Framework identifies key capacities within families, especially between parents and youth, which can promote positive youth adjustment.

These theories have important implications for the development of prevention programs. Family systems theory provides a lens through which youth well-being can be seen as a systemic phenomenon (Cox & Paley, 1997). Further, this perspective suggests that key developmental transitions among youth may require families to adapt, and therefore may be fruitful times for intervention. The FAAR model highlights the family-level mechanisms (i.e., demands and capabilities, key family functions) that can drive and explain youth well-being

outcomes. Just as family functioning is enhanced when families have the capabilities to successfully meet the demands they face, family functioning is inhibited when demands on the family exceed their capabilities to adjust or adapt, with negative implications for youth well-being (Patterson, 2002). From a prevention perspective, the FAAR model suggests that if families can increase their capabilities prior to the onset or exacerbation of family demands, they will be better equipped to meet family demands as they emerge, perform key family functions, and effectively meet youths' needs and promote youth well-being. As we will discuss in more depth shortly, one way families can increase their capabilities is by engaging in available programs and services, by which they acquire new and adaptive knowledge, skills, and behaviors. The Family Resilience Framework specifies family capabilities that can be targeted by family-based programs to ensure healthy youth development (Walsh, 2002).

3.2. Risk and protective factors

Consistent with these theoretical and conceptual perspectives, the literature points to several specific family risk and protective factors that may be important targets for programs to prevent youth risky behavior and promote youth well-being. Risk factors are factors that increase the likelihood of developing problems. Protective factors are factors that reduce the likelihood of developing problems when faced with risk (Fraser, Kirby, & Smokowski, 2004). Below we review family-specific risk factors as well as how factors in the family may affect risk in other areas (e.g., peers). Prevention programs that reduce risk factors and/or enhance protective factors are likely to have a positive effect on youth well-being.

Effective parenting during adolescence has been linked to many positive youth outcomes, including lower levels of youth risky behavior and mental health problems (for a review see Greenberg & Lippold, 2013). Consistent with the FAAR model and Family Resilience Framework (Patterson, 2002; Walsh, 2002), parent-youth relationships that are warm, nurturing, and supportive have been associated with lower levels of antisocial behavior in youth, such as hostility and aggression towards others, as well as delinquency, substance use, and depression. In contrast, harsh and hostile parenting during adolescence has been linked to increased risk for these behaviors (Bornstein, 2006). Behavior management strategies, such as consistent youth discipline, supervision, and effective standard-setting, are also critical to youth adjustment during adolescence, and have been linked to lower levels of risky behavior (Halgunseth, Perkins, Lippold, & Nix, 2013). However, given shifting family roles during adolescence, parents must balance the need for youth structure and supervision with youths' growing need for independence. The use of inductive reasoning discipline strategies and support of youth autonomy are also important to ensure adolescent well-being (Allen et al., 1994). Parenting styles, such as authoritative parenting, which include both warmth and effective discipline, have consistently been linked to positive youth well-being and lower levels of youth risky behavior (Baumrind, 2013). Another important aspect of parenting during adolescence is parental knowledge of youth activities (Racz & McMahon, 2011; Lippold, Davis, McHale & Almeida, 2016; Lippold, Greenberg, & Collins, 2014). Youth whose parents know about their activities and whereabouts are less likely to engage in risky behavior. It is important to note that several studies suggest that parental knowledge likely emerges from youths' disclosure of information (Stattin & Kerr, 2000), which is more likely to occur in the context of open parent-child communication and a warm parent-child relationship (Lippold, Greenberg, Graham, & Feinberg, 2014). Importantly, in line with family systems theory, there is evidence that the development and maintenance of family risk factors might be transactional, meaning parents affect children's behavior and children affect parents' behavior over time (Pettit & Arsiwalla, 2008).

Parents can also affect youth indirectly through their influence on other risk factors. Effective parenting can help youth develop emotion regulation skills, thus equipping youth with the skills needed to increase impulse control and reduce risky behavior (Fosco, Caruthers, & Dishion, 2012). Effective parenting may also be linked to peer relationships: youth who have positive relationships with their parents are less likely to select friends who engage in risky behavior and are also less likely to be influenced by peer behaviors (Rulison, Patrick, & Maggs, 2015). Positive parenting may also buffer youth against the negative effects of other contextual factors. For example, warm relationships and effective parental monitoring may be especially important for promoting youth well-being in the context of unsafe neighborhoods (Noah, 2015).

Other family relational processes, such as parents' interaction with their marital or cohabiting partners, can also affect their children. For example, high levels of interparental conflict have both been linked to increased risk of internalizing and externalizing problems during adolescence, especially when youth feel such conflict is threatening (Grych, Raynor, & Fosco, 2004). Family interactional patterns where youth are triangulated, or brought into inter-parental conflict, have also been linked to negative youth outcomes (Grych et al., 2004). In contrast, parental relationships that are high-quality and exhibit effective conflict resolution can be protective for youth. In addition, parents who effectively coparent—that is, have similar strategies and views on parenting and present a unified parenting strategy—can promote positive youth outcomes (Feinberg, Kan, & Hetherington, 2007).

Although post-divorce families and stepfamilies grapple with unique challenges, these families appear to possess many similar risk and protective factors as biological nuclear families. For one, a unified and cordial relationship between divorced parents is linked to higher-quality relationships between youth and their nonresident parent and higher levels of youth well-being (Papernow, 2013). A substantial body of research has also found that youth who report feeling close to a nonresident parent are more likely to report greater academic success and lower levels of psychological distress, internalizing problems, and externalizing problems (Amato & Gilbreth, 1999; Falci, 2006; King, 2006). The literature also highlights the salience of high-quality stepparent-child relationships. Stepparent-child relationships marked by warmth, closeness, and warmth are associated with lower levels of youth stress, depression, internalizing problems, and externalizing problems (Jensen & Harris, 2016; Jensen, Shafer, & Holmes, 2015; King, 2006). Similar to biological nuclear families, satisfying and non-conflictual relationships between parents and stepparents are associated with lower levels of short-term and long-term adjustment problems among youth (Dunn, O'Connor, & Cheng, 2005; Jensen & Harris, 2016).

In sum, research and theory suggest there are several factors in the family that may affect the development of youth problems. Reducing risk factors and promoting protective factors such as warm parent-child relationships, effective discipline, and positive inter-couple and stepfamily relationships may reduce the risk of youth developing problems such as delinquency, substance use, and internalizing problems. Below we review the design and effects of family-based prevention programs based on this theory and research.

4. Evidence-based prevention programs

4.1. Program design

Several family-based prevention programs for adolescents have been developed based on the theories and research findings just reviewed. These evidence-based interventions aim to bolster protective factors and reduce risk factors in the family system, with the goal of promoting positive youth outcomes. As shown in Table 1, these interventions vary in their scope and target population, but hold many key intervention targets in common. Some prevention programs for adolescents, such as The Strengthening Families Program (SFP; Molgaard, Kumpfer, & Fleming, 2001) or Guiding Good Choices (GGC, Hawkins, & Catalano, 2003) are universal, in which they are offered to

Table 1
Family-based prevention programs.

Program name	Type	Ages	Format	Targeted family risk and protective factors
Family Unidas (FU)	Selective	Early/late adolescence	8–9 weekly small-group sessions for parents plus 4–10 family visits. Targets Hispanic adolescents and their families	Positive parent-child relationship, effective discipline
Functional Family Therapy (FFT)	Selective indicated	Early/late adolescence	Short-term program (avg. 3 months) of family therapy delivered by graduate-level clinicians who have caseloads of 12–15 families	Positive parent-child relationship, effective discipline, parental norms/attitudes, family conflict
Guiding Good Choices (GGC)	Universal	Early adolescence	5, 2-hour parent sessions plus one session with the child	Positive parent-child relationship, effective discipline, parental norms/attitudes, family conflict
Multisystem Therapy (MST)	Selective Indicated	Early/late adolescence	Individualized intervention that includes individual and family therapy, and additional needed services over 5–7 months. Small caseloads of master's level clinicians on call 24/7.	Positive parent-child relationship, effective discipline, parental norms/attitudes, family conflict
Family Check-Up (FCU)	Universal selective indicated	Early adolescence	Multi-level, tailored intervention. Parents of at-risk youth are offered three-sessions of assessments, including videotaping of interactions, a feedback session and motivational interviewing. Families are offered additional services as needed.	Positive parent-child relationship, effective discipline, parental norms/attitudes, family conflict
Strengthening Families Program (SFP)	Universal	Early adolescence	7 week program that includes 1 hour of individual youth and parent sessions as well as a 1 hour joint family session	Positive parent-child relationship, effective discipline, parental norms/attitudes, family conflict

Note: Parts of this table were adapted from the Blueprints for Healthy Youth Development website (http://www.blueprintsprograms.com/programs).

all families in a specific school or community. Other programs, such as Functional Family Therapy (FFT; Sexton & Alexander, 2004), Multisystem Therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009), or Family Unidas (FU; Pantin et al., 2003) are selective or indicated; they are delivered to individuals at high risk of developing behavior problems, or those already exhibiting early problems, with the goal of preventing future escalation (Muñoz, Mrazek, & Haggerty, 1996). The Family Check-Up (Dishion, Nelson, & Kavanagh, 2003) is a tiered intervention, that provides services at universal, selective, or indicated levels. Below we give examples of how prevention programs that target adolescents are designed to merge family theory with practice. We also review studies in which program efficacy (program outcomes in highly controlled settings) and effectiveness (program outcomes in real-world settings) are evaluated. Please note this section is designed to be illustrative of the integration of theory with practice—it is not intended to be a systematic or comprehensive review of the literature on these programs. Programs were identified as promising based on criteria from Blueprints for Healthy Youth Development, a registry for evidence-based programs (Blueprints for Healthy Youth Development, 2017). Listed programs target adolescents and their families

Effective programs have logic models, deriving strategies to reduce risk and promote protective factors based on family theories. For example, SFP, a universal intervention (Molgaard et al., 2001), targets several family-level risk and protective factors. The program teaches parents behavior management strategies, including setting clear standards for youth behavior and effective discipline strategies, such as the use of rewards. The program also aims to strengthen the parent-child relationship, teaching effective parent-child communication skills and effective problem solving strategies. Other prevention programs also target effective child management and parent-child relationship building including universal programs such as GGC, as well as indicated and selective interventions, such as the Family Check Up (FCU), MST, FU, and FFT. Indicated and selective prevention programs target youth already at risk, and thus youth and parents who may already be experiencing strained parent-child relationships. Therefore, these programs place a stronger emphasis on reducing negativity and conflict in the parent-child relationship and replacing negative attributions about other family members with positive ones (Sexton & Alexander, 2005; Sexton et al., 2003). Similar to the FAAR model and Family Resilience Framework, the aim of these family-based prevention programs is to increase family capabilities, which will enable families to better meet their demands. In addition, consistent with the Family Resilience Framework, these programs aim to encourage family connectedness, closeness, and respect for all family member perspectives (Patterson, 2002; Walsh, 2002).

Many programs also focus on the important role of socialization in the family, one of the key purposes of the family according to the FAAR model (Patterson, 2002). For example, in SFP (Molgaard et al., 2001), parents are taught skills to effectively communicate their family attitudes towards youth substance use. Parents express their family norms and expectations that youth will not engage in substance use and other risky behaviors. Other activities help families identify their values, hopes, and dreams. Many prevention programs, including GGC, FCU, FFT, and MST also focus on parents expressing their family values and attitudes towards substance use and other risky behaviors. As outlined by theory (Catalano & Hawkins, 2006), clear parent expectations about social norms, especially in the context of a positive parent-youth relationship are likely protective against the development of youth risky behavior.

In line with a family systems approach (Cox & Paley, 1997), many programs aim to target not only individual family members, but the overall family and its interactional patterns. For example, SFP includes not only individual youth and parent sessions, but also a joint session during which parents and youth engage in shared activities (Molgaard et al., 2001). These activities are opportunities for families to identify

shared family goals, strengths, and values, and to encourage positive whole-family interactions. The program also encourages the use of weekly family meetings to encourage family problem-solving as well as whole-family functioning and cohesion. Many other programs also target whole family functioning. For example, GGC also teaches families to have weekly meetings to address family problems and build strong relationships (Hawkins & Catalano, 2003). FFT uses reframing to cast parent and child struggles as common and shared problems, not individual problems. From this perspective, each family member has shared responsibility and the entire family can form an alliance to work towards a common family therapeutic goal (Sexton & Alexander, 2005). FCU focuses on channeling parent and youth perspectives together, creating a "shared family perspective" and creating optimistic reframes, linking problems and concerns to services (Dishion & Kavanaugh, 2004). Thus, as central to the family systems approach (Cox & Paley, 1997), these programs recognize the need to develop skills and address family problems at the family level.

Programs also often target key transitions in the family, which as noted by family systems theory and the FAAR model (Cox & Paley, 1997; Patterson, 2002), are times crucial for intervention. Several programs, such as SFP, target the adolescent transition, a time of changing family roles. Other programs that target this time period include FCU, GGC, and FU. Selective interventions, such as FFT and MST, are not designed to target the adolescent transition per se; however, depending on the timing of implementation, these programs may target the transition into the juvenile probation system or the transition of a family into the child welfare system. These transitions, like the adolescent transition, may theoretically contain high potential for change, with potential long-term cumulative consequences.

4.2. *Program efficacy*

Many programs based on theory and risk and protective factors have shown positive effects on child behaviors, as well as targeted parenting behaviors in randomized controlled trials. Universal and tiered programs, such as SFP, GGC, and FCU have shown positive effects. Participation in SFP has been associated with lower youth self-reports of substance use, with substantial differences between the intervention and control group during high school (Spoth, Redmond, Shin, & Azevedo, 2004). Other effects have been found for youth aggression (Spoth, Redmond, & Shin, 2000) and parenting, specifically improvements in general child management and improved affective quality in the parent-child relationship (Spoth et al., 1998). Guiding Good Choices has also shown significant program effects, with program participation being linked to lower youth substance use in particular (Mason et al., 2003; Park et al., 2000; Spoth et al., 2001; Spoth et al., 2004) as well as youth depression (Mason et al., 2007). GGC has shown some effects on improved self-reports or observations of parent-child relationships, communication, and effective child management, especially for mothers (Spoth, Redmond, Shin, 1998; Kosterman et al., 1997; Kosterman et al., 2001) but one study did not find longitudinal effects in the growth of self-reported family conflict or child management over time (Park et al., 2000). GGC has also been associated with more effective parental expression of norms against substance use (Park et al., 2000). FCU, has shown treatment effects with respect to youths' substance use, aggression, deviant peer friendships, school attendance, and depression, some of which last into adulthood (Connell, Dishion, & Deater-Deckard, 2006; Connell & Dishion, 2016; Dishion & Kavanagh, 2000; Stormshak, Connell, & Dishion, 2009). Participation in FCU has also been associated with lower negative parent-child interactions (Dishion & Kavanagh, 2000) and improvements in parental monitoring (Dishion et al., 2003).

Indicated and selective interventions have also shown promising effects on youth behavior in randomized-controlled efficacy studies for at-risk youth. Among youth involved in the juvenile justice system, participation in FFT has been linked to reductions in substance use (Waldron & Turner, 2008) and lower levels of arrests and recidivism (Baglivio, Jackowski, Greenwald, & Wolff, 2014; for a review see Sexton and Alexander, 2005; Waldron, Brody, Robbins, & Alexander, 2010). Families who receive FFT have also demonstrated less hostility and blame than those in a control group (Sexton & Alexander, 2005). MST has evidence of program effects on juvenile-justice populations such as reductions in re-arrest rates, severity of crimes committed, length of out-of-home placement (Henggeler, Pickrel, & Brondino, 1999; Schaeffer & Borduin, 2005; Henggeler et al., 2009), and substance use (Henggeler et al., 1999; Henggeler & Sheidow, 2012). Research has also linked MST to improvements in parenting, such as higher levels of family management, cohesion and support, and less conflict (Henggeler et al., 2009). Although the strongest effects have been found for externalizing behavior, there is some evidence that MST is also linked to fewer youth internalizing problems and mental health problems—although a recent review concluded the evidence on these outcomes is less consistent (Pane, White, Nadorff, Grills-Taquechel, & Stanley, 2013). Family Unidas has also shown effects on youth outcomes including reductions in problem behavior (Pantin et al., 2003), including delinquency and some indicators of substance use (Pantin et al., 2009; Prado, Cordova, et al., 2012; Prado et al., 2007). FU has also been linked to improvements in parent-child communication, parental monitoring, and positive parenting (Pantin et al., 2009; Prado, Pantin, et al., 2012). It is important to note that the efficacy studies just reviewed focus on program effects in highly controlled environments. Yet, often programs are often implemented under conditions of less researcher control with less involvement of the program developers.

4.3. *Program effectiveness*

Next we review the evidence for the effectiveness of these programs, when programs are evaluated under real-world conditions. It is important to note that some of the interventions reviewed have large-scale effectiveness studies, such as SFP, MST, and FFT. Other programs reviewed such as, FU and FCU have yet to undergo large scale effectiveness studies in real world conditions. While some effectiveness studies are currently underway for these interventions, and initial results are promising (Smith, Stormshak, & Kavanagh, 2015), more research is needed to fully understand their effects in real world conditions.

Studies that have been conducted suggest that both universal and selective or indicated programs show some program effects in effectiveness studies. However, there is some mixed evidence for the programs we have reviewed, with many studies suggesting program effects vary based on the strength of program implementation (Henggeler, Melton, Brondino, & Scherer, 1997). For example, SFP has been associated with improvements in child and adolescent outcomes, including delinquency and substance use in US and international contexts (Kumpfer, Whiteside, Greene, & Allen, 2010; Kumpfer, Alvarado, Smith, & Bellamy, 2002; Kumpfer, Xie, & O'Driscoll, 2012). However, there are also mixed findings, with some studies showing stronger effects than RCTs, at least at post-test (Kumpfer et al., 2010) and other studies showing fewer positive effects (Semeniuk et al., 2010), especially when the model is not implemented well (Gottfredson et al., 2006; Riesch et al., 2012). For example, one study that found fewer program effects (Gottfredson et al., 2006), also found that family sessions were shortened and that only 62% of family-session content was covered. Further, some studies on SFP have used quasi-experimental designs, making it difficult to ascertain treatment effects. Similarly, in general, FFT shows some effects on delinquency and other youth problems in effectiveness studies (Hartnett, Carr, & Sexton, 2016). However, treatment findings have been sporadic, and some studies have found smaller effects or no effects on youth aggression when FFT is implemented in settings with less researcher control or under conditions of poor treatment fidelity (Hansson, Cederblad, & Hook, 2000;

Sexton & Turner, 2010). The effects of FFT on substance use, though not extensively tested during effectiveness trials, are less promising. Even though youth engaged in FFT might experience reductions in substance use post-intervention, significant differences have not been found between FFT and other services (e.g., parent groups; Friedman, 1989). Importantly, some effectiveness studies have used quasi-experimental designs, which render the interpretation and discernment of treatment effects obscure. MST has also shown significant effects on delinquency arrest rates, and internalizing and externalizing problems in RCTs conducted by independent researchers, although in some studies these effects have been smaller (Curtis et al., 2004; Ogden, Hagen, Askeland, & Christensen, 2009; Ogden, Christensen, Sheidow, & Holth; 2008; Timmons-Mitchell, Bender, Kishna, & Mitchell, 2006). Other effectiveness studies have found effects on youth outcomes but fewer effects on parenting behaviors (Ogden & Halliday-Boykins, 2004; Ogden et al., 2008) and at least two studies have found fewer or no program effects on youth outcomes (Leschied & Cunningham, 2001; Sundell et al., 2008). Several studies suggest that program effects for MST are tied to implementation, with many studies showing fewer or no program effects when model fidelity is low (Henggeler et al., 1997; Huey et al., 2000; Ogden et al., 2009, 2008). In sum, effectiveness research suggests that maintaining a high level of program fidelity may be necessary to achieve program effects in real world settings (Sexton & Turner, 2010). Given the importance of implementation, we next review research on the challenges of implementing evidence-based programs in agencies and communities.

5. Program implementation

Program administrators often face challenges when implementing evidence-based programs in real-world practice settings (Fixsen, Blase, Metz, & Van Dyke, 2013, Spoth et al., 2013) and more studies are needed to identify factors that affect intervention implementation (Powell, Proctor, & Glass, 2013). Agencies must balance program fidelity with a need to adapt the program to match specific client needs or to match available organizational resources. Recruiting and retaining families into evidence-based programs can also pose challenges to agencies, as families are often juggling competing demands and face barriers to participation. Further, organizational factors may make it difficult to implement programs and to sustain funding for them over time. A field of study on implementation research—Type 2 research—is enhancing our understanding of these issues (Spoth et al., 2013). Type 2 research examines how evidence-based programs are implemented and sustained by agencies in real-world settings (Spoth et al., 2013; Woolf, 2008). Given that implementation research is a new field, we draw on literature from a variety of evidence-based interventions in this section.

5.1. Fidelity vs. adaptation

Preventive interventions are most effective when they are delivered with fidelity, that is, when all components of the program are completed in the manner they were designed. Several studies have documented that interventions implemented with low fidelity—low dosage or suboptimal adherence to the program model—have weaker or no program effects on desired outcomes (Durlak & DuPre, 2008; Gottfredson et al., 2006; Henggeler et al., 1999; Huey et al., 2000; Ogden et al., 2009, 2008). Yet, some studies suggest that fidelity is often low when implementing evidence-based programs as a result of many agencies adapting and changing interventions when integrating them into their practice (Fixsen et al., 2013). There is some debate in the field of prevention science about whether and what kind of adaptations to programs should be made, and if so, under what conditions.

Some researchers argue that adaptations might be necessary in order to engage different cultural groups (Castro, Barrera, & Martinez, 2004) or account for diverse service settings (Ogden & Halliday-Boykins, 2004). For example, SFP has numerous cultural and international adaptations, highlighting the importance that program content align with the language and values of different groups (Van Ryzin et al., 2015). There is some evidence that adaptation can aid in the recruitment of diverse families (Carpentier et al., 2007; Kumpfer et al., 2002). Other programs, such as MST, have adapted other characteristics of their programs, such as allowable distance between practitioners and clients and caseloads, in order to accommodate implementation in rural settings (Ogden & Halliday-Boykins, 2004). In one of the few empirical studies on adaptation, 44% of agencies engaged in some adaptation of programs when implementing them with their clients, suggesting adaptation is common and that many agencies might desire to adapt their programs. Common adaptations included logistical changes to the timing, setting, and audience of programs (Moore, Bumbarger, & Cooper, 2013).

Several researchers have argued caution is necessary when making adaptations to evidence-based programs (Elliot & Mihalic, 2004). Adaptations might be most effective if they maintain the core components of the program and when they make a surface change to an intervention rather than a substantive one. Yet, in many cases, the core components of the program can be unclear, making it difficult to adapt a program successfully (Elliot & Mihalic, 2004; Proctor, Powell, & McMillen, 2013). Although there is some evidence adaptations can aid with recruitment and participation of families (Carpentier et al., 2007; Kumpfer et al., 2002), there is little evidence it improves program outcomes. Many cultural adaptations lack clear evaluations of their effects (Baumann et al., 2015), making it difficult to know if culturally adapted programs are as strong as the original intervention. In fact, some studies on adapted versions of programs have shown smaller effects than the original program, and in some cases, no effects (Gottfredson et al., 2006; Spoth, Guyll, Chao, & Molgaard, 2003). Further, the majority of adaptations are made reactively, or after intervention occurs with little planning. Reactive adaptations might be less closely aligned with the program logic model, and therefore less likely to be effective than those adaptations made proactively (Moore et al., 2013).

In an effort to improve fidelity, some program developers have created organizations to train providers and to provide technical assistance in order to improve program fidelity. (Chamberlain & Fisher, 2003; Webster-Stratton, Reid, & Marsenich, 2014; Van Ryzin et al., 2015). In addition, some states, such as Pennsylvania, have developed their own implementation systems to ensure training and fidelity for evidence-based programs (Rhoades, Bumbarger, & Moore, 2012). Other researchers have designed additional interventions, such as the PROSPER model and Communities that Care to assist communities in the selection and implementation of evidence-based programs (Hawkins et al., 2008; Spoth et al., 2013; Spoth, Greenberg, Bierman, & Redmond, 2004). More studies are needed to assess the cost and type of training needed to achieve fidelity, as well as when and under what conditions adaptations are most effective (Moore et al., 2013; Rohrbach, Grana, Sussman, & Valtene, 2006).

5.2. Recruiting and engaging families

Studies have shown that the more sessions of an intervention that a family attends, the more likely the program will produce meaningful effects (Prado, Pantin, Schwartz, Lupei, & Szapocznik, 2006; Crowley, Coffman, Feinberg, Greenberg, & Spoth, 2014). Beyond mere attendance, participant engagement also matters. Families that pay more attention, participate in discussions, complete homework, and show interest in the program also show better outcomes (Nix, Bierman, & McMahon, 2009). Yet, researchers have noted several barriers to attendance and participation, often leading to low enrollment and attendance (Fox, Gottfredson, Kumpfer, & Beatty, 2004; Gottfredson et al., 2006). For example, the majority of families attended less than half of program sessions in a study of enrollment and attendance in a preschool intervention (Dumas, Nissley-

Tsiopinis, & Moreland, 2007). Situational demands, such as time, scheduling, childcare, and transportation have been associated with reduced inclinations to enroll in interventions, rates of actual enrollment, and attendance (Dumas et al., 2007; Spoth & Redmond, 1995; Spoth et al., 1999).

Interestingly, studies have found that family challenges may be associated with increased attendance but reduced engagement. Family risk factors, such as poor parent-child relationships, child conduct or academic problems, and in some studies, poor parental mental health and stress, predicted increased intervention attendance (Baydar, Reid, & Webster-Stratton, 2003; Dumas et al., 2007; Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006; Smith et al., 2016). At-risk families might be more likely to attend given that they perceive more benefits to interventions (Spoth et al., 2000; Spoth, Goldberg, & Redmond, 1999). However, even though family risk factors can increase the likelihood that a family chooses to attend an intervention, the same risk factors can make it more difficult for families to fully engage in the interventions. A recent study found that families who experience relationship tensions had more difficulty paying attention and participating during intervention sessions (Bamberger, Coatsworth, Fosco, & Ram, 2014). Thus, practitioners need to understand not only how to recruit high-risk families, but also how to aid in their engagement with the material.

Researchers have suggested several strategies to increase engagement and participation. Some interventions provide logistical support to encourage family attendance, such as childcare or dinner, in order to reduce some barriers to participation. Adapting programs to meet the culture of the organization can also aid in recruiting families. Some researchers have found that using existing social networks in communities and recruiters who are members of the community may increase recruitment of minorities, in particular African American families (Spoth et al., 2003). Lastly, the quality of the facilitator-participant relationship can improve enrollment, engagement, and program effects (Eames et al., 2010; Prado et al., 2006). Thus, intervention engagement can be improved by agency efforts to train and recruit effective facilitators.

5.3. *Organizational factors and financial sustainability*

Organizational factors and structures also affect intervention implementation and extensive effort might be required before an organization is ready to implement an intervention. Researchers have suggested a preliminary pre-adoption phase that can aid in effective implementation (Spoth et al., 2013). During the pre-adoption phase, organizations assess community needs and intervention feasibility (Spoth et al., 2013). Pre-adoption can be time-consuming; Dishion and Kavanagh (2000) noted that a two-year period was needed to prepare a school for the implementation of FCU. Some intervention developers have created tools to map out organizational readiness and agency strengths (Chamberlain & Fisher, 2003) and aid in the pre-adoption process. However, our understanding of organizational readiness as a construct and a predictor of successful implementation is still rather limited (Rohrbach et al., 2006).

Organizational factors can also influence the adoption and implementation phase of an intervention (Glisson, 2002). Staff turnover and burnout is common in many service agencies (Chamberlain & Fisher, 2003) and can play a key role in the successful adoption and implementation of interventions, especially given the key role of facilitators in family engagement (Prado et al. 2006). Organizational models such as ARC (Availability, Responsiveness, and Continuity), have shown effects on reducing agency turnover and worker burnout (Glisson, Dukes, & Green, 2006) as well as increasing agency positive attitudes and openness to adopting evidence-based interventions (Glisson, Williams, Hemmelgarn, Proctor, & Green, 2016). Pairing evidence-based interventions with organizational models such as ARC has shown promise (Glisson & Schoenwald, 2005). More studies are needed on how to address organizational factors during the implementation phase.

The cost of gold-standard interventions and current funding structures can also be prohibitive for agencies. Thus, evidence-based interventions may be implemented inconsistently or sporadically. Some interventions require facilitators with graduate-level education and/or extensive clinical training, both of which can be costly (Ogden et al., 2008). Organizations might have to change workplace and payment policies, such as payment for compensation time or changing workdays in order to support the delivery of an intervention (Rohrbach et al., 2006; Fox et al., 2004). In practice, interventions often require more time than their original models suggest, especially when including time for family recruitment (Fox et al., 2004; Timmons-Mitchell et al., 2006), raising challenges in correctly identifying and funding the actual level of staff effort. Even though cost-benefit analyses suggest many interventions have long-term cost savings for society (Crowley & Jones, 2016), these savings are not necessarily transferred to the organizations implementing them. Providing technical assistance to teams regarding increasing funding, having a local champion, and the use of innovative funding strategies (such as third party payment or braided funding) have been linked to higher quality implementation and sustainability (Rohrbach et al., 2006; Welsh, Chilenski, Johnson, Greenberg, & Spoth, 2016).

6. Conclusions and implications for social work

Families are proximal contexts in which youth develop, and a key site for the prevention of social problems and promotion of youth well-being. To date, several family-based prevention programs have been developed based on family theory and research. Several evidence-based programs show promise for leveraging family processes and capabilities to prevent youth behavioral and mental health problems. However, implementation challenges must be met for these interventions to achieve maximum public health impact (Spoth et al., 2013).

Social workers are especially well positioned to engage with families and participate in the promotion and delivery of family-based prevention programs. For one, social workers receive a strong generalist foundation of training with a person-in-environment focus. Social workers also have opportunities to seek specialization in various foci of social work practice, both at micro- and macro-practice levels. Masters of social work program curricula should be continually updated to include the latest theoretical and empirical developments with respect to key family risk and protective actors across all stages of youth development. Enhancing social workers' knowledge of family theory will better equip them to identify family strengths and challenges and to select appropriate evidence-based programs for their clients and communities.

There are also clear opportunities to expand social work specializations to include family-focused intervention and prevention programs and skills. At the micro-level, specialization content could include explicit training in the use and implementation of various family-based prevention programs, such as those reviewed earlier. Moreover, courses could be developed that offer students opportunities to develop skills associated with the engagement of couples and families—forms of practice that are often more complex and challenging than working with individual clients. At the macro-level, specialization content could include coverage of topics related to the effective engagement of community residents and organizational or governmental leaders to take family-based programs to scale. Further, given the importance of effective implementation of programs, macro-level training could examine strategies that support the design, implementation, and dissemination of family-based prevention programs. For example, policies such as the Patient Protection and Affordable Care Act (ACA) may generate greater opportunity for social workers to effectively engage with families and deliver family-based prevention services through primary care (Hawkins et al., 2015). Training in prevention science has

been identified as a key goal for prevention activities in the field (Hawkins et al., 2015).

Efforts to shape and deliver family-based prevention programs can also be bolstered by social work research on family-based prevention. Indeed, the changing landscape of family life in the United States is generating opportunities to adapt or develop programs that are well suited to meet the needs of families with unique structural and transitional demands, such as stepfamilies, single-parent families, and others. Given the complexity of many family systems, some youth spend significant amounts of time in different households with a variety of parental figures—both social and biological. In what ways can existing programs be adapted or new programs developed to better integrate the rich and wide-reaching familial networks in which youth are increasingly embedded? There are clear opportunities to expand the focus of family-based programs to include other family members, such as siblings, nonresident parents, stepparents or other extended family members (e.g., Feinberg et al., 2013). Many existing programs for adolescents could expand their focus on dynamics involving parental figures, whether within couple or coparental relationships as well as strategies to reduce parental stress (Feinberg et al., 2007). Studies to identify the core components of interventions may enhance their effects and inform adaptations (Collins, Murphy, & Strecher, 2007). Social work researchers can also participate in efforts to bolster the external validity of prevention programs by conducting evaluation studies in diverse contexts and among diverse populations. Efforts to identify key processes associated with the successful implementation and adaptation of family-based programs, along with factors that optimize treatment fidelity should be included in this work. Together, this work would contribute to the effective development and dissemination of family-based prevention programs that work for families of all types.

Given social workers' training in both macro/organizational issues and direct practice, they may be uniquely equipped to develop new programs and strategies to enhance the integration of family-based prevention programs into agencies. This effort is inherently interdisciplinary. Thus, social workers can be the "glue" (Hawkins et al., 2015) for shared efforts to bring community members and professionals together to harness the strength of the family to prevent youth problems and promote youth well-being.

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