Juvenile Justice Fact Sheet
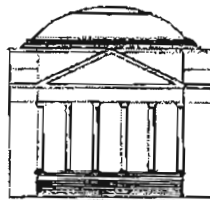
EFFECTIVE PRACTICES IN YOUTH VIOLENCE PREVENTION

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For many years, violence prevention strategies have been based largely on theoretical or ideological assumptions about "what works" in the absence of objective, scientific evidence. Indeed, so many ill-conceived strategies were so often found to be ineffective, that many delinquency prevention critics popularized the cynical view that "nothing works." Such a pessimistic view is no longer tenable. Juvenile violence can be prevented and juvenile offenders can be rehabilitated.

The goal of this fact sheet is to bring to attention the existence of a substantial and growing body of scientifically credible evidence that can be used to implement sound and cost-effective prevention programs. This fact sheet presents a selective overview of prevention strategies found to reduce juvenile violence and associated problems such as substance abuse, property crime, and disruptive behavior.

Some caveats: No strategy is effective for all youth or all settings. Every prevention program will have youth who fail, and unfortunately, failure inevitably receives more attention than success, and can distort perceptions of program effectiveness. All programs are vulnerable to these misperceptions if they fail to routinely and rigorously document overall success rates. Programs that can reduce violent crime by even 10-20% are likely

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to be cost-effective in light of the high cost of juvenile crime for victims, communities, and the criminal justice system.

Finally, even the best validated program will not succeed if it is not adequately funded and faithfully implemented by competent staff. A new treatment program must be sufficiently well specified in training manuals and guides, or through supervisory oversight by qualified practitioners, so that it can be replicated in a new setting. More generally, programs must demonstrate adequate treatment fidelity, i.e., they must faithfully implement the actual treatment program as it was designed. All too often programs have rushed to implement new treatment programs without adequate training and preparation, so that treatment failure is a result of poor implementation, not an inadequate treatment. Staff training and general quality control have often been neglected in prevention settings.

EFFECTIVE PREVENTION STRATEGIES

COMMUNITY-WIDE	FAMILY-FOCUSED	SCHOOL-BASED
Mentoring	Parent education	Conflict resolution training
Supervised recreation	Family therapy	Violence prevention counseling
Community policing	Preschool programs	Social competence development
		Bullying reduction

COMMUNITY-WIDE STRATEGIES

Mentoring

Mentoring is a relatively inexpensive program in which adult volunteers spend time each week with children or adolescents, typically engaged in recreational or educational activities. A controlled experiment with 959 youth in 8 cities found that the Big Brothers/Big Sisters program resulted in a 46% reduction in drug use, a 32% reduction in hitting people, and a 52% reduction in truancy. *Big Brothers/Big Sisters of America* can be contacted at 215-567-7000.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) supported the expansion of mentoring efforts through its Juvenile Mentoring Program (JUMP). JUMP has funded 93 mentoring projects as well as 6 SafeFutures community grants that include mentoring programs. Mentoring is also supported through the State Formula Grants program of the Juvenile Justice and Delinquency Prevention Act.

Despite the widespread popularity of mentoring, there has been relatively little research on the characteristics of successful mentors or successful mentoring relationships. What criteria should be used in selecting mentors and matching them to youth? How should mentors proceed to establish positive relationships with at-risk youth?

These are important questions. Some studies report that approximately half of mentor pairings fail to develop into ongoing relationships.

A descriptive study by Morrow and Styles (1995) offered some hypotheses and directions for future research. The authors distinguished between "developmental and prescriptive" styles of mentoring. Developmental mentors were more flexible and relationship-focused in their approach to their youth, while prescriptive mentors were more directive and tended to prescribe activities and topics of discussion. At follow-up nine months later, developmental mentors were more likely to be working with their little brothers/sisters while most prescriptive relationships had terminated.

Supervised Recreational Programs

The peak times for juvenile crime occur during the hours immediately after school - the level of juvenile offending at 3 p.m. on school days is over three times greater than it is at noon or midnight. Many youth are unsupervised after school because their parents are at work. The lack of coordination between school and work in our society is an underlying structural problem in controlling juvenile crime. For this reason, after-school programs are of great potential value and deserve serious consideration in prevention planning for any community.

Most recreational programs have not been adequately tested. For example, there is little hard evidence concerning midnight basketball. However, several controlled studies have found that well-supervised after-school recreational programs substantially reduce juvenile crime, drug use, and vandalism. The Boys & Girls Club recreation and drug prevention program was effective in two studies conducted in a series of public housing projects. A Canadian study of another intensive after-school program (using sports, music, dancing, and scouting) demonstrated a 75% reduction in juvenile arrests, while arrests at a comparison site rose 67%.

The Boys & Girls Clubs of America has over 1,700 affiliated clubs serving over 2.2 million children. Clubs provide a wide range of educational and counseling services in addition to recreational programs. The mission of the Boys and Girls Clubs is to provide supervised recreational and educational programs to at-risk youth. Specific programs vary from club to club depending on what is needed in the community.

A study of ten Boys & Girls Clubs by the U.S. Office of Substance Abuse Prevention reported 22% lower levels of drug activity and increased levels of parent involvement. A rigorously designed three-year longitudinal study of 16 Clubs in eight states also found reductions in alcohol and drug use, particularly in clubs that included active parent involvement. Clubs typically are open 5-6 days a week for 4-5 hours each day and are staffed by full-time youth workers as well as volunteers. Contact *Boys & Girls Clubs of America* (404-815-5751) or the *Bureau of Justice Assistance Clearinghouse* (800-688-4252).

Community Policing

For the most criminally active and dangerous gangs no method has more demonstrable success than aggressive law enforcement leading to the arrest and incarceration of gang leaders. Although new leaders may emerge in some cases, in many instances gangs have been neutralized or eradicated. One of the more effective means of preventing firearm-related juvenile crimes is stringent enforcement of laws against illegal gun carrying.

In its report, "Promising strategies to reduce gun violence," the U.S. Department of Justice describes 60 methods of responding to gun violence. These methods focus on three basic strategies: interrupting the supply of illegal guns, deterring illegal possession of guns, and aggressive prosecution and sentencing of those who commit gun violence or illegally supply guns to juveniles. For additional information contact the *Juvenile Justice Clearinghouse* at 800-638-8736.

Recently the National Institute of Justice released a massive report on "what works" in preventing crime, based on reviews of hundreds of studies.

Among the most *effective* policing strategies are:
increased patrol of high-crime street corners
arrests of serious repeat offenders
arrests of drunk drivers

Notably *ineffective* policing practices are:
neighborhood block watches
arrests of juveniles for minor offenses
drug market arrests

Community policing is a broad term and some programs labeled as community policing are not effective. The most effective community policing programs seem to have strong community participation in a priority setting and a problem-oriented focus. Also noteworthy is the new research emphasis on the importance of strengthening police credibility and legitimacy with the general public, which suggests that it is important from a prevention perspective for police officers to maintain trust and respect through the quality of their everyday interactions with citizens. Contact the *Bureau of Justice Assistance* (800-421-6770). The NIJ report is available through the world wide web: http://www.ncjrs.org/works/.

FAMILY-FOCUSED STRATEGIES

Parent Education

Parents with difficult or disobedient children can employ a variety of well-researched, effective strategies to manage their behaviors. For parents of children with

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serious behavioral problems, a brief course is not sufficient. Effective programs should involve these parents in ongoing relationships and training sessions that last from six months to several years. This investment pays off in reduced delinquency and better school adjustment for many years afterwards. Several parent education programs are available from Communities That Care (Hawkins & Catalano, 1992), and can be obtained from *Developmental Research and Programs, Inc.* (800-736-2630).

There is good research evidence that parent management training is effective with aggressive and disobedient children. Parent training for families with aggressive young children is a verifiably cost-effective strategy for preventing future crime. Here are some of the more well validated approaches to parent education:

- *Parent Management Training for Conduct Disordered Children* is the most influential parent training model for antisocial children. Developed by Patterson (1992) at the University of Oregon Social Learning Center, the program teaches parents more effective methods of disciplining and managing their children.

- *The Barkley Parent Training Program* provides an explicit manual used widely to train parents of children with severe behavior problems (Barkley, 1997). The program teaches a 10-step model supported by regular consultation with a therapist.

- *The Parenting Program for Young Children* (Webster Stratton, 1997) is a well-validated psychosocial intervention program. This 24-week program is delivered to groups of parents in 2-hour weekly meetings using video vignettes to demonstrate positive parenting techniques.

- *Family and Schools Together (FAST)* is a more comprehensive program that incorporates parent training and home visits along with school-based efforts to improve the social skills and academic performance of elementary school children. FAST has been implemented in more than 26 states. Notably, the program has a high retention rate; 88% of the families who attend one multifamily session go on to complete the program (McDonald, Billingham, Conrad, Morgan, et al., 1997).

As part of parent education, parents should also be encouraged to limit their children's exposure to violent television shows, movies, and video games. Despite mixed public opinion, and objections by the media industry, there is extensive, conclusive research establishing that television violence has a detrimental effect on children. Numerous formal experiments in clinical settings and schools, as well as long-term prospective field studies following young children into adulthood, demonstrate that exposure to media violence increases aggressive behavior. Among the effects of media violence are that children learn to expect and anticipate violence in their daily life, they are desensitized to violence and may even develop positive attitudes toward the use of violence, they may fail to fully appreciate the negative consequences of violence, and in

some cases they engage in violence because they believe it to be a source of social status or an effective way to solve problems.

Few social influences are more pervasive than entertainment media violence, yet it has been difficult to convince parents to make greater efforts to supervise their children's viewing habits. In some respects, this represents a public health problem comparable to other public health challenges, such as reducing smoking, increasing exercise, and improving diet. Like smoking, the adverse effects may develop slowly over a long period of time, and only a small proportion of the population may experience the worst outcomes. Moreover, well-ingrained habits - whether it be smoking, over-eating, or watching too much television - are difficult to change in part because they are so commonplace and socially acceptable. Sustained, widespread public educational efforts undoubtedly have made a difference in such areas as smoking and diet, so it is reasonable to assume that comparable efforts in the area of media violence also might be effective. In Canada, a highly successful, grassroots campaign to reduce television violence had substantial impact on national viewing habits as well as media policy and industry practices. For information on this effort, contact the *Canada Radio-television and Telecommunications Commission in Canada* (CRTC Public Affairs, Ottawa, Ontario, KIA ON2; telephone 819-997-0313).

Family Therapy

Family therapy refers to a host of different treatment approaches linked by their common emphasis on treating the whole family rather than individuals. The literature on family therapy is too extensive to summarize here. Functional family therapy is one form of family therapy that has been especially effective with delinquent youth. Treatment makes use of cognitive and behavioral methods to improve family relationships and increase reciprocity and cooperation among family members. Outcome studies demonstrated that functional family therapy improved family relationships and reduced recidivism among adolescents referred by juvenile court for offenses such as truancy, theft, and unmanageable behavior.

Multisystemic therapy (MST)(Henggeler et al., 1998) is one of the most cost-effective and demonstrably effective treatments for high-risk or delinquent children and their families. In controlled outcome studies, multisystemic therapy has proven to be superior to standard treatments for chronic juvenile offenders, inner-city at-risk youth, child-abusive families, and other traditionally difficult populations. Multisystemic therapy is a relatively short-term (1-6 months), but intensive form of therapy that is aimed at strengthening family functioning.

A hallmark of the multisystemic approach is the therapist's role as a problem-solver who works closely with parents to identify and remedy problems in a wide variety of areas, ranging from a child's school attendance to marital discord. Typically, therapists begin treatment by visiting the family several times a week for sessions ranging from 15 to 90 minutes, and later gradually taper contacts prior to termination. Therapists make flexible use of family therapy, parent education, and cognitive-behavioral techniques to improve

family relationships, strengthen parental authority and effectiveness, and modify children's behavior. It is important that therapists faithfully adhere to MST principles and procedures for this treatment to be effective; a recent study found that MST effectiveness declined when therapists failed to follow the treatment model. Information is available from the *Family Services Research Center for the Medical University of South Carolina* (803-792-8003).

Fact sheets on MST are available at: www:ilppp.virginia.edu/ilppp.

Preschool Programs

There is extensive evidence that some preschool programs, especially when combined with weekly home visits over a period of years, can have substantial, long-term impact on families and the quality of a child's adjustment. Some programs like the Perry Preschool Project found that children randomly assigned to the preschool and home visit program not only did better in school than control children, but had fewer arrests as juveniles and adults. A strength of the Perry Preschool Project was its emphasis on facilitating parent involvement in children's academic and social development. Information on early childhood programs can be obtained from *Project Head Start* (202-205-8572) or the *National Association for the Education of Young Children* (800-424-2460).

The most up-to-date analysis and synthesis of the evidence is contained in a recent RAND report, *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions* (Karoly, Greenwood, Everingham, Hoube, Kilburn, Rydell, Sanders, & Chiesa, 1998), available from *RAND Distribution Services* (310-451-6915 or e-mail order@rand.org). This report distinguishes between the weak evidence supporting many programs and strong evidence in support of several programs that have verifiable, long-term benefits.

SCHOOL-BASED STRATEGIES

Conflict Resolution and Peer Mediation

The heart of conflict resolution is teaching students to listen carefully and respectfully to another person's point of view, accept that there are meaningful differences, and develop creative, mutually satisfactory solutions. Furthermore, students can be taught to mediate disputes between peers by facilitating a dialogue through which disputants find their own solution. The National Institute for Dispute Resolution estimates that there are over 8,500 conflict mediation programs nationwide. Although stand-alone peer mediation programs have not been examined in rigorous, controlled outcome studies, there is more convincing evidence in support of comprehensive programs incorporating peer mediation and other forms of conflict resolution. For example, Johnson and Johnson (1995) conducted extensive research in support of the "Peacemaker" approach, using whole-

school or cadre methods, with programs for all grade levels. Their controlled outcome studies demonstrated that students can learn and retain conflict resolution skills, and subsequently apply their skills to actual conflicts in both school and family settings. Their program reduced overall school problems and facilitated academic achievement.

There are many resources for additional information, including the *National Institute for Dispute Resolution* (202-466-4764); email nidr@nidr.org) and the *New Mexico Center for Dispute Resolution* (505-247-0571). *The National Resource Center for Youth Mediation* has extensive training material (800-249-6884). *The Juvenile Justice Clearinghouse* (800-638-8736) provides a guide to conflict resolution education programs, "Conflict resolution education: A guide to implementing programs in schools, youth-serving organizations, and community and juvenile justice settings." Additional information is available from the *Safe and Drug-Free Schools Program of the U.S. Department of Education* (202-260-3954).

Violence Prevention Counseling

Violence prevention counseling can help aggressive youth cope with their frustration and hostility, and resolve conflicts without fighting. For example, the Duke University "Coping Power" program (Lochman, 1992) teaches aggressive youth to cope with their anger has been shown to help children correct distortions in their perceptions of social interactions and choose non-violent alternative courses of action. The Positive Adolescents Choices Training (PACT) program was developed for work specifically with African-American youth (Hammond & Yung, 1993). PACT uses culturally sensitive videotapes to teach youth social skills such as strategies for expressing and responding to criticism and negotiating solutions to disputes. The Violence Prevention Curriculum for adolescents is part of the Teenage Health Teach Modules (THTM) program. The curriculum lends itself to working in schools with anger management, family violence, media violence and dating violence. Teachers use handouts and videos to teach the program.

Overall there is considerable research in support of cognitive-behavioral approaches that not only reduce aggressive behavior, but in some studies also improve school attendance and grades, and reduce substance abuse. Unfortunately, some briefer, but more popular approaches to violence prevention have not been well-supported. For information on the "Coping Power" program contact *Dr. John Lochman* (919-684-8732).

For information on PACT, contact *Research Press* (217-352-3273). For information about a wide range of anger control and violence prevention programs, contact *PAVNET (Partnerships Against Violence Network),* which is a virtual library of reports and guidebooks from seven different Federal agencies (http://www.pavnet.org/).

Bullying Reduction

Bullying is a pervasive problem that is often overlooked or minimized in schools. Because bullying is so pervasive, it is sometimes regarded as a normal or inevitable part of growing up. On the contrary, research indicates that school victimization has substantial

and lasting effects on children's social and emotional adjustment. In one study, approximately 3/4 of midwestern school children reported some episodes of bullying, with about 14% experiencing severe reactions to abuse. Repeatedly victimized children often experience a variety of mental health problems including depression, anxiety, and low self-esteem. Victims tend to feel unsafe at school and are more likely to have school attendance problems than other students. Victims of chronic bullying continue to exhibit social adjustment problems in adulthood. Young bullies develop attitudes and values that lead to more serious aggressive behavior in adolescence. Adult tolerance for bullying sends the wrong message to children and promotes acceptance of coercion, harassment, derogation, and violence as means of controlling others.

School-wide campaigns that condemn bullying and encourage more appropriate behavior can dramatically reduce bullying, and in turn lower the likelihood of later aggression and delinquency that often follows. Olweus developed and tested a highly successful program used first in Norway and later in the United States and other countries. Olweus (1997) evaluated the effectiveness of this program in 42 primary and secondary schools in Norway. He found a 50% reduction in bully/victim problems, as well as marked reductions in vandalism, truancy, and fighting. For information on this bullying program, the book *Bullying at School - What We Know and What We Can Do* can be ordered from *Blackwell Press* (800-216-2522).

There are numerous programs and guides for schools to conduct bullying reduction campaigns (*National School Safety Center,* 1999). For example, *Bully-Proofing Your School* (Garrity, 1994) is a prevention program designed to make the school environment physically and psychologically safer. Through staff training, student instruction, intervention with bullies, and collaboration with victims and parents, the program uses role-playing, modeling and class discussions to teach anger control and empathy, and strategies for victims. Another guide, *Preventing Bullying: A Manual for Schools and Communities* can be obtained from the *U.S. Department of Education* (1-877-4337827 or www.ed.gov/pubs/index.html). A list of resources is available from the *National School Safety Center* (805-373-9977).

Social Competence Development

Children as young as age 4 can be taught to solve interpersonal problems in an empathic and considerate manner. Social competence generally refers to the ability to get along with others and cope with problems effectively. There are several well-designed and rigorously evaluated programs that teach social competence. One of the best-known programs, Interpersonal Cognitive Problem Solving (ICPS, also known as "I Can Problem Solve") was developed by Shure and colleagues over the course of 35 years of research. This approach teaches children to identify problems, recognize the feelings and perspectives of others, consider the consequences of alternative solutions, and then choose the best course of action. There are inexpensive manuals and workbooks - from preschool to grade 6, which can be used by either teachers or parents (Shure, 1996).

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Numerous evaluations, including multi-year follow-up studies, document that training improves children's behavior and generalizes across classroom, home, and peer situations. Children are less impulsive and disruptive, and more cooperative and prosocial with peers and adults. For ICPS materials, contact *Research Press* (217-352-3275).

The Primary Mental Health Prevention (PMHP) project is one of the oldest and most respected school-based programs for identifying and treating children at risk for emotional and behavioral problems (Cowen et al., 1996). PMHP has changed and evolved over the course of nearly 40 years, with a basic model involving carefully supervised, paraprofessional counseling for children with emotional or behavioral problems. There are specialized components to teach social problem-solving, assist children with divorced parents, facilitate peer relationships and encourage cooperative learning (the "Study Buddy" program). A variety of large-scale, multi-year program evaluations involving thousands of students documented positive changes in the emotional and behavioral adjustment of PMHP children. PMHP has a well-established dissemination and training program; the model is now formally employed in California (180 school districts), Connecticut (23), New York (134), and Washington (34), with more than a dozen other states implementing similar programs in one or more school districts. Dr. Hightower directs the PMHP at the *University of Rochester* (716-273-5957).

Life Skills Training delivers a broad approach to social competency and skills development through 16 sessions for 7th grade students, with 8 booster sessions in grades 8 and 9. Information on *Life Skills Training* can be obtained from the *Institute of Preventative Research at Cornell Medical College* (212-746-1270).

AN INTEGRATIVE MODEL: COMMUNITIES THAT CARE

Communities That Care (Hawkins, Catalano, & Associates, 1992) is a systematic, theoretically grounded approach to helping communities create conditions and relationships that protect youth against drug and alcohol abuse. The Communities That Care model describes how communities can plan, undertake, monitor, and evaluate a series of programs and strategies to reduce risk factors and strengthen protective factors in individual children, their families, schools, and neighborhoods. In addition to a core emphasis on substance abuse, this ambitious model is designed to improve family functioning, increase school achievement, and generally reduce antisocial and delinquent behavior. The evolving Communities That Care model is both comprehensive and flexible, and can be adapted to individual community needs and goals.

There is considerable outcome research in support of various components of the approach, e.g., parent education, teacher training, substance abuse prevention, social skills counseling, and others. Communities That Care has an extensive series of planning and training materials, as well as prepared curricula and audio and video materials that can be obtained from *Developmental Research and Programs, Inc.* (800-736-2630).

SUGGESTED READINGS

Cornell, D.G., Loper, A.B., Atkinson, A.J., & Sheras, P.L. (1999). *Youth violence prevention in Virginia: A needs assessment.* Charlottesville, VA: Virginia Youth Violence Project, Curry School of Eduction, University of Virginia.

Cowen, E.L., Hightower, A.D., Pedro-Carroll, J.L., Work, W.C., Wyman, P.A., & Haffey, W.G. (1996). *School-based prevention for children at risk: The primary mental health project.* Washington, D.C.: American Psychological Association.

Hawkins, J.D., Catalano, R.F., & Associates. (1992). *Communities that care: Action for drug abuse prevention.* San Francisco: Jossey-Bass Publishers.

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., & Cunningham, P.B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents.* New York: Guilford Press.

SELECTED REFERENCES

Alexander, J.F. & Parsons, B.V. (1982). *Functional family therapy.* Monterey, CA: Brooks/Cole.

Barkley, R.A. (1997). *Defiant children: A clinician's manual for assessment and parent training.* New York: The Guilford Press.

Greenwood, P.W., Model, K.E., Rydell, C.P. & Chiesa, J.R. (1998). *Diverting children from a life of crime: measuring costs and benefits (Document No. MR-699-1-UCB/RC/IF).* Santa Monica, CA: RAND Corporation.

Grossman, J.B. & Garry, E.M. (1997). Mentoring- A proven delinquency prevention strategy. *Juvenile Justice Bulletin.* Washington, D.C.: U.S. Department of Justice.

Henggeler, S.W., Melton, G.B., Brondino, M.J., Scherer, D.G. & Hanley, J.H. (1997). Multisystemic treatment with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65,* 821-833.

Johnson, D.W. & Johnson, R.T. (1995). (3rd ed.). *Teaching students to be peacemakers* Edina, MN: Interaction Book.

Kennedy, D.M., Piehl, A.M. & Braga, A.A. (1996). *Youth gun violence in Boston: Gun*

markets, serious youth offenders, and a use reduction strategy. Cambridge, MA: Harvard University.

Lochman, J.E. (1992). Cognitive-behavioral intervention with aggressive boys: Three-year follow-up and preventive effects. *Journal of Consulting and Clinical Psychology, 60,* 426-432.

McDonald, L., Billingham, S., Conrad, T., Morgran, A. et al. (1997). Families and Schools Together (FAST). *Families in Society, 78,* 140-155.

Olweus, D. (1997). Tackling peer victirnization with a school-based intervention program. In Fry, D. and Bjoerkqvist, K., (Eds.) *Cultural variation in conflict resolution: Alternatives to violence.* Mahwah, N.J.: Lawrence Erlbaum Associates, Inc.
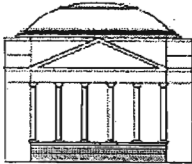
Patterson, G.R., Reid, J.B. & Dishion, T.J. (1992). *Antisocial boys: A social interactional approach.* Eugene, Oregon: Castalia.

Shure, M.B. (1996). *Raising a thinking child: Help your young child to resolve everyday conflicts and get along with others*. New York: Pocket Books.

St. Pierre, T.L., Mark, M.M., Kaltreider, D.L. & Aikin, K.J. (1997). Involving parents of high-risk youth in drug prevention: A three-year longitudinal study in Boys & Girls Clubs. *Journal of Early Adolescence, 17,* 21-50.

Webster-Stratton, C. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 66,* 715-730.

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