MULTI-SYSTEMS RESEARCH

McDonald, L., Billingham, S., Conrad, T., Morgan, A. & O, Nancy and Payton, E. (1997). Families and Schools Together (FAST): Integrating community development with clinical strategies. *Families in Society: The Journal of Contemporary Social Services*, 78(2), 140-155.

> "Families and Schools Together (FAST) is an early-intervention/prevention, collaborative, school-based, multifamily family-support program for elementary school children who have been identified by their teachers as having behavior problems. The program integrates concepts and practices of community organizing with effective clinical techniques based on family therapy and play therapy. Parent-professional partnership is used to engage low-income and isolated families into the eight-week program. Process and outcome evaluation indicate that children show statistically significant improvements in conduct disorder, anxiety/withdrawal, and attention span over time. In addition, two-year follow-up data suggest that child-functioning gains are maintained and that FAST parents become more involved at school, regularly see their FAST friends, begin employment after being on welfare, return for further education, and become involved in the community."

Kratochwill, T., McDonald,L., Levin, J., Bear-Tibbetts, H. , & Demaray, M. (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(5), 359-383.

> "The goals of this randomized intervention study were to: (a) increase academic performance among American Indian children ages 4–9 years and (b) reduce classroom problem behaviors. To achieve these goals, the multi-family group program called Families and Schools Together (FAST) was adapted with three American Indian Nations in Wisconsin. Over 3 years, seven multi-family group cycles of FAST were implemented, each lasting 8 weeks. In collaboration with the College of Menominee Nation, this parent intervention approach was adapted to express tribal values while maintaining its core components. Fifty pairs of universally recruited American Indian students at three schools who were assessed, matched on five variables, and then randomly assigned to either the FAST or non-FAST control condition. Pretest, posttest, and 9- to 12-month follow-up data were collected by American Indian staff and university students on multiple indicators of academic and behavioral performance. Of the 50 families that attended FAST meetings at least once, 40 graduated (80%) from the 7 FAST cycles. On the immediate posttest, statistically significant differences in improvement, favoring FAST participants were found on the Aggressive Behavior scale of the teacher-rated Child Behavior Checklist (CBCL) and on the parent-rated Withdrawn scale of the same instrument. On the 1-year follow-up assessment, parent CBCL ratings indicated that FAST students had maintained their less withdrawn status and teacher ratings on the Social Skills Rating Scale (SSRS) revealed that FAST participants had exhibited relatively greater improvement in their academic competence. Parent surveys of the graduated students generally showed satisfaction with the program. Implications of the present results and future research directions are discussed."

van der Stouwe, T.,Asscher, J., Stams, G., Deković, M., & van der Laan, P. (2014). The effectiveness of Multisystemic Therapy (MST): A meta-analysis. *Clinical Psychology Review*. **34** (6): 468–81. doi:10.1016/j.cpr.2014.06.006. PMID 25047448.

> "A multilevel meta-analysis of k = 22 studies, containing 332 effect sizes, consisting of N = 4066 juveniles, was conducted to examine the effectiveness of MST. Small but significant treatment effects were found on delinquency (primary outcome) and psychopathology, substance use, family factors, out-of-home placement and peer factors, whereas no significant treatment effect

was found for skills and cognitions….MST seems most effective with juveniles under the age of 15, with severe starting conditions. Furthermore, the effectiveness of MST may be improved when treatment for older juveniles is focused more on peer relationships and risks and protective factors in the school domain."