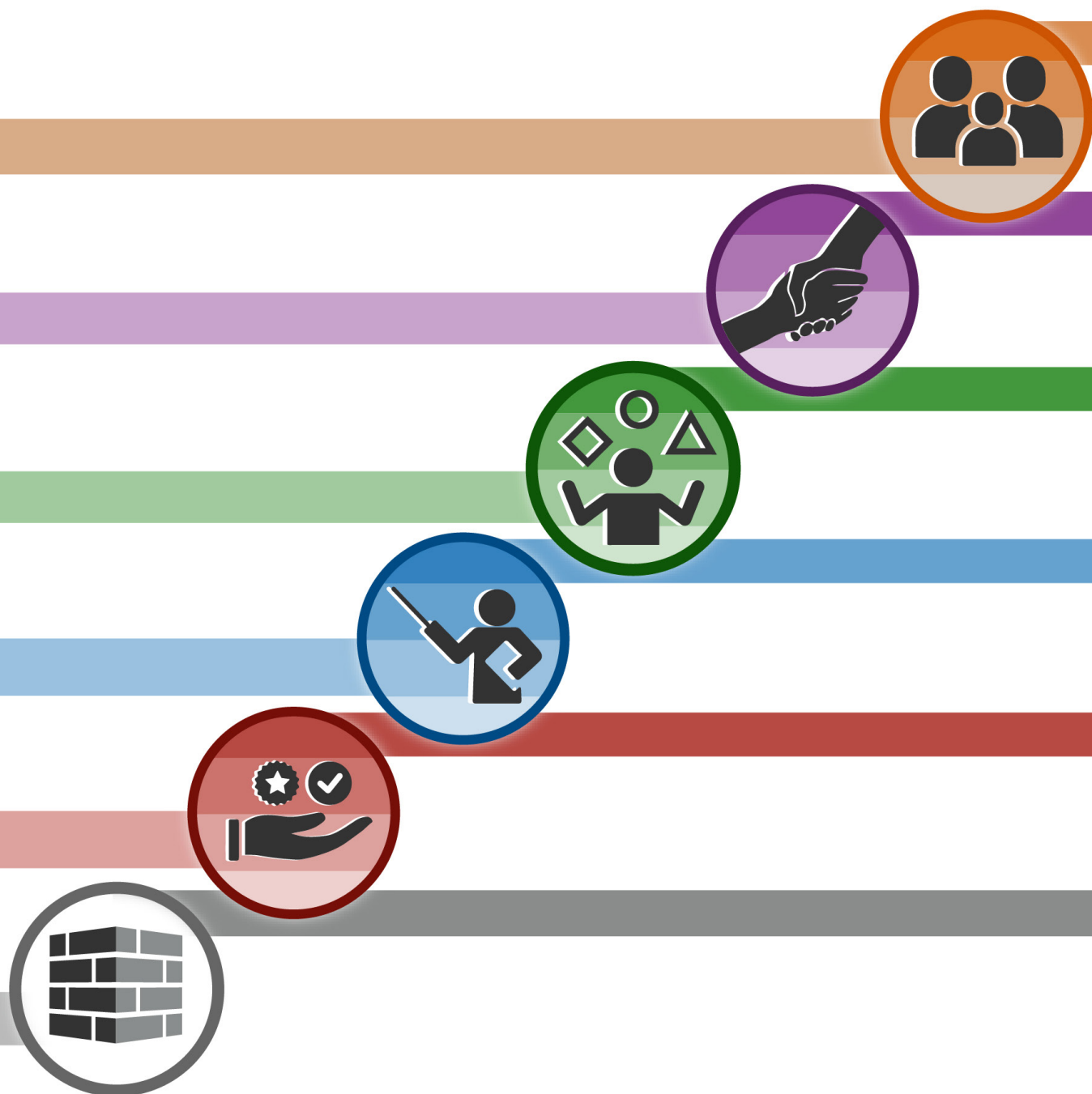


Improving Programs for Children and Youth that Address Self-Regulation

Recommendations for Aligning Programs with Evidence on Core Components



Improving Programs for Children and Youth that Address Self-Regulation Recommendations for Aligning Programs with Evidence on Core Components

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Submitted to:

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Evidence for Program Improvement was established by The Assistant Secretary for Planning and Evaluation (ASPE) to develop evidence-based practice guidelines for youth programs using a core components approach. Our goal is to better understand the characteristics of effective programs for youth and share guidelines about how to make those programs more effective with those who design, support, and implement them.



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Introduction

Self-regulation is the ability to manage and control one's cognitions, emotions, and behaviors to enable goal-directed action.¹ It is a foundational skill for healthy development and linked to success in a variety of domains including academic achievement, social and psychological well-being, and physical health. Deficits in self-regulation skills, particularly attention skills, are associated with academic underachievement and a range of social and behavioral problems among children and youth in kindergarten through 12th grade.

Research indicates that self-regulation is malleable – that it can be improved or changed through intervention. Given its importance as a foundational skill and the knowledge that **self-regulation** skills are responsive to intervention, many communities and schools in the U.S. run programs designed to support and improve self-regulation. Programs that address self-regulation may focus on strengthening self-control, executive functioning, attention, persistence, or other similar skills directly with children and youth. Because self-regulation can be supported and promoted through social and familial relationships, these programs may also focus on building relationships or promoting parenting skills. A large body of research on the effectiveness of programs targeting self-regulation offers insight into which types of youth programs are more effective than others at promoting self-regulation – and **which core components of these programs are associated with program effectiveness.**

This guide takes that research and translates it into a set of recommendations intended to help practitioners make evidence-based decisions about ways to improve programs aimed at promoting and improving self-regulation.

Domains of Self-Regulation

- Cognitive self-regulation includes the ability to both focus and shift attention as needed, make attributions and appraisals, self-monitor, set goals, and take different perspectives.
- Emotional self-regulation involves being able to manage strong positive or negative feelings. It includes self-awareness, tolerance, and empathy.
- Behavioral self-regulation includes being able to control impulses and inhibit reactions to anger or frustration. It also includes goal-directed behavior, active coping, persistence, and rule following.

Murray, Rosanbalm, Christopoulos, & Hamoudi (2014).

Why a Core Components Approach?

Core components are the parts, features, attributes, or characteristics of a program that research shows are associated with its success.² Because many aspects of a program can contribute to successful outcomes, core components can be the activities or content within a program (e.g., mindfulness instruction or anger management training), how a program is delivered (e.g., in a group, individually), who delivers a program (e.g., social workers, teachers), the program's length and frequency, and even implementation strategies such as whether and how providers are trained and supervised. A core components approach to evidence-based practice:

- Offers a way to flexibly apply evidence-based principles within constraints of funders and service environments.
- Focuses on improving existing programs, rather than adopting and replicating model programs that may not be a good fit for the population of interest.
- Allows for aligning interventions with several recommendations or just a few based on context and resources.

¹ Murray, D. W., Rosanbalm, K., Christopoulos, C., & Hamoudi, A. (2014). *Self-regulation and toxic stress report 1: Foundations for understanding self-regulation from an applied perspective*. OPRE Report #2015-21. Office of Planning, Research and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services.

² Ferber, T., Wiggins, M. E., & Sileo, A. (2019). *Advancing the use of core components of effective programs*. Forum for Youth Investment.

- Provides organizations with evidence-based information to help prioritize and direct resources to specific features of interventions that research shows are most important.
- Can help address equity by providing lower-resourced youth-serving organizations a way to demonstrate alignment with evidence-based practice and potentially expand the funding opportunities available to them.

The Evidence for Core Components

We based the recommendations in this guide on what the research suggests are the core components of effective programs targeting a variety of self-regulation outcomes. The core components are supported by an extensive array of well-controlled research studies on programs for children and youth across many program environments, including both model programs—in which programs with the resources to undergo a rigorous evaluation find evidence of impact on a key outcome and are placed on a registry of evidence-based programs—as well as a variety of locally-developed programs.

The core components of programs that address self-regulation result from an analysis of a large meta-analytic database of research on programs for children and youth, using a statistical procedure that identified a profile of program, participant, and implementation features (the core components) that are empirically related to positive outcomes across an array of programs. The evidence for these core components comes from research on universal programs for children and youth as well as a large number of targeted programs involving children and youth who were referred or identified for services because of particular issues such as attention problems, academic difficulties, or risk factors for these issues. We have not analyzed research on residential programs and, as such, the core components and associated practice recommendations may not apply in those settings. A full description of our methodology and results can be found in the accompanying technical report ([insert link to Self-Regulation Technical Report](#)).

How to Use the Recommendations

There are three steps to use the recommendations in this guide:

1. **Review the Core Components Profile (Figure 1)**
2. **Choose the “Intervention Family” that best fits your program:**
 - Review the Intervention Family definitions and examples
 - “Unpack” your program
3. **Review the practice recommendations for that Intervention Family:**
 - Assess feasibility and alignment with your context and resources
 - Take action

- **Intervention Family:** a broad category of interventions that share the same underlying strategy or principles for how to improve social competence.
- **Program:** a consistent implementation of one or more interventions with shared practices, policies, leadership, and (usually) funding.
- **Intervention:** a distinct activity or service provided as part of a program, designed to achieve a specific purpose for specific participants.
- **Core Components:** the parts, features, attributes, or characteristics of an intervention that research shows are associated with its success.

Step 1. Review Core Components Profile for Programs Targeting Self-Regulation

The core components profile in Figure 1 provides an overview of our practice recommendations. We suggest you review the full core components profile in Figure 1 first to familiarize yourself with the terminology and get a sense of the evidence base as a whole. In Steps 2 and 3 below, we illustrate how to identify the appropriate recommendations derived from evidence on programs most like yours.

Figure 1: Core Components Profile for Interventions Targeting Self-Regulation



As Figure 1 shows, we organized the recommendations in the core components profile by five **Effective Intervention Families** (Family Relations and Parenting Skills, Relational, Skill-Building, Academic-Educational, and Behavior Management), broad categories of interventions that have the same underlying strategy or principles for how to promote self-regulation. The interventions in each intervention family are generally effective for improving self-regulation among the children and youth who participate in them. Within each intervention family, our analysis found specific *components* that are related to improvements in self-regulation.



Effective Intervention Components are strongly related to improvements in self-regulation and are specific to an intervention family.

For four of the five intervention families, the evidence underlying the recommendations is from studies of *targeted interventions* – programs involving children and youth who were referred or identified for services because of particular issues such as attention problems, academic difficulties, or risk factors for these issues. Recommendations we derived from evidence on these targeted interventions would thus be most appropriate for program administrators delivering similar targeted interventions.

In the remaining intervention family, skill-building, we also found sufficient evidence for *universal interventions* to make separate recommendations for these programs. Universal interventions are prevention-focused programs that are delivered universally to participants regardless of risk factors or particular presenting problems. These programs are commonly delivered in classroom settings. Program administrators delivering skills-based universal interventions would find the recommendations in that chapter most appropriate for their setting.

To have the best chance at improving youth outcomes, an effective intervention component should only be implemented in the context of an intervention that uses the underlying prevention strategy and intervention family to which the component is linked. For example, the recommendations for targeted skill-building interventions only apply to targeted skill-building programs and the recommendations for relational programs only apply to targeted relational programs. We do not know if implementing an effective component with an intervention from a different intervention family or implementing a recommendation for universal skill-building with a targeted skill-building program would be as effective.



In contrast, **Effective Implementation Components** cut across all intervention families and can be applied regardless of the family you choose. Our analysis found one component related to program implementation that improved self-regulation across all of the intervention families: monitoring implementation and addressing challenges. Our recommendation is designed to be broadly applicable across interventions and service environments.

Together, these components form the basis of the practice recommendations in this guide. The practice recommendations are *modular*, giving practitioners information to inform choices as well as the *flexibility* to implement as few or as many as is reasonable in the face of limited resources and other constraints.

Step 2: Choose the Intervention Family that Best Fits Your Program

To find the recommendations that fit your program, you must first decide which intervention family best represents your program.

Our evidence base and recommendations are divided into five mutually exclusive intervention families: Family Relations and Parenting Skills, Relational, Skill-Building, Academic-Educational, and Behavior Management (see Figure 2). Programs within these intervention families are diverse but share common principles about how to improve self-regulation.

Your program may include services that cut across and combine intervention families. We provide additional guidance for such programs on the next page.

Figure 2. Five Intervention Families Related to Improvements in Self-Regulation

Intervention Family	Family Relations and Parenting Skills	Relational	Skill-Building	Academic-Educational	Behavior Management
Definition	Interventions that focus on improving self-regulation through enhancing or improving parental or family influences on youth, particularly through improved parent-child relationships and positive parenting behaviors. These programs often, but not always, take place in community-based settings.	Interventions that emphasize trusting and supportive relationships with others, including mentors, therapists, and counselors, to support the development of self-regulation skills. Most, but not all, take place in school settings.	Interventions that teach youth skills to manage social interactions and control executive responses such as anger and impulsivity. Skills include mindfulness strategies for managing emotions, stress, and improving focus. Most, but not all, take place in school settings. Interventions in this family include both targeted interventions for children and youth identified for particular issues and universal prevention interventions delivered to children and youth universally regardless of presenting issues or risk factors. The content of targeted and universal skill-building programs is similar, but there are often differences in setting and delivery format, in addition to the differences in the priority participants.	Interventions focused on improving school performance, school engagement, and academically-oriented behavior, which may yield collateral benefits on self-regulation by promotion of positive youth development. Most, but not all, take place in school settings.	Interventions with primary focus on shaping or modifying problem behavior and precursors via rewards and punishments. These interventions can be stand-alone or integrated with other types of interventions. Most, but not all, take place in school settings.
Intervention Examples	<p>Family therapy to improve relationships and communication</p> <p>Parenting skills training</p> <p>Family therapy to improve children's self-control</p>	<p>Peer mentoring or counseling focused on school success</p> <p>Counseling focused on interpersonal issues</p> <p>Adult mentoring focused on support and guidance</p> <p>Group play therapy</p> <p>Reality therapy</p>	<p>Interpersonal or social skills training</p> <p>Anger management training</p> <p>Social problem-solving skills training</p> <p>Executive functioning skills training</p> <p>Mindfulness and relaxation skills training</p> <p>Perspective taking and emotional awareness training</p>	<p>Tutoring and enrichment intervention</p> <p>Training in self-regulated learning strategies</p> <p>Remedial or developmental instruction</p> <p>Individualized academic instruction</p> <p>After-school academic intervention</p> <p>Reciprocal peer tutoring</p>	<p>Behavior modification techniques</p> <p>Behavioral contracting</p> <p>Token economy</p> <p>Classroom management training</p>

Reflecting on how your program works can help you choose which intervention family fits best:

- **First, “unpack” your program into its key service(s) or intervention(s).** This means identifying the primary service or services that all or almost all of your participants receive, the main services or activities that make up most of your program, and the predominant strategies aimed at promoting self-regulation.
- **Second, classify the service(s) or intervention(s) into an intervention family.** Using the definitions of intervention families in Figure 2, determine which one (family relations and parenting skills, relational, skill-building, academic-educational, or behavior management) best describes the key service(s) or intervention(s) of your program. You will find intervention examples listed under the intervention families that may be similar to yours, which you can use to help guide your decision. These are examples of real interventions taken from the evidence base.

Tip: Use a “Logic Model” to Unpack Your Program

Creating a visual depiction of what your program is aiming to achieve and how (sometimes called a program “logic model”) is one way to identify the different features of your program and how each feature is supposed to produce the desired outcome. An exercise like this can be helpful for unpacking your program in order to choose which intervention family or families best fit your program (Step 2), and for deciding whether certain recommendations apply to your program (Step 3). Please see “Additional Resources” at the end of this section for links to user-friendly resources on creating a visual of the linkages between your resources, services, and intended outcomes.

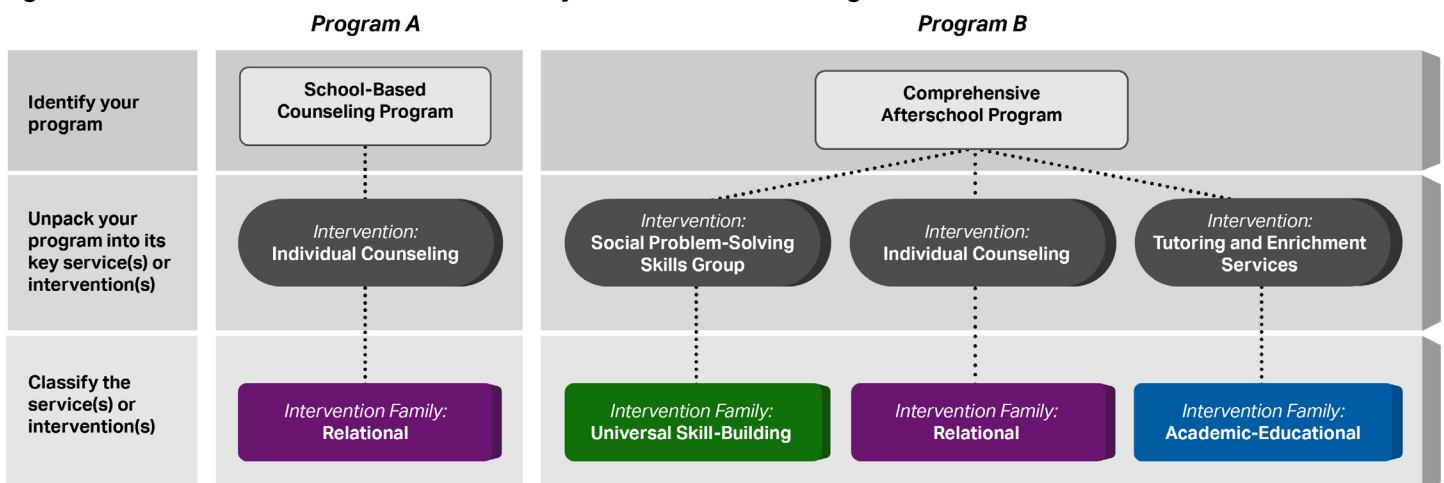
- Most of the programs in the evidence base are targeted programs designed to serve children and youth referred or identified for services because of particular issues such as attention problems, academic difficulties, or risk factors for these issues. However, in the Skill-building intervention family, we had sufficient evidence for universal interventions to develop separate practice recommendations for universal interventions. Thus, if you classify your program in the Skill-building intervention family, consider whether your program is delivered universally to all individuals regardless of risk, or whether it is more targeted toward youth with particular characteristics or issues.

What if my program has more than one service or intervention? Youth-serving organizations may offer a variety of distinct services or interventions for children and youth experiencing self-regulation difficulties. Some organizations may offer a single intervention for their participants focused on self-regulation, while others may weave together multiple types of interventions into a cohesive program. To find the recommendations derived from evidence on programs similar to yours, **the key is to identify the predominant interventions you use, whether there is one or a combination of several.**



Figure 3 shows how to choose an intervention family using two example programs. Program A provides individual counseling to youth at school during the week. To use this guide, the program director has a single intervention to consider—individual counseling. The program director would look in the Relational intervention family for guidance on ways to align her program with the evidence.

Another example program (Program B) contains three interventions provided in an integrated way to youth participating in a comprehensive afterschool program. This program director “unpacked” the program into three distinct interventions – a social problem-solving skills group delivered universally to all participants, individual counseling for youth with attention difficulties, and tutoring and enrichment services for youth with academic challenges. The program director would look to the universal Skill-Building intervention family for recommendations on his social problem-solving skills program, the Relational intervention family for recommendations on the individual counseling program, and the Academic-Educational intervention family for recommendations on the tutoring portion of the program.

Figure 3: How to Choose the Intervention Family that Best Fits Your Program



Step 3. Review the Practice Recommendations for the Appropriate Intervention Family

Each recommendation in this guide begins with a description of the ideas that underlie it, as well as evidence from our analysis to support the recommendation. Each recommendation has a set of **"Assess Feasibility"**  steps designed to help practitioners consider the alignment of their programs with the recommendation and how they might improve alignment given their circumstances. A set of **"Take Action"**  suggestions offers specific ideas for how the recommendation could be incorporated into existing programs.

Determining Which Recommendations to Apply to Your Program

The recommendations offered for each intervention family should be viewed as a "menu" of options from which to choose based on your local circumstances. In general, when considering the recommendations that follow, think about balancing them with:

- Applicability to your context
- Applicability to the children and youth you serve
- Ease or feasibility of implementation

Additional Resources

Here are some links to user-friendly resources on creating a visual description of the linkages between your resources, services, and intended outcomes:

W.K. Kellogg Foundation Logic Model Development Guide

<https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide>

Centers for Disease Control Program Evaluation Framework

<https://www.cdc.gov/eval/steps/step2/>

University of Kansas Community Tool Box

<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

FRIENDS National Center for Community-Based Child Abuse Prevention

<https://friendsnrc.org/evaluation-toolkit/evaluation-planning/logic-models>



Family Relations and Parenting Skills Interventions

Interventions in this family aim to improve self-regulation by improving or enhancing parental or family influences on youth. These interventions teach parenting skills and other ways parents can support their children's self-regulation skills development at home, and often include a concurrent child training component (e.g., for children diagnosed with ADHD). There are two types of interventions in this group: those that are oriented toward the family unit, providing services to both parent(s) and children, either together, separately, or both; and those focused on parent training, with minimal or no child involvement.

Specific parenting skills taught by interventions in this family can include teaching parents how to coach their children to regulate their emotions, problem-solve, and develop organizational and academic skills. Many also focus on general family functioning and establishing predictable household routines and schedules. Many parenting skills interventions train parents in behavior modification techniques, where the parent works with a therapist to learn and apply behavioral strategies to reinforce desired child behaviors and discourage unwanted behaviors. Such interventions can include coordination with schools so that behavioral strategies can be applied as consistently as possible at school and at home. Child and youth components of these interventions may focus on organizational, time management, and planning skills, as well as self-control, how to recognize and appropriately express feelings, and interpersonal skills. Interventions are often delivered by therapists and psychologists with at least a master's degree, usually in community settings. Providers frequently use lecture, discussion, and role plays to practice skills, as well as family therapy. Parents are often given homework assignments to complete at home between sessions.

Characteristics of family relations and parenting skills interventions (27 studies contributed evidence):

- ▶ About half of interventions lasted less than 13 weeks, though others were considerably longer.
- ▶ Sessions typically took place once per week (44%) with 19 percent occurring daily.
- ▶ Most took place in community settings (78%).
- ▶ A little over a third (37%) were delivered one-on-one with parents or family units, another third were provided primarily to groups of parents or families, and 22 percent were offered in a mix of different formats.

Intervention Examples

- ▶ Parents of children with ADHD attended a nine-session parent training program that included parent counseling and training in behavioral procedures. Homework was assigned starting with the second session. Topics included information about ADHD, understanding child behavior problems, and general behavior management principals. Parents were taught positive reinforcement skills, including positive attending and how to use a token reward system, as well as strategies such as ignoring and response cost for minor misbehavior and introducing a break from the situation for more serious misbehavior. Later sessions included how to use the strategies in public, continuation beyond the intervention, and working with school personnel using a daily report card.
- ▶ Teens diagnosed with ADHD attended ten 50-minute manualized family therapy sessions with a parent that were focused on organization, time management, and planning skills. Teens learned strategies such as using a daily planner, bookbag organization, time management, and taking notes at school. Parents and teens developed treatment goals and selected four of the following skills modules to work on: (a) recording homework daily, (b) creating a homework contract, (c) organizing school materials, (d) prioritizing and managing time out of school, (e) note-taking in class, (f) preparing for tests and quizzes, and (g) troubleshooting problems at home. As part of each skill contract, parents detailed a monitoring plan to hold teens accountable for consistent skill use. During skills-based sessions, therapists used Motivational Interviewing to increase the family's openness to trying new strategies and empower lasting changes at home. Four concluding sessions addressed school collaboration, creating a routine for implementation of new skills, developing and modifying home contracts, and reviewing progress.

RECOMMENDATION 1

Incorporate opportunities for individualized formats

When possible, incorporate opportunities for one-on-one contacts with children, parents, or the family unit. The most successful family relations and parenting interventions in our evidence base involved the child and parent(s) together with a provider. Often, these individual family-focused interventions were delivered in outpatient settings and included family counseling focused on both parenting skills and family communication. Individualized programs for families have the flexibility to allow providers to tailor the intervention to each family's needs and make individualized therapeutic plans that target the issues (for both parent and child) that will help the child build self-regulation skills. For example, a family therapist can identify areas of change for both parent and child, help set treatment goals, and then facilitate the learning and use of specific skills such as prioritizing and managing time and troubleshooting problems at home.

Group formats involving multiple families, parents, or children are often necessary for a variety of practical reasons and can be effective. They may be a valuable way to build social support through shared experience, reduce isolation, and provide opportunities for parents and children to learn skills from their peers. Group formats might also be required by funders or certain curricula, can help programs reach larger numbers of participants, and are less costly than individualized interventions. On the other hand, groups may not allow enough time for participants to receive tailored content, practice new skills, get specific feedback from the provider, and learn how to transfer the skill to specific family situations. Thus, you will need to decide if group formats in your family relations and parenting skills intervention(s) are required and cannot be changed. In that case, consider if there are opportunities to integrate some aspects of an individualized format into a group structure.

EVIDENCE



ASSESS FEASIBILITY



The ten family relations and parenting skills interventions delivered primarily in individualized sessions with child and parent(s) together showed greater improvements in children's self-regulation than those using group formats.

- **Program objectives.** Revisit what your program is trying to achieve and the role of any existing group services in meeting those objectives. Think about all of the outcomes you are trying to achieve and prioritize them. Is a group format a key strategy for improving self-regulation or is the group format largely intended to address other important outcomes besides self-regulation? Answering this question will help you understand whether group formats are essential or if the format could potentially be modified.
- **Funding requirements.** Do funders require a group-based format, or is there flexibility? Are there ways to meet expectations for numbers served while incorporating an individualized format?
- **Program structure.** Can your program's infrastructure and staffing accommodate an individualized format? What would need to change about how your program operates?
- **Program resources.** What resources would need to be added or shifted to accommodate format changes? Would you need additional staff to continue serving the same number of families? Would you need additional space to provide more individualized services?
- **Organizational and staff readiness.** Engage your team for input and support. What information, professional development, or resources would they need to implement changes to format?

**TAKE
ACTION**



Consider any of the following depending on the results of your feasibility assessment:

- **Re-imagine group formats.** It may be necessary to use a group format for a variety of reasons. If using group sessions, discuss with your team how to structure them to create opportunities for individual attention and feedback. Adjustments might include integrating case management tools, needs assessments, or individual treatment or service plans.
- For group sessions with children, use delivery personnel with strong clinical and behavior management skills to maintain structure and minimize distractions. For group sessions with parents, try building in time for one-on-one consultations throughout the length of the program.
- **Identify additional funding** that might be needed to cover the costs of individualized services.
- **Increase the number of providers as necessary.** Connect with pro-bono counseling programs or graduate schools in social work or psychology in your community to add capacity. Be sure you have the ability to supervise students appropriately.
- **Increase the amount of time spent in individualized services** relative to group services or replace current group formats with individualized formats to the extent feasible.

RECOMMENDATION 2

Include instruction for parents on the use of behavior modification strategies

Behavior modification focuses directly on shaping behavior rather than on changing the thoughts, feelings, or other factors that may be causing the undesired behaviors. Teaching and coaching parents on how to use certain behavior modification techniques with their children can help improve children's self-regulation and other behaviors related to school success and overall well-being. The parenting programs in our evidence base that had the most success used a combination of behavior modification strategies, rather than just one. Specifically, they used "positive and negative punishment" combined with "positive reinforcement." In the language of operant conditioning in psychology, "positive punishment" means *introducing* negative consequences to discourage a child's undesirable behavior. Common examples include soft reprimands and adding chores. "Negative punishment" means *removing* something the child values to discourage an undesirable behavior. Examples include taking away games, electronic devices, internet, or television, providing the child a short break from the situation in a safe and supportive space, or ignoring/removing the parent's attention. "Positive reinforcement," on the other hand, is when you provide something the child values to encourage and reinforce a desired behavior – such as praise and attention, extra privileges, or other rewards.

Training parents to use multiple behavior modification strategies is particularly effective. For example, one program coached parents on how to give positive attention to encourage certain behaviors, as well as how to ignore other behaviors during a play session. Others taught parents how to implement token reward systems alongside time-out strategies. Parents may find that using only negative consequences like taking away privileges becomes ineffective over time, as does using only positive reinforcement. Successful shaping of desired behaviors and deterring problem behaviors happens through consistently applying a combination of negative consequences and rewards at the right time.

Box 1. Examples of Behavior Modification Strategies

Goal: Discourage behavior		Goal: Encourage behavior
Positive Punishment	Negative Punishment	Positive Reinforcement
<ul style="list-style-type: none">• Adding chores	<ul style="list-style-type: none">• Taking away a favorite game or toy	<ul style="list-style-type: none">• Praise, attention
<ul style="list-style-type: none">• Writing an apology	<ul style="list-style-type: none">• Ignoring; removing parent's attention	<ul style="list-style-type: none">• Points, gold stars, other tokens to be traded for a reward
<ul style="list-style-type: none">• Soft reprimand	<ul style="list-style-type: none">• Taking away recess or a playdate	<ul style="list-style-type: none">• Extra play time or screen time

EVIDENCE



The five family relations and parenting skills interventions that used **positive reinforcement combined with positive and negative punishment** showed greater improvements in children's self-regulation than those that did not include either of these techniques or only included positive reinforcement

ASSESS FEASIBILITY



- **Current content.** Assess the extent to which your program already covers behavior modification. See Box 1 for examples of these strategies.
- **Current program structure.** Assess whether there is room to add this content to your curriculum or program guidance. Where would it fit? Would you need to add sessions, change the format, or increase time spent on this relative to other content?
- **Funding requirements.** Are there funding constraints on what content must be delivered? Is there flexibility to modify content?
- **Resources.** Review current resources. What might need to be added or shifted to accommodate content changes?
- **Organizational readiness.** Engage your team to determine the type of support they will need to deliver this content. What kind of training or resources do they need to implement these changes to content? What new materials might need to be developed?
- **Staffing.** Teaching behavior modification techniques to parents requires special training and knowledge of how and when to apply these techniques in real-life situations and help parents troubleshoot challenges. Assess whether your current staff have the necessary qualifications to teach these techniques, and whether you may need to bring in a behavior modification specialist to provide the services and/or train other staff.

TAKE ACTION



Consider any of the following depending on the results of your feasibility assessment:

- **Identify behavior modification experts** who specialize in parenting. These experts can provide in-service training to your organization and team to learn effective practices for teaching behavior modification to parents.
- **Revise program manuals or internal guidance** and staff training and professional development content to cover behavior modification.
- **As needed, develop program materials, handouts, homework assignments, and other learning supports** to help parents engage with the new material.
- **Engage parents in planning** to ensure the content is parent-focused and designed to meet their needs

ADDITIONAL RESOURCES

Using Discipline and Consequences

<https://www.cdc.gov/parents/essentials/consequences/index.html>



Relational Interventions

Relational interventions aim to support the development of self-regulation skills primarily through the development of positive and supportive relationships with adult or peer mentors, counselors, therapists, or others. Programs in this intervention family range from loosely structured and open-ended programs to more structured programs grounded in a specific curriculum or orientation.

Open-ended. The needs and interests of individual participants often drive the content of open-ended relational interventions. Services can range from mentoring (both adult mentors and peer mentors) or individual and group therapy or counseling. Open-ended relational interventions may use professional therapists or counselors or trained paraprofessionals, peers, teachers, or adult volunteers to deliver services in a non-directive, unstructured way, with emphasis on the development of a mutually trusting relationship between the provider and the participants.

Structured. In contrast, structured relational interventions are guided by specified principles or goals. Common goals of structured relational interventions include helping youth identify and address behaviors that interfere with school success, learn coping skills, and understand and express their thoughts and feelings. Structured relational interventions are delivered by trained adult paraprofessionals, teachers, or professional counselors or therapists typically using group counseling and discussion methods.

Both kinds of relational interventions are delivered one-on-one or in group formats. Most are integrated into schools during the school day.

Characteristics of relational interventions (91 studies contributed evidence):

- ▶ Interventions lasted 28 weeks, on average.
- ▶ Sessions typically took place once or twice per week.
- ▶ Interventions took place in the classroom (34%), in a separate space within the school (resource room or school counselor's office; 37%), or a community setting (29%).
- ▶ One quarter were delivered using a one-on-one format; the rest were delivered in a group format.

Intervention Examples

- ▶ Kindergarten children participated in 30-minute small group child-centered play therapy two times per week over eight weeks. Two to three children played and interacted freely in playrooms populated with appropriate toys like those used for individual play therapy but in greater quantity for the group. The goal was to increase self-acceptance and self-reliance, learn coping skills, improve self-control, and connect the play experiences to real life. Group leaders reflect the feelings the child is expressing, return responsibilities for problem-solving to the child, bridge behaviors between group members, and maintain a safe environment through techniques such as limit setting. The supportive interpersonal relationships developed with other group members through play is a key therapeutic mechanism in addition to the therapeutic relationship with the group leader.
- ▶ Structured psychoeducational group counseling meetings used group dynamics to meet treatment goals of participants struggling with emotional issues and academic challenges. The group focused on friendship, conflict resolution, study skills and anger control, and were held with students in a school setting for 30 minutes per week for 8 weeks. Each meeting included group activities to encourage interaction and dialogue surrounding that week's topic, and often included a role-play element as well as a sharing of personal experiences with anger. Meetings ended with a summary of the week's topic and assignment of homework. The eight topics covered were: recognizing anger, who's at fault, what's beneath the anger, controlling the anger, communication strategies, I-messages, the consequences of bullying, and celebrating peace. This intervention was a shortened adaptation of a 12-week program.

RECOMMENDATION 1

Conduct sessions more than once per week

Relational interventions that meet more frequently may be better able to impact self-regulation outcomes than those with less frequency. In our evidence base, programs that met more than once per week had larger impacts than those that met less frequently. Given that many relational programs involve therapy, counseling, or mentoring, increasing the frequency of sessions can provide more time to build trusting relationships and rapport with your participants, which is the foundational mechanism of change for relational interventions. The more frequent contact may also provide the opportunity for clinically-oriented programs to dive deeper into the complex cognitive patterns that may engender attention problems. More frequent contact also provides more opportunities to reinforce self-regulation. For group-based interventions, meeting more than once per week can allow for positive peer relationships to develop among group members, which may also have therapeutic benefits.

Finding ways to increase the frequency with which your relational programs meet with children and youth may involve making changes to the structure of your program, and it may involve negotiating with the host setting (e.g., a school) to find more opportunities during the week to meet with the children and youth in your program. Increasing the frequency of the intervention will be contingent on the flexibility of the school's schedule and the strength of your relationship with school administration.

EVIDENCE



The 10 relational interventions delivered more than once per week showed greater improvements in children's self-regulation skills than those meeting less frequently. These interventions took place in traditional and alternative schools and used both group and individualized formats.

ASSESS FEASIBILITY



- **Program objectives.** Revisit what your program is trying to achieve and the reasons for the current dosage of your program. Is it realistic to expect that the desired outcomes can be achieved given the current frequency of sessions?
- **Current program structure.** Assess the frequency of your current services and determine if it could increase. How many times per week do children and youth meet with a provider or receive program services? Would it make sense to increase frequency of sessions given the current length of the program, or would you also need to increase the length (i.e., the number of weeks the program lasts)?
- **Program resources.** Consider what resources would be necessary to increase the number of times per week you meet with children and youth. Would you need to hire additional staff, negotiate with current funders, or identify additional resources?
- **Program setting.** Consider any constraints presented by the intervention's setting. If you are in a school, determine if there is flexibility in the schedule to meet with participants more frequently, and identify what it would take to build support for the change among administration and teachers.
- **Current program content.** Review current therapeutic plans or program guidance and assess how increasing the frequency of sessions would affect the scope of the content. How would you use the extra time? Would you expand on current content in a more in-depth way, or would you add new content?
- **Recruitment and retention.** Consider how increasing the number of sessions might affect participation and responsiveness among children and youth. Would you need to focus more on keeping participants engaged over time? What barriers might families and their children face when asked to attend sessions more than once per week, and what can your organization do to reduce those barriers?

**TAKE
ACTION**



Consider any of the following depending on the results of your feasibility assessment:

- **Adjust group formats. It is often Increase the frequency with which you hold program sessions,** ideally to more than once per week. For example, consider increasing sessions to two times per week for most children and youth, and up to daily for a smaller subset. Or consider mixing one-on-one formats with group formats during the week to maximize opportunities to have contact with participants.
- **Decide what enhancements are realistic and try incremental changes.** For instance, gradually increase the frequency of sessions over the duration of the program or try it with a smaller number of your participants first before rolling it out across the program.
- **Consider additional supports** needed to maintain engagement in the program and commitment to more than once per week contact. For example:
 - Send multiple reminder texts, calls, and emails to the child’s caregiver or directly to older youth, as appropriate.
 - Follow up with children and youth (or their caregivers) who miss a session and offer make-up sessions.
 - Include fun activities and play to keep the sessions positive and engaging.
 - For group sessions, cultivate a supportive environment where participants encourage each other to attend.
 - Offer incentives for attending sessions, snacks, and assistance with transportation or other identified barriers.
 - Consider whether virtual sessions are an option, but work with your participants to ensure they have access to necessary technology. For example, explore community resources and local businesses that may be able to provide free internet access.

RECOMMENDATION 2

Consider using staff with specialized training to deliver relational interventions

Relational interventions delivered by staff with special training in mental health, social work, counseling, or youth development show stronger effects on self-regulation than those provided by laypersons, classroom teachers, or researchers. In our evidence base, the most successful relational interventions tended to be delivered by master's level counselors or therapists with degrees in social work, counseling, or psychology, though a few interventions used program specialists with experience serving youth. Delivery staff in the more successful interventions also tended to have prior experience working in public schools as counselors or teachers for the priority population. In instances where delivery staff had less experience or education, such as graduate students in a counseling program or youth workers without a clinical degree, they were supervised by psychologists or school counselors. These types of service delivery staff share a few characteristics that may make them more effective:

Individuals with skills and training in therapy, counseling, and working effectively with youth may be better equipped to help young people reframe and reinterpret social situations and understand and manage their emotional responses to them. Many of the programs in our evidence base used specific therapeutic strategies, such as play therapy and reality therapy, that require special training to implement. Specialized training for youth workers, including those without clinical degrees, can give them a deeper understanding of the cognitive, social, and emotional developmental trajectories among youth, which in turn enables them to develop therapeutic relationships and better understand the particular issues faced by the children and youth in their care. Staff with these qualifications may be employed by the school or school district, or by organizations external to the school. In either case, they may be more effective than other types of delivery personnel because providing counseling or therapy is a core part of their job function. For example, a school psychologist will likely see implementing a counseling intervention as a key part of her role in the school, while a teacher may not.

EVIDENCE



ASSESS
FEASIBILITY



The 10 relational interventions delivered by **specialized staff** showed greater improvements in children's self-regulation skills than those delivered by other types of staff.

- **Training and qualifications.** Consider the types of training and experience among your staff who work directly with children and youth. Are there key gaps in knowledge or skills? Are staff without clinical degrees supervised by clinicians?
- **Planning.** In the future, do you have a pipeline or access to staff with specialized skills? Does your job description clearly indicate a preference for training or experience with child and youth development, teaching self-regulation skills, or social work and counseling, as appropriate?
- **Resources.** Consider your staffing budget. Are there opportunities for you to hire staff members with specialized training and experience? Provide professional development to existing staff? in schools outside of the classroom. Would you need to hire additional staff? Negotiate with current funders or identify additional resources?

**TAKE
ACTION**



Consider the following courses of action depending on the results of your feasibility assessment:

- If your delivery personnel are teachers, volunteers, or others without specialized training or experience:
 - Ensure that they **have adequate time to prepare, practice, and focus on delivering the intervention.**
 - **Provide ongoing professional development** to help them develop relevant skills.
- **As resources allow, integrate specialists into your organization** or program as appropriate. Identify lower cost ways to accomplish this. For example, many social work students need to complete practicum hours in a community setting. However, ensure that your program has the supervisory infrastructure necessary to host student clinicians.



Skill-Building Interventions

Interventions in the skill-building family teach youth to manage challenging social interactions and improve their internal emotional responses via self-regulation. This type of skills training is intended to help youth maintain calm and control their reactions to challenging situations, reducing the potential for academic underachievement and a range of social and behavioral problems. Skill-building interventions may focus on mindfulness strategies for managing emotions or stress, interpersonal skills, social problem-solving, and conflict resolution skills. They may also focus on skills for managing emotional or executive responses to social situations, such as anger or impulsivity, that may inhibit positive social interactions.

Skill-building interventions typically take place in school settings, and can be delivered by teachers, counselors, or others who work with youth to build skills, usually with a detailed curriculum or manual. Providers often model the skills for youth and then use role-playing, practice, and reinforcement to promote internalization of skills.

In our evidence base, the skill-building family of interventions had sufficient research to be separated into two groups: universally delivered programs that focus on preventing self-regulation challenges broadly, and targeted programs that focus on the specific existing self-regulation challenges participants face.¹

We have labeled this first group **“Universal Skill-building Interventions.”** Universal interventions are designed to be preventive and applicable to all children in a service environment or school, regardless of their starting level of self-regulation skills and behaviors. These programs assume the skills they teach are helpful to a general population. They may focus on strengthening or reinforcing participants’ approaches to self-regulation, rather than explicitly aiming to significantly build underdeveloped self-regulation skills and behaviors or discourage problematic behaviors.

In contrast, we label the second group **“Targeted Skill-building Interventions.”** These programs are designed with specific youth in mind. These youth typically either have a demonstrated record of behavioral problems, such as aggressive behavior at school, or have conditions/characteristics associated with self-regulation challenges, such as an ADHD diagnosis. Content in these programs is often tailored to the specific assets or challenges presented by the participants.

Based on these descriptions, navigate to the set of recommendations that best apply to your programs’ priority population and goals. Box 2 provides several questions to help determine whether your program is universal or targeted.

Box 2

Universal Skill-building Interventions	Targeted Skill-building Interventions
<ul style="list-style-type: none"> • Do you provide services to all children and youth in your setting? • Is your program focused on preventing problems before they start? 	<ul style="list-style-type: none"> • Do you provide services to small groups or pull students out of class for your program? • Does your program focus on youth referred or nominated for challenging behavior? • Is your program focused on mitigating problems or preventing further problems?

¹ The evidence based supporting the recommendations in this guide comprises mostly targeted interventions. Thus, the recommendations for all other intervention families in this guide are intended for those administering targeted programs. For skill-building programs, there was sufficient evidence for us to develop recommendations for universal skill-building interventions and targeted skill-building interventions. For technical information about the evidence base, please refer to the [Technical Report](#) associated with this guide.

Universal Skill-Building Interventions



Universal skill-building interventions serve a general youth population, such as all elementary school students in a school system. Universal interventions also generally have no eligibility requirements for individual participants, such as a community-based program that recruits broadly from a geographic area. Groups of youth served in universal programs likely have a range of incoming skills, with some youth having strong self-regulation skills and others whose skills may need additional development. Universal skill-building interventions work to enhance these diverse baseline skills through instruction and practice that is intended to be helpful for all participants regardless of incoming skills or issues.

Characteristics of universal skill-building interventions (93 studies contributed evidence):

- ▶ Interventions lasted 24 weeks, on average.
- ▶ Sessions typically took place at least once a week, with 16 percent of interventions occurring daily.
- ▶ Interventions were delivered in the classroom (75%), in a separate space within the school (resource room or school counselor's office; 13%), or outside of school (community, afterschool or outpatient settings; 12%).
- ▶ Most used a manual or dedicated lesson plan (82% of interventions).
- ▶ Almost all were delivered using a group format (94% of interventions).

Intervention Examples

- ▶ Fifth grade students participated in social skills training group sessions led by a psychologist and two teachers at school. The intervention included anger management and social skills training in addition to interpersonal cognitive problem-solving. Skills were taught using direct instruction, class discussion of real-life problems, role plays, cooperative and competitive games, worksheets, handouts, wall charts, and homework assignments. A token reinforcement system was implemented as motivation for prosocial behavior.
- ▶ Children attended a weeklong camp, six hours per day for five days, in which they engaged in an adapted program to teach mindfulness activities. Activities included mindful listening, mindfulness yoga, mindfulness nature walks, mindfulness group games, lunch/snack time, mindfulness journaling, as well as additional mindfulness activities. Children were broken up into two groups by age to ensure material delivered was appropriately adapted for that age group.

RECOMMENDATION 1A

Provide services in the community or school pull-out sessions

Universal interventions can be delivered in a variety of settings, including at school during school hours, in school after school hours, and in community settings. Interventions in our evidence base showed greater improvements in self-regulation when delivered in community-based settings, such as mental health clinics, social service agencies, summer camps, and online, or in school settings in a space separate from the classroom, such as a resource room.

Community settings may be more flexible than school settings for delivering universal skill-based interventions because they are not constrained by the length of a class period, school calendars, or other school priorities like testing or assemblies and may offer a greater variety of meeting spaces in which to deliver content and allow participants to practice skills. School resource rooms similarly offer a more flexible and less academic environment, and also signal to participants that something different from classroom activities is occurring. Programs in resource rooms may also serve smaller numbers of children at a time, potentially increasing their attention and engagement. In both cases, the flexibility offered by settings outside the classroom may be important given that participants in universal interventions are more likely to exhibit a range of incoming skills than youth participating in targeted interventions.

EVIDENCE



The 23 universal skill-building interventions that were delivered in community or school resource room settings showed greater improvements in self-regulation than those that were delivered in classrooms.

ASSESS FEASIBILITY



- **Program theory.** Determine if there is a reason why your program belongs in a classroom. For example, does your theory of how to improve self-regulation rely on student-teacher relationships? This will help you decide if changing program setting is reasonable.
- **Staff availability.** Are your current program staff able to teach outside of school and/or outside of school hours? Are they able to be available when a pull-out or resource room at school is available for programming?
- **Budget and resources.** While most school-based programs can use resource room space at no cost, delivering a program in a non-school location may incur costs. In addition, resource rooms are often smaller than classrooms, so you may need more staff time to serve the same number of children

TAKE ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- **Strive to “convert” the classroom.** Make the program time feel different from instructional time. Ideas include: pushing desks against the wall to sit on the floor, hanging different posters, providing floor cushions, or playing music.
- **Provide the program in smaller groups.** If you deliver services to a whole classroom (typically 25 or more), consider dividing into two or more groups. You could serve one group after the other, or if you have the staff capacity, teach both on either side of the room.
- **Focus on building trust and care amongst participants.** Remind participants that program participation is different from school. Help them develop rules for behavior and sharing.
- **Take the program outside.** If your school grounds are safe, the playground or yard may free you from the physical constraints of a classroom, as well as signal that something other than instruction is occurring.

RECOMMENDATION 2A

Provide opportunities for youth to learn problem-solving skills

Universal interventions should teach the problem-solving sequence—a set of cognitive skills to process and apply information about other people and social situations to solve problems and maintain self-control. The problem-solving sequence is a set of steps that guide youth through identifying a problem situation, thinking of various ways to deal with the situation, considering the likely outcomes of the various options, and then executing the chosen response. Some interventions also teach skills to evaluate the chosen response and its outcomes and determine whether the youth should have handled the situation differently. In addition, some interventions also encourage youth to reward themselves when the solution they chose achieved a positive outcome.

Learning and using a problem-solving sequence can help youth step away from their emotions and a potentially emotionally-driven response to focus on brainstorming, logic, and planning. These steps can help children manage difficult family or peer interactions and give them the self-regulation tools to find positive alternatives to a problem. This in turn can reduce frustration and negative escalation, teaching children that they have the ability to influence the results of their interactions.

Box 3

Steps in the problem-solving sequence:

1. Identify the problem
2. Brainstorm possible solutions
3. Anticipate consequences of different solutions
4. Evaluate the solutions and try the best alternative
5. Decide if the solution worked

EVIDENCE



ASSESS
FEASIBILITY



The 29 universal skill-building interventions that **teach the problem-solving sequence** showed greater improvements in participants' self-regulation than those that did not teach problem-solving skills.

- **Program content.** Assess the extent to which you may already be teaching problem-solving skills, and if those skills can be more consciously sequenced and connected.
- **Program objectives.** Revisit what your program is trying to achieve and how. Would problem-solving skills fit into your program, given your assumptions and ultimate goal?
- **Staff development.** If the problem-solving sequence is new to your program and staff, you may need to invest significant time in building your staff's knowledge, skills, experience, and confidence in using and teaching problem-solving skills. Determine whether you have or may be able to secure resources needed to build staff skills.

TAKE ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- **Integrate problem-solving skills into your program.** Many programs in our evidence base taught problem-solving skills alongside other skills, such as learning to identify feelings and emotions, cognitive restructuring, and anger management. Because the problem-solving sequence is compact, it may be relatively easy to integrate into existing programs.
- **Employ mnemonics and memory tools.** Many problem-solving skill programs teach strategies to help youth remember steps easily such as a mnemonic like IDEAL (Identify a problem, Decide on a solution, Evaluate the solution, Act, and Learn). Other programs use visuals like stop signs to help youth internalize and draw on their skills.
- **Provide ample opportunities to practice problem-solving skills.** Problem-solving skills can be used to address many situations, including aggressive behavior, peer pressure, sibling relationships, substance use avoidance, and conflict resolution. Ensure lessons on the problem-solving sequence are used to enhance the goals of your program.
- **Teach needed vocabulary.** Some youth, particularly younger youth, may need help understanding the concepts associated with the problem-solving sequence such as brainstorming and divergent thinking, and may need additional support to learn how to anticipate consequences of their solutions.

ADDITIONAL RESOURCES

Teaching Problem-solving Skills

<https://www.brown.edu/sheridan/teaching-learning-resources/teaching-resources/classroom-practices/teaching-problem-solving>

<https://ncyi.org/2019/05/30/teach-kids-problem-solving/>

Targeted Skill-Building Interventions



Targeted skill-building interventions serve a purposefully selected youth population, such as 10- to 13-year-olds with multiple school suspensions for aggression. These programs are designed to address existing negative behaviors or build skills amongst individuals with poor or limited self-regulation skills. Participants are frequently identified or referred to a targeted intervention by teachers, other school personnel, or parents.

Characteristics of targeted skill-building interventions (77 studies contributed evidence):

- ▶ Interventions lasted 14 weeks, on average.
- ▶ Sessions typically took place once or a week (31%) or more frequently (64%).
- ▶ Interventions took place in the classroom (21%), in a separate space within the school (resource room or school counselor's office; 57%), afterschool (7%) or in a clinic or community setting (7%).
- ▶ Most used a manual or dedicated lesson plan (65% of interventions).
- ▶ Most were delivered using a group format (75% of interventions).

Intervention Examples

- ▶ Students enrolled in an emotional support class were selected to participate in a mindfulness and biofeedback intervention. Modules covered topics such as emotional awareness and how emotions manifest physically during schoolwork and during engagements with other people. Students also learned mindfulness practices such as mindful breathing, focused awareness, and using self-talk to shift emotions. Students learned how to control their breathing and heart rate through biofeedback games and activities. This group-based intervention was administered for 20-30 minutes for approximately 12 weekly sessions.
- ▶ Adolescents who had been referred for aggression or disruptive behavior were taught behavioral and cognitive control techniques to help understand their anger and ways to reduce it. Group leaders presented an anger control technique, modeled it, and then asked the students to rehearse the behavior using an actual conflict incident they experienced. Students were taught to analyze the provocation cycle: antecedent cues, aggressive responses, and consequent events. The program adapted a manualized program to include shortened activities, brief meetings with individual students, and development of individual anger management plans.

RECOMMENDATION 1B

Carefully assess how well your program fits your context

Amongst the targeted skill-building programs in our evidence base, those in which the study authors modified an existing curriculum or those with a flexible curriculum that was not rigidly scripted were associated with greater improvements in self-regulation. Modifying a standard curriculum to better suit the particular needs of the participants, the setting, or time constraints may increase engagement, promote equity, and increase the quality of services provided. Similarly, programs that are developed with flexibility in mind are adaptable for a range of participants and issues. In either case, programs that are adaptable require careful thought about the diverse characteristics and challenges faced by participants and the nature of the delivery settings to be most successful.

While there are benefits to using scripted curricula as they are designed, including the possibility of making it easier to attain implementation fidelity, you are the expert of your specific context. Our results suggest that being responsive to your setting and participants with a flexible or modifiable program can result in beneficial outcomes.

EVIDENCE



ASSESS
FEASIBILITY



TAKE
ACTION



The 29 targeted skill-building interventions that were modified by the study authors or that had more flexible manuals or curricula showed greater improvements in participants' self-regulation than those delivered as the curriculum was intended.

- **Participant needs and strengths.** Gather information about your target population's needs and strengths. Consider the extent to which your current program addresses the range and diversity of participant needs (e.g., sibling relationships) and capitalizes on their assets (e.g., tight-knit community). What adaptations can you make to better tailor your program?
- **Physical space needs and time constraints.** Is your program limited to a certain physical space or setting that would prevent you from making changes to group size or configuration or adding new or different activities? Are you able to deliver a session in the time you have allotted?
- **Dosage.** Does your program provide enough hours of content or length of programming to allow participants to practice skills and to reinforce lessons?
- **Responsiveness.** Does your program allow staff to pivot and adapt on the fly to comments, feelings, or situations as they arise?

Consider the following courses of action depending on the results of your feasibility assessment:

- **Add content and examples as needed.** Ensure participants can "see themselves" in the program.
- **Adapt the program to fit your physical space.** If, for example, it's a very tight fit to meet in one room as intended, split the group in half and use two rooms.
- **Adapt the program to fit your time constraints.** Rather than rushing through 60 minutes' worth of content if you only have a 45-minute period, break the content up into two sessions.
- **Provide more sessions or boosters as needed.** It may be that participants need additional time with program content to internalize skills and practice using them.
- **Build in unstructured time.** While you might not be equipped to provide therapy, you may be able to allow for space to be responsive to participants in the moment, such as being able to have a conversation about a challenge a participant is facing.

RECOMMENDATION 2B

Emphasize relaxation skills

Relaxation skills training is intended to help participants assess their physical and emotional state during periods of both normal and elevated tension. With these skills children can become better aware of when they are experiencing emotions and frustrations that they need to control. The skills themselves can help children regulate their own emotions and behaviors. Furthermore, relaxation skills can be practiced regardless of the situation. For example, children can leverage deep breathing techniques to remain in control of their emotions regardless of the context (e.g., waiting in a frustrating line, communicating with a bully).

Specific relaxation skills taught by interventions in our evidence base include: breathing techniques, progressive relaxation, exercise, physical/muscle relaxation, positive self-statements, guided imagery, mental body scans, assessments of emotions, assessments of thoughts, focus on the participant's five senses, journaling/drawing, and de-escalation strategies like counting to 10. For some interventions, the explicit goal of relaxation efforts was to reduce or dispel participant anger; for others, the goal was to build a positive, compassionate mindset. A subset of interventions used biofeedback monitors to help participants better grasp the physical manifestations (e.g., heart rate and breathing) of relaxed and non-relaxed states.

EVIDENCE



ASSESS
FEASIBILITY



TAKE
ACTION



The 15 targeted skill-building interventions that included **relaxation skills content** showed greater improvements in self-regulation than those that did not include this content.

- **Program content.** Assess the extent to which your program already covers relaxation skills, including time for modeling, practice, and role plays.
- **Staff development.** Do staff have the knowledge, mindset, and tools needed to teach relaxation skills effectively? Do they need training on creating environments where participants are comfortable practicing relaxation skills?
- **Program structure.** Assess the current length of your program and whether there is room to add relaxation content to your lesson plans. What might need to change to accommodate additional material and practice time for participants? Are there aspects of your program that are less engaging that can be dropped? What accommodations are needed to include youth with disabilities in relaxation activities?

Consider the following courses of action depending on the results of your feasibility assessment:

- **Revise lesson plans, staff training content or internal program guidance** to ensure coverage of relaxation skills.
- **Address the mental health needs of your staff.** It can be difficult to teach relaxation skills if you're not well-versed in self-care and able to calm yourself. Provide staff with access to mental health and wellbeing services.
- **Provide training and support for staff as needed to teach relaxation skills.** Think about providing opportunities for staff to learn and practice the skills they're teaching so they can share the participant experience.
- **Engage youth and parents in planning** to ensure the kinds of relaxation skills taught are relevant and designed to meet their needs. Relaxation skills training may be unfamiliar to some parents; engage parents to ensure inclusivity and avoid alienating those who may be cautious.
- **Insert opportunities for youth to practice relaxation skills.** Ideas include offering video or audio guided imagery recordings to help youth visualize relaxing situations and adding regular relaxation moments into the program sessions.

RECOMMENDATION 3B

Provide opportunities for youth to learn and practice self-regulation skills

The targeted skill-building interventions in our evidence base covered a wide variety of skills, and those that were most effective employed active learning opportunities to practice and hone self-regulation skills. Successful interventions employed multiple and varied instructional techniques such as modeling, rehearsal, and role-playing. Modeling involves watching a trained individual act out or “model” a skill, usually while describing the actions. Rehearsal is a strategy for memorizing and internalizing a new skill and includes techniques such as repeatedly visualizing how one would use a skill or talking oneself through a process or series of steps. With role playing, participants act out a skill or process with each other to practice using a skill. Role playing often involves feedback from other participants or a provider to help improve performance on the skill.

Opportunities to observe skills in action and practice them in a safe place are designed to help youth learn new skills and internalize them. These strategies are intended to support learning by building “muscle memory” for skill use and allow for contemporaneous correction and feedback, so youth are more likely to be employing self-regulation skills consistently and correctly.

EVIDENCE



ASSESS
FEASIBILITY



The 57 targeted skill-building interventions that included modeling of skills or opportunities to practice skills showed greater improvements in self-regulation than those that did not include this content.

- **Program content.** Document the extent to which your current program uses modeling, practice, rehearsal, and feedback to support skill development. Determine which skills you could reinforce through modeling and/or practice opportunities.
- **Staff development.** Do staff have the necessary skills to manage classrooms and facilitate role plays effectively? Do they need training on creating safe and supportive environments for youth to feel comfortable participating?
- **Program structure.** Assess the current session length, dosage, and duration of your program and whether there is room to add modeling and/or practice opportunities to your lesson plans. If needed, can you extend the length of each session or add additional sessions to cover the same content in addition to modeling and practice time?

**TAKE
ACTION**



Consider the following courses of action depending on the results of your feasibility assessment:

- **Revise lesson plans** to ensure youth have sufficient time to practice skills during the program sessions.
- **Develop logs or journals for youth.** Encourage youth to report out on challenging situations during sessions to both reflect on how they did or didn't use their skills and to create in-session practice opportunities that directly relate to youth's current environments and life experiences.
- **Involve youth** in creating scripts for, acting in, and producing modeling videos that demonstrate key program skills in real life situations.
- **Build feedback processes into your program.** Develop strategies for program staff feedback or peer-to-peer feedback on in-session practice efforts. For example, positively reinforce good skill use and provide constructive feedback on areas needing improvement.
- **Encourage staff to model skills live.** Program staff can demonstrate skills during session time, including first demonstrating how a situation might end up without using skills, pausing to point out effective employment of a skill, and answering questions from youth. Staff can make these sessions interactive and receive feedback from youth as well.
- **Provide appropriate professional development and ongoing support for staff delivering these sessions.** Set aside time to ensure staff gain the necessary skills and have peer and supervisory support to troubleshoot challenges.



Implementation Recommendation for Targeted Skill-Building Interventions:

Prioritize ongoing supervision, coaching, and technical assistance to help staff implement the intervention with quality.

Ongoing supervision and coaching of program staff is a key driver of implementation quality and fidelity. For interventions that teach new skills to children and youth with self-regulation challenges, ongoing supervision and feedback plays a critical role in maintaining program quality and the ability to address the specific needs of participants.

In our analysis, targeted skill-building interventions that included **ongoing supervision, consultation, coaching, or other forms of support during the intervention** showed greater improvements in participants' self-regulation than those that did not provide supervision.⁴ This finding is specific to targeted skill-building programs; however, we provide additional guidance on implementation that applies to all intervention families in the Effective Implementation Components section beginning on p. 39.

Consider the following in examining your program:

- ▶ **Management systems.** Establish a system for regular supervision and consultation for program staff, teachers, or other providers delivering the intervention.
- ▶ **Program data.** Use results from implementation monitoring or Continuous Quality Improvement processes to pinpoint possible gaps in staff knowledge or skills.
- ▶ **Peer support.** Provide peer learning and coaching opportunities such as Communities of Practice and peer observations.
- ▶ **Resources.** Ensure adequate resources are allocated for ongoing staff training and professional development.

ADDITIONAL *Program Adaptation Guidance*

RESOURCES

<https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>

Teaching Relaxation Skills

<https://students.wustl.edu/relaxation-techniques/>

Role modeling and practice advice

https://www.learnalberta.ca/content/inspb2/html/5_socialskillsinstructionB.html

⁴ We explored provider supervision and training as a potential core component in our analyses for the other intervention families, but this component did not meet our threshold for inclusion for those families. This does not mean that supervision and training isn't important for those intervention families. Rather, it is most likely a result of small sample sizes and low variability on that variable.



Academic-Educational Interventions

Academic-educational interventions primarily seek to **improve school performance, school engagement, and academically-oriented behavior** but may also impact other youth outcomes including self-regulation. Self-regulation skills are linked to better academic performance and to social competence in the classroom. Conversely, difficulties with self-regulation particularly related to attention and persistence are associated with both academic struggles and social and behavioral problems. Our recommendations in this chapter highlight the effective core components of academic and educational programs that were linked with the strongest impacts on self-regulation. These programs may also have positive effects on academic performance and school engagement, but our recommendations focus on effective components that you may consider emphasizing or adding to an existing program if you are interested in supporting improvements in self-regulation.

Our evidence base for academic-educational interventions includes tutoring and academic supports, academic interventions with a vocational focus, and interventions that blend a focus on youth academic and behavioral challenges. Programs were conducted in elementary, middle, and high schools. Some were included as part of a students' regular classroom instruction, while others were based in a specific setting outside the normal class or afterschool. A number of the programs included elements of additional support for the intervention in home and family settings as well.

Characteristics of academic-educational interventions (19 studies contributed evidence):

- ▶ Interventions lasted 23 weeks on average.
- ▶ Sessions typically took place twice a week or more.
- ▶ Interventions took place in the classroom (37%), in a separate space within the school (resource room or school counselor's office; 37%) or afterschool (26%).
- ▶ Interventions in this category were delivered by intervention staff or specialists (37%), research staff (26%), or teachers (21%).

Intervention Examples

- ▶ **Afterschool program:** This intervention focused on the acquisition of both social and academic skills. Counselors met individually with students, and led group sessions focused on interpersonal and academic skills. Counselors also met regularly with participants' teachers to monitor classroom progress and support the intervention across settings. Family and parents were also included in the program to provide additional support at home.
- ▶ **Writing and Self-Regulation Course:** In this intervention, self-regulation skills were taught through a writing course. Students with both writing and behavioral challenges learned to apply goal setting, self-monitoring, self-reinforcement, and self-instruction in the context of their writing assignments. Over the course of the intervention, the level of support was altered so that responsibility for writing was shifted from instructor to students. Students moved through instruction at their own pace, proceeding to later stages as they met intervention criteria. Instructors worked individually with each student for 30-minute sessions outside the classroom three to four times per week, over three to four and one-half weeks, depending on the speed of their individual progress

RECOMMENDATION 1

Deliver program in dedicated school setting

If you seek to address youth self-regulation problems in the context of an academic-educational program, consider providing services in a dedicated setting outside of the classroom, such as in a resource room or the school counselor's office. An intervention delivered in a space other than a student's regular classroom might yield greater benefits because providers may be able to better direct the intervention to the individuals who need it. Since many of the programs in this group emphasized organizational skills and planning, a dedicated setting might allow for greater focus and concentration. In a dedicated space providers are also better able to conduct one-on-one or small group activities, monitor students, determine where additional reinforcement might be needed, and provide more individualized attention.

Interventions in dedicated settings in the school show stronger effects on self-regulation than those delivered to whole classrooms. In our evidence base, these academic interventions were often part of a larger effort to reinforce the content in other areas of the youths' lives. For example, some programs include parent training components designed to reinforce the intervention at home and provide support in sustaining change over time.

EVIDENCE



ASSESS
FEASIBILITY



TAKE
ACTION



The seven academic-educational interventions that were based in a school resource room showed greater improvements in self-regulation than those held in students' regular classrooms.

- **Program structure.** Assess your program structure to determine if it is possible to deliver in a pull-out setting like a resource room. Are there activities or parts of your program that are adaptable to a different school setting?
- **Setting.** Are there opportunities to move to a pull-out setting? Could you add small group activities in your current setting? Is it possible to create spaces in the classroom as dedicated program spaces?
- **Staffing.** Examine whether your current staffing levels allow for services to be provided outside the regular classroom. Do you have sufficient staff to cover program needs?
- **Resources.** Explore available facilities and resources for a separate dedicated program setting. Are there spaces other than regular classrooms available?

Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Provide interventions in settings other than a traditional classroom.** Explore alternative options, such as individual or group tutoring sessions, one-on-one instruction, or small group formats. Consider other approaches to instruction, such as cooperative learning, small-group instruction, or hands-on learning.
- **Identify ways to use small groups.** If a pull-out setting is not available, a change from whole-class to small group format can be done within a regular classroom, with appropriate staffing.
- **Identify other potential sources of providers.** Identify local programs, such as social work or counseling degree programs, that might provide staff capacity. However, ensure that your program has the supervisory infrastructure necessary to host student providers.

RECOMMENDATION 2

Focus directly on student behavior

Students who have difficulties regulating their cognitions, emotions, and behaviors, particularly those with limited attention skills, typically struggle with academic challenges and social and behavioral problems. Academic-educational programs that include a clear emphasis on appropriate classroom behavior and reinforce those behaviors consistently create a structure that can support the development of self-regulation. Program components that directly address youth social and behavioral difficulties, particularly when combined with elements emphasizing organizational and academic skills, may benefit youth outcomes in both domains.

A focus on students' behavioral challenges can have benefits for other students as well since a classroom environment that is free of behavior or disciplinary problems is one in which all students are better able to learn and concentrate on their academic work. Teachers who have fewer distractions can better focus on teaching and student learning when they do not have to spend time managing student behavior or addressing disruptions in their classrooms.

Box 4

Content and Strategies for Improving Behavior

1. Teach appropriate classroom behavior, such as taking turns speaking, raising a hand, and contributing to an orderly classroom environment.
2. Use both positive and negative reinforcements that emphasize appropriate behavior, such as rewards for adhering to group rules.
3. Incorporate rewards for desirable behaviors, such as small toys, stickers, or a token economy.

EVIDENCE



ASSESS
FEASIBILITY



The 11 academic-educational interventions with content focused directly on student behavior showed greater improvements in participants' self-regulation than those that did not.

- **Program content.** Review and assess the extent to which your program is already focusing directly on student behavior. If there is room for additional content, consider what aspects of behavior are most important (classroom behavior, academic behavior, social behavior) and whether a focus on student behavior can be incorporated into your program. Are there early opportunities to lay out and reinforce rules and expectations for students?
- **School structure.** For programs that operate during the school year, are there aspects of classroom behavior that could be added to existing school activities? Could behavioral norms be taught as part of other activities?
- **Staff development.** Do teachers and other staff have the training and support they need to manage classroom behavior and address behavioral challenges? Are there resources available to provide ongoing training and support?
- **Opportunities to intervene.** Assess when and where the need for behavior management is greatest. Are there specific disruptions that occur frequently? Identify these, including when and where they occur. Are there particular settings or times (e.g., later in the day) in which disruptions are more likely to occur?

TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Make sure that classroom expectations and rules** are explained clearly to students. Are they aware of the rules of their class and school?
- **Reinforce rules and norms** with praise, rewards, and recognition for good behavior, as well as consequences for violating group rules.
- **Model appropriate behavior** and provide opportunities for students to demonstrate appropriate behavior.
- **Incorporate a focus on behavior expectations** into the academic curriculum.
- **Plan for increased focus on addressing disruptions** that occur during the program, anticipating likely times to reinforce normative expectations.

ADDITIONAL RESOURCES

What Works Clearinghouse Practice Guide, Reducing Behavior Problems in the Elementary School Classroom:

<https://ies.ed.gov/ncee/wwc/PracticeGuide/4>



Behavior Management Interventions

Behavior management interventions aim to reduce problem behavior or increase desirable behavior by manipulating rewards and punishments. These interventions often focus on increasing impulse control, but also coping, rule-following, and goal-directed behavior. They promote self-regulation by reinforcing desirable behaviors and discouraging undesirable behaviors.

The specific mechanisms used by programs in this group vary, but many interventions used a system of incentives, disincentives, and behavioral contracting. Some programs incorporate “contracts” between youth and adults, specifying behavioral and other goals, as well as rewards and sanctions associated with those goals. Others use “token systems,” which provide rewards for specific behaviors or for completing tasks. These tokens can be exchanged for rewards, such as toys or snacks. Many programs use a combination of these and other elements, based upon the assessed needs of the youth participants.

Characteristics of behavior management interventions (24 studies contributed evidence):

- ▶ Interventions lasted 16 weeks, on average.
- ▶ Sessions typically took place five times a week or more in the majority of interventions (75%).
- ▶ Most interventions took place in the classroom (71%), while others took place in a separate space within the school (resource room or school counselor’s office; 29%).
- ▶ Two-thirds of the interventions were delivered in a one-on-one format (67%).

Intervention Examples

- ▶ **Behavioral management through adult mentors:** Early elementary students identified as being at risk for developing more serious emotional or behavior disorders participated in a mentoring intervention. Adult mentors checked in daily with students using praise, reminders, and verbal feedback; developed daily progress reports (DPR) alongside teachers to be signed by parents; held problem-solving sessions with students when goals were not met; and used DPR data to encourage students to meet their daily or weekly goals. Students were assigned to, and moved between, different levels of the intervention based on progress and need. Some were taught to self-monitor by completing their own DPR and comparing it to their teacher’s DPR; others received additional tutoring or social skills instruction; and those struggling the most received additional targeted or multicomponent interventions based on student and teacher interviews and classroom observations.
- ▶ **Daily report card:** Intervention consultants worked with teachers to develop a daily report card (DRC) based on the student’s goals and behavior problems. The DRCs listed the student’s target behaviors and specific criteria for meeting behavioral goals. Teachers provided students with feedback on their behavior throughout the day and the DRCs were sent home nightly to keep parents informed of students’ behavior at school. The intervention consultants met monthly with the teachers to assess each student’s progress based on the DRC data. Consultants met with parents three times

RECOMMENDATION 1

Incorporate opportunities for individualized format

Behavior management interventions often address specific behaviors that may differ across children in a classroom or service setting. Because they tend to focus on rewarding specific positive behaviors and penalizing specific negative behaviors, these interventions better lend themselves to more individualized formats because rewards or sanctions can be delivered directly following a behavior. Individualized formats allow youth to receive direct feedback on their behavior, often frequently. The focused attention in and of itself may also enhance the effectiveness of the provided treatment. Providing an intervention in a one-on-one format reduces or eliminates the distraction of other peers, which may increase the likelihood that youth engage fully with the intervention and with the provider. Individualized formats also allow for greater flexibility in tailoring the activities of the intervention more closely to the specific needs of the youth.

Many of the interventions in our evidence base with an individualized format used a form of contracting between youth and teacher or provider that specified behavioral goals, established a means of monitoring and feedback, and identified rewards if the goals were achieved – or sanctions if they were not. The use of behavioral contracting, which is specific to only one student, allows for an individualized intervention to be conducted in a regular classroom setting.

EVIDENCE



The 16 behavior management interventions **delivered one-on-one** showed greater improvements in participants' self-regulation than those using group-based formats.

ASSESS FEASIBILITY



- **Program objectives.** Revisit what your program is trying to achieve and the role of group services in meeting those objectives. If you primarily use group formats, is this format a necessary step toward achieving other outcomes besides improved self-regulation?
- **Program structure.** Can your program's infrastructure and staffing accommodate an individualized format? What would need to change about how your program operates?
- **Resources.** What resources would need to be added or shifted to accommodate format changes? Would you need additional staff to continue serving the same numbers of youth?
- **Context.** Assess where you might implement one-on-one services. If a school-based program, can teachers make time to provide individualized feedback to students during the school day?

TAKE ACTION



Consider any of the following depending on the results of your feasibility assessment:

- **Adjust group formats.** It is often necessary to use a group format. If using group sessions, discuss with your team how to structure them to create opportunities for individual attention. Use delivery personnel with strong skills to support the development of positive one-on-one relationships with youth participants.
- **Consider prioritizing individualized services** for just the youth presenting with behavior problems, rather than try to provide all youth with individualized services.
- **Increase the number of staff or trained volunteers as necessary.** For example, connect with pro-bono counseling programs or graduate schools (e.g., social work, counseling, family therapy) in your community to add capacity to assist teachers in their classrooms, with appropriate supervision.

RECOMMENDATION 2

Emphasize appropriate classroom behavior

Youth who have limited self-regulation skills often have difficulty managing themselves and their behavior in school. They may become frustrated more easily and lack the healthy self-regulation skills needed to avoid aggressive or disruptive behavior. Moreover, students with disruptive behaviors are often removed from class, interrupting their learning and exacerbating their academic difficulties.

Behavior management interventions that focus specifically on the norms and expectations of behavior in school show stronger effects on self-regulation than those that do not. Many of these programs incorporated specific mechanisms for emphasizing behavior in the classroom, such as behavioral contracts or daily report cards. These tools typically list a child-specific group of behaviors and goals to improve them, with frequent feedback on progress and room for improvement. In addition, several interventions in this group featured additional program supports from teachers, parents, or other staff in the school. These supportive components helped to reinforce the specific content of the intervention provided to the youth to sustain its effects in other domains and over time.

EVIDENCE



ASSESS FEASIBILITY



TAKE ACTION



The 20 behavior management interventions that included a focus on appropriate classroom behavior showed greater improvements in participants' self-regulation than those that did not include this focus.

- **Current intervention focus.** Assess the extent to which your program already focuses on classroom behavior. Are there opportunities to integrate or expand such a focus?
- **Resources.** Review current resources. What resources might need to be added or shifted to accommodate content changes? Would you need to hire additional staff? Negotiate with current funders or identify additional resources?
- **Funding requirements.** Are there funding constraints on what content must be delivered? Is there flexibility to modify content?
- **Program content.** Assess whether there is room to add this content to your curriculum or program guidance. Where would it fit? What would need to change? For example, would you need to add sessions? Increase time spent on this content relative to other areas?
- **Staffing.** Evaluate whether staff have adequate and appropriate training to deliver lessons on classroom behavior. If not, can you identify resources available to provide ongoing training and support?

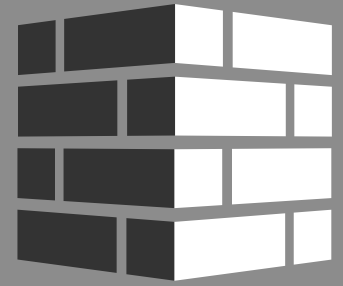
Consider any of the following depending on the results of your feasibility assessment:

- **Add new or revise existing** lessons plans, staff training content or internal program guidance to ensure emphasis on appropriate classroom behaviors.
- **Train staff** on ways to include classroom behavior skills training in their work and suggest activities that provide these opportunities
- **Support appropriate classroom behavior throughout your school or organization.** Identify a teacher or school staff person who believes in your program and can help reinforce the goals and activities of your program. Use staff meetings, educational support staff, and organizational leaders to emphasize appropriate classroom behavior organization-wide.
- **Identify Resources.** Review current resources. What might need to be added or shifted to accommodate content changes?

**ADDITIONAL
RESOURCES**

What Works Clearinghouse Practice Guide, Reducing Behavior Problems in the Elementary School Classroom

<https://ies.ed.gov/ncee/wwc/PracticeGuide/4>



Effective Implementation Components

This section differs from those above. Rather than recommending changes to what you do, here we provide advice about how to implement what you do well. **Effective implementation components** may increase the chances that your program is delivered in the way you intended and help ensure that the effective intervention components are able to drive improvements in self-regulation.

Our analysis found that studies that reported program implementation problems or suggested possible issues showed smaller improvements in participants' ability to self-regulate than those that did not mention implementation at all or indicated no problems.

Common implementation challenges included sporadic attendance by participants or dropping out of the intervention, especially in school settings. School-based interventions may experience challenges that reflect the school environment – that is, if the school has issues with attendance or a highly mobile student population, these challenges may be faced by the self-regulation intervention as well. Moreover, unpredictable changes to school schedules can interrupt service delivery on certain days or weeks, cause an intervention to end earlier than planned, or both. Interventions for parents and families, which take place primarily outside of school settings, also face attendance challenges due to parents' schedules and willingness to participate. Another common implementation challenge is adherence to the lesson plan or program delivery guidance by staff. Particularly in cases where the intervention is delivered by staff who have other main responsibilities, such as classroom teacher, sports coach, or probation officer, it can be challenging to find time to fully train them and ensure the intervention is a good match for their skillsets, and that it is being delivered as intended.

Below, we make specific suggestions for setting up systems to ensure implementation problems can be identified and addressed during the course of service delivery.

RECOMMENDATION 1

Monitor implementation and address challenges

The best way to know if you have an implementation problem, what it is, what is causing it, and how to address it, is to have a systematic process for monitoring implementation. Without a system in place, program managers must rely on what they hear or happen to observe, which may not fully represent the problem or problems or tell them what might be causing it.

Creating a process to identify implementation problems is critical to ensuring strong implementation. Moreover, monitoring implementation is one part of an overall Continuous Quality Improvement (CQI) approach that can ensure what you learn from monitoring is incorporated into staff training and professional development, and program operations and program design.

EVIDENCE



Studies in the evidence base that reported program implementation problems or suggested possible issues showed smaller improvements in participants' ability to self-regulate than those that did not mention implementation at all or indicated no problems.

Examples of implementation problems reported by these studies included low participant attendance and program completion, lack of adherence to a manual or guideline, and incomplete or inconsistent service delivery.

ASSESS FEASIBILITY



- **Current systems.** If you already have a system to monitor implementation, examine whether it provides you with the information you need to identify problems. For example, are you able to:
 - Track program dosage with attendance records or sign-in sheets?
 - Monitor adherence to lesson plans or program guidance with fidelity checklists?
 - Assess service delivery quality with structured observations or participant surveys or focus groups?
 - Identify patterns and areas for improvement? Can you sort or filter the data by staff member, location, day of the week, or participant characteristics to help pinpoint possible causes?
- **Fidelity thresholds.** Do you have agreed upon thresholds for what constitutes an acceptable level of implementation? For example, what parts of a program are essential to complete? How often do staff need to offer a particular activity to be considered full implementation?
- **Organizational capacity.** If you do not currently monitor implementation, do you have organizational capacity to develop and introduce something new? Is your organization's leadership supportive and committed to integrating new processes into the workflow? If you have a monitoring system but it could use improvement, what resources do you need that will allow you to identify the changes that are needed and implement them?

TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Consider adding elements to your implementation monitoring system** that may be helpful, such as benchmarks for acceptable levels of implementation based upon past program performance or minimum program requirements. Otherwise, wait until your program has accumulated enough data to set realistic benchmarks.
- **Continuous Quality Improvement or feedback loops** to incorporate what you learn into staff training, ongoing professional development, and program operations decisions.
- **Ensure staff have adequate training and ongoing support** so they understand the importance of adhering to program guidelines and have tools to enhance the quality of services they deliver.
- **Monitor data** over time to see if there is improvement in the areas you are targeting and identify strategies to address areas in need of attention.
- **Create a Learning Collaborative or Community of Practice** to encourage peer learning, share promising practices, learn about staff perceptions of improvement, and troubleshoot implementation challenges.
- **Consider working with an external evaluator** or conduct your own internal process evaluation to learn if your program is being implemented as planned and leading to desired results.

**ADDITIONAL
RESOURCES**

Organizational Capacity

Organizational capacity assessment tools:

<https://hewlett.org/wp-content/uploads/2017/11/A-Guide-to-Using-OCA-Tools.pdf>

<https://opa.hhs.gov/sites/default/files/2020-07/organizationalcapacity-assessment.pdf>

https://americorps.gov/sites/default/files/document/20170825_CNCSOrganizationAssessmentToolFinal508_0RE_0.pdf

<https://forumfyi.org/weikartcenter/assessments/>

Continuous Quality Improvement

CQI Basics

https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/CQI%20Tip%20Sheet%20Updated_02.22.21_Final.Images.pdf

<https://www.rand.org/pubs/tools/TL179.html>

Getting to Outcomes Framework

<https://www.rand.org/health-care/projects/getting-to-outcomes.html>

Plan-Do-Study-Act Framework

<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

Process Evaluation

Getting to Outcomes – Process Evaluation

<https://www.rand.org/pubs/tools/TL259/step-07.html>

Communities of Practice

<https://www.cdc.gov/phcommunities/resourcekit/index.html>