# Practice Recommendations for Relational Interventions



**Relational interventions** emphasize trusting and supportive relationships with others, including mentors, therapists, and counselors, to improve youth outcomes.

#### **Examples of Relational Interventions**

- Counseling focused on interpersonal issues or behavior change
- · Peer mentoring or counseling
- Adult mentoring focused on support and guidance
- Community mental health services and case management
- Student service center that provides support and counseling
- Group play therapy
- · Reality therapy

Our recommendations are specific to the outcomes that your program is targeting. Below, we present our recommendations for **reducing externalizing behaviors and improving self-regulation**.

### Is your program focused on reducing externalizing behaviors?

**Externalizing behaviors** are maladaptive behaviors directed toward others or one's environment. Examples include fighting, threatening others, bullying, disruptiveness, breaking rules at school or at home, and temper tantrums.



#### Incorporate opportunities for individualized format

Relational interventions **delivered one-on-one** showed greater reductions in participants' externalizing behavior than those using group-based formats.



### Consider delivering relational interventions in a school setting outside the classroom

Relational interventions delivered in **schools outside of the classroom setting** showed greater reductions in participants' externalizing behavior than those delivered during class or in community settings. Interventions using school-based out of classroom settings tended to offer counseling services.



# Provide opportunities for youth to learn and practice interpersonal skills and intrapersonal development

Relational interventions that included any content relating to interpersonal skills or intrapersonal development showed greater reductions in participants' externalizing behavior than those that did not include this content. More than half of these interventions included content related to both interpersonal skills and intrapersonal development.



### Prioritize youth presenting with behavior problems

Relational interventions that selected youth participants **based on behavioral issues** showed greater reductions in participants' externalizing behavior than those that based selection on other issues such as academic problems, mental health symptoms, family conflict, or a combination of many risk factors.

### Is your program focused on improving self-regulation?

**Self-regulation** is an individual's ability to manage one's emotions and behavior in accordance with the needs of the situation. Examples include the ability to calm oneself when upset, to pay attention and persist on a task, control impulses, "switch gears" in response to changing demands, and engage in planning prioritizing, and juggling multiple tasks toward a goal.



#### Conduct sessions more than once per week

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.



# Consider using staff with specialized training to deliver relational interventions

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

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.

Visit our website (<a href="https://youth.gov/epi">https://youth.gov/epi</a>) to learn more about the core components approach and to view our practice recommendations.

This document was prepared by Abt Associates under contract number HHSP233201500069I Order No. HHSP23337013T from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Any statements expressed are those of the authors and do not necessarily reflect the views of the Office of the Assistant Secretary for Planning and Evaluation, or the U.S. Department of Health and Human Services.





