

Families and Schools Together (FAST)

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus
Replication Information | Contact Information

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Families and Schools Together (FAST) is a multifamily group intervention aimed at reducing anxiety and aggression, while increasing social skills and attention spans, in children 5 to 14 years of age. Its goals are to (1) enhance family functioning; (2) prevent the target child from experiencing school failure; (3) prevent substance abuse by the child and other family members; and (4) reduce the stress that parents and children experience from daily life situations. The three components—parent outreach, multifamily group sessions (8 to 10 weeks), and ongoing monthly reunions (21 months)—support parents as the primary prevention agents for their own children. Entire families (5 to 25) participate in program activities, designed to build respect for parents, bonds among family members, and bonds between family members and the school.

PROGRAM BACKGROUND

The FAST program was developed in 1988 to serve teacher-identified, at-risk elementary school youth and their families. The program design evolved out of Dr. Lynn McDonald's work conducting intensive, in-home family therapy with addicted and court-involved teenagers. Dr. McDonald decided to apply the in-home therapy model (based on existing family systems and family stress approaches) to multifamily groups. Her goal was to increase the number of families served and make the treatment more cost-effective. Over the past 12 years, FAST research and development have been sponsored by the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Justice.



RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice: Family Strengthening Program

U.S. Department of Education: School Reform Model

White House Office of National Drug Control Policy: Effective Program

Administration for Children, Youth and Families, U.S. Department of Health and Human Services: Exemplary Program

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

UNIVERSAL, SELECTIVE, INDICATED

Implemented and studied with universal, selective, and indicated audiences and originally developed for teacher-identified, at-risk school youth, FAST teams conduct outreach home visits to stressed, isolated, and often low-income families, including families who have children with problem behaviors.

INTERVENTION TYPE

COMMUNITY-BASED

CONTENT FOCUS

ALCOHOL, ANTISOCIAL/AGGRESSIVE BEHAVIOR, ILLEGAL DRUGS, SOCIAL AND EMOTIONAL COMPETENCE

The multifamily group process builds relationships that act as a protective factor against the risk factors for substance use/abuse in the youth as well as the parents. In addition, during the fourth session of the 8 weeks, the team member who represents the community treatment agency makes a formal presentation about the local drugs of choice. They introduce the topic of substance abuse and provide the FAST parents with activities and prompts for continuing this discussion as a family with their own children.

Parents as a primary target population and parent involvement as an adjunct strategy:

FAST supports parents as the primary prevention agents for their own children. The FAST team includes consumer parents as part of the planning, training, and facilitating partnership. The entire program is a family-focused group intervention to support parents to be less socially isolated as they raise their children. Within the initial 8 weekly sessions of multifamily group process, the parents are in charge of activities with their own children, and the team takes a supportive role, rather than directing the process or taking a didactic role. During the 21 monthly meetings that follow, interdependent groups of parents create their own agenda and express their unique concerns in their own locality. This is the community development element of the FAST program called FASTWORKS. The FAST team withdraws gradually as local FAST parent leadership develops. National leadership training is available for FAST parent graduates.

PROTECTIVE FACTORS

INDIVIDUAL, FAMILY, PEER, SCHOOL, COMMUNITY

INDIVIDUAL

- Ability to manage stress and anxiety
- Improved attention span
- Positive social skills
- No substance use attitudes
- Impulse control

FAMILY

- Family closeness
- Commitment to no substance abuse among all family members
- Parent-child communication
- Parental monitoring and control of youth
- Positive attitudes toward youth and their development
- Developing positive relationships with neighbors
- Parental interest in continuing education

PEER

- Assertiveness skills
- Refusal skills
- Resistance to negative peer pressure

SCHOOL

- Academic competence and performance
- Parental involvement
- Family affiliation toward the school

COMMUNITY

- Parent leadership in the community
- Intolerance of pro-drug environment
- Social capital

RISK FACTORS

INDIVIDUAL, FAMILY, PEER, SCHOOL, COMMUNITY

INDIVIDUAL

- Anxiety and depression
- Lack of self-control
- Aggressive behavior

FAMILY

- Stress level of daily living
- Family conflict
- Child abuse and neglect
- Parental and other family substance abuse

PEER

- Association with aggressive youth
- Pro-drug influences

SCHOOL

- Delinquency
- Failure

COMMUNITY

- Social isolation
-

INTERVENTION BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- After-school alcohol, tobacco, and drug education/peer-led curricula
- Life/social skills training

FAMILY

- Home visits
- Parent education/parenting skills training

PEER

- Alternative/recreational activities
- Classroom and peer support groups reinforcing unsupportive attitudes toward sexual permissiveness
- Peer-resistance education

KEY PROGRAM APPROACHES

OUTREACH, PARENT-CHILD INTERACTIONS, SKILL DEVELOPMENT, OTHER: MULTIFAMILY SUPPORT GROUPS AND TRAINING

FAST relies on family systems theory, suggesting that a child with a problem behavior may be reflective of a family system in distress. The program involves an outreach component to identify appropriate children and families; multifamily support group meetings; and after graduation, continuing monthly support groups.

OUTREACH

A community can decide to focus on a school and one grade and invite all of the children and families to attend using a universal recruitment strategy. Or communities may decide to use a screening process that identifies children with problem behaviors who are at risk for serious academic and social problems. Parents of these children are informed of the concern with the child's behavior. Participation must be voluntary. Parents' invitations to participate in FAST must occur through a home visit, which offers an opportunity to begin developing a relationship and to ask parents just to try it once. Research has shown that if parents attend just one session, 80 percent will complete the program. The program offers incentives such as fun activities, transportation, a hot meal, and childcare.

PARENT-CHILD INTERACTIONS

During the multifamily support groups, the sessions involve numerous opportunities for family interaction, including family communications games and parent-child play therapy (one-on-one time between child and parent).

SKILL DEVELOPMENT

During the multifamily support group meetings parents improve skills in family management and communication while allowing the parents to make connections with other parents, which reduces their sense of isolation.

OTHER: MULTIFAMILY SUPPORT GROUPS AND TRAINING

The support groups focus on positive interactive activities, coached by the leadership team, as behavioral rehearsals of positive family systems. There is a meal and family communication games at a family table, time for children to be in peer groups to play together while parents meet in the parent support group, one-on-one quality time between a parent and a child, a "fixed" family lottery where every family wins once; and opening and closing routines that model the effectiveness of family rituals for children. For middle school students there is also a 12-week youth group. After graduation, FAST families meet monthly and develop their own leadership structure to maintain ongoing informal and formal social support networks. This is the community development portion of FAST designed to maintain the social networks and social capital initiated during the 8-week sessions.

HOW IT WORKS

A collaborative team of parents, trained professionals, and school personnel recruits and then delivers FAST program components to 5 to 25 families at a time. After the team has been created and funding identified, it takes about 5 months from the beginning of training to the review of the outcomes report. Team members do not lecture at FAST but structure highly participatory activities, with turn-taking, experiential learning, and parent support, which facilitate—

- Family fun without alcohol
- Conflict-free family time in a safe environment
- Parents rehearsing multiple requests for compliant behavior and being "in charge"
- Parents practicing "responsive play" with their child with team support

Program implementation requires a single space large enough to host 60 to 80 people, as well as a separate play area, parent meeting room, and eating area.

Program components include:

Outreach to recruit whole families to attend 8 weekly multifamily support groups and monthly multifamily meetings. These face-to-face visits by team members conducted at times and places convenient for the parent are vital.

Multifamily support groups of 5 to 25 families are held weekly for 8 to 12 weeks, depending on the age of the designated youth. Family support group meeting activities are sequential and each session includes—

- A family meal and family communication games
- A self-help parent support group occurring while children engage in supervised play and organized activities
- One-to-one parent-mediated play therapy
- A "fixed" family lottery (so that every family wins once)
- Opening and closing routines, which model the effectiveness of family rituals for children

Multifamily meetings are held monthly after families "graduate" from the 8-week FAST program. With team support, parents design the agenda to maintain FAST family networks that were developed and identify/develop community development goals.

Each new FAST site must create a collaborative team to be trained and implement the multifamily support groups. This team must be culturally representative of the families being served in FAST and have representatives from—

- Community agencies—one substance abuse professional and another person who can provide mental health and domestic violence services
- School
- A parent whose child attends the school

In addition to the team listed above, the middle school FAST team must also include—

- A youth advocate (adult)
- Two middle school youth (girl and boy)

Each school or community should run two to three FAST groups per year and, to facilitate the process, one dedicated half-time staff person per site is recommended.

OUTCOMES

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

Decreased aggression, attention span problems, anxiety.

Decreased family conflict.

Decreased social isolation (family outcome).

IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

Increased social skills, academic competence, academic performance.

Improved communication between parent and child.

Increased respect for parental authority.

OTHER TYPES OF OUTCOMES

Increased parent involvement in school, community, leadership roles, and return to adult education.

Increased self-referral to mental health services, substance abuse treatment.

33% of parents self-refer to substance abuse treatment or mental health counseling

44% of parents return to pursue adult education

10% of parents become community leaders

86% of parents report ongoing friendships

Program is successful with ethnically diverse, low-income communities

80% of parents who attend one session complete the 8-week program

EVALUATION DESIGN

Two strategies have been used to evaluate FAST: (1) large multisite studies with rigorous experimental designs and; (2) pre- and postprogram outcome evaluations of every new site. Both are described below:

Experimental Designs: Four different, separately funded research designs administered by three groups of independent researchers were used to rigorously evaluate FAST. Each study randomized the families into FAST vs. control (or comparison) and each tested a different hypothesis using separate measures. The Gresham and Elliot Social Skills Rating Scale (SSRS) and the Achenbach Child Behavior Checklist (CBCL) were used across all four studies and measured child functioning as assessed by parents and teachers. These evaluations tested program outcome goals: family support, substance abuse and school failure prevention, and reduced referrals to special education.

Single Site Pre-Post Outcome Evaluation: Each new FAST site is required to administer standardized pre- and postprogram questionnaires to parents, teachers, and youth for local evaluation and certification. The data are coded and entered by staff members of the FAST National Training Center, who oversee the completion of a final evaluation report for every site.

DELIVERY SPECIFICATIONS

1–3 YEARS

Amount of time required to deliver the program to obtain documented outcomes:

Outreach lasts for approximately 1 month.

The multifamily support groups meet with 5 to 25 families for 8 to 12 weekly sessions (2 to 3 months), depending on the age of the designated youth.

The monthly family support group meetings continue for approximately 21 months.

INTENDED SETTING

RURAL, URBAN, SUBURBAN

Originally developed with urban, low-income, single-parent families in the Midwest and successfully implemented in rural, urban, and suburban settings across 38 States and 5 countries, FAST maintains a high retention rate of 80 percent, across diverse settings, because the team can adapt the multifamily group process to unique local conditions.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

Each new FAST site must create and train a collaborative team, culturally representative of the enrolled families, and implement multifamily support groups. Only certified FAST trainers, who conduct three site visits, directly observe the implementation of the multifamily group, check program integrity, and support local adaptation, conduct training. The FAST National Training Center also supports local sites to build capacity and supervises interns to become certified FAST trainers.

The FAST curriculum is rigorous. Forty percent of it (the core components) must be implemented precisely. However, 60 percent of the FAST program is locally adapted to fit the cultures of the participating families. The content of the youth group for Middle School FAST is 100 percent locally developed. The parents determine the monthly activities of FASTWORKS.

Each school or community should run two to three FAST groups per year, with about 40 families per year.

One dedicated half-time staff person, per school, is recommended.

Program implementation space must be sufficiently large to host the separate meetings, including a children's play area, the meals, and total group gatherings.

Each new site must administer a set of pre- and post-FAST questionnaires to determine local outcomes, and it will receive an outcome evaluation report within 6 weeks of submitting the data. This enables feedback loops for self-improvement.

Certified FAST trainers are required to conduct three site visits for new programs in order to monitor the integrity of the program implementation. Since 2001, an independent evaluation center, Center for Health Policy and Program Evaluation (CHPPE) based at the University of Wisconsin-Madison Department of Preventive Medicine, analyzes FAST replication data for multi-site replications and conducts random checks of evaluation reports for patterns that can improve implementation practices.

Optional components or strategies and how they were determined to be optional:

Specified core components comprise 40 percent of the weekly sessions. Sixty percent of the program can be adapted to meet local needs. The certified FAST trainers problem-solve local challenges during three site visits in an 8-week period.

If there are middle school students, a middle school youth group should be added to the program. The curricula for the youth groups are locally developed.

Parents locally determine the content of the 21 months of multifamily group meetings.

BARRIERS AND PROBLEMS

Schools are focusing on academic success. FAST is an after-school activity, in collaboration with parents and community agencies, to decrease problem behaviors correlated with school failure, substance abuse, and violence and delinquency. However, FAST does this by focusing on asset development and building relationships as protective factors. This indirect focus is often hard to explain to school principals. The success of FAST relates to the school principal's commitment to supporting families of children in their schools.

Three factors predict success for FAST: team cohesion, the value of parent empowerment, and adherence to the program components that are core to the program's integrity. In a survey of 80 schools that implemented FAST, all of them liked it; however, many of them felt it was too expensive. When funds were cut, the schools tended to drop the collaborative community agency partners, drop the cultural representation of the team, drop the outreach home visits, and drop the 2 years of monthly parent-run meetings. Recertification standards can help with these problems of drift. Until funding is tied to core components, the tendency to compromise program integrity will continue.

PERSONNEL

FULL TIME, PART TIME, PAID, VOLUNTEER

There should be one half-time coordinator per school, as well as the membership of the FAST team (see above).

The collaborative team has a minimum requirement, which includes a parent and school representative and two community agency representatives.

Each new FAST site must create a collaborative team to be trained and implement the multifamily support groups. This team must be culturally representative of the families being served in FAST and have representatives from—

- Community agencies—one substance abuse professional and another person who can provide mental health and domestic violence services
- School
- A parent whose child attends the school

In addition to the team listed above, the middle school FAST team must also include—

- A youth advocate (adult)
- Two middle school youth (girl and boy)

Each school or community should run two to three FAST groups per year and, to facilitate the process, one dedicated half-time staff person per site is recommended.

Typical personnel problems encountered by users when implementing this Model Program and potential solutions:

PROBLEM

Traditional mental health professionals often find it difficult to be in a supportive role with parents rather than a therapeutic role; the school representatives often find it difficult to be in a supportive role with parents rather than an instructional role; the substance abuse treatment agency finds it difficult to support parents rather than confronting substance abuse involvement. The professionals often find it challenging to treat the consumer parent on the team as an equal team member with a valuable and unique perspective.

SOLUTION

Address these issues in the initial team training and during the three site visits with the direct observation and feedback from the certified FAST trainer.

PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, WORKBOOK, Location: ONSITE (user), Length: BASIC, REFRESHER REQUIRED

Purchase training from the FAST National Training Center (nonprofit). Because FAST is a process more than a program, and uses experiential learning rather than lectures or handouts for the parents and families, the FAST training and the three site visits are extremely important. Because the approach is a nontraditional, systemic, relationship-building, experiential learning model rather than didactic, and because the values are parent empowerment and family support rather than teaching or treating parents, the training is essential for successful replication. It includes three visits with a certified FAST trainer who provides technical assistance for local adaptation, direct observation of implementation, and a review of program integrity checklists. In addition, each team member (up to 10 per site) also receives a Program Manual and 3 days of team training over a 5-month period.

Local sites are encouraged to have team members eventually become certified FAST trainers, so they can maintain program integrity over time and continue to train new sites. Certification includes a weeklong precertification seminar, offered twice a year, and a supervised internship. The certification process usually takes about 1 year.

COST (estimated in U.S. dollars)

\$5,001–10,000

Cost considerations for implementing this program as recommended by the developer:

The FAST Web site provides sample budgets for a middle-sized and small site.

TRAINING COSTS

Program costs include staff, training and curriculum, evaluation, group session costs, and other indirect and direct cost items. Startup costs include \$3,900 for training the FAST team and providing the technical assistance (not including travel expenses) and \$1,000 per site for evaluation services. Estimated program implementation costs are by family unit for about \$1,200 per family for the 2-year program.

The primary costs are staff time. Because outreach and prevention are within the mission of many community agencies (county substance abuse dollars, county mental health prevention dollars) and parent involvement is in the goals of many schools (funded by Title I) and substance abuse and violence prevention are goals of many schools, the professionals should be able to be repositioned to be on a FAST team. By redefining professional jobs to include FAST outreach and strengthening families in multifamily groups, the costs are substantially reduced. With repositioning, not including training and evaluation costs, the cost per family unit reduces to \$300.

INTENDED AGE GROUP

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

Developed for children 5 to 14 years of age, FAST has been implemented in middle schools, in preschools, and with teen mothers with infants (called Baby FAST). FAST is highly recommended for transitions from one structure to another, especially kindergarten.

INTENDED POPULATION

AFRICAN AMERICAN, ASIAN AMERICAN, HISPANIC/LATINO, AMERICAN INDIAN/ALASKA NATIVE, WHITE

FAST has been successfully used with groups of diverse populations, as well as monocultural, specific populations. Specifically, FAST has been found successful with European Americans, Hispanics/Latinos, American Indians, African Americans, and Southeast Asian (Hmong) Americans. Detailed information about sites affiliated with specific racial/ethnic groups can be found on the FAST Web site under “Who and Where.”

FAST has also been implemented internationally with high retention rates in Australia, Austria, Canada, Germany, and Russia. The key to these successes is both that the participatory activities do not demand literacy, and that a core FAST component that cannot be adapted is that the team must be culturally representative of the families being served. This nonnegotiable requirement facilitates the adaptation of the processes to fit the unique cultural features of any local group of families.

GENDER FOCUS

BOTH GENDERS

- The program was developed for both male and female children in preschool and elementary school and their families.
 - The middle school program is recommended for single-gender groups.
-

REPLICATION INFORMATION

The FAST Web site (www.wcer.wisc.edu/fast/), under “How and Where,” provides detailed information about where FAST has been implemented. FAST has been implemented at over 600 sites in 38 States, the District of Columbia, and 5 countries. Five statewide initiatives as well as school district and county initiatives have successfully replicated FAST on a wide scale.

CONTACT INFORMATION

ABOUT THE DEVELOPER

The developer is Lynn McDonald, Ph.D., M.S.W., a senior scientist at the Wisconsin Center for Education Research in the School of Education at the University of Wisconsin-Madison, and a professor of family therapy at Edgewood College, Graduate Program in Family Therapy, with which the FAST Training Center is affiliated.

FOR INFORMATION, CONTACT

Ms. Pat Davenport, CEO
FAST National Training Center
2801 International Lane
Madison, WI 53704
Phone: (608) 663-2382
Fax: (608) 663-2336
E-mail: fast@chorus.net
Web site: <http://www.wcer.wisc.edu/fast/>

AVAILABLE PRODUCTS

The FAST Center (nonprofit) restricts access to training program manuals and videos to sites that participate in training with certified FAST trainers, who conduct multiple site visits for program integrity.