Fast Track Morphs into On Track: The Dissemination of a Conduct Prevention Program in Manchester England

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This paper describes the way a randomized clinical trial of an evidence-based prevention program conducted at four sites in the United States came to be implemented with fidelity and success in Manchester, England. First, we describe the developmental model on which the program was based and describe the program components and initial outcomes. Next, we describe how the initial outcomes of this project led to the adoption and implementation of the program in Manchester. This is followed by a description of some initial results by an independent evaluation team, and finally we provide brief commentary on the key factors that seemed to contribute to this successful dissemination. Hopefully, this case study may serve as a guide to others interested in bringing prevention research into community practice.

A Developmental Model of Childhood Conduct Problems

Fast Track is a multi-component program designed to prevent the development of persistent and severe behavior problems in children. Each component of Fast Track was based on a model of developmental theory and longitudinal research that identifies risk factors commonly predictive of early onset and chronic conduct problems (Conduct Problems Prevention Research Group (CPPRG), 1992). Because these risk factors occur across locations (home, neighborhood, and school), agents (child, parent, and teacher), and childhood and adolescence, the Fast Track program involves components that target home and school, children, parents and their teachers across the 10 year period, beginning in first grade (see CPPRG, 1992 for further details).

Description of Fast Track Components

Given the need for a comprehensive strategy to prevent the emergence of chronic conduct problems, the Fast Track program incorporates seven major program components designed to have a cumulative and coordinated impact on the significant risk and protective factors identified in the developmental model. First, a version of PATHS, the Promoting Alternative Thinking Strategies curriculum (Kusche and Greenberg, 1994) was adopted for classroom
use in the targeted schools. PATHS is composed of successive years of curriculum designed to teach children social skills (i.e. emotion regulation, empathy, anger management, and problem solving). Second, PATHS was coordinated with a child-focused component consisting of small group (5–6 children per group) activities designed to promote healthy friendship skill development by teaching children how to initiate friendships, cooperate, negotiate, and manage conflict (see Bierman et al., 1996 for further details).

Children were also given additional opportunities to master social skills in weekly guided play sessions with a peer. These peer-pairing sessions were designed to help children experience social success and immediate, supportive feedback to improve their social skills. Finally, children were also tutored three times a week in reading skills using a phonics-based curriculum (Wallach & Wallach, 1976).

Fast Track also sponsored parent groups that focused on promoting positive family-school partnerships, helping parents learn self-control and anger management, teaching parents developmentally appropriate expectations and child behavior management strategies (see McMahon, Slough, & CPPRG, 1996, for further details about the parent-focused programs). The skills taught in these parent groups were reinforced during individualized, frequent home visits by Fast Track staff. Finally, parents and children were brought together in sessions that were designed to help both the children and parents practice the skills they were learning elsewhere in Fast Track. These 30-minute Parent-Child Sharing Sessions offered families the opportunity to interact positively, and showcase their newly learned skills and commitment to their children’s behavioral and academic success (see McMahon et al., 1996 for further details).

**Initial Fast Track Results**

In order to test the effectiveness of the program, Fast Track employed a randomized clinical trial in which there were program participants (intervention group), and non-participants (control group) coming from different sets of schools of similar composition and randomly assigned to condition. Initial outcomes of Fast Track at the end of the first year of intervention included moderate but significant improvement in behavioral, academic, social, and emotional skills for the program participants as compared to the control group. By the end of first grade, high risk children who participated in the Fast Track program scored higher on reading skills, emotion recognition and understanding, and social problem solving tests than high risk children in the control group (CPPRG, 1999a). This same study also revealed that the program parents rated themselves as being more involved in their children’s school, having more improved parenting skills, and using less physical discipline than parents of non-participants. Analyses undertaken at the classroom level to evaluate the universal level of prevention activities revealed that, in classrooms receiving the intervention, children showed significantly lower levels of hyperactive-disruptive and less aggressive behavior, as indicated by classmate nominations, than children in control schools who did not receive the universal intervention (CPPRG, 1999b).

Because of these initial positive findings, Fast Track was approached by agencies and schools interested in the possible dissemination of the program. Since Fast Track began, there have been several dissemination trials of Fast Track, both in the United States and Canada. This paper describes the process of disseminating Fast Track in Manchester, England only. We will highlight details of the process that led to Manchester becoming a dissemination site, the process of recruiting and training staff, the implementation of the program, and the initial results of this dissemination.
Implementation Process for a Manchester Application of Fast Track

In 2000, the Home Office, the governmental body responsible for implementing programs to reduce crime in the England, introduced the On Track initiative. This initiative funded 24 projects in “high crime, high deprivation” areas that were to use evidence-based early intervention and prevention programs in order to reduce adolescent criminality. In addition to providing funding to 24 sites to implement programs, the Home Office simultaneously established an independent team of evaluators to uniformly measure the outcomes of all On Track funded initiatives. To help familiarize potential applicants with evidence-based programs, the Home Office held a national conference to showcase the programs it felt had been proven effective. Fast Track was one of the programs showcased. The city of Manchester selected Fast Track to include in its proposal in part because of Fast Track’s focus on working with children, parents, and schools together (see Newall, 2005 for further details).

In early 2001, the city of Manchester (lead by the On Track Coordinator and primary contact) and representatives from Fast Track undertook a series of extensive discussions to explore the feasibility of implementing the program in Manchester and to provide Manchester representatives with a fuller understanding of Fast Track’s philosophy, aims, and methodology. Manchester representatives drew on their network of existing collaborations to identify relevant and appropriate partners and promote interest in working together by forming a multi-agency Fast Track-Manchester review team. These discussions culminated in a 3-day visit by a Fast Track Principal Investigator to present details of the program and describe the commitment that would be necessary to implement the program with fidelity. At that time, visits were made to several schools that were interested in implementing the program and some discussions were held about the potential adoption-related program modifications necessary for effective implementation. Potential partners were given the opportunity to ask questions about the program. Over the course of 6 months, these discussions led to one elementary school being chosen to implement Fast Track with a group of 6 targeted children and their families in each of the two 5- to 6-year-old classrooms in the school. Fundamental to the initial implementation and subsequent success was the fact that key school personnel shared the Fast Track philosophy that focused on working systematically to improve children’s academic success by attending to children’s social and emotional development at home and school.

Recruitment and Training Staff

In order to implement Fast Track at this school, two full-time staff (one Education Coordinator and one Family Co-ordinator) were needed to implement the program in collaboration with school administration and classroom teachers. Experienced Fast Track trainers from the U.S. assisted in the identification of skills required of persons to be selected for these staff positions. Once chosen, site staff received training from the experienced Fast Track trainers in three multi-day training sessions scheduled over a 9-month period. Each training session contained information about program content and methods of implementation, along with strategies for handling problems in implementation. Throughout the training, trainers tried to brainstorm with trainees about the best ways to maintain program fidelity while making sufficient program modifications to fit within the particular context of the host school. Regular phone consultation was conducted across the school year between Fast Track trainers in the U.S. and the staff in Manchester. A major focus of this consultation was on the fidelity of implementation to the original program.
Implementing Fast Track and Fidelity: Evaluation Results

Reading tutoring was the only major component of Fast Track that was omitted from the Manchester application of the program. This was because, in England, almost all 5-year-olds have the reading readiness skills the program emphasizes, so tutoring would not have been a good use of program resources.

An independent evaluation by On Track of this implementation was conducted in academic year 2004 to 2005, and included the first four groups of children involved in the program. The evaluation involved detailed interviews with the targeted children, their parents, the Head Teacher, and the teachers and staff involved in administering the program.

The evaluation showed that the Fast Track Manchester site implemented the program with a high degree of fidelity. Fidelity of implementation seemed to result from the combination of initial emphasis placed on fidelity during training, ongoing supervision and monitoring, and the diligent and conscientious approach of those implementing the program in Manchester. The Manchester site infused problem-solving strategies throughout the school and surrounding recreation areas, and teachers almost always conducted the prescribed number of classroom-based social skills sessions.

Evaluation Outcomes

Overall, the results of the Fast Track Manchester independent evaluation have been promising. Results of the evaluation of 22 targeted children in Fast Track Manchester indicated that these children had higher expectations of success, increased ability to complete schoolwork, and improved ability to seek advice or help when they were angry. Parents showed improvements in their positive attachment to their targeted children, improved ability to manage their children’s behavior, and improved relationships with the school. Teachers reported improved relationships with parents, fewer inappropriate children’s behaviors, more effective discipline strategies employed by parents, and increased academic achievement by the children (see Doherty, Price, Foster, Harries, Doherty, & Barrow, 2005a for further details).

In summary, this example of dissemination of an empirically tested program for implementation suggests that success can occur, particularly when there is careful evaluation of the readiness of the dissemination site by both parties, ongoing staff training and monitoring of program fidelity, and the unwavering commitment of the dissemination site to significantly improve the behaviors of students in their care. As the On Track Coordinator has often noted, Fast Track-US was “not new work for us, but a new way of working” that fit the ethos of the Manchester site (E. Newall, personal communication, August 1, 2006).

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Biography

Donna-Marie Winn, Ph.D., is a licensed clinical psychologist with appointments at Duke University’s Center for Social Demography and Ethnography and Department of Psychology and Neuroscience. In her role as Research Scientist at the University, she has co-developed programs to promote academic and behavioral success in children ages 4–17. Dr. Winn has spearheaded initiatives to reduce child maltreatment by helping residents partner with agencies and volunteers to develop and access services. She has developed particular expertise in working with lower income African-American families, and she helps train professionals in best-practice methods for working with these families. Dr. Winn has also developed several tools to help families talk about difficult issues (i.e., sexuality, parental imprisonment, loss of a special mentor or emotional anchor). She is currently writing on topics of cultural competence in service providers, factors that affect low income women’s decisions to marry, and the role of peers and families in the promotion of delinquency in adolescent girls. She is a member of the national OJJDP funded Girls Study Group and the NC Alliance for Girls. Her work in developing preventive intervention programs has taken her all across the United States and parts of Western Europe and Africa as a consultant and speaker.

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