FAST: Involving Parents and Schools in Creating a System of Mental Health Care

ABSTRACT
FAST is an early intervention/prevention program designed to build protective factors to enhance resistance against school failure, juvenile delinquency, & substance abuse during adolescence. The program targets the whole family and participation is strictly voluntary.

FAST Program Goals
- Enhance family functioning
- Prevent target child from experiencing school failure
- Prevent substance abuse, depression, and domestic violence
- Reduce the stress and social isolation that children, youth, and families experience from daily life situations

Finding Support
Parents and youth report a number of improvements, including improved:
- family functioning
- social relationships and support
- behavior by FAST children
- involvement in school

Teachers report improved:
- behavior by FAST children
- involvement in school

Evaluation
- For elementary FAST, parents and teachers complete pre- and post-program questionnaires
- For middle school FAST, parents and youth complete pre- and post-program questionnaires
- The questionnaire includes standardized measures and open-ended questions

Quantitative instruments in the study include:
- Social Support (Sherbourne & Stewart, 1991)
- Family Environment Scale (Moos & Moos, 1986)
- Self-Efficacy Scale (Sherer, et al., 1983)
- Strengths and Difficulties Questionnaire (Goodman, 1997)
- and more

Quantitative Outcome Data
Parent Data
Family Environment Scale
Cohesion (n=2,536)
-9.4% .000
Expansiveness (n=2,597)
-7.0% .000
Conflict (n=2,840)
-19.4% .000
Total Family Relationships (n=2,184)
-19.4% .000

Figure 1. Family Environment Scale Reported by Parents

Social Relationships Questionnaire
Community Social Relationship (n=2,837)
-6.9% .000
Parent-Child Relationships (n=2,902)
-11.4% .000
Total Social Relationships (n=2,104)
-10.0% .000

Reciprocal Support
Support Received from Other Parents (n=2,763)
-52.0% .000
Support Given to Other Parents (n=2,413)
-19.3% .000

Social Support
Taxonomic Support (n=2,287)
-9.2% .000
Affiliative Support (n=2,288)
-6.8% .000
Emotional Support (n=2,287)
-11.9% .000
Total Support (n=2,287)
-7.0% .000

Strengths and Difficulties
Prosocial Behaviors (n=2,243)
-15.4% .000
Emotional Symptoms (n=2,244)
-18.0% .000
Conduct Problems (n=2,243)
-18.0% .000
Hyperactivity (n=2,243)
-11.2% .000
Peer Problems (n=2,243)
-13.0% .000
Total Difficulties (n=2,243)
-9.2% .000

Impact of Difficulties
Prosocial Emotional Conduct Hyperactivity Peer Impact

Parent Involvement in Education
Parent Involvement in School (n=2,716)
-17.9% .000
Parent to School Contact (n=2,711)
-14.6% .000
School to Parent Contact (n=2,711)
-12.0% .000
Total Parent Involvement (n=2,716)
-17.9% .000
Parent Impressions of Involvement (n=2,716)
-11.9% .000

Youth Data
Emotional Symptomatology
Emotional Symptomatology (n=246)
-15.4% .000
Conduct Problems (n=246)
-18.0% .000
Impacts of Difficulties
Total Difficulties (n=2,461)
-9.2% .000

Figure 2. Strengths and Difficulties Reported by Youth

Teacher Data
Emotional Symptomatology
Emotional Symptomatology (n=201)
-13.8% .000
Conduct Problems (n=201)
-13.8% .000
Impacts of Difficulties
Total Difficulties (n=2,011)
-9.2% .000

Figure 3. Strengths and Difficulties Reported by Teachers

FAST was developed in 1988 by Lynn McDonald & has received numerous awards & honors, including becoming a SAMSHA-model program in 2002 & an OJJDP/CSAP model program in 1999. FAST is implemented in 45 states & 5 countries & is effective across languages, cultures, socio-economic areas, & in urban & rural settings. Dr. McDonald is a senior scientist at the University of Wisconsin-Madison, Wisconsin Center for Education Research.