

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Name of Program/Strategy: Coping Power**

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### **1. Overview and description**

The Coping Power Program (CPP) is a cognitive-based intervention delivered to aggressive children and their parents during the children's transition to middle school. The program aims to increase competence, study skills, social skills, and self-control in aggressive children as well as improving parental involvement in their child's education.

The Coping Power Program is a multi-component intervention based heavily on cognitive-behavioral therapy, which emphasizes increasing and exercising parenting skills and the child's social skills. The child component of CPP draws from anger management programs that concentrate on decision-making, attributions, and peer pressure.

The program has a component aimed at the parents of children in intervention classrooms. The child component of CPP lasts 16 months and includes 22 fifth grade sessions and 12 sixth grade sessions. The parent component is administered over 16 sessions, which provides the parents with instruction on parenting skills, including rule setting, appropriate punishment, stress management, and family communication.

The parent component concentrates on parenting and stress-management skills, while the child component involves the use of school-based focus groups and emphasizes anger management and social problem-solving skills. Parents also meet with CPP staff to help them understand and prepare for

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future adolescence-related and general education issues, and to give them the tools necessary for a smooth transition to middle school.

## **2. Implementation considerations (if available)**

Successful replication of the Coping Power Program requires active support from school administrators and teachers. Each elementary and middle school must have at least one full-time, master's-level counselor or other staff with related functions on their staff. Child Component group sessions take place during school. Group sessions last 50 minutes and usually include five children.

## **3. Descriptive Information**

<b>Areas of Interest</b>	Substance abuse prevention Violence Prevention
<b>Outcomes</b>	1: Reduced substance use at the end of intervention and at one-year follow-up. 2: Reduced delinquent behavior at one-year follow-up 3: Improved behavior at home and at school by the end of intervention
<b>Outcome Categories</b>	Alcohol Crime/delinquency Drugs Tobacco Violence
<b>Ages</b>	6-12 (Childhood) 13-17 (Adolescent)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	School Home
<b>Geographic Locations</b>	Urban Suburban

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	Rural and/or frontier
<b>Implementation History</b>	The Coping Power program is being evaluated in four grant-funded intervention research studies, and has been translated and disseminated in clinical trials in the Netherlands, and in a residential school for deaf children.
<b>NIH Funding/CER Studies</b>	
<b>Adaptations</b>	
<b>Adverse Effects</b>	
<b>IOM Prevention Categories</b>	Indicated

## **4. Outcomes**

### **Outcome 1: Reduced substance use at the end of intervention and at one-year follow-up**

<b>Description of Measures</b>	Follow-up studies of children originally involved in the Coping Power intervention are ongoing and at this time only post intervention and one-year follow-up effects have been examined.
<b>Key Findings</b>	These data show that the Coping Power program has produced significant preventive effects in children's substance use and a number of improvements in the predictor variables presumed to mediate substance use. By the end of intervention, even though relatively few sixth graders were using substances overall, the Coping Power program had led children to have significantly lower levels of substance use (an overall score of tobacco, alcohol and marijuana use) than did control children (6% of Coping Power children versus 17% of control children).
<b>Studies Measuring Outcome</b>	
<b>Study Designs</b>	
<b>Quality of Research Rating</b>	

### **Outcome 2: Reduced delinquent behavior at one-year follow-up**

<b>Description of Measures</b>	Data collected and analyzed at state or organizational level
<b>Key Findings</b>	The evaluation used a classical experimental design on two cohorts of boys with a one-year follow-up assessment two summers after intervention. Boys who had participated in the program along with their parents at the time of the follow-up as compared to the control

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	group had lower rates of self-reported covert delinquent behavior (theft, fraud, property damage.) The control group also had significant and continuing improvement in school behavioral problems, particularly for White boys.
<b>Studies Measuring Outcome</b>	
<b>Study Designs</b>	
<b>Quality of Research Rating</b>	

**Outcome 3: Improved behavior at home and at school by the end of intervention**

<b>Description of Measures</b>	Follow-up studies of children originally involved in the Coping Power intervention are ongoing and at this time only post intervention and one-year follow-up effects have been examined.
<b>Key Findings</b>	Teachers rated the Coping Power intervention children as having improvements in social skills, intervention children perceived that their social competence had improved, and intervention children tended to have less aggressive beliefs and were less angered by social problems. Teachers also rated the intervention children as having improved behavior, and both teachers and parents rated the intervention children as having lower levels of proactive aggression by post-intervention.  Intervention effects on school bonding were more limited, although intervention children tended to perceive they were more academically competent. Intervention parents had become more supportively involved with their children.
<b>Studies Measuring Outcome</b>	
<b>Study Designs</b>	
<b>Quality of Research Rating</b>	

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)
6. **Washington State results** (from Performance Based Prevention System (PBPS) – if available)
7. **Where is this program/strategy being used (if available)?**

Washington Counties	Oregon Counties

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## **8. Study Populations**

### **Evaluation Methodology**

#### **Study 1**

The Lochman and Wells 2003 study evaluated the effectiveness of the Coping Power Program (CPP) among aggressive children identified in the fourth grade, with the intervention taking place in the fifth and sixth grades. This study examined results at the 1-year follow-up looking in particular at delinquency, substance use, and school behavior outcomes. After the researchers identified moderate- to high-risk aggressive children and received parental consent, 245 children were randomized into intervention and control conditions. The children were spread out through 60 fifth grade classrooms in 17 elementary schools. There were four randomized groups with 59 subjects in Coping Power–only condition, 61 in the Coping Power and classroom intervention condition, 62 in the classroom-only condition, and 63 subjects in the control condition. There were no significant differences among the groups in terms of aggressive behavior, demographic factors, or teacher-assessed cognitive functioning. The sample had a 2-to-1 boy-to-girl ratio and was predominantly African American (about 75 percent) and white. The classroom intervention, known as Coping With the Middle School Transitions, includes a teacher component in which they meet with Coping Power staff members for five 2-hour sessions. These sessions were used to discuss problem solving around the issue of aggression and to present the CPP format.

The delinquency outcomes were assessed with child self-report surveys based on questions from the National Youth Survey. The substance abuse outcomes were also measured with child self-report, while aggressive behavior in a school setting was measured using the Teacher Observation of Classroom Adaptation—Revised. Results collected at the 1-year follow-up were tested with analysis of variance (aka ANOVA) and analysis of covariance (or ANCOVA), using generalized linear models.

#### **Study 2**

Lochman and Wells (2004) reported the results of their 15-month evaluation of the CPP. In winter 1997, baseline assessment took place of fourth and fifth grade boys with treatment delivered in the spring and during the following academic year. The final sample had two experimental conditions: a CPP with parent intervention (n=60) and CPP for children only (n=60). There were 63 children in the control group. In addition to these three groups of aggressive children, a normative sample of 63 children was also used. The child component consisted of 8 sessions in the first year and 25 in the second year, with each session lasting between 40 and 60 minutes. The parent component consisted of 16 group sessions over the intervention period. There were no significant differences among the three at-risk groups. The total sample was made up of 55 percent fourth graders and 45 percent fifth graders and was 61 percent African American and 28 percent white.

Child measures were taken 1 year after the intervention, while parent measures were taken 6 months postintervention. The National Youth Survey (NYS) provided outcome measures for delinquency, which were separated into overt (minor assault, felony assault, robbery) and covert (minor theft, felony theft, fraud, destruction of property). The NYS also provided the outcomes for the child self-report of substance use. Additionally a parent report of the child's substance use was used, as well as a teacher assessment of the

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child's behavioral improvement. Results were tested with either ANOVAs, ANCOVAs, or multiple analysis of covariance (MANOVAs), using the generalized linear model.

## **Study 3**

The Zonneville–Bender and colleagues (2007) study examined the effects of the CPP program on children with disruptive behavior disorder in the city of Utrecht in the Netherlands. Children were randomized to the treatment and care as usual control group. Children were recruited from psychiatric outpatient clinics over a period of 3 years. To be eligible for inclusion in the study, they had to be between 8 and 13 years old. They additionally had to be living within a family structure, meet an IQ threshold, and have been diagnosed with disruptive behavior disorder. Final sample sizes for participants in the study were 30 in the treatment group and 31 in the control group. There were no significant baseline differences between groups. All subjects were white; 87 percent of the treatment group and 90 percent of the control group were male. At the beginning of the study, the average age of the treatment group was 9.9 years; it was 10.3 years for the control group. The CPP treatment never lasted more than 9 months; it included 23 weekly sessions with children and 25 parent sessions.

Measures were taken 5 years after treatment began. Substance use was assessed using a self-report instrument adapted from the California Student Survey, while delinquency was assessed using the National Youth Survey questionnaire. The authors used one-factor ANOVAs to test results from delinquency self-report, while the substance use measures were tested with Pearson's chi-squared analyses.

## **Evaluation Outcome**

The Coping Power Program was initially developed in the United States; the studies reporting outcome effects after one year (studies 1 and 2) both showed promising, although sometimes inconsistent, effects particularly in study 2. However, an evaluation 5 years after the beginning of the intervention in the Netherlands (study 3) showed no effects, although the study did include a smaller sample size. The evidence base for this program suggests caution in its implementation with evidence of promising outcomes for children with some inconsistent findings.

## **Study 1**

**Delinquency:** Lochman and Wells (2003) found that the Coping Power Program groups had significantly lower scores of self-reported delinquency when compared with the control condition.

**Substance Use:** Overall the treatment group had significantly lower self-reported substance use than the control group. In particular the authors note that older and moderate-risk children in the treatment group report significantly lower substance use than the control group. However, there was no significant difference between younger high-risk treatment children and the control group.

**School Behavior:** The treatment group significantly improved their aggressive behavior in school scores as reported by the teacher compared with the control group. This result was seen across treatment conditions.

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## **Study 2**

**Delinquency:** Lochman and Wells (2004) found that there were no significant differences between the experimental and control groups on measures of overt delinquency (minor assault, felony assault, robbery). However, the experimental group had significant lower covert delinquency (minor theft, felony theft, fraud, destruction of property) than the control group.

**Substance Use:** The treatment boys had significantly lower substance use scores than the control group on the parent measure scale. Using the child self-report measure, however, there were no significant differences.

**School Behavior:** The experimental group had significantly better teacher ratings of aggressive behavior than the control group.

## **Study 3**

**Delinquency:** Zonneville–Bender and colleagues (2007) found that there were no significant differences between treatment and control groups on the delinquency scale.

**Marijuana Use:** The treatment group had significantly lower lifetime use of marijuana, compared with the control group, with 13 percent of the treatment group and 35 percent of the control group reporting having lifetime marijuana use. However, there were no significant differences between groups on usage within the last month.

**Alcohol Use:** There were no significant differences between treatment and control groups in lifetime or past-month alcohol use.

**Cigarette Use:** The treatment group had significantly lower use of cigarettes in the last month, compared with the control group, with 17 percent of the treatment and 42 percent of the control group reporting cigarette smoking in the last month. There were, however, no significant differences on lifetime use of cigarettes.

## **9. Quality of Research**

### **Case Examples of Coping Power**

Lochman, J. E., Boxmeyer, C., Powell, N., Wojnaroski, M., & Yaros, A. (2007). The use of the coping power program to treat a 10-year-old girl with disruptive behaviors. *Journal of Clinical Child and Adolescent Psychology*, 36(4), 677-687.

Boxmeyer, C. L., Lochman, J. E., Powell, N., Yaros, A., & Wojnaroski, M. (2007). A case study of the coping power program for angry and aggressive youth. *Journal of Contemporary Psychotherapy*, 37(3), 165-174.



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## **Coping Power Outcome and Evaluation Studies**

Lochman, J.E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the Coping Power Program: Importance of Intensity of Counselor Training. *Journal of Consulting and Clinical Psychology, 77*, 397-409.

Peterson, M. A., Hamilton, E. B., & Russell, A. D. (2009). Starting well: Facilitating the middle school transition. *Journal of Applied School Psychology, 25*(3), 286-304.

Lochman, J. E., Powell, N. P., Boxmeyer, C. L., Qu, L., Wells, K. C., & Windle, M. (2009). Implementation of a school-based prevention program: Effects of counselor and school characteristics. *Professional Psychology: Research & Practice*.

Dyer, R. R. (2010). Poder resolver: Adaptation of the coping power program, an evidence based treatment for Mexican American youths. *Dissertation Abstracts International*.

Russell, A. (2009). Influencing adaptive functioning in school-age children: Implementation and program evaluation of the coping power program. *Dissertation Abstracts International*.

Cabiya, J. J., Padilla-Cotto, L., González, K., Sanchez-Cestero, J., Martínez-Taboas, A., & Sayers, S. (2008). Effectiveness of a cognitive-behavioral intervention for Puerto Rican children. *Revista Interamericana de Psicología, 42*(2), 195-202.

Cowell, K., Horstmann, S., Linebarger, J., Meaker, P., & Aligne, C.A. (2008). Pediatrics in the Community: A "vaccine" against violence: Coping Power. *Pediatrics in Review, 29*, 362-363.

Boxmeyer, C. L., Lochman, J.E., Powell, N. P., Windle, M., & Wells, K. (2009). School counselors' implementation of Coping Power in a dissemination field trial: Delineating the range of flexibility within fidelity. *Report on Emotional and Behavioral Disorders in Youth, 8*, 79-95.

van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., Maassen, G.H., Lochman, J.E., & van Engeland, H. (2007). The effectiveness of an experimental treatment when compared with care as usual depends on the type of care as usual. *Behavior Modification, 31*, 298-312.

Zonneville-Bender, M.J.S., Matthys, W., van de Wiel, N.M.H., & Lochman, J. (2007). Preventive effects of treatment of DBD in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*, 33-39.

Lochman, J.E., Boxmeyer, C., Powell, N., Roth, D.L., & Windle, M. (2006). Masked intervention effects: Analytic methods addressing low dosage of intervention. *New Directions for Evaluation, 110*, 19-32.

Lochman, J.E., & Wells, K.C. (2004). The Coping Power Program for preadolescent boys and their parents: Outcome effects at the 1-year follow-up. *Journal of Consulting and Clinical Psychology, 72*(4), 571-578.

Lochman, J.E., & Wells, K.C. (2003). Effectiveness study of Coping Power and classroom intervention with aggressive children: Outcomes at a one-year follow-up. *Behavior Therapy, 34*, 493-515.



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van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., & van Engeland, H. (2003). Application of the Utrecht Coping Power Program and care as usual to children with disruptive behavior disorders in outpatient clinics: A comparative study of cost and course of treatment. *Behavior Therapy*, 34, 421-436.

Lochman, J. E., & Wells, K. C. (2002a). Contextual social-cognitive mediators and child outcome: A test of the theoretical model in the Coping Power Program. *Development and Psychopathology*, 14(4), 945-967.

Lochman, J. E., & Wells, K. C. (2002b). The Coping Power Program at the middle school transition: Universal and indicated prevention effects. *Psychology of Addictive Behaviors*, 16 (4S), S40-S54.

Lochman, J.E., FitzGerald, D.P., Gage, S.M., Kannaly, M.K., Whidby, J.M., Barry, T.D., Pardini, D.A., McElroy, H. (2001). Effects of social-cognitive intervention for aggressive deaf children: The Coping Power Program. *Journal of the American Deafness and Rehabilitation Association*, 35, 39-61.

## **Coping Power Overview Papers**

Lochman, J. E., Powell, N. P., Boxmeyer, C. L., & Jimenez-Camargo, L. (2011). Cognitive-behavioral therapy for externalizing disorders in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 20(2), 305-318.

Lochman, J. E., Boxmeyer, C., Powell, N. P., Barry, T. D., & Pardini, D. A. (2010). Anger control training for aggressive youths. In J. R. Weisz, A. E. Kazdin, J. R. Weisz, A. E. Kazdin (Eds.) , *Evidence-based psychotherapies for children and adolescents* (2nd ed.) (pp. 227-242). New York, NY US: Guilford Press.

Lochman, J. E., Wells, K. C., & Murray, M (2007). The Coping Power Program: Preventive intervention at the middle school transition. In P. Tolan, J. Szapocznik, & S. Sambrano (Eds.), *Preventing youth substance abuse: Science-based programs for children and adolescents*. American Psychological Association: Washington, DC.

## **10. Readiness for Dissemination**

### **Dissemination Materials**

Lochman, J.E., Wells, K., & Lenhart, L. (2008). *Coping Power: Child Group Facilitator's Guide*. New York: Oxford University Press

Wells, K. C., Lochman, J. E., & Lenhart, L (2008). *Coping Power: Parent Group Facilitator's Guide*. New York: Oxford University Press

Lochman, J.E., Wells, K., & Lenhart, L. (2008). *Coping Power: Child Group Workbook*. New York: Oxford University Press

Wells, K. C., Lochman, J. E., & Lenhart, L (2008). *Coping Power: Parent Group Workbook*. New York: Oxford University Press

Larson, J., & Lochman, J. E. (2010). *Helping School Children Cope with Anger: A Cognitive-Behavioral Intervention* (2nd Edition). New York: Guilford.

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Lochman, J.E., Nelson, W.M., & Boxmeyer, C.L. (2010). Implementation Manual for the Adventures of Captain Judgment: Video-Enhanced Coping Power Program. LochNels Productions, Inc: Cincinnati, OH.

## **11. Costs**

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
Child Group Facilitator's Guide	\$46.40 per copy	Not indicated
Parent Group Facilitator's Guide	\$38.40 per copy	Not indicated
Child Group Workbook	\$51.20 8-copy set	Not indicated
Parent Group Workbook	\$78.80 8-copy set	Not indicated
Anger Coping Manual	\$25.50 per copy	Not indicated
Video Series	\$55.95 3-disc set	Not indicated

## **12. Contacts**

### **For information on implementation/research:**

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