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A Comparison of the WhyTry Curriculum and Aggression Replacement Training in Adolescents at Risk for Family Breakdown

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ABSTRACT

The Prevention and Early Intervention (PEI) division of the Texas Department of Family and Protective Services seeks to provide evidence-based programs to prevent family breakdown. Evidence-based programs are defined as programs that have qualitative and quantitative support of positive outcomes by peer-reviewed articles. Family and Youth Success (FAYS) is a PEI program that seeks to promote resilience in families and youth by offering one-on-one skills-based counseling and group-based learning for children and parents. FAYS utilizes the WhyTry Program and Aggression Replacement Training (ART) as social skills training programs that seek to decrease social problems and aggression and increase social skills. This systematic review and meta-analysis seek to determine the effectiveness of the WhyTry Program and ART for youth who are at risk for family breakdown. Ten articles met the search criteria for this meta-analysis, with five for each program. Though neither program meets the criteria for the definition of an evidence-based program, both programs have small but significant effects on the improvement of aggression, social problems, and social skills. There was not a significant difference found between the effectiveness of the two programs.

A Comparison of the WhyTry Curriculum and Aggression Replacement Training in Adolescents at Risk for Family Breakdown

A Thesis

Presented to

The Faculty of The School of Social Work

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In Partial Fulfillment

Of the Requirements for the Degree

Master of Science in Social Work

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Grace Elizabeth Taylor

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This thesis, directed and approved by the committee for the thesis candidate Grace Elizabeth Taylor, has been accepted by the Office of Graduate Programs of Abilene Christian University in partial fulfillment of the requirements for the degree

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This thesis is dedicated to my husband, Jackson, who is my encouragement, my muse, and my inspiration.

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CHAPTER I

INTRODUCTION

Prevention and Early Intervention Services

The Family First Prevention Services Act of 2018 emphasized the role of the Prevention and Early Intervention (PEI) division to increase family resiliency factors and decrease the risk of family breakdown. Part of the requirement for this legislation was a renewed focus on using evidence-based programs within PEI services (National Conference of State Legislatures, 2022). The Los Angeles Department of Mental Health (2010) defines *evidence-based practice* as services that have well-documented effectiveness and meet certain criteria, including "some quantitative and qualitative data showing positive outcomes…[and] subject to expert/peer review that has determined that a particular approach or strategy has a significant level of effectiveness in research literature" (para.1).

Family and Youth Success Program

Family and Youth Success (FAYS) is a PEI program that provides parent and youth education and counseling to families who are dealing with conflict among family members and other difficulties (Texas Department of Family and Protective Services [Texas DFPS], 2023a). The FAYS program claims to use several evidence-based models for their one-on-one counseling and group-based learning, including Aggression Replacement Training (ART) and the WhyTry Program. Both programs focus on providing social skills training to youth who struggle with emotional and behavioral

disorders, school attendance, and aggression. The purpose of this thesis is to conduct a systematic review and meta-analysis to assess whether the WhyTry Program and ART have a sufficient evidence basis for increasing protective factors in adolescents.

New Horizons

New Horizons is an organization based in Goldthwaite and Abilene, Texas that provides an umbrella of services to youth and families in the child welfare system. New Horizons operates Qualified Residential Treatment Programs (QRTPs) for children who have been removed from the home due to abuse or neglect. New Horizons also provides foster care and adoption services and offers the FAYS program in Abilene, Taylor County, Texas and the seven surrounding counties (Brown, Callahan, Coleman, Jones, McCulloch, Mills, and San Saba). New Horizons has been providing FAYS services since 1990, though the program was formerly known as STAR (Duncan, 2022). The FAYS program at New Horizons provides individual and family counseling, parent training, in-home crisis intervention, and group-based learning to children ages 6–17 and their families (New Horizons, n.d.).

New Horizons identifies that its goal in offering the FAYS program is to "provide personalized assistance and support that uses evidence-based strategies to strengthen families, prevent family breakdown, and promote healing" (Duncan, 2022, p. 3). The FAYS program also offers skills education, advocacy, and basic needs support for the purpose of preventing child abuse and neglect (Duncan, 2022).

Risk and Protective Factors

In the past, prevention programs have focused on "eliminating risk factors—conditions, events, or circumstances that increase a family's chances for poor outcomes, including child abuse and neglect" as well as juvenile justice involvement (Texas DFPS, 2020, p. 2). Currently, prevention and intervention approaches, such as the FAYS program, take a new approach by designing services to increase protective factors in the lives of youth and families (Texas DFPS, 2020).

Protective Factors

The Child Welfare Information Gateway (2020) defines *protective factors* as "conditions or attributes of individuals, families, communities, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families" (p. 1). *Resilience* is a term that is commonly related to protective factors. Resilience is the ability to adapt or cope with adversity in a positive way. Both protective factors and resilience involve learned behaviors that allow the individual or family to thrive despite their circumstances.

Risk Factors

The Administration for Children and Families (2018) defines *risk factors* for child abuse and neglect to be social isolation, partner violence, stress, and low income. Texas PEI programs measure risk and protective factors in five areas, including family functioning, social support, concrete support, nurturing and attachment, and the knowledge of parenting/child development (FRIENDS National Center, 2023).

CHAPTER II

REVIEW OF LITERATURE

Purpose

This literature review provides background data on the FAYS program and the PEI division. In addition, this literature review seeks to provide background and other relevant data on the WhyTry Program and ART.

Description of Search Strategy

The websites for Child Welfare Information Gateway and the Texas DFPS were searched for information on the history and purpose of the Texas PEI division and the FAYS program. The Texas DFPS and FAYS websites establish definitions for the purpose of the FAYS program as well as their requirements and measures of success. The databases *Google Scholar*, *PsychInfo*, *ERIC*, and the *Psychological Behavioral Sciences Collection* were searched to identify information on the WhyTry Program and ART, by using the following search terms: *WhyTry curriculum, Why Try curriculum*, *WhyTry program, Why Try program, Aggression Replacement Training*, and *adolescents*.

Key Terms

There are several key terms included and defined in this literature review. The following terms are included: *the Prevention and Early Intervention Division, the Family and Youth Success Program, WhyTry Program, Aggression Replacement Training,* and *Family Breakdown*.

Prevention and Early Intervention Division

The PEI division was established in 1999 under Senate Bill 1574 (Texas DFPS, 2020). In 2015, the State of Texas was given additional funding to prevent child abuse and neglect (Texas DFPS, 2020). The issue of child abuse and neglect was an important part of the passing of the 2018 Family First Prevention Act. As part of the Bipartisan Budget Act of 2018 funding was reallocated for foster care maintenance, administrative expenses, training staff, and guardianship assistance (National Conference of State Legislatures, 2022).

Evidence Basis for Prevention Services

With the goal of preventing entrance into foster care, states were required under the Family First Prevention Services Act to have a trauma-informed prevention plan including services that show a clear benefit and that are well supported by random-controlled trials (National Conference of State Legislatures, 2022). Evidence-based prevention programs typically focus on the overall health and well-being of children and families by promoting resiliency and parent capacity (Child Welfare Information Gateway, n.d.).

Randomized control trials have identified that community development-based interventions in families and schools can reduce risk behaviors among adolescents. Yamin et al. (2022) reviewed seven randomized control trials that examined the effectiveness of community-based interventions and found that they can have a significant impact on reducing health risk factors in adolescents. The authors identified

that active community engagement helped youths to develop protective factors and reduce life challenges. A 2019 meta-analysis identified that connections between families and schools in family-school partnership interventions significantly impact the mental health and behaviors of children (Smith et al., 2020).

Goal of the PEI Division

The PEI division operates under a framework of providing support to stabilize the well-being of a community, including stable jobs, food, affordable housing, and social support. The goal of the PEI division is to remove obstacles to healthy family functioning and to strengthen community resources (Texas DFPS, 2020). Services to support children and families may include parent skills training and mental health services (National Conference of State Legislatures, 2022). In Texas, PEI programs consist of a network of 200–300 community- or faith-based evidence-based organizations that exist to provide support to families and prevent entrance into the child welfare system (Texas DFPS, 2020).

PEI Measures of Success

Texas DFPS (2020) describes its programs as a river. “Downstream” refers to family involvement in child welfare. Prevention and intervention work is described as starting “upstream, before anyone even approaches the river” (Texas DFPS, 2020, p. 12). PEI measures its effectiveness by the outputs it produces, including the monthly number of children served, the percent of children who remain safe, and the percent of families that increased in Protective Factor Survey scores (Texas DFPS, 2020). An increase in protective factors is measured by the Texas Department of Family and Protective services

as a decrease in child maltreatment, behavioral health issues, substance use, crime rates, and poor educational outcome (2020). A Texas DFPS (2020) report shared that 99% of children "remained safe from abuse or neglect while engaged in PEI services," and 95% did not become involved in juvenile justice (p. 4).

Family and Youth Success Program

The Family and Youth Success program originated in 1983 as a PEI program in Texas. FAYS seeks to promote resilience in families and youth by offering one-on-one skills-based counseling and group-based learning for children and parents (Texas DFPS, n.d.-a). FAYS addresses family conflict and everyday struggles in youth ages six to seventeen and their families. The FAYS program is available in all counties in Texas (Texas DFPS, 2020).

The FAYS program brochure states that the FAYS program "helps families deal with everyday struggles" (Texas DFPS, n.d.-a, p. 2). In addition, the FAYS program brochure states that it helps youth to succeed by overcoming challenges, developing communication skills, encouraging youth in school, developing emotional and social health, and building confidence in youth and parents. The FAYS program also states a goal of helping with conflict, bullying, grief, anger, divorce (Texas DFPS, n.d.-a). As part of the Texas PEI division, which consists of community-based programs, FAYS provides free and voluntary services to families and children (Texas DFPS, 2023b).

FAYS Measures of Success

The measures of success for the FAYS program include the number of children who remain safe during the time of services and an increase in protective factors (Texas

DFPS, 2023a). The FAYS program uses the Protective Factors Survey to define protective factors, which include family functioning, resiliency, social supports, and nurturing and attachment (Texas DFPS, 2023a). In 2020, 88% of youth and families had an increase in at least one protective factor (Texas DFPS, 2020). In Texas, FAYS serves an average of 5556 family and youth per month (Texas DFPS, 2023a). For the fiscal year 2023, the FAYS outcome goal was to serve 22,328 children in the state of Texas (Texas DFPS, 2023a).

WhyTry Program Overview

The WhyTry Program is a social skills training program that was developed by Christian Moore, a licensed clinical social worker (WhyTry, 2024a). Moore was diagnosed with learning disabilities and conduct disorders at a young age, which inspired him to create a curriculum that involved teaching resilience-building life skills in an engaging way. The WhyTry Program utilizes visual metaphors to improve social and emotional learning and resilience. The visual metaphors are condensed into ten lessons, each of which includes visual metaphors, various learning activities, video resources, music and suggested playlists, book lists, and assessment tools to support a variety of learning styles and techniques with a multi-sensory approach (WhyTry, 2024b). The WhyTry Program is designed for children ages 6-18 and provides age-specific resources and activities throughout their website.

The ten learning units of the WhyTry Program include the *Reality Ride*, *Labels*, *Defense Mechanisms*, *Motivation Formula*, *Climbing Out*, *Jumping Hurdles*, *Desire Time & Effort*, *Plugging In*, and *The Wall* (WhyTry, 2024a). The *Reality Ride* lesson focuses

on choices and consequences, emphasizing that the choices kids make have an impact on their future. *Labels* teaches about the impact that positive and negative stereotypes can have on kids' futures. *Defense Mechanisms* is a lesson about using positive coping skills to deal with high-pressure situations. The *Motivation Formula* lesson teaches several ways to channel challenges into positive motivation by using positive self-talk and focusing on one's true character, purpose, and passions. *Climbing Out* discusses the impacts of positive and negative peer pressure. *Jumping Hurdles* teaches about perseverance and bouncing back after challenges to achieve success. *Desire, Time, & Effort* is a lesson that teaches the importance of hard work to achieve goals and focusing on where time and effort are spent. *Plugging In* discusses the varieties of positive social supports that youth can use as a resource. Finally, *The Wall* provides a summary of the preceding nine lessons and teaches tactics for finding a clear vision of the future, despite potential obstacles.

WhyTry Theoretical Background

The WhyTry Program claims to be strengths-based, and each lesson focuses on youth creating positive goals and visualizing a positive future (WhyTry, 2024a). Each lesson also highlights the social support and positive character strengths already available for the youth to utilize. The WhyTry website states that the visual metaphors are based in strengths-based therapeutic approaches, including cognitive behavioral therapy, reality therapy, client-centered therapy, and solution-focused brief therapy.

The WhyTry Program website claims that it is an evidence-based social and emotional learning (SEL) program (WhyTry, 2024b). Their website states that students

who participate in the WhyTry Program experience an improved ability to achieve goals, increased classroom engagement, better attendance records and academic performance, and improved behavioral and emotional screening scores (WhyTry, 2024b). The website also states the after WhyTry Program implementation, students have better relationships with teachers or counselors, students have more of an investment in their long-term academic and personal development, and students develop greater resilience.

Literature on the WhyTry Program

The WhyTry (2024b) website provides several case studies as evidence for this program. Most of the studies included on their website are unpublished field research. The website provides summaries of 13 studies, based on topic. The topics include improving academic performance, reducing disciplinary behaviors, increasing resilience, improving social behavior and emotional health, improving self-concept and self-esteem, and reducing violence, bullying, and expulsion. The population studied includes elementary- and middle school-aged children.

Academic Improvement

The first WhyTry research summary listed field research conducted by a middle school principal, Brett Elliot, who used the WhyTry Program school-wide on a weekly basis. Elliot (2016) found that suspensions and disciplinary referrals were reduced. Another middle school principal, Liz Hastings, conducted similar field research which also found a decrease in discipline referrals and suspensions (Wicomico County School District, 2012). Knick (2010) implemented the WhyTry Program with 7th and 8th graders

and found an increase in the students' GPA and a decrease in behavioral incidents in the classroom.

Other unpublished research found on the WhyTry website shares studies showing the WhyTry Program's effectiveness with increasing academic performance. Williams (2009) used the WhyTry Program as a social emotional tool with seventh and eighth graders and found an increase in the students' GPA and their positive attitude towards school after implementation. Another middle school found that after ten weeks of the WhyTry Program implementation, grade failures decreased (Wymore, 2007). A study of a Los Angeles elementary school found slight positive changes in students' asking for help and willingness to succeed (Acuña et al., 2008).

Attendance

The WhyTry Program has been implemented to improve grades, attendance, and student behaviors in several studies (Wilhite, 2010). Wilhite (2010) found that, of the 15 participants, there were positive correlations between the WhyTry Program and attendance.

Social and Emotional Health

The WhyTry Program has been utilized to increase students' social and emotional well-being. During a summer program, the WhyTry Program was implemented. After the intervention, there were changes in Behavioral Assessment System for Children scale (Mortenson & Rush, 2007). The WhyTry Program was implemented in a middle school group therapy setting and was found to improve self-perception (Bise, 2009). A four-year

study on the emotional benefits of the WhyTry Program found that surveyed students reported a belief in positive change and a positive future (Bird, 2010).

Baker (2008) studied the use of the WhyTry Program with foster youth in a residential treatment program, who often struggle academically. Baker (2008) found that after a 16-week implementation of the WhyTry Program, youth reported fewer emotional problems and aggressive behaviors. Youth also reported reductions in anxiety and depression.

Reducing Violence and Bullying

The WhyTry Program was implemented for five weeks in North Texas high schools and was found to reduce fighting and aggressive behavior (Wilhite, 2010). In addition, Wilhite's (2010) study found that after participating in the WhyTry Program, students showed more internal control emotionally and experienced a greater ability to carry out their goals.

Minor (2009) researched the impact of the WhyTry Program on children with conduct disorders, which can result in reduced academic performance and school expulsion. This study found that after time was spent in the WhyTry Program, negative behaviors, aggression, and expulsions decreased. The length of time spent in the WhyTry Program was correlated with the effectiveness of the WhyTry Program, as it was found to be more effective after increased time in the program (Minor, 2009).

New Horizons and WhyTry

The FAYS program uses the WhyTry Program to increase positive coping skills and behavioral and emotional regulation. To accomplish FAYS program goals, the

WhyTry Program ideally should be helping youth to overcome challenges, develop communication skills, participate in school, develop emotional and social health, and build confidence in youth and parents (Texas DFPS, n.d.-a). The literature reported by the WhyTry Program seems to align with FAYS program goals, as the program is linked to increasing academic performance and school attendance and social and emotional health and decreasing violence and bullying.

New Horizons used the Program Model Ranking Tool, developed by the PEI division, to propose the WhyTry Program as their designated curriculum. The Program Model Ranking Tool establishes the reasons why New Horizons uses the WhyTry Program though it is based on emerging research and is not yet reviewed by a traditional clearinghouse. New Horizons explains that the WhyTry Program seeks to improve resilience in youth and decrease dropout, violence, and truancy (Wesson, 2023). New Horizons emphasizes the WhyTry Program's basis in solution-focused brief therapy, social and emotional intelligence, and multisensory learning by using visual analogies. The FAYS program at New Horizons seeks to use the WhyTry Program to increase students' resiliency to overcome challenges in behavior, decision-making, and motivation (Wesson, 2023). New Horizon's FAYS staff are required to take the online guided training for the WhyTry Program, though currently New Horizons does not have the means for all staff to attend the five-day training by the WhyTry Program trainer (Wesson, 2023).

Aggression Replacement Training (ART) Overview

ART is a social skills training program that was developed by John Gibbs, an Ohio State Psychology professor, and Barry Glick, a counseling psychologist (Glick & Gibbs, 2024). According to Glick and Gibbs (2024) ART is an evidence-based program used in schools, community agencies, and juvenile institutions with challenging youth and integrates social skills training, anger control, and moral reasoning.

ART is well known and is used in a variety of settings, including schools, outpatient treatment, residential, and juvenile halls (Salas, 2019). Penn State University (2020) reports that ART is designed to help children and adolescents ages 12–17, targeting middle and high school students. The United States Department of Justice utilizes ART with juvenile offenders in a ten-week, 30-hour format. The group is administered three times per week to groups of 8–12 juvenile offenders (National Gang Center, 2021). According to the National Gang Center (2021), ART is reported to be effective in enhancing prosocial behaviors and competency and reducing impulsiveness and acting out. In addition, ART was found to be relatively cost-effective.

ART Theoretical Background

Amendola and Oliver (n.d.) described the theoretical background of ART, which includes social learning theory and skills training. Social learning theory is closely related to cognitive-behavioral models and seeks to understand the interaction of individual thoughts, emotions, and actions with the surrounding social environment. ART utilizes social skills development, so the training can address the thoughts, emotions, and actions of the individual in the social environment (Amendola & Oliver, n.d.).

ART Program Model

Glick and Gibbs wrote a book that serves as a comprehensive guide for leading ART intervention. The book includes program content, including social skills training, anger control training, and moral training, using a cognitive-behavioral framework (Glick & Gibbs, 2024). The book also provides 10 weeks of training for ART interventions.

The social skills training component of ART is called "Skills Streaming" and focuses on paying attention to internal and external cues, dealing with feelings and stress, and practicing alternatives to aggressive behavior (Salas, 2019, p. 28). The next facet of ART is "Anger Control Training," which includes identifying triggers and cues for anger and developing strategies for reducing anger (Salas, 2019, p. 28). The moral reasoning portion of ART prioritizes challenging cognitive distortions and improving decision-making skills.

Aggression Replacement Training and Risk and Protective Factors

A logic model created by Penn State University (2020) describes that the target goals of ART are to increase protective factors and decrease risk factors by teaching youth prosocial behavior, self-control, and awareness of the rights of others. Some of the targeted risk factors include aggressive and impulsive behavior, poor problem-solving and social skills, and early initiation of and favorable attitudes towards antisocial behavior. Targeted protective factors include building social skills, emotional awareness, emotional regulation, planning skills, problem solving, and moral reasoning (Penn State University, 2020).

ART seeks to target risk and protective factors to prevent negative outcomes. Aggressive behaviors in children and adolescents can put them at risk for several negative outcomes, including juvenile delinquency, adolescent substance use, peer rejection, and academic failure (Salas, 2019).

Individual and Family Risk Factors

The National Gang Center (2021) reported that ART can help to reduce individual-, family-, and peer-related risk factors. Individual risk factors include antisocial and delinquent beliefs, conduct disorders, trauma and violence exposure, few social ties, substance use, life stressors, mental health problems, and violence victimization. Family risk factors include family gang membership and maltreatment. Salas (2019) also describes family as an environmental risk factor, including the role of parental characteristics, teenage mothers, and low socioeconomic status in the development of youth aggression. Parental psychopathology, coercive and harsh punishment, and a lack of parental empathy and warmth are also risk factors (Salas, 2019).

Societal Risk Factors

Salas (2019) reports the impact of a child's community on their development of aggressive behaviors. If students grow up in urban areas, there is often less support to help families in need, which leads to community deterioration. A lack of community organization can "attract youth that exhibit more antisocial behaviors and aggression" (Salas, 2019, p.10). If communities are unsafe, youth are more likely to be witnesses or victims of crimes, which also puts them at greater risk for violent behavior.

A child's early interactions with their peers can also serve as a risk or protective factor (Salas, 2019). Because socialization plays a key role in a child's development, children with aggressive peers are more likely to develop aggressive behaviors. Other school and peer risk factors include bullying, peer substance use, gang-involvement, and committing crimes (National Gang Center, 2021).

Aggression Replacement Training and FAYS

According to the PEI provider directory, the FAYS program uses ART as an evidence-based model (Texas DFPS, 2023c). The FAYS program is available in all counties of Texas, and each uses a different evidence-based model for the services they provide. Like New Horizons, other organizations that provide FAYS services must justify the evidence basis for the curriculum they use by completing the Program Model Ranking Tool, developed by the PEI division. Unfortunately, I was unable to find which FAYS programs in Texas utilize ART, as that would require the acquisition of internal documents.

Summary and Restatement of Research Question

The FAYS program claims to use several evidence-based models for their one-on-one counseling and group-based learning, including ART and the WhyTry Program. The WhyTry Program is used by FAYS at New Horizons but other FAYS programs use ART. Both treatment programs focus on decreasing the impact of risk factors, such as emotional and behavioral disorders, poor school attendance, and aggression, and increasing protective factors, such as resilience.

The purpose of this thesis is to conduct a systematic review and meta-analysis to compare the effectiveness of the WhyTry Program and ART. Specifically, this thesis seeks to assess whether the WhyTry Program and ART have a sufficient evidence basis for increasing protective factors in adolescents at risk for family breakdown.

CHAPTER III

METHODOLOGY

Summary of Methodology

This study was approved by the Abilene Christian University Institutional Review Board as non-human research under Federal Policy for the Protection of Human Subjects. For this systematic review, searches for relevant studies were conducted using four databases: *Google Scholar, ACU OneSearch, PsychInfo, ERIC,* and *Psychology and Behavioral Sciences Collection*. The search strategy for this review was developed by completing a Patient or Population, Intervention, Comparison, and Outcome worksheet, which can be found in Appendix B. Completion of the PICO worksheet led to the research question: does the WhyTry Program, when compared to ART, have a sufficient evidence basis for increasing protective factors in adolescents at risk for family breakdown?

I conducted a systematic review and meta-analysis of the WhyTry Program and ART. I used my PICO question to develop the following search terms: *WhyTry Program*, *WhyTry Curriculum, Why Try Program, Why Try Curriculum, Adolescents*, *Aggression Replacement Training*, and *Randomized Control Trial* or *RCT.* After finding research articles, I rated the quality of each study using a Quality of Study Rating Form, which is included in Appendix C (Gibbs, 2003). I conducted a meta-analysis after collecting data

from each article meeting the search criteria, using Comprehension Meta-Analysis software, Version 2.2.064.

Search Procedures/Keywords

Two separate searches were conducted, one to find literature on the WhyTry Program and the other to find literature on ART. The terms *WhyTry Program*, *WhyTry Curriculum, Why Try Program, Why Try Curriculum, Adolescents,* and *randomized controlled trial, RCT*, *systematic review*, or *meta-analysis* were input into Google Scholar, ACU OneSearch, PsychInfo, ERIC, and Psychology and Behavioral Sciences Collection, respectively. The next search included the terms *Aggression Replacement Training* or *Anger Replacement Training*, *Adolescents,* and *randomized controlled trial, RCT*, *systematic review*, or *meta-analysis*. These terms were input into the same databases, with the exception of ACU OneSearch and Google Scholar.

WhyTry Search Procedure Outcomes

When including the terms *randomized controlled trial, RCT*, *systematic review*, or *meta-analysis*, no articles on the WhyTry Program were found. The search terms *WhyTry Program*, *WhyTry Curriculum, Why Try Program,* or *Why Try Curriculum* and *Adolescents* were included in the following searches. The Google Scholar search produced 3890 results, with five dissertations or theses that met the search criteria. The PsychInfo search produced three results, none of which were related to the WhyTry Program. The ERIC search produced 393 results, with nothing relevant to the WhyTry Program. The Psychology and Behavioral Sciences Collection produced 25 results, with

nothing relevant to the WhyTry Program. “ACU OneSearch” produced 471 results, with nothing relevant to the WhyTry Program.

Aggression Replacement Training Search Procedure Outcomes

PsychInfo produced two results on ART, including one systematic review and a dissertation, which were both eliminated from this meta-analysis. The systematic review (Brännström et al., 2016) was used to obtain relevant articles for this meta-analysis. ERIC produced 19 articles, but there was no mention of the search terms *ART* or *Aggression Replacement Training*. The Psychology and Behavioral Sciences Collection search yielded 52 results but there were no randomized controlled trials found with ART and adolescents. A meta-analysis by Salas (2019) was also used to find articles on ART.

Inclusion/Exclusion Criteria

Studies that were included in the systematic review contained all search terms, including *WhyTry Program* or *WhyTry Curriculum* and *adolescents* for the first search, and *Aggression Replacement Training* or *Anger Replacement Training* and *adolescents* for the second search. The searches were also conducted separately with the terms *randomized controlled trial, RCT, systematic review,* or *meta-analysis*. Articles that did not include information on the WhyTry Program or ART were eliminated. Studies that included adults were eliminated. Case studies, power point presentations, high school reports, and books were eliminated. Systematic reviews and meta-analyses were not included in this systematic review.

Data Extraction

The purpose of this study is to compare the effectiveness of the WhyTry Program and ART. To do this, each article was reviewed, and each reported outcome measure was

noted. The Hedge's *g* statistic was used to measure the effect size for the difference between means. Effect size, *p*-value, and confidence intervals were calculated and recoded into an excel spreadsheet.

Data extracted from the articles included authorship, publication year, sample size, client type, intervention type, and intervention outcomes. The articles were rated to collect descriptive information and organize the articles' outcome variables. The quality of the studies was measured by a Quality of Study Rating Form (see Appendix C) which assigns quality based on random assignment, replicability, true treatment and control groups, validity, and reliability. The data from the Quality of Study Rating Form was compiled into an excel spreadsheet so that the outcome data could be condensed and organized. After data were collected and organized, a meta-analysis was conducted using Comprehension Meta-Analysis software, Version 2.2.064.

CHAPTER IV

RESULTS

Results Summary

A total of ten studies were found that met the inclusion criteria for this meta-analysis. Five studies explored the WhyTry Program, and the other six were about ART. Nearly all of the studies found were dissertations or theses, with the exception of Kaya and Buzlu (2016), Coleman et al. (1992), Wongtongkam et al. (2014), and Moynahan and Strømgren (2005), each of which related to ART.

WhyTry Article Characteristics

The author of the first article, Baker (2008), conducted a quasi-experimental study to determine the effectiveness of the WhyTry Program with foster children in Licensed Children's Institutions. The WhyTry Program was implemented for 16 weeks to an experimental group and a pre/post-test was administered to compare the results with a nonequivalent control group. There were 42 participants in the experimental group and 36 in the control group. Baker used the Child Behavioral Checklist (CBCL), Teacher Report Form (TRF), and Youth Self Report (YSR) assessments to measure outcome variables. Each scale included the same outcome variables: aggressive behavior, anxious/depressed, attention problems, externalizing and internalizing problems, rule breaking, social problems, thought problems, withdrawn/depressed, and total problems. The combined effect size for was calculated and recorded. The combined Hedge's *g* was

-0.23999 with variance of 0.045 and 95% CI of -0.656, 0.176. The Hedge's *g* statistics to measure effect sizes for each individual outcome variable are recorded in the table below.

Table 1

Baker (2008) Effect Size

Outcome Variable	CBLC	TRF	YSR
Aggressive Behavior (post; pre vs. post)	-0.0422; -0.0180	-0.5518; -0.0141	-0.1185; -0.1376
Anxious/Depressed (post; pre vs. post)	-0.2538; -0.0619	-0.1798; -0.1964	-0.2003; -0.2420
Attention Problems (post; pre vs. post)	-0.1362; -0.1806	-0.5727; -0.1864	-0.0265; -0.1371
Externalizing Problems (post; pre vs. post)	-0.0924; -0.0332	-0.4217; -0.0431	-0.3121; -0.6079
Internalizing Problems (post; pre vs. post)	-0.4788; -0.1203	-0.1118; -0.2790	-0.5114; -0.6051
Rule Breaking (post; pre vs. post)	-0.0354; -0.1802	-0.4760; -0.0250	-0.7750; -0.1499
Social Problems (post; pre vs. post)	-0.3000; -0.1186	-0.3546; -0.1229	-0.3987; -0.4474
Thought Problems (post; pre vs. post)	-0.1304; -0.1923	-0.0849; -0.1824	-0.5466; -0.5393
Withdrawn/Depressed (post; pre vs. post)	-0.1233; -0.0716	-0.0717; -0.2195	-0.4748; -0.0443
Total Problems (post; pre vs. post)	-0.1587; -0.0731	-0.3279; -0.1532	-0.4817; -0.7485

In the second article, Kinman (2019), the WhyTry Program was introduced and implemented on a school-wide rotational basis at a middle school in a suburban Tennessee school district. The participants in this study included 234 students who attended the middle school from 6th to 8th grade. Outcome variables for this study were absences and disciplinary referrals. These outcomes were compared in pre/post tests across six semesters. The effect size was calculated for Disciplinary referrals, resulting in a Hedge's *g* statistic of -.023077. The variance for disciplinary referrals was 0.001 with a 95% CI of -0.289, -0.172. The Hedge's *g* statistics to measure effect sizes for each individual outcome variable are recorded in the table below.

Table 2

Kinman (2019) Effect Size

Time Point	Absences	Disciplinary Referrals
Pre vs. Post	-0.4953	-0.3890
Sem 1 vs. Sem 2	-0.0235	-0.0100
Sem 2 vs Sem 3	-0.1236	-0.0593
Sem 4 vs Sem 5	-0.2829	-0.3148
Sem 5 vs Sem 6	-0.1352	-0.4095
Sem 1 vs Sem 6	-0.0441	Not Recorded

The third article is Kula (2012), which implemented the WhyTry Program during the 2011 fall semester at a high school in the Midwest United States with 18 high schoolers who displayed negative behaviors and had been suspended. Twelve participants were in the treatment group and 6 in the comparison. The WhyTry Program was implemented for two 2-hour sessions per week for four weeks. Kula (2012) used the WhyTry Program's pre-test and post-test, qualitative semi-structured interviews with students, teacher reports, and parent reports to measure the following outcome variables: attendance, class failures and office discipline referrals. The Hedge's *g* statistics to measure effect sizes are reported in Table 3. The variance and CIs are also included in Table 3.

Table 3

Kula (2012) Effect Size

	Attendance	Class Failures	Office Discipline Referrals
Effect size (Hedge's *g*)	1.4307	-0.5516	-0.0595
Variance	0.485	0.427	0.420
95% CI	0.066, 2.796	-1.832, 0.729	-1.607, 0.935

Price (2020) was the fourth study, which also investigated the effects of the WhyTry Program. For this study, a trained WhyTry Program facilitator led a treatment group 2–3 times per week over a 5-month period for 7th–9th graders in Utah who were identified as needing additional support. Fifty-seven students were in the WhyTry treatment group, and 37 participants were in the comparison group. The Social Emotional Assets and Resilience Scales (SEARS) was used to assess resilience as an outcome variable. Resilience had an effect size of 0.1625, measured on a pre/post scale. The variance was 0.065 and there was a 95% CI of -0.336, 0.661. Because there is only one outcome variable, I am not including a table for this study.

Wilhite (2010) was the fifth study and the final study in this systematic review that reviewed the WhyTry Program. The WhyTry Program was implemented Monday through Friday for one hour per day for five weeks with students ages 10–17. Quantitative and qualitative data were obtained through interviews, observations, and collecting pre- and post- data. Wilhite (2010) included the following outcome measures: attendance, disruption, fighting/aggression, harassment, inappropriate language, office referrals, and out of bounds behavior. The overall effect size for this study was -0.21085, with a variance of 0.065 and a 95% CI of -0.709, 0.288. Table 4 presents the Hedge's *g* statistics for the effect size and the variance and 95% CI for each variable.

Table 4

Wilhite (2010) Effect Size

Variable	Effect Size	Variance	95% CI	
Attendance	0.233	0.068	-0.280	0.746
Disruption	-0.484	0.074	-1.018	0.051
Fighting/Aggression	-0.602	0.079	-1-152	-0.052
Harassment	-0.495	0.075	-1.031	0.041
Inappropriate Language	0.391	0.072	-0.134	0.916
Office Referrals	-0.477	0.074	-1.010	0.058
Out-of-Bounds Behavior	-0.051	0.067	-0.557	0.456

Aggression Replacement Training Article Characteristics

The sixth study was Coleman et al. (1992), which implemented the ART program for 10 weeks (50 hours total) at a school with adolescents with behavioral disorders. Data was obtained by using the ART checklist, a measure of sociomoral reflections, and a behavioral incident report. The Hedge's *g* statistics, variance, and 95% confidence intervals are included in Table 5.

Table 5

Coleman et al. (1992) Effect Size

	AART Checklist	Behavioral Incident Report	Direct Situations Test	K-W Self-Control	Sociomorals
Effect Size	0.1654	-0.553	0.601	-0.134	0.125
Variance	0.109	0.112	0.113	0.109	0.109
95% CI	-0.481, 0.812	-1.209, 0.104	-0.058, 1.260	-0.780, 0.512	-0.520, 0.771

The seventh study was Erickson (2013), which implemented the ART program for 10 weeks with female juvenile offenders. Erickson focused on outcome variables including aggressive behavior and rule breaking behavior. The Hedge's *g* statistics, variance, and 95% confidence intervals for this study are included in Table 6.

Table 6

Erickson (2013) Effect Size

	In-Classroom Aggressive Behaviors	Out of Classroom Aggressive Behaviors	Positive Behavior Outside Classroom	Rule Breaking Behavior in Classroom
Effect Size	-0.2036	-0.1639	0.1984	-0.2029
Variance	0.067	0.067	0.067	0.067
95% CI	-0.711, 0.304	-0.671, 0.343	-0.309, 0.706	-0.710, 0.304

The eighth study was Kaya and Buzlu (2016), which also conducted a 10-week ART program for juvenile offenders with the average age of 16. This study utilized an intervention and control group. The following outcome variables were measured: Aggression, anger, hostility, physical aggression, trait anger, and verbal aggression. The overall effect size was -0.96975, with a variance of 0.067 and a 95% CI of -1.478, 0.067. The table below includes the effect sizes (Hedge's *g*) for the ten outcome variables included in this study.

Table 7

Kaya and Buzlu (2016) Effect Size

Variable	Effect Size
Aggression Total Score	-0.513
Anger	0.200
Anger In	0.183
Anger Out	0.332
Anger Control	0.332
Hostility	-0.982
Physical Aggression	-0.535
Total Score	0.485
Trait Anger	0.433
Verbal Aggression	-0.261

Moynahan and Strømgren (2005) was the ninth article. This study employed a 30-hour ART program and schools in Norway with both children and youth. Schoolteachers and teachers' aides were trained to deliver ART to a treatment group, which was compared to a control group. Outcome variables for this study included adolescent and children problem behaviors and social skills. The combined effect size for this study was -0.59764, with a variance of 0.213 and a 95% CI of -1.501, 0.306. Effect sizes for each variable are included below in Hedge's *g* statistics.

Table 8

Moynahan and Strømgren (2005) Effect Size

	Children	Adolescents
Problem Behaviors	-0.6906	-0.5634
Social Skills	0.7924	0.3779

The tenth article included in the meta-analysis was Wongtongkam et al. (2014), which led ART in three-hour sessions once per week for four weeks with youth (average age 17) at a technical college in Thailand. ART was implemented to the intervention group by behavioral facilitators who attended a 30-day workshop in anger management led by a psychologist. Outcome variables measured in this study include Anger In, Anger Out, and State-Trait Anger Expression. The effect sizes, variance, and 95% confidence intervals for each variable are listed in Table 9.

Table 9

Wongtongkam et al. (2014) Effect Size

	Anger In	Anger Out	State-Trait Anger Expression
Effect Size	-0.1000	-0.0600	-0.0200
Variance	0.240	0.240	0.220
95% CI	-1.060, 0.860	-1.020, 0.900	-0.939, 0.899

Long (2012) studied the use of an abbreviated, four-week (1–2 times per week) ART intervention with adolescents ages 12–18 at a runaway shelter in Pennsylvania, who displayed deviant or aggressive behaviors. The 100 youths included in this study were alternately assigned to a treatment group, which consisted of 51 youth, and a comparison group, which consisted of 49 youth. The Aggression Questionnaire and behavioral data collected by shelter staff were used to measure outcome variables before and after the ART intervention. Outcome variables for The Aggression Questionnaire included physical aggression, verbal aggression, anger, and hostility. Behavioral data outcome measures included pro-social behaviors, acts of verbal aggression, and acts of physical aggression. The combined Hedge's *g* statistic for Long (2012) was -0.094, with a standard error of 0.199, a variance of 0,039, and a 95% confidence interval of -0.475 to 0.295.

Quality of Studies

The quality of the studies was measured by a Quality of Study Rating Form (see Appendix C) which assigns quality based on random assignment, replicability, true treatment and control groups, validity, and reliability. The highest possible rating on the Quality of Study Rating Form is a score of 75. The study with the highest quality rating was Coleman et al. (1992), whose study had rating of 59. Price (2020) had a rating of 57. Kaya and Buzlu (2016) and Erickson (2013) each had a score of 50. All other studies had a rating of less than 50, with the lowest rating being Wilhite (2010) with a score of 28.

Study Characteristics

Appendix D is a summary of the similarities and differences in study characteristics, including age, location, setting, and reasons for treatment. All studies except for two had an experimental or quasi-experimental design, comparing a treatment to comparison group.

Age

All of the studies were completed with children and adolescents, ranging in age from 7 to 20 years old. One study only included middle schoolers (Kinman, 2019), and another only included high schoolers (Kula, 2012). Other studies included participants in both the middle and high school age range (13–18 years old), including Coleman et al. (1992), Erickson (2013), Price (2020), and Wilhite (2010). Kaya and Buzlu (2016) included a slightly higher age range, with participants who were 15–19 years old. Moynahan and Strømgren (2005) included participants who were up to 20 years old. Wongontongkam et al. (2014) did not give an exact age range but reported the average age of participants to be 17 years old. Baker (2008) did not include an age range.

Location

Seven of the 11 studies were conducted in the United States, with two in Texas. Other locations included Norway, Thailand, and Turkey.

School versus Institution

Seven of the 11 studies were conducted in schools. Most of these studies were limited to primary and secondary schools, with the exception of Wongtongkam et al. (2014), which was conducted at a vocational college. Four of the studies were conducted

in institutional settings. Kaya and Buzlu (2016) and Erickson (2013) were conducted at a security unit and a residential commitment program, respectively. Baker's (2008) study population was children who lived in a Licensed Children's Institution and attended nonpublic schools. Long (2012) conducted research at a youth runaway shelter.

Reasons for Treatment

Two of the interventions were focused on emotional and behavioral disorders, including Wilhite (2010) and Coleman et al. (1992). Price (2020) and Kula (2012) focused on social and emotional learning and resilience. Baker (2008) and Moynahan and Strømgren (2005) focused on social skills. Baker (2008) and Kinman (2019) focused on higher attendance rates and fewer disciplinary referrals. Kaya and Buzlu (2016), Erickson (2013), and Wontongkam et al. (2014) focused on violent behavior and anger expression.

Meta-Analytic Comparison of Programs

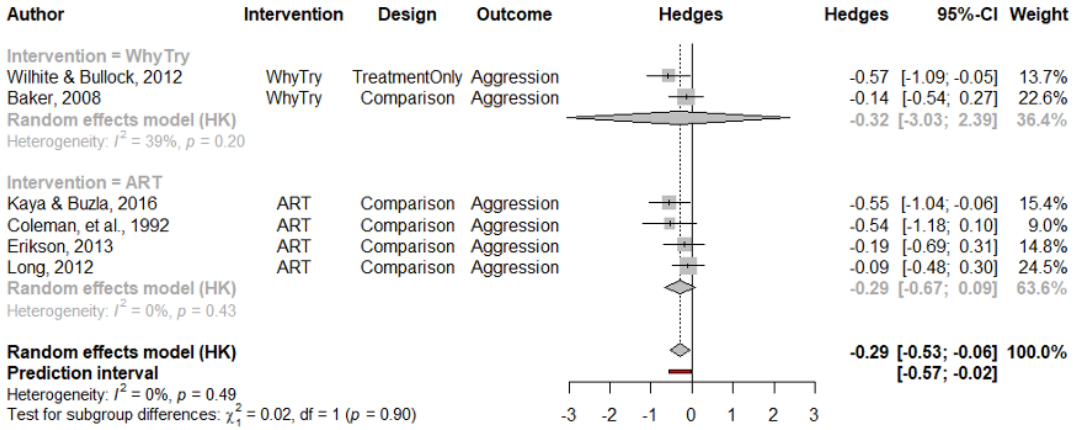
Aggression

Figure 1 shows a comparison of four studies evaluating the ART intervention (i.e., Coleman et al., 1992; Erikson, 2013; Kaya & Buzlu, 2016; Long, 2012), and two studies evaluating the WhyTry intervention (i.e., Baker, 2008; Wilhite, 2010). As the figure indicates, the combined WhyTry and ART interventions yielded a *g* value of -0.29 with a 95% confidence interval ranging from -0.53 to -0.06 (t = -3.17, p = 0.0249). The combined *g* for the four ART studies was -.29 with a 95% CI ranging from -.67 to .09 (Z = -1.104, p = .270). The two WhyTry studies produced a *g* of -.32 (LL = -0.3.03, UL = 0.112, Z = -1.421, p = 0.155). A between groups analysis (random effects model (HK)

found no significant differences in the strength of the effects produced by the WhyTry Program and ART (Q = .02, *p* = .901).

Figure 1

Forest Plot Comparing WhyTry and ART Interventions on the Aggression Outcome

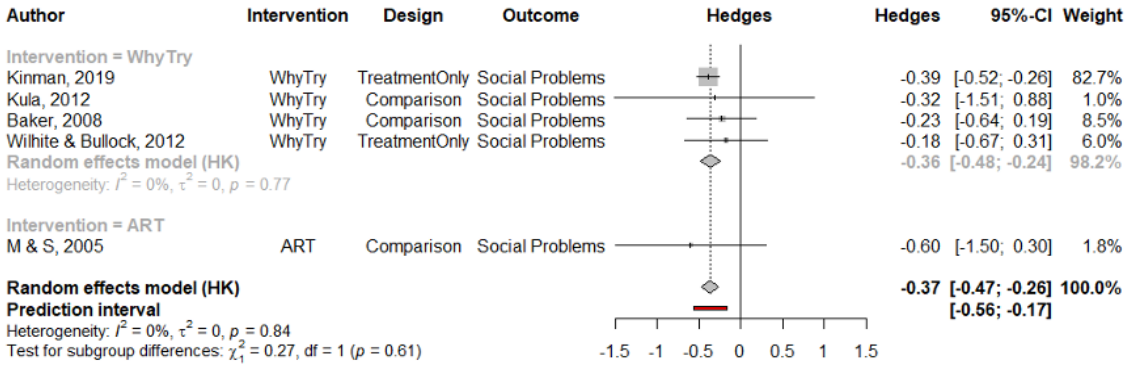


Social Problems

Five studies measured social problems as an outcome. These included four evaluations of the WhyTry Program (Baker, 2008; Kinman, 2019; Kula, 2012; Wilhite, 2010) and a single study (Moynahan & Strømgren, 2005). The four WhyTry studies produced an overall g of -.36 with a 95% confidence interval that ranged -.48 to -.24.). Using a random effects model, a test for subgroup differences failed to indicate the existence of such a difference (Q = .27, df = 1, p-value = 0.607). Therefore, as a group, these studies showed a small to moderate Hedge's g of -.37 with a 95% confidence interval ranging from -.47 to -.26 (t = -10.03, p = 0.0006). The prediction interval indicates that 95% of studies of similar populations and methods will produce effects that range from g = -.56 to g = -.17.

Figure 2

Forest Plot Comparing WhyTry and ART Interventions on the Social Problems Outcome

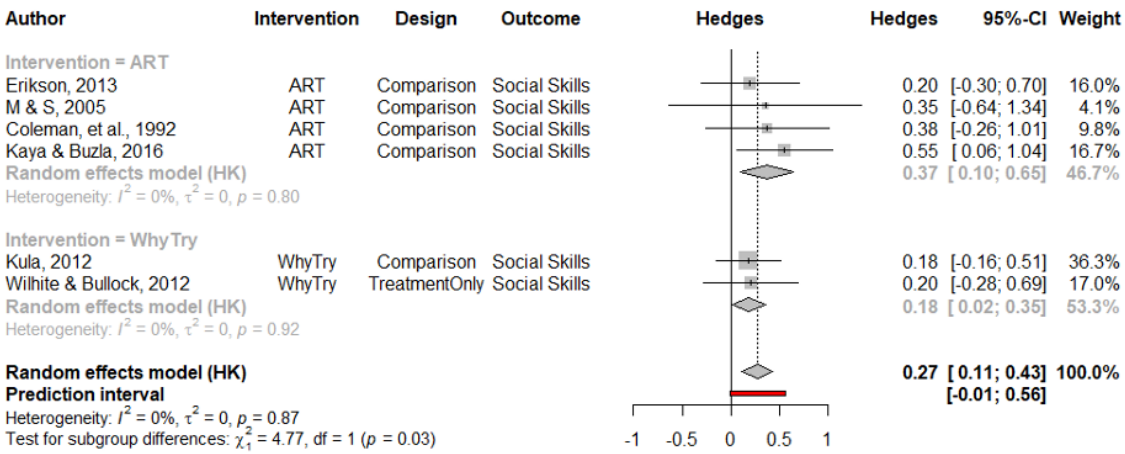


Social Skills

Four studies had an outcome equal to, or similar to, social skills (Coleman et al., 1992; Erikson, 2013; Kaya & Buzlu, 2016; Kula, 2012; M & S, 2005; Wilhite, 2010). The overall estimated effect-size for these studies was 0.2735 (95% CI = 0.1133 to 0.4336, $t = 4.39$, $p = 0.0071$). A between-subgroups analysis revealed a statistically significant difference between groups with the ART studies showing a slightly larger effect (i.e., $g = .37$) than did the WhyTry studies (i.e., $g = .18$).

Figure 3

Forest Plot Comparing WhyTry and ART Interventions on the Social Skills Outcome



CHAPTER V

DISCUSSION

Discussion Summary

Overall, the results of this study indicate that these programs are having a small but statistically significant, effect. All but two of the 10 studies that met inclusion criteria were quasi or true experimental designs that compared a treatment group to a comparison group. Such comparisons typically yield smaller effects than when comparing an intervention to no intervention (Thyer & Pignotti, 2015). Therefore, these interventions appear to offer benefits over those to which they were compared. For the most part, the WhyTry Program and the ART program produced similar effect sizes across the outcomes over which they were compared (i.e., aggression, social skills, social problems). However, ART did produce a significantly larger effect size than did WhyTry on the social skills outcome measures. This was a small difference and based on a small number of studies and is interpreted with caution.

Evidence-Based Practice

The FAYS program, under the Prevention and Early Intervention division of Texas DFPS is required to provide evidence-based services to youth and families (National Conference of State Legislatures, 2022). Although the WhyTry Program claimed to be evidence-based on its website, the research summary provided on that site lacks sufficient information for practitioners to make informed decisions about the quality of the evidence base. What is provided are mostly aggregate summary statistics

(e.g., percentages) and graphs. The actual studies are not available. A search of literature for effectiveness studies of the WhyTry Program only yielded a couple of doctoral dissertations. Therefore, the WhyTry Program only minimally meets the WhyTry.org's own definition of an evidence-based intervention: "an intervention for which data from scientific, rigorous research designs have demonstrated (or empirically validated) the efficacy of the intervention" (WhyTry, 2024c, para. 2).

Though ART has a larger research foundation, it also does not have sufficient data to be an evidence-based program, as it lacks randomized-controlled trials. In the PEI program directory, both the WhyTry Program and ART are listed under "promising" models, rather than evidence-informed or evidence-based (Texas DFPS, 2023c, p. 16). This meta-analysis suggests that there is a lack of a sufficient evidence base for both the WhyTry Program and ART.

Program Similarities and Differences

Both the WhyTry Program and ART are social skills programs that are utilized by FAYS programs in Texas as Level II programs and practices. There is support for the effectiveness of these interventions with adolescents for improving social skills, reducing aggression, and reducing social problems. The programs are different regarding theory, implementation, intervention population, and outcomes. The table below summaries the similarities and differences between the two interventions.

Table 10

Comparison of ART and the WhyTry Program

	ART	Similarities	WhyTry
Theory	Social Learning Theory, Cognitive Behavioral Theory, Skills Training.	Cognitive-Behavioral	Social-Emotional Learning, Solution-Focused Brief Therapy, Strengths-Based, Reality Therapy.
Implementation	10-Weeks, 30 hours.	Group Setting	Flexible.
Intervention Population	Primarily High-Risk, Juvenile Offenders.	Youth aged 7–20.	Children in Schools.
Targeted Outcomes	Reduce Aggression and Anger. Increase moral reasoning. Increase social skills.	Reduce Disciplinary Referrals and Aggressive Behaviors.	Increase resilience, attendance, increase self-efficacy. Decrease social problems.

Outcome Measures

This meta-analysis focused on the outcome measures included in studies for both the WhyTry Program and ART, including social problems, social skills, and aggression. Aggression was measured in four studies and was found to significantly decrease after the implementation of the WhyTry Program or ART, with no significant difference between the WhyTry Program and ART. Both programs also indicated a small, significant improvement in social problems with no significant difference between programs. Finally, social skills were found to improve significantly, with ART being slightly more effective than the WhyTry Program.

A variable that was included in research on the WhyTry Program, but not ART, was attendance (Kinman, 2019; Kula, 2012; Wilhite, 2010). Kula (2012) found a significant improvement in attendance ($p = 0.04$) and Wilhite (2010) did not find a significant improvement in attendance ($p = 0.37$). Kinman (2019) found that absences did not decrease significantly after WhyTry Program implementation.

Implications for Practice

My data suggest that the WhyTry Program is as effective as ART in most outcomes. It is unclear whether one program would be more beneficial over the other for use in the FAYS program, as both interventions focus on social skills. The studies done on the effectiveness of the WhyTry Program and ART used many different outcomes to define social skills, which are listed in the tables for each study. Because there are a variety of outcome measures, one key implication for practice would be to determine which outcomes specifically measure risk factors of family breakdown.

In addition, further research should compare the efficacy of the WhyTry Program and ART to determine which program is the most successful in the population that FAYS serves. FAYS seeks to deal with a broad variety of behaviors and risk factors, focusing primarily on youth and families dealing with everyday conflicts. As ART deals specifically with aggression and most ART studies were focused on juvenile offenders, it may not be as applicable to the FAYS program.

Justifications for New Horizons' Use of the WhyTry Program

The FAYS program provides brief, strengths-based counseling services with a focus on resiliency. For this reason, the theoretical basis of the WhyTry Program seems to be a better fit than that of ART. As a resilience education program that focuses on highlighting social support and personal strengths, the WhyTry Program is closely aligned with some of the outcome measures that the FAYS program seeks, including family functioning, resiliency, social supports, and nurturing and attachment (Texas DFPS, 2023a). In contrast, ART focuses more on enhancing prosocial behaviors and

moral competency, and reducing impulsiveness and violence (National Gang Center, 2021).

Though the WhyTry Program is not evidence-based, there are several reasons why it is effective and appropriate for the services provided by the New Horizons FAYS program. First, the WhyTry Program is widely used in the United States, despite its lack of empirical evidence. The author of this study attended a webinar led by the creator of the WhyTry Program, during which he shared that WhyTry is used in more than 30,000 schools (WhyTry, 2024d). In addition, the WhyTry Program provides a flexible curriculum that is based on relevance and relationship. Because there are not rigorous standards for the length of the program implementation or fidelity to the order of the lessons, FAYS staff are enabled to use the WhyTry Program lessons as needed with students, which are catered to their individual needs. Finally, New Horizons is compliant with the PEI division's standards in using the WhyTry Program as a "promising" intervention model, which is acceptable in programs and practices for use with children and their caregivers receiving prevention and support services (Texas DFPS, 2023c, p. 16).

The PEI division allows for different levels of programs and practices, including those which are emerging and "promising" as evidence-based practice (Texas DFPS, 2023c, p. 16). Texas DFPS (2023c) defines promising programs and practices as those which articulate a theory of change with clear activities and outcomes (p. 16). Promising programs often have available books and other training materials. The difference between promising programs and evidence-based practice is that promising programs do not have

clinical evidence and usually implement a quasi-experimental design, rather than a randomized controlled trial (Texas DFPS, 2023).

With the flexibility in the implementation of the WhyTry Program, one recommendation would be for the FAYS program at New Horizons to prioritize training for the counselors and case managers. Currently, new employees are encouraged to watch the instructional videos on the WhyTry website, but there is no formal training. One potential obstacle is funding, as the five-day training for WhyTry Program facilitators is outside of New Horizons' budget. New Horizons employees should advocate for grant funding that allows for adequate training in the WhyTry Program.

Implications for Research

Research on the WhyTry Program and ART are insufficient to be classified as evidence-supported or evidence-based programs, and effect sizes for both interventions are small. One factor to consider is that because this systematic review is a comparison of two interventions, the effect sizes will be smaller than if the comparison was conducted between one of these interventions and no intervention.

The small number of studies indicates that results of this systematic review may be imprecise, especially for the WhyTry Program. This necessitates further research to demonstrate the effectiveness of both programs on improving the outcomes they are designed to improve, such as social skills. Specifically, to qualify as a "supported" evidence-based program under PEI, at least two randomized controlled trials must be conducted to support the efficacy of each program (Texas DFPS, 2023c, p. 16). In addition, the outcome measures for the studies should be shown to be reliable and valid.

Randomized controlled trials for ART and the WhyTry Program should be implemented on multiple sites with multiple populations. Most of the studies in this literature review focused on the middle-school age-range and above, which demonstrates a lack of data on younger children. RCTs should also be conducted on the use of the WhyTry Program and ART in the individual and family counseling setting, rather than only in school or institutional group settings.

Implications for Policy

The PEI division clearly defines the different levels of evidence-based practices and where they are most likely to be used (Texas DFPS, 2023b). Future policies should define the statutes and required levels of program fidelity, as there are few guidelines on how strictly FAYS programs must adhere to their designated curriculum.

Currently, FAYS and other PEI programs use the Protective Factors Survey (PFS) to measure outcomes of the prevention and intervention services. The PFS only measures risk and protective factors in five areas: the level of family functioning, social support, concrete support, nurturing and attachment, and the knowledge of parenting/child development (FRIENDS National Center, 2023). Because FAYS programs primarily use social skills training as their curricula, they should also include an outcome measure to evaluate social skills as a protective factor.

Limitations

There were several limitations to this systematic review, including its scope and applicability. Time constraints prohibited the researcher from conducting in-depth searches of more databases than the ones utilized in this study to find articles, thus

limiting the number of articles this study. The search terms used to find articles may not have been sufficient or broad enough to gather additional data for this study, thus limiting the scope of this review. Most studies for the WhyTry Program were only published on the WhyTry website and inaccessible to the researcher. I reached out to the WhyTry Program's authors to seek to obtain copies of their data but received no response.

Another limitation is the lack quality of studies included in this review. Most studies were theses and dissertations, rather than peer-reviewed articles. There were no randomized-controlled trials in this review and most studies were quasi-experimental, rather than experimental. Most studies in this systematic review had small sample sizes, with fewer than 25 people in the intervention group. The studies had a lack of representation in age and setting, as most were conducted with middle- and high-schoolers in schools or institutional settings. No studies in this review applied the use of the WhyTry Program or ART to the population served by FAYS: youth aged 6–17 at risk for family breakdown. Additionally, the significance of the findings of the meta-analysis was limited by the lack of uniformity in outcome measures, thus making it difficult to compare the results of the WhyTry Program and ART.

In addition, this systematic review has limited practical applicability. The WhyTry Program and ART have already been identified as promising programs and practices by DFPS (Texas DFPS, n.d.-b). While this is the first systematic review to be conducted on the WhyTry Program, there was only a selection of five articles that met the search criteria, so the data found in this review has limited significance.

Conclusion

Neither the WhyTry Program nor ART have a sufficient base and neither have a large effect size. However, both programs indicate promising, though small, significant results in improving social problems and aggression in youth in school and institutional settings. Despite the limited empirical evidence, the WhyTry Program and ART are appropriate for the FAYS program. Reducing social problems and aggression in youth may help to increase protective factors in youth, but the FAYS program and PEI division should include outcome measures that determine the impact of improving these factors on the prevention of family breakdown. Future research should include randomized controlled trials in a variety of settings to develop a supportive evidence base for the use of the WhyTry Program and ART with youth and families.

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APPENDIX A

Institutional Review Board Approval

The Institutional Review Board at Abilene Christian University states that Grace Taylor's project titled *A Systematic Review and Meta-Analysis of the Why Try Curriculum and Aggression Replacement Training* which is IRB #2024-49, is approved as non-human research under Federal Policy for the Protection of Human Subjects. This approval is dated March 4, 2024. Please contact the ACU Office of Research and Sponsored Programs at orsp@acu.edu with any questions.

APPENDIX B

PICO Worksheet

The Well-Built, Patient-Oriented Clinical Question

Question Components	Your Question
P – Patient or Population Describe the most important characteristics of the patient. (e.g., age, disease/condition, gender)	
I – Intervention; Prognostic Factor; Exposure Describe the main intervention. (e.g., drug or other treatment, diagnostic/screening test)	
C – Comparison (if appropriate) Describe the main alternative being considered. (e.g., placebo, standard therapy, no treatment, the gold standard)	
O – Outcome Describe what you're trying to accomplish, measure, improve, affect. (e.g., reduced mortality or morbidity, improved memory, accurate and timely diagnosis)	
The well-built clinical question:	

Type of Question	Ideal Type of Study
□ Therapy	RCT
□ Prevention	RCT > Cohort Study > Case Control
□ Diagnosis	Prospective, blind controlled trial comparison to gold standard
□ Prognosis	Cohort Study > Case Control > Case Series/Case Report
□ Etiology/Harm	RCT > Cohort Study > Case Control
□ Cost analysis	economic analysis

Note: Meta-analyses and systematic reviews, when available, often provide the best answers to clinical questions.

Search Strategy Development

	Primary search term	Synonym 1	Synonym 2
P			
I			
C			
O			

Dartmouth Biomedical Libraries 10/12/2006

APPENDIX C

Quality of Study Rating Form (QSRF)

Client type(s) _____

Intervention method(s) _____

Outcome measure to compute *ES*1 _____

Outcome measure to compute *ES*2 _____

Outcome measure to compute *ES*3 _____

Source in APA format _____

Criteria for Rating Study

Clear Definition of Treatment					6. Subjects randomly assigned to treatment or control. (10 pts.)	7. Analysis shows equal treatment and control groups before treatment. (5 pts.)	8. Subjects blind to being in treatment or control group. (5 pts.)
1. Who (4 pts.)	2. What (4 pts.)	3. Where (4 pts.)	4. When (4 pts.)	5. Why (4 pts.)			

Criteria for Rating Study (cont.)

9. Subjects randomly selected for inclusion in study. (4 pts.)	10. Control (nontreated) group used. (4 pts.)	11. Number of subjects in smallest treatment group exceeds 20. (4 pts.)	12. Outcome measure has face validity. (4 pts.)	13. Treatment outcome measure was checked for reliability. (5 pts.)	14. Reliability measure has value greater than .70 or percent of rater agreement greater than 70%. (5 pts.)

Criteria for Rating Study (cont.) **Criteria for Rating Effect Size**

15. Those rating outcome rated it blind. (10 pts.)	16. Outcome of treatment was measured after treatment was completed. (4 pts.)	17. Test of statistical significance was made and $p < .05$. (10 pts.)	18. Follow-up was greater than 75%. (10 pts.)	19. Total quality points (add 1–18).	20. Effect size = (*ES*1) = SD units = (mean of treatment—mean of control or alternate treatment) ÷ (standard deviation of control or alternate treatment)

Criteria for Rating Effect Size

21. Effect size (*ES*2) = Absolute risk reduction = (Percent improved in treatment) – (percent improved in control)	22. Effect size (*ES*3) = Number needed to treat = 100 ÷ *ES*2

With permission from Gibbs, L. E. (2003). *Evidence-based practice for the helping professions: A practical guide with integrated multimedia.* Brooks/Cole.

APPENDIX D

Article Characteristics

Author ID	WhyTry or ART	Setting & Location	Client Type	Length of Treatment	Treatment Delivery	Treatment Details	Rating
Baker, 2008	WhyTry	Licensed children's institution in California	Foster children, unspecified age.	Weekly for 16 weeks.	Implemented by a clinician following the WhyTry Program.	Experimental and nonequivalent control group.	42
Kinman, 2019	WhyTry	Middle School in Tennessee	Middle Schoolers	10 WhyTry lessons over 2011 fall semester	Inadequate information.	One treatment cohort: compared from 6^{th}-8^{th} grade.	38
Kula, 2012	WhyTry	High school in Midwest US	High schoolers who received ISS or OSS 9^{th}-12^{th} grade.	8, 2-hour sessions. Semi-weekly for 4 weeks, total of 16 hours.	A Licensed school social worker facilitated the program after 2-day WhyTry training.	Treatment group, partial treatment group, and comparison group.	30
Price, 2020	WhyTry	Junior high in Utah.	Students in 7th-9th grade identified as needing additional support.	2-3 times per week over a 5-month period.	Trained WhyTry facilitator.	Treatment and comparison group.	57
Wilhite, 2010	WhyTry	Alternative school in Utah	Students age 10-17 with emotional and behavioral problems.	Monday-Friday for 1 hour per day for 5 weeks.	Author of Study implemented program after 2-day WhyTry training.	2 treatment groups, separated by age.	28

Author ID	WhyTry or ART	Setting & Location	Client Type	Length of Treatment	Treatment Delivery	Treatment Details	Rating
Coleman et al., 1992	ART	Residential treatment center in Texas	Adolescents age with behavioral disorders, age 13-18.	10 weeks, 50 hours total	Group leaders of ART were supervised by ART trainers.	Treatment and control group.	59
Erickson, 2013	ART	Juvenile justice residential commit-ment program in Florida	Female juvenile offenders, age 15-18.	10-week ART program.	1 curriculum trainer and PI received ART training.	Experimental and comparison group.	50
Kaya & Buzlu, 2016	ART	Juvenile/ Youth prison in Turkey	Adolescents (avg. age 16) with criminal attempts.	10 weeks, 3 sessions per week.	No Data.	Intervention and control group.	50
Moynahan & Strømgren, 2005.	ART	Schools in Norway	Children (age 7-12) and youth (age 14-20) with aggressive behavior.	30 hours of ART	Schoolteachers and teachers' aides were trained to deliver ART.	Treatment and control group.	40
Wongtong kam et al., 2014	ART	Vocational college in Thailand	Youth (avg. age 18) in a school where violence is common.	3-hour sessions once per week for 4 weeks (12 hours total)	Behavioral facilitators attended a 30-day workshop in anger management led by a psychologist.	Intervention and control group.	36
Long (2012)	ART	Runaway shelter in Pennsyl-vania	Adolescents with aggressive behaviors (age 12-18)	4 week ART program (1 hr sessions 1-2 times per week)	No data	Treatment and comparison Group	No data