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Intervention website: [www.copingpower.com](http://www.copingpower.com)

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Coping Power

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
<b>Description</b>	Coping Power is a school-based intervention for children between 9 and 15 years identified as having behavioural problems at school. Coping power is delivered jointly by a school counsellor and a trained Coping Power facilitator to groups of five to eight children via 24 to 36 group sessions that are delivered across two school years. Parents also attend 12 to 16 group sessions delivered by two Coping Power practitioners.
<b>Evidence rating</b>	3+
<b>Cost rating</b>	2
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Preventing crime, violence &amp; antisocial behaviour <ul style="list-style-type: none"> <li>- Improved child behaviour</li> <li>- Reduced antisocial behaviour.</li> </ul> </li> <li>• Preventing substance misuse <ul style="list-style-type: none"> <li>- Reduced substance misuse.</li> </ul> </li> </ul>
<b>Child age</b> (population characteristic)	8 to 11 years
<b>Level of need</b> (population characteristic)	Targeted Indicated

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Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	<ul style="list-style-type: none"><li>• African American</li><li>• Hispanic/Latino</li><li>• White American.</li></ul>
<b>Type</b> (model characteristic)	Individual
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• School</li><li>• Community Centre.</li></ul>
<b>Workforce</b> (model characteristic)	School Counsellor
<b>UK available?</b>	No
<b>UK tested?</b>	No

## Model description

Coping Power is a school-based intervention for children identified by their teachers as having problematic classroom behaviour in Grades 5 and 6 of primary school.

Coping power is delivered jointly by a school counsellor and a trained Coping Power facilitator to groups of 5 to 8 children via 24 to 36 group sessions that are delivered across two school years. Parents also attend 12 to 16 group sessions delivered by two Coping Power practitioners.

Coping Power combines components delivered to the child in school with components offered to the parents through group-based training.

- The child component of Coping Power consists of 34 group sessions and periodic individual sessions delivered in schools. These sessions focus on behavioural and personal goal setting, awareness of feelings and associated physiological arousal, use of coping self-statements, distraction techniques, relaxation methods, organisational/study skills, and refusal skills. This last set of skills deals with peer pressure and community-based problems.
- The parent component of Coping Power consists of 16 group sessions, periodic home visits, and individual contacts. The parent sessions include standard parenting advice combined

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with guidance for supporting the social-cognitive skills that are promoted through Coping Power at school. The group intervention sessions for children and parents are augmented with regularly scheduled, brief individual contacts designed to promote generalisation of skills to the children's natural environment.

### Target population

<b>Age of child</b>	9 to 15 years
<b>Target population</b>	<ul style="list-style-type: none"><li>• Children displaying aggressive and disruptive behaviour by their teachers/parents</li><li>• Children who may be at risk of further aggressive behaviour or future antisocial behaviour and substance use.</li></ul>

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



## Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Substance misuse and criminal behaviour in adolescence can significantly diminish children's life chances once they reach adulthood.	Impulsive and aggressive behaviours at school and in the classroom increase the risk of substance misuse and behavioural problems in secondary school.	Children identified as impulsive and aggressive by their teachers during primary school.	<ul style="list-style-type: none"> <li>• Children learn strategies for managing their behaviour and emotions</li> <li>• Children learn to interact more positively with their peers</li> <li>• Parents learn strategies for rewarding positive child behaviour, establishing household rules and routines, improving family communication, and supporting their child's social and emotional skills.</li> </ul>	Parents master strategies for improving family communication and encouraging positive child behaviour.	<ul style="list-style-type: none"> <li>• Child behaviour at home improves</li> <li>• Child behaviour at school improves.</li> </ul>	Children are less likely to engage in substance misuse and antisocial behaviour in adolescence and adulthood.



## Implementation requirements

<b>Who is eligible?</b>	Children in the later primary school grades, identified by their teacher as displaying aggressive and disruptive behaviour.
<b>How is it delivered?</b>	<p>The child component of Coping Power is delivered in 24 to 36 sessions of one-hour duration each by two practitioners to groups of children at school.</p> <p>The parent component of Coping Power is delivered in 12 to 16 sessions of one-hour duration each by two practitioners to a group of parents.</p>
<b>What happens during the intervention?</b>	<p>During the intervention, children and parents engage in group discussion, role-play, and setting goals in school or home. They receive homework and positive feedback. Videos are also used in the sessions.</p> <p>Child sessions include behavioural and personal goal setting, awareness of feelings, distraction techniques, relaxation methods, organisational skills, and refusal skills.</p> <p>Parent sessions focus on rewarding appropriate child behaviour, giving effective instructions, establishing age-appropriate rules and expectations, applying consequences, and establishing good family communication.</p>
<b>Who can deliver it?</b>	School counsellors.
<b>What are the training requirements?</b>	The practitioners have 32 hours of intervention training. Booster training of practitioners is recommended.
<b>How are practitioners supervised?</b>	It is recommended that practitioners are supervised by one clinical supervisor, with 14 hours of intervention training.
<b>What are the systems for maintaining fidelity?</b>	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> <li>• Training manual</li> <li>• Fidelity monitoring.</li> </ul>
<b>Is there a licensing requirement?</b>	No



## Implementation requirements (cont.)

<b>*Contact details</b>	Contact person: Shane Jones Email address: <a href="mailto:jones178@ua.edu">jones178@ua.edu</a> Website/s: <a href="http://www.copingpower.com">www.copingpower.com</a> *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.
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## Evidence summary

Coping Power’s most rigorous evidence comes from two RCTs conducted in the United States consistent with Foundations’ Level 3 evidence strength threshold. Additional evidence from a US study consistent with Foundations’ Level 2 evidence qualifies Coping Power for a Level 3+ rating.

The studies observed statistically significant improvements in problematic and aggressive school behaviour and increases in prosocial behaviour lasting for up to one year post-intervention.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced externalising behaviours (teacher-rated)	Not available Post-intervention		1
Reduced externalising behaviours (parent-rated)	Not available Post-intervention		1
Improved social and academic behaviours	Not available Post-intervention		1



Reduced assaultive behaviours	Not available Post-intervention		1
Reduced expectations that aggressive behaviour would lead to positive outcomes	Not available Post-intervention		1
Reduced delinquent behaviours	Not available Long-term (1-year follow-up)		2

## Search and review

	Number of studies
<b>Identified in search</b>	28
<b>Studies reviewed</b>	3
<b>Meeting the L2 threshold</b>	1
<b>Meeting the L3 threshold</b>	2
<b>Contributing to the L4 threshold</b>	0
<b>Ineligible</b>	25



## Individual study summary: Study 1

Study 1	
<b>Study design</b>	3 arm RCT (only 2 arms are relevant to the intervention rating)
<b>Country</b>	United States
<b>Sample characteristics</b>	531 children between 8 and 9 years old (recruited in 3rd grade). 65% of the screened sample were boys.
<b>Race, ethnicities, and nationalities</b>	<ul style="list-style-type: none"> <li>• 84% African American</li> <li>• 14% White American</li> <li>• 2% Other.</li> </ul>
<b>Population risk factors</b>	30% most aggressive children as rated by teacher screening, with the top 2% having been excluded.
<b>Timing</b>	Baseline (pre-intervention), post-intervention, 2-year follow-up.
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Improved children's behavioural functioning (Teacher report and Parent report)</li> <li>• Improved children's social and academic behaviours (Teacher report)</li> <li>• Reduced rates of assaultive behaviours (Child self-report)</li> <li>• Reduced expectations of aggression leading to positive outcomes (Child self-report).</li> </ul>
<b>Other outcomes</b>	N/A
<b>Study Rating</b>	3
<b>Citation</b>	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. <i>Journal of Consulting and Clinical Psychology</i> . 77 (3), 397.





## Brief summary

### Population characteristics

This study involved 531 children aged between 8 and 9 years living in north central Alabama. All participants were identified by their teachers (representing 57 public schools) as being the 30% most aggressive children in US third grade (aged 8 or 9). The top 2% most aggressive pupils were excluded from the study as they were determined to be within the clinical range.

65% of the screened sample were boys. 84% African American and 14% White American.

### Study design

57 schools were randomly assigned to one of three conditions as follows:

- Coping Power as delivered by school counsellors with enhanced training (CP-TF; 19 schools)
- Coping Power as delivered by school counsellors with basic training (CP-BT; 19 schools)
- A control condition with no intervention (19 schools).

Assignment was stratified so that each school system had at least one comparison, one CP-TF, and one CP-BT school.

531 pupils were recruited to the study. Of the total sample, 168 children were in CP-TF schools, 183 children were in CP-BT schools and 180 were in the comparison schools not receiving any intervention.

### Measurement

Coping Power was delivered during US grades 3 and 4. The study collected information at baseline (during grade 3 and in the summer after grade 3) and then at mid-intervention, during the summer after fourth grade and one-year follow-up during US grade 5.

#### *Mid-intervention*

- **Child report** measures included the Outcomes Expectations Questionnaire and the minor assault scale from the National Youth Survey (NYS).
- **Parent report** measures the parent version of the Behaviour Assessment System for Children (BASC) and the Inconsistent Discipline subscale of the Alabama Parenting Questionnaire (APQ).

#### *One-year follow-up*

- **Child report** measures included the Outcomes Expectations Questionnaire (OEQ) and the minor assault scale from the National Youth Survey (NYS).
- **Parent report** measures the parent version of the Behaviour Assessment System for Children (BASC) and the Inconsistent Discipline subscale of the Alabama Parenting Questionnaire (APQ).
- **Teacher report** measures included the teacher version of the Behaviour Assessment System for Children (BASC).



## Study retention

### *Mid-intervention*

Not reported

### *One-year follow-up*

Parent and child assessment data were available for 94% (499) of the children and parents in the sample post-intervention (2 years after baseline, 1-year post-intervention). Differential retention across the three study groups was not reported.

Teacher-rated post-intervention measures were obtained for 88% (467) of the sample. The distribution of the returned teacher ratings for the three intervention groups was not reported. The study does, however, report that the pupils retained in the study and those lost to follow-up were not significantly different at baseline.

## Results

### *Data-analytic strategy*

Hierarchical linear modelling (HLM), with counsellor as the second level in a mixed-model design, was used to consider the extent to which the intervention condition contributed to improvements in children's behaviour and risk of substance misuse in comparison to those in the control.

### *Findings*

At the one-year follow-up, children participating in Coping Power, as delivered by teachers receiving the intensive training (CP-TF), showed statistically significant improvements in teacher ratings of children's externalising, social, and academic behaviours in comparison to children not receiving any classroom intervention. Additionally, CP-TF parents were more likely to report improvements in children's externalising behaviours, and their children were more likely to report reductions in their assaultive behaviours in comparison to children who did not receive any intervention.

## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Child outcomes					
Externalising behaviours	BASC (Teacher report)	B = -0.41	Yes	302	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Externalising behaviours	BASC (Parent report)	$\beta = -0.23$	Yes	332	Post-intervention
Social and academic behaviours	BASC (Teacher report)	$\beta = 0.35$	Yes	302	Post-intervention
Positive social behaviours	BASC (Parent report)	$\beta = 0.06$	No	332	Post-intervention
Assaultive behaviours	NYS (Child report)	$\beta = -0.25$	Yes	328	Post-intervention
Expectations that aggressive behaviour would lead to positive outcomes	OEQ (Child report)	$\beta = -0.24$	Yes	329	Post-intervention
<b>Parent outcomes</b>					
Inconsistent parental discipline	APQ (Parent report)	$\beta = 0.03$	No	332	Post-intervention

Comparison is between the Coping Power with enhanced training and no intervention group only.



## Individual study summary: Study 2

Study 2	
Study design	4 arm RCT (only 2 arms are relevant to the intervention rating)
Country	United States
Sample characteristics	245 children across 17 elementary schools in the US. The overall sample was comprised of a 2-to-1 boys-to-girls ratio.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> <li>• 78% African American</li> <li>• 19% White American</li> <li>• 0.8% Hispanic/Latino</li> <li>• 2% Other.</li> </ul>
Population risk factors	31% most-aggressive children as rated by fourth-grade teachers across 17 elementary schools.
Timing	Baseline (pre-intervention), T4 (1 year post-intervention, 3 years after baseline measure).
Child outcomes	Reduced antisocial behaviours
Other outcomes	N/A
Study Rating	3
Citations	<p><b>Study 2a:</b> Lochman, J. E. &amp; Wells, K. C. (2002) The Coping Power Program at the middle school transition: Universal and indicated prevention effects. <i>Psychology of Addictive Behaviors</i>. 16, 40–54.</p> <p><b>Study 2b:</b> Lochman, J. E. &amp; Wells, K. C. (2003) Effectiveness of the Coping Power program and of classroom intervention with aggressive children: Outcomes at a 1-year follow-up. <i>Behavior Therapy</i>. 34, 493–515.</p>

## Brief summary

### Population characteristics

This study involved a sample of 245 children of the 31% most-aggressive children as rated by fourth-grade teachers across 17 elementary schools in the United States. The ratio of boys to girls



was 2 to 1.78% were Black American, 19% were White American, 0.8% were Hispanic/Latino, and 2% Other ethnic background.

## Study design

This was a 4-arm cluster RCT trial involving 17 elementary schools randomly assigned to one of four conditions: Coping Power only (CP), Coping Power plus a universal classroom intervention (CPCL), a universal classroom only (CL), and control (C) condition with no intervention. All conditions were offered to pupils during the 4th and 5th years of 17 US elementary schools.

Students were clustered by school. Following random assignment, 59 children received CP, 61 children received CPCL, 62 children received CL, and 63 children were assigned to the control condition.

This evidence assessment only compares findings observed between children the CP and control conditions.

## Measurement

Assessments were conducted at four time points: baseline (pre-intervention), mid-intervention, post-intervention, and a one-year follow-up occurring three years post-baseline.

Findings observed at the post-intervention assessment were generally positive and are reported in Lochman and Wells (2002). However, the study does not compare the effect of Coping Power only to the control condition, so the findings are not reported here.

The findings from the one-year follow-up do, however, do report the impact of Coping Power to no intervention as measured by the following measures:

- **Child report** measures included a set of questions about antisocial behaviour from the National Youth Survey and questions about substance misuse with the Center for Substance Abuse Prevention (CSAP) Student Survey.
- **Teacher report** measures included the Teacher Observation of Classroom Adaption-Revised (TOCA-R).

## Study retention

### *One-year follow-up*

The child self-report measures were taken in the summer one year after the end of the intervention with 83% (201) of the original (full) sample, and the teacher assessed measures were taken on 66% (160) of the original (full sample).

## Results

### *Data analytic plan*

Intervention effects were tested with ANOVAs and ANCOVAs using general linear models, accounting for neighbourhood effects and other key demographics.



## Findings

The study observed statistically significant reductions in Coping Power only participant reports of antisocial behaviour, but no reductions in substance use or teacher-reported aggressive behaviour.

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
<b>Child outcomes</b>					
Delinquent Behaviours	NYS (Child report)	d = 0.35	Yes	Not reported	1-year post-intervention
Substance Use	CSAP (Child report)	Not reported	No	Not reported	1-year post-intervention
Aggressive Behaviour	TOCA-R (Teacher report)	0.15	No	Not reported	1-year post-intervention

## Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Aitken, M., Waxman, J. A., MacDonald, K., & Andrade, B. F. (2018). Effect of comorbid psychopathology and conduct problem severity on response to a multi-component intervention for childhood disruptive behavior. *Child Psychiatry & Human Development*. 49 (6), 853–864.

Eiraldi, R., Mautone, J. A., Khanna, M. S., Power, T. J., Orapallo, A., Cacia, J., Schwartz, B. S., McCurdy, B., Keiffer, J., Paidipati, C., Kanine, R., Abraham, M., Tulio, S., Swift, L., Bressler, S. N., Cabello, B. & Jawad, A. F. (2018) Group CBT for externalizing disorders in urban schools: Effect of training strategy on treatment fidelity and child outcomes. *Behavior Therapy*. 49 (4), 538–550.

Helander, M., Lochman, J., Högström, J., Ljötsson, B., Hellner, C. & Enebrink, P. (2018) The effect of adding Coping Power Program-Sweden to parent management training: Effects and moderators in a randomized controlled trial. *Behavior Research and Therapy*. 103, 43–52.

Jurecska, D. D., Hamilton, E. B. & Peterson, M. A. (2011) Effectiveness of the Coping Power Program in middle-school children with disruptive behaviors and hyperactivity difficulties. *Support for Learning*. 26, 168–172.

Lochman, J. E., Baden, R. E., Boxmeyer, C. L., Powell, N. P., Qu, L., Salekin, K. L. & Windle, M. (2014) Does a booster intervention augment the preventive effects of an abbreviated version of the



Coping Power Program for aggressive children? *Journal of Abnormal Child Psychology*. 42 (3), 367–381.

Lochman, J.E., Boxmeyer, C.L. Jones, S., Qu, L., Ewoldsen, D. & Nelson, W.M. III (2017) Testing the feasibility of a briefer school-based preventive intervention with aggressive children: A hybrid intervention with face-to-face and internet components. *Journal of School Psychology*. 62, 33–50.

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

Lochmann, J.E., FitzGerald, D.P., Gage, S.M., Kanaly, K.M., Whidby, J.M., Barry, T.D., Pardini, D.H. and McElory, H., 2019. *Effects of social-cognitive intervention for aggressive deaf children: The Coping Power Program*. JADARA, 35(2).

Lochman, J. E., Wells, K. C., Qu, L. & Chen, L. (2013) Three year follow-up of Coping Power intervention effects: Evidence of neighborhood moderation? *Prevention Science*. 14 (4), 364–376.

Ludmer, J. A., Sanches, M., Propp, L., & Andrade, B. F. (2018). Comparing the multicomponent Coping Power Program to individualized parent–child treatment for improving the parenting efficacy and satisfaction of parents of children with conduct problems. *Child Psychiatry and Human Development*. 49, 100–108.

McDaniel, S. C., Lochman, J. E., Tomek, S., Powell, N., Irwin, A. & Kerr, S. (2018) Reducing levels of behavioral risk in late elementary school: A comparison of two targeted interventions. *Behavioral Disorders*. 43, 370–382.

Muratori, P., Bertacchi, I., Catone, G., Mannucci, F., Nocentini, A., Pisano, S. & Lochman, J. E. (2020) Coping Power Universal for middle school students: The first efficacy study. *Journal of Adolescence*. 79, 49–58.

Muratori, P., Bertacchi, I., Giuli, C., Lombardi, L., Bonetti, S., Nocentini, A., ... & Lochman, J. E. (2015) First adaptation of coping power program as a classroom-based prevention intervention on aggressive behaviors among elementary school children. *Prevention Science*. 16 (3), 432–439.

Muratori, P., Bertacchi, I., Giuli, C., Nocentini, A. & Lochman, J. E. (2017) Implementing coping power adapted as a universal prevention program in Italian primary schools: A randomized control trial. *Prevention Science*. 18 (7), 754–761.

Muratori, P., Bertacchi, I., Giuli, C., Nocentini, A., Ruglioni, L. & Lochman, J. E. (2016) Coping Power adapted as universal prevention program: Mid term effects on children’s behavioral difficulties and academic grades. *The Journal of Primary Prevention*. 37 (4), 389–401.

Muratori, P., Giofrè, D., Bertacchi, I., Darini, A., Giuli, C., Lai, E. ... & Mammarella, I. (2021) Testing the efficacy of Coping Power Universal on behavioral problems and pre-academic skills in preschoolers. *Early Childhood Education Journal*. 1–13.

Muratori, P., Giuli, C., Bertacchi, I., Orsolini, L., Ruglioni, L. & Lochman, J. E. (2017) Coping power for Excluded preschool-aged children: A pilot randomized control trial study. *Early Intervention in Psychiatry*. 11 (6), 532–538.





Muratori, P., Milone, A., Levantini, V., Ruglioni, L., Lambruschi, F., Pisano, S., ... & Lochman, J. E. (2019) Six-year outcome for children with ODD or CD treated with the Coping Power program. *Psychiatry Research*. 271, 454–458.

Mushtaq, A., Lochman, J. E., Tariq, P. N. & Sabih, F. (2017) Preliminary effectiveness study of Coping Power program for aggressive children in Pakistan. *Prevention Science*. 18 (7), 762–771.

Nystrand, C., Helander, M., Enebrink, P., Feldman, I. & Sampaio, F. (2020) Adding the Coping Power Program to parent management training: The costeffectiveness of stacking interventions for children with disruptive behaviour disorders. *European Child & Adolescent Psychiatry*. 30, 1603–1614.

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.

Vanzin, L., Colombo, P., Valli, A., Mauri, V., Ceccarelli, S. B., Pozzi, M., ... & Nobile, M. (2018) The effectiveness of coping power program for ADHD: An observational outcome study. *Journal of Child and Family Studies*. 27 (11), 3554–3563.

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 to care as usual depends on the type of care as usual. *Behavior Modification*. 31, 298–312.

Zonneville-Bender, M., Matthys, W., van de Wiel, N. M. H. & Lochman, J. E. (2007) Preventive effects of treatment of disruptive behavior disorder in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*. 46 (1), 33–39.

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**Note on provider involvement:** This provider has agreed to Foundations’ terms of reference (or the Early Intervention Foundation’s terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.