Leadership and Excellence in Child Welfare

It’s up to us!

Evidence-Based and Best Practices/Programs in Child Welfare: Bibliography

January 2006
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**INTRODUCTION**

This bibliography is a listing of resources in the field of child welfare and evidence based/promising programs and practices. Due to the plethora of information on best practices, promising programs, and evidence-based practices/programs in the child welfare field, much of the information in this bibliography has been restricted to proven practices and programs in child welfare, family-centered practice in child welfare, and children’s mental health, whenever possible. Single, paper copies of items with an asterisk are available free-of-charge to staff of full members of the Alliance for Children and Families. Requests may be sent to severson@alliance1.org.

This compilation is a work-in-progress and will be updated on an ongoing basis. If you have an information resource to be considered for addition to the bibliography, please send the pertinent information to severson@alliance1.org.

Electronic copies of this bibliography, with active hyperlinks, may be requested from severson@alliance1.org. This bibliography will also be posted to the Alliance for Children and Families web site (www.alliance1.org) in February 2006.

Other resources the Alliance offers in regard to evidence based practices and programs are in-house research and evaluation services from its national research department. The department conducts national studies, in collaboration with the Alliance network, to develop understandings of family and community adaptations through qualitative and quantitative designs. It also provides consultation to member organizations on research issues, including the design of outcome measures for programs and other initiatives. For more information on these services, contact:

Dr. Thomas E. Lengyel
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(800) 221-3726, x. 3637
tlengyel@Alliance1.org

In addition, staff of full Alliance members may use DocuShare, the Alliance’s Internet database of information resources and sample member material to search for additional information on evidence-based programs and practices. Register for DocuShare by sending a message to severson@alliance1.org.

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**Key:**

* = Single copies available from the Severson Center (severson@alliance1.org). All items without asterisks or URLs may be available through the inter-library loan services of your local public library, or in some cases, purchased online.

** = Available through the Families in Society (FIS) website: www.familiesinsociety.org
WEB SITES

Blueprints for Violence Prevention
www.colorado.edu/cspv/blueprints/
Part of the University of Colorado, Center for Study and Prevention of Violence, this project has identified prevention and intervention programs that meet a strict scientific standard of program effectiveness. Model programs must show effectiveness either using random assignment or very carefully control group studies. Includes a matrix of programs and their ranking by various federal and private agencies, e.g. promising, model, exemplary, effective, etc. (direct link to program matrix: www.colorado.edu/cspv/blueprints/matrix/matrix.pdf).

The California Child Welfare Clearinghouse for Evidence Based Practice
www.chadwickcenter.org/Clearinghouse.htm
Provides guidance on selected evidence based practices. The Clearinghouse was created by the Chadwick Center for Children and Families – Children’s Hospital San Diego, in cooperation with the Child and Adolescent Research Center (CASRC), and assists the state and counties with its performance improvement plan and the broader ‘redesign’ of child welfare. Priority Topical Areas to be reviewed: Parent Training Programs, Trauma Treatment for Children in Foster Care, Substance Abuse, Reunification Services, and Motivation/Engagement.

Campbell Collaborative
www.campbellcollaboration.org
Register of protocols and reviews of interventions or studies including child welfare.

Cochrane Collaborative
www.cochrane.org
Produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. Includes a group of reviews for developmental, psychosocial and learning problems for adults and children (direct link to this group: www.cochrane.org/cochrane/revabstr/BEHAVAbstractIndex.htm).

National Child Welfare Resource Center for Youth Development
www.nrcys.ou.edu/nrcyd/resources/clearing.shtml
List of DHHS National Clearinghouses on Adoption, Alcohol and Drugs, Juvenile Justice, Mental Health in Schools, Child Health and Development, etc. Includes links to government reports, research, and promising practices (direct link to this menu: www.nrcys.ou.edu/nrcyd/publications.shtml).

National Clearinghouse on Child Abuse and Neglect
http://nccanch.acf.hhs.gov/
Searchable database provides information on all aspects of child maltreatment, including programs, research, legislation, and statistics. Includes section on general resources as well as promising practices (http://nccanch.acf.hhs.gov/profess/promising/index.cfm).

The Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide (MPG)
(OJ)DP Model Programs Guide
www.dsgonline.com/mpg2.5/mpg_index.htm
Searchable database designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs in child welfare. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. It is also used to assist in enhancing accountability, ensuring public safety, and reducing recidivism. Ratings of exemplary, effective, and promising are used.

Promising Practice Network (PPN)
www.promisingpractices.net/
The Promising Practices Network (PPN) hosted by RAND is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families. Programs may be viewed by outcome area, indicator, topic, and evidence level.
The SAMHSA Model Programs have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors.

Strengthening America’s Families

Collaboration of the the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention (CSAP). Lists “best practice” family focused programs for the prevention of juvenile delinquency and substance abuse, which have been proven to be effective from 1999 and 1997. Additional information as well as direct links to individual program websites are included. Programs are divided into categories based upon the degree, quality and outcomes of research associated with them. You will also find a program matrix for exemplary, model and promising programs (direct link to 1999 program matrix:


ARTICLES AND OTHER RESOURCES

Child Abuse


A growing body of research points to a definite link between domestic violence and child abuse. When family violence issues come to the attention of the child protective services system first, it is important to assess the impact of the situation on the children and the potential danger to their safety and to develop a safety plan for mother and children. Includes assessment protocol.


The Ewing Marion Kauffman Foundation in Kansas City has presented the systematic identification of best practices on helping children heal from the impact of child abuse, and spread those effective interventions.


This article summarizes the background and basic concepts of evidence based practice (EBP), contrasts EBP with traditional approaches, and examines how EBP fits within child welfare and child maltreatment related services systems.


http://nccanch.acf.hhs.gov/pubs/usermanuals/cps/index.cfm#toc

These revised guidelines by NAPCWA, an affiliate of the American Public Human Services Association, reflect current trends and data in child welfare policy and practice including cultural competency, managed care, and community-based partnerships.


Two-year collaboration between the Children’s Bureau’s Office on Child Abuse and Neglect (OCAN) and Caliber Associates. Exemplary prevention programs were nominated for the project and reviewed by an advisory group of experts. Three programs were accepted as effective, seven programs were considered
to be innovative, and 12 were recognized as having noteworthy aspects. The focus was on family relationships, parenting, emergency care, assessment, and assault protection.

**Child Mental Health**

AACAP/CWLA Policy Statement on Mental Health and Substance Use Screening and Assessment of Children in Foster Care (2003).
www.aacap.org/publications/policy/collab02.htm

Children who are removed from their primary caregivers because of suspected child abuse, neglect, or caregiver impairment have compelling and urgent mental health needs and are at risk for use of alcohol and other drugs problems. The (AACAP) and the (CWLA) urge that these children receive immediate mental health and use of alcohol and other drugs screening and assessment and periodic reassessments.

www.aacap.org/publications/policy/ps45.htm

In consideration of the combination of adverse risk factors and documented prevalence of psychiatric, behavioral and developmental difficulties characteristic of foster children, the AACAP recommends that children and youth in foster placement routinely have access to all aspects of mental health care.


Literature review of effective interventions for mental disorders in children and adolescents. Findings are organized into the following categories: prevention, traditional forms of treatment, community-based interventions, crisis and support services, and treatment for two prevalent disorders. The strongest evidence base supportive of positive outcomes for children and families exists for five forms of services and treatments: home-based services, therapeutic foster care, some forms of case management, and both pharmaceutical and psychosocial treatments for specific syndromes.

A review of the empirical literature on psychosocial, psychopharmacological, and adjunctive treatments for children between ages 6-12 with internalizing disorders. DS#11570

Twenty-one studies on aftercare services were reviewed for youth aged 18 and younger who were discharged from child and adolescent inpatient facilities. May be downloaded at: http://ps.psychiatryonline.org/cgi/reprint/55/8/901.


Examples of evidence based and best practices for adults and children from the report of the Surgeon General.


http://ps.psychiatryonline.org/cgi/reprint/52/9/1179

Review of the status, strength, and quality of evidence-based practice in child and adolescent mental health services. DS#10762.
These guidelines identify general principles applicable to dissociative processes regardless of the child’s presenting diagnosis.

A review of behavioral and cognitive behavioral therapies for simple/specific phobias, separation anxiety disorder and overanxious/generalized anxiety disorder.

Review of research on school-based mental health services from 1985 - 1999.

A review of the literature for psychotherapies for youth internalizing and externalizing problems and disorders.

Compiles a comprehensive list of interventions or programs that have been evaluated and found to have varying degrees of evidence as to their effectiveness.

**Community Intervention**

This article describes the application and evaluation of a community and organizational intervention model (ARC: Availability, Responsiveness, Continuity) in the context of a planned change to implement one evidence-based mental health treatment in a rural community. The results of this ongoing study will begin to address the need for more evidence on effective strategies to implement change in systems of care and children's mental health.

**Conduct Disorder**

Reviews psychosocial interventions for child and adolescent conduct problems, including oppositional defiant disorder and conduct disorder, to identify empirically supported treatments.

**Depression: Child/ Youth**

Child and adolescent major depressive disorder (MDD) and dysthymic disorder (DD) are common, chronic, familial, and recurrent conditions that usually persist into adulthood.

A review of the psychosocial intervention literature on treatment outcomes for depressed children and adolescents.

**Domestic Violence and Children**


Provides broad guidance to public human service agency commissioners, public child welfare agency directors, and their staffs. Also describes model policies, practices, programs, and protocols that address the multiple needs of families and children affected by domestic violence and child maltreatment.

**Domestic Violence**


These guidelines provide broad guidance to public human service agency commissioners, public child welfare agency directors, and their staffs. The guidelines describe model policies, practices, programs, and protocols that address the multiple needs of families and children affected by domestic violence and child maltreatment.


Offers a more comprehensive set of responses to eliminate or decrease the enormous risks that individual battered mothers, caseworkers, and judges must take on behalf of children.

**Evidence Based Practice - General**


This report describes the current state of the science of implementation, and identifies what it will take to transmit innovative programs and practices to mental health, social services, juvenile justice, education, early childhood education, employment services, and substance abuse prevention and treatment.


**On Alliance Website**  [www.familiesinsociety.org](http://www.familiesinsociety.org)

Increased emphasis is being placed on improving outcomes for abused and neglected children served by the child welfare system. To achieve this goal, the notion of “best practice” is widely embraced. Unfortunately, there is no consensus on its definition. The authors argue that best practice is optimally defined as evidence-based practice.


Different forms of evidence are not all equally informative, and they present a hierarchy of research methods, from high to low, in terms of their ability to reliably and directly inform practice.

Provides guidelines for a common language and framework with which to understand the conditions, challenges, and opportunities of evidence based practice in child welfare. Includes information on defining, assessing, rating, adopting, and implementing evidence-based practices.


Assessment in child welfare involves at least two distinct processes: an assessment (prediction of future harm) and a contextual assessment of child and family functioning used to develop case plans.

*Steib, S. (2004). Whatever the problem, the answer is “evidence-based practice” - or is it? Child Welfare, 83(6), 611-615.

Evidence-based change requires not only an understanding of the questions research answers, but also the questions it raises, and it requires assessing needs, targeting change, and tracking and measuring both process and outcomes. DS#9867


The importance of using evidence-based knowledge to improve policies, practices, and outcomes in the child welfare system is the theme for the articles of this special issue of *Research on Social Work Practice*. A collection of references.

**Family Reunification**


The article reports on selected findings from a national study of reunification practice in the UK.


**On Alliance Website [www.familiesinsociety.org](http://www.familiesinsociety.org)**

This study presents a resilience-based model for the successful reunification of children in out-of-home care services.

**Family Support**


The participation of family members in the assessment and treatment of infants, children, and adolescents is integral to positive clinical outcomes.


**On Alliance Website [www.familiesinsociety.org](http://www.familiesinsociety.org)**

The authors present guidelines for social work practice in the growing, interdisciplinary field of family-support programs.

**Family Therapy**


Evidence for the effectiveness of family therapy and family-based interventions from critical literature reviews and controlled trials is considered for families with children and adolescents who present with various difficulties.
**Foster Care, Therapeutic**

Hahn, R.A., Lowy, J., Bilukha, O., et al. (July, 2004). Therapeutic Foster Care for the Prevention of Violence: A Report on Recommendations of the Task Force on Community Preventive Services. Website: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5310a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5310a1.htm)

The Task Force reviewed Therapeutic Foster Care and recommends it as an intervention for prevention of violence among adolescents with a history of chronic delinquency.


This project has focused upon the promotion of mental health assessments and services for foster children throughout California, and has created two screening tools designed to support child and family service systems in these efforts. (The Mental Health Screening Tool (MHST) 5-adult and (MHST)0-5 are available for download or to order on this website).

**ATTACH (Association for Treatment and Training in the Attachment of Children).** (undated). Standards of practice. [www.attach.org/ppmanual.htm](http://www.attach.org/ppmanual.htm)

Accurate information related to the field of attachment for dissemination to professionals and parents.


This article brings together evidence related to the most promising programs from other child service sectors with information about the current parent training approaches in child welfare and generates a range of proposals about next steps to enhance the capacity of parent training and fulfill the high expectations set in law and practice. Online access to this article may be purchased at:

**Placement**


The Interstate Compact on the Placement of Children is the best means we have to ensure protection and services to children who are placed across state lines for foster care or adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.


**On Alliance Website** [www.familiesinsociety.org](http://www.familiesinsociety.org)

The authors summarize the research on sibling relationships, including a description of sibling relationships in families where children have been abused and neglected. The authors also discuss the barriers in child welfare that can result in the separation of siblings. Finally, they offer best practice solutions that support maintaining sibling relationships throughout temporary and permanent placement.

**Posttraumatic Stress Disorder (PTSD)**


These practice parameters review the current state of knowledge about post-traumatic stress disorder (PTSD) in children and adolescents. The parameters were written to aid clinicians in the assessment and treatment of children and adolescents with PTSD symptoms.
[www.chadwickcenter.org/Assessment-Based%20Treatment.htm](http://www.chadwickcenter.org/Assessment-Based%20Treatment.htm)

Using the most current information available on best practices in assessment and treatment, the Chadwick Center for Children & Families (with support from the National Child Traumatic Stress Network) has developed an assessment framework for understanding traumatized children and making informed clinical decisions with these children.

**Sex Abuse**

[www.aappolicy.aappublications.org/cgi/content/full/pediatrics;103/1/186](http://www.aappolicy.aappublications.org/cgi/content/full/pediatrics;103/1/186)

The role of the physician is outlined with respect to obtaining a history, physical examination, and appropriate laboratory data and in determining the need to report sexual abuse.

[www.musc.edu/cvc/guide1.htm](http://www.musc.edu/cvc/guide1.htm)

These guidelines seek to present the best available information about the mental health treatment of cases of physical and sexual abuse in a concise and consistent format that can be easily used by practitioners and other interested professionals.

**Substance Abuse - Methadone**


This article examined the extent to which methadone maintenance is considered a treatment alternative for drug-dependent parents, as reflected in the social work and child welfare literature and in child welfare policies. DS#11575

**Youth Suicide**

[http://jedfoundation.org/documents/PsychosocialTreatment.pdf](http://jedfoundation.org/documents/PsychosocialTreatment.pdf)

Review of treatments for adolescent suicidality.

**PROVEN PROGRAMS and INTERVENTIONS**

**At-Risk Children**

*Carolina Abecedarian Project.*
[www.promisingpractices.net/program.asp?programid=132](http://www.promisingpractices.net/program.asp?programid=132)

The Carolina Abecedarian Project was a comprehensive early education program for young children at risk for developmental delays and school failure. The program operated in a single site, between 1972 and 1985, in North Carolina, and has undergone extensive assessments of its long-term effects on participants.

*The Seattle Social Development Project (SSDP).*
[www.promisingpractices.net/program.asp?programid=64](http://www.promisingpractices.net/program.asp?programid=64)

A long-term risk-reduction intervention based on a broad developmental model. The program is guided by the social development theory, which hypothesizes that positive social bonds to school and family will develop when students have opportunities for active involvement in the classroom and family. Further, the theory proposes that these bonds, when active and continually reinforced, are protective factors that may prevent delinquency, drug abuse, and other health- and life-risk behaviors.
**Behavior Disorders**

*Second Step. SAMHSA Model Program.*


Second Step is a classroom-based social skills program for children 4 to 14 years of age. It provides a series of curriculum kits that teach social-emotional skills to reduce impulsive and aggressive behavior in children and to increase their level of social competence.

**Child Abuse**


Three intervention protocols emerged as clear, consensus choices as “best practices” in the field of child abuse treatment. It is important to note that these three Evidence Based Treatments (EBTs) are not the only protocols that could have been described as “best practices.” Indeed, there is evidence emerging with each passing month of other solid well-supported practices. However, these three protocols enjoyed the greatest level of theoretical, clinical, and empirical support, and the most agreement among the participants in the consensus-building process. The three protocols are:

1. **Trauma Focused-Cognitive Behavioral Therapy (TF-CBT).**

   TF-CBT is an intervention designed for children, adolescents and their parents or guardians. It is an empirically supported intervention based on learning and cognitive theories, and is designed to reduce children’s negative emotional and behavioral responses, and correct maladaptive beliefs and attributions related to the abusive experiences. It also aims to provide support and skills to help non-offending parents cope effectively with their own emotional distress and optimally respond to their abused children. For more information on the components, see page 9 of *Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices. The Findings of the Kauffman Best Practices Project to Help Children Heal from Child Abuse*, [www.musc.edu/cvc/kauffmanfinal.pdf](http://www.musc.edu/cvc/kauffmanfinal.pdf).

2. **Abuse Focused-Cognitive Behavioral Therapy (AF-CBT).**

   Definition of Abuse Focused-Cognitive Behavioral Therapy (AF-CBT)

   AF-CBT represents an approach to working with abused children and their offending caregivers based on learning theory and behavioral principles. The model emphasizes an evaluation of risks for or contributors to physically abusive behavior within the child, parent, family, and community domains (Kolko, 2002). For more information on the components, see page 11 of *Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices. The Findings of the Kauffman Best Practices Project to Help Children Heal from Child Abuse*, [www.musc.edu/cvc/kauffmanfinal.pdf](http://www.musc.edu/cvc/kauffmanfinal.pdf).

3. **Parent Child Interaction Therapy (PCIT).**

   PCIT is a highly specified, step-by-step, live-coached behavioral parent training model. It provides immediate prompts to a parent while they are interacting with their child conducted either by use of a ‘bug-in-the-ear’ system (an earmounted receiver worn by the parent; while the therapist provides prompts from an adjoining observation room via a transmitter, which uses a short-range FM signal) or through ‘in-room’ coaching. For more information on the components, see page 14 of *Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices. The Findings of the Kauffman Best Practices Project to Help Children Heal from Child Abuse*, [www.musc.edu/cvc/kauffmanfinal.pdf](http://www.musc.edu/cvc/kauffmanfinal.pdf).

**Conduct Problems - Behavior Interventions**

*Parent Management Training-Oregon Model (PMTO).*  
*[Oregon Social Learning Center (OSLC)].*  

A behavior intervention program designed by Dr. Gerald Patterson and colleagues at the Oregon Social Learning Center (OSLC). OSLC is a world renowned research center in the area of antisocial behavior in children. The behavior interventions used in PMTO are based on over 30 years of research on families with children and adolescents who have serious conduct problems.
Divorce

Children in The Middle; Divorce Education for Parents (CIM). SAMHSA Model Program.  
www.modelprograms.samhsa.gov/pdfs/Details/CITM.pdf  
CIM is a skills-based program that helps children and parents deal with the children’s reactions to divorce.

Early Childhood Development and Family Support

The Infant Health and Development Program (IHDP).  
www.promisingpractices.net/program.asp?programid=136  
A comprehensive early intervention for low-birth-weight and premature infants, designed to reduce the infants' health and developmental problems. The IHDP combined early child development and family support services with pediatric follow-up.

Healthy Family Functioning - Child Development and Parenting

Child-Parent Centers (CPCs).  
www.promisingpractices.net/program.asp?programid=98  
The Chicago Child-Parent Centers (CPCs) provide comprehensive educational support and family support to economically disadvantaged children and their parents. The guiding principle of the program is that by providing a school-based, stable learning environment during preschool and during kindergarten through third grade, in which parents are active and consistent participants in their child’s education, scholastic success will follow.

DARE to be You (DTBY)  
www.promisingpractices.net/program.asp?programid=100  
DTBY focuses on improving the parenting skills of parents of young children (age 2 to 5) in order to promote children’s resiliency to problems later in life, which can, in turn, reduce children's alcohol and drug use as they grow up.

Developmentally Supportive Care: Newborn Individualized Developmental Care and Assessment Program (NIDCAP).  
www.promisingpractices.net/program.asp?programid=103  
This program offers an individualized and nurturing approach to the care of infants in neonatal intensive care units (NICUs). NIDCAP encourages parents and other key family members to be constantly present in the NICU and to take charge of the development and nurturing of their infant while there.

Early Head Start (EHS).  
www.promisingpractices.net/program.asp?programid=135  
EHS is a federally funded community-based program for low-income pregnant women and families with infants and toddlers up to age 3. Its mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of children age 0-3, and support healthy family functioning.

Incredible Years Series (IYS). Blueprints Model Program, Center for the Study and Prevention of Violence.  
www.colorado.edu/cspv/blueprints/model/programs/IYS.html  
The Incredible Years Series is a set of three comprehensive, multi-faceted, and developmentally-based curriculums for parents, teachers and children designed to promote emotional and social competence and to prevent, reduce, and treat behavior and emotion problems in young children.

www.colorado.edu/cspv/blueprints/model/programs/NFP.html  
Nurse home visitors work with families in their homes during pregnancy and the first two years of the child’s life. The program is designed to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the
planning of future pregnancies, women’s educational achievement, and parents’ participation in the work force.

*Parenting Wisely.* SAMHSA Model Program.  

Parenting Wisely is a self-administered, interactive, multimedia CD-ROM program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Parents can use it alone, in a group, or with a practitioner. The program targets parents with children 9 to 18 years of age.

*The Parents Fair Share (PFS) Demonstration Program.*  
[www.promisingpractices.net/program.asp?programid=43](http://www.promisingpractices.net/program.asp?programid=43)

This program ran from 1994 through 1996 (with an initial pilot from 1992 to 1994), and was designed by the Manpower Demonstration and Research Corporation (MDRC). The initial goals of the program included helping unemployed, non-custodial parents (primarily fathers) to secure employment, pay child support, and participate more fully and responsibly as parents.

*Perry Preschool.*  
[www.promisingpractices.net/program.asp?programid=128](http://www.promisingpractices.net/program.asp?programid=128)

Perry Preschool an early childhood education program, is an open framework of educational ideas and practices based on the natural development of young children. Drawing on the child development work of psychologist Jean Piaget, the program emphasizes an active learning approach in which children are encouraged to engage in play activities that involve making choices and problem-solving. The goal of the curriculum is to promote a child’s intellectual, social, and emotional learning and development.

*The Strengthening Families Program (SFP).* SAMHSA Model Program.  
[www.modelprograms.samhsa.gov/pdfs/Details/StrengthFP.pdf](http://www.modelprograms.samhsa.gov/pdfs/Details/StrengthFP.pdf)

SFP involves elementary school children, 6 to 12 years of age, and their families in 14 family training sessions using family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. It seeks to improve family relationships, parenting skills, and youth’s social and life skills.

**Foster Care - Treatment**

*Multidimensional Treatment Foster Care (MTFC).* Blueprints Model Program, Center for the Study and Prevention of Violence.  
[www.colorado.edu/cspv/blueprints/model/programs/MTFC.html](http://www.colorado.edu/cspv/blueprints/model/programs/MTFC.html)

Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community.

**Posttraumatic Stress Disorder (PTSD) - see also Sexual Abuse - Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA).**

*Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program.*  
[www.promisingpractices.net/program.asp?programid=145](http://www.promisingpractices.net/program.asp?programid=145)

A group intervention for children in grades six through nine. The program is aimed at relieving symptoms of post-traumatic stress disorder (PTSD), depression, and general anxiety among children exposed to trauma.

*Trauma-Focused Cognitive Behavioral (TF-CBT).* SAMHSA Model Program.  
[www.modelprograms.samhsa.gov/pdfs/Details/TFCBT.pdf](http://www.modelprograms.samhsa.gov/pdfs/Details/TFCBT.pdf)

A psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma.
School-Based

*Class Wide Peer Tutoring (CWPT).*
www.promisingpractices.net/program.asp?programid=99
A community-based program devoted to improving the developmental outcomes of children, with or without disabilities, who live in low-income areas. The program addresses both the school and home environments of the children in the program. It is an instructional model based on reciprocal peer tutoring that could be used at any grade level.

*Families and Schools Together (FAST).* SAMHSA Model Program.
www.modelprograms.samhsa.gov/pdfs/Details/FAST.pdf
FAST is a multifamily group intervention aimed at reducing anxiety and aggression, while increasing social skills and attention spans, in children 5 to 14 years of age.

Sexual Abuse

*Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA).* SAMHSA Model Program.
www.modelprograms.samhsa.gov/pdfs/FactSheets/CBT_CSA.pdf
A treatment approach designed to help children and adolescents who have suffered sexual abuse, overcome posttraumatic stress disorder (PTSD), depression, and other behavioral and emotional difficulties.

Substance Abuse

*Across Ages.* SAMHSA Model Program.
www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=2
Across Ages is a school- and community-based drug prevention program for youth 9 to 13 years. It seeks to strengthen the bonds between adults and youth and provide opportunities for positive community involvement.

*Guiding Good Choices (GGC) (formerly known as Preparing for the Drug Free Years).*
www.promisingpractices.net/program.asp?programid=91
This is a program designed to teach parents skills that can help prevent drug and alcohol abuse in their families.

*The Midwestern Prevention Project (MPP).*
www.promisingpractices.net/program.asp?programid=72
MPP is a comprehensive, community-based prevention program whose goal is to reduce the use of cigarettes, alcohol, and marijuana among adolescents.

*LifeSkills Training (LST) program.*
www.promisingpractices.net/program.asp?programid=48
It is a school-based substance abuse prevention curriculum for middle and junior high school students. LifeSkills Training aims to modify drug-related knowledge, attitudes, and norms; teach skills for resisting social influences that encourage drug use; and foster the development of general personal and social skills.

*Multisystemic Therapy (MST) Blueprints Model Program, Center for the Study and Prevention of Violence.*
www.colorado.edu/cspv/blueprints/model/programs/MST.html
Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.
Project ALERT.
www.promisingpractices.net/program.asp?programid=35
A school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalant use. The main goals of the program are to prevent adolescent non-users from experimenting with drugs and from becoming more regular users.

Project Northland.
www.promisingpractices.net/program.asp?programid=25
A multi-year primary prevention program directed at young adolescents in Grades 6 through 8. The program's goal is to delay the age when young people begin drinking and to reduce drinking among those who have already started. The project is based on an approach that helps young people understand and resist social pressures to drink alcohol or use other drugs.

BOOKS

Features community-based and state-of-the-art services for youth with severe emotional and behavioral disorders and their families. Describes each intervention in depth, along with the supporting evidence for its utility. Most chapters present a single intervention as an alternative to institutional care. The interventions are appropriate to use in any of the child human services sectors and have been developed in the field with real-world child and family clients. Also offered is a reduced cost in comparison to institutional care.

Timely, insightful, well-written, comprehensive addition to the literature on child and adolescent treatment. Should be essential reading for researchers, practitioners, and policymakers interested in the provision, to children and adolescents, of therapeutic interventions supported by research evidence.

Thorough, objective review and synthesis of current research that addresses the potential for various forms of early childhood intervention to improve outcomes for participating children and their families. A range of early intervention programs are considered, the demonstrated benefits of interventions with high-quality evaluations, the features associated with successful programs, and the returns to society associated with investing early in the lives of disadvantaged children.

Interdisciplinary approach summarizing the key elements, issues, concepts, and procedures in developing and applying evidence-based practice. Discussions includes program evaluation, quality and operational improvement strategies, research grant applications, utilizing statistical procedures, and more.
May be purchased at: www.amazon.com/gp/product/0195165004/qid=1137797466/sr=1-107/ref=sr_1_107/104-4948718-4939963?books&v=glance&n=283155

Review of the scientific evidence pertaining to effective interventions and identification of successful programs.
May be purchased at: www.amazon.com/gp/product/0202307352/qid=1137798822/sr=1-1/ref=sr_1_1/104-4948718-4939963?books&v=glance&n=283155