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

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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:

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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.

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)
(OJJDP 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.

SAMHSA Model Programs
www.modelprograms.samhsa.gov
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
www.strengtheningfamilies.org
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: www.strengtheningfamilies.org/html/programs_1999/programs_list_1999.html.

ARTICLES AND OTHER RESOURCES

Child Abuse

American Humane Association. (1997). *Linking a Response: Protocols for a Collaborative Approach to Child Abuse and Domestic Violence*.
www.americanhumane.org/site/DocServer/Casey_abuse02.pdf?docID=1345.
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.

Chadwick Center (2004). *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.* San Diego, CA: Children's Hospital-San Diego, Chadwick Center for Children and Families. www.musc.edu/cvc/kauffmanfinal.pdf
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.

Chaffin, M. (2004). Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review*. Vol. 26 (11) November. 1097-1113.
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.

Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families. National Association of Public Child Welfare Administrators (NAPCWA). (1999).
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.

Thomas, Leicht, Hughes, Madigan, and Dowel. (2003). *Emerging Practices in the Prevention of Child Abuse and Neglect.*.
http://nccanch.acf.hhs.gov/topics/prevention/emerging/report/index.cfm
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.

American Academy of Child and Adolescent Psychiatry. Psychiatric Care of Children in the Foster Care System (2001).
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.

Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999) Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2(4), 199-253.
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.

*Compton, S.N., Burns, B.J., Egger. H.L. and Robertson, E. (2002) Review of the Evidence Base for Treatment of Childhood Psychopathology: Internalizing Disorders. *Journal of Consulting and Clinical Psychology*, 70 (6): 1240-1266.
A review of the empirical literature on psychosocial, psychopharmacological, and adjunctive treatments for children between ages 6-12 with internalizing disorders. DS#11570

Daniel, S.S. et al. (August 2004) Review of Literature on Aftercare Services Among Children and Adolescents. *Psychiatric Services*, 55 (8): 901-912.
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.

Evidence-Based Services and Emerging Best Practice for Treating Mental Disorders in Adults and Children. (2003). Campaign for Mental Health Reform. www.mhreform.org/policy/ebs.htm
Examples of evidence based and best practices for adults and children from the report of the Surgeon General.

Farmer, E. M.Z, Compton, S.N., Burns, B.J., and Robertson, E. (2002) Review of the Evidence Base for Treatment of Childhood Psychopathology: Externalizing Disorders. *Journal of Consulting and Clinical Psychology*, 70 (6): 1267 – 1302. http://imagesrvr.epnet.com/embimages/pdh2/ccp/ccp7061267.pdf.
A review of controlled research on treatments for childhood externalizing behavior disorders (disruptive disorders and attention-deficit/hyperactivity disorder). The review focused on studies targeting children aged 6-12.

*Hoagwood, K., Burns, B.J., Kiser, L., Ringeisen, H., Schoenwald, S.K. (2001). Evidence-Based Practice in Child and Adolescent Mental Health Services. *Psychiatric Services* 52: 1179-1189.
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.

International Society for the Study of Dissociation. (2003). *Guidelines for the evaluation and treatment of dissociative symptoms in children and adolescents*.
www.energyhealing.net/pdf_files/did_child_guidelines.pdf
These guidelines identify general principles applicable to dissociative processes regardless of the child's presenting diagnosis.

Ollendick, T.H. and King, N.J. (1998) Empirically Supported treatments for Children with Phobic and Anxiety Disorders: Current Status. *Journal of Clinical Child Psychology*, 27 (2): 156-167.
A review of behavioral and cognitive behavioral therapies for simple/specific phobias, separation anxiety disorder and overanxious/generalized anxiety disorder.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review, *Clinical Child and Family Psychology Review*, 3(4), pp.223-241.
Review of research on school-based mental health services from 1985 - 1999.

Weisz, J.R., Hawley, K.M., & Jensen Doss, A. (2004). Evidence update: Empirically tested psychotherapies for youth internalizing and externalizing problems and disorders. *Psychiatric Clinics of North America*, 13, 729-815.
A review of the literature for psychotherapies for youth internalizing and externalizing problems and disorders.

Yannacci, J. & Rivard, J.C. (2005). *Synthesis of Reviews of Children's Evidence-Based Practices*. The NRI Center for Mental Health Quality and Accountability.
http://ebp.networkofcare.org/uploads/Synthesis_of_Reviews_of_the_Research_on_Evidence_Based_and_Promising_Practices_9592994.pdf
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

Glisson, C. & Schoenwald, S. K. (2005). The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments. *Mental Health Services Research*, 7(4), 243-259.
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

Brestan, E.V. and Eyberg, S.M. (1998) Effective Psychosocial Treatments of Conduct-Disordered Children and Adolescents. *Journal of Clinical Child Psychology*, Vol. 27 (2), 180-190.
Reviews psychosocial interventions for child and adolescent conduct problems, including oppositional defiant disorder and conduct disorder, to identify empirically supported treatments.

Depression: Child/Youth

Boris, M.D., & Brent, D. (1998) Practice parameters for assessment and treatment of children and adolescents with depressive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry,* 37, 46s-62s.
Child and adolescent major depressive disorder (MDD) and dysthymic disorder (DD) are common, chronic, familial, and recurrent conditions that usually persist into adulthood.

Kaslow, N.J. and Thompson, M.P. (1998) Applying the Criteria for Empirically Supported Treatments to Studies of Psychosocial Interventions for Child and Adolescent Depression. *Journal of Clinical Child Psychology*, 27 (2): 146-155.

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

Domestic Violence and Children

National Association of Public Child Welfare Administrators. an affiliate of the American Public Human Services, Association (2001?). *Guidelines for Public Child Welfare Agencies Serving Child and Families Experiencing Domestic Violence*., Washington, D.C. www.aphsa.org/Policy/Doc/dvguidelines.pdf. 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

National Association of Public Child Welfare Administrators (NAPCWA) and American Public Human Services Association. (2000). *Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence* . Washington , DC.
www.aphsa.org/Publications/Doc/dvguidelines.pdf
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.

Schechter, S. & Edelson, J. (1999). *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. Produced by the National Council of Juvenile and Family Court Judges' Resource Center on Domestic Violence: Child Protection and Custody.
www.vaw.umn.edu/documents/executvi/executvi.html
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

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
http://nirn.fmhi.usf.edu/resources/publications/Monograph/
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.

Kessler, M. L et al. (2005). Moving Best Practice to Evidence-Based Practice in Child Welfare. Families in Society: *The Journal of Contemporary Human Services*, 86 (2) 244-250.
**On Alliance Website 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.

McNeece, C.A. & Thyer, B.A. (2004). Evidence-Based Practice and Social Work. *Journal of Evidence-Based Social Work*, Vol. 1 (1), 7–25. (The entire first issue is available for free).
www.haworthpress.com/store/sampletext/J394.pdf
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.

National Association of Public Child Welfare Administrators. (2005). *Guide for Child Welfare Administrators on Evidence Based Practice*. Washington, DC: American Public Services Association.
www.aphsa.org/home/doc/Guide-for-Evidence-Based-Practice.pdf

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.

Shlonsky, A. & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgement into an evidence-based practice framework in CPS case management. *Children and Youth Services Review*. Vol. 27 (4) Apr 2005, 409-427.
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

Thomlison, B. (2005). Using Evidence-Based Knowledge to Improve Policies and Practices in Child Welfare: Current Thinking and Continuing Challenges. *Research on Social Work Practice*. Vol. 15 (5) Sep 2005, 321-322. Full issue is available for purchase online at: http://rsw.sagepub.com/.
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

Farmer, E. (1996). Family reunification with high risk children: Lessons from research. *Children & Youth Services Review,* 18(4/5), 403-424.
The article reports on selected findings from a national study of reunification practice in the UK.

Thomas, M., Chenot, D. & Reifel, B. (2005). A Resilience-Based Model of Reunification and Reentry: Implications for Out-of-Home Care Services. *Families in Society: The Journal of Contemporary Human Services*, 86 (2) 235-243.
**On Alliance Website www.familiesinsociety.org
This study presents a resilience-based model for the successful reunification of children in out-of-home care services.

Family Support

American Academy of Child and Adolescent Psychiatry. *Family Intervention in the Assessment and Treatment of Infants, Children, and Adolescents* (1997).
www.aacap.org/publications/policy/ps35.htm#TOP
The participation of family members in the assessment and treatment of infants, children, and adolescents is integral to positive clinical outcomes.

Lightburn, A. & Kemp, S.P. (1994). Family-Support Programs: Opportunities For Community-based Practice. *Families in Society: The Journal of Contemporary Human Services*, 86 (1), 16-26.
**On Alliance Website www.familiesinsociety.org
The authors present guidelines for social work practice in the growing, interdisciplinary field of family-support programs.

Family Therapy

Carr, A. (2000). Evidence-based practice in family therapy and systemic consultation in child focused problems. *Journal of Family Therapy.* 22, 29-61.
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
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.

Evidence-Based Practices in Mental Health Services for Foster Youth. (2002). California Institute for Mental Health, Sacramento, CA. March. www.cimh.org/downloads/Fostercaremanual.pdf
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
Accurate information related to the field of attachment for dissemination to professionals and parents.

Barth, R.P., Landsverk, J., Chamberlain, P., Reid, J.B., etal.   (2005) Parent-Training Programs in Child Welfare Services: Planning for a More Evicence-Based Approach to Serving Biological Parents. *Research on Social Work Practice*, Vol. 15 (5), Sep 2005, 353-371.
This article brings together evidence about 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

American Public Human Services Association (APHSA). (Rev. 2002). *Guide to the Interstate Compact on the Placement of Children*. Washington, D.C.
icpc.aphsa.org/documents/Guidebook_2002.pdf
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.

Groza, V., Maschmeier, C., Jamison, C. & Piccola, T. (2003).Siblings and Out-of-Home Placement: Best Practices. *Families in Society: The Journal of Contemporary Human Services*, 84 (4), 480-490.
**On Alliance Website 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)

American Academy of Child and Adolescent Psychiatry. (1998). Practice Parameters for the Diagnosis and Treatment of Posttraumatic Stress Disorder in Children and Adolescents. Judith A. Cohen, Principal Author, *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(10, supplement):4S-26S.
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.

Taylor, N., Gilbert, A., Mann, G., & Ryan, B.E. (2005). *Assessment-based treatment for traumatized children: A trauma assessment pathway*. San Diego, CA: Chadwick Center for Children & Families. 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

American Professional Society on the Abuse of Children. (1997). *Guidelines for psychosocial evaluation of suspected sexual abuse in young children*. Chicago.
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.

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.), (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment* (Revised Report: April 26, 2004). Charleston, S.C.: National Crime Victims Research and Treatment Center. 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

*Lundgren, L.M., Schilling, R.F. & Peloquin, S.D. (2005). Evidence-Based Drug Treatment Practice and the Child Welfare System: The Example of Methadone. *Social Work*, Vol. 50 (1) Jan. 53-63
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

Macgowan, M.J. (May, 2004) Psychosocial Treatment of Youth Suicide: A Systematic Review of the Research. *Research on Social Work Practice*, 14 (3): 147-162.
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
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
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.
www.modelprograms.samhsa.gov/pdfs/Details/SecondStep.pdf
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

From *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):
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.

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

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

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.

Nurse-Family Partnership (NFP). Blueprints Model Program, Center for the Study and Prevention of Violence.
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.
www.modelprograms.samhsa.gov/pdfs/Details/ParentWise.pdf
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
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
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
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
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
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
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

Burns, Barbara J. and Kimberly Hoagwood. *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* (Innovations in Practice and Service Delivery with Vulnerable Populations). Oxford University Press, New York NY, 2002.
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.
May be purchased at: www.amazon.com/gp/product/0195134575/qid=1137799234/sr=1-3/ref=sr_1_3/104-4948718-4939963?s=books&v=glance&n=283155.

Kazdin, Alan E. ed., and John R. Weisz. *Evidence-Based Psychotherapies for Children and Adolescents* Guilford Press. 2003.
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.
May be purchased at: www.amazon.com/gp/product/1572306831/qid=1137797923/sr=1-132/ref=sr_1_132/104-4948718-4939963?s=books&v=glance&n=283155

Karoly, Lynn A, Kilburn, M. Rebecca, and Cannon, Jill S. *Early Childhood Interventions: Proven Results, Future Promise*. Rand Corporation, Santa Monica CA. 2005. May be purchased ($21.60) or downloaded free-of-charge (document size: 0.6 MB) at: www.rand.org/pubs/monographs/MG341/
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.

Roberts, Albert R., and Kenneth R. Yeager. *Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services.* Oxford University Press. 2004.
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?s=books&v=glance&n=283155

Wulczyn, F., et al.. *Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform*. Aldine Transaction, Somerset, N.J, 2005.
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?s=books&v=glance&n=283155