

EVIDENCE-BASED PROGRAMS DESK GUIDE 2023

CONNECTING YOUTH AND
FAMILIES TO EVIDENCE-BASED
PROGRAMS

A GUIDE TO PROGRAMS RATED AS WELL-SUPPORTED BY THE
TITLE IV-E CLEARINGHOUSE



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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of model purveyors or the Title IV-E Prevention Services Clearinghouse.

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INTRODUCTION

This interactive resource is intended to assist case workers with the selection of evidence-based programs or practices (EBPs) for children and families who exhibit needs that fall into one or more of the following service areas: mental health treatment, substance abuse prevention and treatment, and in-home parent skill-based programs.

The information in this resource (for example, service description, target population, program or service delivery, and implementation information) was informed by the Title IV-E Prevention Services Clearinghouse,¹ Chapin Hall's Family First Evidence-Based Practices Exploration and Cost Tool,² the program or service developers' websites, and program or service manuals.

The Title IV-E Prevention Services Clearinghouse (the Clearinghouse) was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse reviews evidence on mental health, substance abuse prevention and treatment, in-home parent skill-based programs, and kinship navigation. It uses a systematic process to undertake the following tasks:

- identify, select, and prioritize programs and services for review,
- locate research studies on the effectiveness of the prioritized programs and services,
- screen studies for eligibility and prioritize them for review,
- conduct an evidence review to rate the strength of evidence of the studies using the design and execution standards, and
- rate programs and services as well-supported, supported, promising, or does not currently meet criteria.




























This resource includes information for programs and services rated as well-supported at time of publication. The 17 programs and services included here are organized in alphabetical order, and each model's page includes the following information: program description, program goals, eligible population, recommended intensity and duration, service delivery setting, information on effectiveness with children and families of color, and available languages. Users are encouraged to add information specific to their agency under the Relevant Assessment Items, How to Make a Referral, and Current Service Providers subheadings.



¹ Administration of Children and Families (n.d.). Title IV-E Prevention Services Clearinghouse. See <https://preventionservices.acf.hhs.gov/>

² Gore, K., Brennen, J., & Dorse, K. (2022). Family First evidence-based practices exploration and cost tool. Retrieved from <https://www.chapinhall.org/project/ebp-cost-tool/>

TITLE IV-E CLEARINGHOUSE SERVICE AREAS

	MENTAL HEALTH TREATMENT	SUBSTANCE ABUSE PREVENTION AND TREATMENT	IN-HOME PARENT SKILL-BASED PROGRAMS	AGE OF YOUTH TO BE ELIGIBLE FOR SERVICE
Brief Strategic Family Therapy				6–17
Familias Unidas				12–16
Families First (Utah Youth Village Model)				0–17
Family Check-Up®				2–17
Functional Family Therapy				11–18
GenerationPMTO – Group				2–17
Guiding Good Choices®				9–14
Healthy Families America				Expectant–2
Homebuilders – Intensive Family Preservation and Reunification Services				0–18
Intercept®				0–18
Mindfulness-Based Cognitive Therapy				Adults
Motivational Interviewing				No requirement
Multisystemic Therapy				12–17
Nurse-Family Partnership				Expectant–2
Parent-Child Interaction Therapy				2–7
Parents as Teachers				Expectant–5
Strong African American Families				10–14

BRIEF STRATEGIC FAMILY THERAPY



Who is Eligible?

Children or adolescents ages 6 to 17 who display or are at risk for developing problem behaviors

Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents (6 to 17 years old) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three intervention components. First, counselors establish relationships with family members to better understand and “join” the family system. Second, counselors observe how family members behave with one another to identify interactional patterns that are associated with problematic youth behavior. Third, counselors work in the present, using reframes, assigning tasks and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions.

Program Goals

- Reduce behavior problems while improving self-control
- Reduce associations with antisocial peers
- Reduce drug use
- Develop prosocial behaviors
- Improve maladaptive patterns of family interactions (family functioning)
- Improve family cohesiveness, collaboration, and parent-child bonding
- Improve effective parenting, including success management of children’s behavior and positive affect in parent-child interactions

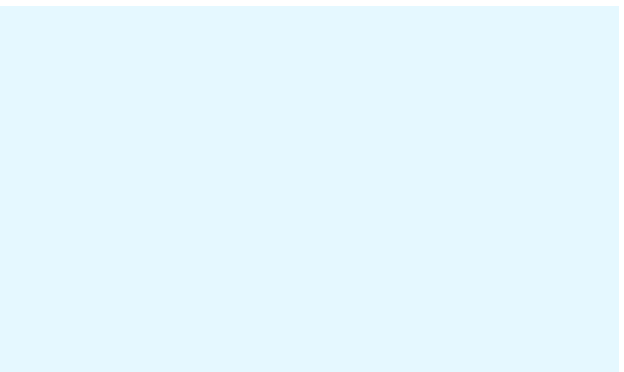
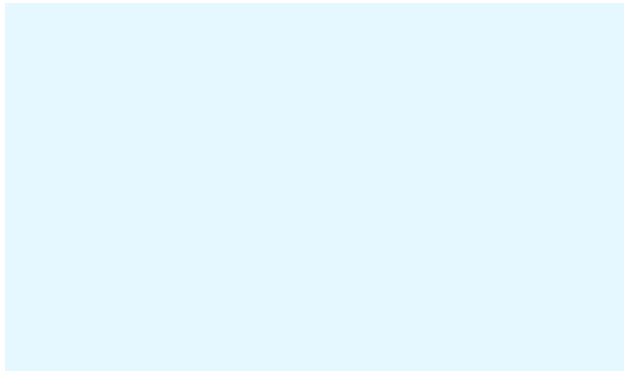
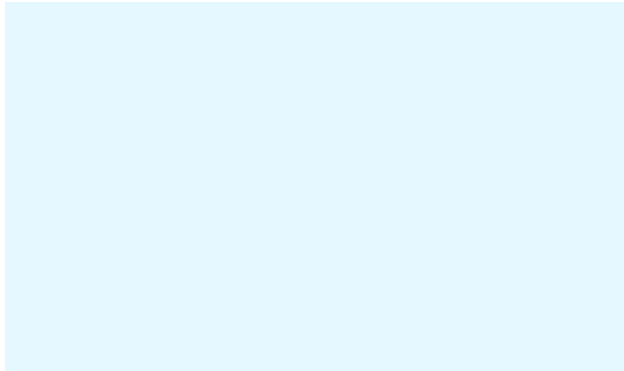
What Families Need to Hear

- BSFT is typically delivered in 12 to 16 weekly sessions depending on individual and family needs
- BSFT can be delivered in a variety of settings, such as homes, schools, and community centers
- BSFT therapists give the family homework to reinforce the new family interactions. Homework could involve communication skills, cooperation, parental guidance, and bonding activities

Cultural Relevance

- BSFT has been shown to have positive outcomes for Black and Latinx children and families
- BSFT has materials available in English and Spanish

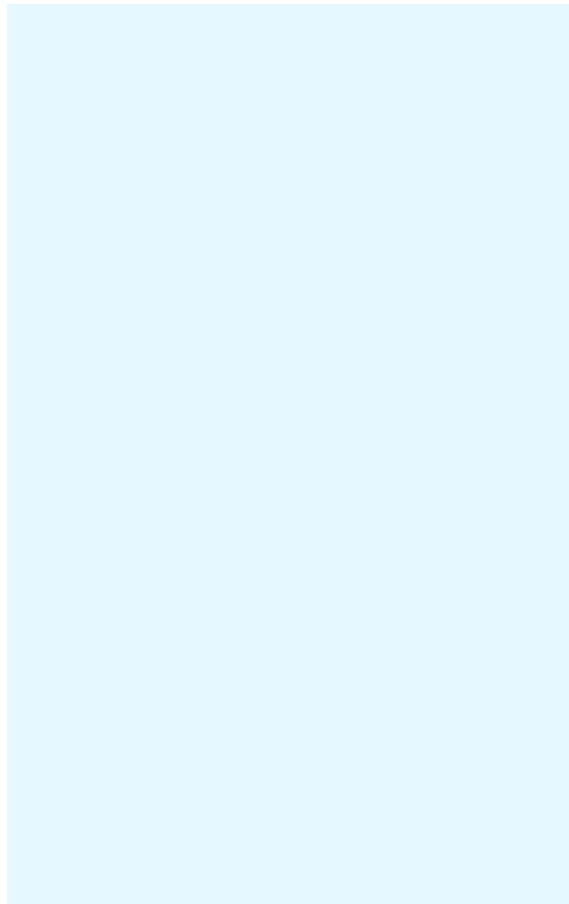
Relevant Assessment Items



How to Make a Referral

Example:

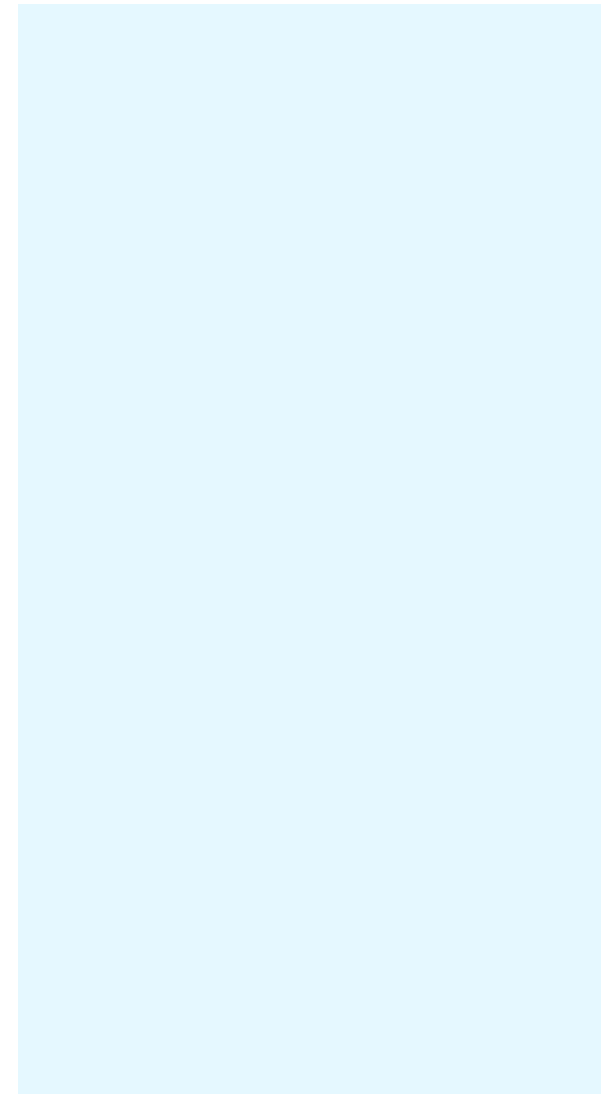
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A BSFT provider will be in contact with you to confirm the family's eligibility for services



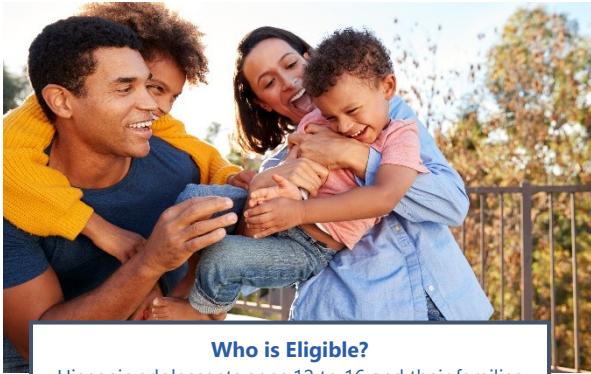
Current Service Providers

Example:

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FAMILIAS UNIDAS



Who is Eligible?
Hispanic adolescents ages 12 to 16 and their families

Familias Unidas is a family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. Familias Unidas aims to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents' lives. Familias Unidas consists of five key intervention components: (1) parents participate in *parent support network groups* led by two facilitators; (2) facilitators conduct *family visits* in the home; (3) parents participate in individual and group *parent-school personnel meetings* aimed at establishing or strengthening positive parent-school connections; (4) adolescents engage in *family-supervised activities* with their peers that allow parents to become more informed and involved in the adolescent's peer world; (5) parents complete *family homework assignments* to practice parenting skills.

Program Goals

- Prevent substance use and risky sexual behavior among Hispanic adolescents
- Empower parents by increasing their support network
- Teach parents about protective and risk factors
- Improve parenting skills
- Enhance parent-adolescent communication
- Facilitate parental involvement and investment in adolescents' lives

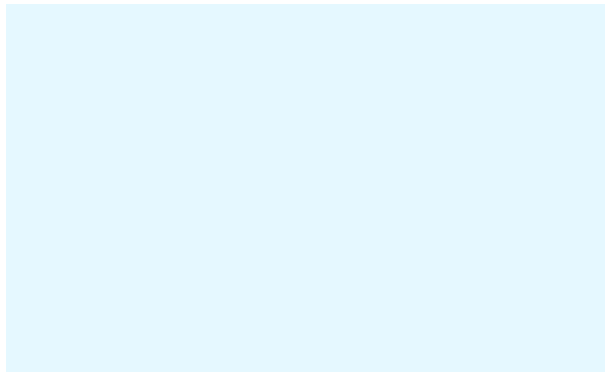
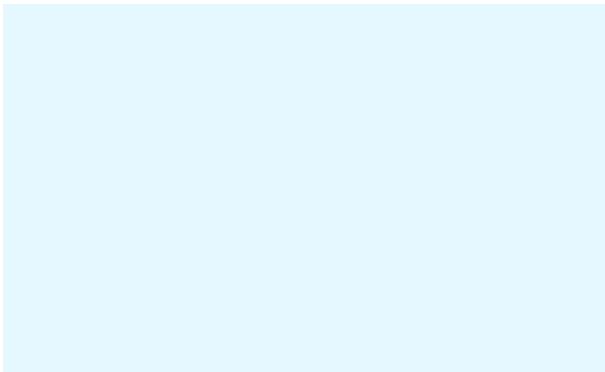
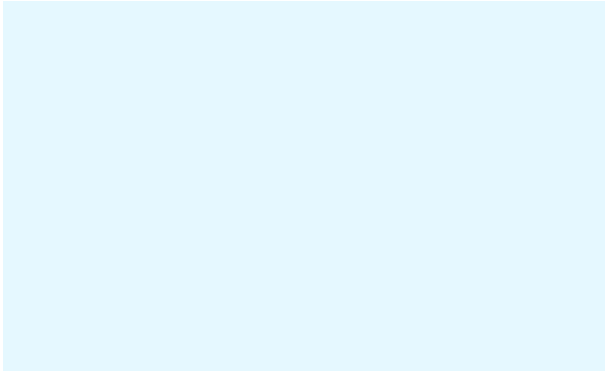
What Families Need to Hear

- Familias Unidas is typically delivered over the course of 12 weeks
- Familias Unidas consists of eight parent groups sessions and four individual family visit sessions, with one session per week
- Each parent support network group session lasts 2 hours, and each individual family visit session lasts 1 hour
- Familias Unidas is delivered in a variety of settings, including community-based organizations and schools

Cultural Relevance

- Familias Unidas was developed by and for Latinx families
- Familias Unidas has materials available in English and Spanish

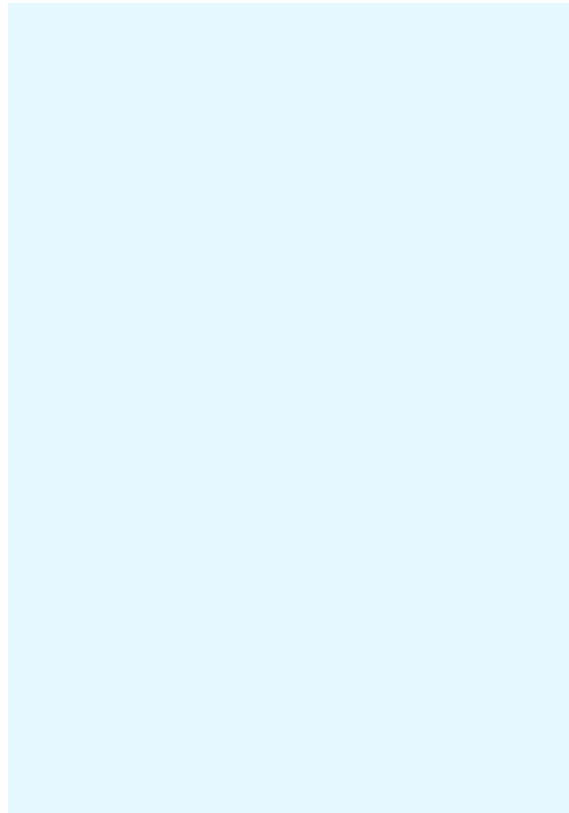
Relevant Assessment Items



How to Make a Referral

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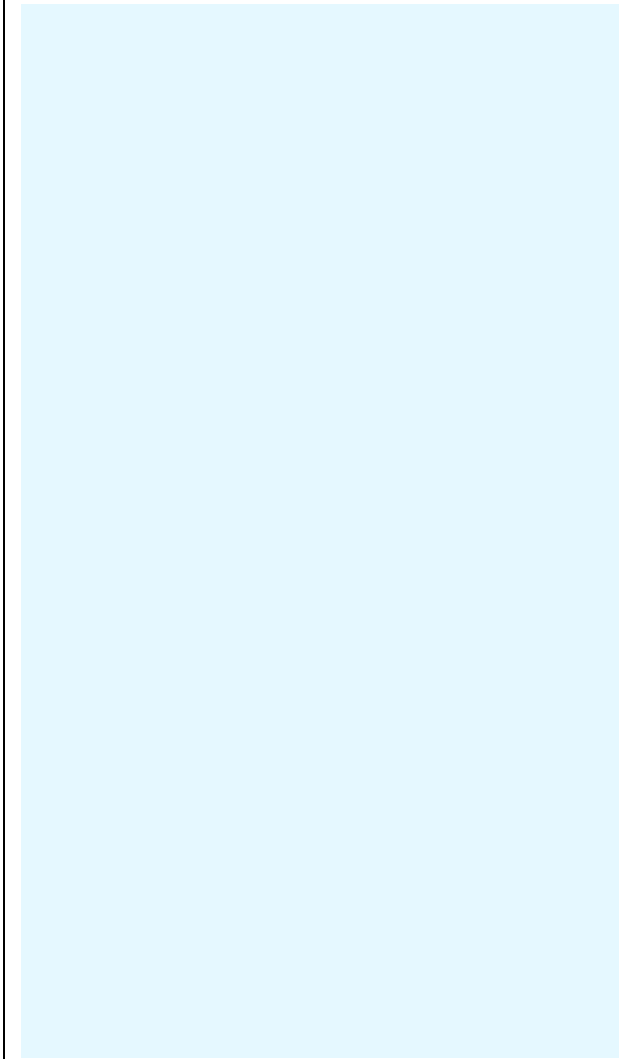
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A Familias Unidas provider will be in contact with you to confirm the family's eligibility for services



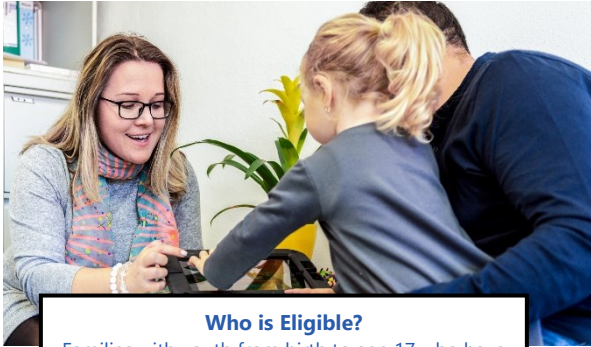
Current Service Providers

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FAMILIES FIRST (UTAH YOUTH VILLAGE MODEL)



Who is Eligible?

Families with youth from birth to age 17 who have been referred for intensive in-home services

Families First (Utah Youth Village Model) is designed to help families with youth birth to age 17 build on family strengths and improve family functioning. Families First specialists help strengthen parents' confidence in their parenting and communication skills using positive reinforcement, modeling, and role-playing. The program has six phases. During Phase 1, the specialist meets with the family to build rapport, identify family strengths and goals, and create a treatment plan that will help the family attain their goals. During Phases 2–5, the specialist teaches the targeted skills, provides opportunities to practice and refine those skills, and helps families generalize these skills to new situations. During Phase 6, the specialist helps the family transition to using these skills independently and formalizes future plans.

Program Goals

- Improve family functioning
- Strengthen parents' confidence in their parenting and communication skills using positive reinforcement, modeling, and role playing
- Teach parents how to maintain discipline without anger or violence
- Teach parents how to promote positive social skills, effective communication, and healthy boundaries
- Link families to community resources

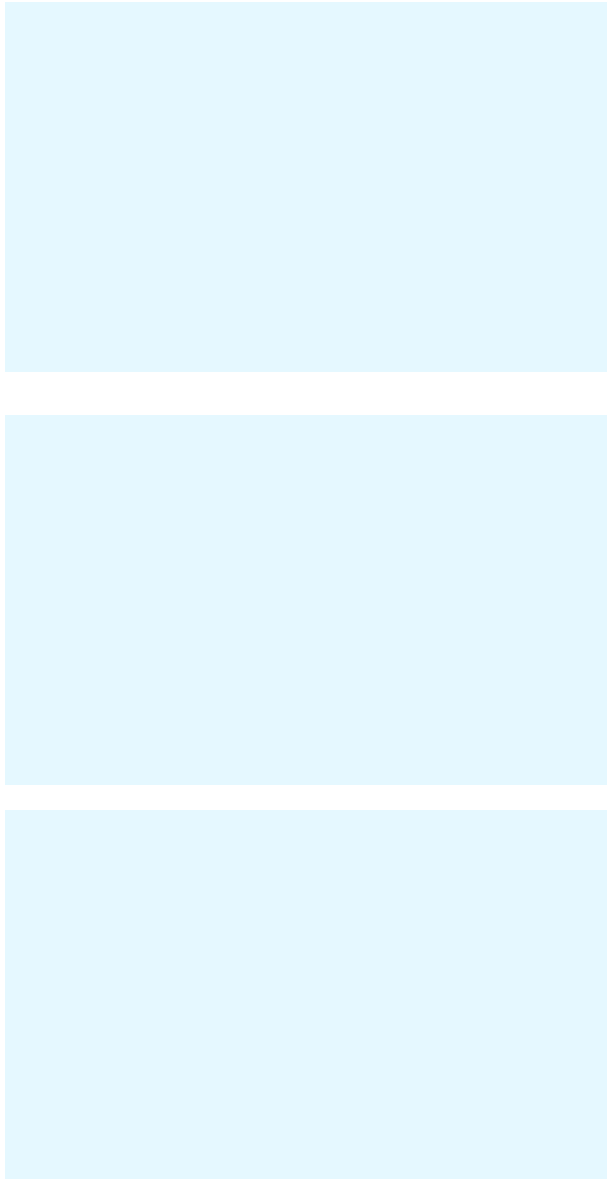
What Families Need to Hear

- Families First (Utah Youth Village Model) is delivered by specialists who spend approximately 48–52 face-to-face service hours with families
- Families First (Utah Youth Village Model) service hours are delivered over the course of 8–12 weeks for 6–10 hours per week
- Specialists are expected to be available to meet with or promptly return calls from families as needed both during and outside of normal business hours
- Families can choose to have follow-up visits with specialists for up to 1 year afterward
- Families First (Utah Youth Village Model) is delivered in participants' homes

Cultural Relevance

- The evaluations of Families First (Utah Youth Village Model) reviewed for this guide did not report findings on effectiveness with children and families of color
- Families First (Utah Youth Village Model) materials are available in English

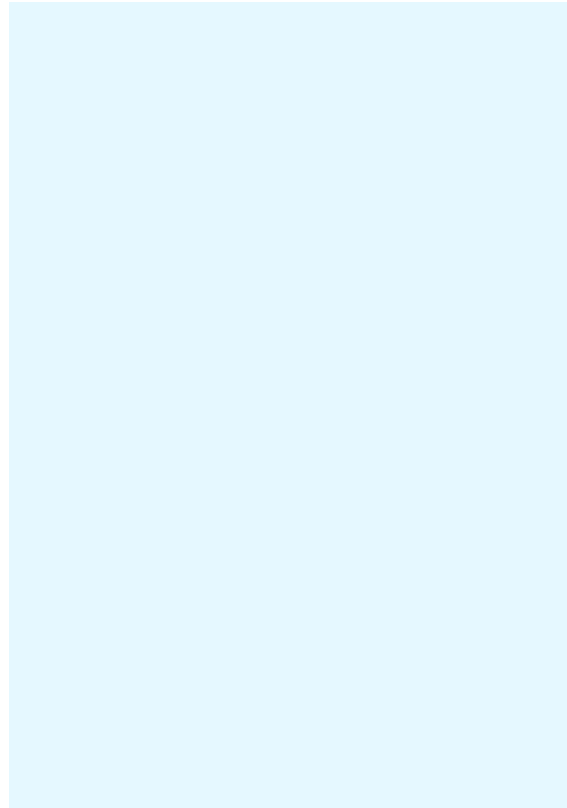
Relevant Assessment Items



How to Make a Referral

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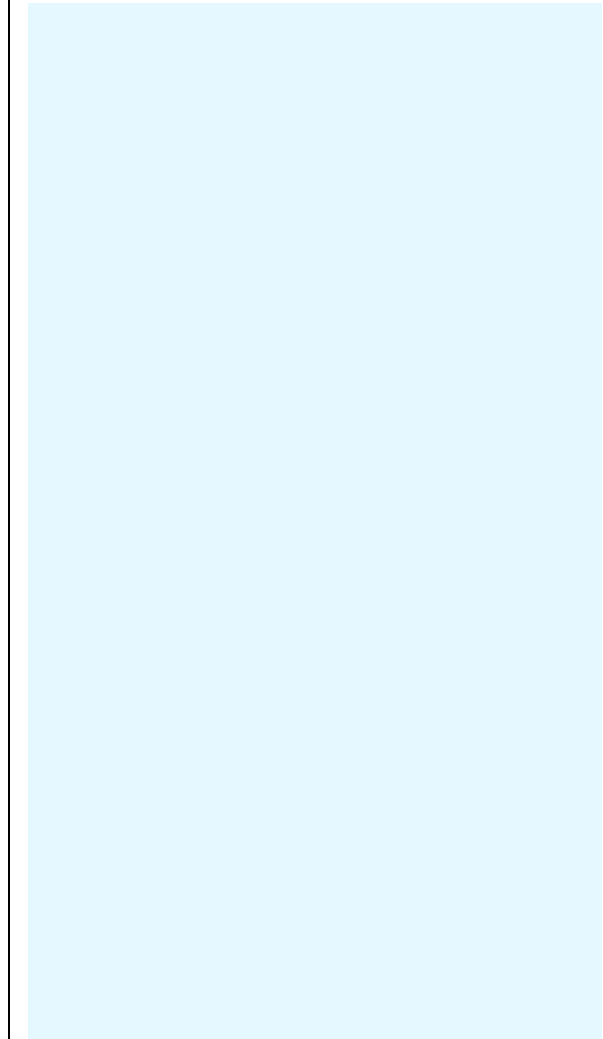
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A Families First (Utah Youth Village Model) provider will be in contact with you to confirm the family's eligibility for services



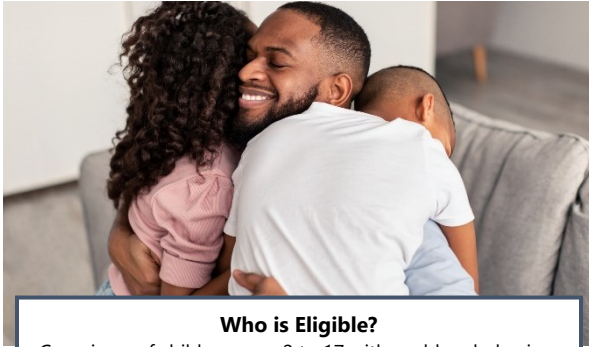
Current Service Providers

Example:

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FAMILY CHECK-UP®



Who is Eligible?

Caregivers of children ages 2 to 17 with problem behaviors

The Family Check-Up® model aims to improve parenting skills and family management practices, with the goal of improving a range of emotional, behavioral, and academic child outcomes. It consists of three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow-up services may include clinical or support services in the community.

Program Goals

- Improve children's social and emotional adjustment by providing assessment-driven support for parents to encourage and support positive parenting and to reduce coercive conflict
- Reduce young children's behavior problems at school
- Reduce young children's emotional distress
- Increase young children's self-regulation and school readiness
- Improve parent monitoring in adolescence
- Reduce parent-adolescent conflict
- Reduce adolescent depression
- Reduce antisocial behavior and delinquent activity
- Improve grades and school attendance

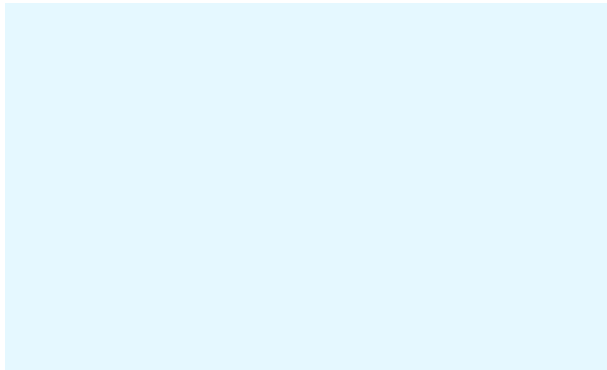
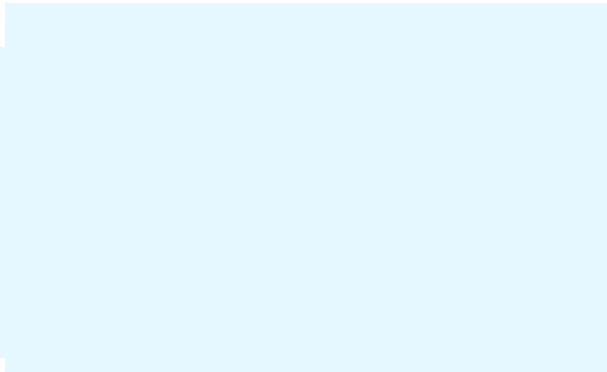
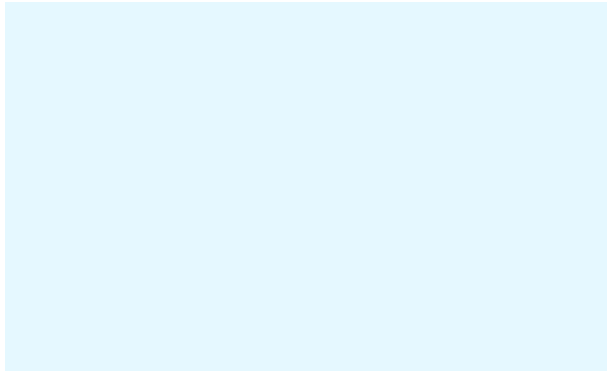
What Families Need to Hear

- The recommended intensity for Family Check-Up® is one 1-hour session every 2 weeks for a minimum of four sessions
- Family Check-Up® is delivered over the course of 1 to 4 months depending on the needs of the family
- Family Check-Up® can be delivered in a variety of settings, including in the home, schools, community mental health settings, health centers, and primary care

Cultural Relevance

- Family Check-Up® has been shown to have positive outcomes for Black and Latinx children and families
- Family Check-Up® has materials available in English and Spanish

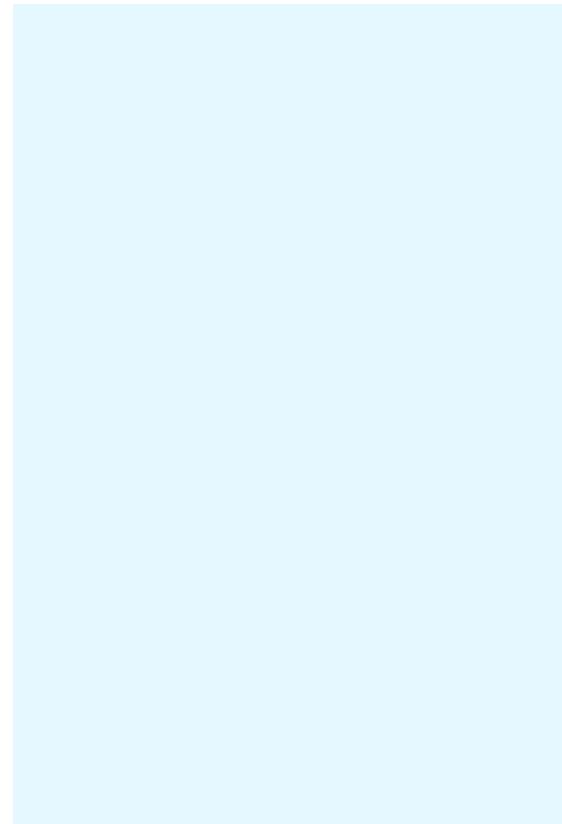
Relevant Assessment Items



How to Make a Referral

Example:

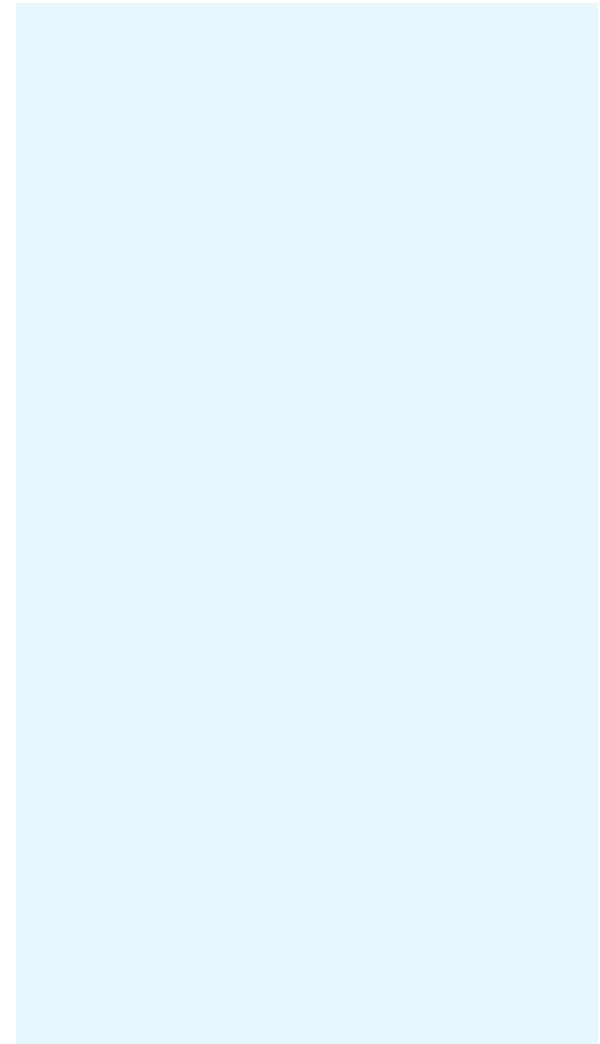
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A Family Check-Up® provider will be in contact with you to confirm the family's eligibility for services



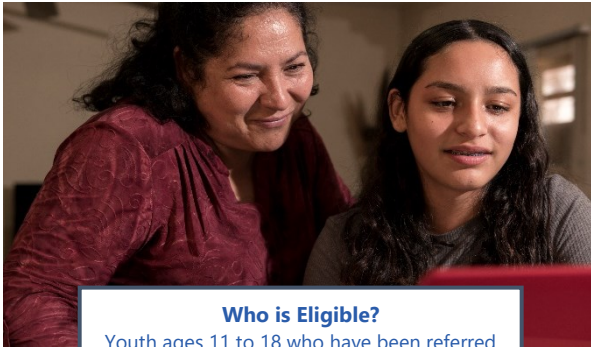
Current Service Providers

Example:

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FUNCTIONAL FAMILY THERAPY



Who is Eligible?

Youth ages 11 to 18 who have been referred for behavioral or emotional problems

Functional Family Therapy (FFT) is a short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems. The program is organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context. Typically, therapists will meet weekly with families face-to-face for 60 to 90 minutes and by phone for up to 30 minutes, over an average of 3 to 6 months.

Program Goals

- Eliminate youth referral problems (such as delinquency, oppositional behaviors, violence, and substance use)
- Improve family and individual skills
- Improve prosocial behaviors (such as school attendance)

What Families Need to Hear

- Typically, families will meet face-to-face with therapists for 60 to 90 minutes and by phone for up to 30 minutes
- Most families complete the FFT program in an average of 8 to 14 sessions over the span of 6 months
- Typically, FFT is conducted in clinic and home settings. It can also be delivered in schools, child welfare facilities, probation and parole offices, aftercare systems, and mental health facilities

Cultural Relevance

- FFT has been shown to have positive outcomes for Black and Latinx children and families
- FFT has materials available in languages other than English, including Spanish, Dutch, and Swedish

Relevant Assessment Items

How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An FFT provider will be in contact with you to confirm the family's eligibility for services

Current Service Providers

Example:

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GENERATIONPMTO - GROUP



Who is Eligible?

Parents of children ages 2 to 17 with behavioral problems such as aggression, antisocial behaviors, and substance use

GenerationPMTO – Group, also known as Parenting through Change (PTC) and formerly known as Parent Management Training – Oregon Model (PMTO®), is a group-based parenting and family functioning intervention. The intervention is designed to increase parenting skills and promote effective family management. In the first session, the GenerationPMTO – Group facilitators engage the treatment families and begin building a collaborative group. In the following sessions, the facilitators teach parents skills, such as how to: give good directions and encourage cooperation, teach children through contingent positive reinforcement (such as token systems and incentive charts), balance encouragement and discipline, problem solve and manage family conflicts, monitor children’s activities and behavior, strengthen their social support network, and balance work with play. The intervention model emphasizes role playing as a teaching tool, using questions to promote learning, and encouraging a united parenting front.

Program Goals

- Promote effective family management
- Teach parents how to give good directions and encourage cooperation
- Teach parents how to observe and regulate emotions
- Teach parents how to set limits and use discipline strategies
- Teach parents how to encourage daily school routines and promote school success
- Teach parents how to use active communication

What Families Need to Hear

- GenerationPMTO – Group is delivered by two to three parent facilitators in weekly parent group sessions. Each session lasts about 90 minutes
- Parents attend 14 sessions over 3 to 4 months
- GenerationPMTO – Group is delivered in community settings such as outpatient clinics, community-based agencies, and school settings

Cultural Relevance

- The evaluations of GenerationPMTO – Group reviewed for this guide did not report findings on effectiveness with children and families of color
- GenerationPMTO has materials available in languages other than English, including Spanish, Danish, Dutch, Icelandic, and Norwegian

Relevant Assessment Items

How to Make a Referral

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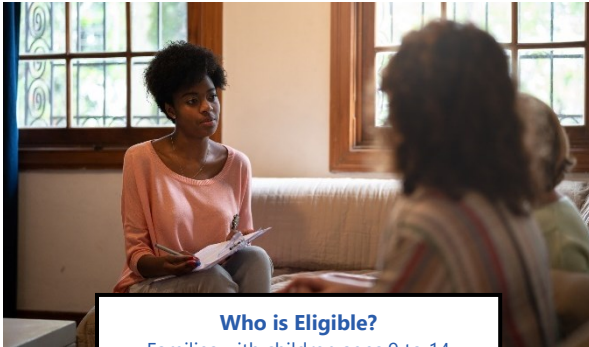
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2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A GenerationPMTO – Group provider will be in contact with you to confirm the family's eligibility for services

Current Service Providers

Example:

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GUIDING GOOD CHOICES



Who is Eligible?
Families with children ages 9 to 14

Guiding Good Choices® (GGC), formerly known as Preparing for the Drug Free Years (PDFY), aims to prevent teen substance use and risky behaviors by training parents to develop positive parenting and family management skills. GGC includes five sessions that cover (1) how to promote health and well-being during the teen years, (2) setting clear guidelines, (3) managing conflict, (4) helping children avoid trouble, and (5) strengthening family bonds. When delivered in a virtual setting, the program includes an additional introductory session focused on fostering community online. Between sessions, parents lead family meetings designed to promote bonding and to involve children in activities and discussions of important family issues. Parents receive a “family guide” to complete in preparation for each upcoming session. Family guides provide an overview of the content, links to key resources, and exercises to be discussed during the next session.

Program Goals

- Train parents to develop positive parenting and family management skills
- GGC includes five sessions that cover:
- How to promote health and well-being during the teen years
- Setting clear guidelines
- Managing conflict
- Helping children avoid trouble
- Strengthening family bonds

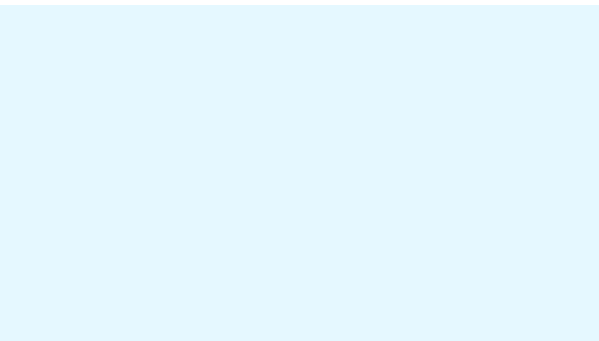
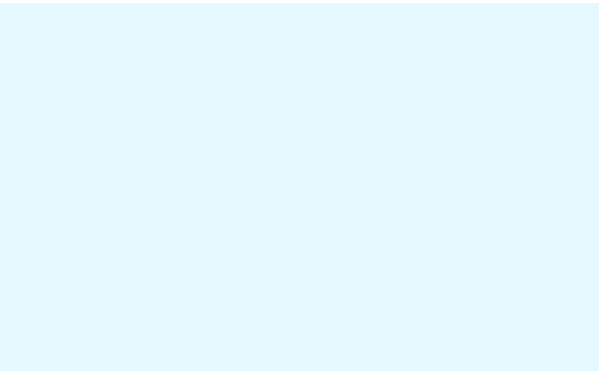
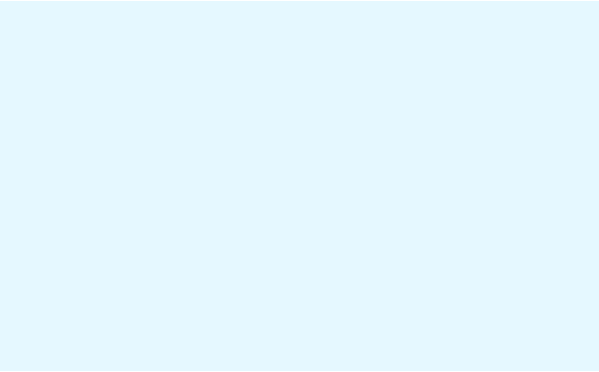
What Families Need to Hear

- Workshop leaders deliver GGC over five weekly in-person or virtual group sessions with an additional introductory session delivered in the virtual format
- Each session lasts 2 to 2.5 hours. Most sessions are for parents only, but Session 4 involves both children and parents

Cultural Relevance

- The evaluations of Guiding Good Choices® reviewed for this guide did not report findings on effectiveness with children and families of color
- GGC has materials available in English and Spanish

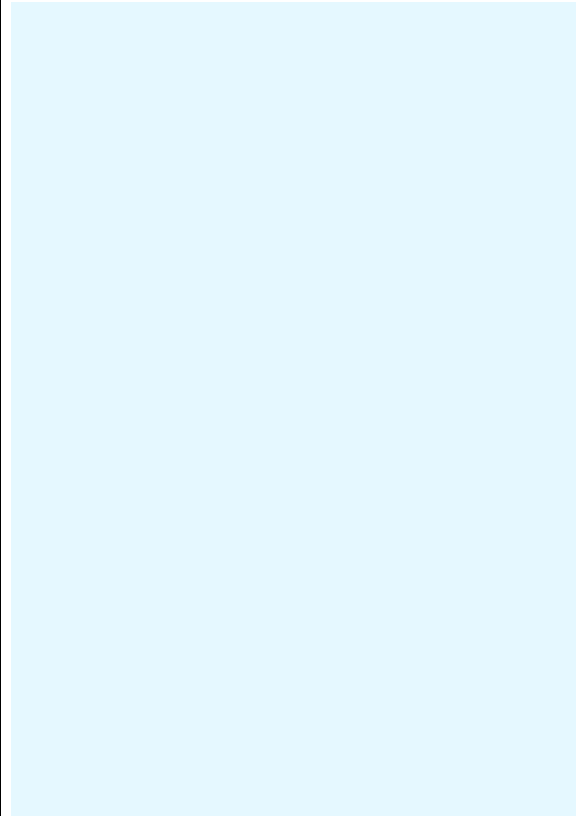
Relevant Assessment Items



How to Make a Referral

Example:

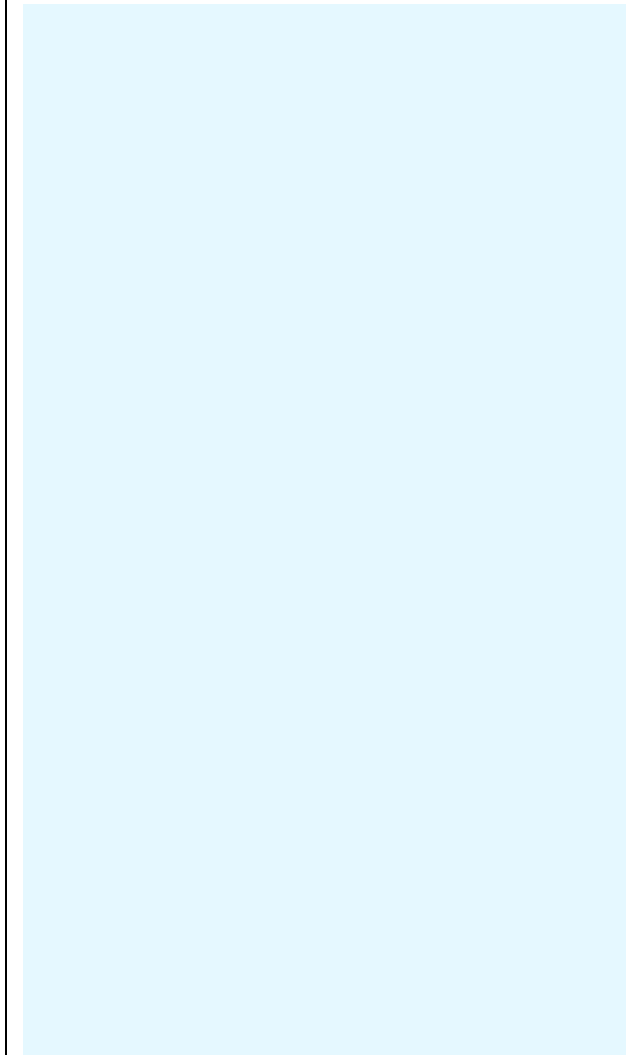
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A GGC provider will be in contact with you to confirm the family's eligibility for services



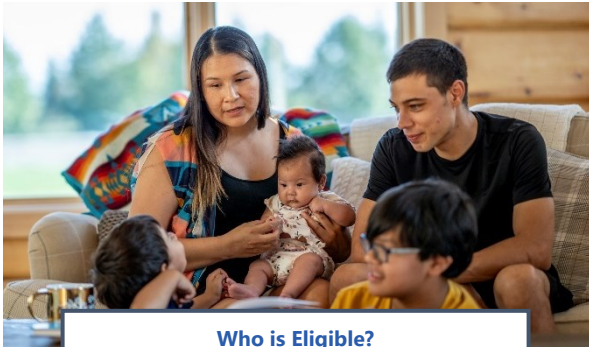
Current Service Providers

Example:

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HEALTHY FAMILIES AMERICA



Who is Eligible?

Expectant families and families with a child up to 5 years old who are at-risk for child abuse and neglect

Healthy Families America (HFA) is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. HFA is a nationally accredited program that was developed by Prevent Child Abuse America. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. HFA includes screening and assessments to identify families most in need of services, offering intensive, long-term, and culturally responsive services to both parent(s) and children, and linking families to a medical provider and other community services as needed.

Program Goals

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services
- Cultivate and strengthen nurturing parent-child relationships
- Promote healthy childhood growth and development
- Enhance family functioning by reducing risk and building protective factors

What Families Need to Hear

- Services begin as early as prenatally and continue for a minimum of 3 years
- For the first 6 months after birth, families are offered at least one in-home visit per week, approximately 1 hour in duration
- After 6 months, families may move to less frequent visits (biweekly and then monthly). Movement to less frequent visits depends on the needs and progress of the family and, in times of crisis, visit frequency can increase.
- HFA is usually delivered in the family's home

Cultural Relevance

- HFA has been shown to have positive outcomes for American Indian or Alaskan Native, Asian, Biracial or Multiracial, Black, Latinx, and Native Hawaiian or Pacific Islander children and families
- HFA has materials available in English and Spanish

Relevant Assessment Items

How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An HFA provider will be in contact with you to confirm the family's eligibility for services

Current Service Providers

Example:

Chapin Hall
1313 E. 60th St., Chicago, IL 60637
773.256.5100

HOMEBUILDERS - INTENSIVE FAMILY PRESERVATION AND REUNIFICATION SERVICES



Who is Eligible?
Families who have children (0–18 years old) at imminent risk of out-of-home placement or who cannot be reunified without intensive in-home services

Homebuilders provides intensive, in-home counseling, skill building, and support services for families who have children (0–18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. Homebuilders practitioners conduct behaviorally specific, ongoing, and holistic assessments that include information about family strengths, values, and barriers to goal attainment. Homebuilders practitioners then collaborate with family members and referents in developing intervention goals and corresponding service plans. Homebuilders services are concentrated during a period of 4 to 6 weeks with the goal of preventing out-of-home placements and achieving reunification. Homebuilders therapists typically have small caseloads of 2 families at a time. Families typically receive 40 or more hours of direct face-to-face services.

Program Goals

- Reduce child abuse and neglect
- Reduce family conflict
- Reduce child behavior problems
- Prevent placement or successfully reunify families and their children

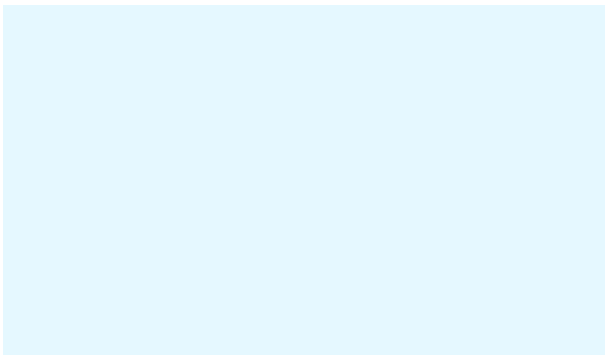
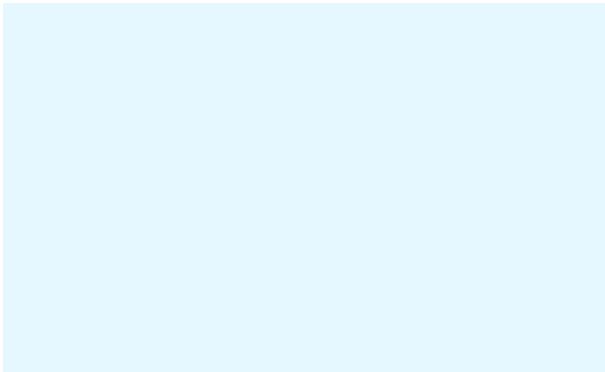
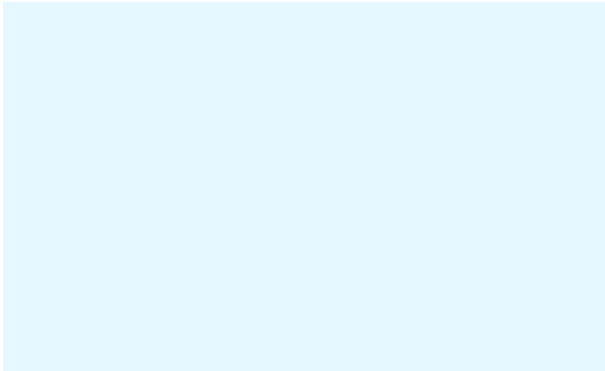
What Families Need to Hear

- Homebuilders services are concentrated during a period of four to six weeks
- There are three to five 2-hour sessions per week; an average of 8 to 10 hours per week of face-to-face contact, with telephone contact between sessions
- Families typically receive 40 or more hours of direct face-to-face services
- Treatment services primarily take place in the family's home. Services are provided when and where the family needs them, including other community locations (such as school)

Cultural Relevance

- Homebuilders has been shown to have positive outcomes for American Indian or Alaskan Native, Black, Latinx, and Native Hawaiian or Pacific Islander children and families
- Homebuilders has materials available in English and Spanish

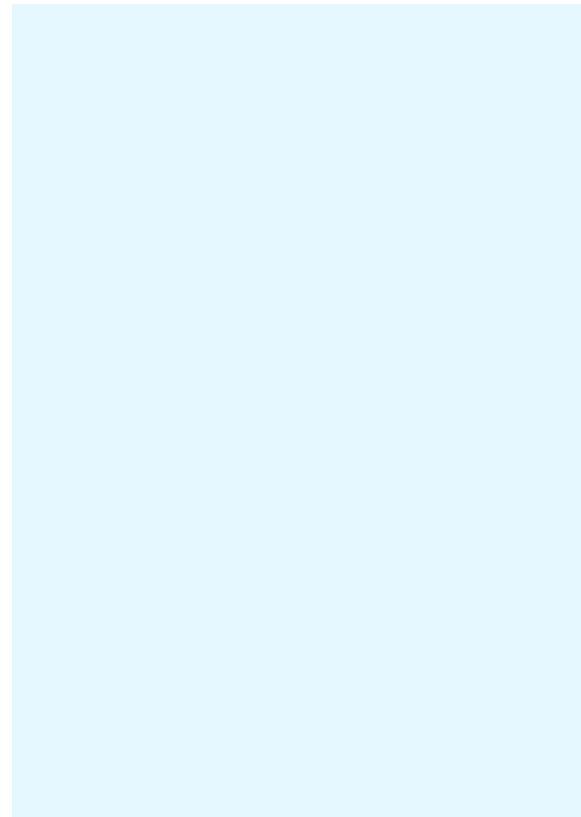
Relevant Assessment Items



How to Make a Referral

Example:

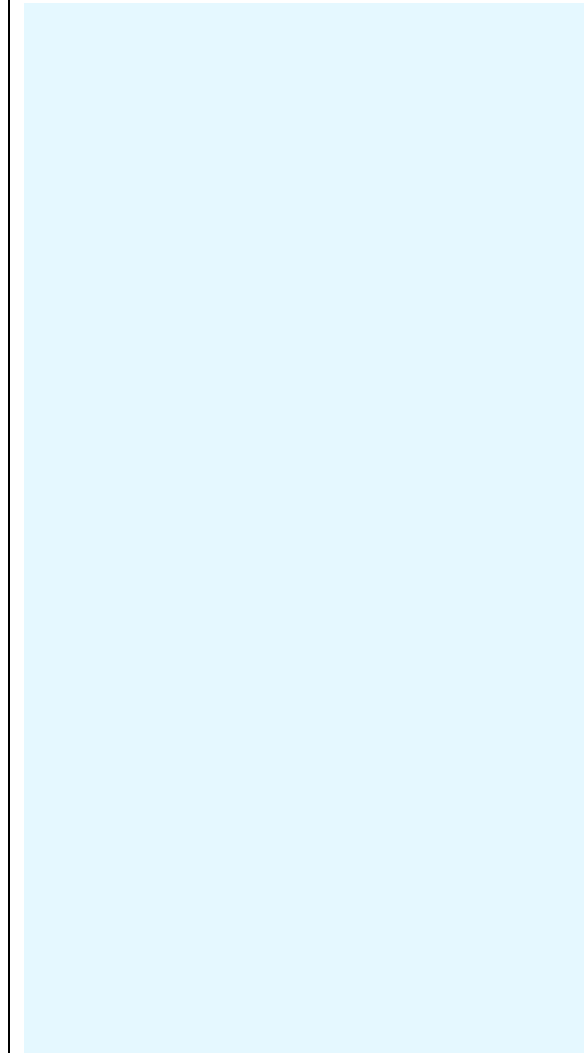
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A Homebuilders provider will be in contact with you to confirm the family's eligibility for services



Current Service Providers

Example:

Chapin Hall
1313 E. 60th St., Chicago, IL 60637
773.256.5100



INTERCEPT



Who is Eligible?

Children from birth to age 18 who are at risk of entry or re-entry into out-of-home placements or who are currently in out-of-home placements.

Intercept®, formerly known as Youth Villages (YV) Intercept, provides intensive in-home services to children and youth at risk of entry or re-entry into out-of-home placements or who are currently in out-of-home placements (for example, foster care, residential facilities, or group homes). The program is designed to reduce foster care utilization by providing prevention services to children and their families of origin. For children already in foster care, Intercept aims to reduce time spent in foster care by providing reunification services to children and their families of origin. Family Intervention Specialists address needs identified in children’s schools, peer groups, neighborhoods, and communities. Specialists also support the family in school or legal meetings and are on call to provide crisis support 24/7.

Program Goals

- Reduce behavior problems
- Reduce child psychosocial functioning
- Reduce family conflict
- Prevent placement or successfully reunify with their children
- Improve school performance

What Families Need to Hear

- Family Intervention Specialists meet with children and their families of origin an average of three times per week. Specialists are also on call to provide crisis support 24/7
- Prevention services typically last 4 to 6 months. Reunification services typically last 6 to 9 months.
- Services are provided in participants’ homes and in community settings that are convenient for children and their families of origin

Cultural Relevance

- Intercept® has been shown to have positive outcomes for Black and Latinx children and families
- Intercept® has materials available in English and Spanish

Relevant Assessment Items

How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An Intercept provider will be in contact with you to confirm the family's eligibility for services

Current Service Providers

Example:

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1313 E. 60th St., Chicago, IL 60637
773.256.5100

MINDFULNESS-BASED COGNITIVE THERAPY



Who is Eligible?
Adults with depression symptoms or other mental disorders, such as anxiety

Mindfulness-Based Cognitive Therapy (MBCT) aims to treat adults with depression symptoms and prevent depressive relapse through mindfulness practices. MBCT is designed to teach individuals how to become aware of and manage their thoughts, feelings, and body sensations. Instructors educate individuals on the basics of mindfulness and guided mindfulness practices such as body scan (that is, directing attention to each part of the body), meditation, breathing exercises, and mindful movement (for example, intentional stretching, walking, or yoga). Individuals also learn how to use mindfulness to manage mood shifts and prevent negative thinking and they develop an action plan to address their unique signs of depression. Individuals complete home-based mindfulness practices to reinforce mindfulness in daily life and have the option to participate in a full-day mindfulness retreat.

Program Goals

- Treat adults with depression symptoms and prevent depressive relapse through mindfulness practices
- Teach individuals how to become aware of and manage their thoughts, feelings, and body sensations
- Educate individuals on the basics of mindfulness and guided mindfulness practices such as body scan, meditation, breathing exercises, and mindful movement

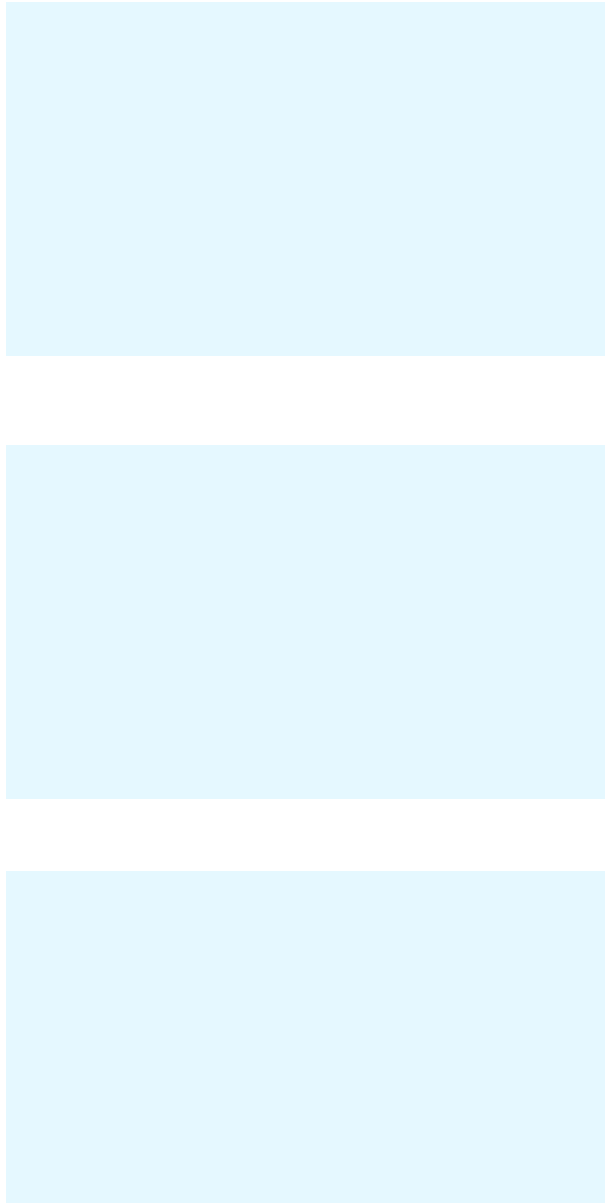
What Families Need to Hear

- MBCT is delivered over 8 weeks. Instructors lead 2-hour group sessions once per week. Group sessions typically include fewer than 12 individuals
- In between group sessions, individuals also complete 1-hour sessions of mindfulness practices at home 6 days per week
- Individuals have the option of attending a 1-day mindfulness retreat
- MBCT can be delivered in a clinic, hospital, or community-based setting

Cultural Relevance

- The evaluations of MBCT reviewed for this guide did not report findings on effectiveness with children and families of color
- MBCT has materials available in languages other than English, including Spanish, Dutch, French, Italian, Japanese, Korean, and Polish

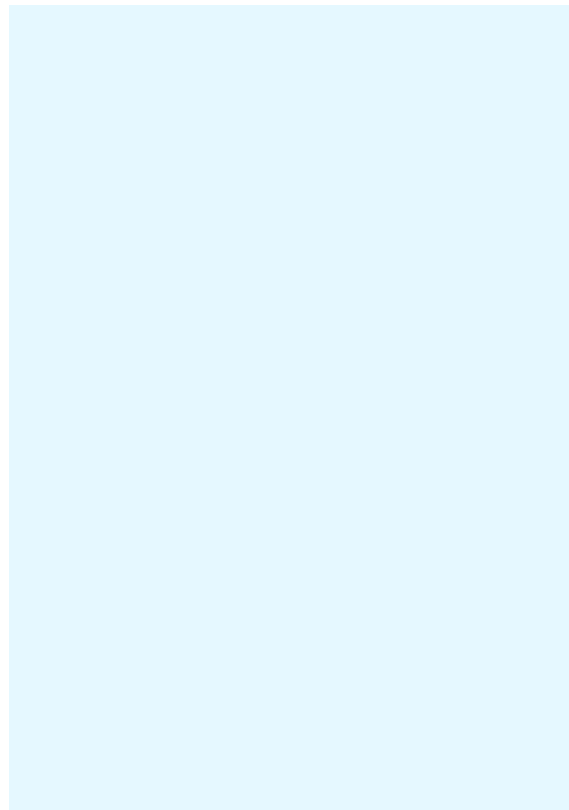
Relevant Assessment Items



How to Make a Referral

Example:

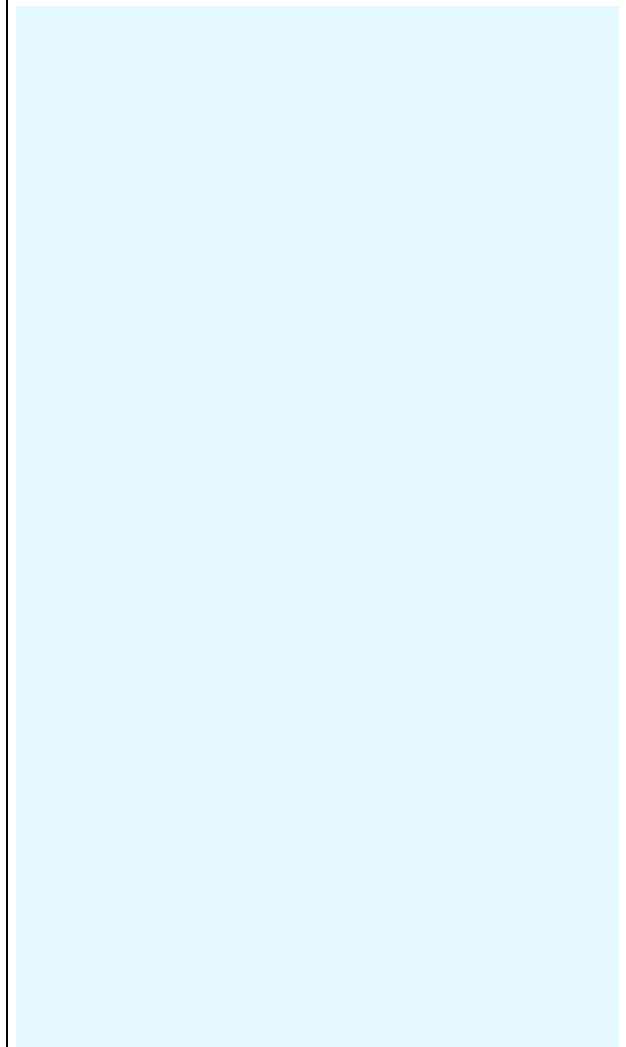
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An MBCT provider will be in contact with you to confirm the family's eligibility for services



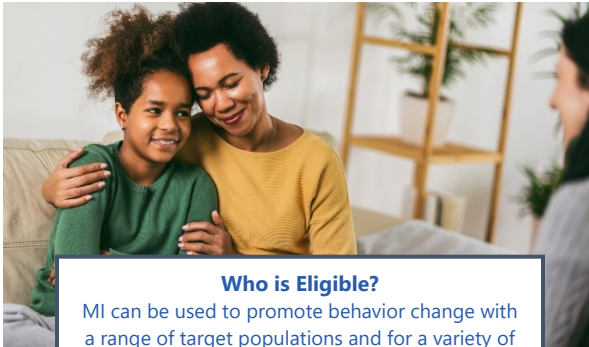
Current Service Providers

Example:

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773.256.5100



MOTIVATIONAL INTERVIEWING



Who is Eligible?
MI can be used to promote behavior change with a range of target populations and for a variety of problem areas

Motivational Interviewing (MI) is a method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. MI aims to identify ambivalence about change and increase motivation by helping clients progress through five stages of change: precontemplation, contemplation, preparation, action, and maintenance. This method encourages clients to consider their personal goals and how their current behaviors may prevent attaining those goals. MI uses clinical strategies to help clients identify reasons to change their behavior and reinforce that behavior change is possible. These clinical strategies include the use of open-ended questions and reflective listening. MI can be used to promote behavior change with a range of target populations and for a variety of problem areas. MI can be used as a standalone intervention or in combination with other services.

Program Goals

- Enhance internal motivation to change
- Reinforce motivation (for example, enhance participation in services)
- Develop a plan to achieve change



What Families Need to Hear

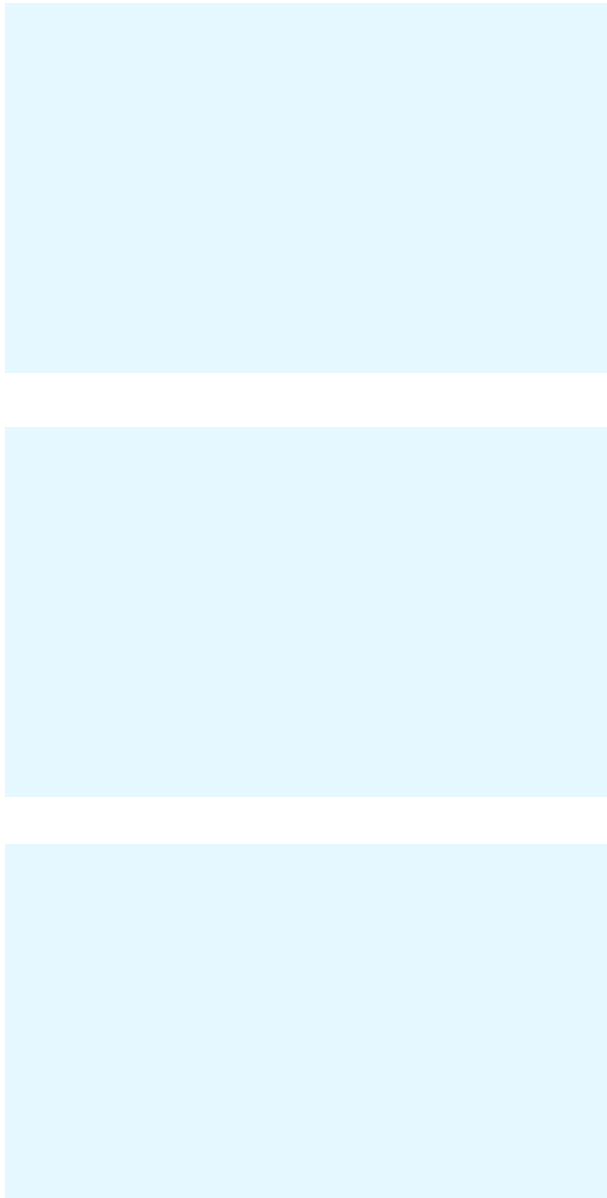
- MI is typically delivered over one to three sessions; each session typically lasts for 30 to 50 minutes
- The dosage may vary if MI is delivered in conjunction with other treatment(s)
- MI sessions are usually conducted in community agencies, clinical office settings, care facilities, or hospitals



Cultural Relevance

- MI has been shown to have positive outcomes for American Indian or Alaskan Native, biracial or multiracial, Black, and Latinx children and families
- MI has materials available in many languages other than English, including Bulgarian, Chinese, Czech, Danish, Dutch, Estonian, French, German, Greek, Hebrew, Italian, Japanese, Korean, Portuguese, Romanian, Spanish, Swedish, and Turkish

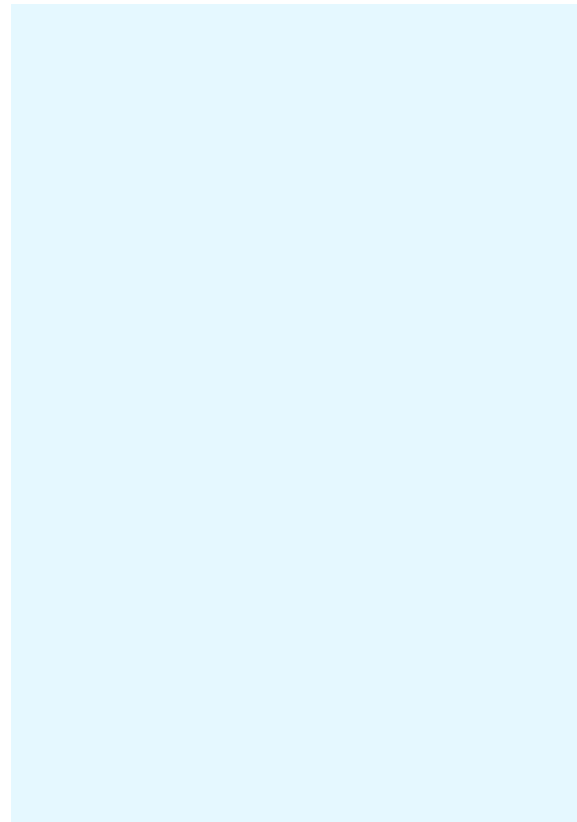
Relevant Assessment Items



How to Make a Referral

Example:

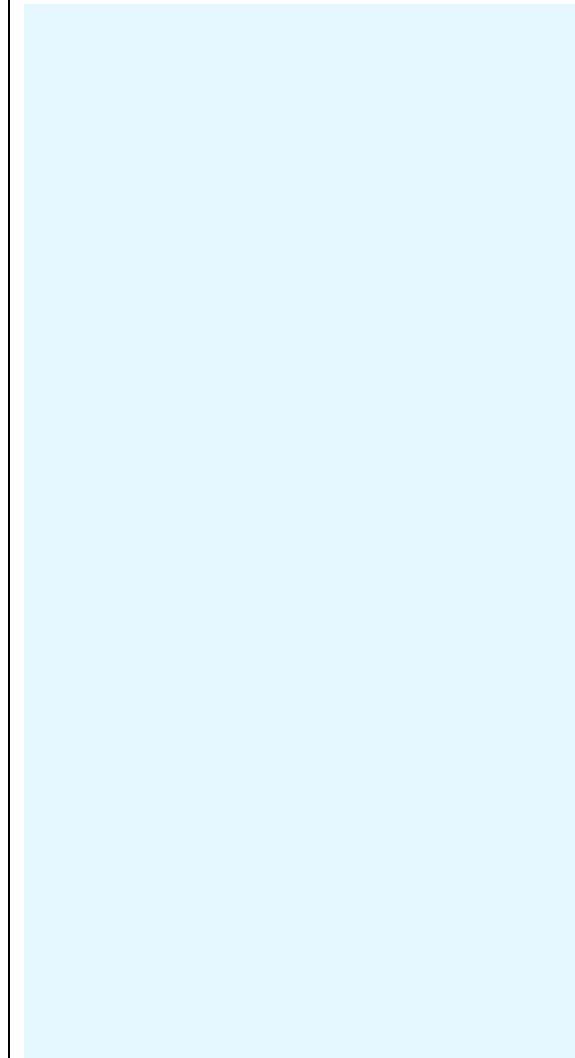
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An MI provider will be in contact with you to confirm the family's eligibility for services



Current Service Providers

Example:

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MULTISYSTEMIC THERAPY



Who is Eligible?

Youth between the ages of 12 and 17 with serious emotional or behavioral needs and their families

Multisystemic Therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote prosocial behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of 3 to 5 months, and services are available 24/7, enabling timely crisis management and allowing families to choose which times will work best for them.

Program Goals

- Increase competence in promoting healthy development and managing common child behavior problems and developmental issues
- Reduce use of coercive and punitive methods of disciplining children
- Increase use of positive parenting strategies in managing their children's behavior
- Increase confidence in raising their children
- Decrease behavior problems in their children (for families experiencing difficult child behaviors)
- Improve partners' communication about parenting issues
- Reduce stress associated with raising children

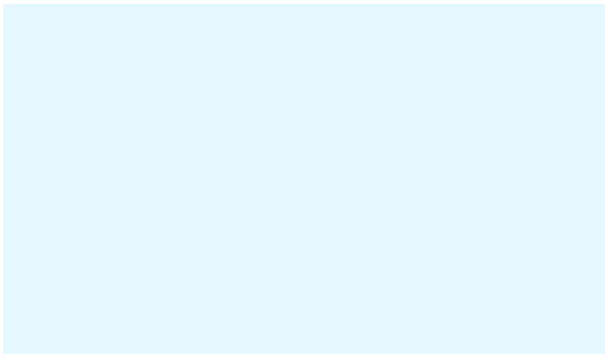
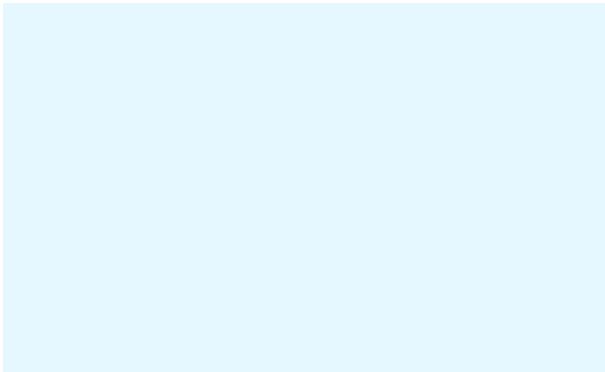
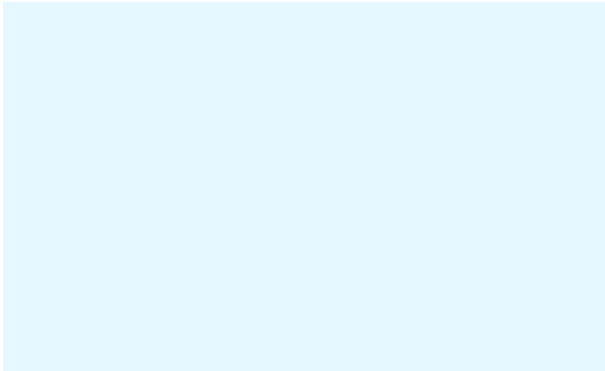
What Families Need to Hear

- Treatment using MST typically involves multiple weekly visits between the therapist and family, over an average timespan of 3 to 5 months
- The intensity of services can vary based on clinical needs; the therapist and family work together to determine how often and when services should be provided throughout the course of treatment
- Therapists can deliver MST in multiple settings, including the home, school, and community

Cultural Relevance

- MST has been shown to have positive outcomes for Black and Latinx children and families
- MST has materials available in languages other than English, including Spanish and several European languages

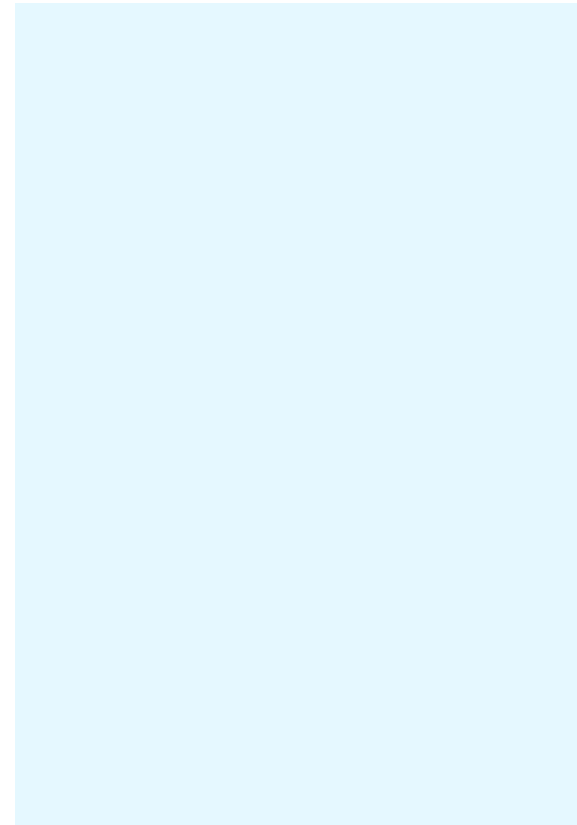
Relevant Assessment Items



How to Make a Referral

Example:

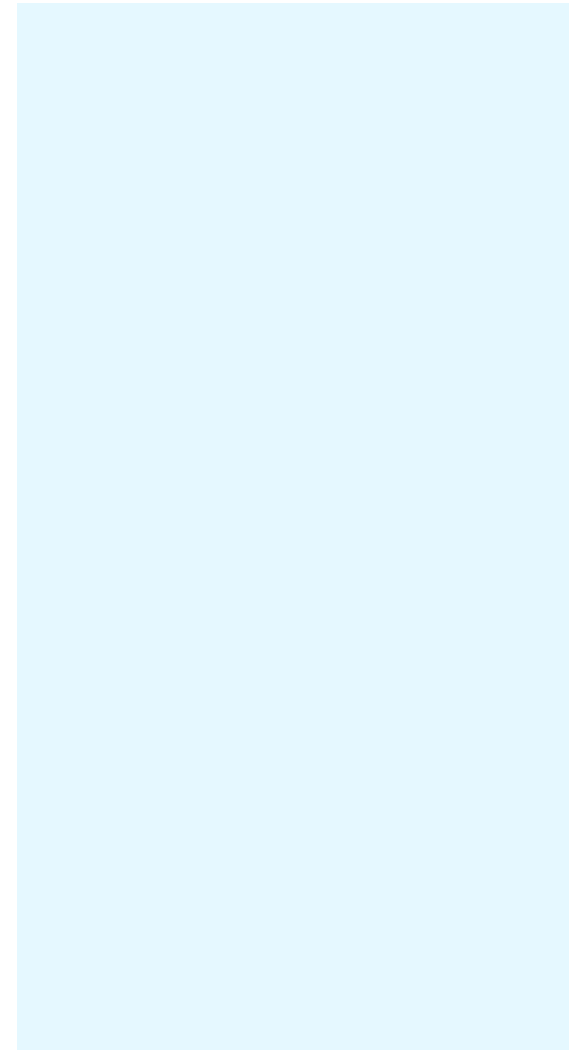
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An MST provider will be in contact with you to confirm the family's eligibility for services



Current Service Providers

Example:

Chapin Hall
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NURSE-FAMILY PARTNERSHIP



Who is Eligible?

Young, first-time, low-income mothers from early pregnancy through their child's first two years

Nurse Family Partnership (NFP) is a home visiting program that is typically implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns 2. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60–75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held biweekly or on an as-needed basis.

Program Goals

- Support maternal health, schedule prenatal appointments, and provide information for doctor appointments
- Promote economic self-sufficiency, discuss goals for work, education, and child care
- Promote child development and parent-child bonding
- Connect families to resources

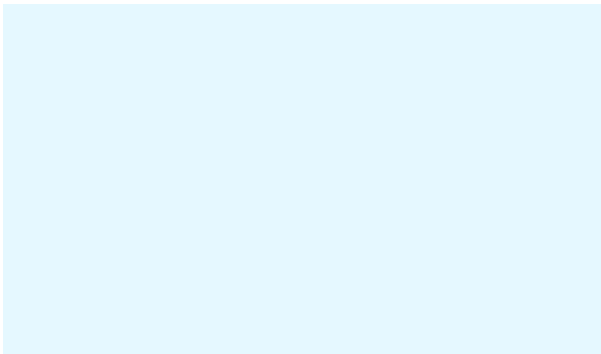
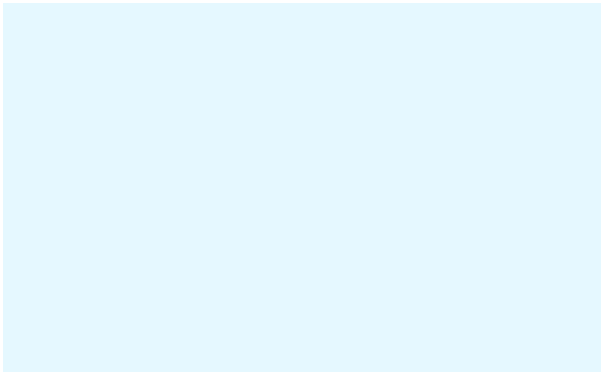
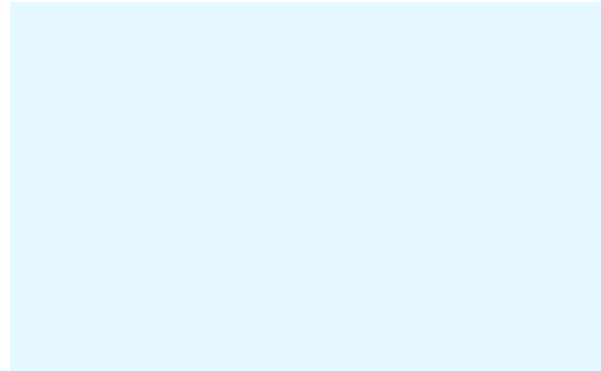
What Families Need to Hear

- Mothers enroll early in their pregnancy (no later than the 28th week of gestation) and may continue with the program until their child turns 2
- NFP aims for 60 visits that last approximately 60–75 minutes each. During the first month after enrollment, nurses visit mothers weekly. After the first month, the visits continue on a biweekly basis or as needed
- NFP is delivered through one-on-one visits in the home or a location of the mother's choice

Cultural Relevance

- NFP has been shown to have positive outcomes for Black and Latinx children and families
- NFP has materials available in English and Spanish

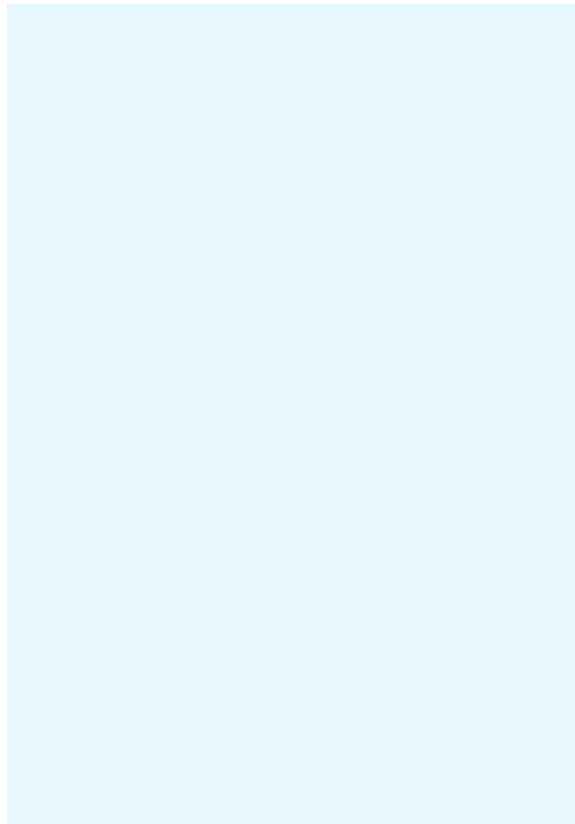
Relevant Assessment Items



How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. An NFP provider will be in contact with you to confirm the family's eligibility for services



Current Service Providers

Example:

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773.256.5100



PARENT-CHILD INTERACTION THERAPY



Who is Eligible?

Families with children who are between two and seven years old and experience emotional and behavioral problems

In Parent-Child Interaction Therapy (PCIT), parents are coached by a therapist trained in behavior-management and relationship skills. PCIT is a program for 2- to 7-year-old children and their parents or caregivers. It aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem solving. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers from behind a one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. Most families are able to master the program content in 12 to 20 1-hour sessions.

Program Goals

- Build close relationships between parents and their children using positive attention strategies
- Help children feel safe and calm by fostering warmth and security between parents and their children
- Increase children’s organizational and play skills
- Decrease children’s frustration and anger
- Educate parent about ways to teach child without frustration for parent and child
- Enhance children’s self-esteem
- Improve children’s social skills such as sharing and cooperation

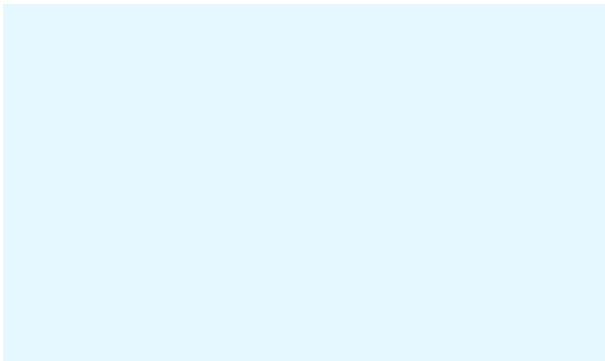
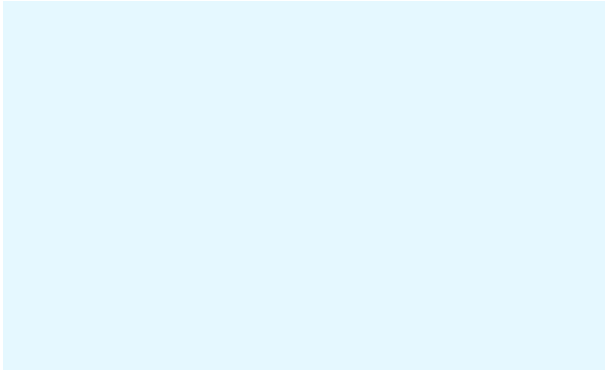
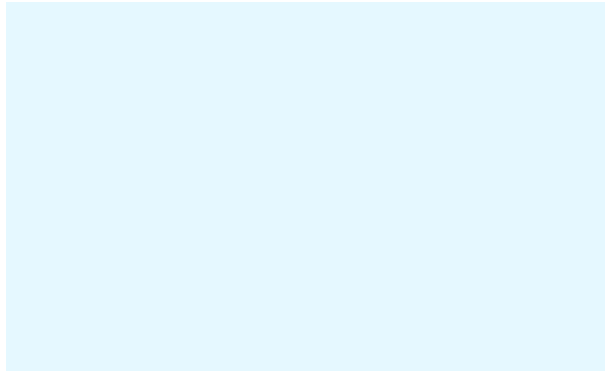
What Families Need to Hear

- PCIT is typically delivered over 12–20 weekly hour-long sessions, but the exact treatment length varies based on the needs of the child and family
- Treatment is considered complete when a positive parent-child relationship is established, the parent can effectively manage the child’s behavior, and the child’s behavior is within normal limits on a behavior rating scale
- PCIT is usually delivered in playroom settings where therapists can observe behaviors through a one-way mirror

Cultural Relevance

- PCIT has been shown to have positive outcomes for Asian and Black children and families
- PCIT has materials available in English and Spanish

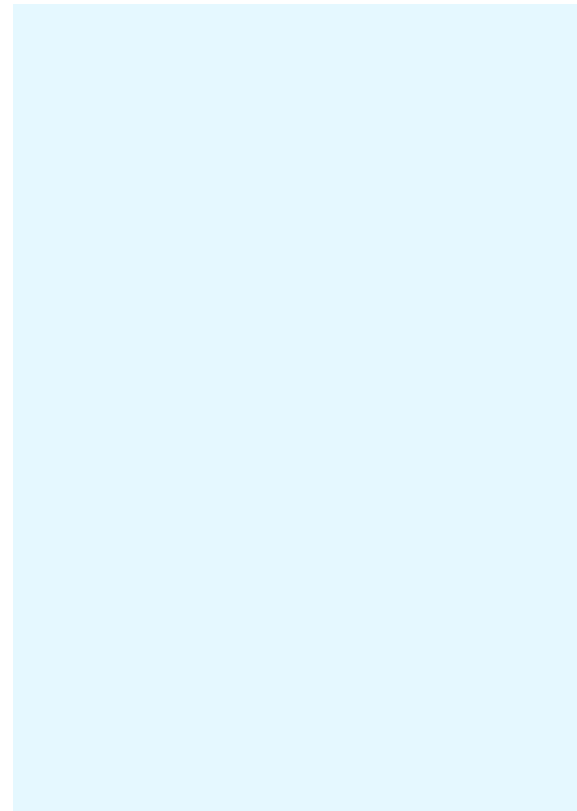
Relevant Assessment Items



How to Make a Referral

Example:

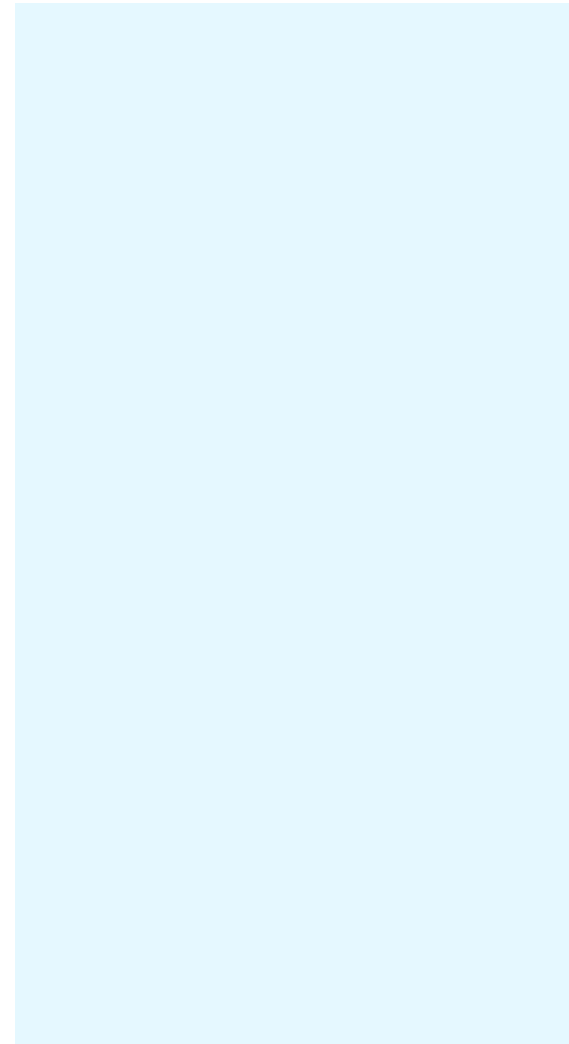
1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A PCIT provider will be in contact with you to confirm the family's eligibility for services



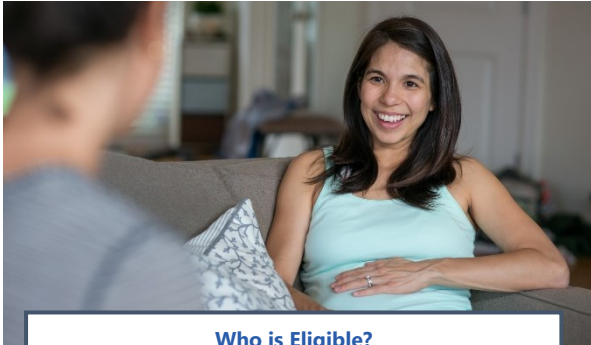
Current Service Providers

Example:

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PARENTS AS TEACHERS



Who is Eligible?

Expectant parents – continuing until their child reaches kindergarten – who are in high-risk environments

Parents as Teachers (PAT) is a home visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for 1 hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces.

Program Goals

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and school success

What Families Need to Hear

- Families can receive services prenatally until their child starts kindergarten
- Parent educators meet with families for about 1 hour at a time
- The frequency of meetings can range from biweekly to monthly, based on need
- PAT is usually delivered in homes, but can also be delivered in schools, childcare centers, or other community spaces

Cultural Relevance

- PAT has been shown to have positive outcomes for Black and Latinx children and families
- PAT has materials available in languages other than English, including Spanish, French, Mandarin, and German

Relevant Assessment Items

How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A PAT provider will be in contact with you to confirm the family's eligibility for services

Current Service Providers

Example:

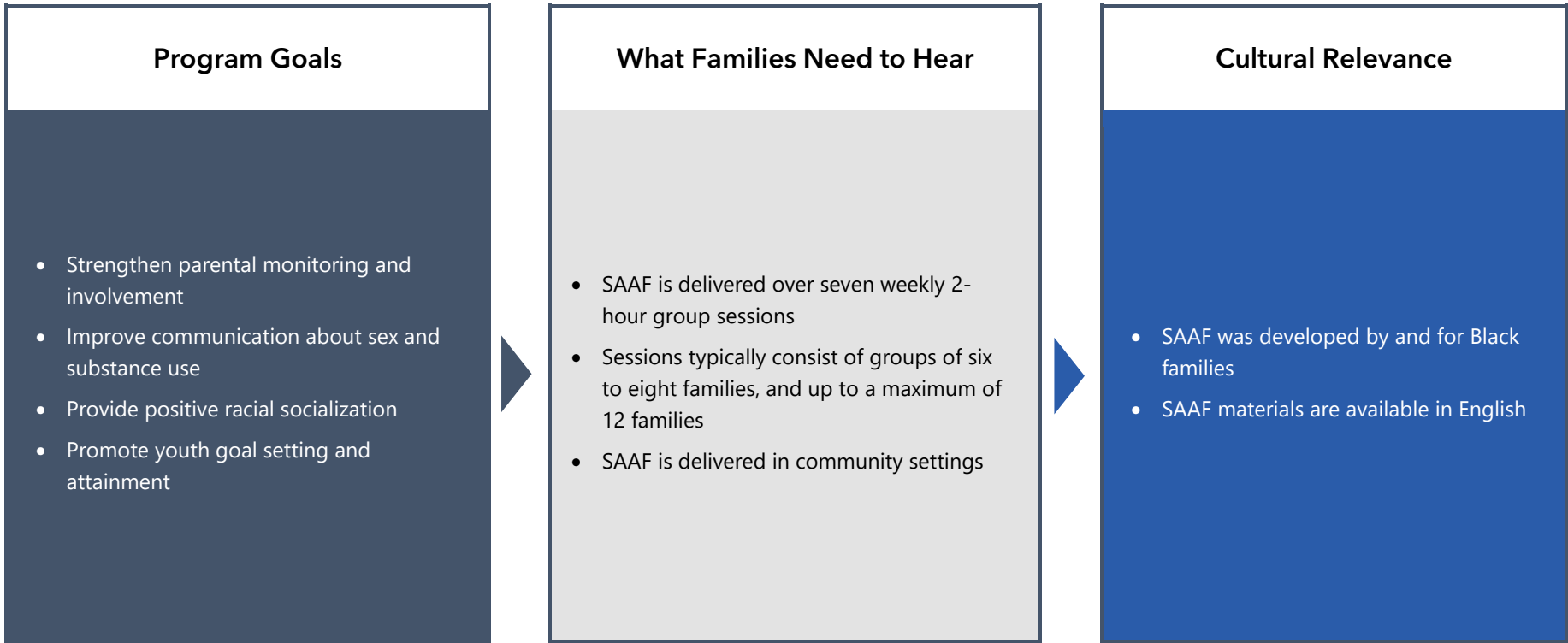
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STRONG AFRICAN AMERICAN FAMILIES

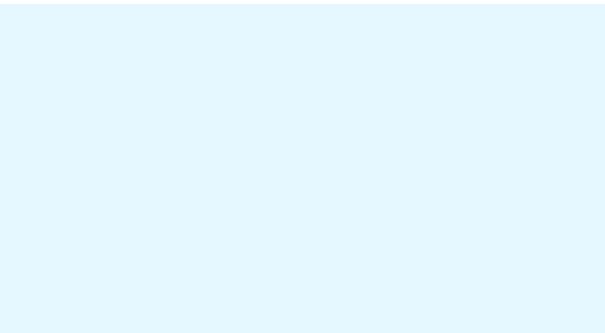
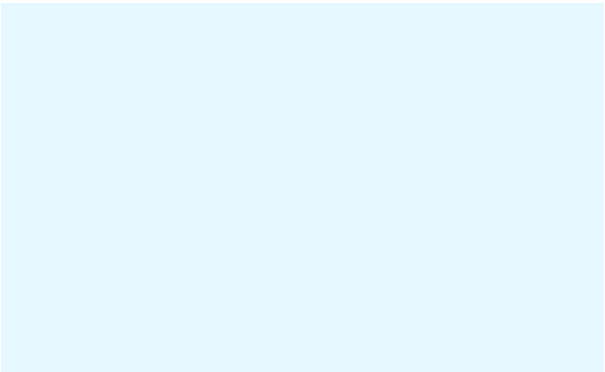
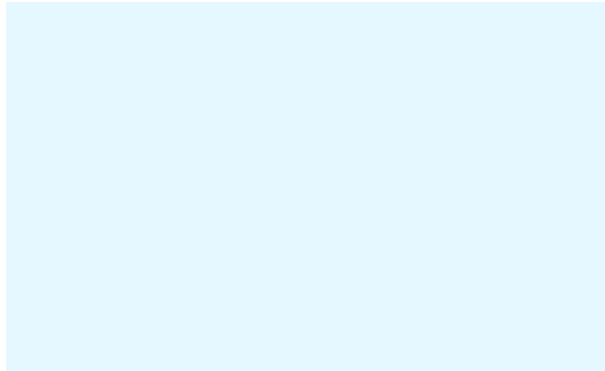


Who is Eligible?
Families with youth ages 10 to 14 who identify as being African American or Black

Strong African American Families (SAAF) is a 7-session, group-based parenting program designed for families with youth ages 10–14. SAAF aims to build on the strengths of African American families to prevent substance use and other risky behaviors. The program focuses on strengthening parental monitoring and involvement, improving communication about sex and substance use, and providing positive racial socialization. SAAF promotes youth goal setting and attainment, resistance to risky behaviors, and acceptance of parental influences. Each 2-hour session has two parts. In the first hour, youth and caregivers meet in separate groups for activities, discussion, and skill-building. In the second hour, youth and caregivers come back together for activities with their family and the larger group.



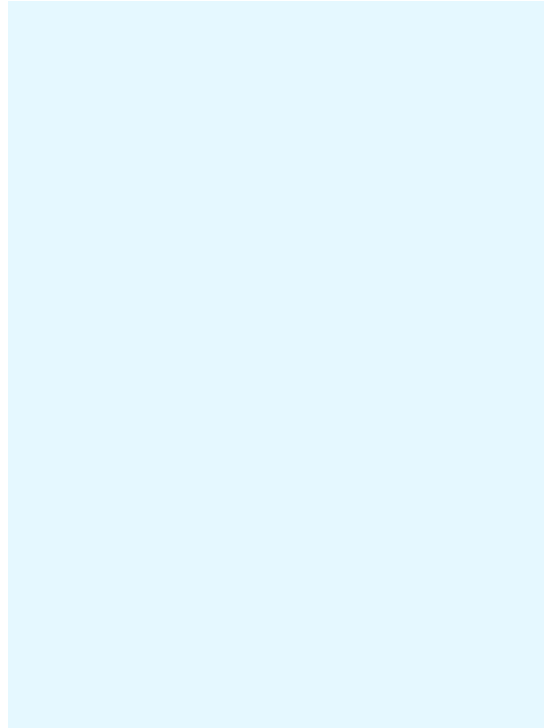
Relevant Assessment Items



How to Make a Referral

Example:

1. Case Managers should click 'Referral Form' under 'Resources' on the Unite page and type in the number 12345
2. Be prepared to enter the following information: child name, age, date of birth, child ID, and case ID
3. A SAAF provider will be in contact with you to confirm the family's eligibility for services



Current Service Providers

Example:

Chapin Hall

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773.256.5100

