Executive Summary: Interventions with Special Relevance for the Family First Prevention Services Act (FFPSA) (Second Edition)
Executive Summary

Family First Prevention Services Act

The passage of a new federal law, the Family First Prevention Services Act (P.L. 115-123), affords opportunities to use research-based interventions to help children safely avoid placement in foster care by meeting key service and treatment needs of children and their parents. Three major categories of services are eligible for reimbursement for up to 12 months under the new law:

1. Mental health services for children and parents
2. Substance abuse prevention and treatment services for children and parents
3. In-home parent skill-based programs:
   - Parenting skills training
   - Parent education
   - Individual and family counseling

The law includes Kinship Navigator programs, but as a separate provision with its own timeline.

FFPSA supports funding for services “directly related to the safety, well-being or permanence of the child or to prevent the child from entering foster care” (p. 170) that can be provided to:

- Infants, children, youth, pregnant and parenting youth, birth parents, kinship caregivers providing temporary or permanent care for children
- Children who are at risk of entering out-of-home care but who can stay safely with parents or kinship caregivers. This also includes children whose adoption or guardianship is at risk of disruption/dissolution.
- Children multiple times if they are identified as a “candidate” at risk of out of home multiple times.
- Families regardless of their income (in contrast to current requirements).¹

Evidence Standards

The levels of evidence for interventions (Promising, Supported and Well-supported) are currently being clarified by the Federal government but are similar in many ways to the California Evidence Based Clearinghouse for Child Welfare (CEBC) criteria, with three major exceptions: (1) an RCT study is not required; (2) publication in a peer review journal is not required (at least at this time); and (3) a book, program manual or some other form of documentation is required.² See Table E1 for a comparison of the current evidence criteria for FFPSA and CEBC.

² For example, the language in the FFPSA uses the CEBC’s language but allows for other available writings: “The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.” The CEBC uses the concept of “other available writings” to include programs that do not have a formal book or manual, but have written training materials available that specify the components of the practice protocol and describe how to administer the practice (Personal Communication, Jennifer A. Rolls Reutz, May 15, 2018). See: https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf
Table E1. A Comparison of the Criteria for FFPSA and CEBC

<table>
<thead>
<tr>
<th>Family First Prevention Services Act (FFPSA)a</th>
<th>California Evidence-Based Clearinghouse (CEBC)b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Requirements:</strong></td>
<td><strong>General Requirements:</strong></td>
</tr>
<tr>
<td>In order for an intervention to be reimbursed by FFPSA it must:</td>
<td>In order for an intervention to be rated by CEBC it must:</td>
</tr>
<tr>
<td>(i) have a book, manual or other available writings that specify the components of the practice protocol, and describe how to administer the practice.</td>
<td>a. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.</td>
</tr>
<tr>
<td>(ii) there is no empirical basis is suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.</td>
<td>b. If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice.</td>
</tr>
<tr>
<td>(iii) if multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice</td>
<td>c. There are no case data suggesting a risk of harm that: (a) was probably caused by the treatment and (b) the harm was severe or frequent.</td>
</tr>
<tr>
<td>(iv) outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.</td>
<td>d. There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.</td>
</tr>
<tr>
<td>(v) there are no case data suggesting a risk of harm that was probably caused by the treatment that was severe or frequent. (p. 171)</td>
<td>e. The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it. (See <a href="http://www.cebc4cw.org/ratings/">http://www.cebc4cw.org/ratings/</a>)</td>
</tr>
<tr>
<td>(vi) been published in “government reports and peer-reviewed journal articles that assess effectiveness (i.e., impact) using quantitative methods.” (See <a href="https://www.federalregister.gov/d/2018-13420">https://www.federalregister.gov/d/2018-13420</a>, p. 9.)</td>
<td></td>
</tr>
</tbody>
</table>

FFPSA also requires that:
- The practice be provided in an agency context and with a “trauma-informed approach and trauma-specific interventions” (p. 171)
- Study must be rated by some kind of “an independent systematic review” (p. 172)
- Study must have targeted one of the FFPSA “target outcomes;” conducted in the U.S., U.K., Canada, New Zealand, or Australia; and published/prepared in English during or after 1990. (See https://www.federalregister.gov/d/2018-13420, pp. 9.-10.)
- The “meaningful positive significant effect” on the study FFPSA target outcome “…will be defined using conventional standards of statistical significance (i.e., two-tailed hypothesis test and a specified alpha level of p<.05).” (See https://www.federalregister.gov/d/2018-13420, p. 11.)

**Well-Supported:**
A practice shall be considered to be a ‘well- supported practice’ if:
(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two studies that—
(aa) were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;
(bb) were rigorous random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design); and
(cc) were carried out in a usual care or practice setting; and

(II) at least one of the studies described in sub clause (I) established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment. (pp. 172-173) [i.e. at least one 12 month follow-up study is required.]

**Well-Supported:**
- At least 2 rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice.
- In at least one of these RCTs, the practice has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group.
### Interventions Reviewed and Sources

Based on a review of the literature, the following interventions are highlighted as effective or relevant for potential reimbursement under FFPSA. For each intervention, the following information is provided (when available): intervention summary, consumer age range, problem areas addressed, number of sessions, duration of treatment, cost, cost savings, benefit-cost ratio, and the availability of a manual. Due to the importance of the Title IV-E Waiver program, we also designate which of these interventions were being implemented by a jurisdiction as part of their Waiver, as of 2015, and how each of these interventions was

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rated according to the established criteria of the California Evidence-Based Clearinghouse for Child Welfare (CEBC), using the three levels of effectiveness for the CEBC classification system as described in the table above:

1. Well-supported by Research Evidence
2. Supported by Research Evidence
3. Promising Research Evidence

As noted in the table above, in order for an intervention to be rated by the CEBC for any level, it must (a) Have a book or manual that describes how to administer it; (b) Meet the requirements for inclusion in one of the CEBC topic areas; (c) Outcomes of the research must be published in a peer review journal; and (d) Outcome measures are reliable/valid and administered consistently and accurately.

Interventions listed on the CEBC were included if: they were rated 1, 2 or 3; there was a response and details provided by the developer; there was a book or manual; and, in the case of substance abuse and mental health treatment, the treatment provided was delivered by a qualified clinician in either individual or group format; and, in the case of in-home parenting services, the intervention did not require a group component. Parent training or skill-building interventions, even if they were group-based, were included in the mental health treatment FFPSA program category if they helped improve some aspect of a caregiver’s emotional or behavioral health. While most evidence-based interventions last 6-8 months, a number last longer than 12 months. Strictly applying the 12 month time limit in the FFPSA legislation would result in well-researched programs like Nurse Family Partnership and promising programs such as Parents as Teachers being excluded from the catalog. However, while FFPSA may pay for up to 12 months of a longer term intervention, states can likely elect to use Medicaid, state or other funding to continue the service beyond 12 months; hence, we have included interventions that extend beyond 12 months in the catalog. The duration information then indicates if the FFPSA funding would “time out” before that intervention was fully delivered.

Some relevant interventions were not included in the CEBC, but were selected for inclusion here based on ratings from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), which uses a four level system (where the quality of research studies is rated on a 4-point scale), the “BLUEPRINTS” intervention registry (which uses a three level system of promising, model and model plus), or the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide (which uses a three level system of harmful, promising and effective). For some of the interventions included in these sources, the information was not obtained directly from the developer but from published manuals, reports, journal articles or book chapters. With this exception, all the other criteria used to select interventions from the CEBC were applied to these clearinghouses.

Interventions that were not able to be rated due to a lack of evaluation data are listed in a companion document, as some of these interventions warrant further evaluation so that they might qualify. In some cases, the evidence base for the effectiveness of a particular intervention within a child welfare environment is sparse. In this case we rely on the research evidence indicating that the intervention is effective for a particular problem, or area of functioning that children and

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6 Note that the NREPP contractor and review criteria/process may be undergoing change. See [https://nrepp.samhsa.gov/landing.aspx](https://nrepp.samhsa.gov/landing.aspx).
8 See OJJDP’s [https://www.ojjdp.gov/mpg/](https://www.ojjdp.gov/mpg/).
their caregivers typically have in child welfare, and various meta-analyses that have reported intervention effect sizes. In addition, to help describe the evidence base or other aspects of the interventions with scant material, a wide range of other websites were reviewed. Note that Multisystemic Therapy for Substance Abuse (MST-SA), Structural Family Therapy (SFT) and Trauma Systems Therapy (TST), despite their use by child welfare programs in New York City and elsewhere, were not included in this catalog as these interventions are not rated by the CEBC or Blueprints; and the NREPP site was taken down at the time this catalog was being revised. We will rate these interventions in a later edition of this catalog.

In addition, in contrast to Family Spirit and some other culturally competent interventions, the in-home and group-based versions of the Positive Indian Parenting Program have not been evaluated sufficiently to be rated by one of the Clearinghouses. Until more evaluation data can be gathered by NICWA, the law allows for a request to be made to the Secretary of HHS to waive those aspects of the law, via guidance, per the provision allowing for cultural and tribal specific needs.

Interventions Summary
On pages xii-xv, we provide a condensed table that lists each of the interventions in the catalog by program category and level of evidence (Table E4). In order for states, counties, and tribal nations to make well-informed intervention-selection decisions, better understanding where and how these interventions have been tested, used, spread, or discontinued across child-serving and family-serving systems is also important. In the months ahead, we will also be adding effect-size data for more interventions because of its value in estimating the expected impact of the intervention outcomes of interest.

In examining that summary table, even without applying the less stringent FFPSA criteria to the interventions, we see that there are sizable numbers of interventions that meet the standards for each level for each program area. There are not, however, as many interventions that are rated by the CEBC or other ranking system at a Well-supported level. (See Table E2 below.) This highest evidence level is important because 50 percent of the state intervention funding for FFPSA-eligible interventions must be spent on Well-supported interventions, but using criteria that is slightly less stringent than CEBC, as discussed earlier.

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Table E2. Summary Table of Interventions Classified as Well-Supported in Terms of Evidence Level (N=40)

<table>
<thead>
<tr>
<th>FFPSA Intervention Areas</th>
<th>Number of Interventions Ranked as Well-supported According to the CEBC or Other Ranking System</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Mental health services for children and parents</td>
<td>29</td>
</tr>
<tr>
<td>▪ Substance abuse prevention and treatment services for children and parents</td>
<td>4</td>
</tr>
<tr>
<td>▪ In-home parent skill-based programs:</td>
<td></td>
</tr>
<tr>
<td>▪ Parenting skills training and Parent educationa</td>
<td>5</td>
</tr>
<tr>
<td>▪ Individual and family counseling</td>
<td>2</td>
</tr>
</tbody>
</table>

*a A clear definition of each program type and how they differ from each other has not yet been issued by the Federal Government in relation to FFPSA. Therefore, we grouped interventions that might qualify for one or both these program types together.

Table E2 needs to be viewed with caution as Casey Family Programs, the CEBC staff, Abt Associates (the organization that ACYF has contracted with to act as the FFPSA Clearinghouse), and others are just now beginning to review the research literature for interventions to see how they would be rated if the current FFPSA research evidence criteria remain unchanged. Many experts are reluctant to devote a large amount of staff time or other resources to that effort since we need to know what kinds of research reports or data summaries can be used to determine what rating the intervention should receive. FFPSA does not require a Randomized Control Trial (RCT) or publication in a peer-review journal, which should result in a larger number of interventions qualifying for the upper evidence levels than what we show in this catalog. For example, in a special review described next, 26 interventions which are currently classified at a lower level using the CEBC, NREPP, or BLUEPRINTS rating criteria should be determined to be at the Well-supported level using FFPSA criteria (see Table E3.) **Combining Tables E2 and E3, a total of 66 interventions relevant to child welfare should be classified as Well-Supported.**
Interventions that Should be Rated as Well-Supported Under the Most Recent FFPSA Standards

The levels of evidence that will be used to rate interventions for reimbursement under Family First as Promising, Supported and Well-supported are currently being clarified by the Federal government, and new parameters were recently released for comment by ACYF. All the FFPSA evidence criteria released thus far are similar in many ways to the California Evidence Based Clearinghouse for Child Welfare (CEBC) criteria, with six major exceptions:

1. A RCT study is not required
2. Publication in a peer review journal is not necessary
3. Study must have targeted one of the FFPSA “target outcomes;” conducted in the U.S., U.K., Canada, New Zealand, or Australia;
4. The study report must have been published in English
5. The study conducted or summarized during or after 1990. (See https://www.federalregister.gov/d/2018-13420, pp. 9.-10.)
6. The “meaningful positive significant effect” on the study FFPSA target outcome “…will be defined using conventional standards of statistical significance (i.e., two-tailed hypothesis test and a specified alpha level of p<.05).” (See https://www.federalregister.gov/d/2018-13420, p. 11.)

Review Process

The Casey Family Programs review team from Research Services examined all 45 “Supported” interventions in the first edition of the Catalog in relation to all the specific rating criteria published to date about the FFPSA interventions. We also paid special attention to the following:

- Study sample size.
- The drop-out/attrition rates as the study proceeded, including the response rate for the follow-up studies. The study might be disqualified if these drop-out/attrition rates are too high – especially if there was differential attrition across the treatment and comparison groups.
- Use of valid assessment measures.

If the information gathered showed that the intervention had evidence that would qualify it for the Well-Supported level, that was recorded, along with a brief summary of why – along with the articles supporting that evidence level. We also confirmed that there were at least two qualifying studies for every outcome highlighted for that intervention (as distinct from a situation where each study found a different outcome).

If the initial set of evidence was insufficient to qualify for Well-Supported, we contacted the intervention developer for additional studies and technical reports that might help their intervention qualify for the highest level possible. The 27 interventions with evidence that should qualify them for the Well-Supported level under FFPSA are listed in Table E.2, along with their target outcomes. The studies that provided the most direct evidence are footnoted for each intervention.

Conclusions

In sum, although further direction from the Children’s Bureau is forthcoming, the information in this document provides a conservative approach regarding interventions that may be covered under FFPSA. In other words, if an intervention is designated as promising, supported, or well-supported in this document, it is likely to have the same or higher evidence standard under FFPSA. Until further direction is provided, this catalog offers a rough estimate as to what interventions are likely to be covered under FFPSA.
Table E3. Relevant Interventions Rated as Supported Using CEBC Criteria that Could Be Classified as Well-Supported Under FFPSA Rating Criteria
(N = 26)

<table>
<thead>
<tr>
<th>Mental Health Services for Children and Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Blues Program</strong>¹ (Depressive symptoms, lower risk for onset of major depression - i.e. risk of future depressive episodes)</td>
</tr>
<tr>
<td>2. <strong>Building Confidence</strong>² (Child and adolescent anxiety)</td>
</tr>
<tr>
<td>3. <strong>Chicago Parent Program</strong>³ (Parent self-efficacy, corporal punishment, consistent discipline, positive parenting, and child behavior problems)</td>
</tr>
<tr>
<td>4. <strong>Cognitive Behavioral Therapy (CBT) for Child &amp; Adolescent Depression</strong>⁴ (Child and adolescent depression)</td>
</tr>
<tr>
<td>5. <strong>Cognitive Behavioral Therapy (CBT) - Group Therapy for Children with Anxiety</strong>⁵ (Child anxiety)</td>
</tr>
<tr>
<td>6. <strong>Cognitive Behavioral Therapy (CBT) - Parent Counseling for Young Children with Anxiety</strong>⁶ (Child anxiety)</td>
</tr>
<tr>
<td>7. **Dialectical Behavior Therapy (DBT)**⁷ (Reducing self-harm; suicide attempts in highly suicidal self-harming adolescents; non-suicidal self-injury; depression; and improved general functioning among people with borderline personality disorder)</td>
</tr>
<tr>
<td>8. **Families and Schools Together (FAST)**⁸ (Youth aggressive/externalizing behavior, academic performance)</td>
</tr>
<tr>
<td>9. **Family-Focused Treatment for Adolescents (FFT-A)**⁹ (Manic symptoms in youth with bipolar disorder)</td>
</tr>
<tr>
<td>10. **Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)**¹⁰ (Child and adolescent depression, overall functioning)</td>
</tr>
<tr>
<td>11. <strong>Wraparound Services</strong>¹¹ (Reduced recidivism in terms of juvenile justice offenses, improved overall youth functioning, placement in least restrictive settings, including achieving legal permanency)</td>
</tr>
</tbody>
</table>

**Substance Abuse Prevention and Treatment Services for Children and Parents**

¹⁰**Source:** Compiled by Olivia Thai, Danielle Roy, Jessica Elm and Peter J. Pecora, Research Services, Casey Family Programs. Note that the table lists target outcomes where 2 or more separate studies found positive effects for that outcome, with at least one study finding positive results at a 12 month or longer follow-up.
<table>
<thead>
<tr>
<th></th>
<th>Intervention Description</th>
<th>Area of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Buprenorphine Maintenance Treatment for Opioid Use Disorder</td>
<td>Opioid use</td>
</tr>
<tr>
<td>13</td>
<td>Assertive Continuing Care (ACC)</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>14</td>
<td>Adolescent Community Reinforcement Approach (A-CRA)</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>15</td>
<td>Adolescent Coping with Depression (CWD-A)</td>
<td>Depression</td>
</tr>
<tr>
<td>16</td>
<td>Brief Marijuana Dependence Counseling (BMDC)</td>
<td>Marijuana use</td>
</tr>
<tr>
<td>17</td>
<td>Ecologically Based Family Therapy (EBFT)</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>18</td>
<td>Functional Family Therapy (FFT) for adolescents with SUDs</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>19</td>
<td>Helping Women Recover &amp; Beyond Trauma (HWR/BT)</td>
<td>Substance abuse among women</td>
</tr>
<tr>
<td>20</td>
<td>Interim Methadone Maintenance (IM) for opioid use</td>
<td>Opioid use</td>
</tr>
<tr>
<td></td>
<td><strong>In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education</strong></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Family Spirit (for American Indian/Alaskan Native parents)</td>
<td>Mothers’ knowledge of and involvement in child care, maternal parenting skills</td>
</tr>
<tr>
<td>22</td>
<td>Home Instruction for Parents of Preschool Youngsters (HIPPY)</td>
<td>Child school performance</td>
</tr>
<tr>
<td>23</td>
<td>SafeCare</td>
<td>Re-referral to CPS for child neglect or physical abuse</td>
</tr>
<tr>
<td></td>
<td><strong>In-Home Parent Skill-Based Programs: Individual and Family Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Child-Parent Psychotherapy</td>
<td>Secure and disorganized attachment</td>
</tr>
<tr>
<td>25</td>
<td>Functional Family Therapy (FFT)</td>
<td>Family functioning, youth emotional and behavior improvement, child out-of-home placement prevention, and delinquent behavior recidivism/arrests</td>
</tr>
<tr>
<td>26</td>
<td>Homebuilders</td>
<td>Family functioning improvement to prevent child out-of-home placement</td>
</tr>
<tr>
<td>27</td>
<td>Parenting with Love and Limits</td>
<td>Child emotional and behavior health problems</td>
</tr>
</tbody>
</table>
In Table E.4 the interventions in the catalog are listed by their FFPSA program area and evidence level.

### Table E.4: Interventions Summary by Program Areas Listed in P.L. 115-123

#### Mental Health Services for Children and Parents (Total: 81)

<table>
<thead>
<tr>
<th>Well-supported (sub-total: 29):</th>
<th>Supported (sub-total: 23):</th>
<th>Promising (sub-total: 29):</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Acceptance and Commitment Therapy (ACT) for Adults</td>
<td>▪ Accelerated Resolution Therapy</td>
<td>▪ 1-2-3 Magic</td>
</tr>
<tr>
<td>▪ Acceptance and Commitment Therapy (ACT) for adults with anxiety</td>
<td>▪ Blues Program</td>
<td>▪ ACTION (youth group treatment for depression)</td>
</tr>
<tr>
<td>▪ Acceptance and Commitment Therapy (ACT) for adults with schizophrenia and psychosis</td>
<td>▪ Building Confidence</td>
<td>▪ Adolescent Coping with Depression (CWD-A)</td>
</tr>
<tr>
<td>▪ Acceptance and Commitment Therapy (ACT) for children with anxiety</td>
<td>▪ Chicago Parent Program (CPP)</td>
<td>▪ Behavioral Activation Treatment for Depression (BATD)</td>
</tr>
<tr>
<td>▪ Acceptance and Commitment Therapy (ACT) for children with depression</td>
<td>▪ Childhaven Childhood Trauma Treatment</td>
<td>▪ Brief Eclectic Psychotherapy for PTSD (BEPP)</td>
</tr>
<tr>
<td>▪ Aggression Replacement Training® (ART)</td>
<td>▪ Cognitive Behavioral Therapy (CBT) for Child and Adolescent Depression</td>
<td>▪ C.A.T. Project</td>
</tr>
<tr>
<td>▪ Attachment and Biobehavioral Catch Up (ABC)</td>
<td>▪ Cognitive Behavioral Therapy (CBT) – Group Therapy for Children with Anxiety</td>
<td>▪ Child-Centered Play Therapy (CCPT)</td>
</tr>
<tr>
<td>▪ Child and Family Traumatic Stress Intervention (CFTSI)</td>
<td>▪ Cognitive Behavioral Therapy (CBT) – Parent counseling for young children with anxiety</td>
<td>▪ CICC’s Effective Black Parenting Program (EBPP)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT)</td>
<td>▪ Collaborative &amp; Proactive Solutions</td>
<td>▪ Cognitive Behavioral Analysis System of Psychotherapy (CBASP)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Adult Anxiety</td>
<td>▪ Collaborative Problem-Solving</td>
<td>▪ Cognitive-Behavioral Coping-Skills Training</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Adult Depression</td>
<td>▪ Common Sense Parenting (CSP)</td>
<td>▪ Cognitive Processing Therapy (CPT)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Adult Posttraumatic Stress Disorder (PTSD)</td>
<td>▪ Community Reinforcement + Vouchers Approach (CRA + Vouchers)</td>
<td>▪ Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Adult Schizophrenia and Psychosis</td>
<td>▪ Dialectical Behavior Therapy (DBT)</td>
<td>▪ Cool Kids</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Anxiety</td>
<td>▪ Dialectical Behavior Therapy (DBT) for Adolescent Self-Harming Behavior</td>
<td>▪ Defiant Children: A Clinician’s Manual for Assessment and Parent Training (The Barkley Method of Behavioral Parent Training)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td>▪ Families and Schools Together (FAST)</td>
<td>▪ Exchange Parent Aide</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td>▪ Family-Focused Treatment for Adolescents (FFT-A)</td>
<td>▪ Fairy Tale Model (Treating Problem Behaviors: A Trauma-Informed Approach)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td>▪ Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)</td>
<td>▪ Family Connections</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td>▪ Multi-Family Psychoeducational Psychotherapy (MF-PEP)</td>
<td>▪ Helping the Noncompliant Child</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td>▪ New Beginnings (for children of divorce)</td>
<td>▪ Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)</td>
</tr>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) for Children with Trauma</td>
<td></td>
<td>▪ Life Space Crisis Intervention (LSCI)</td>
</tr>
</tbody>
</table>
## Mental Health Services for Children and Parents (Total: 81)

<table>
<thead>
<tr>
<th>Well-supported (sub-total: 29):</th>
<th>Supported (sub-total: 23):</th>
<th>Promising (sub-total: 29):</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Cognitive Behavioral Therapy (CBT) – Individual Therapy for Children with Anxiety</td>
<td>▪ Positive Peer Culture (PPC)</td>
<td>▪ Mindfulness-Based Cognitive Therapy for Children (MBCT-C)</td>
</tr>
<tr>
<td>▪ Cognitive Therapy (CT)</td>
<td>▪ Primary and Secondary Control Enhancement Training (PASCET)</td>
<td>▪ Nurturing Parenting Program for Parents and their School-age Children 5 to 12 Years</td>
</tr>
<tr>
<td>▪ Coping Cat</td>
<td>▪ Problematic Sexual Behavior- (PSB-CBT-S)- for School Age Children</td>
<td>▪ Parents Anonymous</td>
</tr>
<tr>
<td>▪ Coping Power Program</td>
<td>▪ Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for Sexual Behavior Problems in Children</td>
<td>▪ Play and Learning Strategies–Infant Program</td>
</tr>
<tr>
<td>▪ Eye movement desensitization and reprocessing (EMDR) for Adult PTSD</td>
<td>▪ Mindfulness-Based Cognitive Therapy for Children (MBCT-C)</td>
<td>▪ Solution-Based Casework (SBC)</td>
</tr>
<tr>
<td>▪ Eye movement desensitization and reprocessing (EMDR) for Children</td>
<td>▪ Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for Sexual Behavior Problems in Children</td>
<td>▪ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</td>
</tr>
<tr>
<td>▪ GenerationPMTO (Group Delivery Format)</td>
<td>▪ Nurturing Parenting Program for Parents and their School-age Children 5 to 12 Years</td>
<td>▪ Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (SITCAP-ART)</td>
</tr>
<tr>
<td>▪ Mindfulness-Based Cognitive Therapy (MBCT) for Adults</td>
<td>▪ Parents Anonymous</td>
<td>▪ Trauma and Grief Component Therapy for Adolescents (TGCT-A)</td>
</tr>
<tr>
<td>▪ Multidimensional Family Therapy (MDFT)</td>
<td>▪ Play and Learning Strategies–Infant Program</td>
<td>▪ Wraparound</td>
</tr>
<tr>
<td>▪ Parent Child Interaction Therapy (PCIT)</td>
<td>▪ Solution-Based Casework (SBC)</td>
<td></td>
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<tr>
<td>▪ Problem Solving Skills Training for Children</td>
<td>▪ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</td>
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<tr>
<td>▪ Prolonged Exposure Therapy for Adolescents (PE-A)</td>
<td>▪ Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (SITCAP-ART)</td>
<td></td>
</tr>
<tr>
<td>▪ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</td>
<td>▪ Trauma and Grief Component Therapy for Adolescents (TGCT-A)</td>
<td></td>
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<tr>
<td>▪ Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior</td>
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<td></td>
</tr>
</tbody>
</table>

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### Substance Abuse Prevention and Treatment for Children and Parents (Total: 26)

#### Well-supported (sub-total: 4):
- Communities that Care for Substance Abuse Prevention
- Motivational Interviewing
- Multidimensional Family Therapy (MDFT)
- PROSPER

#### Supported (sub-total: 15):
- Adaptive Stepped Care
- Adolescent Community Reinforcement
- Approach/Assertive Continuing Care (A-CRA/ACC)
- Adolescent Coping with Depression (CWD-A)
- Adolescent-focused Family Behavior Therapy
- Adult-focused Family Behavior Therapy
- Brief Marijuana Dependence Counseling (BMDC)
- Brief Strategic Family Therapy
- Buprenorphine (or buprenorphine/naloxone) maintenance treatment for opioid use disorder
- Ecologically Based Family Therapy
- Families Facing the Future
- Functional Family Therapy (FFT) for adolescents with substance use disorder
- Helping Women Recover & Beyond Trauma (HWR/BT) [Substance Abuse Treatment (Adult)]
- Injectable naltrexone for opiates
- Intermittent methadone maintenance

#### Promising (sub-total: 7):
- Alcohol Behavioral Couple Therapy
- C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support)
- Cognitive-Behavioral Coping-Skills Therapy for alcohol or drug use disorders
- Matrix Model Intensive Outpatient program
- Seeking Safety
- Sobriety Treatment and Recovery Teams (START)
- 12-Step Facilitation Therapy for Substance Abuse (TSF)

### In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 17)

#### Well-supported (sub-total: 5):
- Family Connects
- Healthy Families America (HFA)
- Minding the Baby® (MTB)
- Nurse Family Partnership (NFP)
- The Incredible Years

#### Supported (sub-total: 5):
- AVANCE Parent-Child Education Program
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- SafeCare
- Tuning In To Kids (TIK)
- Tuning In To Teens (TINT)

#### Promising (sub-total: 7):
- All Babies Cry (ABC)
- Circle of Security-Home Visiting-4 (COS-HV4)
- Collaborative Problem Solving (CPS)
- Early Head Start-Home Visiting (EHS-HV)
- GenerationPMTO (individual delivery format)
- Infant Health and Development Program (IHDP)
- Parents as Teachers (PAT)
## In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 23)

<table>
<thead>
<tr>
<th>Well-supported (sub-total: 2):</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Attachment-Based Family Therapy (ABFT)</td>
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<tr>
<td>▪ The Family Check-up (FCU)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Supported (sub-total: 7):</th>
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</thead>
<tbody>
<tr>
<td>▪ Child-Parent Psychotherapy (CPP)</td>
</tr>
<tr>
<td>▪ Child Parent Relationship Therapy (CPRT)</td>
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<tr>
<td>▪ Functional Family Therapy (FFT)</td>
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<tr>
<td>▪ Intensive Family Preservation Services (HOMEBUILDERS®)</td>
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<tr>
<td>▪ Multisystemic Therapy (MST)</td>
</tr>
<tr>
<td>▪ Parenting with Love and Limits (PLL)</td>
</tr>
<tr>
<td>▪ Strengthening Families for Parents and Youth 10–14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promising (sub-total: 14):</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)</td>
</tr>
<tr>
<td>▪ Child FIRST (Child and Family Interagency, Resource, Support, and Training)</td>
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<tr>
<td>▪ Cue-Centered Treatment (CCT)</td>
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<tr>
<td>▪ Domestic Abuse Intervention Project - The Duluth Model (DAIP)</td>
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<tr>
<td>▪ Early Pathways Program (EPP)</td>
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<tr>
<td>▪ Families First</td>
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<tr>
<td>▪ Family Centered Treatment</td>
</tr>
<tr>
<td>▪ Multisystemic Therapy Building Stronger Families (MST-BSF)</td>
</tr>
<tr>
<td>▪ Parent Child Assistance Program (PCAP)</td>
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<tr>
<td>▪ Promoting First Relationships (PFR)</td>
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<tr>
<td>▪ Risk Reduction through Family Therapy (RRFT)</td>
</tr>
<tr>
<td>▪ Step-by-Step Parenting Program©</td>
</tr>
<tr>
<td>▪ Trauma Affect Regulation: Guide for Education and Therapy for Adolescents (TARGET-A)</td>
</tr>
<tr>
<td>▪ Wraparound (in-home parent support focus)</td>
</tr>
</tbody>
</table>

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1. Studies that help Blues Program meet FFPSA evidence criteria include:

2. Studies that help Building Confidence meet FFPSA evidence criteria include two main studies with sample sizes less than 50 but with 40 or more children:
3 Studies that help Chicago Parent Program meet FFPSA evidence criteria include:

- Additional research may be found at: http://www.chicagoparentprogram.org/our-research

4 Studies that help CBT for Child & Adolescent Depression meet FFPSA evidence criteria include:

- A cost-benefit analysis conducted by the Washington State Institute for Public Policy may be found here: http://www.wsipp.wa.gov/BenefitCost/Program/542

5 Studies that help CBT Group Therapy for Children with Anxiety meet FFPSA evidence criteria include:

- A cost-benefit analysis conducted by the Washington State Institute of Public Policy may be found here: http://www.wsipp.wa.gov/BenefitCost/Program/66

6 Studies that help CBT Parent Counseling for Young Children with Anxiety meet FFPSA evidence criteria include:

Studies that help Dialectical Behavior Therapy (DBT) meet FFPSA evidence criteria include:

- Additional research on DBT may be found here: https://behavioraltech.org/research/evidence/#domains

Studies that help Families and Schools Together (FAST) meet FFPSA evidence criteria include:

- Additional research on FAST may be found here: https://www.familiesandschools.org/why-fast-works/ And a cost-benefit analysis from the Washington State Institute for Public Policy may be found here: http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/150/Families-and-Schools-Together-FAST

Studies that help Family-Focused Treatment for Adolescents (FFT-A) meet FFPSA evidence criteria include:


Studies that help Interpersonal Psychotherapy-Adolescent Skills Training (IPA-AST) meet FFPSA evidence criteria include:


Studies that help Wraparound meet FFPSA evidence criteria include:


12 Studies that help Buprenorphine Maintenance Treatment for Opioid Use Disorder meet the FFPSA evidence criteria include:


13 Studies that help Assertive Continuing Care (ACC) meet FFPSA evidence criteria include:


14 Studies that help Adolescent Community Reinforcement Approach (A-CRA) meet FFPSA evidence criteria include:


15 Studies that help Adolescent Coping with Depression (CWD-A) meet FFPSA evidence criteria include:

Studies that help Brief Marijuana Dependence Counseling (BMDC) meet FFPSA evidence criteria include:

- The BMDC program manual may be found here: https://www.integration.samhsa.gov/clinical-practice/sbirt/brief_counseling_for_marijuana_dependence.pdf and a cost-benefit analysis conducted by the Washington State Institute for Public Policy may be found here: http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/306/Brief-Marijuana-Dependence-Counseling

Studies that help Ecologically Based Family Therapy (EBFT) meet FFPSA evidence criteria include:


Studies that help Functional Family Therapy (FFT) for adolescents with SUDs meet the FFPSA evidence criteria include:


Studies that help Helping Women Recover & Beyond Trauma (HWR/BT) for substance abuse treatment in women meet the FFPSA evidence criteria include:


Studies that help Interim Methadone Maintenance for Opioid use (IMM) meet the FFPSA evidence criteria include:


Studies that help Family Spirit meet the FFPSA evidence criteria include these below:


Studies that help Home Instruction for Parents of Preschool Youngsters (HIPPY) meet the FFPSA evidence criteria include:


Studies that help SafeCare meet the FFPSA evidence criteria:
- Justice Research Center (July 2009) Parenting with Love and Limits Research Outcome – 2009-2010

Studies that help Child-Parent Psychotherapy (CPP) meet the FFPSA evidence criteria include:

Studies that help Functional Family Therapy (FFT) meet the FFPSA evidence criteria for the outcomes listed in the table include those below. Also see [https://www.fftllc.com/documents/FFT-CW-Model-Effectiveness.pdf](https://www.fftllc.com/documents/FFT-CW-Model-Effectiveness.pdf)


26 Studies that help HOMEBUILDERS meet the FFPSA evidence criteria are documented in these two meta-analyses:


27 Studies that help Building Confidence meet FFPSA evidence criteria include:

- Justice Research Center (July 2009) Parenting with Love and Limits Research Outcome – 2009-2010