September 2014

Inventory of Evidence-Based, Research-Based, and Promising Practices

For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget area	Program/intervention	Manual	Current definitions	Suggested definitions	Cost-beneficial	Reason program does not meet suggested evidence-based criteria (see full definitions below)	Percent minority
Child Welfare	**Intervention**						
	Family Search and Engagement	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Fostering Healthy Futures	Yes	⦿	⦿	N/A	Single evaluation	56%
	Functional Family Therapy (FFT) for children in the child welfare system	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Including Fathers - Father Engagement Program	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Intensive Family Preservation Services (Homebuilders)	Yes	●	●	Yes (100%)		48%
	Multisystemic Therapy (MST) for children in the child welfare system	Yes	⦿	⦿	N/A	Heterogeneity/Single evaluation	18%
	Other Family Preservation Services (non-Homebuilders)	Varies*	P	⊘	No (0%)	Weight of evidence	68%
	Parent Child Assistance Program	Yes	P	P	N/A	Weight of evidence	N/A
	Parent-Child Interaction Therapy	Yes	●	●	Yes (100%)		33%
	Parents for Parents	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Partners with Families and Children	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Pathway to Reunification	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Safecare	Yes	⦿	●	Yes (99%)		44%
	Prevention						
	Circle of Security	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Healthy Families America	Yes	●	⦿	No (46%)	Benefit-cost	73%
	Kaleidoscope Play and Learn	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Nurse Family Partnership	Yes	●	⦿	Yes (71%)	Benefit-cost	51%
	Other Home Visiting Programs for At-Risk Parents	Varies*	●	⦿	No (47%)	Benefit-cost	50%
	Parent Child Home Program	Yes	⦿	⦿	No (33%)	Benefit-cost	64%
	Parent Mentor Program	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Parents and Children Together (PACT)		P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Parents as Teachers	Yes	●	P	No (50%)	Benefit-cost/Weight of evidence	52%
	Promoting First Relationships	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Safe Babies, Safe Moms	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Triple P (system)	Yes	⦿	●	Yes (99%)		33%

Key:

● Evidence-based

⦿ Research-based

P Promising

⊘ Produces null or poor outcomes

See definitions and notes at the end of the inventory.

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Juvenile Justice	Aggression Replacement Training	Yes					
	Youth in institutions		⦿	⦿	Yes (96%)	Heterogeneity	17%
	Youth on probation		⦿	⦿	Yes (96%)	Heterogeneity	17%
	Connections Wraparound	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Coordination of Services	Yes	⦿	P	Yes (76%)	Heterogeneity/Weight of evidence	10%
	Dialectical Behavior Therapy	Yes	⦿	⦿	N/A	Heterogeneity/Single evaluation	27%
	Drug courts	Varies*	●	⦿	No (65%)	Benefit-Cpst	43%
	Family Integrated Transitions	Yes	⦿	⦿	Yes (77%)	Single evaluation	30%^
	Functional Family Parole with high fidelity	Yes	⦿	●	Yes (79%)		46%
	Functional Family Therapy	Yes					
	Youth in institutions		●	●	Yes (100%)		18%^
	Youth on probation		●	●	Yes (100%)		18%^
	Juvenile Detention Alternatives Initiative	Yes	P	P		No rigorous evaluation measuring outcome of interest	N/A
	Mentoring	Yes	●	●	N/A		40%
	Multidimensional Family Therapy for substance abusers	Yes	⦿	⦿	No (67%)	Benefit-cost	100%
	Multidimensional Treatment Foster Care	Yes	⦿	⦿	No (67%)	Benefit-Cost/Heterogeneity	26%
	Multisystemic Therapy	Yes	●	●	Yes (92%)		51%
	Scared Straight	Yes	⊘	⊘	No (3%)	Weight of evidence	N/A
	Sex offender treatment	Varies*	●	●	N/A		43%
	Multisystemic Therapy for juvenile sex offenders	Yes	●	●	N/A		43%
	Other treatment for juvenile sex offenders	Varies*	P	P	N/A	Weight of evidence	N/A
	Therapeutic Communities for substance abusers	Varies*	⦿	●	Yes (76%)		58%
	Victim offender mediation	Varies*	●	●	Yes (88%)		72%
	You Are Not Your Past	No	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A

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Mental Health	**Anxiety**						
	Cognitive Behavioral Therapy (CBT) for Anxious Children (group, individual or remote)	Varies*	●	⦿	N/A	Heterogeneity	26%
	Cool Kids	Yes	⦿	⦿	N/A	Heterogeneity	N/A
	Coping Cat	Yes	⦿	⦿	N/A	Heterogeneity	26%
	Coping Cat/Koala book based model	Yes	⦿	⦿	N/A	Heterogeneity	26%
	Coping Koala	Yes	⦿	⦿	N/A	Heterogeneity	10%
	Other Cognitive Behavioral Therapy (CBT) for Anxious Children	Varies*	⦿	⦿	N/A	Heterogeneity	23%
	Parent Cognitive Behavioral Therapy (CBT) for Anxious Young Children	Varies*	⦿	⦿	Yes (99%)	Heterogeneity	26%
	Theraplay	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Attention Deficit Hyperactivity Disorder						
	Behavioral Parent Training (BPT) for Children with ADHD		⦿	⦿	Yes (95%)	Heterogeneity	26%
	Barkley Model	Yes	⦿	⦿	N/A	Heterogeneity	26%
	New Forest Parenting Programme	Yes	⦿	⦿	N/A	Heterogeneity	N/A
	Cognitive Behavioral Therapy (CBT) for Children with ADHD		⊘	⊘	No (0%)	Heterogeneity/Weight of evidence	7%
	Multimodal Therapy (MMT) for Children with ADHD	Varies*	⦿	⦿	No (43%)	Benefit-Cost/Heterogeneity	7%
	Depression						
	Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Varies*	⦿	⦿	No (51%)	Benefit-Cost/Heterogeneity	19%
	Coping with Depression-Adolescents	Yes	⦿	⦿	N/A	Heterogeneity	14%
	Treatment for Adolescents with Depression Study	Yes	P	P	N/A	Heterogeneity/Weight of evidence	23%
	Other Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Varies*	⦿	⦿	N/A	Heterogeneity	14%
	Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)						
	Behavioral Parent Training (BPT) for Children with Disruptive Behavior Disorders	Varies*	⦿	●	N/A		43%
	Incredible Years Parent Training	Yes	●	⦿	No (52%)	Benefit-cost	52%
	Incredible Years Parent Training + Child Training	Yes	●	⦿	No (22%)	Benefit-cost	22%
	Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems	Yes	●	⦿	No (47%)	Benefit-cost	47%
	Triple-P Level 4, Group	Yes	⦿	⦿	Yes (100%)	Heterogeneity	6%
	Triple-P Level 4, Individual	Yes	⦿	⦿	No (72%)	Benefit-cost/Heterogeneity	6%
	Other Behavioral Parent Training	Varies*	⦿	⦿	Yes (96%)	Heterogeneity	N/A
	Brief Strategic Family Therapy (BSFT)	Yes	●	●	Yes (75%)		100%
	Choice Theory/Reality Therapy	Yes	P	P			
	Families and Schools Together (FAST)	Yes	●	⦿	No (46%)	Benefit-cost	58%
	Kids Club and Moms Empowerment support groups	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Multimodal Therapy (MMT) for Children with Disruptive Behavior	Varies*	P	P	No (50%)	Weight of evidence/Heterogeneity	7%

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Mental Health (continued)	**Fetal Alcohol Syndrome**						
	Families Moving Forward	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Serious Emotional Disturbance						
	Multisystemic Therapy (MST) for Youth with Serious Emotional Disturbance (SED)	Yes	⦿	⦿	No (26%)	Benefit-cost/Heterogeneity	21%
	Full Fidelity Wraparound for Youth with Serious Emotional Disturbance (SED)	Yes	⦿	⦿	N/A	Program cost	61%
	Intensive Family Preservation (HOMEBUILDERS) for Youth with SED	Yes	P	P	N/A	Weight of evidence	N/A
	Trauma						
	ADOPTS: therapy to address distress of post traumatic stress in adoptive children	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Child-Parent Psychotherapy	Yes	⦿	⦿	N/A	Heterogeneity/Single evaluation	9%
	Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Varies*	●	●	Yes (99%)		47%
	Classroom Based Intervention for war-exposed children	Yes	●	●	N/A		100%
	Cognitive Behavioral Intervention for Trauma in Schools	Yes	●	●	N/A		100%
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	Yes	●	●	N/A		100%
	KID-NET Narrative Exposure Therapy for Children	Yes	●	●	N/A		100%
	Trauma Focused CBT for Children	Yes	●	●	N/A		42%
	Trauma Grief Component Therapy	Yes	⦿	⦿	N/A	Single evaluation	N/A
	Other Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Varies*	●	●	N/A		67%
	Eye Movement Desensitization and Reprocessing (EMDR) for Child Trauma	Yes	●	●	Yes (85%)		50%
	Take 5: Trauma Affects Kids Everywhere - Five Ways to Promote Resilience	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Treatment Organizational Approaches						
	Modularized Approaches to Treatment of Anxiety, Depression and Behavior (MATCH)	Yes	⦿	⦿	N/A	Program cost/Single evaluation	65%

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General Prevention	Child First	Yes	⦿	⦿	N/A	Program cost/Single evaluation	94%
	Communities that Care	Yes	●	●	Yes (85%)		33%
	Coping and Support Training	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	49%
	Fast Track Prevention Program	Yes	⦿	⦿	No (0%)	Benefit-cost/Heterogeneity/Single evaluation	0%
	Good Behavior Game	Yes	●	●	Yes (92%)		49%
	Guiding Good Choices	Yes	⦿	⦿	Yes (64%)	Benefit-cost/Heterogeneity	1%
	Nurturing Fathers	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Quantum Opportunities Program	Yes	●	⦿	No (63%)	Benefit-cost	N/A
	Reconnecting Youth	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Seattle Social Development Project	Yes	⦿	⦿	No (68%)	Benefit-cost/Single evaluation	56%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Strengthening Families for Parents and Youth 10-14	Yes	⦿	⦿	No (70%)	Benefit-cost/Heterogeneity/Single evaluation	4%
	Youth and Family Link	No	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Youth Mentoring Programs	Varies*	●	⦿	N/A	Benefit-cost	N/A
	4Results Mentoring	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Big Brothers Big Sisters	Yes	●	●	N/A		60%
	Other Mentoring Programs	Varies*	⦿	⦿	Yes	--	N/A
Substance Abuse	Adolescent Assertive Continuing Care	Yes	⦿	⦿	Yes (90%)	Heterogeneity	26%
	Adolescent Community Reinforcement Approach	Yes	⦿	⦿	N/A	Single evaluation	59%
	Life Skills Training	Yes	●	●	Yes (93%)		33%
	Matrix Model Substance Abuse Treatment for Adolescents	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Multidimensional Family Therapy for substance abusing juvenile offenders	Yes	⦿	⦿	No (67%)	Benefit-cost	100%
	Multisystemic Therapy (MST) for substance-abusing juvenile offenders	Yes	●	●	Yes (76%)		63%
	Project ALERT	Yes	●	⦿	No (55%)	Benefit-cost/Heterogeneity	N/A
	Project STAR	Yes	●	⦿	Yes (84%)	Heterogeneity	21%
	Project SUCCESS	Yes	⊘	⊘	N/A	Weight of evidence	94%
	Project Toward No Drug Abuse	Yes	●	P	No (51%)	Weight of evidence	69%
	Recovery Support Services	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Seven Challenges	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Teen Marijuana Check-Up	Yes	⦿	⦿	N/A	Program cost	39%
	Therapeutic communities for substance abusing juvenile offenders	Varies*	⦿	●	Yes (76%)		58%

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Definitions and Notes:

Current Law Definitions:

Evidence-based: A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

Research-based: A program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.

Promising practice: A practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.

Suggested Definitions:

Evidence-based: A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the following outcomes: child abuse, neglect, or the need for out of home placement; crime; children's mental health; education; or employment. Further, "evidence-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.

Research-based: A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for "evidence-based."

Promising practice: A program or practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the "evidence-based" or "research-based" criteria, which could include the use of a program that is evidence-based for outcomes other than the alternative use.

Cost-beneficial: A program or practice where the monetary benefits exceed costs with a high degree of probability according to the Washington State Institute for Public Policy.

Reasons Programs May Not Meet Suggested Evidence-Based Criteria:

Benefit-cost: The WSIPP benefit-cost model was used to determine whether a program meets this criterion. Programs that do not achieve at least a 75% chance of positive net present value do not meet the benefit-cost test.

Heterogeneity: To be designated as evidence-based under current law or the proposed definition, a program must have been tested on a "heterogeneous" population. We operationalized heterogeneity in two ways. First, the proportion of minority program participants must be greater than or equal to the minority proportion of children in Washington State aged 0 to 17. From the 2010 Census, for children aged 0 through 17 in Washington, 68% were white and 32% minority. Thus, if the weighted average of program participants had at least 32% minorities then the program was considered to have been tested on a heterogeneous population. Second, the heterogeneity criterion can also be achieved if at least one of the studies has been conducted on youth in Washington and a subgroup analysis demonstrates the program is effective for minorities ($p <= 0.2$). Programs passing the second test are marked with a ^.Programs that do not meet either of these two criteria do not meet the heterogeneity definition.

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Reasons Programs May Not Meet Suggested Evidence-Based Criteria (continued):

Mixed results: If findings are mixed from different measures (e.g., undesirable outcomes for behavior measures and desirable outcomes for test scores), the program does not meet evidence-based criteria.

Program cost: A program cost was not available to WSIPP at the time of the inventory. Thus, WSIPP could not conduct a benefit-cost analysis.

Single evaluation: The program does not meet the minimum standard of multiple evaluations or one large multiple-site evaluation contained in the current or proposed definitions.

Weight of evidence: Results from a random effects meta-analysis ($p > 0.20$) indicate that the weight of the evidence does not support desired outcomes, or results from a single large study indicate the program is not effective.

***Varies:** This is a general program/intervention classification. Some programs within this classification have manuals and some do not. The results listed on the inventory represent a typical, or average, implementation. Additional research will need to be completed in order to establish the most effective sets of procedures within this general category.

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