

June 2013

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 Proposed Evidence-Based Criteria (see full definitions for notes below)	Percent Minority
Child Welfare	Intervention						
	Family Search and Engagement	Yes	P	P	N/A	Weight of evidence	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	Weight of evidence	N/A
	Intensive Family Preservation Services (Homebuilders)	Yes	●	●	Yes (99%)		48%
	Multisystemic Therapy (MST) for children in the child welfare system	Yes	⊙	⊙	N/A	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	Weight of evidence	N/A
	Partners with Families and Children	Yes	P	P	N/A	Weight of evidence	N/A
	Pathway to Reunification	Yes	P	P	N/A	Weight of evidence	N/A
	Safecare	Yes	⊙	●	Yes (100%)		44%
	Prevention						
	Circle of Security	Yes	P	P	N/A	Weight of evidence	N/A
	Healthy Families America	Yes	●	⊙	No (26%)	Benefit-cost	73%
	Kaleidoscope Play and Learn	Yes	P	P	N/A	Weight of evidence	N/A
	Nurse Family Partnership	Yes	●	●	Yes (80%)		51%
	Other Home Visiting Programs for At-Risk Parents	Varies*	●	⊙	No (44%)	Benefit-cost	50%
	Parent Child Home Program	Yes	⊙	P	No (38%)	Mixed results within an outcome/Weight of evidence	64%
	Parent Mentor Program	Yes	P	P	N/A	Weight of evidence	N/A
	Parents and Children Together (PACT)		P	P	N/A	Weight of evidence	N/A
Parents as Teachers	Yes	●	⊙	No (57%)	Benefit-cost	52%	
Promoting First Relationships	Yes	P	P	N/A	Weight of evidence	N/A	
Triple P (system)	Yes	⊙	●	Yes (100%)		33%	
Juvenile Justice	Aggression Replacement Training	Yes					
	Youth in institutions		⊙	⊙	Yes (94%)	Heterogeneity	17%
	Youth on probation		⊙	⊙	Yes (96%)	Heterogeneity	17%
	Connections Wraparound	Yes	P	P	N/A	Weight of evidence	N/A
	Coordination of Services	Yes	⊙	⊙	Yes (82%)	Single evaluation	10%
	Dialectical Behavior Therapy	Yes	⊙	⊙	N/A	Single evaluation/Heterogeneity/Program cost	27%
	Drug courts	Varies*	●	●	Yes (94%)		43%
	Family Integrated Transitions	Yes	⊙	⊙	Yes (91%)	Single evaluation/Heterogeneity	30%
	Functional Family Parole with high fidelity	Yes	⊙	●	Yes (90%)		46%
	Functional Family Parole with average implementation	Yes	⊙	⊙	No (67%)	Benefit-cost	46%
	Functional Family Therapy	Yes					
	Youth in institutions		⊙	⊙	Yes (100%)	Heterogeneity	18%
	Youth on probation		⊙	⊙	Yes (100%)	Heterogeneity	18%
	Mentoring	Yes	P	P	N/A	Weight of evidence	N/A
	Multidimensional Family Therapy for substance abusers	Yes	⊙	⊙	Yes (84%)	Single evaluation	100%
	Multidimensional Treatment Foster Care	Yes	⊙	⊙	Yes (85%)	Heterogeneity	26%
	Multisystemic Therapy	Yes	●	●	Yes (98%)		51%
	Scared Straight	Yes	⊙	⊙	No (0%)	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 (77%)		58%
Victim offender mediation	Varies*	●	●	Yes (95%)		72%	
You Are Not Your Past	No	P	P	N/A	Weight of evidence	N/A	

Key: ● = Evidence-Based; ⊙ = Research-Based; P= Promising; ⊖ = Produces null or poor outcomes.

June 2013

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 Proposed Evidence-Based Criteria (see full definitions for notes below)	Percent Minority
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 (81%)	Heterogeneity	26%
	Theraplay	Yes	P	P	N/A	Weight of evidence	N/A
	Attention Deficit Hyperactivity Disorder						
	Cognitive Behavioral Therapy (CBT) for Children with ADHD		⊙	⊙	No (3%)	Weight of evidence/Heterogeneity	7%
	Behavioral Parent Training (BPT) for Children with ADHD		⊙	⊙	Yes (98%)	Heterogeneity	26%
	Barkley Model	Yes	⊙	⊙	N/A	Heterogeneity	26%
	New Forest Parenting Programme	Yes	⊙	⊙	N/A	Heterogeneity	N/A
	Multimodal Therapy (MMT) for Children with ADHD		⊙	⊙	No (11%)	Weight of evidence/Heterogeneity	7%
	Depression						
	Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Varies*	⊙	⊙	Yes (99%)	Heterogeneity	19%
	Coping with Depression-Adolescents	Yes	⊙	⊙	N/A	Heterogeneity	14%
	Treatment for Adolescents with Depression Study	Yes	P	P	N/A	Weight of evidence/Heterogeneity	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 (61%)	Benefit-cost	51%
	Incredible Years Parent Training + Child Training	Yes	●	⊙	No (59%)	Benefit-cost	51%
	Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Disorders	Yes	●	●	Yes (100%)		64%
	Triple-P Level 4, Group	Yes	⊙	⊙	Yes (100%)	Heterogeneity	6%
	Triple-P Level 4, Individual	Yes	⊙	⊙	Yes (92%)	Heterogeneity	6%
	Other Behavioral Parent Training	Varies*	⊙	⊙	No (68%)	Heterogeneity	N/A
	Brief Strategic Family Therapy (BSFT)	Yes	●	⊙	No (69%)	Benefit-cost	100%
	Families and Schools Together (FAST)	Yes	●	⊙	No (52%)	Benefit-cost	57%
	Kids Club and Moms Empowerment support groups	Yes	P	P	N/A	Weight of evidence	N/A
	Multimodal Therapy (MMT) for Children with Disruptive Behavior	Varies*	P	P	No (42%)	Weight of evidence/Heterogeneity	7%
	Fetal Alcohol Syndrome						
	Families Moving Forward	Yes	P	P	N/A	Weight of evidence	N/A
	Serious Emotional Disturbance						
	Multisystemic Therapy (MST) for Youth with Serious Emotional Disturbance (SED)	Yes	⊙	⊙	No (68%)	Heterogeneity	21%
	High Fidelity Wraparound for Youth with Serious Emotional Disturbance (SED)	Yes	⊙	⊙	N/A	Program cost	61%
	Intensive Family Preservation (HOMEBUILDERS) for Youth with SED	Yes	⊙	⊙	N/A	Single evaluation	N/A
	Trauma						
	ADOPTS: therapy to address distress of post traumatic stress in adoptive children	Yes	P	P	N/A	Weight of evidence	N/A
	Child-Parent Psychotherapy	Yes	⊙	⊙	N/A	Single evaluation	9%
	Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Varies*	●	●	Yes (100%)		47%
	Classroom Based Intervention for war-exposed children	Yes	●	●	N/A		100%
	Cognitive Behavioral Intervention for Children 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 (79%)		50%
	Take 5: Trauma Affects Kids Everywhere - Five Ways to Promote Resilience	Yes	P	P	N/A	Weight of evidence	N/A
	Treatment Organizational Approaches						
	Modularized Approaches to Treatment of Anxiety, Depression and Behavior (MATCH)	Yes	⊙	⊙	N/A	Program cost	65%

Key: ● = Evidence-Based; ⊙ = Research-Based; P = Promising; ⊖ = Produces null or poor outcomes.

June 2013

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 Proposed Evidence-Based Criteria (see full definitions for notes below)	Percent Minority
General Prevention	Communities that Care	Yes	●	●	Yes(98%)		33%
	Coping and Support Training	Yes	P	P	N/A	Weight of evidence	49%
	Fast Track Prevention Program	Yes	⊙	⊙	No (0%)	Benefit-cost/Single evaluation	0%
	Good Behavior Game	Yes	●	●	Yes (100%)		49%
	Guiding Good Choices	Yes	⊙	⊙	Yes (85%)	Single evaluation/Heterogeneity	1%
	Quantum Opportunities Program	Yes	●	⊙	No (60%)	Benefit-cost	N/A
	Reconnecting Youth	Yes	P	P	N/A	Weight of evidence	N/A
	Seattle Social Development Project	Yes	⊙	⊙	No (59%)	Benefit-cost	56%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P	N/A	Weight of evidence	N/A
	Strengthening Families for Parents and Youth 10-14	Yes	⊙	⊙	No (7%)	Single evaluation	4%
	Youth Mentoring Programs	Varies*	●	⊙	No (61%)	Benefit-cost	0%
	4Results Mentoring	Yes	P	P	N/A		N/A
	Big Brothers Big Sisters	Yes	●	●	N/A		60%
	Other Mentoring Programs	Varies*	⊙	⊙	N/A	Weight of evidence	N/A
Substance Abuse	Adolescent Assertive Continuing Care	Yes	⊙	⊙	N/A	Heterogeneity	26%
	Adolescent Community Reinforcement Approach	Yes	⊙	⊙	N/A	Single evaluation	59%
	Life Skills Training	Yes	●	●	Yes (100%)		33%
	Matrix Model Substance Abuse Treatment for Adolescents	Yes	P	P	N/A	Weight of evidence	N/A
	Multidimensional Family Therapy for substance abusing juvenile offenders	Yes	⊙	⊙	Yes (84%)	Single evaluation	100%
	Multisystemic Therapy (MST) for substance-abusing juvenile offenders	Yes	●	●	Yes (85%)		63%
	Project ALERT	Yes	⊙	⊙	No (1%)	Weight of evidence/Heterogeneity	N/A
	Project STAR	Yes	●	⊙	No (71%)	Heterogeneity/Benefit-cost	21%
	Project Toward No Drug Abuse	Yes	●	●	Yes (76%)		69%
	Seven Challenges	Yes	P	P	N/A	Weight of evidence	N/A
	Therapeutic Communities for substance abusing juvenile offenders	Varies*	⊙	●	Yes (77%)		58%

Key: ● = Evidence-Based; ⊙ = Research-Based; P = Promising; ⊖ = Produces null or poor outcomes.

Notes:

***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.

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 <= .2).

Programs that do not meet either of these two criteria do not meet the heterogeneity definition.

Mixed results within an outcome: If findings within an outcome area (e.g., crime) have mixed results from different measures, (e.g., undesirable outcomes for felony convictions and desirable outcomes for misdemeanor convictions) 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 > .10) 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.

Current 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.

