EVIDENCE-BASED PROGRAMS
BREAKOUT SESSION
Nebraska Child Welfare Forum
September 13, 2012

The Annie E. Casey Foundation
In the past, people believed that no social intervention programs for youth worked reliably. *Today, we know better.*

**STATE OF THE ART, CIRCA 1980**

- Widespread belief that *nothing worked* in public systems
  - Analysis of hundreds of programs in corrections found no evidence that any treatment could consistently reduce recidivism.
  - Analysis of existing delinquency and substance abuse prevention programs found similar results.
  - Symbolic of wider belief that no social intervention programs had positive effects

(Romig, 1978; Martinson, 1974; Lipton, et al, 1975; Janvier et al., 1980; Berleman, 1979)

**STATE OF THE ART, CIRCA 2011**

- Strong research that a wide range of programs for children and families can consistently produce better outcomes
  - Prenatal & infancy programs
  - Early childhood
  - Parent training
  - School behavior management strategies
  - Children’s mental health
  - Juvenile delinquency and substance abuse prevention
  - Community mobilization
  - Education
  - Public health
**Safety and Permanency are necessary but not sufficient to ensure well-being**

<table>
<thead>
<tr>
<th>REUNIFICATION</th>
<th>KINSHIP CARE</th>
<th>ADOPTION</th>
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<tbody>
<tr>
<td>• “Children who went home and stayed home had a four fold increase in internalizing behavior problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline” (Bellamy, 2008).</td>
<td>• “Kinship placements were not predictive of mental health outcomes regardless of the amount of time in kinship care. ... [M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child’s foster care experience enough to show significant differences” (Fechter-Legget &amp; O’Brien, 2010).</td>
<td>• In assessments of children at 2, 4, and 8 years following adoption, “Adopted foster youth were more behaviourally impaired than their non-FC counterparts, although a striking number of non-FC youth displayed behaviour problems as well” (Simmel, et al., 2007).</td>
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Source: Blueprints Conference Keynote Presentation
### Evidence-based programs for child welfare populations

<table>
<thead>
<tr>
<th>Early Childhood (Prenatal- 5 years)</th>
<th>Middle Childhood (6-11 years)</th>
<th>Adolescence (12-18 years)</th>
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<tbody>
<tr>
<td>• Triple P</td>
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<td>• Multidimensional Treatment Foster Care</td>
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<td>• Nurse-Family Partnership</td>
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<td>• Functional Family Therapy</td>
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<td>• Schools and families educating children (SAFE Children)</td>
<td>• Incredible years</td>
<td>• Multisystemic Therapy</td>
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<td>• Raising Healthy Children</td>
<td>• Good Behavior Game</td>
<td>• Strengthening Families</td>
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<td>• Parent-Child Interactive Therapy (PCIT)</td>
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Responding and intervening along the child welfare continuum

Child Welfare Pathway

- Substantiation of maltreatment
- Entry into foster care

Screening & Assessment
- Treatment

Exit to Permanency
- Reach majority

Adapted from Blueprints Conference Keynote Presentation
Responding and intervening along the child welfare continuum

Child Well-Being Pathway

Substantiation of maltreatment

Entry into foster care

Screening & Assessment
- Child and Adolescent Needs and Strengths-Trauma (CANS)
- Pediatric Symptom Checklist (PSC)
- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL)

Evidence-Based Treatment
- Multisystemic Therapy
- Cognitive Behavioral Therapy for Adolescent Depression
- Trauma-Focused Cognitive Behavioral Therapy
- Fostering Healthy Futures
- Strengthening Families Program

Home-Based Services
- Multidimensional Treatment
- Foster Care
- Functional Family Therapy
- Parent-Child Interaction Therapy
- Child-Parent Psychotherapy

Transitional Living
- Rethink Independent Living Options and Transitional Living Programs

Adapted from ACYF Blueprints Conference Keynote Presentation
Evidence-Based Programs in Nebraska

• How might today’s information change how you make decisions about planning and investing in programs?

• What supports would the child-serving community need to develop to deliver implementation of EBPs with fidelity?

• Based on what you heard in this group, what are some considerations you would like the Commission to think about as they develop the strategy?