Evidence-Based and Evidence-Informed Programs:

Prevention program descriptions classified by CBCAP evidence-based and evidence-informed categories

FRIENDS National Resource Center for CBCAP
A Service of the Children's Bureau

Introduction

The movement to promote evidence-based practices for child maltreatment prevention has been a priority for the work of Community-Based Child Abuse Prevention (CBCAP) Lead Agencies for the last several years. The impetus was the result of efforts already underway across the country and was accelerated by the Federal Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) process for assessing the effectiveness of all federally funded programs. Through the work of the CBCAP PART and Outcomes Workgroup, a PART efficiency measure to measure the percentage of CBCAP funds used to support evidence-based and evidence-informed programs was proposed and approved by OMB in 2005. There was an intentional effort to use a broad definition which included evidence-based as well as evidence-informed programs because of the recognition that there were so few evidence-based programs available. There was also a need to continue to work on rigorously evaluating existing programs to increase the evidence base over the long-term. The approved measure, now in effect across all federally-funded (CBCAP) programs, is to increase by 3% annually the percentage of CBCAP funds that supports evidence-informed and evidence-based (EI/EB) programs and practices. Each year, CBCAP Lead Agencies submit a detailed report on the funds spent on programs meeting the criteria used to define evidence-based and evidence-informed programs.[1]

The array of EI/EB programs and practices covers a broad range of programming. To measure increases in their use, a system was put in place specifying four categories of EI/EB. The categories are: Emerging/Evidence Informed, Promising, Supported, and Well–Supported. Definitions of each category are clearly defined in Appendix A of this document. They are based on other definitions used by existing national registries for evidence-based programs. The categories are organized into a continuum of evidence, with Well-Supported and Supported programs having the strongest level of evidence for effectiveness, followed by Promising programs with moderate evidence. Finally, Emerging and Evidence-informed programs represent those with exploratory evidence. For purposes of CBCAP, States have been informed since the beginning that programs funded in one category does not necessarily mean they are "better" than programs in another category. Selection of program services should be based on many factors, such as appropriateness for the population served, community needs, and agency capacity to implement services with fidelity.[2] What *is* critical is that all services funded must at least meet the criteria for Emerging/Evidence Informed programs. That means, in part, that they have: a logic model, a theory of change based on the best research

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[1] . For more information about this Federal requirement, the team effort to develop the efficiency measure and the CBCAP definitions of evidence-based and evidence-informed programs and practices visit: http://www.friendsnrc.org/CBCAP/PART/efficiencymeasure.htm

[2] For information on examining the most appropriate services for your agency, visit http://www.friendsnrc.org/resources/print.htm#ebp

literature available, ongoing evaluation, a manual or set of policies and procedures, and a commitment to continuous quality improvement. States will need to carefully assess their local needs and the range of different evidence-informed and evidence-based programs they will need to fund to meet those diverse needs.

The Matrix of Evidence-Informed and Evidence-Based Programs and Practices (EI/EBPs) was designed to provide information to State CBCAP Lead Agencies in order to identify possible programs they may want to consider funding. The matrix will further assist State CBCAP leads in the classification of funded programs for their annual CBCAP reporting requirement. Inclusion in the matrix does not imply an endorsement by FRIENDS or the Children's Bureau. Programs were selected based on their relevancy to child abuse and neglect prevention and their presence on four EBP national registries. FRIENDS developed the matrix by reviewing information on those existing EBP registries and, using that information, classified programs to align with the CBCAP EI/EB definitions. FRIENDS did not conduct a scientific review of the evidence supporting the programs, rather, it depended on the existing information reported on the various websites.

The matrix (on pages 4-6) is meant to be a starting point; it is not intended to be exhaustive. Certainly, there are many programs missing from the matrix, not because they are unworthy, but because they were either not brought to our attention or because information on them was not readily available on existing evidence-based practices registries at the time this document was completed.

Program descriptions (pages 7-87) are linked to the matrix, allowing readers to easily navigate between them. The descriptions provide details that would be of interest to those who wish to further examine programs listed in the matrix. Information in the program descriptions was gathered from literature provided by program developers, Evidence Based Practice registries descriptions, and in some cases, directly from the program developers or purveyors.

We hope the information provided here will be of use to those engaged in child abuse and neglect prevention and family support. The field as a whole is striving to provide the most effective services to children and families; this document is one tool for assisting in that effort.

CBCAP Category	Evidence-Based / Evidence-Informed Program (EBP/EIP)	Program Type	California Clearinghouse on EBP in Child Welfare	SAMHSA[3] Model Programs NREPP[4]	OJJDP[5] Model Programs Guide	Promising Practices Network
Well-Supported Programs and Practices	Early Head Start	Skills-Based for Children Parent Education/Support Home Visiting			Promising	Proven
	Families and Schools Together (FAST)	Parent Education/Support			Exemplary	
	Incredible Years	Skills-Based for Children Parent Education/Support	Well-Supported Effective Practice	Model Programs	Exemplary	Proven
	Nurse Family Partnership (NFP)	Home Visiting			Exemplary	Proven
	Parent Child Interaction Therapy	Skills-Based for Children Parent Education/Support	Well-Supported Effective Practice			
	Strengthening Families	Skills-Based for Children Parent Education/Support		Model Programs	Exemplary	
	Triple P	Public Awareness Skills-Based for Children Parent Education/Support Home Visiting	Well-Supported Effective Practice			

[3] Substance Abuse and Mental Health Services Administration
[4] National Registry of Evidence-based Programs and Practices
[5] Office of Juvenile Justice and Delinquency Prevention

CBCAP Category	Evidence-Based / Evidence-Informed Program (EBP/EIP)	Program Type	California Clearinghouse on EBP in Child Welfare	SAMHSA Model Programs NREPP	OJJDP Model Programs Guide	Promising Practices Network
Supported Programs and Practices	*Carolina Abecedarian Project*	Home Visiting				Proven
	Get Real About Violence	Skills-Based for Children			Promising	
	Guiding Good Choices	Parent Education/Support			Exemplary	Proven
	Healthy Families New York	Home Visiting				Proven
	Helping the Noncompliant Child	Parent Education/Support Home Visiting			Promising	
	Infant Health and Development	Parent Education/Support Home Visiting				Proven
	Olweus/Bullying Prevention Program	Skills-Based for Children		Model Programs	Effective	
	Parenting Wisely	Parent Education/Support	Promising Practice	Model Programs	Promising	
	Parents as Teachers	Parent Education/Support Home Visiting			Promising	Promising
	Perry Preschool Project	Skills-Based for Children Home Visiting			Exemplary	Proven
	Schools and Families Educating Children (SAFE Children)	Skills-Based for Children Parent Education/Support Home Visiting			Effective	
	STEP: Systematic Training for Effective Parenting	Parent Education/Support	Promising Practice			
	Success in Stages	Skills-Based for Children			Effective	

CBCAP Category	Evidence-Based / Evidence-Informed Program (EBP/EIP)	Program Type	California Clearinghouse on EBP in Child Welfare	SAMHSA Model Programs NREPP	OJJDP Model Programs Guide	Promising Practices Network
Promising Programs and Practices	*Dare to Be You*	Skills-Based for Children Parent Education/Support		Model Programs		Proven
	Healthy Families America (HFA)	Home Visiting			Effective	
	Nurturing Parenting Programs	Parent Education/Support Home Visiting	Promising Practice	Promising Programs	Promising	
	Project Safe Care	Home Visiting	Promising Practice			
	Reaching Educators, Children, and Parents (RECAP)	Skills-Based for Children Parent Education/Support				Promising
	Creating Lasting Family Connections	Skills-Based for Children Parent Education/Support			Effective	Promising
	Syracuse Family Development	Home Visiting			Effective	Promising
Emerging/Evidence-Informed Programs	*Who Do You Tell?*	Skills-Based for Children				Promising
	1-2-3 Magic: Effective Discipline for Children 2-12	Parent Education/Support	Promising Practice			

Please Note: This matrix is a resource to help states identify evidence-based and evidence-informed prevention programs that may be funded with CBCAP. It is not meant to be an exhaustive list and states may fund other programs not listed on this matrix. This matrix only contains programs reviewed on one of the four registries noted above as of December 2007 that were identified through an initial screening to have relevance to CBCAP outcome goals. If a program is not identified in this matrix, it does not necessarily mean that the program is ineffective or harmful. The matrix is intended to be a living document that will be updated and expanded periodically.

Program Directory

Early Head Start	
Developer	Head Start Bureau
Date	1994
Level of Evidence	Well-Supported
Program Type/Setting	Skills based for children and parent education/support program delivered through home visiting, or as a combination center-home based approach.
Brief Program Description	Early Head Start (EHS) is a comprehensive, flexible child development and parenting education program delivered through home visitation, center-based services to children and families, or a combination of both delivery modes. Parent-child activity groups may also be part of the program. The focus of the parent component is to assist parents build skills to assist their child's development, increase family literacy, and promote healthy parent-child relationships. Providers also give parenting support and education, and assist families with transitioning their children into Head Start or other preschool programs when the child reaches age three. Family advocacy, resource and referral to other community services are also provided.
Face Validity with CBCAP Protective Factors	Child Social-Emotional Competence Concrete Supports Knowledge of Parenting and Child and Youth Development, Behavior Management and Discipline Child Development Nurturing and Attachment
References	*Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start.* Executive Summary, Volumes 1, 2, 3. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Commissioner's Office of Research and Evaluation and the Head Start Bureau, 2002. Vogel, C., Aikens, N., Burwick, A., Hawkinson, L., Richardson, A., Mendenko, L., Chazan-Cohen, R. (2006). Findings from the Survey of Early Head Start Programs: Communities, Programs, and Families. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/ehs_overview.html

Early Head Start	
Research Population	White Non-Hispanic, Black Non-Hispanic and Hispanic families.
Implementation Cost	Approximately $10,500 per family per year
Availability of Materials, Purveyors and Developer Support	Support available from local, state and federal agencies administering EHS. Training and technical assistance is available from National Resource Centers and National Quality Improvement Centers.
Contact Information	Visit the Head Start Program Office to identify your State's Head Start Contact Information: http://www.acf.hhs.gov/programs/ohs/
Qualification of Staff	50% of center-based staff must hold an AA. Of those staff members who do not currently have early childhood degrees, all must successfully complete the Child Development Associate (CDA) credential or other appropriate training within 1 year of employment.
Training/Technical Assistance Information	Early Head Start National Resource Center @ Zero to Three 2000 M Street, NW, Suite 200 Washington DC 20036 202-638-1144 http://www.headstartinfo.org/infocenter/ehs_tkit3.htm
Program Dosage Detail	Center-based services include a minimum of two home visits per year to each family, Home-based programs deliver services through weekly home visits and bi-monthly group experiences.
Participant Eligibility Requirements	Low-income pregnant women and families with infants and toddlers up to age 3
Program Options/Flexibility	Families and children can receive different services as needed.
Available Languages	Most EHS materials are available in a variety of languages.
Developer Recommended Evaluation Tools	There are identified Performance Measures for EHS which must be reported to the Federal Program Office. For complete information please visit: www.acf.hhs.gov/programs/opre/ehs/perf_measures/index.html

Early Head Start	
Sources	Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of August 10, 2009, available at: http://www2.dsgonline.com/mpg/
	Promising Practices Network, as of August 10, 2009, available at: http://www.promisingpractices.net/
	California Evidence-based Clearinghouse for Child Welfare, as of
	August 10, 2009, available at: http://www.cachildwelfareclearinghouse.org/
	Head Start web site, as of August 10, 2009, available at: http://www.nhsa.org/

Families and Schools Together	
Developer	Lynn McDonald, PhD, MSW
Date	1988
Level of Evidence	Well Supported
Program Type/Setting	Parent education/support program and skills-based for children delivered in a group setting
Brief Program Description	Families and Schools Together (FAST) is a group-based intervention implemented in a school setting. It consists of whole-family support group sessions for families with children 5–14. Stated goals are to 1) enhance family functioning; 2) prevent the target child from experiencing school failure; 3) prevent substance abuse by the child and other family members; and 4) reduce the stress that parents and children experience from daily life situations. Families are recruited through structured outreach, participate in a core program of support groups, and are offered on-going "reunion" groups on a less frequent basis. The program focuses on activities that promote healthy family functioning, positive communication, and increased social support.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Knowledge of Parenting and Child and Youth Development Behavior Management and Discipline Parental Resilience Social Connections
References[*]	Layzer, J. I., Goodson, B., Creps, C., Werner, A., & Bernstein, L. (2001). *National evaluation of family support programs* (Vol. B. Research studies). Cambridge, MA: Abt Associates, Inc. (http://www.abtassociates.com/Page.cfm?PageID=12900&TPCB=1&TPC=34) Kratchowill, T. R., Levin, J. R., McDonald, L., Scalia, P. A., & Coover, G. (2006). Families and schools together: A randomized controlled trial of multifamily support groups for children at risk. Manuscript submitted for publication.
Research populations	White, Hispanics/Latinos, American Indians, African Americans, and Southeast Asian (Hmong) Americans
Implementation Cost	Estimated program implementation costs are $1,200 for each family unit for the two-year program; this includes technical assistance, materials, and $1,000 per site for evaluation services.

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Families and Schools Together	
Availability of Materials, Purveyors, and Developer Support	Developer is available for consultation. The national program office, Families and Schools Together, Inc., offers a full complement of technical assistance, all training, implementation, and evaluation.
Contact Information	Lynn McDonald, PhD, Program Founder Wisconsin Center for Education Research 1025 West Johnson Street Madison, WI 53706 Phone: 608-263-9476 E-mail: mrmcdona@facstaff.wisc.edu Families and Schools Together, Inc. 2801 International Lane Madison, WI 53704-3151 Phone: 608-663-2382 E-mail: answers@familiesandschools.org Web site: http://www.familiesandschools.org
Qualification of Staff	None noted
Training/TA Information	Every FAST site must create and train a collaborative team, culturally representative of the enrolled families. The program requires four days of instruction in team training spread over a four-month period. The four days consist of two days in a workshop, three site visits, and one review day. One certified trainer is needed for each team. Initial costs for training the FAST team and providing the technical assistance range from $4,295 - $4,595 (depending on the specific curriculum). This does not include travel expenses, which are significant (estimated at $4,290) and must also be covered.
Program Dosage Detail	Multifamily 2.5 hour support groups of five to 25 families weekly for eight to12 weeks, depending on the age of the designated youth. Family support group meeting activities are sequential; each session includes • A family meal and family communication games • A self-help parent support group occurring while children engage in supervised play and organized activities • One-to-one parent-mediated play therapy • Opening and closing routines, which model the effectiveness of family rituals for children Multi-family meetings are held monthly for 21 months after families graduate from the eight-week FAST program. One dedicated half-time staff person, per school, is recommended.

Families and Schools Together	
Participant Eligibility Requirements	Families with children 5–14 years of age.
Program Options/Flexibility	The FAST curriculum is rigorous. Forty percent of it (the core components) must be implemented precisely. However, 60 percent of the FAST program is locally adapted to fit the cultures of the participating families. FAST national office is available for consultation on developing these elements. Curriculum available for teen mothers with infants (called Baby FAST).
Available Languages	The program materials have been translated into French, German, Japanese, Spanish, and Vietnamese, and they have been used with multi-lingual, English as a Second Language (ESL) family groups.
Developer-Recommended Evaluation Tools	New sites must submit data before and after implementation as well as an outcome evaluation report using the FAST Evaluation Package of six standardized instruments.
Sources	• FAST web site as of July 2009, available at: www.familiesandschools.org • Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: http://ojjdp.ncjrs.org/programs/mpg.html • Substance Abuse and Mental Health Services Administration Model Programs, as of July 2009, available at: http://www.modelprograms.samhsa.gov/

Incredible Years	
Developer	Carolyn Webster-Stratton MSN, MPH, PhD
Date	Early 1980s
Level of Evidence	Well-Supported
Program Type/Setting	Parent education/support program and skills-based program for children delivered in a group setting
Brief Program Description	The Incredible Years: Parents, Teachers, and Children Training Series is a comprehensive set of group-based curricula for children 2–12 years old and their parents and teachers. It is designed to promote social competence and healthy development. The Parent Training Intervention focuses on improving parenting practices, particularly related to appropriate positive discipline and communication, and encouraging parents' involvement in children's education. This includes an interactive parent-child component. The Dinosaur Child Training Curriculum focuses specifically on strengthening children's social and emotional competencies. The Teacher Training Intervention focuses on strengthening teachers' classroom management strategies, promoting children's pro-social behavior and school readiness, and reducing children's classroom aggression and non-cooperation with peers and teachers.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Parenting – Children with Challenging Behaviors Behavior and Discipline Child social-emotional development
References[*]	Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology*, *33*(1), 105-124. Gross, D., Fogg, L., Webster-Stratton, C., & Grady, J. (1999). *Parent training with low-income multi-ethnic parents of toddlers*. Paper presented at the Society for Research in Child Development, Albuquerque, New Mexico. Webster-Stratton, C., & Hammond, M. (1998). Conduct problems and level of social competence in Head Start children: Prevalence, pervasiveness and associated risk factors. *Clinical Child Psychology and Family Psychology Review, 1*(2), 101-124.
Research Populations	Families with children aged 0-12 and American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and white participants

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[*] * Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Incredible Years	
Implementation Cost	Costs are $1,500 per series for program materials (the cost for the child program is slightly higher because of the price of puppets). Ongoing costs include • $500 annually for each leader to receive consultation • approximately $476 for each parent in parent groups • $775 for each child in child treatment groups • $15 for each child receiving the Dinosaur Curriculum in school • $30 for each teacher receiving the teacher training
Availability of Materials, Purveyors, and Developer Support	Incredible Years program office offers a range of support for implementation, including tools to assess readiness prior to implementation, support for ongoing program, and evaluation of implementation process. Training, evaluation tools, and consultation are all available and easily accessible from developer.
Contact Information	Carolyn Webster-Stratton Incredible Years 1411 Eighth Avenue, West Seattle, WA 98119 Phone: 888-506-3562 Web site: http://www.incredibleyears.com/
Qualification of Staff	Implementation of Incredible Years requires a certified group leader. Group leaders come from many disciplines, including counseling, social work, psychology, psychiatry, nursing, and education. Potential group leaders should have training in child development, behavior management, and group process.
Training/TA Information	Group leaders should attend an authorized training from a certified Incredible Years trainee, as well as undergo a certification process. Training costs are $400-$500 per leader. Trainings are offered regularly in Seattle, and certified Incredible Years trainers can also provide on-site training. Basic Parent Group and Teacher Training is three days, Dinosaur Curriculum training is two days. Contact: Lisa St. George Administrative Director Incredible Years 1411 Eighth Avenue, West Seattle, WA 98119 Phone: 888-506-3562 E-mail: lisastgeorge@comcast.net Web site: http://www.incredibleyears.com/IA/incredible-years-launching-programs-in-your-org.pdf

Incredible Years

Program Dosage Detail	Curricula are implemented with child and parent groups over a period of 18 to 28 weeks. The Classroom/Dinosaur program for children implemented by teachers is 30 to 60 lessons a year.
Participant Eligibility Requirements	Families with children aged 0 – 12.
Program Options/Flexibility	There are various levels of intervention with these curricula, including a self-directed book and video for parents
Available Languages	Chinese, Danish, Dutch, French, Norwegian, Portuguese, Russian, Spanish, and Swedish
Developer-Recommended Evaluation Tools	Developer-recommended tools and assessments are available. View a comprehensive list at www.incredibleyears.com/Resources/assess_forms.asp
Sources	• California Evidence-based Clearinghouse for Child Welfare, as of July 2009, available at: http://www.cachildwelfareclearinghouse.org/ • National Registry of Evidence-based Programs and Practices, as of July 2009, available at: http://www.nrepp.samhsa.gov/ • Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Promising Practices Network, Incredible Years web site, as of July 2009, available at: http://www.promisingpractices.net/program.asp?programid=134

Nurse Family Partnership	
Developer	Dr. David Olds
Date	1970's
Level of Evidence	Well-Supported
Program Type/Setting	Home Visitation
Brief Program Description	The Nurse Family Partnership (NFP) program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. The program content focuses on developing a healthy, supportive relationship between the mother and home visitor. The primary goals which drive program content include: 1) to improve pregnancy outcomes by promoting health-related behaviors; 2) to improve child health, development and safety by promoting competent care-giving; and 3) to enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. The program also provides links to other community resources and encourages the development of healthy social support for the family.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Prenatal Care Child Development Nutrition Nurturing and Attachment Parental Resilience Social Connections
References[*]	Olds, D.L., Henderson, C.R., Chamberlin, R., &, Tatelbaum, R. (1985). Preventing Child Abuse and Neglect: A randomized trial of nurse home visitation. Pediatrics, 78, 65-78. Eckenrode, J., Ganzel, B., Henderson, C.R., Smith, E., Olds, D.L., Powers, J., Cole, R., Kitzman, H., & Sidora, K. (2000). Preventing child abuse and neglect with a program of nurse home visitation. Journal of the American Medical Association, 284(11), 1385-1391. Research includes measurements of Child Abuse and Neglect Prevention

[*] Not exhaustive - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Nurse Family Partnership	
Research Populations	White, African American and Hispanic young first-time mothers
Implementation Cost	Approximately $5000 per family per year
Availability of Materials, Purveyors and Developer Support	National Service Office provides support for program development and implementation. Many states have additional technical assistance resources including nurse consultants.
Contact Information	Nurse Family Partnership National Service Office Phone: 303-327-4256 Website: http://www.nursefamilypartnership.org
Qualification of Staff	Nurse home visitors: Registered Nurse with a Bachelor's Degree in nursing, as a minimum qualification Nurse Supervisor: Registered Nurse with a Bachelor's Degree in nursing, as a minimum qualification, and a Master's Degree in Nursing preferred.
Training/Technical Assistance Information	Number of days/hours: Face-to-face training, 10 days, 68 hours for supervisors or 5 days, 36 hours for nurse home visitor plus distance education. Training is provided in Denver and also includes distance-learning strategies. Training contact: Elly Yost Phone: 303-324-4266 Email: elly.yost@nursefamilypartnership.org
Program Dosage Detail	Recommended intensity: 60-90 minute visits weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client's needs.
Participant Eligibility Requirements	First-time, low-income pregnant women. Enrollment must occur prior to 28 weeks gestation

Nurse Family Partnership	
Program Options/Flexibility	Before becoming a Nurse Family Partnership Implementing Agency, there must be assurance by the Agency of its intention to deliver the program with fidelity to the model tested. Such fidelity requires adherence to all of the Nurse Family Partnership Model Elements.
	The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons and/or theoretical rationales. When the program is implemented in accordance with these Model Elements, Implementing Agencies can have a reasonably high level of confidence that results will be comparable to those measured in research. Conversely, if implementation does not incorporate these Model Elements, results may be different from research results.
Available Languages	Program may be delivered in a variety of languages through the nurse home visitors.
Developer Recommended Evaluation Tools	NFP service office has significant data collection requirements and provides tools and support with data management.
Sources	Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of August 10, 2009, available at: http://www2.dsgonline.com/mpg/
	Promising Practices Network, as of August 10, 2009, available at: http://www.promisingpractices.net/
	NFP Web Site, as of August 10, 2009, available at: http://www.nursefamilypartnership.org

Parent Child Interaction Therapy	
Developer	Sheila Eyberg
Date	1974
Level of Evidence	Well-Supported
Program Type/Setting	Parent education/support program delivered in a specialized one-on-one coaching environment
Brief Program Description	Parent Child Interaction Therapy (PCIT) is a prevention program that focuses on improving the quality of the parent-child relationship through skill-building and promoting positive parent-child interaction. It was developed specifically for conduct-disordered young children and includes use of a one-way mirror and "bug in the ear." The treatment focuses on two basic interactions: ▪ Child Directed Interaction (CDI), which is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship ▪ Parent Directed Interaction (PDI), which resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child
Face Validity with CBCAP Protective Factors	Child Social-Emotional Competence Knowledge of Parenting and Child and Youth Development Parenting Children
References[*]	Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. (2004). Parent Child Interaction Therapy with physically abusive parents: Efficacy for reducing further abuse reports. *Journal of Consulting and Clinical Psychology, 72*(3), 500-510. Borrego, Jr., J., Timmer, S. G., Urquiza, A. J., & Follette, W. C. (2004). Physically abusive mothers' responses following episodes of child noncompliance and compliance. *Journal of Consulting and Clinical Psychology, 72*, 897-903. Shuhman, E. M., Foote, R. C., Eyberg, S. M., Boggs, S., & Algina, J. (1998). Efficacy of Parent Child Interaction Therapy: Interim report of a randomized trial with short term maintenance. *Journal of Clinical Child Psychology, 27*(1), 34-45.
Research Populations	Diverse groups including American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and white
Implementation Cost	Approximately $2,600 per family Significant additional initial costs, not included in the estimate, are required to purchase equipment and prepare the intervention setting

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[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Parent Child Interaction Therapy	
Availability of Materials, Purveyors, and Developer Support	PCIT is a widely disseminated program, and information is easy to access. There is significant and ongoing research occurring at PCIT laboratories across the US. Many states have state-focused PCIT resources as well. List of PCIT Laboratories: University of Florida Child Study Lab, as of July 2009, available at: http://csl.phhp.ufl.edu/ West Virginia University PCIT Lab, as of July 2009, available at: http://community.wvu.edu/~cbm011/PCIThome.htm University of Oklahoma PCIT Training, as of July 2009, available at: http://devbehavpeds.ouhsc.edu/pcitt.asp Auburn University Parent-Child Lab, as of July 2009, available at: http://www.auburn.edu/~brestev/lab.html Central Michigan University PCIT Lab, as of July 2009, available at: http://www.chsbs.cmich.edu/PCIT/ Texas Tech University PCIT Lab, as of July 2009, available at: http://www.depts.ttu.edu/psy/PCIT/ Florida International University PCIT Lab, as of July 2009, available at: http://research.fit.edu/pcit/ DePaul University PCIT Program, as of July 2009, available at: http://condor.depaul.edu/~kbudd/research%20interests.html
Contact Information	Visit web sites listed above or contact PCIT developer: Sheila M. Eyberg, PhD University of Florida, Department of Clinical & Health Psychology Gainesville, FL Phone: 352-273-5239 E-mail: pcit@phhp.ufl.edu Web site: http://www.pcit.org
Qualification of Staff	Mental health professionals with a minimum of a master's degree in psychology or a related field
Training/TA Information	PCIT follows a very specific and detailed protocol and requires specialized training and supervision. It involves 40 hours of direct training with ongoing supervision and consultation for approximately four to six months thereafter. The cost of the initial five-day training is $3,000. Qualified PCIT Training is available through: ▪ University Of Florida Child Study Lab – Gainesville, Fl http://pcit.phhp.ufl.edu/General_Workshop.htm ▪ PCIT Training Center – Sacramento, CA http://pcit.tv/t_program.asp ▪ University of Oklahoma PCIT Training – Oklahoma City, OK http://devbehavpeds.ouhsc.edu/pcitt.asp

Parent Child Interaction Therapy	
Program Dosage Detail	The program is mastery-based rather than time-limited. Treatment is generally provided in one or two 1-hour weekly sessions and lasts 12 to 20 weeks. Homework sessions of 5 to 10 minutes each day are part of the treatment. Therapists generally recommend that the family participate in 1-month, 3-month, 6-month, and 1-year booster sessions.
Participant Eligibility Requirements	Children ages 3-6 and their primary parent/caregiver. Adaptation is available for physically abusive parents with children ages 4-12, which has been tested and achieved positive results.
Program Options/Flexibility	There are adaptations to the original model including protocol delivery in small group settings, and in the home, and with children aged 1-3.
Available Languages	English, Spanish
Developer-Recommended Evaluation Tools	Developer-recommended assessment and evaluation tools are required for program implementation
Sources	• California Evidence-based Clearinghouse for Child Welfare, as of July 2009, available at: www.cachildwelfareclearinghouse.org/ • PCIT, as of July 2009, available at: http://pcit.phhp.ufl.edu/

Strengthening Families	
Developer	Karol Kumpfer, University of Utah
Date	Early 1980s
Level of Evidence	Well-Supported
Program Type/Setting	Skills-based program for children and parent education/support program delivered in a group setting
Brief Program Description	The Strengthening Families Program (SFP) is a prevention program focusing on increasing family skills to support healthy child development. The program includes parenting skills sessions that address positive communication, family functioning, and discipline and guidance topics. The children's sessions focus on social-emotional development, communication skills, and healthy behavior. The family sessions include structured activities and the opportunity to practice new skills presented in the curriculum. Ongoing family support groups and booster sessions are also recommended.
Face Validity with CBCAP Protective Factors	Child Social-Emotional Competence Knowledge of Parenting and Child and Youth Development Behavior and Discipline Parental Resilience
References[*]	Kumpfer, K. L., Greene, J. A., Bates, R. F., Cofrin, K., & Whiteside, H. (2007). *Strengthening Families Program Substance Abuse Prevention Initiative: Year Three Evaluation Report*. Salt Lake City, UT: Lutra Group, http://www.strengtheningfamilies.org/html/programs_1999/06_SFP.html
Research Population	Children aged 6–17 and their parents; American Indian or Alaska Native, Asian, -African-American, Hispanic or Latino, and white participants
Implementation Cost	Approximate costs for implementation of group-based parent education curricula range from $600 - $1000 per family.
Availability of Materials, Purveyors, and Developer Support	Training and support is available from the Strengthening Families Program Office. Additional support for training, evaluation, and technical assistance is available through a purveyor, LutraGroup, http://www.strengtheningfamilies.org/html/programs_1999/06_SFP.html

[*] Not exhaustive. - studies referenced have strong evidence related to identified child abuse prevention protective factors

Strengthening Families	
Contact Information	Strengthening Families Program Office Department of Health Promotion and Education 1901 East South Campus Drive, Room 2107 University of Utah Salt Lake City, UT 84112-0920 Phone: 801-581-8498 E-mail: karol.kumpfer@health.utah.edu Web site: http://www.strengtheningfamiliesprogram.org
Qualification of Staff	None noted
Training/TA Information	Staff must attend a two-day Strengthening Families Training. Minimum staffing to implement SFP is five: two group leaders for the parents, two for children or teens, and a site coordinator. Training costs are $3,650 for a two-day SFP group leader training for up to 35. Training of SFP group leaders by SFP-certified trainers and technical assistance for implementation, including evaluation, is coordinated by Lutra Group Contact: Dr. Henry O. Whiteside, Managing Partner Phone: 801-583-4601 E-Mail: hwhiteside@lutragroup.com.
Program Dosage Detail	The Strengthening Families Program is a 14-session course, generally delivered in weekly 2-hour sessions. There are separate sessions for adults and children and combined family sessions.
Participant Eligibility Requirements	The program is appropriate for families with children aged 3–16. There are four different curricula: • Pre-school children, SFP 3-5 years, higher risk • Elementary school children, SFP 6-11 years, higher risk • Junior high students, SFP 10-14, general/universal population • Early teens and high school, SFP 12-16, higher risk
Program Options/Flexibility	SFP has been adapted for African American, Asian/Pacific Islander, Hispanic, and American Indian families.
Available Languages	The Strengthening Families Program Office offers the elementary school curriculum in Spanish. Recently, independent researchers have developed language- and culture-specific versions for the Australian, Canadian, Dutch, Italian, Portuguese, Russian, Spanish, Swedish, and Thai governments. Translations into Arabic and Farsi are underway.

Strengthening Families	
Developer-Recommended Evaluation Tools	Developer-recommended evaluation tools are provided with the curriculum. Additional tools are recommended for more rigorous evaluation and research. Visit: http://www.strengtheningfamiliesprogram.org/evaluation.html
Sources	National Registry of Evidence-based Programs and Practices, as of August 10, 2009, available at: http://www.nrepp.samhsa.gov/
	Office of Juvenile Justice and Delinquency Prevention, as of August 10, 2009, available at: http://ojjdp.ncjrs.org/
	Model Programs Guide, Strengthening Families Web Site, as of August 10, 2009, available at: http://www.strengtheningfamiliesprogram.org/

Triple P - Positive Parenting Program	
Developer	Professor Matt Sanders and colleagues from the Parenting and Family Support Centre in the School of Psychology at the University of Queensland, Australia
Date	1977
Level of Evidence	Well-Supported
Program Type/Setting	Multilevel program with components of public awareness, parent education/support, home visiting, and skills-based for children. The Triple P can be delivered in a range of settings including group based and home visiting.
Brief Program Description	The Triple P-Positive Parenting Program is a multi-level system of parenting and family support. The program focuses on enhancing children's healthy social and emotional development by building the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing intensity for parents of children 0-16.
	• Level 1 is a public awareness strategy, providing information about parenting through a coordinated media campaign.
	• Level 2 is a brief health care intervention providing anticipatory developmental guidance to parents of children with mild behavior difficulties through the use of print material and multimedia.
	• Level 3 is mild direct intervention for parents of children with mild to moderate behavior difficulties and includes skills training.
	• Level 4 is an intensive, group parenting program for parents of children with more severe behavior difficulties.
	• Level 5 is an intensive individual family intervention program for families where parenting difficulties are complicated and other risk factors are present.
	Triple P-Positive Parenting Program enables practitioners to determine the scope of the intervention given their own service priorities and funding.
Face Validity with CBCAP Protective Factors	Knowledge of Child Development Behavior and Discipline Parental Resilience Social Connections

Triple P - Positive Parenting Program	
References[*]	Sander, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parent Program: A comparison of enhanced, standard and, behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*(4), 624-640. Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., Robertson, D., & Sanders, M. R. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science, 6*(4), 287-304. Turner, K. M. T., Richards, M., & Sanders, M. R. (2007). Randomized clinical trial of a group parent education programme for Australian indigenous families. *Journal of Pediatrics and Child Health, 43*, 429-437.
Research Population	Families with children aged 2-13, and families of children with behavior disorders Research populations have included Asian, Indigenous Australian, and white.
Implementation Cost	Implementation cost varies depending on the level of intervention. Estimated implementation cost range is • $100 - $250 per family for levels 1 and 2 • $500 - $1000 per family for levels 4 and 5
Availability of Materials, Purveyors, and Developer Support	Triple P America provides training and technical assistance for all aspects of Triple P implementation.
Contact Information	Contact name: Triple P America Phone: (803) 451.2278 E-mail: contact.us@triplep.net Web site: http://www.TripleP-America.com
Qualification of Staff	A professional qualification in a human services discipline

[*] Not exhaustive; - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Triple P - Positive Parenting Program

Training/TA Information	The estimated initial cost to prepare for Triple P implementation ranges from $900 to $1,500, depending on the level of Triple P to be used. This includes professional Triple P training and the practitioner resources needed to conduct the intervention. Training on Triple P occurs in two parts. • Part 1 is a two, three, or five-day training depending on level and variant. • Part 2 is a one-day training conducted eight to 10 weeks after Part 1. Participation in both parts is required to receive official accreditation as a Triple P practitioner. Triple P America occasionally offers Triple P professional training courses with open enrollment to practitioners. Triple P America 4840 Forest Drive # 308 Columbia, SC 29206 Phone: 803-787-9944
Program Dosage Detail	Recommended intensity: Level 1 – Public awareness approach with very low, non-specific dosage Level 2 - approximately one to two weekly sessions delivered via individual brief consultations (or in large-group parenting seminars). Level 3 - up to four 20-minute weekly consultation sessions, with higher level sessions lasting up to 1 hour. The number of sessions varies according to the needs of the family. Level 4 - Eight to 10 weekly sessions. Level 5 - on average, an additional three weekly sessions per family. Recommended duration: This varies by the level of the intervention and needs of the family. For example, Level 2 is one to two weeks in duration, while Level 5 can be up to 12 weeks.
Participant Eligibility Requirements	Parents and caregivers with children aged 0–18
Program Options/Flexibility	There are a variety of options for implementation ranging from public awareness/media campaigns to intensive one-on-one coaching. Research to date has focused on individual and group interventions.
Available Languages	Available in Spanish

Triple P - Positive Parenting Program	
Developer-Recommended Evaluation Tools	A range of tools has been used with the Triple P program. Developer is able to provide support for tool selection.
Sources	California Evidence-based Clearinghouse for Child Welfare, as of August 10, 2009, available at: http://www.cachildwelfareclearinghouse.org/ National Registry of Evidence-based Programs and Practices, as of August 10, 2009, available at: http://www.nrepp.samhsa.gov/ Triple P America Web Site http://www.TripleP-America.com

Carolina Abecedarian Project[+]	
Developer	Frances Campbell PhD, and Craig Ramey PhD
Date	1972-1985
Level of Evidence	Supported
Program Type/Setting	Skills-based program for children and parent education/support program delivered in a center-based setting
Program Description	The Carolina Abecedarian Project was a comprehensive early education program for young children at risk for developmental delays and school failure. The program operated in a single site between 1972 and 1985 in North Carolina. The controlled scientific study examined the potential benefits of early childhood education for poor children. Four cohorts of individuals, born between 1972 and 1977, were randomly assigned as infants to either the early educational intervention group or the control group.

Initially children from low-income families received full-time, high-quality educational intervention in a childcare setting from infancy through age 5. Each child had an individualized prescription of educational activities focused on social, emotional, and cognitive areas of development with particular emphasis to language. In addition, families received some concrete supports, health care for the children, and social work services.

The school-age intervention program then began at kindergarten entry and continued through the first three years of elementary school. A resource teacher was assigned to each child and family for the length of the program. The resource teacher prepared an individualized set of home activities to supplement the school's basic curriculum. Through home visits parents were taught how to use these activities with their children, The resource teacher also tutored children directly, liaised with the classroom teacher, and acted as a family advocate.

Children's progress was monitored over time with follow-up studies conducted at ages 12, 15, and 21. |
| Face Validity with CBCAP Protective Factors | Child Social Emotional Development |

[+]No longer in operation. Use research to support existing programs or new program development.

	Carolina Abecedarian Project[+]
References[*]	Ramey, C. T., & Campbell, F. A. (1984). Preventive education for high-risk children: Cognitive consequences of the Carolina Abecedarian Project. *American Journal of Mental Deficiency*, *88*(5) 515–523. Campbell, F. A., & Ramey, C. T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families, *Child Development*, (65), 684-698.
Research Population	Low-income and predominantly African American (98%). The majority of the families (83%) were headed by a single female parent with an average age of 20 years, an average IQ of 85, and a low level of education. Target children were predominantly firstborns.
Lessons Learned	The young adult findings demonstrate that important, long-lasting benefits were associated with the early childhood program. Major findings include: ▪ Young adults who received early educational intervention had significantly higher mental test scores from toddlerhood through age 21 than did untreated controls. ▪ Reading achievement scores were consistently higher for individuals with early intervention. ▪ Those with treatment were significantly more likely still to be in school at age 21 (40% of the intervention group compared with 20% of the control group). ▪ 35% of the young adults in the intervention group had either graduated from or were at the time of the assessment attending a four-year college or university, compared with 14% in the control group. The Carolina Abecedarian Project Web Site, from the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, has comprehensive information: http://www.fpg.unc.edu/~abc/
Contact Information	Frances Campbell, PhD, Senior Scientist Frank Porter Graham Child Development Center University of North Carolina Campus Box 8180 105 Smith Level Road Chapel Hill, NC 27599-8180 Phone: 919-966-4529 E-Mail: Campbell@mail.fpg.unc.edu

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[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Carolina Abecedarian Project[+]	
Additional Program Information	The teaching staff varied in their professional background from those with graduate degrees in early childhood education to paraprofessionals, but all had had extensive experience in working with young children.
	In-service training and technical assistance were provided to the educational staff through periodic on-site programs by educational, psychological, and pediatric consultants, and by teachers' participation in local and national educational conferences and workshops.
	For the school-age intervention, the resource teachers were graduate-level teachers with backgrounds in primary education who worked with approximately 12 children each per year.
Program Dosage Detail	Infants began attending the preschool program between 6 weeks and 3 months of age, and continued until entry into kindergarten. Children attended the day care center 6 to 8 hours a day, five days per week, 50 weeks per year. Preschool teacher-child ratios began at 1-to-3 in the nursery and gradually increased to 1-to-6 in the last preschool year.
	Resource teachers made approximately 17 school visits and approximately 15 home visits per year for each child. In addition, they offered children a variety of summertime support, including summer activity packets, help in arranging summer camp experiences, trips to the public library, and tutoring in reading skills.
Participant Eligibility Requirements	The Abecedarian Project targeted at-risk families with infants up to 6 months of age.
Sources	• Promising Practices Network, as of July 2009, available at: www.promisingpractices.net • The Carolina Abecedarian Project, as of July 2009, available at: http://www.fpg.unc.edu/~abc/#home

Get Real About Violence	
Developer	Comprehensive Health Education Foundation
Date	1994
Level of Evidence	Supported
Program Type/Setting	Get Real About Violence, a bullying prevention program, is a skill-based program for children delivered in a school setting.
Brief Program Description	Get Real About Violence (GRAV) is a school-wide prevention program that addresses a wide range of violent behavior in students and has appropriate components for students in kindergarten through 12th grade. A parent component is also included. The program encourages students to identify alternative attitudes and norms that would lead to violent-free conflict resolution. The curriculum uses instructional tools, activities, and scenarios designed to decrease students' positive attitudes toward violence and to increase negative attitudes toward violent behavior, while also establishing anti-violent norms in response to verbal, physical, or emotional cues.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence
References*	Baseline Research, LLC. 2000. Get real about violence: Curriculum evaluation final report. Milwaukee, WI. Freeman, H. S., & Mims, G. A. (Forthcoming). Targeting bystanders: Evaluating a violence prevention program for 'nonviolent' adolescents." In J. E. Zins, M. J. Elias, & C. A. Maher (Eds.), Handbook of prevention and intervention in peer harassment, victimization, and bullying. New York, NY: Haworth Press.
Research Populations	Children in middle school and high school, predominantly African American
Implementation Cost	The cost of curriculum kits for Get Real About Violence is • $595 for the grades K–3 • $425 for grades 4–6 • $595 for grades 6–9 • $1,200 for grades 9–12
Availability of Materials, Purveyors, and Developer Support	The curriculum is available through Discovery Education. Those who are trained in implementing the program have access to Discovery Education via phone at 800-323-9084. Technical assistance calls are unlimited at no additional cost.

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* Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Get Real About Violence	
Contact Information	Discovery Education 1560 Sherman Avenue, Suite 100 Evanston, IL 60201 Phone: 800-323-9084 E-mail: Jim_McColl@discovery.com Web site: www.discoveryeducation.com
Qualification of staff	Teachers and mentors in a school setting
Training/TA Information	Customized training on implementing the curriculum is available through Discovery Education. Mentor and "train the trainer" trainings are two to three days each. The cost of a one-day training is $2,500. Each additional day costs $1,000. All expenses are included in the cost. Training information is available at www.discoveryeducation.com.
Program Dosage Detail	The GRAV curriculum consists of multimedia lessons divided into three modules: Vulnerability to Violence, Contributors to Violence, and Alternatives to Violence. Most of the lessons are taught during a single class period, although a few were designed to take two periods. Get Real About Violence has curriculum kits for the following grade groupings: K–3, 4–6, 6–9, and 9–12. The curriculum should be conducted across all grade levels, with participation by the entire school community. The lessons can be integrated into core curriculum areas and include a parental component. The number of lessons varies by grade level: Grades K-3: 29 lessons Grades 4-6: 22 lessons Grades 6-9: 12 lessons Grades 9-12: 28 lessons
Participant Eligibility Requirements	Children in grades K-12
Program Options/Flexibility	None noted
Available Languages	English
Developer-Recommended Tools for Evaluation	A developer-recommended assessment and evaluation tool is provided with curriculum.

Get Real About Violence
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: http://ojjdp.ncjrs.org/programs/mpg.html • National Center for Mental Health Promotion and Youth Violence Prevention, as of July 2009, available at: http://www.promoteprevent.org/ • Discovery Education Web Site, as of July 2009, available at: www.discoveryeducation.com

Guiding Good Choices	
Developer	J. David Hawkins, PhD and Richard F. Catalano, PhD
Date	1980s
Level of Evidence	Supported
Program Type/Setting	Parent education/support program delivered in a group setting
Brief Program Description	The Guiding Good Choices (GGC) program (formerly known as Preparing for the Drug-Free Years) promotes healthy, protective parent–child interactions and reduces children's risk for early substance use. The curriculum is delivered through group sessions with content focused on strengthening parenting techniques, parent–child bonding, and children's peer resistance skills. Children are required to attend one session that concentrates on peer pressure. The program begins with increasing parents' knowledge of the risk factors associated with substance abuse. It then presents skills that help mitigate these risk factors, such as how to clearly communicate expectations for behavior, how to reduce family conflict, and how to encourage the expression of positive feelings and love. One of the sessions teaches both parents and children various ways to resist peer and social pressures to engage in inappropriate behavior.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Behavior Management and Discipline Parental Resilience
References[*]	Kosterman, R., Hawkins, J. D., Spoth, R. ., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent training on observed family interactions: Proximal outcomes from preparing for the drug-free years. *Journal Of Community Psychology, 25*(3), 277–92. Spoth, R. L., Reyes, M. L., Redmond, C., & Shin, C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology, 67*(5) 619–30.
Research Populations	Families with children aged 9–14, predominantly white
Implementation Cost Publisher Information	The Core Program cost $799. The Workshop Leader's Package the Core Program and 25 Family Guides cost $1,025. Additional Family Guides are available at $13.39 each. Implementation costs are estimated at $600 per family.

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[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Guiding Good Choices	
Availability of Materials, Purveyors, and Developer Support	Certified, experienced trainers are available by contacting Dr. Dorothy Ghylin-Bennett of Supporting School Success. Supporting School Success Dr. Dorothy Ghylin–Bennett 81 NW Doncee Drive Bremerton, WA 98311-9110 Phone: 360-692-9986 E-mail: dr.d.ghylin@comcast.net
Contact Information	Channing Bete Company One Community Place South Deerfield, MA 01373–0200 Phone: 877-896-8532 E-mail: PrevSci@channing-bete.com Web site: http://www.channing-bete.com/prevention-programs/guiding-good-choices/
Qualification of Staff	The sessions are usually led by two trained community volunteers, teachers, or parent educators.
Training /TA Information	Training is available from certified, experienced trainers who will assist in implementing the program and help ensure its fidelity. A three-day training workshop is required for group leaders. Please contact the purveyor for more information. An on-site training for workshop leaders is $4,200 plus the cost of materials and travel expenses for the trainer.
Program Dosage Detail	The program is divided into five two-hour sessions or 10 one-hour sessions and includes homework.
Participant Eligibility Requirements	Families of middle school children (ages 9–14) who reside in rural or economically stressed neighborhoods
Program Options/Flexibility	None noted
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	A developer-recommended evaluation tool is available in English and Spanish.
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009,: http://www2.dsgonline.com/mpg/ • Promising Practices Network, as of July 2009 http://www.promisingpractices.net/ • Channing Bete Web Site, as of July 2009, available at: www.channing-bete.com

Healthy Families New York	
Developer	Prevent Child Abuse New York
Date	1995
Level of Evidence	Supported
Program Type/Setting	Home Visitation Program
Brief Program Description	Healthy Families New York (HFNY) is a community-based prevention program based on the Healthy Families America model. It focuses on the health and well-being of children at risk for abuse and neglect by providing intensive home visitation services. The program is geared specifically towards young, first-time mothers who enroll in the program during pregnancy. The program is centered on home visitation services provided by trained paraprofessionals from the community who help promote positive parenting, healthy pregnancy, and child health and development, as well as improve parent self-sufficiency. Home visitors provide families with support, education, and referrals to achieve these goals.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Concrete Supports Knowledge of Parenting and Child and Youth Development Child Development Prenatal Care Nurturing and Attachment Parental Resilience
References[*]	DuMont, K. A., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., & Rodriguez, M. (2006). Healthy Families New York (HFNY) randomized trial: Impacts on parenting after the first two years. *Working Paper Series: Evaluating Healthy Families, OCFS Working Paper #1.* Rensselaer, NY: New York State Office of Children & Family Services. [http://healthyfamiliesnewyork.org/research_reports_papers.cfm] Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). *Evaluation of Healthy Families New York (HFNY): First year program impacts.* Rensselaer, NY: New York State Office of Children & Family Services; Albany, NY: Center for Human Services Research. Research includes measurements of child abuse and neglect prevention

[*] Not exhaustive - studies referenced have strong evidence related to identified CA/N prevention protective factors

Healthy Families New York	
Research Population	Research populations included the following racial groups: • 34% Caucasian • 45% African American • 18% Latina Other characteristics of the research population included: • 31% mothers under 19 • 54% first-time mothers • 53% mothers never completed high school • 82% mothers never been married
Implementation Cost	$3,000 – $3,500 per family per year
Availability of Materials, Purveyors, and Developer Support	Extensive training and technical assistance is available for program implementation in New York state through Healthy Families New York. All states implementing a Healthy Families model receive training and technical support through the national Healthy Families America office.
Contact Information	Bernadette Johnson Program Coordinator Healthy Families New York New York State Office of Children and Family Services 52 Washington Street, 334N Rensselaer, NY 12144 Phone: 518-402-6770 E-mail: bernadette.johnson@ocfs.state.ny.us
Qualification of Staff	Professionals and/or paraprofessionals from the community in which services are offered. Guidance for hiring appropriate staff is available.
Training/TA Information	An initial one-week core training program is provided by approved in-state Healthy Families America trainers. HFNY supervisors receive an additional four days of training on their role in promoting quality services. New home visitors are mentored by experienced home visitors. Supervisors meet with each home visitor for at least 1.5 hours every week and observe one home visit per quarter.
Program Dosage Detail	HFNY participants may receive home visiting services until the child reaches the age of 5 or is enrolled in Head Start or kindergarten. Families are served at different service levels based on families' needs—the greater the need, the greater frequency of home visits. Home visits are scheduled one or more times per week during pregnancy (Level 1), and families usually remain on Level 1 until the child is at least six months old. As families progress through the service levels, home visits occur on a diminishing schedule, from biweekly (Level 2), to monthly (Level 3), and then quarterly (Level 4).

Healthy Families New York	
Participant Eligibility Requirements	Expectant parents and parents with an infant less than three months of age who are considered to be at high risk for child abuse and neglect. A thorough screening is conducted, measuring risk factors that determine program eligibility.
Program Options/Flexibility	The program is designed with some structural flexibility as described in the Program Dosage Detail. As a relational-based program, content is flexible.
Available Languages	Materials are available in English and Spanish
Developer-Recommended Evaluation Tools	HFNY has specific tools developed for outcome measurement in addition to other demographic and process monitoring forms.
Sources	• Promising Practices Network, as of July 2009, available at: http://www.promisingpractices.net/ • HFNY Web Site, as of July 2009, available at: http://www.healthyfamiliesnewyork.org/

Helping the Noncompliant Child	
Developer	Robert McMahon
Date	Approximately 1990
Level of Evidence	Supported
Program Type/Setting	Parent education/support program delivered in the home and through one-on-one coaching
Brief Program Description	Helping the Noncompliant Child (HNC) is a focused prevention program that seeks to improve parent-child interaction. The program consists of teaching parenting skills designed to promote healthy interaction. Specific techniques include ignoring minor inappropriate behaviors, providing clear instructions to the child, and providing appropriate consequences for compliance (positive attention) and noncompliance (time out). HNC strives to help parents feel competent and comfortable with the various parenting skills taught in the program. The coaching relationship allows for role modeling and extensive practice of skills. Skills are taught until mastery is achieved.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Parenting Children with Challenging Behaviors
References[*]	Peed, S., Roberts, M., & Forehand, R. L.. (1977). Evaluation of the effectiveness of a standardized parent training program in altering the interactions of mothers and their noncompliant children. *Behavior Modification, 1*, 323–50. Long, N., Forehand, R. L., Wierson, M., & Morgan, A.. (1994). Moving into adulthood: Does parent training with young noncompliant children have long-term effects? *Behavior Research and Therapy, 32*, 101–07.
Research Populations	Families with children 3-8 with behavioral disorders; predominantly white.
Implementation Cost	Approximately $2,000 per family
Availability of Materials, Purveyors, and Developer Support	Consultation and technical assistance is available from the developer and is usually negotiated on an individual basis

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[*] Not exhaustive; studies referenced have strong evidence related to identified child and abuse and neglect prevention protective factors

Helping the Noncompliant Child	
Contact Information	Robert McMahon Department of Psychology PO Box 351525 University of Washington Seattle, WA 98195–1525 Phone: 206-543-5136 E-mail: mcmahon@u.washington.edu
Qualification of Staff	A background in psychology or education and familiarity with social learning principles and their application to child behavior
Training/TA Information	A minimum of two days training is necessary. The training cost for one trainer is $3,000 plus travel expenses. On-site practice and follow-up supervision have been found to be extremely helpful in implementing this program.
Program Dosage Detail	Parents and children participate in weekly sessions of 60-90 minutes each. The average number of sessions is 10. This is a mastery-based program, so families can repeat sessions until mastery is achieved. In an ideal setting, sessions occur in clinic playrooms equipped with one-way mirrors for observation, sound systems, and sound devices by which the therapist can communicate unobtrusively with the parent. However, these are not mandatory for the successful implementation of the program.
Participant Eligibility Requirements	The program is designed for parents of children ages 3–8 who have noncompliance or other conduct problems.
Program Options/Flexibility	Self-directed book for parents is available.
Available Languages	N/A
Developer-Recommended Evaluation Tools	No developer-specified tools Please visit the FRIENDS web site for a compendium of tools related to identified protective factors , www.friendsnrc.org
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Strengthening America's Families Project, as of July 2009 is available at: http://www.strengtheningfamilies.org/

Infant Health and Development[+]	
Developer	Jeanne Brooks-Gunn
Date	1985
Level of Evidence	Supported
Program Type/Setting	Skills-based program for children and parent education/support program using home visits, parent groups, and child attendance at an early childhood center
Program Description	The Infant Health and Development Program (IHDP) was a comprehensive early intervention program for low birth-weight, premature infants designed to promote child health and development. The curriculum and protocols were adapted for the specific target population from the Carolina Abcedarian Project. The program was operated in eight medical institutions from 1985 to 1988. The IHDP was designed as a randomized clinical trial, and the participating sites were selected through a national competitive review. The IHDP combined early child development and family support services with pediatric follow-up. The program began at the infant's discharge from the neonatal nursery and continued until 36 months of age. The intervention consisted of three components: home visits, attendance by the child at a child development center, and parent group meetings. Infants also participated in pediatric follow-up, which included medical, developmental, and social assessments, with referral for pediatric care and other services as needed. The home visitor provided parents with health and developmental information, along with family support. In addition, the home visitor implemented two specific curricula, the first of which emphasized cognitive, linguistic, and social development through games and activities for the parent to use with the child, while the second involved a systematic approach to help parents manage self-identified problems. The component at the child development center continued learning activities used by the home visitors and tailored the program to each child's needs and developmental levels. The parent groups provided parents with information on child rearing, health and safety, and other parenting concerns, along with increasing social support.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Knowledge of Parenting and Child and Youth Development Parenting Children with Special Needs

[+] No longer in operation. Use research to support existing programs or new program development.

Infant Health and Development[+]

References[*]	Infant Health and Development Program. (1990).Enhancing the outcomes of low-birth-weight, premature infants: A multisite, randomized trial. *American Medical Association Journal*, 263(22), 3035-3042.
	Spiker, D., Ferguson, J., & Brooks-Gunn, J. (1993). Enhancing maternal interactive behavior and child social competence in low birth weight, premature infants. *Child Development, 64,* 754-768.
Research Population	Low birth-weight infants and their parents, 52% African American, 11% Hispanic, and 37% white
Lessons Learned	"These results have several implications for future early-intervention program initiatives. First, findings suggest that programmatic efforts need to distinguish between heavier and lighter LBW infants. The program did help children with birth weights of 2000g or less at age 3 years, but, clearly, the effects were smaller and not sustained. The lighter LBW group may contain a higher proportion of neurologically impaired children who could not benefit from the intervention. Second, assessments need to be refined enough to detect qualitative differences between heavier and lighter LBW infants. For example, maternal reports of attention deficit or distractibility may reflect environmental conditions for the heavier LBW child but may be related to neurological impairment in the lighter LBW child. The heavier LBW child may respond to changes in environment that the mother can control, but the lighter LBW child may need a more structured and professionally designed situation. Third, the lack of sustained effect may reflect the need for different or continued support of lighter LBW children. It is the task of future research to characterize the populations needing ongoing support; to explore the type, intensity, and duration of interventions needed to produce sustained effects; and to develop policies to implement such interventions. Finally, the corresponding low mean IQ scores and high rates of school failure of LBW children underscore the importance of public health efforts to reduce premature births." (McCarton et al. 1997, p. 131)
	McCarton, C. M., Broooks-Gun, J., Wallace, I. F., Bauer, C. R., Bennett, F. C., Bernbaum, J. C., Broyles, S., Casey, P. H., McCormick, M. C., Scott, D. T., Tyson, J., Tonascia, J., & Meinert, C. L. (1997). Results at ate 8 years of early intervention for low-birth-weight premature infants: The infant health and development program. *Journal of the American Medical Association, 277* (2), 126-132.

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[*] [*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Infant Health and Development[+]	
Contact Information	Jeanne Brooks-Gunn Columbia University Teachers College 525 West 120th Street New York, NY, 10027 Phone: 212-678-3369 E-mail: brooks-gunn@columbia.edu Anne Martin, PhD National Center for Children and Families 525 West 120th Street, Box 39 New York, New York 10027 Phone: 212-678-3904 Fax:212-678-3676 Email: arm53@columbia.edu www.ccf.tc.columbia.edu/contact.html
Additional Program Information	Gross, R. T., Spiker, D., & Haynes, C. W. (Eds.) (1997). *Helping low birth weight, premature babies: The Infant Health and Development Program*. Palo Alto, CA: Stanford University Press.
Program Dosage Detail	Home visits occurred weekly during the first year and biweekly for the next two years. Attendance at the child development center began at age 12 months and lasted until age 36 months; the children attended the center five days per week. Teacher-child ratios were 1-to-3 for children age 12 months to 23 months and 1-to-4 for those age 24 months to 36 months. Class sizes were six children for those under 24 months of age and eight children for those 24 months to 36 months of age. Each site provided children with (optional) transportation in IHDP-operated vans. Parent groups met every two months beginning when children were 12 months old.
Participant Eligibility Requirements	Families with infants who were born prematurely (37 or fewer weeks gestation) and at low birth weight (2500 grams or less).
Sources	• Promising Practices Network, as of July 2009, available at: www.promisingpractices.net/ • Child Trends, as of July 2009, available at: http://www.childtrends.org/ • National Center for Children in Poverty, as of July 2009, available at: http://www.nccp.org/

Olweus / Bullying Prevention Program	
Developer	Dr. Dan Olweus
Date	1983
Level of Evidence	Supported
Program Type/Setting	Public awareness and skills-based program for children conducted in a whole-school setting
Brief Program Description	The Bullying Prevention Program is a universal intervention developed to promote the reduction and prevention of bullying behavior and victimization problems. This is a comprehensive program that is aimed at intervening with the entire school environment. A key component of the program is engaging the adults involved at the school, including the parents, in acknowledging the problem and committing to becoming part of the intervention. Specific components at the school level include an assessment of the bullying problem in the school and create an action plan and identify leadership, and the development of a coordinated system to supervise students during break periods. Classroom components include establishing clear rules and responses to bullying behavior as well as providing a forum for students to discuss these issues and activities to increase student understanding and skills in preventing bullying behavior. Individual interventions include engaging parents through meetings and working with individual or small groups of bullies to end the behavior and provide support to prevent recurrence.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence
References[*]	Melton, G. B., Limber, S. P., Cunningham, P. B., Osgood, D. W., Chambers, J., Flerx, V., Henggeler,S. W., Nation, M. (1998). *Violence among rural youth. Final report to the office of juvenile justice and delinquency prevention.* Unpublished report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Olweus, D. (1991). Bully–victim problems among schoolchildren: Basic facts and effects of a school-based intervention program." In D. a J. Pepler & K. H. Rubin (Eds.). *The Development and Treatment of Childhood Aggression* (pp. 411–48). Hillsdale, N.J.: Erlbaum.
Research Populations	Children aged 6–15 in elementary, middle, and junior high schools

[*] * Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Olweus / Bullying Prevention Program	
Implementation Cost	$1,001– $5,000 for program materials depending on school size Additional program costs include: • Training and ongoing consultation • Part-time project coordinator
Availability of Materials, Purveyors, and Developer Support	Training, consultation, and ongoing support for implementation is available from the Institute of Family and Neighborhood Life at Clemson University and through other qualified resources. Technical assistance is available for interested schools, including follow-up telephone consultation provided to the onsite coordinator every three to four weeks during the first year of implementation.
Contact Information	Institute of Family and Neighborhood Life 158 Poole Agricultural Center Clemson University Clemson, SC 29634 Phone: 864-710-4562 E-mail: nobully@clemson.edu Web site: http://www.clemson.edu/olweus/
Qualification of Staff	Teachers and school staff working with children
Training/TA Information	Training costs are • $3,000 for an initial two-day training for one or two schools' Bullying Prevention Coordinating Committees • $250 per travel day • Travel costs for the trainer, including airfare (if appropriate), lodging, meals, and local transportation $1,500 ($125/hour for 12 months) for telephone consultation for each school site The Bullying Prevention Coordinating Committee should participate in a 1.5-day training with a certified trainer and attend 1- to 2-hour monthly meetings annually. All school staff should participate in a .5- to 1-day training session and in regular teacher discussion groups during the first year of the program.
Program Dosage Detail	25–52 Weeks Amount of time required to deliver the program to obtain documented outcomes: • Program continues throughout the school year • Teachers hold weekly 20- to 40-minute classroom meetings • Parents participate in school-wide and classroom-level meetings • Teachers and staff participate in regular, ongoing staff discussions in groups of 6 to 12 persons.

Olweus / Bullying Prevention Program	
Participant Eligibility Requirements	Children aged 6–14 and their parents
Program Options/Flexibility	Components that must be included to achieve the same outcomes cited by the developer: ▪ The entire school staff must participate in training. ▪ Teachers must read all the texts, hold weekly 20- to 40-minute classroom meetings, and participate in regular teacher discussion groups during the first year of the program. ▪ School personnel on the Bullying Prevention Coordinating Committee must participate in the required training with a certified trainer and attend 1- to 2-hour monthly meetings.
Available Languages	Available in English and Spanish
Developer-Recommended Evaluation Tools	The Olweus Bullying Questionnaire provided by the developer is implemented prior to the start of the program and at regular (yearly) intervals thereafter.
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Substance Abuse and Mental Health Services Administration Model Programs, as of July 2009, available at: www.modelprograms.samhsa.gov/ • Olweus Bullying Prevention Program, as of July 2009, available at: www.olweus.org/

Parenting Wisely

Developer	Donald Gordon, PhD
Date	1997
Level of Evidence	Supported
Program Type/Setting	Parent education/support program delivered in a group setting or through self-directed interactive media
Brief Program Description	Parenting Wisely is a curriculum teaching parents and their 9-18 year-old children skills to improve their relationships and decrease conflict through support and behavior management. The program uses interactive multimedia to present scenarios of common family problems. Parents can participate in a group or individually through a computer program. The program instructs parents in effective parenting skills through the use of demonstration, quizzing, repetition, rehearsal, recognition, and feedback for correct and incorrect answers. The target population is families with parents who do not usually seek or complete mental health or parent education treatment for children's problem behaviors. Single-parent families and stepfamilies with children who exhibit behavior problems constitute most of the families targeted.
Face Validity with CBCAP Protective Factors	Parental Resilience Social Connections Knowledge of Parenting and Child and Youth Development Behavior Management and Discipline
References[*]	Kacir, C., & Gordon, D. (1999). Parenting adolescents wisely: The effectiveness of an interactive videodisk parent training program in Appalachia. *Child and Family Behavior Therapy, 21*(2), 227-251. Segal, D., Chen, P. Y., Gordon, D. A., Kacir, C. D., & Gylys, J. (2003). Development and evaluation of a parenting intervention program: Integration of scientific and practical approaches. *International Journal of Human-Computer Interaction, 15,* 453-468.
Research Population	Families and children, African-American and white participants.
Implementation Cost	$2,450 for 100 participants which includes: Two CD-ROM kits (1American English and 1 Spanish, or 1 American English and 1 British English) • One videotape series • 100 Parent workbooks If delivered in a group setting, the cost ranges from approximately $100 - $600 per family depending on group size.

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[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Parenting Wisely

Availability of Materials, Purveyors, and Developer Support	Assistance is available from Family Works, Inc. Room 135B, Unit 8 34 West State Street, Athens, OH 45701–3751 Phone: 866-234-9473 E-mail: familyworks@familyworksinc.com Web site: www.parentingwisely.com
Contact Information	Parenting Wisely 1005 East State Street, Suite G Athens, Ohio 45701-3751 Phone: 740-593-9505 TOLL-FREE: 866-234-WISE Fax 740-594-2521 e-mail: info@familyworksinc.com
Qualification of Staff	None Noted
Training/TA Information	Training is optional and is primarily motivational to encourage community service providers to use the Parenting Wisely program. • Training Time: 4 - 8 hours depending upon group size and experience. • Training Cost: $2,000 for a one-day training
Program Dosage Detail	There are 9 case studies. Parents need two to three 3-hour sessions to work through the computer program for 9 case studies. In a group format, it takes six to 10 1-hour sessions over six to 10 When practitioners work with individual families, they show one to two family scenarios from Parenting Wisely each session, for a total of 4 to 6 sessions.
Participant Eligibility Requirements	Parents with children aged 3–18.
Program Options/Flexibility	Self-administered or group setting
Available Languages	English, Spanish, and French
Developer-Recommended Evaluation Tools	Developer-recommended evaluation tools are available with the curriculum.

Parenting Wisely	
Sources	• National Registry of Evidence-based Programs and Practices, as of July 2009, available at: www.nrepp.samhsa.gov/ • Office of Juvenile Justice and Delinquency Prevention, as of July 2009, available at: http://ojjdp.ncjrs.org/ • Family Works Web Site, as of July 2009, available at: http://www.familyworksinc.com/

Parents As Teachers	
Developer	Missouri Department of Elementary and Secondary Education
Date	1981
Level of Evidence	Supported
Program Type/Setting	Home visiting with an additional parent group component
Brief Program Description	Parents as Teachers (PAT) is an early childhood, parent education and family support program serving families from pregnancy until their children enter kindergarten. PAT is a universal program that focuses on promoting child development and school achievement through parent education. The age-specific parent education curriculum is delivered through weekly or monthly home visits, depending on the needs of the family. Parent groups are offered monthly to discuss parenting topics and build social networks. The program also provides developmental screening and links to community resources.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Knowledge of Parenting and Child and Youth Development Behavior and Discipline Child Development Nurturing and Attachment
References[*]	Wagner, M., Spiker, D., & Linn, M. I. (2002). The effectiveness of the parents as teachers program with low-income parents and children. *Topics in Early Childhood Special Education,* 22(2), 67–81. Zigler, E., Pfannenstiel, J. C., & Seitz, V. (2008). The Parents as Teachers program and school success: A replication and extension. *Journal of Primary Prevention,* 29(2), 103-120.
Research Populations	Families with children aged 0-5, African-American, Hispanic, and white families
Implementation Cost	$2,000 – $2,500 per family per year
Availability of Materials, Purveyors, and Developer Support	Parents As Teachers National Center offers training, consultation, and support. Many states have state lead offices that provide training, program development, and implementation support as well.

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Parents As Teachers	
Contact Information	Parents as Teachers National Center, Inc. 2228 Ball Drive St. Louis, MO 63146 Phone: 866-728-4968 E-mail: info@patnc.org Web site: www.parentsasteachers.org
Qualification of Staff	Nurses, teachers, social service representatives, or trained parent educators
Training/TA Information	Training for home visitors and supervisors is required. Training for the Born to Learn curriculum ranges from two to five days. Project staff also must attend continuing in-service training. Average cost to train a parent educator is $900.
Program Dosage Detail	• Personal visits of approximately 1 hour occur monthly, bi-weekly, or weekly, depending on the needs of the family. • Group meetings of approximately 2 hours occur at least monthly. Developmental, health, vision, and hearing screening occurs annually.
Participant Eligibility Requirements	All families with young children birth to age 5, as well as families who are expecting the birth of a child.
Program Options/Flexibility	The curriculum has also been adapted for center-based providers and special populations (teen parents, parents of children with special needs, reservation-based Native Americans, homeless families, military-based families, and incarcerated/probation/paroled parents).
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	Parents As Teachers National Center has developed a toolkit to assist staff in identifying instruments for use in the screening, assessment, and evaluation. The toolkit contains a description and detailed information on each of the 83 measures. PAT also includes comments on the advantages and disadvantages of each instrument as it pertains to evaluation and how the instrument relates to the components and goals of the PAT program. For more information, see http://measures.patnc.org/measures/
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Promising Practices network, as of July 2009, available at: www.promisingpractices.net/ • Parents As Teachers, as of July 2009, available at: www.parentsasteachers.org/

Perry Preschool Project[+]	
Developer	High/Scope Education Research Foundation
Date	1962-1967
Level of Evidence	Supported
Program Type/Setting	Skills-based program for children and parent education/support program delivered in a center-based setting and through home visits
Program Description	The Perry Preschool Program was an early childhood prevention program developed in the context of scientific research. The program enrolled at-risk African-American children ages 3-4 to improve their capacity for future success in school and in life through promoting all aspects of healthy child development. The goals were to improve long-term outcomes in the following areas: employment and earning reduced criminal activity, teenage pregnancy, and welfare use.

The curriculum was originally called the *Cognitive-Oriented Curriculum* but is currently named the *High/Scope Curriculum.* The holistic child development curriculum promotes intellectual, social, and emotional learning. The curriculum does not include defined subject matter but instead focuses on creating healthy developmental experiences for each child. The curriculum identifies ten domains or "key experiences" that are offered to the children throughout the program. These include: creative representation, language and literacy, social relations and personal initiative, movement, music, classification, seriation, numbers, space, and time. The curriculum was implemented through a daily preschool program and complemented by weekly home visits and periodic parent group meetings. The parent component was focused on teaching parents how to support their child's healthy development within the home environment.

Schweinhart et al. (1993) found that when compared to a control group

1. Delinquency and crime rates for the children in the program were significantly lower than for those in the control group
2. Married status among males at age 27 was the same for both groups (26%)
3. 40% of program group women were married, compared with 8% of control group women
4. 57% of mothers in the program group were not married, compared with 83% of mothers in the control group
5. Scholastic achievement and test scores were higher for the experimental group. Only 54% of controls graduated from high school, compared with 71% of those in the experimental group
6. Children who participated in the program had higher earnings and more frequently owned homes and a second car

[++]No longer in operation. Use research to support existing programs or new program development.

Perry Preschool Project[+]	
	There are currently no programs identified that are implementing the full "Perry Preschool" model. Estimated cost benefit ratio is $17:$1
Face Validity with CBCAP Protective Factors	Child Social-Emotional Competence Knowledge of Parenting and Child and Youth Development Child Development
References[*]	Parks, G. (2000). The High/Scope Perry Preschool Project. *Juvenile Justice Bulletin, NCJ 181725*, 1-8. Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. (1993). Significant benefits: The High/Scope Perry Preschool study through age 27. In *Monographs of the High/Scope Educational Research Foundation, No. 10.* Ypsilanti, Mich.: High/Scope Press.
Research Population	One-hundred and twenty-three African-American children with low IQ scores from families of low socioeconomic status and who were considered to be at high risk for school failure. Children entered the program at age 3 or 4.
Contact Information	Dr. Lawrence J. Schweinhart High/Scope Educational Research Foundation 600 North River Street Ypsilanti, MI 48198-2898 Phone: 734-485-2000 E-mail: LarryS@highscope.org Web site: www.highscope.org
Program Dosage Detail	The program was implemented on a 30-week school year. Each child received a 2.5-hour classroom session daily and a1.5-hour home visit weekly. Parent group meetings were also conducted.
Participant Eligibility Requirements	High-risk African-American families with children aged 3-4.
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Promising Practices Network, as of July 2009, available at: www.promisingpractices.net/ • High/Scope Research Foundation, as of July 2009, available at: http://www.highscope.org/ • Federal Reserve Bank of Minneapolis, as of July 2009, available at: http://www.minneapolisfed.org/

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Schools and Families Educating Children (SAFE Children)	
Developer	Patrick Tolan, PhD, Deborah Gorman-Smith, PhD, and David Henry, PhD
Date	1997
Level of Evidence	Supported
Program Type/Setting	This program includes a skills-based component for children and a parent education/support component delivered in a group setting and through individualized coaching and home visits in collaboration with a school.
Brief Program Description	Schools and Families Educating Children (SAFE Children) is a comprehensive family-based prevention program for children who live in inner-city neighborhoods and are entering 1st grade. The goal of the program is to improve parenting and family management skills that support successful academic and healthy social development in children. The program provides multiple family group sessions combined with individual tutoring in reading. The small group meetings for four to six families per group address parenting skills, including healthy communication, problem solving, and family involvement in the child's education. All family members are invited to attend these meetings. The one-on-one tutoring program focuses on developing reading skills through activities, games, and reading time.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Parental Resilience Social Connections
References[*]	Tolan, P. H., Gorman–Smith, D., & Henry, D. (2005). Supporting families in a high-risk setting: Proximal effects of the safechildren prevention program. *Journal of Consulting and Clinical Psychology, 72*(5), 855–869. Gorman-Smith, D., Tolan, P. H., Henry, D., Quintana, E., Lutovsky, K., & Leventhal, A. (2007). The SAFEChildren prevention program. In P. Tolan, J. Szapocnik, & S. Sombrano (Eds.), *Developmental approaches to prevention of substance abuse and related problems* (pp. 133-136). Washington, DC: American Psychological Association.
Research Population	Children aged 6-12 and their parents, African-American and Hispanic

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[*] Not exhaustive; - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Schools and Families Educating Children (SAFE Children)	
Implementation Cost General Estimate	$2400 per family to complete program
Availability of Materials, Purveyors, and Developer Support	An initial consultation, consisting of a 2-hour phone conversation and one-day site visit, is necessary to assess the fit of the program to the school, the organizational framework, and the infrastructure required for proper implementation. Telephone consultation is available and recommended for 1 to 2 hours each week during start-up and every other week during the first year of program operation. Regular involvement with the developers is expected, and on-site visits can also enhance the quality of implementation.
Contact Information	Institute for Juvenile Research 1747 W. Roosevelt Road Department of Psychiatry Chicago, IL 60608 Phone: 312-413-1893 E-mail: Tolan@uic.edu
Qualification of Staff	Program coordinator: several years of experience working with families and in school settings Family group leaders: previous professional experience with urban, minority families Trained tutors: college students, advanced high school students, or community volunteers
Training/TA Information	Assuming there is support and infrastructure to implement the program effectively, a three-day site visit is required for training and organizational and personnel assessment. Initial 1.5-day consultation costs are $2,500. Subsequent trainings for up to 10 staff cost $3,000 for a three-day training or $6,500 for a five-day training. Phone consultation is available at $250 per hour.
Program Dosage Detail	SAFE Children is a manualized program, but the materials are not sufficient to implement the program and should be used only in consultation with the program developers. The SAFE Children program has two components: • A 20-week series of group meetings of four to six families. Families meet weekly for 90-minute sessions led by Family Group Leaders. • Twice-weekly, 20- to 30-minute individual tutoring sessions
Participant Eligibility Requirements	5- and 6-year-old children who are entering 1st grade and their families

Schools and Families Educating Children (SAFE Children)	
Program Options/Flexibility	Developers work with all implementations and assist with adaptations as needed.
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	Developer-recommended assessment and evaluation tools are required for program implementation.
Sources	National Registry of Evidence-based Programs and Practices, as of August 10, 2009, available at: http://www.nrepp.samhsa.gov/
	Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of August 10, 2009, available at: http://www2.dsgonline.com/mpg/

STEP: Systematic Training for Effective Parenting	
Developer	Don Dinkmeyer Sr. and Gary D. McKay
Date	1976
Level of Evidence	Supported
Program Type/Setting	Parent education/support program delivered in a group setting
Brief Program Description	STEP (Systematic Training for Effective Parenting) is a multi-component parenting education curriculum delivered to parents in discussion focused group sessions. Parents learn effective communication and positive discipline skills. The three curricula cover various parenting strategies that focus on the age of the child. The program includes videos and discussion guides. Videos serve as the basis for presenting information.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Behavior and Discipline
References[*]	Nystul, M. S. (1982). The effects of Systematic Training for Effective Parenting on parental attitudes. The Journal of Psychology, 112, 63-66. R. E., Omizo, M. M., & Abrams, B. C. (1984). Effects of STEP on parental attitudes and locus of control of their learning disabled children. The School Counselor, 32, 126-133.
Research Populations	Parents of children 0-18. The program has not been specifically tested with diverse racial or ethnic groups
Implementation Cost	$100 - $600 per family
Availability of Materials, Purveyors and Developer Support	Publisher provides minimal training and support.
Contact Information	AGS Publishing Phone: 800-328-2560 Email: agsmail@agsnet.com Website: http://www.parentingeducation.com

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[*] Not exhaustive - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

STEP: Systematic Training for Effective Parenting	
Qualification of Staff	None Required
Training and Technical Assistance Information	No training is required to lead a STEP group if you are a member of the helping professions (i.e. counselors, social workers). The Leader's Resource Guide has extensive instructions for each STEP session. There are one-day training workshops available periodically. Training contact: Kari Johnson, AGS Publishing Phone: 800-328-2560 Email: KARIJ@agsnet.com
Program Dosage Detail	60-90 minutes weekly sessions for 7 weeks.
Participant Eligibility Requirements	Parents of children 0 - 18
Program Options/Flexibility	There are four STEP programs for parents working to improve relationships in their families: Early Childhood STEP helps the parents of children from birth to 6 years STEP deals with issues of children from 6 to 12 years old STEP/Teen is for the parents of teenagers
Available Languages	Translations in Japanese, German, French and Spanish
Developer Recommended Tools for Evaluation	Developer recommended evaluation tools are included with the curriculum
Sources	California Evidence-based Clearinghouse for Child Welfare, as of August 10, 2009, available at: http://www.cachildwelfareclearinghouse.org/ STEP Publishers Web Site, as of August 10, 2009, available at: http://www.steppublishers.com/

Success in Stages®	
Developer	Channing Bete Co. in collaboration with James O. Prochaska, PhD
Date	2003
Level of Evidence	Supported
Program Type/Setting	Self-directed, skills-based program for children (bullying prevention) delivered in a whole school setting
Brief Program Description	Success in Stages®: Build Respect, Stop Bullying (SIS) is a brief, Internet-based interactive computer program based on transtheoretical model of behavior change. SIS programs "get to know" each student through questions about attitudes, experiences, and behaviors and then tailor messages and role plays most likely to impact the individual student. The program is meant to be implemented with all students within a school community. The computer program provides individualized feedback based on student responses to help each student recognize and change his or her own bullying-related behavior.
Face Validity with CBCAP Protective Factors	Child Social-Emotional Competence
References[*]	Evers, K. E., Prochaska, J. O., Van Marter, D. V., Johnson, J. L., & Prochaska, J. M.. (2007). Transtheoretical-based bullying prevention effectiveness trials in middle schools and high schools. *Educational Research, 49*(4), 397-414.
	Johnson, J. L., Van Marter, D. V., Dyment, S. J., Evers, K. E., Prochaska, J. M., & Prochaska, J. O. (2005). *Elementary school bullying (ESB): Effectiveness trial data analysis report.* West Kingston, R.I.: Pro Change Behavior Systems, Inc.
Research Population	Diverse samples of 1,433 elementary school, 1,237 middle school, and 1,202 high school students
Implementation Cost Publisher	The cost of a three-year license for one program, including 30 CDs, 100 family guides, six posters, and 10 staff guides, is $2,499. The cost of a three-year license renewal is $1,200.
Availability of Materials, Purveyors, and Developer Support	Channing Bete provides limited technical assistance through its Web site and via telephone. A Web site is available with additional program information, a technical troubleshooting guide, and password-protected access to school reports.

[*] Not exhaustive; - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factor

Success in Stages®

Contact Information	Director of Health Behavior Change Programs Pro-Change Behavior Systems, Inc. P.O. Box 755 West Kingston, RI 02892 Phone: 401-874-4118 E-mail: kevers@prochange.com
Qualification of Staff	Teachers do not need training, because their main responsibilities are to assist students in starting and completing the Internet program.
Training/TA Information	Karen McGuane Channing Bete Company One Community Place South Deerfield, MA 01373 Phone: 877-896-8629 E-mail: custsvcs@channing-bete.com
Program Dosage Detail	Each program involves three half-hour computer sessions during the school year. Once students register for the program and log in, they are instructed in how the program works. The program is offered in three modules (elementary, middle, and high school). Thee program features guides for administrators, school staff, and families and automated reporting for schools.
Participant Eligibility Requirements	Children aged 9 -18
Program Options/Flexibility	None noted
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	Developer-recommended evaluation tools are provided with the curriculum. Channing Bete provides data management and individual school reports.
Sources	National Registry of Evidence-based Programs and Practices, as of August 10, 2009, available at: http://www.nrepp.samhsa.gov/ Office of Juvenile Justice and Delinquency Prevention, as of August 10, 2009, available at: http://ojjdp.ncjrs.org/ Channing Bete web site, as of August 10, 2009, available at: http://www.channing-bete.com/

Dare to Be You	
Developer	Jan Miller-Heyl, MS
Date	1979
Level of Evidence	Promising
Program Type/Setting	Parent education/support program and skills-based program for children delivered in a group setting
Brief Program Description	DARE to Be You (DTBY) is a universal parent and child program for families with children 2–5. The program includes three main components: 1) family program; 2) preschool teacher and day-care provider workshops; and 3) community training. Program objectives focus on promoting healthy child development through improved parenting practices, social support, and skills for children. Parent sessions focus on stress management, parental resilience, effective communication, knowledge of child development, and increasing informal social supports.
Face Validity with CBCAP Protective Factors	Child Social Emotional Competence Knowledge of Parenting and Child and Youth Development: Behavior Management and Discipline Child Development Parental Resilience Social Connections
References[*]	Miller-Heyl, J., MacPhee, D., & Fritz, J. J. (1998). DARE to be You: A family-support, early prevention program. *Journal of Primary Prevention, 18*(3), 257-285.
Research Population	Parents and their children aged 2-5. American Indian or Alaska Native, Hispanic or Latino, and White participants
Implementation Cost	Program implementation costs are approximately $275 per person once efficiency of scale is reached (150 participants).
Availability of Materials, Purveyors, and Developer Support	Technical assistance and implementation support is available from the program office at Colorado State University Extension. The program office also provides links to other replication programs for mutual support networks.

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Dare to Be You	
Contact Information	Jan Miller-Heyl Program Director, Youth Program Colorado State University Extension 215 North Linden Street, Suite E Cortez, CO 81321 Phone: 970-565-3606 E-mail: darecort@ext.colostate.edu
Qualification of Staff	Parent educators, early childhood education teachers
Training/TA Information	A required 20-hour implementation training is $5,500 plus travel and per diem for one trainer. This includes a set of six manuals. Follow-up training (without the manuals) is $5,100. Contact: Sue Sidinger Programs Administrative Assistant, Youth Program Colorado State University Extension 136 Aylesworth Hall NW Fort Collins, CO 80523 Phone: 970-491-2666 E-mail: sidinger@ext.colostate.edu Web site: http://www.colostate.edu/Depts/CoopExt/DTBY/
Program Dosage Detail	The family program consists of the following: 1) Parent curriculum: series of 10–12 weekly 2.25 hour sessions, including a meal and a 15-minute parent-child activity. 2) Children's program: series of 10–12 workshops that correspond to the parent curriculum, held simultaneously with the parent workshops. This program has curricula for children ages 2.5–3 and ages 4–5.
Participant Eligibility Requirements	Families with children 2-5 years old, including high-risk families
Program Options/Flexibility	At least 10 percent of the curriculum can be adapted to culturally specific issues. Other curricula are available for families with older children: DTBY Bridges for Families with Youth in K-2 and their Teachers DTBY Care to Wait for Families with Middle School Students.
Available Languages	English, Spanish
Developer-Recommended Evaluation Tools	An evaluation handbook, which includes recommended survey instruments and coding instructions, is available from the developers.

Dare to Be You	
Sources	• National Registry of Evidence-based Programs and Practices, as of July 2009, available at: www.nrepp.samhsa.gov/ • Promising Practices Network, as of July 2009, available at: www.promisingpractices.net/ • Dare To Be You, as of July 2009, available at: http://www.coopext.colostate.edu/DTBY/

Healthy Families America	
Developer	Prevent Child Abuse America
Date	1992
Level of Evidence	Promising
Program Type/Setting	Parent education/support program delivered through home visiting
Brief Program Description	Healthy Families America (HFA) provides home visits to families identified as at risk, with children ages prenatal to 5. The program goals include prevention of negative birth outcomes (low birth weight, substance abuse, criminal activity, child abuse, and neglect), increased parenting skills, healthy pregnancy practices, and the use of social systems. Program services must begin prenatally or at birth. The long-term services, ideally 3 to 5 years, are provided at an intensity based on family need. The service format is designed to support parents and to promote healthy parent–child interaction and child development. Families are linked to medical services and other resources as needed.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Behavior and Discipline Child Development Nurturing and Attachment Parental Resilience
References[*]	Whipple, E., & Nathans, L. (2005). "Evaluation of a rural Healthy Families in America (HFA) program: The importance of context. *Families in Society, 86* (1), 71–82. Daro, D., & Harding. K. (1999). Healthy Families America: Using research to enhance practice. *The Future of Children Home Visiting: Recent Program Evaluations,* 9(1), 152–76. Research includes measurements of Child Abuse and Neglect Prevention.
Research Populations	Families with children aged 0-5 and a diverse range of race/ethnicities
Implementation Cost	Approximately $3,500 per family per year

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[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Healthy Families America	
Availability of Materials, Purveyors, and Developer Support	Healthy Families America and two regional resource centers provide a full complement of technical assistance for implementation, credentialing, evaluation, and ongoing support for Healthy Families Sites. Primary Contact is Helen Reif Prevent Child Abuse America 200 South Michigan Avenue, Suite 1700 Chicago, IL 60604 Phone: 312-334-6830 E-mail: hreif@preventchildabuse.org
Contact Information	Lisa Schreiber Healthy Families America 200 South Michigan Avenue, Suite 1700 Chicago, IL 60604 Phone: 312-663-3520 E-mail: lschreiber@preventchildabuse.org
Qualification of staff	Paraprofessionals from the community being served are selected as home visitors. Personal attributes such as warmth, the ability to establish trusting relationships, the ability to work effectively with children and families, and nonjudgmental attitudes are the primary selection criteria.
Training/TA Information	Primary training establishes a framework for understanding the program and instructs staff in their specific roles as Family Assessment Workers, Family Support Workers, Supervisors, and Program Managers. All service providers receive basic training in cultural competency, substance abuse, child abuse reporting, domestic violence, drug-exposed infants, and available services in their community. Wraparound training complements primary training and covers the details of parent education and information on topics relevant to the needs of families in a specific community. Training occurs on site. Training costs include • A fee of $3,800 per trainer • All travel and hotel expenses for the trainer • A materials fee of $75 per participant plus shipping and handling New staff members who join a program after a site has completed the primary training may receive training by attending primary training at a different program (space permitting). National HFA staff can help facilitate these logistics.
Program Dosage Detail	Trained paraprofessionals make weekly home visits of approximately 1.5 hours during the first six months of the child's life. After the child is six months old, home visiting intensity decreases based on family need.
Participant Eligibility Requirements	At-risk families identified by a standard assessment. Enrollment must occur before child reaches three months of age.

Healthy Families America	
Program Options/Flexibility	All Healthy Families America sites must adhere to a set of critical program elements based on current knowledge about what constitutes a successful home visitation program. These elements provide each site the flexibility to adapt its program design to local needs and conditions and to innovate where possible. A thorough description of the critical elements is at www.healthyfamiliesamerica.org/about_us/critical_elements.shtml
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	HFA has developed tools for outcome measurement in addition to other demographic and process monitoring forms.
Sources	• Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: http://ojjdp.ncjrs.org/programs/mpg.html • Healthy Families America, as of July 2009, available at: http://www.healthyfamiliesamerica.org/home/index.shtml

Nurturing Parenting Program	
Developer	Steven Bavolek
Date	1983
Level of Evidence	Promising
Program Type/Setting	Parent education/support program delivered in a group setting or with at-risk families through home visits
Brief Program Description	The Nurturing Parenting Program is a universal, curriculum-based parenting program. The approach is to teach age-specific parenting skills along with addressing the need to nurture oneself. A variety of curricula are available for parents and their children aged 0-18. The curricula may be delivered in a group-based setting or through individual home visits. The program focuses on developing nurturing skills as alternatives to punitive parenting practices. The sessions, either group-based or in-home, include parenting instruction on discipline, nurturing, communication, and child development. Self-nurturing instruction is always included. Role playing, discussions, skills practice, and role modeling are methods employed as teaching strategies.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Behavior and Discipline Nurturing and Attachment Parental Resilience
References	Bavolek, S. J., McLaughlin, J. A., &. Comstock, C. M.. (1983). *The nurturing parenting programs: A validated approach for reducing dysfunctional family interactions.* Final Report. Rockville, MD: National Institute of Mental Health. Camp, J. M., & Finkelstein, N. (1997). Parenting training for women in residential substance abuse treatment: Results of a demonstration project. *Journal of Substance Abuse Treatment, 14*(5), 411–22. Cowen, P. S. Effectiveness of a parent education intervention for at-risk families. *Journal of the Society for Pediatric Nursing, 6*(2), 73–82. Research includes measurements of child abuse and neglect prevention
Research Populations	Parents and their children 4–12 years old, predominantly white.
Implementation Cost	Approximately $300 - $600 for group series per family Approximately $2,000 for home visitation series per family
Availability of Materials, Purveyors, and Developer Support	Nurturing Parenting Programs provides consultation. There are also many independent qualified trainers and consultants available across the country. www.nurturingparenting.com/trainersconsultants/index.php

Nurturing Parenting Program	
Contact Information	Family Nurturing Center, Inc. 146 Windover Drive Asheville, NC 28803 Phone: 800-688-5822 E-mail: fdr@nurturingparenting.com Web site: www.nurturingparenting.com
Qualification of Staff	None Noted
Training/TA Information	Training workshops and train-the-trainer workshops are available from Nurturing Parenting Programs. The three-day workshops cost approximately $300.
Program Dosage Detail	Home-based sessions generally occur on a weekly basis, lasting 1–1.5 half hours. Center- or group-based instruction occurs on a weekly basis, generally lasting 2.5-3 hours once a week. The number of group-based sessions varies from 12 (Parents and Adolescents) to 23 (Parents and Children, Birth to 5 years). Parents and children attend separate group sessions, which meet concurrently.
Participant Eligibility Requirements	Families with children birth–18.
Program Options/Flexibility	Specific curricula are available for African American, Spanish, Hmong, Christian families; parents in substance abuse treatment, families with special learning needs, and teen parents. There is also a shorter Nurturing Skills Program.
Available Languages	English, Spanish, and Hmong
Developer-Recommended Evaluation Tools	Developer-recommended evaluation tools are available with the curriculum
Sources	• California Evidence-based Clearinghouse for Child Welfare, as of July 2009, available at: www.cachildwelfareclearinghouse.org National Registry of Evidence-based Programs and Practices (legacy program information), as of July 2009, available at: http://www.nrepp.samhsa.gov/legacy_browse.asp • Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: ojjdp.ncjrs.org/programs/mpg.html • Nurturing Parenting, as of July 2009, available at: http://www.nurturingparenting.com/home.php

Project SafeCare	
Developer	John Lutzker, PhD
Date	1979 (Project 12-Ways, original model)
Level of Evidence	Promising
Program Type/Setting	Parent education/support program delivered through home visits
Brief Program Description	Project SafeCare is a home visitation program for families experiencing child maltreatment or at risk for child abuse and neglect. The program addresses three specific areas: home safety, child health, and parent-child interaction. The in-home eco-behavioral model provides direct skill-training to parents in child behavior management using planned activities training, home safety training, and teaching child health-care skills to prevent child maltreatment. Each component includes assessment and focus on areas of concern. Home visitors work with parents by providing information, role modeling, and coaching in each component.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development Parental Resilience
References[*]	Shipley-Benamou, R., Lutzker, J. R., & Taubman, M. (2002). Teaching daily living skills to children with autism through instructional video modeling. *Journal of Positive Behavior Interventions, 4,* 165-175, 188. Huynen, K. B., Lutzker, J. R., Bigelow, K. M., Touchette, P. E., & Campbell, R. V. (1996). Planned activities training for mothers of children with developmental disabilities: Community generalization and follow-up. *Behavior Modification, 20,* 406-427.
Research Population	Families with children 0-5 who have experienced or are at risk for child maltreatment
Implementation Cost	$2,000 - $2,500 per family to complete program
Availability of Materials, Purveyors, and Developer Support	Training, technical assistance, and ongoing support is available through Center for Healthy Development at Georgia State University.
Contact Information	John Lutzker, PhD, Executive Director Center for Healthy Development, Georgia State University jlutzker@gsu.edu

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Project SafeCare	
Qualification of Staff	Experience suggests at least a college education, but it has not been fully explored. The most important issues is that staff be trained to performance criteria.
Training/TA Information	A five-day onsite training is required to implement Project SafeCare Anna Edwards-Gaura Center for Healthy Development, Georgia State University P.O. Box 3995 Atlanta, GA 30302-3995 Phone: (404) 413-1130 Email: aedwards5@gsu.edu
Program Dosage Detail	The program is implemented through weekly home visits of approximately 1.5 hours each for approximately 18-20 weeks.
Participant Eligibility Requirements	Families at risk for child maltreatment with children aged 0–5.
Program Options/Flexibility	There is some flexibility in the duration of services. Families may be provided with additional sessions if necessary to complete the protocols.
Available Languages	English and Spanish
Developer-Recommended Evaluation Tools	Developer-recommended assessment and evaluation tools are required for program implementation.
Sources	California Evidence-based Clearinghouse for Child Welfare, as of July 2009, available at: www.cachildwelfareclearinghouse.org/

Reaching Educators, Children, and Parents (RECAP)

Developer	Bahr Weiss, PhD, and Tom Catron PhD
Date	1990s
Level of Evidence	Promising
Program Type/Setting	Skills-based program for children and parent education/support program delivered in a group setting
Brief Program Description	The Reaching Educators, Children, and Parents (RECAP) program behavioral skills-based training program is implemented over the course of the school year. There are two program options, one is for elementary school children (4th graders) and one is a prevention program for preschool children and their parents. The elementary school RECAP is a comprehensive program for children experiencing co-occurring behavioral disorders. The preschool program is a universal prevention approach. Both programs focus on promoting healthy social/emotional development. Both programs have components focusing on developing social skills, positive communication, and emotional regulation. The parent and teacher components of the program emphasize positive discipline and guidance techniques, appropriate expectations, and strengthening adult-child relations.
Face Validity with CBCAP Child Abuse Prevention Protective Factors	Child Social-Emotional Competence Knowledge of Parenting and Child and Youth Development Behavior and Discipline Parental Resilience
References	Han, S. S., Catron, T., Weiss, B., & Marciel, K. K. (2005). A teacher-consultation approach to social skills training for pre-kindergarten children: Treatment model and short-term outcome effects. *Journal of Abnormal Child Psychology,* I (6), 681-693. Weiss, B., Harris, V., Catron, T., & Han, S. S. (2003). Efficacy of the RECAP intervention program for children with concurrent internalizing and externalizing problems. *Journal of Consulting and Clinical Psychology, 71*(2), 364-374.
Research Population	African American (56%) and white (38%) 4th-grade children aged 8-9 and African American (89%) and white (6%) preschool children aged 3-5
Implementation Cost	Information Not Available

Reaching Educators, Children, and Parents (RECAP)

Availability of Materials, Purveyors, and Developer Support	Information Not Available
Contact Information	Dr. Susan Han Vanderbilt Institute for Public Policy Studies 1207 18th Avenue South Nashville, TN 37212 phone: 615-343-1671 E-mail: Susan.Han@vanderbilt.edu
Qualification of Staff	In previous implementations of the RECAP program, master's level clinicians (e.g., psychologists, social workers, and psychiatric nurses) have served as program consultants to teachers and the group leaders for the parent group. Half-time graduate student assistants helped with group and classroom sessions.
Training/TA Information	Program developers provided comprehensive training for consultants over two full-day sessions. Clinical personnel received 1.5 hours of group supervision per week, which focused on resolving clinical issues and maintaining treatment integrity. Additional individual supervision was provided as necessary.
Program Dosage Detail	Elementary school (4th grade) intervention includes one or two parent and classroom skill sessions weekly. The preschool prevention program is presented two to three times weekly and is reinforced daily by teachers using positive behavior supports in the classroom. Program consultants spend one day each week in the classroom for ongoing training and consultation with teachers and teaching assistants, and observation of teachers' program implementation. The parent-training component is implemented by the program consultant in a group format over 16 biweekly sessions at the school.
Participant Eligibility Requirements	Preschoolers and 4th-grade elementary school students and their parents
Program Options/Flexibility	Information Not Available
Available Languages	Information Not Available
Recommended Tools for Program Outcome Measurement	Information Not Available

Reaching Educators, Children, and Parents (RECAP)
Sources	Promising Practices Network, as of July 2009, available at: www.promisingpractices.net/

Creating Lasting Family Connections	
Developer	Council on Prevention and Education: Substances, Inc. (COPES)
Date	1980s
Level of Evidence	Promising
Program Type/Setting	Skills-based program for children and parent education and support delivered in a group setting
Brief Program Description	Creating Lasting Family Connections (CLFC) is a family-based program whose primary goal is to reduce substance abuse and violence in teens. The program is primarily implemented in faith-based organizations. The program's approach is intended to develop healthy parenting and family resilience, increase positive communication, and provide direct information of substance abuse. Community connections are improved by including congregation and community members and schools in outreach and implementation activities. The curriculum is implemented through parent and youth training sessions and an optional parent-youth combined component. Parent trainings focus on knowledge of substance abuse, family management and communication skills, and healthy community involvement. Youth trainings teach positive communication and refusal skills and encourage family cohesion. CLFC also provides early intervention and case management services for six months following training completion to encourage integration of skills.
Face Validity with CBCAP Protective Factors	Child Social-emotional Competence Parental Resilience Social Connections
References[*]	Johnson, K., Bryant, D.D., Collins, D.A., Noe, T.D., Strader, T.N., Berbaum, M. (1998). Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work*, *43*, 297-308. Johnson, K., Strader, T.N., Berbaum, M., Bryant, D.D., Bucholtz, G., Collins, D.A., Noe, T.D. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: an evaluation of the creating lasting connections program. *Journal of Adolescent Research 11*, (1), 36-67.
Research Populations	High-risk teenagers age 12–14 and their parents; White and African American
Implementation Cost	Curriculum package cost is regularly $1,125, which includes materials for 25 families. Implementation cost is estimated at $250–$500 per family.

[*] Not exhaustive; studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Creating Lasting Family Connections	
Availability of Materials, Purveyors, and Developer Support	COPES provides a full complement of training and technical assistance, including consultation for adaptation and support for evaluation.
Contact Information	COPES, Inc. 845 Barret Avenue Louisville, KY 40204 Phone: 502-583-6820 E-mail: tstrader@sprynet.com
Qualification of Staff	None noted
Training/Technical Assistance Information	The standard five-day Implementation Training is offered periodically at the COPES National Office in Louisville, KY, and in various regional locations around the country for $750 per person, plus travel costs. Agencies can purchase on-site CLFC Implementation Training for up to 18 participants at their locality for $7,500 plus travel and per diem. Technical assistance with CLFC implementation and evaluation is also available. Fees for COPES certified trainers/consultants range from $400 a day (plus travel and per diem) for an associate trainer/consultant to $1,500 per day (plus travel and per diem) for the program developer. COPES also provides consultation, including grant-writing assistance, and a master training program.
Program Dosage Detail	The Creating Lasting Family Connections program consists of six modules, three each for parents and youth. The parent modules are "Developing Positive Parental Influences," "Raising Resilient Youth," and "Getting Real." The youth modules are "Developing a Positive Response," "Developing Independence and Responsibility," and "Getting Real." Each parent module includes five to six sessions, with each session lasting 1-1/2 to 2-1/2 hours, depending on breaks and possibly including a meal. Each youth module includes five to six sessions, with each session lasting 1 to 2-1/2 hours, again depending on snacks, breaks, and/or a meal. An optional combined module for parents and youths, "Getting Real," usually requires an additional two or three sessions. For maximum effectiveness, parents and youth are involved simultaneously in separate three-module tracks lasting for 15 to 18 sessions.
Participant Eligibility Requirements	Families with children aged 9–17
Program Options/Flexibility	COPES provides thorough technical assistance to adapt the program for partial implementation or alternative settings such as schools or treatment centers.

Creating Lasting Family Connections	
Available Languages	English
Developer-Recommended Evaluation Tools	Developer-recommended evaluation tools are available for program implementation. The evaluation package is $300.
Sources	Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, as of July 2009, available at: http://ojjdp.ncjrs.org/programs/mpg.html Promising Practices Network, as of July 2009, available at: www.promisingpractices.net COPES web site, as of July 2009, available at: www.COPES.org

Syracuse Family Development Research Program[+]	
Developer	J. Ronald Lally
Date	1969 - 1976
Level of Evidence	Promising
Program Type/Setting	Skills-based program for children and parent education/support program delivered through center-based education and home visitation
Brief Program Description	The Syracuse Family Development Research Program (FDRP) was a comprehensive early childhood program developed within the context of research. The program provided quality child care daily along with weekly home visits aimed at promoting healthy child development, impacting the long-term outcomes of academic success, and reducing criminal activity. The program was implemented in Syracuse, New York, between 1969 and 1976. In addition to the daily early childhood program, extensive human service resources were provided to at-risk families from pregnancy through kindergarten entry based on need. The paraprofessional home visitors also focused on increasing positive parent-child interaction and family functioning.
Face Validity with CBCAP Protective Factors	Knowledge of Child Development Child Social-Emotional Competence Concrete Supports Parental Resilience
References[*]	Lally, J. R., Mangione, P. L., Honig, A. S., & Wittner, D. S. (1988). More pride, less delinquency: Findings from the 10-year follow-up study of the Syracuse University family development research program. *Zero to Three, 8*(4),13–18. Lally, J. R., Mangione, P. L., & Honig, A. S. (1988). The Syracuse University family development research program: Long-range impact on an early intervention with low-income children and their families. In D. R. Powell & I. E. Sigel (Eds.), *Annual advances in applied developmental psychology, Vol. 3* (pp. 79-104). Norwood, NJ: Ablex Publishing Corp.
Research Population	Research population included young, African-American, single-parent, low-income families Mothers were in the last trimester of their first or second pregnancy when enrolled.

[+] No longer in operation; use research to support existing programs or new program development.

[*] Not exhaustive. - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Syracuse Family Development Research Program[+]

Implementation Costs	Washington Institute for Public Policy in 1998 estimated the cost of the program per participant was $18,037. In that analysis the program's savings to government did not outweigh or break even with the program's costs.
Availability of Materials, Purveyors, and Developer Support	N/A. The program is no longer in operation.
Contact Information	Dr. Alice Sterling Honig Syracuse Family Development Research Program 201 Slocum Hall Syracuse University Syracuse, NY 13244 Phone: 315-443-4296 E-mail: ahonig@mailbox.syr.edu
Qualification of Staff	A two-week intensive training session was provided annually for all staff, including caregivers, child development trainers, researchers, testers, secretarial staff, the cook, bus drivers, and driver aides. Weekly staff meetings were held to discuss the progress, problems, and strengths of a particular child. In addition, daily learning sessions for staff were scheduled during children's naptime. Weekly case conferences were held among caregivers, child development trainers, and supervisory staff to report on and discuss work with participating families.
Training/TA Information	N/A. The program is no longer in operation.
Program Dosage Detail	Weekly home visits were focused on training parents on positive parent-child interaction, as well as resource, referral, and support for family needs. Toys and books were also shared with families. Home visitors carried a caseload of 15 families. The daily activities at the Children's Center focused on providing quality child care and promoting experiences and skills for healthy development for each child on an individualized basis. Particular focus on engaging parent interaction with the child care center was also applied.
Participant Eligibility Requirements	African-American, single-parent, economically disadvantaged families beginning before birth of the baby and lasting through the preschool years.

Syracuse Family Development Research Program[+]	
Lessons Learned	The evaluation results included a reduction in juvenile delinquency and improved school functioning. Children reported more positive self-ratings, higher educational goals, and increased self-efficacy. Benefits to parents included greater encouragement of their children's success and increased family unity.
Sources	Promising Practices Network, http://www.promisingpractices.net/program.asp?programid=133

Who Do You Tell?[+]	
Developer	Calgary Sexual Assault Centre
Date	1983
Level of Evidence	Emerging/Evidence-Informed
Program Type/Setting	Skills-based program for children Center-based: whole school or early childhood education center
Brief Program Description	The "Who Do You Tell?" Child Sexual Abuse Education Program provides elementary school children information on recognizing and protecting themselves from sexual abuse. Topics include distinguishing inappropriate and appropriate types of touching, communicating inappropriate situations to adults, and how to say "no." Instruction is provided through discussions, visuals, videos, and role-playing. The content varies based on age of children. The role-playing focuses on developing and practicing skills. Following completion of the program, children may meet individually with instructors to discuss content or issues the program may have raised.
Face Validity with CBCAP Protective Factors	Knowledge of parenting and child and youth development
References[*]	Tutty, L. M. (1997). Child sexual abuse prevention programs: Evaluating Who Do You Tell? *Child Abuse and Neglect,* (*21*), 9, 869-881.
Research Population	Children in grades 1 through 6. Participants were 88 percent white. Approximately half came from two-parent families.
Availability of Materials, Purveyors, and Developer Support	None Available
Contact Information	"Who Do You Tell?" Calgary Communities Against Sexual Abuse YWCA Mary Dover Building, 7th Floor 320 Fifth Avenue SE Calgary, Alberta T2G 0E5 Phone: 403-237-6905 E-mail: info@calgarycasa.com, www.calgarycasa.com

[+] Resource only; materials not available for replication. Use research to support existing programs or new program development

[*] Not exhaustive; - studies referenced have strong evidence related to identified child abuse and neglect prevention protective factors

Who Do You Tell?[+]	
Qualification of Staff	Currently, only Calgary Communities Against Sexual Assault Staff are trained to deliver the program.
Training/TA Information	There is currently no training or TA available for implementing this program.
Program Dosage Detail	Facilitators present the program to groups of 15 to 30 elementary school children in their regular school classrooms during school hours. The program is conducted in two 45-minute sessions on consecutive days. In addition, parents are invited to attend an informational session that addresses program content and offers advice on how to speak with children about the covered topics.
Participant Eligibility Requirements	The program is designed for use with elementary school-aged children. There are three versions of the program. • One for grades K-2 • One for grades 3 and 4 • One for grades 5 and 6 Each version includes age-appropriate content and materials.
Sources	Promising Practices Network, as of August 10, 2009, available at: http://www.promisingpractices.net/

1-2-3 Magic: Effective Discipline for Children

Developer	Thomas W. Phelan, PhD
Date	1996
Level of Evidence	Emerging/Evidence-Informed
Program Type/Setting	Parent education/support program delivered in a group setting or in a one-on-one coaching environment
Brief Program Description	The 1-2-3 Magic curriculum focuses on developing positive discipline strategies for parents of children approximately 2-12 years of age. The program is appropriate for universal application and for parents of special needs children. 1-2-3 Magic describes parenting activities in three general categories: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to improve discipline and guidance skills in parents and reduce arguing, yelling, or spanking.
Face Validity with CBCAP Protective Factors	Knowledge of Parenting and Child and Youth Development: Behavior Management and Discipline Child Development
References	Bradley, S. J., Jadda, D.A., Brody, J., Landy, S., Tallett, S.E., Watson, W., Shea B., Stephens, D. (2003). "Brief psychoeducational parenting program: An evaluation and 1-year follow-up." *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(10), 1171-1178.
Research Population	A predominantly white group of volunteer Canadian families with children aged 3-4 years.
Implementation Cost	Leader Guides range from $139 - $495. Participant booklets are $50. Approximate costs for implementation of group-based parent education curricula range from $600 - $1000.
Availability of Materials, Purveyors, and Developer Support	Materials are available for purchase. Developer is available for technical assistance and ongoing support via telephone or email at a cost of $150 per hour.
Contact Information	Thomas W. Phelan, PhD Parent Magic, Inc. Phone: 630-790-9600 E-mail: pmi@pmi.cnchost.com Web site: http://www.parentmagic.com
Qualification of Staff	Mental health professionals or teachers

1-2-3 Magic: Effective Discipline for Children

Training/TA Information	A manual describing how to implement this program is available. A one-day certified 1-2-3 Magic trainer program is offered twice a year in Chicago. The cost is approximately $500. The one-day certified training program can also be conducted at another site for $4,000 plus travel. Training contact: Nancy Roe at 630-469-0484.
Program Dosage Detail	Eight 1.5 hour sessions delivered in one or two sessions a week for four to eight weeks
Participant Eligibility Requirements	Parents of children aged 2 -12
Program Options/Flexibility	Self-directed book and DVD set for parents
Available Languages	English, Spanish
Developer Recommended Evaluation Tools	Pre/post test is provided with the program. Please visit the FRIENDS web site for a compendium of valid and reliable tools related to identified protective factors
Sources	• California Evidence-based Clearinghouse for Child Welfare, as of July 2009, available at: http://www.cachildwelfareclearinghouse.org/ • Parent Magic web site, as of July 2009, available at: http://www.cachildwelfareclearinghouse.org/program/2/detailed

Matrix Appendix A:

Characteristics of Well-Supported, Supported, Promising and Emerging/Evidence Informed Programs

Emerging Programs and Practices

Programmatic Characteristics
- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This may be represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Research & Evaluation Characteristics
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices may have been evaluated using less rigorous evaluation designs that have no comparison group. This includes using "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an "untreated" group. OR - an evaluation may be in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. For additional information on evaluation and developing logic models, visit the FRIENDS Evaluation Toolkit and Logic Model Builder at: http://www.friendsnrc.org/outcome/toolkit/index.htm

Promising Programs and Practices

Programmatic Characteristics
- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

Research & Evaluation Characteristics
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Supported Programs and Practices*

Programmatic Characteristics
- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Research & Evaluation Characteristics
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
  - At least two rigorous randomized controlled trials (RCTs) (or other comparable methodology) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
                                        OR
  - At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Well Supported Programs and Practices*

Programmatic Characteristics
- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Research & Evaluation Characteristics
- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology **in different usual care or practice settings** have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.*

Programs and Practices Lacking Support or Positive Outcomes/ Undetermined/ Concerning/Harmful Effects

Programmatic Characteristics
- The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.
- The program does not have a book, manual, other available writings, training materials that describe the components of the program.

Research & Evaluation Characteristics
- Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, or has had harmful effects when compared to usual care.

<div align="center">OR</div>

- If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

<div align="center">OR</div>

- No evaluation has been conducted. The program may or may not have plans to implement an evaluation.