Compendium *of* Practices









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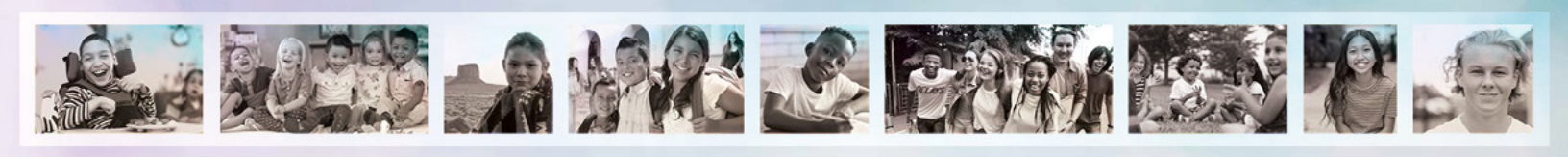
Enhancing Community Responses to the Opioid/America's Addiction Crisis

Serving Our Youngest Crime Victims



Enhancing Community Responses to the Opioid/America's Addiction Crisis

Serving Our Youngest Crime Victims

Compendium of Practices

The Compendium of Practices (the compendium) primarily compiles a list of programs and practices that have been implemented by the Fiscal Year 2018-to-present Office for Victims of Crime (OVC) ***Enhancing Community Responses to the Opioid/America's Addiction Crisis: Serving Our Youngest Crime Victims*** grantees. Their purpose is to address the gap in victim services related to the opioid/America's addiction crisis, expand upon the existing programs or establish new programs for children and youth victimized as a result of the opioid crisis, and support service providers in expanding their scope and expertise in these areas to ensure support and healing for children who are victims of crime and substance misuse.

Objective one under the grant requires the delivery of direct services that are trauma informed and responsive to the needs of these children and youth. To that end, this compendium has been created as a starting point for researching and acquiring more implementation information about programs that grantees have used to serve children who are victims of crime and substance misuse. The grants also seek to provide trauma-informed services that are culturally informed. Some known culturally adapted or culture-specific practices have been included that could be implemented to serve the population of children and families impacted by the opioid epidemic and broader substance use.

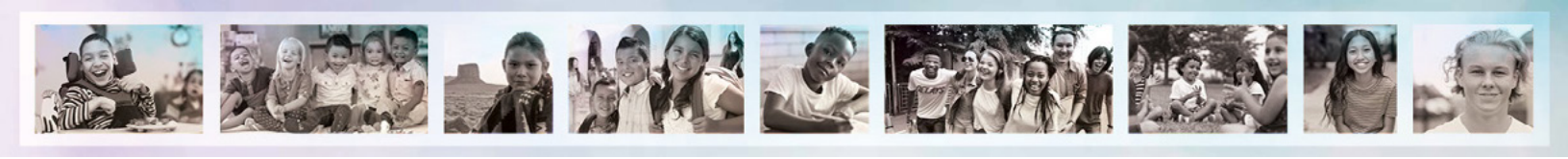
What this compendium is:

- A listing of programs used by the grantees, who were tasked with fulfilling the purpose of delivering direct, trauma-informed services for children impacted by crime and substance misuse
- Information regarding the general program description, target populations, and contacts for more information
- General information and categorization of the programs, based upon broad definitions of their general efficacy, which is based upon the available research
- A starting point for those wanting more information about programming to assist these children and youth
- An abbreviated list of practices that are culturally informed or designed for specific cultural groups to address the impact of opioids and of broader substance use or misuse that affects children and families who have experienced trauma

What this compendium is NOT:

- A final determination of the efficacy of a program
- A guarantee that the programming will meet the criteria and standards for approval of any grant or funder requesting that services be "evidence based"
- A full list of programming that serves children and youth impacted by crime and substance misuse
- A full list of culturally informed, trauma-based services for children and families affected by trauma and substance misuse

The compendium is based upon simplified criteria to organize programs and practices implemented by grantees, not an evidence-based practice (EBP) guide. An EBP is generally defined as the use of research and scientific study to determine the efficacy of a program or intervention. The degree to which the scientific study is rigorous, the program or intervention's degree of efficacy, and other discipline-specific standards of best practices make it difficult to unilaterally determine if a program or intervention is an EBP. This compendium was created using an adaptation of the Centers for Disease Control and Prevention's guide, Understanding Evidence. Part 1: Best Available Research Evidence.



For purposes of this compendium, three categories exist to help understand the efficacy of the interventions and programs, including:

1. **Supported by Evidence.** Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants' improvements on one or more learning objectives, using an experimental or quasi-experimental design (i.e., with a comparison group). These evaluation data must have been published in at least one peer-reviewed publication.
2. **Promising Direction.** Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants' improvements on one or more learning objectives using a non-experimental design (i.e., no comparison group). These type of evaluation data may be self-published by the authors or published in a peer-reviewed publication.
3. **Emerging.** There is an expected effect of this program because it is based on sound theory and previous research. This might mean that evidence exists that participants and administrators are satisfied, but no evidence that learning objectives were achieved.

To determine the category of a program or intervention, information was collected by JBS Technical Experts. Information includes target population; available published and unpublished research; model implementation information; and whether this practice has been reviewed by other evidence-based clearinghouses, guides, or databases. Visit the Selecting Evidence-Based Practices site developed by the U.S. Department of Health and Human Services' Administration for Children and Families for examples of references used. JBS Technical Experts then independently determine the following:

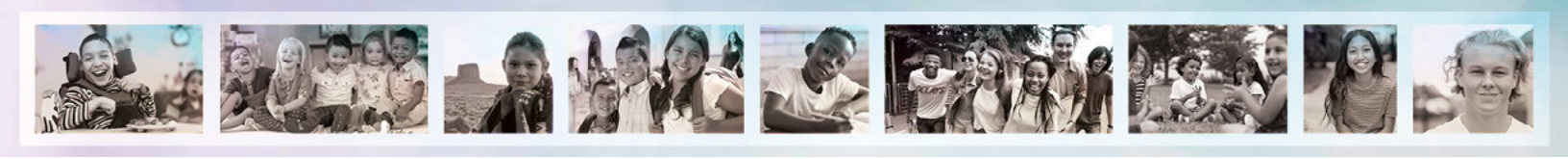
- Does any evidence exist that grantees used sound theory or research from another practice to design the program?
- Does the program have a non-experimental design study that is published or self-published?
- Has the practice been published in a peer-reviewed publication? Does the practice have an experimental or quasi-experimental design?

Upon answering these questions and reviewing the available research, JBS Technical Experts categorized the practices and programs utilizing the process displayed in the diagram on page 3.

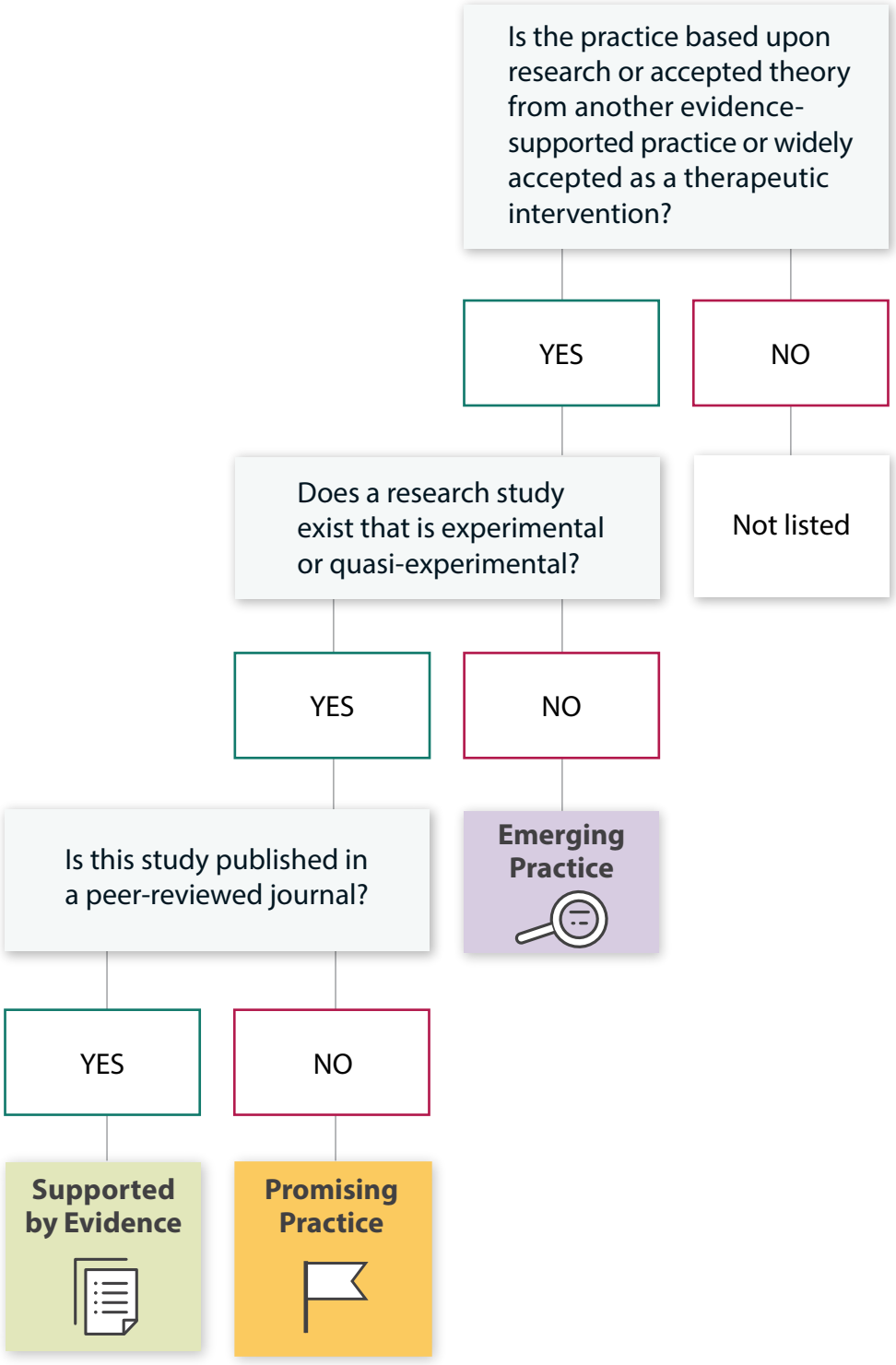
Users of the compendium are encouraged to do further research on these practices and programs. Implementation of a practice or program is more complex than a simple classification. Considerations for the target populations, capacity of the entity implementing the practice, degree of fidelity to intended implementation approach, compatibility with the community and population served, cultural responsiveness, financial considerations, and risk are among many factors to be considered when choosing a practice for implementation. The California Evidence-Based Clearinghouse (CEBC) or other established clearhinghouses provide additional information.

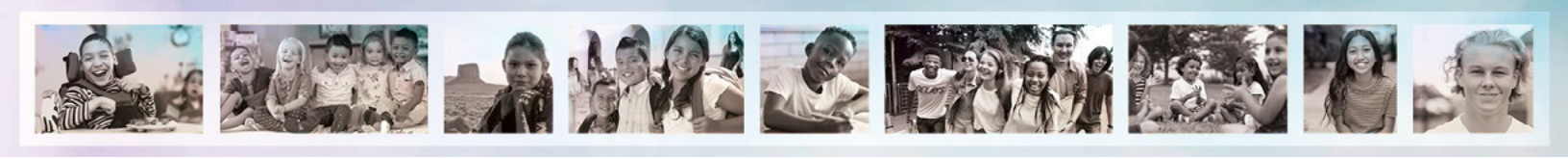
We hope that the compendium provides an informative and efficient way of beginning the examination of the practices being used successfully to serve children and youth impacted by crime resulting from the opioid/America's addiction crisis. Implementing programming serving these vulnerable children and families is important work. It requires a collaborative effort by the service providers and community stakeholders to ensure appropriate infrastructure and implementation to fidelity.

Additional information and technical assistance are available by contacting your JBS Lead Coach or emailing ovc-tta@jbsinternational.com.



Process for Evaluating and Choosing Practices





Building Assets, Reducing Risks (BARR)

Building Assets, Reducing Risks (BARR) is a comprehensive, strength-based approach to improving secondary school experiences and outcomes. It uses eight interlocking strategies to build intentional staff-to-staff, staff-to-student, and student-to-student relationships in middle and high schools and has a comprehensive approach to meeting the academic, social, and emotional needs of all students. Schools within the BARR Network harness the power of data and relationships to empower all students to thrive within and outside the classroom. Designed by an educator, the BARR model is rooted in the belief that growth is possible and within reach for every school, with the same students and the same teachers.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Students in grades K-12, plus teachers, counselors, administrators and other supporting staff

CONTACT:
Jennifer Remick
Director of Prevention
Hazelden Betty Ford Foundation
Email: jremick@hazeldenbettyford.org

WEBSITE: Building Assets, Reducing Risks

Building Resilience in Kids (BRIK)

BRIK is a psychoeducational, group-based curriculum designed for children of families affected by substance use disorder (SUD), mental illness, and/or domestic violence. The curriculum has nine core sessions, with the goals of improving self-esteem, self-protection, and vocabulary of emotions, and of promoting a child's resiliency.

Emerging ***Direct Service***

TARGET POPULATION: Children ages 3-12 who have been impacted by SUD, mental health disorders, or domestic violence

CONTACT:
Georgia Sassen, PhD
Executive Director
Building Resilience in Kids
Phone: (978) 456-3545
Email: info@brikontheweb.org

WEBSITE: Building Resilience in Kids

Chicago Parenting Program

Chicago Parent Program was designed in collaboration with an advisory board of African American and Latino parents raising children ages 2-5 in low income neighborhoods in Chicago. It is a 12 session, 2 hour group that is designed to be culturally and contextually relevant. The program focuses on reducing the frequency and intensity of child behavior problems through improved parent-child relationships, reducing harsh or inconsistent discipline, increasing parent confidence and competence, and building a parent support network. The group uses vignettes, role play, handouts, and weekly assignments for practice. This program has manualized training, implementation support and fidelity measures.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Parents of children ages 2-5 that meets the needs of culturally and economically diverse populations

CONTACT:
Deborah Gross, DNSc, RN
Johns Hopkins University School of Nursing
Phone: (410) 614-5311
Email: debgross@jhu.edu

WEBSITE: Chicago Parenting Program

Child and Family Traumatic Stress Intervention (CFTSI)

CFTSI is a brief early intervention and secondary prevention model for children ages 7–18 who have experienced a potentially traumatic event.

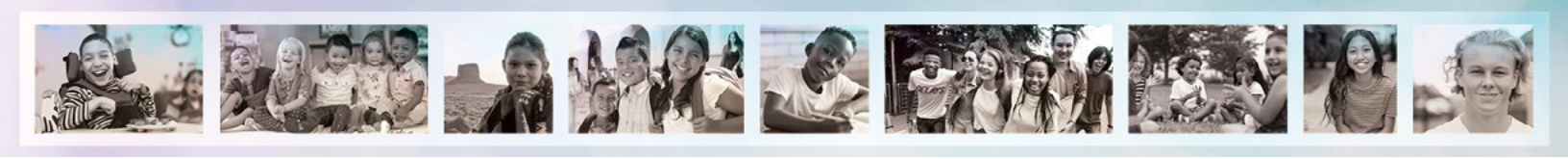
Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 7-18 who have been exposed to a traumatic event

CONTACTS:
Hilary Hahn, MPH
Project Director
Yale Childhood Violent Trauma Center
Phone: (203) 737-6304
Email: hilary.hahn@yale.edu

Carrie Epstein, MSW
Director of Training
Yale Childhood Violent Trauma Center
Email: carrie.epstein@yale.edu

WEBSITE: Child and Family Traumatic Stress Intervention



Child-Parent Psychotherapy (CPP)

CPP is a treatment for children ages 0–5 exposed to trauma. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver–child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver–child relationship as a vehicle for restoring and protecting the child's mental health.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 0-5 who have experienced trauma, therapy is with their caregivers

CONTACT:
Chandra Ghosh Ippen, PhD
Co-Associate Director/Director of CPP Dissemination
Child Trauma Research Program
University of California, San Francisco
Phone: (415) 206-5312
Email: chandra.ghosh@ucsf.edu

WEBSITE: Child-Parent Psychotherapy

Circle of Parents

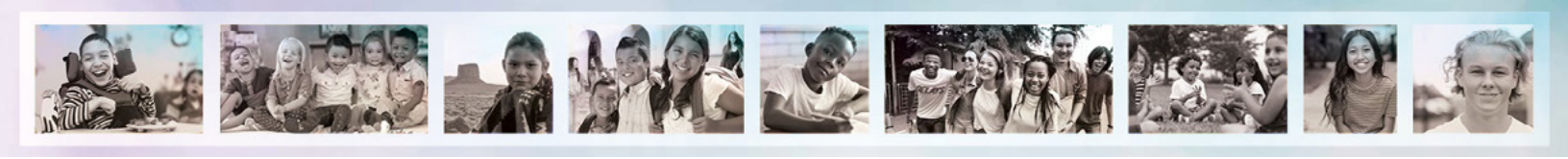
Circle of Parents is a national network of statewide nonprofit organizations and parent leaders who are dedicated to using the mutual self-help support group model to prevent child abuse and neglect and to strengthen families. It offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Participants may include biological parents, adoptive parents, foster parents, grandparents, kinship caregivers, and others.

Emerging ***Direct Service***

TARGET POPULATION: Caregivers of children ages 0-12

CONTACT:
Julie Rivnak-McAdam
Administrative Coordinator
Circle of Parents
Phone: (804) 308-0841
Email: circleofparentsac@gmail.com

WEBSITE: Circle of Parents



Circle of Security International (COSI)

COSI offers parents and caregivers direction and clarity in understanding trauma and healing. Parents are the most essential part of helping children overcome trauma and develop alternative pathways to healing. The COS model is an effective, research-based program that has been implemented throughout the world with children and parents experiencing attachment difficulties.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Caregivers of children ages 0-5

CONTACT:
Bert Powell, MA
Co-Originator
Circle of Security International
Phone: (509) 455-7654 x27
Email: b-spowell@mindspring.com

WEBSITE: Circle of Security International

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

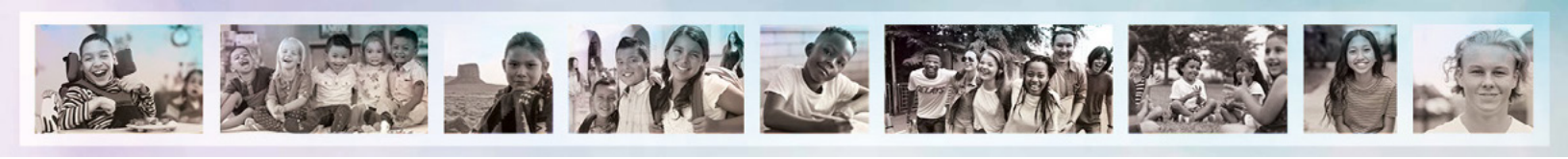
CBITS is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder, depression, and behavioral problems among students exposed to traumatic life events, such as exposure to community and school violence, accidents, physical abuse, and domestic violence. It is for students who have experienced a traumatic event and have current distress related to that event. The goals of the intervention are to reduce symptoms and behavior problems, improve functioning, increase peer and parent support, and enhance coping skills.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 8-15 who have experienced trauma

CONTACT:
Lisa Jaycox, PhD
Director, RAND-Initiated Research
RAND Corporation
Phone: (703) 413-1100 x5118
Email: jaycox@rand.org

WEBSITE: Cognitive Behavioral Intervention for Trauma in Schools



Early Pathways for Young Traumatized Children

Early Pathways for Young Traumatized Children is a weekly, in-home therapy for children ages 1-5 with their caregivers who are living in poverty. This expanded modality includes culturally adapted strategies and trauma-informed care. Five core elements are taught with an adaptation in limit-setting strategies that reflects trauma-informed care. This modality has three steps: clinicians meet with parents to discuss the rationale for treatment and model techniques in the home setting, having parent practice the strategies in the home and office setting, and clinicians providing feedback. The program takes about 16 weeks to complete depending on the needs of the child and family.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Parents and children ages 1-5 years old. Children who exhibit behavioral and emotional problems, have experienced trauma, and live in poverty.

CONTACT:
Robert Fox, Ph.D.
Department of Counselor Education & Counseling Psychology
Marquette University, College of Education
Phone: (262) 894-7888
Email: robert.fox@marqhette.edu

WEBSITE: Early Pathways for Young Traumatized Children

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR therapy is an eight-phase psychotherapy treatment that was originally designed to alleviate the symptoms of trauma. During the EMDR trauma-processing phases, which are guided by standardized procedures, the client attends to emotionally disturbing material in brief, sequential doses that include the client's beliefs, emotions, and body sensations associated with the traumatic event while focusing on an external stimulus. Therapist-directed bilateral eye movements are the most commonly used external stimulus, but a variety of other stimuli, including hand-tapping and audio bilateral stimulation, are often used.

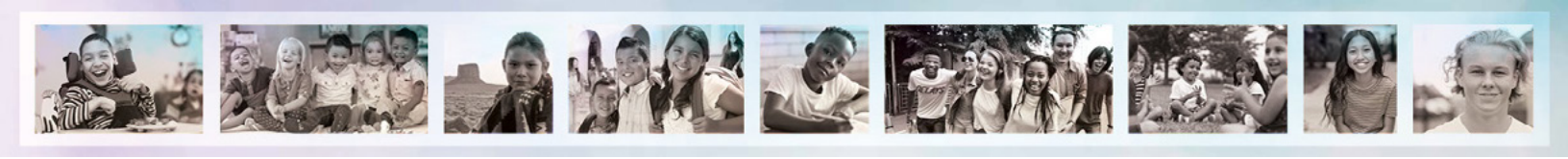
Supported by Evidence ***Direct Service***

TARGET POPULATION: Adults and children ages 2-17 who have experienced trauma

CONTACTS:
Robbie Dunton
Commercial Trainings Contact
EMDR Institute
Phone: (831) 761-1040

Bob Gelbach
Executive Director of EMDR HAP (for Nonprofit Trainings)
Phone: (203) 288-4450

WEBSITE: Eye Movement Desensitization and Reprocessing



Family Circle (Talking Circle or Healing Circle)

Family Circle may also be called Talking Circle or Healing Circle. All are a way of bringing all ages of people together for teaching, learning and listening. Family Circle teaches how to run a proper talking, healing and sharing circle. Talking circles are used when people need to express their feelings or discuss a topic that has no right or wrong answer. The Talking Circle is a means of bringing healing to the mind, body and spirit.

Supported by Evidence ***Direct Service***

TARGET POPULATION: American Indian/Alaska Native children and families

https://healingcirclesglobal.org
Family Circle

Family Spirit

Family Spirit addresses intergenerational behavioral health problems while using cultural assets. It is a home visiting program designed by and for American Indian families. Family Spirit is delivered by community-based paraprofessionals to support young parents from pregnancy to 3 years postnatal. The program uses behaviorally-focused interventions that focus on effective, competent parenting, coping and problem solving. It also promotes positive parent-child relationships, avoiding drug use, and attainment of life and coping skills to overcome personal and environmental stressors.

Supported by Evidence ***Direct Service***

TARGET POPULATION: American Indian parents, especially young parents, with children up to 3 years old

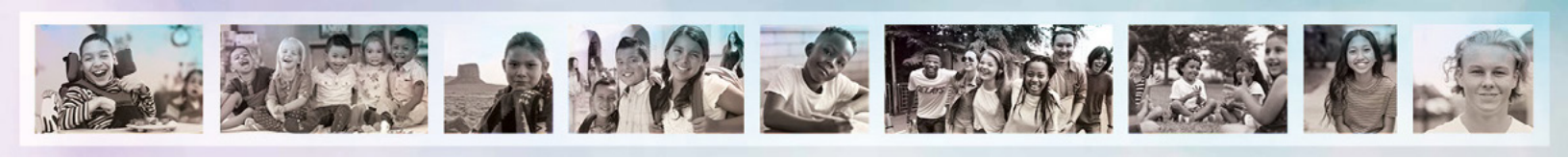
CONTACT:
Nicole Neault
Johns Hopkins Center for American Indian Health
Email: familyspirit@jhu.edu

WEBSITE: Family Spirit

Fostering Healthy Futures (FHF)

FHF is a mentoring and skills group program for maltreated preadolescents in out-of-home care. Children attend skills groups that meet for 1.5 hours each week for 30 weeks. Children are paired with graduate student mentors and receive 30 weeks of one-to-one mentoring (2–4 hours per week).

Supported by Evidence ***Direct Service***



TARGET POPULATION: Children ages 9-11 in out of home placement

CONTACT:
Robyn Werthheimer
University of Denver
Email: robyn.wertheimer@du.edu

WEBSITE: Fostering Healthy Futures

Functional Family Therapy (FFT)

FFT is a family intervention program for youth presenting with disruptive behavioral or emotional problems. FFT has been applied to a wide range of youth and their families in various multiethnic and multicultural contexts. Target populations range from at-risk preadolescents to youth with moderate-to-severe problems, such as conduct disorder, violent acting out, and substance use. Although FFT targets youth ages 11–18, younger siblings of referred adolescents often become part of the intervention process. Intervention ranges, on average, from 12 to 14 1-hour sessions.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 11-18 and siblings that are exhibiting conduct issues

CONTACT:
Holly DeMaranville
FFT Communications Director
Functional Family Therapy
Phone: (206) 369-5894
Email: holly@fftllc.com

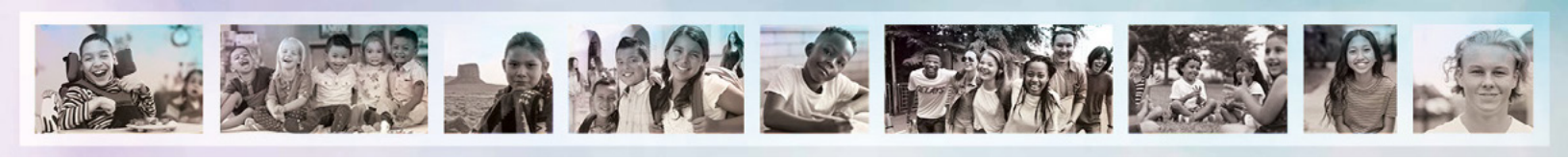
WEBSITE: Functional Family Therapy

Handle With Care (HWC)

HWC programs promote (1) safe and supportive homes, schools, and communities that protect children and help traumatized children heal and thrive and (2) school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school, or community receive appropriate interventions to help them achieve academically at their highest levels, despite whatever traumatic circumstances they may have endured. The ultimate goal of HWC is to help students succeed in school. ***Note: This program is a separate program from the Handle With Care Behavior Management System that addresses training on techniques and strategies for dealing with a behaviorally challenged population.***

Emerging ***Community Response***

TARGET POPULATION: School-aged children



CONTACT:
Andrea Darr
Director
West Virginia Center for Children's Justice
Phone: (304) 766-5898
Email: andrea.l.darr@wvsp.gov

WEBSITE: Handle with Care

Healing of the Canoe

Healing of the Canoe was created in collaboration with Suquamish Tribe, Port Gamble S'Klallam, and the University of Washington Alcohol and Drug Institute. It strives to connect youth to tribal traditions, values and culture in order to effectively address and prevent substance use. Two curricula exist to present the culture of the two tribes involved in the creation of the Healing of the Canoe. A generic template has been created that removes all tribe specific information with placeholders intended to be used to meet the needs of the community where the program is delivered. The curriculum is designed to prevent substance use and suicide but can be used in conjunction with mental health and substance use disorder treatment.

Supported by Evidence *Direct Service*

TARGET POPULATION: American Indian/Alaska Native youth

CONTACT:
Suquamish Tribe, Port Gamble S'Klallam Tribe, and University of Washington Alcohol and Drug Abuse Institute
Email: info@healingofthecanoe.org

WEBSITE: Healing of the Canoe

Medication-Assisted Treatment (MAT)

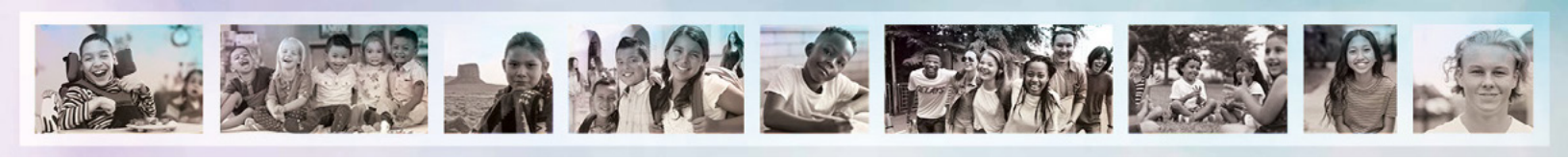
MAT is an effective response to opioid and alcohol use disorders. As described by the Substance Abuse and Mental Health Services Administration (SAMHSA), it is the use of medications and behavioral therapies to provide a whole-patient approach to the treatment of SUDs. Individuals receiving MAT often demonstrate dramatic improvement in addiction-related behaviors and psychosocial functioning.

Supported by Evidence *Direct Service*

TARGET POPULATION: Adults with opioid use disorder and alcohol use disorder

CONTACT:
SAMHSA Division of Pharmacologic Therapies
Phone: (240) 276-2700
Email: DPT@samhsa.hhs.gov

WEBSITE: Medication-Assisted Treatment



Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

MATCH-ADTC is a coordinated, component-based approach that uses theory, performance feedback, and clinical reasoning to guide real-time adaptation of treatment to address the complex needs of clinically referred youth who have comorbid conditions and whose problems and treatment needs can shift during treatment. MATCH-ADTC emphasizes building youths' skills and capacities, with the goal of improving their abilities to manage symptoms and enhance functioning.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 6-15 with singular disorders

CONTACT:
Tiffany Franceschetti
Project Coordinator
Child Health and Development Institute of Connecticut, Inc.
Phone: (860) 679-8064
Email: tfranceschetti@uchc.edu

WEBSITE: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

Motivational Interviewing (MI)

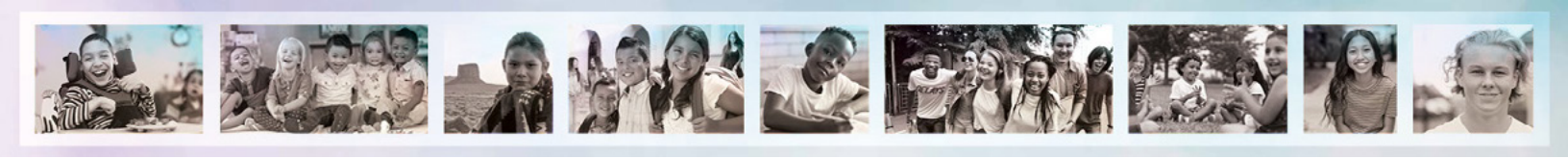
MI is a client-centered, directive method to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself or with other treatments. It has been used in pretreatment work to engage and motivate clients for other treatment modalities.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Adults with SUD and caregivers of children in child welfare

CONTACT:
Melinda Hohman, PhD
School of Social Work
San Diego State University
Phone: (619) 594-6247
Email: mhohman@mail.sdsu.edu

WEBSITE: Motivational Interviewing



Multisystemic Therapy (MST)

MST is an intensive family and community-based treatment for juveniles who have committed serious offenses and who have possible SUD issues, as well as for family members who have SUD. The primary goals of MST are to decrease youth criminal behavior and out-of-home placements. Critical features of MST include (1) integration of empirically based treatment approaches to addressing a comprehensive range of risk factors across family, peer, school, and community contexts; (2) promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers; and (3) rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 12-17 with possible SUD and at risk of out-of-home placement and delinquency behaviors

CONTACT:
Melanie Duncan, PhD
Program Development Coordinator
MST Services
Phone: (843) 284-2221
Email: melanie.duncan@mstservices.com

WEBSITE: Multisystemic Therapy

My Life My Choice

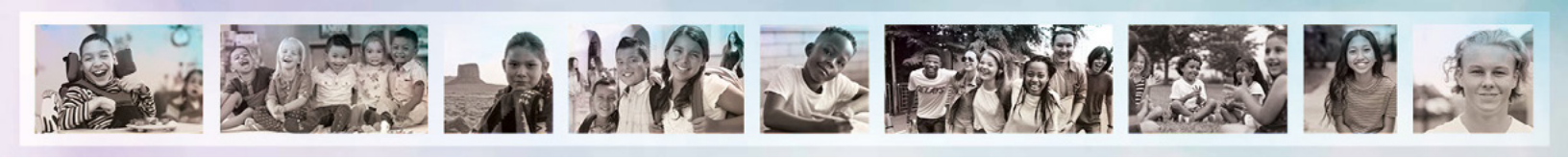
The first comprehensive exploitation prevention curriculum in the nation, this nationally acclaimed and rigorously evaluated ten-session exploitation prevention curriculum equips disproportionately vulnerable girls with the tools and knowledge needed to protect themselves from exploiters. While the curriculum can be used as primary prevention, it is primarily a secondary and tertiary level of prevention, designed to reach the most vulnerable girls; those who are disproportionately at risk for victimization and those who are involved with the child welfare system.

Emerging ***Direct Service***

TARGET POPULATION: Girls ages 12-18 vulnerable to victimization and/or in child welfare

CONTACT:
My Life My Choice
Phone: (617) 396-7807
Email: mlmcinfo@jri.org

WEBSITE: My Life My Choice



National Alliance for Drug Endangered Children (National DEC)

The National DEC approach follows a multidisciplinary strategy to change the trajectory of a drug-endangered child's life through a common vision, collaboration among disciplines, and ongoing change in practices and policies, all of which increase the likelihood of better outcomes for DEC.

Emerging ***Community Response***

TARGET POPULATION: Professionals and community members who desire to form community-based partnerships across disciplines to provide better outcomes for drug endangered children

CONTACT:
Eric Nation
Director of Training and Development
National Alliance for DEC
Phone: (641) 521-7220
Email: enation@nationaldec.org

Stacee Read, MSW
Director of DEC Network Development
National Alliance for DEC
Phone: (720) 281-5939
Email: sread@nationaldec.org

WEBSITE: National Alliance for Drug Endangered Children

Nurturing Parenting Programs (NPP)

NPP is a family-centered, trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. The long-term goals are to prevent recidivism in families receiving social services, lower the rate of multiparent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.

Promising ***Direct Service***

TARGET POPULATION: Parents of children ages 0-11

CONTACTS:
Programs for parents of infants, toddlers, and preschoolers:
Robert Schramm
Family Development Resources, Inc.
Phone: (800) 688-5822
Email: fdr@nurturingparenting.com

Programs for parents of school-age children:
Bernie Kopecky
Family Development Resources, Inc.
Phone: (262) 652-6501
Email: fdr@nurturingparenting.com

Sonya Thorn, LCSW
Family Nurturing Center of Texas
Phone: (512) 587-0087
Email: sonyam.thorn@gmail.com

WEBSITE: Nurturing Parenting Programs

Nurturing Program for Families in Substance Abuse Treatment and Recovery (The Nurturing Program)

The Nurturing Program focuses on the effects of SUD on families, parenting, and the parent-child relationship. Combining experiential and didactic exercises, the approach enhances parents' self-awareness and thereby increases their capacity to understand their children. Parents may experience loss of self-image as being capable, effective parents. They may have a diminished capacity for empathy. In addition, the parent-child bond may be weakened by periods of physical and/or emotional unavailability of parents, resulting in gaps in parents' knowledge of the experiences, milestones, and growth of their children. This program assists parents in reestablishing and strengthening their connections with their children.

 ***Emerging***

 ***Direct Service***

TARGET POPULATION: Parents in SUD treatment and caregivers of children ages 0-17

CONTACT:
Terri Bogage
Director of Family and Children's Services
The Institute for Health and Recovery
Phone: (617) 661-3991
Email: terribogage@healthrecovery.org

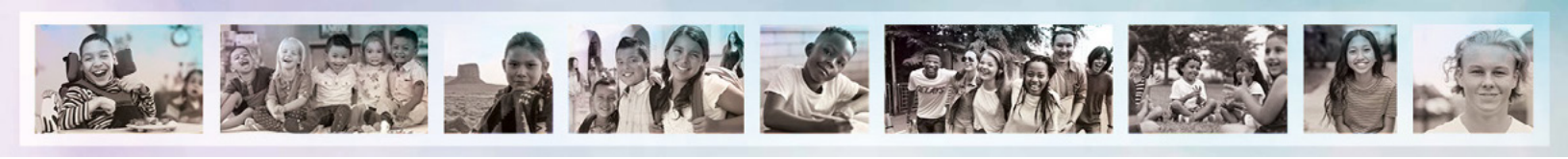
WEBSITE: Nurturing Program for Families in Substance Abuse Treatment and Recovery

Nurturing Skills for Families (NSF)

NSF is an innovative model of the NPP that provides flexibility to meet the needs of families with children ranging in age from birth to 11 years. The Lesson Guide for Parents contains more than 80 lessons presented in 16 competency areas. Core competency lessons form the basic structure of the program. Additional supplemental lessons allow parent educators to tailor the program to the needs of the group or family.

 ***Emerging***

 ***Direct Service***



TARGET POPULATION: Caregivers of children ages 0-11

CONTACT:
Family Development Resources, Inc.
Phone: (800) 688.5822
Email: FDR@NurturingParenting.com

WEBSITE: Nurturing Skills for Families

Oxford House

Oxford House is a concept for recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting, and drug-free home. The number of residents in an Oxford House may range from 6 to 15; there are houses for men, women, and women with children.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Adults in recovery

CONTACT:
Oxford House, Inc.
Phone: (800) 689-6411

WEBSITE: Oxford House

Parent-Child Interaction Therapy (PCIT)

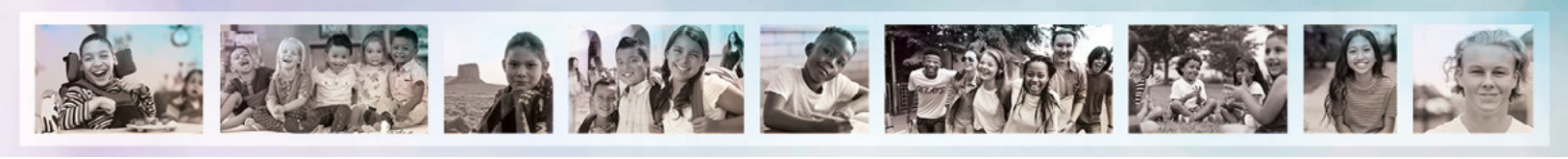
PCIT is a dyadic behavioral intervention for children ages 2-7 and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance and aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught these skills and practice them with their child in a playroom while coached by a therapist.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 2-7 with externalizing behavior problems

CONTACT:
PCIT International
Email: pcit.international@gmail.com

WEBSITE: Parent-Child Interaction Therapy



Positive Indian Parenting

Positive Indian Parenting is a structured exploration of traditional American Indian and Alaska Native values regarding parenting. Trained facilitators are certified by the National Indian Child Welfare Association. Training includes the facilitator thinking about how to adapt the curriculum to their own tribe's culture and needs. This 8-10 week curriculum can be offered in a group setting or through individual in home services. There are eight modules, two to three hours in length, that use experiential learning, discussion and interactive exercises. A fidelity checklist is used to ensure the curriculum is delivered as intended.

Supported by Evidence ***Direct Service***

TARGET POPULATION: American Indian, Alaska Native parents and caregivers of children

CONTACT:
National Indian Child Welfare Association
Phone: (503) 222-4044
Email: info@nicwa.org

WEBSITE: Positive Indian Parenting

Positive Parenting Program System (System Triple P)

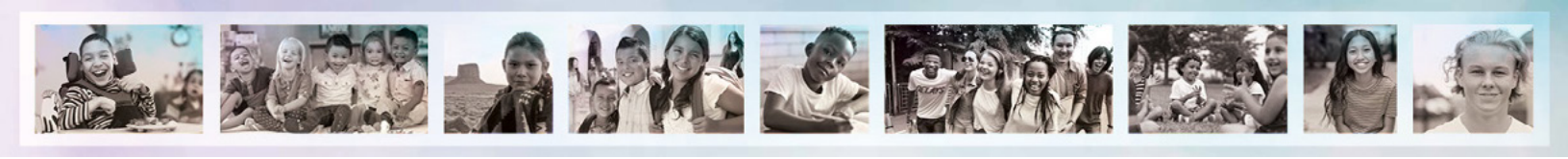
This multilevel system enhances parental competence, prevents or alters dysfunctional parenting practices, and reduces family risk factors for child maltreatment and children's behavioral and emotional problems. Built on a public health approach, it is designed to treat large populations.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Families with children ages 0-12 with behavior or emotional difficulties

CONTACT:
Triple P America
Phone: (803) 451-2278
Email: contact.us@triplep.net

WEBSITE: System Triple P



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SAMHSA's SBIRT is an approach in which screening for substance use/misuse is followed up, as appropriate, with brief interventions to promote healthy behavior change and with referral to treatment for those needing more extensive care.

Supported by Evidence ***Direct Service***

TARGET POPULATION: SAMHSA promotes universal screening for adolescents and adults

CONTACT:
SAMHSA
Phone: (877) 726-4727
Email: SAMHSAinfo@samhsa.hhs.gov

WEBSITE: Screening, Brief Intervention and Referral to Treatment

Sobriety Treatment and Recovery Teams (S.T.A.R.T.)

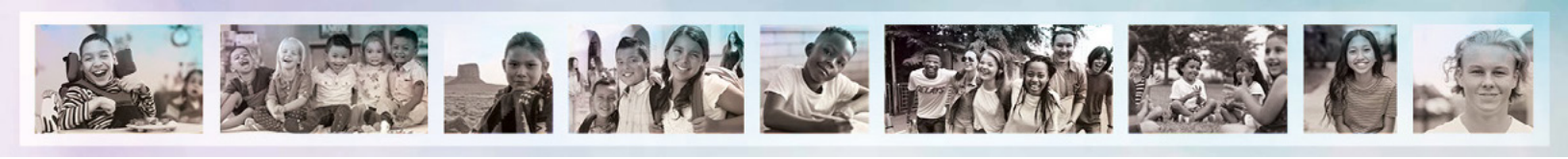
START is an intensive child welfare program for families impacted by substance use and child abuse or neglect built on cross-system collaboration and integrated service delivery with SUD treatment services. START pairs child welfare workers trained in family engagement with family mentors (i.e., peer support employees in long-term recovery) using a system-of-care and shared decision-making approach with families, treatment providers, and the courts. Essential elements of the model include quick entry into START and rapid access to intensive SUD treatment services to safely maintain child placement in the home, when possible. Each START child welfare worker-mentor dyad has a capped caseload, allowing the team to work intensively with families, engage them in individualized wraparound services, and identify natural supports with goals of child safety, permanency, and parental recovery and capacity. Strategies in both child welfare and SUD treatment are designed to be trauma-responsive.

Emerging ***Direct Service***

TARGET POPULATION: Families with at least one child under 6 years of age who are in the child welfare system and have a parent whose substance use is determined to be a primary child safety risk factor

CONTACT:
Tina M. Willauer, MPA
Children and Family Futures
Phone: (714) 505-3525
Email: START@cffutures.org

WEBSITE: Sobriety Treatment and Recovery Teams



Solution-Focused Brief Therapy (SFBT)

SFBT is a therapy model that asserts the importance of building on the resources and motivation of clients because they know their problems best and are capable of generating solutions to solve them. Central to SFBT is client strengths and resiliencies, clients' prior ability to develop solutions, and exceptions to problems. Discussion of exceptions and movement toward future adaptive behaviors allow the clinician and client to focus on solutions to the client's problem, rather than dwell on the problem itself.

Emerging ***Direct Service***

TARGET POPULATION: Parents and caregivers of children ages 0-17

CONTACT:
Johnny S. Kim, PhD
Professor, Graduate School of Social Work
University of Denver
Phone: (303) 871-3498
Email: johnny.kim@du.edu

WEBSITE: Solution-Focused Brief Therapy

Strengthening Families Program (SFP)

SFP is a 10- to 14-week parenting and family skills training program for high-risk and general population families. It is unique because the whole family attends sessions and practices new relationship skills together in family groups. SFP is designed to significantly improve parenting skills and family relationships; reduce child maltreatment, children's problem behaviors, delinquency, and alcohol and drug use; and improve social competencies and school performance.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Parents and children ages 0-17

CONTACT:
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Professor Emeritus
University of Utah
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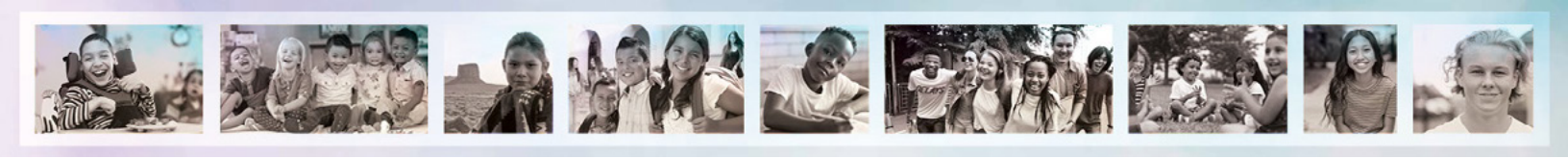
Email: kkumpfer@xmission.com

WEBSITE: Strengthening Families Program



Strong African American Families Program (SAAF)

SAAF is a culturally tailored intervention program that is family-centered. SAAF's goal is to prevent substance use and other risky behavior by youth through positive family interactions, increasing primary caregivers' efforts to help youth reach positive goals and preparing youth for their teen years. SAAF also strives to decrease maternal depression, increase positive racial identity, and increase the quality and quantity of parent/child communication. This program is a family based, culturally specific, 3 module group with trained facilitators. The program is strength based and seeks to build empathy. SAAF has reimplementation assessments, implementation manuals, formal facilitator training, and fidelity measures.

Supported by Evidence ***Direct Service***

TARGET POPULATION: African American youth ages 10-14 and their parents/caregivers

CONTACT:
Tracy Anderson, Ph.D.
Center for Family Research
Owens Institute for Behavioral Research
University of Georgia
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Email: tnander@uga.edu

WEBSITE: Strong African American Families Program

Structured Sensory Intervention for Traumatized Children, Adolescents and Parents - At-Risk Adjudicated Treatment (SITCAP-ART)

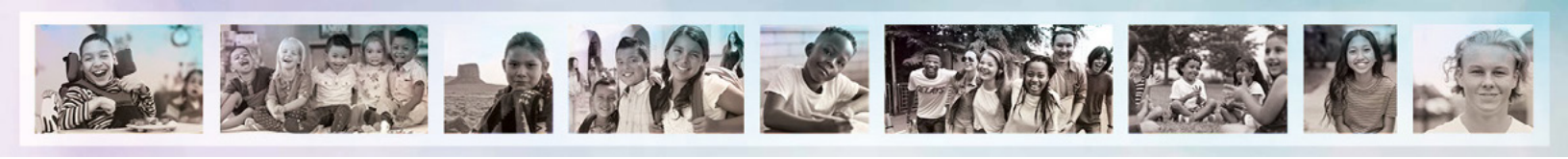
SITCAP-ART is for at-risk and adjudicated youth. It integrates cognitive strategies with sensory/implicit strategies. When memory cannot be linked linguistically in a contextual framework, it remains at the symbolic level for which there are no words to describe the experience. To retrieve that memory so it can be encoded, given a language, and then integrated into consciousness, it must be retrieved and externalized in its symbolic perceptual (iconic) form. SITCAP-ART, which is followed by cognitive or explicit strategies, supports moving from victim to survivor thinking, allowing changes in negative behaviors (e.g., aggression or rule-breaking behavior) and increasing adolescents' resilience to future traumas.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Caregivers and children ages 12-17 who have experienced trauma and have negative behaviors putting them at risk for or causing adjudication

CONTACT:
Caelan Soma, PsyD, LMSW
Chief Clinical Officer and Senior Trainer
Starr Commonwealth
Phone: (800) 837-5591
Email: info@starr.org

WEBSITE: Structured Sensory Intervention for Traumatized Children, Adolescents and Parents



Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

SPARCS is a present-focused, 16-session, manual-guided group treatment. It is designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma (e.g., ongoing physical abuse) and/or separate types of trauma (e.g., community violence or sexual assault). The curriculum addresses the needs of adolescents who may still be living with ongoing stress and experiencing problems in several areas of functioning.

Promising ***Direct Service***

TARGET POPULATION: Adolescents who have experienced trauma and are still living in environments with high stress

CONTACT:
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Email: mhabib@sparcstraining.com

Victor Labruna
Department of Psychiatry
Adelphi University
Phone: (516) 672-3859
Email: vlabruna@sparcstraining.com

WEBSITE: Structured Psychotherapy for Adolescents Responding to Chronic Stress

The Seven Challenges

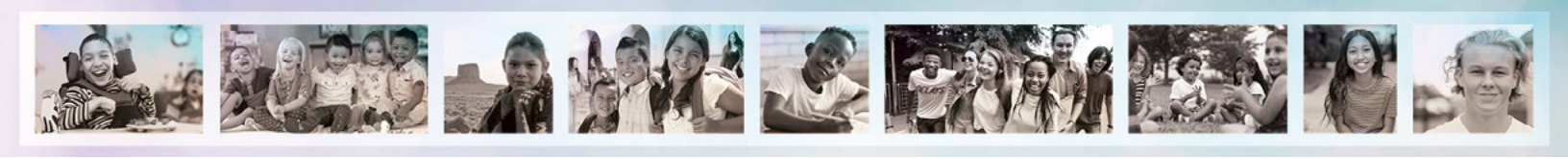
The Seven Challenges program, specifically for young people with SUD, is designed to motivate a decision and commitment to change and to support success in implementing the desired changes. The program helps young people address their drug issue, as well as their co-occurring life skill deficits, situational problems, and psychological problems. The program provides a framework for helping youth think through their own decisions about their lives and their use of alcohol and other drugs.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 13-25 with SUD

CONTACT:
Sharon Conner
Director of Program Services
The Seven Challenges LLC
Phone: (520) 405-4559
Email: sconner@sevenchallenges.com

WEBSITE: The Seven Challenges



Too Good for Drugs

This school-based drug prevention program reduces students' intention to use alcohol, tobacco, and illegal drugs, while promoting prosocial attitudes, skills, and behaviors.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 9-13

CONTACT:
Torrey Monnich
Policy and Advocacy Development Manager
C.E. Mendez Foundation, Inc.
Phone: (800) 750-0986
Email: info@mendezfoundation.org

WEBSITE: Too Good for Drugs

Trauma Recovery and Empowerment Model (TREM)

TREM is a manual-guided, 24-29-session group intervention for women who survived trauma and have SUD and/or mental health conditions. This model draws on cognitive behavioral therapy, skills training, and psychoeducational techniques to address recovery and healing from sexual, physical, and emotional abuse.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Adult women who have experienced trauma, who have mental health and co-occurring substance use disorders

CONTACT:
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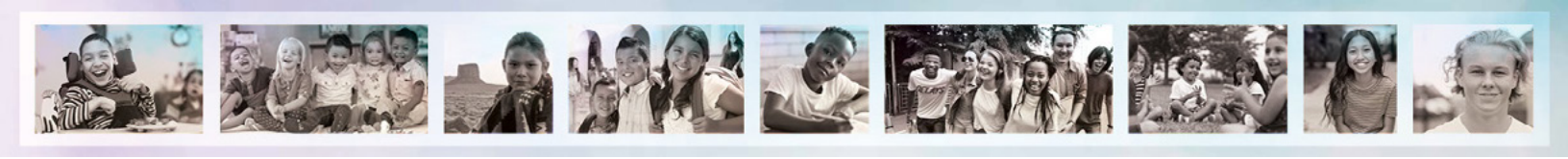
Chief Human Resources Officer
Community Connections
Phone: (202) 608-4735
Email: rwolfson@ccdc1.org

WEBSITE: Trauma Recovery and Empowerment Model



Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based, hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children ages 3-18 who have experienced trauma with their caregivers

CONTACTS:

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Email: jcohen1@wpahs.org

Esther Deblinger, PhD
CARES Institute
Rowan School of Osteopathic Medicine
Phone: (856) 566-7036
Email: deblines@rowan.edu

WEBSITE: Trauma-Focused Cognitive Behavioral Therapy

Trust-Based Relational Intervention (TBRI)

TBRI is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. It uses empowering principles to address physical needs, connecting principles for attachment needs, and correcting principles to disarm fear-based behaviors. Although the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI is connection.

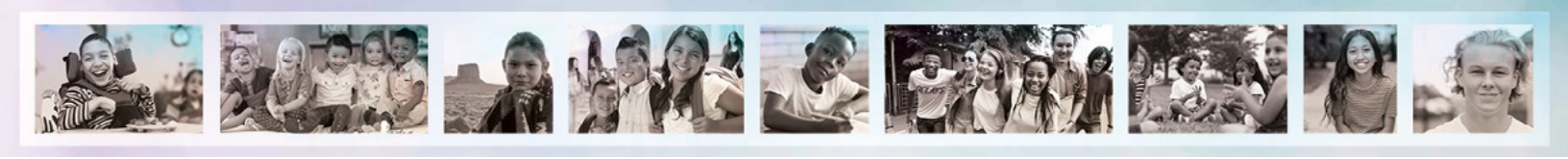
Supported by Evidence ***Direct Service***

TARGET POPULATION: Caregivers of children ages 0-17 who have experienced trauma

CONTACT:

Casey Call, PhD
Karyn Purvis Institute of Child Development
Texas Christian University
Phone: (817) 257-4283
Email: c.d.call@tcu.edu

WEBSITE: Trust-Based Relational Intervention



Wraparound Services and Intensive Case Management (ICM)

Wraparound is a philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports, individualized for that child and family to achieve a positive set of outcomes. The values that provide the foundation for the wrap-around philosophy of care are interwoven and not mutually exclusive but, together, constitute a conceptual framework. These values include voice and choice for the child and family; compassion for children and families; integration of services and systems; flexibility in approaches to working with families and in the funding and provision of services; safety, success, and permanency in home, school, and community; and care that is unconditional, individualized, strengths based, family centered, culturally competent, and community based with services close to home and in natural settings.

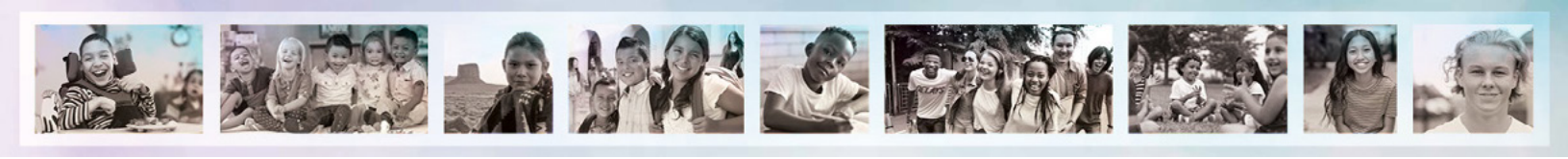
Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care, designed to meet the complex needs of children ages 4-17 and their families, who (1) are involved with several child- and family-serving systems (e.g., mental health, child welfare, juvenile justice, or special education); (2) are at risk of placement in institutional settings; (3) experience emotional, behavioral, or mental health difficulties.

Supported by Evidence ***Direct Service***

TARGET POPULATION: Children and youth with severe mental health challenges

CONTACT:
Janet Walker
National Wraparound Initiative
Regional Research Institute, School of Social Work
Portland State University
Phone: (503) 725-8236
Email: janetw@pdx.edu

WEBSITE: Wraparound Services and Intensive Case Management



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