



Review of the evidence for intensive family service models

Appendix 1: Additional information regarding methodology and findings

This review by the Parenting Research Centre and The University of Melbourne identifies interventions for improving outcomes for families with a range of identified vulnerabilities. The findings will help inform the service reformation process.

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Disclaimer

The Parenting Research Centre and The University of Melbourne do not endorse any particular intervention presented here. This review of the evidence drew largely on reliable secondary sources rather than primary sources of evidence. The searches were conducted in early 2015. Readers are advised to consider new evidence arising since the publication of this review when selecting and implementing interventions with vulnerable families.

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1. Clearinghouse searches

As indicated in the report, four international clearinghouses were searched for relevant interventions. The majority of the interventions were sourced through California Evidence-Based Clearinghouse (CEBC), a comprehensive clearinghouse that is updated regularly. If an intervention had already been identified through CEBC, it was not assessed via the other clearinghouses unless they provided more up to date analyses.

1.1. California Evidence-Based Clearinghouse (CEBC)

CEBC includes a large number of interventions relevant to child and family welfare. To narrow down the scope, all interventions listed under the following topics were screened for inclusion:

- behavioural management programs for adolescents in child welfare
- child welfare initiatives
- disruptive behaviour treatment
- domestic/intimate partner violence: batterer intervention programs
- domestic/intimate partner violence: services for victims and their children
- educational interventions for children and adolescents in child welfare
- family stabilisation
- higher levels of placement
- home visiting programs for child well-being
- home visiting programs for prevention of child abuse and neglect
- infant and toddler mental health programs (Birth to 3)
- interventions for neglect
- parent partner programs for families involved in the child welfare system
- parent training programs
- permanency enhancement interventions for adolescents
- placement stabilisation programs
- post-permanency services
- prevention of child abuse and neglect (secondary) programs
- programs for working with parents with cognitive disabilities
- programs for reducing racial disparity and disproportionality in child welfare
- reunification programs
- substance abuse treatment (adolescent)
- substance abuse treatment (adult)

- teen pregnancy services
- trauma treatment (child and adolescent)
- treatment of sexual behaviour problems in adolescents
- treatment of sexual behaviour problems in children
- youth transitioning into adulthood programs

1.2. National Center for Community-Based Child Abuse Prevention

National Center for Community-Based Child Abuse Prevention (CBCAP) published a directory in which a range of interventions relevant to this review were rated. All interventions in this document were screened for inclusion in the review (<http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory>).

1.3. Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices

Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices (SAMHSA) was searched by selecting the advanced search option, then selecting all of the age boxes for infants, children and adolescents. This resulted in 211 interventions, all of which were screened for inclusion.

1.4. Blueprints for Violence Prevention

Blueprints for Violence Prevention (Blueprints) has a list of programs that they consider to be Model or Promising programs (n = 55). All 55 interventions were screened for inclusion.

2. Top-up searches

2.1. Targeted searches for specific interventions

The gap analysis found that eight interventions had not received updated searches or ratings since 2011 or earlier. Year limits were imposed on the searches based on the year each intervention was last evaluated on the clearinghouse:

- Project Success (2007 onwards)
- DARE to be You (2006 onwards)
- Clinician-Based Cognitive Psychoeducational Intervention for Families (Family Talk) (2006 onwards)
- ParentCORPS (2011 onwards)
- Multisystemic Therapy – Psychiatric (MST-Psychiatric) (2008 onwards)
- Teaching Kids to Cope (TKC) (2010 onwards)
- Coping and Support Training (CAST) (2007 onwards)
- Be Proud! Be Responsible! (2007 onwards)

Searches were conducted to identify new randomised controlled trials (RCTs) of these interventions using the following databases: PsycINFO, MEDLINE, Embase Classic and Embase, and Social Work Abstracts. Searches were restricted to the English language. A separate search was conducted using each intervention name, in conjunction with search terms that assist in the identification of rigorous designs such as RCTs:

(RCT or randomi* or randomised controlled trial or randomized controlled trial or random* assign* or random* allocate* or random* group* or experimental design or experimental study or quasi-experimental or quasi experimental)

Targeted searches for three interventions (CAST, MST-Psychiatric, TKC) identified no results. There were no new studies to add to the weight of the evidence for these interventions. The current evidence for CAST and TKC is unknown. While MST, MST-PSB and MST-CAN remain in use and have been regularly updated on CEBC, MST-Psychiatric has not been separately evaluated on CEBC and rating updates occur less frequently on SAMHSA (in this case 2010). The current evidence for this intervention is not known.

Eight RCTs were identified that could be used to assess the evidence for the remaining five interventions. The analysis of the new evidence for DARE to be You (Rattenborg, 2010), ParentCORPS (Brotman et al., 2013), Project Success (Clark, Ringwalt, Shamblen, & Hanley, 2011; Clark et al., 2010) and Be Proud! Be Responsible! (Borawski et al., 2009) found support for the effectiveness of these interventions and no evidence of harm. These four interventions were already rated Supported, and as a suitable systematic review had not been identified to increase the ratings to Well Supported, their current ratings remain.

The other three RCTs identified assessed the effectiveness of Clinician-Based Cognitive Psychoeducational Intervention for Families (Family Talk), currently rated Emerging. One study was not relevant as the population was parents with cancer

(Niemela, Repo, Wahlberg, Hakko, & Rasanen, 2012). One study found no improvements for Family Talk Participants (Punamaki, Paavonen, Toikka, & Solantaus, 2013) and one found improvements for the Family Talk group and the comparison group, although the improvements were observed faster in the Family Talk group (Solantaus, Paavonen, Toikka, & Punamaki, 2010). Although no harm was observed, the findings of these studies cannot be used to add further support to the Family Talk intervention. The results of these RCTs are not strong enough to suggest that the intervention fails to demonstrate effect, but rather that the rating must remain at Emerging for the time being.

2.2. Screening of documents received from FACS

Unfortunately, only one RCT was identified among three evaluations recommended by FACS, and four from the intensive services literature search provided. While some of these interventions may have benefits for families, the study designs were insufficiently rigorous to make clear determinations and so they were not included in the review. Brief details of sources and interventions are provided in the following sections.

2.2.1. Domestic violence perpetrator programs: Steps towards change

FACS provided the final report of Project Mirabal as a potential source of interventions for inclusion (Kelly & Westmarland, 2015). The evaluation reported here, while detailed and of some relevance to the review, was a matched comparison study rather than an RCT.

2.2.2. Community Services Intensive Family Support and Intensive Family Preservation Final Evaluation Report

This evaluation (NSW Department of Family and Community Services [DoCS], 2013) reports quantitative and qualitative data from a pilot of IFS/IFP services delivered by sub-contracting NGOs across NSW from 1 July 2011 to 31 March 2013. The evaluation adds new measures to those previously available for the Homebuilders® model on which IFS/IFP is based; however, due to the constraints of service provision the pilot was evaluated using a quasi-experimental research design using eligibility criteria to generate a matched control, rather than an RCT.

2.2.3. Keep Them Safe outcomes evaluation

We identified three interventions of interest in the literature review appendix for this evaluation (Katz & Smyth, 2014). They were Scotland's Child Protection Reform Programme/Getting it Right for Every Child; the North Carolina Multiple Response System, and the Ohio Alternative Response Pilot Project.

Of these, only the Ohio Alternative Response Pilot Project used an RCT design. However, this project involved assigning families to either traditional CPS investigation, or to an alternative response which avoids identification of victim and perpetrator and determining fault. Other than diversion to a non-adversarial approach, it is not clear how the services accessed by families differ systematically from the control group. In any case, this alternative pathway assignment is more of a process than an intervention in itself and was therefore not suitable for inclusion in this review.

2.2.4. Intensive services literature search

Of the 69 studies identified in the intensive services literature search provided by FACS (NSW Department of Family and Community Services [DoCS], undated), four were RCTs. Three pertained to interventions already included in the review and one was about a relatively new intervention.

Jordan, Tseng, Coombs, Kennedy, and Borland (2014) reports the intervention details and evaluation plan for an RCT of The Early Years Education Plan (EYEP) currently underway in Melbourne. Findings are not reported as the study is ongoing, with recruitment commencing in 2011 and expected to conclude in 2015. The intervention is for children aged three years old who are at risk of maltreatment and are referred by child serving agencies. The intervention extends for three years, until school entry. There is a follow-up assessment six months after school entry, as well as assessment periods during the course of the intervention. The evaluation will assess changes in child health and development, academic achievement and ability, emotional and behavioural regulation, and parenting. The findings of this study may be of interest to FACS.

The remaining three RCTs reporting further evidence for ABC (Lind, Bernard, Ross, & Dozier, 2014) and Healthy Families (Cluxton-Keller et al., 2014; Green, Tarte, Harrison, Nygren, & Sanders, 2014). The findings of these RCTs are positive and add support to the evidence for these interventions. There are no indications of harm. As these interventions are already rated Supported and no suitable systematic reviews have been identified to elevate them to Well Supported, the ratings of Supported remain.

2.3. Search for studies evaluating interventions for parenting with intellectual disabilities

Since the searches for high quality Cochrane systematic review conducted by Coren, Hutchfield, Thomae, and Gustafsson (2010) were performed in 2009 an updated search for RCTs evaluating the effectiveness interventions for parents with intellectual disabilities has been carried out. A search was conducted for English language studies published from 2009 using the same databases and study design search terms identified above, in conjunction with the following search terms:

((intellectual* adj3 (disabilit* or disabl* or difficult* or impair* or retard* or deficien* or challenge* or handicap* or disorder* or disadvantage* or devian*)) adj3 (parent* or mother* or father*))

OR

((learning adj3 (special or disabilit* or disabl* or difficult* or impair* or retard* or deficien* or challenge* or problem* or handicap* or disorder* or disadvantage* or devian*)) adj3 (parent* or mother* or father*))

OR

((cognit* adj3 (disabilit* or disabl* or difficult* or impair* or retard* or deficien* or challenge* or handicap* or disorder* or disadvantage* or devian*)) adj3 (parent* or mother* or father*))

OR

((mental* adj3 (disabilit* or disabl* or difficult* or impair* or retard* or deficien* or challenge* or handicap* or disorder* or disadvantage* or devian*)) adj3 (parent* or mother* or father*))

Findings of the additional search efforts for interventions involving parents with an intellectual disability appear in the report.

3. Drawing on the work of high quality systematic reviews for rating interventions

Systematic reviews remain the gold standard for evaluating the effectiveness of interventions. The work of high quality systematic reviews was drawn on in order to rate interventions at the highest level; to distinguish the Well Supported interventions from the Supported interventions. Systematic reviews relevant to this review were sought from:

- The Cochrane Collaboration Library (<http://www.cochrane.org>)
- The Campbell Collaboration Library (<http://www.campbellcollaboration.org>)
- Child Family Community Australian (CFCA) Information Exchange (<https://www3.aifs.gov.au/cfca/>)
- Australian Institute of Health and Welfare (AIHW) (<http://www.cochrane.org>)
- Child Welfare Information Gateway (<https://www.childwelfare.gov/>)
- Australia's National Research Organisation for Women's Safety Resource Database
<http://resourcesdb.anrows.org.au/ais/AccessItLibrary;jsessionid=338h1oivq9h42>
- Closing the Gap Clearinghouse (<http://www.aihw.gov.au/closingthegap/>)

The Cochrane Collaboration and Campbell Collaboration Libraries were searched for systematic reviews on these topics:

- Parental substance abuse
- Parental mental health
- Domestic violence
- Family violence
- Intimate partner violence
- Maltreatment
- Abuse
- Neglect
- Trauma
- Low income or socio-economic status (SES) parents
- Youth substance abuse
- Teenage parenting
- Youth self-harm and suicide
- Youth delinquency, offending, juvenile justice and criminal behaviour
- Youth mental illness

- Youth mental illness
- Placement prevention
- Family preservation

Child Family Community Australian (CFCA) Information Exchange, which combines three AIFS clearinghouses: National Child Protection Clearinghouse, Australian Family Relationships Clearinghouse, and Communities and Families Clearinghouse Australia, was searched for by entering the search terms 'systematic review' and 'meta-analysis' into the search box.

Australian Institute of Health and Welfare (AIHW) publications listing was searched under the following headings:

- adoptions
- alcohol and other drugs
- child health, development and wellbeing
- child protection
- children's services
- homelessness
- mental health
- youth health and wellbeing
- youth justice

Entering the term 'systematic review' into the search box on Child Welfare Information Gateway resulted in 154 papers. All were screened to identify relevant systematic reviews.

ANROWS Resources Database has taken on the former Australian Domestic and Family Violence Clearinghouse. The term 'systematic review' was entered into the search box, yielding 23 results. All were screened for relevant systematic reviews.

The term 'systematic review' was entered into the search box on the Closing the Gap Clearinghouse. All 75 results were screened.

In addition, the names of interventions rated Supported, along with the term 'systematic review', were searched via Google Scholar.

The combined search strategies resulted in 36 reviews relevant to the current review. These reviews were assessed for quality. Reviews meeting the following criteria were considered:

- They addressed a clearly defined question;
- There was an *a priori* search strategy and clearly defined inclusion and exclusion criteria;
- They searched a minimum of three databases;
- Grey (unpublished) literature was specifically searched for; and
- There was more than one rater for extraction of study information.

All systematic reviews meeting the above criteria were also checked to determine if they included meta-analyses. The 36 reviews are listed in Table ones, along with an indication of those meeting the criteria.

Table 1: Assessment of the quality of reviews related to child and family vulnerabilities

Review	Systematic criteria met and involved meta-analysis
Adler-Tapia, R., & Settle, C. (2009). Evidence of the efficacy of EMDR with children and adolescents in individual psychotherapy: A review of the research published in peer-reviewed journals. <i>Journal of EMDR Practice and Research</i> , 3(4), 232-247. doi: 10.1891/1933-3196.3.4.232	No
Al, C. M. W., Stams, G. J. J. M., Bek, M. S., Damen, E. M., Asscher, J. J., & Van der Laan, P. H. (2012). A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. <i>Children and Youth Services Review</i> , 34, 1472-1479	Yes
Austin, A. M. (2005). Effective family-based interventions for adolescents with substance use problems: A systematic review. <i>Research on Social Work Practice</i> , 15(2), 67-83. doi: 10.1177/1049731504271606	No
Barlow, J., Johnston, I., Kendrick, D., Polnay, L., & Stewart-Brown, S. (2006). Individual and group-based parenting programmes for the treatment of physical child abuse and neglect (Review). <i>Cochrane Database of Systematic Reviews</i> (3). doi: 10.1002/14651858.CD005463.pub2	No
Barlow, J., Smailagic, N., Bennett, C., Huband, N., Jones, H., & Coren, E. (2011). Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. <i>Cochrane Database of Systematic Reviews</i> (3). doi: 10.1002/14651858.CD002964.pub2	Yes
Bayer, J., Hiscock, H., Scalzo, K., Mathers, M., McDonald, M., Morris, A., . . . Wake, M. (2009). Systematic review of preventive interventions for children's mental health: what would work in Australian contexts? <i>Australian and New Zealand Journal of Psychiatry</i> , 43(8), 695-710. doi: 10.1080/00048670903001893	No
Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. <i>Children and Youth Services Review</i> , 34, 748-757.	Yes
Coren, E., Hutchfield, K., Thomae, M., & Gustafsson, C. (2010). Parent training support for intellectually disabled parents (Review). <i>Cochrane Database of Systematic Reviews</i> (6). doi: 10.1002/14651858.CD007987.pub2	No
Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A Meta-Analysis. <i>Journal of Clinical Child Psychology</i> , 29(2), 257-265.	Yes

Davis, R. C., Weisburd, D., & Taylor, B. (2008). Effects of second responder programs on repeat incidents of family abuse. <i>Campbell Systematic Reviews</i> . doi: 10.4073/csr.2008.15	Yes
Engle, B., & Macgowan, M. J. (2009). A critical review of adolescent substance abuse group treatments. <i>Journal of Evidence Based Social Work</i> , 6(3), 217-243. doi: 10.1080/15433710802686971	No
Field, A., & Cottrell, D. (2011). Eye movement desensitization and reprocessing as a therapeutic intervention for traumatized children and adolescents: a systematic review of the evidence for family therapists. <i>Journal of Family Therapy</i> , 33(4), 374-388. doi: 10.1111/j.1467-6427.2011.00548.x	No
Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2012). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents (Review). <i>Cochrane Database of Systematic Reviews</i> (12). doi: 10.1002/14651858.CD006726.pub2.	Yes
Goesling, B., Colman, S., Trenholm, C., Terzian, M., Moore, K. (2013). ASPE Report: Programs to reduce teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors: A systematic review. USA: Department of Health and Human Services. http://aspe.hhs.gov/hsp/13/Reduce-TeenPregnancy/rpt_tppevidence.cfm	No
Gray, E., & Halpern, R. (1989). Early Parenting Intervention to Prevent Child Abuse: A Meta-Analysis: National Council of Jewish Women Center for the Child.	Yes
Hopfer, S., Davis, D., Kam, J. A., Shin, Y., Elek, E., & Hecht, M. L. (2010). A Review of Elementary School-Based Substance Use Prevention Programs: Identifying Program Attributes. <i>Journal of Drug Education</i> , 40(1), 11-36. doi: 10.2190/DE.40.1.b.	No
Johnson, M. A., Stone, S., Lou, C., Ling, J., Claassen, J., & Austin, M. J. (2006). Assessing Parent Education Programs for Families Involved with Child Welfare Services: Evidence and Implications: Bay Area Social Services Consortium and the Zellerbach Family Foundation.	No
Lawrence, C. N., Rosanbalm, K. D., & Dodge, K. A. (2011). Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System. <i>Children and Youth Services Review</i> , 33(11). doi: 10.1016/j.chilyouth.2011.08.007.	No
Littell, J. H. (2005). Lessons from a systematic review of effects of multisystemic therapy. <i>Children and Youth Services Review</i> , 27(4), 445-463. doi: 10.1016/j.chilyouth.2004.11.009.	Yes
Macdonald, G., Higgins, J. P. T., Ramchandani, P., Valentine, J. C., Bronger, L. P., Klein, P., . . . Taylor, M. (2012). Cognitive-behavioural interventions for children who have been sexually abused (Review). <i>Cochrane Database of Systematic Reviews</i> (5). doi: 10.1002/14651858.CD001930.pub3.	Yes
MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta analytic review. <i>Child Abuse and Neglect</i> , 24(9), 1127-1149.	Yes

McCloskey, L. A. (2011). A systematic review of parenting interventions to prevent child abuse tested with RCT designs in high income countries: South African Medical Research Council.	No
Menting, A. T., Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: a meta-analytic review. <i>Clinical Psychology Review</i> , 33(8), 901-913. doi: 10.1016/j.cpr.2013.07.006.	No
Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: A systematic review of reviews. <i>Bulletin of the World Health Organization</i> , 87, 353-361.	No
Milligan, K., Niccols, A., Sword, W., Thabane, L., Henderson, J., Smith, A., & Liu, J. (2010). Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta-analysis. <i>Substance Abuse Treatment, Prevention, and Policy</i> , 5(21).	Yes
Niccols, A., Milligan, K., Smith, A., Sword, W., Thabane, L., & Henderson, J. (2012). Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. <i>Child Abuse and Neglect</i> , 36, 308-322.	No
Parker, B., & Turner, W. (2013). Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. <i>Cochrane Database of Systematic Reviews</i> (7). doi: 10.1002/14651858.CD008162.pub2.	Yes
Petrie, J., Bunn, F., & Byrne, G. (2007). Parenting programmes for preventing tobacco, alcohol or drugs misuse in children <18: a systematic review. <i>Health Education Research</i> , 22(2), 177-191. doi: 10.1093/her/cyl061	No
Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. <i>Clinical Psychology Review</i> , 30(6), 635-641. doi: 10.1016/j.cpr.2010.04.007	No
Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G. J. (2009). Efficacy of EMDR in children: a meta-analysis. <i>Clinical Psychology Review</i> , 29(7), 599-606. doi: 10.1016/j.cpr.2009.06.008	No
Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of Parent-Child Interaction Therapy and Triple P-Positive Parenting Program: a review and meta-analysis. <i>Journal of Abnormal Child Psychology</i> , 35(3), 475-495. doi: 10.1007/s10802-007-9104-9	No
Trask, E. V., Walsh, K., & DiLillo, D. (2011). Treatment effects for common outcomes of child sexual abuse: A current meta-analysis. <i>Aggression and Violent Behaviour</i> , 16, 6-19.	Yes
Underhill, K., Operario, D., & Montgomery, P. (2007). Systematic review of abstinence-plus HIV prevention programs in high-income countries. <i>PLoS Med</i> , 4(9), e275. doi: 10.1371/journal.pmed.0040275	Yes
van der Stouwe, T., Asscher, J. J., Stams, G. J., Dekovic, M., & van der Laan, P. H. (2014). The effectiveness of Multisystemic Therapy (MST): a	No

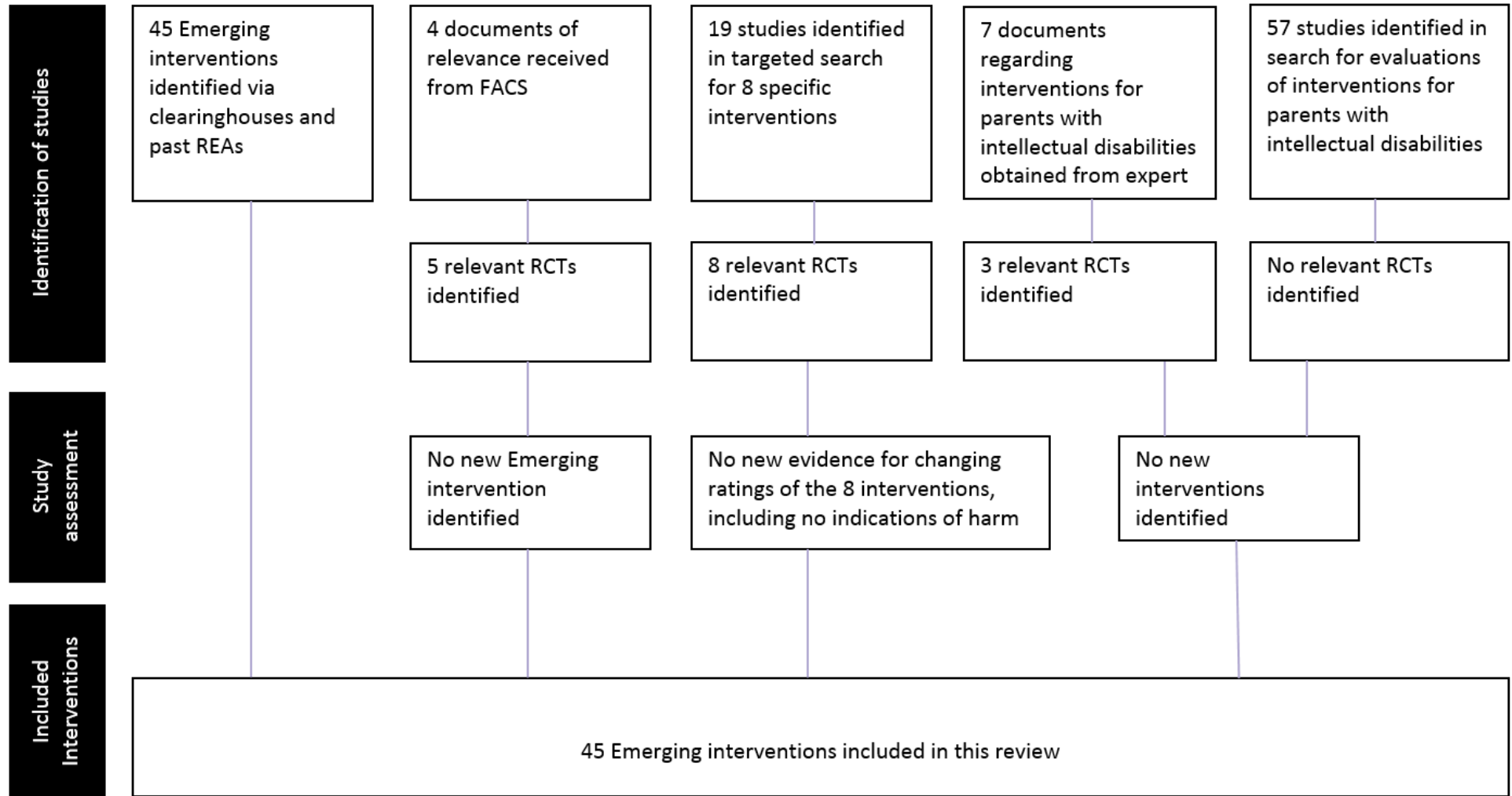
meta-analysis. <i>Clin Psychol Rev</i> , 34(6), 468-481. doi: 10.1016/j.cpr.2014.06.006	
Wethington, H. R., Hahn, R. A., Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L., . . . Task Force on Community Preventive Services. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: A systematic review. <i>American Journal of Preventive Medicine</i> , 35(3), 287-313.	Yes
Woolfenden S, Williams K J, & J, P. (2001). Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17. <i>Cochrane Database of Systematic Reviews</i> (2). doi: DOI:10.1002/14651858.CD003015.	Yes

Of the 36 relevant reviews, 15 were considered high quality systematic reviews with meta-analyses. These reviews were then read to see if any of the interventions rated Supported were included in a meta-analysis. This process enabled the rating of Well Supported interventions, as defined in the rating scale presented in the report. Only interventions found to be effective in a meta-analysis in a high quality systematic review were upgraded from Supported to Well Supported.

One of the interventions included in this review, Nurse Family Partnership (NFP), had previously been assessed against these stringent criteria in an earlier REA by the PRC (NZ review). One further intervention, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), was upgraded from Supported to Well Supported based on the supporting evidence for this intervention found in a high quality systematic review.

4. Flow of interventions through the review process

Figure 1. Flow chart of interventions through the selection process in this review



5. List of interventions rated Pending

Ninety-one interventions were rated Pending in this review. Some of these were taken from previous REAs and some intervention names were not stated in the studies from upon which ratings were based.

1. Across Ages
2. Adolescent prenatal home-visited group (description not name)
3. Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence
4. Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)
5. Child and Family Cognitive Behavioural Therapy (CBT) for sexually abused children with PTSD
6. Child and Family Traumatic Stress Intervention (CFTSI)
7. Child and Youth Program
8. Child Parent Enrichment Project (CPEP)
9. Child Protection Services and Family Preservation Services
10. Circle of Security-Home Visiting-4 (COS-HV4)
11. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
12. Cognitive Behavioral Therapy
13. Combined Parent-Child Cognitive Behavioural Therapy (CPC-CBT)
14. Comforting and interaction techniques (description not name)
15. Community health nurse prenatal home visits (description not name)
16. COPE intervention
17. Curriculum-Based Support Group (CBSG) Program
18. Domestic Abuse Intervention Project - The Duluth Model (DAIP)
19. Early Head Start
20. Early home visiting based on Family Partnership Model
21. Early Intervention Program (EIP) delivered by Public Health Nurses (PHN) (description not name)
22. Enhanced Healthy Start
23. Exchange Parent Aide
24. Eye Movement Desensitization and Reprocessing for Children and Adolescents (EMDR)
25. Fairy Tale Model (Treating Problem Behaviors: A Trauma-Informed Approach)
26. Families First
27. Family Assessment Response (FAR)
28. Family Group Decision Making (FGDM)

29. Family Intervention for Suicide Prevention (FISP)
30. Family Spirit
31. Group parent training with individualised home-based training (description not name)
32. Healthy and Safe (also known as Home Learning Program)
33. Helping the Noncompliant Child
34. Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)
35. Home intervention for drug-abusing mothers, based on the Infant Health and Development Program (IHDP) (description not name)
36. Home visits (description not name)
37. Home visits for prenatal prevention for out-of-home-placement (description not name)
38. Home visits, play groups and parent groups (description not name)
39. Home-based parent training (description not name)
40. Infant-Parent Psychotherapy (IPP)
41. Infant–parent psychotherapy (IPP), Psychoeducational parenting intervention (PPI)
42. In-hospital and after-care services by trained student nurses (description not name)
43. Kids Club & Moms Empowerment
44. Kids FAST – Families and Schools Together
45. Legacy for Children
46. Maltreatment prevention home visits by interdisciplinary team (description not name)
47. Mellow Babies
48. Miller Early Childhood Sustained Home Visiting (MECSH)
49. Mother and Toddlers Program
50. MOtherS Advocates in the Community (MOSAIC)
51. Motivation Adaptive Skills Trauma Resolution (MASTR)
52. My Baby and Me
53. Parent and newborn rooming-in postpartum (description not name)
54. Parent mentoring based on the Touchpoints approach (description not name)
55. Parent-Child Activities Interview
56. Parent-Child Assistance Program (PCAP)
57. Parenting Fundamentals
58. Parenting Wisely
59. Parents as Teachers

60. Partners with Families and Children: Spokane
61. Period of PURPLE Crying
62. Prenatal and paediatric health services program (description not name)
63. Preschool PTSD Treatment (PPT)
64. Preschooler-parent psychotherapy (PPP), Psychoeducational home visitation (PHV)
65. Sanctuary Model
66. Seeking Safety for Adolescents
67. Short-term Attachment Based Intervention
68. SOS Signs of Suicide
69. SOS! Help for Parents
70. STAR Parenting Program
71. Step-by-Step Parenting Program
72. Storytelling for Empowerment
73. Structured Sensory Intervention for Traumatized Children, Adolescents and Parents SITCAP-ART
74. Students Taking A Right Stand (STARS) Nashville Student Assistance Program
75. Support for Students Exposed to Trauma
76. Supports to Access Rural Services (STARS)
77. The Parent-Child Home Program
78. The Pride in Parenting Program
79. The Seattle Model of Paraprofessional Advocacy
80. The Teaching-Family Model (TFM)
81. Trauma Affect Regulation: Guide for Education and Therapy for Adolescents (TARGET)
82. Trauma Focused ARC (attachment, self-regulation & competency) Intervention Model
83. Trauma Focused Art Therapy Intervention
84. Trauma Intervention Program for Adjudicated and At-Risk Youth (SITCAP-ART)
85. Traumatic Incident Reduction
86. Triple P - US Triple P System Population Trial
87. Vicarious Sensitization (VS)
88. Webster-Stratton Parenting Program (an early iteration of Incredible Years)
89. "What Do I Say Now?"
90. Wraparound
91. Young Parenthood Program (YPP)

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