

## Appendix 4. Program descriptions for parenting programs identified in clearinghouse analysis

Coping Power Program		Source	Year
<b>Program description</b>	<p>"The Coping Power Program is based on an empirical model of risk factors for potential antisocial behavior. For high-risk children, it addresses deficits in social cognition, self-regulation, peer relations, and positive parental involvement. The Coping Power Program, which has both a child and parent intervention component, is designed to be presented in an integrated manner. The Coping Power Child Component consists of 34 group sessions. The Coping Power Parent Component consists of 16 sessions offered during the same time frame. The child component focuses on anger management, social problem solving, and practicing skills to resist peer pressure. The parent component of the program focuses on supporting involvement and consistency in parenting, which also contributes to better adjustment. Improvement in all these areas, particularly around times of change such as going to middle school, can reduce the number of problem behaviors that can arise during these transitional times."</p>	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Children aged 8-14 years whose aggression puts them at risk for later delinquency.	CEBC	2009
<b>Setting</b>	Coping Power Program was designed to be conducted in a group setting, Recommended group size: 4-6 children. This program is typically conducted in a(n): outpatient clinic or school.	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: Weekly 50-minute sessions.</p> <p>Recommended duration: 34 weekly sessions for the full program."</p>	CEBC	2009
<b>Evidence rating</b>	Well Supported	CEBC	2009
	Exemplary	OJJDP	Not indicated
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Coping with Depression for Adolescents (CWDA)		Source	Year
<b>Program description</b>	"CWDA is a group cognitive-behavioral therapy (CBT) program for depressed adolescents ages 12 to 18. The intervention focuses on self-monitoring one's mood, increasing pleasant activities, decreasing anxiety, and decreasing cognitions that foster depression. It also addresses interpersonal factors such as social skills, improving communications, and conflict resolution. A parallel course allows parents to address the same interpersonal issues."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	"Adolescents aged 12-18 years with major depression and/or dysthymia."	CEBC	2009
<b>Setting</b>	<p>"Coping with Depression for Adolescents was designed to be conducted in a group setting. Recommended group size: between 4 and 10 youth with one therapist; if two therapists the maximum size may be increased to youth aged 12-16 years.</p> <p>This program is typically conducted in a(n): Community Agency; or Outpatient Clinic."</p>	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: Two-hour sessions, twice a week.</p> <p>Recommended duration: Typically 16 sessions in 8 weeks, but it can and has been configured with more frequent meetings per week (e.g., 3 x per week instead of the usual 2 x) for shorter total duration."</p>	CEBC	2009
<b>Evidence rating</b>	Well Supported	CEBC	2009
	3.7 - for recovery from depression; and self-reported symptoms of depression 3.8 - for interviewer-rated symptoms of depression 3.6 - for psychological level of functioning	SAMHSA	2007
	Promising	PPN	2006
<b>Used in Australia</b>	Information unavailable		

Families and Schools Together (FAST)		Source	Year
<b>Program description</b>	“Families and Schools Together (FAST) is a group-based intervention implemented in a school setting. It consists of whole-family support group session 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.”	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Families with children 5-14 years of age	CBCAP	2009
<b>Setting</b>	Delivered in a group setting	CBCAP	2009
<b>Dose</b>	<p>“Multifamily 2.5 hour support groups of 5-25 families weekly for 8-12 weeks, depending on the age of the designated youth.</p> <p>Family support group meeting activities are sequential; each session includes</p> <ul style="list-style-type: none"> <li>• A family meal and family communication games</li> <li>• A self-help parent support group occurring while children engage in supervised play and organised activities</li> <li>• One-to-one parent-mediated play therapy</li> <li>• Opening and closing routines, which model the effectiveness of family rituals for children</li> </ul> <p>Multi-family meetings are held monthly for 21 months after families graduate from the 8-week FAST program. One dedicated half-time staff person, per school, is recommended.”</p>	CBCAP	2009
<b>Evidence rating</b>	Well Supported	CBCAP	2009
	Model Programs	SAF	1999
	Exemplary	OJJDP	Not indicated
	3.7 - for child problem behaviours; and child social skills and academic competencies	SAMHSA	2008
	Other reviewed programs	PPN	Not indicated
<b>Used in Australia</b>	Yes		

Healthy Families America		Source	Year
<b>Program description</b>	“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.”	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Child development</li> </ul>		
<b>Population</b>	At risk families identified by a standard assessment. Enrolment must occur before child reaches three months of age.	CBCAP	2009
<b>Setting</b>	Delivered through home visiting	CBCAP	2009
<b>Dose</b>	<p>“Recommended intensity: Families are to be offered weekly home visits for a minimum of six months after the birth of the baby. Home visits typically run 50-60 minutes. Upon meeting the defined criteria for family functioning, visit frequency is reduced to biweekly visits, monthly visits, and quarterly visits and services are tapered off over time. Typically, during pregnancy, families receive 2-4 visits per month. During times of crisis families may be seen 2 or more times in a week.</p> <p>Recommended duration: Services are offered prenatally or at birth until the child is at least three years of age and can be offered until he/she is five years of age.”</p>	CEBC	2011
<b>Evidence rating</b>	Well Supported	CEBC	2011
	Promising	CBCAP	2009
	Model Programs	SAF	1999
	Effective	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Incredible Years		Source	Year
<b>Program description</b>	<p>"The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations.</p> <p>Incredible Years Training for Parents. The Incredible Years parenting series includes three programs targeting parents of high-risk children and/or those displaying behavior problems. The BASIC program emphasises parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, helping children learn, effective praise and use of incentives, effective limit-setting and strategies to handle misbehavior. The ADVANCE program emphasises parent interpersonal skills such as: effective communication skills, anger management, problem-solving between adults, and ways to give and get support. The SUPPORTING YOUR CHILD'S EDUCATION program (known as SCHOOL) emphasises parenting approaches designed to promote children's academic skills such as: reading skills, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers.</p> <p>Incredible Years Training for Teachers. This series emphasises effective classroom management skills such as: the effective use of teacher attention, praise and encouragement, use of incentives for difficult behavior problems, proactive teaching strategies, how to manage inappropriate classroom behaviors, the importance of building positive relationships with students, and how to teach empathy, social skills and problem-solving in the classroom.</p> <p>Incredible Years Training for Children. The Dinosaur Curriculum emphasises training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem-solving, school rules and how to be successful at school. The treatment version is designed for use as a "pull out" treatment program for small groups of children exhibiting conduct problems. The prevention version is delivered to the entire classroom by regular teachers, 2-3 times a week."</p>	CEBC	2011
		Blueprints	2007
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Families with children aged 0-12	CBCAP	2009
<b>Setting</b>	Delivered in a group setting	CBCAP	2009
<b>Dose</b>	<p>"Recommended intensity: One 2-hour session per week (parent and child component). Classroom program offered 2-3 times weekly for 60 lessons. Teacher sessions can be completed in 4-5 full-day workshops or 14 x 2-hour sessions.</p> <p>Recommended duration: The Basic Parent Training Program is 14 weeks for prevention populations, and 18-20 weeks for treatment. The Child Training Program is 18-22 weeks. For treatment version, the Advance Parent Program is recommended as a supplemental program. Basic plus Advance takes 26-30 weeks. The Child Prevention Program is 20-30 weeks and may be spaced over two years. The Teachers Program is 4-6 full-day workshops spaced over 6-8 months."</p>	CEBC	2011

Incredible Years (continued)		Source	Year
Evidence rating	Well Supported	CEBC	2011
	Well Supported	CBCAP	2009
	Model Program	Blueprints	2007
	Exemplary I	SAF	1999
	Exemplary	OJJDP	Not indicated
	3.7 - for positive and nurturing parenting; harsh, coercive and negative parenting; child behaviour problems; child positive behaviours, social competence and schools readiness skills; and teacher classroom management skills 3.6 - for parent bonding and involvement with teacher and school	SAMHSA	2007
	Proven	PPN	2006
Used in Australia	Yes		

Multidimensional Family Therapy (MDFT)		Source	Year
<b>Program description</b>	<p>"MDFT is a family-based treatment system for adolescent substance use, delinquency, and related behavioral and emotional problems. Therapists work simultaneously in four interdependent domains: the adolescent, parent, family, and extra-familial. Once a therapeutic alliance is established and youth and parent motivation is enhanced, the MDFT therapist focuses on facilitating behavioral and interactional change. In the adolescent domain, adolescents are helped to develop coping, emotion regulation, and problem solving skills; improve social competence; and establish alternatives to substance use and delinquency. In the parent domain, the focus is on enhancing parental teamwork and improving parenting practices. Decreasing family conflict, deepening emotional attachments, and improving family communication and problem solving skills are the key goals within the family domain. In the extrafamilial domain, MDFT fosters family competency in interactions with social systems (e.g., justice, educational, social welfare). The final stage of MDFT works to solidify behavioral and relational changes and launch the family successfully so that treatment gains are maintained."</p>	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	<p>"Adolescents 11 to 18 with the following symptoms or problems: substance abuse or at risk, delinquent/conduct disorder, school and other behavioral problems, and both internalising and externalising symptoms."</p>	CEBC	2010
<b>Setting</b>	<p>"This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Day Treatment Program; Foster Home; Hospital; Residential Care Facility and School.</p> <p>MDFT was not designed to be conducted in a group setting and has not been tested for use in a group setting."</p>	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: For at-risk and early intervention, therapists typically provide 1-2 sessions per week, with sessions lasting between 60 and 90 minutes. More severe cases will require 2-3 sessions per week (average of 2) with each session lasting 60-90 minutes.</p> <p>Recommended duration: 3- 4 months for at-risk and early intervention youth and families; 5- 6 months for youth with a substance abuse and/or conduct disorder diagnosis."</p>	CEBC	2010

Multidimensional Family Therapy (MDFT) (continued)		Source	Year
Evidence rating	Well Supported	CEBC	2010
	Exemplary II	SAF	1999
	Effective	OJJDP	Not indicated
	3.2 - for substance use 3.1 - for substance use-related problem severity 3.3 - for abstinence from substance use; and treatment retention 3.8 - for recovery from substance use 3.5 - for risk factors for continued substance use and other problem behaviours 2.9 - for school performance 3.6 - for delinquency 3.5 - for cost effectiveness	SAMHSA	2008
	Other reviewed programs	PPN	Not indicated
Used in Australia	Information unavailable		



Multidimensional Treatment Foster Care-Adolescents (MTFC-A)		Source	Year
<b>Program description</b>	<p>"MTFC-A is a model of foster care treatment for children 12-18 years old with severe emotional and behavioral disorders and/or severe delinquency. MTFC-A aims to create opportunities for youths to successfully live in families rather than in group or institutional settings, and to simultaneously prepare their parents (or other long-term placement) to provide them with effective parenting. Four key elements of treatment are (1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, (2) providing daily structure with clear expectations and limits, with well-specified consequences delivered in a teaching-oriented manner, (3) providing close supervision of youths' whereabouts, and (4) helping youth to avoid deviant peer associations while providing them with the support and assistance needed to establish pro-social peer relationships. MTFC-A also has versions for preschoolers and children. MTFC-P (for preschoolers) is rated separately on this website. MTFC-C (for children) has not been tested separately, but has the same elements as MTFC-A except it includes materials more developmentally appropriate for younger children."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	"Boys and girls, 12-18 years old with severe delinquency and/or severe emotional and behavioral disorders. These youth were in need of out-of-home placement and could not be adequately served in lower levels of care."	CEBC	2011
<b>Setting</b>	<p>"Multidimensional Treatment Foster Care – Adolescents (MTFC-A) was designed to be conducted in a group setting. Recommended group size: one component of the foster parent support is designed to be delivered in a group format. The recommended group size is 10 or fewer foster parents.</p> <p>This program is typically conducted in a(n): Birth Family Home; Community Agency; Foster Home; Outpatient Clinic; or School"</p>		
<b>Dose</b>	<p>"Recommended intensity: For foster parent(s), there is typically a minimum of seven contacts per week which consist of five 10-minute contacts, one 2-hour group, and additional contacts based on the amount of support or consultation required. For the youth in treatment, two contacts per week which consist of a weekly individual therapy for one hour and weekly individual skills training in a 2-hour session. For the biological family or other long-term placement resource, one contact per week in the form of a 1-hour family therapy session.</p> <p>Recommended duration: Designed with an overall treatment duration of 6-9 months."</p>		

Multidimensional Treatment Foster Care-Adolescents (MTFC-A) (continued)		Source	Year
Evidence rating	Well Supported	CEBC	2011
	Top Tier	SPW	2009
	Model	Blueprints	2007
	Exemplary I	SAF	1999
	Exemplary	OJJDP	Not indicated
	3.1 - for days in locked settings; criminal and delinquent activities; and pregnancy rates 2.8 - for substance use; and homework completion and school attendance	SAMHSA	2009
	Other reviewed programs	PPN	Not indicated
Used in Australia	Yes		

Multisystemic Therapy (MST)		Source	Year
<b>Program description</b>	"Multisystemic Therapy (MST) is an intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. The primary goals of MST are to decrease youth criminal behavior and out-of-home placements. Critical features of MST include: (a) integration of empirically based treatment approaches to address a comprehensive range of risk factors across family, peer, school, and community contexts; (b) promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers; and (c) rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	"Youth, 12-17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system."	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Foster Home; and School	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Services are intensive, with intervention sessions being conducted from three times per week to daily. However, there is no expectation on a specific number of contact hours as staff contact is based on the clinical needs of the families. Session length also depends on the treatment needs of the family and may range from 50 minutes to 2 hours. Multiple types of sessions may be conducted in one day (e.g., parental drug screening and session; family communication and problem solving).</p> <p>Recommended duration: Treatment duration ranges from 3-5 months."</p>	CEBC	2011
<b>Evidence rating</b>	Well Supported	CEBC	2011
	Model	Blueprints	2006
	Exemplary I	SAF	1999
	Exemplary	OJJDP	Not indicated
	Proven	PPN	2011
<b>Used in Australia</b>	Yes		

Multisystemic Therapy for youth with problem sexual behaviors (MST-PSB)		Source	Year
<b>Program description</b>	<p>"Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that has been specifically designed and developed to treat youth (and their families) for problematic sexual behavior. Building upon the research and dissemination foundation of standard MST, the MST-PSB model represents a practice uniquely developed to address the multiple determinants underlying problematic juvenile sexual behavior.</p> <p>MST-PSB is delivered in the community, occurs with a high level of intensity and frequency, incorporates treatment interventions from MST, and places a high premium on approaching each client and family as unique entities. Treatment incorporates intensive family therapy, parent training, cognitive-behavioral therapy, skills building, school and other community system interventions, and clarification work. Ensuring client, victim, and community safety is a paramount mission of the model."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	"Youth (and their families) when the youth has engaged in sexually abusive behavior toward others. The offending youth must be between 10 and 17.5 years of age. Many of these youth will have been seen by the courts, although this is not an inclusionary requirement."	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Foster Home; or School	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Frequency and intensity of treatment are dependent on the unique needs of the youth and family. In general, families receive three or more contacts per week with the average contact lasting 1-2 hours. However, if the family is in crisis or urgent needs arise, the amount of contact will likely be even greater. During the latter stages of treatment, session frequency may lessen to promote more autonomy and generalisation of treatment effects.</p> <p>Recommended duration: 5-7 months."</p>	CEBC	2011
<b>Evidence rating</b>	Well Supported	CEBC	2011
	3.8 - for problem sexual behaviour; and incarceration and other out-of-home placement	SAMHSA	2009
	3.9 - for delinquent activities other than problem sexual behaviours; mental health symptoms; and substance use		
	3.6 - for family and peer relations		
<b>Used in Australia</b>	Yes		

Nurse Family Partnership		Source	Year
<b>Program description</b>	“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 component care-giving; 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.”	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Basic child care</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	First-time, low-income pregnant women. Enrolment must occur prior to 28 weeks gestation	CBCAP	2009
<b>Setting</b>	Home visitation	CBCAP	2009
<b>Dose</b>	<p>“Recommended intensity: Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit 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. 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 client's needs.</p> <p>Recommended duration: Clients are able to participate in the program for 2.5 years and the program is voluntary.”</p>	CEBC	2011

Nurse Family Partnership (continued)		Source	Year
Evidence rating	Well Supported	CEBC	2011
	Well Supported	CBCAP	2009
	Top Tier	SPW	2012
	Model Program	Blueprints	2006
	Exemplary	OJJDP	Not indicated
	3.5 - for maternal parental health; and childhood injuries and maltreatment 3.3 - for number of subsequent pregnancies and birth intervals 3.2 - for maternal self-sufficiency 3.4 - for school readiness	SAMHSA	2008
	Proven	PPN	2009
Used in Australia	Yes		

Oregon Model, Parent Management Training (PMTO)		Source	Year
<b>Program description</b>	"PMTO refers to a set of parent training interventions developed over forty years, originating with the theoretical work, basic research, and intervention development of Gerald Patterson and colleagues at Oregon Social Learning Center. PMTO can be used in family contexts including two biological parents, single-parent, re-partnered, grandparent led, and foster families. PMTO can be used as a preventative program and a treatment program. It can be delivered in many formats, including parent groups, individual family treatment, books, audiotapes and video recordings. PMTO interventions have been tailored for specific clinical problems, such as antisocial behavior, conduct problems, theft, delinquency, substance abuse, and child neglect and abuse."	CEBC	2012
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents of children 2-18 years of age with disruptive behaviours such as conduct disorder, oppositional defiant disorder, and anti-social behaviours.	CEBC	2012
<b>Setting</b>	"This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Community Daily Living Settings; Foster Home or Outpatient Clinic Oregon Model, Parent Management Training (PMTO™) was designed to be conducted in a group setting, and has been tested for use in a group setting. Recommended group size: 12-15 parents."	CEBC	2012
<b>Dose</b>	<p>"Recommended intensity: 1.5-2-hour weekly parent group sessions and 60-minute weekly individual/family sessions</p> <p>Recommended duration: 14 group sessions and 20-25 individual/family sessions, depending on severity; individual family treatment is not typically provided together with group treatment. The time frame can be 5-6 months or longer, depending on circumstances."</p>	CEBC	2012
<b>Evidence rating</b>	Well Supported	CEBC	2012
<b>Used in Australia</b>	Yes		

Parent Child Interaction Therapy		Source	Year
<b>Program description</b>	<p>"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 on two basic interactions:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Parent Directed Interaction (PDI), which resembles clinical behavior therapy in that parents learn to use specific behavior management techniques with their child."</li> </ul>	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Children aged 3-6 and their primary parent/caregiver. Adaption is available for physically abusive parents with children aged 4-12, which has been tested and achieved positive results.	CBCAP	2009
<b>Setting</b>	<p>Delivered in a one-on-one coaching environment</p> <p>"PCIT was not designed to be conducted in a group setting; but has been tested for use in a group setting. When delivered in a group format, small groups of 3 or 4 families in 90-minute sessions are recommended. This will allow adequate time for individual coaching of each parent-child dyad while other parents observe, code, and provide feedback in each session."</p>	CBCAP  CEBC	2009  2009
<b>Dose</b>	<p>"Recommended intensity: One or two 1-hour sessions per week.</p> <p>Recommended duration: The average number of sessions is 14, but varies from 10 to 20 sessions. Treatment continues until the parent masters the interaction skills to pre-set criteria and the child's behavior has improved to within normal limits."</p>	CEBC	2009
<b>Evidence rating</b>	Well Supported	CEBC	2009
	Well Supported	CBCAP	2009
	3.2 - for parent-child interaction 3.3 - for child conduct disorders 3.1 - for parent distress 3.9 - for recurrence of physical abuse	SAMHSA	2009
<b>Used in Australia</b>	Yes		



Strengthening Families		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Family relationships</li> <li>Child development</li> <li>Safety and physical wellbeing</li> </ul>		
<b>Population</b>	<p>"The program is appropriate for families with children aged 3-16. There are four different curricula:</p> <ul style="list-style-type: none"> <li>Preschool children, SFP 3-5 years, higher risk</li> <li>Elementary school children, SFP 6-11 years, higher risk</li> <li>Junior high students, SFP 10-14, general/universal population</li> <li>Early teens and high school, SFP 12-16, higher risk"</li> </ul>	CBCAP	2009
<b>Setting</b>	"Delivered in a group setting"	CBCAP	2009
<b>Dose</b>	"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."	CBCAP	2009
<b>Evidence rating</b>	Well Supported	CBCAP	2009
	Exemplary I	SAF	1999
	3.1 - for children's internalising and externalising behaviour; parenting practices/ parenting efficacy; and family relationships	SAMHSA	2007
	Other reviewed programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)		Source	Year
<b>Program description</b>	<p>"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. The overall goal of TF-CBT is to address symptoms resulting from a specific traumatic experience or experiences. This includes:</p> <ul style="list-style-type: none"> <li>• Improving child Post Traumatic Stress Disorder (PTSD), depressive and anxiety symptoms</li> <li>• Improving child externalising behavior problems (including sexual behavior problems if related to trauma)</li> <li>• Improving parenting skills and parental support of the child, and reducing parental distress</li> <li>• Enhancing parent-child communication, attachment and ability to maintain safety</li> <li>• Improving child's adaptive functioning</li> <li>• Reducing shame and embarrassment related to the traumatic experiences."</li> </ul>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> <li>• Child development</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	"Children with a known trauma history who are experiencing significant PTSD symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment"	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Birth Family Home; Community Agency; Community Daily Living Settings; Outpatient Clinic; or Residential Treatment Center" Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) was not designed to be conducted in a group setting; but has been tested for use in a group setting. Recommended group size: 6-10 children and their caregivers."	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Sessions are conducted once a week.</p> <p>Recommended duration: For each session: 30-45 minutes for child; 30-45 minutes for parent. The program model also includes conjoint child-parent sessions toward the end of treatment that last approximately 30-45 minutes. Treatment lasts 12-18 sessions."</p>	CEBC	2011
<b>Evidence rating</b>	Well Supported	CEBC	2011
	Exemplary	OJJDP	Not indicated
	<p>3.8 - for child behaviour problems; and child depression</p> <p>3.6 - for child symptoms of Post Traumatic Stress Disorder (PTSD)</p> <p>3.7 - for child feelings of shame; and parental emotional reaction to child's experience of sexual abuse</p>	SAMHSA	2008
<b>Used in Australia</b>	Yes		

Triple P		Source	Year
Program description	<p>"The Triple P Positive Parenting Program is a multilevel system or suite of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories. Triple P has five intervention levels of increasing intensity to meet each family's specific needs. Each level includes and builds upon strategies used at previous levels:</p> <ul style="list-style-type: none"> <li>• Level 1 (Universal Triple P) is a media-based information strategy designed to increase community awareness of parenting resources, encourage parents to participate in programs and communicate solutions to common behavioral developmental concerns</li> <li>• Level 2 (Selected Triple P) provides specific advice on how to solve common child developmental issues (e.g., toilet training) and minor child behavior problems (e.g., bedtime problems). Include are parenting tip sheets and videotapes that demonstrate specific parenting strategies. Level 2 is delivered mainly through one or two brief face-to-face 20-minute consultations.</li> <li>• Level 3 (Primary Care Triple P) targets children with mild to moderate behavior difficulties (e.g., tantrums, fighting with siblings) and includes active skills training that combines advice with rehearsal and self-evaluation to teach parents how to manage these behaviors. Level 3 is delivered through brief and flexible consultation, typically in the form of four 20-minute sessions.</li> <li>• Level 4 (Standard Triple P and Group Triple P), an intensive strategy for parents of children with more severe behavior difficulties (e.g., aggressive or oppositional behavior), is designed to teach positive parenting skills and their application to a range of target behaviors, settings and children. Level 4 is delivered in 10 individual or 8 group sessions totalling about 10 hours.</li> <li>• Level 5 (Enhanced Triple P) is an enhanced behavioral family strategy for families in which parenting difficulties are complicated by other sources of family distress (e.g., relationship conflict, parental depression or high levels of stress). Program modules include practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills. Enhance Triple P extends Standard Triple P by adding 3-5 sessions tailored to the needs of the family.</li> </ul> <p>Variations of some Triple P levels are available for parents of young children with developmental disabilities (Stepping Stones Triple P) and for parents who have abused (Pathways Triple P)."</p>	SAMHSA	2008
Outcomes	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Parent-child interactions</li> </ul>		
Population	Parents and caregivers with children aged 0-18.	CBCAP	2009
Setting	<p>The Triple P can be delivered in a range of settings including group based and home visiting.</p> <p>Recommended group size: 10-12 parents.</p>	<p>CBCAP</p> <p>CEBC</p>	<p>2009</p> <p>2009</p>

Triple P (continued)		Source	Year
<b>Dose</b>	<p>“Recommended intensity: Sessions last up to one hour. The number of sessions varies according to the level of the intervention required by the family:</p> <ul style="list-style-type: none"> <li>• Level 2: approximately 1-2 weekly sessions delivered via individual brief consultations (or in large-group parenting seminars)</li> <li>• Level 3: up to 4 brief 20-minute weekly consultation sessions</li> <li>• Level 4: 8 to 10 weekly sessions</li> <li>• Level 5: on average an additional 3 weekly sessions per family.</li> </ul> <p>Recommended duration: This varies by the level of the intervention required by the family. For example, Level 2 is 1-2 weeks in duration, while Level 5 can be up to 12 weeks.”</p>	CEBC	2009
<b>Evidence rating</b>	Well Supported	CEBC	2009
	Well Supported	CBCAP	2009
	Near Top Tier	SPW	2010
	Promising (NB: Blueprints only rated Triple P when it was implemented as a total system in a community. Evaluations of individual levels of Triple P implemented alone, such as the Level 4 Standard, Group, or Self-Directed formats, have not met Blueprints criteria)	Blueprints	2009
	Effective	OJJDP	Not indicated
	2.9 - for negative and disruptive child behaviours; and negative parenting practices as a risk factor for later child behaviour problems 3.0 - for positive parenting practices as a protective factor for later child behaviour problems	SAMHSA	2008
	Promising	PPN	2011
<b>Used in Australia</b>	Yes		

Adolescent Community Reinforcement Approach (A-CRA)		Source	Year
<b>Program description</b>	<p>"A-CRA is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers of an adolescent to support recovery from substance abuse and dependence. The manual outlines an outpatient program that targets youth 12-22 years old with Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) cannabis, alcohol, and/or other substance use disorders. A-CRA also has been implemented in intensive outpatient and residential treatment settings and the adult model, Community Reinforcement Approach (CRA), has been found effective with adults. A-CRA includes guidelines for three types of sessions: adolescents alone, caregivers alone, and adolescents and caregivers together. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with stressors, communication skills, and participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating substance use problems."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Adolescents aged 12-22 years with substance abuse issues	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Community Agency; Outpatient Clinic; Residential Care Facility; or School	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Once per week for 50-90 minutes. It is not unusual for family sessions to last up to 90 minutes.</p> <p>Recommended duration: Three months."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Yes		

Building Confidence		Source	Year
<b>Program description</b>	<p>"Building Confidence is a cognitive-behavioral therapy (CBT) that is provided to school-aged children who demonstrate clinically significant symptoms of a range of anxiety disorders (e.g., separation anxiety disorder). The format consists of individual child therapy combined with parent-training and involvement. The goal is to enhance the learning and maintenance of treatment strategies via child and parent involvement in treatment. Both children and their parents are taught fundamental CBT principles and techniques as well as integrating ways to build confidence through graduated learning and practice of age-appropriate self-independence skills. In-session exposures are extended into the home where parents assist children complete home-based exposures in the community by providing coaching in CBT strategies and naturalistic opportunities to practice and maintain treatment goals and effects. In line with these overarching treatment goals, the intervention program also works closely with the children's schools and teachers to promote the practice and generalization of treatment goals in the school (e.g., social anxiety).</p> <p>This program involves the family or other support systems in the individual's treatment: Parents are provided with psychoeducation about anxiety, independence skills, and CBT strategies to both help coach children during home-based exposures and provided opportunities to target treatment goals with the natural setting of the home, community, etc. The school system is also elicited as a support system so that key school personnel (e.g., teachers) can provide opportunities for treatment goals and monitoring of the child with the school environment."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Family relationships</li> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Children aged 7-11 who demonstrate a clinically significant symptoms for a range of anxiety disorders and their parents	CEBC	2011
<b>Setting</b>	"The program is typically conducted in community daily living settings, outpatient clinics and schools"	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly 1.5-hour session.</p> <p>Recommended duration: 16 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Child-Parent Psychotherapy (CPP)		Source	Year
<b>Program description</b>	"CPP is a treatment for trauma-exposed children aged 0-5. 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. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Children aged 0-5, who have experienced a trauma, and their caregivers	CEBC	2009
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; Outpatient Clinic; or School	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: Weekly sessions lasting 1-1.5 hours.</p> <p>Recommended duration: 52 weeks (one year)."</p>	CEBC	2009
<b>Evidence rating</b>	Supported	CEBC	2009
	<p>3.7 - for child Post Traumatic Stress Disorder (PTSD) symptoms; and maternal PTSD symptoms</p> <p>3.3 - for child behaviour problems; and maternal mental health symptoms other than PTSD symptoms</p> <p>3.8 - for children's representational models</p> <p>3.9 - for attachment security</p>	SAMHSA	2010
<b>Used in Australia</b>	Information unavailable		

Children with Sexual Behavior Problems Cognitive-Behavioural Treatment Program: School-age group		Source	Year
<b>Program description</b>	<p>"Children with Sexual Behavior Problems Cognitive-Behavioral Treatment Program: School-Age Group is a family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to reduce or eliminate incidents of sexual behavior problems:</p> <ul style="list-style-type: none"> <li>• The program is an outpatient group treatment program for children ages 6 to 12 years and their parents or other caregivers.</li> <li>• Program can be provided to individual families when group is not an option.</li> <li>• The treatment is provided as an open-ended group, with children able to graduate in 4-5 months.</li> <li>• Collaboration with child protective services, juvenile court personnel, school personnel, and others involved is highly recommended.</li> </ul> <p>The children acknowledge the previous breaking of sexual behavior rules, learn coping and self-control strategies, and develop a plan of how they were going to keep these rules in the future. Caregivers were taught how to supervise the children, teach and implement rules in the home, communicate about sex education, and reduce behavior problems utilizing behavior parent training strategies."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Children with sexual behaviour problems. Boys and girls ages 6 to 12 years of age and their caregivers	CEBC	2011
<b>Setting</b>	"Children with Sexual Behavior Problems Cognitive-Behavioral Treatment Program: School-Age Group was designed to be conducted in a group setting. Separate 6-9-year-olds from 10-12-year-olds. Five to eight children in each group. One caregiver group for these two groups can be used – or separate caregiver group depending on program decisions. This program is typically conducted in a(n):Outpatient clinic."	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: 60-90 minute weekly session.</p> <p>Recommended duration: 4-5 months depending on meeting graduation criteria."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		



Community Parent Education Program (COPE)		Source	Year
<b>Program description</b>	<p>"COPE is designed to help all parents develop proven skills to strengthen their relationships with their children, increase cooperation, and solve problems. COPE is a cost-effective large group program. Sessions typically include groups of 15 to 25 parents working to together in a combination of small group and large group exercises.</p> <p>COPE uses a coping modeling problem solving process. Leaders help groups of parents develop solutions to common problems. This helps parents develop skills which are culturally and developmentally relevant, strengthens problems solving skills, and builds parental confidence. COPE is designed to be conducted in convenient community locations such as schools and recreation centers. When possible, child care is provided. This reduces barriers which may prevent parents from participating in parenting programs. COPE uses readings, videotapes, small group problem solving discussions, demonstrations, practice exercises, and homework projects to help parents develop new skills."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child development</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Not specified	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Family Focused Treatment for Adolescents (FFT-A)		Source	Year
<b>Program description</b>	"FFT-A is a psychosocial treatment for youth with bipolar disorder, consisting of family psychoeducation, communication enhancement training, and problem-solving skills training. It is given alongside of medications in the period just after an episode of bipolar disorder. The clients are the adolescent, mother/father, and where possible, siblings and extended relatives."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	"Adolescents with bipolar disorder and their family members."	CEBC	2010
<b>Setting</b>	<p>"This program is typically conducted in an outpatient clinic"</p> <p>"FFT-A was not designed to be conducted in a group setting"</p>	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: 21 x 1-hour sessions: 12 weekly, 6 biweekly, and 3 monthly.</p> <p>Recommended duration: 9 months."</p>	CEBC	2010
<b>Evidence rating</b>	Supported	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Homebuilders		Source	Year
<b>Program description</b>	"Homebuilders® is a home and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The goals of Homebuilders® are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent placement or successfully reunify with their children. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. Reunification cases often require case activities related to reintegrating the child into the home and community. Examples include helping the parent find childcare, enrolling the child in school, refurbishing the child's bedroom, and helping the child connect with clubs, sports or other community groups. Child neglect referrals often require case activities related to improving the physical condition of the home, improving supervision of children, decreasing parental depression and/or alcohol and substance abuse, and helping families access needed community supports."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"Families with children (birth to 18) at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities."	CEBC	2011
<b>Setting</b>	Adoptive home; birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Three to five 2-hour sessions contacts per week; an average of 8-10 hours per week of face-to-face contact, with telephone contact between sessions.</p> <p>Recommended duration: An average of 4-6 weeks. Two aftercare 'booster sessions' totaling up to five hours are available in the six months following referral."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
	Model Programs	SAF	1999
	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Yes		

Home Instruction for Parents of Preschool Youngsters (HIPPY)		Source	Year
<b>Program description</b>	<p>"HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children aged 3-4 years for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child's cognitive and early literacy skills, as well as their social, emotional, and physical development.</p> <p>The HIPPY Curriculum contains 30 weekly activity packets, a set of storybooks, and a set of 20 manipulative shapes for each year. In addition to these basic materials, supplies such as scissors and crayons are provided for each participating family. The program uses trained coordinators and community-based home visitors who go into the home. These coordinators and home visitors role-play the activities with the parents and support each family throughout its participation in the program.</p> <p>HIPPY believes that parents play a critical role in their children's education. The HIPPY program seeks to support parents who may not feel sufficiently confident to prepare their children for school, and is designed to remove barriers to participation in education. HIPPY's primary goal is to increase vulnerable children's success in school and, ultimately, in life."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents who have young children and have limited formal education and resources.	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; or Foster Home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Home visitors engage their assigned parents on a weekly basis. Service delivery is primarily through home visits. A home visit consists of a 1-hour, one-on-one interaction between the home visitor and their assigned parents. Parents then engage their children in educational activities for five days per week for 30 weeks. At least six times per year, one or more cohorts of parents meet in a group setting with the coordinator and their assigned home visitor(s). Group meetings feature an enrichment activity and last approximately two hours.</p> <p>Recommended duration: A minimum of 30 weeks of interaction with the home visitor."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
	Model Programs	SAF	1999
<b>Used in Australia</b>	Yes		

Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)		Source	Year
<b>Program description</b>	"MTFC-P is a foster care treatment model specifically tailored to the needs of 3-6-year-old foster children. MTFC-P is effective at promoting secure attachments in foster care and facilitating successful permanent placements. MTFC-P is delivered through a treatment team approach in which foster parents receive training and ongoing consultation and support. Children receive individual skills training and participate in a therapeutic playgroup, and birth parents (or other permanent placement caregivers) receive family therapy. MTFC-P emphasises the use of concrete encouragement for pro-social behavior; consistent, non-abusive limit-setting to address disruptive behavior; and close supervision of the child. In addition, the MTFC-P intervention employs a developmental framework in which the challenges of foster preschoolers are viewed from the perspective of delayed maturation."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Child behaviour</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Preschool foster children aged 3-6 years who exhibit a high level of disruptive and anti-social behaviour which cannot be maintained in regular foster care or who may be considered for residential treatment.	CEBC	2009
<b>Setting</b>	<p>"Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) was designed to be conducted in a group setting. Recommended group size: There are two main components that are conducted in group environment: Therapeutic Playgroup and Foster Parent Support Meeting. The Therapeutic Playgroup is conducted with approximately 10 children. The Foster Parent Support Meeting occurs with 10 caregivers</p> <p>This program is typically conducted in a(n): Birth Family Home; Community Agency; Foster Home; or School."</p>	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: For foster parent(s), there is typically a minimum of seven contacts per week which consist of five 10-minute contacts, one 2-hour group and additional contacts based on the amount of support or consultation required. For the child in treatment, two contacts per week which consist of a 2-hour therapeutic playgroup and a 2-hour skills training session. For the biological family or other long-term placement resource, one contact per week in the form of a 1-hour skill-building session.</p> <p>Recommended duration: Designed with an overall treatment duration of 6-9 months."</p>	CEBC	2009
<b>Evidence rating</b>	Supported	CEBC	2009
<b>Used in Australia</b>	Yes		

Multi-Family Psychoeducational Psychotherapy (MF-PEP)		Source	Year
<b>Program description</b>	"MF-PEP is a manual-based treatment for children aged 8-12 with mood disorders (depressive and bipolar spectrum disorders). MF-PEP is based on a biopsychosocial framework and utilises cognitive-behavioral and family-systems based interventions. MF-PEP is an 8-session, 90-minutes-per-session treatment that begins and ends with children and parents together; the bulk of each session is run separately for parents and children. MF-PEP's goals are to help parents and children learn about, then effectively manage, symptoms of mood disorders via improved communication, problem solving, and emotion regulation. It is the intention of MF-PEP that by giving the parents and child a better understanding of the disorder, family tension will decrease and consumer skills will improve; resulting in reduced symptom severity and improved functioning."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Children aged 8-12 years with major mood disorders (depressive and bipolar spectrum) and their parents.	CEBC	2010
<b>Setting</b>	This program is typically conducted in a community agency or outpatient clinic	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Weekly 90 minute sessions.</p> <p>Recommended duration: 8 weeks."</p>	CEBC	2010
<b>Evidence rating</b>	Supported	CEBC	2010
<b>Used in Australia</b>	Yes		

Parenting Together Project (PTP)		Source	Year
<b>Program description</b>	"PTP is an educational intervention for first-time parents that focuses on the development of fathers' knowledge, skills, and commitment to the fatherhood role. The programs goals are to increase mothers' support and expectations for the fathers' involvement; to foster co-parental teamwork in the couple; and to have the couple deal more constructively with contextual factors such as work and cultural expectations. The intervention consists of eight 2-hour sessions that are spread out between the second trimester of pregnancy and five months post-partum."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Not specified	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Yes		

Project SUPPORT		Source	Year
<b>Program description</b>	"Project SUPPORT was developed to address child conduct problems (i.e., disruptive, oppositional behaviors). Specifically, it was designed for individual families (mother and child(ren)) in which the mother had sought refuge at a woman's shelter because of domestic violence and at least one of her children was exhibiting clinical levels of conduct problems. The intervention includes two main components: providing instrumental and emotional support to the mother during her transition from the women's shelter and teaching the mother to implement a set of child management and nurturing skills that have been shown to be effective in the treatment of clinical levels of conduct problems."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Families (mothers and children) who had recently sought refuge at domestic violence shelters, with children aged 4-9 exhibiting clinical levels of elevations on externalising problems (e.g., disruptive, defiant behaviours).	CEBC	2011
<b>Setting</b>	Birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly 1-1.5 hour sessions with flexibility in scheduling to address crises that emerge.</p> <p>Recommended duration: 26 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Supporting Father Involvement (SFI)		Source	Year
<b>Program description</b>	<p>"SFI is a preventive intervention designed to enhance fathers' positive involvement with their children. The curriculum is based on an empirically-validated family risk model. This model predicts that children's development is predicted by risks and buffers in five interconnected domains:</p> <ul style="list-style-type: none"> <li>• family members' characteristics</li> <li>• 3-generational expectations and relationship patterns</li> <li>• quality of parent-child relationship</li> <li>• quality of parents' relationship</li> <li>• balance of stressors versus social support for the family.</li> </ul> <p>The curriculum highlights the potential contributions fathers make to the family. The program is aimed at strengthening fathers' involvement in the family, promoting healthy child development, and preventing key factors implicated in child abuse."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationships</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Primarily low-income families	CEBC	2011
<b>Setting</b>	Conducted in a group setting in community agencies and schools	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Two-hour long weekly group meetings. Case management contact advisable.</p> <p>Recommended duration: 16 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		



Together Facing the Challenge		Source	Year
<b>Program description</b>	<p>"Together Facing the Challenge is a training/consultation approach to improving practice in treatment foster care (TFC). The intervention was built from a naturalistic study of "usual care" TFC to determine what practice components were related to improved outcomes for youth. It also incorporates elements from existing evidence-based treatments to fill identified gaps in usual care practice. The resulting model includes training/consultation for TFC supervisors as well as training for treatment foster parents. Together Facing the Challenge is designed as a train-the-trainer approach, so that TFC administrative/supervisory personnel can learn the training and model and train treatment foster parents.</p> <p>This program will provide training on practical parenting and supervisory skills and techniques. The goal of the program is that, at the end, both therapeutic foster parents and supervisors alike will:</p> <ul style="list-style-type: none"> <li>• Build therapeutic relationships</li> <li>• Perform and teach cooperation skills</li> <li>• Implement effective parenting techniques (communicate effectively, set expectations, reinforce positive behavior, avoid power struggles, etc.)</li> <li>• Prepare youth for their future by teaching independence skills</li> <li>• Create a positive home environment through family fun time, taking care of self, family meetings, etc.</li> </ul> <p>The program strives to improve outcomes for youth served in therapeutic foster care settings."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Treatment foster parents and agency staff	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Community Agency or Departments of Social Service. Together Facing the Challenge was designed to be conducted in a group setting. Recommended group size: 15-20	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Training for treatment foster parents occurs as a 6-week course (one 2-hour session per week).</p> <p>Recommended duration: Training for treatment foster parents occurs over 6 weeks. Follow-up booster sessions for foster parents at 6 and 12 months post-training."</p>	CEBC	2011
<b>Evidence rating</b>	Supported	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

1-2-3 Magic: Effective Discipline for Children		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Parents of children aged 2-12	CBCAP	2009
<b>Setting</b>	Delivered in a group setting or in a one-on-one coaching environment. Recommended group size: 6-25.	CBCAP CEBC	2009 2011
<b>Dose</b>	Eight 1.5 hour sessions delivered in one or two sessions a week for 4-8 weeks.	CBCAP	2009
<b>Evidence rating</b>	Supported	CEBC	2011
	Emerging/Evidence-Informed	CBCAP	2009
<b>Used in Australia</b>	Yes		

Guiding Good Choices		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Families of middle school children (ages 9-14) who reside in rural or economically stressed neighbourhoods.	CBCAP	2009
<b>Setting</b>	Delivered in a group setting.	CBCAP	2009
<b>Dose</b>	The program is divided into five x 2-hour sessions or 10 x 1-hour sessions and includes homework.	CBCAP	2009
<b>Evidence rating</b>	Supported	CBCAP	2009
	Promising	Blueprints	2006
	Exemplary I	SAF	1999
	Exemplary	OJJDP	Not indicated
	2.6 - for substance use; and delinquency 2.9 - for parenting behaviours and family interactions 3.1 - for symptoms of depression (adolescents)	SAMHSA	2007
	Proven	PPN	2009
<b>Used in Australia</b>	Information unavailable		

Healthy Families New York		Source	Year
<b>Program description</b>	"Healthy Families New York (HFNY) is a community-based prevention program based on the Healthy Families American 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 enrol in the program during pregnancy. The program is centred 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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Family relationships</li> <li>• Basic child care</li> </ul>		
<b>Population</b>	"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."	CBCAP	2009
<b>Setting</b>	Home visitation program	CBCAP	2009
<b>Dose</b>	"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)."	CBCAP	2009
<b>Evidence rating</b>	Supported	CBCAP	2009
	Proven	PPN	2011
<b>Used in Australia</b>	Information unavailable		

Infant Health and Development		Source	Year
<b>Program description</b>	<p>"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 Abecedarian 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.</p> <p>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 centre 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 emphasised 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 centre 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."</p>	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> <li>• Basic child care</li> </ul>		
<b>Population</b>	Families with infants who were born prematurely (37 or fewer weeks' gestation) and at low birth weight (2500 grams or less).	CBCAP	2009
<b>Setting</b>	Home visits, parent groups and child attendance at an early childhood centre.	CBCAP	2009
<b>Dose</b>	<p>"Home visits occurred weekly during the first year and biweekly for the next two years.</p> <p>Attendance at the child development centre began at age 12 months and lasted until age 36 months; the children attended the centre five days per week. Teacher-child ratios were 1-to-3 for children aged 12-23 months and 1-to-4 for those aged 24-36 months. Class sizes were six children for those under 24 months of age and eight children for those 24-36 months of age. Each site provided children with (optimal) transportation in IHDP-operated vans.</p> <p>Parent groups met every two months beginning when children were 12 months old."</p>	CBCAP	2009
<b>Evidence rating</b>	Supported	CBCAP	2009
	Proven/Promising	PPN	2009
<b>Used in Australia</b>	Information unavailable		

Schools and Families Educating Children (SAFE Children)		Source	Year
<b>Program description</b>	<p>"Schools and Families Educating Children (SAFE Children) is a comprehensive family-based prevention program for children who live in inner-city neighbourhoods and are entering 1<sup>st</sup> grade. The goal of the program is to improve parenting and family management skills that support successful academic and healthy social development in children.</p> <p>The program provides multiple family group sessions combined with individual tutoring in reading. The small group meetings for 4-6 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."</p>	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Family relationships</li> <li>Child development</li> </ul>		
<b>Population</b>	Children aged 5 and 6 years who are entering 1 <sup>st</sup> grade and their families.	CBCAP	2009
<b>Setting</b>	Delivered in a group setting and through individualised coaching and home visits in collaboration with a school.	CBCAP	2009
<b>Dose</b>	<p>"SAFE Children is a manualised 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:</p> <ul style="list-style-type: none"> <li>A 20-week series of group meetings of 4-6 families. Families meet weekly for 90 minute sessions led by Family Group Leaders</li> <li>Twice-weekly, 20-30-minute individual tutoring sessions."</li> </ul>	CBCAP	2009
<b>Evidence rating</b>	Supported	CBCAP	2009
	Effective	OJJDP	Not indicated
	3.6 - for reading achievement; child problem behaviours; parenting practices; and parental involvement in child's education	SAMHSA	2007
	Other reviewed programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Early Childhood Education and Assistance Program (ECEAP)		Source	Year
<b>Program description</b>	<p>"ECEAP is composed of four interactive components: education, health and nutrition, parent involvement, and family support. These components collectively identify problems that hinder learning; provide health screenings and immunizations for children; encourage parental involvement in the classroom and in the program itself through local parent-run policy councils; assess family needs and refer families to community resources; and provide adults with training to improve their parenting, leadership, and self-sufficiency skills.</p> <p>ECEAP is a community-based, family-focused, comprehensive, pre-kindergarten program designed to help children and their families who are in poverty. The program focuses on helping three- and four-year-olds prepare for and succeed in school while helping their parents progress toward self-sufficiency."</p>	PPN	2004
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Early childhood (0-8 years)	PPN	2004
<b>Setting</b>	Type of setting: child care/preschool; community-based service provider; health care provider; home visiting	PPN	2004
<b>Evidence rating</b>	Promising	PPN	2004
<b>Used in Australia</b>	Information unavailable		

Fast Track		Source	Year
<b>Program description</b>	<p>"FAST Track is a comprehensive and long-term prevention program that aims to prevent chronic and severe conduct problems for high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. FAST Track's main goals are to increase communication and bonds between these three domains, enhance children's social, cognitive, and problem-solving skills, improve peer relationships, and ultimately decrease disruptive behavior in the home and school. The Program spans grades 1 through 6, but is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school. It is multidimensional, including the following components:</p> <ul style="list-style-type: none"> <li>• Parent Training occurs in first grade and emphasises fostering children's academic performance, communicating with the school, controlling anger, and using effective discipline.</li> <li>• Home Visitations occur biweekly to reinforce parenting skills, promote parents' feelings of efficacy and empowerment, and foster parent's problem-solving skills.</li> <li>• Social Skills Training enhances children's social-cognitive and problem-solving skills, peer relations, anger control, and friendship maintenance.</li> <li>• Academic Tutoring is offered three times per week to improve children's reading skills.</li> <li>• Classroom Intervention utilises the PATHS curriculum, a program designed to be used in grades 1-5 to help children develop emotional awareness skills, self-control and problem-solving skills, foster a positive peer climate, incorporate home activities to allow parents' participation, and improve teachers' classroom management skills."</li> </ul>	Blueprints	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	"FAST Track is an intervention that can be implemented in rural and urban areas for boys and girls of varying ethnicity, social class, and family composition (i.e., the primary intervention is designed for all youth in a school setting). It specifically targets children identified in kindergarten for disruptive behavior and poor peer relations."	Blueprints	2006
<b>Dose</b>	The Program spans grades 1 through 6, but is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school.	Blueprints	2006
<b>Evidence rating</b>	Promising Program	Blueprints	2006
	Exemplary	OJJDP	Not indicated
	Other reviewed programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		



Healthy Steps for Young Children		Source	Year
<b>Program description</b>	<p>"Healthy Steps for Young Children is a national initiative that incorporates developmental specialists into primary care pediatric visits with the aim of meeting families' needs related to their young children's development and behavior. The program also aims to improve the relationships between parents and children, between parents and pediatric practices, and between pediatric practice members. The program targets families with newborns between birth and four weeks. Participating families receive up to six home visits and extended developmental services provided by a Healthy Steps Specialist (HSS) from birth to age three. The HSSs participate in the well-child office visits with the child's health care provider, answer parents' questions about child development, assess the children's developmental status, and identify family health risks. Participating families are also provided with written materials on preventative safety measures and community resources, and the families are given access to a child development telephone information line staffed by an HSS and parent groups facilitated by an HSS."</p>	PPN	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Families with newborns between birth and four weeks	PPN	2011
<b>Setting</b>	Home care provider; home visiting	PPN	2011
<b>Dose</b>	Participating families receive up to six home visits and extended developmental services provided by a Healthy Steps Specialist (HSS) from birth to age three	PPN	2011
<b>Evidence rating</b>	Promising	PPN	2011
<b>Used in Australia</b>	Information unavailable		

Orebro Prevention Program		Source	Year
<b>Program description</b>	"The Orebro Prevention Program (OPP) is a universal prevention program to decrease underage drunkenness by maintaining parents' restrictive attitudes and expectations towards underage drunkenness. The goal is to maintain parents' restrictive attitudes towards underage drinking, even when their child is in their teens."	Blueprints	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Child behaviour</li> </ul>		
<b>Population</b>	OPP targets all parents of youth between the ages of 13-16	Blueprints	2011
<b>Setting</b>	School	Blueprints	2011
<b>Dose</b>	OPP is delivered to the parents through structured 20 minute presentations during parent meetings in school, once each semester	Blueprints	2011
<b>Evidence rating</b>	Promising Program	Blueprints	2011
<b>Used in Australia</b>	Information unavailable		

Parents' Fair Share		Source	Year
<b>Program description</b>	<p>"The Parents' Fair Share (PFS) demonstration program, implemented from 1994 through 1996 (with an initial pilot phase from 1992 to 1994), was a national demonstration project authorised by the Family Support Act of 1988. PFS was designed and evaluated by the Manpower Demonstration Research Corporation (MDRC). The goals of the program included helping unemployed, noncustodial parents (primarily fathers) to secure employment, pay child support, and participate more fully and responsibly as parents. The PFS program was designed as an alternative to standard child support enforcement. The program offered services in four areas: employment and training, modified child-support enforcement, peer support, and voluntary mediation services with the custodial parent.</p> <p>PFS services were provided through newly developed coalitions of governmental child-support enforcement agencies, employment and training agencies at the state and community level, and private community service organisations. The PFS program was originally implemented in seven states, including Dayton (OH), Grand Rapids (MI), Jacksonville (FL), Los Angeles (CA), Memphis (TN), Springfield (MA), and Trenton (NJ). Most of the sites that continued the PFS program through to the end of the demonstration project adapted the original program model based on their initial experiences."</p>	PPN	2007
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Unemployed, noncustodial parents (primarily fathers)	PPN	2007
<b>Setting</b>	Community-based service provider	PPN	2007
<b>Evidence rating</b>	Promising	PPN	2007
<b>Used in Australia</b>	Information unavailable		

Preventive Treatment Program (PTP)		Source	Year
Program description	"The program is designed to prevent antisocial behavior of boys who display early, problem behavior. It provides training for both parents and youth to decrease delinquency, substance use, and gang involvement. The Preventive Treatment Program combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. The training is implemented in small groups containing both disruptive and non-disruptive boys, and it utilises coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills."	Blueprints	2006
Outcomes	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationship</li> <li>• Child development</li> </ul>		
Population	Boys who display early, problem behaviour	Blueprints	2006
Setting	School		
Dose	Parents receive an average of 17 sessions and boys 19 sessions	Blueprints	2006
Evidence rating	Promising Program	Blueprints	2006
	Other Reviewed Programs	PPN	Not indicated
Used in Australia	Information unavailable		

Seattle Social Development Project (SSDP)		Source	Year
<b>Program description</b>	<p>"This universal, multidimensional intervention decreases juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. SSDP's success lies in its combination of parent and teacher training.</p> <p>Teachers receive instruction that emphasises proactive classroom management, interactive teaching, and cooperative learning. When implemented, these techniques minimise classroom disturbances by establishing clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, 1<sup>st</sup> grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and 6<sup>th</sup> grade teachers present refusal skills training.</p> <p>Parents receive optional training programs throughout their children's schooling.</p> <ul style="list-style-type: none"> <li>• When children are in 1<sup>st</sup> and 2<sup>nd</sup> grade, 7 sessions of family management training help parents monitor children and provide appropriate and consistent discipline.</li> <li>• When children are in 2<sup>nd</sup> and 3<sup>rd</sup> grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress.</li> <li>• When children are in 5<sup>th</sup> and 6<sup>th</sup> grade, 5 sessions help parents create family positions on drugs and encourage children's resistance skills." </li></ul>	Blueprints	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	General population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school	Blueprints	2006
<b>Setting</b>	School		
<b>Evidence rating</b>	Promising Program	Blueprints	2006
	Promising	PPN	2006
<b>Used in Australia</b>	Information unavailable		

Strengthening Families Program: For Parents and Youth 10-14		Source	Year
<b>Program description</b>	"The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10-14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The program includes seven x 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances. Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff."	SAMHSA	2008
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Parent-child relationships</li> </ul>		
<b>Population</b>	Parents, and youth aged 10-14 years	SAMHSA	2008
<b>Setting</b>	School	SAMHSA	2008
<b>Dose</b>	Seven 2-hour sessions and four optional booster sessions	SAMHSA	2008
<b>Evidence rating</b>	Promising Program	Blueprints	2006
	Exemplary II	SAF	1999
	Exemplary	OJJDP	Not indicated
	2.8 - for substance use 2.9 - for school success 3.0 - for aggression 3.3 - for cost effectiveness	SAMHSA	2008
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Strong African American Families (SAAF)		Source	Year
<b>Program description</b>	<p>"Strong African American Families (SAAF) is a parental training and family therapy program grounded in social bonding and control theories. The program works to strengthen the attachment between parent and child to reduce the likelihood of youth involvement in various problem behaviors, particularly alcohol and substance abuse. SAAF targets African American families with children 10-14 years of age.</p> <p>SAAF aims to strengthen parenting practices related to monitoring and supporting youth, articulating parental expectations for alcohol use, communicating with youth about sex, and promoting positive racial socialization. It also works to promote youths' ability to focus on goals for the future, resist involvement in risk behaviors, maintain negative images of risk behaviors and peers who engage in them, and accept parental influences.</p> <p>Caregivers and their children attend seven consecutive weekly sessions at a venue in their community (e.g., local community centers, schools, and churches). Caregiver session topics address monitoring, communication, limit setting, parental school involvement, racial socialization, and clear expectations about alcohol use. The youth sessions address goal setting, attitudes about substance use and people who use substances, risk behavior, resistance skills, racial socialisation, understanding of parental perspectives, and acceptance of parental influences. The family sessions build upon these topics while supporting efforts to strengthen family relationships, as well as cultural pride and values."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	African American youths aged 10-14 years and their primary caregivers	SAMHSA	2011
<b>Setting</b>	School and other community settings	SAMHSA	2011
<b>Dose</b>	Facilitators administer SAAF through seven 2-hour sessions using separate skill-building curricula for youths and primary caregivers. Sessions can be implemented at any time during the week, including weekends. During the first hour of each session, youths and primary caregivers meet separately with facilitators	SAMHSA	2011
<b>Evidence rating</b>	Promising Program	Blueprints	2006
	Effective	OJJDP	Not indicated
	3.6 - for alcohol use 3.8 - for conduct problems	SAMHSA	2011
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Adolescent Transitions Program		Source	Year
<b>Program description</b>	<p>"The Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children. The parent-focused curriculum concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving, and active listening. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The curriculum for teens takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, developing and providing peer support for prosocial and abstinent behavior, setting limits, and learning problem-solving.</p> <p>The long-term goals of the program are to arrest the development of teen antisocial behaviors and drug experimentation. Intermediate goals are to improve parents' family management and communication skills. To accomplish these goals, the intervention uses a "tiered" strategy with each level (universal, selective, and indicated) building on the previous level. The universal level is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behavior and substance use. At the selective level of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behavior and substance use. At the indicated level, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioral family therapy, parenting groups, or case management services."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Family relationship</li> </ul>		
<b>Population</b>	Adolescents aged 11-18 years	OJJDP	Not indicated
<b>Setting</b>	Rural	OJJDP	Not indicated
<b>Dose</b>	Program activities are led by group leaders and include parent group meetings, individual family meetings, and teen group sessions, as well as monthly booster sessions for at least 3 months following completion of the group.	OJJDP	Not indicated
<b>Evidence rating</b>	Exemplary II	SAF	1999
	Effective	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		



Raising a Thinking Child: I Can Problem Solve for Families		Source	Year
<b>Program description</b>	<p>"Raising a Thinking Child: I Can Problem Solve for Families aims to develop a set of interpersonal cognitive problem-solving (ICPS) skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the goal is to decrease future serious problems by addressing the behavioral predictors early in life. In addition, the parent intervention is designed to help parents use a problem-solving style of communication that guides young children to think for themselves. The program consists of 10-12 weekly sessions, though a minimum of 6 weeks is sufficient to convey the approach. The first section concentrates on learning a problem-solving vocabulary in the form of games. The second section teaches children how to listen. It also teaches them how to identify their own and others' feelings and to realise that people can feel different ways about the same thing. In the last section, children are given hypothetical problems and asked to think about people's feelings, consequences to their acts, and different ways to solve problems. During the course of the program, parents are given exercises to help them think about their own feelings and become sensitive to their children's feelings. Parents also learn how to find out their children's view of the problem and how to engage their children in the process of problem solving."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	The program now includes parents of children up to age seven and has been expanded to include middle and upper-middle income populations in the normal behavioural range as well as those displaying early high-risk behaviours. These include those diagnosed with ADHD and other special needs.	SAF	1999
<b>Dose</b>	The program consists of 10-12 weekly sessions, though a minimum of 6 weeks is sufficient to convey the approach	OJJDP	Not indicated
<b>Evidence rating</b>	Exemplary II	SAF	1999
	Effective	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

The Prenatal and Early Childhood Nurse Home Visitation Program		Source	Year
<b>Program description</b>	<p>"The Prenatal and Early Childhood Nurse Home Visitation Program is a well-tested model that improves the health and social functioning of low-income first-time mothers and their babies. Nurse home visitors develop a supportive relationship with the mother and family which emphasises education, mutual goal setting, and the development of the parents' own problem-solving skills and sense of self-efficacy. Beginning in pregnancy, the nurses help women to improve their health behaviors related to substance abuse (smoking, drugs, alcohol) and nutrition, significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment. After delivery, the emphasis is on enhancing qualities of care-giving for infants and toddlers, thereby preventing child maltreatment, childhood injuries, developmental delay, and behavioral problems. Among the mothers, the program also focuses on preventing unintended subsequent pregnancies, school drop out, and failure to find work resulting in ongoing welfare dependence - factors that conspire to enmesh families in poverty and that increase the likelihood that women will have poor subsequent pregnancies and increase the likelihood for sub-optimal care of children. In order to achieve maximum outcomes in the preceding domains of functioning, nurses work to improve environmental contexts by enhancing informal support and by linking families with needed health and human services."</p>	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Basic child care</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Low income first time mothers and their infants	SAF	1999
<b>Setting</b>	Home	SAF	1999
<b>Dose</b>	Using developmentally established protocols, nurses visit families as follows: (a) weekly during the first month following enrollment, (b) every other week throughout the remainder of the woman's pregnancy, (c) weekly for the first six weeks postpartum, (d) every other week thereafter through the child's 21 <sup>st</sup> month, and (e) then monthly until the child reaches age two.	SAF	1999
<b>Evidence rating</b>	Exemplary II	SAF	1999
<b>Used in Australia</b>	Information unavailable		

Linking the Interests of Families and Teachers (LIFT)		Source	Year
<b>Program description</b>	<p>"Linking the Interests of Families and Teachers (LIFT) is an intervention designed to prevent the development of aggressive and antisocial behaviors in children within the elementary school setting (particularly first graders and fifth graders).</p> <p>LIFT was informed by scientific research on the development of delinquency—specifically coercion theory (for more details, see Patterson, 1982, or Patterson, Reid, and Dishion, 1992). As such, LIFT is designed to decrease the likelihood of two major factors that put children at risk for subsequent antisocial behavior and delinquency: 1) aggressive and other socially incompetent behaviors with teachers and peers at school and 2) ineffective parenting, including inconsistent and inappropriate discipline and lax supervision. LIFT has three main components: 1) classroom-based child social skills training, 2) the playground Good Behavior Game, and 3) parent management training. These efforts are fortified by systematic communication between teachers and parents. To facilitate communication, a "LIFT line" is implemented in each classroom. The LIFT line is a phone and an answering machine in each classroom that families are encouraged to use if they have any questions for the teachers or have concerns that they wish to share.</p> <p>Child social skills training sessions are held during the regular school day and are broken into distinct segments. The first segment includes 1) classroom instruction and discussion about specific social and problem-solving skills, 2) skills practice in small and large groups, 3) free play in the context of a group cooperation game, and 4) review and presentation of daily rewards. The second segment includes a formal class problem-solving session and free play and rewards. The curriculum is similar for all elementary school students, but delivery format, group exercises, and content emphasis are modified to address normative developmental issues depending on the grade level of the participants.</p> <p>The playground Good Behavior Game takes place during the middle of the free-play portion of the social skills training and is used to actively encourage positive peer relations on the playground. During the game, rewards are earned by individual children for demonstrating positive problem-solving skills and other prosocial behaviors with peers as well as for the inhibition of negative behaviors.</p> <p>Parent Management Training in LIFT is conducted in groups of 10-15 parents and consists of six weekly 2.5-hour sessions. Sessions can provide training either after school or in the evenings. Session content concentrates on positive reinforcement, discipline, monitoring, problem solving, and parent involvement in the school. Communication is fostered throughout the school year."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Elementary school children	OJJDP	Not indicated
<b>Evidence rating</b>	Exemplary	OJJDP	Not indicated
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Attachment and Biobehavioral Catch-up (ABC)		Source	Year
<b>Program description</b>	"ABC targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the second intervention component helps caregivers provide nurturing care even if it does not come naturally. Third, many children who have experienced early adversity are dysregulated behaviorally and biologically. The third intervention component helps caregivers provide a responsive, predictable environment that enhances young children's behavioral and regulatory capabilities."	CEBC	2012
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Foster parents of infants	CEBC	2012
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; or Foster Home	CEBC	2012
<b>Dose</b>	<p>"Recommended intensity: Weekly 1-hour sessions.</p> <p>Recommended duration: 10 sessions."</p>	CEBC	2012
<b>Evidence rating</b>	Promising	CEBC	2012
<b>Used in Australia</b>	Information unavailable		

AVANCE Family Support and Education Program (AVANCE)		Source	Year
<b>Program description</b>	"AVANCE is program to support low-income Hispanic families. The program includes a 9-month center-based component, as well as monthly home visits. Mothers are provided transportation to centers, where they make educational toys and receive training on child development and a curriculum aimed at helping them see themselves as effective role models and teachers. This curriculum is supported by the home visits. Children participate in an educational day-care setting during mothers' classes. During a second year, mothers may attend courses in English as a Second Language and take college or GED classes or courses in vocational skills."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> </ul>		
<b>Population</b>	Low income Hispanic families	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Child-Parent Centers		Source	Year
<b>Program description</b>	"The Child-Parent Centers program is a center-based early intervention that provides educational and family support services. The program is designed for low-income children and families from preschool to early elementary school. Class sizes are kept small and teachers are given in-service training. The Child-Parent Centers focus on five areas: early intervention; parent involvement; a structured language and basic skills approach; health and social services; and continuity between preschool and early elementary school. The parent component includes a full-time parent resource teacher; parent educational activities and GED classes; and support for parent-child interactions and interactions among parents. The program also includes home visitation and parent conferences to support their five focus areas."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Children aged 3-9 years	OJJDP	Not indicated
<b>Setting</b>	Urban	OJJDP	Not indicated
<b>Evidence rating</b>	Promising	CEBC	2011
	Effective	OJJDP	Not indicated
	Proven	PPN	2008
<b>Used in Australia</b>	Information unavailable		

Children with Sexual Behavior Problems Cognitive-Behavioral Treatment Program: Preschool Program		Source	Year
<b>Program description</b>	<p>"Children with Sexual Behavior Problems Cognitive-Behavioral Treatment Program: Preschool Program is a family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to reduce or eliminate incidents of sexual behavior problems:</p> <ul style="list-style-type: none"> <li>• The program is an outpatient group treatment program for children ages 3-6 years and their parents or other caregivers.</li> <li>• The program can be provided to individual families when group is not an option.</li> <li>• The treatment is provided as a closed-ended group.</li> <li>• The group is 12-14 sessions long.</li> <li>• Collaboration with child protective services, school personnel, and others involved is highly recommended.</li> </ul> <p>Caregivers are taught about sexual development, how to supervise the children, teach and implement rules in the home, communicate about sex education, and reduce behavior problems utilizing behavior parent training strategies. Children are taught private part rules and abuse prevention skills in the context of safety rules. Boundaries, emotional regulation, coping skills, and basic impulse control strategies are taught and practiced during and between sessions."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Children with sexual behaviour problems. Boys and girls aged 3-6 years and their caregivers.	CEBC	2011
<b>Setting</b>	Children with Sexual Behaviour Problems Cognitive-Behavioural Treatment Program: Preschool Program was designed to be conducted in a group setting. The size depends in part on the number of co-therapists available. We recommend having 5-7 children in each group.	CEBC	2011
<b>Dose</b>	<p>Recommended intensity: 90-minute weekly session.</p> <p>Recommended duration: 12-14 sessions.</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Circle of Security (COS)		Source	Year
<b>Program description</b>	<p>"The COS protocol is an early intervention program designed to prevent insecure attachment and child mental disorders. It uses a user-friendly, visually based approach (utilising extensive use of both graphics and video clips) to help parents better understand the needs of their children. It is based extensively upon attachment theory and current affective neuroscience.</p> <p>All of the learning is informed around the following themes:</p> <ul style="list-style-type: none"> <li>• Teaching the basics of attachment theory via the Circle of Security™</li> <li>• Increasing parent skills in observing parent/child interactions</li> <li>• Increasing capacity of the caregiver to recognise and sensitively respond to children's needs</li> <li>• Supporting a process of reflective dialogue between clinician and parent to explore both strengths and areas of parent difficulties (i.e., being 'Bigger, Stronger, Wiser, and Kind,' supporting exploration, and supporting attachment)</li> <li>• Introducing parent to a user-friendly way to explore defensive process."</li> </ul>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Basic child care</li> <li>• Child development</li> </ul>		
<b>Population</b>	High-risk populations such as having a child enrolled in Early Head Start or Head Start programs, incarcerated women, or having an irritable baby	CEBC	2011
<b>Setting</b>	Birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: A 2-hour lab visit for the dyad (caregiver and child) for assessment and three hour-long home visits reviewing video tape of the dyad with the parent and a fourth visit at the end for follow-up and ending. The visits took place about once every three weeks.</p> <p>Recommended duration: 3-4 months."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

Common Sense Parenting (CSP)		Source	Year
Program description	"Common Sense Parenting <sup>SM</sup> (CSP) is a group-based class for parents comprised of 6 weekly, 2-hour sessions led by a certified trainer who focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior. Each class is formatted to include a review of the prior session, instruction of the new skill, modeled examples, skill practice/feedback, and a summary."	CEBC	2010
Outcomes	<ul style="list-style-type: none"> <li>Child behaviour</li> </ul>		
Population	Parents and other caregivers of children aged 6-16 years	CEBC	2010
Setting	This program is typically conducted in a(n): Community Agency; Community Daily Living Settings; Hospital; or School. Common Sense Parenting (CSP) was designed to be conducted in a group setting. Recommended group size: Approximately 9-10 parents.	CEBC	2010
Dose	<p>"Recommended intensity: One 2-hour weekly session.</p> <p>Recommended duration: 6 weeks."</p>	CEBC	2010
Evidence rating	Promising	CEBC	2010
	Promising	OJJDP	Not indicated
Used in Australia	Information unavailable		



Cool Kids		Source	Year
<b>Program description</b>	<p>"Cool Kids is a program that teaches children and their parents how to better manage the child's anxiety. It can be run either individually or in groups and involves the participation of both children and their parents. The program aims to teach clear and practical skills to both the child and parents. The program is aimed at young people 7-17 years, is fully supported by manuals, and has slightly different versions for children and teenagers. Variations of the program also exist for children with comorbid autism, adolescents with comorbid depression, and for delivery in school settings.</p> <p>The goals of Cool Kids are to reduce the symptoms and amount of life interference caused by anxiety, including reducing avoidance and family distress and increasing confidence, peer relationships, and engagement in extra-curricular activities.</p> <p>This program involves the family or other support systems in the individual's treatment: For children under 12, parents attend every session. For adolescents, parents attend most sessions. Parents learn how to manage children differently, how to manage their own anxieties, and how to help their child implement their new skills outside the therapy sessions."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>	CEBC	2011
<b>Population</b>	"Children and adolescents suffering anxiety disorders"	CEBC	2011
<b>Setting</b>	<p>"This program is typically conducted in a(n): Community Agency; Outpatient Clinic; or School"</p> <p>"Cool Kids was designed to be conducted in a group setting (recommended group size: 6-8)"</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity:</p> <ul style="list-style-type: none"> <li>• Individual format: 8 hour-long weekly sessions followed by two hour-long biweekly sessions</li> <li>• Group format: 8 x 2-hour long sessions followed by two x 2-hour long sessions.</li> </ul> <p>Recommended duration: 12 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

Cool Kids Outreach Program		Source	Year
<b>Program description</b>	<p>"Cool Kids Outreach Program is a version of Cool Kids, a program that teaches children and their parents how to better manage the child's anxiety. The program aims to teach clear and practical skills to both the child and parents. The program is supported by manuals and has slightly different versions for children (7-12) and teenagers (13-17). The outreach version is designed to be conducted without any personal contact between client and therapist. For younger children, parents act as the "therapist" and receive detailed instructions to help their child. For teenagers, the young person receives detailed instructions and parents are encouraged to participate as a support.</p> <p>The goals of Cool Kids Outreach are to reduce the symptoms and amount of life interference caused by anxiety, including reducing avoidance and family distress and increasing confidence, peer relationships, and engagement in extra-curricular activities</p> <p>This program involves the family or other support systems in the individual's treatment: For children under 13, primary materials are aimed at helping the parent/ caregiver run the program with the child (i.e., the parent becomes the therapist). For adolescents, parents receive some information to enable them to assist and support the young person."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Family relationships</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Children with anxiety disorders of any type and their parents	CEBC	2011
<b>Setting</b>	<p>Delivery settings include adoptive homes, birth family homes, foster homes and schools.</p> <p>"Cool Kids Outreach Program was not designed to be conducted in a group setting, and has not been tested for use in a group setting."</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Number of contacts varies depending on therapist availability and personal need. Weekly 30-minute sessions by telephone is recommended.</p> <p>Recommended duration: It is an individual program and so length is personal. However, standard is 12 weeks with phone contact during the first 10."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

Domestic Violence Home Visit Intervention (DVHVI)		Source	Year
<b>Program description</b>	"The DVHVI is a joint project of the Yale Child Study Center and the New Haven Police Department. The project provides enhanced law enforcement, community-based advocacy, and mental health services to families affected by domestic violence, in an effort to increase children's safety and decrease negative psychological effects of exposure to domestic violence. The project conducts outreach home visits by teams of advocates and patrol officers. At the initial home visit, the team and non-offending parent identify issues affecting family safety. The team provides information related to judicial processes, available community resources, and children's responses to violence and trauma. Ongoing intervention, including referrals for child-focused clinical treatment, is determined by the unique needs of each family."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"Families with children from birth to 18 years old that have reported incidents of intimate partner violence (IPV) to police. Children need not have been physically present at the violent event, but there must be children living in the home for the family to be eligible for the service. All levels of violence are targeted, with specific interventions determined by the level of ongoing danger."	CEBC	2011
<b>Setting</b>	Birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: This program provides a single initial home visit to all referred families. The number of visits ranges from 1 to 15. Most families receive 1 or 2 visits, with the initial home visits ranging in length from 5 minutes to 2 hours, with a median of 20 minutes. For those families that do engage in ongoing services, frequency of contact with program advocates ranges from daily to monthly.</p> <p>Recommended duration: Individual service plans are determined by specific family needs and wishes. Duration of contact ranges from a single visit to more than a year of advocacy service with the total time spent ranging from 10 minutes to more than 100 hours. Most families receive less than 1 hour of total service."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Effective Black Parenting Program (EBPP)		Source	Year
<b>Program description</b>	"Effective Black Parenting (EBPP), a cognitive-behavioral program, was created to meet the specific needs of African-American parents. It seeks to foster effective family communication, healthy African-American identity, extended family values, child growth and development, and healthy self-esteem. In addition, it facilitates efforts to combat child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances. The program is grounded in basic parenting strategies and information appropriate for all socio-economic status levels but especially for parents of children aged 2-12 years old."	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	African-American families at risk for child maltreatment	CEBC	2010
<b>Setting</b>	"Effective Black Parenting Program (EBPP) was designed to be conducted in a group setting. The program is typically conducted in a(n): Birth Family Home; Community Agency; Foster Home' or Outpatient Clinic."	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Weekly 3-hour sessions or a 1-day abbreviated seminar version of 6.5 hours.</p> <p>Recommended duration: 15 weeks total including a session for graduation and testifying or just one-day for the abbreviated seminar version."</p>	CEBC	2010
<b>Evidence rating</b>	Promising	CEBC	2010
	Model Program	SAF	1999
<b>Used in Australia</b>	Information unavailable		

Family Connections (FC)		Source	Year
<b>Program description</b>	<p>"FC is a multi-faceted, community-based service program that works with families in their homes and in the context of their neighborhoods. The goal of FC is to help these families meet the basic needs of their children and reduce the risk of child neglect. Nine practice principles guide FC interventions: community outreach; individualised family assessment; tailored interventions; helping alliance; empowerment approaches; strengths perspective; cultural competence; developmental appropriateness; and outcome-driven service plans. Individualised family intervention is geared to increase protective factors, decrease risk factors, and target child safety and well-being outcomes. The core components of FC include: (a) emergency assistance/concrete services; (b) home-based family intervention (e.g., family assessment, outcome-driven service plans, individual and family counseling); (c) service coordination with referrals targeted toward risk (e.g., substance abuse treatment) and protective factors (e.g., mentoring program); and (d) multi-family supportive recreational activities (e.g., theme-based gatherings such as Black History month, trips to museums, etc.).</p> <p>Family Connections (FC) was designed with a parent/caregiver component that addresses the following presenting problems and symptoms: Poor Household Conditions, Poor Financial Conditions, Inadequate Supports to Caregivers, Unsafe Caregiver/Child Interactions, Abusive Interactions Between Caregivers, Dysfunctional Outcomes from Caregiver History, and Dysfunctional Caregiver Personal Characteristics and Behaviors."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	"Families at risk for child emotional and physical neglect."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Birth Family Home; or Community Agency"	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: A minimum of one hour of face-to-face contact between the social worker and clients weekly.</p> <p>Recommended duration: 3-9 months."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Unclear		

Foster Parent College (FPC)		Source	Year
<b>Program description</b>	<p>"FPC is an online training venue for foster, adoptive, and kinship parents. Interactive multimedia courses offered through the site provide resource parents with both pre-service and in-service training on clinical aspects of and parent interventions for their child's behavior problems. Instructional content is based on social learning theory and attachment theory. There are currently 31 courses on FPC, 15 of which address specific child behavioral and emotional problems. Course topics in the area of parenting strategies include safe parenting, positive parenting, resource parents' marriage relationships, working with schools and birth parents, house safety, child safety and supervision, kinship care, culturally competent parenting, grief and loss in the care system, and substance-exposed infants. The first three courses in a planned series of pre-service training courses are now available, covering the topics of child abuse and neglect, the child welfare team, and parent-child attachment. Most FPC courses can be taken individually via computer or in groups via DVD. Two newer online courses are advanced parenting workshops that were designed to be conducted in a group setting, with a discussion board and homework assignments. In addition, agencies can adapt any of the self-paced individual courses for delivery as group workshops with a discussion board, adding their own homework assignments.</p> <p>The goal of FPC is to strengthen agency efforts to support and retain foster parents by providing quick and easy access to expert help on specific parenting and behavioral challenges through online training."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Foster, adoptive, and kinship parents, as well as social workers and other mental health professionals who work with resource parents	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Community Agency; or Foster Home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: The average time it takes to complete an individual course, including completion of interactive exercises, reading handouts, and completing a review questionnaire, is 1-2 hours.</p> <p>Recommended duration: Each course can be completed in 1-2 hours. Courses need not be completed in one session, but most people complete them in 1 or 2 days. Once purchased, courses are available to individuals for 30 days. Workshops are scheduled to be completed over a 3-week period."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

Helping the Noncompliant Child		Source	Year
<b>Program description</b>	"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 behavior, 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 relationships allows for role modelling and extensive practice of skills. Skills are taught until mastery is achieved."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	The program is designed for parents of children ages 3-8 who have noncompliance or other conduct problems.	CBCAP	2009
<b>Setting</b>	Delivered in the home and through one-on-one coaching.	CBCAP	2009
	HNC was not designed to be conducted in a group setting; but has been tested for use in a group setting. Recommended group size: 10-15 parents.	CEBC	2009
<b>Dose</b>	<p>"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.</p> <p>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."</p>	CBCAP	2009
<b>Evidence rating</b>	Promising	CEBC	2009
	Supported	CBCAP	2009
	Exemplary I	SAF	1999
	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Yes		

Interaction Guidance (IG)		Source	Year
<b>Program description</b>	"IG treats infants with a variety of early regulation disorders including feeding, sleeping, and excessive crying. The program was developed for families who have been difficult to engage in treatment due to risk factors such as poverty, substance abuse, mental illness, or other family stressors. IG uses observation of interactions between the baby and caregiver as representations of family structure. Therapeutic techniques include reviewing videotaped interactions to reinforce positive aspects and enhance caregivers' understanding of infant behavior and development."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Basic child care</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Infants with a variety of early regulation disorders including feeding, sleeping and excessive crying.	CEBC	2009
<b>Evidence rating</b>	Promising	CEBC	2009
<b>Used in Australia</b>	Information unavailable		



KEEP (Keeping Foster and Kin Parents Supported and Trained)		Source	Year
<b>Program description</b>	"The objective of KEEP (Keeping Foster and Kin Parents Supported and Trained) is to give parents effective tools for dealing with their child's externalising and other behavioral and emotional problems and to support them in the implementation of those tools. Curriculum topics include framing the foster/kin parents' role as that of key agents of change with opportunities to alter the life course trajectories of the children placed with them. Foster/kin parents are taught methods for encouraging child cooperation, using behavioral contingencies and effective limit setting, and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors including covert behaviors, promoting school success, encouraging positive peer relationships, and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Parent-child relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Children aged 4-12 years who are in foster or kinship care placements.	CEBC	2009
<b>Setting</b>	This program is typically conducted in a(n): Community Agency; Departments of Social Service	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: One 90-minute meeting per week plus one 10-minute telephone call per week for foster/kin parents.</p> <p>Recommended duration: 16 weeks."</p>	CEBC	2009
<b>Evidence rating</b>	Promising	CEBC	2009
<b>Used in Australia</b>	Information unavailable		

Kids Club & Moms Empowerment		Source	Year
<b>Program description</b>	<p>"The Kids' Club &amp; Moms Empowerment are two programs designed to coincide with each other and are most effective when both the mother and child participate in the intervention. Kids Club is a preventive intervention program that targets children's knowledge about family violence; their attitudes and beliefs about families and family violence; their emotional adjustment; and their social behavior in the small group. The program is phase-based, such that early sessions are designed to enhance the child's sense of safety, to develop the therapeutic alliance, and to create a common vocabulary of emotions for making sense of violence experiences. Later sessions address responsibility for violence, managing emotions, family relationship paradigms, and conflict and its resolution. Activities rely on displacement and group lessons are reviewed and repeated, as needed, each week. Moms Empowerment is a parenting program that provides support to mothers by empowering them to discuss the impact of the violence on their child's development; to build parenting competence; to provide a safe place to discuss parenting fears and worries; and to build connections for the mother in the context of a supportive group. In essence, this 10-session intervention is aimed at improving mothers' repertoire of parenting and disciplinary skills, and enhancing social and emotional adjustment, thereby reducing the children's behavioral and adjustment difficulties."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Children ages 6-12 and their mothers exposed to intimate partner violence in the last year. Children may also have been abused	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Community Agency or Outpatient Clinic	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Groups for children and the mothers meet concurrently for a 1-hour session once a week.</p> <p>Recommended duration: Ten weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Neighbor to Neighbor		Source	Year
<b>Program description</b>	<p>"Neighbor to Neighbor, developed by The Jane Addams Hull House Association, is a unique child-centered, family-focused foster care model. The program is designed to keep large (4 or more) sibling groups together in stable foster care placements while working intensively on reunification or permanency plans that keep the siblings together. Neighbor to Neighbor began in 1994 serving targeted communities in Chicago where the majority of children came into foster care. The program uses a community-based, team-oriented approach, including foster caregivers and birth parents as part of the treatment team. Trained and supported foster caregivers are key to the model's success. Neighbor to Neighbor has professionalized this key role by placing these trained foster caregiver on the payroll of Jane Addams Hull House Association complete with salaries and benefits. Foster families, birth families, and children receive comprehensive and intensive services including individualised case management, advocacy, and clinical services on a weekly basis.</p> <p>Neighbor to Neighbor was designed with a parent/caregiver component that addresses the following presenting problems and symptoms: Substance or alcohol abuse, mental health challenges, domestic violence, unemployment, parent-child relational and interaction issues, anger management, deficits in parenting skills or child management, and adult survivors of childhood abuse and neglect."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	"Sibling groups of 4 or more children from infancy through fourteen years of age who are in the custody of the state. Youth who are older than 14 may be accepted if they are part of a sibling group. The program is targeted to serve children and families who are newly involved in the foster care system. If the siblings are at risk for separation and the program can meet their needs, the program will serve sibling groups of 4 or more who have re-entered the foster care system due to disrupted adoptions or who are transferred from another agency."	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Birth Family Home; Community Agency; or Foster Home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly foster home visits for at least one hour.</p> <p>Recommended duration: As long as it takes for reunification to occur. If reunification is not an option and the foster parent(s) become potential adoptive parents or guardians, the number of visits usually decrease per month. The amount of times visits occur is then determined on a family-by-family basis. However, at minimum foster home visits must occur once every 30 days until the family case is closed with the state agency and the juvenile court."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Parenting Wisely		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents with children aged 3-18.	CBCAP	2009
<b>Setting</b>	<p>"Delivered in a group setting or through self-directed interactive media.</p> <p>Recommended group size: 10-16."</p>	<p>CBCAP</p> <p>CEBC</p>	<p>2009</p> <p>2008</p>
<b>Dose</b>	<p>"There are 9 case studies. Parents need 2-3 x 3-hour sessions to work through the computer program for 9 case studies.</p> <p>In a group format, it takes 6-10 x 1 hour sessions. When practitioners work with individual families, they show 1-2 family sceneries from Parenting Wisely each session, for a total of 4-6 sessions."</p>	CBCAP	2009
<b>Evidence rating</b>	Promising	CEBC	2008
	Supported	CBCAP	2009
	Exemplary II	SAF	1999
	Promising	OJJDP	Not indicated
	<p>2.7 - for child problem behaviours; and parental knowledge, beliefs and behaviours</p> <p>2.8 - for parental sense of competence</p>	SAMHSA	2008
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Yes		

Parents Anonymous (PA)		Source	Year
<b>Program description</b>	<p>"PA is a family-strengthening program of community-based weekly mutual support groups, based on national standards of practice and free to all participants. This culturally responsive model is open to any parent or caregiver in a parenting role seeking support and positive parenting strategies regardless of the age or special challenges of their children. Groups for parents/caregivers are co-facilitated by a trained Group Facilitator and Parent Group Leader to address any issue the group participants wish to discuss, including topics such as child development, communication skills, positive discipline, parental roles, age appropriate expectations, effective parenting strategies, anger management techniques, and self-care. While parents/caregivers are meeting, their infants, children and older youth participate in complementary standards-based Children and Youth Programs conducted by trained Children &amp; Youth Program Workers and designed to build self-esteem, teach emotions management, change behavior, and strengthen family relationships based on the child/youth's developmental stage. Parents/caregivers participating in PA groups engage in meaningful leadership roles in the planning, implementation and evaluation of all aspects of the Parents Anonymous® Group and Children and Youth Program."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Basic child care</li> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"General population, but can accommodate specific population types such as teen parents or parents of children with special needs."	CEBC	2011
<b>Setting</b>	<p>"This program is typically conducted in a(n): Child Abuse &amp; Family Reunification Programs; Child Care Center; Community Agency; Community Daily Living Settings; Day Treatment Program; Departments of Social Service; Homeless Shelter; Prison; Religious Organisation; Residential Care Facility; Residential Treatment Center; or School.</p> <p>Parents Anonymous (PA) was designed to be conducted in a group setting. Recommended group size: 10-15 adult participants and 8-10 children/youth participants per program."</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: 1.5-2 hours per week.</p> <p>Recommended duration: None; groups are open-ended and ongoing; parents/caregivers attend whenever they want for as long as they want."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
	Promising Programs	SAF	1999
<b>Used in Australia</b>	Yes		

Nurturing Parenting Program		Source	Year
<b>Program description</b>	"The Nurturing Parenting Program is 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 modelling are methods employed as teaching strategies."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Child behaviour</li> <li>• Child development</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Families with children from birth to 18 years	CBCAP	2009
<b>Setting</b>	"Delivered in a group setting or with at-risk families through home visits."	CBCAP	2009
	"Recommended group size: Dependent on the functioning levels of the parents, between 8 to 12 adults and their children meeting in a separate group. Adults: 12-15. Children: 12 (depending on age and abilities)."	CEBC	2007
<b>Dose</b>	"Recommended intensity: Four sessions per month. Group-based sessions range from 2.5 to 3 hours. Home-based sessions generally run 90 minutes. Recommended duration: 12-48 weeks."	CEBC	2007
<b>Evidence rating</b>	Promising	CEBC	2007
	Promising	CBCAP	2009
	Model Programs	SAF	1999
	3.1 - for parenting attitudes, knowledge, beliefs and behaviours 2.9 - for recidivism of child abuse and neglect 3.0 - for children's behaviour and attitudes toward parenting 3.2 - for family interaction	SAMHSA	2010
<b>Used in Australia</b>	Yes		

Parents as Teachers		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	All families with young children birth to age 5, as well as families who are expecting the birth of a child.	CBCAP	2009
<b>Setting</b>	<p>"Home visiting with an additional parent group component."</p> <p>"There are no set recommendations of the group size. Group connections are one of the four main model components. However, the program was designed so that the personal visits are held in conjunction with group connections."</p>	CBCAP  CEBC	2009  2011
<b>Dose</b>	<p>"Recommended intensity: Personal visits are delivered weekly, every two weeks, or monthly, depending on family needs. Families with two or more high needs characteristics receive at visits at least twice monthly (24 visit/year). Families with fewer than two high needs characteristics receive at least monthly visits (12 visits/year). Visits last approximately 60 minutes with more time allocated for families with more than one child. At least 12 group connections should also be provided across the program year. Length of the group connection varies by topic, but are typically between one and two hours in length.</p> <p>Recommended duration: The program is designed so that it can be implemented with each family from the child's birth or prenatally until age 3. Services are offered to families for a minimum of two years duration. If parent educators are trained in delivering the Born to Learn Curriculum: 3 Years to Kindergarten Entry, then services ideally would continue until Kindergarten entry. Children may be enrolled at any time within those age windows. This allows siblings to be served by the program, and does not limit participation to children enrolled in infancy or prenatally."</p>	CEBC	2011

Parents as Teachers (continued)		Source	Year
Evidence rating	Promising	CEBC	2011
	Supported	CBCAP	2009
	Model Programs	SAF	1999
	Promising	OJJDP	Not indicated
	3.4 - for cognitive development 3.0 - for mastery motivation 3.1 - for school readiness 3.2 - for third-grade achievement	SAMHSA	2010
	Promising	PPN	2008
Used in Australia	Yes		



Participation Enhancement Intervention (PEI)		Source	Year
<b>Program description</b>	<p>"The PEI is a brief intervention composed of selected motivational enhancement techniques. PEI is designed to increase parents' motivation for treatment and their ability to identify and overcome potential barriers to treatment participation. For 5 to 15 minutes during the 1<sup>st</sup>, 5<sup>th</sup>, and 7<sup>th</sup> sessions (i.e., a total of 15-45 minutes), clinicians help parents create self-motivational statements about their plans for changing their parenting behaviors, for attending the treatment sessions, and for adhering to the treatment regimen (e.g., "What steps can you take to help change your child's behavior?"). During these brief discussions, clinicians also inquire about a range of potential barriers to participating in treatment, such as problems with transportation, a lack of support from others, or the perception that treatment is too demanding or irrelevant. Through the use of a Change Plan Worksheet, clinicians help parents develop specific plans to overcome each barrier should it arise or exacerbate."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents participating with their child or adolescent in treatment. PEI can be easily modified for any psychosocial treatment	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Community Agency or Outpatient Clinic	CEBC	2011
<b>Dose</b>	"Recommended intensity: 5-15 minutes during the 1 <sup>st</sup> , 5 <sup>th</sup> and 7 <sup>th</sup> sessions."	CEBC	2011
	"Recommended duration: Within the first 8 weeks of their child's treatment."	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Period of PURPLE Crying		Source	Year
<b>Program description</b>	<p>"It is a shaken baby syndrome prevention program that educates parents and caretakers on normal infant crying, the most common trigger for shaking an infant. It was designed to be used primarily in primary prevention settings, but is applicable to secondary prevention as well. The letters in PURPLE stand for the common properties of crying, including unsoothable crying, in infants during the first few months:</p> <ul style="list-style-type: none"> <li>• Peak pattern (crying peaks around 2 months, then decreases)</li> <li>• Unpredictable (crying for long periods can come and go for no reason)</li> <li>• Resistant to soothing (the baby may keep crying for long periods)</li> <li>• Pain-like look on face</li> <li>• Long bouts of crying (crying can go on for hours)</li> <li>• Evening crying (baby cries more in the afternoon and evening).</li> </ul> <p>The program also contains a public media component aimed at changing cultural attitudes about crying, especially inconsolable crying."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	All mothers of new infants and society in general in their understanding of early infant crying and shaken baby syndrome	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Birth Family Home or Hospital	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Three 5-10 minute "doses:" 1. In the maternity ward, given separately from other materials; 2. Either pre or post-birth as a second "dose" (e.g., in prenatal classes, and in the first pediatric office visit); 3. Via media campaign.</p> <p>Recommended duration: Through the three contacts, the duration of the program is at least a week and can last much longer since a key element of the program is that each parent receives a copy of the DVD and booklet to take home with them. This way they can refer to the DVD again when the infant is crying, and show it to other temporary caregivers."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

Project Connect		Source	Year
<b>Program description</b>	"Project Connect works with high-risk families who are affected by parental substance abuse and are involved in the child welfare system. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Safety and physical wellbeing</li> </ul>		
<b>Population</b>	"High-risk, substance-affected families involved in the child welfare system. Family risks may include the following: Poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, poverty, inappropriate housing, lack of education, poor employment skills, and impaired parenting. Most of the families served are ethnically diverse, have a low household income, and are headed by single mothers."	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Birth Family Home; Community Agency; or Foster Home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: At least 2 home visits a week. Intensity is determined by the family's needs and the level of risk to the children.</p> <p>Recommended duration: Program services last an average of 13 months for families that complete the program. Home visits are typically 1-2 hours per visit, adding up to 4-6 hours of services per week."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Project Safe Care		Source	Year
<b>Program description</b>	"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 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 modelling, and coaching in each component."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Basic child care</li> </ul>		
<b>Population</b>	Families at risk for child maltreatment with children aged 0-5 years	CBCAP	2009
<b>Setting</b>	Delivered through home visits	CBCAP	2009
<b>Dose</b>	The program is implemented through weekly home visits of approximately 1.5 hours each for approximately 18-20 weeks.	CBCAP	2009
<b>Evidence Rating</b>	Promising	CEBC	2012
	Promising	CBCAP	2009
<b>Used in Australia</b>	Information unavailable		

Self-Motivation (SM Group)		Source	Year
<b>Program description</b>	"The SM Group protocol is a short-term (six-session) orientation or pre-treatment protocol for child-welfare involved parents. The SM Group is designed to help parents engage in a parenting intervention program by increasing their readiness to begin the intervention and helping them recognise problems when they arise. The protocol is based on Motivational Interviewing principles, similar to those used in substance abuse treatment, but adapted for child-welfare involved parents entering parenting programs."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Child-welfare involved parents and other caregivers of children from birth through age 12.	CEBC	2010
<b>Setting</b>	This program is typically conducted in a(n): Community Agency; Outpatient Clinic; or School	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Weekly sessions that last one hour.</p> <p>Recommended duration: Six sessions."</p>	CEBC	2010
<b>Evidence rating</b>	Promising	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

STEP: Systematic Training for Effective Parenting		Source	Year
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."	CBCAP	2009
Outcomes	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
Population	Parents of children 0-18 years	CBCAP	2009
Setting	<p>"Systematic Training for Effective Parenting (STEP) was designed to be conducted in a group setting, and has been tested for use in a group setting.</p> <p>Recommended group size: There is no set minimum/maximum size, but is recommended to break large groups into smaller discussion groups of 12-15 for better interaction."</p>	CEBC	2011
Dose	60-90-minute weekly sessions for 7 weeks.	CBCAP	2009
Evidence rating	Promising	CEBC	2011
	Supported	CBCAP	2009
	2.1 - for child behaviour 2.6 - for parent potential to physically abuse child 3.2 - for general family functioning; parenting stress; and parent-child interaction	SAMHSA	2010
Used in Australia	Yes		

Teaching-Family Model (TFM)		Source	Year
<b>Program description</b>	"TFM is a unique approach to human services characterized by clearly defined goals, integrated support systems, and a set of essential elements. TFM has been applied in residential group homes, home-based services, foster care and treatment foster care, schools, and psychiatric institutions. The model uses a married couple or other "teaching parents" to offer a family-like environment in the residence. The teaching parents help with learning living skills and positive interpersonal interaction skills. They are also involved with children's parents, teachers, and other support network to help maintain progress."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Family relationships</li> <li>• Child development</li> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>	CEBC	2011
<b>Population</b>	"Youth who are at risk, juvenile delinquents in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed. Families at risk of having children removed."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Birth Family Home; Community Agency; Foster Home; Hospital; Outpatient Clinic; Residential Care Facility; or School."	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: For all residential settings, it is a 24/7 arrangement. For home-based interventions, it is a 10-15 sessions per week arrangement.</p> <p>Recommended duration: Ideally 9 months however program has been applied in emergency care settings as well, Duration for home-based is typically 6-10 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Yes		

The Parent-Child Home Program		Source	Year
<b>Program description</b>	"The PCHP, a national early childhood program, promotes parent-child interaction and positive parenting to enhance children's cognitive and social-emotional development. The program prepares children for academic success and strengthens families through intensive home visiting. Twice weekly home visits are designed to stimulate the parent-child verbal interaction, reading, and educational play critical to early childhood brain development. Each week the home visitors bring a new book or educational toy that remains with the families permanently. Using the book or toy, home visitors model for parents and children reading, conversation, and play activities that stimulate quality verbal interaction and age-appropriate developmental expectations."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child development</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	"Two and three-year-olds who face multiple obstacles to educational and economic success. These risk factors include, living in poverty, being a single or teen-age parent, low parental education status, illiteracy/limited literacy, and families who are challenged by language barriers (e.g., immigrant families)."	CEBC	2011
<b>Setting</b>	Adoptive home; birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Twice a week for 30 minutes each visit.</p> <p>Recommended duration: Two years, and the model requires that at least 46 visits, 23 per year, are offered to the dad."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		



The Upstate New York Shaken Baby Syndrome Education Program (SBS)		Source	Year
<b>Program description</b>	<p>"The Upstate New York SBS Education Program is a research study begun in December 1998 with the purpose of educating both parents of all infants about the dangers of violent infant shaking. The premise was that parents needed to be reminded at the correct time and, if educated, could be effective advocates in disseminating this information to all who care for their child. The parents receive both written and video materials about SBS before leaving the hospital. Both parents are then asked to voluntarily sign a commitment statement affirming their receipt and understanding of this material; these commitment statements are returned and tracked by the investigators. The Upstate New York SBS Education Program formed a partnership with the pediatric care providers. Additional educational materials are provided at the first doctor's office visit. The program has demonstrated a sustained and consistent reduction of over 50% in incidence of SBS."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Mothers, fathers, or father figures	CEBC	2011
<b>Setting</b>	Hospital	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: One contact with parents by the RN in the maternity unit. Parents see video, receive brochure on Shaken Baby Syndrome (SBS), and discuss material just seen with the RN so she/he can answer any questions about SBS. This contact lasts an average of 15 minutes per family. The nurse does not, however, need to be present during parents' viewing of the 8-minute video.</p> <p>Recommended duration: Typically one contact."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Theraplay		Source	Year
Program description	"Theraplay is a structured play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others, and joyful engagement. The sessions are designed to be fun, physical, personal, and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for a wide variety of problems including withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends. Children also are referred for various behavior and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. Because of its focus on attachment and relationship development, Theraplay has been used for many years with foster and adoptive families."	CEBC	2011
Outcomes	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
Population	"Children aged 0-18 who exhibit behavioral problems and their caregiver (biological, adoptive, or foster)."	CEBC	2011
Setting	This program is typically conducted in a(n): Adoptive Home; Community Agency; Foster Home; Hospital; Outpatient Clinic; Residential Care Facility; or School. Theraplay was designed to be conducted in a group setting. Recommended group size: 4-10	CEBC	2011
Dose	<p>"Recommended intensity: Families typically receive 30-45 minute weekly sessions (shorter for younger children).</p> <p>Recommended duration: Approximately a year and a half (weekly for 18-24 weeks then four follow-up sessions.)"</p>	CEBC	2011
Evidence rating	Promising	CEBC	2011
Used in Australia	Yes		

Watch, Wait, and Wonder (WWW)		Source	Year
Program description	"WWW is aimed at parents and their children who are experiencing relational and developmental difficulties. It was designed for children 0 to 4 years of age, but has been used with older children. The focus of the approach is on strengthening the attachment relationship between caregiver and child, in order to improve the child's self-regulating abilities and sense of efficacy and enhance the caregiver's sensitivity. A unique feature of the approach is the use of infant-led play sessions in which mothers are encouraged to observe their infants and allow them to initiate activities."	CEBC	2009
Outcomes	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
Population	Parents and their children aged 0-4 years who are experiencing relational and developmental difficulties	CEBC	2009
Evidence rating	Promising	CEBC	2009
Used in Australia	Yes		

Wraparound		Source	Year
<b>Program description</b>	<p>"Wraparound is a team-based planning process intended to provide individualised and coordinated family-driven care. Wraparound is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties. The Wraparound process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal Wraparound process is no longer needed.</p> <p>The values associated with Wraparound require that the planning process itself, as well as the services and supports provided, should be individualised, family driven, culturally competent and community-based. Additionally, the Wraparound process should increase the "natural support" available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Finally, Wraparound should be "strengths-based", helping the child and family recognise, utilize, and build talents, assets, and positive capacities."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"Designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families. Most often these are young people who are in, or at risk for, out of home, institutional, or restrictive placements, and who are involved in multiple child and family-serving systems (e.g., child welfare, mental health, juvenile justice, special education, etc.) Wraparound is widely implemented in each of these various settings; however, because the youth have multi-system involvement, wraparound participants have many similarities across settings."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; or Residential Care Facility	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: This can vary. Usually there is an intensive engagement and initial planning process that may require two 60-90 minute sessions with the family and two team sessions during the first three weeks to a month. The team continues to meet thereafter, usually with increased intensity in the early phases (often once per month or even more) and decreasing thereafter. The care coordinator, facilitator, and parent partner could have other contacts with the youth and family as necessary. Services and supports called for in the plan are provided by other team members or by people not included on the team.</p> <p>Recommended duration: Well-established programs provide services for an average of 14 months or so."</p>	CEBC	2011
<b>Evidence rating</b>	Promising	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Creating Lasting Family Connections		Source	Year
<b>Program description</b>	"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 organisations. 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 skills 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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
<b>Population</b>	Families with children aged 9-17 years	CBCAP	2009
<b>Setting</b>	Delivered in a group setting	CBCAP	2009
<b>Dose</b>	"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 5-6 sessions, with each session lasting 1.5 to 2.5 hours, depending on breaks and possibly including a meal. Each youth module includes 5-6 sessions, with each session lasting 1 to 2.5 hours, again depending on snacks, breaks and/or a meal. An optional combined module for parents and youths, 'Getting Real', usually requires an additional 2 or 3 sessions. For maximum effectiveness, parents and youth are involved simultaneously in separate three-module tracks lasting for 15-18 sessions."	CBCAP	2009
<b>Evidence rating</b>	Promising	CBCAP	2009
	Model Programs	SAF	1999
	Effective	OJJDP	Not indicated
	3.0 - for use of community services; and parent knowledge and beliefs about AOD 2.9 - for onset of youth AOD use; and frequency of youth AOD use	SAMHSA	2007
<b>Used in Australia</b>	Information unavailable		

Dare to Be You		Source	Year
<b>Program description</b>	"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."	CBCAP	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Family relationships</li> <li>Child development</li> </ul>		
<b>Population</b>	Families with children 2-5 years old, including high-risk families.	CBCAP	2009
<b>Setting</b>	Delivered in a group setting	CBCAP	2009
<b>Dose</b>	<p>The family program consists of the following:</p> <ul style="list-style-type: none"> <li>Parent curriculum: series of 10-12 weekly 2.25 hour sessions, including a meal and a 15-minute parent-child activity.</li> <li>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 aged 2.5-3 years and also for children aged 4-5 years.</li> </ul>	CBCAP	2009
<b>Evidence rating</b>	Promising	CBCAP	2009
	Model Programs	SAF	1999
	Exemplary	OJJDP	Not indicated
	2.8 - for parental self-efficacy; use of harsh punishment; and satisfaction with social support systems 2.7 - for child's developmental level	SAMHSA	2006
	Proven	PPN	2004
<b>Used in Australia</b>	Information unavailable		

Syracuse Family Development Research Program		Source	Year
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.	CBCAP	2009
Outcomes	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Basic child care</li> <li>• Child behaviour</li> </ul>		
Population	African-American, single-parent, economically disadvantaged families beginning at birth of the baby and lasting through the preschool years.	CBCAP	2009
Setting	Delivered through centre-based education and home visitation	CBCAP	2009
Dose	<p>"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.</p> <p>The daily activities at the Children's Centre focused on providing quality child care and promoting experiences and skills for healthy development for each child on an individualised basis. Particular focus on engaging parent interaction with the child care centre was also applied."</p>	CBCAP	2009
Evidence rating	Promising	CBCAP	2009
	Effective	OJJDP	Not indicated
	Promising	PPN	2003
Used in Australia	Information unavailable		

Focus on Families		Source	Year
<b>Program description</b>	"Focus on Families is designed for families with parents who are addicted to drugs. As a result of Focus on Families, parents are expected to have less risk for relapse, to be better skilled to cope with relapse incidents, and to have decreased drug use episodes. Parents objectives are to increase family management skills, anger management skills, refusal and problem solving skills, ability to teach these skills to their children, and the ability to assist their children with academic success. Children will experience less exposure to risk factors and more exposure to protective factors, with the ultimate result being decreased participation in drug use and delinquent behavior."	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
<b>Population</b>	Focus on Families is designed for families with parents who are addicted to drugs. The program is most appropriate for parents enrolled in methadone treatment who have children between 3 and 14 years of age. Parents are encouraged to have at least 90 days of methadone treatment prior to beginning the program.	SAF	1999
<b>Dose</b>	Eligible families participate in a 5-hour "family retreat" where families learn about the curriculum, identify their goals, and participate together in trust-building activities. The first session is followed by 32 curriculum sessions (90 minutes each), conducted twice weekly for 16 weeks. Parent sessions are conducted in the mornings, with practice sessions held in the evenings for parents and children together.	SAF	1999
<b>Evidence rating</b>	Model Programs	SAF	1999
<b>Used in Australia</b>	Information unavailable		

MELD		Source	Year
Program description	"MELD is a community-based parent education program that uses group-based service to deliver quality parent education and to replace the sense of community connectiveness that is missing in families' lives. "	SAF	1999
Outcomes	<ul style="list-style-type: none"> <li>Family relationships</li> </ul>		
Population	MELD targets parents of preschool children and has been adapted to meet the needs of young, single mothers or single fathers, Hispanic and Southeast Asian parents, deaf and hard of hearing parents, first-time adult parents, and parents of children with special needs. MELD's curriculum and learning processes are usable by parents who are not highly literate, and addresses everyday concerns of low-income parents.	SAF	1999
Dose	MELD's peer discussion groups meet for two years typically twice a month or as often as once a week	SAF	1999
Evidence rating	Model Programs	SAF	1999
Used in Australia	Information unavailable		

Parents Who Care		Source	Year
Program description	"Parents Who Care (PWC) is an educational skill-building program created for families with children between the ages of 12-16. The objective of PWC is to reduce risk factors and strengthen protective factors within family settings that are known to predict later alcohol and other drug use, delinquency, violent behavior, and other behavioral problems in adolescence. The PWC program is grounded theoretically in the social development model which emphasises that young people should experience opportunities for active involvement in family, school, and community, should develop skills for success, and should be given recognition and reinforcement for positive effort and improvement. PWC focuses on strengthening family bonds and establishing clear standards for behavior, helping parents more appropriately manage their teenager's behavior while encouraging their adolescent growth toward independence. In this process, PWC seeks to change specific risk and protective factors in the family and peer domains: parent and sibling drug use, positive parental attitudes towards drug use, poor and inconsistent family management practices, family conflict, low family communication and involvement, family bonding, and association with delinquent and drug using peers."	SAF	1999
Outcomes	<ul style="list-style-type: none"> <li>Child behaviour</li> <li>Family relationships</li> <li>Child development</li> </ul>		
Population	Families with children between the ages of 12-16	SAF	1999
Dose	The program is designed to be led by a facilitator and taught once a week in 5-6 sessions lasting 1-2 hours.	SAF	1999
Evidence rating	Model Programs	SAF	1999
Used in Australia	Information unavailable		



The NICASA Parent Project		Source	Year
<b>Program description</b>	“The NICASA Parent Project was designed specifically to meet the needs of parents in the workplace and community to address issues in effective prevention. The goals of the program are to enrich family relationships and promote healthy environments that build resistance to social and personal dysfunction. Specifically, it focuses on the need to establish supportive networks among parents; improve parent/child relationships; increase ability to balance work and family life; improve corporate climate for workers; and improve parent skills in preventing and identifying substance abuse problems in themselves and their children.”	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
<b>Population</b>	The NICASA Parent Project includes programs for parents with children of the following ages: birth to three years, 3-5 years, 5-10 years, and 11-17 years	SAF	1999
<b>Setting</b>	Worksite	SAF	1999
<b>Dose</b>	The program is presented at lunch time at a worksite.	SAF	1999
<b>Evidence rating</b>	Model Programs	SAF	1999
<b>Used in Australia</b>	Information unavailable		

First Step to Success		Source	Year
<b>Program description</b>	<p>"First Step to Success is an early intervention program designed to prevent antisocial behavior in school. The primary goal of the program is to divert antisocial kindergartners from an antisocial behavior pattern during their subsequent school careers and to develop in them the competencies needed to build effective teacher- and peer-related, social-behavioral adjustments.</p> <p>The program targets at-risk kindergartners who show the early signs of an antisocial pattern of behavior (e.g., aggression, oppositional-defiant behavior, severe fits of temper, victimization of others). The intervention is based on the early-starter model of the development of antisocial behavior. Early signs of conduct problems can be detected as early as preschool. Many children bring a pattern of antisocial behavior with them from home when they enter school. This early pattern can indicate the beginning of a stable pattern of maladaptive behavior that predicts more severe problems later on when the youths are then less amenable to treatment. More severe problems include issues such as peer rejection, school dropout, and delinquency.</p> <p>First Step to Success consists of three interconnected modules: 1) proactive, universal screening of all kindergartners, 2) school intervention involving the teacher, peers, and the target child, and 3) parent/caregiver training and involvement to support the child's school adjustment. The intervention requires about 3 months for full implementation in both school and home settings.</p> <p>A key part of the program is the consultants who act as caseworkers for 2-3 students and are responsible for implementing and coordinating the school and home components of the intervention. Consultants are trained through lectures, videotaped demonstrations, role-playing, skill practice/feedback sessions, materials, and self-evaluation. To build implementation fidelity, training, monitoring, and supervision processes are implemented.</p> <p>The facilitative strategy of the program relies on having the consultant work with teachers and parents to give them the skills to teach students replacement behaviors and reward students when those behaviors are used appropriately and consistently. Strategies for implementation include schedules for praising and awarding points, prepared scripts, daily task lists, and guidelines for application. Students are taught specific skills and behaviors to use in place of inappropriate behaviors they have used in the past. More specifically, during the school day, the consultant or teacher gives the First Step to Success student visual cues (i.e., a green or red card) to indicate whether or not he or she is on task and using appropriate behaviors. Throughout the day, the student accrues points toward his or her behavioral goal. If the student makes the daily goals, he or she gets to choose an enjoyable activity the whole class can do and appreciate.</p> <p>Each evening, parents receive feedback about how their child's day went. Parents are trained and encouraged to reward the student's positive behavior by spending some extra time with their child at an activity, such as playing a game or taking a walk together."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
<b>Population</b>	At-risk kindergartners who show the early signs of an antisocial pattern of behaviour	OJJDP	Not indicated
<b>Evidence rating</b>	Effective	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Staying Connected with Your Teen		Source	Year
<b>Program description</b>	<p>"Staying Connected with Your Teen (SCT) is a universal substance abuse and problem behavior preventive intervention for families with early adolescent children that includes parenting, youth, and family components. The program is grounded in the Social Development Model (SDM), which is based on social control theory, social learning theory, and differential association theory. SDM posits that children are socialized through four key processes: 1) perceived opportunities for involvement in activities and interactions with others, 2) the degree of involvement and interaction, 3) skills to participate in such involvement and interaction, and 4) perceived reinforcement from their involvement and interactions.</p> <p>SCT's objectives are to strengthen familial protective factors and reduce risk factors by teaching parents strategies to provide their children with opportunities to contribute to their families, acquire needed skills to take advantage of opportunities, and use reward and recognition strategies to promote family bonding. The original parent and teen group-administered program model was designed to be completed in seven sessions, each 2 to 2½ hours long, with at least one session including the parent and teen together. To increase families' accessibility to SCT, a self-administered format of the program was developed, consisting of a 117-minute video divided into 18 sections, and a 108-page family workbook written to an eighth-grade reading level. The program content is built around seven core lessons, from which the SCT workbook is organized: 1) Roles: Relating to Your Teen; 2) Risks: Identifying and Reducing Them; 3) Protection: Bonding With Your Teen to Strengthen Resilience; 4) Tools: Working With Your Family to Solve Problems; 5) Involvement: Allowing Everyone to Contribute; 6) Policies: Setting Family Policies on Health and Safety Issues; and 7) Supervision: Supervising Without Invading."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Child development</li> </ul>		
<b>Population</b>	Adolescents and their parents	OJJDP	Not indicated
<b>Evidence rating</b>	Effective	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Attachment-Based Family Therapy		Source	Year
<b>Program description</b>	<p>"Attachment-Based Family Therapy (ABFT) is based on the belief that strong relationships within families can buffer against the risk of adolescent depression or suicide and help in the recovery process. ABFT is a psychotherapeutic model, with a foundation in attachment theory. Attachment theory posits that when parents are responsive and protective, children develop a healthy sense of self, trust in others, and better capacity for independence and affect regulation. Ruptures in attachment security can increase the risk for psychopathology. However, as a life-span developmental model, attachment theory posits that attachment ruptures are reparable, and thus children can regain the external and internal resources to promote healthy development.</p> <p>The ABFT model aims to strengthen or rebuild secure parent-child relationships and promote adolescent autonomy. To accomplish this, the therapist helps the family agree to focus on relationship repair as the initial goal of therapy. Then, with the adolescent alone, the therapist helps the adolescent identify perceived attachment ruptures or negative family processes and prepares the adolescent to talk about these problems with his or her parents. In separate sessions with parents, the therapist focuses on reducing parental distress and improving parenting practices. Exploring their own history of attachment rupture helps parents understand their own attachment wounds and builds empathy for the adolescent. When ready, conjoint sessions focus on helping the family successfully discuss these past problems. This process both helps resolve actual problems in the family and allows parents and adolescents to practice new skills related to affect regulation and interpersonal problem solving. As trust begins to re-emerge, therapy focuses on promoting adolescent competency outside the home."</p>	PPN	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Adolescents aged 13-18 and their parents		
<b>Dose</b>	ABFT treatment has five specific tasks, each of which takes from 1-3 sessions to accomplish	PPN	2011
<b>Evidence rating</b>	Proven	PPN	2011
<b>Used in Australia</b>	Yes		

Family Thriving Program		Source	Year
<b>Program description</b>	"The Family Thriving Program (FTP) uses cognitive reframing as a method for correcting parents' biased understanding of the relationship between themselves and their children. It has been proposed that a skewed view of the parent-child relationship may contribute to child abuse and neglect. FTP is an enhancement to home visitation models that incorporates cognitive appraisal methods to assist parents in becoming "competent and independent problem solvers." To do this, parents receiving the enhancement are asked by home visitors to review recent parenting problems. Using a series of questions aimed at identifying the problem's cause, the home visitor arrives at a strategy for addressing the problems raised by the parent, and the home visitor follows up on the results of the strategy in subsequent home visits. FTP has been tested as an enhancement to the Healthy Start home visitation program."	PPN	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Parents with young children	PPN	2010
<b>Setting</b>	Home	PPN	2010
<b>Evidence rating</b>	Proven	PPN	2010
<b>Used in Australia</b>	Information unavailable		

Family Support and Parenting Education in the Home		Source	Year
<b>Program description</b>	"The Family Support and Parenting Education in the Home Program was developed in 1964 to serve poor children in the city of Baltimore. A woman from the participants' community served as a home visitor for new parents, with the goal of encouraging parental compliance with well-child visits, referring parents to support services when necessary, and discussing child development and parenting skills. The first home visit was made within 7-10 days of the child's birth, and nine subsequent visits were made before the child's second birthday. The program was an augmentation of the Children and Youth (C&Y) program, which operated health clinics for families with children ages 0-18 in inner city Baltimore."	PPN	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Families with children aged 0-18 months	PPN	2010
<b>Setting</b>	Home visiting	PPN	2010
<b>Dose</b>	The first home visit was made within 7-10 days of the child's birth, and nine subsequent visits were made before the child's second birthday	PPN	2010
<b>Evidence rating</b>	Proven/Promising	PPN	2010
<b>Used in Australia</b>	Information unavailable		

Make Parenting a Pleasure (MPAP)		Source	Year
Program description	“Make Parenting a Pleasure (MPAP) is a universal group-based parenting education and support program for parents with children 0-6 years of age. The specific content of MPAP was developed in areas parents identified as most important to them including dealing with stress, anger, social isolation, understanding normal child development, gaining positive discipline skills, communication skills, and wanting to develop feelings of competence in parenting. MPAP addresses the factors linked to child abuse, neglect, and family dysfunction. Social isolation, poor parenting skills, low self-esteem, unrealistic expectations, and lack of support are risk factors this program impacts.”	SAF	1999
Outcomes	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
Population	Parents with children 0-6 years of age	SAF	1999
Dose	Programs can be offered as a 13 session series, or as a program of up to one year duration with weekly sessions. Each session is approximately 2 hours in length.	SAF	1999
Evidence rating	Promising Program	SAF	1999
Used in Australia	Information unavailable		

Nurturing Program for Families in Substance Abuse Treatment and Recovery		Source	Year
<b>Program description</b>	"The Nurturing Program for Families in Substance Abuse Treatment and Recovery is a family skills training program designed to strengthen relationships in families affected by parental substance abuse. The goals of the program include: (1) reducing risk factors contributing to substance use/abuse by both parents and children in families affected by parental substance abuse; (2) enhancing relationships between parents and children (i.e. strengthening family protective factors); and (3) strengthening parent's sobriety."	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Families affected by parental substance abuse	SAF	1999
<b>Setting</b>	The program is designed to be used in a variety of settings: residential or outpatient treatment programs; community and family service agencies; and early intervention programs	SAF	1999
<b>Dose</b>	The program consists of 18 sessions, each 90 minutes. The program can be adapted to fewer sessions, and 1 hour each. It may be offered in once or twice weekly sessions.	SAF	1999
<b>Evidence rating</b>	Promising Program	SAF	1999
<b>Used in Australia</b>	Information unavailable		

Strengthening Multi-Ethnic Families and Communities		Source	Year
<b>Program description</b>	"Strengthening Multi-Ethnic Families and Communities Program is a unique integration of various prevention/intervention strategies geared toward reducing violence against self, the family and the community. The program goal is to reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse and domestic violence. Short term objectives are to increase parent sense of competence, positive family/parent/child interactions, positive parent/child relationships, child self-esteem and self-discipline, child social competency skills and increased parental involvement in community activities."	SAF	1999
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	The program targets ethnic and culturally diverse parents of children aged 3-18 years who are interested in raising children with a commitment to leading a violence-free, healthy lifestyle.	SAF	1999
<b>Setting</b>	Parent training classes have been held at a variety of locations: churches, schools, community agencies and other locations	SAF	1999
<b>Dose</b>	The program consists of 12 x 3-hour sessions taught in consecutive weeks	SAF	1999
<b>Evidence rating</b>	Promising Program	SAF	1999
<b>Used in Australia</b>	Yes		



Children in Between		Source	Year
<b>Program description</b>	"Children in Between (CIB), formerly known as Children in the Middle, is an educational intervention for divorcing families that aims to reduce the parental conflict, loyalty pressures, and communication problems that can place significant stress on children. CIB consists of one or two 90-120-minute classroom sessions and can be tailored to meet specific needs. The intervention teaches specific parenting skills, particularly good communication skills, to reduce the familial conflict experienced by children. Each parent attending classes typically receives two booklets ("What About the Children" and "Children in Between") that give advice for reducing the stress of divorce/separation on children and promote practice of the skills taught in the course. Each parent also watches the intervention video, which illustrates how children often feel caught in the middle of their parents' conflicts."	SAMHSA	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Family relationships</li> <li>Parent-child relationship</li> </ul>		
<b>Population</b>	Families experiencing divorce	OJJDP	Not indicated
<b>Setting</b>	Other community setting	SAMHSA	2006
<b>Dose</b>	CIB consists of one or two 90-120-minute classroom sessions	SAMHSA	2006
<b>Evidence rating</b>	Promising	OJJDP	Not indicated
	2.2- parental conflict 2.1 - for awareness of effects of divorce on the children 2.4 - for rate of relitigation 2.3 - for communication skills 2.0 - for child-reported stress	SAMHSA	2006
	Other reviewed programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Families Unidas		Source	Year
<b>Program description</b>	<p>"Families Unidas is a family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. Familias Unidas is guided by ecodevelopmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects. The program is also influenced by culturally specific models developed for Hispanic populations in the United States.</p> <p>The intervention is delivered primarily through multiparent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multiparent groups, led by a trained facilitator, meet in weekly 2-hour sessions for the duration of the intervention. Each group has 10-12 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment.</p> <p>The intervention proceeds in three stages:</p> <ul style="list-style-type: none"> <li>• Stage 1: The facilitator aims to engage parents in the intervention and create cohesion among the parents in the group.</li> <li>• Stage 2: The facilitator introduces three primary adolescent "worlds" (i.e., family, peers, school), elicits parents' specific concerns within each world (e.g., disobedience within the family, unsupervised association with peers, problems at school), and assures parents that the intervention will be tailored to address these concerns.</li> <li>• Stage 3: The facilitator fosters the parenting skills necessary to decrease adolescent problem behavior and increase adolescent school bonding and academic achievement. In this third stage, group sessions are interspersed with home visits, during which facilitators supervise parent-adolescent discussions to encourage bonding within the family and help parents implement the skills related to each of the three worlds (e.g., discussing behavior management, peer supervision issues, and homework). Each family receives up to eight home visits.</li> </ul> <p>Familias Unidas also involves meetings of parents with school personnel, including the school counselor and teachers, to connect parents to their adolescent's school world. Family activities involving the parents, the adolescent, and his or her peers and their parents allow parents to connect to their adolescent's peer network and practice monitoring skills."</p>	SAMHSA	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Hispanic families with children aged 12-17	SAMHSA	2009
<b>Setting</b>	Home or School	SAMHSA	2009
<b>Dose</b>	The duration of the intervention ranges from 3 to 5 months depending on the target population	SAMHSA	2009

Families Unidas (continued)		Source	Year
Evidence rating	Promising	OJJDP	Not indicated
	3.9 - for behaviour problems' family functioning; substance use; and risky sexual behaviours 3.8 - for externalising disorders	SAMHSA	2009
Used in Australia	Information unavailable		

Gang Resistance Is Paramount (GRIP)		Source	Year
<b>Program description</b>	<p>"The program's objectives are to educate students about the dangers of gangs, discourage the city's youth from joining gangs, educate the students' parents about the signs of gang involvement, and provide parents with the resources that will help them eliminate gang activities in their homes and neighborhoods. GRIP staff are familiar with gang activity, but they avoided gang involvement. Most of them are community members who live or have lived in Paramount. Their training is updated continually, and the program has had low turnover. GRIP has four elements:</p> <ol style="list-style-type: none"> <li>1. A school-based curriculum, consisting of 23 lessons, for second and fifth graders. In eight lessons the second graders are taught about a) peer pressure, b) drugs, c) alcohol, d) self-esteem, e) family, f) crime, g) gangs and territory, and h) gangs and vandalism. They are discouraged from joining a gang through video presentations, workbook exercises, songs, and discussion of alternatives to gangs such as recreational activities. Fifth graders review topics such as gang graffiti, gangs and death, how gang activity affects the family, the consequences of getting gang tattoos, gangs and crime, resisting peer pressure to join a gang, future opportunity preparation, and alternatives to gang membership. Gang membership is discouraged through the promotion of recreational activities, video presentations, current event discussions, and open dialog between students. An in-school follow-up program in the ninth grade caps the program. Topics such as drugs, alcohol, dropping out of high school, teen pregnancy, self-esteem, the consequences of a criminal lifestyle, the importance of higher education, and preparing for career opportunities are discussed.</li> <li>2. <b>Parent education</b> in the form of neighborhood meetings at which parents are taught about the warning signs of gang involvement and how to keep their children out of gangs are held throughout the community. Handouts are given in both English and Spanish and include everything from information on programs and activities at the city's recreation department to information about tattoo removal programs and graffiti hotline numbers.</li> <li>3. <b>Antigang counselling of parents</b> and youths regarding the youths' gang activities. Sessions are set up by request or referral and occur in the parents' home, over the phone, or in office.</li> <li>4. Involvement in city recreational activities is encouraged. Sports, classes, special events, and programs specifically for young teens are provided, during which gang clothing is not allowed. "</li> </ol>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Adolescents and their parents	OJJDP	Not indicated
<b>Evidence rating</b>	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Parenting Partnership		Source	Year
<b>Program description</b>	<p>"Parenting Partnership is a collaborative initiative between corporate worksites and human service providers that concentrates on enhancing parenting skills, knowledge, and attitudes while at the same time facilitating the creation of support networks within the worksite. The program targets employed parents. Recruitment efforts concentrate on broad participation from mothers and fathers, and from employees of varied occupations and rank. It strives to prevent substance abuse and related socioemotional, behavioral, and academic difficulties by reducing the exposure of children and youths to developmental risk conditions and by enhancing protective factors in the family through the delivery of training sessions in partnership with corporations at the worksite. The program also aims to reduce family stress levels and attitudes that affect parents' risk for substance abuse.</p> <p>The delivery strategy was designed to overcome common barriers to participation. Parent training courses are held during the lunch or dinner break so parents do not have to take time away from their family. To avoid stereotypes of being in a substance abuse program, the program is presented as a parenting enhancement program. Supervisors in the workplace encourage their employees to attend the sessions, thus increasing the acceptability of the program among peers.</p> <p>Training materials and coursework cover the development of a "parenting network." Each complete Parenting Partnership course provides 24 x 1-hour sessions, twice a week, for 12 weeks. Separate content materials are available for parents of children aged 0-6, 7-12, and 13-18."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Child behaviour</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Employed Parents	OJJDP	Not indicated
<b>Dose</b>	Each complete Parenting Partnership course provides 24 x 1-hour sessions, twice a week, for 12 weeks	OJJDP	Not indicated
<b>Evidence rating</b>	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Peace Works		Source	Year
<b>Program description</b>	<p>"Peace Works is a curriculum that teaches students the dispositions, behaviors, and skills necessary to peaceably resolve conflict. The goals of Peace Works are to</p> <ul style="list-style-type: none"> <li>• Promote students' prosocial behavior through the use of conflict resolution</li> <li>• Enhance school climate through caring and support</li> <li>• Teach parents constructive problem solving and anger management</li> <li>• Improve parents' positive affiliation with school</li> </ul> <p>The model contains grade-specific, classroom-tested curricula for prekindergarten through 12<sup>th</sup> grade. The modules, which offer from 16 to 48 lessons a year, are as follows:</p> <ul style="list-style-type: none"> <li>• Peacemaking Skills for Little Kids (prekindergarten through grade 2)</li> <li>• Peace Scholars (grades 3–4)</li> <li>• Creative Conflict Solving for Kids (grade 5)</li> <li>• Creating Peace, Building Community (grades 6–7)</li> <li>• Fighting Fair (grade 8)</li> <li>• Win! Win! (grades 9–12)</li> </ul> <p>There also is a peer-mediation training component for grades 4–12. The curriculum content has six essential components: 1) communication building, 2) rules for fighting fair, 3) understanding conflict, 4) the role of perceptions, 5) anger management, and 6) effective communication. The curriculum methodology is to model, teach, coach, encourage, and export. (Exporting involves having the more advanced students coach the less experienced; this is also peer mediation.)</p> <p>The approach centers on establishing peaceful norms of behavior for students early, preferably during the 1st year at each of the three school levels (elementary, middle, and high). The second phase of this approach (during each following year) is to reinforce the peaceful norms with interactive programs that emphasise skill development and application."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Children in prekindergarten through 12 <sup>th</sup> grade	OJJDP	Not indicated
<b>Evidence rating</b>	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Rural Educational Achievement Project (REAP)		Source	Year
<b>Program description</b>	<p>"Prevention research postulates that interventions must be delivered early in life to disrupt the developmental pathways leading to adverse adolescent and adult outcomes, such as substance use and poor mental health status. Following on this theory, the Rural Educational Achievement Project (REAP) is a comprehensive, multilevel approach to prevention that involves a universal prevention program (All Stars, Jr.), a selective program delivered in the summer (Camp GUTS: Gearing Up To Success), and a family program (Duke Family Coping Power). REAP targets fourth grade students enrolled in elementary school.</p> <p>The All Stars, Jr., program is based on a character-education and problem-behavior–prevention curriculum designed for middle school students. The idea is to draw from an individual's lifestyle, aspirations, social background, and other existing ideals that are likely to be incongruent with high-risk behaviors and build or strengthen that perception in the student. The summer Camp GUTS program is a selected 6-week, protocol-driven, school-based program designed to strengthen academic and social competencies and self-esteem. The Duke Family Coping Power program is delivered to parents of high-risk students. The content, derived from Social Cognitive Theory, teaches parents the skills to deal with various aspects of child aggression. The program also includes sessions on stress management."</p>	OJJDP	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> </ul>		
<b>Population</b>	REAP targets fourth grade students enrolled in elementary school		
<b>Evidence rating</b>	Promising	OJJDP	Not indicated
<b>Used in Australia</b>	Information unavailable		

Active Parenting Now		Source	Year
<b>Program description</b>	"Active Parenting Now is a video-based education program targeted to parents of 2-12-year-olds who want to improve their parenting skills. It is based on the application of Adlerian parenting theory, which is defined by mutual respect among family members within a democratically run family. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, honest communication, and problem solving. It also teaches parents to use natural and logical consequences to reduce irresponsible and unacceptable behaviors."	SAMHSA	2008
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Parents of children aged 2-12 years		
<b>Setting</b>	Home, school and other community settings		
<b>Dose</b>	Active Parenting Now is conducted in one 2-hour classes per week for six weeks		
<b>Evidence rating</b>	3.1 - for parental perceptions; and parental attitudes and beliefs 3.3 - for parent-child relationship problems 2.2 - for positive and negative child behaviours	SAMHSA	2008
<b>Used in Australia</b>	Information unavailable		



Active Parenting of Teens: Families in Action		Source	Year
<b>Program description</b>	<p>"Active Parenting of Teens: Families in Action is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence. Family, school, and peer bonding are important objectives. The program includes a parent and teen component. The parent component uses the curriculum from Active Parenting of Teens. This curriculum is based on Adlerian parenting theory, which advocates mutual respect among family members, parental guidance, and use of an authoritative (or democratic) style of parental leadership that facilitates behavioral correction. A teen component was developed to complement the parent component.</p> <p>Active Parenting of Teens: Families in Action uses a family systems approach in which families attend sessions and learn skills. Each of the sessions includes time during which parents and youth meet in separate groups and time during which all family members meet together. Modules address parent-child communication, positive behavior management, interpersonal relationships for adolescents, ways for families to have fun together, enhancement of the adolescent's self-esteem, and factors that promote school success. Youth are taught about the negative social and physical effects of substance use, they learn general life skills and social resistance skills, and they are provided opportunities to practice these skills. Parents are taught skills to help reinforce their teen's skills training. During the portion of each session involving the youth and parents together, they participate in a family enrichment activity and receive a homework assignment to complete before the next session."</p>	SAMHSA	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Child development</li> </ul>		
<b>Population</b>	Middle school-aged youth	SAMHSA	2010
<b>Setting</b>	Typical groups consist of 5-12 families. Setting include home, school and other community settings.	SAMHSA	2010
<b>Dose</b>	The program is offered in six weekly 2-hour sessions	SAMHSA	2010
<b>Evidence rating</b>	<p>2.6 - for positive attachment to family, school and peers; and attitudes towards alcohol use</p> <p>2.2 - for participation in counselling</p> <p>2.7 - for self-esteem</p>	SAMHSA	2010
<b>Used in Australia</b>	Information unavailable		

Celebrating Families!		Source	Year
<b>Program description</b>	<p>"The Celebrating Families! program uses a cognitive behavioral theory (CBT) model to achieve three primary goals:</p> <ul style="list-style-type: none"> <li>• Break the cycle of substance abuse and dependency within families</li> <li>• Decrease substance use and reduce substance use relapse</li> <li>• Facilitate successful family reunification.</li> </ul> <p>The CBT model defines substance use as a learned social behavior that is acquired through modeling or imitation of the observed behavior in others with whom one has some type of social relationship. In this model, addiction is considered a disease. The CF! program provides weekly instruction focusing on a healthy lifestyle free from drugs and alcohol, addressing risk and protective factors as well as developmental assets of family members. Following a family dinner, parents and children participate in separate 90-minute instructional group sessions devoted to a particular theme. Parents then reunite with their children for a 30-minute activity to practice what has been presented and learned and to receive feedback on their performance. Themes include (1) healthy living, (2) nutrition, (3) communication, (4) feelings and defenses, (5) anger management, (6) facts about alcohol, tobacco, and other drugs, (7) chemical dependency as a disease, (8) the effects of chemical dependency on the whole family, (9) goal setting, (10) making healthy choices, (11) healthy boundaries, (12) healthy friendships and relationships, and (13) individual uniqueness. Originally designed for the Family Treatment Drug Court (FTDC) system, CF! is currently used by drug courts, dependency courts, faith-based organisations, residential and outpatient treatment services, and social service agencies serving parents and children ages 4-17. Started in the mid-1990s, the FTDC is the most recent and the fastest growing type of drug court in the United States. It provides a setting for all the participants in the child protection system to come together to determine the individual treatment needs of substance-abusing parents whose children are wards of the court. The goal of the FTDC is to rehabilitate the parents as competent caretakers so that their children can be safely returned to their parents' care."</p>	SAMHSA	2008
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Families in which one or both parents are in early stages of recovery from substance addiction and/or domestic violence/ and or child abuse	SAMHSA	2008
<b>Setting</b>	Residential, outpatient and other community settings	SAMHSA	2008
<b>Dose</b>	<p>"Recommended intensity: After intake, 2.5-hour weekly gatherings consisting of a Family Meal followed by Opening, Insights for Living, Closing, and Connecting with My Family sections.</p> <p>Recommended duration: 16 weeks."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
	<p>2.3 - for parenting skills</p> <p>2.4 - for parent tobacco and substance use</p> <p>2.6 - for parent depressive symptoms</p> <p>2.1 - for family environment; child behaviours and family reunification</p>	SAMHSA	2008
<b>Used in Australia</b>	Information unavailable		

Clinician-Based Cognitive Psychoeducational Intervention for Families		Source	Year
<b>Program description</b>	"The Clinician-Based Cognitive Psychoeducational Intervention is intended for families with parents with significant mood disorder. Based on public health models, the intervention is designed to provide information about mood disorders to parents, equip parents with skills they need to communicate this information to their children, and open dialogue in families about the effects of parental depression."	SAMHSA	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Family relationship</li> </ul>		
<b>Population</b>	Families with parents with significant mood disorder	SAMHSA	2006
<b>Setting</b>	Outpatient, home or other community settings	SAMHSA	2006
<b>Dose</b>	The intervention consists of 6-11 sessions that include separate meetings with parents and children, family meetings, and telephone contacts or refresher meetings at 6- to 9-month intervals	SAMHSA	2006
<b>Evidence rating</b>	3.5 - for child-related behaviours and attitudes toward parental illness as reported by parents 3.3 - children's understanding of parental illness 3.7 - for internalising symptomology 3.5 - for family functioning	SAMHSA	2006
<b>Used in Australia</b>	Information unavailable		

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families who are at Risk for Physical Abuse		Source	Year
<b>Program description</b>	<p>"Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse is a structured treatment program for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. The target population includes families in which child physical abuse by parents has been substantiated, families that have had multiple referrals to a child protection services agency, and parents who have reported significant stress and fear that they may lose control and hurt their child. The program aims to reduce children's Post Traumatic Stress Disorder (PTSD) symptoms, other internalising symptoms, and behavior problems while improving parenting skills and parent-child relationships and reducing the use of corporal punishment by parents.</p> <p>CPC-CBT is grounded in cognitive behavioral theory and incorporates elements (e.g., trauma narrative and processing, positive reinforcement, timeout, behavioral contracting) from empirically supported CBT models for families who have experienced sexual abuse, physical abuse, and/or domestic violence, as well as elements from motivational, family systems, trauma, and developmental theories. CPC-CBT can be delivered in either an individual or a group modality."</p>	SAMHSA	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Child development</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Families who are at risk for physical abuse	SAMHSA	2011
<b>Setting</b>	Outpatient	SAMHSA	2011
<b>Dose</b>	The individual therapy program consists of 90-minute sessions, and the group therapy program (which was used in the study evaluated by NREPP) consists of 2-hour sessions. Trained clinicians deliver the CPC-CBT components in 16-20 sessions.		
<b>Evidence rating</b>	3.2 - for children's PTSD symptoms; and parenting skills	SAMHSA	2011
<b>Used in Australia</b>	Information unavailable		

Family Foundations		Source	Year
<b>Program description</b>	<p>"Family Foundations, a program for adult couples expecting their first child, is designed to help them establish positive parenting skills and adjust to the physical, social, and emotional challenges of parenthood. Program topics include coping with postpartum depression and stress, creating a caring environment, and developing the child's social and emotional competence.</p> <p>Family Foundations is delivered to groups of couples through four prenatal and four postnatal classes of two hours each. Prenatal classes are started during the fifth or sixth month of pregnancy, and the postnatal classes end when the children are six months old. The classes are designed to foster and enhance the coparenting relationship, and they include conflict resolution strategies, information and communication exercises to help develop realistic and positive expectations about parenthood, and videos presenting couples discussing the family and personal stresses they have experienced as well as the successful strategies they have employed. Key aspects of parenting that are addressed include fostering child emotional security, attending to infant cues, and promoting infant sleep.</p> <p>Family Foundations is delivered in a community setting by childbirth educators who have received three days of training from Family Foundations staff. It is recommended, but not required, that classes be codelivered by a male and a female."</p>	SAMHSA	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Child development</li> <li>• Family relationships</li> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Adult couples expecting their first child	SAMHSA	2011
<b>Setting</b>	Other community settings	SAMHSA	2011
<b>Dose</b>	Four prenatal and four postnatal classes of two hours each	SAMHSA	2011
<b>Evidence rating</b>	<p>3.6 - for co-parenting; and parent-child interaction</p> <p>3.7 - for parental adjustment; and child adjustment</p>	SAMHSA	2011
<b>Used in Australia</b>	Information unavailable		

Family Matters		Source	Year
<b>Program description</b>	"Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families. The program encourages communication among family members and focuses on general family characteristics (e.g., supervision and communication skills) and substance-specific characteristics (e.g., family rules for tobacco and alcohol use and media/peer influences). The program involves successive mailings of four booklets to families and telephone discussions between the parent and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed. The program can be implemented by many different types of organisations and people, such as health promotion practitioners in health departments, school health educators and parent-teacher groups, volunteers in community-based programs, and national nonprofit organisations."	SAMHSA	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Adolescents aged 12-14 years and their families	SAMHSA	2006
<b>Setting</b>	Home	SAMHSA	2006
<b>Evidence rating</b>	Exemplary	OJJDP	Not indicated
	3.2 - for prevalence of adolescent cigarette use; prevalence of adolescent alcohol use; and onset of adolescent cigarette use	SAMHSA	2006
	Other Reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Information unavailable		

Family Support Network (FSN)		Source	Year
<b>Program description</b>	"Family Support Network (FSN) is an outpatient substance abuse treatment program targeting youth ages 10-18 years. FSN includes a family component along with a 12-session, adolescent-focused cognitive behavioral therapy--called Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT12)--and case management. The family component attempts to engage adolescents and their parents in a joint commitment to the treatment and recovery process. It establishes a support system, encourages family communication, and teaches parents behavioral management skills with the ultimate goal of improving the quality of family interrelationships. "	SAMHSA	2008
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Youth aged 10-18 years	SAMHSA	2008
<b>Setting</b>	Outpatient and Home	SAMHSA	2008
<b>Dose</b>	<p>The Family Component includes:</p> <ul style="list-style-type: none"> <li>• Six biweekly, multifamily education meetings addressing teen beliefs, adolescent development, adolescent drug use patterns, drugs and adolescents, the recovery process, and family management issues such as boundaries, parental discipline, and communication.</li> <li>• Four monthly home visits to reinforce the family's commitment to treatment and help the adolescent and his or her family individualise the skills they learned</li> </ul>	SAMHSA	2008
<b>Evidence rating</b>	<p>3.7 - for abstinence from substance use; and recovery from substance use</p> <p>3.5 - for cost effectiveness</p>	SAMHSA	2008
<b>Used in Australia</b>	Information unavailable		

Multisystemic Therapy (MST) for Juvenile Offenders		Source	Year
<b>Program description</b>	"Multisystemic Therapy is a treatment for juvenile offenders that uses a combination of empirically-based treatments (e.g. cognitive behavior therapy, behavioral parent training, functional family therapy) to address multiple variables (i.e. family, school, peer groups) that have been shown to be factors in juvenile behavior. Multisystemic Therapy's overall goals are to improve the youth's ability to make good decisions when choosing his/her peer group, and the family's ability to monitor his/her behavior. To achieve these goals, the Multisystemic Therapist: (1) interviews the youth, his/her family and peers, and school officials to identify the youth's problem behaviors and their causes; (2) identifies the youth's personal strengths, and positive aspects of his or her family, peer group, and school, which can be used to address the problem behavior (e.g. an athletic youth might be encouraged to join a sports team to keep him or her occupied after school, or a family member who lives nearby could help supervise the youth); and (3) sets goals for the youth (e.g. regular school attendance, less contact with delinquent peers) and his/her parents (e.g. enforcement of curfew, more frequent communication with the youth's teachers) to be achieved during treatment."	SPW	Not indicated
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Juvenile offenders and their families	SPW	Not indicated
<b>Setting</b>	Home or community locations (i.e., school, recreation centre)	SPW	Not indicated
<b>Dose</b>	The therapists are available to the youth and his/her family 24 hours a day, 7 days a week	SPW	Not indicated
<b>Evidence Rating</b>	No rating	SPW	Not indicated
	2.9 - for posttreatment arrest rates 3.0 - for long-term arrest rates; alcohol and drug use; and perceived family-functioning cohesion 3.1 - for long-term incarceration rates; and peer aggression 3.2 - for self-reported criminal activity	SAMHSA	2007
<b>Used in Australia</b>	Yes		



Parenting Through Change		Source	Year
<b>Program description</b>	"Parenting Through Change (PTC) is a theory-based intervention to prevent internalising and externalising conduct behaviors and associated problems and promote healthy child adjustment. Based on the Parent Management Training--Oregon Model (PMTO), PTC provides recently separated single mothers with 14 weekly group sessions to learn effective parenting practices including skill encouragement, limit-setting, problem-solving, monitoring, and positive involvement. PTC also includes strategies to help parents decrease coercive exchanges with their children and use contingent positive reinforcements (e.g., praise, incentives) to promote prosocial behavior. Topics are presented in an integrated, step-by-step approach and are typically introduced in one or more sessions, then reviewed and revisited throughout the remainder of the program."	SAMHSA	2006
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Child development</li> <li>• Parent-child relationships</li> </ul>		
<b>Population</b>	Separated single mothers	SAMHSA	2006
<b>Setting</b>	Other community settings	SAMHSA	2006
<b>Dose</b>	14 weekly group sessions	SAMHSA	2006
<b>Evidence rating</b>	3.6 - for internalising behaviours; and delinquency 3.4 - for externalising behaviours; and noncompliance with mother's directives 3.8 - for academic functioning	SAMHSA	2006
<b>Used in Australia</b>	Information unavailable		

Partners with Families and Children: Spokane		Source	Year
<b>Program description</b>	<p>"Partners with Families and Children: Spokane (Partners) provides services to families with children under 30 months old who are referred by child protective services, law enforcement, or other public health agencies due to chronic child neglect or risk of child maltreatment. These families generally are low income, marginally integrated into conventional life and family structures, and present multiple needs across life domains. Partners is a multidisciplinary intervention based on wraparound service principles and attachment theory. Its characteristic features are intensive case management using an integrated system of care approach; on-site resources for gender-specific, integrated parental substance abuse and mental health services; parental coaching to improve parent-child interactions and relationships; and a commitment to provide services as long as the family wants and benefits from services.</p> <p>Families who enter Partners are assigned to a Family Team Coordinator, who completes an initial formal assessment and develops a team of professionals and family members to participate in service plan development and delivery. Based on family need, collaborations are routinely developed with schools, Head Start, and local public health and other agencies to ensure service coordination. When a family enters Partners, the Coordinator arranges an initial home visit, begins a planning process for evaluation, and consults with core team members. The Coordinator continues to provide intensive case management services. Family team meetings typically occur at least once a month and include the professional team as well as individuals personally involved with and identified by the family. Family teams place a strong emphasis on the quality of the parent-child relationship and the quality of interactions, using infant psychotherapy principles to guide treatment goals. Meetings focus on informal modeling of appropriate relationship and behavior with the child, progressive encouragement and support of increasingly competent behavior, and parental self-reflection regarding the parent-child relationship."</p>	SAMHSA	2008
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> <li>• Family relationships</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	Families with children under 30 months old who are referred by child protective services, law enforcement, or other public health agencies due to chronic child neglect or risk of child maltreatment.	SAMHSA	2008
<b>Setting</b>	School	SAMHSA	2008
<b>Evidence rating</b>	<p>2.5 - for interpersonal violence within families; parenting stress; child behaviour problems; caregiver-child attachment</p> <p>2.4 - for service access</p>	SAMHSA	2008
<b>Used in Australia</b>	Information unavailable		

Advocacy for Women and Kids in Emergencies (AWAKE)		Source	Year
<b>Program description</b>	<p>"In 1986, a group of advocates, social workers, nurses, and doctors began AWAKE, Advocacy for Women and Kids in Emergencies, at Children's Hospital in Boston. The basic goal of the project was to identify and help battered women with abused or neglected children and offer to the women support and advocacy. In this way, women would be better protected, and, as a result, so would their children. The argument was that children's safety was usually - although not always - largely dependent on their mother's. AWAKE seeks to provide comprehensive services to abused children and mothers. Abused women who accept AWAKE's services are paired with an advocate who collaborates with hospital staff and outside agencies to devise a safety plan and, whenever possible, to keep mothers and children together. Services provided include housing guidance, such as shelter referrals, court advocacy, referrals for medical and legal care, and individual counseling and support groups for women. AWAKE also provides consultation and education to hospital staff and the community. AWAKE provides opportunities for abused women, in seeking medical attention for their children, to access services for themselves that they might not have sought otherwise."</p>	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Battered women with abused and neglected children	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Behavior Analysis Services Program (BASP)		Source	Year
<b>Program description</b>	<p>"The Behavior Analysis Services Program (BASP) is a parent training and child intervention program designed to promote the placement stability of dependent children with challenging behaviors. The program provides caregiver training classes for individuals who are becoming licensed foster parents, caregiver training classes for pre- and post-adoptive parents, and parent training seminars for individuals in the community who are not involved in the foster care system. Applied behavior analysis (ABA) services are also provided for children in the foster care system and BASP providers work closely with foster parents to increase parenting skills and decrease child problem behavior.</p> <p>The goal of the BASP program is to increase the placement stability of foster children who engage in problem behavior by training caregivers to competency on behavior analytic procedures, including (but not limited to) non-contingent reinforcement, differential reinforcement, contingency management, and extinction/planned ignoring."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	Foster, adoptive, and biological caregivers and their children	CEBC	2011
<b>Setting</b>	Behaviour Analysis Services Program (BASP) was designed to be conducted in a group setting. Recommended group size: 10-20 individuals. This program is typically conducted in a(n): Adoptive Home or Foster Home.	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Parent training classes are weekly 3-hour sessions. Home visits usually occur at least weekly. Often times, home visits occur more than once per week.</p> <p>Recommended duration: Parenting classes last 6 weeks. The number and duration of the home visits is contingent on the skill level of the caregivers and the topography/severity of the problem behavior of the child. On average, in-home services can last from one month to over a year as needed."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

BehaviorTools		Source	Year
<b>Program description</b>	<p>"The BehaviorTools™ curriculum identifies 12 frequently used forms of coercion, describes the effects of using coercion and provides alternative management strategies that are positive, proactive, and more effective in producing long-term improvements in behavior.</p> <p>The BehaviorTools™ program was developed from the Behavior Analysis Services Program (BASP), funded by the State of Florida from 1996 to 2008. BASP developed a curriculum entitled Tools for Positive Behavior Change, which was designed to teach caregivers basic principles of behavior. The curriculum was written for caseworkers and caregivers of foster children who were abused (sexually, physically and emotionally) and neglected. In 2008, statewide budget cuts forced DCF to terminate funding BASP. However, the curriculum was revised and rewritten by Professional Crisis Management Association, Inc. And is now called BehaviorTools™. The revised curriculum still pertains to the prior populations but has expanded to include caregivers of children and adults with developmental disabilities (including autism spectrum disorder)."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	"Foster, adoptive and biological parents; caseworkers; care managers; and direct care staff of residential and group home facilities; and caregivers and teachers of children and adults with disabilities."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; Hospital; Outpatient Clinic; Residential Care Facility; or School."	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Skills taught in training are used by participants on an as needed basis in their home or work environments.</p> <p>Recommended duration: Skills taught in training are used by participants on an as needed basis in their home or work environments."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Boot Camp for New Dads (BCND)		Source	Year
<b>Program description</b>	"Boot Camp for New Dads is a unique father-to-father community-based workshop that inspires and equips men of different economic levels, ages and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads."	CEBC	2012
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> </ul>	CEBC	2012
<b>Population</b>	Dads-to-be in the months surrounding their baby's birth	CEBC	2012
<b>Evidence rating</b>	Not able to be rated	CEBC	2012
<b>Used in Australia</b>	Information unavailable		

Caring Dads: Helping Fathers Value their Children		Source	Year
Program description	<p>"The Caring Dads program combines elements of parenting, fathering, and child protection practice to address the needs of maltreating fathers. Program principles emphasise the need to:</p> <ul style="list-style-type: none"> <li>• enhance men's motivation</li> <li>• promote child-centered fathering</li> <li>• address men's ability to engage in respectful, non-abusive co-parenting with children's mothers</li> <li>• recognise that children's experience of trauma will impact the rate of possible change</li> <li>• work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) as a result of father's participation in intervention.</li> </ul> <p>The program uses a combination of motivation enhancement, parent education (including skills training and behavioral practice), and cognitive behavioral therapy to:</p> <ul style="list-style-type: none"> <li>• improve men's recognition and prioritization of children's needs</li> <li>• improve men's understanding of developmental stages</li> <li>• improve men's respect and support for children's relationships with their mothers</li> <li>• improve men's listening and using praise</li> <li>• improve men's empathy for children's experiences of maltreatment</li> <li>• identify and counter the distortions underlying men's past, and potentially ongoing, abuse of their children and/or children's mothers.</li> </ul> <p>The overarching goal is to ensure the safety and wellbeing of children who have been impacted by men's abuse or neglect, including domestic violence. The program aims to achieve this goal, and the following specific goals, through fathering group intervention, as well as through mother contact and coordinated case management:</p> <ul style="list-style-type: none"> <li>• to develop sufficient trust and motivation to engage men in the process of examining their fathering.</li> <li>• to increase men's awareness and application of child-centered fathering</li> <li>• to eliminate fathers' use of abuse and neglect towards their children and to promote respectful and non-abusive co-parenting with children's mothers</li> <li>• to promote men's appreciation of the impact of their past abuse on their children and family and help men take responsibility for these behaviors</li> <li>• to provide supportive outreach to children's mothers to provide information about the program, safety planning, and referral, as necessary</li> <li>• to work with other professionals to plan for the future safety and wellbeing of children who have been impacted by abuse, neglect, and/or domestic violence." </li></ul>	CEBC	2011
Outcomes	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Family relationships</li> </ul>		

Caring Dads: Helping Fathers Value their Children (continued)		Source	Year
<b>Population</b>	"Fathers (including biological, step, and common-law) who have physically or emotionally abused their children, or neglected them; exposed them to domestic violence; or who are deemed to be at high-risk for these behaviors. The program also involves contact with mothers and coordinated case management to contribute to the safety and wellbeing of children."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Community Agency; Departments of Social Service; or Outpatient Clinic."	CEBC	2011
<b>Dose</b>	"Recommended intensity: Two-hour weekly session. Recommended duration: 17 sessions."	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Child Protective Services Reintegration Project (CRP)		Source	Year
<b>Program description</b>	<p>"CRP provides home- and community-based services to help children/adolescents with mental health challenges transition back to the community from out-of-home placements, such as residential treatment centers (RTCs), hospitals, foster homes, and shelters.</p> <p>CRP utilises the Wraparound process, which builds on families' inherent strengths to care for youth with complex needs. Each youth/family is assigned to a Care Coordinator, whose role is to empower the youth and family—to set their own goals, decide how to meet them, and access/advocate for necessary support.</p> <p>The goal of the CPS Reintegration Project (CRP) is to reduce the number of children/adolescents involved in the child welfare system due to their mental health needs by exiting children/adolescents from licensed care and reintegrating with caregivers in their home community. These caregivers are biological parents, adoptive parents, relatives, and fictive kin.</p> <p>This program involves the family or other support systems in the individual's treatment: The coordinator takes the parent/caregiver through strength and needs assessments and identifies family resources to support the reintegration. The program encourages other family/fictive kin members to become part of the Child and Family Team and to work with the parent/caregiver and child/adolescent to make the reintegration successful. Other members of the household, or immediate family, can receive services and supports through the program to provide a holistic intervention."</p>	CEBC	2012
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	"Children/adolescents aged 5-17 who reside in therapeutic or residential placement facilitated by child welfare and have an Axis I diagnosis (i.e., a clinical disorder(s), including major mental disorders, learning disorders, and substance use disorders)."	CEBC	2012
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home or Birth Family Home	CEBC	2012
<b>Dose</b>	<p>"Recommended intensity: Contact depends on the phase of service: The Screening phase lasts for 30 days and is generally 3 face-to-face visits with the parent/caregiver and 1-2 face to face visits with the child/adolescent. The length of time varies from 1 to 3 hours. The Pre-Integration Planning phase is two Child and Family Team Meetings; one contact with the child; and numerous telephone calls and emails to collaborate with team members. The Reintegration phase varies from weekly to twice-a-month contact depending on the length of time a child/adolescent has been residing in the home. There are also weekly phone calls, emails, and meetings with school personnel. The Ongoing phase varies in contact from twice-a-month to once-a-month depending on the level of need and functioning of the family.</p> <p>Recommended duration: The program serves the family until the child/adolescent has stabilized in the community and has dependable supports and services. The total length of service is on average 16 months (1 month screening; 3 months planning for reintegration; 6 months in home with open CPS case; 6 months in-home with CPS case closed)."</p>	CEBC	2012
<b>Evidence rating</b>	Not able to be rated	CEBC	2012
<b>Used in Australia</b>	Information unavailable		



Child Welfare Organizing Project - Parent Leadership Curriculum (CWOP)		Source	Year
<b>Program description</b>	<p>"Leadership Curriculum in East Harlem, the South Bronx, and North and Central Brooklyn. These are New York City communities characterized by high rates of child maltreatment reports and foster care placements. Co-designed and co-led by parents and professionals, the CWOP Parent Leadership Curriculum is intended to orient parents involved with the public child welfare system to their rights and responsibilities, laws and regulations governing local practice, and the contractual obligations of service provider agencies. Another goal of the curriculum is to prepare parents for paraprofessional roles as peer organizers and advocates. The CWOP Parent Leadership Curriculum consists of both classroom sessions and experiential learning and leadership opportunities. Over 120 people have completed the curriculum and more than half of them have secured employment as parent advocates in foster care, preventive, and legal services agencies. Over 70% of the participants who had children in foster care at the point of enrollment had regained custody by completion of the curriculum.</p> <p>Goals of the CWOP Parent Leadership Curriculum are to:</p> <ul style="list-style-type: none"> <li>• Orient parents to their rights and responsibilities within the child welfare system.</li> <li>• Engage parents in policy analysis and systemic advocacy."</li> </ul>	CEBC	2010
	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Anyone who has had personal experience with the child welfare system (could be as a parent, child, foster parent, etc.).	CEBC	2010
<b>Setting</b>	<p>Child Welfare Organizing Project – Parent Leadership Curriculum (CWOP) was designed to be conducted in a group setting. Recommended group size: 10-15</p> <p>This program is typically conducted in a(n): Community Agency</p>	CEBC	2010
<b>Dose</b>	<p>Recommended intensity: 10 hours per week.</p> <p>Recommended duration: 6 months.</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Child Witness to Violence Project		Source	Year
<b>Program description</b>	"Child Witness to Violence Project at Boston Medical Center provides trauma-focused clinical intervention to children age 8 and younger who have been exposed to domestic or community violence. Approximately 150 families are seen each year; 85% of cases seen are for exposure to domestic violence; 65% of the children are age 6 or younger. The intervention requires the active participation of at least one parent and is focused on addressing the traumatic experiences of the child within the context the child-parent relationship. The intervention incorporates principles of Child-Parent Psychotherapy and Trauma-Focused Cognitive Behavioral Therapy. Components of the intervention include advocacy and case management, parent guidance, along with dyadic and/or individual psychotherapy. Services are primarily outpatient and office-based."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child-parent relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	"Children aged 8 and younger, with the majority being under age six, from a racially diverse urban area."	CEBC	2010
<b>Setting</b>	Birth family home and outpatient clinic	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Weekly 1-1.5-hour sessions.</p> <p>Recommended duration: At least five months."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Circle of Parents		Source	Year
<b>Program description</b>	"Circle of Parents is a national network of statewide non-profit organisations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families. Circle of Parents 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. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge, and provide developmentally-appropriate children's programs or child care concurrent with the parent group meetings. Developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the Circle of Parents model."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Any parent or individual in a parenting role for children ages 0-18 years. This may include biological parents, adoptive parents, foster parents, grandparents, kinship caregivers, etc. Many programs target specific groups such as fathers, parents of children with disabilities, parents with disabilities, immigrant and refugee families, incarcerated parents, teen parents, parents in substance abuse recovery, and other parenting challenges	CEBC	2010
<b>Setting</b>	This program is typically conducted in a(n): Community Agency; Community Daily Living Settings; Outpatient Clinic; Prison; Religious Organisation; or School  Circle of Parents was designed to be conducted in a group setting. Recommended group size: 10-12 participants	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Support groups meet once weekly for an average of 1.5 hours. Occasionally, due to factors such as access in rural communities, availability of the program site or the choice of the particular group, the group may meet less often but not less than once a month.</p> <p>Recommended duration: The length of time for participation is open-ended except for situations where the program setting or structure limits the availability of the program. For example, programs that occur in schools may only operate 9 months out of the year and programs that occur in correctional institutions may be time limited by direction of the authorities."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Confident Parenting: Survival Skill Training Program		Source	Year
<b>Program description</b>	"The Confident Parenting: Survival Skill Training Program uses a cognitive-behavioral orientation to train parents in using non-violent child management skills in their relationships with children. Parents are also encouraged to use such skills in relating to spouses and other adults. It was originally developed in the 1970s in child mental health settings and has become the program of choice in many other human service and educational settings since that time. The Confident Parenting: Survival Skill Training Program is the main parenting intervention provided by the staffs of various regional offices of the Los Angeles County Department of Children and Family Services. It is designed as a 10-session program to be used with small groups of parents. This way each parent can receive individualised consultation from the instructor on the home behavioral change projects that are assigned. A one-day seminar version of the program for large numbers of parents has recently been created."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents of children (2-12 years old) who are experiencing behaviour or emotional problems	CEBC	2011
<b>Setting</b>	<p>This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; Hospital; Outpatient Clinic; Residential Care Facility or School.</p> <p>Confident Parenting: Survival Skill Training Program was designed to be conducted in a group setting. Recommended group size: 10 x 2-hour sessions format: 8-12 parents; One-day seminar format: 50-200 parents.</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Two-hour basic training sessions per week for entire program; or one-day for abbreviated seminar format.</p> <p>Recommended duration: 10 consecutive weeks, with either monthly booster sessions; or the opportunity to take the entire program for a second time."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

DADS Family Project		Source	Year
<b>Program description</b>	"The DADS Family Project is an innovative program that is designed to adapt to a variety of settings, from schools and churches to prisons and businesses. The purpose of the program is to assist dads to improve their understanding of the essential role of fathering. It is critical that the program be presented in a supportive gathering of fathers. Traditionally, parent education has been offered in mixed groups composed of mothers and fathers. The DADS Family Project is based on the belief that in a supportive learning environment fathers can be inspired, empowered, and enabled, through skill building techniques, to gain mastery and confidence in their role as a parent."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Not specified	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Early Steps to School Success (ESSS)		Source	Year
<b>Program description</b>	"ESSS provides parent education and support, home visiting and pre-literacy and language development services for families in rural, geographically isolated communities. ESSS is a model designed to be culturally relevant and provide early childhood education services to pregnant women and children from birth to age five, education services to parents, and ongoing staff training to community early childhood educators. It not only recognises the essential role families have in preparing their children for school, but also reinforces parents' roles as advocates in raising awareness for community-wide efforts that support school readiness. It does this through community collaboration and by creating strong connections between parents and the schools their children will attend."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Family relationships</li> <li>• Basic child care</li> </ul>		
<b>Population</b>	Families living in rural, geographically isolated communities.	CEBC	2010
<b>Setting</b>	<p>This program is typically conducted in a(n): Birth Family Home; Community Agency; Foster Home; or School</p> <p>Early Steps to School Success (ESSS) was designed to be conducted with individual families or with groups of children and their parents.</p>		
<b>Dose</b>	<p>Recommended intensity:</p> <ul style="list-style-type: none"> <li>• Home visits: 2 per month for 60 minutes each</li> <li>• Parent and child education and support groups: 1 per month for 60 minutes</li> <li>• Literacy activities for children aged 3 -5 years: 2 per month for 30 minutes each.</li> </ul> <p>Recommended duration: The program works with families from the time they are expecting a child (prenatal) until the child enters kindergarten.</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Families First of Michigan		Source	Year
<b>Program description</b>	"Families First of Michigan offers families intensive and short-term crisis intervention and family education services in their home for four weeks (with the possibility of an extension up to a maximum of six weeks) using the Families First of Michigan model. Families First of Michigan workers are available and accessible to the family 24 hours a day, seven days a week. The workers assist families by establishing individual family goals designed to reduce risk of out of home placement and increase child safety. Families First of Michigan workers assist families in meeting goals by teaching, modeling, and reinforcing appropriate parenting and by providing concrete services and connections to community services."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Children who are at high risk of removal from their families due to abuse or neglect.	CEBC	2011
<b>Setting</b>	Birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: The intensity varies according to the needs of the family. The workers spend a minimum of 10 hours a week with each of the families on their caseload and the average visit is two hours.</p> <p>Recommended duration: The program, as designed, works with families for a period of four weeks. Cases can be extended to a maximum of six weeks. Extensions are based on joint decision-making by the family preservation worker and supervisor, the referring worker and supervisor and the family. The decision-making is focused on goal achievement, risk reduction, and safety."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Father's Time Fatherhood Academy		Source	Year
<b>Program description</b>	"The intent and purpose of the Father's Time Fatherhood Academy is to systematically engage men in the embracement of values that are life-giving and life-sustaining, for the benefit of themselves and their families. It is a multicultural educational class for fathers and fathers-to-be, which teaches the basic fundamentals and essentials of fatherhood referred to as Life Values. Fathers are given the tools and the process to create their own personal visionary plans, which can be directly implemented in their homes and relationships."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"Fathers from age 14 to 80 in any aspect of fatherhood: married with children, non-residential/custodial, single, addicted, impoverished, incarcerated, teenage, military, step, stand-in, or about to become a father."	CEBC	2011
<b>Setting</b>	"This program is typically conducted in a(n): Community Agency; Community Daily Living Settings; Prison; Religious Organisation; or School."	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: 2-hour weekly sessions.</p> <p>Recommended duration: 10 weeks (3 months). Total time is 12 weeks when including the orientation class and graduation."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		



Fundamentals of Foster and Adoptive Parenting		Source	Year
<b>Program description</b>	"Fundamentals of Foster and Adoptive Parenting focuses on training participants to develop the skills, knowledge, values, traits, and motives necessary to prepare them to understand and cope with the experience of receiving an adoptive or foster child into their home. The program's curriculum was developed by stakeholders from the Maine Department of Health and Human Services (DHHS), and the Child Welfare Training Institute (CWTI), a division of the Muskie School of Public Service at the University of Southern Maine, collaborated with experienced foster and/or adoptive parents. Together they defined the knowledge-base, skills, abilities, and underlying personal characteristics needed to be an effective foster and/or adoptive parent."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Basic child care</li> <li>• Parent-child relationships</li> </ul>		
<b>Population</b>	The target populations of this program are prospective foster and adoptive parents and kinship providers	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n): Community Agency; Departments of Social Service or Hospital	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Depending on the needs of the prospective parent/kin participants, there are either 3 hours or 6 hours of training a week. With 3 hours of training, there is 1 session a week. With 6 hours of training, it can either be 2 x 3-hour sessions or 1 x 6-hour session.</p> <p>Recommended duration: Duration is 4-8 weeks for a total of 24 hours of training."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Individual Family- Psychoeducational Psychotherapy (IF-PEP)		Source	Year
<b>Program description</b>	"IF-PEP is a manual-based treatment for children aged 8-12 years with mood disorders (depressive and bipolar spectrum disorders). IF-PEP is based on a biopsychosocial framework and utilises cognitive-behavioral and family-systems based interventions. IF-PEP is a 20-24 session, 50-minutes-per-session treatment with 20 scripted and 4 "in-the-bank" sessions that alternate between parents and children attending. One special session each is devoted to working with school professionals and siblings. IF-PEP's goals are to help parents and children learn about, then effectively manage, symptoms of mood disorders via improved communication, problem solving, and emotion regulation. It is the intention of IF-PEP that, by giving the parents and child a better understanding of the disorder, family tension will decrease and consumer skills will improve resulting in reduced symptom severity and improved functioning."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	"Children aged 8-12 with major mood disorders (depressive and bipolar spectrum) and their parents."	CEBC	2010
<b>Setting</b>	This program is typically conducted in a(n): Community Agency or Outpatient Clinic	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Weekly 45-50-minute sessions, though it can be biweekly sessions.</p> <p>Recommended duration: Varies from 10 -24 weeks (depends if sessions are weekly or biweekly)."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

InsideOut Dad		Source	Year
<b>Program description</b>	"InsideOut Dad™ strives to increase inmates' contact with their children and improve inmates' awareness, knowledge, and attitudes about being an involved, responsible, and committed father. It includes 12 core sessions and 26 optional sessions that allow facilitators to customize the program for the unique needs of the fathers they serve. InsideOut Dad™ has been used in state and federal facilities, pre-release programs, and community organisations, among others."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Parent-child relationships</li> </ul>		
<b>Population</b>	"Fathers with children 18 years old and younger. It is designed specifically for the issues/challenges faced by incarcerated fathers (e.g., challenge of successful re-entry)."	CEBC	2011
<b>Setting</b>	Prison	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly 1-hour session. Sessions may be extended with one or more optional sessions on the same topic. The program may also be delivered in a shorter duration depending on the audience (e.g., two sessions per week for a total of two hours).</p> <p>Recommended duration: 12 weeks. Program may be delivered in a shorter duration depending on the audience (e.g., six weeks with two sessions per week)."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Kids in Transition to School (KITS)		Source	Year
<b>Program description</b>	"Kids in Transition to School (KITS) is a short-term, intensive intervention designed to enhance psychosocial and academic school readiness in children at high risk for school difficulties. KITS features a two-pronged approach: (a) a 24-session therapeutic playgroup focused on promoting social-emotional skills and early literacy in children, and (b) an 8-session parent workshop focused on promoting parent involvement in early literacy and the use of positive parenting practices. The KITS curriculum is delivered during the summer before and the early fall of kindergarten."	CEBC	2012
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Child behaviour</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	"Foster children and other children at high risk for school difficulties who are entering kindergarten."	CEBC	2012
<b>Setting</b>	Community agency; School	CEBC	2012
<b>Dose</b>	<p>"Recommended intensity: Playgroups meet 2 times a week for 2 hours in the 2 months preceding kindergarten entry. Once school starts, playgroups meet once a week for 2 hours during the first 8 weeks of school (typically September to October). Parent groups meet for 2 hours every other week.</p> <p>Recommended duration: 16 weeks total."</p>	CEBC	2012
<b>Evidence rating</b>	Not able to be rated	CEBC	2012
<b>Used in Australia</b>	Information unavailable		

Los Ninos Bien Educados (LNBE)		Source	Year
<b>Program description</b>	"The Center for the Improvement of Child Caring's (CICC) LNBE program is a parenting skill-building program created specifically for parents of Latino American children. It has become one of the main parenting interventions provided by the staffs of the Latino Family Preservation units in the Los Angeles County Department of Children and Family Services. It is designed as a 12-session program to be used with small groups of parents, and as a one-day seminar for large numbers of parents. Over 1500 professionals, from 20 states, have been trained to deliver it since the late 1980s when it became available for national use through instructor training workshops conducted in cities nationwide."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	For parents of Latino descent who are raising children in the United States, both Spanish and English speakers	CEBC	2011
<b>Setting</b>	<p>This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; Hospital; Outpatient Clinic; Residential Care Facility; or School.</p> <p>Los Ninos Bien Educados (LNBE) was designed to be conducted in a group setting. Recommended group size: The best size of groups to receive the full, 12-session version of the program is from 10 to 15 parents. The one-day seminar version can be taught to 50 to 150 parents at a time</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Three-hour sessions weekly or a 6.5-hour one-time seminar.</p> <p>Recommended duration: 12 weeks of sessions or the one-day seminar."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Love and Logic		Source	Year
<b>Program description</b>	<p>"The Love and Logic Institute, Inc., developed training materials designed to teach educators and parents how to experience less stress while helping young people learn the skills required for success in today's world. This approach is called Love and Logic and is based on the following two assumptions:</p> <ol style="list-style-type: none"> <li>1. That children learn the best lessons when they're given a task and allowed to make their own choices (and fail) when the cost of failure is still small</li> <li>2. That the children's failures must be coupled with love and empathy from their parents and teachers.</li> </ol> <p>This model has been used by parents and teachers for 30 years and has been applied to a wide range of situations."</p>	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Parents, grandparents, teachers, and other caretakers working with children.	CEBC	2010
<b>Setting</b>	This program is typically conducted in a(n): Community Daily Living Settings; Religious Organisation; and School. Love and Logic was designed to be conducted in a group setting.	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Parents, grandparents, and/or teachers attend a voluntary one-day seminar, or 3-day, 5-day, or 6-day conference to help them learn the techniques.</p> <p>Recommended duration: 1 day to 6 days depending on length of training they choose to attend."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Minority Youth and Family Initiative for African-Americans (MYFI)		Source	Year
<b>Program description</b>	"MYFI in Polk County, Iowa, aims to reduce the proportion of African-American children in the child welfare system. Public child welfare staff addresses needs and concerns of these families and engages them as team members from the beginning of the case by utilising Pre- and Post-Removal Family Conferencing and Family Team Meetings (facilitated by African-American workers). Parent Partners (alumni of the child welfare system) serve as guides and advocates for families involved. Also includes culturally competent services, resources and support for families, training for staff, and flexible dollars used to meet family needs."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"African American children and families involved with the child welfare system"	CEBC	2011
<b>Setting</b>	Birth family home, community agency and hospital	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: 1-2 hours per week with family team meeting, parent partner contacts, and other referrals based on need.</p> <p>Recommended duration: 2-3 months."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Parent and Child Together Project (PACT)		Source	Year
<b>Program description</b>	"The PACT program serves young mothers referred by Social Services. Priority is given to mothers who are 16-24 years old, with children 0-3, who have risk factors associated with neglect. The program is provided in a residential setting of 6 mothers to a unit. The residential portion of the program can last from 12 weeks to 18 months. Follow-up care is provided for 9 months. During the residential portion of the program, mothers are provided training and assessment on basic infant and childcare skills. Other services address partner relationships, household management, and preparation for life in the community. Aftercare services include ongoing childcare assessments, establishing social and community support, and assisting them to explore opportunities for education and employment. PACT also provides support for those mothers who have been separated from their children."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Basic child care</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Mothers referred by Social Services. Priority is given to mothers who are 16-24 years old with children aged 9-3 who have risk factors associated with neglect	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Parent Partners - Iowa		Source	Year
<b>Program description</b>	"Parent Partners – Iowa uses an approach that not only celebrates individuals that have overcome obstacles through change, recovery, and accountability, but also uses their skills to mentor families who are currently navigating through the Department of Human Services as their children are in foster or kinship care. These Parent Partners demonstrate advocacy and effective communication, while holding families accountable."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Parents involved with Department of Human Services' Child Protective Services.	CEBC	2010
<b>Setting</b>	This program is typically conducted in a(n): Birth Family Home; or Departments of Social Service. Parent Partners – Iowa was designed to be conducted in a group setting. Recommended group size: 8-12 participants	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: For the mentoring, or one-on-one piece of the program it is recommended that Parent Partners spend 1-2 hours per parent per week of face-to-face contact.</p> <p>Recommended duration: The length of the program varies as much as the resources, needs, and identified concerns of the parent/family varies. It is recommended to receive at least 6 months of mentoring."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		



Parent Support Outreach Program (PSOP)		Source	Year
<b>Program description</b>	<p>"PSOP is a voluntary early intervention family support program serving families with young children (under age 10) who are at risk of child maltreatment. Referrals are identified through screened out child maltreatment reports or through community or self-referral based on risk exposure. Services are largely consumer driven with a significant focus on addressing the provision of basic needs. Families are asked to participate in a strengths and needs assessment that is used to help the family and agency determine an appropriate service plan. Services are delivered through county-based child welfare programs or through a contract for service with a community-based provider.</p> <p>The primary goal of the Parent Support Outreach Program is a reduced risk of child maltreatment. This is attained by addressing unmet family needs and employing family strengths. Overall family well-being improvement is also sought and measured by the strengths and needs assessment."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	"Families at risk of child maltreatment as identified by screened out child maltreatment reports, community referrals, or self-referral. Families that are referred by the community or through self-referrals must have at least two risk factors including, but not limited to, poverty, past maltreatment history, domestic violence, chemical dependency, and emotional or behavioral health problems."	CEBC	2011
<b>Setting</b>	Birth family home	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Depends on family's goals and service requests. Contact is usually focused on obtaining whatever resources or services desired and not on treating the family.</p> <p>Recommended duration: No specific time limit, but services are usually very specific and time limited (90-180 days average)."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Parenting with Love and Limits (PLL)		Source	Year
<b>Program description</b>	"PLL combines group therapy and family therapy to treat children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, and attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. The program also has been used with teenagers with less extreme behaviors. PLL teaches families how to re-establish adult authority through consistent limits while reclaiming a loving relationship. It includes six multifamily sessions, conducted by two facilitators that employ group discussions, videotapes, age-specific breakout sessions, and role-play. Individual families also receive intensive 1-2-hour therapy sessions in an outpatient or home-based setting to practice the skills learned in the group setting. Three or four family therapy sessions are recommended for low to moderate-risk adolescents; up to 20 sessions may be recommended for those with more severe problems such as involvement with the juvenile or criminal justice system. PLL 's integration of group sessions and family therapy is designed to help families apply skills and concepts to real-life situations and prevent relapse."	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	"Children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, and attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. The program also has been used with teenagers with less extreme behaviors."	CEBC	2009
<b>Setting</b>	Parenting with Love and Limits (PLL) was designed to be conducted in a group setting. Recommended group size: 6 to 8 adolescents and their families per group	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: 2-hour weekly group sessions with 1 hour of parents and teens meeting together and 1 hour of the parents and teens meeting separately, and 1-2 hour weekly family sessions, as needed.</p> <p>Recommended duration: 6 weeks for group sessions, and 4-20 sessions for family sessions."</p>		
<b>Evidence rating</b>	Not able to be rated	CEBC	2009
	Exemplary	OJJDP	Not indicated
	2.9 - for conduct disorder 2.3 - for readiness for change and parent-teen communication 2.2 - for youth attitudes and behaviour 2.7 - for self-perception of substance abuse	SAMHSA	2008
	Other reviewed Programs	PPN	Not indicated
<b>Used in Australia</b>	Yes		

Parents as Tender Healers (PATH)		Source	Year
<b>Program description</b>	<p>"PATH is a 10-week curriculum developed to train prospective foster parents. Sessions are intended to help parents decide whether fostering or adoption is appropriate for them. Sessions address:</p> <ul style="list-style-type: none"> <li>• How resource families differ from birth families.</li> <li>• How and why children in the welfare system develop survival behaviors.</li> <li>• The different roles of birth, legal, and caregiving parents.</li> <li>• Characteristics of successful resource families.</li> <li>• The types of abuse and neglect experienced within the child welfare system, survival behaviors developed, and the emotional issues underlying these behaviors.</li> <li>• The impact of separation and trauma on children, and the importance of emotional attachment.</li> <li>• Understanding issues faced by children in transition, and identifying existing and future family strengths and support.</li> <li>• Tools and techniques to help children develop attachment.</li> <li>• Disciplinary techniques for children who have experienced trauma.</li> </ul> <p>The final session consists of a panel discussion with experienced Resource parents and children."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> <li>• Family relationships</li> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Prospective foster parents	CEBC	2011
<b>Evidence rating</b>	Not able to be rated		
<b>Used in Australia</b>	Information unavailable		

Parents Engagement and Self-Advocacy (PESA)		Source	Year
<b>Program description</b>	"PESA is an adaptation of Columbia University's Parent Empowerment Program (PEP) and the Building a Better Future Program developed by Sandra Jimenez and Naomi Weinstein as a Family-to-Family Initiative of the Annie E. Casey Foundation. PESA helps birth parents, foster parents, and caseworkers work together to address the mental health needs of youth in foster care."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Child behaviour</li> </ul>		
<b>Population</b>	"Birth parents, foster parents, and caseworkers of children aged 10-17 who are in foster care and candidates for reunification."	CEBC	2010
<b>Setting</b>	Community agency. Parent Engagement and Self-Advocacy (PESA) was designed to be conducted in a group setting. Recommended group size: 12-15	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: One session per week of 2-3 hours.</p> <p>Recommended duration: 5-6 weeks."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

Positive Discipline		Source	Year
<b>Program description</b>	<p>"Based on the work of Alfred Adler and Rudolf Dreikurs, Positive Discipline promotes an internal locus of control, self-regulation, understanding others' perspectives, and the desire to contribute in meaningful ways to the community. The model can be categorized as a form of "authoritative" parenting – one which promotes strong parent to child connection, as well as clear boundaries/limits.</p> <p>Positive Discipline is taught in groups using an experiential model. Participants engage with the material through role play and activities that invite them to connect the new material with their current life. The model also gives parents/care-givers the opportunity to practice new skills within the safe environment of the class."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> </ul>		
<b>Population</b>	"Parents of children who are typically developing (infants through teens) and teachers of children (toddlers through teens) who are typically-developing. Parents, teachers, and service providers of children with special needs (infants through teens), including children with disorders of attachment, children on the autism spectrum and children exposed to trauma."	CEBC	2011
<b>Setting</b>	<p>"This program is typically conducted in a(n): Community Agency; Residential Treatment Center; School.</p> <p>Positive Discipline was designed to be conducted in a group setting. Recommended class size is 15-25, but classes are sometimes up to 40 adults. Large groups of 100-300 are usually one time introductory presentations or workshops. Experiential exercises can be utilised even in large group settings."</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly classes of 1.5-2 hours.</p> <p>Recommended duration: 7-10 weeks (14 or more total hours recommended)."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Project 12-ways		Source	Year
<b>Program description</b>	"Project 12-ways is a comprehensive program aimed at preventing child abuse and neglect. Families are referred to the program through the Illinois Department of Child Abuse and Neglect. Participating families receive training in parent-child interaction, structuring daily routines, health maintenance and nutrition, stress reduction, home safety and cleanliness, infant care and development, teaching basic childhood skills, problem solving, and money management. Parents also receive self-esteem and assertiveness training in resolving conflicts in a positive way. Assistance in obtaining employment and access to community services is also provided. Project 12-ways is the precursor to SafeCare, which is also listed under this topic area."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> <li>• Basic child care</li> <li>• Family relationships</li> <li>• Child development</li> </ul>		
<b>Population</b>	Families at risk of child abuse and neglect	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Project Fatherhood		Source	Year
<b>Program description</b>	"Project Fatherhood has fathers meet in a group setting. There the fathers discuss day-to-day issues involved with parenting their children. The members of the group can only relate to each other in a positive supportive manner. A children's group and a significant others' group also meet and do activities at the same time as the fathers' group. The goal of Project Fatherhood is to help fathers parent their children in a manner that helps them develop a trusting supportive relationship."	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	Fathers, significant others, and at-risk children	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n):Community Agency; Religious Organisation; or School	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: 90-minute weekly sessions.</p> <p>Recommended duration: Open-ended, 6-10 months."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

Shared Family Care (SFC)		Source	Year
<b>Program description</b>	<p>"SFC is an innovative approach to helping families achieve permanency for their children and move toward self-sufficiency. Unlike traditional child welfare services, SFC involves the placement of a parent (usually the mother) and at least one young child in the homes of community members who mentor the families and help them to obtain the skills and resources they need to achieve these goals. The families are given comprehensive services to meet their needs and increase their social and life skills, as well as connect them to community supports for ongoing/future relationships. The overall mission of SFC is to protect children by offering services to parents and children together in a safe and supportive family setting. This setting helps either to preserve families or to facilitate the transition to other permanent arrangements."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Family relationships</li> <li>Safety and physical wellbeing</li> </ul>		
<b>Population</b>	<p>"Families with an infant or young child in the child welfare system who are at risk of having their children removed or who are in the process of reunifying with them. The program targets parents who have custody of at least one infant or very young child and may have just completed a residential alcohol or drug treatment program or are actively participating in an outpatient program, or have a high risk of substance abuse relapse, as well as a potential for homelessness and child removal. Most children have open child welfare cases. However, this is not an eligibility criterion."</p>	CEBC	2011
<b>Setting</b>	Not specified	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: By design, the family receiving help is placed in the home of a trained mentor family who is available for support 24 hours a day.</p> <p>During the first month of placement, intensive services are provided as follows:</p> <ul style="list-style-type: none"> <li>Case manager: 2 home visits each week</li> <li>Trainer: 2 home visits in the month</li> <li>Drug/Alcohol counsellor: 1 home visit each week in the first month</li> <li>Housing specialist: 2 home visits in the month.</li> </ul> <p>After the first month and for the duration of the placement:</p> <ul style="list-style-type: none"> <li>Case manager: 1 home visit each week</li> <li>Trainer: 2 home visits each month</li> <li>Drug/Alcohol counsellor: 2 home visits each month</li> <li>Housing specialist: 2 or more home visits as needed.</li> </ul> <p>In the event of an emergency, services are available as needed.</p> <p>Recommended duration: The recommended placement duration is 6 months in the mentor home. Optional aftercare services are available up to 6 months after placement is over. The average length of each contact/home visit is 1-hour minimum; but depending on the services rendered the visit may last up to five hours."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		



SPIN Video Home Training (SPIN VHT)		Source	Year
<b>Program description</b>	<p>"SPIN VHT is a home visiting program that targets the relational skills of abusive/neglectful/at-risk parents. It can operate as a stand-alone program, or be integrated into existing parent education/support programs. The model is informed by attachment theory, theories of primary intersubjectivity, learning theory, and adult learning principles.</p> <p>SPIN VHT was developed in the Netherlands in the early 1980s and disseminated across that country with ten years of government funding. SPIN Institutes, located in approximately ten countries in Europe, Eastern Europe, the Middle East, and North America, including the US, oversee the model's fidelity and development.</p> <p>SPIN VHT practitioners videotape parent-child interactions and offer strengths-based self-modeling feedback using carefully edited video samples of parents' successful interactions with their children. Interactions are analyzed, and feedback plans are designed, using a process that focuses on creating sustained patterns of successful interactions to improve relational skills and meet goals jointly developed by parent and practitioner within the context of broader program goals."</p>	CEBC	2009
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	At-risk children and families, families in conflict, foster parents/children, and adoptive families.	CEBC	2009
<b>Setting</b>	This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Foster Home; Outpatient Clinic; or Residential Care Facility	CEBC	2009
<b>Dose</b>	<p>"Recommended intensity: Minimum is one hour per week. Can be more often if program into which model is integrated requires more frequent contact.</p> <p>Recommended duration: Average, 20-30 weeks (approximately 6 months). Partially determined by program into which the model is implemented."</p>	CEBC	2009
<b>Evidence rating</b>	Not able to be rated	CEBC	2009
<b>Used in Australia</b>	Information unavailable		

Steps to Effective Enjoyable Parenting (STEEP)		Source	Year
<b>Program description</b>	<p>"Developed in 1986 by Drs. Byron Egeland and Martha Farrell Erickson, STEEP works on the premise that a secure attachment between parent and infant establishes ongoing patterns of healthy interactions. Through home visits and group sessions, STEEP facilitators work alongside parents to help them understand their child's development. Parents learn to respond sensitively and predictably to their child's needs and to make decisions that ensure a safe and supportive environment for the whole family.</p> <p>Specific topics and strategies included in training:</p> <ul style="list-style-type: none"> <li>• Making relationship-based practice real, from recruitment to termination.</li> <li>• Using videotaping and guided viewing to promote understanding, sensitivity, and responsiveness.</li> <li>• Planning and leading parent-infant groups.</li> <li>• Challenging and supporting parents in examining how their own relationship history influences attitudes and parenting behavior.</li> <li>• Using an ecological approach to help reduce risk and maximize parents' support for themselves and their children.</li> <li>• Using reflective supervision or consultation to sustain service providers and ensure effective service." </li></ul>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child development</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Yes		

Strengthening Families through Early Care and Education		Source	Year
<b>Program description</b>	"The Strengthening Families initiative is a research-based, cost-effective strategy to prevent child abuse and neglect by strengthening and supporting families. This initiative, which has been implemented in over 30 states, helps early childhood centers work with families to build five protective factors shown by research to correlate with child abuse and neglect prevention: Parental resilience, parental social connections, parental knowledge of parenting and child development, concrete parental support in times of need, and healthy social and emotional child development."	CEBC	2010
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Family relationships</li> </ul>		
<b>Population</b>	All families with young children; families under stress	CEBC	2010
<b>Setting</b>	Not specified	CEBC	2010
<b>Dose</b>	<p>"Recommended intensity: Almost daily contact with parents and young children through their early care and education providers.</p> <p>Recommended duration: The model is based on the long-term engagement that families have with their child's early care and education provider. Surveys should only be administered to parents whose children have been participating in one of the programs for over six months."</p>	CEBC	2010
<b>Evidence rating</b>	Not able to be rated	CEBC	2010
<b>Used in Australia</b>	Information unavailable		

The FATHER (Fostering Actions to Help Earnings and Responsibility) Project		Source	Year
<b>Program description</b>	<p>"The FATHER Project aims to empower fathers to overcome the barriers that prevent them from supporting their children economically and emotionally. It is designed to be a "one-stop shop," connecting low-income fathers with all the services they need in one location. The FATHER Project has developed a model for bringing together parenting education, child support, GED education, employment services, legal services, and early childhood education under one roof. In addition to fathers, mothers and children also actively participate in FATHER Project services. The model has been used with diverse populations, leveraging the expertise of culturally-specific organisations in implementing the holistic approach. The ultimate long-term impact of the program involves service recipients hopefully progressing to become community leaders through intensive engagement in one of three 'Leadership Track' options after key program goals have been accomplished."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Family relationships</li> <li>• Safety and physical wellbeing</li> <li>• Child development</li> <li>• Parent-child relationship</li> </ul>		
<b>Population</b>	Low-income fathers, primarily non-custodial	CEBC	2011
<b>Setting</b>	Birth family home or community agency. The FATHER (Fostering Actions To Help Earnings and Responsibility) Project was designed to be conducted in a group setting. Recommended group size: 10-20 group members.	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: There are multiple forms of contact and program delivery, and the program is customised for each participant. The following are average contact times for different program components:</p> <ul style="list-style-type: none"> <li>• Parenting Class: 4 sessions per month, 2 hours per session (8 hours per month)</li> <li>• Case Management: Twice per month, 1 hour per meeting</li> <li>• Job Club: Weekly, 2 hour for participants seeking employment, individual meetings based on need</li> <li>• Child Support: 1 hour orientation for all, individual meetings (45 minutes) based on need</li> <li>• GED: depends on need, ranges from 4-15 hours per week</li> <li>• Interactive Skill-Building Parenting Class (early childhood development focus): 4 sessions per month, 2 hours per session</li> <li>• Home Visiting (early childhood, school readiness focus): 2 hours per months, from 6-12 months</li> <li>• Family Law: 1 hour orientation for all, individual meetings, consultations, up to and including full representation (much more time intensive) based on need.</li> </ul> <p>Recommended duration: 1 year for the typical participant, with options for continued leadership development and service after that year."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Information unavailable		

The Happiest Baby (THB)		Source	Year
<b>Program description</b>	<p>"The Happiest Baby (THB) explains that the current culture's conceptualization of the first three months of life is flawed. In many ways, newborns are not fully ready for the world at birth, they still need a protected environment filled with rhythmic, monotonous, entrancing stimulation ... a fourth trimester. It teaches five simple methods of activating the "calming reflex" by imitating the uterine sensory milieu - the "5 S's" - Swaddle, Sidestomach position, Shush, Swing, Suck. Laboratory research has demonstrated that elements of this program, including swaddling, sound, and movement, improve the quality of sleep and promote greater arousability, which may protect against Sudden Infant Death Syndrome (SIDS). This program promotes good parent-infant bonding and aims to assist in the prevention of a number of severe and life-threatening consequences of infant crying. These consequences are marital stress, Shaken Baby Syndrome (SBS), Post-Partum Depression (PPD), Sudden Infant Death Syndrome (SIDS), excessive use of Emergency Room/physician time, overly aggressive medical evaluation and treatment for Gastroesophageal Reflux Disease (GERD), and perhaps even in the prevention of obesity."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Child behaviour</li> <li>• Safety and physical wellbeing</li> </ul>		
<b>Population</b>	New parents, grandparents, teachers and healthcare professionals	CEBC	2011
<b>Setting</b>	<p>This program is typically conducted in a(n): Adoptive Home; Birth Family Home; Community Agency; Group Home; Hospital; Outpatient Clinic; Residential Care Facility; or School</p> <p>The Happiest Baby (THB) was designed to be conducted in a group setting. Recommended group size: 1-6 couples.</p>	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: A single 90-minute class prenatally; may offer a follow-up postnatal class (or just postnatally if the population cannot be captured prenatally). The program is designed so that all participants receive two parenting tools (an educational DVD and a CD of white noise). For high-risk patients, there should be 90-minute home visits and/or telephone follow-ups.</p> <p>Recommended duration: One class for most new parents. A home visit and follow-up phone calls at one week, 3-4 weeks, and 6-8 weeks post-partum for high-risk parents."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Yes		

24/7 Dad		Source	Year
<b>Program description</b>	<p>"24/7 Dad™ is a unique set of programs designed to equip fathers with the self-awareness, compassion, and sense of responsibility that every good parent needs. It focuses on building the man first and the father second. It is available in both a basic and a more in-depth version:</p> <ul style="list-style-type: none"> <li>24/7 Dad™ A.M., the basic version, is for first-time dads, or for fathers lacking vital skills, knowledge, and attitudes.</li> <li>24/7 Dad™ P.M includes more in-depth information for more experienced fathers, or for dads who have completed the A.M. program.</li> </ul> <p>The philosophy behind the programs supports the growth and development of fathers and children as caring and compassionate people who treat themselves, others, and the environment with respect and dignity. This philosophical basis of caring and compassion forms the underlying structure that constitutes the values that are taught in the programs.</p> <p>The goals of the 24/7 Dad™ programs are emphasised in each session. They are to increase:</p> <ul style="list-style-type: none"> <li>Awareness among fathers about the elements to being good fathers</li> <li>Knowledge among fathers about the elements to being good fathers</li> <li>Capacity or skills to carry out what the fathers learn.</li> </ul> <p>These will include better skills in caring for children and building relationships with the mother of their children. Each program includes an evaluation tool (questionnaire) that allows facilitators to measure changes in fathers as a result of participating in the programs."</p>	CEBC	2011
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Basic child care</li> <li>Parent-child relationship</li> </ul>		
<b>Population</b>	Fathers with children age 18 or younger. It is designed for custodial and non-custodial fathers with instructions on how to deliver it most effectively to non-custodial and unemployed and underemployed fathers	CEBC	2011
<b>Setting</b>	This program is typically conducted in a(n):Community Agency; Departments of Social Service; Outpatient Clinic; Religious Organisation; Residential Care Facility; School; or Workplace	CEBC	2011
<b>Dose</b>	<p>"Recommended intensity: Weekly 2-hour sessions; may be delivered in a shorter duration depending on the audience (e.g., 2 sessions per week for a total of 4 hours).</p> <p>Recommended duration: 12 weeks for both A.M. and P.M. programs; may be delivered in a shorter duration depending on the audience (e.g., 6 weeks with 2 sessions per week)."</p>	CEBC	2011
<b>Evidence rating</b>	Not able to be rated	CEBC	2011
<b>Used in Australia</b>	Yes		

Health Care Program for First-Time Adolescent Mothers and their Infants		Source	Year
Program description	"During regularly- scheduled well-baby health check-ups, teen mothers received additional services, including (i) counselling on birth control methods and referral to a birth control clinic, if appropriate, and (ii) one-on-one education in basic parenting and child health (e.g., how to feed and hold a baby, how to take their temperature) and how to manage minor health problems not requiring emergency care (e.g., runny noses, diaper rash, etc.). After any missed appointment, mothers received regular reminder letters and phone calls for up to eight weeks."	SPW	2011
Outcomes	<ul style="list-style-type: none"> <li>Basic child care</li> </ul>	SPW	2011
Population	Teen mothers	SPW	2011
Setting	Children's Hospital	SPW	2011
Evidence rating	Not rating	SPW	2011
Used in Australia	Information unavailable		

Recovery Coaches		Source	Year
Program description	"The Recovery Coach works with the parent, child welfare caseworker and substance-abuse treatment agencies to (i) remove barriers to treatment, (ii) engage the parent in treatment, (iii) provide outreach to re-engage the parent if necessary, and (iv) provide ongoing support to the parent and family through the duration of the child welfare case. "	SPW	2012
Outcomes	<ul style="list-style-type: none"> <li>Safety and physical wellbeing</li> <li>Family relationships</li> </ul>	SPW	2012
Population	Parents who have temporarily lost custody of their children to the state, and are suspected substance abuses	SPW	2012
Evidence rating	Not rating	SPW	2012
Used in Australia	Information unavailable		