Family Interventions for Youth Experiencing or at Risk of Homelessness

Program Descriptions

The tables on the following four pages summarize information about each intervention reviewed in *Family Interventions for Youth Experiencing or at Risk of Homelessness*. Program names in the tables link to program descriptions on pages 7–39 that are also found in appendix C of the full report.

The criteria for each evidence level and intervention type are listed on page 6.
Evidence-Based, Evidence-Informed, and Promising Family Interventions for Youth Experiencing or at Risk of Homelessness

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Components</th>
<th>Setting(s)</th>
<th>Sector(s)</th>
<th>Positive Youth Outcomes</th>
<th>Positive Parent Outcome</th>
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<tr>
<td>Evidence-based Ecologically Based Family Therapy</td>
<td>Reconnection</td>
<td>Clinical, parent training, case management</td>
<td>Clinic-based, home-based</td>
<td>RHY</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Functional Family Therapy</td>
<td>Reconnection</td>
<td>Clinical, parent training</td>
<td>Clinic-based, home-based, community-based</td>
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<td>Home-based, community-based</td>
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<td>Treatment Foster Care Oregon</td>
<td>Reconnection</td>
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<td>Home-based, community-based</td>
<td>Child welfare, juvenile justice</td>
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<tr>
<td>Support to Reunite, Involve, and Value Each Other</td>
<td>Reconnection</td>
<td>Clinical, parent training</td>
<td>Home-based</td>
<td>RHY</td>
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<tr>
<td>Name</td>
<td>Type</td>
<td>Components</td>
<td>Setting(s)</td>
<td>Sector(s)</td>
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<td>Brief Strategic Family Therapy</td>
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<td>Clinic-based, home-based</td>
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<td>Engagement</td>
<td>Prevention</td>
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<td>HIV Outreach for Parents and Early Adolescents Family Program</td>
<td>Prevention</td>
<td>Clinical, parent training</td>
<td>Homeless program</td>
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<td>LifeSkills Training + Strengthening Families Program 10-14</td>
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<td>Parent training</td>
<td>School-based</td>
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<td>Multifamily Educational Intervention</td>
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<td>Clinical, parent training</td>
<td>Clinic-based</td>
<td>Juvenile justice</td>
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<td>Parenting Adolescents Wisely</td>
<td>Prevention</td>
<td>Parent training</td>
<td>Community-based</td>
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<td>On the Way Home Reconnection</td>
<td>Reconnection</td>
<td>Parent training, case management</td>
<td>Home-based, school-based</td>
<td>Child welfare</td>
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<td>Together Facing the Challenge</td>
<td>Reconnection</td>
<td>Parent training, training for professionals</td>
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<td>Child welfare</td>
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<td>YVLifeSet</td>
<td>Reconnection</td>
<td>Clinical, case management</td>
<td>Community-based</td>
<td>Child welfare, juvenile justice</td>
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Emerging and of-Interest Family Interventions Relevant for Supporting Youth at Risk of or Experiencing Homelessness

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Level of evidence</th>
<th>Type</th>
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<tr>
<td>Connections</td>
<td>Emerging</td>
<td>Prevention</td>
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<tr>
<td>Family Group Decision Making</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Family Solutions Program</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Intensive In-Home Family Treatment</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Lead with Love</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Let’s Talk: Runaway Prevention Curriculum</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Minority Youth and Families Initiative</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Multisystemic Therapy—Emerging Adults</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Parents’ Turn</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Project SAFE</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Queer Sex Ed</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>System-of-Care Principles</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Team Decision Making</td>
<td>Emerging</td>
<td>Prevention</td>
</tr>
<tr>
<td>Runaway Intervention Program</td>
<td>Emerging</td>
<td>Reunification</td>
</tr>
<tr>
<td>Tools for Positive Behavior Change</td>
<td>Emerging</td>
<td>Reunification</td>
</tr>
<tr>
<td>Transitioning Youth to Families</td>
<td>Emerging</td>
<td>Reunification</td>
</tr>
<tr>
<td>A-OKAY</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Comprehensive Relative Enhancement Support and Training Project</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Family Acceptance Project</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Family Team Meetings (DC Child and Family Services Agency)</td>
<td>Of interest</td>
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<tr>
<td>Intervention</td>
<td>Level of evidence</td>
<td>Type</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Gender and Sexuality Development Program</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Siblings in Foster Care</td>
<td>Of interest</td>
<td>Prevention</td>
</tr>
<tr>
<td>STEP-TEEN</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Strengths First</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Tennessee Voices for Children’s Family Connection Program</td>
<td>Of interest</td>
<td>Prevention</td>
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<tr>
<td>Waltham House LGBTQ Training</td>
<td>Of interest</td>
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<tr>
<td>Waterbury Educational Stability Initiative</td>
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<tr>
<td>Eva’s Initiative Family Reconnection Program</td>
<td>Of interest</td>
<td>Reconnection</td>
</tr>
<tr>
<td>Jumpstart</td>
<td>Of interest</td>
<td>Reconnection</td>
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<tr>
<td>Family Reunification of Youth in Foster Care with Complex Mental Health Needs</td>
<td>Of interest</td>
<td>Reunification</td>
</tr>
<tr>
<td>Short Term Shelter Program</td>
<td>Of interest</td>
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<td>Home Free</td>
<td>Of interest</td>
<td>Reunification</td>
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## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Level of evidence</strong></td>
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</tr>
<tr>
<td>Evidence-based</td>
<td>Multiple high-quality randomized controlled trials (RCTs) with consistent positive findings. At least one study conducted with youth experiencing homelessness.</td>
</tr>
<tr>
<td>Evidence-informed</td>
<td>Multiple high-quality RCTs with consistent findings. Study population did not include youth experiencing homelessness. Multiple RCTs with consistent findings; no study received high study-quality score. Study population included youth experiencing homelessness. Single high-quality RCT. Study population included youth experiencing homelessness. Multiple high-quality quasi-experimental studies with consistent findings. Study population included youth experiencing homelessness.</td>
</tr>
<tr>
<td>Promising</td>
<td>Single RCT with moderate study quality; study population included youth experiencing homelessness. Single high-quality RCT or multiple high-quality quasi-experimental studies with consistent findings. Intervention is of theoretical relevance, but study populations did not primarily consist of youth experiencing or at risk of homelessness.</td>
</tr>
<tr>
<td>Emerging</td>
<td>Multiple RCTs with inconsistent findings. Multiple quasi-experimental studies with inconsistent findings. Single RCT with low study quality. Single quasi-experimental study with moderate study quality.</td>
</tr>
<tr>
<td>Of interest</td>
<td>Interventions that did not meet criteria for any of the categories previously listed but are of theoretical relevance. May include interventions with no outcomes evaluations.</td>
</tr>
<tr>
<td><strong>Intervention type</strong></td>
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<tr>
<td>Prevention</td>
<td>Addresses risk factors for homelessness among youth, such as substance use, family functioning, or mental health</td>
</tr>
<tr>
<td>Reunification</td>
<td>Designed to support youth and their families as youth transition back into the family home after a separation</td>
</tr>
<tr>
<td>Reconnection</td>
<td>Focused on improving family relationships after a separation with or without physical reunification</td>
</tr>
</tbody>
</table>
Evidence-Based Interventions

Ecologically Based Family Therapy

Reconnection

Ecologically Based Family Therapy (EBFT) is a family systems therapy designed to build positive family connections as well as communication and problem-solving skills. This multisystemic treatment uses both individual sessions for youth and family sessions. The goal of this treatment is to change family patterns that contribute to behavior problems, such as running away and substance abuse, and enhance communication among family members. EBFT is delivered in 12 to 16 sessions lasting 50 to 60 minutes each across three to six months. EBFT is primarily a home-based treatment and is generally delivered by master’s-level counselors or social workers or graduate or postdoctoral students in couple and family therapy, all of whom are trained in and supervised on delivering EBFT. A range of intervention strategies are used based on the family’s needs, including therapeutic case management, cognitive behavioral techniques, and parenting skills training. EBFT has been evaluated several times in Albuquerque, New Mexico, and Columbus, Ohio, with samples of runaway adolescents and their families (typically youth ages 12 to 17 recruited from runaway shelters), with positive outcomes for family functioning, mental health, and substance use (Guo and Slesnick 2013; Slesnick and Prestopnik 2005; Slesnick, Guo, and Feng 2013).

More information on EBFT can be found on the following lists of evidence-based programs: CrimeSolutions (EBFT for Substance-Abusing Runaway Adolescents) and California Evidence-based Clearinghouse for Child Welfare.

References


**Functional Family Therapy**

**Reconnection**

Functional Family Therapy (FFT) is designed to change maladaptive patterns within and around the family by enhancing family interactions and communication. It is currently used in 45 states and 10 countries. FFT is typically delivered in three phases:

1. engaging and motivating family members by fostering positive contexts in which positive changes are more likely to occur;
2. administering techniques such as parent training, problem-solving skills training, and communication training to promote behavioral changes; and
3. generalizing positive changes to foster supportive relationships with community systems.

FFT is delivered in 12 sessions over three to six months, primarily in clinics and home settings (although sometimes in other community settings) by teams of three to eight trained, certified, and supervised therapists. FFT has been evaluated in studies with samples comprising of runaway adolescents (Slesnick, Bartle-Haring, and Gangamma 2006; Slesnick and Prestopnik 2009) and youth involved in the juvenile justice system (Sexton and Turner 2010; Waldron et al. 2001). Studies examining FFT indicate that it reduces recidivism, improves family functioning, and reduces the frequency of substance use, although research has not pointed to its effectiveness in reducing internalizing or externalizing problems (Henggeler and Sheidow 2003; Slesnick and Prestopnik 2009;
Waldron et al. 2001). Results from studies of FFT using samples of runaway youth indicate that it is effective in reducing the frequency of substance use (Slesnick, Bartle-Haring, and Gangamma 2006; Slesnick and Prestopnik 2009).

More information on FFT can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions, Blueprints for Healthy Youth Development, and California Evidence-based Clearinghouse for Child Welfare.

References

Evidence-Informed Interventions

Multidimensional Family Therapy

Prevention

Multidimensional Family Therapy (MDFT) is a family-based therapy approach that aims to reduce adolescent substance abuse. MDFT takes an individualized approach to each case and incorporates family and individual sessions for both the adolescent and parents. The therapy works across multiple domains of treatment at the same time: adolescent functioning and skill building; parent engagement, functioning, and parenting skills; family functioning; and family competency in extrafamilial systems,
such as school. The focus is on mediators of adolescent substance use and other individual and family factors that may lead to drug use and problem behavior.

Implementation of MDFT is flexible. Sessions can take place one to three times a week for four to six months in various settings, such as the adolescent's home or an office, with treatment delivered by master’s- or doctoral-level therapists. MDFT has been evaluated with youth and families referred from the juvenile justice and child welfare systems and other sources such as schools and mental health agencies. Evaluations of MDFT indicate that it reduces delinquency, externalizing behaviors, internalized distress, and substance use while improving academic performance and family functioning (Liddle et al. 2001; Liddle et al. 2008; Liddle et al. 2009).

Information on MDFT can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions, and California Evidence-based Clearinghouse for Child Welfare.

References


Multisystemic Therapy

Prevention

Multisystemic Therapy (MST) is an individualized treatment approach for youth demonstrating antisocial behavior. It incorporates interventions targeting several areas that may influence problem behaviors, such as family functioning, parenting, positive and negative peer associations, and school or neighborhood interactions. Although guidelines for MST are documented in a manual, treatment mostly follows an overarching theoretical framework based on incorporating relevant problem-focused treatments. MST is delivered by a team of master’s-level therapists and a master’s- or doctoral-level supervisor that provides around-the-clock availability to the youth and family. Direct program delivery usually consists of about 60 hours of therapy spread over three to six months.
MST has been evaluated with a number of youth populations, including youth with parents who were implicated in a Child Protective Services report of physical abuse and youth involved in the juvenile justice system. Overall, evaluations of MST indicate that it improves functioning in a school or work environment, improves family functioning, and reduces parental neglect (Timmons et al. 2006; Henggeler and Sheidow 2003). One study also indicated that MST reduced the likelihood of an out-of-home placement and decreased the number of placement changes youth experienced (Swenson et al. 2010). Studies show mixed results for improving delinquency, youth mental health, and youth substance use (Littell, Popa, and Forsythe 2005; Timmons et al. 2006; Henggeler and Sheidow 2012; Swenson et al. 2010).

Information on MST can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices (MST for Juvenile Offenders), CrimeSolutions, Blueprints for Healthy Youth Development, and California Evidence-based Clearinghouse for Child Welfare.

References


Treatment Foster Care Oregon

Reconnection

Treatment Foster Care Oregon (TFCO), formerly known as Multidimensional Treatment Foster Care, is an intensive system of treatment for children and adolescents in foster care delivered by trained therapists, foster parents, biological family members, and case managers. Therapists deliver individual and family therapy components and foster parents work to provide a supportive, supervising environment for youth. Foster parents complete daily reports on negative and positive youth behavior. School staff members also provide reports on behavior at school.

Typically, youth are placed in a TFCO foster home for six to nine months. Although reunification can be a goal of TFCO, it is primarily a therapy system for youth who are in out-of-home placement but do not require secure settings, such as youth mandated to out-of-home care because of chronic delinquency. Evaluations of TFCO indicate that it reduces youth pregnancy, delinquency, and substance use and improves parents’ family management skills (Chamberlain, Leve, and DeGarmo 2007; Kerr, Leve, and Chamberlain 2009; Rhoades et al. 2014; Eddy and Chamberlain 2000). No effects on mental health, school attendance, or school exclusions (long-term suspensions) have been found (Green et al. 2014).

Information on TFCO can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions (Multidimensional Treatment Foster Care for Adolescents), Blueprints for Healthy Youth Development, and California Evidence-based Clearinghouse for Child Welfare (TFCO for Adolescents).

References


Support to Reunite, Involve, and Value Each Other

Reconnection

Support to Reunite, Involve, and Value Each Other (STRIVE) is a family therapy intervention for newly homeless youth and their families delivered through five weekly sessions. Families select the setting for the intervention—usually the home—which is delivered by trained facilitators. Each session introduces new skills and builds on content introduced earlier in the program, and session content is based on cognitive-behavioral theories. Ultimately, STRIVE aims to improve family functioning and build family conflict-resolution skills; it frames runaway episodes as ineffective attempts at resolving conflicts in the family. Results from an RCT of STRIVE delivered to newly homeless youth and their families in Los Angeles and San Bernardino counties, California, indicate that the program reduced delinquent behavior, the number of recent sexual partners participants had, and frequency of alcohol and hard drug use (Milburn et al. 2012). STRIVE participants increased their marijuana use following the program, although that may have been a substitute for harder substances.

Reference

Promising Interventions

Adolescent Community Reinforcement Approach

Prevention

The Adolescent Community Reinforcement Approach (A-CRA) is a 14-session clinic-based therapeutic intervention for adolescents with substance-related disorders and their caregivers. Treatment in A-CRA is highly individualized and based on a baseline functional analysis of the adolescent’s behavior and his or her personal environment and support system. A-CRA aims for positive behavior change in both the adolescent (ceasing substance use, engaging in more positive social activity and positive peer relationships, and improving relationships with family) and caregivers (participating in the A-CRA process, promoting their child’s abstinence from using substances, and using more positive parenting practices). The 14 therapy sessions, usually delivered weekly, include 10 with the adolescent alone, 2 with caregivers, and 2 with both parties. Therapists also act in a limited case management role, contacting community resources if needed and advocating for the adolescent in settings such as school or the probation department (Godley et al. 2001). Program developers recommend that A-CRA therapists have five years of experience in counseling or a master’s degree in a counseling-related field as well as experience working with adolescents or treating substance abuse.

Results from an RCT evaluating A-CRA indicate that the intervention reduced adolescents’ substance use problems a year after the beginning of the study (Dennis et al. 2014). Another study examined differences in substance use outcomes among adolescents and emerging adults (ages 18 to 25) in outpatient treatment, with results indicating that A-CRA may be more effective for adolescents. More adolescents achieved abstinence and early remission from substance use, and emerging adults tended to increase their alcohol consumption from baseline to follow-up whereas that outcome was static for youth (Smith et al. 2011).

Information on A-CRA can be found on the National Registry of Evidence-based Programs and Practices, Crime Solutions, and California Evidence-based Clearinghouse for Child Welfare.

References

Brief Strategic Family Therapy

Prevention

Brief Strategic Family Therapy (BSFT) addresses adolescent substance use and behavior problems by focusing on problematic family interactions. This intervention uses three primary strategies:

- “Joining,” during which the therapist fosters relationships with the family members;
- “Family Pattern Diagnosis,” which involves identifying the interactive patterns that are leading to negative results, such as behavior problems and engagement issues; and
- “Restructuring,” which uses various strategies to modify negative family interactions.

The duration of the intervention varies based on the family’s needs and is delivered in 8 to 24 weekly one-hour sessions over four months.

BSFT is typically delivered in clinical or home settings by trained therapists supervised by an expert clinician. This intervention has been evaluated with a sample composed primarily of adolescents referred to the program from the juvenile justice system. BSFT has been found to reduce peer-based delinquency, conduct problems, and substance use and to improve family functioning (Robbins et al. 2011; Santisteban et al. 2003), although it has not been found to reduce anxiety withdrawal (Coatsworth 2001).

Information on BSFT can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions, and California Evidence-based Clearinghouse for Child Welfare.

References

Contingency Management—Family Engagement

Prevention

Contingency Management—Family Engagement (CM-FAM), for juvenile drug offenders, involves parents and caregivers in a system of rewards and disincentives tied to drug test results, called a contingency management plan. Based on an assessment of the youth's substance use, the therapist and caregivers work to build his or her self-management and drug refusal skills. Later, the youth and caregivers develop a contingency contract where points earned during weeks of abstinence can be redeemed for rewards such as privileges and financial incentives (in the form of gift cards). Youth lose points for failed drug tests, disincentivizing drug use.

In a study examining CM-FAM with a sample of youth adjudicated in a juvenile drug court, the intervention lasted for four months on average (Henggeler et al. 2012). The study found that youth assigned to CM-FAM decreased their delinquency while youth in the usual service condition increased their delinquency. There were mixed findings for marijuana use: while youth in the CM-FAM group were less likely to test positive on a urine drug screen, youth self-report of marijuana use did not reveal any differences between groups.

Reference

HIV Outreach for Parents and Early Adolescents Family Program

Prevention

The HIV Outreach for Parents and Early Adolescents (HOPE) Family Program is a preventive, shelter-based intervention designed to decrease youth risk-taking behaviors related to HIV infection and mental health. HOPE Family is a more intensive version of the HOPE Health Educational Program, which provides informational sessions pertaining to prevention of HIV/AIDS and sexually transmitted infections, the effects of illicit substance use, and normative adolescent changes during three segregated group sessions for caregivers and youth of two hours each.

HOPE Family consists of eight weekly segregated and joint sessions of one hour each. The intervention focuses on family strengthening and seeks to improve communication and parenting skills. Separate sessions provide participants with opportunities to discuss issues with their peers before discussing them jointly. HOPE Family was evaluated in New York City with families in urban family homeless shelters and a comparison group of families receiving an HIV/AIDS-focused health education program. The study indicated that HOPE Family was more effective than the health education program in decreasing suicidal ideation among youth who had suicidal ideation at baseline (Lynn et al. 2014).

Reference


LifeSkills Training + Strengthening Families Program 10-14

Prevention

LifeSkills Training + Strengthening Families Program (LST + SFP10-14) is a combination of two interventions: LifeSkills Training (LST) and Strengthening Families Program: For Parents and Youth Age 10–14 (SFP10-14). SFP10-14 consists of seven weekly sessions and aims to reduce substance use and problem behaviors in youth and build parenting skills. Each two-hour SFP10-14 session begins with separate and simultaneous hour-long skill-building sessions for parents and youth and ends with an hour for families to practice their new skills together. LST is a 15-class skill-training program that can be implemented in a classroom setting by teachers and also encourages substance avoidance. As evaluated by Spoth et al. (2002), both components of LST + SFP10-14 incorporated booster sessions in the year following the end of the program. Compared with youth in the LST-only group, youth in the LST +
SFP10-14 group were found to begin consuming alcohol at a lower rate. However, differences in initiation of other substances were not significant.

Information on LST can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions, and Blueprints for Healthy Youth Development. Information on SFP10-14 can be found on the following lists of evidence-based programs: National Registry of Evidence-based Programs and Practices, CrimeSolutions, and Blueprints for Healthy Youth Development.

Reference


Multifamily Educational Intervention

Prevention

Multifamily Educational Intervention (MEI) is a group-based family treatment intervention aiming to reduce adolescent substance use and improve individual and family functioning. MEI incorporates group discussions, presentations, skill-building exercises, homework, handouts, and family problem-solving. Each of MEI’s nine 90-minute sessions, facilitated by an experienced master’s- or doctoral-level therapist, covers a different topic related to family functioning and adolescent development. During some activities (e.g., group discussions and skill-building exercises) a subset of participants (just parents or just adolescents) contributes while the others listen. In an emergency, families or therapists can request an individual crisis session.

MEI has been evaluated with a sample of youth and families referred from the juvenile justice system, schools, or other agencies. An evaluation comparing MEI to MDFT and an adolescent group therapy condition found that youth in the MEI condition did not reduce their drug use and acting out behaviors any faster than youth assigned to the other two conditions (and, for drug use, slower than youth in the MDFT condition)(Liddle et al. 2001). The evaluation also indicated MEI was less effective than MDFT at improving grades in school and had no effect on family functioning.
Parenting Adolescents Wisely

**Prevention**

Parenting Adolescents Wisely (PAW) was designed to improve the parenting behaviors of adults with young adolescent children. Segal et al. (2003) assessed two different versions of the program: a noninteractive, video version and an interactive, multimedia-based version. Each uses 26 brief scenes depicting negative interactions between parents and children and their potential solutions followed by on-screen critiques of the interaction. The multimedia version of PAW also includes an on-screen quiz. Situations portrayed in PAW include child noncompliance with parent requests, fighting with siblings, or negative peer associations. PAW can be delivered in a community setting and, on average, takes two and a half hours to complete. An evaluation of PAW found that parents recruited from outpatient mental health clinics with a child between the ages of 11 and 18 with demonstrated negative behaviors increased their parenting skills from pre-test to post-test (in some domains of parenting). Improvements in child behavior were also noted.

**Reference**


On the Way Home

**Reconnection**

On the Way Home (OTWH) is a transition program for boys recently discharged from a continuum of out-of-home placement settings composed of three integrated interventions: Check & Connect, Common Sense Parenting (for family engagement), and homework support (for academic engagement). Check & Connect is a school-based mentoring program that aims to build engagement in school and prevent dropout. Common Sense Parenting is a small-group parent training program with the objective of building skills to improve family functioning. In the homework intervention, staff, youth, and families
develop strategies for completing and monitoring homework. A family consultant provides individualized direct-care services to participating youth and their families and liaises between the home, school, and other agencies to identify and address problem behaviors as they arise. Initial contact for OTWH participation begins about ten weeks before youth leave their out-of-home placement, and services last for about a year, including discharge planning, with about two hours of direct contact between the consultant and the family in each week of the program. An RCT evaluating OTWH found that youth in the OTWH condition were more likely to have graduated from high school or still be attending school than youth in the control condition. OTWH youth also were more likely to remain in a home or community setting rather than return to out-of-home care or to jail (Trout et al. 2012).

Reference

Together Facing the Challenge

Reconnection
Together Facing the Challenge (TFC) is an intense treatment foster care intervention with a focus on supervision and support of foster parents and addressing problem behaviors with a proactive, teaching-oriented approach. To accomplish this, TFC includes a two-day training session for supervisors and 12 to 15 hours of specialized training for foster parents spread across six weeks. Both parents and supervisors participate in follow-up consultations and booster sessions. Topics for parent trainings include building relationships with youth, teaching cooperation, setting expectations, parenting tools that can be used to enhance cooperation, implementing effective consequences, helping prepare youth for their future, and self-care. Other program components are similar to standard treatment foster care, including care coordination and case management, using foster parents as drivers of change in youth, working with biological families, and taking a team-oriented approach to treatment. TFC staff generally hold bachelor’s degrees and are supervised by master’s-level administrators. An evaluation of TFC found that youth made improvements in problem behaviors at 6 months post-intervention, though differences between the intervention and comparison groups remained significant at 12 months for only one measure of problem behaviors (Farmer et al. 2010).

Information on TFC can be found on the California Evidence-based Clearinghouse for Child Welfare.
YVLifeSet

Reconnection

YVLifeSet, formerly the Youth Villages Transitional Living Program, is a comprehensive case management, counseling, and support intervention that aims to prepare older youth for adult life. It does not, however, provide housing supports. Participants have left juvenile justice custody or are on the verge of aging out of the child welfare system and receive individualized services for about nine months. Services include formal weekly meetings with specialized case managers (called TL Specialists). Participants also have access to TL Specialists via phone, text message, or e-mail throughout the week.

YVLifeSet incorporates a number of different interventions depending on youth needs. For example, youth with a history of trauma may undergo trauma-focused cognitive behavioral therapy. In an effort to build connections with family members, YVLifeSet also provides family-locating services and facilitates meetings between the youth and his or her family. Youth learn necessary life skills, and TL Specialists accompany them on productive and action-oriented activities, such as trips to set up a bank account. TL Specialists hold bachelor's or master's degrees and are supervised by clinical consultants who approve the approaches taken with each youth. An evaluation of YVLifeSet effects found increased likelihood of youth having graduated, being in the workforce, or still being in school; reduced likelihood of experiencing homelessness or couchsurfing; boosted earnings; and improved mental health (Valentine, Skemer, and Courtney 2015). However, no effects were found related to criminal involvement, substance use, condom use, or likelihood of being robbed or assaulted.

References


Emerging Interventions

Emerging interventions have some evidence of effectiveness but lack rigorous evaluations (e.g., they were evaluated in a single quasi-experimental study or pre-post study without a comparison group) or have inconsistent results across more rigorous evaluations. This review identified 16 emerging interventions, all of which focused on either prevention or reunification strategies:

Connections

Prevention

Connections is a community-based wraparound program for youth involved in the juvenile justice system focusing on connecting youth and their families to the supports and resources they need. To receive Connections services, youth must have six or more months of probation remaining, have a diagnosed or diagnosable behavioral health disorder, receive services from at least one other system besides juvenile justice, and be at a moderate or high risk of reoffending. A team of several professionals—a care coordinator, family assistance specialist, probation counselor, and juvenile services associate—provide various services to youth and families participating in the program. Components of the program include team meetings, emotional and practical support, assistance preparing for court proceedings, supervising court orders, mentoring, and counseling. The care coordinator can also make referrals to additional services as needed. Several staff members are available around the clock, and all staff members receive a three-day training before implementing the program.

Information on Connections can be found on CrimeSolutions.

Reference

Family Group Decision Making

Prevention

Family Group Decision Making (FGDM) consists of a series of meetings involving children and youth in out-of-home placements, their families, other supportive adults, and child welfare professionals. During the first meeting, child welfare workers brief the child, family, and other adults on their welfare concerns. Child welfare staff then leave to let the group develop a plan for placement. If all parties are able to agree on a plan, a FGDM staff member (the Family Advocate) works to connect families to community resources to support the placement. If they are not able to come to an agreement, the child is placed in foster care and the Family Advocate schedules quarterly family meetings with the continued goal of family placement.

Information on Connections can be found on California Evidence-based Clearinghouse for Child Welfare.

Reference

Family Solutions Program

Prevention

The Family Solutions Program (FSP) is a manualized multiple-family group intervention consisting of 10 two-hour sessions. The intervention addresses developmental and family challenges, including parenting skills, conflict resolution, and partnerships between the school and the home. Prosocial activities such as volunteerism are also discussed. Group leaders, staff with college degrees in a human services or social science discipline, run the sessions while group facilitators assist them. The program ends with a potluck celebration, and youth participants receive positive cards and small gifts. FSP was studied with a sample of first-time juvenile offenders and their families.

Reference
Intensive In-Home Family Treatment

Prevention

A family preservation program known as Intensive In-Home Family Treatment (IFT) seeks to reduce the frequency of out-of-home placements for at-risk youth that may be experiencing abuse or neglect. After an IFT Specialist receives a hotline call about a potential family, and before the family participates voluntarily, each family is screened face to face to determine if it would be a good fit for the program and that the intervention would be a safe alternative to placing the child out of the home. This intervention consists of four to six weeks of intensive, face-to-face therapy sessions in the home. These sessions target specific incidents of abuse or neglect. While working in the home, therapists are instructed to carefully observe the interactions of the family. Families are referred to additional support services and resources as needed at the conclusion of the intervention.

Reference

Lead with Love

Prevention

Lead with Love is a brief film-based intervention for parents of lesbian, gay, and bisexual adolescents, particularly targeted to parents who are not yet completely accepting of their child’s sexual orientation. The film aims to reduce the number of rejecting behaviors parents engage in and increase positive family interaction. Lead with Love is a documentary film available to view for free online, and researchers used a media and social networking campaign to raise awareness about the film. Lead with Love incorporates testimonials from parents and grandparents of lesbian, gay, and bisexual children, discussing their initial reaction to their children’s coming out and how rejection can affect a child. It also provides brief behavioral recommendations for parents and portrays the film’s subjects as behavioral models.

Reference
Let's Talk: Runaway Prevention Curriculum

Prevention

Let’s Talk: Runaway Prevention Curriculum is a 14-module curriculum for youth promoting the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration's six key principles of trauma-informed care:

1. safety
2. trustworthiness and transparency
3. peer support
4. collaboration and mutuality
5. empowerment, voice, and choice
6. cultural, historical, and gender issues

Modules focus on various life and relationship skills such as communication, anger management, stress reduction, community responsibility, using community resources, goal-setting, and considering consequences of running away and substance use. This curriculum has been piloted and implemented in various school-based, community-based, and faith-based settings in parts of Illinois and Northwest Indiana and is available to communities throughout the country. There is also a Spanish-language version developed and adapted by a team representing several Latino cultures.

Information on Let’s Talk can be found on the California Evidence-based Clearinghouse for Child Welfare.

Reference

Minority Youth and Families Initiative

Prevention

The Minority Youth and Families Initiative (MYFI) aims to increase child welfare workers’ cultural competence in providing services to minority youth and families and to prevent at-risk minority families from becoming involved in the child welfare system. It has been implemented in two counties in Iowa, with one county focusing on providing services to Native American children and families and the other on African American families. Both initiatives focus on providing culturally competent services as well
as family intervention for on risk factors affecting involvement in the child welfare system, including family management, substance abuse, and social supports. The initiative focusing on Native American children and families also involves tribal liaisons with at-risk families and an emphasis on increasing the availability of Native American foster homes, the likelihood of placement with relatives, and informal supports in the community. Both initiatives include a race-matching component, where the staff member working with a family belongs to the same race and ethnic group.

Information on MYFI can be found on the California Evidence-based Clearinghouse for Child Welfare as Minority Youth and Family Initiative for African Americans and Minority Youth and Family Initiative for American Indian/Alaska Native Children.

Reference

Multisystemic Therapy—Emerging Adults

Prevention

Multisystemic Therapy—Emerging Adults (MST-EA) is an adaptation of Multisystemic Therapy specifically targeted toward older, justice-involved youth ages 17 to 21 classified as emerging adults (or EAs) who are at a high risk of recidivism. The intervention is particularly designed for youth who have been diagnosed with a serious mental illness. The goal of MST-EA is to improve mental health and increase community involvement. Participating youth work with therapists and coaches. Therapists maintain frequent contact and deliver intensive counseling interventions to youth while coaches serve as mentors and engage them in prosocial and skill-building activities such as money management or vocational preparation. Coaches also deliver a weekly curriculum focused on various life skills. Therapists help youth identify and make use of a network of supportive and positive peers and adults. While this network is not required to involve a family member or caregiver, involvement of family or caregivers is strongly recommended when appropriate. On average, MST-EA services last about seven months, with at least four hours of direct contact per week.

References

Parents’ Turn

Prevention

Parents’ Turn focuses on skill-building by helping parents learn to decrease their anger and instead focus on promoting healthy teen development.¹ Parents’ Turn was developed by Huckleberry Youth in San Francisco and consists of six weeks of parenting skills training, which includes sessions on discipline and parental communication. Therapists providing these services offer both individual and family therapy during three- to six-day short-term shelter stays. Huckleberry Youth facilitates the Parents’ Turn intervention and family therapy through the Crisis Shelter Program and serves youth from age 11 to 17.

Project SAFE

Prevention

Project SAFE is a preventive intervention offered by the nonprofit organization Cocoon House designed to improve family functioning and prevent homelessness among youth. One of the services offered is phone consultation: parents and caregivers call Cocoon House and are scheduled for a 90-minute phone consultation with a master’s-level therapist. Both English- and Spanish-language services are offered. Parents and caregivers discuss their relationship with the youth and develop an action plan to enhance family management, parenting skills, and family communication. During a follow-up call two weeks later, the therapist reviews the action plan with the parent or caregiver and provides support as needed.

Parents and caregivers can also attend standalone or three-week parenting classes and weekly support groups. These support groups are facilitated by a counselor and focus on parenting efficacy and connecting with the youth in their care. Outreach activities for this program occur in various community settings, including schools, juvenile detention centers, and human services agencies. Cocoon House also offers services specific to the needs of Hispanic/Latino families and seminars for youth and caregivers that focus on communication and decisionmaking skills.

Reference


Queer Sex Ed

Prevention

Queer Sex Ed (QSE) is an online sexual health curriculum for LGBTQ youth with the aim of improving sexual health behaviors by increasing youth’s sexual health knowledge and building their motivation to act in a healthy way. The multimedia curriculum, guided by anthropomorphic avatars, consists of an introductory module and five educational modules exploring sexual orientation and gender identity, sexuality education, healthy relationships, safer sex, and sexual health improvement goals. Each module ends with a quiz to help reinforce the lessons learned. While this intervention does not include a family engagement component, some modules address the process of disclosing one’s sexual orientation, including disclosure to parents and other family members.

Reference


Runaway Intervention Program

Reunification

The Runaway Intervention Program (RIP) is a strengths-based intervention in St. Paul, Minnesota, designed to reduce runaway events among young adolescent girls who have experienced sexual abuse. The intervention also seeks to enhance school engagement; increase participation in positive activities; reduce risk behaviors; and improve family relationships, coping behaviors, and health decision making. Advanced Practice Nurses provide services on an individual basis for 12 months, beginning with four home visits in the first month and tapering off gradually. An initial healthcare evaluation gathers information about the runaway event and other relevant information, such as family health, social history, and abuse in and outside the family. Subsequent services provide healthcare, health education, case management, and life-skills training. Teens also have the option to attend weekly empowerment groups facilitated by licensed psychotherapists.

References


System-of-Care Principles

Prevention

The System-of-Care (SOC) approach offers various coordinated services to emotionally disturbed youth. SOC emphasizes collaboration between various agencies in youth-serving sectors, such as mental health, education, juvenile justice, and child welfare, to provide the services needed. Guiding principles of the SOC approach include interagency collaboration, individualized strengths-based care, cultural competence, family and youth involvement, community-based services, and accountability. Services provided through the SOC approach are delivered in the least restrictive setting possible.

Reference

Team Decision Making

Prevention

Team Decision Making (TDM) aims to make immediate placement decisions for children involved in the child welfare system through meetings with child welfare staff, members of the community, and the child’s family. All three groups—staff, family, and community members—review proposed removals or placement changes and aim to make the best decision for the child. Ideally, the TDM process begins when children enter foster care and takes place for every placement-related decision the child encounters. TDM has been widely implemented in several state child welfare systems.

Reference

Tools for Positive Behavior Change

Reunification

Tools for Positive Behavior Change is a parent-training intervention for biological or foster parents. Foster parents may choose to participate in the program beyond their standard training; biological parents are referred by a child welfare caseworker for family preservation, by court order, as part of the
family reunification process, or because of an open case. The curriculum, which consists of five three-hour classes and several in-home observations, focuses on seven different tools, such as using contracts, using reinforcement, and avoiding coercion. Classes employ several teaching methods, including PowerPoint presentations, workbooks, and role-playing. During role-play, trainers deliver feedback until the parent demonstrates mastery of the skill. Home observations are used to assess parents' skills in a real-world context with their own children. This intervention is delivered by a single master’s-level behavior analyst with the option of a small team of master’s students providing support.

Reference

Transitioning Youth to Families

Reunification

Transitioning Youth to Families (TYTF) is a multicomponent intervention for youth in group care that aims to support and smooth the youth’s transition into family placement, whether biological or foster family. TYTF brings together professionals from multiple systems (e.g., child welfare, education, and juvenile justice), beginning with a planning meeting by an administrative review team. In this meeting, the team discusses the barriers preventing the youth from entering a family placement and develops a plan to overcome identified barriers. The meeting, held at the local child welfare agency, typically lasts about 20 minutes. Professionals working with the youth, such as case managers, therapists, or court-appointed special advocates, then meet with family members and supportive adults to implement the plan. The key principles of TYTF include prioritizing placement with nuclear or extended family, focusing on family strengths, and documenting family resources.

Reference
Interventions of Interest

Interventions of interest meet the inclusion criteria for this review but have not been evaluated with pre-post comparison studies or rigorous evaluation methods. Thirteen interventions of interest were identified across all three intervention types:

**A-OKAY**

**Prevention**

Adopting Older Kids and Youth (A-OKAY) is a parent-training program focusing on preparing foster families for the placement of a teen in their home. A-OKAY consists of ten three-hour classes delivered on a rotating basis; parents can attend the classes in any order to provide flexibility for prospective families. Ultimately, A-OKAY aims to get families licensed as well as a teen placed in the home. The classes include panels by experienced parents and youth in care or formerly in care, workshops on adolescent development, and lessons on understanding negative teen behaviors. A-OKAY was implemented by a foster care agency and is delivered in a community setting in New York City.

*Reference*


**Comprehensive Relative Enhancement Support and Training Project**

**Prevention**

The Comprehensive Relative Enhancement Support and Training Project (CREST) is a training, case management, and financial assistance program for kinship caregivers of youth in the child welfare system. Through these services, CREST aims to support child safety, well-being, and placement permanency. Eight hours of training are offered on a quarterly basis and cover such topics as stress management, self-esteem, drug addiction, sexual abuse, community resources, discipline, and Child Protective Services processes. Case management services can include referral, securing other social services, crisis management, and emotional support. Financial assistance is limited to small stipends for needed services, such as transportation or medical care, and in-kind assistance from local agencies.

*Reference*
Eva's Initiative Family Reconnection Program

Reconnection

Eva’s Initiative Family Reconnect Program (Family Reconnect) in Toronto, Canada, is a case management and counseling program for youth residing in a homeless shelter or youth at risk of leaving home. The program aims to reengage youth with their families and community. Counselors conduct individual and family sessions and provide mental health supports and referrals to youth. Program staff are supported by clinical consultants who perform some assessments and supervise counselors. Family counseling sessions focus on improving communication and goal-setting. Youth residing at the shelter also participate in weekly group sessions with other residents.

Reference


Family Acceptance Project

Prevention

The Family Acceptance Project (FAP) is a research-based intervention initiative that aims to promote well-being and prevent negative health and mental health outcomes such as suicide, substance abuse, HIV infection, removal from the home, and homelessness among LGBT children and adolescents. This family-level intervention takes a system-of-care approach employing direct interventions with families, LGBT children, adolescents, and transition-age youth, as well as cross-system training for families, providers, and religious leaders on FAP’s family support approach. FAP’s intervention strategies, which are currently being evaluated, include risk screening, family self-assessment, psychoeducation, skill building, counseling, and peer support provided in a culturally appropriate context. FAP uses multicultural, research-based educational materials such as guidebooks and videos, many of which are available on their website.

FAP’s intervention approach was designed to be implemented on a continuum that ranges from prevention and early intervention to helping reconnect youth and families and foster permanency after a disruption. FAP practices are grounded in participatory research conducted with LGBT adolescents, transition-age youth, their families, and service providers. Components of FAP’s model have been implemented in a range of settings, including with youth experiencing and at risk of homelessness.

References

Family Reunification of Youth in Foster Care with Complex Mental Health Needs

Reunification

Family Reunification of Youth in Foster Care with Complex Mental Health Needs is a wraparound case management program that aims to help youth in the child welfare system successfully transition from a therapeutic group care or residential treatment setting to a placement in the home and community. Screen and planning services begin three or four months before reunification. Case managers work with families to develop individualized plans for transition that include increased contact with the family and family therapy. Case managers arrange for additional supports and services—mentoring, parent coaching, or home-based therapy—based on the youth’s needs and can draw on a flexible funding pool to address basic needs such as rent or clothing. Services continue for up to 15 months following reunification.

Reference
Family Team Meetings (DC Child and Family Services Agency)

**Prevention**

Family Team Meetings (FTM) are meetings between immediate and extended family members, family supports, professional partners, and trained facilitators in which participants develop plans for safe child permanency for children removed from the home. FTM s take place after a child is removed from the home but before a court hearing. A written agreement developed during an FTM is presented during the hearing and used to coordinate referral to other services if the court agrees to the plan. TM s are guided by eight principles: a family inclusive philosophy, strength- and need-based planning, ongoing assessment and planning, multisystemic intervention, cultural and community responsiveness, brief strategic solution-focused intervention, and organizational competence.

**Reference**


Gender and Sexuality Development Program

**Prevention**

The Gender and Sexuality Development Program is a therapeutic group intervention for parents of transgender adolescents. Before participating in group sessions, which are discussion based and minimally structured, the parent and their child attend an initial assessment session in which they discuss potential transition processes with a program staff member. Additionally, clinical assessments are conducted to determine if the youth would benefit from other services.

**Reference**


Home Free

**Reunification**

Home Free is an over-the-phone reunification intervention for runaway youth and their parents. Service begins when youth call the program’s phone lines and express their desire to return home.
Trained volunteers and paid supervising staff take a trauma-informed and solution-focused approach to build rapport with youth, explore options, and figure out next steps. Home Free workers then mediate a conference call between parents and youth, first establishing ground rules and encouraging participants to have a productive discussion, to talk about the issues that led to the runaway episode and how things should change in the future. If successful, Home Free workers purchase a bus ticket for youth and provide ongoing assistance, such as helping youth navigate their travel itineraries. Following reunification, workers refer families to local resources including therapy, drug treatment, or alternative schooling and get feedback on the services provided. Home Free, which was first developed in 1995, is managed by the National Runaway Safeline.

Reference

Jumpstart

Reconnection

Jumpstart is a family therapy and case management intervention for children and families involved in the child welfare system. “Systems facilitators” carry out the case management component of the intervention, bringing together stakeholders to agree on goals, address barriers, and identify resources to help fast-track children out of foster care. Meanwhile, doctorate-level therapists conduct weekly family therapy sessions following brief therapy principles with a solutions-focused approach.

Reference

Recognize Intervene Support Empower

Prevention

The Recognize Intervene Support Empower (RISE) initiative is a set of wraparound and family engagement services for LGBTQ youth in long-term foster care intended to improve permanency outcomes for participants. For a youth participant, RISE concludes when a permanency resource is
identified, a transition plan developed, the family makes a commitment to supporting their LGBTQ child, and the youth graduates from the program.

RISE consists of two components: the Outreach and Relationship Building (ORB) program and the Care Coordination Team (CCT). ORB is a training program for foster care professionals (e.g., caseworkers and therapists) focused on building competency in serving LGBTQ youth. The CCT is made up of several individuals: the Facilitator, who develops a plan of care to help youth and their families understand their LGBTQ identity; the Youth Specialist, who builds relationships with youth following a positive youth development model; the Family Finder, who identifies, locates, and engages adults to form part of a youth’s natural support systems; and the Parent Partner, who motivates and educates adults to increase supportive behaviors and reduce rejecting behaviors. The CCT also interacts with formal supports (existing agencies and organizations that can provide additional support services) to complete the wraparound model.

Reference

Short Term Shelter Program

Reunification

The Short Term Shelter Program (STSP) is an adaptation of Treatment Foster Care Oregon (TFCO) for youth in short-term placements following involvement with the juvenile justice system. STSP seeks to expedite the return home and avoid placement in detention. Similar to TFCO, program staff, foster parents, and other adults in the youth’s life develop, implement, and constantly reevaluate a behavior modification plan intended to encourage positive behaviors in the youth. At a certain point, the youth is allowed to make home visits and therapy with the biological family begins. A bachelor’s-level skills trainer serves as a slightly older peer mentor and role model to help reintegrate the youth into the community and works with the youth for at least two hours per week. Service plans take cultural backgrounds into account to make sure services are respectful and relevant.

Reference
Oregon Community Programs. 2015. MTFC-Informed Short Term Shelter Care as an Alternative to Detention. Eugene: Oregon Community Programs.
Siblings in Foster Care

Prevention

Siblings in Foster Care (SIBS-FC) is a 12-session curriculum for youth siblings living in foster care delivered by master’s-level coaches. SIBS-FC can be implemented anywhere from a foster home to an office setting. Eight of the curriculum sessions deal with building necessary skills such as emotional regulation or obtaining support from an adult. The other four are community-based activities such as outings to a mall or amusement park intended to further develop social and self-regulatory skills. Youth also get the opportunity to practice skills with home-based activities that siblings complete together, and caregivers monitor the number of relevant prosocial skills the youth make use of during the activity. If youth are placed in different homes, home activities can be completed over the phone or during a home visit. Coaches maintain weekly contact with caregivers to answer questions and ensure that youth complete their home activities.

Reference


STEP-TEEN

Prevention

Systematic Training for Effective Parenting of Teens (STEP-TEEN) is a group-based parent-training intervention of seven or more sessions that incorporates activities such as role-playing, group discussion, videotapes, and didactic instruction. The major topics STEP-TEEN covers are helping parents understand teens, parent-child communication and cooperation, problem-solving, and building responsibility. STEP-TEEN is delivered by experienced master’s-level therapists in a community setting and has been evaluated with populations including parents with substantiated child abuse cases.

Reference

Strengths First

Prevention

Strengths First is a one-on-one intervention, delivered by a case manager, for LGBTQ youth, that aims to help youth solve problems and improve their overall functioning. In the “Assess” component (session one), the case manager administers a psychosocial assessment to the youth to gain background information and assess risks and strengths across multiple facets of the youth’s life, including the youth himself, his family, his school, and his community. In the “Plan” component (session two), the case manager and youth identify two or three goals and related activities for achieving those goals. In the “Link” component, the case manager helps link the youth to relevant services. The “Monitor” component is carried out in subsequent meetings where the case manager checks in on the youth’s progress on their plans and makes adjustments if needed. For the “Advocate” component, the case manager engages the youth and others, such as school staff and family members, in supporting the completion of the youth’s plan.

Reference

Tennessee Voices for Children’s Family Connection Program

Prevention

Tennessee Voices for Children’s Family Connection Program is a wraparound, team-based intervention to prevent children and youth from being removed from their homes and placed in a more restrictive setting. A child and family team—made up of the child and their family, a behavioral specialist, a family support provider, and individuals from other systems—develop an individualized service plan including behavioral interventions, advocacy, education, parenting skills training, and/or mentoring. The behavioral specialist, a master’s-level professional, provides in-home support to the child and family which may include family conflict mediation. The family support specialist, recruited from the community, provides natural support and advocacy for the child and family and works to build their connections to the community. As a means of empowerment, families participating in the program select the members of their child and family team.

Reference
Waltham House LGBTQ Training

Prevention

The Waltham House LGBTQ Training initiative seeks to enhance the ability of individuals working in the child welfare system to provide services to LGBTQ youth. Statewide managers receive four hours of training, and staff members from child welfare offices receive two and a half hours. Three hours of additional training are provided for staff who volunteer to be LGBTQ liaisons, resources within child welfare agencies providing guidance related to serving LGBTQ youth and their families. The child welfare staff training aims to ensure practitioners recognize, value, and engage LGBTQ youth; build staff skills and understanding related to the emotional challenges facing LGBTQ youth; train staff to promote resiliency in LGBTQ youth; and equip staff with the knowledge and skill needed to make the best placement decisions and clinical assessments. The hands-on training includes lectures, group discussions, activities, and videos. The statewide manager trainings also include two testimonies from LGBTQ youth speakers regarding growing up in state custody.

Reference

Waterbury Educational Stability Initiative

Prevention

The Waterbury Educational Stability Initiative aims to build greater connections between the child welfare and education systems to improve the educational stability of youth involved with child welfare. The initiative provides training on trauma-informed practices to stakeholders (school counselors, school resource officers, foster parents, and child welfare professionals) in both systems. The training follows the Child Welfare Trauma Training Toolkit (available from The National Child Traumatic Stress Network) and is conducted via small-group, in-person sessions.

Reference
Acknowledgments

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For more information on this project, see Michael Pergamit, Julia Gelatt, Brandon Stratford, Samuel Beckwith, and Miranda Carver Martin, Family Interventions for Youth Experiencing or at Risk of Homelessness (Washington, DC: Urban Institute, 2016), http://urbn.is/2eeiaOB.