

# **Supplemental Handout from Casey Family Programs for the Kansas Joint Committee on House Child Welfare System Oversight<sup>1</sup>**

## **- September 11, 2024 -**

### **Examples of Family Support and Preventive Treatment Interventions – with the Number of Jurisdictions Who Have Included Them in Their Family First State or Tribal Prevention Plan**

#### **General Preventive Interventions**

##### **Healthy Families America** (25 jurisdictions)

A home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. HFA is a nationally accredited program that was developed by Prevent Child Abuse America. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. HFA includes screening and assessments to identify families most in need of services, offering intensive, long-term and culturally responsive services to both parent(s) and children, and linking families to a medical provider and other community services as needed.

##### **Homebuilders – Intensive Family Preservation and Reunification Services** (16 jurisdictions)

Provides intensive, in-home counseling, skill building, and support services. Homebuilders' practitioners conduct behaviorally specific, ongoing, and holistic assessments that include information about family strengths, values, and barriers to goal attainment. The practitioners then collaborate with family members and referents in developing intervention goals and corresponding service plans. These intervention goals and service plans focus on factors directly related to the risk of out-of-home placement or to reunification. Throughout the intervention practitioners develop safety plans and use clinical strategies designed to promote safety.

##### **Intensive Care Coordination using High-Fidelity Wraparound/High Fidelity Wraparound** (4 jurisdictions)

Intensive Care Coordination Using High Fidelity Wraparound (Wraparound), also known as High Fidelity Wraparound, uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports. It is typically targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families. Throughout the process, youth and their families work with a care coordinator who convenes, facilitates, and coordinates efforts of the wraparound team. The care coordinator further helps the family navigate planned services and supports, including informal and community-based options; tracks progress and satisfaction to revise the plan of care as needed; and ensures program fidelity.

##### **Parents as Teachers (PAT)** (28 jurisdictions)

A home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model

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includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to all families although PAT sites typically target families with specific risk factors based on funder requirements or community needs. Each participant is assigned a parent educator who must have a high school degree or GED with two or more years of experience working with children and parents. Parent educators must attend five days of PAT training and annually meet 20 hours of professional development.

## **Mental Health Interventions**

### **Child First** (4 jurisdictions)

Formerly known as Child and Family Interagency Resource, Support, and Training A home-based intervention that aims to promote healthy child and family development through a combination of psychotherapy and care coordination. Child First is provided by a clinical team that includes a mental health clinician and a care coordinator.

### **Family Check-Up**<sup>®</sup> (1 jurisdiction)

A program with three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children who are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow-up services may include clinical or support services in the community. They may also include the Everyday Parenting program, which is a parenting management program that is typically delivered by the provider.

### **Nurse-Family Partnership (NFP)** (20 jurisdictions)

A home-visiting program that is typically implemented by trained registered nurses. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother.

### **Parent-Child Interaction Therapy (PCIT)** (26 jurisdictions)

Coaches parents by a trained therapist in behavior-management and relationship skills. PCIT aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers from behind a one-way mirror (in some modifications, live same-room coaching is also used).

### **Parenting with Love and Limits**<sup>®</sup> (2 jurisdictions)

Family-focused intervention for teenagers (ages 10-18) with severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder). The program is designed to help families re-establish adult authority through setting consistent limits and reclaiming loving relationships. PLL consists of both multifamily group therapy sessions and individual family therapy coaching sessions.

### **Parents Anonymous**<sup>®</sup> (1 jurisdiction)

Seeks to enhance family functioning and parent/caregiver resilience to prevent and treat child maltreatment by offering groups for parents/caregivers and their children/youth. Groups are guided by four core principles and therapeutic processes: mutual support, parent leadership, shared leadership®, and personal growth and change. Groups are also linked to six additional strength-based goals: (1) increasing protective factors and reducing risk factors, (2) improving family functioning, (3) mitigating the impact of and preventing adverse childhood experiences (ACEs), (4) preventing and intervening in substance use disorders, (5) preventing and intervening in domestic violence, and (6) enhancing the physical and mental health of parents/caregivers. Both adult and children/youth groups aim to provide safe and caring environments created through trauma-informed practices.

### **Substance Abuse Interventions**

**Brief Strategic Family Therapy (BFST)** (8 Jurisdictions – also effective for improving mental health)

Uses a structured family systems approach to treating families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three intervention components. First, counselors establish relationships with family members to better understand and “join” the family system. Second, counselors observe how family members behave with one another in order to identify interactional patterns that are associated with problematic youth behavior. Third, counselors work in the present, using reframes, assigning tasks, and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions.

**Familias Unidas** (2 Jurisdictions – also effective for improving mental health)

A family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. Familias Unidas aims to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents’ lives.

**Family Spirit®** (3 Jurisdictions)

A culturally tailored home visiting program designed for young American Indian mothers (age 14-24) who enroll during the second trimester of pregnancy. The goal of Family Spirit® is to address intergenerational behavioral health problems and promote positive behavioral and emotional outcomes among mothers and children. The program uses a culturally informed, strengths-based approach for helping mothers develop positive parenting practices, strengthen their coping skills, and learn how to avoid coercive parenting behaviors and substance abuse. Community health paraprofessional home visitors deliver program lessons to participating mothers through six modules: (1) Prenatal Care, (2) Infant Care, (3) Your Growing Child, (4) Toddler Care, (5) My Family and Me, and (6) Healthy Living.

**Functional Family Therapy (FFT)** (34 jurisdictions)

A short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems. The program is organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context.

**Methadone Maintenance Therapy** (5 jurisdictions)

A medication-assisted treatment that aims to reduce the use of heroin and other opioids for individuals who have an opioid use disorder. Methadone is itself an opioid medication. It is prescribed and administered at levels calibrated to avert the onset of painful withdrawal symptoms and can be tapered slowly to reduce or end opioid dependence. MMT also includes counseling and social support services. Methadone dosage and the length of treatment vary according to the individual's needs. MMT programs must be certified through the Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Pharmacologic Therapies (DPT).<sup>i</sup>

#### **Motivational Interviewing (MI)** (29 jurisdictions)

A method of communication to promote behavior change in positive directions. Based on the “spirit” of MI, including acceptance and compassion, MI practitioners assist clients in identifying ambivalence for change as well as hope for change. Clients are guided to consider their personal goals and how their current behaviors may compete with attainment of those goals. MI practitioners use specific skills, such as open-ended questions, affirmations, and reflective listening, to help clients identify reasons to change their behavior and how they might go about doing so. The Prevention Services Clearinghouse reviewed studies of MI focused on illicit substance and alcohol use or abuse among youth and adults, and nicotine or tobacco use among youth under 18. MI is typically delivered over one to three sessions with each session lasting about 30 to 50 minutes. Sessions are often used prior to or in conjunction with other therapies or programs. They are usually conducted in community agencies, clinical office settings, care facilities, or hospitals. While there are no required qualifications for individuals to deliver MI, training can be provided by MINT (Motivational Interviewing Network of Trainers) certified trainers.

#### **Multisystemic Therapy (MST)** (also related to Intercept in 5 jurisdictions) (28 jurisdictions – also effective for improving mental health)

An intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, their family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them.

#### **Sobriety Treatment and Recovery Teams (START)** (7 jurisdictions)

Designed to recruit, engage, and retain parents in substance use disorder (SUD) treatment while keeping children safe. The goals of START are to prevent out-of-home placements, promote child safety and well-being, increase permanency for children, encourage parental SUD recovery, and improve family stability and self-sufficiency.

#### **Strong African American Families (SAAF)** (No jurisdictions yet – also effective for improving mental health)

Strong African American Families (SAAF) is a 7-session, group-based parenting program designed for families with youth ages 10–14. SAAF aims to build on the strengths of African American families to prevent substance use and other risky behaviors. The program focuses on strengthening parental monitoring and involvement, improving communication about sex and substance use, and providing positive racial socialization. SAAF promotes youth goal-setting and attainment, resistance of risky behaviors, and acceptance of parental influences. Each 2-hour session has two parts. In the first hour, youth and caregivers

meet in separate groups for activities, discussion, and skill-building. In the second hour, youth and caregivers come back together for activities with their family and the larger group.

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** (17 jurisdictions)

Treats children/adolescents who have post-traumatic stress disorder (PTSD) symptoms, dysfunctional feelings or thoughts, or behavioral problems. The intervention also supports caregivers in overcoming their personal distress, implementing effective parenting skills, and fostering positive interactions with their child/adolescent. After ensuring the safety of the child/adolescent, TF-CBT is structured into three phases: (1) skill building for the child/adolescent’s self-regulation and the caregiver’s behavior management and supportive care abilities, (2) addressing the traumatic experience, and (3) joint therapy sessions between caregiver and child/adolescent. TF-CBT is usually administered in clinical office settings.

**Table 1. Child Welfare Interventions or Strategies that Prevent Children from Extensive Involvement with Child Protective Services or Out-of-Home Care**

<b>Community-Based Family Supports</b>
Crisis nursery services <sup>ii</sup>
Family resource centers that can help families access economic, health care, housing, and other concrete supports. (Location of these FRCs is best determined by geo-mapping to identify which communities are at higher risk of child maltreatment.)
Helplines to direct families to community-based services <sup>iii</sup>
Nurse Home-Visiting
<b>Prevention-Oriented Child Protective Services (including in-home supervision)</b>
Children’s Advocacy Centers (CACs) <sup>iv</sup>
Cultural Brokers <sup>v</sup>
Family Finding <sup>vi</sup>
Family Group Conferences <sup>vii</sup>
Home-based family preservation services such as Homebuilders, <sup>viii</sup> Intercept, <sup>ix</sup> or Multi-Systemic Therapy (MST) <sup>x</sup>
Home-visiting services <sup>xi</sup>
Intensive Care Coordination using High-Fidelity Wraparound/High Fidelity Wraparound <sup>xii</sup> (Note that beginning in 1975 Illinois lead the country in this area with the <a href="#">Kaleidoscope Wraparound Program</a> .)
Motivational Interviewing <sup>xiii</sup>
Peer Parent Partners and use of “veteran parents” for support and guidance <sup>xiv</sup>

Safety culture and child fatality review systems<sup>xv</sup>

Strengths-oriented safety and risk assessment using a consistently applied model such as the *Illinois CERAP*,<sup>xvi</sup> *ACTION for Child Protection SAFE model*,<sup>xvii</sup> *Signs of Safety*,<sup>xviii</sup> *Structured Decision-making (SDM)*<sup>xix</sup> or some other effective approach

Substance abuse treatment that is family-based and residential – that keeps families together.<sup>xx</sup>

## Reference Notes

<sup>i</sup> Note that buprenorphine has fewer interactions with other medications than methadone. Most importantly it can be administered outside of licensed opioid treatment programs and is therefore not limited to states and counties that have such programs. It also has fewer interactions with other prescribed medications and street drugs. (Personal Communication, Valerie Gruber, April 15, 2021). See, for example, Mattick et al. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002207.pub4/full?highlightAbstract=disord%7Cdisorder%7Cuse%7C opioid>

<sup>ii</sup> For more information on crisis nurseries see <https://schoolhouseconnection.org/safe-havens-in-times-of-need-the-role-of-crisis-nurseries/>

<sup>iii</sup> For more information in helplines, see <https://www.casey.org/helplines-vs-hotlines/>

<sup>iv</sup> Since the 1980s, Children’s Advocacy Centers (CACs) have provided an interdisciplinary response to child maltreatment. CACs are staffed with a diverse group of professionals (e.g., CPS caseworkers, physicians, law enforcement officers, attorneys, victim advocates, and service providers) who investigate allegations of maltreatment and provide recommendations for case planning. See <https://www.nationalcac.org/find-a-cac/>

<sup>v</sup> The cultural broker serves as an advocate who helps parents navigate the murky and often confusing waters of the child welfare system, with its legal mandates, court orders, and timelines that can cause additional stress and overwhelm parents. See <https://www.cdss.ca.gov/inforesources/cdss-programs/peer-partners/cultural-broker-resources>

<sup>vi</sup> The *Family Finding* model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. See: <http://familyfinding.org/>

<sup>vii</sup> *Family group conferencing* (FGC), a restorative approach to problem-solving that involves the children, young persons and adults in families in making their own decisions. Originally developed in New Zealand, the family group conferencing process has taken root worldwide and is now known by several different names, including family group decision making and family unity meetings, among others. Family group conferencing began in the field of child welfare and youth justice, but is now used in mental health, education, domestic violence and other applications. See: [http://www.iirp.edu/article\\_detail.php?article\\_id=NDMz](http://www.iirp.edu/article_detail.php?article_id=NDMz)

<sup>viii</sup> [http://www.institutefamily.org/programs\\_ifps.asp](http://www.institutefamily.org/programs_ifps.asp)

<sup>ix</sup> See <https://youthvillages.org/services/intensive-in-home-treatment/intercept/>

<sup>x</sup> [www.mstservices.com](http://www.mstservices.com)

<sup>xi</sup> See <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>

<sup>xii</sup> <https://preventionservices.acf.hhs.gov/programs/330/show>

<sup>xiii</sup> Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd ed.) New York: Guilford Press.

<sup>xiv</sup> See for example:

- [How can birth and foster parent partnerships help families reunify?](#)
- [How does the Parents for Parents program help parents reunify?](#)
- [How do parent partner programs instill hope and support prevention and reunification?](#)
- [How do parent partner programs instill hope and support prevention and reunification? \(APPENDIX\)](#)

<sup>xv</sup> See for example <https://www.casey.org/safety-collaborative-summary/>

<sup>xvi</sup> [https://cfrc.illinois.edu/pubs/rp\\_20200925\\_IllinoisChildEndangermentRiskAssessmentProtocolFY2020AnnualEvaluation.pdf](https://cfrc.illinois.edu/pubs/rp_20200925_IllinoisChildEndangermentRiskAssessmentProtocolFY2020AnnualEvaluation.pdf)

<sup>xvii</sup> See <http://actionchildprotection.org/>

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<sup>xviii</sup> Turnell, A. (2004). Relationship-grounded, safety-organised child protection practice: Dreamtime or real-time option for child welfare? *Protecting Children*, 19(2): 14–25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. New York: WW Norton. See <http://resolutionsconsultancy.com/>

<sup>xix</sup> Children's Research Center (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author. See <http://www.nccdglobal.org/what-we-do/major-projects/children-s-research-center>

<sup>xx</sup> For family-based substance abuse treatment models, see:

- SHIELDS for Families <https://www.shieldsforfamilies.org/>
- Native American Connections and the Patina Wellness Center <http://www.nativeconnections.org/>
- Rising Strong Program in Spokane: <https://www.cceasternwa.org/risingstrong> or <http://empirehealthfoundation.org/>
- [What are some of the strategies being used to reunite families with substance use disorders?](#)