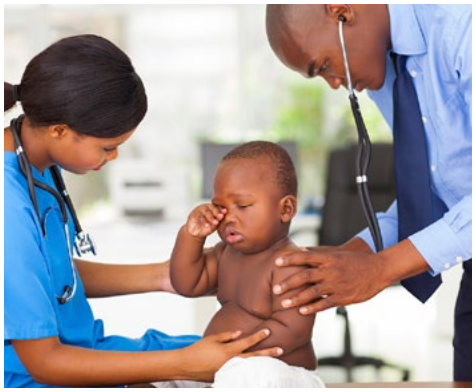
Ensuring the Provider Network is Trauma-Informed and Includes Evidence-Based Practices for Young Children



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INTRODUCTION

The effects of adverse childhood experiences, trauma, and toxic stress on the development of infants and young children have gained increasing attention in the last few years. It is widely understood now that such experiences can disrupt the normal development of a child's brain and set in motion a lifetime of adversities—poor physical and emotional health, more involvement in the child welfare and criminal justice systems, and academic difficulties, among others.

Managed Medical Assistance health plans have an opportunity to counter the effect of traumatic experiences by ensuring that the provider networks for behavioral healthcare services are trauma informed. Through the use of practices and procedures that reflect understanding of trauma and sensitivity to its impacts on young children, the provider network will be able to better identify and work with children who have experienced trauma. In addition to being trauma informed, the behavioral health network should include an array of evidence-based practices geared to address the needs of children who have been exposed to trauma and require specialized treatment.

WHAT IS TRAUMA AND WHAT EXPERIENCES PRODUCE IT?

Trauma is an event that is unpredictable, produces a feeling of helplessness, and overwhelms one's capacity to cope. The Trauma and Justice Strategic Initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) broadens and more fully defines the term and what produces trauma:

> Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.[1]

Trauma Can Be Produced by Many Different Experiences

Trauma can be produced by widespread events such as war or terrorism or events involving few participants, such as physical or sexual abuse. A child may experience trauma even if the event did not happen to him (e.g.,witnessing an extreme event).[2] Trauma can be acute (a single event),

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chronic (enduring or recurring events), or complex (multiple traumatic events.)[3] If the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and brain architecture, with life-long repercussions.[4]

Examples of traumatic events include:[5,6]

- Car or other accidents
- Serious illness
- Separation from caregivers (foster care placement, for example)
- Death of a parent or other loved one
- Natural or human-caused disasters (such as hurricanes or wars)
- Sexual abuse
- Physical abuse
- Domestic violence
- Community violence (school shootings, gang-related violence)
- Physical or emotional neglect

Traumatic Experiences Can Produce Toxic Stress and May Impact the Brain and a Child's Life Course

The terms trauma and toxic stress are sometimes used interchangeably.[7] Traumatic events may activate a child's stress response. However, it is not the traumatic event itself but rather the intensity of the stress response that determines its toxicity. Some stress is normal, positive, and part of healthy development. A second kind of stress, tolerable stress, activates the body's responses. If this stress is not prolonged, and if the child receives support within secure adult relationships, no lasting damage will occur to the child's brain nor to their healthy social and emotional development. But toxic stress—strong, frequent, long-lasting, and unsupported by protective relationships—prolongs the child's stress response, and can change the architecture of the developing brain, disrupting healthy development and setting up life-long adverse life experiences.[8] This is why nurturing, protective relationships are critical in buffering the toxicity of early adversity. Helping families with trauma to build support systems with other nurturing adults can reduce the negative impacts of stress.

How Common Is Trauma in Early Childhood?

Trauma is not a rare experience. A 2011 SAMHSA report found that a majority of Americans are exposed to or witness trauma during childhood, as 60% of adults reported difficult family circumstances, including experiencing abuse, when they were children. The report also concluded that one in four American children will witness or experience a traumatic event before age four.[9] In a national survey, the findings showed that more than 60% of children were exposed to at least one type of violence within the past year, either directly or indirectly.[10]

WHAT IS TRAUMA-INFORMED CARE?

Trauma-informed care is a is a way of thinking about and responding to clients' struggles—a lens through which many common behavioral and mental health symptoms encountered among children in the physical and behavioral healthcare settings can be better understood.

A **trauma-informed care system** incorporates knowledge of trauma into all aspects of delivery of services. A trauma-informed system embeds knowledge about early adversity into every aspect of care for young children and families who have experienced traumatic events.

A **trauma-specific treatment**, on the other hand, is an evidence-based model or program—medical, physiological, psychological, and psychosocial—provided by a trained professional and is designed to directly impact trauma's effects and help trauma victims recover.[11] A trauma-specific treatment may be one approach adopted in a trauma-informed system.[12]

In a **trauma-informed approach**, practitioners look for trauma underlying a patient's symptoms and risky or challenging behaviors.

Definitions and descriptions of trauma-informed care and systems vary:

- Trauma-informed care is established "when policies, practices, and interactions with families and colleagues are grounded in knowledge about childhood trauma" and a trauma-informed system, such as child welfare or education, is one which demonstrates principles of trauma-informed care.[13]

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- SAMHSA characterizes a trauma-informed system as one that:
  - is a program, organization, or system that is trauma-informed
  - realizes the widespread impact of trauma
  - understands potential paths for recovery
  - recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - responds by fully integrating knowledge about trauma into policies, procedures, and practices
  - seeks to actively resist re-traumatization[14]

> Helping families with trauma build support systems with other nurturing adults can reduce the negative impacts of stress.

- The National Child Traumatic Stress Network describes a trauma-informed system as one in which programs, agencies, and service providers:
  - routinely screen for trauma exposure
  - use culturally appropriate evidence-based assessment and treatment
  - make resources available to children, families, and providers on trauma's impact and treatment
  - try to strengthen the resilience and protective factors of children and families affected by trauma
  - address parent and caregiver trauma and how it affects the family system
  - emphasize continuity of care and collaboration across child-service systems
  - address, minimize, and treat secondary traumatic stress in staff[15]

ELEMENTS OF A TRAUMA-INFORMED SYSTEM

Advancing Trauma-Informed Systems,[16] a report by the Child Health and Development Institute of Connecticut, which builds upon SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach,* describes key elements to include in a trauma-informed system.[17]

Workforce Development

- Staff understand the prevalence and effects of trauma and associated health outcomes.
- Staff understand short- and long-term traumatic stress, PTSD, and misdiagnosis of traumatic stress.
- Staff understand trauma avoidance and how to discuss trauma with children and families.
- Staff are knowledgeable about evidence-based assessment and treatment referral.
- Staff can identify secondary traumatic stress or vicarious trauma and understand strategies to deal with it.

Trauma Screening

- Every child/family is screened for trauma exposure and reactions at initial system contact and periodically afterwards.
- Screens include multiple informants and sources of information.
- Screening information is incorporated into the child's health record.

Practice Change and Use of Evidence-Based Practices

- Case plans and services are developed with knowledge about trauma and the child's and adult's trauma history.
- Agency has a commitment and funding to support evidence-based trauma-informed practices.
- Communication and interactions with family are informed by knowledge of trauma and a trauma-informed approach.
- Staff view health and behavioral concerns from a trauma-informed perspective.
- Agency leaders support and supervise the promotion of trauma-informed care.

Inter-System Collaboration and Communication

- Staff across systems have a common understanding of trauma.
- Systems work together to identify children and families exposed to trauma.
- Systems work together to refer and be involved in trauma-informed services when appropriate.
- Staff across agencies work to align trauma-informed service, treatment, and case plans.
- Information about a child's trauma is shared across systems when allowed and appropriate.
- Staff across systems work to avoid redundant or excessive services.

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OPPORTUNITIES FOR CREATING OR ENHANCING A TRAUMA-INFORMED SYSTEM

The Advancing Trauma-Informed Systems report includes recommendations about developing trauma-informed systems:

Workforce Development

- Offer introductory trauma training for all staff in all systems, including administrative and leadership staff, behavioral health providers, care coordination and direct care staff, medical, and educational staff.
- Implement a trauma competency or certification program for care coordination staff and providers.

Screening and Treatment

- Routinely screen children and families for trauma upon entry into behavioral healthcare services and periodically throughout involvement.
- Encourage, require, or incentivize trauma screening in obstetrics, behavioral health, therapies, and pediatric primary care.
- Implement standards for trauma-informed practice change for various professionals.
- Expand access to trauma-informed evidence-based practices for all children and families, including both children involved in the child welfare system and those with trauma exposure who are not involved with child welfare.
- Expand trauma-focused services for children under five years old, including access to trauma-focused evidence-based practices.

INTERVENTIONS IN THE PROVIDER NETWORK THAT ADDRESS THE ARRAY OF PRACTICES AND TREATMENTS FOR CHILDREN

Infants and young children require some basic elements in their lives to ensure healthy social and emotional development: nurturing relationships and care in high quality environments. Some children and families need help to achieve those basics. Other young children are burdened with significant delays or disabilities, and need intensive interventions to get on track to more typical development and to avoid a lifetime of problems with their physical and mental health.

Young children and their families therefore need different supports and interventions, at various intensities, as illustrated in the *Pyramid Model for Supporting Social-Emotional Competence in Young Children*. See the companion *Behavior Health for Children Tip Sheet 1: The Pyramid Model for Early Childhood* for more information. A system of care for young children and the services of provider networks are incomplete without the full array of supports and interventions required to effectively serve children with many disparate needs. An effective system provides supports for practices that address all three components of the pyramid: promote healthy development, provide services to at-risk children to prevent significant developmental delays, and provide intensive treatments for children with serious challenges.

The following factors support the need for the Managed Medical Assistance (MMA) health plans to have a wide array of practices and interventions in their provider networks:

- Infants and young children and their caregivers need surveillance and supports at each stage from birth to age 5. A comprehensive system of behavioral care should begin even before birth with attention to the health and well-being of the expectant woman and her partner. In infancy, a comprehensive system should include screening for maternal depression and other risk factors such as domestic violence, substance use, trauma, as well as an assessment of the maternal-child relationship and attachment. In an effective, comprehensive system, the primary care physician will coordinate with maternal and child health programs like Healthy Start.
- In early childhood, a comprehensive system includes primary care screening for risk factors, identifying behavioral concerns, and screening for speech or other delays.
- Young children's development ranges on a continuum from typical development to mild or moderate problems to diagnosed mental health disorders. Their development is also related to their environment. Therefore, in a comprehensive system, a multitude of practices and two-generational interventions are needed to identify problems quickly and link the child and family to effective services.

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- Children developing typically require routine surveillance and screening and identification of psychosocial risk factors such as parental mental health and drug use.
- For children with mild to moderate problems, the array of necessary services includes targeted assessment in response to positive screens; parental skills training; mental health consultation; and care coordination, referral, and linkage to support services.
- Young children with diagnosed disorders require a comprehensive assessment, diagnosis, and referral to a specialist; pharmacological treatment as needed; and evidence-based treatments such as the ones listed below.[18]
- Supports, programs, and treatments may be required for parents and other caregivers. Trauma experienced by parents both in their childhoods and as adults—domestic abuse, for example—may negatively impact parenting behaviors. Treating the problems created by trauma in adults, at the same time children receive interventions and supports, improves outcomes for both.[19] Such two-generational interventions should be available in the MMA provider networks in a comprehensive system.[20]
- A comprehensive system should include specific treatments for:
  - parents with substance abuse and mental health disorders
  - children of incarcerated parents
  - children in the child welfare system
  - those who witness domestic violence or experience other trauma
  - teen parents to prevent child maltreatment and to avoid unnecessary placement into foster care
- Good communication practices should be part of a comprehensive system. The primary care physician (PCP) should be informed when a referral to other specialists is completed.[21] Additionally, the PCP should receive the assessment results and recommendations for treatment.
- A comprehensive healthcare system allows for individualization of services and for varying timing, intensity, and duration of interventions.[22]
- The supports and treatments in a comprehensive healthcare system have long-term economic benefits in reduced special education, lower healthcare and social services costs, increased tax revenues, and lower juvenile and criminal justice costs, among others.[23]

EFFECTIVE PROGRAMS FOR YOUNG CHILDREN AND FAMILIES

The following evidence-based interventions are among those appraised as effective for infants and young children and caregivers who have experienced trauma.[24,25]

- Trauma-Focused Cognitive-Behavior Therapy (TF-CBT): Individual and joint therapy for children (age 3-17) and parents or caregivers attempting to reduce behavioral issues resulting from childhood trauma.[26]
- Parent-Child Interaction Therapy (PCIT): Works with parents to learn skills for improving family relations; focused on children exposed to substances prior to birth or to physical abuse.[27]
- Attachment and Bio-behavioral Catch-Up: Parents with children from birth to 2 in low-income families experiencing neglect, abuse, and domestic violence.[28]
- Child-Parent Psychotherapy (CPP): For parents with children birth to 6. Combines psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic approach designed to restore the child-parent relationship and the mental health of a child who has experienced a wide range of traumas.[29]

See the Appendix for more evidence and research-based programs as well promising practices for at-risk children and families.

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SUMMARY

Research like the Adverse Childhood Experiences study clearly establishes that a high percentage of young children experience trauma and that untreated trauma, especially if not buffered by a nurturing adult, can result in life-long difficulties for the child. Fortunately, effective evidence-based interventions are available for children who have experienced trauma from a variety of sources.

The prevalence of childhood trauma establishes the need for systems of care and their components—not just interventions—to be trauma-informed. Such systems, involving physicians, behavioral therapists, child welfare agencies, hospitals, and other child-serving programs, look for signs of trauma in all children and treat them with practices informed by knowledge of trauma and its effects.

The MMA health plans can play a role in moving systems toward trauma-informed practices, thereby sparing many children, their families, and society the human and monetary damages that can result from uninformed practices. Intervening to heal early adversity can be most effective and least expensive when done early. Managed care plans benefit from early identification and treatment.

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Funded through a contract with the Florida Agency for Health Care Administration.

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APPENDIX

Various agencies have identified programs and therapeutic interventions deemed effective in working with and treating children and families based on expert opinion or a review of design and research evidence. Each agency has its own process and criteria for determining the programs and practices that are worthy of recommendation. Users are encouraged to review each website to understand the inclusion criteria the registry used.

Three of the most commonly used registries are the California Evidence-Based Clearinghouse for Child Welfare (CEBC), National Child Traumatic Stress Network, and the Substance Abuse Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices.

California Evidence-Based Clearinghouse for Child Welfare

The California Evidence-Based Clearinghouse for Child Welfare[30] is a highly respected resource for evidence-based child welfare related programs across an array of topics with detailed research information on each program and practice. The Clearinghouse rates each program and practice on a 1 to 5 scale, with a final category for programs that are not able to be rated.

Rating 1: Well supported by research evidence (evidence-based)

Rating 2: Supported by research evidence

Rating 3: Shows promising research evidence

Rating 4: Evidence fails to demonstrate an effect

Rating 5: A concerning practice

NR: Not able to be rated

Program Name	Program Type	Program Effectiveness Rating from CEBC	Program Overview	Population Served
Nurse-Family Partnership	Prevention: Home visiting	1	The Nurse-Family Partnership program provides home visits by registered nurses to improve pregnancy outcome by promoting health-related behaviors; improve child health, development, and safety; and enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment.	First time low-income pregnant mothers through the child's 2nd birthday.
Healthy Families America	Prevention: Home visiting	1, 4	Healthy Families America (HFA) is a three- to five-year home visiting program with the vision that all children will receive nurturing care from their family, which is essential to leading a healthy and productive life. The Healthy Families America program strengthens parent-child relationship, promotes health childhood growth and development, reduces risk, and builds protective factors and community partnerships to help the family thrive.	Expectant families or with children birth to 5 who are at risk for maltreatment.
SafeCare	Prevention: Parent Education	2	SafeCare is a home-visiting parenting model program. Parents are taught child behavior management, home safety, and child health care skills in order to avoid child maltreatment.	Families with children under the age of 5 who are at risk for child abuse and neglect.

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Program Name	Program Type	Program Effectiveness Rating from CEBC	Program Overview	Population Served
Parents as Teachers	Prevention	3	Parents as Teachers (PAT) emphasizes the need for parents to become knowledgeable role models for their children. Parents are educated on early childhood development, child health issues, and preventing child abuse, among other important topics to ensure the safety and health of their children. Implemented PAT programs are free to choose their eligibility characteristics, most often including families where there has been a history of drug use, mental health issues, and/or low income.	Families with children under the age of 5 who are at risk for child abuse and neglect.
The Incredible Years	Prevention/ Intervention: Parent Education	1	The Incredible Years is a set of three curricula designed to promote emotional and social development and to prevent, reduce, and treat behavioral and emotional problems in children.	Parents, teachers, and children ages 4 to 8.
Parent-Child Interaction Therapy	Prevention/ Intervention: Parent ducation	1	Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention that focuses on decreasing externalizing child behavior problems, increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents play-therapy and behavior management skills to decrease negative child behavior.	Parents and their children ages 2 to 7.
Triple P Positive Parenting Program, Level 4 Individual and Group	Prevention/ Intervention: Parent Education	1	Level 4 Triple Ps one of the five levels of the Triple P - Positive Parenting Program System. Level 4 Triple P helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan that makes use of a variety of Level 4 Triple P strategies and tools.	Parents and caregivers with children birth to age 12.
Circle of Security - Home Visiting	Prevention: Parent Education	3	Circle of Security (COS) is an attachment theory-based treatment program that targets high-risk families with children from birth to five years old. It is designed to prevent insecure attachments and child mental health disorders.	Children birth to age 5.
Promoting First Relationships	Prevention: Parent Education	3	Promoting First Relationships (PFR) is a manualized program out of the Barnard Center for Infant Mental Health and Development at the University of Washington. The program promotes children's social-emotional development through responsive, nurturing caregiver-child relationships.	Parents and caregivers of children less than age 3.
Attachment and Biobehavioral Catch-Up	Intervention: Therapy	3	The Attachment and Biobehavioral Catch-Up (ABC) is a 10-session home-visiting intervention to help caregivers provide nurturing care and engage in synchronous interactions with their infants, with a specialization in maltreated children.	Parents and foster parents of children less than age 3 in foster care.
Trauma-Focused Cognitive Behavioral Therapy	Intervention: Therapy	1	Trauma-Focused Cognitive Behavioral Therapy is a joint child and parent psychotherapy hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral principles.	Children ages 3-18 with a known trauma history and PTSD symptoms.

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Program Name	Program Type	Program Effectiveness Rating from CEBC	Program Overview	Population Served
Combined Parent-Child Cognitive Behavioral Therapy	Intervention: Therapy	3	Combined Parent-Child Cognitive Behavioral Therapy is a structured treatment program for families who have experienced or are at-risk for physical abuse. The program aims to reduce children's posttraumatic stress disorder (PTSD) symptoms and behavior problems, while improving parenting skills and parent-child relationships and reducing the use of corporal punishment. The program consists of 16 sessions over 16-20 weeks, in either individual 90-minute sessions or 2-hour group format sessions.	Physically abused children ages 3 to 17 with PTSD and their parents.
Child-Parent Psychotherapy	Intervention: Therapy	2	Child-Parent Psychotherapy (CPP) is a treatment program in which the dyad of the parent and child are treated as one. The primary goal of CPP is to support and strengthen the relationship between a child and their parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect, as well as improving the child's cognitive, behavioral, and social functioning.	Parents and their children from birth through age 5 who have experienced at least one traumatic event.
Homebuilders	Prevention: Home-based	2	Homebuilders is both a home- and community-based intensive treatment program to help preserve families and avoid placing children into care (foster care, group, psychiatric, or juvenile justice or who need intensive services to return from such care). Families are engaged throughout the process in assessment, goal setting, and treatment planning.	Families with children ages birth to 17 who are at risk of out-of-home placement or returning home.
Watch, Wait, and Wonder	Intervention: Parent Education	3	Watch, Wait, and Wonder is an approach focused 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.	Parents and caregivers and their children birth to age 4 who are experiencing relational and developmental difficulties.

The National Child Traumatic Stress Network has designated the three following programs as promising practices in their effectiveness of working with children and families who have experienced trauma.

Program Name	Type of Intervention	Program Overview	Population Served
Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) for Preschoolers	Intervention: Therapy	Designed for physically abused children and their offending parents, addressing underlying contributors to maltreatment to change hostility, coercive family interactions, and harsh parenting.	Physically abused children ages 2 to 5 and their parents.
Attachment, Self-Regulation, and Competency (ARC)	Intervention: Therapy	Provides a theoretical framework and principles of intervention for providers working with children and families who have experienced multiple traumatic experiences or long traumatic stress.	Ages 2 to 21 and caregivers who have experienced a wide range of traumas.

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Program Name	Type of Intervention	Program Overview	Population Served
Trauma Adapted Family Connections	Intervention: Therapy	TA-FC is a manualized trauma-focused practice rooted in the principles of Family Connections (FC), specifically designed to reduce risk factors for child maltreatment, increase protective factors, improve child safety, and reduce internalizing and externalizing child behavior. TA-FC strategies include engagement, trauma-informed family assessment, safety building and enhancement, meeting basic needs, service plan, psycho-education, cognitive behavioral strategies, strengthening family and community relationships, emotion identification and affect regulation, and family shared meaning of trauma through narrative family work.	Families with young children at risk of neglect and their histories include complex developmental trauma.

The table below depicts a few of the programs that the National Registry of Evidence-based Programs and Practices has determined to be appropriate for children under the age of five.

Program Name	Type of Intervention	Program Overview	Population Served
Systematic Training for Effective Parenting (STEP)	Prevention/intervention: Parent education	Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. Appropriate for use with parents facing typical parenting challenges, but also effective for families with an abusive parent, families at risk for parenting problems and child maltreatment, or families with a child receiving mental health treatment.	There are four current versions of STEP: Early Childhood STEP for parents of children up to age 6; STEP for parents of children ages 6 through 12; STEP/ Teen for parents of teens; and Spanish STEP.
Preschool PTSD Treatment (PPT)	Intervention: Therapy	Preschool PTSD Treatment (PPT) is a 12-session individual psychotherapy intervention that uses cognitive behavioral therapy (CBT) techniques to treat 3- to 6-year-old children with posttraumatic stress symptoms. The protocol is applicable to all types of traumatic events.	Children under the age of 5 who have experienced a life-threatening traumatic event with post-traumatic stress disorder symptom(s).
Al's Pals: Kids Making Healthy Choices	Prevention	Al's Pals: Kids Making Healthy Choices is a school-based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decision making. The program consists of a year-long, 46-session interactive curriculum delivered by trained classroom teachers who use Al's Pals teaching approaches to infuse the concepts into daily interactions with the children. Ongoing communication with parents is also part of Al's Pals. Teachers regularly send parents letters to update them about the skills the children are learning and suggest home activities to reinforce these concepts.	Children ages 3-8 in preschool, kindergarten, and first grade.

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Program Name	Type of Intervention	Program Overview	Population Served
Dare to be You (DTBY)	Intervention/Prevention: Parent Education	DARE to be You (DTBY) focuses on improving the parenting skills of parents of young children in to order promote children's resiliency to problems later in life. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parent role, providing knowledge of appropriate child management strategies, improving parents' and children's relationships with their families and peers, and contributing to child developmental advancement.	For high-risk families with children age 2-5.

Provided by Florida State University
Center for Prevention and Early Intervention Policy
Funded through a contract with the Florida Agency for Health Care Administration.