



**National Center for Mental
Health and Juvenile Justice**

NCMHJJ

Annotated Bibliography

Evidence-Based Practices

Books and journal articles listed herein are available from your local library or through inter-library loan. Unless otherwise noted, all other materials are available from the National Center for Mental Health and Juvenile Justice.

Evidence-Based Practices

Resource #: 010551 (Manual: 127 pages)

Citation: Alexander, J., Pugh, C., Parsons, B., Sexton, T. **Blueprints for Violence Prevention: Book Three - Functional Family Therapy.** Boulder, CO: Center for the Study and Prevention of Violence, 1998.

Abstract: In 1996, the Center for the Study and Prevention of Violence at the University of Colorado at Boulder initiated a project to identify ten violence prevention programs that met a very high scientific standard of program effectiveness. The objective was to identify outstanding programs, and to describe these interventions in a series of "Blueprints." This issue examines Functional Family Therapy (FFT) as a proven model program. FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related symptoms. (Available from <http://www.colorado.edu/cspv/> \$15.00)

Available from: <http://www.colorado.edu/cspv/> (\$15.00)

Resource #: 010369 (Journal Article: 10 pages)

Citation: Barton, C., Alexander, J., Waldron, H., Turner, D., Warburton, J. **Generalizing Treatment Effects of Functional Family Therapy: Three Replications.** *The American Journal of Family Therapy* 13(3):16-26, 1985.

Abstract: Functional Family Therapy with status delinquents has undergone careful scrutiny in well designed studies that included random assignment, realistic comparison treatment programs, formally trained therapists, and reasonable follow-up periods. This report describes three replications in which FFT has been extended to new populations, has utilized less formally trained therapists, and has been applied in new treatment contexts. Taken together, the replications provide important support for the generalizability of FFT across client and therapist populations.

Resource #: 010941 (Journal Article: 7 pages)

Citation: Borduin, C. **Multisystemic Treatment of Criminality and Violence in Adolescents.** *Journal of the American Academy of Child and Adolescent Psychiatry* 38(3):242-249, 1999.

Abstract: This paper discusses the emergent success of multisystemic therapy (MST), a family-based therapeutic approach that has been viewed as a promising treatment for violence and other serious antisocial behaviors in adolescents. The success of MST can be attributed primarily to (1) the match between MST intervention foci and empirically identified correlates/causes of criminality and violence in adolescents, and (2) the flexible use of well-validated intervention strategies in the natural environment.

Resource #: 010818 (Journal Article: 9 pages)

Citation: Borduin, C.M., Henggeler, S.W., Blaske, D.M., Stein, R.J. **Multisystemic Treatment of Adolescent Sexual Offenders.** *International Journal of Offender Therapy and Comparative Criminology:* 105-113.

Abstract: This study compared the efficacy of multisystemic therapy (MST) and individual therapy (IT) in the outpatient treatment of adolescent sexual offenders. Sixteen adolescent sexual offenders were randomly assigned to either MST or IT conditions. Youths in the MST and IT conditions received an average of 37 hours and 45 hours of treatment, respectively. Recidivism data were collected on all subjects at an approximately 3-year follow-up. Between-groups comparisons showed that significantly fewer subjects in the MST condition had been rearrested for sexual crimes and that the frequency of sexual rearrests was significantly lower in the MST condition than in the IT condition. The relative efficacy of MST was attributed to its emphasis on changing behavior and interpersonal relations within the offender's natural environment.

Evidence-Based Practices

Resource #: 012468 (Journal Article: 9 pages)

Citation: Brannan, A. **Ensuring Effective Mental Health Treatment in Real-World Settings and the Critical Role of Families.** Journal of Child and Family Studies 12(1): 1-10, 2003.

Abstract: In this commentary, the author begins with a brief synopsis of findings from recent studies of the effectiveness of the system of care approach that is primarily conducted by service researchers. She then discusses evidence, from the clinical treatment research field, on the effectiveness of evidence-based treatments.

Resource #: 010318 (Journal Article: 55 pages)

Citation: Burns, B., Hoagwood, K., Mrazek, P. **Effective Treatment for Mental Disorders in Children and Adolescents.** Clinical Child and Family Psychology Review 2(4)199-254, 1999.

Abstract: As pressure increases for the demonstration of effective treatment for children with mental disorders, it is essential that the field has an understanding of the evidence base. To address this aim, the authors searched the published literature for effective interventions for children and adolescents. Strong evidence was found for the treatment of attention-deficit hyperactivity disorder, depression, anxiety, and disruptive behavior disorders. Guidance from the field relevant to moving the evidence-based interventions into real-world clinical practice and further strengthening the research base will also need to address change in policy and clinical training.

Resource #: 012886 (Journal Article: 17 pages)

Citation: Carney, M., Buttell, F. **Reducing Juvenile Recidivism: Evaluating the Wraparound Services Model.** Research on Social Work Practice 13(5): 551-568, 2003.

Abstract: The purpose of this study was to evaluate the relative effectiveness of wraparound services versus conventional services for juvenile delinquent youth and create a predictive model that would assist the juvenile court system in correctly identifying youth at greatest risk of reoffending. The study employed a pretest/posttest, control group design, with follow-up assessments of youth court-ordered into community-based treatment programs for delinquent youth. Implications of the findings for improving community-based juvenile diversion programs for delinquent youth were explored and discussed. (authors)

Resource #: 010549 (Manual: 91 pages)

Citation: Chamberlain, P, Mihalic, S. **Blueprints for Violence Prevention: Book Eight - Multidimensional Treatment Foster Care.** Boulder, CO: Center for the Study and Prevention of Violence, 1998.

Abstract: In 1996, the Center for the Study and Prevention of Violence at the University of Colorado at Boulder initiated a project to identify ten violence prevention programs that met a very high scientific standard of program effectiveness. The objective was to identify outstanding programs, and to describe these interventions in a series of "Blueprints." This issue examines Multidimensional Treatment Foster Care (MTFC) as a proven model program. MTFC is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. (Available from <http://www.colorado.edu/cspv/> \$15.00)

Available from: <http://www.colorado.edu/cspv/> (\$15.00)

Evidence-Based Practices

Resource #: 010435 (Bulletin: 10 pages)

Citation: Chamberlain, P. **Treatment Foster Care.** Washington, DC: Office of Juvenile Justice and Delinquency Prevention, December 1998.

Abstract: Research has shown that association with delinquent peers is a strong predictor of future involvement in delinquent and violent behavior. This bulletin describes an alternative to corrections and group care facilities. The program places juvenile offenders who require residential treatment with foster families who are trained to provide close supervision, fair limits, consistent consequences, and a supportive relationship, instead of with other delinquents. It is an approach that promotes both rehabilitation of juvenile offenders and public safety.

Available from: www.ojjdp.ncjrs.org

Resource #: 010114 (Journal Article: 9 pages)

Citation: Chamberlain, P., Reid, J. **Comparison of Two Community Alternatives to Incarceration for Chronic Juvenile Offenders.** *Journal of Consulting and Clinical Psychology*, 66(4): 624-633, 1998.

Abstract: The relative effectiveness of group care (GC) and multidimensional treatment foster care (MTFC) was compared in terms of their impact on criminal offending, incarceration rates, and program completion outcomes for 79 male adolescents who had histories of chronic and serious juvenile delinquency. Results show that boys who participated in MTFC had significantly fewer criminal referrals and returned to live with relatives more often.

Resource #: 011415 (Journal Article: 3 pages)

Citation: Chamberlain, P., Weinrott, M. **Specialized Foster Care: Treating Seriously Emotionally Disturbed Children.** *Children Today*:24-27, Jan.-Feb. 1990.

Abstract: This article describes the treatment known as Specialized Foster Care (SFC), developed by Patricia Chamberlain in Eugene, Oregon. It discusses preliminary evaluation studies, along with other reports on specialized Foster Care programs and the growing number of new SFC programs being implemented each year throughout the U.S., which support the efficacy of the model. It seems clear that for severely troubled children and teenagers, placement and care in SFC can have all the direct, measurable human benefits associated with living in a nonrestrictive community setting, along with the advantage of being able to provide effective individualized treatment plans.

Resource #: 011070 (Newsletter Article: 5 pages)

Citation: Cunningham, P. **A Brief Overview of Multisystemic Therapy in Treating Serious and Chronic Delinquents.** *Juvenile Correctional Mental Health Report* 2(1):33-47, 2002

Abstract: This article provides a brief overview of Multisystemic Therapy (MST), an intensive family- and community-based treatment approach that has garnered a great deal of attention for successfully treating juvenile delinquents and youth exhibiting serious emotional disturbance (SED). The demonstrated effectiveness of MST has been predicated on targeting the known correlates of anti-social behavior, incorporating empirically supported interventions, viewing caregivers as the key to long-term success, and mandating provider accountability. Studies have shown that these foci are the keys to change the developmental trajectories of serious and chronic offenders away from long-term criminal careers.

Evidence-Based Practices

Resource #: 010633 (Journal Article: 12 pages)

Citation: Cunningham, P., Henggeler, S., Brondino, M., Pickrel, S. **Testing Underlying Assumptions of the Family Empowerment Perspective.** Journal of child and Family Studies 8(4):437-449, 1999.

Abstract: The authors examined two underlying assumptions of the family empowerment perspective. The first assumption is that a well-validated family-based treatment that explicitly aims to empower caregivers can do so. The second assumption is that increased caregiver empowerment should be associated with improved youth and family functioning. Results provided partial support for the underlying assumptions of the family empowerment perspective. The family-based treatment in comparison with usual services increased caregiver perceptions of empowerment at the service system level, but not at the family level. In addition increased empowerment at the family and service system levels were associated with improved family relations, but not with decreased youth behavior problems. The conceptual implications and limitations of the findings are discussed.

Resource #: 010828 (Journal Article: 22 pages)

Citation: Cunningham, P.B., Henggeler, S.W. **Engaging Multiproblem Families in Treatment: Lessons Learned Throughout the Development of Multisystemic Therapy.** Family Process 38(3): 265-286, 1999.

Abstract: Multisystemic therapy (MST) is a family-based treatment model that has achieved high rates of treatment completion with youths who present serious clinical problems, and their families. The success of MST in engaging challenging families in treatment is due to programmatic commitments to family collaboration and partnership as well as to a conceptual process that delineates barriers to family engagement, develops and implements strategies to overcome these barriers, and evaluates the success of these strategies. This article provides an overview of the nonspecific/ universal engagement strategies used by MST therapists, frequently observed barriers to achieving therapist-family engagement, and specific strategies to overcome a sampling of these barriers.

Resource #: 010442 (Manual: 80 pages)

Citation: Elliott, D., Henggeler, S., Mihalic, S., Rone, L., Thomas, C., Timmons-Mitchell, J. **Blueprints for Violence Prevention: Book Six - Multisystemic Therapy.** Boulder, CO: Center for the Study and Prevention of Violence, 1998.

Abstract: In 1996, the Center for the Study and Prevention of Violence at the University of Colorado at Boulder initiated a project to identify ten violence prevention programs that met a very high scientific standard of program effectiveness. The objective was to identify outstanding programs, and to describe these interventions in a series of "Blueprints." This issue examines Multisystemic Therapy (MST) as a proven model program. The ultimate goal of MST is to empower families to build an environment, through the mobilization of indigenous child, family, and community resources, that promotes health. MST has demonstrated decreased criminal activity and incarceration in studies with violent and chronic juvenile offenders.

Available from: <http://www.colorado.edu/cspv/> (\$15.00)

Evidence-Based Practices

Resource #: 011042 (Journal Article: 10 pages)

Citation: Epstein, M.H., Jayanthi, M., McKelvey, J., Frankenberry, E., Hardy, R., Dennis, K., Dennis, K. **Reliability of the Wraparound Observation Form: An Instrument to Measure the Wraparound Process.** *Journal of Child and Family Studies* 7(2): 161-170, 1998.

Abstract: Within the past decade, the wraparound approach has gained significant popularity in providing services to children with challenging social and family needs. While a plethora of wraparound programs have been developed and studies have been conducted to assess their effectiveness, the need to develop instruments that measure the implementation of wraparound services is clear. The purpose of the present study was to evaluate the reliability of a scale that measures wraparound services. In this study, the Wraparound Observation Form (WOF), was developed to evaluate the implementation of the wraparound process in treatment planning meetings. The WOF includes 34 closed-ended items that requires the respondent to note the occurrence or non-occurrence of specific events or behaviors at treatment planning meetings. In the present study, two data collectors attended planning meetings and independently completed the WOF. The inter-rater reliability was 95%. The WOF appears to be a reliable instrument and be appropriate in evaluating wraparound services (authors).

Resource #: 013360 (Report: 37 pages)

Citation: Evidence-Based Services Committee Biennial Report. **Summary of Effective Interventions for Youth with Behavioral and Emotional Needs.** Honolulu, HI: Hawaii Department of Health, Child and Adolescent Mental Health Division, 2002.

Abstract: This report is an updated review summarizing selected areas of the scientific literature on interventions, services, and medications for youth with significant emotional or behavioral needs. The information presented in this report falls into three major sections. The first section includes a composite of the major randomized, controlled research findings, with attention to promising outcomes, provider type, intervention setting, nature of the children, and a host of other factors. The second section is a summary of the evidence on medication efficacy and safety, based on published reviews and supplemental reports. The third section represents consensus summaries specific to nominated topics regarding practice policy for which limited or no controlled research was available. Each section provides detail about the methods for the review process, and the sections are presented in decreasing order of methodological and scientific rigor. (authors)

Resource #: 012467 (Journal Article: 14 pages)

Citation: Farmer, E., Wagner, H., Burns, B., Richards, J. **Treatment Foster Care in a System of Care: Sequences and Correlates of Residential Placements.** *Journal of Child and Family Studies* 12(1): 11-25, 2003.

Abstract: In this article, the authors examined Treatment Foster Care (TFC) in residential trajectories for youth with psychiatric disorders and aggressive behavior. They analyzed residential placements of a statewide sample of youth during the twelve months preceding and following admission to TFC. Prior to TFC, the majority of youth were residing in more restrictive settings (group homes or residential treatment). TFC serves as a step-down placement for a substantial number of youth. However, this is not the only way it is used, and models based on short-term transitioning or reunification with families may not be widely implemented or relevant in practice. Additional research is needed to understand current functions of TFC in residential trajectories and to maximize its utility in systems of care.

Evidence-Based Practices

Resource #: 012145 (Report: 60 pages)

Citation: Ford, J., Gregory, F., McKay, K., Williams, J. **Close to Home: A Report of Behavioral Health Services for Children in Connecticut's Juvenile Justice System.** Farmington, CT: The Connecticut Center for Effective Practice, 2003.

Abstract: The information in this report can serve as a guide to developing policies, procedures and programs that serve more effectively the behavioral health needs of children in or at risk of entering the juvenile justice system. The first section describes pathways taken by children who enter the system, with particular focus on opportunities for identifying and meeting their behavioral health needs. The second section looks at research findings concerning the nature and scope of behavioral health problems faced by children in juvenile justice settings, and the best-researched, most effective practices available for those children and their families. Five distinct groups of evidence-based interventions are highlighted.

Available from: The CT Center for Effective Practice, 270 Farmington Avenue, Farmington, CT 06032, www.chdi.org.

Resource #: 013643 (Journal Article: 7 pages)

Citation: Ganju, V. **Implementation of Evidence-Based Practices in State Mental Health Systems: Implications for Research and Effectiveness Studies.** *Schizophrenia Bulletin* 29(1): 125-131, 2003.

Abstract: This article reviews the current status of implementation of evidence-based practices in the public mental health system and identifies challenges and barriers related to their dissemination. Based on this analysis, this article proposes a research agenda that promotes the development of a science of implementation of evidence-based practices (author).

Resource #: 011243 (Journal Article: 7 pages)

Citation: Goldman, H.H., Ganju, V., Drake, R.E., Gorman, P., Hogan, M., Hyde, P.S., Morgan, O. **Policy Implications for Implementing Evidence-Based Practices.** *Psychiatric Services* 52(12): 1591-1597, 2001.

Abstract: The authors describe the policy and administrative-practice implications of implementing evidence-based services, particularly in public-sector settings. They review the observations of the contributors to the evidence-based practices series published throughout 2001 in *Psychiatric Services*. Quality and accountability have become the watchwords of health and mental health services; evidence-based practices are a means to both ends. If the objective of accountable, high-quality services is to be achieved by implementing evidence-based practices, the right incentives must be put in place, and systematic barriers must be overcome. The authors use the framework from the U.S. Surgeon General's 1999 report on mental health to describe eight courses of action for addressing the gap between science and practice: continue to build the science base; overcome stigma; improve public awareness of effective treatments; ensure the supply of mental health services and providers; ensure delivery of state-of-the-art treatments; tailor treatment to age, sex, race, and culture; facilitate entry into treatment; and reduce financial barriers to treatment (authors).

Resource #: 010723 (Journal Article: 12 pages)

Citation: Gordon, D., Arbuthnot, J., Gustafson, K., McGreen, P. **Home-Based Behavioral-Systems Family Therapy with Disadvantaged Juvenile Delinquents.** *The American Journal of Family Therapy* 16(3):243-255, 1988.

Abstract: A replication of Alexander's behavioral-systems family therapy (FFT) model was attempted for lower socioeconomic status juvenile offenders, most of whom had multiple offenses, including misdemeanors and felonies. The delinquents receiving the family therapy had a recidivism rate of 11% vs. 67% for the comparison group. Sex differences are presented, as well as differences between Alexander's studies and the present one which may account for the improved outcomes with more difficult families.

Evidence-Based Practices

Resource #: 015017 (Journal Article: 4 Pages)

Citation: Green, L. **Public Health Asks of Systems Science: To Advance Our Evidence-Based Practice, Can You Help Us Get More Practice-Based Evidence?** *American Journal of Public Health* 96(3): 406-409, 2006.

Abstract: Public health asks of systems science, as it did of sociology 40 years ago, that it help us unravel the complexity of causal forces in our varied populations and the ecologically layered community and societal circumstances of public health practice. The authors seek a more evidence-based public health practice, but too much of our evidence comes from artificially controlled research that does not fit the realities of practice. What can be learned from this experience with sociology in the past that might guide us in drawing effectively on systems science (authors).

Resource #: 013742 (Report: 13 pages)

Citation: Hahn, R., Lowy, J., Bilukha, O., Snyder, S., Briss, P., Crosby, A., Fullilove, M., Tuma, F., Moscicki, E., Liberman, A., Schofield, A., Corso, P. **Therapeutic Foster Care for the Prevention of Violence.** Washington, DC: Centers for Disease Control, 2004.

Abstract: This article examines the effectiveness of therapeutic foster care for children with serious emotional disorders. In therapeutic foster care programs, youth who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that supports their learning social and emotional skills. To assess the effectiveness of such programs in preventing violent behavior among participating youth, the Task Force on Community Preventive Services conducted a systematic review of the scientific literature regarding these programs. On the basis of sufficient evidence of effectiveness, the Task Force recommends this intervention for prevention of violence among adolescents with a history of chronic delinquency. This report briefly describes how the reviews were conducted, provides additional information about the findings, and provides information that might help communities in applying the intervention locally (authors).

Available from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512-1800, www.cdc.gov

Resource #: 010303 (Journal Article: 6 pages)

Citation: Henggeler, S. **Multisystemic Therapy: An Overview of Clinical Procedures, Outcomes, and Policy Implications.** *Child Psychology and Psychiatry Review* 4(1):2-8, 1999.

Abstract: Multisystemic therapy (MST) is a family- and community-based treatment that has successfully served as a clinical and cost-effective alternative to out-of-home placements (e.g. incarceration, psychiatric hospitalization) for youth presenting serious clinical problems. MST clinical procedures and findings from MST outcome studies are reviewed. Several key features differentiate MST from prevailing mental health and juvenile justice practices and probably accounts for its relative success. These features include interventions that comprehensively address the known determinants of clinical problems, the provision of services in home and community settings to promote service access and ecological validity, and a philosophy that emphasizes provider accountability for family engagement and outcomes.

Resource #: 011018 (Journal Article: 14 pages)

Citation: Henggeler, S., Cunningham, P., Pickrel, S., Schoenwald, S., Brondino, M. **Multisystemic Therapy: An Effective Violence Prevention Approach for Serious Juvenile Offenders.** *Journal of Adolescence* 19:47-61, 1996.

Abstract: This article provides an overview of a treatment approach, Multisystemic Therapy (MST), that has demonstrated long-term reductions in criminal activity and violence among youth at high risk for perpetrating violence. Importantly, central aspects of MST are consistent with the recent public health agenda of violence prevention in the United States. Moreover, as demonstrated from the findings of controlled clinical trials evaluating MST with serious juvenile offenders, the viability of the public health approach is supported.

Evidence-Based Practices

Resource #: 015050 (Journal Article: 12 pages)

Citation: Henggeler, S., Halliday-Boykins, C., Cunningham, P., Randall, J., Shapiro, S., Chapman, J. **Juvenile Drug Court: Enhancing Outcomes by Integrating Evidence-Based Treatments.** *Journal of Consulting and Clinical Psychology* 74(1): 42-54, 2006.

Abstract: The authors evaluated the effectiveness of juvenile drug courts for 161 juvenile offenders meeting diagnostic criteria for substance abuse or dependence whether the integration of evidence-based practices enhanced the outcomes of juvenile drug courts. Over a 1 year period, a four-condition randomized design evaluated outcomes for family court with usual community services, drug court with multisystemic therapy, and drug court with multisystemic therapy enhanced with contingency management for adolescent substance use, criminal behavior, symptomatology, and day in out-of-home placement. In general, findings supported the view that drug court was more effective than family court services in decreasing rates of adolescent substance use and criminal behavior. Possibly due to the greatly increased surveillance of youths in drug court, however, these relative reductions in antisocial behavior did not translate to corresponding decreases in rearrest or incarceration. In addition, findings supported the view that the use of evidence-based treatments within the drug court context improved youth substance-related outcomes. Clinical and policy implications of these findings are discussed (authors).

Resource #: 011433 (Journal Article: 12 pages)

Citation: Henggeler, S., Schoenwald, S., Liao, J., Letourneau, E., Edwards, D. **Transporting Efficacious Treatments to Field Settings: The Link Between Supervisory Practices and Therapist Fidelity in MST Programs.** *Journal of Clinical Child Psychology* 31(2): 155-167, 2002.

Abstract: The authors validated a measure of clinical supervision practices, further validated a measure of therapist adherence, and examined the association between supervisory practices and therapist adherence to an evidence-based treatment model (i.e. multisystemic therapy) in real-world clinical settings. The findings provide a valuable step in examining the determinants of therapist fidelity to complex treatments in real-world clinical settings.

Resource #: 011271 (Journal Article: 10 pages)

Citation: Henggeler, S.W., Rodick, J.D., Hanson, C.L., Watson, S.M., Borduin, C.M., Urey, J.R. **Multisystemic Treatment of Juvenile Offenders: Effects on Adolescent Behavior and Family Interaction.** *Developmental Psychology* 22(1): 132-141, 1986.

Abstract: The efficacy of a multisystemic approach to treatment was evaluated for juvenile offenders and their families. Subjects included 57 delinquent adolescents who received family-ecological treatment, 23 delinquent adolescents who received an alternative treatment, and 44 normal adolescents who served as developmental controls. Pretreatment and posttreatment assessments were conducted with the adolescent and his or her parents(s). Personality inventories, behavior ratings, and self-report and observational measures of family relations were included to evaluate changes several systemic levels. Statistical analyses revealed that the adolescents who received family-ecological treatment evidenced significant decreases in conduct problems, anxious-withdrawn behaviors, immaturity, and association with delinquent peers. The mother-adolescent and marital relations in these families were significantly warmer, and the adolescent was significantly more involved in family interaction. In contrast, the families who received the alternative treatment evidenced no positive change and showed deterioration in affective relations. The normal families manifested relationship changes that are consistent with those identified by investigators of normal adolescent development. The findings support a multisystemic model of behavior disorders and treatment (authors).

Evidence-Based Practices

Resource #: 013461 (Journal Article: 4 pages)

Citation: Hoagwood, K. **Evidence-Based Practice in Children's Mental Health Services: What do we Know? Why Aren't we Putting it to Use?** *Emotional and Behavioral Disorders in Youth*: 84-87, 2001.

Abstract: This paper describes some of the reasons why research knowledge on evidence based practice is not reaching its intended audience - i.e., children and adolescents with mental health needs, their families, and providers of mental health care. The author highlights areas in which evidence about mental health practices exists, and describes recent efforts to redirect research studies so that the gap between policy initiatives about service delivery and the science base will close and heal rather than widen (author).

Resource #: 013022 (Journal Article: 3 pages)

Citation: Huang, L., Hepburn, K., Espiritu, R. **To Be or Not To Be Evidence Based?** *Data Matters, Special Issue #6*: 1-3, 2003.

Abstract: This is an introductory article in a special issue of *Data Matters* that discusses concerns being addressed by leading researchers in the field. The authors state that research on the effectiveness of clinical treatments, service modalities and preventative interventions continues to grow at a rapid rate; however, there continues to be a significant gap between what works and what is practiced in the field. The articles touches on what constitutes evidence, whose evidence is it, and will funding follow the evidence base?

Available from: National TA Center for Children's Mental Health, 3307 M Street, Suite 401, Washington, DC 20007

Resource #: 010990 (Journal Article: 16 pages)

Citation: Huey, S., Henggeler, Sc., Brondino, M., Pickrel, S. **Mechanisms of Change in Multisystemic Therapy: Reducing Delinquency Behavior Through Through Therapist Adherence and Improved Family and Peer Functioning.** *Journal of Consulting and Clinical Psychology* 68(3):451-467, 2000.

Abstract: The mechanisms through which multisystemic therapy (MST) decreased delinquent behavior were assessed in two samples of juvenile offenders. Sample 1 included serious offenders who were predominantly rural, male, and African-American. Sample 2 included substance-abusing offenders who were predominantly urban, male, and Caucasian. Therapist adherence to the MST protocol was associated with improved family relations and decreased delinquent peer affiliation, which, in turn, were associated with decreased delinquent behavior. Furthermore, changes in family relations and delinquent peer affiliation mediated the relationship between caregiver-rated adherence and reductions in delinquent behavior. The findings highlight the importance of identifying central change mechanisms in determining how complex treatments such as MST contribute to ultimate outcomes.

Resource #: 012999 (Manual: 127 pages)

Citation: Hyde, P.S., Falls, K., Morris, J.A., Schoenwald, S.K. **Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices.** Boston, MA: The Technical Assistance Collaborative, Inc., 2003.

Abstract: This manual introduces concepts about evidence-based practices and evidence-based practice to practicing clinicians, behavioral health program leaders, and consumers and families. It is developed to provide information, suggest ways of thinking and getting started, and points to additional resources as evolving evidence-based practices become a routine part of service delivery and management. This manual is meant to be used as a tool to stimulate thinking and to move toward a systemic and sustained process of constantly improving practices (authors).

Available from: The Technical Assistance Collaborative, Inc., 535 Boylston Street, Suite 1301, Boston, MA 02116, (617) 266-5657, www.tacinc.org/cms/admin/cms/_uploads/docs/EBPmanual.pdf.

Evidence-Based Practices

Resource #: 010631 (Journal Article: 12 pages)

Citation: Jivanjee, P. **Professional and Provider Perspectives on Family Involvement in Therapeutic Foster Care.** *Journal of Child and Family Studies* 8(3):329-341, 1999.

Abstract: Therapeutic foster care (TFC) offers a promising community-based treatment option for children with serious emotional and behavioral disorders in the child welfare system. Family involvement is believed to contribute to achieving the goal of family reunification in TFC, but there has been little attention to family involvement in TFC. This article presents findings of a qualitative study of child welfare professionals' and TFC providers' perspectives on family involvement. Results indicate that there were challenges at the organizational level and related to some TFC providers' lack of training to work with families.

Resource #: 010635 (Journal Article: 10 pages)

Citation: Jivanjee, P. **Parent Perspectives on Family Involvement in Therapeutic Foster Care.** *Journal of Child and Family Services* 8(4):451-461, 1999.

Abstract: There has been an increasing focus on family involvement in the treatment of children with serious emotional disorders, but it has received only limited attention in relation to out-of-home placements. The author presents findings from a qualitative study of family involvement from the perspectives of parents whose children were placed in therapeutic foster care (TFC). Parents' perspectives on their involvement in placement decisions, relationships with professionals and TFC providers, practices related to family involvement, barriers to involvement, and strategies to enhance family involvement are described. Parents of children in TFC wanted to have contact with their children and to participate in decision making. They described relationships and practices that contributed to their involvement.

Resource #: 014185 (Journal Article: 7 pages)

Citation: Latessa, E., Cullen, F., Gendreau, P. **Beyond Correctional Quackery - Professionalism and the Possibility of Effective Treatment.** *Federal Probation* 66(2): 43-50, 2002.

Abstract: This article stresses the need for empirically based assessment and treatment of offenders. They set out four sources of "correctional quackery" which include: failure to use research in program design; failure to follow appropriate assessment and classification practices; failure to use effective treatment models; and failure to evaluate what is done. The authors conclude with recommendations to professionals and correctional leaders on how to implement evidence-based practices and avoid correctional quackery.

Resource #: 011041 (Journal Article: 10 pages)

Citation: Malysiak, R. **Exploring the Theory and Paradigm Base for Wraparound.** *Journal of Child and Family Studies* 6(4): 399-408, 1997.

Abstract: Until recently, family-centered policy and practice used expert models which defined families of children with serious emotional disturbance as dysfunctional. A collaborative model, called wraparound, is emerging which engages these families as decision making participants, using naturally occurring strengths to wrap individualized supports around the child and family. However, because wraparound has been defined only through value-based principles, the fidelity of the model is threatened by a developmental paradox. Those who have received training and whose careers have been shaped in more traditional expert models of deficit remediation can interpret these value-based principles as an emergent form of case management methodology. Critical and constructivist paradigms, and ecological systems theory, form a basis for negotiating this paradox to maintain fidelity of wraparound process. Anchored in this base, and derived from wraparound's value-based principles, a single construct with an operative focus is suggested to ensure the integrity of this collaborative model (author).

Evidence-Based Practices

Resource #: 014724 (Journal Article: 7 Pages)

Citation: McClellan, J. **Evidence-Based Therapies in Child and Adolescent Psychiatry.** *Psychiatric Times* 22(10): 1-7, 2005.

Abstract: This article reviews evidence-based interventions for children and adolescents with the best research support. Consumer, professional, legislative and regulatory organizations are increasingly calling for the development and adoption of evidence-based therapies, based on demands for quality services and expectations that outpouring of dollars and time are rewarded by beneficial outcomes. In child and adolescent mental health, growing public concerns over safety, in particular with psychotropic medications, and the recognition that psychiatric impairment is a major factor within other social service systems has further fueled the demand for empirically based interventions (authors).

Resource #: 014209 (Journal Article: 22 pages)

Citation: McClellan, J., Werry, J. **Evidence-Based Treatments in Child and Adolescent Psychiatry: An Inventory.** *Journal of the American Academy of Child and Adolescent Psychiatrists* 42(12): 1388-1400, 2003.

Abstract: The object of this article is to provide a list of evidence-based psychopharmacology and psychotherapy treatments for child psychiatry. Published reviews and Medline searches were examined to generate a list of treatments supported by randomized controlled trials. For psychopharmacology, the best evidence to date supports the use of stimulant medications for attention-deficit/hyperactivity disorder and selective serotonin reuptake inhibitors (SSRIs) for obsessive-compulsive disorder. There is also reasonable evidence addressing SSRIs for anxiety disorders and moderate to severe major depressive disorder. The psychosocial interventions best supported by well-designed studies are cognitive behavioral and behavioral interventions. Family-based and systems of care interventions also have been found effective. Although the number of evidence-based treatments for child psychiatry is growing, much of clinical practice remains based on the adult literature and traditional models of care. Challenges toward adopting evidence-based practices are discussed (authors).

Resource #: 013304 (Journal Article: 22 pages)

Citation: Mihalic, S., Irwin, K. **Blueprints for Violence Prevention: From Research to Real-World Settings - Factors Influencing the Successful Replication of Model Programs.** *Youth Violence and Juvenile Justice* 1(4): 307-329, 2003.

Abstract: This article describes the results of a process evaluation focused on discovering common implementation obstacles faced by 42 sites implementing eight of the Blueprints model programs. This evaluation revealed that most sites involved in the project faced many challenges when implementing in real-world settings. Using regression analyses to identify the most important of these factors, findings revealed that the quality of technical assistance, ideal program characteristics, consistent staffing, and community support were important influences on one or more measure of implementation success. (authors)

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Resource #: 013744 (Bulletin: 11 pages)

Citation: Mihalic, S., Irwin, K., Fagan, A., Ballard, D., Elliott, D. **Successful Program**

Implementation: Lessons from Blueprints. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2004.

Abstract: This bulletin discusses the importance of implementation in the success of a model treatment program. Through a national effort to understand what works and outline a series of best practices, legislators, researchers, and practitioners have produced several lists of effective programs. Among these efforts is Blueprints for Violence Prevention, developed by the Center for the Study and Prevention of Violence at the University of Colorado-Boulder. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) sponsored a process evaluation of the Blueprints programs to systematically measure common implementation barriers experienced across a variety of contexts and programs. Focusing on the quality of implementation of nine different programs, the Blueprints team closely monitored and evaluated the quality of implementation across 147 sites. This bulletin presents the results of this process evaluation, identifying critical components of program implementation (authors).

Resource #: 013534 (Journal Article: 3 pages)

Citation: Nock, M., Goldman, J., Wang, Y., Albano, A. **From Science to Practice: The Flexible Use of Evidence-Based Treatments in Clinical Settings.** *Journal of the American Academy of Child and Adolescent Psychiatry* 43(6): 777-780, 2004.

Abstract: In this paper, the authors describe how clinicians can use evidence-based treatments (EBTs) currently, flexibly, and effectively in clinical settings with children and adolescents. Although there is a growing list of EBTs from which to choose and an apparent lack of training opportunities in child psychiatry settings, clinicians interested in learning these approaches should be encouraged by the fact that many EBTs are based on the same principles of learning and include similar treatment components. Once one learns the core set of principles and skills involved, implementation of each specific approach is greatly facilitated (authors).

Resource #: 015144 (Journal Article: 12 pages)

Citation: Patel, K., Butler, B., Wells, K. **What is Necessary to Transform the Quality of Mental Health Care.** *Health Affairs* 25(3): 681-693, 2006.

Abstract: Improving the quality of care is a national priority in the United States; however, it is not clear how to accelerate progress for mental health care. The authors recommend advances in three capacities; developing quality improvement resources applicable to a diverse set of mental health disorders, clients, and service settings; improving the infrastructure for providing evidence-based psychotherapy and psychosocial interventions; and promoting innovation in financial incentives for quality improvement in mental health care. The authors also discuss the need to develop leadership among health care stakeholders and community engagement to promote public commitment to high-quality care in mental health (authors).

Resource #: 011269 (Journal Article: 8 pages)

Citation: Reddy, L.A., Pfeiffer, S.I. **Effectiveness of Treatment Foster Care With Children and Adolescents: A Review of Outcome Studies.** *Journal of the American Academy of Child and Adolescent Psychiatry* 36(5): 581-588..

Abstract: The objective of this study was to evaluate the effectiveness of treatment foster care with children and adolescents. Published outcome studies (N=40) from 1974 to 1996 were systematically reviewed and coded. A weighted predictive value statistic was used to analyze the impact of treatment foster care on five dependent variables: placement permanency, behavior problems, discharge status, social skills, and psychological adjustment. Treatment foster care produced large positive effects on increasing placement permanency and children's social skills. Medium positive effects were found in reducing behavior problems, improving psychological adjustment, and reducing restrictiveness of

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postdischarge placement. Few investigations collected data both at time of program completion and follow-up, precluding a test of the durability and generalizability of treatment foster care outcomes (authors).

Resource #: 015015 (Book: 0 Pages)

Citation: Roberts, A., Yeager, K. **Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services.** New York, NY: Oxford University Press, 2004.

Abstract: The Evidence-Based Practice Manual was developed as an all-inclusive and comprehensive practical desktop resource. It includes 104 original chapters, each specially written by the most prominent and experienced medical, public health, psychology, social work, criminal justice, and public policy practitioners, researchers, and professors in the United States and Canada. This book is specifically designed with practitioners in mind, providing at-a-glance overviews and direct application chapters. This is the only interdisciplinary volume available for locating and applying evidence-based assessment measures, treatment plans, and intervention. Particular attention has been given to providing practice guidelines and exemplars of evidence-based practice and practice-based research. The Evidence-Based Practice Manual emphasizes and summarizes key elements, issues, concepts, and how-to approaches in the development and application of evidence-based practice. Discussions include program evaluation, quality and operational improvement strategies, research grant applications, validating measurement tools, and utilizing statistical procedures. Concise summaries of the substantive evidence gained from methodologically rigorous quantitative and qualitative research provide make this is an accessible resource for a broad range of practitioners facing the mandate of evidence-based practice in the health and human services (authors).

Available from: Oxford University Press, 198 Madison Avenue, New York, NY 10016, 800-445-9714, webmaster@oup-usa.org.

Resource #: 014478 (Journal Article: 10 pages)

Citation: Rowland, M., Halliday-Boykins, C., Henggeler, S., Cunningham, P., Lee, T., Kruesi, M., Shapiro, S. **A Randomized Trial of Multisystemic Therapy with Hawaii's Felix Class Youths.** Journal of Emotional and Behavioral Disorders 13(1): 13-23, 2005.

Abstract: This study examined six-month post-recruitment clinical and placement outcomes for 31 youth with serious emotional disturbance (SED) at imminent risk of out-of-home placement in the Hawaii Continuum of Care (COC). Youth were randomly assigned to multisystemic therapy (MST) adapted for SED populations or to Hawaii's existing COC services. Assessments were conducted at intake and six months after referral. In comparison with counterparts in the comparison condition, youths in the MST condition reported significant reductions in externalizing symptoms, internalizing symptoms, and minor criminal activity; their caregivers reported near significant increases in social support; and archival records showed that MST youth experienced significantly fewer days in out-of-home placement. The findings generally replicate the favorable short-term outcomes observed previously for MST with youth experiencing SEC (authors).

Resource #: 011194 (Journal Article: 15 pages)

Citation: Schmidt, S., Liddle, H., Dakof, G. **Changes in Parenting Practices and Adolescent Drug Abuse During Multidimensional Family Therapy.** Journal of Family Psychology 10(1): 12-27, 1996.

Abstract: The nature and extent of changes in parenting and the link between parental subsystem changes and reduction in adolescent substance abuse and problem behaviors were examined in a sample of 29 parents and their drug-abusing adolescents. Participants completed 16 sessions of multidimensional family therapy. Over two thirds of the parents showed moderate to excellent improvement in parenting. Results of this exploratory study provide qualified support for a fundamental tenet of family therapy - that change in the parental subsystem is related to improvement in the problem behavior of adolescents.

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Resource #: 013543 (Journal Article: 10 pages)

Citation: Schoenwald, S., Sheidow, A., Letourneau, E. **Toward Effective Quality Assurance in Evidence-Based Practice: Links Between Expert Consultation, Therapist Fidelity, and Child Outcomes.** *Journal of Clinical Child and Adolescent Psychology* 33(1): 94-104, 2004.

Abstract: This study validated a measure of expert clinical consultation and examined the association between consultation, therapist adherence, and youth outcomes in community-based settings. Consultant adherence to the multisystemic therapy (MST) consultation protocol was assessed through therapist reports, and therapist adherence to MST principles was assessed through caregiver reports in two samples of families and therapists. Caregiver reports of youth behavior and functioning were obtained in the second sample pre- and posttreatment. Random effects regression models demonstrated associations between consultant behavior, therapist adherence, and posttreatment youth behavior problems and functioning. Instrumental aspects of consultation supported therapist adherence and improved youth outcomes; supportive aspects of consultation were negatively associated with adherence and outcomes. These findings suggest the availability to clinicians of expert consultation can impact clinician fidelity to a treatment model and child outcomes (authors).

Resource #: 011918 (Journal Article: 13 pages)

Citation: Schoenwald, S., Ward, D., Henggeler, S., Pickrel, S., Patel, H. **Multisystemic Therapy Treatment of Substance Abusing or Dependent Adolescent Offenders: Costs of Reducing Incarceration, Inpatient, and Residential Placement.** *Journal of Child and Family Studies* 5(4): 431-444, 1996.

Abstract: This study examined the incremental costs of multisystemic therapy (MST) and related these costs to observed reductions in days of incarceration, hospitalization, and residential treatment at approximately one year post-referral. Results showed that the incremental costs of MST were nearly offset by the saving incurred as a result of reductions in days of out-of-home placement during the year. The need to validate effective treatments for youth with serious clinical problems and to link the costs of treatment to outcomes is discussed, as are implications for future mental health services research and policy.

Resource #: 010819 (Journal Article: 21 pages)

Citation: Schoenwald, S.K., Henggeler, S.W., Brondino, M.J., Rowland, M.D. **Multisystemic Therapy: Monitoring Treatment Fidelity.** *Family Process* 39(1): 83-103, 2000.

Abstract: The challenges of specifying a complex and individualized treatment model and measuring fidelity thereto are described, using multisystemic therapy (MST) as an example. Relations between therapist adherence to MST principles and instrumental and ultimate outcome variables are examined, as are relations between clinical supervision and therapist adherence. The findings provide modest support for the associations between MST adherence measures and instrumental and ultimate outcomes. Results also show that adherence can be altered when clinical supervision and adherence monitoring procedures are fortified. The modest associations between adherence measures and youth outcomes argue for further refinement and validation of the MST adherence measure, especially in light of the well-established effectiveness of MST with challenging clinical populations and the increasing dissemination of MST programs.

Resource #: 010436 (Bulletin: 10 pages)

Citation: Sexton, T., Alexander, J. **Functional Family Therapy.** Washington, DC: Office of Juvenile Justice and Delinquency Prevention, December 2000.

Abstract: Functional Family Therapy (FFT) draws on a multi-systemic perspective in its family-based prevention and intervention efforts. The program applies a comprehensive model, proven theory, empirically tested principles, and a wealth of experience to the treatment of at-risk and delinquent youth. This bulletin chronicles FFT's evolution over more than three decades; sets forth the program's core

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principles, goals, and techniques; and reviews its research foundation. Community implementation of FFT is described, and an example of effective replication is provided.

Available from: www.ojjdp.ncjrs.org

Resource #: 013013 (Journal Article: 5 pages)

Citation: Siennick, S., Pappadopulos, E. **Treatment Planning for Aggressive and Violent Adolescents: An Evidence-Based Primer.** *Emotional and Behavioral Disorders in Youth* : 59-62, 77-79, 2003.

Abstract: This article describes the current knowledge of the nature of youth violence and of the most effective interventions. It considers issues of assessment and treatment and methods for implementing interventions for aggressive and violent youth within clinical settings. (authors)

Resource #: 013740 (Journal Article: 10 pages)

Citation: Silliman, B. **Key Issues in the Practice of Youth Development.** *Family Relations* 53: 12-25, 2004.

Abstract: In this article, three significant trends in youth development practice are discussed: movement toward consensus in models guiding practice, movement toward science-based practice, and increasing resources available to practitioners. Consensus on an ecological framework for risk reduction and competence building among advocates for prevention, resilience, and developmental paradigms improves selection of appropriate strategies for all youth audiences, as does research-based evidence on effective programs. Practitioners enjoy an increasing number of print and Internet resources for information, curriculum, program evaluation and improvement, and professional training. Continued improvements in programming and research can significantly enhance existing programs and related areas, but cuts in funding for program sustainability and expansion to all cultural groups represent a major threat to youth development (author).

Resource #: 014497 (Journal Article: 10 pages)

Citation: Vaughn, M., Howard, M. **Adolescent Substance Abuse Treatment: A Synthesis of Controlled Evaluations.** *Research on Social Work Practice*, 14(5): 325-335, 2004.

Abstract: The purpose of this study was to assess outcome findings and methodological characteristics of controlled evaluations of adolescent substance abuse treatments. Extensive computerized and manual bibliographic searches were employed to identify controlled evaluations of adolescent substance abuse treatment. Interventions were classified by a combination of their design strength, achievement of desired effect, and other evidence factors. The findings indicate that multidimensional family therapy and cognitive-behavioral group treatment received the highest level of evidentiary support. Seven other interventions showed evidence of effectiveness as well. The study's conclusions are that several interventions are effective for treating adolescent substance abuse. These treatments are psycho-social in nature, exist within a structured framework, and should be appealing to social work practitioners (authors).

Resource #: 014123 (Journal Article: 10 pages)

Citation: Walker, J. Schutte, K. **Practice and Process in Wraparound Teamwork.** *Journal of Emotional and Behavioral Disorders* 12(3): 182-192, 2004.

Abstract: This article states that collaborative family-provider teams have become an increasingly popular mechanism for creating and implementing individualized service and support plans for children and families with complex needs. In the context of children's mental health, this type of individualized service planning is most often known as "wraparound," and it has become one of the primary strategies for implementing the system of care philosophy. A consensus has been reached about the values that underlie wraparound: however, less agreement exists regarding the specific techniques or procedures that translate the value base into practices at the team level. Difficulties in reaching agreement about guidelines or standards for wraparound practice are exacerbated by the lack of a theory describing how

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the wraparound process produces positive outcomes. This article brings together theory and research from a variety of sources in proposing a model of effectiveness for wraparound. The model specifies relationships between team practices, processes, and outcomes. The model is then used as a basis for recommending specific practices for wraparound teamwork (authors).