NC Early Childhood FOUNDATION

i(cs) INSTITUTE for CHILD SUCCESS

What Works for Third Grade Reading

NC Pathways to Grade-Level Reading Working Paper

Safe at Home: Supported and Supportive Families and Communities

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Rate of investigated/assessed child abuse or neglect

II. Definitions

The following terms are referenced in this brief:

Abusive head trauma occurs when an adult (usually a parent or caregiver) shakes a child or hits or slams the child's head against a hard object.[i] Abusive head trauma occurs most frequently among babies under the age of one year, most frequently occurs in response to a baby's crying and is the leading cause of death for children under age five. Shaken Baby Syndrome is one example of abusive head trauma. One in four babies who are injured through abusive head trauma dies. Nearly all suffer long-term developmental delays and physical disabilities, including vision and hearing problems.[ii]

Adverse Childhood Experiences (ACES) include child abuse and neglect, parental substance use, mental illness, incarceration, family domestic violence and the absence of parent through divorce, death or abandonment.[iii] Extensive research has linked ACEs to chronic health problems, risky health behaviors, and even death.[iv]

Child abuse is defined by the federal Administration for Children and Families as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation."[v]

Child neglect is defined by the federal Administration for Children and Families as acts of omission:

- **Physical neglect:** Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- **Emotional neglect:** Isolating the child; not providing affection or emotional support; exposing the child to domestic violence or substance abuse
- **Medical neglect:** Delaying or denying recommended health care for the child
- **Educational neglect:** Failing to enroll the child in school or homeschool; ignoring special education needs; permitting chronic absenteeism from school
- **Inadequate supervision**: Leaving the child unsupervised (depending on the length of time and child's age/maturity); not protecting the child from safety hazards; providing inadequate caregivers; or engaging in harmful behavior[vi]

Collective Impact is a form of collaboration among a group of leaders and other key stakeholders from different sectors who commit to a common agenda to address social issues. Collective impact requires a centralized backbone entity with dedicated staff and a structured process resulting in a "common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."[vii]

Social-Ecological, Public Health Prevention Framework is a specific approach developed by the federal Centers for Disease Control and Prevention to address child maltreatment as a significant public health problem. This model is based on the interactions among individual, relational, community, and societal

factors and suggests that strategies addressing all levels simultaneously are more likely to be successful than any single intervention.[viii]

III. Safe at Home: Why it Matters

Children's brains are built from the bottom up, starting at birth, and strong, nurturing connections with the adults in their lives are critical building blocks of that foundation.[ix] A stable, secure, nurturing relationship with a competent, caring adult is a key factor in helping young children be ready for school and read on grade level.[x] Such relationships help ensure that young children are adequately nourished; protected from dangerous illnesses, exposure to toxins, and hazards that can lead to preventable injuries; provided with preventive health check-ups; protected from excessive stress; and afforded predictable daily routines that convey a sense of security.[xi]

When children are abused, neglected or exposed to abusive, neglectful, or violent experiences in their homes or in neighborhoods, they are at greater risk for language deficits, reduced cognitive functioning, social-emotional and behavioral difficulties, poor self-regulation and problem-solving skills, attention deficit disorders, and reduced physical health. The incidence of child abuse and neglect is reduced when protective factors (such as social support, high quality reliable out-of-home child care, access to treatment of depression, and decent housing) are strengthened and risk factors (such as poverty, social isolation, absence of supportive adults, and violence in the home or neighborhood) are addressed.[xii]

Child maltreatment includes two major categories of risk: abuse and neglect. During federal fiscal year 2013, 3.5 million referrals were made to child welfare agencies for child maltreatment. These referrals involved about 6.5 million children. Seventy to 80 percent of child protective service substantiated cases involving young children are because of parental neglect rather than abuse.[xiii] While rates of substantiated child abuse have declined over time in America, rates of substantiated neglect have not. Indeed, the actual rate of exposure to 'neglectful' circumstances may be much higher than reported.[xiv]

Eighty percent of child maltreatment perpetrators in 2012 were parents, six percent were relatives other than parents, and four percent were unmarried partners of parents. The rates of child maltreatment were 8.7 per 1,000 children for boys and 9.5 per 1,000 children for girls. By race/ethnicity, rates of victimization in 2012 per 1,000 children were 14.2 for African Americans, 12.4 for American Indian/Alaska Natives, 10.3 for multiracial, 8.7 for Pacific Islanders, 8.4 for Hispanics, 8.0 for non-Hispanic whites, and 1.7 for Asians.[xv]

The youngest children are the most vulnerable – in 2012, 47 percent of all cases of substantiated child maltreatment involved children ages five or younger. One in four child victims (27 percent) was less than three years old. Children under age three account for seven in ten child maltreatment deaths.[xvi]

VI. Safe at Home: Connections to Other Pathways Measures of Success

Just like the domains of child development, the Pathways Measures of Success are highly interconnected. The table and text below outline the measures that *influence* or *are influenced by* Safe at Home.

Health and Development on Track, Beginning at Birth	Supported and Supportive Families and Communities	High Quality Birth-through-age-Eight Learning Environments with Regular Attendance
Early Intervention	Formal and Informal Family Supports	High Quality Birth-through-age-Eight Early Care and Education
Social-Emotional Health	Positive Parent-Child Interactions	Regular Attendance
Physical Health	Reading with Children	

Early Intervention

High-quality parent-child interactions, which are more likely in families where there is no child abuse or neglect, improve children's outcomes with early intervention.[xvii] Children who are safe at home are more likely to receive regular well-child visits and needed developmental screenings.

Social-Emotional and Physical Health

Acts of physical abuse can result in immediate damage to a child's body and brain, including head trauma and impaired brain development. In addition, long term negative impacts can occur that show up much later in life including hypertension, diabetes, asthma, and obesity as well as cardiovascular, lung, and liver disease.[xviii]

While the impact of child abuse and neglect is described in terms of psychological, behavioral, and societal consequences, it virtually impossible to separate them. Physical consequences, such as damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer, and obesity.[xix]

Exposure to adverse experiences as a young child (including abuse and neglect and family dysfunction) increases the likelihood of chronic illness in adulthood.[xx] ACES touch the lives of nearly one in two North Carolina children. In 2014, an estimated 12 percent of all North Carolina children (through age 17) experienced three or more types of ACES. In comparison, the national prevalence is 8 percent. Thirty-six percent of North Carolina's children experienced one or two types of ACES.[xxi]

Witnessing violence also places children's physical and social-emotional health at risk. Nearly one in ten children in America has witnessed one family member assault another, and more than one in four has witnessed family violence during his/her lifetime. Exposure to just one kind of violence increases the probability that a child will be exposed to other types of violence, and exposed multiple times.[xxii]

Formal and Informal Family Supports

For many families on the child welfare neglect caseload, physical neglect and/ or inadequate supervision is the cited reason. Situational, enduring, and underlying risk factors are known contributors.

- Situational risk factors include acute life stress, acute mental and physical health crisis, and family relationship conflicts.
- Enduring risk factors include family conflict, social isolation and everyday stress.
- Underlying factors include poverty, caregiver childhood adversity, racism, and community violence.[xxiii]

Families that are homeless or precariously housed have a greater likelihood of child welfare system engagement than low-income families with stable housing. Unstable or unsafe housing is also a barrier for the reunification of children with their families after placement in foster care.[xxiv] The presence of formal and informal family supports can help to ameliorate some of these contributors to child maltreatment. See the listing of Proven and Promising Programs below.

Positive Parent-Child Interactions and Reading with Children

Young children's brains develop within the context of serve and return relationships that they have with their primary caregivers. Adult caregiving can be impacted negatively by prior early childhood adversity or current trauma and toxic stress.[xxv] Reading with Children is one example of a positive parent-child interaction that can be impacted by parental stress.

High Quality Birth-through-age-Eight Early Care and Education

Reliable, high quality child care is a protective factor that can help reduce the incidence of child maltreatment and neglect.[xxvi] Childcare providers and teachers can be protective adult support and could be among the first adults in a child's life to notice and report child abuse and/or neglect. Children who are abused and neglected tend to perform more poorly in school than their peers.[xxvii]

Regular Attendance

Federal guidance on child maltreatment identifies educational neglect as a reportable element of child maltreatment. This includes failing to enroll children in school, failing to ensure their regular attendance, and ignoring their special needs. In all states, teachers and other educational professionals are mandated reporters of child abuse and neglect and often play a critical role in the early identification of children facing these challenges.[xxviii]

V. Policy Options to Reduce the Risk of Child Maltreatment[xxix]

North Carolina *Essentials for Childhood* Framework. *Provide high level administrative and legislative support for North Carolina's ongoing implementation of the federal child maltreatment prevention framework, Essentials for Childhood.*

The *Essentials for Childhood* framework was created by the federal Centers for Disease Control and Prevention.[xxx] It views child maltreatment as a public health problem and seeks to promote safe, stable, and nurturing relationships and environments essential to preventing child abuse and promoting the healthy development of all children. North Carolina, along with California, Colorado, Massachusetts, and

Washington, is engaged in a collective impact process to implement the *Essentials for Childhood* framework.[xxxi]

The framework has four goals: raise public awareness and commitment to nurturing safe relationships, use data to inform action, change norms to focus on healthy children and families, and make policy change to promote child and family well-being and reduce the likelihood of child maltreatment.[xxxii] This public health prevention approach is also advocated by the federal child welfare agency on its Child Welfare Information Gateway.[xxxiii] Additional components included in the child welfare guidance include employing evidence-based interventions, program evaluation to assure fidelity to standards and measuring outcomes, and sustainability at the local level.

The North Carolina *Essentials for Childhood* implementation involves the coordination and management of existing and new child abuse and neglect prevention efforts; the alignment of strategies across sectors; and monitoring, documenting, and reporting on state-level child abuse prevention efforts.[xxxiv]

North Carolina's *First 2,000 Days* initiative, hosted by the North Carolina Early Childhood Foundation, seeks to increase public awareness about the impact of early childhood experiences on later learning, health, and success.[xxxv]

Economic Supports for Families. *Ensure that families living with limited economic resources have access to a bundle of economic supports shown to reduce child maltreatment.*

In 2016, the Centers for Disease Control and Prevention issued a technical report to guide state and community action for the prevention of child maltreatment.[xxxvi] The first of its recommendations is to create policies that improve the socioeconomic conditions of families, based on consistent findings that living in chronically low-income circumstances increases the risk of child abuse and neglect. Policies that strengthen families' economic resources and financial security improve parents' ability to meet children's basic needs, including food, housing, medical care, child care and mental health.[xxxvii] The following strategies are recommended:

- Modify TANF policy to allow "some or all" of child support payments to be paid to the family rather that retained by the state.
- Expand tax credits for families with children, including the Earned Income Tax Credit (EITC).
- Improve client access to federal nutritional benefits through improved application processes and household income reporting.
- Utilize federal housing funds to help families secure safe, stable housing.
- Assure that families have access to subsidies for child care.
- Establish more flexible work supports for low-income families with young children, including flexible but predictable work hours.[xxxviii]

See the Pathways *Formal and Informal Family Supports* working paper for more.

Family Assessment Response (FAR). *Support North Carolina community agencies receiving child welfare Family Assessment Response clients at levels adequate to address family and community maltreatment risks and promote well-being.*

When implemented by child protection agencies, Family Assessment Response (FAR) can successfully divert low- and moderate-risk families from the child welfare system to community resources better able to meet their needs. This practice, implemented at the state and county levels across the nation,[xxxix] has been identified by the California Evidence-Based Clearinghouse as a promising practice. When properly implemented and supported financially, FAR (also called "differential response") can help community organizations learn what interventions work for specific, and diverse, child welfare populations, assure that families are referred to the most effective and cost-efficient community services, and support governmental agencies to evaluate child welfare practices and outcomes for low- to moderate-risk families.[xl]

Across evaluation studies of differential response implementation, "poverty and related issues" were the primary challenges families reported to the child welfare system. Assuring the provision of "basic, concrete services" can help many of these families. Several persistent challenges exist, however. Child welfare staff training is essential, community programs must be implemented with fidelity, and sufficient funding for community agencies serving these families is essential.[xli]

North Carolina employs a FAR practice called the Multiple Response System (MRS). In reviews conducted from 2004 through 2009, the Center for Child and Family Policy at Duke University consistently concluded that the FAR and other aspects of MRS do not compromise child safety. Among states that are using a statewide CPS approach akin to North Carolina's FAR, evaluation results generally reveal that the less adversarial, more preventive approach oriented to community service provision had "positive outcomes without compromising child safety." The National Quality Improvement Center on Differential Response in Child Protective Services also found this result in Alberta, Canada and in Alaska, Arizona, Kentucky, Massachusetts, Minnesota, Missouri, North Carolina, Texas, Virginia, Washington, and West Virginia.[xlii]

VI. Promising Practice Options to Address Child Maltreatment

Expanding Child Sexual Abuse Screening and Training

Expand the use of child sexual abuse screening in community organizations, schools, and programs such as summer camps and afterschool programs.

Agencies implementing training for employees on developmentally appropriate screening has resulted in reductions of up to 50 percent in rates of child sexual abuse.[xliii]

Bundling and Integrating Work Supports

High levels of parental stress have been linked to an increased risk of child maltreatment, including harsh discipline practices and low levels of parental warmth and nurturing behavior.[xliv] Parental stress is linked to the challenges of living in poverty without the benefits of supportive services, including housing and mental health treatment.[xlv] Research suggests that a package of work supports that improves parents' education level, improves parental health and mental health, and raises income works best to improve outcomes for low-income children and families. There is no silver bullet, but rather small cumulative effects across many family supports.[xlvi]

States can conduct a review of practice within and across agency benefit categories to determine where family needs and eligibility would allow services to be bundled and integrated. This can improve cost-

efficiency, improve family economic outcomes, and reduce cognitive load on already stressed low-income families.

Embedding the Protective Factors Framework

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It engages families and the community to build upon five research-informed protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.[xlvii] This approach is intended for children over the age of five.

More than 30 states, including North Carolina, are "…shifting policy and practice to help programs working with children and families focus on protective factors. States apply the Strengthening Families approach in early childhood, child welfare, child abuse prevention and other child and family serving systems."[xlviii]

The North Carolina Department of Social Services is partnering with the Center for the Study of Social Policy to implement the Protective Factors Framework in child welfare policy and practice. Parents and other state and local agencies are part of the process.[xlix] This work reflects a multi-year partnership to expand a family-strengthening approach to policy and practice within the agency and its grantees. The five goals of this effort are to:

- Assess opportunities for integration of the protective factors framework across child maltreatment prevention fund sources
- Analyze DSS logic models and outcomes and develop a set of outcomes and indicators that measure the impact of DSS work
- Increase capacity of prevention services grantees to design and deliver strategies consistent with a protective factors approach
- Work with stakeholders to create one approach to multi-system prevention work within the state
- Integrate the protective factors approach within DSS child welfare practices

Prevent Child Abuse North Carolina (PCANC)[l] provides the infrastructure support necessary for quality implementation of Circle of Parents, a mutual self-help process for parents that is anchored in a protective factors framework. Community-based agencies implementing Circle of Parents are members of PCANC's Implementation Support Network with access to coaching, technical assistance, training, and evaluation assistance. Evaluation of 52 Circle of Parents groups across 26 North Carolina counties reveals significant increases in parent resilience, social-emotional support, concrete support, and parental nurturing and attachment.[li]

VII. Evidence-Based and Promising Program Options to Address Child Maltreatment

These programs have been rated by either Essentials for Childhood or the California Evidence-Based Clearinghouse for Child Welfare (CEBCCW) as having significant evidence of a positive impact on child maltreatment, or with sufficient evidence to be rated a promising program for child welfare impact. North Carolina program descriptions are below, and national program descriptions follow in Appendix B.

Evidence-Based and Promising Programs Rated as Improving Child Maltreatment Outcomes		
Program Name	**Status**	**Source**
Attachment and Biobehavioral Catch Up (ABC)	EBP	CEBCCW
Child First: NC Description Below	EBP	CEBCCW
Child-Parent Centers	EBP	Essentials for Childhood
Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)	Promising	CEBCCW
Early Pathways Program (EPP)	Promising	CEBCCW
Homebuilders	EBP	CEBCCW
Hospital-based abusive head trauma prevention	EBP	Essentials for Childhood
Incredible Years: NC Description Below	Promising	CEBCCW
Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN)	EBP	CEBCCW
Nurse Family Partnership: NC Description Below	EBP	Essentials for Childhood
Parent-Child Interaction Therapy (PCIT)	EBP	Essentials for Childhood
Project Connect	Promising	CEBCCW
Promoting First Relationships (PFR)	Promising	CEBCCW
Safe Babies Court Team	Promising	CEBCCW
Safe Environments for Every Kid (SEEK)	EBP	CEBCCW
Strengthening Families	EBP	SAMHSA
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	EBP	CEBCCW
Triple P: NC Description Below	EBP	Essentials for Childhood

North Carolina Programs

Note: Narrative descriptions are generally cited directly from the referenced sources.

Incredible Years. This program for parents, teachers, and children is designed to promote social-emotional competence and prevent, reduce, and treat children's emotional and aggression problems.[lii] In North Carolina, the program has been evaluated through randomized control group studies. Results include a reduction in parental depression and in the use of harsh criticism, as well as increases in positive family communication, problem solving and parental involvement with teachers and classrooms.[liii]

Strengthening Families Program. The Strengthening Families Program is rated as an evidence-based program by SAMHSA and as effective for addressing child maltreatment by the California Evidence-Based Clearinghouse for Child Welfare. It is not yet rated as evidence-based by CEBCCW. The

Strengthening Families Program is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children three to 16 years old. SFP comprises three life-skills courses delivered in 14 weekly, two-hour sessions.

The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance-use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.[liv]

The North Carolina Strengthening Families program focuses on increasing child resilience and reducing risk factors for abuse, aggression, and school failure. It targets children ages six to 11 years old. Evaluation of the program shows increases in children's pro-social skills, improvements in parenting skills, and decreases in parental drug use, the use of corporal punishment as a disciplinary practice, and family conflict.[lv]

***Nurse Family Partnership*.** The North Carolina Nurse Family Partnership (NFP) is a nationally recognized, evidence-based nurse home visitation program for first-time, low-income mothers. Through ongoing consultations in the mother's home, registered nurses work to improve pregnancy outcomes, improve child health and development, and increase the economic self-sufficiency of the family. The program lasts from pregnancy until the child turns two. NFP serves 17 high-risk North Carolina counties that have high rates of substantiated child abuse and neglect. These areas account for 36 percent of abuse and neglect cases in the state.[lvi]

As of December 2012, NC NFP had served nearly 2,400 mothers and over 1,500 babies and conducted more than 47,000 home visits. Results described in the *NFP Statewide Report* include:

- 89 percent of babies of mothers enrolled in NFP were born full-term and 89 percent at a healthy weight (at or above 2,500 grams/5.5 lbs.).
- 72 percent of mothers enrolled in NFP had no subsequent pregnancies at program completion (i.e., 28 percent had another pregnancy within 2.5 years of enrollment).
- 44 percent of mothers who entered the program without a high school diploma/GED have earned one, and another 26 percent are working to obtain one.[lvii]

***Child First North Carolina*.** Employing a two-generation approach, Child First helps struggling families build strong, nurturing relationships that heal and protect young children from the impact of trauma and chronic stress. Research shows that Child First stabilizes families and improves the health and well-being of both parents and children. The intervention currently has 15 sites throughout Connecticut and is now replicating in Florida and North Carolina.[lviii] The North Carolina Child First Network includes the following partners and locations:

- Coastal Horizons Center, Inc. serving Pender, Brunswick, and New Hanover counties
- Easter Seals/UCP Greenville serving Beaufort, Pitt, and Hyde counties

- Easter Seals/UCP New Bern serving Carteret, Craven, Onslow, Pamlico, and Jones counties
- Kids First serving Dare, Pasquotank, Perquimans, Currituck, Gates, Camden, and Chowan counties
- Power of U serving Washington, Tyrrell, Bertie, Martin, Hertford, and Northampton counties

Family Connects. Family Connects is a community-wide nurse home visiting program. It serves parents of newborns in Bertie, Chowan, Beaufort, and Hyde Counties. Family Connects is the first replication of the promising evidence-based program, Durham Connects. The home visit is a "gateway" to community referrals and resources to enhance overall family well-being. Working through local health departments and community leaders, the program identifies and supports family needs in one to three home visits within 12 weeks of a baby's birth. There is no charge to families for this service.[lix]

Family Connects partners include The Duke University Center for Child & Family Health, local health departments, the North Carolina Partnership for Children, Inc. (Smart Start), the North Carolina Division of Public Health, and the National Implementation Research Network (NIRN). Each county delivering Family Connects has its own local leadership team that includes representatives from among health providers, schools, churches, human service agencies, childcare organizations, and other community-based partners.[lx] This program was included as part of the North Carolina Race to the Top Early Learning Challenge, which concluded in December 2016.

Positive Parenting Program (Triple P) NC. This project, completed in May 2016, was part of the North Carolina Race to the Top Early Learning Challenge federal grant. The North Carolina Division of Public Health, in partnership with Triple P America, implemented Triple P in 19 northeastern North Carolina counties, including the Transformation Zone counties. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups, and in all kinds of family structures. [lxi]

***Healthy Families America*.** This evidence-based home visiting program is offered in five sites across North Carolina through the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).[lxii] It is nationally sponsored by Prevent Child Abuse America has been shown to improve positive parenting practices and reduce child maltreatment rates.[lxiii] Home visits are provided prenatally through a child's third or fifth birthday (dependent on the state).[lxiv]

Appendix A. **A Prevention Approach to Address Child Abuse and Neglect**

The chart is constructed to provide easy access to five important strategies to promote child and family well-being, prevent child maltreatment and employ evidence-informed programs that address the mental health and development challenges of being maltreated as a child. The source information is available from the Child Welfare Information Gateway under the title "Preventing Child Abuse and Neglect."[lxv] All information citations go back to resources available from that gateway page.

Promoting Child and Family Well-Being Promoting well-being involves understanding and addressing child, youth, and caregiver functioning in physical, behavioral, social, and cognitive areas. A focus on well-being should be integrated into all aspects of child welfare services. Particularly in the field of child abuse prevention, addressing child and family needs related to well-being is a critical part of reducing risks and increasing safety and protective factors.	Specific resources and references ☐ Protective factors ☐ Child and youth well-being ☐ Parent and caregiver well-being ☐ Strengthening marriages ☐ Fatherhood resources ☐ Parenting resources ☐ Capacity building for programs and systems
Public awareness & creating supportive communities Public awareness can be part of an overall approach to preventing child abuse and neglect. This strategy includes tools for sharing a child abuse prevention message with your community and building community support.	Strategies and messaging ☐ Developing an effective message ☐ Tools for sharing your message ☐ Public awareness activities and programs ☐ Building community support ☐ Preventing community violence ☐ Social media ☐ Building Community, Building Hope
Prevention programs Utilize standards for prevention programs, reports from State programs, and information on types of programs addressing the prevention of child abuse and neglect	Resources ☐ Standards ☐ Reports from State programs ☐ Home visiting ☐ Early Childhood and Child Care Services ☐ Parent education ☐ Parent support groups ☐ Respite care ☐ Family resource centers ☐ School-based programs ☐ Preventing abusive head trauma ☐ Preventing sexual abuse ☐ Preventing the recurrence of abuse or neglect
Developing and sustaining prevention programs Use resources on developing a prevention program, conducting a community needs assessment, collaboration and partnerships, funding strategies, and making an economic case for prevention in your community or state. Includes family engagement and partnerships with	Strategies ☐ Assessing community strengths and needs ☐ Collaboration and partnerships ☐ Family engagement and retention ☐ Parent engagement and leadership ☐ Making an economic case

other community stakeholders, including the faith sector.	
Evidence-based practice Use the following resources to learn more about child abuse prevention programs and strategies supported by scientific research. These resources can help programs choose and implement evidence-based practices that will suit the needs of the families and communities they serve. Resources include State and local examples. Practices included have been identified by their developers or an outside group as "evidence-based." They are not endorsed or recommended by the Administration for Children and Families.	Selected resources Guide for Child Welfare Administrators on Evidence-Based Practice Wilson & Walsh (2012) APHSA/NAPCWA Provides guidelines for a common language and framework with which to understand the conditions, challenges, and opportunities of evidence-based practice in child welfare. **Integrating Evidence-Based Practices Into CBCAP Programs: A Tool for Critical Discussions** Guides state child abuse prevention programs through the process of integrating evidence-informed or evidence-based practices that are the best possible fit with their service population, mission, and resources. **Key Implementation Considerations for Executing Evidence-Based Programs: Project Overview (2013)** Discusses challenges encountered when selecting and replicating evidence-based programs (EBPs) and identifies approaches for developing evidence-informed programs when EBPs are not available or applicable for a given population and introduces key themes that emerged from the forum on Emphasizing Evidence-Based Programs for Children and Youth.
Evaluating prevention programs Evaluation is a critical element of child abuse prevention program sustainability, as funders and policymakers increasingly ask for evidence of the effectiveness of the programs they fund. Use the following resources to identify evaluation strategies, make an economic case for child abuse prevention, and find results of prevention program evaluations.	Resources - Evaluation toolkit and logic model builder - Tools for evaluating prevention programs - Results of program evaluations

Appendix B. **Program Descriptions**

Narrative descriptions are generally cited directly from the referenced source.

Evidence-Based Programs to Address Child Maltreatment

Attachment and Bio-behavioral Catch-Up (ABC) addresses behavioral challenges among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the intervention helps caregivers provide nurturing care even if it does not come naturally. Second, many children who have experienced early adversity are dysregulated behaviorally and biologically. The second intervention component helps caregivers provide a responsive, predictable environment that enhances young children's behavioral and regulatory capabilities. The intervention helps caregivers follow their children's lead with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.[lxvi]

Child First is a home visiting program that works to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families. Child First serves pregnant women and families with children birth through age five. A mental health/developmental clinician and care coordinator work as a team to provide services that include a comprehensive assessment of child and family needs, observation and consultation in early care and education settings, a family and child plan of care, a parent-child mental health intervention, and care coordination. The program typically lasts six to 12 months, depending on a family's needs. During the first month, the clinician and care coordinator conduct joint home visits twice per week, and thereafter visits occur either separately or jointly and at least weekly.[lxvii]

Homebuilders is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The intervention serves families with children ages birth to 18. The program engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. The program helps reintegrate the child into the home and community, improve the physical condition of the home, improve supervision of children, decrease parental depression and/or alcohol and substance abuse, and help families access needed community supports.[lxviii]

Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN) is appropriate for families with children ages six to 17 who have come to the attention of Child Protective Services, where the child is still living with the family or is in foster care with the intent of reunification. Treatments include functional analysis of the use of force, family communication and problem solving, Cognitive Behavioral Therapy for anger management and posttraumatic stress disorder (PTSD), clarification of the abuse or neglect, and Reinforcement-Based Therapy for adult substance abuse.[lxix]

Nurse-Family Partnership (NFP). Registered nurses make ongoing home visits to first-time moms and their babies. The program focuses on improving maternal and child health, maternal life course (financial status, educational and employment choices, partner relationships, and future pregnancy planning), and parenting of infants and toddlers.[lxx]

Parent-Child Interaction Therapy (PCIT) improves the quality of parent-child relationships and changes how parents and children interact with one another. Parents learn specific skills to build a nurturing and secure relationship with their children while increasing their children's desirable behavior and decreasing negative behavior. Coaches work directly with parent-child pairs to help them learn new skills. In addition to reducing child maltreatment, this program has shown improvements in parenting behavior and child behavior.[lxxi]

Safe Environment for Every Kid (SEEK) uses pediatric primary care as an opportunity to help prevent child maltreatment in families with children ages birth to five who have risk factors for child maltreatment, including parental depression or substance abuse. Most children receive well-child visits, and there are frequent visits in the first five years. Also, the generally good relationship between health providers and parents offers an opportunity to identify and help address psychosocial problems.[lxxii]

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for sexual abuse treatment is an evidence-based treatment approach shown to help children, adolescents, and their caregivers overcome the effects of trauma. It is designed to reduce negative emotions and behaviors following child sexual abuse, domestic violence, traumatic loss, and other traumas. The treatment, based on learning and cognitive theories, addresses distorted beliefs related to the abuse and provides a supportive environment for children to talk about their traumatic experiences. TF-CBT also helps parents who were not abusive to cope with their own emotional distress and develop skills to support their children.[lxxiii] TF-CBT is appropriate for use with sexually abused children or children exposed to trauma ages three to 18, and parents or caregivers who did not participate in the abuse.[lxxiv]

Triple P (Positive Parenting Program) is a system of parenting and family support to address parents' varied needs. There are five levels of intervention, ranging from media strategies to increase awareness and acceptance, to brief consultation on common developmental issues, to intensive approaches to address problems with parenting and child behavior. In addition to improving child welfare outcomes, this program has shown improvements in parenting behavior and child behavior.[lxxv]

Promising Programs to Address Child Maltreatment

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT) is a short-term (16-20 sessions), strength-based therapy program for children ages three to 17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. These families can include those who have been substantiated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child. Children often have PTSD symptoms, depression, externalizing behaviors, and other difficulties. The program is grounded in cognitive behavioral theory and incorporates elements (e.g., trauma narrative and processing, positive reinforcement, timeout, behavioral contracting) from CBT models for families who have experienced sexual abuse, physical abuse, and/or domestic violence, as well as elements from motivational, family systems, trauma, and developmental theories. CPC-CBT helps the child heal from the trauma of the physical abuse, empowers and motivates parents to moderate their emotions and use effective non-

coercive parenting strategies, and strengthens parent-child relationships while helping families stop the cycle of violence.[lxxvi]

Early Pathways Program (EPP) is a home-based, parent-child therapy program for children up to age six with significant behavior and/or emotional problems. It was designed specifically for a diverse population of very young children, most of whom meet criteria for a psychiatric diagnosis, who come from families living in poverty. EPP emphasizes psychoeducation, direct clinician modeling to parents and other primary caretakers of effective strategies to strengthen the child's positive behaviors and reduce challenging ones, parent practice of new strategies with clinician feedback, and parent coaching. Treatment is given weekly for an average of eight to 12 weeks with booster sessions added as needed.[lxxvii]

Project Connect serves high-risk, substance-affected families involved in the child welfare system that may experience abuse of and dependence on multiple substances, domestic violence, child abuse and neglect, criminal involvement and behavior, poverty, inappropriate housing, lack of education, poor employment skills, impaired parenting, low household income, and/or being a single parent household. The program works to connect families with, and help them to manage, the larger systems in their lives (i.e., schools, courts, and child welfare systems; treatment programs for substance abuse, mental health issues, medical problems, and domestic violence; homeless shelters; etc.). Core program elements include advocacy with these systems for families, use of a Risk Inventory for Substance Abuse-Affected Families, family visits, group parenting sessions and follow up visits, parent-child groups, frequent recreational events and observed visitation, and improved communication between birth and foster parents.[lxxviii]

Promoting First Relationships (PFR) is a manualized home visiting intervention/prevention program that includes parent training components based on strengths-based practice and offers practical, in-depth strategies for promoting secure and healthy relationships between caregivers and young children up to age three.[lxxix] Components of Promoting First Relationships include videotaping caregiver-child interactions, giving caregivers positive and instructive feedback, focusing on emotions and needs underlying children's distress and behaviors, and using homework and handouts. Note: The federal Home Visiting Evidence of Effectiveness website generally reports results from studies that meet the standards for the high or moderate ratings. No such studies were identified for this review of Promoting First Relationships.[lxxx]

Safe Babies Court Team is a community engagement and systems change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together to improve and expedite services for young foster children. The SBCT is designed to protect babies from further harm and address the damage already done and expose the structural issues in the child welfare system that prevent families from succeeding. Each SBCT is convened by a judge with jurisdiction over foster care cases and child welfare agency leaders and includes other judges, child welfare staff, attorneys, service providers, and community leaders. Once convened, an agency in that area contracts with ZERO TO THREE to hire and supervise staff, oversee program implementation, and work collaboratively with the local leaders who make final decisions about what works in their community. Once the SBCT is established, they work with individual families, learning important lessons that are applied to subsequent cases, creating the basis for wider practice and systems change.[lxxxi]

[i] Greeley, C. (2015). *Abusive Head Trauma: A Review of the Evidence Base*. American Journal of Roentgenology Diagnostic Imaging and Related Sciences. Retrieved from http://www.ajronline.org/doi/full/10.2214/AJR.14.14191
[ii] Centers for Disease Control and Protection. (n.d.). *Violence Prevention: Preventing Abusive Head Trauma in Children*. Retrieved from https://www.cdc.gov/violenceprevention/childmaltreatment/abusive-head-trauma.html
[iii] *Got Your ACE Score?* (n.d.). Aces Too High News. Retrieved from https://acestoohigh.com/got-your-ace-score/
[iv] Centers for Disease Control and Prevention. (n.d.). *Violence Prevention: About Adverse Childhood Experiences*. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about_ace.html
[v] Child Welfare Information Gateway. (n.d.). *Definitions of Child Abuse and Neglect in Federal Law*. Retrieved from https://www.childwelfare.gov/topics/can/defining/federal/
[vi] *Child Maltreatment 2013*. (2015). Retrieved from https://www.acf.hhs.gov/cb/resource/child-maltreatment-2013
[vii] Kania, J. & Kramer M. (2011). *Collective Impact*. Retrieved from https://ssir.org/articles/entry/collective_impact
[viii] Centers for Disease Control and Prevention. *Violence Prevention: The Social-Ecological Model: A Framework for Prevention*. Retrieved from https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
[ix] *Serve and Return*. (n.d.). Retrieved from http://developingchild.harvard.edu/science/key-concepts/serve-and-return/
[x] Schorr, L. B. & Marchand, V. (2007). *Pathway to Children Ready for School and Succeeding at Third Grade*. Retrieved from http://first5shasta.org/wp-content/uploads/2013/07/PathwayFramework9-07.pdf
[xi] Schorr, *Pathway to Children Ready*, op cit.
[xii] Schorr, *Pathway to Children Ready*, op cit.
[xiii] Gruendel, J. (2015). *Rethinking Young Child Neglect from a Science-Informed, Two-Generation Perspective.* Retrieved from https://www.instituteforchildsuccess.org/publication/rethinking-young-child-neglect-science-informed-two-generation-perspective/
[xiv] Fox, M.(2013) Child Abuse Down But Neglect is Up. NBC NEWS. Retrieved from http://www.nbcnews.com/health/child-abuse-down-neglect-report-finds-parents-biggest-threat-8C11140130
[xv] National Center for Injury, *Child Maltreatment*, op cit. https://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf
[xvi] National Center for Injury Prevention and Control. (2014). *Child Maltreatment: Facts at a Glance*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf
[xvii] Mahoney, G. et al. (1998). *The Relationship of Parent-Child Interaction to the Effectiveness of Early Intervention Services for at-Risk Children and Children with Disabilities*. Retrieved from http://tec.sagepub.com/content/18/1/5.abstract
[xviii] Child Welfare Information Gateway. (2013). *Long-Term Consequences of Child Abuse and Neglect*. Retrieved from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf
[xix] Child Welfare Information Gateway, *Long-Term Consequences,* op cit.
[xx] Gruendel, J. (2015) *Rethinking the Governance of Early Childhood Systems, Institute for Child Success*. Retrieved from https://www.instituteforchildsuccess.org/publication/rethinking-governance-early-childhood-systems/
[xxi] Gruendel, *Rethinking the Governance,* op cit.
[xxii] *Children's Exposure to Violence*: Databank Indicator. (2016). Child Trends. Retrieved from https://www.childtrends.org/indicators/childrens-exposure-to-violence/
[xxiii] Gruendel, *Rethinking Young Child Neglect*, op cit., p. 3
[xxiv] Dworsky, A. (2014). *Families at the Nexus of Housing and Child Welfare*. (p. 1). Retrieved from http://childwelfaresparc.org/wp-content/uploads/2014/12/Families-at-the-Nexus-of-Housing-and-Child-Welfare.pdf
[xxv] Gruendel, *Rethinking Young Child Neglect*, op cit., p. 11
[xxvi] Schorr, L., (2007). *Pathway to Children Ready for School and Succeeding at Third Grade*. Retrieved from http://first5shasta.org/wp-content/uploads/2013/07/PathwayFramework9-07.pdf
[xxvii] Child Welfare Informational Gateway. (2013). *Long-Term Consequences of Child Abuse and Neglect*. Retrieved from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf
[xxviii] Child Welfare Gateway. (2015). *Mandatory Reporters of Child Abuse and Neglect*. Retrieved from https://www.childwelfare.gov/pubPDFs/manda.pdf

[xxix] The following entities were scanned to create the first listing of research-informed polices, practices, interventions (capacities/programs) and capacities (organizational development) resources for consideration by the Pathways Advisory Group and the Design Teams: California Evidence-Based Clearinghouse for Child Welfare; National Registry of Evidence-Based Programs and Practices; Administration for Children and Families Compendium of Parenting Interventions; and Home Visiting Evidence-Based Programs (HRSA/ACF).

[xxx] National Center for Injury Prevention and Control. (2014). *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

[xxxi] Prevent Child Abuse North Carolina. (n.d.). *Essentials for Childhood*. Retrieved from https://www.preventchildabusenc.org/about-prevention/essentials-for-childhood

[xxxii] Prevent Child Abuse NC, *Essentials for Childhood*, op. cit.

[xxxiii] Centers for Disease Control and Prevention, *The Social-Ecological Model*, op cit.

[xxxiv] Prevent Child Abuse NC, *Essentials for Childhood,* op. cit.

[xxxv] *First 2000 Days Early Investment.* (n.d.). Retrieved from http://first2000days.org/

[xxxvi] National Center for Injury Prevention and Control. (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic* Activities. Retrieved from https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf

[xxxvii] National Center for Injury Prevention and Control, *Preventing Child Abuse and Neglect,* op cit..

[xxxviii] National Center for Injury Prevention and Control, *Preventing Child Abuse and Neglect,* op cit.

[xxxix] Puckett, A. (2013). *Differential Response: Review and Summary of Research Evidence*. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/Documents/Conference%202013%20Handouts/Friday/DR%20Review%20and%20Summary%20of%20Research%20Evidence.pdf

[xl] Puckett, *Differential Response*, op. cit.

[xli] Puckett, *Differential Response*, op. cit.

[xlii] Safety and the Family Assessment Response. (2011). *Children's Services Practice Notes: For North Carolina's Child Welfare Social Workers, 16*(2). Retrieved from http://www.practicenotes.org/v16n2/safety.htm

[xliii] Prevent Child Abuse NC, *Essentials for Childhood*, op. cit., p. 32-33

[xliv] Rodriguez-Jenkins, J. & Marcenko, M. (2014). Parenting stress among child welfare involved families: Differences by child placement. *Child and Youth Services Review, 46*, 19-27. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4498480/

[xlv] Dworsky, *Families at the Nexus of Housing and Child Welfare*, op. cit.

[xlvi] *Helping Parents, Helping Children*: *Two Generation Mechanisms*. (2014). The Future of Children, Princeton and Brookings. Retrieved from http://www.futureofchildren.org/sites/futureofchildren/files/media/helping_parents_helping_children_24_01_full_journal.pdf

[xlvii] Center for the Study of Social Policy. (2012). *North Carolina: State Initiative Profile*. Retrieved from http://www.cssp.org/reform/strengthening-families/national-network/2012-state-profiles/North-Carolina-2012.pdf

[xlviii] *Strengthening Families Protective Factors*, op cit.

[xlix] *Strengthening Families Protective Factors*, op cit.

[l] Prevent Child Abuse North Carolina. (n.d.). *Circle of Parents Program Increases Health and Well-Being of North Carolina's Children and Families.* Retrieved from https://www.preventchildabusenc.org/latest-news/222-circle-of-parents-program-increases-health-and-well-being-of-north-carolina-s-children-and-families

[li] Prevent Child Abuse North Carolina. (2016). *Circle of Parents: North Carolina Statewide Summary.* Retrieved from https://www.preventchildabusenc.org/images/CoP_2016_Statewide_Snapshot.pdf

[lii] Prevent Child Abuse North Carolina. (n.d.). *The Incredible Years.* This program is online at -- www.incredibleyears.com

[liii] Prevent Child Abuse North Carolina. (n.d.). *The Incredible Years*. Retrieved from https://www.preventchildabusenc.org/services/implementation-support/the-incredible-years

[liv] SAMHSA's National Registry of Evidence-based Programs and Practices. (2014). *Strengthening Families Program*. Retrieved from https://www.vfhy.org/sites/default/files/pdf/SFP_611_NREPP.pdf

[lv] Prevent Child Abuse North Carolina. (n.d.). *Strengthening Families Program 6-11*. Retrieved from https://www.preventchildabusenc.org/services/implementation-support/strengthening-families-program-6-11
[lvi] Nurse-Family Partnership (n.d.) *North Carolina Nurse Family Partnership Statewide Report*. p. 5. Retrieved January 8, 2017 from http://www.nursefamilypartnership.org/assets/PDF/Communities/NC-Documents/NFP_NC_single.aspx
[lvii] *North Carolina Nurse Family Partnership Statewide Report*, op cit.
[lviii] Child First. (n.d.). *Child First Network: North Carolina.* Retrieved from http://www.childfirst.org/our-network/state-affiliates/nc
[lix] *Family Connects*. (n.d.). Retrieved from http://www.familyconnectsnc.org/about/
[lx] *Family Connects Nurse Home Visits*. (n.d.). Retrieved January 8, 2017 from http://www.familyconnectsnc.org/partners/
[lxi] See data on Triple P in the following compendia of evidence-based programs:
The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices: A Summary of the Evidence. (2015). p. 53-54. Retrieved from http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf; Home Visiting Evidence of Effectiveness. (2014). *Implementing Triple P – Positive Parenting Program – Home Visiting (Triple P-Home Visiting).* Retrieved from http://homvee.acf.hhs.gov/Implementation/3/Triple-P-Positive-Parenting-Program-sup---sup--Home-Visiting--Triple-P-Home-Visiting-/64/1; SAMSA's National Registry of Evidence-based Programs and Practices. (2015). *Literature Review: Parent-Training Programs*. Retrieved January 3, 2017 from http://www.nrepp.samhsa.gov/Docs/Literatures/NREPP%20Learning%20Center%20Lit%20Review_Parent%20Training%20Programs.pdf
[lxii] *About Us: Maternal, Infant, and Early Childhood Home Visiting Program.* (2015). North Carolina Department of Health and Human Services. Retrieved from https://www2.ncdhhs.gov/dph/wch/aboutus/ebhv.htm.
[lxiii] Home Visiting Evidence of Effectiveness. (2017). *Healthy Families America*. Retrieved from https://homvee.acf.hhs.gov/Model/1/Healthy-Families-America--HFA--In-Brief/10
[lxiv] Healthy Families America (2015). *The Healthy Families America Strategy*. Retrieved from http://www.healthyfamiliesamerica.org/the-hfa-strategy-1/.
[lxv] *Preventing Child Abuse and Neglect.* (n.d.). Child Welfare Information Gateway. Retrieved March 6, 2017 from https://www.childwelfare.gov/topics/preventing/
[lxvi] California Evidence-Based Clearinghouse for Child Welfare. (2016). *Attachment and Biobehavioral Catch-up (ABC)*. Retrieved from http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/detailed
[lxvii] Home Visiting Evidence of Effectiveness. (2011). *Child First*. Retrieved from http://homvee.acf.hhs.gov/Model/1/Child-FIRST/42/1
[lxviii] California Evidence-based Clearinghouse for Child Welfare. (2016). *Homebuilders*. Retrieved from http://www.cebc4cw.org/program/homebuilders/detailed
[lxix] The California Evidence-based Clearinghouse for Child Welfare. (2016). *Multisystemic Therapy for Child Abuse and Neglect (MST-CAN).* Retrieved January 6, 2017 from http://www.cebc4cw.org/program/multisystemic-therapy-for-child-abuse-and-neglect/detailed
[lxx] *Nurse Family Partnership*. (n.d.). Retrieved January 9, 2017 from www.nursefamilypartnership.org
[lxxi] PCIT International. (n.d.). *Parent Child Interaction Therapy*. Retrieved January 19, 2017 from www.pcit.org
[lxxii] California Evidence Based Clearinghouse for Child Welfare. (2016). *Safe Environment for Every Kid* (SEEK). Retrieved January 6, 2017 from http://www.cebc4cw.org/program/safe-environment-for-every-kid-seek-model/
[lxxiii] *Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma: Issue Brief*, Child Welfare Information Gateway, 2012, p. 1 https://www.childwelfare.gov/pubs/trauma/
[lxxiv]California Evidence Based Clearinghouse for Child Welfare. (2015). *Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*. Retrieved January 6, 2017 from http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed
[lxxv] *Triple P.* (n.d.). Retrieved January 9, 2017 from www.triplep-america.com
[lxxvi] California Evidence-Based Clearinghouse for Child Welfare. (2015). *Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT).* (p.1). Retrieved January 6, 2017 from http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/detailed
[lxxvii] California Evidence-Based Clearinghouse for Child Welfare. (2016). *Early Pathways Program (EEP)*. (p.1). Retrieved January 6, 2017 from http://www.cebc4cw.org/program/early-pathways-program/detailed

[lxxviii] California Evidence-Based Clearinghouse for Child Welfare. (2016). *Project Connect*. Retrieved January 6, 2017 from http://www.cebc4cw.org/program/project-connect/detailed
[lxxix] California Evidence-Based Clearinghouse for Child Welfare. (2016). *Promoting First Relationships (PFR)*. Retrieved January 6, 2017 from http://www.cebc4cw.org/program/promoting-first-relationships/detailed
[lxxx] Home Visiting Evidence of Effectiveness. (2015). *Promoting First Relationships*. Retrieved from http://homvee.acf.hhs.gov/Model/1/Promoting-First-Relationships-In-Brief/66
[lxxxi] California Evidence-Based Clearinghouse for Child Welfare. (2016). *The Safe Babies Court Team*. Retrieved January 6, 2017 from http://www.cebc4cw.org/program/safe-babies-court-teams-project/