

Evidenced Supported Practices

A. Collaborative Problem Solving (CPS) (<http://www.thinkkids.org/learn/our-collaborative-problem-solving-approach/>)

CPS is an approach to understanding and helping children, youth and adults with a wide range of social, emotional and behavioral challenges across a variety of settings. CPS uses a structured problem solving process to help individuals pursue their expectations while reducing challenging behavior and building helping relationships and thinking skills. Specifically, the CPS approach focuses on teaching the neurocognitive skills that youth may lack related to problem solving, flexibility, and frustration tolerance. CPS avoids the use of power, control, and motivational procedures and instead focuses on teaching youth the skills they need to succeed.

The California Evidenced Based Clearinghouse (CEBC) rates CPS with a scientific rating of 3, noting that it has promising research evidence. CPS provides a common philosophy, language and process with clear guideposts that can be used across settings. In addition, CPS operationalizes principles of trauma-informed care. Through the use of CPS, all people benefit from learning how to identify and articulate their concerns, hear the concerns of others, and take each others' concerns into account in working toward mutually satisfactory solutions.

CPS Trainer - BCC Trainer Certification: Agency trainers certified in CPS Philosophy and Tier One are experienced CPS facilitators that have completed the training certification process with the CPS Master Trainer. Training certification includes the completion of a ThinkKids approved CPS Certified Trainer Program, the delivery of a required number of sessions with approved review of videotaped facilitation skills.

Fidelity Monitoring: CPS has outcome reporting measures that track three domains including Quality and Dose of CPS Training, Changes in Staff Knowledge and Behavior and Agency and Client Outcomes. BCC utilizes training pre / post test measures to assess skill attainment and biannual staff surveys to measure staff attitudes towards the model. BCC is also using an organizational assessment process to determine which additional fidelity measures will be sustainable within our organization.

B. NCTSN CWTTT– Child Welfare Trauma Training Toolkit (<https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>)

Developed by the National Child Traumatic Stress Network (NCTSN) the Child Welfare Trauma Training Toolkit (CWTTT) is a training series designed to teach knowledge, skills, and values about working with youth in the child welfare system who have experienced trauma. The CWTTT teaches strategies that child welfare professionals can use to effectively address trauma among the families they serve and to enhance youth, family, and provider resilience. The CWTTT also provides information on how to support youth's safety, permanency, and well-being through case analysis and corresponding interventions tailored for them, their biological, and resource families.

Target outcomes include educating child welfare professionals about the impact of trauma on the development and behavior of children and providing the child welfare workforce with the knowledge and skills necessary to:

- Address their own primary or secondary exposure to trauma at an individual and organizational level
- Partner with children, youth, and families
- Partner with other agencies and systems that interact with children, youth, and families
- Maximize physical and psychological safety of children, youth, and families
- Routinely screen for trauma-related needs of children and youth
- Deliver and connect children and youth to services and supports that promote well-being, healing, and resilience
- Understand parent and caregiver trauma and deliver and link to services that promote family well-being, healing, and resilience

Trauma Trainer – BCC Trainer Certification: Preferred qualifications include clinical experience and licensure as well as certification in trauma treatment. All BCC Trauma Trainers are required to have completed the full NCTSN trauma training curriculum, BCC’s Train the Trainer program and shadow at least one trauma training session before being approved as a co-lead. Trainers are expected to lead or co-lead trainings at least quarterly. Trainers are also expected to participate in continuing professional development opportunities offered quarterly through BCC’s Training Department.

Fidelity Monitoring: Training pre/post testing to assess skill attainment; Biannual staff surveys monitor staff attitudes and skill utilization; Organizational Trauma Informed Care Assessment

C. PBIS- Positive Behavioral Intervention & Supports (PBIS) (<https://www.pbis.org>)

Positive Behavior Interventions and Supports (PBIS) is a systems approach to establishing the social culture and behavioral supports needed for all youth to achieve both social, academic and community success. PBIS utilizes evidence-based prevention and intervention practices along a multi-tiered continuum that supports the academic, social, emotional, and behavioral competence of all youth. Although traditionally implemented in educational settings, facility wide PBIS has shown success in helping youth achieve improvements in overall functioning. PBIS has a central goal of creating positive environments for both youth and staff. It is done by establishing clear expectations for youth and taking active steps in teaching, modeling, and reinforcing appropriate behaviors program wide. PBIS moves away from a reaction-based approach of punishment to a proactive-prevention approach of behavior management. This focus is primarily on the desired behavior, versus a focus only on the negative behavior.

Applicable to youth and adolescents (ages 3+) with and without disabilities, PBIS is a skill-building approach that will strengthen social skills for any youth. PBIS supports adaptive and pro-social behaviors and builds on the strengths of the youth, which ultimately leads to overall improved functioning. Youth demonstrate measurable changes in behavior and improvements in quality of life (e.g., participation in integrated activities, improved social relationships, independence and self-sufficiency).

PBIS Trainer – BCC Trainer Certification: Board of Child Care has developed the PBIS system in collaboration with the Maryland State Department of Education (MSDE), the Mid-Atlantic PBIS Network and Johns Hopkins Bloomberg School of Public Health. BCC’s PBIS Leadership Team is responsible for implementation, sustainment and training of the model across BCC’s residential and school programs. Comprised of a cross section of personnel from across the organization, including residential, clinical, educational and support programs, the PBIS Leadership Team supports program implementation and

training through a variety of materials, including an implementation manual, tools and training videos as well as technical assistance guides that provide guidance for implementation across settings as well as practice guides to support cultural responsiveness, data use, policy updates, etc.

All BCC staff receive PBIS overview training during new hire orientation, participate in annual refresher training through the Relias Learning Management System Training and receive real time milieu training, practice guidance and modeling by PBIS Implementation Team members.

Fidelity Monitoring: BCC's PBIS Leadership Team is responsible for completing annual fidelity monitoring using the PBIS facility wide Tiered Fidelity Inventory. This tool assesses implementation efforts and provides a valid, reliable, and efficient measure of the extent to which personnel are applying the core features of PBIS.

D. Therapeutic Crisis Intervention (TCI) (http://rccp.cornell.edu/tci/tci-1_system.html)

Therapeutic Crisis Intervention (TCI) is a system that believes successful resolution of a youth's crisis depends on a therapeutic and developmentally appropriate response from both the environment and from the adult supporting that youth. The TCI system teaches and supports strategies for care workers at all levels of the organization to:

- Assess children's aggressive behaviors as expressions of needs.
- Monitor their own levels of arousal and understand the therapeutic use of self.
- Use trauma-informed noncoercive, nonaggressive environmental and behavioral strategies and interventions that are designed to both de-escalate the crisis and lead to the child's own emotional self-regulation and growth.
- Use a dynamic risk assessment that is designed to assess risk and use physical interventions only as a safety intervention that contains a child's acute aggression and violence; and reduces risk when a child's behavior is a danger to themselves or others.

The goal of Therapeutic Crisis Intervention (TCI) is to provide a trauma-informed crisis prevention and intervention system for residential care organizations that will assist in:

- Preventing crises from occurring by de-escalating potential crises
- Effectively managing acute crises
- Reducing potential and actual injury to children and staff
- Teaching adaptive coping skills
- Developing a learning organization

TCI Trainer – BCC Trainer Certification: Trainers complete a -day Training of Trainers program hosted by TCI / Cornell University. Certified TCI trainers are required to attend a Cornell University sponsored TCI Update and pass testing requirements at least every 2 years. BCC Trainers are required to deliver training content at least twice annually to maintain knowledge and expertise. Trainers are also expected to participate in continuing professional development opportunities offered quarterly through BCC's Training Department.

At BCC, TCI certified Trainers provide the 28- hour certification training to staff during New Hire Orientation. All staff are also required to complete refresher training every 6 months.

Fidelity Monitoring: There is a fidelity assessment implemented by TCI Cornell faculty which looks at what aspects of TCI are implemented successfully, omitted, adapted, or remain challenging. The assessment also examines how particular features of TCI implementation may relate to programmatic practices (e.g., the number of restraints used; incidents of fighting or verbal threats). Cornell faculty present their findings to the agency or school in order to improve the effectiveness of their TCI system.

The TCI Fidelity Assessment Strategy focuses on five the major areas that support the TCI System: (1) leadership and administrative support, (2) clinical participation, (3) supervision and post-crisis response, (4) training and competency standards, and (5) incident monitoring and feedback. The assessment strategy includes data collection and analysis, interviews, surveys, document review, classroom and/or cottage observations, and TCI training observations (if possible). Data collection takes place approximately one month prior to the scheduled on-site visit. Cornell faculty visit the agency or school to conduct interviews, review documents, make observations, and meet with the leadership team to conduct an assessment and planning session. Within 30 days after the visit, the agency or school will receive a written report summarizing the assessment. This report will include the agency's or school's status on the TCI Fidelity Checklist and summaries of interviews and surveys.

E. Motivational Interviewing (MI)

Motivational Interviewing is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments. It has been utilized in pre-treatment work to engage and motivate clients for other treatment modalities.

The California Evidenced Based Clearinghouse (CEBC) rates MI with a scientific rating of 1, noting that it is well supported by research evidence. Motivation Interviewing is also one of the first models to receive approval by the ACF evidence-based clearinghouse that is being established as the result of the Family First Prevention Services Act (FFPSA).

Training at BCC: Disseminated through the Relias Learning Management system, BCC has implemented a two-tier training process in collaboration with a MINT (Motivational Interviewing Network of Trainers) certified Lead Trainer. All staff are able to complete the Introduction to Motivational Interviewing training while clinical staff and supervisors complete the Advancing Skills training.

Fidelity to the practice is maintained through skills review in individual clinical and group supervision, as well as ongoing training and professional development opportunities.

F. Love 146 - Not a #Number (<https://love146.org/notanumber/>)

Not a #Number is an interactive, five-module prevention curriculum designed to teach youth how to protect themselves from human trafficking and exploitation through information, critical thinking, and skill development. Not a #Number uses a holistic approach focusing on respect, empathy, individual strengths, and the relationship between personal and societal pressures that create or increase vulnerabilities.

Effective prevention often starts by raising awareness of harmful stereotypes and attitudes that create vulnerabilities and keep youth from seeking help. Through open conversations, engaging activities, the use of media, and opportunities for self-disclosure, participants in this program raise their awareness of

what constitutes human trafficking and exploitation, learn how to recognize recruitment tactics and understand vulnerabilities, challenge harmful stereotypes and societal attitudes, identify healthy support systems, develop skills to safely navigate potential and existing exploitative situations and learn how to access community resources when situations occur that increase their vulnerability (or if exploitation is already underway).

Not a #Number has been developed in consultation with experts in the fields of human trafficking and sexual exploitation, education, and research and evaluation. The curriculum was developed for youth ages 12-18, including male, female, and youth that identify as LGBTQ and includes an awareness and education component for caregivers, families and adult supports. Not a #Number is applicable across gender, ethnic, and socioeconomic backgrounds. Youth with high-risk indicators such as low socioeconomic status, history of abuse and/or neglect, exposure to violence, risky sexual behavior online and offline, history of alcohol or substance abuse, and mental health diagnosis will particularly benefit. While youth who have experienced human trafficking and exploitation may benefit from Not a #Number, the curriculum is designed for prevention and early identification for vulnerabilities and exploitation.

Not a #Number Facilitator Certification: There are no minimum education requirements for Facilitators. Facilitators attend a three day training which includes training on human trafficking, modeling of modules, coaching on facilitation techniques and participant teach back sessions. Once training is completed, the Certification is valid for one year.

Fidelity Monitoring: In order to renew annual Certification, Facilitators must deliver two sessions annually and are required to participate in quarterly webinars offered by Love 146. Continuing education and support is available through the online curriculum materials, technical assistance and newsletters.

G. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems. The program integrates cognitive, behavioral, interpersonal, and family therapy principles as well as trauma interventions. TF-CBT is used to treat youth that have experience a wide array of traumas, including commercial sexual exploitation. Components of the model include: Psychoeducation and parenting skills, relaxation skills, affective expression and modulation skills, cognitive coping and processing skills, trauma narration and processing, mastery of trauma reminders and enhancing safety and future developmental trajectory. TF-CBT is an appropriate intervention for all youth served within this program as it does not require a parent and/or adult caregiver to participate in the treatment in order for treatment to reach full benefit, although for those who have active parent/family involvement, the treatment can include all family members into the treatment process.

The target population for TF-CBT included youth and adults with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment.

TF-CBT is one of the most well supported and evidence-based interventions in the child trauma field. This program is rated by the California Evidenced Based Clearinghouse as a "1 - Well-Supported by Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available. The California Evidenced Based Clearinghouse (CEBC) rates TF-CBT with a scientific rating of 1, noting that it is well supported by research evidence.

Training at BCC: Clinical staff seek TF-CBT training through widely available various professional development and continuing education opportunities available annually. All clinical staff are required to complete TF-CBT training during their first year of training, completing a training course that provides at least 10 Category I CEU's.

Fidelity to the practice is maintained through skills review in individual clinical and group supervision, as well as ongoing training and professional development opportunities.

H. Girls Circle – One Circle Foundation (www.onecirclefoundation.org)

Girls Circle is a gender-specific group model for girls and for lesbian, gay, bisexual, transgender (LGBT) youth who identify with female adolescence. Girls Circle is designed to address girls' unique risks, strengths, and needs by utilizing gender-responsive principles and practices to build healthy connections, address challenges, reduce risks, and build social-emotional skills.

The theoretical foundation of the Girls Circle program is based within Relational-Cultural Theory, implements Trauma Informed and Trauma Responsive approaches along with several other research based components, including Resiliency Theory; Strengths Based Approach; Female Responsive; Female Identity development; Gender-Transformative; Preventative and Restorative Approaches; Adolescent Brain Development; Motivational Interviewing; Rites of Passage and Positive Youth-Development.

Girls Circle demonstrated effectiveness in reducing delinquency/reducing recidivism for girls. Girls Circle is the first ever gender-specific program to have demonstrated effect on reducing delinquency in rigorous evaluation sponsored by the OJJDP. The program is currently being evaluated in rigorous design study at University of Oregon in partnership with Clackamas County Juvenile Services and schools in Clackamas County, OR.

Training: Trained facilitators complete a 13 hour Facilitator training course which utilizes an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming in order to stimulate participants' learning.

Fidelity: Trained Facilitators receive training on utilization of a Quality Assurance Tool provided with the training manual. Measurements tools including evaluations and surveys are available for quantifying and scoring.

I. Council for Boys and Young Men – One Circle Foundation (www.onecirclefoundation.org)

The Council for Boys and Young Men (aka Boys Council) is a strengths-based gender specific group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. Boys Council meets a core developmental need for positive relationships, the opportunity to address masculinity definitions and behaviors and to build leadership capacities individually and collectively.

The theoretical foundation of the Boys Council program is based within Relational-Cultural Theory, implements Trauma Informed and Trauma Responsive approaches along with several other research based components, including Resiliency Theory; Strengths Based Approach; Female Responsive; Female Identity development; Gender-Transformative; Preventative and Restorative Approaches; Adolescent Brain Development; Motivational Interviewing; Rites of Passage and Positive Youth-Development.

Results from two studies conducted by Portland State University, Portland, OR, show: significant increases in boys' school engagement, positive impacts in boys' masculinity beliefs and high rates of satisfaction among participants. The Center for Disease Control (CDC) has funded a four-year study on The Council for Boys and Young Men program aimed at preventing violence. [Cornell University will be conducting the study](#) in partnership with the New York State Department of Health who received the grant. This is an innovative approach, because it targets reducing risk for perpetration, not reducing risk for becoming a victim.

Training: Trained facilitators complete a 13 hour Facilitator training course which utilizes an experiential model of learning to include lecture, demonstration, group discussion, case studies, simulation, small group interaction, and brainstorming in order to stimulate participants' learning.

Fidelity: Trained Facilitators receive training on utilization of a Quality Assurance Tool provided with the training manual. Measurements tools including evaluations and surveys are available for quantifying and scoring.

J. The Seven Challenges (<http://www.sevenchallenges.com/>)

The Seven Challenges program, specifically for young people with drug problems, is designed to motivate a decision and commitment to change and to support success in implementing the desired changes. The program simultaneously aims to help young people address their drug problems as well as their co-occurring life skill deficits, situational problems, and psychological problems. The challenges provide a framework for helping youth think through their own decisions about their lives and their use of alcohol and other drugs.

The theoretical foundation of The Seven Challenges is based in a cognitive/emotional decision-making model that meets the youth where they are at. The program is developmentally appropriate for use with adolescents and young adults and was developed in the context of working with a racially, ethnically and culturally diverse group of youth, both male and female. Treatment focuses on helping youth identify their own motivation for recovery and empowers youth to meet their needs in positive ways. The Seven Challenges Program promotes openness in relationships, trauma issues are often exposed. Skill building for trauma recovery on such issues as safety, trust, boundaries, and excessive self-blame are incorporated in this program.

Independent studies funded by The Center for Substance Abuse Treatment in Washington, D.C. and published in peer reviewed journals -- one study at the University of Iowa and the other at the University of Arizona -- have provided evidence that demonstrates the effectiveness of The Seven Challenges as a co-occurring program that significantly decreases the substance use of adolescents and greatly improves their overall mental health status. Data also show that the program has been especially effective with the large number of substance abusing youth who have trauma issues. The published materials for counselors and young people, combined with supporting documents, effective training,

ongoing support and monitoring from The Seven Challenges team, have proven to be effective in replicating the successful outcomes noted in the research. The SAMHSA National Registry of Evidence-Based Programs and Practices, (NREPP) gave Seven Challenges a perfect score for "Readiness for Dissemination."

The California Evidence Based Clearinghouse rates The Seven Challenges at a "3 - Promising Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available. CEBC cites 3 studies, with one study utilizing a randomized controlled trial group, which establishes The Seven Challenges benefit over the placebo.

Training: BCC has a team of Seven Challenges trainers responsible for ensuring all clinical staff complete the required training to deliver the Seven Challenges curriculum as part of the onboarding process for clinical team members.

Fidelity Monitoring: Quarterly call with trained practitioners; Annual Fidelity Monitoring.

K. SBIRT- Screening, Brief Intervention and Referral to Treatment (<https://www.samhsa.gov/sbirt>)

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach for early identification and intervention with patients whose patterns of alcohol and/or drug use put their health at risk. SBIRT components are universal annual screening, brief intervention and referral to treatment.

Brief interventions are evidence-based practices design to motivate individuals at risk of substance abuse and related health problems to change their behavior by helping them understand how their substance use puts them at risk and to reduce or give up their substance use. The two most common behavioral therapies used in SBIRT programs are brief versions of cognitive behavioral therapy and motivational interviewing, or some combination of the two.

Research has demonstrated SBIRT's numerous benefits. Specifically, SBIRT successfully reduces: Healthcare costs; Severity of drug and alcohol use; and Risk of trauma (distressing events that may have long lasting, harmful effect on a person's physical and emotional health and wellbeing) and the percentage of at-risk patients who go without specialized substance use treatment. In 2002, researchers analyzed more than 360 controlled trials on alcohol use treatments and found that screening and brief intervention was the single most effective treatment method of the more than 40 treatment approaches studied, particularly among groups of people not actively seeking treatment. Additional studies and reports have produced similar results showing that substance use screening and intervention help people recognize and change unhealthy patterns of use.

Training: SBIRT training is widely available. BCC Clinical Supervisors are responsible to ensure all clinicians are trained in the SBIRT model during clinical onboarding.

Fidelity: Fidelity checklists are available. Fidelity to the practice is maintained through skills review in individual clinical and group supervision, as well as ongoing training and professional development opportunities.

L. Botvin LifeSkills

Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

Rather than merely teaching information about the dangers of drug abuse, LST promotes healthy alternatives to risky behavior through activities designed to:

- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

LST consists of three major components that cover the critical domains found to promote drug use. Research has shown that students who develop skills in these three domains are far less likely to engage in a wide range of high-risk behaviors. The three components are:

- Drug Resistance Skills
- Personal Self-Management Skills
- General Social Skills

LST has been evaluated and proven to be effective with various populations of students including, white middle-class students, ethnic minority students (primarily African-American and Hispanic), inner-city urban populations, suburban populations, and rural populations. LST is designed to use developmentally appropriate and collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance students' self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure. LST can be implemented in any subject area and can be taught across multiple subjects.

The Coalition for Evidence Based Policy identified LST as “top tier” for evidence of effectiveness by this organization that aims to identify best practices, programs, and policies that meet the highest criteria for evidence of effectiveness as defined by recent action of the U.S. Congress. LST was determined to be the only school based drug abuse prevention program that has “been shown, in well-designed randomized controlled trials, to produce sizeable, sustained effects on important...outcomes.” SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) rated LST as 3.9 out of 4.0 for Quality of Research and a 4.0 out of 4.0 Readiness for Dissemination by the NREPP review.

Training: Facilitators complete Provider Training Workshops (available online or in person). Training is not required to deliver the curriculum, but BCC does have a team of trained Facilitators that lead the implementation of the model across designated programs.

Fidelity: Fidelity checklists are available. Fidelity to the practice is maintained through skills review in individual clinical and group supervision, as well as ongoing training and professional development opportunities.

