

# ELEVATING CULTURALLY SPECIFIC EVIDENCE-BASED PRACTICES

 **CHAPIN HALL**  
AT THE UNIVERSITY OF CHICAGO

December 2021



Impact Area  
Fund Brief



Chapinhall.org

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## **Title**

Elevating Culturally Specific Evidence-Based Practices (EBPs)

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## **Recommended Citation**

O'Brien, J., Evans, J., Heaton, L., Hyland, S., & Weiner, D. (2021). *Elevating culturally specific evidence-based practices*. Chapin Hall at the University of Chicago.

## **Acknowledgements**

We would like to thank Executive Director Bryan Samuels, the Administration, and the Chapin Hall Board of Directors for the opportunity to envision a more equitable child welfare system and pursue our passion to further the array of culturally specific evidence-based practices available to jurisdictions implementing Family First. This review and brief would not have been possible without the inspirational Chapin Hall Impact Area Funding opportunity providing a unique opportunity for policy and research staff to further the organization's strategic plan through rigor, integration, innovation, and influence.

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# TABLE OF CONTENTS

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Introduction..... 1

Methodology..... 3

Findings..... 7

Conclusion..... 32

References..... 33

# INTRODUCTION

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**Greater emphasis needs to be placed on advancing interventions developed by and designed for people of color.**

The Family First Prevention Services Act (Family First), enacted in February 2018, is one of the most significant pieces of child welfare legislation passed in recent history. It enables child welfare systems to receive federal funding to provide evidence-based programs and services to prevent children from entering foster care (Public Law 115-123). States and Tribes electing to participate can receive federal reimbursement for evidence-based mental health and substance abuse prevention and treatment services, and parent skill-based programs that include individual and family counseling. For services and programs to qualify, they must be rated and approved by the Title IV-E Prevention Services Clearinghouse (hereafter referred to as the Prevention Services Clearinghouse; see ACYF-CB-PI-18-09). As

of October 2021, approximately 74 programs and services have been reviewed and roughly 41 have been officially rated and approved. While all those approved meet the rigorous and objective standards set forth by the Prevention Services Clearinghouse, the majority were not originally developed or designed to benefit tribal communities and communities of color. Given the disproportionate involvement of these groups in child welfare systems, it is imperative that we broaden the array of programs and services available to address their needs.

## **Why greater emphasis on advancing culturally specific evidenced-based interventions is needed.**

Greater emphasis needs to be placed on advancing interventions developed by and designed for people of color. Over two decades of research on disproportionality consistently shows that children and families of color are overrepresented in the child welfare system (Dettlaff et al., 2020; Samuels, 2020). They are more likely to be reported to Child Protective Services (Fluke et al., 2011; Krase, 2015). Once reported, they are more likely to be investigated (Fluke et al., 2003; Harris & Hackett, 2008). Over one-half of all Black children, for example, are the subject of a CPS investigation by the time they are 18, whereas the rate is a little over one-third for all children (Kim et al., 2017). Higher rates of investigations among families and children of color mean this population has higher rates of substantiated allegations and foster care entry. The consistent acknowledgement of disproportionality and disparities is necessary, but insufficient to address the problem. Child welfare systems need to pursue multiple strategies to correct long-standing inequities that negatively impact tribal communities and communities of color. One strategy is expanding culturally specific evidenced-based interventions designed by and for people of color, those most impacted by systemic racism and child welfare system involvement.

Culturally specific evidenced-based programs and services incorporate strategies designed to uniquely benefit tribal communities and communities of color. Many of the currently rated and approved programs and services were initially studied with predominately White participants. The studies lacked methodological designs that intentionally sought to oversample or maximize inclusion of children and families of color or tribal communities. Some researchers have attempted to address this by conducting studies examining outcomes by race or ethnic subgroups to establish effectiveness among diverse participants. This approach, while scientifically sound, does not intentionally seek to address the specific needs of tribal communities nor communities of color.

Other researchers have gone further and made concerted efforts to adapt their programs and services so they are **culturally responsive** (Weiner et al., 2009; Pecora et al., 2021). **Culturally responsive** interventions are those that adapt language or content to the cultural norms of specific groups. This approach, however, also has limitations. Adapting an existing intervention involves incorporating culture in the design retrospectively or after the fact rather than purposively and intentionally from the beginning (Castro et al., 2010). Adapting programs and services afterwards means that the researchers likely did not consider the racial and cultural implications in the theory on which the intervention was based. This may compromise the intervention's effectiveness. Interventions that are designed with specific strategies to combat racism, for example, also include a theoretical basis that considers the role of racism in exacerbating the problem the program or service is designed to address. The intervention by design assumes that mental health and psychological functioning are impacted by negative experiences with racial discrimination and includes strategies to address both (Brody et al., 2004). Moreover, the original research methods and instruments may not have been vetted for racial and cultural reliability and validity, possibly limiting the impact of study findings.

**Culturally specific** interventions, on the other hand, are developed by and tailored for specific races, ethnicities, and other minority subgroups (Brody et al., 2004). They have a greater potential to be effective and to address disparities in service access and engagement. The conceptualization of culture and theory in which the intervention is based includes both the role of race and culture in the problem and the solution. Familias Unidas, for example, explicitly considers the dynamic between first generation Hispanic immigrant parents and acculturating adolescents in contributing to family conflict, thereby increasing the risk of adolescent substance abuse (Pantin et al., 2003). The developers of the Strong African American Families Program (SAAF) consider the ongoing experience of racism as a contributor to the risky behavior of African American rural youth (Brody et al., 2004). Both of the interventions include culturally specific strategies to address the role of culture and race in addressing the underlying problem.

This brief provides an overview of ten culturally specific programs and two culturally responsive interventions, the evidence for each, and the considerations for next steps to have each reviewed and possibly approved by the Prevention Services Clearinghouse. The intent is to elevate each intervention so that state child welfare agencies can carefully consider them as part of their Title IV-E prevention service array. In addition, we want to raise awareness among researchers, evaluators, and funders to further the evidence base and increase the number of culturally specific EBPs eligible for Title IV-E Family First approval.

# METHODOLOGY

This work began with identifying well-known clearinghouses conducting systematic reviews of programs and services applicable to child welfare populations. These included the nine clearinghouses referenced in the Title IV-E Prevention Services Clearinghouse (The Clearinghouse) *Handbook of Standards and Procedures Version 1.0* (2019, p. 7) and five others identified by the Child Welfare Information Gateway, a service of the Children’s Bureau (see Table 1). Project staff conducted a systematic manual search within each clearinghouse to identify citations associated with programs and services designed to improve child and family outcomes. Search criteria included children and families as target populations, program-level details (such as demographics, outcome measures, and others), citations for the supporting research, and evidence ratings. Only clearinghouses that contained specific information and associated evidence demonstrating relevance to children and families were included. Clearinghouses that did not contain this level of specificity were excluded from the next phase. Of the 14 clearinghouses reviewed, 9 met the desired eligibility conditions.

**Table 1. Clearinghouses Used to Identify Relevant Research**

## CLEARINGHOUSES INCLUDED IN THE SEARCH

CLEARINGHOUSE	NOTES ABOUT THE CLEARINGHOUSE	URL
<b>Blueprints for Healthy Youth Development (Blueprints)*</b>	The Blueprints website has the capability of disaggregating programs by race and ethnicity.	<a href="https://www.blueprintsprograms.org/">https://www.blueprintsprograms.org/</a>
<b>California Evidence-Based Clearinghouse*</b>	The California Evidence-Based Clearinghouse did not have a specific function to disaggregate EBPs by race and ethnicity. A manual search was conducted to identify culturally specific EBPs.	<a href="https://www.cebc4cw.org/">https://www.cebc4cw.org/</a>
<b>CrimeSolutions*</b>	CrimeSolutions did not have a specific function to disaggregate EBPs by race and ethnicity. A manual search was conducted to identify culturally specific EBPs.	<a href="https://crimesolutions.ojp.gov/">https://crimesolutions.ojp.gov/</a>
<b>Home Visiting Evidence of</b>	The HomVee website only reported tribal-specific EBPs by race/ethnicity. A manual	<a href="https://homvee.acf.hhs.gov/">https://homvee.acf.hhs.gov/</a>

<b>Effectiveness Review (HomVEE)*</b>	search was conducted to identify additional culturally specific EBPs.	
<b>Suicide Prevention Resource Center</b>	The Suicide Prevention Resource Center website has the capability to disaggregate programs by race and ethnicity.	<a href="https://www.sprc.org/">https://www.sprc.org/</a>

## CLEARINGHOUSES EXCLUDED IN THE SEARCH

Clearinghouse	Features	URL
<b>Child Trends*</b>	This resource does not provide primary information on evidence-based programs and instead provides research resources and policy briefs on relevant child welfare topics.	<a href="https://www.childtrends.org/">https://www.childtrends.org/</a>
<b>OJJDP Model Program Guide and Database</b>	The OJJDP Model Program Guide shares the same EBP database as the CrimeSolutions Clearinghouse. To eliminate redundancy and confusion, staff will use the CrimeSolutions database referenced in the Title IV-E Clearinghouse handbook.	<a href="https://ojjdp.ojp.gov/model-programs-guide/all-mpg-programs">https://ojjdp.ojp.gov/model-programs-guide/all-mpg-programs</a>
<b>Strengthening America's Families</b>	The Strengthening America's Families Program does not provide research information by race or ethnicity.	<a href="https://strengtheningfamiliesprogram.org/">https://strengtheningfamiliesprogram.org/</a>
<b>Substance Abuse and Mental Health Services Administration: Evidence-Based Practices Resource Center</b>	The SAMSHA website did not have a specific function to disaggregate EBPs by race and ethnicity. EBPs are primarily focused on decreasing substance use and addressing co-occurring mental health disorders across <b>all</b> races/ethnicities. This	<a href="https://www.samhsa.gov/resource-search/ebp">https://www.samhsa.gov/resource-search/ebp</a>

resource may not be useful for highlighting culturally specific EBPs.

**Teen Pregnancy Prevention Evidence Review\***

The Teen Pregnancy Prevention Evidence Review website did not have a specific function to disaggregate EBPs by race and ethnicity. EBPs are primarily focused on pregnancy prevention programs across **all** races/ethnicities. This resource may not be useful for highlighting culturally specific EBPs.

<https://tppevidencereview.youth.gov/>

**The Campbell Collaboration\***

This resource does not provide primary information on evidence-based programs. Instead, it provides research resources and policy briefs on relevant policy and evidence-based practice research methodology topics.

<https://www.campbellcollaboration.org/>

**The Cochrane Collaboration\***

This resource does not provide primary information on evidence-based programs and instead provides research resources and policy briefs on relevant health policy topics.

<https://www.cochrane.org/>

**The Community Guide**

The Community Guide website previously housed the National Guideline Clearinghouse (a resource tool for reviewing relevant EBPs); however, this feature is no longer available on the website.

<https://www.thecommunityguide.org/>

**Washington State Institute for Public Policy\***

This resource does not provide primary information on evidence-based programs. Instead, it provides research resources and policy briefs on relevant policy topics.

<https://www.wsipp.wa.gov/>

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\* Clearinghouse referenced in the Title IV-E Clearinghouse Handbook of Standards and Procedures



Within each Clearinghouse, the project team searched using keywords and search terms to identify citations and/or other key content referencing race and ethnicity. Keywords and search terms included: African American, Black, American Indian, Alaskan Native, Native American, Asian, Caucasian, White, Hispanic, Latino, Latinx, Middle Eastern, Pacific Islander, and Southeast Asian

Once the project team identified key content, they then assessed if the desired impact of the programs and services sought to improve mental health, reduce substance use, and enhance parenting skills. Programs and services containing explicit information about race and ethnicity and impact in one of the three desired outcomes were included and moved to the next phase.

The project team systematically reviewed individual publication citations and documented the following information for each:

- Intervention/Program name
- Publication name, date, source, and language
- Rating from each eligible clearinghouse
- Target population, sample size, and study eligibility information
- Race/ethnicity and other relevant cultural information
- Study design (Randomized Control Trial/Quasi-Experimental Design) and any relevant confounders impacting study design (for example, attrition, imbalance in randomization, etc.)
- Reliability and validity of measures
- Program/intervention implementation procedures, including fidelity monitoring, whether the intervention was offered in more than one site and delivered by more than one agency or provider
- Target outcomes and favorable program/intervention impact on child safety, child permanency, child well-being, and family well-being
- Evidence of follow-up data demonstrating that target outcomes are favorably sustained at 6 and/or 12 months or longer
- Documentation of any adverse findings

# FINDINGS

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In total, the project team reviewed twelve (12) programs representing an array of approaches to developing and implementing evidence-based preventive child welfare interventions. The programs address the specific needs of minority populations within the target areas of the Prevention Services Clearinghouse (for example, mental health, substance abuse, and parenting) as well as other supports that are particularly relevant for each population. The programs fall all along the evidentiary continuum, with some having accumulated robust research evidence and others in the early stages of empirical validation. As a result, and to guide next steps for all of the programs seeking inclusion in the Prevention Services Clearinghouse, we organize the findings in three stages, based on the strength of the research and readiness for review:


**Figure 1. Evidentiary Continuum**



1. Programs and services **likely achieving** the Prevention Services Clearinghouse's required level of evidence necessary and that are ready for review. At this stage, it is important to elevate and raise awareness of and familiarity with each program and the associated studies evaluating them. Advocating for their review by the clearinghouse is an effort to highlight the importance and relevance of the program for the specific populations they were designed to impact.
2. Programs and services for which there is **some evidence**, but not enough to meet all the required review standards set forth by the Prevention Services Clearinghouse. For these, it may be helpful to strategically consider the methodological improvements necessary to strengthen the evidence base. These might include improving the rigor of study designs, increasing sample size or representativeness, incorporation of standardized measures and curricula, implementation by more than one provider and across multiple sites, or sustained long-term impacts.

3. Programs and services for which there is **not yet sufficient evidence** set forth by the Prevention Services Clearinghouse. For these, it will be important to identify the resources that will be needed to design, fund, and implement rigorous studies. This may include funding for research. It could also include establishing partnerships with researchers who can collaborate on standardizing methods, fidelity, and measurement or resources to test the interventions in multiple sites with more than one provider so that they may be more readily evaluated.

Along the most robust part of the evidentiary continuum, we identified seven culturally specific programs and services **likely achieving** the Prevention Services Clearinghouse eligibility standards for review. Each was uniquely and intentionally designed for people of color, with varied social economic status, and seeks to impact one of the four target outcomes of interest: child safety, child permanency, child well-being and family well-being. Each program or service included theoretical or conceptual foundations that reflect the communities that the intervention is designed to impact, with racial- or cultural-specific intervention strategies. They were implemented by researchers of the same racial/ethnic group or members of the community where the program was delivered. The program or service was offered by more than one provider and empirically tested across multiple sites. All of these programs and services have rigorous evidence demonstrating sustained impact on at least one of the desired outcomes. Tables 3 through 9 offer descriptions of the programs and services, the desired impacts, and empirical rigor for each.



## The following programs and services met conditions for *Likely Achieving* the standards:

### Adults in the Making (AIM) (young adult version of Strong African American Families)

#### Program Description

Adults in the Making (AIM) is a family-centered preventive intervention designed to enhance the family protective process and self-regulatory competence to deter escalation of alcohol use and development of substance use problems. Description: <https://crimesolutions.ojp.gov/ratedprograms/365>

#### Summary of Implementation and Research

This program was designed for 17-year-old African American youth in 6 counties in the rural south (Georgia). It was developed and implemented by members of the African American community and includes culturally specific engagement strategies and intervention strategies for dealing with racism and other approaches to address risky behaviors such as substance use and sex while using substances. The study had at least 1 favorable finding in the child well-being domain and there were no undesired findings (Brody et al., 2010).

## Recommendation

If submitted to the IV-E clearinghouse, it is possible this program would receive a favorable rating. The program reduced risk behaviors that are consistent with known child welfare and juvenile justice populations and is paired with a rigorous evaluation design. (For more details on this program, see Table 3.)

**Table 3. Adults in the Making (AIM): Mental Health and Substance Abuse**

<b>Target Population</b>	African American youth in their last 2 years of secondary school who resided in rural counties in Georgia
<b>Program Setting</b>	Community facility
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Safeguard against the negative impact of life stressors on African American youth</li> <li>• Prevent engagement in risky behavior by focusing on family protective factors (such as emotional and instrument support), coaching and advocacy, and racial socialization.</li> <li>• Enhance youths’ ability to self-regulate</li> <li>• Enhance youths’ ability to set goals</li> <li>• Enhance youths’ ability to problem-solve—especially in settings where racial discrimination was present</li> <li>• Enhance youths’ ability to anticipate the consequences of their choices</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> </ul> </li> <li>✓ Intervention <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data <ul style="list-style-type: none"> <li>○ 10 months after post-test</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>

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## Bicultural Competence Skills Approach

### Program Description

The Bicultural Competence Skills Approach is an intervention designed to prevent abuse of tobacco, alcohol, and other drugs by American Indian/Alaska Native adolescents by teaching them social skills. Description: <https://crimesolutions.ojp.gov/ratedprograms/262#pd>

### Summary of Implementation and Research

This program was designed for Native American youths in third, fourth, and fifth grade based on the concept of bicultural competence. While the program is based on a traditional life skills approach, it was developed with culturally specific intervention strategies that celebrate traditional western Native American values, legends, and stories. These include positive and holistic concepts of health and well-being (Schinke et al., 2000). The study included Native American youths from multiple reservations in multiple schools in North and South Dakota, Idaho, Montana, and Oklahoma. The study had at least 1 favorable finding in the child well-being domain and there were no undesired findings (Schinke, 2000).

### Recommendation

If submitted to the IV-E clearinghouse, it is possible this program would receive a favorable rating. The program reduced substance use in adolescents, a risk factor common in known child welfare and juvenile justice populations, and is paired with a rigorous evaluation design. (For more details on this program, see Table 4.)

**Table 4. Bicultural Competence Skills Approach: Substance Abuse**

<b>Target Population</b>	3rd to 5th grade American Indian/Alaska Native youth at risk of substance abuse
<b>Program Setting</b>	School setting
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Prevent abuse of tobacco, alcohol, and other drugs by American Indian/Alaska Native adolescents</li> <li>• Teach American Indian/Alaska Native adolescents to draw on both Native American and popular American cultures to better adapt to, interact with, and thrive within both cultures</li> <li>• Develop skills in problem solving, decision making, nonverbal and verbal communication, and social network building</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design             <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes             <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures             <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> </ul> </li> <li>✓ Intervention             <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data             <ul style="list-style-type: none"> <li>○ 6 months after the intervention and every 12 months thereafter for 3 years</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>

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## Chicago Parent Program

### Program Description

The Chicago Parent Program (CPP) strengthens parenting confidence and skills and reduces behavior problems in children 2–5 years old. CPP is implemented in 12 2-hour group sessions facilitated by two trained group leaders. CPP uses video vignettes depicting parent-child interactions at home and in public (for example, grocery stores, laundromats, etc.) to stimulate discussion and problem solving related to managing children’s behavior in challenging situations. Parents are guided in clarifying their goals and tailoring strategies to help meet their goals.

In this way, CPP is designed to be culturally and contextually relevant for a diverse population of families

Sessions focus on building positive relationships with children (such as child-centered time, family routines and traditions, praise and encouragement), child behavior management skills (setting clear expectations, following through with consequences, effective discipline strategies), stress management, and problem-solving skills. Following each session, parents complete practice assignments to help them apply the skills they are learning. Description:

<https://www.cebc4cw.org/program/chicago-parent-program/>

### Summary of Implementation and Research

The strength of this program is that it was developed with “in partnership with a parent advisory council of 7 African American and 5 Latinx parents from different Chicago neighborhoods. . . to optimally depict parenting strategies in a manner congruent with their values, lifestyles, and culture” (Gross et al., 2009, p. 3). It was implemented by members of the African American and Latinx communities. The studies had at least 1 favorable finding for child and family well-being and no undesired findings (Gross et al., 2009; 2011).

### Recommendation

The program goals make it a well-suited intervention for child welfare populations. If submitted to the IV-E clearinghouse, it’s possible it would receive a favorable rating due to the positive effects and rigorous evaluation design. (For more details on this program, see Table 5.)

**Table 5. Chicago Parent Program: Parenting Skills**

**Target Population**

Parents of young children 2–5 years old

**Program Setting**

- Outpatient clinic
- Community-based agency / organization / provider
- School setting (including: day care, day treatment programs, etc.)
- Shelter (domestic violence, homeless, etc.)

**Primary Program Goals**

- Improved parent–child relationships
- Reduced parent reliance on harsh and inconsistent discipline strategies
- Greater parenting confidence and competence
- Strengthened and expanded parents’ support network
- Reduced frequency and intensity of child behavior problems

**Outcomes with Favorable Evidence**

Favorable findings in the following domain:

- ✓ Child Well-Being
- ✓ Family Well-Being

**Clearinghouse Eligibility Criteria Reviewed**

Criteria Met

- ✓ Publication date, source, and language
- ✓ Study design
  - RCT
- ✓ Target outcomes
  - Favorable program or intervention impact
- ✓ Measures
  - Reliable & valid
  - Consistency across studies
- ✓ Intervention
  - Offered more than 1 site
  - Delivered more than 1 agency or provider
- ✓ Follow-up data
  - 12 months

Criteria Not Met

N/A



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## Families Unidas (recently rated Well-Supported by the Title IV-E Clearinghouse)

### Program Description

Family-centered drug use and sexual risk behavior intervention for Hispanic youth and their families. It helps empower parents to speak with their adolescents about how to prevent drug use and sexual risk behaviors. The model targets risk (e.g., poor adolescent communication) and protective factors (e.g., parental involvement) at the family, peer, and school level. Description:

<https://www.cebc4cw.org/program/familias-unidas/>

### Summary of Implementation and Research

The strength of this intervention is that it was designed specifically for Hispanic first-generation Spanish-speaking caregivers and adolescents. It has been tested with several different Hispanic adolescent populations that include delinquent youth, youth with behavior problems, and school-aged youth in the general population. The intervention is offered in Spanish and English and delivered by members of the same culture. It has also been adapted, delivered, and tested in Ecuador, South America and has a web-based delivery option.

All eight studies had at least one favorable finding in at least one child well-being and family well-being domain. There were no undesired findings (Prado, Cordova, et al., 2012; Prado, Pantin, et al., 2012; Pantin et al., 2009; Estrada et al., 2019; Estrada et al., 2017; Pantin et al., 2003; Prado et al., 2007; Estrada et al., 2015; Molleda et al., 2017)

### Recommendation

The program goals and efficacy make it a well-suited intervention for child welfare and juvenile justice populations. Familias Unidas was recently rated by the Title IV-E Clearinghouse and given the robust empirical evidence, it received a well-supported rating. (For more details on this program, see Table 6.)

**Table 6. Familias Unidas: Mental Health, Parenting Skills, and Substance Abuse – Rated Well-Supported by the Title IV-E Clearinghouse**

<b>Target Population</b>	Parents and Hispanic adolescents between 12 and 16 years old
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• Community-based agency, organization, or provider</li> <li>• School setting, including daycare, day treatment program, etc.</li> </ul>
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Prevent drug use and sexual risk behaviors in adolescents</li> <li>• Improve family functioning</li> <li>• Improve parent-adolescent communication</li> <li>• Improve positive parenting</li> <li>• Improve parental investment</li> <li>• Improve parental monitoring of peers</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> <li>✓ Family Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> <li>○ Consistency across studies</li> </ul> </li> <li>✓ Intervention <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data <ul style="list-style-type: none"> <li>○ 12 months or longer</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>

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## Family Spirit (culturally responsive adaptation of Healthy Families America, recently rated Promising by the Title IV-E Clearinghouse)

### Program Description

Family Spirit is a culturally tailored home visiting program designed for young American Indian mothers (ages 14–24) in the second trimester of pregnancy. The program uses a culturally informed, strengths-based approach for helping mothers develop positive parenting practices, strengthen their coping skills, and learn how to avoid coercive parenting behaviors and substance abuse. Community health paraprofessional home visitors deliver program lessons to participating mothers through six modules: (1) Prenatal Care, (2) Infant Care, (3) Your Growing Child, (4) Toddler Care, (5) My Family and Me, and (6) Healthy Living. The program encourages other family members to participate in the lessons alongside mothers. Home visitors also provide case management and help families access services, as needed. Description: <https://preventionservices.abtsites.com/programs/277/show>

### Summary of Implementation and Research

Family Spirit is based on cultural adaptations to Healthy Families America—including style, graphics, delivery, and content—that were achieved through a community-based participatory process. The intervention is delivered by bilingual AI women paraprofessionals that had a job history in tribal health and human service. The strength is the building of the intervention over time with 3 separate RCT with four diverse Native communities (Barlow et al., 2006, 2013, 2015; Walkup et al., 2009).

### Recommendation

Family Spirit has been rated by the Title IV-E Clearinghouse as Promising. (For more details on this program, see Table 7.)

**Table 7. Family Spirit: Parenting Skills – Rated Promising by the Title IV-E Clearinghouse**

<b>Target Population</b>	Young American Indian mothers (ages 14–24) who enroll during the second trimester of pregnancy. Other family members can participate in the program lessons alongside mothers.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• Participants’ homes</li> <li>• Community-based organizations</li> <li>• Schools</li> <li>• Childcare locations</li> <li>• Hospitals</li> </ul>
<b>Primary Program Goals</b>	<p><b>Mothers:</b></p> <ul style="list-style-type: none"> <li>• Increase parenting knowledge and skills</li> <li>• Decrease psychosocial risks that could interfere with positive child-rearing (drug and alcohol use; depression; low education and employment; domestic violence problems)</li> <li>• Increase likelihood of taking child to recommended well-child visits and health care</li> <li>• Increase familiarity with and use of community services that address specific needs</li> <li>• Increase life skills and behavioral outcomes across the lifespan</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Increase likelihood of optimal physical, cognitive, and social/emotional development from birth to 3 years</li> <li>• Increase early school success</li> <li>• Increase life skills and behavioral outcomes across the lifespan</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> <li>✓ Family Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design             <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes             <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures             <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> <li>○ Consistency across studies</li> </ul> </li> <li>✓ Intervention             <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data             <ul style="list-style-type: none"> <li>○ 36 months</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>

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## Strong African American Families Program

### Program Description

The Strong African American Families Program (SAAF) is a culturally tailored, family-centered intervention program designed to build on the strengths of African American families. The overarching goal of SAAF is to prevent substance abuse and other risky behavior among youth by strengthening positive family interactions, enhancing primary caregivers' efforts to help youth reach positive goals, and preparing youth for their teen years.

For parents, SAAF aims to strengthen parenting practices related to monitoring and supporting youth, articulating parental expectations for alcohol use, communicating with youth about sex, and promoting positive racial socialization. It also works to promote youths' ability to focus on goals for the future, resist involvement in risk behaviors, maintain negative images of risk behaviors and peers who engage in them, and accept parental influences. Description:

<https://www.cebc4cw.org/program/strong-african-american-families-program/>

### Summary of Implementation and Research

This program was designed for 10- to 14-year-old African American youth and their caregivers. It was implemented and tested in 9 rural counties in the south (Georgia). It was developed and implemented by members of the African American community and includes culturally specific engagement strategies and intervention strategies for dealing with racism and other approaches to address risky behaviors, such as substance use and risky sexual behavior. All three studies had favorable findings in the child well-being and family well-being domains. There were no undesired findings (Brody et al., 2004; Brody & Murry, 2006; Brody et al., 2006; Brody et al., 2008; Beach et al., 2008).

### Recommendation

Strong African American Families Program's goals and efficacy make it a well-suited intervention for child welfare and juvenile justice populations. If submitted to the Title IV-E Clearinghouse for review, it would likely receive a favorable rating because of the rigorous evaluation design. (For more details on this program, see Table 8.)

**Table 8. Strong African American Families Program: Mental Health, Parenting Skills, and Substance Abuse**

<b>Target Population</b>	African American youth, aged 10–14, and their parents/caregivers.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• Community daily living setting</li> <li>• Community-based agency, organization, or provider</li> <li>• School setting, including day care, day treatment programs, etc.</li> </ul>
<b>Primary Program Goals</b>	<p><b>For youth:</b></p> <ul style="list-style-type: none"> <li>• Lower initiation of substance use</li> <li>• Fewer conduct problems</li> <li>• Delay in initiation of sex</li> <li>• Increase in positive racial identity</li> <li>• Increased level of future orientation</li> </ul> <p><b>For parent/caregiver:</b></p> <ul style="list-style-type: none"> <li>• Decrease in maternal depression</li> <li>• Increase in positive racial identity</li> <li>• Increase in quality and quantity of parent–child communication</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> <li>✓ Family Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> <li>○ Consistency across studies</li> </ul> </li> <li>✓ Intervention <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered by more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data <ul style="list-style-type: none"> <li>○ Greater than 12 months</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>

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## Strong African-American Families – Teen

### Program Description

A family-centered preventive intervention specifically designed for 10th grade African American teens and their families living in the rural South. The program was designed to inhibit young people’s use of alcohol and other substances, delinquent activity, aggression, and other problem behaviors that often co-occur.

### Summary of Implementation and Research

This program is a teen version and designed for 10th grade African American youth and their caregivers. It was implemented and tested in 6 rural counties in the south (Georgia). It was developed and implemented by members of the African American community and includes culturally specific engagement strategies and intervention strategies for dealing with racism and other approaches to address risky behaviors such as substance use and risky sexual behavior. The study had favorable findings in the child well-being and family well-being domains (Kogan, 2012; Brody, 2012).

### Recommendation

Strong African American Families Program – Teen’s goals and efficacy make it a well-suited intervention for child welfare and juvenile justice populations. If submitted to the Title IV-E Clearinghouse for review, it would likely receive a favorable rating because of the rigorous evaluation design. (For more details on this program, see Table 9.)

**Table 9. Strong African American Families – Teen: Mental Health and Substance Abuse**

<b>Target Population</b>	African American parents and their 10th grade teens who resided in eight rural counties in Georgia.
<b>Program Setting</b>	Community setting
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Prevent and treat substance use</li> <li>• Prevent and treat conduct problems</li> <li>• Identify and reduce symptoms of depression</li> <li>• Reduce risky sexual behaviors</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> <li>✓ Family Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design             <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes             <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures             <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> <li>○ Consistency across studies</li> </ul> </li> <li>✓ Intervention             <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> <li>✓ Follow-up data             <ul style="list-style-type: none"> <li>○ 22 months</li> </ul> </li> </ul> <p><u>Criteria Not Met</u> N/A</p>



In the middle part of the evidentiary continuum, we identified one culturally specific program with **some evidence**, but not enough to meet the Prevention Clearinghouse eligibility standards for review. Just like those likely meeting the standards, this program was designed, developed, and implemented by members of the same community and cultural group that it is intended to impact. It also contains culturally specific intervention strategies that enhance its efficacy. In this part of the continuum, many of the classic requirements for a classic RCT evaluation design are present, but at least one or more of the Prevention Services Clearinghouse rigorous criteria are not evident (see Table 10).



## The following programs and services met conditions for *Some Evidence* but not enough to meet the standards:

### Project Venture

#### Program Description

Project Venture is an outdoor/experiential program that targets at-risk American Indian youth. The program concentrates on American Indian cultural values—such as learning from the natural world, spiritual awareness, family, and respect—to promote healthy, prosocial development. The primary target group is fifth to eighth graders, but it has been adapted and used for older teenagers as well. The program is designed for American Indian communities seeking strategies to prevent alcohol abuse. Description: <https://crimesolutions.ojp.gov/ratedprograms/235>

#### Summary of Implementation and Research

This is “an outdoor/experiential youth development program for at-risk youth that was first fully implemented in 1990 by the National Indian Youth Leadership Project (NIYLP) with over 4,000 AI and other youth in New Mexico and has been adopted in more than 50 AI and other communities throughout the United States. The program is guided by AI traditional values such as family, learning from the natural world, spiritual awareness, service to others, and respect” (Carter, 2007, p. 7). The study showed favorable findings in the child well-being domain. There were no undesired findings.

#### Recommendation

This intervention could be submitted to the Title IV-E Clearinghouse because of the RCT design and the study’s positive findings of reduced substance use over time (with sustained effects over the course of 18 months). While the intervention has been delivered in multiple sites, however, there is a limited evidence base showing the efficacy in more than one site and with more than one provider. For these reasons, it is unlikely to receive a favorable rating without further research. (For more detail, see Table 10.)

**Table 10. Project Venture: Substance Abuse**

<b>Target Population</b>	5th to 8th grade American Indian youth at risk of alcohol abuse.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• Classrooms</li> <li>• Outdoor experiential learning</li> </ul>
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Help youth develop a positive self-concept, effective social and communication skills, a community service ethic, decision-making and problem-solving skills, and self-efficacy</li> <li>• Build generalized resilience within youth that increases their resistance to alcohol, tobacco, and other drugs and prevent other problem behaviors</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design               <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes               <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures               <ul style="list-style-type: none"> <li>○ Reliable &amp; valid</li> </ul> </li> <li>✓ Follow-up data               <ul style="list-style-type: none"> <li>○ 18 months</li> </ul> </li> </ul> <p><u>Criteria Not Met</u></p> <ul style="list-style-type: none"> <li>× Intervention evaluation               <ul style="list-style-type: none"> <li>○ Not conducted at more than 1 site</li> <li>○ Not delivered by more than 1 agency or provider</li> </ul> </li> </ul>

At the end of the evidentiary continuum, we identified four programs with a range of evidence including favorable, unfavorable, and no findings. In some cases, classic requirements for RCT were missing or other areas of Prevention Services Clearinghouse rigorous criteria are not evident. For these reasons there is **not yet sufficient evidence** meeting the Prevention Clearinghouse eligibility standards for review (see Tables 11 through 14).



The following programs and services *have not yet demonstrated sufficient evidence to meet the standards:*

## Cherokee Talking Circles

### Program Description

This is a culturally based intervention targeting substance abuse among Native American adolescents. The program was designed for students 13–18 years old who were part of the United Keetoowah Band of Cherokee Indians. See description at <https://crimesolutions.ojp.gov/ratedprograms/363>

### Summary of Implementation and Research

The program was designed using the community participatory action research methods of building the intervention with the Keetoowah-Cherokee community and values of the culture are integrated into the intervention as strategies. The program is delivered by a cultural expert and the manual includes both English and Cherokee languages. The study showed that the intervention works better than traditional substance prevention interventions in improving child well-being in the areas of reduced substance problems, internalizing and externalizing behaviors, and general life problems (Lowe et al., 2012). This makes it a good intervention for CW and JJ populations.

### Recommendation

There is not yet sufficient evidence to submit this program to the Title IV-E Clearinghouse. While the study has a RCT design and the study demonstrates positive findings, there is a limited evidence base showing efficacy in more than one site and with more than one provider. The study also does not meet the follow-up data requirements of at least 6 months. For these reasons, it is unlikely to receive a favorable rating without further research. (For additional details, see Table 11.)

**Table 11. Cherokee Talking Circles: Mental Health and Substance Abuse**

<b>Target Population</b>	Keetoowah-Cherokee high school students between 13 and 18 years of age who had been referred for substance abuse counseling.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• School setting</li> <li>• Reservation</li> </ul>
<b>Primary Program Goals</b>	Prevent and treat substance abuse
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design             <ul style="list-style-type: none"> <li>○ RCT</li> </ul> </li> <li>✓ Target outcomes             <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures             <ul style="list-style-type: none"> <li>○ Reliable</li> <li>○ Well-established</li> </ul> </li> </ul> <p><u>Criteria Not Met</u></p> <ul style="list-style-type: none"> <li>× Intervention evaluation             <ul style="list-style-type: none"> <li>○ Not offered at more than 1 site</li> <li>○ Not delivered by more than 1 agency or provider</li> </ul> </li> <li>× Follow-up data             <ul style="list-style-type: none"> <li>○ 3 months</li> </ul> </li> </ul>

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## CICC's Effective Black Parenting Program

### Program Description

A parenting skill-building program created specifically for parents of African American children 6–8 years old who are at risk of maltreatment. A fuller description can be found at <https://www.cebc4cw.org/program/effective-black-parenting-program/>

### Summary of Implementation and Research

This program is a cognitive-behavioral parenting skills-building program specifically designed and developed for African American parents. Key components included coping with racism, modern Black self-discipline, and pride in Blackness. The program is implemented by African American professionals within a “Black achievement perspective” (Myers et al., 1992, p.134). While the study demonstrated favorable findings in child- and family-well-being, Cohort 1 also included an undesired finding in the 1-year follow-up for family well-being. Cohort II demonstrated favorable findings (Myers et al., 1992).

### Recommendation

There is not yet sufficient evidence to submit this program to the Title IV-E Clearinghouse. Parents were not randomly assigned and nonrandom assignment took place at the school level. There was low agreement to participate in the study. Equivalent groups were not established and this is particularly problematic in Cohort II. The 1-year follow-up only looked at the treatment group to see if positive effects were sustained. For these reasons, it would not receive a favorable rating and is not yet ready for review. (For additional details, see Table 12.)

**Table 12. CICC’s Effective Black Parenting Program: Parenting Skills**

<b>Target Population</b>	Parents of Black 6- to 8-year-olds who were high risk, low income, and lived in an inner-city community and were in 1st and 2nd grade in local public schools in South Central Los Angeles, California.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• Birth family home</li> <li>• Foster/kinship care</li> <li>• Outpatient clinic</li> <li>• Community-based agency, organization, or provider</li> </ul>
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Prevent and treat child abuse</li> <li>• Prevent and treat child behavior disorders</li> <li>• Promote cultural pride</li> <li>• Reduce parental stress</li> <li>• Prevent and treat child and parent substance abuse</li> <li>• Improve child school behavior and performance</li> <li>• Strengthen family cohesion</li> <li>• Cope better with racism and prejudice</li> <li>• Avoid cultural self-disparagement</li> <li>• Teach tolerance</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Safety</li> <li>✓ Child Well-Being</li> <li>✓ Family Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Measures               <ul style="list-style-type: none"> <li>○ Reliable</li> <li>○ Well-established</li> </ul> </li> <li>✓ Intervention               <ul style="list-style-type: none"> <li>○ Offered more than 1 site</li> <li>○ Delivered more than 1 agency or provider</li> </ul> </li> </ul> <p><u>Criteria Not Met</u></p> <ul style="list-style-type: none"> <li>× Study design               <ul style="list-style-type: none"> <li>○ QED is problematic due to randomization issues</li> </ul> </li> <li>× Target outcomes               <ul style="list-style-type: none"> <li>○ Unfavorable program or intervention impact</li> </ul> </li> <li>× Follow-up data               <ul style="list-style-type: none"> <li>○ 12 months (for the treatment group only)</li> </ul> </li> </ul>

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## Sembrando Salud (culturally responsive adaptation of National Cancer Institute [NCI] prevention program components)

### Program Description

This is a culturally sensitive tobacco- and alcohol-use prevention program adapted for migrant Hispanic adolescents. For a fuller description:

<https://crimesolutions.ojp.gov/ratedprograms/268>

### Summary of Implementation and Research

The program development was not culturally specific; rather, it was adapted based on the 3 minimum program components the National Cancer Institute (NCI) that suggests be included in any prevention effort. The curriculum and group sessions were specifically tailored to a migrant Hispanic audience using several complementary approaches (Elder, 2002). Many of the role plays were adapted from experiences common to migrant Hispanic adolescents living in the United States. All group leaders were bilingual and bicultural Mexican Americans. This study did not show favorable effects (Elder, 2002)

### Recommendation

There is no evidence to submit this program to the Title IV-E Clearinghouse. One consideration for future evidence building is to adapt the program using participatory action methods that truly include the voice and experiences of the community the intervention is designed to impact. While the curriculum and sessions were tailored for the migrant Hispanic population, the development of the intervention did not include culturally specific strategies informed by the communities it was designed to impact and this may have been one reason the program did not demonstrate efficacy. (For additional details, see Table 13.)

**Table 13. Sembrando Salud: Substance Abuse**

<b>Target Population</b>	Mexican migrant adolescents ages 11–16 years old in 22 schools from 15 districts in the Migrant Education Program in San Diego, CA.
<b>Program Setting</b>	<ul style="list-style-type: none"><li>• School</li><li>• Community Setting</li></ul>
<b>Primary Program Goals</b>	Prevent and treat child alcohol and substance abuse
<b>Outcomes with Favorable Evidence</b>	The study had no significant findings in any of the main domains of child or family well-being.
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"><li>✓ Publication date, source, and language</li><li>✓ Study design<ul style="list-style-type: none"><li>○ RCT</li></ul></li><li>✓ Target outcomes<ul style="list-style-type: none"><li>○ Favorable program or intervention impact</li></ul></li><li>✓ Measures<ul style="list-style-type: none"><li>○ Well-established from other studies</li></ul></li></ul> <p><u>Criteria Not Met</u></p> <ul style="list-style-type: none"><li>× Intervention<ul style="list-style-type: none"><li>○ No favorable effects</li></ul></li><li>× Follow-up data<ul style="list-style-type: none"><li>○ 1 and 2 years no favorable effects</li></ul></li></ul>



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## The Zuni Life Skills Development Curriculum

### Program Description

A culturally tailored life-skills-focused suicide prevention program in reducing behavioral and cognitive factors identified as correlates of suicidal behavior in Native American adolescents in the Zuni tribal community. For a fuller description: <https://sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development>

### Summary of Implementation and Research

The program is a life skills-focused suicide prevention program. The curriculum was based on life skills training and was specifically tailored to be compatible with Zuni norms, values, beliefs, and attitudes; sense of self, space, and time; communication styles; and rewards and forms of recognition. Extensive community input was solicited during the development of the curriculum to examine key aspects of helping and problem solving in Zuni culture and to establish community support for implementation of the curriculum. While non-Zuni teachers delivered the curriculum, they were paired with a Zuni cultural resource (LaFromboise & Howard-Pitney, 1995). The study demonstrated favorable finding for child well-being (LaFromboise & Howard-Pitney, 1995).

### Recommendation

There is not yet sufficient evidence to submit this program to the Title IV-E Clearinghouse. While the study has a QED design and demonstrates positive findings, there is a limited evidence-base showing the efficacy in more than one site and with more than one provider. The study also does not meet the follow-up data requirements of at least 6 months. For these reasons, it would not receive a favorable rating and is not yet ready for review. (For additional details, see Table 14.)

**Table 14. The Zuni Life Skills Development Curriculum: Mental Health**

<b>Target Population</b>	Zuni public high school freshman and junior high school students taking language arts classes.
<b>Program Setting</b>	<ul style="list-style-type: none"> <li>• School setting</li> <li>• Reservation</li> </ul>
<b>Primary Program Goals</b>	<ul style="list-style-type: none"> <li>• Building self-esteem</li> <li>• Identifying emotions and stress</li> <li>• Increasing communication and problem-solving skills</li> <li>• Recognizing and eliminating self-destructive behavior</li> <li>• Receiving suicide information</li> <li>• Receiving suicide intervention training</li> <li>• Setting personal and community goals</li> </ul>
<b>Outcomes with Favorable Evidence</b>	<p>Favorable findings in the following domain:</p> <ul style="list-style-type: none"> <li>✓ Child Well-Being</li> </ul>
<b>Clearinghouse Eligibility Criteria Reviewed</b>	<p><u>Criteria Met</u></p> <ul style="list-style-type: none"> <li>✓ Publication date, source, and language</li> <li>✓ Study design             <ul style="list-style-type: none"> <li>○ QED</li> </ul> </li> <li>✓ Target outcomes             <ul style="list-style-type: none"> <li>○ Favorable program or intervention impact</li> </ul> </li> <li>✓ Measures             <ul style="list-style-type: none"> <li>○ Well-established measures from other studies</li> </ul> </li> </ul> <p><u>Criteria Not Met</u></p> <ul style="list-style-type: none"> <li>× Intervention evaluation             <ul style="list-style-type: none"> <li>○ Not offered at more than 1 site</li> <li>○ Not delivered by more than 1 agency or provider</li> </ul> </li> <li>× Follow-up data             <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> </ul>

# CONCLUSION

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This review identified seven programs that are ready for review by the Prevention Services Clearinghouse, one program that will need to strengthen or augment existing evidence, and four programs that will need to design and implement empirical studies to generate evidence for their effectiveness. A strategic approach to addressing the barriers to evidence building, as well as to heighten awareness of existing rigorous evidence, can build the diversity of representation in the Prevention Services Clearinghouse and improve the availability of culturally specific interventions.

In August 2021, the Federal Register solicited comments on the operation and oversight of the Prevention Services Clearinghouse. Among the many issues identified by a large group of stakeholders, researchers, and practitioners was the need to reshape the Clearinghouse's approach to reviewing evidence (and the field's approach to supporting research) so that more culturally specific interventions could be included. This includes not only support for empirical study and a recognition of the importance of culturally specific interventions to guide prioritization of reviews, but also a reconsideration of the definition of a program "manual" (another requirement for EBP consideration) to include narrative forms of documentation, and a reconsideration of the single-site prohibition to ensure that tribe-specific interventions may be considered. Our review of interventions aligns with the sentiments of the field in elevating and promoting culturally specific interventions along the road to building evidence.

This work aims to prioritize the review of seven programs that have accumulated rigorous evidence and suggest improvements in the methodology of one program for which there are preliminary studies documenting initial indicators of success. But this work also advocates for resources to support evidence-building activities for culturally specific interventions. This may include support for developing partnerships between program developers and researchers, funding for research paired with technical assistance to build capacity among the developers, and convenings and support to continue to promote awareness and capacity to generate rigorous, reliable, and valid evidence of intervention effectiveness.

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