

Editorial Comment

Evidence-Based Programs for Children, Youth and Families: Introduction to the Special Issue*

Comentario Editorial

Programas Basados en la Evidencia para Menores, Jóvenes y Familias: Introducción al Número Especial

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Psychosocial intervention programs for children and families are an essential part of the necessary strategies to maintain the population's well-being and to guarantee truly equal opportunities. For the past 20 years, a large number of these programs have been implemented, and this has involved considerable economic effort by the Public Administrations. Perhaps, at this moment, it would be convenient to address two questions, which could be relevant to try to improve investment in these programs.

The first question can be focused on the amount of scientific knowledge available about program effectiveness (with abusive families, children with behavior problems, delinquent youths), to improve quality of life, to reduce suffering, to guarantee life-chances, etc. It is very difficult to have an answer to these questions and to make any kind of estimations about outcomes. A major problem in the development of this kind of programs is the absence of reliable and valid information about the efficacy and benefits provided to the people and communities that these programs attend to, and to society in general. If a "pragmatic assessment culture" is not applied in the area of psychosocial intervention, it seems that these programs can't be considered as another way of investing "public money" with a positive impact on all citizens' well-being.

The second question is related to the general approach of psychosocial programs. There is strong empirical evidence that early life is highly vulnerable to the negative effects of adverse experiences. Research in the field of developmental neurobiology provides important evidence about the effect of negative experiences on alterations and dysfunctions in brain architecture, which can be persistent and

increase the risk of physical, cognitive, social and emotional problems along infancy, adolescence and adulthood. This empirical evidence requires and supports the need for a perspective shift in programs for children and families, trying to reduce later programs, which are more expensive and less effective, and increasing the amount of early preventive programs, which showed enough information and findings about their efficacy.

It is currently perfectly feasible to work in the sphere of social intervention, promoting and funding programs that have shown sufficient empirical evidence of their efficacy or innovations that are solidly grounded on theoretical and empirical bases and that undergo rigorous assessments. As long as public resources are invested in this type of programs, it is essential for the results obtained to be translated in terms of: (1) indicators for improvement of the well-being of the people and collectives attended to and of all the citizens as a whole, and (2) the economic benefit obtained (recovered) by society at mid- or long-term. Each person and collective for whom positive results were obtained constitutes a source of well-being for the community and contributes an economic benefit to it.

The papers included in this Psychosocial Intervention issue attempt to provide professionals involved in psychosocial intervention for children and families with useful information. The content in this special issue intends to show that there are theoretical and empirical bases underpinning the relevance of introducing preventive early intervention programs, as well as enough intervention programs for children and families of proven efficacy with different types of population.

The first article presents updated empirical information on potential mid- and long-term negative, stable and persistent effects by severely adverse outcomes in early stages (pre- and perinatal) of human development. Evidence clearly supports the need and social relevancy of implementing early preventive programs

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*Versión en castellano disponible en [spanish version available at]: www.psyshosocial-intervention.org

for children and families who are at risk for experiencing toxic stress. Such policies and programs should begin as early as possible in order to reduce or avoid the need of more costly and less effective remediation programs.

Each of the next six articles included in this special issue deals with a different prevention and treatment program for children and adolescents and their families. These papers present the theoretical bases for these programs and their major components, but with a special focus on the findings obtained and existing evidence of their efficacy and efficiency. These programs have been selected as a guidance for all those programs that intend to be considered as “evidence-based practices” which have undergone rigorous assessments and proved relevant positive impacts.

Some of the “evidence-based” programs included in this special issue were designed for intervention at very early developmental stages, that is, during the first years in the children’s lives.

The *Nurse-Family Partnership* program, which was developed by Dr. Olds more than 30 years ago, was designed to attend pregnant women since the prenatal developmental stage until the children are 24 months old. This paper summarizes a three-decade program of research that has attempted to improve the health and development of mothers and infants and their future life prospects with prenatal and infancy home visiting by nurses. The program has three major goals: to improve the outcomes of pregnancy by helping women improve their prenatal health; to improve the child’s health and development by helping parents provide more sensitive and competent care of the child; and to improve parental life-course by helping parents plan future pregnancies, complete their educations, and find work. It is therefore an eminently preventive program which has proved in mid- and long-term outcome follow-ups to have a relevant impact on a host of maternal and child personal and social development areas.

Another two programs described in the following papers (*Incredible Years* and *Parent-Child Interaction Therapy*) were designed to attend very young children and their families when behavioral problems and difficulties in parent-child interaction first appear.

The *Incredible Years* (IY) programs were designed to prevent and treat behavior problems when they first appear and to intervene in multiple areas through parent, teacher, and child training. This paper summarizes the literature demonstrating the impact of the IY parent, teacher and child intervention programs, and describes in more detail the work done in Portugal so far to disseminate IY programs with fidelity.

The *Parent-Child Interaction Therapy* (PCIT) program was designed for children between 2 and 7 years of age with disruptive, or externalizing, behavior problems and with the objective to reduce child behavior problems, to improve parenting skills, and to enhance

the quality of parent-child relationships. There is an abundance of research demonstrating very strong treatment effects with maltreating parent-child relationships, traumatized children, and in developing resilience in young children.

SafeCare® program is an evidence-based parent-training program that reduces child maltreatment, particularly neglect. The risk of child maltreatment, a public health issue affecting millions of U.S. children each year, can be markedly reduced by interventions such as *SafeCare* that deliver in-home services. Drawing from applied behavioral analysis roots, *SafeCare* focuses on providing parents with specific skills in three areas: health, home safety, and parent-child/infant interaction. This paper will include an overview of the *SafeCare*® model, a perspective of its history and dynamic development, description of the theoretical underpinnings of the model, a description of the program targets and content by describing its modules and delivery, an overview of program outcomes, and data discussion of dissemination and implementation.

The last two programs included in this issue are addressed to adolescents presenting serious antisocial behavior and their families.

Multisystemic therapy (MST) is an intensive family- and community-based treatment where the family is viewed as central to achieving favorable outcomes. MST uses a home-based model of treatment delivery to further facilitate family engagement and remove barriers to service access. Therapist schedules appointments at the family’s convenience, including evening and weekend hours and are available to intervene 24 hours per day, 7 days per week to address crises that might threaten treatment success. Caseloads of four to six families per therapist enable the provision of intensive services titrated to family need. A relevant number of studies conducted to evaluate program impact support the capacity of MST to reduce youth antisocial behavior and out-of-home placements.

Multidimensional Treatment Foster Care (MTFC) is a cost-effective alternative program to regular foster care, group or residential treatment, and incarceration for youth who have problems with chronic disruptive behavior. In MTFC program, children are placed in a family setting for six to nine months. Foster parents are recruited, trained, and supported to become part of the treatment team. The birth family receives family therapy and parent training in order to prepare parents for their child’s return home and to reduce conflict and increase positive relationships in the family. The MTFC treatment team is led by a program supervisor who also provides intensive support and consultation to the foster parents. The treatment team also includes a family therapist, an individual therapist, a child skills trainer, and a daily telephone contact person (PDR caller). Eight randomized trials and numerous other studies have provided evidence of the feasibility and effectiveness of MTFC. Results showed that cost of

MTFC, compared to alternative residential treatment models, was substantially lower, thus resulting in savings for both systems and taxpayers.

In the current international context, especially in the USA, professionals and policymakers have available very useful resources to make decisions on which programs are the most appropriate to deal with the needs of communities and human groups with particular problems. Several public and private organizations have been building well-documented, up-to-date data banks that include very detailed descriptions of programs based on solid, stable evidence of a high degree of efficacy to achieve the goals intended. The next paper in this issue presents one of these data banks of child and family-based intervention programs (*Blueprints for the Prevention of Violence*), which has been used in the USA for several years to design a version for several European countries.

The last paper in this issue deals with some of the new financing formulas for infancy and adolescence programs, such as the “pay by return” formula, which is now being included in some USA and UK programs. From this perspective, it may be interesting to study the incorporation of private initiative, especially that of Organizations (for example, Foundations) that can afford this kind of investment. This would mean that an important part or the entire program would be financed from the start by this kind of private Organizations. From the assessment of the results obtained and their translation into economic benefits (in terms of reduction of expenditures and of the income that the results of the program would provide to the State), the Public Administration would commit to returning part of the financing of the program, the part that could be proved to have saved tax-payers’ money.