

Appendix A

Literature Search Strategy

Pubmed – conducted 26 September 2011

Search	Most Recent Queries	Result
#1	Search "Child Abuse"[Mesh] OR "Child Welfare"[Mesh] OR "Infant Welfare"[Mesh] OR "Domestic Violence"[Mesh] OR "Foster Home Care"[Mesh]	55628
#2	Search "child abuse"[tiab] OR "child maltreatment"[tiab] OR "neglect"[tiab] OR "domestic violence"[tiab] OR "child welfare"[tiab] OR "foster care"[tiab] OR "kinship care"[tiab] OR "out of home care"[tiab] OR "out of home placement"[tiab] OR "looked after child"[tiab] OR "looked after young"[tiab] OR child protective service* OR physical abuse*	23738
#3	Search #1 OR #2	66583
#4	Search "Adolescent"[Mesh] OR "Child"[Mesh] OR "Infant"[Mesh]	2552525
#5	Search #3 AND #4	47627
#6	Search #5 Limits: Humans, English	41282
#7	Search ((#6) AND "1990/01/01"[Publication Date] : "2011/10/01"[Publication Date]) AND "0"[Publication Date]: "3000"[Publication Date]	33533
#8	Search "intervention"[tiab] OR "interventions"[tiab] OR "treatment"[tiab] OR "treatments"[tiab] OR "therapy"[tiab] OR "therapies"[tiab] OR "therapeutic"[tiab] OR "training"[tiab] OR "psychoeducation"[tiab] OR "program"[tiab] OR "programs"[tiab]	4040391
#9	Search "Intervention Studies"[Mesh]	4862
#10	Search "Psychotherapy"[Mesh]	134066
#11	Search "Complementary Therapies"[Mesh]	151249
#12	Search "Psychotropic Drugs"[Mesh]	114945
#13	Search Antidepressive Agents [Pharmacological Action]	109682
#14	Search Monoamine Oxidase Inhibitors [Pharmacological Action]	18977
#15	Search Anticonvulsants [Pharmacological Action]	120174
#16	Search Adrenergic Agents [Pharmacological Action]	301728
#17	Search Antipsychotic Agents [Pharmacological Action]	114583
#18	Search Tranquilizing Agents [Pharmacological Action]	168679
#19	Search "Benzodiazepines"[MeSH]	54507
#20	Search "Opiate Alkaloids"[Mesh]	69593
#21	Search "Anesthetics, Dissociative" [Pharmacological Action]	8329
#22	Search "Drug Therapy"[Mesh]	912570
#23	Search #7 AND (#8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22)	10202
#24	Search "Randomized Controlled Trial"[Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh] OR "Single-Blind Method"[Mesh] OR "Double-Blind Method"[Mesh] OR "Random Allocation"[Mesh] OR "trial"[tiab]	611454
#25	Search "meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]	50172
#26	Search "Comparative Study"[Publication Type] OR "comparative study"	1547696
#27	Search ("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH AND "systematic"[tiab])	42860
#28	Search "Cohort Studies"[Mesh]	1105472
#29	Search "Observation"[Mesh]	3766
#30	Search "Case-Control Studies"[Mesh]	512695
#31	Search #23 AND (#24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30)	2736

Cochrane – conducted 26 September 2011

ID	Search	Hits
#1	"Child Abuse"[Mesh] OR "Child Welfare"[Mesh] OR "Infant Welfare"[Mesh] OR "Domestic Violence"[Mesh] OR "Foster Home Care"[Mesh]	995
#2	"child abuse"[tiab] OR "child maltreatment"[tiab] OR "neglect"[tiab] OR "domestic violence"[tiab] OR "child welfare"[tiab] OR "foster care"[tiab] OR "kinship care"[tiab] OR "out of home care"[tiab] OR "out of home placement"[tiab] OR "looked after child"[tiab] OR "looked after young"[tiab] OR child protective service* OR physical abuse"	2084
#3	(#1 OR #2)	2153
#4	"Adolescent"[Mesh] OR "Child"[Mesh] OR "Infant"[Mesh]	118022
#5	(#3 AND #4)	1378
#6	"intervention"[tiab] OR "interventions"[tiab] OR "treatment"[tiab] OR "treatments"[tiab] OR "therapy"[tiab] OR "therapies"[tiab] OR "therapeutic"[tiab] OR "training"[tiab] OR "psychoeducation"[tiab] OR "program"[tiab] OR "programs"[tiab]	446518
#7	"Intervention Studies"[Mesh]	2576
#8	"Psychotherapy"[Mesh]	6282
#9	"Complementary Therapies"[Mesh]	765
#10	"Antidepressive Agents"[Pharmacological Action]	4378
#11	"Monoamine Oxidase Inhibitors"[Pharmacological Action]	542
#12	"Anticonvulsants"[Pharmacological Action]	2055
#13	"Adrenergic Agents"[Pharmacological Action]	139
#14	"Antipsychotic Agents"[Pharmacological Action]	3254
#15	"Tranquilizing Agents"[Pharmacological Action]	524
#16	"Benzodiazepines"[MeSH]	2830
#17	"Opiate Alkaloids"[Mesh]	3
#18	"Anesthetics, Dissociative"[Pharmacological Action]	251
#19	"Psychotropic Drugs"[Mesh]	646
#20	"Drug Therapy"[Mesh]	182773
#21	(#5 AND (#6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20))	1171
#22	(#21), from 1990 to 2011	1128
#23	"Randomized Controlled Trial"[Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh] OR "Single-Blind Method"[Mesh] OR "Double-Blind Method"[Mesh] OR "Random Allocation"[Mesh] OR "trial"[tiab]	463984
#24	"meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]	17488
#25	"Comparative Study"[Publication Type] OR "comparative study"	136548
#26	("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH AND "systematic"[tiab])	27441
#27	"Cohort Studies"[Mesh]	6943
#28	"Observation"[Mesh]	15866
#29	"Case-Control Studies"[Mesh]	4102
#30	(#22 AND (#23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29))	1041
#31	"Humans"[Mesh] in Cochrane Reviews, Other Reviews, Clinical Trials, Methods Studies, Technology Assessments and Economic Evaluations	412691
#32	(#30 AND #31)	948

ISI Web of Science, conducted 26 September 2011

Set	Results	Query
# 1	2,141	TS=("child maltreatment") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 2	23,588	TS=(child) AND TS=(abuse*) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 3	67,944	TS=(neglect) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 4	7,383	TS=("domestic violence") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 5	3,426	TS=("child welfare") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 6	2,706	TS=("foster care") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 7	295	TS=("kinship care") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 8	347	TS=("out of home care") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 9	220	TS=("out of home placement") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 10	2	TS=("looked after child") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 11	11	TS=("looked after young") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 12	1,110	TS=(child protective service*) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 13	10,826	TS=(physical abuse*) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 14	104,550	#13 OR #12 OR #11 OR #10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 15	2,374,692	TS=("treatment") OR TS=("treatments") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 16	396,759	TS=("intervention") OR TS=("interventions") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 17	2,071,928	TS=("therapy") OR TS=("therapies") OR TS=("therapeutic") OR TS=("training") OR TS=("psychoeducation") OR TS=("program") OR TS=("programs") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 18	23,048	(TS=(Psychotherapy)) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On

# 19	3,577,518	#18 OR #17 OR #16 OR #15 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 20	23,003	#19 AND #14 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 21	92,092	(#14) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 22	1,439	(#14) AND Language=(English) Refined by: Web of Science Categories=(PHARMACOLOGY PHARMACY OR MEDICINE RESEARCH EXPERIMENTAL) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 23	23,741	#22 OR #20 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 24	933,961	(TS=(child*) OR TS=(youth) OR TS=(baby) OR TS=(adolescent) OR TS=(teen) OR TS=(teenager) OR TS=(toddler) OR TS=(Infant)) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 25	11,218	#24 AND #23 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 26	10,701	#24 AND #23 Refined by: Document Type=(ARTICLE OR REVIEW) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 27	338,451	(TS=("systematic review") OR TS=("randomized controlled trial") OR TS=(observational) OR TS=("cohort study") OR TS=("Comparative study") OR TS=("meta-analysis") OR TS=("Case Control")) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On
# 28	640	#27 AND #26 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=1990-2011 Lemmatization=On

PsycInfo, conducted 29 September 2011

#	Query	Results
S27	S25 or S26	2431
S26	S12 Limiters - Publication Year from: 1990-2011; Publication Type: All Journals; English; Language: English; Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs); Population Group: Human; Document Type: Journal Article; Methodology: CLINICAL CASE STUDY, -Experimental Replication, -Followup Study, -Longitudinal Study, ---Prospective Study, ---Retrospective Study, -Systematic Review, -Meta Analysis, -Qualitative Study, -Quantitative Study, TREATMENT OUTCOME/CLINICAL TRIAL; Exclude Dissertations Search modes - Boolean/Phrase	2316
S25	S12 and S24 Limiters - Publication Year from: 1990-2011; Publication Type: All Journals; English; Language: English; Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs); Population Group: Human; Exclude Dissertations Search modes - Boolean/Phrase	328
S24	S13 or S14 or S15 or S16 or S17 or S18 or S19 or S20 or S21 or S22 or S23	221984
S23	"case control"	4562
S22	Observation	88503
S21	cohort stud*	8303
S20	systematic review*	6441
S19	comparative Stud*	13619
S18	meta-analysis	12211
S17	trial	98113
S16	"Random Allocation"	119
S15	"Double-Blind Method"	46
S14	"Single-Blind Method"	1
S13	Randomized Controlled Trial*	10329
S12	S10 and S11	33327
S11	S6 or S7 or S8 or S9	1172138
S10	S1 or S2 or S3 or S4 or S5	65781
S9	DE "Drugs" OR DE "Adrenergic Blocking Drugs" OR DE "Adrenergic Drugs" OR DE "Alcohols" OR DE "Alkaloids" OR DE "Amines" OR DE "Analgesic Drugs" OR DE "Anesthetic Drugs" OR DE "Anti Inflammatory Drugs" OR DE "Antiandrogens" OR DE "Antibiotics" OR DE "Anticoagulant Drugs" OR DE "Anticonvulsive Drugs" OR DE "Antidepressant Drugs" OR DE "Antiemetic Drugs" OR DE "Antiestrogens" OR DE "Antihistaminic Drugs" OR DE "Antihypertensive Drugs" OR DE "Antineoplastic Drugs" OR DE "Antispasmodic Drugs" OR DE "Antitremor Drugs" OR DE "Antitubercular Drugs" OR DE "Antiviral Drugs" OR DE "Appetite Depressing Drugs" OR DE "Barbiturates" OR DE "Benzodiazepines" OR DE "Bromides" OR DE "Cannabis" OR DE "Channel Blockers" OR DE "Cholinergic Blocking Drugs" OR DE "Cholinergic Drugs" OR DE "Cholinomimetic Drugs" OR DE "CNS Affecting Drugs" OR DE "Diuretics" OR DE "Dopamine Agonists" OR DE "Emetic Drugs" OR DE "Enzyme Inhibitors" OR DE "Enzymes" OR DE "Ergot Derivatives" OR DE "Ganglion Blocking Drugs" OR DE "Generic Drugs" OR DE "Hallucinogenic Drugs" OR DE "Heart Rate Affecting Drugs" OR DE "Hypnotic Drugs" OR DE "Muscle Relaxing Drugs" OR DE "Narcotic Agonists" OR DE "Narcotic Antagonists" OR DE "Narcotic Drugs" OR DE "Neurotransmitter Uptake Inhibitors" OR DE "Nonprescription Drugs" OR DE "Nootropic Drugs" OR DE "Performance Enhancing Drugs" OR DE "Prescription Drugs" OR DE "Psychotomimetic Drugs" OR DE "Respiration Stimulating Drugs" OR DE "Sedatives" OR DE "Serotonin Agonists" OR DE "Serotonin Antagonists" OR DE "Statins" OR DE "Steroids" OR DE "Sympatholytic Drugs" OR DE "Sympathomimetic Drugs" OR DE "Thimerosal" OR DE "Tranquilizing Drugs" OR DE "Vasoconstrictor Drugs" OR DE "Vasodilator Drugs"	81289
S8	DE "Alternative Medicine" OR DE "Acupuncture" OR DE "Aromatherapy" OR DE "Faith Healing" OR DE "Folk Medicine"	5000

#	Query	Results
S7	DE "Psychotherapy" OR DE "Adlerian Psychotherapy" OR DE "Adolescent Psychotherapy" OR DE "Analytical Psychotherapy" OR DE "Autogenic Training" OR DE "Behavior Therapy" OR DE "Brief Psychotherapy" OR DE "Child Psychotherapy" OR DE "Client Centered Therapy" OR DE "Cognitive Behavior Therapy" OR DE "Conversion Therapy" OR DE "Eclectic Psychotherapy" OR DE "Emotion Focused Therapy" OR DE "Existential Therapy" OR DE "Experiential Psychotherapy" OR DE "Expressive Psychotherapy" OR DE "Eye Movement Desensitization Therapy" OR DE "Feminist Therapy" OR DE "Geriatric Psychotherapy" OR DE "Gestalt Therapy" OR DE "Group Psychotherapy" OR DE "Guided Imagery" OR DE "Humanistic Psychotherapy" OR DE "Hypnotherapy" OR DE "Individual Psychotherapy" OR DE "Insight Therapy" OR DE "Integrative Psychotherapy" OR DE "Interpersonal Psychotherapy" OR DE "Logotherapy" OR DE "Narrative Therapy" OR DE "Persuasion Therapy" OR DE "Primal Therapy" OR DE "Psychoanalysis" OR DE "Psychodrama" OR DE "Psychodynamic Psychotherapy" OR DE "Psychotherapeutic Counseling" OR DE "Rational Emotive Behavior Therapy" OR DE "Reality Therapy" OR DE "Relationship Therapy" OR DE "Solution Focused Therapy" OR DE "Supportive Psychotherapy" OR DE "Transactional Analysis"	131427
S6	"intervention" OR "interventions" OR "treatment" OR "treatments" OR "therapy" OR "therapies" OR "therapeutic" OR "training" OR "psychoeducation" OR "program" OR "programs"	1119024
S5	"child abuse" OR "child maltreatment" OR "neglect" OR "domestic violence" OR "child welfare" OR "foster care" OR "kinship care" OR "out of home care" OR "out of home placement" OR "looked after child" OR "looked after young" OR child protective service* OR physical abuse*	65763
S4	DE "Foster Care"	3234
S3	DE "Domestic Violence"	7813
S2	DE "Child Welfare"	4750
S1	DE "Child Abuse" OR DE "Battered Child Syndrome"	20171

Appendix B

Full Text Review Form

Author Last name, year:
Does this study assess the effects of an intervention? <ul style="list-style-type: none">• Yes• No
Are ALL participants in the population of interest? OR Is there a sub-group of participants relevant and with outcome data stratified accordingly? <ul style="list-style-type: none">• Yes• No
Does the study include an intervention of interest? <ul style="list-style-type: none">• Yes• No
Does this study include a comparison of interest? <ul style="list-style-type: none">• Yes• No
Does the study include outcomes relevant to 1 or more key questions? <ul style="list-style-type: none">• Yes• No
Which best describes the study design? <ul style="list-style-type: none">• Randomized controlled trial (RCT)• Non-randomized controlled trial (NCT)• Prospective cohort• Retrospective cohort• Case-control• Nested case-control• Systematic Review • Something else
Is the sample size ≥ 10 <ul style="list-style-type: none">• Yes• No

Appendix C. Excludes

Wrong Publication Type

1. Al Eissa M, Almuneef M. Child abuse and neglect in Saudi Arabia: journey of recognition to implementation of national prevention strategies. *Child Abuse Negl.* 2010 Jan;34(1):28-33. PMID: 20092895.
2. Bai Y, Wells R, Hillemeier MM. Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes. *Child Abuse Negl.* 2009 Jun;33(6):372-81. PMID: 19473702.
3. Baumann BL, Kolko DJ. A comparison of abusive and nonabusive mothers of abused children. *Child Maltreat.* 2002 Nov;7(4):369-76. PMID: 12408248.
4. Berrick JD, Young EW, Cohen E, et al. 'I am the face of success': Peer mentors in child welfare. *Child & Family Social Work.* 2011;16(2):179-91. PMID: 2011-05923-006.
5. Blau GM, Whewell MC, Gullotta TP, et al. The prevention and treatment of child abuse in households of substance abusers: a research demonstration progress report. *Child Welfare.* 1994 Jan-Feb;73(1):83-94. PMID: 8299411.
6. Bos K, Zeanah CH, Fox NA, et al. Psychiatric outcomes in young children with a history of institutionalization. *Harv Rev Psychiatry.* 2011 Jan-Feb;19(1):15-24. PMID: 21250893.
7. Brent DA, Greenhill LL, Compton S, et al. The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial. *J Am Acad Child Adolesc Psychiatry.* 2009 Oct;48(10):987-96. PMID: WOS:000270196600005.
8. Brown EJ. Clinical characteristics and efficacious treatment of posttraumatic stress disorder in children and adolescents. *Pediatr Ann.* 2005 Feb;34(2):138-46. PMID: WOS:000226946200009.
9. Brown EJ. Correlates and treatment of stress disorder in children and adolescents. *Psychiatric Annals.* 2005;35(9):759-65. PMID: 2006-04163-007.
10. Brown GW, Malone P. Child head injuries: review of pattern from abusive and unintentional causes resulting in hospitalization. *Alaska Med.* 2003 Jan-Mar;45(1):9-13. PMID: 12722522.
11. Carr A. Evidence-based practice in family therapy and systemic consultation: I: Child-focused problems. *Journal of Family Therapy.* 2000;22(1):29-60. PMID: 2000-03019-003.
12. Chamberlain P, Price J, Reid J, et al. Cascading implementation of a foster and kinship parent intervention. *Child Welfare.* 2008;87(5):27-48. PMID: 19402358.
13. Champion JD. Effect of abuse on self-perception of rural Mexican-American and non-Hispanic white adolescents. *Arch Psychiatr Nurs.* 1999 Feb;13(1):12-8. PMID: 10069098.
14. Champion JD. Context of sexual risk behaviour among abused ethnic minority adolescent women. *Int Nurs Rev.* 2011 Mar;58(1):61-7. PMID: 21281295.
15. Chung EK, Webb D, Clampet-Lundquist S, et al. A comparison of elevated blood lead levels among children living in foster care, their siblings, and the general population. *Pediatrics.* 2001 May;107(5):E81. PMID: 11331731.
16. Cicchetti D, Curtis WJ. An event-related potential study of the processing of affective facial expressions in young children who experienced maltreatment during the first year of life. *Dev Psychopathol.* 2005;17(3):641-77. PMID: 2005-15937-005.
17. Cicchetti D, Rogosch FA, Toth SL. The effects of child maltreatment and polymorphisms of the serotonin transporter and dopamine D4 receptor genes on infant attachment and intervention efficacy. *Dev Psychopathol.* 2011;23(2):357-72. PMID: 2011-09487-002.
18. Cohen J, Mannarino AP. Disseminating and implementing trauma-focused CBT in community settings. *Trauma Violence & Abuse.* 2008 Oct;9(4):214-26. PMID: WOS:000259548100002.

19. Cohen JA. Pharmacologic treatments for childhood PTSD. *Trauma, Violence, & Abuse: A Review Journal*. 2001;2(2):155-71.
20. Cohen JA, Mannarino AP. Factors that mediate treatment outcome of sexually abused preschool children. *J Am Acad Child Adolesc Psychiatry*. 1996 Oct;35(10):1402-10. PMID: 8885595.
21. Cohen JA, Mannarino AP, Murray LK, et al. Psychosocial interventions for maltreated and violence-exposed children. *J Soc Issues*. 2006;62(4):737-66. PMID: WOS:000241562500005.
22. Cohen JA, Mannarino AP, Zhitova AC, et al. Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child Abuse Negl*. 2003;27(12):1345-65. PMID: 2003-10881-001.
23. Dixon J. Obstacles to participation in education, employment and training for young people leaving care. *Social Work and Social Sciences Review*. 2007;13(2):18-34. PMID: 2008-14156-003.
24. Dorahy MJ, Corry M, Shannon M, et al. Complex PTSD, interpersonal trauma and relational consequences: findings from a treatment-receiving Northern Irish sample. *J Affect Disord*. 2009 Jan;112(1-3):71-80. PMID: 18511130.
25. Dowdell EB, Cavanaugh DJ. Caregivers of victimized children: differences between biological parents and foster caregivers. *J Psychosoc Nurs Ment Health Serv*. 2009 Jun;47(6):28-36. PMID: 19585801.
26. Drake B, Jonson-Reid M, Sapokaite L. Rereporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report? *Child Abuse Negl*. 2006;30(11):1201-26. PMID: 2006-22429-006.
27. Drury SS, Theall KP, Smyke AT, et al. Modification of depression by COMT val158met polymorphism in children exposed to early severe psychosocial deprivation. *Child Abuse Negl*. 2010 Jun;34(6):387-95. PMID: 20403637.
28. Fernandez E. Unravelling emotional, behavioural and educational outcomes in a longitudinal study of children in foster-care. *British Journal of Social Work*. 2008;38(7):1283-301. PMID: 2008-15974-002.
29. Finkelhor D, Berliner L. Research on the treatment of sexually abused children: a review and recommendations. *J Am Acad Child Adolesc Psychiatry*. 1995 Nov;34(11):1408-23. PMID: 8543508.
30. Fisher PA, Gunnar MR, Dozier M, et al. Effects of therapeutic interventions for foster children on behavioral problems, caregiver attachment, and stress regulatory neural systems. *Ann N Y Acad Sci*. 2006 Dec;1094:215-25. PMID: 17347353.
31. Fluke JD, Shusterman GR, Hollinshead DM, et al. Longitudinal analysis of repeated child abuse reporting and victimization: multistate analysis of associated factors. *Child Maltreat*. 2008 Feb;13(1):76-88. PMID: 18174350.
32. Frazier KN, West-Olatunji CA, Juste SS, et al. Transgenerational trauma and child sexual abuse: Reconceptualizing cases involving young survivors of CSA. *Journal of Mental Health Counseling*. 2009;31(1):22-33. PMID: 2009-00040-003.
33. Hahn RA, Mercy J, Bilukha O, et al. Assessing home visiting programs to prevent child abuse: taking silver and bronze along with gold. *Child Abuse Negl*. 2005 Mar;29(3):215-8; author reply 41-9. PMID: 15820536.
34. Hall DK, Mathews F, Pearce J. Factors associated with sexual behavior problems in young sexually abused children. *Child Abuse Negl*. 1998 Oct;22(10):1045-63. PMID: 9793727.
35. Harmon RJ, Riggs PD. Clonidine for posttraumatic stress disorder in preschool children. *J Am Acad Child Adolesc Psychiatry*. 1996 Sep;35(9):1247-9. PMID: 8824068.
36. Hiebert-Murphy D, De Luca RV, Runtz M. Group treatment for sexually abused girls: Evaluating outcome. *Families in Society: The Journal of Contemporary Human Services*. 1992;73:205-13.

37. Hill CM, Watkins J. Statutory health assessments for looked-after children: what do they achieve? *Child Care Health Dev.* 2003 Jan;29(1):3-13. PMID: 12534562.
38. Hoier TS. The course of treatment of a sexually abused child: A single-case study. *Behavioral Assessment.* 1991;13:385-98.
39. Jonson-Reid M. Exploring the relationship between child welfare intervention and juvenile corrections involvement. *Am J Orthopsychiatry.* 2002 Oct;72(4):559-76. PMID: 15792041.
40. Kaplan SJ, Pelcovitz D, Labruna V. Child and adolescent abuse and neglect research: a review of the past 10 years. Part I: Physical and emotional abuse and neglect. *J Am Acad Child Adolesc Psychiatry.* 1999 Oct;38(10):1214-22. PMID: 10517053.
41. Kinard EM. Services for maltreated children: variations by maltreatment characteristics. *Child Welfare.* 2002 Jul-Aug;81(4):617-45. PMID: 12109603.
42. Kliman G. Methods for Maximizing Good Effects of Foster Care: Evidence-Based Strategies to Prevent Discontinuities of Foster Care and Raise IQ. *International Journal of Applied Psychoanalytic Studies.* 2006;3(1):4-16. PMID: 2006-23409-002.
43. Koenen KC, Moffitt TE, Caspi A, et al. Domestic violence is associated with environmental suppression of IQ in young children. *Dev Psychopathol.* 2003 Spring;15(2):297-311. PMID: 12931829.
44. Kolko DJ, Baumann BL, Caldwell N. Child abuse victims' involvement in community agency treatment: service correlates, short-term outcomes, and relationship to reabuse. *Child Maltreat.* 2003 Nov;8(4):273-87. PMID: 14604175.
45. Lagerberg D. Secondary prevention in child health: effects of psychological intervention, particularly home visitation, on children's development and other outcome variables. *Acta Paediatr Suppl.* 2000 Sep;89(434):43-52. PMID: 11055317.
46. Lee B, Barth RP. Residential education: An emerging resource for improving educational outcomes for youth in foster care? *Children and Youth Services Review.* 2009;31(1):155-60. PMID: 2008-17864-020.
47. Libby AM, Orton HD, Barth RP, et al. Alcohol, drug, and mental health specialty treatment services and race/ethnicity: a national study of children and families involved with child welfare. *Am J Public Health.* 2006 Apr;96(4):628-31. PMID: 16507729.
48. Lindell C, Svedin CG. Mental health services provided for physically abused children in Sweden. A 4-year follow-up of child and adolescent psychiatric charts. *Nord J Psychiatry.* 2005;59(3):179-85. PMID: 16195117.
49. Lush D, Boston M, Grainger E. Evaluation of psychoanalytic psychotherapy with children: Therapists' assessments and predictions. *Psychoanalytic Psychotherapy.* 1991;5(3):191-234. PMID: 1992-10102-001.
50. MacIntyre D, Carr A, Lawlor M, et al. Development of the Stay Safe programme. *Child Abuse Review.* 2000;9(3):200-16. PMID: 2000-12235-003.
51. May JC. Family attachment narrative therapy: Healing the experience of early childhood maltreatment. *J Marital Fam Ther.* 2005;31(3):221-37. PMID: 2007-08699-004.
52. McDiarmid MD, Bagner DM. Parent-Child Interaction Therapy for children with disruptive behavior and developmental disabilities. *Education & Treatment of Children.* 2005;28(2):130-42.
53. McFarlane JM, Groff JY, O'Brien JA, et al. Behaviors of children who are exposed and not exposed to intimate partner violence: an analysis of 330 black, white, and Hispanic children. *Pediatrics.* 2003 Sep;112(3 Pt 1):e202-7. PMID: 12949313.
54. McGlade A, Ware R, Crawford M. Child protection outcomes for infants of substance-using mothers: a matched-cohort study. *Pediatrics.* 2009 Jul;124(1):285-93. PMID: 19564311.
55. Minnis H, Everett K, Pelosi AJ, et al. Children in foster care: mental health, service use and costs. *Eur Child Adolesc Psychiatry;* 2006. p. 63-70.

56. Moore KJ, Chamberlain P. Treatment foster care: cohort development of community-based models for adolescents with severe emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*. 1994;2:22-30.
57. Murray MM, Southerland D, Farmer EM, et al. Enhancing and adapting treatment foster care: Lessons learned in trying to change practice. *Journal of Child and Family Studies*. 2010;19(4):393-403. PMID: 2010-14062-002.
58. Nash J, Flynn RJ. Foster-parent training and foster-child outcomes: An exploratory cross-sectional analysis. *Vulnerable Children and Youth Studies*. 2009;4(2):128-34. PMID: 2009-12497-005.
59. Noll JG, Shenk CE, Yeh MT, et al. Receptive language and educational attainment for sexually abused females. *Pediatrics*. 2010 Sep;126(3):e615-22. PMID: 20696731.
60. Nurcombe B, Wooding S, Marrington P, et al. Child sexual abuse II: treatment. *Aust N Z J Psychiatry*. 2000 Feb;34(1):92-7. PMID: 11185951.
61. Oates RK, Bross DC. What have we learned about treating child physical abuse? A literature review of the last decade. *Child Abuse Negl*. 1995 Apr;19(4):463-73. PMID: 7606524.
62. Oates RK, O'Toole BI, Lynch DL, et al. Stability and change in outcomes for sexually abused children. *J Am Acad Child Adolesc Psychiatry*. 1994 Sep;33(7):945-53. PMID: 7961349.
63. O'Donohue WT, Elliott AN. Treatment of the sexually abused child: a review. *J Clin Child Psychol*. 1992;21:218-28.
64. Penell J, Burford G. Family Group Decision Making: Protecting children and women. *Child Welfare*. 2000;79(2):131-58.
65. Pretorius G, Pfeifer N. Group art therapy with sexually abused girls. *South African Journal of Psychology*. 2010;40(1):63-73. PMID: 2010-16557-008.
66. Price A, Wicheterman L. Shared Family Care: Fostering the whole family to promote safety and stability. *Journal of Family and Social Work*. 2003;7(2):35-54.
67. Racusin R, Maerlender AC, Jr., Sengupta A, et al. Psychosocial treatment of children in foster care: a review. *Community Ment Health J*. 2005 Apr;41(2):199-221. PMID: 15974499.
68. Raghunandan S, Leschied A. The effectiveness of kinship services with children exposed to partner violence: Exploring a dual victim treatment approach. *Families in Society*. 2010;91(1):52-9. PMID: 2010-17928-009.
69. Rubin DM, Alessandrini EA, Feudtner C, et al. Placement stability and mental health costs for children in foster care. *Pediatrics*. 2004 May;113(5):1336-41. PMID: 15121950.
70. Russell M, Gockel A, Harris B. Parent perspectives on intensive intervention for child maltreatment. *Child Adolesc Soc Work J*. 2007;24(2):101-20. PMID: 2008-00105-001.
71. Sanders MR. Triple P – Positive Parenting Program as a Public Health Approach to Strengthening Parenting. *The Journal of Family Psychology* 2008;22:506-17.
72. Schewe PA. Direct service recommendations for children and caregivers exposed to community and domestic violence. *Best Practices in Mental Health: An International Journal*. 2008;4(1):31-47. PMID: 2008-01658-004.
73. Sinclair I, Wilson K. Matches and Mismatches: The Contribution of Carers and Children to the Success of Foster Placements. *British Journal of Social Work*. 2003;33(7):871-84. PMID: 2003-09120-002.
74. Siqueira AC, Spath R, Dell'Aglio DD, et al. Multidimensional life satisfaction, stressful events and social support network of Brazilian children in out-of-home care. *Child & Family Social Work*. 2011;16(1):111-20. PMID: 2011-00911-012.
75. Smyke AT, Zeanah CH, Jr., Fox NA, et al. A new model of foster care for young children: the Bucharest early intervention project. *Child Adolesc Psychiatr Clin N Am*. 2009 Jul;18(3):721-34. PMID: 19486847.

76. Sturkie K. Group treatment for sexually abused children: Clinical wisdom and empirical findings. *Cihld and Adolescent Psychiatric Clinics of North America*. 1994;3:813-29.
77. Sunseri PA. Children Referred to Residential Care: Reducing Multiple Placements, Managing Costs and Improving Treatment Outcomes. *Residential Treatment for Children & Youth*. 2005;22(3):55-66. PMID: 2005-12490-005.
78. Swenson CC, Brown EJ. Cognitive behavioral group treatment for physically abused children. *Cognitive and Behavioral Practice*. 1999;6(3):212-20. PMID: 2002-01098-003.
79. Taft AJ, Small R, Hegarty KL, et al. MOSAIC (MOthers' Advocates In the Community): protocol and sample description of a cluster randomised trial of mentor mother support to reduce intimate partner violence among pregnant or recent mothers. *BMC public health*; 2009. p. 159.
80. Taussig HN, Culhane SE. Emotional maltreatment and psychosocial functioning in preadolescent youth placed in out-of-home care. *Journal of Aggression, Maltreatment & Trauma*. 2010;19(1):52-74. PMID: 2010-07562-003.
81. Taussig HN, Garrido EF, Crawford G. Use of a web-based data system to conduct a randomized controlled trial on an intervention for children placed in out-of-home care. *Soc Work Res*. 2009;33(1):55-60. PMID: 2009-05601-006.
82. Toth SL, Manly JT, Nilsen WJ. From research to practice: Lessons learned. *Journal of Applied Developmental Psychology*. 2008;29(4):317-25. PMID: 2008-09340-008.
83. Turner W, Macdonald GM, Dennis JA. Cognitive-behavioural training interventions for assisting foster carers in the management of difficult behaviour. *Cochrane Database Syst Rev*. 2005(2):CD003760. PMID: 15846680.
84. Unrau YA. Predicting use of child welfare services after intensive family preservation services. *Research on Social Work Practice*. 1997;7(2):202-15. PMID: 1997-03553-004.
85. Valentino K, Cicchetti D, Toth SL, et al. Mother-child play and emerging social behaviors among infants from maltreating families. *Dev Psychol*. 2006;42(3):474-85. PMID: 2006-07128-008.
86. Valentino K, Cicchetti D, Toth SL, et al. Mother-child play and maltreatment: A longitudinal analysis of emerging social behavior from infancy to toddlerhood. *Dev Psychol*. 2011;47(5):1280-94. PMID: 2011-14088-001.
87. van Santen E. Predictors of exit type and length of stay in non-kinship family foster care—The German experience. *Children and Youth Services Review*. 2010;32(10):1211-22. PMID: 2010-17145-002.
88. Wanlass J, Moreno JK, Thomson HM. Group Therapy for Abused and Neglected Youth: Therapeutic and Child Advocacy Challenges. *Journal for Specialists in Group Work*. 2006;31(4):311-26. PMID: 2006-21869-003.
89. Zeanah CH, Nelson CA, Fox NA, et al. Designing research to study the effects of institutionalization on brain and behavioral development: The Bucharest Early Intervention Project. *Dev Psychopathol*. 2003;15(4):885-907. PMID: 2003-10921-004.

Wrong Population

1. Aber JL, Brooks-Gunn J, Maynard RA. Effects of welfare reform on teenage parents and their children. *Future Child*. 1995 Summer-Fall;5(2):53-71. PMID: 8528688.
2. Ahmad A, Larsson B, Sundelin-Wahlsten V. EMDR treatment for children with PTSD: results of a randomized controlled trial. *Nord J Psychiatry*. 2007;61(5):349-54. PMID: 17990196.
3. Arnold EM, Kirk RS, Roberts AC, et al. Treatment of incarcerated, sexually-abused adolescent females: an outcome study. *J Child Sex Abus*. 2003;12(1):123-39. PMID: 16221662.
4. Asarnow JR, Emslie G, Clarke G, et al. Treatment of Selective Serotonin Reuptake Inhibitor-Resistant Depression in Adolescents: Predictors and Moderators of Treatment Response. *J Am Acad Child Adolesc Psychiatry*. 2009 Mar;48(3):330-9. PMID: WOS:000263742100012.
5. Asarnow JR, Porta G, Spirito A, et al. Suicide Attempts and Nonsuicidal Self-Injury in the Treatment of Resistant Depression in Adolescents: Findings from the TORDIA Study. *J Am Acad Child Adolesc Psychiatry*. 2011 Aug;50(8):772-81. PMID: WOS:000293427800008.
6. Avinger KA, Jones RA. Group treatment of sexually abused adolescent girls: A review of outcomes studies. *The American Journal of Family Therapy*. 2007;35:315-26.
7. Bair-Merritt MH, Jennings JM, Chen R, et al. Reducing maternal intimate partner violence after the birth of a child: a randomized controlled trial of the Hawaii Healthy Start Home Visitation Program. *Arch Pediatr Adolesc Med*. 2010 Jan;164(1):16-23. PMID: 20048237.
8. Barbe RP, Bridge JA, Birmaher B, et al. Lifetime history of sexual abuse, clinical presentation, and outcome in a clinical trial for adolescent depression. *J Clin Psychiatry*. 2004 Jan;65(1):77-83. PMID: 14744173.
9. Barkauskas VH, Low LK, Pimlott S. Health outcomes of incarcerated pregnant women and their infants in a community-based program. *J Midwifery Womens Health*. 2002 Sep-Oct;47(5):371-9. PMID: 12361349.
10. Baydar N, Reid MJ, Webster-Stratton C. The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Dev*. 2003 Sep-Oct;74(5):1433-53. PMID: 14552407.
11. Beauchaine TP, Webster-Stratton C, Reid MJ. Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: A latent growth curve analysis. *J Consult Clin Psychol*. 2005 Jun;73(3):371-88. PMID: WOS:000230036200001.
12. Becker-Weidman A. Treatment for Children with Trauma-Attachment Disorders: Dyadic Developmental Psychotherapy. *Child Adolesc Soc Work J*. 2006;23(2):147-71. PMID: 2006-12239-003.
13. Berkowitz SJ, Stover CS, Marans SR. The Child and Family Traumatic Stress Intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. 2011;52(6):676-85. PMID: 2011-10499-012.
14. Bodenmann G, Cina A, Ledermann T, et al. The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: a comparison with two other treatment conditions. *Behav Res Ther*. 2008 Apr;46(4):411-27. PMID: 18313033.
15. Boggs SR, Eyberg SM, Edwards DL, et al. Outcomes of Parent-Child Interaction Therapy: A comparison of treatment completers and study dropouts one to three years later. *Child and Family Behavior Therapy*. 2004;26(4):1-22.
16. Bor W, Sanders MR, Markie-Dadds C. The effects of the Triple P-Positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties. *J Abnorm Child Psychol*. 2002 Dec;30(6):571-87. PMID: 12481972.
17. Bratton SC, Ray D, Rhine T, et al. The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*. 2005;36:376-90.

18. Brayden RM, Altemeier WA, Dietrich MS, et al. A prospective study of secondary prevention of child maltreatment. *J Pediatr*. 1993 Apr;122(4):511-6. PMID: 8463893.
19. Brown KJ, Block AJ. Evaluation of Project Chrysalis: A school-based intervention to reduce negative consequences of abuse. *The Journal of Early Adolescence*. 2001;21(3):325-53.
20. Bugental DB, Ellerson PC, Lin EK, et al. A cognitive approach to child abuse prevention. *J Fam Psychol*. 2002 Sep;16(3):243-58. PMID: 12238408.
21. Bywater T, Hutchings J, Linck P, et al. Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study. *Child Care Health Dev*. 2011 Mar;37(2):233-43. PMID: 20854449.
22. Capaldi DM, Chamberlain P, Fetrow RA, et al. Conducting ecologically valid prevention research: recruiting and retaining a "whole village" in multimethod, multiagent studies. *Am J Community Psychol*. 1997 Aug;25(4):471-92. PMID: 9338955.
23. Casanueva C, Martin SL, Runyan DK, et al. Parenting services for mothers involved with child protective services: Do they change maternal parenting and spanking behaviors with young children? *Children and Youth Services Review*. 2008 Aug;30(8):861-78. PMID: WOS:000258023500002.
24. Cepukiene V, Pakrošnis R. The outcome of Solution-Focused Brief Therapy among foster care adolescents: The changes of behavior and perceived somatic and cognitive difficulties. *Children and Youth Services Review*. 2011;33(6):791-7. PMID: 2011-08059-002.
25. Chaffin M, Bonner BL, Hill RF. Family preservation and family support programs: child maltreatment outcomes across client risk levels and program types. *Child Abuse Negl*. 2001 Oct;25(10):1269-89. PMID: 11720379.
26. Chamberlain P, Reid JB. Using a Specialized Foster Care Community Treatment Model for Children and Adolescents Leaving the State Mental Hospital. *J Community Psychol*. 1991;19:266-76.
27. Clark HB, Prange M. Improving adjustment outcomes for foster children with emotional and behavioral disorders: early findings from a controlled study on individualized services. *Journal of Emotional and Behavioral Disorders*. 1994;2:207-18.
28. Clark KD, Tepper D, Jenny C. Effect of a screening profile on the diagnosis of nonaccidental burns in children. *Pediatr Emerg Care*. 1997 Aug;13(4):259-61. PMID: 9291513.
29. Clendenon-Wallen J. The use of music therapy to influence the self-confidence and self-esteem of adolescents who are sexually abused. *Music Therapy Perspectives*. 1991;9:73-81.
30. Cloitre M, Stovall-McClough KC, Miranda R, et al. Therapeutic alliance, negative mood regulation, and treatment outcome in child abuse-related posttraumatic stress disorder. *J Consult Clin Psychol*. 2004 Jun;72(3):411-6. PMID: 15279525.
31. Cohen JA, Mannarino AP, Iyengar S. Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: a randomized controlled trial. *Arch Pediatr Adolesc Med*. 2011 Jan;165(1):16-21. PMID: 21199975.
32. Cohen JA, Mannarino AP, Knudsen K. Treating childhood traumatic grief: a pilot study. *J Am Acad Child Adolesc Psychiatry*. 2004 Oct;43(10):1225-33. PMID: 15381889.
33. Cohen JA, Mannarino AP, Perel JM, et al. A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms. *J Am Acad Child Adolesc Psychiatry*. 2007 Jul;46(7):811-9. PMID: WOS:000247442600005.
34. Conley A, Duerr Berrick J. Community-based child abuse prevention: outcomes associated with a differential response program in California. *Child Maltreat*. 2010 Nov;15(4):282-92. PMID: 20647255.
35. Constantino JN, Hashemi N, Solis E, et al. Supplementation of urban home visitation with a series of group meetings for parents and infants: results of a "real-world" randomized, controlled trial. *Child Abuse Negl*. 2001 Dec;25(12):1571-81. PMID: 11814156.

36. Crooks CV, Scott K, Ellis W, et al. Impact of a universal school-based violence prevention program on violent delinquency: Distinctive benefits for youth with maltreatment histories. *Child Abuse Negl.* 2011 Jun;35(6):393-400. PMID: WOS:000292351200002.
37. Dakof GA, Cohen JB, Henderson CE, et al. A randomized pilot study of the Engaging Moms Program for family drug court. *J Subst Abuse Treat.* 2010 Apr;38(3):263-74. PMID: 20116961.
38. Davis MK, Gidycz CA. Child sexual abuse prevention programs: a meta-analysis. *J Clin Child Psychol.* 2000 Jun;29(2):257-65. PMID: 10802834.
39. De Luca RV, Boyes DA, Grayston AD, et al. Sexual abuse: Effects of group therapy on pre-adolescent girls. *Child Abuse Review.* 1995;4(4):263-77. PMID: 1999-00594-002.
40. Deblinger E, McLeer SV, Henry D. Cognitive behavioral treatment for sexually abused children suffering post-traumatic stress: preliminary findings. *J Am Acad Child Adolesc Psychiatry.* 1990 Sep;29(5):747-52. PMID: 2228928.
41. Donkoh C, Underhill K, Montgomery P. Independent living programmes for improving outcomes for young people leaving the care system. *Cochrane Database of Systematic Reviews.* Chichester, UK: John Wiley & Sons, Ltd; 2006.
42. Dubowitz H, Feigelman S, Lane W, et al. Pediatric primary care to help prevent child maltreatment: the Safe Environment for Every Kid (SEEK) Model. *Pediatrics.* 2009 Mar;123(3):858-64. PMID: 19255014.
43. Duggan A, Caldera D, Rodriguez K, et al. Impact of a statewide home visiting program to prevent child abuse. *Child Abuse Negl.* 2007 Aug;31(8):801-27. PMID: 17822764.
44. Duggan A, Fuddy L, Burrell L, et al. Randomized trial of a statewide home visiting program to prevent child abuse: impact in reducing parental risk factors. *Child Abuse Negl.* 2004 Jun;28(6):623-43. PMID: 15193852.
45. Duggan A, Fuddy L, McFarlane E, et al. Evaluating a statewide home visiting program to prevent child abuse in at-risk families of newborns: fathers' participation and outcomes. *Child Maltreat.* 2004 Feb;9(1):3-17. PMID: 14870994.
46. Dumas JE, Begle AM, French B, et al. Effects of monetary incentives on engagement in the PACE parenting program. *J Clin Child Adolesc Psychol.* 2010;39(3):302-13. PMID: 20419572.
47. Eckenrode J, Zielinski D, Smith E, et al. Child maltreatment and the early onset of problem behaviors: can a program of nurse home visitation break the link? *Dev Psychopathol.* 2001 Fall;13(4):873-90. PMID: 11771912.
48. Farmer EM, Burns BJ, Wagner HR, et al. Enhancing "usual practice" treatment foster care: findings from a randomized trial on improving youths' outcomes. *Psychiatr Serv.* 2010 Jun;61(6):555-61. PMID: 20513677.
49. Farrell AF, Britner PA, Guzzardo M, et al. Supportive housing for families in child welfare: Client characteristics and their outcomes at discharge. *Children and Youth Services Review.* 2010;32(2):145-54. PMID: 2009-23596-002.
50. Fein DJ, Lee WS. The impacts of welfare reform on child maltreatment in Delaware. *Children and Youth Services Review.* 2003;25(1-2):83-111. PMID: 2003-01488-004.
51. Feldman MA. Parenting education for parents with intellectual disabilities: a review of outcome studies. *Res Dev Disabil.* 1994 Jul-Aug;15(4):299-332. PMID: 7972968.
52. Fraser JA, Armstrong KL, Morris JP, et al. Home visiting intervention for vulnerable families with newborns: follow-up results of a randomized controlled trial. *Child Abuse Negl.* 2000 Nov;24(11):1399-429. PMID: 11128173.
53. Fraser MW, Walton E, Lewis RE, et al. An Experiment in Family Reunification: Correlates of Outcomes at 1-Year Follow-Up. *Children and Youth Services Review* 1996;18:335-61.

54. Gaudin Jr JM, Wodarski JS, Arkinson MK, et al. Remedying child neglect: effectiveness of social network interventions. *J Appl Soc Sci.* 1990-1991;15(1):97-123.
55. Geeraert L, Van den Noortgate W, Grietens H, et al. The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: a meta-analysis. *Child Maltreat.* 2004 Aug;9(3):277-91. PMID: 15245680.
56. Graham-Bermann SA, Lynch S, Banyard V, et al. Community-based intervention for children exposed to intimate partner violence: an efficacy trial. *J Consult Clin Psychol.* 2007 Apr;75(2):199-209. PMID: 17469878.
57. Haack MR, Burda-Cohee C, Alemi F, et al. Facilitating Self-Management of Substance Use Disorders with Online Counseling: The Intervention and Study Design. *Journal of Addictions Nursing.* 2005;16(1-2):41-6. PMID: 2005-04783-007.
58. Hahn RA, Bilukha O, Lowy J, et al. The effectiveness of therapeutic foster care for the prevention of violence: a systematic review. *Am J Prev Med.* 2005 Feb;28(2 Suppl 1):72-90. PMID: 15698748.
59. Hahn RA, Lowy J, Bilukha O, et al. Therapeutic foster care for the prevention of violence: a report on recommendations of the Task Force on Community Preventive Services. *MMWR Recomm Rep.* 2004 Jul 2;53(RR-10):1-8. PMID: 15229410.
60. Hess PM, McGowan BG, Botsko M. A preventive services program model for preserving and supporting families over time. *Child Welfare.* 2000 May-Jun;79(3):227-65. PMID: 10813083.
61. Hill HD, Morris P. Welfare policies and very young children: experimental data on stage-environment fit. *Dev Psychol.* 2008 Nov;44(6):1557-71. PMID: 18999322.
62. Holden EW, O'Connell SR, Liao Q, et al. Outcomes of a randomized trial of continuum of care services for children in a child welfare system. *Child Welfare.* 2007 Nov-Dec;86(6):89-114. PMID: 18456984.
63. Holland P, Gorey KM, Lindsay A. Prevention of Mental Health and Behavior Problems Among Sexually Abused Aboriginal Children in Care. *Child Adolesc Soc Work J.* 2004;21(2):109-15. PMID: 2004-13217-002.
64. Horwitz SM, Chamberlain P, Landsverk J, et al. Improving the Mental Health of Children in Child Welfare Through the Implementation of Evidence-Based Parenting Interventions. *Administration and Policy in Mental Health and Mental Health Services Research.* 2010 Mar;37(1-2):27-39. PMID: WOS:000278110200004.
65. Hyde C, Bentovim A, Monck E. Some clinical and methodological implications of a treatment outcome study of sexually abused children. *Child Abuse Negl.* 1995 Nov;19(11):1387-99. PMID: 8591095.
66. Jansson LM, Svikis DS, Beilenson P. Effectiveness of child case management services for offspring of drug-dependent women. *Subst Use Misuse.* 2003 Dec;38(14):1933-52. PMID: 14677776.
67. Johnson M, Stone S, Lou C, et al. Assessing parent education programs for families involved with child welfare services: evidence and implications. *J Evid Based Soc Work.* 2008;5(1-2):191-236. PMID: 19064449.
68. Jones N, Pelissier B, Klein-Saffran J. Predicting sex offender treatment entry among individuals convicted of sexual offense crimes. *Sex Abuse.* 2006 Jan;18(1):83-98. PMID: 16763760.
69. Jouriles EN, McDonald R, Rosenfield D, et al. Reducing conduct problems among children exposed to intimate partner violence: a randomized clinical trial examining effects of Project Support. *J Consult Clin Psychol.* 2009 Aug;77(4):705-17. PMID: 19634963.
70. Kessler RC, Pecora PJ, Williams J, et al. Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. *Arch Gen Psychiatry.* 2008 Jun;65(6):625-33. PMID: 18519820.
71. King NJ, Tonge BJ, Mullen P, et al. Treating sexually abused children with posttraumatic stress symptoms: a randomized clinical trial. *J Am Acad Child Adolesc Psychiatry.* 2000 Nov;39(11):1347-55. PMID: 11068889.

72. Kolko DJ, Iselin AMR, Gully KJ. Evaluation of the sustainability and clinical outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) in a child protection center. *Child Abuse Negl.* 2011 Feb;35(2):105-16. PMID: 2011-18447-003. WOS:000288884600004.
73. Kumpfer KL, Whiteside HO, Greene JA, et al. Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, and Practice.* 2010;14(3):211-29. PMID: 2010-18447-003.
74. Landsman MJ, Groza V, Tyler M, et al. Outcomes of family-centered residential treatment. *Child Welfare.* 2001 May-Jun;80(3):351-79. PMID: 11380046.
75. Lanktree CB, Briere J. Outcome of therapy for sexually abused children: a repeated measures study. *Child Abuse Negl.* 1995 Sep;19(9):1145-55. PMID: 8528820.
76. Lee BR, Thompson R. Comparing outcomes for youth in treatment foster care and family-style group care. *Children and Youth Services Review.* 2008 Jul;30(7):746-57. PMID: WOS:000257648300006.
77. Leung C, Sanders MR, Leung S, et al. An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Fam Process.* 2003 Winter;42(4):531-44. PMID: 14979223.
78. Leve LD, Chamberlain P. A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice.* 2007;17(6):657-63. PMID: 2007-15761-001.
79. Lewis CC, Simons AD, Nguyen LJ, et al. Impact of childhood trauma on treatment outcome in the Treatment for Adolescents with Depression Study (TADS). *J Am Acad Child Adolesc Psychiatry.* 2010 Feb;49(2):132-40. PMID: 20215935.
80. Lewis RE. The effectiveness of Families First services: An experimental study. *Children and Youth Services Review.* 2005;27(5):499-509. PMID: 2005-02983-003.
81. Lewis RE, Walton E, Fraser MW. Examining family reunification services: A process analysis of a successful experiment. *Research on Social Work Practice.* 1995;5(3):259-82. PMID: 1995-45084-001.
82. Lieberman AF, Ghosh Ippen C, P VANH. Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *J Am Acad Child Adolesc Psychiatry.* 2006 Aug;45(8):913-8. PMID: 16865033.
83. Lieberman AF, Van Horn P, Ippen CG. Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. *J Am Acad Child Adolesc Psychiatry.* 2005 Dec;44(12):1241-8. PMID: 16292115.
84. Love SM, Koob JJ, Hill LE. The effects of using community mental health practitioners to treat foster children: Implications for child welfare planners. *The Scientific Review of Mental Health Practice: Objective Investigations of Controversial and Unorthodox Claims in Clinical Psychology, Psychiatry, and Social Work.* 2008;6(1):31-9. PMID: 2009-01771-003.
85. Luthar SS, Suchman NE, Altomare M. Relational Psychotherapy Mothers' Group: A randomized clinical trial for substance abusing mothers. *Dev Psychopathol.* 2007;19(1):243-61. PMID: 2007-02084-013.
86. Magura S, Laudet A, Kang SY, et al. Effectiveness of comprehensive services for crack-dependent mothers with newborns and young children. *J Psychoactive Drugs.* 1999 Oct-Dec;31(4):321-38. PMID: 10681100.
87. Mandeville-Norden R, Beech A, Hayes E. Examining the effectiveness of a UK community-based sexual offender treatment programme for child abusers. *Psychology, Crime & Law.* 2008;14(6):493-512. PMID: 2008-18929-002.
88. Marcelle DR, Melzer-Lange MD. Project UJIMA: working together to make things right. *WMJ.* 2001;100(2):22-5. PMID: 11419365.
89. Marcenko MO, Spence M. Home visitation services for at-risk pregnant and postpartum women: a randomized trial. *Am J Orthopsychiatry.* 1994 Jul;64(3):468-78. PMID: 7977669.

90. Martin AJ, Sanders MR. Balancing work and family: A controlled evaluation of the Triple-P Positive Parenting Program as a work-site intervention. *Child Adolesc Ment Health*. 2003;8:161-169.
91. May M, Housley W. The effects of group counselling on the self-esteem of sexually abused female adolescents. *Guidance and Counselling*. 1996;11:38-42.
92. McDonald R, Dodson MC, Rosenfield D, et al. Effects of a Parenting Intervention on Features of Psychopathy in Children. *J Abnorm Child Psychol*. 2011 Oct;39(7):1013-23. PMID: WOS:000294265100009.
93. McDonald R, Jouriles EN, Skopp NA. Reducing conduct problems among children brought to women's shelters: intervention effects 24 months following termination of services. *J Fam Psychol*. 2006 Mar;20(1):127-36. PMID: 16569097.
94. McFarlane JM, Groff JY, O'Brien JA, et al. Behaviors of children following a randomized controlled treatment program for their abused mothers. *Issues Compr Pediatr Nurs*. 2005 Oct-Dec;28(4):195-211. PMID: 16356894.
95. McMillen JC, Tucker J. The status of older adolescents at exit from out-of-home care. *Child Welfare*. 1999 May-Jun;78(3):339-60. PMID: 10335595.
96. Mikton C, Butchart A. Child maltreatment prevention: a systematic review of reviews. *Bull World Health Organ*. 2009 May;87(5):353-61. PMID: 19551253.
97. Minnis H, Pelosi AJ, Knapp M, et al. Mental health and foster carer training. *Arch Dis Child*. 2001 Apr;84(4):302-6. PMID: 11259226.
98. Morris E, Suarez L, Reid JC. Behavioral Outcomes of Home-Based Services for Children and Adolescents With Serious Emotional Disorders. *Family Preservation Journal* 1997;3:21-32.
99. Mullins SM, Suarez M, Ondersma SJ, et al. The impact of motivational interviewing on substance abuse treatment retention: a randomized control trial of women involved with child welfare. *J Subst Abuse Treat*. 2004 Jul;27(1):51-8. PMID: 15223094.
100. Najavits LM, Gallop RJ, Weiss RD. Seeking safety therapy for adolescent girls with PTSD and substance use disorder: a randomized controlled trial. *J Behav Health Serv Res*. 2006 Oct;33(4):453-63. PMID: 16858633.
101. Nelson KE, Nash JK. The effectiveness of aftercare services for African American families in an intensive family preservation program. *Research on Social Work Practice*. 2008;18(3):189-97. PMID: 2008-05059-002.
102. Newton AS, Zou B, Hamm MP, et al. Improving child protection in the emergency department: a systematic review of professional interventions for health care providers. *Acad Emerg Med*. 2010 Feb;17(2):117-25. PMID: 20370740.
103. Nitkowski D, Petermann F, Büttner P, et al. Behavior modification of aggressive children in child welfare: Evaluation of a combined intervention program. *Behav Modif*. 2009;33(4):474-92. PMID: 2009-11761-004.
104. Olds D, Henderson CR, Jr., Kitzman H, et al. Effects of prenatal and infancy nurse home visitation on surveillance of child maltreatment. *Pediatrics*. 1995 Mar;95(3):365-72. PMID: 7862474.
105. Olds DL, Kitzman HJ, Cole RE, et al. Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. *Arch Pediatr Adolesc Med*. 2010 May;164(5):419-24. PMID: 20439792.
106. Ornelas LA, Silverstein DN, Tan S. Effectively addressing mental health issues in permanency-focused child welfare practice. *Child Welfare: Journal of Policy, Practice, and Program*. 2007;86(5):93-112. PMID: 2008-02808-006.
107. Ortega G, Castella C, Martin-Cantera C, et al. Passive smoking in babies: the BIBE study (Brief Intervention in babies. Effectiveness). *BMC Public Health*. 2010;10:772. PMID: 21171981.
108. Osofsky JD, Rovaris M, Hammer JH, et al. Working with Police to Help Children Exposed to Violence. *J Community Psychol*. 2004;32(5):593-606. PMID: 2004-17930-007.

109. Osterling KL, Hines AM. Mentoring adolescent foster youth: Promoting resilience during developmental transitions. *Child & Family Social Work*. 2006;11(3):242-53. PMID: 2006-08843-007.
110. Pacifici C, White L, Cummings K, et al. Vstreet.com: A Web-Based Community for At-Risk Teens. *Child Welfare: Journal of Policy, Practice, and Program*. 2005;84(1):25-46. PMID: 2005-00971-002.
111. Parker JS, Stewart GS, Gantt C. Research and intervention with adolescents exposed to domestic violence. *Family Therapy*. 2006;33(1):45-52. PMID: 2006-07937-004.
112. Powell L, Cheshire A. A preliminary evaluation of a massage program for children who have been sexually abused and their nonabusing mothers. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*. 2010;19(2):141-55. PMID: 2010-07579-003.
113. Puckering C, Rogers J, Mills M, et al. Process and evaluation of a group intervention for mothers with parenting difficulties. *Child Abuse Review*. 1994;3(4):299-310. PMID: 1999-00598-003.
114. Raider MC, Steele W. Structured sensory therapy (SITCAP-ART) for traumatized adjudicated adolescents in residential treatment. *National Social Science Association Journal*. 2008;32(1):111-21.
115. Raider MC, Steele W, Dellilo-Storey M, et al. Structured sensory therapy (SITCAP-ART) for traumatized adjudicated adolescents in residential treatment. *Residential Treatment for Children and Youth*. 2008;25(2):167-85.
116. Reynolds AJ, Robertson DL. School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Dev*. 2003 Jan-Feb;74(1):3-26. PMID: 12625433.
117. Reynolds AJ, Temple JA, Ou SR. School-based early intervention and child well-being in the Chicago Longitudinal Study. *Child Welfare*. 2003 Sep-Oct;82(5):633-56. PMID: 14524429.
118. Rispens J, Aleman A, Goudena PP. Prevention of child sexual abuse victimization: a meta-analysis of school programs. *Child Abuse Negl*. 1997 Oct;21(10):975-87. PMID: 9330798.
119. Rivard JC, Bloom SL, McCorkle D, et al. Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Community*. 2005;26(1):83-96.
120. Roby JL, Shaw SA. Evaluation of a community-based orphan care program in Uganda. *Families in Society*. 2008;89(1):119-28. PMID: 2009-01746-015.
121. Rosenthal JA, Glass GV. Comparative impacts of alternatives to adolescent placement. *Journal of Social Service Research*. 1990;13(3):19-37. PMID: 1990-28900-001.
122. Rubin A, Bischofshausen S, Conroy Moore K, et al. The effectiveness of EMDR in a child guidance center. *Research on Social Work Practice*. 2001;11(4):435-57.
123. Ryan JP. Dependent Youth in Juvenile Justice: Do Positive Peer Culture Programs Work for Victims of Child Maltreatment? *Research on Social Work Practice*. 2006;16(5):511-9. PMID: 2006-10830-005.
124. Ryan JP, Davis RK, Yang H. Reintegration services and the likelihood of adult imprisonment: A longitudinal study of adjudicated delinquents. *Research on Social Work Practice*. 2001;11(3):321-37. PMID: 2002-02384-003.
125. Saewyc EM, Edinburg LD. Restoring healthy developmental trajectories for sexually exploited young runaway girls: fostering protective factors and reducing risk behaviors. *J Adolesc Health*. 2010 Feb;46(2):180-8. PMID: 20113924.
126. Sanders MR, Pidgeon AM, Gravestock F, et al. Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behavior Therapy*. 2004;35(3):513-35. PMID: 2004-19328-004.

127. Saxe GN, Ellis BH, Fogler J, et al. Comprehensive Care for Traumatized Children. *Psychiatric Annals*. 2005;35(5):443-8. PMID: 2005-05449-009.
128. Schuhmann EM, Foote RC, Eyberg SM, et al. Efficacy of parent-child interaction therapy: interim report of a randomized trial with short-term maintenance. *J Clin Child Psychol*. 1998 Mar;27(1):34-45. PMID: 9561935.
129. Schultz PN, Remick-Barlow GA, Robbins L. Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*. 2007;15(3):265-71. PMID: 2007-08684-010.
130. Sieracki JH, Leon SC, Miller SA, et al. Individual and provider effects on mental health outcomes in child welfare: A three level growth curve approach. *Children and Youth Services Review*. 2008;30(7):800-8. PMID: 2008-07714-011.
131. Smith DK. Risk, Reinforcement, Retention in Treatment, and Reoffending for Boys and Girls in Multidimensional Treatment Foster Care. *Journal of Emotional and Behavioral Disorders*. 2004;12(1):38-48. PMID: 2004-12133-005.
132. Smith DK, Chamberlain P, Eddy JM. Preliminary support for multidimensional treatment foster care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse*. 2010;19(4):343-58. PMID: 2010-17612-006.
133. Solhkhah R, Passman CL, Lavezzi G, et al. Effectiveness of a children's home and community-based services waiver program. *Psychiatric Quarterly*. 2007;78(3):211-8. PMID: 2008-02137-006.
134. Spinhoven P, Slee N, Garnefski N, et al. Childhood sexual abuse differentially predicts outcome of cognitive-behavioral therapy for deliberate self-harm. *J Nerv Ment Dis*. 2009 Jun;197(6):455-7. PMID: 19525747.
135. Steele M, Murphy A, Steele H. Identifying therapeutic action in an attachment-centered intervention with high risk families. *Clinical Social Work Journal*. 2010;38(1):61-72. PMID: 2010-03016-007.
136. Stein BD, Jaycox LH, Kataoka SH, et al. A mental health intervention for schoolchildren exposed to violence: a randomized controlled trial. *JAMA*. 2003 Aug 6;290(5):603-11. PMID: 12902363.
137. Stevens JR, Kymissis PI, Baker AJL. Elevated prolactin levels in male youths treated with risperidone and quetiapine. *J Child Adolesc Psychopharmacol*. 2005;15(6):893-900. PMID: 2006-00620-008.
138. Stewart J, Galvin J, Froude EH, et al. Evaluation of the Australian adaptation of the Keeping It Together (KIT-Australia) information package with carers of children with special needs. *Australian Occupational Therapy Journal*. 2010;57(4):268-75. PMID: 2010-15345-009.
139. Strozier A, McGrew L, Krisman K, et al. Kinship care connection: A school-based intervention for kinship caregivers and the children in their care. *Children and Youth Services Review*. 2005;27(9):1011-29. PMID: 2005-08017-003.
140. Sullivan CM, Bybee DI, Allen NE. Findings from a community-based program for battered women and their children. *Journal of Interpersonal Violence*. 2002;17(9):915-36. PMID: 2002-18015-001.
141. Sullivan M, Egan M, Gooch M. Conjoint Interventions for Adult Victims and Children of Domestic Violence: A Program Evaluation. *Research on Social Work Practice*. 2004;14(3):163-70. PMID: 2004-13419-003.
142. Sullivan PM, Scanlan JM, Brookhouser PE, et al. The effects of psychotherapy on behavior problems of sexually abused deaf children. *Child Abuse Negl*. 1992;16(2):297-307. PMID: 1559177.
143. Swenson CC, Schaeffer CM, Henggeler SW, et al. Multisystemic Therapy for Child Abuse and Neglect: a randomized effectiveness trial. *J Fam Psychol*. 2010 Aug;24(4):497-507. PMID: 20731496.
144. Taylor JE, Harvey ST. Effects of psychotherapy with people who have been sexually assaulted: A meta-analysis. *Aggression and Violent Behavior*. 2009;14:273-85.

145. Taylor TL, Chemtob CM. Efficacy of treatment for child and adolescent traumatic stress. *Arch Pediatr Adolesc Med.* 2004 Aug;158(8):786-91. PMID: 15289252.
146. Thomas R, Zimmer-Gembeck MJ. Accumulating evidence for parent-child interaction therapy in the prevention of child maltreatment. *Child Dev.* 2011 Jan-Feb;82(1):177-92. PMID: 21291436.
147. Tourigny M, Hebert M. Comparison of open versus closed group interventions for sexually abused adolescent girls. *Violence Vict.* 2007;22(3):334-49. PMID: 17619638.
148. Tourigny M, Hebert M, Daigneault I, et al. Efficacy of a group therapy for sexually abused adolescent girls. *J Child Sex Abus.* 2005;14(4):71-93. PMID: 16354649.
149. Turner KM, Sanders MR. Help when it's needed first: a controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behav Ther.* 2006 Jun;37(2):131-42. PMID: 16942967.
150. Tyndall-Lind A, Landreth GL, Giordano MA. Intensive group play therapy with child witnesses of domestic violence. *International Journal of Play Therapy.* 2001;10(1):53-83. PMID: 2001-05142-003.
151. Van Puyenbroeck H, Loots G, Grietens H, et al. Intensive family preservation services in Flanders: An outcome study. *Child & Family Social Work.* 2009;14(2):222-32. PMID: 2009-04831-010.
152. Vorhies V, Glover CM, Davis K, et al. Improving outcomes for pregnant and parenting foster care youth with severe mental illness: an evaluation of a transitional living program. *Psychiatr Rehabil J.* 2009 Fall;33(2):115-24. PMID: 19808207.
153. Walton E. In-home family-focused reunification: A six-year follow-up of a successful experiment. *Soc Work Res.* 1998;22(4):205-14. PMID: 2000-05214-002.
154. Walton E, Fraser MW, Lewis RE, et al. In-home family-focused reunification: an experimental study. *Child Welfare.* 1993 Sep-Oct;72(5):473-87. PMID: 8404251.
155. Weiner DA, Schneider A, Lyons JS. Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes. *Children and Youth Services Review.* 2009;31(11):1199-205. PMID: 2009-17740-001.
156. Werner S, Edwards M, Baum NT. Family quality of life before and after out-of-home placement of a family member with an intellectual disability. *Journal of Policy and Practice in Intellectual Disabilities.* 2009;6(1):32-9. PMID: 2009-04068-007.
157. Westermarck PK, Hansson K, Olsson M. Multidimensional treatment foster care (MTFC): Results from an independent replication. *Journal of Family Therapy.* 2011;33(1):20-41. PMID: 2011-00923-003.
158. Williams NJ, Sherr ME. Children's psychosocial rehabilitation: Clinical outcomes for youth with serious emotional disturbance living in foster care. *Child Adolesc Soc Work J.* 2009;26(3):225-34. PMID: 2009-08407-004.
159. Wilson SA, Becker LA, Tinker RH. Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. *J Consult Clin Psychol.* 1995 Dec;63(6):928-37. PMID: 8543715.
160. Wilson SA, Becker LA, Tinker RH. Fifteen-month follow-up of eye movement desensitization and reprocessing (EMDR) treatment for posttraumatic stress disorder and psychological trauma. *J Consult Clin Psychol.* 1997 Dec;65(6):1047-56. PMID: 9420367.
161. Wolfe DA, Wekerle C, Scott K, et al. Dating violence prevention with at-risk youth: a controlled outcome evaluation. *J Consult Clin Psychol.* 2003 Apr;71(2):279-91. PMID: 12699022.
162. Zahr L. An integrative research review of intervention studies with premature infants from disadvantaged backgrounds. *Matern Child Nurs J.* 1994 Jul-Sep;22(3):90-101. PMID: 7815849.

Wrong Intervention

1. Antle BF, Barbee AP, Christensen DN, et al. The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*. 2009;31(12):1346-51. PMID: 2009-13910-001.
2. Berzin SC, Cohen E, Thomas K, et al. Does family group decision making affect child welfare outcomes? Findings from a randomized control study. *Child Welfare*. 2008;87(4):35-54. PMID: 19391466.
3. Boles SM, Young NK, Moore T, et al. The Sacramento Dependency Drug Court: Development and outcomes. *Child Maltreatment*. 2007;12(2):161-71. PMID: 2007-06642-006.
4. Brook J, McDonald TP. Evaluating the effects of comprehensive substance abuse intervention on successful reunification. *Research on Social Work Practice*. 2007;17(6):664-73. PMID: 2007-15761-002.
5. Cameron G, Birnie-Lefcovitch S. Parent mutual aid organizations in child welfare demonstration project: A report of outcomes. *Children and Youth Services Review*. 2000;22(6):421-40. PMID: 2000-05095-002.
6. Clark HB, Crosland KA, Geller D, et al. A functional approach to reducing runaway behavior and stabilizing placements for adolescents in foster care. *Research on Social Work Practice*. 2008;18(5):429-41. PMID: 2008-12039-008.
7. Congdon D. Evaluating the effectiveness of infant mental health enhanced case management for dependency populations. *J Evid Based Soc Work*. 2010 Oct;7(5):481-7. PMID: 21082476.
8. Courtney ME, Blakey J. Examination of the impact of increased court review on permanency outcomes for abused and neglected children. *Family Court Review*. 2003;41(4):471-9. PMID: 2003-08484-004.
9. Culp RE, Little V, Letts D, et al. Maltreated children's self-concept: effects of a comprehensive treatment program. *Am J Orthopsychiatry*. 1991 Jan;61(1):114-21. PMID: 2006667.
10. Davidson-Arad B, Englechin-Segal D, Wozner Y. Short-term follow-up of children at risk: comparison of the quality of life of children removed from home and children remaining at home. *Child Abuse Negl*. 2003 Jul;27(7):733-50. PMID: 14627076.
11. DeSena AD, Murphy RA, Douglas-Palumberi H, et al. SAFE Homes: is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out-of-home care. *Child Abuse Negl*. 2005 Jun;29(6):627-43. PMID: 15979706.
12. Fernandez E. Children's wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review*. 2009;31(10):1092-100. PMID: 2009-14603-001.
13. Finn J, Kerman B, LeCorney J. Building Skills-Building Futures: Providing Information Technology to Foster Families. *Families in Society*. 2004;85(2):165-76. PMID: 2004-16410-004.
14. Heneghan AM, Horwitz SM, Leventhal JM. Evaluating intensive family preservation programs: a methodological review. *Pediatrics*. 1996 Apr;97(4):535-42. PMID: 8632942.
15. Jaudes PK, Bilaver LA, Goerge RM, et al. Improving access to health care for foster children: The Illinois model. *Child Welfare: Journal of Policy, Practice, and Program*. 2004;83(3):215-38. PMID: 2004-14791-002.
16. Jenson JM, Jacobson M, Unrau Y, et al. Intervention for victims of child sexual abuse: An evaluation of the children's advocacy model. *Child Adolesc Soc Work J*. 1996;13:139-56.
17. Johnson K, Wagner D. Evaluation of Michigan's Foster Care Case Management System. *Research on Social Work Practice*. 2005;15(5):372-80. PMID: 2005-08684-005.
18. Kirk R, Day A. Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review*. 2011;33(7):1173-80. PMID: 2011-05458-001.

19. Kirk RS, Griffith DP. Intensive Family Preservation Services: Demonstrating Placement Prevention Using Event History Analysis. *Soc Work Res.* 2003;28:5-18.
20. Kirk RS, Griffith DP. Impact of intensive family preservation services on disproportionality of out-of-home placement of children of color in one state's child welfare system. *Child Welfare: Journal of Policy, Practice, and Program.* 2008;87(5):87-105. PMID: 2009-04575-005.
21. Lawrence CR, Carlson EA, Egeland B. The impact of foster care on development. *Dev Psychopathol.* 2006 Winter;18(1):57-76. PMID: 16478552.
22. Litzelfelner P. The effectiveness of CASAs in achieving positive outcomes for children. *Child Welfare;* 2000. p. 179-93.
23. Loman A, Siegel GL. Alternative response in Minnesota: Findings of the program evaluation. *Protecting Children.* 2005;20(2/3):78-92.
24. MacLeod KJ, Marcin JP, Boyle C, et al. Using telemedicine to improve the care delivered to sexually abused children in rural, underserved hospitals. *Pediatrics.* 2009 Jan;123(1):223-8. PMID: 19117886.
25. Marshall SK, Charles G, Kendrick K, et al. Comparing differential responses within child protective services: a longitudinal examination. *Child Welfare.* 2010;89(3):57-77. PMID: 20945805.
26. Olsen LJ. Services for substance abuse-affected families: The Project Connect Experience. *Child Adolesc Soc Work J.* 1995;12(3):183-96.
27. Patterson D, Campbell R. A comparative study of the prosecution of childhood sexual abuse cases: the contributory role of pediatric Forensic Nurse Examiner (FNE) programs. *J Forensic Nurs.* 2009;5(1):38-45. PMID: 19222688.
28. Rees CA, Selwyn J. Non-infant adoption from care: lessons for safeguarding children. *Child Care Health Dev.* 2009 Jul;35(4):561-7. PMID: 19638026.
29. Rodenhiser RW, Chandy J, Ahmed K. Intensive Family Preservation Services: Do They Have Any Impact on Family Functioning. *Family Preservation Journal* Summer 1995:69-85.
30. Sakai C, Lin H, Flores G. Health outcomes and family services in kinship care: analysis of a national sample of children in the child welfare system. *Arch Pediatr Adolesc Med.* 2011 Feb;165(2):159-65. PMID: 21300656.
31. Shemesh E, Annunziato RA, Yehuda R, et al. Childhood abuse, nonadherence, and medical outcome in pediatric liver transplant recipients. *J Am Acad Child Adolesc Psychiatry.* 2007 Oct;46(10):1280-9. PMID: WOS:000249802900005.
32. Sundell K, Vinnerljung B. Outcomes of family group conferencing in Sweden. A 3-year follow-up. *Child Abuse Negl.* 2004 Mar;28(3):267-87. PMID: 15066346.
33. Swenson CC, Randall J, Henggeler SW, et al. The outcomes and costs of an interagency partnership to serve maltreated children in state custody. *Children's Services: Social Policy, Research, & Practice.* 2000;3(4):191-209. PMID: 2000-16020-001.
34. Testa M, Rolock N. Professional foster care: A future worth pursuing? *Child Welfare.* 1999;78(1):108-24.
35. Testa MF. Subsidized guardianship: Testing an idea whose time has finally come. *Soc Work Res.* 2002;26(3):145-58. PMID: 2002-18968-002.
36. Timmer SG, Urquiza AJ, Zebell N. Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. *Children and Youth Services Review.* 2006;28(1):1-19. PMID: 2005-16529-001.
37. Walton E. Enhancing investigative decisions in child welfare: an exploratory use of intensive family preservation services. *Child Welfare.* 1997 May-Jun;76(3):447-61. PMID: 9130381.
38. Waxman HC, Houston WR, Profilet SM, et al. The long-term effects of the Houston Child Advocates, Inc., program on children and family outcomes. *Child Welfare.* 2009;88(6):23-46. PMID: 20695290.
39. Zetlin A, Weinberg L, Kimm C. Improving Education Outcomes for Children in Foster Care: Intervention by an Education Liaison. *Journal of Education for Students Placed at Risk.* 2004;9(4):421-9. PMID: 2004-18309-005.

Wrong comparison

1. Antle BF, Barbee AP, Christenses DN, et al. Solution-Based Casework in Child Welfare: Preliminary Evaluation Research. *Journal of Public Child Welfare*. 2008;2(2):197-227.
2. Becker KD, Mathis G, Mueller CW, et al. Community-based treatment outcomes for parents and children exposed to domestic violence. *Journal of Emotional Abuse*. 2008;8(1-2):187-204. PMID: 2008-18644-012.
3. Berg B, Jones DP. Outcome of psychiatric intervention in factitious illness by proxy (Munchausen's syndrome by proxy). *Arch Dis Child*. 1999 Dec;81(6):465-72. PMID: 10569958.
4. Cicchetti D, Rogosch FA, Toth SL, et al. Normalizing the development of cortisol regulation in maltreated infants through preventive interventions. *Dev Psychopathol*. 2011;23(3):789-800. PMID: 2011-16581-004.
5. Cohen JA, Mannarino AP. Predictors of treatment outcome in sexually abused children. *Child Abuse Negl*. 2000 Jul;24(7):983-94. PMID: 10905421.
6. Collado C, Levine P. Reducing transfers of children in family foster care through onsite mental health interventions. *Child Welfare: Journal of Policy, Practice, and Program*. 2007;86(5):133-50. PMID: 2008-02808-008.
7. Crusto CA, Lowell DI, Paulicin B, et al. Evaluation of a wraparound process for children exposed to family violence. *Best Practices in Mental Health: An International Journal*. 2008;4(1):1-18. PMID: 2008-01658-002.
8. de Paúl J, Arruabarrena I. Evaluation of a Treatment Program for Abusive and High-Risk Families in Spain. *Child Welfare: Journal of Policy, Practice, and Program*. 2003;82(4):413-41. PMID: 2003-99394-002.
9. Deblinger E, Lippmann J, Steer R. Sexually Abused Children Suffering Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings. *Child Maltreat*. 1996;1(4):310-21.
10. Fantuzzo J, Manz P, Atkins M, et al. Peer-mediated treatment of socially withdrawn maltreated preschool children: cultivating natural community resources. *J Clin Child Adolesc Psychol*. 2005 Jun;34(2):320-5. PMID: 15901232.
11. Fantuzzo J, Sutton-Smith B, Atkins M, et al. Community-based resilient peer treatment of withdrawn maltreated preschool children. *J Consult Clin Psychol*. 1996 Dec;64(6):1377-86. PMID: 8991324.
12. Finn J, Kerman B, LeCorney J. Reducing the Digital Divide for Children in Foster Care: First-Year Evaluation of the Building Skills-Building Futures Program. *Research on Social Work Practice*. 2005;15(6):470-80. PMID: 2005-12558-006.
13. Gerring CE, Kemp SP, Marcenko MO. The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare: Journal of Policy, Practice, and Program*. 2008;87(6):5-30. PMID: 2009-07883-001.
14. Gershater-Molko RM, Lutzker JR, Wesch D. Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at-risk for child maltreatment. *Journal of Family Violence*. 2003;18(6):377-86. PMID: 2003-09468-008.
15. Gray J, Nielsen DR, Wood LE, et al. Academic progress of children who attended a preschool for abused children: a follow-up of the keepsafe project. *Child Abuse Negl*. 2000 Jan;24(1):25-32. PMID: 10660007.
16. Grella CE, Needell B, Shi Y, et al. Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *J Subst Abuse Treat*. 2009;36(3):278-93. PMID: 2009-03411-007.
17. Habigzang LF, Stroehrer FH, Hatzenberger R, et al. Cognitive behavioral group therapy for sexually abused girls. *Rev Saude Publica*; 2009. p. 70-8.
18. Haight WL, Mangelsdorf S, Black J, et al. Enhancing parent-child interaction during foster care visits: experimental assessment of an intervention. *Child Welfare*. 2005 Jul-Aug;84(4):459-81. PMID: 16117259.

19. Hansen ME. Using subsidies to promote the adoption of children from foster care. *Journal of Family and Economic Issues*. 2007 Sep 1;28(3):377-93. PMID: 19242555.
20. Harder J. Prevention of Child Abuse and Neglect: An Evaluation of a Home Visitation Parent Aide Program Using Recidivism Data. *Research on Social Work Practice*. 2005;15(4):246-56. PMID: 2005-05881-002.
21. Kolko DJ. Individual cognitive behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. *Child Maltreatment*. 1996;1:322-42.
22. Koob JJ, Love SM. The implementation of solution-focused therapy to increase foster care placement stability. *Children and Youth Services Review*. 2010;32(10):1346-50. PMID: 2010-17145-009.
23. Kriebel DK, Wigfield A, Reilly D, et al. Preparing for Change: Results from a Therapeutic Intervention with Foster Children in the Midst of Permanency Planning. *Adoption Quarterly*. 2002;6(2):59-65. PMID: 2003-07207-004.
24. Landy S, Munro S. Shared parenting: Assessing the success of a foster parent program aimed at family reunification. *Child Abuse Negl*. 1998;22(4):305-18. PMID: 1998-02289-003.
25. Lange A, Ruwaard J. Ethical dilemmas in online research and treatment of sexually abused adolescents. *J Med Internet Res*. 2010;12(5):e58. PMID: 21169170.
26. Lindon J, Nourse CA. A multi-dimensional model of groupwork for adolescent girls who have been sexually abused. *Child Abuse Negl*. 1994 Apr;18(4):341-8. PMID: 8187019.
27. Mathews TL, Fawcett SB, Sheldon JB. Effects of a peer engagement program on socially withdrawn children with a history of maltreatment. *Child & Family Behavior Therapy*. 2009;31(4):270-91. PMID: 2010-11652-002.
28. Maynard J. Permanency Mediation: A Path to Open Adoption for Children in Out-of-Home Care. *Child Welfare: Journal of Policy, Practice, and Program*. 2005;84(4):507-26. PMID: 2005-07659-004.
29. McGuinness TM, Mason M, Tolbert G, et al. Becoming responsible teens: Promoting the health of adolescents in foster care. *Journal of the American Psychiatric Nurses Association*. 2002;8(3):92-8. PMID: 2002-13914-004.
30. McNeil CB, Herschell AD, Gurwitsch RH, et al. Training foster parents in parent-child interaction therapy. *Education & Treatment of Children*. 2005;28(2):182-96. PMID: 2006-06834-006.
31. McWey LM, Mullis AK. Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*. 2004;53(3):293-300. PMID: 2004-15875-005.
32. Mishna F. Meeting them 'where they're at': Intensive school-based psychotherapy for children who have been maltreated. *Psychoanalytic Social Work*. 2007;14(2):15-42. PMID: 2007-18486-003.
33. Misurell JR, Springer C, Tryon WW. Game-based cognitive-behavioral therapy (GB-CBT) group program for children who have experienced sexual abuse: A preliminary investigation. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*. 2011;20(1):14-36. PMID: 2011-01562-002.
34. Monck E. Evaluating therapeutic intervention with sexually abused children. *Child Abuse Review*. 1997;6(3):163-77. PMID: 1999-00066-001.
35. Moore E, Armsden G, Gogerty PL. A twelve-year follow-up study of maltreated and at-risk children who received early therapeutic child care. *Child Maltreatment*. 1998;3(1):3-16. PMID: 1997-39106-001.
36. Purvis KB, Cross DR. Improvements in salivary cortisol, depression, and representations of family relationships in at-risk adopted children utilizing a short-term therapeutic intervention. *Adoption Quarterly*. 2007;10(1):25-43. PMID: 2007-05976-002.
37. Reeker J, Ensing D. An evaluation of a group treatment for sexually abused young children. *Journal of Child Sexual Abuse*. 1998;7(65-85).

38. Reeker J, Ensing D, Elliott R. A meta-analytic investigation of group treatment outcomes for sexually abused children. *Child Abuse Negl.* 1997 Jul;21(7):669-80. PMID: 9238550.
39. Runyon MK, Deblinger E, Schroeder CM. Pilot evaluation of outcomes of combined parent-child cognitive-behavioral group therapy for families at risk for child physical abuse. *Cognitive and Behavioral Practice.* 2009;16(1):101-18. PMID: 2009-06469-012.
40. Ryan JP, Schuerman JR. Matching family problems with specific family preservation services: a study of service effectiveness. *Children and Youth Services Review.* 2004;26(4):347-72. PMID: 2004-95119-002.
41. Scott TA, Burlingame G, Starling M, et al. Effects of individual client-centered play therapy on sexually abused children's mood, self-concept, and social competence. *International Journal of Play Therapy.* 2003;12(1):7-30. PMID: 2003-05749-002.
42. Shamseddeen W, Asarnow JR, Clarke G, et al. Impact of physical and sexual abuse on treatment response in the Treatment of Resistant Depression in Adolescent Study (TORDIA). *J Am Acad Child Adolesc Psychiatry.* 2011 Mar;50(3):293-301. PMID: 21334569.
43. Slesnick N, Bartle-Haring S, Gangamma R. Predictors of substance use and family therapy outcome among physically and sexually abused runaway adolescents. *J Marital Fam Ther.* 2006 Jul;32(3):261-81. PMID: 16933433.
44. Smagner JP, Sullivan MH. Investigating the Effectiveness of Behavioral Parent Training With Involuntary Clients in Child Welfare Settings. *Research on Social Work Practice.* 2005;15(6):431-9. PMID: 2005-12558-002.
45. Smith DK, Stormshak E, Chamberlain P, et al. Placement disruption in treatment foster care. *Journal of Emotional and Behavioral Disorders.* 2001;9(3):200-5. PMID: 2001-11310-006.
46. Staines J, Farmer E, Selwyn J. Implementing a therapeutic team parenting approach to fostering: The experiences of one independent foster-care agency. *British Journal of Social Work.* 2011;41(2):314-32. PMID: 2011-07757-007.
47. Stauffer LB, Deblinger E. Cognitive behavioral groups for nonoffending mothers and their young sexually abused children: A preliminary treatment outcome study. *Child Maltreatment.* 1996;1(1):65-76. PMID: 1997-43260-006.
48. Stubenbort K, Cohen MM, Trybalski V. The effectiveness of an attachment-focused treatment model in a therapeutic preschool for abused children. *Clinical Social Work Journal.* 2010;38(1):51-60. PMID: 2010-03016-006.
49. Timmer SG, Urquiza AJ, Herschell AD, et al. Parent-Child Interaction Therapy: Application of an Empirically Supported Treatment to Maltreated Children in Foster Care. *Child Welfare: Journal of Policy, Practice, and Program.* 2006;85(6):919-39. PMID: 2007-01431-002.
50. Timmer SG, Urquiza AJ, Zebell NM, et al. Parent-Child Interaction Therapy: Application to maltreating parent-child dyads. *Child Abuse Negl.* 2005;29(7):825-42. PMID: 2005-09287-007.
51. Timmer SG, Ware LM, Urquiza AJ, et al. The effectiveness of parent-child interaction therapy for victims of interparental violence. *Violence Vict.* 2010;25(4):486-503. PMID: 20712147.
52. Treacy EC, Fisher CB. Foster parenting the sexually abused: a family life education program. *Journal of Child Sexual Abuse.* 1993;2(1):47-63.
53. Veltkamp L, Miller TW, Kearl GW, et al. Interdisciplinary treatment of abused families in Kentucky. *J Ky Med Assoc.* 1992 May;90(5):232-9. PMID: 1613336.
54. Whitmore E, Ford M, Sack WH. Effectiveness of Day Treatment with Proctor Care for Young Children: A Four-Year Follow-Up. *J Community Psychol.* 2003;31(5):459-68. PMID: 2004-11654-002.

Wrong Outcome

1. Bechtel K, Ryan E, Gallagher D. Impact of sexual assault nurse examiners on the evaluation of sexual assault in a pediatric emergency department. *Pediatr Emerg Care*. 2008 Jul;24(7):442-7. PMID: 18580706.
2. Corcoran J, Allen S. The Effects of a Police/Victim Assistance Crisis Team Approach to Domestic Violence. *Journal of Family Violence*. 2005;20(1):39-45. PMID: 2005-03733-006.
3. Edinburgh L, Saewyc E, Levitt C. Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse Negl*. 2008 Dec;32(12):1119-26. PMID: 19041133.
4. Horwitz SM, Owens P, Simms MD. Specialized assessments for children in foster care. *Pediatrics*. 2000 Jul;106(1 Pt 1):59-66. PMID: 10878150.
5. Leve LD, Chamberlain P. Association with Delinquent Peers: Intervention Effects for Youth in the Juvenile Justice System. *Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology*. 2005;33(3):339-47. PMID: 2005-04901-007.
6. Minnis H, C. D. The effect of foster carer training on the emotional and behavioural functioning of looked after children. *Adoption and Fostering*. 2001;25(1):44-54.
7. Pacifici C, Delaney R, White L, et al. Web-based training for foster, adoptive, and kinship parents. *Children and Youth Services Review*. 2006;28(11):1329-43. PMID: 2006-11655-005.
8. Risley-Curtiss C, Stites B. Improving healthcare for children entering foster care. *Child Welfare: Journal of Policy, Practice, and Program*. 2007;86(4):123-44. PMID: 2007-15243-006.
9. Weigensberg EC, Barth RP, Guo S. Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36-months. *Children and Youth Services Review*. 2009;31(3):383-90. PMID: 2009-02007-015.

Wrong Timing

1. Kolko DJ. Clinical monitoring of treatment course in child physical abuse: psychometric characteristics and treatment comparisons. *Child Abuse Negl*. 1996 Jan;20(1):23-43. PMID: 8640423.

SR with different IE criteria

1. Allin H, Wathen CN, MacMillan H. Treatment of child neglect: a systematic review. *Can J Psychiatry*. 2005 Jul;50(8):497-504. PMID: 16127968.
2. Barlow J, Johnston I, Kendrick D, et al. Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. *Cochrane Database Syst Rev*. 2006;3:CD005463. PMID: 16856097.
3. Corcoran J, Pillai V. A meta-analysis of parent-involved treatment for child sexual abuse. *Research on Social Work Practice*. 2008 Sep;18(5):453-64. PMID: WOS:000258415700010.
4. Harvey ST, Taylor JE. A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents. *Clin Psychol Rev*. 2010 Jul;30(5):517-35. PMID: 20417003.

5. Hetzel-Riggin MD, Brausch AM, Montgomery BS. A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: an exploratory study. *Child Abuse Negl.* 2007 Feb;31(2):125-41. PMID: 17306369.
6. Macdonald GM, Higgins JP, Ramchandani P. Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database Syst Rev.* 2006(4):CD001930. PMID: 17054148.
7. Macdonald GM, Turner W. Treatment foster care for improving outcomes in children and young people. *Cochrane Database Syst Rev.* 2008(1):CD005649. PMID: 18254087.
8. MacLeod J, Nelson G. Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse Negl.* 2000 Sep;24(9):1127-49. PMID: 11057701.
9. Ramchandani P, Jones DP. Treating psychological symptoms in sexually abused children: from research findings to service provision. *Br J Psychiatry.* 2003 Dec;183:484-90. PMID: 14645018.
10. Turner W, Macdonald G, Dennis Jane A. Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour. *Cochrane Database of Systematic Reviews.* Chichester, UK: John Wiley & Sons, Ltd; 2007.
11. Turner W, Macdonald GM, Dennis JA. Cognitive-behavioural training interventions for assisting foster carers in the management of difficult behaviour. *Cochrane Database Syst Rev.* 2007(1):CD003760. PMID: 17253496.

Appendix D. Risk of Bias Tables

Table 1. Risk of Bias Assessment Questions

Abbreviated criteria in table	Full question
Similar at baseline:	Were groups similar at baseline?
Fidelity:	Were measures taken to ensure intervention fidelity?
Assessor blinded	Were outcome assessors unaware of which intervention the participants received (i.e., blinded)?
All outcomes included:	Are all prespecified outcomes reported in the results?
Validated measures:	Were all outcomes measured using validated measures?
Measures equally applied	Were outcome measures equally applied?
Attrition reported:	Do study authors report either attrition statistic or that all participants who started the study completed the study?
Attrition >= 30%	What was the overall attrition for the study $\geq 30\%$?
Differential attrition >= 15%	Was the differential attrition between groups $\geq 15\%$?
QUESTIONS FOR RCTs ONLY	
Randomization Adequate	Was randomization adequate?
Allocation concealment	Was the intervention/treatment allocation concealed?
Post-randomization exclusions	Were there any post-randomization exclusions?
ITT analysis	Did investigators use an ITT analysis?
Participants blinded	Were participants unaware of which intervention they received (i.e., blinded)?
QUESTIONS FOR NONRANDOMIZED TRIALS AND OBSERVATIONAL STUDIES	
Prospective	Is the study design prospective?
Same source population	Were groups recruited from the same source population?
I/E criteria	Were inclusion and exclusion criteria equally applied in both groups?
Control for difference	Were differences between groups taken into account in the statistical analysis?
Exclusions	Were any participants who started the trial excluded from the analysis?

Table 2. Risk of bias rating summary

	Design	Similar at baseline	Fidelity	Assessors Blind	All outcomes included	Measure equally applied	Attrition reported	Attrition >= 30%	Differential attrition >= 15%	Randomization Adequate	Allocation Concealment	Post-randomization Exclusions	ITT analysis	Participants blind	Prospective	Same source population	I/E criteria	Control for differences	Exclusions	Rating	
Bos, 2010 ¹	RCT	Y	N	N	Y	Y	Y	N	N	Y	N	U	U	N	NA	NA	NA	NA	NA	NA	L
Bruce, 2009 ²	RCT	U	Y	N	U	Y	N	N	U	Y	N	Y	U	N	NA	NA	NA	NA	NA	NA	M
Chaffin, 2004 ³	RCT	Y	Y	Y	Y	Y	Y	Y	U	Y	N	U	N	N	NA	NA	NA	NA	NA	NA	M
Chaffin, 2009 ⁴	RCT	Y	Y	N	Y	Y	Y	N	N	Y	N	Y	N	N	NA	NA	NA	NA	NA	NA	M
Chaffin, 2011 ⁵	RCT	Y	Y	N	Y	Y	Y	N	N	Y	N	Y	N	N	NA	NA	NA	NA	NA	NA	M
Chamberlain, 2008 ⁶	RCT	Y	Y	U	Y	Y	Y	N	U	U	U	U	U	N	NA	NA	NA	NA	NA	NA	M
Cicchetti, 2006 ⁷	RCT	N	U	N	Y	Y	Y	N	N	N	N	U	U	N	NA	NA	NA	NA	NA	NA	M
Cohen, 1996 ⁸	RCT	N	Y	N	Y	Y	Y	N	U	Y	N	Y	N	U	NA	NA	NA	NA	NA	NA	M
Cohen, 2004 ⁹	RCT	U	Y	N	Y	Y	Y	N	N	U	N	N	Y	N	NA	NA	NA	NA	NA	NA	M
Deblinger, 2001 ¹⁰	RCT	U	Y	N	Y	U	U	N	U	Y	N	N	N	N	NA	NA	NA	NA	NA	NA	M
Dozier, 2006 ¹¹	RCT	Y	Y	Y	Y	Y	N	U	U	U	U	U	N	Y	NA	NA	NA	NA	NA	NA	M
Dozier, 2008 ¹²	RCT	N	Y	Y	Y	Y	N	U	U	U	U	U	N	Y	NA	NA	NA	NA	NA	NA	M
Dozier, 2009 ¹³	RCT	Y	Y	Y	Y	Y	N	U	U	U	U	U	N	Y	NA	NA	NA	NA	NA	NA	M
Fisher, 2005 ¹⁴	RCT	Y	Y	U	Y	Y	U	U	U	Y	N	U	U	N	NA	NA	NA	NA	NA	NA	M
Fisher, 2007 ¹⁵	RCT	Y	Y	U	Y	Y	Y	N	Y	Y	N	N	U	N	NA	NA	NA	NA	NA	NA	M
Fisher, 2007 ¹⁶	RCT	Y	U	Y	Y	Y	Y	U	U	Y	U	Y	U	N	NA	NA	NA	NA	NA	NA	M
Fisher, 2008 ¹⁷	RCT	Y	Y	Y	Y	Y	Y	N	U	Y	N	Y	U	N	NA	NA	NA	NA	NA	NA	M
Fisher, 2009 ¹⁸	RCT	N	Y	N	Y	Y	N	U	U	Y	N	Y	U	N	NA	NA	NA	NA	NA	NA	M
Fisher, 2011 ¹⁹	RCT	Y	U	Y	Y	Y	Y	N	U	Y	U	Y	N	U	NA	NA	NA	NA	NA	NA	M
Fisher, 2011 ²⁰	RCT	U	Y	U	Y	Y	Y	N	Y	U	N	U	Y	N	NA	NA	NA	NA	NA	NA	M
Ghera, 2009 ²¹	RCT	Y	N	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	NA	NA	NA	NA	NA	NA	L
Hughes, 2004 ²²	RCT	N	Y	Y	Y	Y	Y	N	N	Y	U	N	N	N	NA	NA	NA	NA	NA	NA	M
Jaberghaderi, 2004 ²³	RCT	Y	U	Y	Y	Y	Y	N	N	Y	N	Y	N	N	NA	NA	NA	NA	NA	NA	M
Jouriles, 2010 ²⁴	RCT	Y	Y	N	Y	Y	Y	N	N	Y	N	N	N	N	NA	NA	NA	NA	NA	NA	M
Letarte, 2010 ²⁵	RCT	U	Y	U	Y	N	Y	N	N	NA	NA	NA	NA	NA	Y	Y	Y	N	Y	Y	M
Linares, 2006 ²⁶	RCT	N	Y	Y	Y	Y	Y	N	N	U	U	Y	N	U	NA	NA	NA	NA	NA	NA	M
MacMillain, 2005 ²⁷	RCT	Y	Y	U	Y	Y	N	N	U	U	U	U	U	N	NA	NA	NA	NA	NA	NA	M
Marshall, 2008 ²⁸	RCT	Y	N	NA	Y	Y	Y	Y	N	Y	N	Y	Y	N	NA	NA	NA	NA	NA	NA	L

	Design	Similar at baseline	Fidelity	Assessors Blind	All outcomes included	Measure equally applied	Attrition reported	Attrition >= 30%	Differential attrition >= 15%	Randomization Adequate	Allocation Concealment	Post-randomization Exclusions	ITT analysis	Participants blind	Prospective	Same source population	I/E criteria	Control for differences	Exclusions	Rating	
Meezan, 1998a ²⁹	RCT	U	U	N	Y	Y	Y	Y ¹	Y	Y	N	U	N	N	NA	NA	NA	NA	NA	NA	M ¹ /H
Meezan, 1998b ³⁰	RCT	Y	U	U	Y	Y	N	Y ¹	U	U	U	U	N	U	NA	NA	NA	NA	NA	NA	M ¹ /H
Moss, 2011 ³¹	RCT	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	N	N	NA	NA	NA	NA	NA	NA	M
Nelson, 2007 ³²	RCT	Y	N	NA	Y	Y	Y	N	N	Y	N	Y	Y	N	NA	NA	NA	NA	NA	NA	L
Price, 2008 ³³	RCT	Y	Y	U	Y	Y	N	N	U	U	U	U	U	N	NA	NA	NA	NA	NA	NA	M
Reams, 1994 ³⁴	RCT	Y	Y	Y	Y	Y	Y	N	N	U	U	Y	U	Y	NA	NA	NA	NA	NA	NA	M
Runyon, 2010 ³⁵	RCT	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	NA	NA	NA	NA	NA	NA	M
Smyke, 2009 ³⁶	RCT	Y	NA	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	NA	NA	NA	NA	NA	NA	L
Sprang, 2009 ³⁷	RCT	Y	Y	N	Y	Y	Y	N	N	N	N	N	Y	N	NA	NA	NA	NA	NA	NA	M
Taussig, 2010 ³⁸	RCT	N	Y	Y	Y	Y	Y	N	N	Y	U	Y	N	N	NA	NA	NA	NA	NA	NA	M
Toth, 2002 ³⁹	RCT	N	Y	Y	Y	Y	Y	N	Y	U	U	N	U	N	NA	NA	NA	NA	NA	NA	M
Trowell, 2002 ⁴⁰	RCT	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	N	N	NA	NA	NA	NA	NA	NA	M
Zeanah, 2001 ⁴¹	RC	Y	N	N	Y	Y	N	NA	N	NA	NA	NA	NA	NA	N	N	N	Y	N	NA	M
Zeanah, 2009 ⁴²	RCT	Y	NA	U	Y	Y	Y	N	N	Y	N	Y	Y	N	NA	NA	NA	NA	NA	NA	L
Bagley, 2000 ⁴³	PC	N	U	N	Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	Y	Y	U	U	U	U	H
Barth, 1994 ⁴⁴	PC	N	N	N	Y	Y	N	U	U	NA	NA	NA	NA	NA	Y	U	U	N	Y	U	H
Barton, 1994 ⁴⁵	PC	U	U	N	Y	Y	N	U	U	NA	NA	NA	NA	NA	N	Y	U	U	U	U	H
Berliner, 1996 ⁴⁶	RCT	Y	Y	N	Y	Y	Y	Y	U	Y	N	Y	N	U	NA	NA	NA	NA	NA	NA	H
Celano, 1996 ⁴⁷	RCT	Y	Y	Y	Y	Y	Y	Y	Y	U	U	Y	N	U	NA	NA	NA	NA	NA	NA	H
Chamberlain, 1992 ⁴⁸	RCT	N	N	N	Y	U	Y	N	U	U	N	Y	N	N	NA	NA	NA	NA	NA	NA	H
Cohen, 1997 ⁴⁹	RCT	N	Y	Y	Y	Y	Y	Y	U	Y	B	Y	B	U	NA	NA	NA	NA	NA	NA	H
Cohen, 1998 ⁵⁰	RCT	N	Y	Y	Y	Y	Y	Y	U	Y	N	Y	N	U	NA	NA	NA	NA	NA	NA	H
Cohen, 1998 ⁵¹	RCT	N	Y	Y	Y	Y	Y	Y	U	Y	N	Y	N	U	NA	NA	NA	NA	NA	NA	H
Cohen, 2005 ⁵²	RCT	Y	U	U	Y	Y	Y	Y	Y	Y	U	N	Y	N	NA	NA	NA	NA	NA	NA	H
Deblinger, 1999 ⁵³	RCT	U	Y	N	Y	N	N	N	Y	U	N	U	N	N	NA	NA	NA	NA	NA	NA	H
Deblinger, 2006 ⁵⁴	RCT	U	Y	N	Y	Y	Y	Y	N	U	N	Y	N	N	NA	NA	NA	NA	NA	NA	H
Fisher, 2000 ⁵⁵	PC	N	U	N	Y	Y	N	U	U	NA	NA	NA	NA	NA	Y	N	N	N	Y	U	H
Gershater-Molko, 2002 ⁵⁶	CC	U	U	N	Y	Y	NA	NA	NA	NA	NA	NA	NA	NA	N	N	U	N	NA	NA	H
Grayston, 1995 ⁵⁷	PC	U	Y	U	Y	Y	Y	N	N	NA	NA	NA	NA	NA	Y	Y	Y	U	Y	U	H

¹ Some outcomes were under the 30% attrition threshold and therefore included in the results chapter.

	Design	Similar at baseline	Fidelity	Assessors Blind	All outcomes included	Measure equally applied	Attrition reported	Attrition >= 30%	Differential attrition >= 15%	Randomization Adequate	Allocation Concealment	Post-randomization Exclusions	ITT analysis	Participants blind	Prospective	Same source population	I/E criteria	Control for differences	Exclusions	Rating
Iwaniec, 1997 ⁵⁸	PC	U	U	N	Y	U	N	U	U	NA	NA	NA	NA	NA	Y	Y	U	U	U	H
Jinich, 1999 ⁵⁹	RCT	Y	Y	Y	N	Y	Y	N	N	U	Y	N	Y	Y	NA	NA	NA	NA	NA	H
Leathers, 2011 ⁶⁰	RCT	U	Y	N	Y	Y	Y	Y	N	NA	NA	NA	NA	NA	Y	Y	U	Y	N	H
McGain, 1995 ⁶¹	CC	U	U	U	Y	Y	U	N	N	NA	NA	NA	NA	NA	N	Y	U	N	N	H
Nilsen, 2007 ⁶²	PC	Y	Y	U	Y	Y	N	U	U	NA	NA	NA	NA	NA	Y	Y	N	N	U	H
Nolan, 2002 ⁶³	PC	N	U	N	Y	Y	Y	N	Y	NA	NA	NA	NA	NA	Y	Y	U	NA	Y	H
Wesch, 1991 ⁶⁴	PC	N	U	U	Y	Y	Y	Y	U	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	H

Y = Yes, N = No, NR = Unknown (not reported or unclear), NA = Not Applicable, H = High risk of bias, M = Medium risk of bias, L = Low risk of bias

Table 3. Studies rated high risk of bias with primary reason for rating

Study	Design	Primary Reasons for High Risk of Bias Rating
Bagley et al., 2000 ⁴³	RCT	High risk of selection bias. Differences between groups at baseline, high overall and high differential attrition were reported.
Barth et al., 1994 ⁴⁴	Prospective cohort	High risk for selection bias. Large amounts of missing data increased the likelihood of differences between groups. The recruitment method was not reported; inclusion and exclusion criteria were not reported; determination of individuals for intervention vs. control group was not reported.
Barton et al., 1994 ⁴⁵	Prospective cohort	High risk for section bias and attrition bias. Groups were not comparable at baseline or follow-up. Overall attrition was 49% at 1-yr follow-up and the differential attrition was 24%.
Berliner et al., 1996 ⁴⁶	RCT	High risk for selection bias. Attrition was 33.1% leaving 102 children eligible for follow up assessment, of these only 80 completed one or more follow up assessments (total loss to follow up and attrition combined was 51%).
Celano et al., 1996 ⁴⁷	RCT	High risk for selection bias and attrition bias. The groups were not comparable due to high overall and differential attrition (>30% overall attrition and 38% differential attrition).
Chamberlain, 1992 ⁴⁸	RCT	High risk for selection bias and attrition bias. Baseline characteristics were not equal between the groups at baseline and only 54 of 72 children randomized were included in the analysis.
Cohen et al., 1997 ⁴⁹	RCT	High risk for selection and attrition bias. Nearly 50% of participants were not included in the analysis.
Cohen et al., 1998 ⁵⁰	RCT	High risk for selection and attrition bias. Nearly 50% of participants were not included in the analysis.
Cohen et al., 1998 ⁵¹	RCT	High risk for selection and attrition bias. Over 40% of participants were not included in the analysis.
Cohen et al., 2005 ⁵²	RCT	High risk for selection and attrition bias. A large portion of participants participants (40%) were not included in the analysis due to attrition or loss to follow up.
Deblinger et al., 1999 ⁵³	RCT	High risk for selection and attrition bias. For all measures, over 30% of the participants were not included in the analysis due to attrition or loss to follow up.
Deblinger et al., 2006, ⁵⁴	RCT	High potential for selection and attrition bias. The attrition rate at 6 and 12 months was greater than 30% of the original randomized sample, there was no description of the randomization process, and allocation concealment. .
Fisher et al., 2000 ⁵⁵	Prospective cohort	High Risk for selection bias. There were significant differences in how groups were recruited and in their baseline characteristics.
Grayston & De Luca, 1995 ⁵⁷	Prospective cohort	High risk for selection bias and attrition bias. Differential attrition between groups > 15.0%
Gershater-Molko, 2002 ⁵⁶	CC	High risk of selection bias. Participants were matched on a small number of characteristics and baseline differences were not presented.
Iwaniec, 1997 ⁵⁸	Prospective cohort	High risk for selection bias and detection bias. Differences between groups were not reported at baseline, nor were any differences controlled for in the analyses. Outcome assessors were not blinded.
Jinich et al., 1999 ⁵⁹		High risk for selection and attrition bias. Less than 70 % of the children randomized were included in t he this analysis.
Leathers et al., 2011 ⁶⁰	RCT	High risk for selection bias. A large proportion of the participants were loss to follow up leaving only 54.8% of the participants at the fourth time point.

Table 3. Studies rated high risk of bias with primary reason for rating (continued)

Study	Design	Primary Reasons for High Risk of Bias Rating
Meezan & O' Keefe, 1998 ²⁹	RCT	Medium risk of bias for the Family functioning sub-scale outcomes of, parent-child interactions, supports to parents, and financial management. High risk for selection bias and attrition bias for all other outcomes. Primarily as a result of high attrition (>30% in all other groups).
Meezan & O' Keefe, 1998 ³⁰		Medium risk of bias for Child Abuse Potential Inventory, two subscales of the adult adolescent parenting index Family Adaptability and Cohesion Evaluation Scale II. High risk for selection bias and attrition bias for all other outcomes. Primarily as a result of high attrition (>30% in all other groups).
McGain & McKinsey, 1995 ⁶¹	Case/Control	High risk of confounding and selection bias, Inadequate reporting. Almost no baseline data was gathered. Potentially important differences between the groups were not gathered and therefore not accounted for in the analysis. Important confounders were not accounted for in either study design or analysis.
Nilsen, 2007 ⁶²	Prospective cohort	High risk for selection bias and detection bias. Inclusion exclusion criteria were not equally applied to groups.
Nolan, 2002 ⁶³		High risk for selection bias and detection bias. Baseline difference between groups on severity of sexual abuse was noted. Differential loss to follow up may result in detection bias.
Wesch and Lutzer, 1991 ⁶⁴	Retrospective cohort	High risk of selection bias, performance bias and attrition bias. Groups were not similar at baseline. Contamination from exposure to other interventions was a significant issue and the overall attrition was greater than 30%.

References

1. Bos KJ, Zeanah CH, Jr., Smyke AT, et al. Stereotypies in children with a history of early institutional care. *Arch Pediatr Adolesc Med.* 2010 May;164(5):406-11. PMID: 20439790.
2. Bruce J, McDermott JM, Fisher PA, et al. Using behavioral and electrophysiological measures to assess the effects of a preventive intervention: a preliminary study with preschool-aged foster children. *Prev Sci.* 2009 Jun;10(2):129-40. PMID: 19030992.
3. Chaffin M, Silovsky JF, Funderburk B, et al. Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *J Consult Clin Psychol.* 2004 Jun;72(3):500-10. PMID: 15279533.
4. Chaffin M, Valle LA, Funderburk B, et al. A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreat.* 2009 Nov;14(4):356-68. PMID: 19258303.
5. Chaffin M, Funderburk B, Bard D, et al. A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *J Consult Clin Psychol.* 2011 Feb;79(1):84-95. PMID: 21171738.
6. Chamberlain P, Price J, Leve LD, et al. Prevention of behavior problems for children in foster care: outcomes and mediation effects. *Prev Sci.* 2008 Mar;9(1):17-27. PMID: 18185995.
7. Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through preventive interventions. *Dev Psychopathol.* 2006 Summer;18(3):623-49. PMID: 17152394.
8. Cohen JA, Mannarino AP. A treatment outcome study for sexually abused preschool children: initial findings. *J Am Acad Child Adolesc Psychiatry.* 1996 Jan;35(1):42-50. PMID: 8567611.
9. Cohen JA, Deblinger E, Mannarino AP, et al. A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry.* 2004 Apr;43(4):393-402. PMID: 15187799.
10. Deblinger E, Stauffer LB, Steer RA. Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreat.* 2001 Nov;6(4):332-43. PMID: 11675816.
11. Dozier M, Peloso E, Lindhiem O, et al. Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. *J Soc Issues.* 2006;62(4):767-85. PMID: ISI:000241562500006.
12. Dozier M, Peloso E, Lewis E, et al. Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Dev Psychopathol.* 2008 Summer;20(3):845-59. PMID: 18606034.
13. Dozier M, Lindhiem O, Lewis E, et al. Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child Adolesc Soc Work J.* 2009 Aug;26(4):321-32. PMID: 22065891.
14. Fisher PA, Burraston B, Pears K. The early intervention foster care program: permanent placement outcomes from a randomized trial. *Child Maltreat.* 2005 Feb;10(1):61-71. PMID: 15611327.
15. Fisher PA, Kim HK. Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. *Prev Sci.* 2007 Jun;8(2):161-70. PMID: 17340186.
16. Fisher PA, Stoolmiller M, Gunnar MR, et al. Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity. *Psychoneuroendocrinology.* 2007 Sep-Nov;32(8-10):892-905. PMID: 17656028.
17. Fisher PA, Stoolmiller M. Intervention effects on foster parent stress: associations with child cortisol levels. *Dev Psychopathol.* 2008 Summer;20(3):1003-21. PMID: 18606041.

18. Fisher PA, Kim HK, Pears KC. Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. *Children and Youth Services Review*. 2009 May;31(5):541-6. PMID: 19430545.
19. Fisher PA, Van Ryzin MJ, Gunnar MR. Mitigating HPA axis dysregulation associated with placement changes in foster care. *Psychoneuroendocrinology*. 2011 May;36(4):531-9. PMID: 20888698.
20. Fisher PA, Stoolmiller M, Mannering AM, et al. Foster placement disruptions associated with problem behavior: Mitigating a threshold effect. *J Consult Clin Psychol*. 2011 Aug;79(4):481-7. PMID: 21787051.
21. Ghera MM, Marshall PJ, Fox NA, et al. The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: results from the BEIP study. *J Child Psychol Psychiatry*. 2009 Mar;50(3):246-53. PMID: 19309327.
22. Hughes JR, Gottlieb LN. The effects of the Webster-Stratton parenting program on maltreating families: fostering strengths. *Child Abuse Negl*. 2004 Oct;28(10):1081-97. PMID: 15519437.
23. Jaberghaderi N, Greenwald R, Rubin A, et al. A comparison of CBT and EMDR for sexually-abused Iranian girls. *Clin Psychol Psychother*. 2004;11:358-68.
24. Jouriles EN, McDonald R, Rosenfield D, et al. Improving parenting in families referred for child maltreatment: a randomized controlled trial examining effects of Project Support. *J Fam Psychol*. 2010 Jun;24(3):328-38. PMID: 20545406.
25. Letarte MJ, Normandeau S, Allard J. Effectiveness of a parent training program "Incredible Years" in a child protection service. *Child Abuse Negl*; 2010. p. 253-61.
26. Linares LO, Montalto D, Li M, et al. A promising parenting intervention in foster care. *J Consult Clin Psychol*. 2006 Feb;74(1):32-41. PMID: 16551141.
27. MacMillan HL, Thomas BH, Jamieson E, et al. Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: a randomised controlled trial. *Lancet*. 2005 May 21-27;365(9473):1786-93. PMID: 15910951.
28. Marshall PJ, Reeb BC, Fox NA, et al. Effects of early intervention on EEG power and coherence in previously institutionalized children in Romania. *Dev Psychopathol*. 2008 Summer;20(3):861-80. PMID: 18606035.
29. Meezan W, O'Keefe M. Multifamily group therapy: Impact on family functioning and child behavior. *J Contemp Hum Serv*. 1998 Jan-Feb;79(1):32-44. PMID: ISI:000071455500007.
30. Meezan W, O'Keefe M. Evaluating the effectiveness of multifamily group therapy in child abuse and neglect. *Res Soc Work Pract*. 1998;8:330-53.
31. Moss E, Dubois-Comtois K, Cyr C, et al. Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. *Dev Psychopathol*. 2011 Feb;23(1):195-210. PMID: 21262048.
32. Nelson CA, 3rd, Zeanah CH, Fox NA, et al. Cognitive recovery in socially deprived young children: the Bucharest Early Intervention Project. *Science*. 2007 Dec 21;318(5858):1937-40. PMID: 18096809.
33. Price JM, Chamberlain P, Landsverk J, et al. Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*. 2008 Feb;13(1):64-75. PMID: ISI:000252471700006.
34. Reams R, Friedrich W. The efficacy of time-limited play therapy with maltreated preschoolers. *J Clin Psychol*. 1994 Nov;50(6):889-99. PMID: 7896925.
35. Runyon MK, Deblinger E, Steer RA. Group Cognitive Behavioral Treatment for Parents and Children At-Risk for Physical Abuse: An Initial Study. *Child & Family Behavior Therapy*. 2010;32(3):196-218. PMID: WOS:000281079800002.

36. Smyke AT, Zeanah CH, Jr., Fox NA, et al. A new model of foster care for young children: the Bucharest early intervention project. *Child Adolesc Psychiatr Clin N Am*. 2009 Jul;18(3):721-34. PMID: 19486847.
37. Sprang G. The efficacy of a relational treatment for maltreated children and their families. *Child Adolesc Ment Health*. 2009;14(2):81-8. PMID: 2009-06028-005. First Author & Affiliation: Sprang, Ginny.
38. Taussig HN, Culhane SE. Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Arch Pediatr Adolesc Med*. 2010 Aug;164(8):739-46. PMID: 20679165.
39. Toth SL, Maughan A, Manly JT, et al. The relative efficacy of two interventions in altering maltreated preschool children's representational models: implications for attachment theory. *Dev Psychopathol*. 2002 Fall;14(4):877-908. PMID: 12549708.
40. Trowell J, Kolvin I, Weeramanthri T, et al. Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *Br J Psychiatry*. 2002 Mar;180:234-47. PMID: 11872516.
41. Zeanah CH, Larrieu JA, Heller SS, et al. Evaluation of a preventive intervention for maltreated infants and toddlers in foster care. *J Am Acad Child Adolesc Psychiatry*; 2001. p. 214-21.
42. Zeanah CH, Egger HL, Smyke AT, et al. Institutional rearing and psychiatric disorders in Romanian preschool children. *Am J Psychiatry*. 2009 Jul;166(7):777-85. PMID: 19487394.
43. Bagley C, LaChance M. Evaluation of a family-based programme for the treatment of child sexual abuse. *Child and Family Social Work*. 2000;5:205-13.
44. Barth RP, Yeaton J, Winderfelt N. Psychoeducational groups with foster parents of sexually abused children. *Child Adolesc Soc Work J*. 1994;11(5):405-24.
45. Barton K, Baglio CS, Braverman MT. Stress reduction in child-abusing families: global and specific measures. *Psychol Rep*. 1994 Aug;75(1 Pt 1):287-304. PMID: 7984740.
46. Berliner L, Saunders BE. Treating fear and anxiety in sexually abused children: results of a controlled 2-year follow-up study. *Child Maltreatment*. 1996;1:194-309.
47. Celano M, Hazzard A, Webb C, et al. Treatment of traumagenic beliefs among sexually abused girls and their mothers: an evaluation study. *J Abnorm Child Psychol*. 1996 Feb;24(1):1-17. PMID: 8833025.
48. Chamberlain P. Enhanced social services and stipends for foster parents: effects on retention rates and outcomes for children. *Child Welfare*. 1992;71(5):387-401.
49. Cohen JA, Mannarino AP. A treatment study for sexually abused preschool children: outcome during a one-year follow-up. *J Am Acad Child Adolesc Psychiatry*. 1997 Sep;36(9):1228-35. PMID: 9291724.
50. Cohen JA, Mannarino AP. Factors that mediate treatment outcome of sexually abused preschool children: six- and 12-month follow-up. *J Am Acad Child Adolesc Psychiatry*. 1998 Jan;37(1):44-51. PMID: 9444899.
51. Cohen JA, Mannarino AP. Interventions for sexually abused children: Initial treatment outcome findings. *Child Maltreatment*. 1998;3(1):17-26. PMID: 1997-39106-002.
52. Cohen JA, Mannarino AP, Knudsen K. Treating sexually abused children: 1 year follow-up of a randomized controlled trial. *Child Abuse Negl*. 2005 Feb;29(2):135-45. PMID: 15734179.
53. Deblinger E, Steer RA, Lippmann J. Two-year follow-up study of cognitive behavioral therapy for sexually abused children suffering post-traumatic stress symptoms. *Child Abuse Negl*. 1999 Dec;23(12):1371-8. PMID: 10626618.
54. Deblinger E, Mannarino AP, Cohen JA, et al. A follow-up study of a multisite, randomized, controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry*. 2006 Dec;45(12):1474-84. PMID: 17135993.

55. Fisher PA, Gunnar MR, Chamberlain P, et al. Preventive intervention for maltreated preschool children: impact on children's behavior, neuroendocrine activity, and foster parent functioning. *J Am Acad Child Adolesc Psychiatry*. 2000 Nov;39(11):1356-64. PMID: 11068890.
56. Gershater-Molko RM, Lutzker JR, Wesch D. Using recidivism data to evaluate project safecare: teaching bonding, safety, and health care skills to parents. *Child Maltreat*. 2002 Aug;7(3):277-85. PMID: 12139194.
57. Grayston AD, De Luca RV. Group therapy for boys who have experienced sexual abuse: Is it the treatment of choice? *Journal of Child & Adolescent Group Therapy*. 1995;5(2):57-82. PMID: 1995-44671-001.
58. Iwaniec D. Evaluating parent training for emotionally abusive and neglectful parents: comparing individual versus individual and group intervention. *Res Soc Work Pract*. 1997;7:329-49.
59. Jinich S, Litrownik AJ. Coping with sexual abuse: development and evaluation of a videotape intervention for nonoffending parents. *Child Abuse Negl*. 1999 Feb;23(2):175-90. PMID: 10075186.
60. Leathers SJ, Spielfogel JE, McMeel LS, et al. Use of a parent management training intervention with urban foster parents: A pilot study. *Children and Youth Services Review*. 2011;33(7):1270-9. PMID: 2011-05731-001.
61. McGain B, McKinzey RK. The efficacy of group treatment in sexually abused girls. *Child Abuse Negl*. 1995 Sep;19(9):1157-69. PMID: 8528821.
62. Nilsen W. Fostering futures: A preventive intervention program for school-age children in foster care. *Clinical Child Psychology and Psychiatry*. 2007;12(1):45-63. PMID: 2007-02365-004.
63. Nolan M, Carr A, Fitzpartrick C, et al. A comparison of two programmes for victims of child sexual abuse: A treatment outcome study. *Child Abuse Review*. 2002;11(2):103-23. PMID: 2002-02985-003.
64. Wesch D, Lutzker JR. A comprehensive 5-year evaluation of Project 12-Ways: An ecobehavioral program for treating and preventing child abuse and neglect. *Journal of Family Violence*. 1991;6(1):17-35. PMID: 1991-25102-001.

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Attachment and Biobehavioral Catch-up

Table 4. Attachment and Biobehavioral Catch-up, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Dozier, 2006 ¹	Two mid-Atlantic States, United States	NIMH	RCT	1, 3, 4	Presentation of preliminary data testing effectiveness of the Attachment and Biobehavioral Catch-up intervention designed to target relationship formation in young children in the foster care system.	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: NR G2: NR	Post Intervention (1 month following completion of the training)	Completion of the experimental or control intervention	NR
Dozier, 2008 ²	Two mid-Atlantic States, United States	NIMH	RCT	1, 3, 4	Assesses the effectiveness of a relational intervention intended to normalize HPA functioning (as measured by cortisol production) by enhancing children's ability to regulate physiology and behavior, among children in foster care.	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: NR G2: NR	Post Intervention (although exact timing not specified):	Completion of the experimental or control intervention	NR

Table 1. Attachment and Biobehavioral Catch-up, study characteristics (continued)

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Dozier, 2009 ³	Two mid-Atlantic States, United States	NIMH	RCT; Sub-analysis	1, 3, 4	Presentation of preliminary findings of the effectiveness of the Attachment and Biobehavioral Catch-up intervention on children's attachment behaviors	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: NR G2: NR	Post Intervention was conducted at 1 month after intervention completion	Completion of the experimental or control intervention assessments	NR
Sprang, 2009 ⁴	KY, USA	NR	RCT	1, 4	To assess the efficacy of a relational intervention designed to help foster parents reinterpret behavioral cues in children who fail to elicit nurturing & decrease caregiver discomfort in providing nurturance	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	Parent-child dyads G1: 29 G2: 29	10 wks	Foster parents caring for children who had experienced severe maltreatment, disruptions in their primary attachment relationships during their early years, & diagnosed with attachment-related problems that threatened their foster placements; Children < 6 years of age; Neither the child nor caregiver had begun taking prescribed psychotropic drugs within 3 months before pretest data collection	Use of psychotropic medications during 3-mth prior to study period; Active, severe mental illness: active psychosis, mania, or if either child or caregiver was imminently suicidal/homicidal, and/or suffering from mental retardation & could not provide informed consent

Table 5. Attachment and Biobehavioral Catch-up, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Dozier, 2006 ¹	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: 19.01 mos (SD = 9.64); 3.90-39.40 G2: 16.30 mos (SD = 7.42); 3.60-33.60	Overall 50% female G1: NR G2: NR	% Caucasian Overall: 32% % African American Overall: 63% % Biracial Overall: 5%	NR	Foster Parents	NR	NR	NR	NR
Dozier, 2008 ²	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: 20.0 mos (SD = 5.98); G2: 19.5 mos (SD = 5.6) Overall Range: 15-24 mos	G1: 59% female G2: 43% female	% Caucasian G1: 17 % G2: 29% % African American G1: 81% G2: 66% % Asian American G1: 0 G2: 0	% Hispanic/Latino G1: 2 G2: 5	Foster Parents	NR	NR	NR	NR
Dozier, 2009 ³	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	Overall: 18.9 mos (SD = 1.8); 3.9-39.4 mos G1: NR G2: NR	Overall 50% female G1: NR G2: NR	% Caucasian Overall: 26% % African American Overall: 63% % Biracial Overall: 7%	% Hispanic/Latino Overall: 4%	Foster Parents	NR	NR	NR	NR

Table 2. Attachment and Biobehavioral Catch-up, population characteristics (continued)

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Sprang, 2009 ⁴	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	Overall N: 42.5 months (18.6 mo.) G1: NR G2: NR	Overall N: 49% (excluding drop-outs) G1: NR G2: NR	NR	NR	Foster parents	Overall (n=53) 39.7 (6.45) Overall (n=58) 38.9 (sd nr) G1 Completers: 39.9 (6.09) G1: Drop-outs: 37.9 (6.32) G2 Completers: 35.5 (6.13) G2 drop-outs: 38.3 (5.21)	Overall (n=58): 81% G1 79% G2: 83%	% Caucasian (n=58) Total: 90% G1: 86% G2: 93% % African American (n=58) Total: 10.3% G1: 14% G2: 7%	NR

Table 6. Attachment and Biobehavioral Catch-up, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Dozier, 2006 ¹	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	NR	NR	NR	NR
Dozier, 2008 ²	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	NR	NR	NR	NR
Dozier, 2009 ³	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	NR	NR	NR	NR
Sprang, 2009 ⁴	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	NR	NR	Attachment related problems (unspecified) Overall: 100%	NR

Table 7. Attachment and Biobehavioral Catch-up, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Dozier, 2006 ¹	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: 10 one hour weekly sessions G2: 10 one hour weekly sessions	G1: Caregiver G2: Caregiver	G1: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology) G2: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology)	G1: Yes G2: Yes	G1: Dyadic G2: Dyadic	G1: Foster home G2: Foster home
Dozier, 2008 ²	G1: Attachment and Biobehavioral Catch-up + Strange Situation G2: Developmental Education for Families + Strange Situation	G1: 10 one hour weekly sessions G2: 10 one hour weekly sessions	G1: Caregiver G2: Caregiver	G1: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology) G2: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology)	G1: Yes G2: Yes	G1: Dyadic G2: Dyadic	G1: Foster home G2: Foster home

Table 4. Attachment and Biobehavioral Catch-up, intervention characteristics (continued)

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Dozier, 2009 ³	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	G1: 10 one hour weekly sessions G2: 10 one hour weekly sessions	G1: Caregiver G2: Caregiver	G1: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology) G2: Professional social worker or psychologists (≥ 5 years clinical experience with bachelor's or master's degree in social work or psychology)	G1: Yes G2: Yes	G1: Dyadic G2: Dyadic	G1: Foster home G2: Foster home
Sprang, 2009 ⁴	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	G1: Unspecified number of sessions over a 10-week duration; Five 90-minute biweekly sessions with pre & post adoptive parents receiving services from the clinic G2: Five 90-minute biweekly sessions, with pre & post adoptive parents receiving clinic services	G1: Caregiver G2: Caregiver	G1: Four therapists (1 child psychiatrist, 1 psychiatric nurse practitioner, & 2 licensed clinical social workers) G2: NA	G1: Yes G2: NA	G1: Dyadic and monthly support groups G2: NA	G1: Caregivers' homes G2: Clinic

Table 8. Attachment and Biobehavioral Catch-up, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Dozier, 2006 ¹	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	Cortisol assay: collected saliva samples two times daily over a 2-day period at waking and before bed at home with compliance caps. Parent's Daily Report (PDR/IT): parent-report	AM Cortisol Baseline Mean (SD); Range G1: 0.41 (0.43); 0.00-1.97 G2: 0.80 (0.91); 0.00-3.00 PM Cortisol Baseline Mean (SD); Range G1: 0.12 (0.13); 0.00-0.58 G2: 0.42 (0.69); 0.00-2.65 Behavior Score Baseline Mean (SD); Range G1: 0.29 (0.16); 0.03-0.48 G2: 0.31 (0.15); 0.06-0.54	Analysis of Variance for Behavior Problems (between subjects) Intervention type, F=0.14, p=0.71 Child age, F=3.06, p=0.09 Intervention type x Child age, F = 4.75, p=0.04 G1 reported fewer behavioral problems for toddlers than infants	Analysis of Variance for Cortisol Levels by Intervention Type Time of day within subjects, F=29.04, p=0.00 Time of day x Intervention type, F=0.63, p=0.43 Between subjects F=4.55, p=0.04 Comparisons between G1 and G2, Mean difference = -0.37 (0.11 SE), p < 0.001	
Dozier, 2008 ²	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	Cortisol assay: collected saliva samples at first arrival at research lab, 15 min post strange situation and 30 min post strange situation	"None of the three groups showed a significant increase in cortisol in response to the Strange situation. Indeed, the slopes for all groups were in the negative direction" (p.852) Cortisol Slope G1: -0.04 G2: -0.11	Multilevel modeling coefficients of tx effects for salivary cortisol with DEF (tx control) as reference group		

Table 5. Attachment and Biobehavioral Catch-up, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Sprang, 2009 ⁴	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	Child Abuse Potential Inventory (CAPI) CBCL-I (Internalizing subscale) CBCL-E (Externalizing subscale) Parenting Stress Index -Short form (PSI/SF)	CBCL-I subscale Baseline, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 64.2 (11.2) G2: 68.28 (14.96) Endpoint, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 45.39 (6.49) G2: 64.36 (15.34) Change score mean (SD)(Completers only/ ITT mean and sd NR) G1: -18.81 (NR) ,p=NR; G2: -3.92 (NR) ,p=NR Between group completers results, t = 3.05, p=0.05 Within group ITT Both groups p=sig (NR) Between group ITT results, F= 9.72, p=0.01 Partial Eta Squared = 0.436	CBCL-E subscale Baseline, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 66.81 (12.42) G2: 49.13 (4.79) Endpoint, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 49.13 (4.79) G2: 69.08 (14.82) Change score mean (SD)(Completers only/ ITT mean and sd NR) G1: -17.67 (NR) G2: -3.82 (NR) Between group completers results, t= 21.35, p=0.01 Within group ITT Both groups p=sig (NR) Between group ITT results, F= 17.09, p=0.001 Partial Eta Squared = 0.511	Sprang, 2009	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list

Table 9. Attachment and Biobehavioral Catch-up, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Dozier, 2009 ³	G1: Attachment and Biobehavioral Catch-up G2: Developmental Education for Families	Parent attachment diary - daily recording [checklist + brief narrative description] of infants' behaviors when distressed (e.g., hurt, scared, and separated) and in the presence of their primary caregiver. (caregiver self-report diary of child behaviors completed for a period of 3 days). Rated by two coders (interrater reliability for a subset (26%) of subjects was .88 for coding secure behaviors, 1.00 for coding avoidant behaviors, and .86 for coding resistant behaviors.	Parent Attachment Diary: Avoidant Baseline score mean (SD) G1: NR G2: NR Endpoint score mean (SD) G1: 0.12 (0.24) G2: 0.35 (0.41) Parent Attachment Diary: Secure Baseline score mean (SD) G1: NR G2: NR Endpoint score mean (SD) G1: 1.30 (0.30) G2: 1.18 (0.54)	Analysis of Variance for attachment behavior Avoidant: Between Groups: F = 5.019 Sig. = 0.030 Sum of Squares = 0.586 Mean Square = 0.586 Within Groups: Sum of Squares = 5.142 Mean Square = 0.117 Total: Sum of Squares = 5.728 Secure: Between Groups: F = 0.791 Sig. = 0.379 Sum of Squares = 0.154 Mean Square = 0.154 Within Groups: Sum of Squares = 8.594 Mean Square = 0.195 Total: Sum of Squares = 8.748		

Table 6. Attachment and Biobehavioral Catch-up, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Sprang, 2009 ⁴	G1: Attachment & Biobehavioral Catchup Intervention (ABC) G2: Temporary wait-list	Parenting Stress Index-Short Form (PSI/SF) = Parent Self-Report; CAPI = Parent Self-Report	CAPI Baseline, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 189.02 (68.75) G2: 185.83 (43.29) Endpoint, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 53.5 (36.3) G2: 189.36 (38.29) Change score mean (SD)(Completers only/ ITT mean and sd NR) G1: -135.02 (NR) G2: 0.34 (NR) Between group completers results, t= 31.73, p< 0.001 Within group ITT Both groups p=sig (NR) Between group ITT results, F= 33.21, p=0.001	PSI/SF Baseline, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 132.16 (15.36) G2: 139.0 (29.85) Endpoint, Mean (SD) (Completers only/ ITT mean and sd NR) G1: 45.18 (26.76) G2: 134.76.(24.08) Change score mean (SD)(Completers only/ ITT mean and sd NR) G1: -86.98 (NR) G2: -5.77 (NR) Between group completers results, t= 12.01, p=0.05 Within group ITT Both groups p=sig (NR) Between group ITT results, F= 7.83, p=0.01		

Attachment-based Intervention

Table 10. Attachment-based Intervention, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Moss, 2011 ⁵	Quebec, Canada	Government	RCT	1, 4	To compare the efficacy of a short-term attachment-based intervention compared to standard child welfare services for changing risk outcomes for children of maltreating families	G1: Short-term attachment-based intervention G2: Standard child welfare services	G1: 40 G2: 39	Post Intervention: About 1 week post-intervention Follow-up: None	Children between 12-71 months of age; Parents: - Biological mother or father and lived with child as primary caregiver; - Primarily French speaking; - Not participants in any other parent-child oriented txmt program; - Presently being monitored by community or child welfare agency for child maltxmt	See inclusion criteria

Table 11. Attachment-based Intervention, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Moss, 2011 ⁵	G1: Short-term attachment-based intervention G2: Standard child welfare services	G1: 3.29 (1.44) G2: 3.42 (1.34) Total sample range: 12-71 months	G1: 42.9% G2: 34.4%	NR	NR	Biological parents	G1: 28.46 (8.10) G2: 27.13 (7.11)	G1: NR G2: NR Final sample: 94%	NR	NR

Table 12. Attachment-based Intervention, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Moss, 2011 ⁵	G1: Short-term attachment-based intervention G2: Standard child welfare services	Total sample: neglect (72%), physical abuse (7%), sexual abuse (3%), both neglect and physical abuse (16%), and both neglected and sexually abused (2%) G1: NR G2: NR	Number of exposures Total sample: 1.4 Duration of exposure NR Number of CPS referrals	% with MH symptoms or behavior problems NR % meeting a dx NR	% with MH symptoms/substance abuse NR % meeting a dx NR

Table 13. Attachment-based Intervention, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Moss, 2011 ⁵	G1: Short-term attachment-based intervention G2: Standard child welfare services	G1: 8 weekly 90-minute home visit sessions G2: Monthly visit by child welfare caseworker	G1: Parent G2: Parent	G1: Bachelors- (3) and masters-level clinical workers (1) with experience in child welfare settings G2: Child welfare caseworkers	G1: Yes G2: NR	G1: Individual G2: Individual	G1: Home G2: Home

Table 14. Attachment-based Intervention, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Moss, 2011 ⁵	G1: Short-term attachment-based intervention G2: Standard child welfare services	Parent-reported internalizing behavior problems for children; Parent-reported externalizing behavior problems for children	Parent-reported internalizing behavior problems for children (CBCL-I) Participating Families Baseline score mean (SD) G1: 56.73 (8.23) G2: 54.80 (11.77) p=NS Endpoint score mean (SD) G1: 54.43 (7.44) G2: 55.56 (11.45) p=NR Change score mean (SD) G1: NR G2: NR Between group, p=NS, <i>d</i> = -0.11 Follow up score mean (SD) NA Dropped Out Families (N = 22) Baseline score mean (SD) Total: 56.71 (9.73)	Parent-reported externalizing behavior problems for children (CBCL-E) Participating Families Baseline score mean (SD) G1: 59.47 (9.82) G2: 60.73 (11.60) p=NS Endpoint score mean (SD) G1: 57.85 (9.84) G2: 57.54 (12.61) p=NR Change score mean (SD) G1: NR G2: NR Between group, p=NS, <i>d</i> = 0.03 Follow up score mean (SD) NA Dropped Out Families (N = 22) Baseline score mean (SD) Total: 59.53 (10.31)		

Table 15. Attachment-based Intervention, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Moss, 2011 ⁵	G1: Short-term attachment-based intervention G2: Standard child welfare services	Maternal sensitivity; Child attachment; Change patterns in attachment security; Change patterns in attachment organization	Maternal sensitivity: Maternal Behavior Q-Set Baseline score mean (SD) G1: 0.26 (0.46) G2: 0.28 (0.46) p=NS Endpoint score mean (SD) G1: 0.48 (0.31) G2: 0.31 (0.39) p<0.05, d = 0.47 Change score mean (SD) G1: NR G2: NR p=NR Follow up score mean (SD) NA Dropped Out Families (N = 22) Baseline score mean (SD) Total: 0.28 (0.48)	Child attachment: Ainsworth Strange Situation Secure attachment Baseline score n (%) G1: 9 (25.7%) G2: 7 (21.9%) p=NS Endpoint score mean (SD) G1: 23 (65.7%) G2: 9 (28.1%) p=NR Change score mean (SD) NR Follow up score mean (SD) NA Avoidant attachment Baseline score n (%) G1: 5 (14.3%) G2: 4 (12.5%) p=NS Endpoint score mean (SD) G1: 5 (14.3%) G2: 2 (6.3%) p=NR Change score mean (SD) NR Follow up score mean (SD) NA	Change patterns in attachment security: Ainsworth Strange Situation Secure to secure G1: 8 (22.9%) G2: 4 (12.5%) p=NS Secure to insecure G1: 1 (2.8%) G2: 3 (9.4%) p=NS Insecure to insecure G1: 11 (31.4%) (z = -2.50) G2: 20 (62.5%) (z = 2.50) p=Significant (z >= 1.96) Insecure to secure G1: 15 (42.9%) (z = 2.40) G2: 5 (15.6%) (z = -2.40), p=Significant (z>=1.96) Overall pfor association between attachment security change and txmt group <0.05 r (effect size) = 0.36	Change patterns in attachment organization: Ainsworth Strange Situation Organized to organized G1: 15 (42.9%) G2: 9 (28.1%) p=NS Organized to disorganized G1: 1 (2.9%) (z >= 1.96) G2: 7 (21.9%) (z >= 1.96) p=Significant (z >= 1.96) Disorganized to disorganized G1: 6 (17.1%) G2: 11 (34.4%) p=NS Disorganized to organized G1: 13 (37.1%) (z = 2.00) G2: 5 (15.6%) (z = -2.00) Overall pfor association between attachment organization change and txmt group <0.05 r (effect size) = 0.37

Bucharest Early Intervention Project

Table 16. Bucharest Early Intervention Project, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Bos, 2010 ⁶	Bucharest Romania	MacArthur Fdn, Binder Family Fdn, Richard David Scott Endow, Doris Duke Charitable Fdn	RCT	1, 4	Evaluate efficacy of foster care compared to institutional care on stereotypies	G1: Foster Care (FCG) G2: Institutional Care (IG)	G1: 68 G2: 68	Post Intervention: 30 , 42 , 54 months	Placed in institution close to birth, < 31m age of placement	Medical reasons: genetic & fetal alcohol syndromemicro-cephaly
Ghera, 2009 ⁷	Bucharest Romania	MacArthur Foundation	RCT	1, 4	Evaluate efficacy of foster care compared to institutional care on attention and positive affect	G1: Foster Care (FG) G2: Institutional Care (IG)	G1: 68 G2: 68	Post Intervention: 30 months Follow-up: 42 months	Placed in institution close to birth < 31m	Medical reasons, including genetic syndromes, fetal alcohol syndrome, microcephaly
Zeanah, 2009 ⁸	Bucharest , Romania	MacArthur Foundation	RCT	1, 4	Efficacy of foster v institutional care for reducing psychiatric morbidity at 54 months of age	G1: Foster Care (FG) G2: Institutional Care (IG)	G1: 68 G2: 68	Post Intervention: 30 months Follow-up: 42 months, 54 months	Per above	Per above
Nelson, 2007 ⁹	Bucharest , Romania	MacArthur Fdn, Richard David Scott End.	RCT	1, 4	Evaluate efficacy of foster care compared to institutional care on cognitive development and recovery	G1: Foster Care (FG) G2: Institutional Care (IG)	G1: 68 G2: 68	Post Intervention: 30 months Follow-up: 42 months, 54 months	Per above	Per above

Table 13. Bucharest Early Intervention Project, study characteristics (continued)

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Smyke, 2009 ¹⁰	Bucharest, Romania	MacArthur Foundation	RCT	1, 4	Examine classification of attachment among children suffering early deprivation and the impact of foster care on ameliorating those impacts.	G1: Foster Care (FG) G2: Institutional Care (IG)	G1: 68 G2: 68	Post Intervention: 30 months Follow-up: 42 months	Per above	Per above

Table 17. Bucharest Early Intervention Project, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Bos, 2010 ⁶	G1: Foster care (n=68) G2: Institutional care (n=68)	Total: 22.9 months; SD NR, 6 to 33 months	NR	NR	NR	Foster care	NR	NR	NR	NR
Ghera, 2009 ⁷	G1: Foster care (n=68) G2: Institutional care (n=68)	Total: 23.1 months (SD=6.8; 6.8-33.0 months)	G1: 50% G2: not reported	NR	NR	Foster care	NR	NR	NR	NR
Zeanah, 2009 ⁸	G1: Foster care (n=68) G2: Institutional care (n=68)	Age at follow-up: 55.56 months (SD=1.92)	G1: 49% G2: 48%	NR	NR	Foster care	NR	NR	NR	NR
Nelson, 2007 ⁹	G1: Foster care (n=68) G2: Institutional care (n=68)	G1: 21 months G2: Not reported (but not significantly different)	G1: 50% G2: 51%	NR	NR	Foster care	NR	NR	NR	NR
Smyke, 2009 ¹⁰	G1: Foster care (n=68) G2: Institutional care (n=68)	G1: 42.37 months G2: 42.44 months	G1: 47.5% G2: 50.9%	NR	% Romanian G1: 57.4% G2: 45.6% % Roma (Gypsy) G1: 29.5% G2: 36.8% % Unknown G1: 13.1% G2: 17.5%	Foster care	NR	NR	NR	NR

Table 18. Bucharest Early Intervention Project, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
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Bos, 2010 ⁹	G1: Foster care (n=68) G2: Institutional care (n=68)	NR (all participants assigned to institutional care primarily due to abandonment)	NR	% with some stereotypes G1: 34% G2: 24% % with many stereotypes G1: 35% G2: 38%	NR
Ghera, 2009 ⁷	G1: Foster care (n=68) G2: Institutional care (n=68)	Not reported (all participants assigned to institutional care primarily due to abandonment)	NR	NR	NR
Zeanah, 2009 ⁸	G1: Foster care (n=68) G2: Institutional care (n=68)	Not reported (all participants assigned to institutional care primarily due to abandonment)	NR	NR	NR
Nelson, 2007 ⁹	G1: Foster care (n=68) G2: Institutional care (n=68)	Not reported (all participants assigned to institutional care primarily due to abandonment)	NR	NR	NR
Smyke, 2009 ¹⁰	G1: Foster care (n=68) G2: Institutional care (n=68)	Not reported (all participants assigned to institutional care primarily due to abandonment)	NR	NR	NR

Table 19. Bucharest Early Intervention Project, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Bos, 2010 ⁶	G1: Foster care (n=68) G2: Institutional care (n=68)	Variable based on placement from IG to FC or duration BIEpFC	G1: Foster parent G2: FpSAU	G1: Trained social workers G2: Institutional staff	No	G1: FC support via home visits, telephone support, support group G2: SAU	G1: Foster home G2: Group home
Ghera, 2009 ⁷	G1: Foster care (n=68) G2: Institutional care (n=68)	Variable based on placement from IG to FC or duration BIEpFC	G1: Foster parent G2: FpSAU	G1: Trained social workers G2: Institutional staff	No	G1: FC support via home visits, telephone support, support group G2: SAU	G1: Foster home G2: Group home
Zeanah, 2009 ⁸	G1: Foster care (n=68) G2: Institutional care (n=68)	Variable based on placement from IG to FC or duration BIEpFC	G1: Foster parent G2: FpSAU	G1: Trained social workers G2: Institutional staff	No	G1: FC support via home visits, telephone support, support group G2: SAU	G1: Foster home G2: Group home
Nelson, 2007 ⁹	G1: Foster care (n=68) G2: Institutional care (n=68)	Variable based on placement from IG to FC or duration BIEpFC	G1: Foster parent G2: FpSAU	G1: Trained social workers G2: Institutional staff	No	G1: FC support via home visits, telephone support, support group G2: SAU	G1: Foster home G2: Group home
Smyke, 2009 ¹⁰	G1: Foster care (n=68) G2: Institutional care (n=68)	Variable based on placement from IG to FC or duration BIEpFC	G1: Foster parent G2: FpSAU	G1: Trained social workers G2: Institutional staff	No	G1: FC support via home visits, telephone support, support group G2: SAU	G1: Foster home G2: Group home

Table 20. Bucharest Early Intervention Project, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Bos, 2010 ⁶	G1: Foster care (n=68) G2: Institutional care (n=68)	Disturbances of Attachment Interview (Stereotypies) Preschool Age Psychiatric Assessment (PAPA)	Stereotypies Baseline (estimated %) Some stereotypies G1: 34% G2: 24% Many stereotypies G1: 35% G2: 38% (z=-0.20, p=.84) 30 months (estimated %) Some stereotypies G1: 40% G2: 22% Many stereotypies G1: 12% G2: 45% (z=2.99, p=.003) Stereotypies	Stereotypies 42 months (estimated %) Some stereotypies G1: 18% G2: 23% Many stereotypies G1: 10% G2: 32% (z=-3.36, p=.001) 54 months (estimated %) Some stereotypies G1: 20% G2: 28% Many stereotypies G1: 8% G2: 18% (z=-2.06 p=.04) In FC only, stereotypies associated with lower verbal comprehension, expressive language, developmental quotient full scale IQ Stereotypies highest for children placed at older age p=0006 @ 30m, p=0.03 @ 54m, p=0.34 @ 42m	Anxiety (PAPA) (54 months) (As a correlate of stereotypies) G1 (p=.13) With stereotypies: 29% Without stereotypies: 12% G2 (p=.19) With stereotypies: 50% Without stereotypies: 32%	

Table 17. Bucharest Early Intervention Project, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Ghera, 2009 ⁷	G1: Foster care (n=68) G2: Institutional care (n=68)	Attention, Positive affect and negative Temperament Assessment Battery, Lab-TAB)	Attention (Lab-TAB) Baseline score mean (SD) G1: -0.5 G2: -0.45 p=>.05 30 month score: mean (SD) G1: 0.20 G2: -0.3 p=>.05 42 month score mean (SD) G1: 0.70 G2: -0.4 p=.01	Positive Affect (Lab-TAB) Baseline score mean (SD) G1: -1.0 G2: -0.5 p=>.05 30 month score: mean (SD) G1: 0.4 G2: -1.1 p=<.001 42 month score mean (SD) G1: 0.9 G2: -0.9 p=<.001	Negative Affect (Lab-TAB) Baseline score mean (SD) G1: -1.33 G2: -1.28 p=>.05 30 month score: mean (SD) G1: -1.35 G2: -1.35 p=>.05 42 month score mean (SD) G1: -1.31 G2: -1.37 p=>.05	
Zeanah, 2009 ⁸	G1: Foster care (n=68) G2: Institutional care (n=68)	Preschool Age Psychiatric Assessment (PAPA) - (translated into Romanian, back-translated to English) Measured at follow-up: G1: N=59 G2: N=59	N (%) OR, 95%CI, P Any disorder G1: 27 (45.8) G2: 32 (61.5) 1.9, 0.9–4.0, 0.10 Any externalizing G1: 15 (25.4) G2: 15 (28.8) 1.2, 0.5–2.8, 0.69 Any internalizing G1: 13 (22.0) G2: 23 (44.2) 2.8, 1.2–6.4, 0.01 ADHD G1: 11 (18.6) G2: 12 (23.1) 1.3, 0.5–3.3, 0.57 Oppositional defiant disorder G1: 6 (10.2) G2: 3 (5.8) 0.5, 0.1–2.3, 0.40	N (%) OR, 95%CI, P Conduct Disorder G1: 6 (10.2) G2: 4 (7.7) 0.7, 0.2–2.8, 0.65 Either ODD or CD G1: 9 (15.3) G2: 6 (11.5) 0.7, 0.2–2.2, 0.57 Depression G1: 1 (1.7) G2: 2 (3.8) 2.3, 0.2–26.0, 0.50 Any anxiety disorder G1: 12 (20.3) G2: 22 (42.3) 2.9, 1.2–6.6, 0.01	N (%) OR, 95%CI, P Comorbidities One disorder G1: 13 (59.1) G2: 13 (50.0) 0.7, 0.2–2.2, 0.53 2 or more G1: 9 (40.9) G2: 13 (50.0) 1.4, 0.5–4.5, 0.53 Internalizing only G1: 7 (31.8) G2: 11 (42.3) 1.6, 0.5–5.2, 0.46 Externalizing only G1: 9 (40.9) G2: 3 (11.5) 5.3, 1.2–23.0, 0.03 Both G1: 6 (27.3) G2: 12 (46.2) 2.3, 0.7–7.7, 0.18	Numbers of Psychiatric Symptoms No group differences were significant

Table 21. Bucharest Early Intervention Project, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Smyke, 2009 ¹⁰	G1: Foster care (n=68) G2: Institutional care (n=68)	Measures taken at 42 months: G1: N= 61 G2: N= 57 Attachment (Strange Situation), coded as: Secure Avoidant Ambivalent-Dependent Disorganized-Controlling Insecure-Other Security (continuous rating of 1-9) 1= no security evident 9= most secure Quality of Caregiving (Observational Record of the Caregiving Environment (score of 1-4) 1= not at all characteristic 4= highly characteristic	Secure N (%) G1: 30 (49.2) G2: 10 (17.5) Avoidant N (%) G1: 12 (19.7) G2: 14 (24.6) Ambivalent-Dependent N (%) G1: 5 (8.2) G2: 7 (12.3) Disorganized-Controlling N (%) G1: 8 (13.1) G2: 3 (5.3) Insecure-Other N (%) G1: 6 (9.8) G2: 23 (40.4) Distribution of attachment classifications significant: X2(4) = 22.62, p < .001,	Organized (A,B,C) N (%) G1: 47 (77.0) G2: 31 (54.4) Atypical or Controlling (D, I-O) N (%) G1: 14 (23.0) G2: 26 (45.6) Significant: X2(1) = 6.75, p < .01 Secure v Insecure G1>G2 X2-13.16, p<.001 Mean attachment security (1-9) G1>G2, F=17.10, p<.001		

Table 22. Bucharest Early Intervention Project, healthy development outcomes

First Author, Year	Comparison Groups	Measures	Healthy Development Outcomes	Healthy Development Outcomes (Part 2)	Healthy Development Outcomes (Part 3)
Bos, 2010 ⁶	G1: Foster care (n=68) G2: Institutional care (n=68)	(Correlates of Stereotypies) Reynell Developmental Language Scale Bayley Scales of Infant Development (DQ) Wechsler Preschool and Primary Scale of Intelligence (IQ)	Reynell (Language) G1: mean comprehension 30 mos (p=.003) With stereotypies: 17.9 Without stereotypies: 25.4 42 months (p=.08) With stereotypies: 34.2 Without stereotypies: 38.5 mean expressive 30 mos (p=.009) With stereotypies: 5.4 Without stereotypies: 10.8 42 mos (p=.001) With stereotypies: 17.8 Without stereotypies: 24.6 G2 mean comprehension 30 mos (p=.19) With stereotypies: 17.1 Without stereotypies: 19.7 42 mos (p=.52) With stereotypies: 32 Without stereotypies: 33.1 Mean expressive 30 mos (p=.53) With stereotypies: 5.30 Without stereotypies: 6.31 42 mos (p=.39) With stereotypies: 17.4 Without stereotypies: 19.1	DQ or IQ (aggregated) G1 30 mos (p=.02) with stereotypies: 77.46 without stereotypies: 84.92 42 mos (p=.004) with stereotypies: 75.12 without stereotypies: 87.53 54mos (p=.02) with stereotypies: 72.18 without stereotypies: 84.55 G2 30 mos (p=.21) with stereotypies: 74.74 without stereotypies: 78.75 42 mos (p=.09) with stereotypies: 72.46 without stereotypies: 78.72 54mos (p=.25) with stereotypies: 70.91 without stereotypies: 75.21	DQ & IQ 42 months G1: 85.7 (14.2) G2: 77.1 (13.3) Effect size: 0.62 t(116) = 3.39, p=0.001 54 months G1: 81.0 (18.5) G2: 73.3 (13.1) Effect size: 0.47 t(108) = 2.48, p=0.015

Table 19. Bucharest Early Intervention Project, healthy development outcomes (continued)

First Author, Year	Comparison Groups	Measures	Healthy Development Outcomes	Healthy Development Outcomes (Part 2)	Healthy Development Outcomes(Part 3)
Nelson, 2007 ⁹	G1: Foster care (n=68) G2: Institutional care (n=68)	Cognitive Development	DQ & IQ 42 months G1: 85.7 (14.2) G2: 77.1 (13.3) Effect size: 0.62 $t(116) = 3.39, p=0.001$		
		Bayley Scales of Infant Development (DQ)	Wechsler Preschool Primary Scale of Intelligence (IQ)	54 months G1: 81.0 (18.5) G2: 73.3 (13.1) Effect size: 0.47 $t(108) = 2.48, p=0.015$	
Smyke, 2009 ¹⁰	G1: Foster care (n=68) G2: Institutional care (n=68)	Cognitive Development:	DQ by Group G1: 85.49 (14.23) G2: 76.90 (13.31)		
		Bayley Scales of Infant Development (DQ)	DQ by Organized v. Atypical Organized G1: 87.97 (13.11) G2: 81.36 (10.30) Atypical G1: 77.32 (15.18) G2: 71.36 (14.68)		
		USED AS COVARIATE ONLY	DQ by Secure v. Insecure Secure G1: 91.03 (11.29) G2: 77.40 (10.66) Insecure G1: 80.30 (14.89) G2: 76.79 (13.92)		

Child-Parent Psychotherapy

Table 23. Child-Parent Psychotherapy, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Cicchetti, 2006 ¹¹	State NR, US	Administration of Children, Youth and Families; the National Institute of Mental Health; Spunk Fund, Inc.	RCT	1, 3, 4	To evaluate the efficacy of an attachment-informed, relationship-based intervention compared with a psychoeducational/behavioral approach in improving parent-child attachment.	G1: Child-Parent Psychotherapy (referred to as infant-parent psychotherapy in the study) G2: A psychoeducational parenting intervention derived from Olds et al. (e.g., 1997) home visitation preventive intervention (referred to as PPI in the study). Combination of social support, psychoeducational strategies, and cognitive-behavioral techniques. Primary goals: child development and parent training; supporting maternal self-care, adaptive functioning, and social skills. Adapted by study authors with supplemental cognitive and behavioral techniques to address parenting skill deficits and social-ecological factors associated with maltreatment. G3: Community Standard (CS)	G1: 53 G2: 49 G3: 35	Post Intervention: approximately 26 months (approximately 13 months postbaseline)	Documented history of maltreatment or living with a biological caregiver who perpetrated abuse or neglect with a sibling.	Infants in foster care

Table 20. Child-Parent Psychotherapy, study characteristics (continued)

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Toth, 2002 ¹²	New York, US	Monroe County DSS, Office of Child Abuse & Neglect, Spunk Fund, Inc.	RCT (ongoing; 4 reports on subsample)	1, 3, 4	Compare efficacy of a relationship-based intervention with that of a psycho-educational home visitation intervention in improving child mental representations of attachment.	G1: Child-Parent Psychotherapy (referred to as preschooler-parent psychotherapy in the study) G2: A psychoeducational parenting intervention derived from Olds et al. (e.g., 1997) home visitation preventive intervention (referred to as PHV in the study). Combination of social support, psychoeducational strategies, and cognitive-behavioral techniques. Primary goals: child development and parent training; supporting maternal self-care, adaptive functioning, and social skills. Adapted by study authors with supplemental cognitive and behavioral techniques to address parenting skill deficits and social-ecological factors associated with maltreatment. G3: Community Standard (CS)	G1: 53 G2: 49 G3: 35	Post Intervention: at child age approximately 26 months (approximately 13 months post-baseline)	Documented history of maltreatment or living with a biological caregiver who perpetrated abuse or neglect with a sibling.	Infants in foster care

Table 24. Child-Parent Psychotherapy, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Cicchetti, 2006 ¹¹	G1: Child-Parent Psychotherapy (CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	All groups: 13.31 (0.81)	G1: 56.6 G2: 57.1 G3: 54.3	Minority group (not specified): G1: 81.1 G2: 67.3 G3: 77.1	NR	Maltreating biological mother	All groups: 26.87 (5.88)	G1: 100 G2: 100 G3: 100	Minority group (not specified): All groups 74.1%	NR
Toth, 2002 ¹²	G1: Child-Parent Psychotherapy (CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	Age in Months G1: 48 (7.71) G2: 47.86 (6.07) G3: 49.16 (7.54)	G1: 43.5% G2: 32.4% G3: 56.7%	Minority: G1: 65.2% G2: 76.5% G3: 90%	NR	Biological parent (primarily)	NR	NR	NR	NR

Table 25. Child-Parent Psychotherapy, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Cicchetti, 2006 ¹¹	G1: Child-Parent Psychotherapy (CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	Study Sample: 66.5% direct exposure to abuse or neglect in first year of life G2: 33.6% exposed to abuse or neglect perpetrated by biological caregiver with a sibling Among children directly exposed: Neglect: 84.6% Emotional: 69.2% Physical abuse: 8.8% No sexual abuse	NR	NR	NR
Toth, 2002 ¹²	G1: Child-Parent Psychotherapy G2: Psychoeducational Intervention G3: Community Standard (CS)	Study Sample: 60% exposure to multiple types of maltreatment Sexual/physical/neglect/emotional: 1% sexual/neglect/emotional: 1% Physical/neglect/emotional: 18% Physical/neglect: 5% Physical/emotional: 10% Neglect/emotional: 24% Sexual/neglect: 1% Physical: 5% Neglect: 21% Emotional: 14%	NR	NR	NR

Table 26. Child-Parent Psychotherapy, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Cicchetti, 2006 ¹¹	G1: Child-Parent Psychotherapy G2: Psychoeducational Intervention G3: Community Standard (CS)	G1: 1-hr weekly sessions for 12 months G2: 1-hr weekly sessions for 12 months G3: N/A	G1: Mother-child pairs (dyad) G2: Mother G3: N/A	G1: Master's level therapist G2: Master's level therapist G3: N/A	G1: Yes G2: Yes G3: N/A	G1: Dyadic G2: individual G3: N/A	G1: Primarily home-based G2: Primarily home-based G3: Standard child welfare services
Toth, 2002 ¹²	G1: Child-Parent Psychotherapy(CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	G1: weekly 1-hr sessions for 12 months G2: weekly 1-HR sessions for 12 months G3: N/A	G1: Mother-child pairs (dyad) G2: Mother G3: Mixed: 60% in full- or part-time day care 50% in preschool program 13% CS children received individual psychotherapy over tx period for variety of mental health concerns; mean length of tx = 9.33 months 23% of mothers rec'd individual psychotherapy 3% rec'd family or marital counseling 10% participated in support group or day tx services; mean length of tx was 5.82 months 17% rec'd some form of parenting services 23% rec'd concrete assistance 7% rec'd community gp services	G1: Masters-level clinicians G2: Masters-level clinicians G3: Standard child welfare services	Yes	G1: Therapist - mother/child dyad G2: Therapist - mother G3: Standard child welfare services	G1: Center-based w/periodic home visits G2: Majority of sessions home-based; some center-based depending on client needs G3: Standard DSS services

Table 27. Child-Parent Psychotherapy, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Cicchetti, 2006 ¹¹	G1: Child-Parent Psychotherapy (CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	Strange Situation Procedure: objective observational measure of quality of child-caregiver attachment Maternal variables: Perceptions of Adult Attachment Scale (PAAS) Maternal Behavior Q-Set Adult-Adolescent Parenting Inventory (AAPI) Parenting Stress Inventory (PSI) Social Support Behaviors Scale (SBS)	Attachment Classification Disorganized: Baseline %: G1: 87.5 G2: 83.3 G3: 92.6 Endpoint %: G1: 32.1% G2: 45.5% G3: 77.8 Treatment Completers: Difference between G1 and G3 p < .01 (<i>h</i> = .70- .96 – only range provided; contrasts included a 4 th group that was non-maltreated, non-randomized) Difference between G2 and G3 p < .01 (<i>h</i> = .70- .96; see above note) No difference between G1 and G2 p = ns (NR)	Rate of stable Insecure classification (%) (insecure to insecure): G1 39.3 G2: 45.5 G3: 98.1 ITT Analysis: p = NR Treatment Completers: Difference between G1 and G3 p < .001 (<i>h</i> = 1.51) Difference between G2 and G3 p < .001 (<i>h</i> = 1.34) No difference between G1 and G2 p = ns (NR)	Rate of changing from Insecure to Secure classification: G1: 38.6 G2: 30 G3: 0 ITT Analysis: Difference between G1 and G3 p < .01 (<i>h</i> = 1.34) Difference between G2 and G3 p < .01 (<i>h</i> = 1.16) No difference between G1 and G2: p = ns (NR) Insecure Classifications Avoidant: Baseline % Endpoint% G1: 6.3 G1: 7.1 G2: 12.5 G2: 0.0 G3: 3.7 G3: 18.5 Resistant: G1: 3.1 G1: 0.0 G2: 4.2 G2: 0.0 G3: 3.7 G3: 1.9 Above endpoints are treatment completer data: p = NR	No significant group x time effects of maternal variables (maternal representations of her own mother, maternal sensitivity, parenting attitudes, child-rearing stress, social support. p = NR

Table 24. Child-Parent Psychotherapy, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Cicchetti, 2006 (continued) ¹¹	G1: Child-Parent Psychotherapy (CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	Strange Situation Procedure: objective observational measure of quality of child-caregiver attachment Maternal variables: Perceptions of Adult Attachment Scale (PAAS) Maternal Behavior Q-Set Adult-Adolescent Parenting Inventory (AAPI) Parenting Stress Inventory (PSI) Social Support Behaviors Scale (SBS)	Attachment Classification (continued): Rate of stable Disorganized classification: G1 45.5 G2: 50.0 G3: 80.0 ITT Analysis: Difference between G1 and G3 $p = .01 (h = .83)$ Difference between G2 and G3 $p = .025 (h = .64)$ No difference between G1 and G2 $p = ns (NR)$	Attachment Classification (continued): Secure Classification: Baseline % G1: 3.1 G2: 0.0 G3: 0.0 Endpoint % G1: 40.9 G2: 30 G3:0 ITT Analysis: Difference between G1 and G3 $p < .01 (h = 1.16-1.39;$ see above note re effect size range) Difference between G2 and G3 $p < .01 (h = 1.16-1.39;$ see above note) No difference between G1 and G2 $p = ns (NR)$	Attachment Classification (continued): Rate of stable Secure classification (%): G1: 3.6 G2: 0.0 G3: 0.0 Within and between group differences NR	

Table 24. Child-Parent Psychotherapy, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Toth, 2002 ¹²	G1: Child-Parent Psychotherapy(CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	MacArthur Story Stem Battery & MacArthur Narrative Coding Manual-Rochester Revision Note: Another coding schema was used for mother-child expectations; could not ascertain the validity of this measure – no published reports.	Adaptive maternal representations Baseline mean (SD) G1: 4.61 (2.89) G2: 4.85 (3.01) G3: 3.97 (3.06) Post-intervention mean (SD) by condition NR Baseline mean (SD) combined across conditions (including a non-randomized non-maltreated comparison group) 4.59 (3.23) Post-intervention mean (SD) combined across 4 conditions 6.72 (3.73) Main effect of time across 4 study conditions): F (1,120) = 39.24, p < .001 Study condition x time interaction: F (3, 118) = 2.00, p = ns (nr) Change score (mean, SD) p = ns (nr)	Positive Self-Representations Baseline mean (SD) G1: 2.39 (1.64) G2: 2.56 (2.03) G3: 1.67 (1.61) Post-intervention mean (SD) by condition: G1: 4.83 (2.18) G2: 3.32 (1.92) G3: 3.60 (2.25) Baseline mean (SD) combined across study groups (including a non-randomized non-maltreated group) 2.13 (1.73) Post-intervention mean (SD) combined across study groups 3.80 (2.27) Main effect of time across 4 study conditions: F(1,120) = 55.27, p < .001	Negative Self-Representations Baseline mean (SD) G1: 4.35 (2.82) G2: 3.21 (2.60) G3: 3.07 (1.96) Post-intervention mean (SD) by condition: G1: 2.35 (1.67) G2: 3.59 (2.15) G3: 3.40 (2.24) Baseline mean (SD) combined across study groups 3.30 (3.35) Post-intervention mean (SD) combined across study groups 3.10 (2.08) No main effect of time across 4 study conditions: F(1,120) = 1.98, p = ns (nr) Across study conditions x time interaction: F (3, 118) = 4.93, p < .001	False Self-Representation Baseline mean (SD) G1: 0.13 (0.34) G2: 0.33 (0.59) G3: 0.07 (0.26) Post-intervention mean (SD) by condition NR Baseline mean (SD) combined across 4 conditions (including a non-randomized non-maltreated comparison group) 0.17 (0.42) Post-intervention mean (SD) combined across 4 conditions 0.19 (0.43) No main effect of time across 4 study conditions: F (1,120) = 0.13, p = ns (nr) Across study conditions x time interaction: F (3, 118) = 0.56, p = ns (nr)

Table 24. Child-Parent Psychotherapy, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Toth, 2002 (continued) ¹²	G1: Child-Parent Psychotherapy(CPP) G2: Psychoeducational Intervention G3: Community Standard (CS)	MacArthur Story Stem Battery & MacArthur Narrative Coding Manual-Rochester Revision Note: Another coding schema was used for mother-child expectations; could not ascertain the validity of this measure – no published reports.	Maladaptive maternal representations Baseline mean (SD) G1: 4.17 (3.16) G2: 3.18 (2.41) G3: 3.60 (2.62) Post-intervention mean (SD) G1: 1.70 (2.08) G2: 2.38 (1.42) G3: 3.00 (2.87) Baseline mean (SD) combined across study groups (including a non-randomized non-maltreated group) 3.34 (2.68) Post-intervention mean (SD) combined across study groups 2.41 (2.22) Main effect of time across study groups F (1,120) = 17.43, p < .001 Study condition x time interaction: G1: t(22) = 4.05, p < .001 G2: t (33) = 1.85, p = .079 G3: t(29) = 1.11, p = .28 Change score mean (SD) G1: -2.48 (2.94) G2: -0.79 (2.51) G3: -0.60 (2.97) G1>G3: p<.10	Positive Self-Representations (continued) Within group study condition by time interaction: G1: t(22) = 4.70, p < .001 G2: t (33) = 1.74, p < .10 G3: t(29) = 3.88, p < .001 Change score (mean, SD) G1: 2.44 (2.48) G2: 0.77 (2.56) G3: 1.93 (2.73) G1 > G2, p<.10	Negative Self-Representations (continued) Within group study condition x time interaction: G1: t(22) = 3.86, p < .001 G2: t (33) = 0.92, p = .37 G3: t(29) = 0.69, p = .50 Change score (mean, SD) G1: -2.00 (2.49) G2: 0.38 (2.44) G3: 0.33 (2.66) G1>G2: p<.01 G1>G3: p<.01	False Self-Representation (continued) Within group study condition x time interaction: p = ns (nr) Change score mean (SD) p = ns (nr)

Combined Parent-Child Cognitive Behavioral Therapy

Table 28. Combined Parent-Child Cognitive Behavioral Therapy, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Runyon, 2010 ¹³	New Jersey, USA	NIMH	RCT	1, 4	To compare the efficacy of two types of group CBT for preventing physical abuse recurrence and treating child traumatic symptoms.	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT: Overlapping components with G1: motivational interviewing; psychoeducation; anger management and coping skills; personal safety plan. Focus on parent skills training and behavior management. Children received an 'Attentional Control Child Activity' Intervention (neutral games and art projects). Similar to usual care parent-focused services.	Children G1: 40 G2: 35 Parents G1: NR G2: NR	Post Intervention Immediately following treatment or completion Follow-up: 3 months post-intervention	Substantiated CPS allegation or parent acknowledged use of physical punishment by positively endorsing 2+ items on Minor Assault or 1 item on Severe or Very Severe Assault subscales of Conflict Tactics Scale-Parent-Child. Substantiated allegation/physical punishment within past 4 months; Children had to meet 1+ symptom criteria: - Endorsement of 4 PTSD symptoms; - Elevation (T score > or = 65) on at least 1 externalizing behavior subscale on CBCL; Siblings included if child physical abuse + symptom criteria met;	Parent and child: - Active psychotic or substance use disorder resulting in significant impairment in adaptive functioning; - Unwilling to participate; - Pervasive developmental disorder; - Parent had also perpetrated sexual abuse against child; -Not receiving psychotherapy for child physical abuse outside of study. If parent or child currently taking psychotropic medications, must have had stable medication regimen for at least 1 month prior to admission to study.

Table 29. Combined Parent-Child Cognitive Behavioral Therapy, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Runyon, 2010 ¹³	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT	G1: 9.82 (2.11) G2: 9.96 (1.93) d (effect size) = 0.07	G1: 44% G2: 50%	% African American G1: 53% G2: 27% % other race (specify) - NS G1: 47% G2: 73%	NR	NR	G1: 33.17 (6.56) G2: 32.85 (5.70)	G1: 100% G2: 70% p < 0.01	% African American G1: 46% G2: 35% % other race (specify) - NS G1: 54% G2: 65%	NR

Table 30. Combined Parent-Child Cognitive Behavioral Therapy, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Runyon, 2010 ¹³	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT	Total sample: 2-6 different types of traumatic experiences (e.g., domestic violence, CPA) G1: Physical abuse G2: Physical abuse	Number of <u>trauma</u> events including but not limited to physical abuse: Total sample: 3.12 (1.26) G1: NR G2: NR Duration of exposure NR Number of CPS referrals NR Previous tx for child abuse (n, %) G1: 917 (71) G2: 9 (45) Previous reports of physical abuse: G1: 17 (50) G2: 5 (19)	% with MH symptoms or behavior problems (T score > or =65 on CBCL) Total sample: 40% G1: NR G2: NR % meeting a dx NR % with MH symptoms or behavior problems (at least 4 PTSD symptoms) Total sample: 100% Mode # of PTSD symptoms: 7 Range of PTSD symptoms: 4-11	% with MH symptoms/substance abuse NR % meeting a dx NR Age of first physical abuse mean (SD) G1 : 9.26 (2.60) G2: 9.73 (2.01) Months since last physical abuse (IPV): G1: 3.18 (4.06) G2: 2.42 (2.40)

Table 31. Combined Parent-Child Cognitive Behavioral Therapy, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Runyon, 2010 ¹³	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT	G1: 16 2-hour group sessions over 16- to 20-week period G2: Weekly 2-hour group sessions	G1: Parent, child, parent-child together G2: Parent only	G1: Doctoral-level psychologists and master-level social workers G2: Doctoral-level psychologists and master-level social workers	G1: Yes G2: Yes	G1: Group G2: Group	G1: Clinic G2: Clinic

Table 32. Combined Parent-Child Cognitive Behavioral Therapy, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Runyon, 2010 ¹³	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT	PTSD symptoms; Parent-reported internalizing behavior problems for children; Parent-reported externalizing behavior problems for children	PTSD symptoms (K-SADS-PL) Baseline summary scores across parent and child, mean (SD) G1: 6.44 (1.60) G2: 6.58 (1.90) p=NR Endpoint summary scores across parent and child, mean (SD) G1: 2.76 (1.83) G2: 4.15 (2.72) p=NR Change score mean (SD) G1: ,p<0.001, d = 1.69 G2: ,p<0.001, d = 1.02 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 2.78 G2: 4.13 Between group, p<0.05 Follow up score mean (SD) NR, but no significant differences from posttest found (i.e., changes at post-intervention maintained through follow-up)	Parent-reported internalizing behavior problems for children (CBCL-I) Baseline score mean (SD) G1: 8.59 (6.83) G2: 9.12 (8.93) p=NR Endpoint score mean (SD) G1: 6.47 (5.10) G2: 5.62 (6.68) p=NR Change score mean (SD) G1: ,p<0.01, d = 0.32 G2: ,p<0.01, d = 0.41 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 6.61 G2: 5.43 Between group, p=NS (NR) Follow up score mean (SD) NR, but no significant differences from posttest found	Parent-reported externalizing behavior problems for children (CBCL-E) Baseline score mean (SD) G1: 16.62 (10.99) G2: 17.69 (11.55) p=NR Endpoint score mean (SD) G1: 13.32 (11.18) G2: 11.12 (10.96) p=NR Change score mean (SD) G1: ,p=NS, d = 0.30 G2: ,p<0.01, d = 0.59 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 13.61 G2: 10.75 Between group, p=NS (NR) Follow up score mean (SD) NR, but no significant differences from posttest found	

Table 33. Combined Parent-Child Cognitive Behavioral Therapy, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Runyon, 2010 ¹³	G1: Combined Parent-Child CBT (CPC-CBT) G2: Parent-Only CBT	Positive parenting skills and use of corporal punishment: APQ-Child (APQ-C) and Parent (APQ-P)	Positive parenting skills: APQ-C Baseline score mean (SD) G1: 22.68 (5.06) G2: 19.81 (6.03) p=NR Endpoint score mean (SD) G1: 23.09 (5.08) G2: 20.12 (6.92) p=NR Change score mean (SD) G1: ,p=NS (NR), d = 0.05 G2: ,p=NS, (NR), d = 0.08 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 22.34 G2: 21.10 Between group, p=NS (NR) Follow up score mean (SD) NR, but no significant differences from posttest found	Use of corporal punishment: APQ-C Baseline score mean (SD) G1: 6.47 (3.25) G2: 7.08 (3.32) p=NR Endpoint score mean (SD) G1: 4.12 (2.01) G2: 5.35 (2.81) p=NR Change score mean (SD) G1: ,p<0.001, d = 0.86 G2: ,p<0.01, d = 0.56 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 4.19 G2: 5.25 Between group, p=NS Follow up score mean (SD) NR, but no significant differences from posttest found	Positive parenting skills: APQ-P Baseline score mean (SD) G1: 23.47 (3.60) G2: 23.42 (5.16) p=NR Endpoint score mean (SD) G1: 24.71 (4.01) G2: 23.00 (5.35) p=NR Change score mean (SD) G1: ,p<0.05, d = 0.32 G2: ,p=NS (NR), d = 0.08 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 24.69 G2: 23.02 Between group, p<0.05 Follow up score mean (SD) NR, but no significant differences from posttest found	Use of corporal punishment: APQ-P Baseline score mean (SD) G1: 6.44 (2.90) G2: 5.62 (2.02) p=NR Endpoint score mean (SD) G1: 4.76 (2.18) G2: 3.58 (1.33) p=NR Change score mean (SD) G1: ,p<0.01, d = 0.65 G2: ,p<0.001, d = 1.17 Adjusted endpoint mean score (baseline scores as covariates) mean G1: 4.69 G2: 3.67 Between group, p<0.05 Follow up score mean (SD) NR, but no significant differences from posttest found

Fostering Healthy Futures

Table 34. Fostering Healthy Futures, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Taussig, 2010 ¹⁴	Colorado, U. S.	National Institute of Mental Health; Kempe Foundation, Pioneer Fund, Daniels Fund, Children's Hospital Research Institute	RCT	1	To determine if the interventions would result in better self-esteem, social support, social acceptance, and coping skills immediately following and if these improvements would be associated with improved quality of life in 6 mos	G1:Fostering Healthy Futures G2: Assessment-only (Control)	G1: 79 G2: 77	30 weeks each for both the skills group and the mentoring components provided over 11-13 months Follow-up: 6 mos post-intervention	placed in foster care by court order due to maltreatment within the preceding yr; currently resided in foster care within 35 min drive of skills group sites; lived with current caregiver for ≤ 3 wks; demonstrated adequate proficiency in English	No longer in foster care, info on child welfare records that made them ineligible (not further defined); developmentally delayed; not proficient enough in English

Table 35. Fostering Healthy Futures, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Taussig, 2010 ¹⁴	G1:Fostering Healthy Futures G2: Assessment-only (Control)	G1: 10.4 (0.9) G2: 10.4 (0.9)	G1: 48 G2: 51	% Caucasian G1: 42 G2: 44 % African American G1: 34 G2: 25 % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: 44 G2: 56 % NOT Hispanic/Latino G1: 56 G2: 44 % other ethnicity (specify) G1: NR G2: NR	Foster parents	NR	NR	NR	NR

Table 36. Fostering Healthy Futures, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Taussig, 2010 ¹⁴	G1:Fostering Healthy Futures G2: Assessment-only (Control)	Physical abuse n(%) G1: 31(39) G2: 19(25) Sexual abuse n(%) G1: 7(9) G2: 11(14) Failure to provide neglect n(%) G1: 37(47) G2: 40(52) Lack of supervision neglect n(%) G1: 61(77) G2: 57(74) Emotional abuse n(%) G1: 45(57) G2: 51(66) Moral neglect, exposure to illegal activity n(%) G1: 32 (40) G2: 21(27)	Number of exposures G1: NR G2: NR Duration of exposure G1: NR G2: NR Number of CPS referrals G1: 4.2 (4.8) G2: 3.2 (3.4)	% with MH symptoms or behavior problems G1: % NR)scores on outcome scales at baseline presented in results) G2: % NR (scores on outcome scales at baseline presented in results) % meeting a dx G1: NR G2: NR Received mental health therapy ever n(%) G1: 56(71) G2: 55(71) Received medication for mental health problems ever n(%) G1: 13(17) G2: 11(14) Received MH therapy in past month (caregiver report) n(%) G1: 50(63) G2: 47(64) Received medication for mental health problems in past month (caregiver report) G1: 9(11) G2: 9(12)	NR

Table 37. Fostering Healthy Futures, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Taussig, 2010 ¹⁴	G1:Fostering Healthy Futures G2: Assessment-only (Control)	G1: Skills group = 30 times for 1.5 h/wk; Mentorship 30 times for 2-4 hrs/wk G2: NA	G1: Child G2: Child	G1: Clinicians & Graduate Student trainees G2: NA	G1: Yes G2: NA	G1: Skills Group = Group; Mentoring = Individual G2: NA	G1: Skills group = Out of Home assumed in the community; Mentoring = community G2: NA

Table 38. Fostering Healthy Futures, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Taussig, 2010 ¹⁴	G1:Fostering Healthy Futures (N = 74 at endpoint; N= 76 at follow up) G2: Assessment-only (Control) [N= 68 at endpoint; N=68 at follow up]	Primary (based on child self-report on the posttraumatic stress and dissociation scales of the Trauma Symptom Checklist for Children and a multi-informant index of mental health problems based on principal components factor analysis of the children's mean scores on the Trauma Symptom Checklist for Children and the internalizing scales of the Child Behavior Checklist and the Teacher Report Form completed by children's caregivers and teachers): Mental Health symptoms factor including youth, caregiver and teacher report Youth reported trauma Symptoms Youth reported dissociation Youth reported QOL Youth reported recent MH therapy Youth reported recent MH medications Youth r	Mental Health Symptoms factor including youth, caregiver and teacher report Baseline score mean (SD) G1: -0.03 (1.0) G2: 0.03 (1.0) Endpoint adjusted score mean (se) G1: 0.04 (0.11) G2: -0.04 (0.11) Adjusted Mean Difference (95% CI): 0.07 (-0.25 to 0.39) Cohen d (95% CI): 0.07 (-0.25 to 0.39) Between group, p= 0.66 Follow up adjusted score mean (se) G1: -0.25 (0.11) G2: 0.27 (0.12) Adjusted Mean Difference (95% CI): -0.51 (-0.84 to -0.19) Cohen d (95% CI): -0.51 (-0.84 to -0.19) Between group, p=0.003	Youth reported trauma Symptoms Baseline score mean (SD) G1: 47.7 (9.1) G2: 48.0 (9.5) Endpoint adjusted score mean (se) G1: 44.28 (1.12) G2: 45.33 (1.19) Adjusted Mean Difference (95% CI) = -1.05 (-4.33 to 2.33) Cohen d (95% CI): -0.10 (-0.43 to 0.22) Between group, p=0.53 Follow up adjusted score mean (se) G1: 41.36 (1.02) G2: 44.15 (1.08) Adjusted Mean Difference (95% CI) = -2.79 (-5.77 to 0.19) Cohen d (95% CI): -0.30 (-0.63 to 0.02) Between group, p=0.07	Youth reported dissociation: Baseline score mean (SD) G1: 48.7 (9.5) G2: 48.5 (9.7) Endpoint adjusted score mean (se) G1: 45.39(1.07) G2: 46.64(1.14) Adjusted Mean Difference (95% CI) = -1.24 (-4.39 to 1.90) Cohen d (95% CI): -0.13 (-0.45 to 0.19) Between group, p=0.44 Follow up adjusted score mean (se) G1: 42.30 (1.00) G2: 45.96 (1.06) Adjusted Mean Difference (95% CI) = -3.66 (-6.58 to -0.74) Cohen d (95% CI): -0.39 (-0.70 to -0.08) Between group, p=0.02 Youth reported QOL Baseline score mean (SD) G1: 2.7 (0.3) G2: 2.7 (0.3) Endpoint adjusted score mean (se) G1: 2.78 (0.03) G2: 2.66 (0.03) Adjusted Mean Difference (95% CI): 0.11 (0.03 to 0.19) Follow up adjusted score mean (se) G1: 2.78 (0.03) G2: 2.74(0.03) p=0.006 Adjusted mean difference (95% CI): 0.04 (-0.05 to 0.13) Cohen d (95% CI) 0.14 (-0.17 to 0.45) p=0.38	Youth reported use of MH services Received MH therapy ever Baseline No. (%) G1: 56 (71) G2: 55 (71) Recent MH therapy,adjusted endpoint % G1: 63 G2: 71 RR (95% CI): 0.88 (0.70 to 1.11) Between group, p= 0.28 Recent MH therapy,adjusted follow up % G1: 53 G2: 10 RR (95% CI): 0.75 (0.57 to 0.98) Between group, p=0.04 Youth reported use of psychotropic meds services Received medication for MH problems ever, Baseline No. (%) G1: 13 (17) G2: 11 (14) Recent MH psychotropic meds adjusted endpoint, % G1: 9 G2: 14 RR (95% CI): 0.65 (0.33 to 1.29) Between group, p= 0.22 Recent MH psychotropic meds adjusted Follow up % G1: 10 G2: 15 RR (95% CI): 0.67 (0.34 to 1.31) Between group, p=0.25

Table 35. Fostering Healthy Futures, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Taussig, 2010 (continued) ¹⁴	G1:Fostering Healthy Futures (N = 74 at endpoint; N= 76 at follow up) G2: Assessment-only (Control) [N= 68 at endpoint; N=68 at follow up]	Primary (continued): Mental Health symptoms factor including Caregiver reported current MH therapy Caregiver reported current MH medications Secondary (all child self-report): Youth report positive coping Youth report negative coping Youth report global self-worth Global Self-worth	Caregiver reported use of MH services Received MH therapy in past month Baseline No. (%) G1: 50(63) G2: 47 (64) Current MH therapy, adjusted Endpoint % G1: 55 G2: 68 RR (95% CI): 0.81 (0.62 to 1.06) Between group, p= 0.12 Current MH therapy adjusted Follow up % G1: 48 G2: 58 RR (95% CI): 0.82 (0.59 to 1.12) Between group, p=0.21	Caregiver reported use of psychotropic meds services Received medication for MH problems in past mos. Baseline No. (%) G1: 9 (11) G2: 9 (12) Current MH psychotropic medication adjusted Endpoint score % G1: 13 G2: 12 RR (95% CI): 1.07 (0.59 to 1.94) Between group, p= 0.83 Current MH psychotropic medication adjusted Follow up score % G1: 10 G2: 17 RR (95% CI): 0.61 (0.30 to 1.27) Between group, p=0.18	Secondary outcomes: Youth reported positive coping Baseline score mean (SD) G1: 2.0 (0.4) G2: 1.9 (0.4) Endpoint adjusted score mean (se) G1: 1.96 (0.04) G2: 1.93 (0.04) Adjusted Mean Difference (95% CI) =-0.03 (-0.08 to 0.14) Cohen d (95% CI): 0.09 (0.22 to 0.39) Between group, p=0.59 Follow up adjusted score mean (se) G1: 2.00 (0.04) G2: 1.92 (0.04) Adjusted Mean Difference (95% CI): 0.09 (-0.03 to 0.20) Cohen d (95% CI) 0.25 (-0.09 to 0.58) Between group, p=0.15 Youth reported negative coping Baseline score mean (SD) G1: 1.2 (0.2) G2: 1.2 (0.2) Endpoint adjusted score mean (se) G1: 1.21 (0.02) G2: 1.22 (0.02) Adjusted Mean Difference (95% CI): -0.01 (-0.07 to 0.04) Cohen d (95% CI): -0.08 (-0.41 to 0.25) Between group, p=0.64	Youth reported global self-worth Baseline score mean (SD) G1: 3.5 (0.60) G2: 3.4 (0.6) Endpoint adjusted score mean (se) G1: 3.47 (0.06) G2: 3.44 (0.07) Adjusted Mean Difference (95% CI): 0.03 (-0.15 to 0.21) Cohen d (95% CI): 0.05 (-0.25 to 0.34) Between group, p=0.76 Follow up adjusted score mean (se) G1: 3.58 (0.06) G2: 3.48 (0.06) Adjusted Mean Difference (95% CI) = 0.10 (-0.06 to 0.27) Cohen d (95% CI) 0.19 (-0.12 to 0.50) Between group, p=0.23

Table 35. Fostering Healthy Futures, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Taussig, 2010 (continued)		Secondary (continued): Youth report social support factor (child report) Social Acceptance (Self Perception Profile for Children)	Youth report social support factor Baseline score mean (SD) G1: 0.13 (1.0) G2: -0.14 (1.0) Endpoint adjusted score mean (se) G1: 0.12 (0.10) G2: -0.13 (0.11) Adjusted Mean Difference (95% CI): 0.25 (-0.05 to 0.54) Cohen d (95% CI): 0.25 (-0.05 to 0.54) Between group, p=0.10 Follow up adjusted score mean (se) G1: 0.00 (0.11) G2: -0.02 (0.12) Adjusted Mean Difference (95% CI): 0.02 (-0.31 to 0.36) Cohen d (95% CI): 0.02 (-0.31 to 0.36) Between group, p=0.89	Youth reported social acceptance Baseline score mean (SD) G1: 3.2 (0.8) G2: 3.0 (0.8) Endpoint adjusted score mean (se) G1: 3.20 (0.08) G2: 3.08 (0.09) Adjusted Mean Difference (95% CI): 0.12 (-0.12 to 0.36) Cohen d (95% CI) 0.16 (-0.15 to 0.48) Between group, p=0.32 Follow up adjusted score mean (se) G1: 3.30 (0.07) G2: 3.20 (0.07) Adjusted Mean Difference (95% CI): 0.11 (-0.10 to 0.31) Cohen d (95% CI): 0.17 (-0.15 to 0.48) Between group, p=0.30	Follow up adjusted score mean (se) G1: 1.20 (0.02) G2: 1.25 (0.02) Adjusted Mean Difference (95% CI): -0.04 (-0.10 to 0.02) Cohen d (95% CI) -0.21 (-0.51 to 0.08) Between group, p=0.16	

Incredible Years

Table 39. Incredible years, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Linares, 2006 ¹⁵	New York City, New York	Government (SAMHSA & NIH)	RCT	1	To evaluate an adaptation of the Incredible Years intervention to promote positive parenting (Incredible Years) in which a collaborative co-parenting component is also included for biological & foster parents, compared with a standard usual care condition	G1: Adaptation of IY pgm. Parenting component addresses play, praise & rewards, effective limit setting, handling misbehavior, & placement issues (e.g., safety, attachment). Strategies: videotaped vignettes, role plays, homework. Co-parenting component uses systems strategies (e.g., joining, reenactment, restructuring) to address knowledge of each other & child, open communication, negotiating interparental conflict. G2: Usual care via child welfare agency or other local facilities, such as drug treatment or mental health G2: Usual care	Biological/ foster parents G1: 80 G2: 48 Children G1: 40 G2: 24	Post Intervention: Once, immediately after intervention at 3 months post-baseline; Follow-up: Once, 3 months after end of intervention	Biological & foster parents whose Substantiated history of child maltreatment; Residence in nonkinship foster home; Official Child Protective Services (CPS) goal of family reunification	Children with: Documented developmental disabilities; Official report of sexual abuse; Biological or foster parents who had: Known mental handicap; Inability to speak English or Spanish; in long-term foster care (>24 months) [noted in Discussion]

Table 36. Incredible years, study characteristics (continued)

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
LeTarte, 2010 ¹⁶	Montreal, Canada	NR	Controlled trial	1, 4	To evaluate the efficacy of the Incredible Years intervention with neglecting biological parents in improving parenting practices, parent's feelings of self-efficacy and parent's perceptions of their child's behavior.	G1: IY G2: Wait list control	G1: 36 G2: 9	Pre-Post Intervention: G1: 19.12 wks (sd 1.75) G2: 16.74 wks (sd 1.33) Follow-up: N/A	Children 5-10 years; NR parents had no symptoms of mental illness, drug abuse, severe mental illness, drug abuse, severe mental disability, if so, these conditions were under control parent had custody of the child at least one weekend every second week	
Hughes, 2004 ¹⁷	Canada	Government, foundations, academic, professional associations	RCT	1, 4	To test the effects of the Incredible Years intervention on positive parenting strategies and child autonomy within maltreating families	G1: IY G2: Wait list control	G1: 14 G2: 14	Post Intervention: 3 weeks after program completion Follow-up: None	1) Mother needed to be an active case with a child protection agency and in need of parent training; 2) Mother spoke English and had completed at least grade 4 education; 3) Target child ages of 3-8 or, if >1 child, mother was willing to choose the child about whom she felt in greatest need of parenting; 4) Target child did not have severe mental disability; 5) Mother and target child lived together; 6) They freely agreed to participate and provided informed, written consent	See inclusion criteria

Table 40. Incredible Years, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Linares, 2006 ¹⁵	G1: Two-component IY G2: Usual care	Overall N: 6.2 (2.3); 3-10 G1: NR G2: NR	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1: NR G2: NR	Biological and foster parents Randomized as pairs: G1: 40 pairs G2: 24 pairs Parent pairs received intervention together with children. Biological: n = 63 Foster: n = 63	Biological parents Total N mean (SD): 32.10 (7.70) G1: NR G2: NR Foster parents Total N mean (SD): 46.2 (9.1) G1: NR G2: NR Parental age differed significantly by parent type p=0.00	Biological Total N: 89% G1: NR G2: NR Foster Total N: 98% G1: NR G2: NR	All caregivers % African American Total N: 33% % other race (Latino) Total N: 57% Race by parent type Biological % African American: 31% % other race (Latino): 53 (not specified): 16% Foster % African American: 34% % other race (Latino): 61% % other race (not specified): 5%	All caregivers % Hispanic/Latino Total N: 57% Ethnicity by parent type Biological % Hispanic/Latino: 53% % NOT Hispanic/Latino: NR % other ethnicity: 16% Foster % Hispanic/Latino: 61% % NOT Hispanic/Latino: NR % other ethnicity: 5%

Table 37. Incredible Years, population characteristics (continued)

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Letarte, 2010 ¹⁶	G1: IY G2: Wait list control	G1: 8.5 (1.3) G2: 8.7 (1.8)	G1: 30.7 G2: 33.3	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1: NR G2: NR	Maltreating biological parents	G1: 37.3 (4.2) G2: 35.6 (3.3)	G1: 80.8 G2: 77.8	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino no G1: NR G2: NR % NOT Hispanic/Latino no G1: NR G2: NR % other ethnicity (specify) G1: NR G2: NR
Hughes, 2004 ¹⁷	G1: IY G2: Waitlist control	In months G1: 65 (19.09); Range = 42-100 G2: 61 (17.63); Range = 36-93 p = ns	G1: 31% G2: 46% p = ns	Child Race data NR	Ethnicity data NR	Biological mothers	G1: 32 (8.9); Range = 22-51 G2: 31 (10.6); Range = 22-59 p = ns	G1: 100% G2: 100%	% Caucasian 96% of the total sample % other race (specify) 4% of the total sample were unspecified minorities	Ethnicity data NR

Table 41. Incredible Years, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Linares, 2006 ¹⁵	G1: Two-component IY G2: Usual care	Total N: Neglect (83%) broken down by the following categories: lack of supervision (29%), failure to protect (exposure to DV, 26%), failure to provide (19%), emotional (10%), and moral/legal/educational (7%); 6% abused (12% of 'abused' were exposed to physical abuse and 7% of 'abused' were exposed to sexual abuse);and 11% were undetermined. G1: NR G2: NR	Number of exposures G1: NR G2: NR Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems CBCL T scores \geq or = 60 at baseline as reported by biological parents: 37% As reported by foster parents: 57% ECBI total T scores > or = to 60 at baseline as reported by biological parents: 21% As reported by foster parents: 31% Total T score > or = 60 at baseline as reported by teachers (for Total N): 31% G1: NR G2: NR % meeting a dx G1: NR G2: NR	% with MH symptoms/substance abuse NR % meeting a dx NR
LeTarte, 2010 ¹⁶	G1: IY G2: Wait list control	G1: Neglect G2: Neglect	Number of exposures G1: NR G2: NR Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems Both groups: learning disabilities 27.3 Oppositional defiant disorder 36.4; anxiety 36.4; attention deficit-hyperactivity disorder 9.0	% with MH symptoms/substance abuse Overall: Drug abuse: 15.4; Mental Health 30.8
Hughes, 2004 ¹⁷	G1: IY G2: Wait list control	History of abuse (mother report) G1: 46% G2: 38% p = ns Maltxt type NR	Number of exposures Data NR Duration of exposure Data NR Number of CPS referrals	% with MH symptoms or behavior problems NR % meeting a dx NR	% with MH symptoms/substance abuse NR % meeting a dx NR

Table 42. Incredible Years, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Linares, 2006 ¹⁵	G1: Two-component IY G2: Usual care	G1: Parenting component- 12 weekly 2-hr group sessions conducted by two facilitators Co-parenting component – 12 approx 1-hr weekly sessions with individual family (bio and foster caregiver and child) G2: N/A	G1: Bio parent and foster parent pairs G2: Bio parent, foster parent, child	G1: Bilingual (English/Spanish) team of parent leaders from the agency mental health unit. Parent leaders rec'd a 3-day initial training from IY staff and from a family therapy trainer from the Center for Family Studies at the University of Miami; the study principal investigator and agency staff also spent add'l time reviewing and practicing the sessions for a total of 70 training hrs prior to initiating the intervention. G2: Service providers at the agency and other local facilities (e.g., drug treatment, mental health). To guard against contamination, parent leaders were asked not to use learned techniques in their clinical work with participants outside of the intervention.	G1: Yes G2: No	G1: Groups of 4-7 biological-foster parent pairs; individual sessions with biological and foster parent pair and child. G2: NR	G1: Child welfare agency; intervention training and implementation monitoring conducted by university team G2: Child welfare agency or other local facilities (e.g., drug tx, mental health)

Table 39. Incredible Years, intervention characteristics (continued)

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
LeTarte, 2010 ¹⁶	G1: IY G2: Wait list control	G1: 16 weekly 2hr sessions conducted by two facilitators G2: N/A	G1: offending parents G2: N/A	G1: Per group: 2 professionals /group with either a psychoeducational background or who were social workers G2: N/A	G1: Yes G2: N/A	G1: Groups of 7-16 parents G2: N/A	G1: Service provider organization G2: N/A
Hughes, 2004 ¹⁷	G1: IY G2: Wait list control	G1: 8 weekly 2-hr sessions conducted by two facilitators G2: N/A	G1: Parent G2: N/A	G1: Facilitator was an experienced mental health nurse including work with child protection families G2: N/A	G1: No reference to fidelity tool, only field notes G2: N/A	G1: Groups of 4-8 parents G2: N/A	G1: NR (appears to be school of nursing/ university-based) G2: N/A

Table 43. Incredible Years, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Linares, 2006 ¹⁵	G1: Two-component IY G2: Usual care	Child Behavior Checklist: Parent Report (CBCL) Eyberg Child Behavior Inventory (ECBI); Parent Report Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R); Teacher Report	Behavioral/externalizing problems: CBCL-E Externalizing Scale T score Baseline score, by caregiver type Mean (SD) Biological parents: 57.10 (14.50) Foster parents: 59.30 (11.00) Intraclass correlation (ICC) = 0.25 Between group, p=0.32 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 56.37 (54.53-58.21) G2: 57.33 (54.78-59.87) Effect size (d) = 0.14 Between group, p=ns (nr)	Externalizing and conduct problems: ECBI Total T Score Baseline score, by caregiver type Mean (SD) Biological parents: 49.90 (10.70) Foster parents: 53.50 (12.00) ICC= 0.24 Between group, p=0.07 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 49.94 (48.20-51.68) G2: 51.69 (49.33-54.04) Effect size (d) = .023 Between group, p=ns (nr)	Disruptive classroom behaviors: SESBI-R total T score Baseline score, across caregiver types Mean (SD) 54.70 (11.40) ICC = 0.20 Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 55.74 (51.99-59.48) G2: 55.24 (51.02-59.47) Effect size (d) = 0.05 Between group, p=ns (nr) Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) mean (95% CI) G1: 56.71 (51.19-62.23) G2: 53.08 (45.27-60.89) Effect size (d) = .032 Between group, p=ns (nr)	No significant Condition x Parent interaction p=NR

Table 40. Incredible Years, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Linares, 2006 (continued) ¹⁵	G1: Two-component IY G2: Usual care	Child Behavior Checklist: Parent Report (CBCL) Eyberg Child Behavior Inventory (ECBI); Parent Report Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R); Teacher Report	Behavioral/externalizing problems: CBCL-E Externalizing Scale T score (continued) Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) mean (95% CI) G1: 57.47 (55.26-59.69) G2: 60.82 (57.65-63.98) Effect size (d) = 0.36 Between group, p=ns (nr)	Externalizing and conduct problems: ECBI Total T Score (continued) Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) mean (95% CI) G1: 50.33 (48.20-52.45) G2: 53.43 (50.40-56.46) Effect size (d) = 0.33 Between group, p=ns (nr)		
Letarte, 2010 ¹⁶	G1: IY G2: Wait list control	Eyberg Child Behavior Inventory (ECBI); Parent Report Scale 1 (never) to 7 (always)	Frequency/Intensity Scale Note: there are discrepancies between text and Table 4 on p. 258; ANOVA data presented here reference Table 4; effect sizes reference text. Baseline score mean (SD) G1: 113.2 (40.3) G2: 112.1 (36.5) Endpoint score mean (SD) G1: 102.6 (39.2) G2: 120.4 (42.1) Within group: G1: F = 11.37, p< .001, Êta = 0.26 G2: F = 2.43, p=n.s. (NR) Between group: G1 > G2, F = 9.32, p<0.001 , Êta = 0.21	Problem Scale Baseline score mean (SD) G1: 14.9 (8.6) G2: 14.2 (6.9) Endpoint score mean (SD) G1: 10.9 (9.5) G2: 14.1 (7.6) Within group: G1: F = 21.94, p< .001, Êta = 0.40 G2: F = 0.01, p=n.s. (NR), Êta = NR Between group, G1 > G2, F = 5.33, p< 0.05, Êta = 0.18		

Table 44. Incredible Years, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Linares, 2006 ¹⁵	G1: Two-component IY G2: Usual care	Parenting Practices Interview (PPI); Parent Self-Report	Positive Discipline Scale: Baseline score, by caregiver type Mean (SD) Biological parents: 4.80 (0.85) Foster parents: 4.60 (0.76) Intraclass correlation (ICC) = 0.15 Between group, p=0.13 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 4.95 (4.80-5.11) G2: 4.71 (4.50-4.92) Effect size (d): 0.40 Between group, p< 0.05	Appropriate Discipline Scale: Baseline score, by caregiver type Mean (SD) Biological parents: 4.90 (1.10) Foster parents: 4.40 (0.88) ICC = 0.03 Between group, p=.01 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 4.63 (4.40-4.85) G2: 4.78 (4.48-5.08) Effect size (d): 0.23 Between group, p=ns (nr)	Clear Expectations Scale: Baseline score, by caregiver type Mean (SD) Biological parents: 5.80 (0.94) Foster parents: 6.10 (0.77) ICC = 0.24 Between groups, p=.06 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 6.05 (5.88-6.22) G2: 6.12 (5.89-6.35) Effect size (d) = 0.04 Between group, p=ns (nr)	Harsh Discipline Scale: Baseline score, by caregiver type Mean (SD) Biological parents: 2.20 (0.82) Foster parents: 1.80 (0.57) ICC = .00 Between group, p=.00 Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 1.82 (1.69-1.96) G2: 1.87 (1.68-2.06) Effect size (d) = 0.09 Between group, p=ns (nr)

Table 41. Incredible Years, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Linares, 2006 (continued) ¹⁵	G1: Two-component IY G2: Usual care		Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 4.93 (4.76-5.11) G2: 4.54 (4.30-4.77) Effect size (d) = 0.59 Between group, P: < 0.01	Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 4.78 (4.52-5.03) G2: 4.81 (4.47-5.15) Effect size (d) = 0.01 Between group, p=ns (nr)	Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 6.27 (6.09-6.45) G2: 5.91 (5.66-6.15) Effect size (d) = 0.54 Between group, P: < 0.05	Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 1.92 (1.77-2.07) G2: 2.04 (1.83-2.25) Effect size (d) = 0.20 Between group, p=ns (nr)
			Condition x Parent Interaction Biological (mean) = 5.06 Foster (mean) = 4.36 p<0.05			
	G1: IY G2: Usual care	Family Functioning Style Scale (FFSS); Parent Self-Report	Flexibility in the co-parenting relationship: Baseline score, by caregiver type Mean (SD) Biological parents: 11.50 (5.30) Foster parents: 11.40 (4.00) Intraclass correlation (ICC) = 0.17 Between group, p=.90	Mutual social support in the co-parenting relationship: Baseline score, by caregiver type Mean (SD) Biological parents: 15.70 (7.10) Foster parents: 12.70 (6.20) ICC = 0.20 Between group, p=.01	Problem solving in the co-parenting relationship: Baseline score, by caregiver type Mean (SD) Biological parents: 8.2 (3.9) Foster parents: 7.60 (3.60) ICC = 0.39 Between group, p=0.25	Total Composite score: Baseline score, by caregiver type Mean (SD) Biological parents: 35.80 (15.20) Foster parents: 31.80 (12.60) ICC = 0.26 Between group, p=0.09 Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr) Post-Intervention score, by treatment group (combined across caregiver type)
			Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr)	Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr)	Baseline, by treatment group (combined across caregiver type) Mean (SD) G1: NR G2: NR Between group, p=ns (nr)	

Table 41. Incredible Years, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Linares, 2006 (continued) ¹⁵	G1: IY G2: Usual care		Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 12.58 (11.63-13.52) G2: 11.48 (10.24-12.71) Effect size (d) = 0.42 Between group, p < 0.05 Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 15.10 (13.60-16.61) G2: 14.58 (12.32-16.84) Effect size (d) = 0.10 Between group, p=ns (nr)	Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 15.43 (13.83-17.02) G2: 14.37 (12.23-16.52) Effect size (d) = 0.34 Between group, p=ns (nr) Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 12.03 (11.02-13.05) G2: 11.78 (10.29-13.28) Effect size (d) = 0.05 Between group, p=ns (nr)	Post-Intervention score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 8.86 (8.06-9.65) G2: 7.98 (6.93-9.03) Effect size (d) = 0.52 Between group, p < 0.05 (nr) Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 8.72 (7.94-9.49) G2: 8.48 (7.33-9.63) Effect size (d) = 0.00 Between group, p=ns (nr)	Mean (95% CI) G1: 37.20 (34.05-40.34) G2: 33.85 (29.65-38.05) Effect size (d) = 0.48 Between group, p < 0.05 Follow up: 3 months post intervention end score, by treatment group (combined across caregiver type) Mean (95% CI) G1: 36.02 (32.92-39.13) G2: 34.73 (30.10-39.35) Effect size (d) = 0.06 Between group, p=ns (nr)
Letarte, 2010 ¹⁶	G1: IY G2: Wait list control	Parenting Practices Interview (PPI): Parent Report (scale: 1 – 7)	Harsh & Inconsistent Discipline Scale: Baseline score mean (SD) G1: 3.13 (0.94) G2: 2.59 (0.83) Endpoint score mean (SD) G1: 2.78 (0.89) G2: 2.81 (0.76) Within group, : G1: F = 11.77, p < .05, Ê = 0.26 G2: F = 1.32, p=n.s. (NR) Between group: G1 > G2, F=8.53, p= <0.05, Êta = 0.13	Clear Expectations Scale: Baseline score mean (SD) G1: 3.43 (0.70) G2: 3.48 (0.84) Endpoint score mean (SD) G1: 3.66 (0.57) G2: 3.52 (0.81) Within group, : G1: F = 0.08, p = 0.78, Êta = 0.00 G2: NR Between group: No difference, F= 0.39, p = .54, Êta = 0.01	Monitoring Scale: Baseline score mean (SD) G1: 5.74 (0.73) G2: 6.06 (0.77) Endpoint score mean (SD) G1: 5.96 (0.69) G2: 5.51 (0.83) Within group, : G1: F = 3.01, p < n.s. (NR) G2: F = 7.48, p < .05, Ê = 0.18 Between group: G1 > G2, F = 11.65, p < 0.05, Êta = 0.26	Praise/Incentives Scale: Baseline score mean (SD) G1: 4.58 (0.98) G2: 4.39 (0.79) Endpoint score mean (SD) G1: 5.05 (0.76) G2: 4.14 (0.70) Within group, : G1: F = 11.81, p < .05, Ê = 0.26 G2: F = 0.89, p=n.s. (NR) Between group: G1 > G2, F=7.20, p= <0.05, Êta = 0.18

Table 41. Incredible Years, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Letarte, 2010 (continued) ¹⁶	G1: IY G2: Wait list control	Parenting Self-Agency Measure (PSAM) + items from Maternal Confidence in Toddlerhood Questionnaire	Physical Punishment Scale: Baseline score mean (SD) G1: 1.57 (0.86) G2: 1.32 (0.32) Endpoint score mean (SD) G1: 1.33 (0.50) G2: 1.70 (0.20) Within group,: G1: F = 2.55, p=n.s. (NR) G2: F = 2.40, p=n.s. (NR) Between group: G1 > G2, F = 4.85, p<.05, $\hat{\eta}^2$ = 0.18 Baseline score mean (SD) G1: 2.23 (0.57) G2: 2.01 (0.52) Endpoint score mean (SD) G1: 1.96 (0.65) G2: 2.12 (0.61) Within group: G1 and G2: No difference, p = n.s. (NR) Between group: No difference, F= 2.68, p=0.48	Appropriate Discipline Scale: Baseline score mean (SD) G1: 4.49 (0.91) G2: 4.54 (0.93) Endpoint score mean (SD) G1: 4.87 (0.95) G2: 4.25 (0.76) Within group,: G1: F = 14.41, p< .001, $\hat{\eta}^2$ = 0.31 G2: F = 2.26, p=n.s. (NR) Between group: G1 > G2, F = 12.70, p< 0.001, $\hat{\eta}^2$ = 0.28	Positive Verbal Discipline Scale Baseline score mean (SD) G1: 5.19 (0.79) G2: 5.36 (0.67) Endpoint score mean (SD) G1: 5.57 (0.66) G2: 4.75 (0.40) Within group,: G1: F = 10.01, p< >05, $\hat{\eta}^2$ = 0.23 G2: F = 9.03, p=n.s. (NR) Between group: G1 > G2, F = 24.14, p< 0.001, $\hat{\eta}^2$ = 0.43	

Table 41. Incredible Years, healthy caregiver child relationship outcomes (continued)

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Hughes, 2004 ¹⁷	G1: IY G2: Wait list control	Parenting Skills Observation Scale (PSO) Child Autonomy Observational Scale (CAO)	Parenting Skills: Involvement Free-Play Baseline score mean (SD) G1: 0.70 (0.08) G2: 0.60 (0.21) Endpoint score mean (SD) G1: 0.73 (0.13) G2: 0.62 (0.15) Between group, F = 5.08, p=0.03	Parenting Skills: Autonomy-support Free-Play Baseline score mean (SD) G1: 0.87 (0.06) G2: 0.76 (0.18) Endpoint score mean (SD) G1: 0.89 (0.07) G2: 0.80 (0.12) Between group, F = 3.49, p=0.07	Parenting Skills: Structure Free-Play Baseline score mean (SD) G1: 0.74 (0.03) G2: 0.72 (0.07) Endpoint score mean (SD) G1: 0.73 (0.03) G2: 0.71 (0.04) Between group, F = 1.34, p=ns (nr)	Child Autonomy: Free-Play Baseline score mean (SD) G1: 0.87 (0.08) G2: 0.88 (0.05) Endpoint score mean (SD) G1: 0.82 (0.18) G2: 0.88 (0.04) Between group, F = 0.10, p=ns (nr)
			Ring-toss Baseline score mean (SD) G1: 0.71 (0.08) G2: 0.71 (0.12) Endpoint score mean (SD) G1: 0.76 (0.12) G2: 0.71 (0.16) Between group, F = 1.99, p=ns (nr)	Ring-toss Baseline score mean (SD) G1: 0.82 (0.18) G2: 0.84 (0.16) Endpoint score mean (SD) G1: 0.84 (0.10) G2: 0.81 (0.12) Between group, F = 0.80, p=ns (nr)	Ring-toss Baseline score mean (SD) G1: 0.74 (0.04) G2: 0.72 (0.07) Endpoint score mean (SD) G1: 0.73 (0.04) G2: 0.72 (0.07) Between group, F 0.48, p=ns (nr)	Ring-toss Baseline score mean (SD) G1: 0.81 (0.21) G2: 0.86 (0.08) Endpoint score mean (SD) G1: 0.88 (0.12) G2: 0.86 (0.09) Between group, F 1.48, p=ns (nr)

Keeping Foster Parents Trained and Supported

Table 45. Keeping Foster Parents Trained and Supported, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Chamberlain, 2008 ¹⁸	San Diego, CA USA	NIMH, NIDA	RCT	1, 2	To examine the effects of a foster parent training and support intervention (KEEP) on child behavior and parenting practices	G1: KEEp(Keeping foster and kinship parents trained and informed, based on MTFC) G2 Child Welfare SAU	Foster Parents G1: 359 G2: 341 Children G1: 359 G2: 341	Follow-up: 5 months post-baseline	Child in either a kin or nonrelative foster care placement for at least 30 days; child between 5 and 12 years;	"Medically fragile" child (severe physical or mental handicap) Minimal exclusions deliberate to map on to real-world child welfare conditions
Price, 2008 ¹⁹	San Diego, CA USA	NIMH, NIDA	RCT	1, 2	To examine the effects of a foster parent training and support intervention (KEEP) on child placement changes	G1: KEEp G2: SAU	G1: 359 G2: 341	Follow-up: 5 months post-baseline	Child in either a kin or nonrelative foster care placement for at least 30 days; child between 5 and 12 years;	"Medically fragile" child (severe physical or mental handicap) Minimal exclusions deliberate to map on to real-world child welfare conditions

Table 46. Keeping Foster Parents Trained and Supported, population characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Chamberlain, 2008 ¹⁸	G1: KEEp G2: SAU	G1: 8.88 (no sd) G2: 8.72 (no sd)	G1: 50% G2: 54%	% Caucasian G1: 20% G2: 25% % African American G1: 23% G2: 19% % Latino G1: 35% G2: 30%	% H/Latino G1: 35% G2: 30% multi-ethnic G1: 20% G2: 24%%	Foster parent: 34% kinship, 66% non-relative	G1: 49.86 (11.8) G2: 47.29 (11.7)	G1: 94% G2: 93%	% Caucasian G1: 21% G2: 34% % African American G1: 27% G2: 24% % Latino G1: 41% G2: 33%	% Hispanic/Latino G1: 41% G2: 33%% Multi-ethnic G1: 6% G2: 6%
Price, 2008 ¹⁹	G1: KEEp G2: SAU	G1: 8.88 (no sd) G2: 8.72 (no sd)	G1: 50% G2: 54%	% Caucasian G1: 20% G2: 25% % African American G1: 23% G2: 19% % Latino G1: 35% G2: 30%	% H/Latino G1: 35% G2: 30% multi-ethnic G1: 20% G2: 24%%	Foster parent: 34% kinship, 66% non-relative	G1: 49.86 (11.8) G2: 47.29 (11.7)	G1: 94% G2: 93%	% Caucasian G1: 21% G2: 34% % African American G1: 27% G2: 24% % Latino G1: 41% G2: 33%	% Hispanic/Latino G1: 41% G2: 33%% Multi-ethnic G1: 6% G2: 6%

Table 47. Keeping Foster Parents Trained and Supported, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Chamberlain, 2008 ¹⁸	G1: KEEP G2: SAU	G1: Unspecified, CPS involvement (foster care) G2: Same	NR	NR	NR
Price, 2008 ¹⁹	G1: KEEP G2: SAU	G1: Unspecified, CPS involvement (foster care) G2: Same	NR	NR	NR

Table 48. Keeping Foster Parents Trained and Supported, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Chamberlain, 2008 ¹⁸	G1: KEEP G2: SAU	G1: 16 weeks (90 minute sessions, not clear how frequent) G2: Not specified	G1: foster parents G2: foster parents	G1: Trained paraprofessionals G2: CPS case workers	G1: Yes, report video review and monitor/feedback for consistency with manual during SV G2 No:	G1: Group (with make-up individual home-based sessions) G2: Not reported	G1: Community recreation centers or churches, some home visits G2: Not reported
Price, 2008 ¹⁹	G1: KEEP G2: SAU	G1: 16 weeks (90 minute sessions, not clear how frequent) G2: Not specified	G1: foster parents G2: foster parents	G1: Trained paraprofessionals G2: CPS case workers	G1: Yes, report video review and monitor/feedback for consistency with manual during SV G2 No:	G1: Group (with make-up individual home-based sessions) G2: Not reported	G1: Community recreation centers or churches, some home visits G2: Not reported

Table 49. Keeping Foster Parents Trained and Supported, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Chamberlain, 2008 (Companions: Price, 2008) ^{18,19}	G1: KEEp G2: SAU	Child Behavior Problems (Parent Daily Report Checklist)	Proportion Positive Reinforcement Baseline G1: 0.53 (0.27) G2: 0.52 (0.27)	Problem Behaviors (PDR) Baseline G1: 5.92 (4.26) G2: 5.77 (3.93)		
		Proportion positive reinforcement (aggregation of standardized questions and PDR qs about reinforcement and discipline)	Termination G1: 0.60 (0.28) G2: 0.52 (0.28) <i>not significant</i>	Termination G1: 4.37 (3.91) G2: 5.44 (4.15) Cohen's $d=0.26$ (didn't report a p value)		

Table 50. Keeping Foster Parents Trained and Supported, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Price, 2008 ¹⁹	G1: KEEp G2: SAU	None reported	Positive Exit Rate G1: 17.4% G2: 9.1% $p=.005$ <i>No significant interaction with # of prior placements</i> Negative Exit Rate G1: 12.2% G2: 14.3% $p=not\ significant$ <i>Significant interaction with # of prior placements: $\Delta X^2(1)=3.95, p=.047$</i>	None reported

Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing

Table 51. Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Jaberghaderi, 2004 ²⁰	Iran	Not Reported	Randomized Trial	1, 4	Compare efficacy of CBT and EMDR for treating sexually abused girls (ages 12-13)	G1: EMDR G2: CBT	G1: 7 G2: 7	Post Intervention: 2 weeks Follow-up: NA	>= 19 on Child Report of Post Traumatic Symptoms; History of sexual abuse; Unwanted oral, anal, genital, or breast contact with another person >=6 months before study	Continued abuse

Table 52. Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing, Population Characteristics

First Author, Year	Comparison Groups	Child Age mean (SD); range	Child Sex % female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Jaberghaderi, 2004 ²⁰	G1: EMDR G2: CBT	G1: 12-13 years G2: 12-13 years	G1: 100% G2: 100%	NR	:100 % other ethnicity (specify) G1: Iranian G2: Iranian	Biological Parent	NR	NR	NR	NR

Table 53. Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing, Population Clinical Characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of exposures, duration of exposure, number of CPS referrals	Child Clinical Presentation, % with MH symptoms or behavior problem, % meeting a diagnosis	Caregiver Presentation % with MH symptoms, % meeting a diagnosis
Jaberghaderi, 2004 ²⁰	G1: EMDR G2: CBT	Sexual Abuse	NR	% clinically sig. level of post-traumatic symptoms G1: 100% G2: 100%	NR

Table 54. Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing, Intervention Characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Jaberghaderi, 2004 ²⁰	G1: Eye movement desensitization and reprocessing (EMDR) G2: Cognitive-Behavioural Therapy (CBT)	G1: 4-8 (M=6.1) 30-45 minute sessions G2: 10-12 (M=11.6) 45 minute session	G1: Child G2: Child	G1: Professor and PhD level clinical psychologist G2: Professor and PhD level clinical psychologist	Yes	G1: Individual G2: Individual	G1: Clinic G2: Clinic

Table 55. Modified Trauma-Focused Cognitive Behavioral Therapy vs. Eye Movement Desensitization and Reprocessing, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Jaberghaderi, 2004 ²⁰	G1: EMDR G2: CBT	Child Report of Post-traumatic Symptoms (CROPS); Parent Report of Post-traumatic Symptoms (PROPS); Rutter Teacher Scale (Rutter); Subjective Units of Distress Scale (SUDS)	Child Report of Post-traumatic Symptoms Baseline score mean (SD) G1: 34.86 (5.8) G2: 30.00 (6.4) Endpoint score mean (SD) G1: 18.86 (7.9) G2: 22.71 (6.9) Between group, p= 0.15 Change score mean (SD) G1: ,p< 0.05 <i>Effect Size Cohen's d = 2.8</i> G2: ,p=0.116 Effect Size Cohen's d = 1.1 Between group, p=NS Normal/Clinical baseline G1: 0/7 G2: 0/7 Normal/Clinical endpoint G1: 3/4 G2: 2/5 Mean per session score change (SD) G1: 3.0 G2: 0.67 Between group, p=0.04 Effect Size Cohen's d = 2.3	Parent Report of Post-traumatic Symptoms Baseline score mean (SD) G1: 21.00 (6.2) G2: 22.43 (10.3) Endpoint score mean (SD) G1: 10.14 (5.4) G2: 11.29 (6.6) Between group, p= 0.96 Change score mean (SD) G1: ,p< 0.05 Effect Size Cohen's d = 1.8 G2: ,p< 0.05 <i>Effect Size Cohen's d = 1.1</i> <i>Between group, p=NS</i> Normal/Clinical baseline G1: 2/5 G2: 2/5 Normal/Clinical endpoint G1: 6/1 G2: 5/2 Mean per session score change (SD) G1: 2.4 G2: 0.96 Between group, p=0.18 Effect Size Cohen's d = 2.0	Rutter Teacher Scale Baseline score mean (SD) G1: 13.71 (12.2) G2: 8.86 (7.7) Endpoint score mean (SD) G1: 5.00 (5.3) G2: 3.00 (2.9) Between group, p= 0.42 Change score mean (SD) G1: p< 0.05 Effect Size Cohen's d = 0.71 G2: ,p< 0.05 Effect Size Cohen's d = 0.72 Between group, p=NS Normal/Clinical baseline G1: 5/2 G2: 5/2 Normal/Clinical endpoint G1: 6/1 G2: 7/0 Mean per session score change (SD) G1: 1.4 G2: 0.50 Between group, p=0.04 Effect Size Cohen's d = 2.0	Sessions until Subjective Units of Distress score between 0-2 Endpoint score mean (SD) G1: 6.1 sessions G2: 11.6 sessions Between group, <i>t</i> (12) = 7.1 p< 0.000 Effect Size Cohen's d = 4.2

Multidimensional Treatment Foster Care – Preschoolers

Table 56. Multidimensional Treatment Foster Care – Preschoolers, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008 ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	Oregon, USA	NIMH, NIDA, ORMH	RCT	1, 2	Evaluate efficacy of intervention for preschool children in foster care	G1: MTFC-P G2 RFC	Varies	12 or 24 months (see 1a)	3-6 y.o. foster children in placement of expected duration \geq 3 months Fisher, Van Ryzin, et al 2011	None specified

Table 57. Multidimensional Treatment Foster Care – Preschoolers, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age mean (SD)	Caregiver Sex % female	Caregiver Race	Caregiver Ethnicity
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008 ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	G1: MTFC-P G2: RFC	G1: 4.54 (0.86) G2: 4.34 (0.83)	G1: 51% G2: 42%	Total Cauc: 89% AA: 1% Nat Am: 5%	Lat: 5% Per Fisher 2005 G1: 18% G2: 4%	Foster parent	NR	NR	NR	NR

Table 58. Multidimensional Treatment Foster Care – Preschoolers, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting a Diagnosis
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008 ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	G1: MTFC-P G2: RFC	Per Fisher 2005, not specified in other studies Sexual Abuse G1 17% G2 8% Physical G1 24% G2 4% Neglect G1: 55% G2 84% Emotional G1 4% G2 4%	NS	NS, young children in foster care (new, reentering, and transferring placement)	NS

Table 59. Multidimensional Treatment Foster Care – Preschoolers, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention Location
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008 ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	G1: MTFC-P G2: RFC	6-9 months	Foster care children, foster parent, permanent placement resource (birth parents, relative or nonrelative adoptive parents)	Team consisting of Foster parent consultant, child behavior specialist, bachelors or masters degree therapist, PhD supervisor, consulting psychiatrist, family therapist (if entering permanent placement)	Yes, progress notes and session checklists	Parent training (individual parent I person, phone, 24/7 crisis), preschool consultation, playgroup, family therapy for placement transition	Home, school

Table 60. Multidimensional Treatment Foster Care – Preschoolers, Mental Health Outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008 ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	G1: MTFC-P G2: RFC	Cortisol level, Flanker task, EEG, Parent Daily Report	BRUCE 2009 Cognitive Control and Response Monitoring (Flanker Task) Errors of Commission, No difference between group G1 and G2, F=0.47, p=NR(ns) Reaction Time, No difference between group G1 and G2, F=0.68, p=ns(nr) EEG Event Related Potentials (ERP) in Response to Feedback G1(+)>G2, Response Locked Components, F=5.66, P<.01 G1(+)>G2, Feedback Locked Components, F=5.82, P<.01	FISHER 2007 Decrease AM-PM Change in Diurnal Salivary Cortisol G1(-)>G2: z=-2.061, p=.040, (ES=-0.650) Decrease AM Cortisol level G1(-)>G2: z=-2.217, p=.027, (ES=-0.66) Decrease PM Cortisol level G1(-)>G2: z=-2.339, p=.019, (ES=-0.68)	FISHER & KIM 2007 Improved Trajectory (Increase) in Secure Attachment Behavior (Parent Attachment Diary) G1(+)>G2, z=2.29, p<.05 Improved Trajectory (Decrease) in Avoidant Attachment Behavior (Parent Attachment Diary) G1(-)>G2, z=-2.34, p<.05 Improved Trajectory (Decrease) in Resistant Attachment Behavior (Parent Attachment Diary) z=.07, p=ns(nr)	FISHER & STOOLMILLER 2008 Decrease in Caregiver Stress Related to Child Problem Behaviors (Parent Daily Report) G1(-)>G2, 1-2m: t=2.628, p=.009 No difference between group G1 and G2, 3-12m, t=-0.34, p=.734 Influence of Child Problem Behavior on Caregiver Stress 1-6m, t=0.963, p=.336 6-12m, t=2.593, p=.0096 Caregiver stress x PM 1-2m: t=-0.554, p=0.580 3-12m: t=0.396, p=0.692 FISHER, 2011 Preplacement Decrease AM-PM Change in Diurnal Salivary Cortisol G1(-)=G2: p=not significant, (ES=-0.650) Postplacement Decrease AM-PM Change in Diurnal Salivary Cortisol G1(-)<G2: p=significant, Interaction term of intervention x time: p<.05 (ES=0.40)

Table 61. Multidimensional Treatment Foster Care – Preschoolers, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Fisher, 2005; ²¹ Fisher, 2007; ²² Fisher & Kim, 2007; ²³ Fisher, 2008; ²⁴ Fisher, 2009; ²⁵ Fisher, 2011; ²⁶ Bruce, 2009; ²⁷	G1: MTFC-P G2: RFC	None	FISHER 2011 Failure of permanent placement G1: 10% G2: 36% Chi sq(1)=5.11, p=0.02 Interaction w mean # prior and concurrent placement, p=NR(NS)	FISHER 2009/FISHER 2005 Type of permanent placement Reunification G1: 48% G2 68% Relative adoption G1 28% G2 20% Nonrelative adoption G1 24% G2 12% Survival analysis indicated less time and higher rate of permanent placement failure for RFC

Multifamily Group Therapy

Table 62. Multifamily Group Therapy, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Meezan, 1998 ²⁸	California, US	Stuart Foundations; Friends of the Family	RCT	1	To compare the effectiveness of multifamily group therapy (MFGT) with traditional family therapy provided to abusive and neglectful caregivers and their children.	G1: MFGT G2: Traditional Family Therapy	For the following family functioning outcomes- Parent-child interactions, supports to parents, financial management G1: 40 families G2: 38 families	Varied by family mean scores: G1: 6.5 months G2: 5.4 months	At least one child between 2 and 11 years of age in each family Found by DCFS to be maltreating and had an open case with DCFS Income not greater than 185% of the poverty line Capacity to engage in a group experience	Cases in which sexual abuse was the primary allegation
Meezan, 1998 ²⁹	California, US	Stuart Foundations; Friends of the Family	RCT	KQ1a KQ1b	To compare the effectiveness of multifamily group therapy (MFGT) with traditional family therapy provided to abusive and neglectful caregivers and their children.	G1: MFGT G2: Traditional Family Therapy	For the following family-related outcomes: Appropriate disciplining G1: 37 families G2: 27 families Attitudes toward child rearing G1: 41 families G2: 34 families Family functioning G1: 41 families G2: 37 families	Participation ended when participants terminated with agency or 8 months into treatment	At least one child between 2 and 11 years of age in each family Found by DCFS to be maltreating at least one child in family's care and had an open case with DCFS Income not greater than 185% of the poverty line Capacity to engage in a group experience	Cases in which sexual abuse was the primary allegation Those presenting active psychotic symptomatology or extreme substance abuse

Table 63. Multifamily Group Therapy, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Meezan, 1998 ²⁸	G1: MFGT G2: Traditional Family Therapy	G1: NR G2: NR Total: range of 2-11 yrs	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1:NR G2: NR	Maltreating caregiver (type NR)	G1: NR G2: NR Total: range from 18-58 yrs	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino no G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1:NR G2: NR
Meezan, 1998 ²⁹	G1: MFGT G2: Traditional Family Therapy	G1: NR G2: NR Total: range of 2-11 yrs	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1:NR G2: NR	Maltreating caregiver (type NR)	G1: NR G2: NR Total: range from 18-58 yrs	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino no G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1:NR G2: NR

Table 64. Multifamily Group Therapy, Population Clinical Characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting a Diagnosis
Meezan, 1998 ²⁸	G1: MFGT G2: Traditional Family Therapy	Multiple	Number of exposures G1: NR G2: NR Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems G1: : NR G2: NR % meeting a dx G1: : NR G2: : NR	% with MH symptoms/substance abuse More than one quarter of the caregivers admitted to being involved with drugs to a significant degree and 15% had been psychiatrically hospitalized as adults. % meeting a dx NR Total population of caregivers: violence—nearly two fifths reported that they had committed either moderate or severe aggressive acts as adults, including assault.
Meezan, 1998 ²⁹	G1: MFGT G2: Traditional Family Therapy	Multiple	Number of exposures G1: NR G2: NR Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems G1: : NR G2: NR % meeting a dx G1: : NR G2: : NR	% with MH symptoms/substance abuse More than one quarter of the caregivers admitted to being involved with drugs to a significant degree (n=31) and 15% had been psychiatrically hospitalized as adults (n = 12). % meeting a dx NR Total population of caregivers: violence—nearly two fifths reported that they had committed either moderate (26%) or severe (14%) aggressive acts as adults (n=29), including assault.

Table 65. Multifamily Group Therapy, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention location
Meezan, 1998 ²⁸	G1: MFGT G2: Traditional Family Therapy	G1: 2 1/2 hours per week for 34 weeks plus a case-mgt component G2: N/A - usual care	G1: Family G2: Family	G1: Clinician G2: Therapists	G1: No G2: No	G1: Group G2: NR	G1: NR G2: NR
Meezan, 1998 ²⁹	G1: MFGT G2: Traditional Family Therapy	G1: 2 1/2 hours per week for 34 weeks plus a case-mgt component G2: N/A - usual care	G1: Family G2: Family	G1: Clinician G2: Therapists	G1: No G2: No	G1: Group G2: NR	G1: NR G2: NR

Table 66. Multifamily Group Therapy, Healthy Caregiver Child Relationship Outcomes

First Author, Comparison Year	Comparison Groups	Measures	Caregiver-Child Relationship	Caregiver-Child Relationship (Part 2)	Caregiver-Child Relationship (Part 3)	Caregiver-Child Relationship (Part 4)
Meezan, 1998 ²⁸	G1: MFGT G2: Traditional Family Therapy	Family Assessment Form (FAF)	Parent-Child Interactions Time 1 mean (SD) G1: 3.65 (1.3) G2: 3.61 (1.1) Between group, p= ns Adjusted Time 1 mean (SD) G1: 3.69 (1.3) G2: 3.63 (1.1) Between group, p= ns Time 2 mean (SD) G1: 3.08 (0.9) G2: 3.69 (1.2) Between group, p= 0.03	Support to Parents Time 1 mean (SD) G1: 2.87 (1.9) G2: 2.91 (1.8) Between group, p= ns Adjusted Time 1 mean (SD) G1: 2.83 (1.9) G2: 2.96 (2.0) Between group, p= ns Time 2 mean (SD) G1: 1.99 (0.6) G2: 2.25 (1.0) Between group, p= ns		
Meezan, 1998 ²⁹	G1: MFGT G2: Traditional Family Therapy	CAP, FACES-II, AAPI (Scales A and B only)	CAP: Abuse Time 1 mean (SD) G1: 203.8 (112) G2: 229.1 (99) Between group, p=NS Adjusted Time 1 mean (SD) G1: 193.0 (116) G2: 232.7 (95) Between group, p=NS Time 2 mean (SD) G1: 144.6 (81) G2: 224.9 (82) Between group, p= 0.001 CAP: Distress Time 1 mean (SD) G1: 126.0 (87) G2: 148.7 (76) Between group, p=NS Adjusted Time 1 mean (SD) G1: 117.9 (91) G2: 152.7 (72) Between group, p=NS Time 2 mean (SD) G1: 92.5 (60) G2: 141.9 (71) Between group, p= 0.01	CAP: Ego strength Time 1 mean (SD) G1: 18.7 (11.1) G2: 14.9 (11.3) Between group, p=NS Adjusted Time 1 mean (SD) G1: 19.6 (11) G2: 14.3 (10.8) Between group, p=NS Time 2 mean (SD) G1: 21.1 (10.2) G2: 15.7 (10.3) Between group, p= 0.06 CAP: Problems - family Time 1 mean (SD) G1: 15.3 (13.3) G2: 18.7 (14.7) Between group, p=NS Adjusted Time 1 mean (SD) G1: 15.0 (13.5) G2: 19.5 (14.7) Between group, p=NS Time 2 mean (SD) G1: 8.3 (9.9) G2: 14.5 (13.1) Between group, p=0.07	CAP: Problems - others Time 1 mean (SD) G1: 14.7 (8.4) G2: 16.7 (6.9) Between group, p=NS Adjusted Time 1 mean (SD) G1: 13.9 (8.3) G2: 16.2 (7.2) Between group, p=NS Time 2 mean (SD) G1: 10.1 (7.3) G2: 16.0 (7.0) Between group, p=0.004 CAP: Problems - self Time 1 mean (SD) G1: 6.4 (6.8) G2: 6.6 (7.9) Between group, p=NS Adjusted Time 1 mean (SD) G1: 7.1 (7.2) G2: 7.6 (8.2)	CAP: Loneliness Time 1 mean (SD) G1: 7.9 (4.7) G2: 9.4 (4.1) Between group, p=NS Adjusted Time 1 mean (SD) G1: 7.4 (4.8) G2: 9.4 (4.0) Between group, p=0.10 Time 2 mean (SD) G1: 5.6 (3.7) G2: 7.0 (3.8) Between group, p= 0.009 CAP: Rigidity Time 1 mean (SD) G1: 18.3 (15.8) G2: 16.6 (13.5) Between group, p=NS Adjusted Time 1 mean (SD) G1: 17.2 (15.7) G2: 16.6 (13.5) Between group, p=NS Time 2 mean (SD) G1: 11.6 (12.9) G2: 16.1 (15.9) Between group, p=NS

Table 63. Multifamily Group Therapy, healthy caregiver child relationship outcomes (continued)

First Author, Comparison Year	Groups	Measures	Caregiver-Child Relationship	Caregiver-Child Relationship (Part 2)	Caregiver-Child Relationship (Part 3)	Caregiver-Child Relationship (Part 4)
Meezan, 1998 ²⁹ Continued			CAP: Unhappiness Time 1 mean (SD) G1: 23.0 (13.2) G2: 21.8 (14.8) Between group, p=NS Adjusted Time 1 mean (SD) G1: 21.8 (14.0) G2: 22.3 (15.4) Between group, p=NS Time 2 mean (SD) G1: 14.9 (9.2) G2: 22.3 (13.5) Between group, p=0.03	FACES-II: Adaptation Time 1 mean (SD) G1: 44.6 (9.7) G2: 44.2 (7.7) Between group, p=NS Adjusted Time 1 mean (SD) G1: 44.2 (10.3) G2: 44.9 (7.6) Between group, p=NS Time 2 mean (SD) G1: 43.6 (6.8) G2: 42.1 (6.3) Between group, p=NS	Between group, p=NS Time 2 mean (SD) G1: 4.1 (6.0) G2: 7.2 (7.0) Between group, p=0.09 FACES-II: Cohesion Time 1 mean (SD) G1: 55.4 (13.3) G2: 54.1 (12.0) Between group, p=NS Adjusted Time 1 mean (SD) G1: 56.9 (13.8) G2: 54.6 (12.6) Between group, p=NS Time 2 mean (SD) G1: 57.4 (11.5) G2: 57.1 (6.9) Between group, p=NS	AAPI: Sten A - Expectation Time 1 mean (SD) G1: 6.2 (2.3) G2: 6.0 (2.4) Between group, p=NS Adjusted Time 1 mean (SD) G1: 6.3 (2.2) G2: 5.9 (2.7) Between group, p=NS Time 2 mean (SD) G1: 4.8 (2.8) G2: 5.3 (2.4) Between group, p=NS AAPI: Sten B - Empathy Time 1 mean (SD) G1: 6.0 (2.6) G2: 6.2 (2.5) Between group, p=NS Adjusted Time 1 mean (SD) G1: 6.1 (2.6) G2: 5.9 (2.5) Between group, p=NS Time 2 mean (SD) G1: 7.3 (2.1) G2: 6.8 (2.0) Between group, p=NS

New Orleans Intervention

Table 67. New Orleans Intervention, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Zeanah, 2001 ³⁰	Louisiana, USA	Office of Community Services of the State of Louisiana, the Sisters of Charity, the Harris Foundation, the Greater New Orleans Foundation, the Louisiana Children's Trust Fund, the Departments of Psychiatry of Tulane and L.S.U. Schools of Medicine, and in part by the "Early Experience and Brain Development" Research Network of the John D. and Catherine T. MacArthur Foundation	Non-concurrent cohort	2, 4	Evaluate a comprehensive multimodal, individualized enhanced foster care intervention to improve outcomes in young maltreated foster children.	G1: New Orleans intervention group: adjudicated children between 1995-1998 (post-intervention implementation) G2: Comparison group: adjudicated children between 1991-1994 (pre-intervention implementation) G3: Non-intervention group: adjudicated children between 1995-1998 who did not receive the intervention	G1: 95 G2: 145 G3: 25	1-4 years G1: records of children taken into care between 1/1/1991-12/31/1994 G2: records of children taken into care between 1/1/1995-12/31/1998 --4-year period for children entering care in 1991 and in 1995 -- 3-year period for children entering care in 1992 and 1996 --2-year period for children entering care in 1993 and 1997 --1-year period for children entering care in 1994 and 1998	Children younger than 48 months old when they came into foster care in a specific New Orleans area parish (county) between January 1, 1991, and December 31, 1998; Adjudicated as "in need of care" due to maltreatment.	None specified

Table 68. New Orleans Intervention, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Zeanah, 2001 ³⁰	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	In months G1: 21.8 (14.4) G2: 19.2 (13.3) G3: NR	G1: 53% G2: 48% G3: NR	African American G1: 58% G2: 57% G3: NR European American G1: 39% G2: 41% G3: NR Other G1: 3% G2: 2% G3: NR	NR	Foster and biological parents	NR	NR	NR	NR

Table 69. New Orleans Intervention, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting a Diagnosis
Zeanah, 2001 ³⁰	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	NR	NR	NR	NR

Table 70. New Orleans Intervention, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (format)	Intervention Location
Zeanah, 2001 ³⁰	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	G1: See Larrieu & Zeanah, 1998 G2: NA G3: NA	G1: Child, all important caregivers and contexts G2: NA G3: NA	G1: Varies G2: NA G3: NA	G1: No G2: NA G3: NA	G1: Individual and dyadic G2: NA G3: NA	G1: Home, clinic G2: NA G3: NA

Table 71. New Orleans Intervention, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Zeanah, 2001 ³⁰	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	Rates of child recidivism (N/total, %) Validated as maltreated in subsequent incident G1: 4/95 (4.2%) G2: 19/145 (13.1%) G3: 4/25 (16.0%) Adjudicated in subsequent incident: G1: 3/95 (3.2%) G2: 14/145 (9.7%) G3: 3/25 (12.0%) Mantel-Haenzel Chi Square, p-value, and CI for G1 v G2 (computed by reviewers): Validated: X^2 [df = 1, n = 240] = 5.217, p = 0.022 Adjudicated: X^2 [df = 1, n = 240] = 3.666, p = 0.036 Relative risk reduction for G1 compared with G2: Validated: 67.9% [95% CI: 0.09 to 0.89] Adjudicated: 67.0% [95% CI: 0.11 to 0.90] Mantel-Haenzel Chi Square, p-value, and CI for G1 v G3 (computed by reviewers): Validated: X^2 [df = 1, n = 120] = 4.384, p = 0.036 Adjudicated: X^2 [df = 1, n = 120] = 3.23, p = 0.072 Relative risk reduction for G1 compared with G3: Validated: 73.8% [95% CI: 0.02 to 0.93] Adjudicated: 73.3% [95% CI: -0.23 to 0.94]	Length of time in foster care (mean # of months, SD): Overall G1: 20.5 (7.9), range of 8 to 45 months G2: 18.7 (14.6), range of 2 to 67 months G1 and G2, p = ns (NR) Within group analyses: length of time by type of outcome G1: F(3)=9.75, p<.001 G2: F(3)=6.27, p<.001 Means (SD) for length of time in care by outcome type: Reunification G1: 17.0 (6.7) G2: 15.8 (12.0) p = NR Termination G1: 23.2 (6.7) G2: 29.6 (13.7) p = NR Surrender G1: 27.5 (10.8) G2: 19.0 (14.1) p = NR Relative placement G1: 15.1 (5.7) G2: 16.6 (18.1) p = NR Post hoc Tukey test results: G1: Both surrender (M=27.5) and termination (M=23.2) were in care significantly longer than reunification (M=17.0) and placement with relatives (M=15.1) G2: Children whose parents' rights terminated were in care significantly longer (M=28.6) than both children placed with relatives (M=16.6) and reunified children (M=15.9)	Frequency of permanency outcome (%): Reunification G1: 34.7% G2: 49.0% Termination G1: 44.2% G2: 20.7% Surrender G1: 8.4% G2: 11.7% Relative placement G1: 12.6% G2: 18.6% Difference in permanency outcomes between group: Chi-sq(df = 3)=16.13, p<.01 G1 < G2: X^2 [df =3, n = 240] =16.13, p<.01 G1 had twice as many terminations and significantly fewer reunifications as G2

Table 68. New Orleans Intervention, child welfare outcomes (continued)

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Zeanah, 2001 ³⁰ (continued)	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	<p>Rates of child recidivism only in cases of children returned to birth parents and placed with relatives (N/total, %)</p> <p>Validated: G1: 4/45 (8.9%) G2: 19/98 (19.4%) G3: NR</p> <p>Adjudicated:: G1: 3/45 (6.7%) G2: 14/98 (14.3%) G3: NR</p> <p>Mantel-Haenzel Chi Square, p-value, and CI for G1 v G2 (computed by reviewers): Validated: X^2 [df = 1, n = 143] = 2.501, p = 0.114 Adjudicated: X^2 [df = 1, n = 143] = 1.697, p = 0.193</p> <p>Relative risk reduction for G1 compared with G2: Validated: 54% [95% CI: -0.27 to 0.84] Adjudicated: 53.0%[95% CI: -0.54 to 0.86]</p> <p>Rates of child recidivism only in cases of children returned to birth parents (N/total, %): Validated: G1: 4/33 (8.9%) G2: 18/71 (25.4%) G3: NR</p> <p>Adjudicated: G1: 3/33 (6.7%) G2: 14/71 (19.7%) G3: NR</p> <p>Mantel-Haenzel Chi Square, p-value, and CI for G1 v G2 (computed by reviewers): Validated: X^2 [df = 1, n = 104] = 2.342, p = 0.126 Adjudicated: X^2 [df = 1, n = 104] = 1.843, p = 0.175</p>		

Table 68. New Orleans Intervention, child welfare outcomes (continued)

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Zeanah, 2001 ³⁰ (continued)	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	<p>Relative risk reduction for G1 compared with G2: Validated: 52.4% [95% CII: -0.30 to 0.82] Adjudicated: 53.8% [95% CI: -0.50 to 0.86]</p> <p>Rates of maternal recidivism (N/total, %): Validated: G1: 4/77 (5.2%) G2: 13/92 (14.1%) G3: 4/23 (17.4%) Adjudicated: G1: 3/77 (3.9%) G2: 10/92 (10.9%) G3: 3/23 (13.0%)</p> <p>Mantel-Haenzel Chi Square and p-value, G1 v G2 (computed by reviewers): Validated: X^2 [df = 1, n = 169] = 3.677, p = 0.055 Adjudicated: X^2 [df = 1, n = 169] = 2.854, p = 0.091</p> <p>Relative risk reduction for G1 compared with G2: Validated: 63.10% [95% CI: -0.08 to 0.88] Adjudicated: 64.20% [95% CI: -0.26 to 0.90]</p> <p>Relative risk reduction for G1 compared with G3: Validated: 70.10% [95% CI: -0.10 to 0.92] Adjudicated: 70% [-0.38 to 0.94]</p> <p>Mantel-Haenzel Chi Square, p-value, and CI for G1 v G3 (computed by reviewers): Validated: X^2 [df=1, n = 100] = 3.544, p = 0.060 Adjudicated: X^2 [df = 1, n = 100] = 2.601, p = 0.010</p> <p>Relative risk reduction for G1 compared with G3: Validated: 70.1% [95% CI: -0.10 to 0.92] Adjudicated: 70% [95% CI: 0.38 to 0.94]</p>		

Table 68. New Orleans Intervention, child welfare outcomes (continued)

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Zeanah, 2001 ³⁰ (continued)	G1: New Orleans intervention group G2: Comparison group G3: Nonintervention group	Rates of maternal recidivism only in cases of mothers whose parental rights were terminated (N/total, %): Validated: G1: 4/38 (10.5%) G2: 6/19 (31.6%) Adjudicated: G1: 3/38 (8.0%) G2: 6/19 (31.6%) Mantel-Haenzel Chi Square, p-value, and CI for G1 v G2 (computed by reviewers): Validated: X^2 [df = 1, n = 57] = 3.813, p = 0.051 Adjudicated: X^2 [df = 1, n = 57] = 5.25, p = 0.022 Relative risk reduction for G1 compared with G2: Validation: 66.8% [95% CI: -0.04 to 0.89] Adjudication: 74.7% [95% CI: 0.11 to 0.93]		

Nurse Home Visiting

Table 72. Nurse Home Visiting, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
MacMillan, 2005 ³¹	Hamilton, Ontario, Canada	National Health Research Development Program, Health Canada; Dr. Scholl Foundation; Imperial Oil Foundation; Hamilton Social and Public Health Services Dept; Bell Canada Child Welfare Research Center; etc...	RCT	1e	To examine whether nurse home visiting would reduce child abuse/neglect recidivism	G1: Nurse Home Visiting + SAU G2: Standard services	G1: 89 G2: 74	Post Intervention: none Follow-up: 1, 2, and 3 years	Index child younger than 13; reported episode of abuse or neglect within previous 3 months; index child still living with family to be returned within 30 days; speak English	Families where abuse committed by a foster parent; or when incident included sexual abuse

Table 73. Nurse Home Visiting, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
MacMillan, 2005 ³¹	G1: Nurse Home Visiting + SAU G2: Standard services	G1: 5.1 (3.9) G2: 5.2 (3.3)	G1: 58% G2: 39%	Not reported	Not reported	Biological parent (primarily, 93%)	G1: 29.5 (8.0) G2: 28.9 (6.7)	G1: 96% G2: 95%	Not reported	Not reported

Table 74. Nurse Home Visiting, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % with MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting A Diagnosis
MacMillan, 2005 ³¹	G1: Nurse Home Visiting G2: Standard services	G1: Physical abuse &/or neglect G2: Physical abuse &/or neglect	Baseline number of exposures not reported	Not reported	Not reported

Table 75. Nurse Home Visiting, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
MacMillan, 2005 ³¹	G1: Nurse Home Visiting G2: Standard services	G1: 2 years; 90 1.5 hour visits (weekly for 6 months, biweekly for 6 months, monthly for 12 months) G2: NR	G1: parents G2: parents	G1: Public health nurses G2: CPS caseworkers	G1: No (supervision and attendance only) G2: No	G1: individual G2: individual	G1: home G2: Not specified (standard CPS services)

Table 76. Nurse Home Visiting, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
MacMillan, 2005 ³¹	G1: Nurse Home Visiting G2: Standard services	RBPC (Revised behavior problem checklist): Child behavior Attention problems (0-32) Anxiety (0-22) Psychotic behavior (0-12) Conduct disorder (0-44) Socialized aggression (0-34) Excessive motor tension (0-10)	[Attention Problems: RBPC (0-32)] Baseline score mean (SD) G1 boys: 12.2 (5.7) G2 boys: 12.8 (8.2) G1 girls: 8.8 (6.8) G2 girls: 10.4 (5.8) 1-year f/u score mean (SD) G1 boys: 9.3 (6.6) G2 boys: 8.1 (7.2) G1 girls: 6.3 (6.1) G2 girls: 10.2 (6.2) 2-year f/u score mean (SD) G1 boys: 10.1 (6.9) G2 boys: 10.4 (8.0) G1 girls: 7.7 (6.4) G2 girls: 9.5 (7.9) 3-year f/u score mean (SD) G1 boys: 8.6 (7.3) G2 boys: 9.2 (7.0) G1 girls: 8.4 (7.7) G2 girls: 7.7 (5.9) None significant No change score reported	[Anxiety-Withdrawal RBPC (0-22)] Baseline score mean (SD) G1 boys: 6.4 (4.9) G2 boys: 7.1 (4.7) G1 girls: 4.7 (3.6) G2 girls: 6.5 (4.3) 1-year f/u score mean (SD) G1 boys: 5.4 (5.5) G2 boys: 3.7 (4.2) G1 girls: 3.3 (3.7) G2 girls: 5.5 (5.0) 2-year f/u score mean (SD) G1 boys: 5.2 (4.4) G2 boys: 4.9 (4.5) G1 girls: 4.5 (4.1) G2 girls: 4.4 (4.6) 3 year f/u score G1 boys: 3.9 (4.2) G2 boys: 4.8 (5.0) G1 girls: 5.0 (4.2) G2 girls: 4.4 (3.6) None significant No change score reported	Psychotic behavior: RBPC (0-12) Baseline score mean (SD) G1 boys: 3.5 (2.5) G2 boys: 2.9 (2.7) G1 girls: 2.4 (2.6) G2 girls: 2.9 (2.8) 1-year f/u score mean (SD) G1 boys: 2.0 (2.2) G2 boys: 2.0 (1.9) G1 girls: 1.2 (1.6) G2 girls: 2.3 (2.7) 2-year f/u score mean (SD) G1 boys: 2.6 (2.7) G2 boys: 2.5 (3.0) G1 girls: 1.5 (1.8) G2 girls: 2.2 (2.4) 3-year f/u score mean (SD) G1 boys: 1.5 (1.8) G2 boys: 1.8 (2.2) G1 girls: 1.8 (2.2) G2 girls: 1.5 (1.6) None significant No change score reported	Conduct Disorder (RBPC 0-44) Baseline score mean (SD) G1 boys: 24.9 (10.7) G2 boys: 21.4 (12.0) G1 girls: 16.3 (11.6) G2 girls: 19.5 (8.1) 1-year f/u score mean (SD) G1 boys: 17.7 (9.8) G2 boys: 15.0 (10.9) G1 girls: 13.5 (10.7) G2 girls: 15.2 (8.1) 2-year f/u score mean (SD) G1 boys: 19.0 (8.8) G2 boys: 17.0 (11.3) G1 girls: 15.4 (11.9) G2 girls: 13.8 (9.5) 3-year f/u score mean (SD) G1 boys: 13.8 (9.3) G2 boys: 14.7 (10.6) G1 girls: 11.7 (10.3) G2 girls: 12.0 (7.9) None significant No change score reported

Table 73. Nurse Home Visiting, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
MacMillan, 2005 (continued) ³¹	G1: Nurse Home Visiting G2: Standard services		Socialized Aggression (RPBC 0-34) Baseline score mean (SD) G1 boys: 5.5 (6.2) G2 boys: 3.6 (3.3) G1 girls: 2.4 (2.8) G2 girls: 3.5 (4.8) 1-year f/u score mean (SD) G1 boys: 3.4 (4.4) G2 boys: 2.5 (3.5) G1 girls: 2.1 (2.9) G2 girls: 1.8 (1.9) 2-year f/u score mean (SD) G1 boys: 3.6 (4.5) G2 boys: 4.0 (6.2) G1 girls: 3.0 (6.0) G2 girls: 2.0 (2.9) 3-year f/u score mean (SD) G1 boys: 3.5 (6.1) G2 boys: 3.1 (5.6) G1 girls: 3.8 (7.4) G2 girls: 1.4 (2.1) None significant No change score reported	Excessive Motor Tension (RPBC 0-10) Baseline score mean (SD) G1 boys: 4.6 (2.6) G2 boys: 4.2 (2.9) G1 girls: 3.2 (2.7) G2 girls: 4.3 (2.4) 1-year f/u score mean (SD) G1 boys: 3.2 (2.3) G2 boys: 2.8 (2.4) G1 girls: 2.5 (2.0) G2 girls: 3.7 (2.5) 2-year f/u score mean (SD) G1 boys: 3.5 (2.2) G2 boys: 3.5 (3.0) G1 girls: 2.8 (2.7) G2 girls: 2.9 (2.4) 3-year f/u score mean (SD) G1 boys: 2.7 (2.3) G2 boys: 3.5 (2.7) G1 girls: 2.9 (2.5) G2 girls: 2.0 (2.5) None significant No change score reported		

Table 77. Nurse Home Visiting, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child Relationship	Caregiver-Child Relationship (Part 2)	Caregiver-Child Relationship (Part 3)	Caregiver-Child Relationship (Part 4)
MacMillan, 2005 ³¹	G1: Nurse Home Visiting G2: Standard services	Abusive Parenting: CAPI Child-rearing attitudes: AAPI Home environ: HOME Family function: General functioning scale of family assessment device Supportive social relationships: Social provisions scale	CAPI Baseline score mean (SD) G1: 195.1 (109.6) G2: 202.6 (111.1) 1-year f/u score mean (SD) G1: 166.1 (115.9) G2: 165.6 (109.9) 2-year f/u score mean (SD) G1: 156.5 (114.7) G2: 168.2 (112.6) 3-year f/u score mean (SD) G1: 149.3 (118.2) G2: 149.2 (116.3) none significant Change scores not reported	AAPI Baseline score mean (SD) G1: 122.3 (17.6) G2: 123.1 (14.7) 1-year f/u score mean (SD) G1: 127.0 (16.3) G2: 129.1 (13.3) 2-year f/u score mean (SD) G1: 129.5 (16.3) G2: 130.6 (15.2) 3-year f/u score mean (SD) G1: 133.1(18.3) G2: 132.4 (16.3) none significant Change score not reported	HOME Baseline score mean (SD) G1: 68.9 (16.5) G2: 71.5 (12.3) 1-year f/u score mean (SD) G1: 70.2 (11.8) G2: 71.1 (11.6) 2-year f/u score mean (SD) G1: 71.8 (13.2) G2: 70.2 (11.8) 3-year f/u score mean (SD) G1: 76.2 (13.6) G2: 73.6 (1437) none significant Change score not reported	Family Function Score Baseline score mean (SD) G1: 2.12 (0.45) G2: 2.12 (0.44) 1-year f/u score mean (SD) G1: 2.05 (0.46) G2: 1.95 (0.35) 2-year f/u score mean (SD) G1: 1.97 (0.44) G2: 1.93 (0.45) 3-year f/u score mean (SD) G1: 2.01 (0.46) G2: 1.90 (0.36) none significant Change score not reported

Table 78. Nurse Home Visiting, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
MacMillan, 2005 ³¹	G1: Nurse Home Visiting G2: Standard services	<p>Incidence of physical abuse/neglect (dichotomized as no incidents vs. any incidents)</p> <p>Neglect: G1: 46.6% G2: 51.4% <i>no significant difference</i></p> <p>Physical abuse G1: 33.0% G2: 43.1% <i>no significant difference</i></p> <p>Days to first incidence of abuse or neglect No significant difference in survival curves</p> <p>Severity of physical abuse G1: 1.7 (0.6) G2: 1.6 (0.6) <i>No significant difference</i></p> <p>Recurrence of physical abuse or neglect G1: 23.6% G2: 10.8% (diff 12.8% [95% CI 1.5-24.1])</p>	None reported	None reported

Parent-Child Interaction Therapy Adaptation

Table 79. Parent-Child Interaction Therapy Adaptation, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Chaffin, 2004 ³²		U.S. Department of Health and Human Services; The Administration on Children, Youth and Families; Children's Bureau; Office on Child Abuse and Neglect	Randomized Controlled Trial	1, 2	To test the efficacy and sufficiency of parent-child interaction therapy (PCIT) in preventing reports of physical abuse among abusive parents.	G1: Parent-Child Interaction Therapy Adaptation Package- includes a Motivational Intervention (MI) orientation (PCIT-AP) G2: PCIT-AP+ enhanced individualized services (PCIT-APEnhanced) G3: Standard community-based parenting group (Usual Care)	G1: 42 G2: 33 G3: 35	Post Intervention: 6 months Follow-up:	Abusive parent (including stepparents or others in a parental role) and at least one abused child available to participate and no legal termination of parental rights or abdication of parenting role had been initiated; abusive parent had a minimum measured IQ score of 70; child was between 4 and 12 years old; abusive parent did not have a child welfare report as a sexual abuse perpetrator; the parent provided voluntary informed consent to participate	Participant could not comprehend assessment questions prior to randomization
Chaffin, 2009 ³³		U.S. Centers for Disease Control and Prevention	Randomized Controlled Trial	5	To field test the effectiveness of a motivational intervention orientation compared with a standard orientation in improving retention in PCIT adapted for maltreating parents and a standard didactic parent training program (usual care)	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	G1: 34 G2: 41 G3: 36 G4: 42	Post Intervention: 18 to 20 weeks Follow-up: NA	Referral to the program by child welfare for neglect and/or physical abuse, an available index child between 2.5 and 12 years old; Parent IQ > 65	Change in eligibility status due to termination of parental rights or other loss of access to all children.

Table 76. Parent-Child Interaction Therapy Adaptation, study characteristics (continued)

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Chaffin, 2011 ³⁴		U.S. Centers for Disease Control and Prevention	Randomized Controlled Trial	2	Test effectiveness in a field agency of PCIT-AP; dismantle the MI component versus the standard pre-services orientation program	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	G1: 34 G2: 41 G3: 36 G4: 42	Post Intervention: 18 to 20 weeks Follow-up: NA	Referral to the program by child welfare for neglect and/or physical abuse, an available index child between 2.5 and 12 years old; Parent IQ > 65	Change in eligibility status due to termination of parental rights or other loss of access to all children.

Table 80. Parent-Child Interaction Therapy Adaptation, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT- ApEnhanced G3: Usual Care	Not reported Inclusion range: 4-12	Not reported	% Caucasian G1: G2: % African American G1: G2: % other race (specify) G1: G2:	% Hispanic/Latino G1: G2: % NOT Hispanic/Latino G1: G2: % other ethnicity (specify) G1: G2:	Abusive parent (including stepparents or others in a parental role)	Aggregate: 32 (8.8)	Aggregate: 65%	% Caucasian Aggregate: 52% % African American Aggregate: 40% % other race (specify) Hispanic/Latino Aggregate: 4% Native American Aggregate: 1% Asian Aggregate: 1% Other, unspecified Aggregate: 1%	% Hispanic/Lati no Aggregate: 4% % NOT Hispanic/ Latino G1: G2: % other ethnicity (specify) G1: G2:
Chaffin, 2009 ³³	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	NR	NR	NR	NR	Parents	NR	Aggregate: 75%	% Caucasian Aggregate: 60% % African American Aggregate: 19% % Native American Aggregate: 9% % Asian or another race/ethnicity Aggregate: 6%	% Hispanic/Lati no Aggregate: 19% % NOT Hispanic/Lati no Aggregate: 81% % Asian or another race/ethnicity Aggregate: 6%

Table 77. Parent-Child Interaction Therapy Adaptation, population characteristics (continued)

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Chaffin, 2011 ³⁴	G1: PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	NR	NR	NR	NR	Biological parents, stepparents, or primary caregivers	25 (6.5)	Aggregate: 75	% Caucasian Aggregate: 60% % African American Aggregate: 19% % Native American Aggregate: 9% % Other, not specified Aggregate: 6%	% Hispanic/Latino Aggregate: 7% % NOT Hispanic/Latino Aggregate: 93%

Table 81. Parent-Child Interaction Therapy Adaptation, Population Clinical Characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting a Diagnosis
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT-APEnhanced G3: Usual Care	G1: Physical G2: Physical G3: Physical Among all participants, 25% had CPS records indicating neglect	Number of exposures Not reported Duration of exposure Not reported Number of CPS referrals for abuse Aggregate: 2 (sd not reported) Number of CPS referrals for neglect Aggregate: 2 (sd not reported)	NR	% with MH symptoms/substance abuse (alcohol or drug) 32% % meeting a dx for a drug disorder 20% % meeting a dx for an alcohol disorder 16% % with MH symptoms/substance abuse (antisocial personality disorder) 32% % with MH symptoms/substance abuse (moderate to high level of depression) 22%
Chaffin, 2009 ³³	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	Reasons for Past Referrals (% of referrals) 70% neglect; 23% physical abuse; 6% sexual abuse	Previous referral Aggregate: Mean = 6, Median = 4	NR	NR
Chaffin, 2011 ³⁴	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	Reasons for Past Referrals (% of referrals) 70% neglect; 23% physical abuse; 6% sexual abuse	Previous referral Aggregate: Mean = 6, Median = 4	NR	NR

Table 82. Parent-Child Interaction Therapy Adaptation, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT- ApEnhanced G3: Usual Care	G1: Motivational Intervention (MI) orientation (pre-PCIT intervention): 6 sessions; PCIT: Child-Directed (CDI) and then Parent-Directed (PDI) components: 12-14 sessions; pre-and post-PCIT skill-building group for the sessions. M= 1.9 (Median = 0 NOTE: Standard PCIT allows the no. of sessions to vary depending on attaining prescribed mastery criteria in the CDI and then PDI components. G2: 6 months (18-20 sessions) additional individualized treatment as requested and home visits to reinforce parenting skills learned in sessions M= 11.2 (Median = 4) G3: 18 Sessions additional individualized treatment as requested M= 1.9 (Median = 0)	G1: MI component directed at parent group; PCIT component directed at parent-child dyad and individualized services directed at parent G2: Parent-child dyad and individualized services directed at parent G3: Physically abusive parent	G1: Therapists- basic trainees (graduate practicum students, interns, beginning postdoctoral fellows), experienced trainees (specific degree level not reported) G2: Therapists- basic trainees (graduate practicum students, interns, beginning postdoctoral fellows), experienced trainees (specific degree level not reported) G3: Not reported	G1: Yes G2: Yes G3: No	G1: Individual G2: Individual G3: Group	G1: Clinic G2: Clinic G3: Community-based center

Table 79. Parent-Child Interaction Therapy Adaptation, intervention characteristics (continued)

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Chaffin, 2009 ³³	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	G1: 6 orientation sessions and 12-14 PCIT sessions G2: 6 orientation sessions and 12 parenting group sessions G3: 6 orientation sessions and 12-14 PCIT sessions G4: 6 orientation sessions and 12 parenting group sessions	G1: Parent and child G2: Parent G3: Parent and child G4: Parent	G1: Master's level agency therapists G2: Master's level agency therapists G3: Master's level agency therapists G4: Master's level agency therapists	G1: Yes G2: Yes for orientation, No for didactic parenting sessions G3: No for orientation; Yes for PCIT G4:	G1: Individual G2: Group G3: Individual G4: Group	G1: Child welfare parenting center G2: Child welfare parenting center G3: Child welfare parenting center G4: Child welfare parenting center
Chaffin, 2011 ³⁴	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	G1: 6 orientation sessions and 12-14 PCIT sessions G2: 6 orientation sessions and 12 parenting group sessions G3: 6 orientation sessions and 12-14 PCIT sessions G4: 6 orientation sessions and 12 parenting group sessions	G1: Parent and child G2: Parent G3: Parent and child G4: Parent	G1: Master's level agency therapists G2: Master's level agency therapists G3: Master's level agency therapists G4: Master's level agency therapists	G1: Yes G2: Yes for orientation, No for didactic parenting sessions G3: No for orientation; Yes for PCIT G4:	G1: Individual G2: Group G3: Individual G4: Group	G1: Child welfare parenting center G2: Child welfare parenting center G3: Child welfare parenting center G4: Child welfare parenting center

Table 83. Parent-Child Interaction Therapy Adaptation, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT- ApEnhanced G3: Usual Care	Beck Depression Inventory (BDI)	Behavior Assessment System for Children-Parent-Report Externalizing T score Baseline score mean (SD) G1: 60.6 (2.7) G2: 69.4 (3.0) G3: 59.7 (4.0) Endpoint score mean (SD) G1: 55.3 (2.2) G2: 59.5 (2.4) G3: 56.4 (4.0) Change score mean (SD) Aggregate change, p< .05 Change Score Mean (SD) G1: Not Reported G2: Not Reported G3: Not Reported Time by group effect, p=NS	Behavior Assessment System for Children-Parent-Report Internalizing T score Baseline score mean (SD) G1: 25 (3.0) G2: 24 (3.4) G3: 25 (3.3) Endpoint score mean (SD) G1: 14 (2.9) G2: 15 (3.0) G3: 32 (4.8) Change score mean (SD) Aggregate change, p< .05 Change Score Mean (SD) G1: Not Reported G2: Not Reported G3: Not Reported Time by group effect, p=NS		

Table 84. Parent-Child Interaction Therapy Adaptation, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-Child Relationship	Caregiver-Child Relationship (Part 2)	Caregiver-Child Relationship (Part 3)	Caregiver-Child Relationship (Part 4)
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT- ApEnhanced G3: Usual Care	Child Abuse Potential Inventory (CAP)- Abuse, Parent Distress, Rigidity, Loneliness, and Problems with Child scales;	Child Abuse Potential Inventory Abuse subscale Baseline score mean (SD) G1: 60.6 (2.7) G2: 69.4 (3.0) G3: 59.7 (29) Endpoint score mean (SD) G1: 55.3 (2.2) G2: 59.5 (2.4) G3: 56.4 (4.0) Child Abuse Potential Inventory Parent Distress subscale Baseline score mean (SD) G1: 108 (11.1) G2: 87 (12.5) G3: 95 (12.1) Endpoint score mean (SD) G1: 68 (14.2) G2: 67 (15.4) G3: 56 (22.0) Change score mean (SD) Aggregate: scores decreased, but statistic NR Between group, p=NS	Child Abuse Potential Inventory Rigidity subscale Baseline score mean (SD) G1: 22 (2.4) G2: 19 (2.7) G3: 25 (2.6) Endpoint score mean (SD) G1: 18 (2.7) G2: 17 (3.4) G3: 26 (3.6) Change score mean (SD) NR Between group, NR Child Abuse Potential Inventory Problems with Child subscale Baseline score mean (SD) G1: 7.4 (1.1) G2: 7.9 (1.2) G3: 7.1 (1.2) Endpoint score mean (SD) G1: 5.1 (1.8) G2: 7.8 (1.2) G3: 10.0 (2.2) Change score mean (SD) Aggregate change, p< .05 Between group, NR	BDI Baseline score mean (SD) Aggregate: 28 (sd not reported) Endpoint score mean (SD) Aggregate: 12 (sd not reported) Change score mean (SD) p=Significant, but statistic not reported Between group, t(12) = 2.25, p< .05 (reduction in PCIT-ApEnhanced group (G1) was less than the other groups) Change Score Mean (SD) G1: Not Reported G2: Not Reported G3: Not Reported	Dyadic Parent-Child Interaction Coding System-II Positive Parent Behaviors Baseline score mean (SD) G1: 140 (10.9) G2: 127 (10.7) G3: 113 (11.0) Endpoint score mean (SD) G1: 152 (11.2) G2: 146 (18.3) G3: 107 (18.0) Change NS, statistic NR Between group, NR Dyadic Parent-Child Interaction Coding System-II Negative Parent Behaviors Baseline score mean (SD) G1: 25 (3.0) G2: 24 (3.4) G3: 25 (3.3) Endpoint score mean (SD) G1: 14 (2.9) G2: 15 (3.0) G3: 32 (4.8) Change G1: t(12) = -3.83, p< .01 G2: t(17) = -3.62, P< .01 G3: Change NS, statistic NR

Table 85. Parent-Child Interaction Therapy Adaptation, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Chaffin, 2004 ³²	G1: PCIT-AP G2: PCIT- ApEnhanced G3: Usual Care	Physical Abuse Re-reports (statewide child welfare administrative database) G1: 8 (19%) G2: 12 (36%) G3: 17 (49%) X2 (2,N = 110) =7.6 p=.02 Pairwise comparisons: G1 vs G3: log rank = 6.2, p <.02 G1 had better survival- longer time without re-reports G1 vs G2: log rank = 2.3, p = 1.3 NS- no difference	Not Reported	Not Reported
Chaffin, 2011 ³⁴	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	Raw (biased) Recidivism Rates (child welfare system database) Raw percentages G1: 29% G2: 34% G3: 47% G4: 41%	Recidivism (corrected for risk deprivation) Survival analysis Pairwise comparisons G1 vs G3: Hazard Ratio (HR) = 0.11, p <.05 (G1 went longer without recidivism) G1 vs G2: HR = 0.10, p < .05 G1 vs G4: HR = .20, NS	Not Reported

Table 86. Parent-Child Interaction Therapy Adaptation, treatment retention

First Author, Year	Comparison Groups	Treatment Retention
Chaffin, 2009 ³³	G1:PCIT-AP G2: Usual Care + MI G3: PCIT + standard orientation G4: Usual Care	Cumulative Survival in treatment G1: 85% (estimated survival time = 11.4, 95% CI = 10.8 to 12.0) G2: 56% (estimated survival time = 9.1, 95% CI = 7.8 to 10.4) G3: 65% (estimated survival time = 9.2, 95% CI = 7.8 to 10.6) G4: 64%, (estimated survival time = 9.1, 95% CI = 7.7 to 10.4) Wilcoxon = 8.3, df = 3, p< .05 Pairwise comparisons: G1 vs G2: Wilcoxon = 8.0, df = 1, p < .01 G1 vs G3: Wilcoxon = 5.1, df = 1, p < .05 G1 vs G4: Wilcoxon = 5.6, df = 1, p < .05 All other pairwise comparisons NS, statistics NR.

Play Therapy

Table 87. Play Therapy, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Reams, 1994 ³⁵	State NR, USA	NR	RCT	KQ1a,c; KQ2a (preschoolers 3.5-5 yrs of age)	To evaluate the efficacy of directive individual play therapy for maltreated preschoolers as a supplement to their ongoing milieu therapy compared to their milieu therapy alone	G1: Directive individual play therapy plus milieu G2: Milieu alone	G1: 26 G2: 15	Post Intervention: 2 weeks after end of therapy (during a 2-week period) Follow-up: 2 months after end of therapy (during a 2-week period)	Children receiving services from a therapeutic nursery between 3.5-5 years of age; Identified by case managers as either a victim or sibling of a victim of physical abuse, sexual abuse, physical neglect, emotional neglect, and/or emotional abuse	See inclusion criteria

Table 88. Play Therapy, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Reams, 1994 ³⁵	G1: Directive individual play therapy plus milieu G2: Milieu alone	In months G1: 49.53 (6.49) G2: 50.08 (6.61)	G1: 25% G2: 33%	% Caucasian G1: 5/23 G2: 5/14 % African American G1: 10/23 G2: 5/14 % other/mixed race G1: 8/23 G2: 4/14	NR	NR	NR	NR	NR	NR

Table 89. Play Therapy, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH symptoms, % Meeting a Diagnosis
Reams, 1994 ³⁵	G1: Directive individual play therapy plus milieu G2: Milieu alone	Emotionally abused G1: 12/25 G2: 5/15 Emotionally neglected G1: 16/25 G2: 12/25 Physically abused G1: 11/25 G2: 5/15 Physically neglected G1: 13/25 G2: 10/15 Sexually abused G1: 6/25 G2: 1/15	NR	NR	NR

Table 90. Play Therapy, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Reams, 1994 ³⁵	G1: Directive individual play therapy plus milieu G2: Milieu alone	G1: 15 weekly 50-minute sessions G2: NR	G1: Child G2: Child	G1: 12 Bachelors-level therapists (3 staff members from therapeutic nursery and 9 graduate students from fields of clinical psychology, educational psychology, psychosocial nursing, and social work), 50% of whom had previous experience as a play therapist G2: NR	G1: Yes G2: NR	G1: Individual G2: Group	G1: Therapeutic nursery G2: Therapeutic nursery

Table 91. Play Therapy, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Reams, 1994 ³⁵	G1: Directive individual play therapy plus milieu G2: Milieu alone	Parental report of behavior problems; Teacher report of behavior problems	Parental report of behavior problems - ECBI Number of Problems scores Baseline score mean (SD) Overall: Endpoint score mean (SD) Unadjusted for pretest scores G1: 16.29 (NR) G2: 15.56 (NR) Adjusted for pretest scores G1: 15.26 (NR) G2: 16.58 (NR) Change score mean (SD) NR, p=NR Between group, p=NS Follow up score mean (SD) Unadjusted G1: 10.58 (NR) G2: 12.87 (NR) Adjusted G1: 9.74 (NR) G2: 13.72 (NR) Change score mean (SD) NR, p=NR Between group, p=NS	Parental report of behavior problems - ECBI Intensity of Problems scores Baseline score mean (SD) NR Endpoint score mean (SD) G1: 131.00 (NR) G2: 107.22 (NR) Change score mean (SD) NR, p=NR Between group, p=NS Follow up score mean (SD) G1: 116.55 (NR) G2: 106.25 (NR) Change score mean (SD) NR, p=NR Between group, p=NS	Teacher report of behavior problems - Preschool Behavior Questionnaire (PBQ) Anxiety scores Baseline score mean (SD) NR Endpoint score mean (SD) Unadjusted for pretest scores G1: 5.09 (NR) G2: 4.77 (NR) Change score mean (SD) NR, p=NR Adjusted G1: 5.06 (NR) G2: 4.79 (NR) Between group, p=NS Follow up score mean (SD) Unadjusted G1: 3.86 (NR) G2: 4.17 (NR) Change score mean (SD) NR, p=NR Adjusted G1: 3.84 (NR) G2: 4.18 (NR) Change score mean (SD) NR, p=NR Between group, p=NS	Teacher report of behavior problems - PBQ Aggressive/Hyperactive scores Baseline score mean (SD) NR Endpoint score mean (SD) Unadjusted for pretest scores G1: 12.61 (NR) G2: 11.23 (NR) Change score mean (SD) NR, p=NR Adjusted G1: 12.23 (NR) G2: 11.61 (NR) Between group, p=NS Follow up score mean (SD) Unadjusted G1: 9.38 (NR) G2: 8.67 (NR) Change score mean (SD) NR, p=NR Adjusted G1: 9.27 (NR) G2: 8.78 (NR) Change score mean (SD) NR, p=NR Between group, p=NS

Table 92. Play Therapy, healthy development outcomes

First Author, Year	Comparison Groups	Measures	Healthy Development Outcomes	Healthy Development Outcomes (Part 2)	Healthy Development Outcomes(Part 3)
Reams, 1994 ³⁵	G1: Directive individual play therapy plus milieu G2: Milieu alone	Level of intellectual functioning	Level of intellectual functioning - Peabody Picture Vocabulary Test-Revised Version (PPVT-R) Baseline score mean (SD) G1: 87.08 (20.08) G2: 85.04 (16.00) Endpoint score mean (SD) Unadjusted for pretest scores G1: 88.75 (NR) G2: 87.36 (NR) Change score mean (SD) G1: ,p=NR G2: ,p=NR Adjusted for pretest scores G1: 90.20 (NR) G2: 85.91 (NR) Between group, p=NS Follow up score mean (SD) Unadjusted G1: 85.62 (NR) G2: 93.40 (NR) Adjusted G1: 92.52 (NR) G2: 86.51 (NR) Change score mean (SD) G1: ,p=NR G2: ,p=NR Between group, p=NS		

Project Support

Table 93. Project Support, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Jouriles, 2010 ³⁶	Not Reported	Interagency Consortium on Violence Against Women and Violence Within the Family Hogg Foundation for Mental Health	RCT	1, 2, 4	Evaluate Project Support (intervention) with a sample of families referred to Children's Protection Services for child maltreatment.	G1: Project Support intervention recipients G2: Services as usual	G1: 17 G2: 18	Post Intervention: Follow-up:	Intact families required to participate in services with CPS substantiated allegations of physical abuse or neglect of a child aged 3 to 8 years were recruited between June 1997 and May 2000 through the Family Based Safety Services unit of CPS.	non-English-speaking; Parental drug/ alcohol problems; either the child or guardian was mentally retarded or exhibited serious mental health symptoms

Table 94. Project Support, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	G1: NR G2: NR Total: 5.4 yrs (1.5)	Not Reported	Not reported	Not reported	Custodial parents/ families (mothers)	G1: NR G2: NR Total: 28.7 yrs (5.4)	G1: NR G2: NR Total: 30% single-mother families	% Caucasian G1: NR G2: NR Total: 23% % African American G1: 35 G2: 61 Total: 47% (Black) G1 & G2: 26% % other race (specify) Total: 3% other	% Hispanic/Latino G1 & G2: 26% % NOT Hispanic/Latino G1: NR G2: NR Total: NR

Table 95. Project Support, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH symptoms, % Meeting a Diagnosis
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	NR	Number of CPS referrals Total: 1.2 (0.6) for the 50% with repeated referrals	NS	NS

Table 96. Project Support, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	G1: 1 to 1.5 hour weekly sessions for up to 8 months. M = 22.1 (SD=6.46) G2: Number of Sessions ranged 1-18	G1: Mothers G2: Mothers	G1: Therapist (master's level licensed mental health service providers), 1 or more advanced undergraduate or post-baccalaureate students G2: church and/or social service agency	G1: Yes G2: NA	G1: Individual G2: NA	G1: Participant's home G2: NA

Table 97. Project Support, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	Symptom Checklist-90- Revised (SCL-90)	Psychological Distress [Symptom Checklist-90- Revised (SCL-90)] Baseline score mean (SD) G1: 50.23 (11.80) G2: 50.65 (13.87) Endpoint score mean (SD) G1: 42.64 (12.70) G2: 48.13 (13.43) Change score mean (SD) Not calculated for this time point	Psychological Distress [Symptom Checklist-90- Revised (SCL-90)] (continued) 12 month Follow up score mean (SD) G1: 43.00 (10.68) G2: 49.24 (14.65) Change score mean (SD) Not calculated for this time point	Psychological Distress [Symptom Checklist-90- Revised (SCL-90)] (continued) 16 month Follow up score mean (SD) G1: 42.58 (13.19) G2: 48.43 (10.20) Change score mean (SD) G1: b = -2.08, t(128) = 2.84, p< .01 G2: b = -0.96, t(32) = 1.82, p=0.07	Psychological Distress [Symptom Checklist-90- Revised (SCL-90)] (continued) Between group, p=NS Statistic not reported given non-significance Change in rate of change over time (curvilinear effects) G1 & G2: b = 1.79, t(25) = 2.99, p < .01

Table 98. Project Support, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-Child Relationship	Caregiver-Child Relationship (Part 2)	Caregiver-Child Relationship (Part 3)	Caregiver-Child Relationship (Part 4)
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	Parental Control of Child's Behavior - subscale from Parenting Locus of Control Scale (PLOC); Psychological aggression and Minor assault (Corporal Punishment) subscales from Revised Conflict Tactics Scale (CTS-R)	Parenting Locus of Control Scale Baseline score mean (SD) G1: 27.12 (6.95) G2: 26.61 (7.68) Endpoint (post-intervention) score mean (SD) G1: 21.88 (6.06) G2: 25.00 (7.22) Change score mean (SD) Not calculated for this time point 12 month Follow up score mean (SD) G1: 22.27 (4.46) G2: 27.11 (6.86) Change score mean (SD) Not calculated for this time point	Parenting Locus of Control Scale (continued) 16 month Follow up score mean (SD) G1: 22.56 (6.23) G2: 27.03 (7.06) Change score mean (SD) G1: b = -0.97, t(32) = 3.66, p=.001 G2: b = 0.12, t(32) = 0.36, p=.72 Between group: bdiff = 1.09, t(32) = 2.58 p< .05, Cohen's d = 1.02, 95% CI [0.29, 1.70] Change in rate of change over time (curvilinear effects) G1 & G2: b = 0.70, t(32) = 2.69, p = .01	Revised Conflict Tactics Scale Baseline score mean (SD) G1: 1.49 (1.06) G2: 1.87 (1.21) Endpoint score mean (SD) G1: 0.87 (0.93) G2: 1.64 (1.04) Change score mean (SD) Not calculated for this time point 12 month Follow up score mean (SD) G1: 1.19 (1.07) G2: 1.87 (1.17) Change score mean (SD) Not calculated for this time point	Revised Conflict Tactics Scale (continued) 16 month Follow up score mean (SD) G1: 1.00 (1.06) G2: 1.84 (1.06) Change score mean (SD) G1: b = -0.13, t(32) = 2.67, p=.01 G2: b = 0.02, t(32) = 0.36, p=.72 Between group: bdiff = 0.14, t(32) = 2.26, p< .05, Cohen's d = 0.86, 95% [0.15, 1.53] Change in rate of change over time (curvilinear effects) G1 & G2: b = 0.15, t(31) = 3.80, p = .001

Table 99. Project Support, child welfare outcomes

First Author, Year	Comparison Groups	Safety	Placement Stability	Permanence
Jouriles, 2010 ³⁶	G1: Project Support G2: Services as usual	Re-Referral to CPS- review of computerized records G1: 5.9% (1/17) G2: 27.7% (5/18) $\chi^2(1) = 2.95, p=.086; f = .29$	NR	NR

Psychotherapy for Sexually-Abused Girls

Table 100. Psychotherapy for Sexually-Abused Girls, study characteristics

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Trowell, 2002 ³⁷	London, England	Government: Department of Health and the Mental Health Foundation	RCT	1, 3, 4	To compare the relative efficacy of group or individual psychotherapy in treating symptomatic sexually abused girls	G1: Group psychotherapy G2: Individual psychotherapy	G1: 36 G2: 35	G1: Up to 18 sessions, assessment at 1-yr and follow-up at 2- yrs G2: Once weekly sessions for up to 30 sessions, assessment at 1-yr and follow-up at 2- yrs face-to-face therapy time was the same for G1 and G2	Contact sexual abuse had occurred "on the basis of balance of probabilities", verified by social services and/or court procedure; School-aged girls (6-14 years of age); Consented to participate in the study given by the child and child's legal guardian; Symptoms of emotional or behavioral disturbance warranting treatment present; Abuse had been disclosed within 2 years prior to referral, regardless of when the abuse actually occurred	Severe developmental delay; Psychosis; Lack of reasonable confidence that further abuse would not occur; Necessity for hospitalization at time of initial evaluation; Other clinical or legal issues on a case-by-case basis

Table 101. Psychotherapy for Sexually-Abused Girls , population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Trowell, 2002 ³⁷	G1: Group psychotherapy G2: Individual psychotherapy	G1: 10.4 (2.0) G2: 9.7 (2.4)	G1: 100% G2: 100%	% Caucasian Overall N: 63% G1: NR G2: NR % African American Overall N: 11% G1: NR G2: NR % other race - Asian Overall N: 7% G1: NR G2: NR % other race - Mixed parentage Overall N: 10% G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity - Mediterranean Overall N: 6% G1: NR G2: NR % other ethnicity - Unknown origin Overall N: 3% G1: NR G2: NR	Mixed: Biological parents, foster parents, group home guardians G1: NR G2: NR	G1: NR G2: NR	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1: NR G2: NR

Table 102. Psychotherapy for Sexually-Abused Girls, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment Type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH Symptoms, % Meeting a Diagnosis
Trowell, 2002 ³⁷	G1: Group psychotherapy G2: Individual psychotherapy	Sexual Abuse	Number of exposures (more than 10 abuse incidents) (N of participants, %) G1: 17 (47%) G2: 22 (63%) Duration of exposure (more than 2 years' duration) (N, %) G1: 13 (36%) G2: 14 (40%) More than one abuser (N, %) G1: 13 (36%) G2: 15 (43%) Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems G1: NR G2: NR % meeting a dx G1: NR G2: NR PTSD Total N: 73% G1: NR G2: NR General anxiety dx Total N: 37% G1: NR G2: NR Major depressive dx Total N: 57% G1: NR G2: NR Separation anxiety dx Total N: 58% G1: NR G2: NR	% with MH symptoms/substance abuse NR % meeting a dx NR

Table 103. Psychotherapy for Sexually-Abused Girls, intervention characteristics

First Author, Year	Comparison Groups	Intervention Length/Dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Trowell, 2002 ³⁷	G1: Group psychotherapy G2: Individual psychotherapy	G1: Up to 18 sessions G2: Focused 50-minute sessions once weekly for up to 30 sessions same face-to-face contact time for G1 and G2 despite different number of total sessions	G1: Child primary target; caregiver also received support in a group context G2: Child primary target; caregiver also received support in an individual context	G1: Co-therapists: Trainee psychotherapists or experienced mental health professionals G2: One therapist: Trainee psychotherapists or experienced mental health professional (always the same)	G1: Yes (manual and close supervision by trained therapists) G2: Yes (manual and close supervision by trained therapists)	G1: Group G2: Individual	G1: Either community clinic in south London or tertiary clinic in north London G2: Either community clinic in south London or tertiary clinic in north London

Table 104. Psychotherapy for Sexually-Abused Girls, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Trowell, 2002 ³⁷	G1: Group psychotherapy G2: Individual psychotherapy	Shortened version of the Kiddie Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS) (Clinical Assessment) The K-SADS provided data for coding the Kiddie Global Assessment Scale (K-GAS) (Clinical Assessment) Orvaschel's 1989 PTSD Scale (Clinical Assessment)	K-GAS (impairment measure): Baseline score mean (SD) G1: 4.89 (1.01) G2: 5.14 (1.37) p=NR (95% CI G1=4.55-5.23, G2=4.67-5.6) Endpoint (1-yr) score mean change (SD) G1: 1.38 (1.37) G2: 1.48 (1.57) p=NR (95% CI G1=0.86-1.90 G2=0.88-2.08) Follow up (2-yr) score mean change (SD) G1: 1.62 (1.47) G2: 1.54 (1.37) p=NR (95% CI G1=1.02-2.21 G2=1.00-2.07)	PTSD severity - re-experience of trauma: Baseline score mean (SD) G1: 7.0 (2.18) G2: 7.9 (2.14) Change score mean (SD) (1-yr follow-up - increase from baseline) G1: 0.50 (2.5) G2: 1.82 (2.4) Between group, p=NR (effect size Cohen d = 0.60) Change score mean (SD) (increase from baseline) G1: 0.22 (2.28) G2: 1.96 (2.08) Between group, p=NR (effect size, cohen d = 0.79)	PTSD severity - persistent avoidance of stimuli: Baseline score mean (SD) G1: 10.0 (1.80) G2: 10.2 (1.56) Change score mean (SD) (1-yr follow-up - increase from baseline) G1: 1.5 (2.7) G2: 2.6 (2.2) Between group, p=NR (effect size cohen d= 0.66) Change score mean (SD) (increase from baseline) G1: 1.5 (1.8) G2: 2.1 (2.3) Between group, p=NR (effect size cohen d= 0.36)	PTSD – persistent symptoms of increased arousal Between group effect sizes never achieved 0.5 (authors used 0.5 as the criterion of medium effect). These data were not subjected to further analysis.

Trauma-Focused Cognitive Behavioral Therapy

Table 105. Trauma-Focused Cognitive Behavioral Therapy, study characteristics

First Author, Year	State, Country	Source(s) of funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Cohen, 1996 ³⁸	NR	National Center on Child Abuse and Neglect	RCT	KQ1a; KQ1ai; KQ2ii	To evaluate the relative efficacy of the CBT model compared to a non-specific alternative treatment, nondirective support therapy (NST) in sexually abused preschool age children.	G1: Cognitive-behavioral therapy for sexually abused pre-school children (CBT-SAP) G2: Nondirective supportive therapy (NST)	G1: NR G1: NR Total n= 86	Post Intervention n: 12 sessions over 12-16 wks Follow-up: NR	experienced sexual abuse with most recent episode no earlier than 6 months before referral to the study; validated abuse; minimal level of symptomology (WBR total score of more than 7 or any inappropriate sexual behavior on CSBI)	mental retardation; pervasive developmental disorder; psychotic symptoms; serious medical illness; psychotic disorder; active substance abuse in parent participating in treatment; same caretaker for more than 12 months who would participate in the study
Cohen, 2004 ³⁹	NR	National Institutes of Mental Health	RCT	KQ1a; KQ2aii, iii, iv	To examine the differential efficacy of TF-CBT and CCT for treating PTSD in sexually abused children.	G1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) G2: Child Centered Therapy for Treating PTSD	G1: 114 G2: 115	Post Intervention n: Follow-up:	meet at least five criteria for DSM-IV defined PTSD, including at least one symptom in each of the three PTSD clusters; children had to have a parent or primary care taker who would participate in the program	non English speaking; documented developmental disorder; children on psychotropic medications had to have been on a stable medication regimen for at least two months; receiving psychotherapy for sexual abuse outside of the study; active psychotic disorder or active substance abuse disorder; parent or primary care taker had such a disorder

Table 102. Trauma-Focused Cognitive Behavioral Therapy, study characteristics (continued)

First Author, Year	State, Country	Source(s) of Funding	Study Design	KQ	Research Objective	Comparison Groups	Baseline N	Study Duration	Inclusion Criteria	Exclusion Criteria
Deblinger, NR 2001 ⁴⁰	NR	National Institute of Mental Health	RCT	KQ1a,b KQ2ai and aiii KQ3	To examine the differential effectiveness of CBT and supportive group psychotherapies for young children who experienced sexual abuse.	G1: Supportive Therapy G2: Cognitive Behavioral Therapy	G1: 44 maternal care givers and children G2:44 maternal caregivers and children	Post referral by DYFS, outpatient center Interventio n: 11 weeks Follow-up: 3 months	referral by DYFS, outpatient center	credible disclosure of contact sexual abuse to a professional, ages 2-8

Table 106. Trauma-Focused Cognitive Behavioral Therapy, population characteristics

First Author, Year	Comparison Groups	Child Age Mean (SD); Range	Child Sex % Female	Child Race	Child Ethnicity	Caregiver Type	Caregiver Age Mean (SD)	Caregiver Sex % Female	Caregiver Race	Caregiver Ethnicity
Cohen, 1996 ³⁸	G1: Cognitive-behavioral therapy for sexually abused pre-school children (CBT-SAP) G2: Nondirective supportive therapy (NST)	Mean age; Age Range 4.68;2.11-7.1	58%	% Caucasian 54% % African American 42% % other race (not-specified) 4%	NR	NR	NR	NR	NR	NR
Cohen, 2004 ³⁹	G1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) G2: Child Centered Therapy for Treating PTSD	Both groups: 10.76 years Range 8-14 years	Both groups: 79%	% Caucasian Both groups: 60 % African American Both groups:28 % other race (biracial) Both groups: 7 % other race (not specified) Both groups: 1	% Hispanic/Latino Both groups: 4	maltreating biological (78% mother; 9% father; 2% stepmother; 5% grandmother , 1% stepfather and 1% grandfather) kinship (4% other female relative), adoptive (3% adoptive mother) and foster caregiver (4% foster mother)	Both groups: 37.07 (7.79)	G1: NR G2: NR	% Caucasian G1: NR G2: NR % African American G1: NR G2: NR % other race (specify) G1: NR G2: NR	% Hispanic/Latino G1: NR G2: NR % NOT Hispanic/Latino G1: NR G2: NR % other ethnicity (specify) G1: NR G2: NR
Deblinger, 2001 ⁴⁰	G1: Supportive Therapy G2: Cognitive Behavioral Therapy	Both groups: 5.45 (1.47) Range 2-8 years	Both groups: 61%	% Caucasian 64 % African American 21 % other race (specify)	% Hispanic/Latino 2 % NOT Hispanic/Latino 98 % other ethnicity (not specified) 6	Maternal non-maltreating caregiver	Both groups: 33.11 (8.71)	100%	NR	NR

Table 107. Trauma-Focused Cognitive Behavioral Therapy, population clinical characteristics

First Author, Year	Comparison Groups	Maltreatment type	Number of Exposures, Duration of Exposure, Number of CPS Referrals	Child Clinical Presentation, % With MH Symptoms or Behavior Problem, % Meeting a Diagnosis	Caregiver Presentation % With MH symptoms, % Meeting a Diagnosis
Cohen, 1996 ³⁸	G1: Cognitive-behavioral therapy for sexually abused pre-school children (CBT-SAP) G2: Nondirective supportive therapy (NST)	Sexual abuse	Number of exposures One: 25% 2-5: 26% 6-10: 15% 10+: 29% Unknown: 5%	% with MH symptoms or behavior problems G1: 100% G2: 100% % meeting a dx G1: 100% G2: 100%	% with MH symptoms/substance abuse NR % meeting a dx NR
Cohen, 2004 ³⁹	G1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) G2: Child Centered Therapy for Treating PTSD	Sexual abuse	Number of exposures Both Groups: Median 4 and range 1-1000 Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems Both groups: 9 taking psychotropic medications and 20 previously received counseling for the present sexual abuse episode % meeting a dx 89 met full criteria for current PTSD	% with MH symptoms/substance abuse 16% psychotropic medications and 24% drug/alcohol abuse % meeting a dx NR
Deblinger, 2001 ⁴⁰	G1: Supportive Therapy G2: Cognitive Behavioral Therapy	Sexual abuse	Number of exposures Once: 34% More than once: 66% Duration of exposure G1: NR G2: NR Number of CPS referrals G1: NR G2: NR	% with MH symptoms or behavior problems G1: NR G2:NR % meeting a dx G1: NR G2: NR	% with MH symptoms/substance abuse NR % meeting a dx NR 27% of mothers reported sexual assault as an adult and 73% did not. 45% mothers reported sexual abuse as a child and 54% denied sexual abuse.

Table 108. Trauma-Focused Cognitive Behavioral Therapy, intervention characteristics

First Author, Year	Comparison Groups	Intervention length/dose	Intervention Recipient	Intervention Provider	Intervention Fidelity Tool? (Yes/No)	Intervention Delivery Mode (Format)	Intervention Location
Cohen, 1996 ³⁸	G1: Cognitive-behavioral therapy for sexually abused pre-school children (CBT-SAP) G2: Nondirective supportive therapy (NST)	G1: 12 sessions over 12-16 weeks G2: 12 sessions over 12-16 weeks	G1: Child/parent G2: Child/parent	G1: Master's level clinicians G2: Master's level clinicians	G1: Yes G2: Yes	G1: Individual G2: Individual	G1: NR G2: NR
Cohen, 2004 ³⁹	G1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) G2: Child Centered Therapy for Treating PTSD	G1: 12 weekly sessions; treatment last 90 minutes total with 45 minutes for each individual session G2: NR	G1: parent/child G2: parent/child	G1: psychologists and social workers with cognitive behavioral and play therapy backgrounds G2: psychologists and social workers with cognitive behavioral and play therapy backgrounds	G1: Yes G2: Yes	G1: individual G2: individual	G1: NR G2: NR
Deblinger, 2001 ⁴⁰	G1: Supportive Therapy G2: Cognitive Behavioral Therapy	G1: 11 sessions for 1 hour and 45 minutes each session weekly G2: 11 sessions for 2 hrs weekly	G1: parent/ child in separate age appropriate groups G2: parent/ child in separate age appropriate groups	All groups: Therapists (education not specified)	G1: Yes G2: Yes G3: Yes G4: Yes	G1: Group G2: Group	G1: NR G2: NR

Table 109. Trauma-Focused Cognitive Behavioral Therapy, mental health outcomes

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Cohen, 1996 ³⁸	G1: Cognitive-behavioral therapy for sexually abused pre-school children (CBT-SAP) G2: Nondirective supportive therapy (NST)	CBCL (Soc, BPT, Int, Ext): self report CSBI: self report WBR (Type, Total): self report	CBCL-Soc Baseline score mean (SD) G1: 36.89 G2: 39.56 Endpoint score mean (SD) G1: 41.57 G2: 44.00 Change score mean (SD) G1: 4.68 ,p=NR G2: 4.44 ,p=NR Between group, p= NS CBCL-BPT Baseline score mean (SD) G1: 66.76 G2: 54.39 Endpoint score mean (SD) G1: 64.37 G2: 61.81 Change score mean (SD) G1: -2.39,p<0.001 G2: 7.42 ,p=NR Between group, p<0.01	CBCL-Int Baseline score mean (SD) G1: 64.79 G2: 62.70 Endpoint score mean (SD) G1: 52.87 G2: 61.89 Change score mean (SD) G1: -11.92 ,p<0.001 G2: -0.81 ,p=NR Between group, p<0.002 CBCL-Ext Baseline score mean (SD) G1: 64.66 G2: 62.59 Endpoint score mean (SD) G1: 54.58 G2: 59.04 Change score mean (SD) G1: -10.08 ,P< 0.001 G2: -3.55 ,P<0.001 Between group, p= NS	CSBI Baseline score mean (SD) G1: 25.16 G2: 25.37 Endpoint score mean (SD) G1: 11.47 G2: 17.85 Change score mean (SD) G1: -13.69 ,p<0.001 G2:-7.52 ,p=NR Between group, p<0.05	WBR-Type Baseline score mean (SD) G1: 6.57 G2: 6.38 Endpoint score mean (SD) G1: 3.57 G2: 4.73 Change score mean (SD) G1: 3.00 ,P< 0.001 G2: -1.65,p=NR Between group, p= NS WBR-Total Baseline score mean (SD) G1: 25.30 G2: 24.50 Endpoint score mean (SD) G1: 7.92 G2: 14.38 Change score mean (SD) G1: -17.38 ,P< 0.001 G2: 10.12 ,p<0.05 Between group, P<0.05
Cohen, 2004 ³⁹	G1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) G2: Child Centered Therapy for Treating PTSD	K-SADS CDI: self report STAIC: self report CBCL: objective observational CSBI parent report BDI: parent self report	[K-SADS] Re-experiencing Baseline score mean (SD) G1: 3.98 (1.31) G2: 4.08 (1.30) Endpoint score mean (SD) G1: 1.53 (1.39) G2: 2.32 (1.81) Change score mean (SD) Between group, p<0.01	[CBCL Total] Baseline score mean (SD) G1: 48.48 (27.90) G2: 54.29 (28.03) Endpoint score mean (SD) G1: 31.45 (21.75) G2: 40.79 (27.09) Between group, p<0.05 [CBCL Competence] Baseline score mean (SD) G1: 15.84 (3.59) G2: 15.45 (3.60)	[BDI-II] Baseline score mean (SD) G1: 17.34 (11.30) G2: 16.10 (11.10) Endpoint score mean (SD) G1: 6.83 (8.73) G2: 9.25 (8.82) Between group, p<0.05	

Table 106. Trauma-Focused Cognitive Behavioral Therapy, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Cohen, 2004 ³⁹ (continued)			[K-SADS] Avoidance Baseline score mean (SD) G1: 4.13 (1.33) G2: 4.35 (1.13) Endpoint score mean (SD) G1: 1.81 (1.36) G2: 1.62 (2.87) Between group, p<0.001	Endpoint score mean (SD) G1: 16.60 (3.53) G2: 16.33 (3.43) Between group, p=NS [CBCL Internalizing] Baseline score mean (SD) G1: 13.97 (9.24) G2: 17.04 (9.88) Endpoint score mean (SD) G1: 8.02 (7.21) G2: 8.87 (10.61) Between group, p=NS	STAIC Trait Baseline score mean (SD) G1: 37.27 (6.83) G2: 39.10 (7.96) Endpoint score mean (SD) G1: 30.78 (7.20) G2: 33.69 (8.57) Between group, p=NS	STAIC State Baseline score mean (SD) G1: 30.51 (6.84) G2: 31.48 (8.32) Endpoint score mean (SD) G1: 26.22 (5.10) G2: 27.76 (6.94) Between group, p=NS
			[K-SADS] Hypervigilance Baseline score mean (SD) G1: 3.67 (1.21) G2: 3.68 (1.26) Endpoint score mean (SD) G1: 1.69 (1.28) G2: 2.23 (1.59) Between group, p<0.01	[CBCL Externalizing] Baseline score mean (SD) G1: 15.59 (10.47) G2: 17.18 (9.88) Endpoint score mean (SD) G1: 8.52 (211.65) G2: 10.22 (13.29) Between group, p=NS		
			[CSBI] Baseline score mean (SD) G1: 10.38 (9.02) G2: 11.42 (10.99) Endpoint score mean (SD) G1: 6.26 (6.02) G2: 8.20 (10.45)	[CDI] Baseline score mean (SD) G1: 9.92 (7.50) G2: 12.11 (8.59) Endpoint score mean (SD) G1: 5.70 (5.47) G2: 8.79 (9.37) Between group, p<0.05 Between group, p=NS		

Table 106. Trauma-Focused Cognitive Behavioral Therapy, mental health outcomes (continued)

First Author, Year	Comparison Groups	Measures	Mental Health & Behavior	Mental Health & Behavior (Part 2)	Mental Health & Behavior (Part 3)	Mental Health & Behavior (Part 4)
Deblinger, 2001 ⁴⁰	G1: Supportive Therapy G2: Cognitive Behavioral Therapy	Child Behavior Checklist [CBCL] Child Sexual Behavior Inventory [CSBI]	[CBCL] Baseline score mean (SD) G1: 36.09 (23.04) G2: 40.90 (20.81) Endpoint score mean (SD) G1: 26.13 (18.28) G2: 26.48 (21.32) Change score mean (SD) G1: -9.96 ,p<0.001 G2: -14.42 ,p=0.37 Follow up score mean (SD) G1: 25.74 (21.48) G2: 25.43 (25.23) Change score mean (SD) G1: p=-10.35 G2: p=-15.47 Between group G1: p<0.001 G2: p=0.37	[CSBI] Baseline score mean (SD) G1: 6.39 (5.23) G2: 9.67 (5.67) Endpoint score mean (SD) G1: 3.74 (4.93) G2: 5.48 (4.00) Change score mean (SD) G1: -2.65 G2: -4.19 Between group, p= Follow up score mean (SD) G1: 3.91 (5.39) G2: 7.52 (6.62) Change score mean (SD) G1: -2.48 G2: -2.15 Between group, p= G1: <0.001 G2: 0.90	PTSD scale	CSBI

Table 110. Trauma-Focused Cognitive Behavioral Therapy, healthy caregiver child relationship outcomes

First Author, Year	Comparison Groups	Measures	Caregiver-child relationship	Caregiver-child relationship (Part 2)	Caregiver-child relationship (Part 3)	Caregiver-child relationship (Part 4)
Cohen, 2004 ³⁹	G1: Infant-Parent Psychotherapy (IPP) G2: Psychoeducational Parenting Intervention (PPI) G3: Community Standard	Parenting Practices Questionnaire (PPQ): self report	[Parenting Practices Questionnaire (PPQ)] Baseline score mean (SD) G1: 135.60 (15.20) G2: 136.44 (15.80) Endpoint score mean (SD) G1: 144.38 (15.55) G2: 139.19 (13.61) Change score mean (SD) Between group, p<0.001			

References

1. Dozier M, Peloso E, Lindhiem O, et al. Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. *J Soc Issues*. 2006; 62(4):767-85. PMID: ISI:000241562500006.
2. Dozier M, Peloso E, Lewis E, et al. Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Dev Psychopathol*. 2008 Summer; 20(3):845-59. PMID: 18606034.
3. Dozier M, Lindhiem O, Lewis E, et al. Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child Adolesc Soc Work J*. 2009 Aug; 26(4):321-32. PMID: 22065891.
4. Sprang G. The efficacy of a relational treatment for maltreated children and their families. *Child Adolesc Ment Health*. 2009; 14(2):81-8. PMID: 2009-06028-005.
5. Moss E, Dubois-Comtois K, Cyr C, et al. Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. *Dev Psychopathol*. 2011 Feb; 23(1):195-210. PMID: 21262048.
6. Bos KJ, Zeanah CH, Jr., Smyke AT, et al. Stereotypies in children with a history of early institutional care. *Arch Pediatr Adolesc Med*. 2010 May; 164(5):406-11. PMID: 20439790.
7. Ghera MM, Marshall PJ, Fox NA, et al. The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: results from the BEIP study. *J Child Psychol Psychiatry*. 2009 Mar; 50(3):246-53. PMID: 19309327.
8. Zeanah CH, Egger HL, Smyke AT, et al. Institutional rearing and psychiatric disorders in Romanian preschool children. *Am J Psychiatry*. 2009 Jul; 166(7):777-85. PMID: 19487394.
9. Nelson CA, 3rd, Zeanah CH, Fox NA, et al. Cognitive recovery in socially deprived young children: the Bucharest Early Intervention Project. *Science*. 2007 Dec 21; 318(5858):1937-40. PMID: 18096809.
10. Smyke AT, Zeanah CH, Jr., Fox NA, et al. A new model of foster care for young children: the Bucharest early intervention project. *Child Adolesc Psychiatr Clin N Am*. 2009 Jul; 18(3):721-34. PMID: 19486847.
11. Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through preventive interventions. *Dev Psychopathol*. 2006 Summer; 18(3):623-49. PMID: 17152394.
12. Toth SL, Maughan A, Manly JT, et al. The relative efficacy of two interventions in altering maltreated preschool children's representational models: implications for attachment theory. *Dev Psychopathol*. 2002 Fall; 14(4):877-908. PMID: 12549708.
13. Runyon MK, Deblinger E, Steer RA. Group Cognitive Behavioral Treatment for Parents and Children At-Risk for Physical Abuse: An Initial Study. *Child & Family Behavior Therapy*. 2010; 32(3):196-218. PMID: WOS:000281079800002.
14. Taussig HN, Culhane SE. Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Arch Pediatr Adolesc Med*. 2010 Aug; 164(8):739-46. PMID: 20679165.
15. Linares LO, Montalto D, Li M, et al. A promising parenting intervention in foster care. *J Consult Clin Psychol*. 2006 Feb; 74(1):32-41. PMID: 16551141.
16. Letarte MJ, Normandeau S, Allard J. Effectiveness of a parent training program "Incredible Years" in a child protection service. *Child Abuse Negl*; 2010. p. 253-61.
17. Hughes JR, Gottlieb LN. The effects of the Webster-Stratton parenting program on maltreating families: fostering strengths. *Child Abuse Negl*. 2004 Oct; 28(10):1081-97. PMID: 15519437.
18. Chamberlain P, Price J, Leve LD, et al. Prevention of behavior problems for children in foster care: outcomes and mediation effects. *Prev Sci*. 2008 Mar; 9(1):17-27. PMID: 18185995.

19. Price JM, Chamberlain P, Landsverk J, et al. Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*. 2008 Feb; 13(1):64-75. PMID: ISI:000252471700006.
20. Jaberghaderi N, Greenwald R, Rubin A, et al. A comparison of CBT and EMDR for sexually-abused Iranian girls. *Clin Psychol Psychother*. 2004; 11:358-68.
21. Fisher PA, Burraston B, Pears K. The early intervention foster care program: permanent placement outcomes from a randomized trial. *Child Maltreat*. 2005 Feb; 10(1):61-71. PMID: 15611327.
22. Fisher PA, Stoolmiller M, Gunnar MR, et al. Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity. *Psychoneuroendocrinology*. 2007 Sep-Nov; 32(8-10):892-905. PMID: 17656028.
23. Fisher PA, Kim HK. Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. *Prev Sci*. 2007 Jun; 8(2):161-70. PMID: 17340186.
24. Fisher PA, Stoolmiller M. Intervention effects on foster parent stress: associations with child cortisol levels. *Dev Psychopathol*. 2008 Summer; 20(3):1003-21. PMID: 18606041.
25. Fisher PA, Kim HK, Pears KC. Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. *Children and Youth Services Review*. 2009 May; 31(5):541-6. PMID: 19430545.
26. Fisher PA, Van Ryzin MJ, Gunnar MR. Mitigating HPA axis dysregulation associated with placement changes in foster care. *Psychoneuroendocrinology*. 2011 May; 36(4):531-9. PMID: 20888698.
27. Bruce J, McDermott JM, Fisher PA, et al. Using behavioral and electrophysiological measures to assess the effects of a preventive intervention: a preliminary study with preschool-aged foster children. *Prev Sci*. 2009 Jun; 10(2):129-40. PMID: 19030992.
28. Meezan W, O'Keefe M. Multifamily group therapy: Impact on family functioning and child behavior. *J Contemp Hum Serv*. 1998 Jan-Feb; 79(1):32-44. PMID: ISI:000071455500007.
29. Meezan W, O'Keefe M. Evaluating the effectiveness of multifamily group therapy in child abuse and neglect. *Res Soc Work Pract*. 1998; 8:330-53.
30. Zeanah CH, Larrieu JA, Heller SS, et al. Evaluation of a preventive intervention for maltreated infants and toddlers in foster care. *J Am Acad Child Adolesc Psychiatry*; 2001. p. 214-21.
31. MacMillan HL, Thomas BH, Jamieson E, et al. Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: a randomised controlled trial. *Lancet*. 2005 May 21-27; 365(9473):1786-93. PMID: 15910951.
32. Chaffin M, Silovsky JF, Funderburk B, et al. Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *J Consult Clin Psychol*. 2004 Jun; 72(3):500-10. PMID: 15279533.
33. Chaffin M, Valle LA, Funderburk B, et al. A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreat*. 2009 Nov; 14(4):356-68. PMID: 19258303.
34. Chaffin M, Funderburk B, Bard D, et al. A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *J Consult Clin Psychol*. 2011 Feb; 79(1):84-95. PMID: 21171738.
35. Reams R, Friedrich W. The efficacy of time-limited play therapy with maltreated preschoolers. *J Clin Psychol*. 1994 Nov; 50(6):889-99. PMID: 7896925.
36. Jouriles EN, McDonald R, Rosenfield D, et al. Improving parenting in families referred for child maltreatment: a randomized controlled trial examining effects of Project Support. *J Fam Psychol*. 2010 Jun; 24(3):328-38. PMID: 20545406.
37. Trowell J, Kolvin I, Weeramanthri T, et al. Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *Br J Psychiatry*. 2002 Mar; 180:234-47. PMID: 11872516.

38. Cohen JA, Mannarino AP. A treatment outcome study for sexually abused preschool children: initial findings. *J Am Acad Child Adolesc Psychiatry*. 1996 Jan; 35(1):42-50. PMID: 8567611.
39. Cohen JA, Deblinger E, Mannarino AP, et al. A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry*. 2004 Apr; 43(4):393-402. PMID: 15187799.

40. Deblinger E, Stauffer LB, Steer RA. Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreat*. 2001 Nov; 6(4):332-43. PMID: 11675816.

Appendix F. Detailed Strength of Evidence Tables

Key Question 1

Parenting Interventions

Attachment and Biobehavioral Catch-up

Table 111. Detailed strength of evidence grading table, Attachment and Biobehavioral Catch-up Versus Developmental Education for Families

Outcome	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ^{1,2}	2 RCT; 153	Medium	Consistent	Direct	Precise	Low: G1 > G2 ^a
KQ1: Healthy Caregiver-Child Relationship ³	1 RCT; 46	Medium	Unknown, single study	Indirect	Precise	Low: G1 > G2 ^a

^a Effect size not reported

Table 112. Detailed strength of evidence grading table, Attachment and Biobehavioral Catch-up Versus Wait List

Outcome	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect Magnitude of Effect
KQ1: Mental health and behavior ⁴	1 RCT; 58	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 Partial Eta Squared = 0.436 or 0.511 ^a
KQ1: Healthy Caregiver-Child Relationship ⁴	1 RCT; 58	Medium	Unknown, single study	Indirect	Precise	Low: G1 > G2 Partial Eta Squared = 0.59 or 0.791 ^a

^a We use the interpretation of partial eta squared effect sizes provided in Sprang et al., 2009. The values reported here provide a medium effect size.

Attachment-based Intervention

Table 113. Detailed strength of evidence grading table, Attachment-based Intervention Versus Usual Care

Outcome	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental Health Outcomes ⁵	1; 79	Medium	Unknown, single study	Direct	Imprecise	Insufficient
KQ1: Healthy Child-Caregiver Outcomes ⁵	1, 79	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 d = 0.47, ^a r = 0.36 or 0.37 ^b

^a Cohen's *d* effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

^b The correlational coefficient *r* is an effect size index measure of association; we refer to Cohen's suggested guidelines for interpreting magnitude of effect: 0.10 = small; 0.30 = medium, 0.50 = large.

Child -Parent Psychotherapy

Table 114. Detailed strength of evidence grading table, Child-parent Psychotherapy Versus Psychoeducation Intervention

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Healthy Caregiver-Child Relationship ^{6,7}	2; 159	Medium	Inconsistent	Direct	Imprecise	Insufficient

Table 115. Detailed strength of evidence grading table, Child-parent Psychotherapy Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Healthy Caregiver-Child Relationship ^{6,7}	2; 141	Medium	Consistent	Direct	Precise	Low: G1 > G2 h=0.83 to 1.34 ^{ab} (range of effect sizes reported)

^a Effect size not reported for one of the two trials.

^b Cohen's h is an effect size index of the difference between proportions: 0.20 = small; 0.50 = medium; 0.80 = large.

Incredible Years

Table 116. Detailed strength of evidence grading table, Incredible Years Versus Wait List

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ⁸	1; 45	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 $\hat{\epsilon}\tau_a = 0.18$ or 0.21 ^a
KQ1: Healthy Caregiver-Child Relationship ^{8,9}	2; 73	Medium	Inconsistent	Indirect	Precise	Low, G1 > G2 $\hat{\epsilon}\tau_a = 0.13$ to 0.48 ^{ab} (range of effect sizes reported)

^a We use the interpretation of $\hat{\epsilon}\tau_a$ effect sizes provided in Letarte et al., 2010. Effect sizes for mental health and behavior are small. Effect sizes for healthy caregiver child relationship range from small to large.

^b Effect size not reported for one of the two trials.

Incredible Years Adaptation

Table 117. Detailed strength of evidence grading table, Incredible Years Adaptation Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁰	1; 64	Medium	Unknown, single study	Direct	Imprecise	Insufficient – no stat sig difference
KQ1: Healthy Caregiver-Child Relationship ¹⁰	1; 64	Medium	Unknown, single study	Indirect	Imprecise	Low: G1 > G2 d=0.40 to 0.59 ^a (range of effect sizes reported)

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Keeping Foster and Kinship Parents Trained and Supported (KEEP)

Table 118. Detailed strength of evidence grading table, Keeping Foster Parents Trained and Supported Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹¹	1: 700	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 d=0.26 ^a
KQ1: Healthy Caregiver-Child Relationship ¹¹	1: 700	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 d = 0.29 ^a

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Multifamily Group Therapy

Table 119. Detailed strength of evidence grading table, Multifamily Group Therapy Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Healthy Caregiver-Child Relationship ^{12, 13}	1; 78	Medium	Unknown, Single Study	Indirect	Precise	Low G1 > G2 ^a

^a Effect size not reported

Nurse Home Visitation

Table 120. Detailed strength of evidence grading table, Nurse Home Visitation Intervention Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental Health Outcomes ¹⁴	1; 163	Medium	Unknown, Single Study	Direct	Imprecise	Insufficient
KQ1: Healthy Child-Caregiver- Outcomes ¹⁴	1, 163	Medium	Unknown, Single Study	Indirect	Imprecise	Insufficient

Project Support

Table 121. Detailed strength of evidence grading table, Project Support Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Healthy Caregiver-Child Relationship ¹⁵	1; 35	Medium	Unknown, Single Study	Indirect	Precise	Low: G1>G2 d = 0.86 or 1.02 ^a

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Trauma Treatments

Child-Parent Combined Cognitive Behavioral Therapy

Table 122. Detailed strength of evidence grading table, Child-Parent Combined Cognitive Behavioral Therapy Versus Parent Only Cognitive Behavioral Therapy

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁶	1; 75	Medium	Unknown, Single Study	Direct	Precise	Low: G1 > G2 ^a d=0.61 ^b
KQ1: Healthy Caregiver-Child Relationship ¹⁶	1; 75	Medium	Unknown, Single Study	Indirect	Imprecise	Insufficient

^a Effect size not reported

^b Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Eye Movement Desensitization and Reprocessing

Table 123. Detailed strength of evidence grading table, Eye Movement Desensitization and Reprocessing Versus Active Control

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁷	1; 14	Medium	Unknown, Single Study	Direct	Imprecise	Insufficient

Fostering Healthy Futures

Table 124. Detailed strength of evidence grading table, Fostering Healthy Futures Versus Assessment-only Group

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁸	1; 156	Medium	Unknown, Single Study	Direct	Precise	Low: G1 > G2 d=0.30 to 0.52 ^a (range of effect sizes reported)

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Group Psychotherapy

Table 125. Detailed strength of evidence grading table, Group Psychotherapy Versus Individual Psychotherapy

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁹	1; 71	Medium	Unknown, Single Study	Direct	Precise	Low: G1 < G2 d = 0.36 to 0.79 (range of effect sizes reported)

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Play Therapy

Table 126. Detailed strength of evidence grading table, Play Therapy Versus No Play Therapy

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ²⁰	1; 31	Medium	Unknown, Single Study	Direct	Imprecise	Insufficient
KQ1: Healthy Development ²⁰	1; 31	Medium	Unknown, Single Study	Indirect	Imprecise	Insufficient

Trauma-Focused Cognitive Behavioral Therapy

Table 127. Detailed strength of evidence grading table, Trauma-Focused Cognitive Behavioral Therapy Versus active control

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ^{21, 22}	2, 315	Medium	Consistent	Direct	Precise	Low: G1 > G2 d = 0.30 to 0.70 ^{a,b}
KQ1: Healthy Caregiver-Child Relationship ²²	1, 229	Medium	Unknown, single study	Indirect	Precise	Low: G1 > G2 d = 0.38 to 0.57 ^b

^a Effect size not reported for one of the two trials.

^b Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Table 128. Detailed strength of evidence grading table, Trauma-Focused Cognitive Behavioral Therapy (Groups) Versus Supportive Group Therapy

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ²³	1; 44	Medium	Unknown, single study	Direct	Imprecise	Insufficient
KQ1: Healthy Caregiver-Child Relationship ²³	1; 44	Medium	Unknown, single study	Indirect	Imprecise	Insufficient

Enhanced Foster Care Interventions

Bucharest Early Intervention Project

Table 129. Detailed strength of evidence grading table, Bucharest Early Intervention Project Versus Institutional Care (usual care)

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ²⁴⁻²⁶	1 RCT, 136	Low	Unknown, single study	Direct	Precise	Low: G1 > G2 OR: 1.9 to 2.9 (range of ORs reported) ^{a,b}
KQ1: Healthy Caregiver-Child Relationship ²⁷	1 RCT, 136	Low	Unknown, single study	Direct	Precise	Low: G1 > G2 ^c
KQ1: Healthy Development ^{28, 29}	1 RCT, 136	Low	Unknown, single study	Direct	Precise	Low: G1 > G2 ES=0.47 or 0.62 ^{d,e}

^a Effect size reported for one of the three articles assessing mental and behavioral health outcomes.

^b Odds ratio indicator of probability: no association is represented by 1, the greater the departure from 1 the stronger the relationship.

^c Effect size not reported

^d Effect size reported for one of the two articles assessing mental and behavioral health outcomes.

^e Effect size (ES) defined as “the difference between means in multiple of standard deviations.”

Multidimensional Treatment Foster Care for Preschoolers

Table 130. Detailed strength of evidence grading table, Multidimensional Treatment Foster Care for Preschoolers Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ³⁰	1: 117	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 d=-0.68 to -0.64 ^a
KQ1: Healthy Caregiver-Child Relationship ^{31, 32}	1: 117	Medium	Unknown, single study	Indirect	Precise	Low G1 > G2 ^b
KQ1: Healthy Development ³³	1: 23	Medium	Unknown, single study	Direct	Precise	Low G1 > G2 ^b

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

^b Effect size not reported

Key Question 2

Parenting Interventions

Keeping Foster Parents Trained and Supported

Table 131. Detailed strength of evidence grading table, Keeping Foster Parents Trained and Supported Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Placement stability ³⁴	1: 700	Medium	Unknown, single study	Direct	Imprecise	Insufficient
KQ2: Permanency ³⁴	1: 700	Medium	Unknown, single study	Direct	Precise	Low, G1 > G2 ^a

^a Effect size not reported

New Orleans Intervention

Table 132. Detailed strength of evidence grading table, New Orleans Intervention Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety{#3669}	1; 255	Medium	Unknown, single study	Direct	Precise	Low, G1 > G2 Relative Risk Reduction 67.7% to 74.7%
KQ2: Permanency{#3669}	1; 240	Medium	Unknown, single study	Direct	Precise	Low, G1 < G2 ^a

^a Effect size not reported

Nurse Home Visiting

Table 133. Detailed strength of evidence grading table, Nurse Home Visiting Intervention Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ¹⁴	1; 163	Medium	Unknown, single study	Direct	Imprecise	Insufficient

Parent-Child Interaction Therapy Adaptation Package

Table 134. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Parent Child Interaction Therapy Adaptation Package Plus Enhanced Services

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁵	1; 75	Medium	Unknown, single study	Direct	Imprecise	Insufficient

Table 135. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ^{35, 36}	2; 153	Medium	Consistent	Direct	Precise	Low, G1 > G2 ^a

^aEffect size not reported

Table 136. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Enhanced Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁵	1; 88	Medium	Unknown, single study	Direct	Imprecise	Insufficient

Table 137. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Parent Child Interaction Therapy plus Standard Orientation

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁶	1; 70	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 HR=0.11 ^a

^a Hazard ratio indicator of probability: no association is represented by 1, the greater the departure from 1 the stronger the relationship.

Table 138. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Versus Motivational Intervention Plus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁶	1; 75	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 HR=0.10 ^a

^a Hazard ratio indicator of probability: no association is represented by 1, the greater the departure from 1 the stronger the relationship.

Project Support

Table 139. Detailed strength of evidence grading table, Project Support Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ¹⁵	1; 153	Medium	Unknown, single study	Direct	Imprecise	Insufficient

Enhanced Foster Care Interventions

Multidimensional Treatment Foster Care

Table 140. Detailed strength of evidence grading table, Keeping Foster Parents Trained and Supported Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Placement stability ³⁷	1: 117	Medium	Unknown, single study	Direct	Precise	Insufficient
KQ2: Permanency ^{38, 39}	2: ≥ 90	Medium	Consistent	Direct	Precise	Low, G1 > G2 ^a

^aEffect size not reported

Key Question 3

Modality: Group versus Individual

Table 141. Detailed strength of evidence grading table, Group Psychotherapy Versus Individual Psychotherapy

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ¹⁹	1; 71	Medium	Unknown, Single Study	Direct	Precise	Low: G1 < G2 d = 0.60 to 0.79 ^a (range of effect sizes reported)

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Modality: Multiple family versus Single Family

Table 142. Detailed strength of evidence grading table, Multifamily Group Therapy Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Healthy Caregiver-Child Relationship ^{12, 13}	1; 78	Medium	Unknown, Single Study	Indirect	Precise	Low G1 > G2 ^a

^a Effect size not reported

Theoretical Orientation: Attachment-based versus psychoeducational

Attachment and Biobehavioral Catch-up

Table 143. Detailed strength of evidence grading table, Attachment and Biobehavioral Catch-up Versus Developmental Education for Families

Outcome	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ^{1, 2}	2 RCT; 153	Medium	Consistent	Direct	Precise	Low: G1 > G2 ^a
KQ1: Healthy Caregiver-Child Relationship ³	1 RCT; 46	Medium	Unknown, single study	Indirect	Precise	Low: G1 > G2 ^a

^a Effect size not reported

Theoretical Orientation: Cognitive Behavioral vs. Psychodynamic

Table 144. Detailed strength of evidence grading table, Trauma-focused Cognitive Behavioral Versus active control

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ²²	1, 229	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 d = 0.30 to 0.70 ^a
KQ1: Healthy Caregiver-Child Relationship ²²	1, 229	Medium	Unknown, single study	Indirect	Precise	Low: G1 > G2 d = 0.38 to 0.57 ^a

^a Cohen's d effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Key Question 4

We do not repeat the detailed strength of evidence tables for any comparisons that are the same as are presented in key question 1 or 2.

Type of Maltreatment: Neglect

Table 145. Detailed strength of evidence grading table, Incredible Years Versus Wait List

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ1: Mental health and behavior ⁸	1; 45	Medium	Unknown, single study	Direct	Precise	Low: G1 > G2 $\hat{\eta}^2=0.18$ or 0.21^a
KQ1: Healthy Caregiver-Child Relationship ⁸	2; 73	Medium	Inconsistent	Indirect	Precise	Low, G1 > G2 $\hat{\eta}^2=0.13$ to 0.46^a (range of effect sizes reported)

^a We use the interpretation of $\hat{\eta}^2$ effect sizes provided in Letarte et al., 2010. Effect sizes for mental health and behavior are small. Effect sizes for healthy caregiver child relationship range from small to large.

Type of Maltreatment: Physical Abuse

Table 146. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Parent Child Interaction Therapy Adaptation Package Plus Enhanced Services

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁵	1; 75	Medium	Consistent	Direct	Imprecise	Insufficient

Table 147. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁵	1, 77	Medium	Consistent	Direct	Precise	Low: G1 > G2 ^a

^aEffect size not reported

Table 148. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Enhanced Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ2: Safety ³⁵	1; 88	Medium	Unknown, single study	Direct	Imprecise	Insufficient

Key Question 5

Table 149. Detailed strength of evidence grading table, Motivational Intervention Versus Usual Care

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ5: treatment engagement ³⁵ (Chaffin, 2011)	2, 345	Medium	Consistent	Direct	Precise	Low: G1>G2 ^a d=0.33

^a Cohen's *d* effect size index of the difference between groups means: 0.20 = small; 0.50 = medium; 0.80 = large.

Table 150. Detailed strength of evidence grading table, Parent Child Interaction Therapy Adaptation Package Versus Parent Child Interaction Therapy with a standard orientation

	Number of studies; subjects	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence Grade Magnitude of Effect
KQ5: treatment engagement ³⁵ (Chaffin, 2011)	1, 153	Medium	Consistent	Direct	Precise	Low: G1>G2 ^a

^aEffect size not reported

References

1. Dozier M, Peloso E, Lindhiem O, et al. Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. *J Soc Issues*. 2006; 62(4):767-85. PMID: ISI:000241562500006.
2. Dozier M, Peloso E, Lewis E, et al. Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Dev Psychopathol*. 2008 Summer; 20(3):845-59. PMID: 18606034.
3. Dozier M, Lindhiem O, Lewis E, et al. Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child Adolesc Soc Work J*. 2009 Aug; 26(4):321-32. PMID: 22065891.
4. Sprang G. The efficacy of a relational treatment for maltreated children and their families. *Child Adolesc Ment Health*. 2009; 14(2):81-8. PMID: 2009-06028-005. First Author & Affiliation: Sprang, Ginny.
5. Moss E, Dubois-Comtois K, Cyr C, et al. Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. *Dev Psychopathol*. 2011 Feb; 23(1):195-210. PMID: 21262048.
6. Toth SL, Maughan A, Manly JT, et al. The relative efficacy of two interventions in altering maltreated preschool children's representational models: implications for attachment theory. *Dev Psychopathol*. 2002 Fall; 14(4):877-908. PMID: 12549708.
7. Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through preventive interventions. *Dev Psychopathol*. 2006 Summer; 18(3):623-49. PMID: 17152394.
8. Letarte MJ, Normandeau S, Allard J. Effectiveness of a parent training program "Incredible Years" in a child protection service. *Child Abuse Negl*; 2010. p. 253-61.
9. Hughes JR, Gottlieb LN. The effects of the Webster-Stratton parenting program on maltreating families: fostering strengths. *Child Abuse Negl*. 2004 Oct; 28(10):1081-97. PMID: 15519437.
10. Linares LO, Montalto D, Li M, et al. A promising parenting intervention in foster care. *J Consult Clin Psychol*. 2006 Feb; 74(1):32-41. PMID: 16551141.
11. Chamberlain P, Price J, Leve LD, et al. Prevention of behavior problems for children in foster care: outcomes and mediation effects. *Prev Sci*. 2008 Mar; 9(1):17-27. PMID: 18185995.
12. Meezan W, O'Keefe M. Evaluating the effectiveness of multifamily group therapy in child abuse and neglect. *Res Soc Work Pract*. 1998; 8:330-53.
13. Meezan W, O'Keefe M. Multifamily group therapy: Impact on family functioning and child behavior. *J Contemp Hum Serv*. 1998 Jan-Feb; 79(1):32-44. PMID: ISI:000071455500007.
14. MacMillan HL, Thomas BH, Jamieson E, et al. Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: a randomised controlled trial. *Lancet*. 2005 May 21-27; 365(9473):1786-93. PMID: 15910951.
15. Jouriles EN, McDonald R, Rosenfield D, et al. Improving parenting in families referred for child maltreatment: a randomized controlled trial examining effects of Project Support. *J Fam Psychol*. 2010 Jun; 24(3):328-38. PMID: 20545406.
16. Runyon MK, Deblinger E, Steer RA. Group Cognitive Behavioral Treatment for Parents and Children At-Risk for Physical Abuse: An Initial Study. *Child & Family Behavior Therapy*. 2010; 32(3):196-218. PMID: WOS:000281079800002.
17. Jaberghaderi N, Greenwald R, Rubin A, et al. A comparison of CBT and EMDR for sexually-abused Iranian girls. *Clin Psychol Psychother*. 2004; 11:358-68.
18. Taussig HN, Culhane SE. Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Arch Pediatr Adolesc Med*. 2010 Aug; 164(8):739-46. PMID: 20679165.

19. Trowell J, Kolvin I, Weeramanthri T, et al. Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *Br J Psychiatry*. 2002 Mar; 180:234-47. PMID: 11872516.
20. Reams R, Friedrich W. The efficacy of time-limited play therapy with maltreated preschoolers. *J Clin Psychol*. 1994 Nov; 50(6):889-99. PMID: 7896925.
21. Cohen JA, Mannarino AP. A treatment outcome study for sexually abused preschool children: initial findings. *J Am Acad Child Adolesc Psychiatry*. 1996 Jan; 35(1):42-50. PMID: 8567611.
22. Cohen JA, Deblinger E, Mannarino AP, et al. A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry*. 2004 Apr; 43(4):393-402. PMID: 15187799.
23. Deblinger E, Stauffer LB, Steer RA. Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreat*. 2001 Nov; 6(4):332-43. PMID: 11675816.
24. Zeanah CH, Egger HL, Smyke AT, et al. Institutional rearing and psychiatric disorders in Romanian preschool children. *Am J Psychiatry*. 2009 Jul; 166(7):777-85. PMID: 19487394.
25. Ghera MM, Marshall PJ, Fox NA, et al. The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: results from the BEIP study. *J Child Psychol Psychiatry*. 2009 Mar; 50(3):246-53. PMID: 19309327.
26. Bos KJ, Zeanah CH, Jr., Smyke AT, et al. Stereotypes in children with a history of early institutional care. *Arch Pediatr Adolesc Med*. 2010 May; 164(5):406-11. PMID: 20439790.
27. Smyke AT, Zeanah CH, Fox NA, et al. Placement in foster care enhances quality of attachment among young institutionalized children. *Child Dev*. 2010 Jan-Feb; 81(1):212-23. PMID: 20331663.
28. Nelson CA, 3rd, Zeanah CH, Fox NA, et al. Cognitive recovery in socially deprived young children: the Bucharest Early Intervention Project. *Science*. 2007 Dec 21; 318(5858):1937-40. PMID: 18096809.
29. Marshall PJ, Reeb BC, Fox NA, et al. Effects of early intervention on EEG power and coherence in previously institutionalized children in Romania. *Dev Psychopathol*. 2008 Summer; 20(3):861-80. PMID: 18606035.
30. Fisher PA, Stoolmiller M, Gunnar MR, et al. Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity. *Psychoneuroendocrinology*. 2007 Sep-Nov; 32(8-10):892-905. PMID: 17656028.
31. Fisher PA, Stoolmiller M. Intervention effects on foster parent stress: associations with child cortisol levels. *Dev Psychopathol*. 2008 Summer; 20(3):1003-21. PMID: 18606041.
32. Fisher PA, Kim HK. Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. *Prev Sci*. 2007 Jun; 8(2):161-70. PMID: 17340186.
33. Bruce J, McDermott JM, Fisher PA, et al. Using behavioral and electrophysiological measures to assess the effects of a preventive intervention: a preliminary study with preschool-aged foster children. *Prev Sci*. 2009 Jun; 10(2):129-40. PMID: 19030992.
34. Price JM, Chamberlain P, Landsverk J, et al. Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*. 2008 Feb; 13(1):64-75. PMID: ISI:000252471700006.
35. Chaffin M, Silovsky JF, Funderburk B, et al. Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *J Consult Clin Psychol*. 2004 Jun; 72(3):500-10. PMID: 15279533.
36. Chaffin M, Funderburk B, Bard D, et al. A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *J Consult Clin Psychol*. 2011 Feb; 79(1):84-95. PMID: 21171738.

37. Fisher PA, Stoolmiller M, Mannering AM, et al. Foster placement disruptions associated with problem behavior: Mitigating a threshold effect. *J Consult Clin Psychol*. 2011 Aug; 79(4):481-7. PMID: 21787051.
38. Fisher PA, Kim HK, Pears KC. Effects of multidimensional treatment foster care for preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. *Children and Youth Services Review*. 2009 May; 31(5):541-6. PMID: 19430545.
39. Fisher PA, Burraston B, Pears K. The early intervention foster care program: permanent placement outcomes from a randomized trial. *Child Maltreat*. 2005 Feb; 10(1):61-71. PMID: 15611327.