

What are Evidence-Based Programs (EBPs)?

EBPs are therapeutic treatments that have met a series of rigorous standards that demonstrate effectiveness in helping children and families to meet their treatment goals and reduce the need for out-of-home placement. Evidence-based services include EBPs in addition to the people and infrastructure that work together to increase the likelihood that families benefit to the extent possible from access to an EBP.

Virginia's Family First Evidence-Based Programs and Services: Brief Strategic Family Therapy, Functional Family Therapy, Multisystemic Therapy, Parent-Child Interaction Therapy, Homebuilders, Family Check Up, and Motivational Interviewing.

Virginia will continue to monitor the Title IV-E Clearinghouse as well-supported EBPs are added for consideration to include in the Virginia Department of Social Service's Title IV-E prevention plan over time.



Brief Strategic Family Therapy (BSFT)

BSFT uses a structured family systems approach within their model, which was developed and tested with diverse populations (Hispanic/Spanish-speaking, Black/African American, White). Intervention components include diagnosing the dysfunctional interaction patterns that affect families from reaching their goals. BSFT is for families with youth aged 6 to 18. The length of treatment ranges on average from 12-16 weekly sessions that can run from 60-90 minutes each. Longer duration of treatment is often needed if child substance use is a factor. The setting where BSFT can be delivered to families is flexible and includes the home. Find out more [here](#).

Functional Family Therapy (FFT)

FFT is a family intervention program that works to assess family dynamics that have contributed to a child's behavior. FFT has been shown to be effective in reducing depressive symptoms in children, such as sadness and hopelessness, as well as substance use, like alcohol. FFT also positively impacts family functioning. Typical treatment length varies from approximately 4 to 8 months. Families may also access their FFT team by phone outside of session. Settings where FFT can be delivered include the clinic, home, school, child welfare facilities, and probation and parole offices. Learn more at [FFT, LLC](#).

Multisystemic Therapy (MST)

MST is an intense, family-focused treatment program typically geared for children involved with juvenile justice to prevent further court involvement. MST aims to address conduct problems that often occur across a child's network of systems including families, peers, school, and neighborhood. Target population includes 12-17 year-old youth who may have already been charged with a criminal offense and may require intervention to prevent child out-of-home placement. Average length of treatment is 3-5 months, with MST teams available to families 24/7. MST can be delivered in the home, school, or court-sanctioned community site. More can be found [here](#).



Parent-Child Interaction Therapy (PCIT)

PCIT is a behavioral treatment intervention for children aged 2-7 that focuses on decreasing mood aggressive and defiant behavioral problems through increasing parenting effectiveness. Parents learn skills that work to repair and/or strengthen the relationship between parent and child. Treatment sessions are spent practicing skills in real time with immediate feedback from the coaching practitioner. PCIT has shown to decrease disruptive behavior as well as anxiety in children. Parents who experience mental health problems, like depression, have also been shown to improve from PCIT. Length of treatment is variable because it is based on each family's specific needs and progress through treatment milestones. PCIT was developed to be delivered in the office setting. Learn more at [PCIT International](#).



Homebuilders

Homebuilders is an intensive family preservation service model that was designed to extend a behavioral health system's continuum of care to prevent overuse of residential or inpatient hospitalization. It is an alternative intervention to immediate child removal and a way to support family reunification and post-adoption stability. In this model, a whole team works with the family with one practitioner available 24/7. The goal of Homebuilders is to resolve immediate crises and teach skills necessary to keep families together. This EBP is for the full age range, 0-18, and typically lasts 4-6 weeks. Services are delivered in the home. More about Homebuilders: [Institute for Family Development](#).

Family Check-Up

Family Check-Up is a case management model designed to strengthen a family's engagement in a more intensive treatment that follows. This EBP has also been helpful in beginning to develop positive parenting practices and enhance family motivation through an extended assessment process. Family Check-Up is for families with youth ages 2 to 17, and length of treatment varies widely, averaging 1-4 months dependent on family's availability. This EBP may be delivered in any setting, including at home. [Here](#) is the model developer's website.

Motivational Interviewing (MI)

MI is less of a concrete intervention package and more of a style of approaching individuals to help them meet their personal goals. MI is well-documented to help reduce unwanted adult behaviors like substance use. MI practitioners evoke natural motivation for change by empowering those receiving treatment to be the drivers of their own change. Within the context of Family First, MI will be an option for caregivers who wish to reduce behaviors that may prevent them from engaging in their own child's health and wellbeing. Length of treatment varies widely. Learn more [here](#).



Evidence-Based Program	Child age range	Areas for concern	Program outcomes*	Length of treatment**	Marker for family fit***
Brief Strategic Family Therapy	6-17	Dysfunctional family patterns; Poor parent mental health	Lower likelihood of future law involvement	3-5 mos.	All family members in need of change, not just child
Multisystemic Therapy	12-17	Conduct issues; truancy; lack of interest in school; law involvement	Prevents out-of-home placement; Fewer episodes of disruptive behavior; Improves parent mental health	3-5 mos.	Repeat court involvement
Functional Family Therapy	11-18	Child alcohol use, depression; Family conflict	Better coping skills; greater family cohesion	4-8 mos.	Child substance use
Parent-Child Interaction Therapy	2-7	Defiance, aggression, extreme mood swings; ineffective social skills; serious safety concerns	Positive parenting skills; decreased parent sadness and irritability; Stronger parent-child bond	Depends on family progress; ~6 mos.	Parent willingness to learn new skills
Homebuilders	0-18	Crisis; unstable living situation	Placement stability	4-6 weeks	Basic family needs have yet to be met
Family Check-Up	2-17	Any issue plus lack of motivation for treatment; disengaged family members	Greater likelihood to engage in treatment that follows; Family wellbeing	1-4 mos.	High risk for treatment dropout
Motivational Interviewing	N/A (for caregivers)	Parent substance use/misuse	Enhanced desire to change	Varies	Parent substance use as largest barrier to permanency

*Outcomes that could be reasonably expected based on the evidence examined through the FFPSA Clearinghouse and studies published more recently that may not yet be included in the Clearinghouse; written with the child as the identified patient, unless otherwise noted

**Approximate and does not include time between referral, intake, and first appointment

***Descriptive information that when present indicates a good fit between the EBP listed and the family to be referred; Based both on clinical report and research studies