Adapting evidence-based mental health interventions (EBIs) to be provided in child welfare (CW) settings by CW workers could reduce barriers to families receiving mental health care. In order to promote implementation success, the adaptation of EBIs should include the perspectives of those who deliver and those who receive the EBI. The following study uses qualitative methods to elicit and analyze caregiver-relevant perspectives and adaption recommendations from CW stakeholders about the 4Rs and 2Ss Strengthening Families Program, an EBI for youth disruptive behavior disorders, to be implemented in CW settings. Recommendations included adjusting curriculum to better fit the culture of recipients and conveying the importance of openness and respect to providers.

Motivational Interviewing training is described favorably by participants and can increase empathy in trainees. Recurring training and training that uses booster sessions are more effective than 1-time trainings.

Families in the child welfare (CW) system who cannot be engaged in services are at high risk of negative outcomes. As motivational interviewing (MI) has been shown to improve engagement in similar contexts. This study aimed to systemically review MI with CW families as well as MI training with CW workers and social work students training to become CW workers. The review used Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines and searched multiple databases with additional searches to identify gray literature. Eight studies described the acquisition of MI among CW workers or student trainees, and 11 studies evaluated the impact of MI on families in CW. MI’s impact on some family outcomes, such as engagement in services, was mixed, though MI paired with other evidence-based treatments showed positive effects. With regard to training CW workers and students in MI, differences in training duration, intensity, and modality make conclusions difficult, though trainees generally described MI favorably and some studies showed training increased worker empathy and self-efficacy.
It has long been recognized that youth entering out-of-home care have traumatic experiences and their associated effects on emotional and behavioral wellbeing may be unrecognized, overlooked, or untreated. An assessment to identify youth needs is vital as an initial step to youth in out-of-home care receiving needed treatment. Standardized assessments in particular can serve as an effective starting point in addressing the needs of these youth. This study explored if domains of the Child and Adolescent Needs and Strengths (CANS) assessment were associated with a prescribed trauma-focused treatment. Bivariate and multivariate analyses were conducted utilizing a cross-section of child welfare involved youth who were part of the out-of-home care system and received a CANS assessment. Results from this study suggest the most predictive CANS domains were ‘emotional behavioral needs’ followed by ‘caregiver/ needs and strengths’. There was a sizeable portion of youth in the study with identified trauma-related symptoms who were not prescribed a trauma-focused treatment; which is consistent with prior research and suggests traumatized youth in out-of-home care are undertreated. More investigation of youth who have been assessed to have trauma-related needs, but who have not been assigned a trauma-focused treatment is needed. Findings have training and supervision implications for child welfare and behavioral health providers, and can aid in understanding the characteristics and needs of the youth served. Using similar language from standardized assessments allow child welfare and behavioral health workers to better communicate and collaborate to serve youth.
School social workers provide social, emotional, and behavioral interventions for elementary-age students within multi-tiered systems of support (MTSS) when disruptive behavior and deficits in self-control are observed. Secondary/Tier 2 cognitive- and behaviorally-oriented interventions that target self-control have been shown to impact positive outcomes in academic, social, emotional, and behavioral realms for elementary-age students. This study sought to evaluate the Zones of Regulation® intervention for elementary-age students identified with disruptive behavior via a small randomized controlled trial (N = 63). Students were identified for disruptive behavior concerns through a universal behavior screening process and were randomly assigned to the intervention group or the control group. School social workers utilized twelve selected lessons from the cognitive-behaviorally oriented Zones of Regulation® curriculum sequence for a six-week Secondary/Tier 2 group intervention. Implementation of the Zones of Regulation® curriculum did not result in statistically significant decreases in students' disruptive behavior or improve their self-control. More tailored efforts to explore the social validity and effectiveness of the Zones® within MTSS school structures is warranted given the widespread use of the curriculum by school social workers and other specialized instructional support personnel.

Enhancement of Reducing the Risk for the 21st Century: Improvement to a Curriculum Developed to Prevent Teen Pregnancy and STI Transmission
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To ensure that Reducing the Risk, a successful teen pregnancy prevention education curriculum, remains relevant for today's youth, covers all information youth need to know in order to make better choices, and is delivered in a standardized way, adaptations were made and enhancements were added. This article describes results of a pilot execution of initial adaptations to Reducing the Risk with 13 youth from impoverished neighborhoods between the ages of 14 and 18. After each pilot day, a focus group was held with these 13 youth and further adaptations and enhancements were added to the curriculum. The full adapted and enhanced version of Reducing the Risk was then tested as part of a larger efficacy study utilizing a three-arm cluster randomized controlled trial comparing the enhanced Reducing the Risk curriculum version with another curriculum that embeds sex education in the context of healthy relationship skill building, Love Notes, and a control condition curriculum. In order for other sites to replicate the work, this article details the findings from focus groups with youth participants in the pilot training that led to changes and additions in the curriculum. All changes and additions are described at length in this article.

Modifications to the RTR curriculum included making activities more interactive and including more visual learning (i.e., using photos/graphics versus text alone), and providing information on basic anatomy.

Videos on contraception, STIs, HIV/AIDS, and abstinence were added to the curriculum.

Finally, the condom demonstration was enhanced with more information and practice opportunities.