## **Intervention Name:**

## 1. Brief Description of the Intervention:

- 2. Please select the primary categories that relate to the intervention: (Please check all applicable categories)
  - Academic performance/functioning and achievement
  - Adult behavior problems (violence/aggression)
  - Adult mental health
  - Alcohol and drug use
  - Assessment and Measurement Instruments for Target Populations
  - Attachment Interventions
  - Basic Needs
  - Behavioral Management and Treatment
  - Child Mental Health externalizing
  - Child Mental Health internalizing
  - Child Mentoring Programs
  - Child Supports and community connections
  - Child Welfare Practice and Service Models
  - Crisis Intervention
  - Delinquency and Criminal Behavior
  - Educational Support Interventions

- X Family Functioning (communication, bonding, interactions and relationships)
- Family Support and Placement Stabilization Programs
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement
- Parental Supports and community connections
- Parenting Skills Training and Enhancement
- Peer associations/relationships
- X Resource Parent Training Programs
- Sexual Behavior Problems in Adolescents and Children
- Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self -esteem)
- Trauma Treatment

3.	Describe the intervention's current use with one or both of the QIC-AG's target population:  Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
•	Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.
	currently not being used with one or both of the QIC-AG's target population, describe how the servention could be adapted to respond to the needs of the QIC-AG's target population:

## 5. Population that the Intervention is currently being used with (select 1):

- General Population. The intervention, support or program was designed to be used with the general population of children and families.
- Other Human Services. The intervention, support or program was designed to be used with the children and families involved with all other Human Services (Juvenile Justice, Mental Health, CPS, Family Stabilization, Residential, Substance Abuse...etc.).
- Foster Care. The intervention, support or program was designed to meet the needs of all children and/or families involved in foster care, regardless of their permanency goal.
- Replicated Without Adaptation for Adoption or Guardianship. The intervention, support or
  program was not originally designed to respond to the needs of pre and or post
  adoptive/guardianship families but is being replicated without adaptation and is currently
  provided to pre or post adoptive/guardianship families.
- Adapted for Adoption or Guardianship. The intervention, support or program was not originally designed to respond to the needs of pre and or post adoptive/guardianship families but has been specifically adapted to do this.
- Designed for Adoption or Guardianship. The intervention, support or program was originally designed to respond to the needs of pre and or post adoptive/guardianship families.

## 6. Please indicate the level of research/evaluation completed on Intervention (select one and provide studies to support):

- Used to describe guidelines or practices driven more by clinical wisdom, guild organizations, or other consensus approaches that do not include systematic research evidence.
- Recognized by professionals and organizations in the field to have an impact. Promising and acceptable treatment with some evidence from experts/research or clinical experience of respected authorities. Rigor of evaluation is low. Interventions appear to produce results and can show promise in improving client outcomes using non-experimental design.
- Supported and acceptable treatment with positive evidence from comparative studies, correlation studies, and case control studies; one nonrandomized study; or any type of quasiexperimental study.
- Supported with positive evidence from two or more quasi-experimental studies or at least one RCT where researchers found positive evidence.
- o Well-supported with positive evidence from two or more randomized clinical trials.

7. Intervention Target Population Identified		ervention Target Population Identified	
	•	0-5	
	•	6-12	
	•	13-17	
	•	>17	
	•	Parent/Adult	
	•	Unknown	
8.		Intervention goals:	
		ise name the sites and contact information where the intervention has been replicated/nented:	
10.	Ple	ase provide the Information Below:	
Coi	ntac	t Person/Purveyor:	
Age	Agency/Affiliation:		
Coı	Contact Email:		
Coı	ntac	t Phone:	
Inte	erve	ntion Web Site/URL:	
		complete and save this form and then email it to iparks@spaulding.org. Please include s and evaluations that support your information.	