

Northern Bluegrass-KVC	EBP Selection Document		09.30.19
EBP Intervention	Brief Description & Target Pop.	Currently On Title IV-E Clearinghouse	Intended Outcomes
1-2-3 Magic: Effective Discipline for Children 2-12	<p>1-2-3 Magic is a group format discipline program for parents, grandparents, teachers, babysitters, and other caretakers working with children approximately 2-12 years of age. The program can be used with average or special needs children. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking.</p>	N	<ul style="list-style-type: none"> °Parents/caregivers will: °Be able to use one simple tactic to manage obnoxious behavior without arguing, yelling, or spanking; °Be able to use six different tactics for encouraging routines for positive behavior; °Master four strategies for strengthening relationships with their children; °Understand how to recognize and manage the six kinds of testing and manipulation; and °Learn appropriate expectations for children's behavior.

<p>Cognitive Behavioral Therapy</p>	<p>Adults (18 and over) diagnosed with a mood disorder, including Unipolar Major Depressive Disorder (MDD), Depressive Disorder Not Otherwise Specified, and minor depression. CBT is a skills-based, present-focused, and goal-oriented treatment approach that targets the thinking styles and behavioral patterns that cause and maintain depression-like behavior and mood. Depression in adults is commonly associated with thinking styles that are unrealistically negative, self-focused and critical, and hopeless in nature. Ruminative thinking processes are also typical. Cognitive skills are used to identify the typical “thinking traps” (cognitive distortions) that clients commit and challenge them to consider the evidence more fairly. Depressed adults also demonstrate increased isolation, withdrawal, simultaneous rejection of others and sensitivity to rejection, and decreased activity and enjoyment in activities. They typically experience a number of functional impairments including disrupted sleep cycles, eating and appetite issues, and increased thoughts of death and dying. Behavioral interventions can often help these interpersonal and functional impairments. Behavioral interventions include problem solving, behavioral activation, and graded activation or exposure. Treatment is generally time-limited and can be conducted in individual or group formats.</p>	<p>N</p>	<ul style="list-style-type: none"> • Distinguish between thoughts and feelings. • Become aware of how thoughts influence feelings in ways that are not helpful. • Evaluate critically the veracity of automatic thoughts and assumptions. • Develop the skills to notice, interrupt, and intervene at the level of automatic thoughts. • Use behavioral techniques to identify situations that trigger distress and sadness. • Use behavioral activation to become more attuned with meaningful reinforcement in their lives. • Develop active problem-solving skills.
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Motivational Interviewing (MI)	Caregivers of children referred to the child welfare system, has been used with adolescents. MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities.	N	<ul style="list-style-type: none">•Enhance internal motivation to change•Reinforce this motivation•Develop a plan to achieve change
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<p>Parent-Child Interaction Therapy (PCIT)</p>	<p>Children ages 2.0 - 7.0 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers. Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention for children (ages 2.0 – 7.0 years) and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. PCIT is time-unlimited; families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior. Therefore treatment length varies but averages about 14 weeks, with hour-long weekly sessions.</p>	<p>Well Supported</p>	<p>Child-Directed Interaction component:</p> <ul style="list-style-type: none"> • Build close relationships between parents and their children using positive attention strategies • Help children feel safe and calm by fostering warmth and security between parents and their children • Increase children's organizational and play skills • Decrease children's frustration and anger • Educate parent about ways to teach child without frustration for parent and child • Enhance children's self-esteem • Improve children's social skills such as sharing and cooperation • Teach parents how to communicate with young children who have limited attention spans <p>Parent-Directed Interaction component:</p> <ul style="list-style-type: none"> • Teach parent specific discipline techniques that help children to listen to instructions and follow directions • Decrease problematic child behaviors by teaching parents to be consistent and predictable • Help parents develop confidence in managing their children's behaviors at home and in public
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<p>Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)</p>	<p>Children, 3-18 years of age, with a known trauma history who are experiencing significant posttraumatic stress disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing childhood traumatic grief can also benefit from the treatment. TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.</p>	<p>Promising</p>	<ul style="list-style-type: none"> • Improving child PTSD, depressive and anxiety symptoms • Improving child externalizing behavior problems (including sexual behavior problems if related to trauma) • Improving parenting skills and parental support of the child, and reducing parental distress • Enhancing parent-child communication, attachment, and ability to maintain safety • Improving child's adaptive functioning • Reducing shame and embarrassment related to the traumatic experiences
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