Overview of Children's Evidence Based Practices (EBPs)

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Overview

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What are Evidence Based Practices?

Clinical intervention programs that are supported by numerous research studies which show they are effective for the targeted population and problem area(s).

- Meet a high standard for quality and effectiveness
- Built upon theory and research and focus on guiding practice
- Specific training available to deliver the treatment
- Include model adherence and treatment fidelity

Treatments that incorporate EBPs have a greater expectation of successfully treating the specific problem and improving the client's daily functioning.

Kids Mental Health Info.com

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Review of Common EBPs

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Cognitive Behavioral Therapy (CBT)

Skills-based, present-focused, and goal-oriented treatment approach that targets the thinking styles and behavioral patterns that cause and maintain behavior and mood. Focuses on teaching child and/or caregiver specific skills.

Age: children and adolescents

Problem Area: Anxiety, Depression, OCD, PTSD, Behavior problems, Substance abuse

Components: Functional analysis ♦ Skills Training

Outcomes: Positive shift in thoughts, feelings, or behavior via skills to modify dysfunctional thinking and behavior; decrease in symptoms.

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CBT

Modality: Weekly or biweekly depending on the severity; over 12 to 20 weeks. Can be done individually or in group format.

Setting: Community Agency ♦ Hospital ♦ Outpatient Clinic

Adaptations: Alternatives for Families– A Cognitive Behavioral Therapy (AF-CBT) ♦ Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT) ♦ CBT paired with Motivational Enhancement Therapy and Family-based Behavior Treatment ♦ Problematic Sexual Behavior – Cognitive-Behavioral Therapy for School-Age Children (PSB-CBT-S) ♦ Coping Cat

Training: Certification available in CBT via a variety of institutes

Qualifications: Master's degree in mental health field

Beck Institute: www.beckinstitute.org
Academy of Cognitive Therapies: www.academyofct.org/page/TrainingPrograms

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CBT: Case Example

David is a 12 year old boy who has difficulty interacting with peers and paying attention in school. In these situations he describes becoming worried that he will not be able to succeed. He worries his peers will not like him and think he is strange. In classes, he becomes overwhelmed while trying to listen to his teachers and drifts off. However, he excels in his writing class and has been approached by his teacher to contribute to the school newspaper. David is concerned he won't meet his teacher's expectations and becomes anxious and paralyzed.

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How can CBT help David?

CBT can teach David skills to examine his patterns of thinking and feeling and how these affect his behavior. For example:

- Cognitive therapy can examine the root of his negative thoughts around not meeting expectations. His writing can be a identified as a coping outlet.
- Behavior therapy builds on how his cognitive distortions impact his difficulty paying attention in school.
- Specific skills for David's parents can help them better recognize and manage his concerns.

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

A conjoint child/adolescent and parent/caregiver psychotherapy model for youth who are experiencing significant emotional, cognitive and behavioral difficulties related to single, multiple and complex traumatic events.

Age: 3 years old and older (and their parent/caregiver)

Problem Area*: Trauma exposure and related significant emotional and behavioral challenges

*PTSD diagnosis is not required

Components (PRACTICE): Psychoeducation ♦ Relaxation techniques ♦ Affective expression & regulation ♦ Cognitive coping ♦ Trauma narrative & processing ♦ In vivo exposure ♦ Conjoint parent/child sessions ♦ Enhancing personal safety & future growth.

Outcomes: Improvement in PTSD, depression, anxiety, externalizing behavioral problems, sexualized behavior problems, shame, trauma related cognitions, interpersonal trust, and social competence. Improvement in the caregiver's distress, parenting skills and interactions with the child.

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TF-CBT

Modality: Weekly 30 to 45-minutes for 8 - 25 weeks

Setting: Birth Family Home ♦ Foster Home ♦ Community Agency ♦ Community Daily Living Setting ♦ Outpatient Clinic ♦ Residential Treatment Center

Adaptations: TF-CBT in group format

Training: Certification available via The TF-CBT Therapist Certification Program: web-based training; live training or learning collaborative; and follow-up consultation or supervision.

Qualifications: Master's degree in mental health field and state licensure

Trauma-Focused Cognitive Behavioral Therapy: www.tfcbt.org

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TF-CBT: Case Example

Karen has difficulty describing her early childhood. She never met her father and at the age of 4 she was placed in foster care after her mother lost custody. As she grew older, she cared for younger foster girls in the home and took on the role of a protective big sister. Now at age 15, she is struggling in a number of ways: she often leaves school or doesn't attend and is frequently involved in altercations. Recently, she got into a fight and two male school security guards pulled her off the other student and held her against the floor. This caused Karen to become more physically and verbally aggressive. She was screaming and crying for the guard not to touch her.

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How can TF-CBT help Karen?

Karen is experiencing challenges across several settings. TF-CBT can be beneficial to Karen in the following ways:

- Psychoeducation can explain and normalize Karen's feelings related to any trauma history and provide hope for treatment goals.
- Affective expression & regulation can affect how Karen responds to other individuals and decrease the frequency of altercations.
- Trauma narrative & processing allows Karen to put any traumatic events into a consistent and meaningful experience.

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Dialectical Behavior Therapy for Children (DBT-C)

Structured intervention for child and parent/caregiver to improve their abilities to increase flexible thinking and gain coping skills to achieve emotional and behavioral regulation. Dialectical strategies help to achieve this regulation by moving away from extreme positions to a more balanced outcome.

Age: 7 to 12 year olds

Problem area: Confusion about self, impulsivity, lack of emotional control, interpersonal problems, adolescent-family dilemmas, high risk behavior (e.g., suicidal thoughts/attempts, self-injury, substance use)

Components: Individual Therapy ♦ Skills training ♦ Caregiver training ♦ Phone coaching

Outcomes: Improve parent-child relationship; decrease in risky or unsafe behaviors (suicide attempts, self-harm).

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DBT-C

Modality: Weekly or biweekly sessions

Setting: Community Agency ♦ Residential care settings

Training: Available via agencies (see examples below)

Qualifications: Master's degree in mental health field and state licensure

Adaptations: Dialectical Behavioral Therapy for Adolescents (DBT-A)

Behavioral Tech: A Linehan Institute Training Company: www.behavioraltech.org
DBT-Linehan Board of Certification: www.dbt-lbc.org

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DBT-C: Case Example

Ruth is a fourth grader with good grades. Her teacher describes her as very sociable but easily distracted and bored, with a low tolerance for change, and exhibiting temper-driven outbursts. Her teacher recommended she see the school counselor who ultimately reached out to her parents. Her parents reported Ruth often has extreme reactions and fights with her siblings.

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How can DBT-C help Ruth?

Ruth and her parents can be supported by DBT-C in the following ways:

- Ruth can learn how to understand her emotions which can lead to behavioral change in school and at-home while supporting her good academic standing.
- Both Ruth and her parents can learn how to engage in problem solving.
- Her parents can also learn how to implement behavior modification techniques at home to reduce outbursts and create a validating environment for their daughter.

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Functional Family Therapy (FFT)

Family intervention program for youth with disruptive, externalizing problems. This program involves the family or other support systems in the individual's treatment.

Age: 11 to 18 year olds

Problem area: Behavioral or emotional problems (i.e., conduct disorder, violent acting-out, and substance abuse) as referred by the juvenile justice, mental health, school or child welfare systems.

Components: Engagement ♦ Motivation ♦ Relational Assessment ♦ Behavior Change ♦ Generalization Phase

Outcomes: Improve within-family attributions, family communication and supportiveness while decreasing youth referral problem and dysfunctional patterns of behavior.

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FFT

Modality: Weekly 60-minute session for 12 to 14 sessions over three to five months

Setting: Adoptive Home ♦ Birth Family Home ♦ Community Agency♦ Foster/Kinship Care ♦ School

Adaptations: Functional Family Probation and Parole (FFP) ♦ Functional Family Therapy through Child Welfare (FFT-CW)

Training: Certification available via FFT Implementation/Certification program. Three phases include: Clinical training, Supervision training and Maintenance phase.

Qualifications: Requirements vary by role. Therapist - Master's degree in mental health is strongly recommended. FFT supervisor - minimum of Master's degree in mental health.

Functional Family Therapy LLC: www.fftllc.com

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FFT: Case Example

Seventeen-year-old Christina and her father have always struggled financially, especially after her mother left them. To make ends meet, her father works two jobs and is therefore absent from the home. She blames him for her mother leaving and therefore isolates herself from him; however, she is close with her paternal grandmother who assumes a caregiver role. Christina frequently misses school and acts out. She has a history of stealing and the third time she was caught doing so she was referred for family therapy. Her father is very concerned he will lose his daughter.

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How can FFT help Christina & her father?

FFT can help this family unit by focusing on the multiple systems:

- In the beginning phase of FFT, both Christina and her father work on improving their motivation and communication via interpersonal skill building (e.g., validation, reframing).
- Christina's challenging behavior (e.g., stealing) can be improved by creating and implementing a change plan and providing parenting skills for her father.
- Community resources, including Christina's grandmother, school and neighborhood, can be identified and engaged to maintain positive changes (e.g., school attendance).

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Treatment Foster Care Oregon-Adolescents* (TFCO-A)

Alternative to group home, residential and institutional placement for youth in need of out-of-home placement which aims to keep youth living successfully in their communities and helps prepare their caregivers for a successful reunification.

*Formerly known as Multidimensional Treatment Foster Care-Adolescents (MTFC)

Age: 12 to 18 year olds

Problem area: Severe emotional and behavioral disorders

Components: Consistent, reinforcing environment where the youth is mentored and encouraged to develop academic and positive living skills ♦ Daily structure with clear expectations and specific consequences ♦ High level of youth supervision ♦ Limited access to problem peers along with access to prosocial peers ♦ Environment that supports daily school attendance and homework completion

Outcomes: Prevent/reduce the number of days in institutional or residential settings. Prevent the escalation of delinquency, youth violence and pregnancy. Increase positive academic engagement. Reduce placement disruptions. Increase attachment. Improve brain stress regulatory systems.

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TFCO-A

Modality: 6-9 months with varying interaction for the youth and caregiver.

Setting: Youth reside in the TFCO treatment home (available 24 hours a day).

Adaptations: TFCO for Preschoolers (TFCO-P) ♦ TFCO for Middle Childhood (TFCO-C)

Training: Certification and implementation support available via TFCO program certification protocol. Program recertification is required.

Qualifications: Requirements vary by role. Family therapist – Master's degree in mental health field; Individual therapist – Master's degree in mental health field; Skills trainer(s) – Bachelor's degree in a relevant field

Treatment Foster Care Oregon: www.tfcoregon.com

Content developed from materials provided by McSilver

TFCO-A: Case Example

Matthew is a 16-year-old male who is known to his local police precinct due to his history of stealing, physical assaults, and drug use. In school, Matthew has also been involved in physical altercations with other students and in verbal altercations with teachers. He was expelled from his previous school and was suspended once from his current school. During this suspension, he was frustrated he wasn't able to attend his art class. Matthew is being considered for residential treatment.

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How can TFCO-A help Matthew?

The placement of Matthew in a TFCO treatment home provides the following services:

- A stable and positive reinforcing environment that provides mentorship and encouragement along with structure to meet exceptions.
- Intense supervision with on-site coaching to practice problem-solving and coping skills.
- Effective parenting skills to his caregivers.

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Multisystemic Therapy (MST)

Intensive strengths-based family and community-based treatment program that addresses all environments that impact high risk youth - homes and families, schools and teachers, neighborhoods and friends. Therapist meets with all who can impact treatment goals.

Age: 12 to 17 years old

Problem area: Youth at risk for placement due to anti-social or delinquent behaviors, including substance abuse

Components: Treatment Principles (e.g., understand the relationship between the identified problems and broader systemic context; reinforce responsible parental behaviors; collaborative development of treatment plan; target sequences of behavior within and between multiple systems) ♦ Analytic Process ♦ Quality Assurance System

Outcomes: Decrease in criminal activity, re-arrest, incarceration, and out-of-home placements. Improvement in family relations and functioning. Increase of mainstream school attendance and performance. Decrease of psychiatric symptoms and substance use.

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MST

Modality: 3-5 months; service intensity varies with the needs of the youth and family

Setting: Therapists work across multiple systems including court, school and community as well as the home and are on call 24 hours a day

Training: Support available via MST Services across phases: program start-up assistance, initial and ongoing clinical training and program quality assurance support services. Certification is available.

Qualifications: Requirements vary by role but primarily include Master's in mental health field

Adaptations: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) ♦ Multisystemic Therapy for Substance Abuse (MST-SA)

Multisystemic Therapy Services: www.mstservices.com

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MST: Case Example

The parents of 15-year-old Craig are worried and frustrated with how their son continues to live his life. He uses alcohol and other drugs, starts fights in school and has been suspended, and in his outbursts has come close to hitting his mother. His parents are concerned for Craig and their other two children, as well as their own safety. They have noticed he is the most calm and focused during band practice with his neighborhood friends.

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How can MST help Craig?

Matthew has encountered problems across several ecological systems and would benefit from MST in several ways:

- Factors in every system contributing to Matthew's presentation are assessed and allow for a targeted multisystemic intervention plan where work can be done at multiple settings with corresponding representative/provider.
- Matthew's behavior is changed replacing negative spaces (i.e., peer groups) with more positive and supportive spaces (i.e., school band, family and community resource networks).
- Parents learn effective parenting skills to help attend to and manage Matthew's behavior.

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Parent-Child Interaction Therapy (PCIT)

A dyadic behavioral intervention for children and their parents/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.

Age: 2 to 7 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers.

Problem area: Behavioral and parent-child relationship problems

Components: Establishing warmth in parent-child relationship via direct parent coaching ♦ Manage challenging interactions with child

Outcomes: Decrease in child's tantrums, aggressive behavior, defiance and parental frustration. Increase in child's attention span, self-esteem, prosocial behavior, and parental calmness and confidence during discipline.

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PCIT

Modality: Weekly or biweekly 60-minute sessions for 12 to 20 weeks

Setting: Community Agency ♦ Outpatient Clinic

Adaptations: Teacher-Child Interaction Training (TCIT)

Training: Certification is available via the PCIT Therapist Certification Process. Training involves 40 hours of direct training, with ongoing supervision and consultation for approximately 4 to 6 months, working with at least two PCIT cases through completion. Fidelity to the model is assessed throughout the supervision and consultation period.

Qualifications: Master's degree in mental health field (or MS equivalent and licensure as a Mental Health provider)

Parent-Child Interaction Therapy: www.pcit.org

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PCIT: Case Example

Sandra reports her 5-year-old son Alex acts out frequently and does not pay attention or listen to her. This confuses her as his teacher describes him as a good and attentive student who frequently volunteers to help. She describes their relationship as challenging and distant due to the behavior problems and her inability to "get through" to Alex. Recently, they were out in a grocery store and Alex ran down all the aisles knocking some merchandise off the shelves and damaging it. Sandra is frustrated and does not know what to do.

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How can PCIT help Alex and Sandra?

PCIT includes direct observations of the parent-child interaction and therefore allows tailored skill building and guidance that can help in the following way:

- Sandra learns how to follow Alex's lead in play and gains child directed interaction skills (e.g., provide positive attention for positive behavior, ignore negative behavior) which establishes and strengthens the emotional bond between parent and child.
- Sandra also learns skills to lead her son's behavior with effective communication in order to get him to follow instructions (as he does this well in school) and decrease externalizing behavior (e.g., aggression, defiance).

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Resources

For additional information visit:

- Blueprints for Healthy Youth Development: https://blueprintsprograms.org
- California Evidence-Based Clearinghouse for Child Welfare: www.cebc4cw.org
- Effective Child Therapy - Evidence-based mental health treatment for children and adolescents: https://effectivechildtherapy.org
- Kids Mental Health: Informational Portal: http://www.kidsmentalhealth.org
- National Child Traumatic Stress Network: www.nctsn.org
- The National Guidelines Clearinghouse which can be found on the AHRQ website www.guideline.gov

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