

Jefferson Service Region-SAFY	EBP Selection Document		Revised: 9.16.19
EBP Intervention	Brief Description & Target Pop.	Currently On Title IV-E Clearinghouse	Intended Outcomes
1-2-3 Magic: Effective Discipline for Children 2-12	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.	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>Motivational Interviewing (MI)</p>	<p>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.</p>	<p>N</p>	<ul style="list-style-type: none"> • Enhance internal motivation to change • Reinforce this motivation • Develop a plan to achieve change
<p>Sobriety Treatment & Recovery Team (START)</p>	<p>Families with at least one child under 6 years of age who are in the child welfare system and have a parent whose substance use is determined to be a primary child safety risk factor. START is an intensive child welfare program for families with co-occurring substance use and child maltreatment delivered in an integrated manner with local addiction treatment services. START pairs child protective services (CPS) workers trained in family engagement with family mentors (peer support employees in long-term recovery) using a system-of-care and team decision-making approach with families, treatment providers, and the courts. Essential elements of the model include quick entry into START services to safely maintain child placement in the home when possible and rapid access to intensive addiction/mental health assessment and treatment. Each START CPS worker-mentor dyad has a capped caseload, allowing the team to work intensively with families, engage them in individualized wrap-around services, and identify natural supports with goals of child safety, permanency, and parental sobriety and capacity.</p>	<p>N</p>	<ul style="list-style-type: none"> • Ensure child safety • Reduce entry into out-of-home care, keeping children in the home with the parent when safe and possible • Achieve child permanency within the Adoptions and Safe Families Act (ASFA) timeframes, preferably with one or both parents or, if that is not possible, with a relative • Achieve parental sobriety in time to meet ASFA permanency timeframes • Improve parental capacity to care for children and to engage in essential life tasks • Reduce repeat maltreatment and re-entry into out-of-home care • Expand behavioral health system quality of care and service capacity as needed to effectively serve families with parental substance use and child maltreatment issues • Improve collaboration and the system of service delivery between child welfare and mental health treatment providers

<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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