

Learn about the three main focus areas of EBPs.





Explore the EBPs available based on the child's age and focus areas on interest.





Locate EBP providers near you by viewing:

- A) Our interactive map
- B) PDF documents sorted by region
- C) or, contact your child's Medicaid MCO to ask for a list of EBP providers in their provider network.





Contact a provider to see if the EBP is appropriate for your child, and to discuss starting services

Or, you can contact your child's Medicaid MCO, and ask for a Behavioral Health Care Manager to find an EBP provider that is appropriate for your child.



EBPs that focus on recovery from trauma



EBPs that focus on improving behavior



EBPs that focus on strengthening family relationships



EBPs that are typically provided in person (family visits the office)

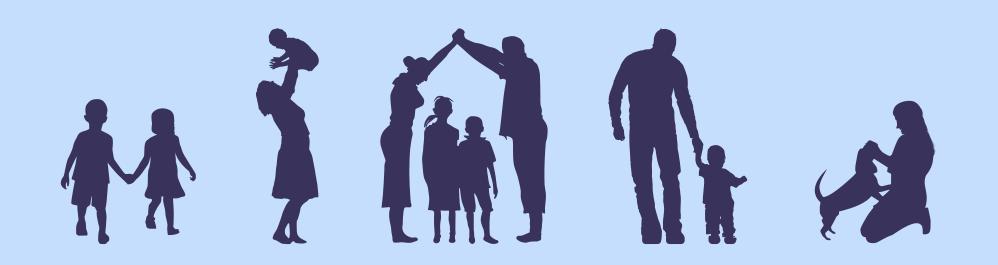


EBPs that may be offered by telehealth (video call)



EBPs that are typically home-based (practitioner visits family's home)

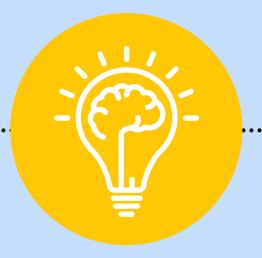




Evidence-based programs that work on...



Recovery from Trauma

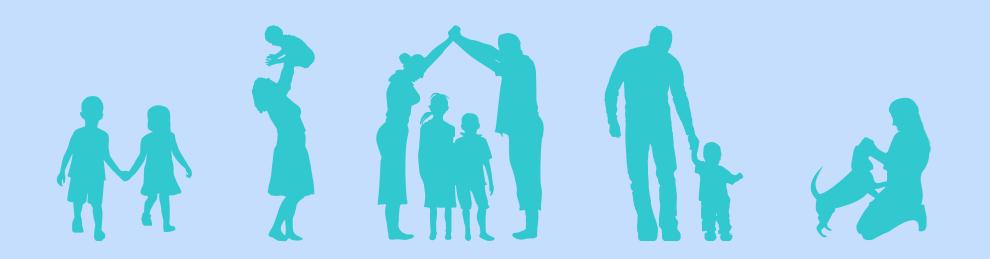


Improving Behavior



Strengthening Family Relationships





Recovery from Trauma

These EBPs help children and youth overcome the negative effects of traumatic life events.

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Children and youth that have been through trauma may experience:

- Emotional problems such as stress, fear, anxiety, and depression.
- Difficulty trusting other people, and may show their difficult emotions through negative and risky behaviors.

Treatment Outcomes

- Children and youth are able to:
 - make sense of what they have gone through
 - understand their thoughts and feelings resulting from trauma
 - relieve distress, and learn skills to cope with challenging emotions



Involve parents/caregivers in the child or youth's treatment to:

- improve family communication
- repair the child's sense of safety, comfort, and trust



Improving Behaviors

These EBPs are for caregivers who feel overwhelmed by their child's behavior or feel that their child is out of control.

Parents and caregivers are
valuable resources during EBP
therapies that focus on
improving behaviors

Did you know, these treatments can also help the caregiver to resolve mental health issues of their own?

Treatment Outcomes

- Parents/caregivers are empowered to effectively parent their children.
- Children and parents learn strategies to improve social interactions, cope with emotions like frustration and anger, and practice communication skills.

These EBPs may help those experiencing:

- behavioral outbursts
- impulsivity
- aggression
- disruptive behaviors
- substance use/illegal behaviors in adolescents



Strengthening Family Relationships

Many EBPs focus on helping strengthen families and family relationships. This includes resolving conflict between youth, their parents or caregivers, and siblings.

These treatments build on the strengths and <u>resources</u> of youth and their families.



These EBPs may help caregivers that:

- are struggling to supervise children and keep the home safe.
- parents and or are struggling with their own mental health or substance use issues.

Treatment Outcomes

- Help families to understand each other better, reduce conflict, improve their ability to communicate and solve problems
- Support caregivers to keep a safe, healthy home for the family.

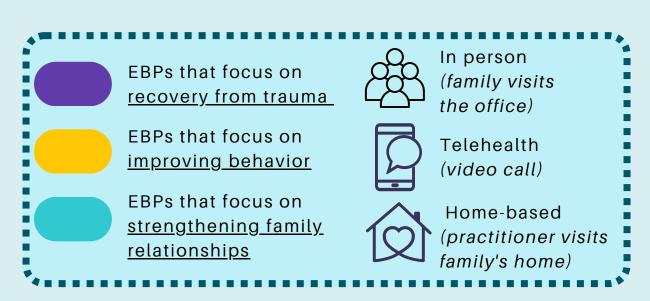






Evidence-based programs for ages...













Preschool PTSD Treatment



Child-Parent Psychotherapy



Eye Movement
Desensitization and
Reprocessing



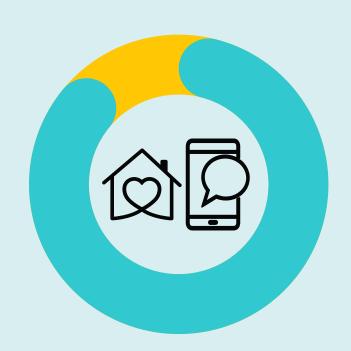
Parent-Child Interaction Therapy



Triple P

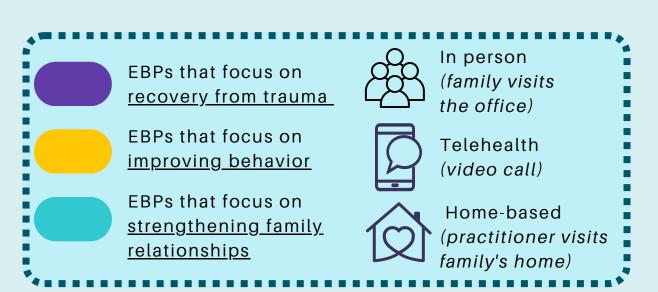


Homebuilders



Functional Family Therapy: Child-Welfare













Youth PTSD Treatment



Eye Movement
Desensitization and
Reprocessing



Parent-Child Interaction Therapy



Triple P

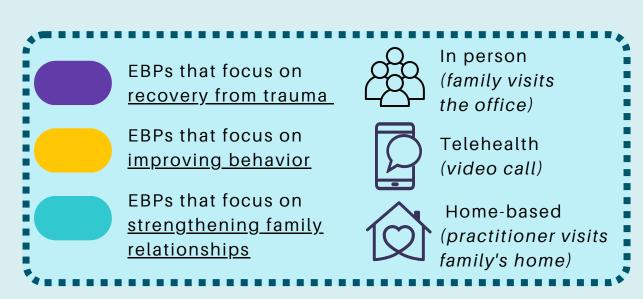


Homebuilders



Functional Family Therapy: Child-Welfare













Youth PTSD Treatment



Eye Movement
Desensitization and
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Triple P



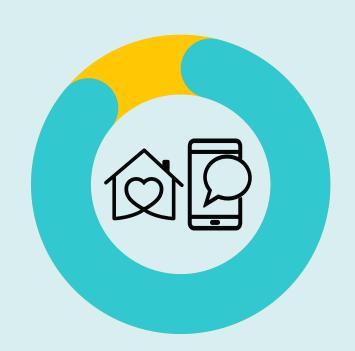
Functional Family
Therapy



Multisystemic Therapy



Homebuilders



Functional Family Therapy: Child-Welfare





Child-Parent Psychotherapy (CPP)

CPP examines how trauma affects the child-caregiver relationship and the child's development. A central goal is to support and strengthen the caregiver-child relationship, while restoring and protecting the child's mental health.

Target Population

• Children (ages 0-5) and caregivers who have experienced trauma



Length of Program

• One 60-90 minute therapy session each week

Focus of Treatment

- Supports family strengths and relationships
- Helps families heal and grow after stressful or traumatic experience
- Respects family cultural values





Outcomes

Helps children and families:

- Understand each other
- Talk about difficult experiences
- Address difficult feelings and behaviors
- Create a family story that leads to healing



Eye Movement Desensitization and Reprocessing Therapy (EMDR)



EMDR is an effective therapy to help youth manage negative thoughts and feelings related to a traumatic experience. During EMDR therapy, the patient is conditioned using eye movements, tones, or taps while focusing on the traumatic experience and any negative thoughts or body sensations. Youth learn to replace negative thoughts and feelings with positive ones.

Target Population

 Children (ages 2-18) with a history of trauma who are experiencing post-traumatic stress disorder (PTSD) symptoms



Length of Program

- Therapy sessions last 45-90 minutes
- 1-2 sessions per week

Focus of Treatment

- PTSD and related symptoms
- Traumatic memories
- Current situations that trigger negative emotions and behaviors





- Child is able to process traumatic experiences and cope
- Relieves emotional distress
- Replaces negative thoughts and feelings with positive ones to encourage healthier behavior and social interactions.



Functional Family Therapy (FFT)

FFT improves family communication and support, while decreasing negativity and dysfunctional behaviors. The program targets parenting skills, youth compliance, and behaviors. FFT is effective for youth and their families in various cultural contexts.

Target Population

• At risk youth (ages 12-18) and their families



Length of Program

- 12 to 14 sessions
- Spread over 3-4 months

Focus of Treatment

- Conduct Disorders
- Violence and acting out
- Drug and alcohol use





- Improve conduct problems, delinquency and criminal behavior, gang involvement, and drug/alcohol use
- Improve school attendance and social behaviors
- Strengthen family relationships



Functional Family Therapy Child Welfare (FFT-CW)



FFT-CW involves the family and other support systems during the individual's treatment. All sessions involve key family members. The involvement of external support and family support networks is very important for maintaining long-term behavioral changes.

Target Population

 Youth (age 0-17) and families in child welfare settings



Length of Program

• Weekly sessions for 5-7 months

Focus of Treatment

- <u>Child/Adolescent</u>: criminal behaviors and actingout; fighting; drug and alcohol use; depression and anxiety; and preventing outplacement (foster care, residential, acute hospitalization)
- <u>Parent/Caregiver</u>: abusive or neglectful parenting behaviors; violent behaviors; drug or alcohol use; criminal involvement



- Prevent youth or family member outplacement
- Decrease need for social services
- Reduce/eliminate domestic violence, child abuse, harsh discipline/punishment, and family conflict



Homebuilders



Homebuilders is an intensive treatment program focused on family preservation. This program is designed to prevent unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services to their homes. Family members act as partners in goal setting and treatment planning.

Target Population

- Families with children (ages 0 to 18) at risk of placement into foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities
- OR children already in these placements who need therapy before returning home



Length of Program

- 3-5 sessions per week; each session lasts 2-hour
- Treatment lasts 4-6 weeks

Focus of Treatment

- Noncompliance
- Behavioral/emotional problems
- Aggression/anger
- Skipping school
- Running away







- Reduce child abuse and neglect
- Reduce family conflict
- Reduce child behavior problems
- Families learn skills to prevent placement or successfully reunite with their children





Multisystemic Therapy (MST)

MST is an intensive family and community-based treatment for serious juvenile offenders with possible substance use issues and their families. The main goals of MST are to decrease youth criminal behavior and out-of-home placements.

Target Population

- Youth (ages 12-17) with possible substance use issues who are at risk of out-of-home placement due to dysfunctional or delinquent behaviors
- Youth involved with the juvenile justice system



Length of Program

- 3-5 months
- Frequency of therapy varies

Focus of Treatment

- Involvement in the juvenile justice system
- Preventing out-of-home placement
- Physical aggression
- Verbal aggression/threats
- Drug and alcohol use





- Reduce the frequency and severity of the youth's bad behaviors
- Empower parents with the skills and resource to independently address the challenges of raising children and adolescents
- Empower youth to cope with family, peer, school, and neighborhood problems



Parent Child Interaction Therapy (PCIT)



PCIT is a behavioral intervention for children and their parents/caregivers that focuses on decreasing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child relationship.

Target Population

- Children (ages 2-7) with behavior problems and dysfunctional relationships with parents/caregivers
- Treatments involve parents, foster parents, or other caretakers



Length of Program

- 1-2 therapy sessions per week. Each session is 1-hour long
- Treatment lasts 10-20 sessions or until positive changes occur

Focus of Treatment

- <u>Child</u>: noncompliance, aggression, rule breaking, disruptive behavior, dysfunctional attachment to parent
- <u>Caregiver</u>: Ineffective parenting styles (e.g., permissive parenting, authoritarian parenting, and overly harsh parenting)





- Build close relationships between parents and their children
- Increase children's organizational and play skills
- Decrease children's frustration and anger
- Enhance children's self-esteem
- Improve children's social skills such as sharing and cooperation



Preschool-PTSD Treatment (PPT)



PPT is a therapy to treat very young children with post-traumatic stress disorder (PTSD) and trauma-related symptoms. The sessions are either with the therapist working with the child (with the caregiver observing via a video feed) or with the caregiver and child together.

Target Population

 Children (ages 3-6) with post-traumatic stress disorder (PTSD) symptoms



Length of Program

- One 60-minute session per week
- Therapy lasts 12 weeks

Focus of Treatment

- Post-traumatic stress disorder (PTSD) symptoms in children
 - Educate children about PTSD
 - Target defiant behavior
 - Develop effective discipline plan
 - Develop new coping skills and relaxation exercises





- Strengthen relationship between the caregiver and child
- Help caregiver and child heal after traumatic events
- Create a plan for the future: develop safety plans for your child



Trauma Focused Cognitive Behavioral Therapy (TF-CBT)



TF-CBT is a therapy to help traumatized youth manage their thoughts and feelings related to their trauma experience, change inaccurate or unhelpful thoughts, and build skills to relax, control emotions, and improve safety. Gradual exposure is used to desensitize the youth to traumatic memories and trauma reminders.

Target Population

 Children (ages 3-18) with a known history of trauma who are experiencing post-traumatic stress disorder (PTSD) symptoms



Length of Program

- Weekly sessions for the child and parent separately until the end of treatment; then conjoint sessions
- 12-18 weeks

Focus of Treatment

- Feelings of shame
- Distorted beliefs about self and others
- Acting out and other behavior problems
- PTSD and related symptoms
- Inappropriate parenting practices
- Parental trauma-related emotional distress





- Improves child PTSD, depression, and anxiety
- Improves child behavior problems (including sexual behavior problems if related to trauma)
- Improves parent-child communication, attachment, and safety
- Reduces shame and embarrassment related to the traumatic experiences



Triple P - Level 4



Level 4 Triple P helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan, and then asked to practice their plan with their children. During the course of the program, parents are encouraged to keep track of their children's behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working. The practitioner helps parents to optimize their plan.

Target Population

 For parents and caregivers of children and adolescents (age 0-12) with moderate to severe behavioral and/or emotional difficulties



Length of Program

- Program interventions take place over 2-3 months
- Various formats offered

Focus of Treatment

- Managing child behavior problems
- Stress, anxiety, and/or depression
- Anger
- Negative thinking
- Parenting partner conflict





- Promote healthy child development
- Feel competent in managing the child's behavior problems
- Reduce coercive and punitive methods of discipline
- Increase positive parenting strategies
- Increase confidence in parenting
- Decrease behavior problems in children

Youth-PTSD Treatment (YPT)



YPT is a therapy to treat children and adolescents with post-traumatic stress disorder (PTSD) and trauma-related symptoms. The sessions are either with the therapist working individually with the child (with the caregiver observing via a video feed) or with the caregiver and child together.



Target Population

Children and adolescents (ages 7-18)
 with post-traumatic stress disorder
 (PTSD) symptoms



Length of Program

One 60-minute session per week for
 12 sessions

Focus of Treatment

- Post-traumatic stress disorder (PTSD)
 symptoms in children and adolescents
 - Educate children about PTSD
 - Target defiant behavior
 - Develop effective discipline plan
 - Develop new coping skills and relaxation exercises



- Strengthen relationship between caregiver and child
- Help caregiver and child heal after traumatic event(s)
- Create a plan for the future: develop safety plans for your child







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Map of Evidence-Based Programs in Louisiana

Access the map <u>here</u>.

