## PEI EBP Matrix

## (updated as of August 1, 2016)

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Cognitive Behavioral Intervention for Trauma in School (CBITS) EBP Code: 2C	Child-Parent Psychotherapy (CPP) EBP Code: 2B	Caring for Our Families (CFOF) EBP Code: 3B	Brief Strategic Family Therapy (BSFT) EBP Code: 2A	Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT) EBP Code: 4B	Aggression Replacement Training (ART) EBP Code: 4A	PROGRAM NAME
CBITS is an early intervention for children who have experienced or have been exposed to traumatic events and are experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression, or anxiety. To improve access to mental health care, services are delivered within the school setting by clinical staff, as part of multi- disciplinary treatment teams. CBITS intends to reduce the impact of trauma-related symptoms, build resilience, and increase peer and parental support for students at-risk of school failure.	CPP is a psychotherapy model that integrates psychothynamic, attachment, trauma, cognitive- Frequency: behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention for young children that may be at risk for acting-out and experiencing symptoms of depression and trauma.	Adapted from the "Family Connections" model, CFOF includes community outreach, family assessment, and individually tailored treatment programs. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components include emergency assistance/concrete services; home-based family intervention (e.g., outcome-driven service plans, individual and family counseling); service coordination with referrals targeted toward risk and protective factors; and multi-family supportive recreational activities.	BSFT is a short-term, problem-oriented, family-based intervention designed for children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.	AF-CBT is designed to improve the relationships between children and parents/ caregivers in families involved in physical force/coercion and chronic conflict/hostility. This practice emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, strengthen positive parenting practices, improve family cohesion/communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.	ART is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. Its goal is to improve social skills, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches pro-social skills. In anger control training, youths are taught how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others.	DESCRIPTION
Children (10-15)	Young Children (0-6)	Children (5-11)	Children (10-15) TAY (16-18)	Children (5-15) TAY (16-17)	Children (5-12) – Skillstreaming Only Children (12-15) TAY (16-17)	AGE GROUPS SERVED (AGE LIMITS)
Frequency: 1x per week Session Length: 60 minutes Treatment Length: 10 weeks Plus two - 60 min collateral	1x per week Session Length: 60 to 90 minutes Treatment Length: 50 weeks	Frequency: k per week Session Length: 60 minutes Treatment Length: 6 months	Frequency: 1x per week, or more frequent if the client is in a state of crisis  Session Length: 1 to 1 1/2 hours  Treatment Length: 5 to 24 weeks	Frequency: 1x or 2x a week Session Length: 60 to 90 minutes Treatment Length: 4 to 8 months	Frequency: for Skillstreaming Only—1x per week Frequency: 3x per week (1 group in each component per week) Session Length: 60 minutes Treatment Length: 10 weeks	DURATION OF PROGRAM (ESTIMATED FREQUENCY AND LENGTH OF TREATMENT)
Group	Conjoint: Parent- Child	Individual Group Conjoint: Parent- Child	Individual, family YOQ-2 peer (including RBPC- peer resistance RBPC- education) 5-18]]	Individual Group Conjoint: Parent- Child Family	Group	MODALITY
YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) UCLA PTSD-RI for Children and Adolescents-Parent (Child, 3-18) UCLA PTSD-RI for Children and Adolescents- Child/Adolescent (Child, 6-20)	Conjoint: Parent- YOQ-2.01 Parent (Child, 4-17) Child TSCYC (Child, 3-6)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECB! Parent (Child, 2-16)] SESBI-R [if parent is unavailable (Child, 2-16)]	POQ-2.01 Parent (Child, 4-17) peer (including RBPC-Parent (Child, 12-18) peer resistance RBPC-Teacher [if parent is unavailable (Child, education) 5-18)]	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) UCLA PTSD-RI for Children and Adolescents-Parent (Child, 3-18) UCLA PTSD-RI for Children and Adolescents- Child/Adolescent (Child, 6-20)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R [if parent is unavailable (Child, 2-16)] Developer Required Skillstreaming Checklist Aggression Questionnaire How I Think Questionnaire Satisfaction Questionnaire	CLINICAL MEASURESTOOLS

12	11	10	9	8	7	
incredible Years (IT) EBP Code: 2L	Group Cognitive Behavioral Therapy for Major Depression (Group CBT) EBP Code: 2J	Functional Family a Therapy EBP Code: 11	Families Over Coming Under Stress (FOCUS) EBP Code: 4R	Depression Treatment Quality Improvement (DTQI) EBP Code: 2F	Crisis Oriented Recovery Services (CORS) EBP Code: 4D	PROGRAM NAME
IY is based on developmental theories of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focuses on strengthening parenting competency and parent involvement in a child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting pro-social behaviors and school readiness.	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patterns cause maladaptive behaviors and negative emotions. The group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in-line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African-American adults.	(FFT)Children FFT is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and protective factors that impact the adolescent, specifically intrafamilial and extrafamilial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity these families experience.	Family resiliency training for Military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues. FOCUS believes that poor communication skills and combat operational stress leads to distortions in thinking and family detachment. Treatment is delivered to couples and/or the family as a whole, with hopes of building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.	DTQI is a comprehensive approach to managing depression that utilizes quality improvement Depression Treatment processes to guide the therapeutic services to adolescents and young adults. The Quality Improvement psychoeducation component helps individuals learn about major depression and ways to decrease the likelihood of becoming depressed in the future. The psychotherapy component assists individuals who are currently depressed to gain understanding of factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disorder.	CORS is a short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services. The primary objective is to assist individuals in resolving and/or coping with psychosocial crises by mitigating additional stress or psychological harm. It promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event.	DESCRIPTION
Children (0-12)	TAY (18-25) Adults (26-59) Older Adults (60+)	Children (10-15) TAY (16-18)	Couples Families Children (5-15) TAY 16-25) Adults (26-59) Older Adults (60+)	Children (12-15) TAY (16-20)	Children (3-15) TAY (16-25) Adults (26-59) Older Adults (60+)	AGE GROUPS SERVED (AGE LIMITS)
Frequency: 1x per week Session Length: 2 hours for basic parent group Treatment Length: 12 to 20 sessions Dina School: 1x per week, 2 hours in length, 20 to 22 weeks (offered in conjunction with weekly parent group sessions)	Frequency: 1x per week Session Length: 90 to 120 minutes Treatment Length: 12 to 16 weeks	Frequency: 1x per week (First 3 sessions in the first 10 days) Session Length: 60 to 120 minutes Treatment Length: 8 to 30 sessions (depending on severity)	Frequency: 1x per week Session Length: 60 to 120 minutes Treatment Length: 8 to 10 weeks	Frequency: Individual Therapy 1x per week; Group 1x per week Session Length: 60 minutes Treatment Length: 12 to 16 sessions	Frequency: 1x per week Session Length: 60 to 90 minutes Treatment Length: up to 6 consecutive weeks	DURATION OF PROGRAM (ESTIMATED FREQUENCY AND LENGTH OF TREATMENT)
Group	Group	Family	YOQ-2.01 Par 17) YOQ-2.0 (19+) McMaster FAI	Individual Group	Individual	MODALITY
YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R [if parent is unavailable (Child, 2-16)]	YOQ-2.0 SR (Child, 12- 18) OQ (19+) PHQ-9 (18+)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18)  Developer Required Clinical Services System: Counseling Process Questionnaire Client Outcome Measure Therapist Outcome Measure YOQ/YOQ-SR	YOQ-2.01 Parent (Child, 4- 17) YOQ-2.0 SR (Child, 12- 18) OQ (19+) McMaster FAD (12+)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) OQ (19+) PHQ-9 (12+)	YOQ-2.01 Parent (Child, 4- 17) YOQ-2.0 SR (Child, 12- 18) OQ (19+)	CLINICAL MEASURES/TOOLS

16	15	14	13	
Managing and Adapting Practice (MAP) EBP Code: 4K	Loving InterventionAn Family Enrichment Program (LIFE) EBP Code: 3E	Interpersonal Psychol erapy sulfarig Depression (IPT) EBP Code: 2M	Individual Cognitive Behavioral Therapy (Ind. CBT)	PROGRAM NAME
MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP as implemented in LA County has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	adaptation of Parent Project, LIFE is a 22-week skills-based curriculum implemented with parenting classes/support groups, youth mental health groups, and multi-family groups for parents with children at risk of or involved with the juvenile justice system. The program was designed for low-income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty in interpresonal relationships. IPT targets the TAY population from non-psychotic, uni-polar depression. It targets not only symptoms, but improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	CBT is intended as an early intervention for individuals who either have or may be at risk for complete to the early onset of anxiety, depression, and the effects of trauma that impactivatious domains of daily living. CBT incorporates a wide variety of treatment strategies including psychoeducation, skills acquisition, contingency management, Socratic questionins/Clider behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.	DESCRIPTION
Children (0-15) TAY (16-21) Disruptive Behavior: 0-21 Depression and Withdrawal: 8-23 Anxiety and Avoidance: 2-19 Traumatic Stress: 2-18	Children (4-15)  TAY (16-19)  TAY (16-19)  criteria for TAY-aged Session Length: 2 to clients: client should be living in the home	Children (12-15) TAY (16-25) Adults (26-59) Older Adults (60+)	TAY (16-25) Adults (26-59) Adults (60+)	AGE GROUPS SERVED (AGE LIMITS)
Treatment Length Max: ~12 months	Children (4-15)  TAY (16-19)  TAY (16-19)  criteria for TAY-aged Session Length: 2 to 3 hours clients: client should be living in the home  Treatment Length: 22 weeks	Frequency: 1x per week Session Length: 60 minutes Treatment Length: 8 to 20 sessions, with the intention of tapering off sessions as clinician moves closer to the 20th session	Frequency: 1x per week Session Length: 45 to 50 minutes Treatment Length: 18 to 52 sessions	DURATION OF PROGRAM (ESTIMATED FREQUENCY AND LENGTH OF TREATMENT)
Individual	Group Conjoint: Parent- Child	individual	Individual	MODALITY
YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) OQ (19+) Disruptive Behavior: ECBI-Parent (Child, 2-16) SESBI-R [if parent is unavailable (Child, 2-16)] Depression and Withdrawal: PHQ-9 (12+) Anxiety and Avoidance: RCADS-Parent (Child, 6-18) RCADS-Child (6-18) Trauma: UCLA PTSD-RI for Children and Adolescents-Parent (Child, 318) UCLA PTSD-RI for Children and Adolescent (Child, 6-20)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R [if parent is unavailable (Child, 2-16)]	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) OQ (19+) PHQ-9 (12+)	YOQ-2.0 SR (12-18) OQ (19+) Trauma: UCLA PTSD-R! for Children and Adolescents - Child/Adolescent (Child, 6-20) UCLA PTSD-R! Adult Short Form (21+) Anxiety: GAD-7 (18+) Depression: PHQ-9 (18+)	CLINICAL MEASURES/TOOLS

23	22	21	20	19	18	17	_
Reflective Parenting Program (RPP) EBP Code: 3L	Providing Alternative Thinking Strategies (PATHS) EBP Code: 2Z	Program to Encourage Active Rewarding Lives for Seniors (PEARLS) EBP Code: 2S	Parent-Child Interaction Therapy (PCIT) EBP Code: 2R	Multisystemic Therapy (MST) EBP Code: 10	Multidimensional Family Therapy (MDFT) EBP Code: 2P	Mindful Parenting Groups (MP) EBP Code: 3P	PROGRAM NAME
RPP consists of a 12-week workshop that includes instruction, discussions and exercises to involve parents in topics such as temperament, responding to children's distress, separation, play, discipline, and anger as they relate to issues in their own families. The workshops help parents /caregivers enhance their reflective functioning and build strong, healtry bonds with their children.	PATHS is a school-based preventive intervention for children in elementary school. The intervention is designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Skills concepts are presented through direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations.	PEARLS is a community-based treatment program using methods of problem solving treatment (PST), social and physical activation and increased pleasant events to reduce depression in physically impaired and socially isolated older adults.	PCIT provides highly specified, step-by-step, live-coaching sessions with both the parent/caregiver and the child. Parents leam skills through didactic sessions to help manage behavioral problems in their children. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	MST targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juverile probation youth. MST typically uses a home-based approach to reduce barriers that keep families from accessing services. Therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family, friends) and removing barriers (e.g. parental substance abuse, high stress).	MDFT is a tarnily-based treatment and substance-abuse prevention program to help adolescents to reduce or eliminate substance abuse and behavior/conduct problems, and improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. There are also two intermediate intervention goals for every family: 1) helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.	MP is a 12-week parenting program for parents and caregivers of infant, toddler and preschool children at risk for mental health problems and disrupted adoptions. Parents/caregivers and children are grouped in tight developmental cohorts with no more than 4-6 months difference in age for the children.	DESCRIPTION
Children (0-12)	Children (5-12)	Older Adults (60+)	Young Children (2-7)	Children (12-15) TAY (16-17)	Children (12-15) TAY (16-18)	Young Children (birth to 3)	AGE GROUPS SERVED (AGE LIMITS)
Frequency: 1x per week Session Length: 90 minutes Treatment Length: 12 sessions	Frequency: 1x per week Session Length: 60 minutes Treatment Length: 12 months max	Frequency: Sessions 1, 2, 3 weekly Sessions 4 and 5 bi-monthly Sessions 6, 7, 8 monthly Session Length: 60 minutes Treatment Length: 6 to 8 sessions over the course of 19 weeks	Frequency: 1x per week, plus homework Session Length: 60 minutes Treatment Length: on average 16 to 24 sessions	Frequency: 1+x per week Session Length: 60+ minutes Treatment Length: 16 to 24 weeks	Frequency: 3 to 5x per week Session Length: 60 to 90 minutes Treatment Length: 12 to 24 weeks	Frequency: 1x per week Session Length: 90 minutes Treatment Length: 12 sessions	DURATION OF PROGRAM (ESTIMATED FREQUENCY AND LENGTH OF TREATMENT)
Group	Group	Individual	Conjoint Parent/care giver and Parent/care giver with Child	Family	Family	Group	MODALITY
YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R (if parent is unavailable (Child, 2-16)]	YQQ-2.01 Parent (Child, 4-17) YQQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R (if parent is unavailable (Child, 2-16)]	OQ (19+) PHQ-9 (18+)	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R (if parent is unavailable (Child, 2-16)]	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) Developer Required Therapist Outcome Measure Supervisor Adherence Measure	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) RBPC Parent (Child, 5-18) RBPC Teacher [if parent is unavailable (Child, 5-18)]	DECA-I/T (1month - 36months)	CLINICAL MEASURES/TOOLS

27	26	25	24	
Triple P Positive Parenting Program (Triple P) EBP Code: 2Y	Trauma Focused CBT (TF-CBT) EBP Code: 2W	Strengthening Families Program (SFP) EBP Code: 2V	Seeking Safety (SS) EBP Code: 4N	PROGRAM NAME
Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Levels I wo and Three, which focus on preventive mental health activities, are being implemented through community-based organizations. Levels Four and Five, which are early interventions parenting and teen modules, are being implemented by DMH directly operated and contract agencies.	An early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services.	SFP is a family-skills training intervention designed to enhance school success and reduce substance use and aggression among youth. Sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring (SFP) compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and tostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	SS is a present-focused therapy that helps people attain safety from trauma or PTSD and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment is designed for flexible use and is conducted in group or individual format, in a variety of settings, and for culturally diverse populations.	DESCRIPTION
Children (0-15) TAY (16-18)	Children (3-15) TAY (16-18)	Children (3-15) TAY (16)	Children (13-15) TAY (16-25) Adults (25-59) Older Adults (60+)	AGE GROUPS SERVED (AGE LIMITS)
Level 4 Standard (Individual) Frequency: 1x per week Session Length: 60 minutes Treatment Length: 10 sessions Level 4 Group Frequency: 1x per week Session Length: 120 minutes Treatment Length: 5 sessions and Modality: Individual (phone calls) Frequency: 1x per week Session Length: 15 to 30 minutes Treatment Length: 3 sessions	Frequency: 1x per week Session Length: 60 to 90 minutes Treatment Length: 12 to 16 sessions	Frequency: 1x per week is preferred, 2x per month is ok (but no less than that) Session Length: 2 hours Treatment Length: 7 sessions Four 2-hour optional booster in which parents and youth meet separately for instruction during the first hour and together for family activities in the second hour.	Frequency Average: 1x per week Session Length Average: 50 to 90 minutes Treatment Length Average: 5 to 6 months	DURATION OF PROGRAM (ESTIMATED FREQUENCY AND LENGTH OF TREATMENT)
Individual and/or Group	Individual and Conjoint	1.Parent Group 2.Youth Group 3.Family Activity Group	Individual or Group	MODALITY
YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) ECBI Parent (Child, 2-16) SESBI-R [if parent is unavailable (Child, 2-16)]	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) UCLA PTSD-RI for Children and Adolescents-Parent (Child, 318) UCLA PTSD-RI for Children and Adolescents-Child/Adolescent (Child, 6-20)	1.Parent Group  YOQ-2.01 Parent (Child, 4-17)  YOQ-2.0 SR (Child, 12-18) RBPC- Parent (Child, 5-18) HBPC-  3.Family Activity (Child, 5-18)]	YOQ-2.01 Parent (Child, 4-17) YOQ-2.0 SR (Child, 12-18) YOQ-2.0 SR (Child, 12-18) OQ-45 (19+) UCLA PTSD-RI for Children and Adolescents—Parent (Child, 3-18) UCLA PTSD-RI for Children and Adolescents— Child/Adolescent (Child, 6-20) UCLA PTSD-RI Adult Short Form (21+)	CLINICAL MEASURES/TOOLS