PREVENTION AND EARLY INTERVENTION PROGRAMS

Based on Promising Practices/ Community Defined Programs Updated as of April 4, 2023

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)
1.	Aggression Replacement Training (ART)	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.	Children (5-12) – Skill-streaming Only Children (12-15) TAY (16-17)
2.	Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)	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 and 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.	Children (5-15) TAY (16-17)
3.	Brief Strategic Family	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.	Children (10-15) TAY (16-18)
4.	Caring for Our Families (CFOF)	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.	Children (5-11)

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ļ	5	Assessment and Prevention of Prodromal States (CAPPS)	The Center for the Assessment and Prevention of Prodromal States (CAPPS) program provides family-focused treatment targeting children, adolescents, and young adults, ages 12-30, at risk for developing psychosis (prodromal phase) or up to 24-months after experiencing their first psychotic episode. Services provided to the consumer and their family includes comprehensive intake evaluation, Family Focused-Therapy, psycho-education, communication enhancement, problem solving, and skill building. Also provided are psychiatric assessments, medication support (if needed), case management, and linkage to needed resources.	Children (12-15) TAY (16-25) Adults (26-30)
6	6. 6	Psychotherap y (CPP)	CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-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.	Young Children (0-6)
	7. 7	Intervention for Trauma in School (CBITS)	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.	Children (10-15)
8	3. 8	Oriented Recovery Services (CORS)	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.	Children (3-15) TAY (16-25) Adults (26-59) Older Adults (60+)

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9.	Depression Treatment Quality Improvement (DTQI)	DTQI is a comprehensive approach to managing depression that utilizes quality improvement processes to guide the therapeutic services to adolescents and young adults. The 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.	Children (12-15) TAY (16-20)
10	Dialectical Dialectical Dialectical Definition	DBT serves individuals who have or may be at risk for symptoms related to emotional dysregulation, which can result in the subsequent adoption of impulsive and problematic behaviors, including suicidal ideation. DBT incorporates a wide variety of treatment strategies including chain analysis, validation, dialectical strategies, mindfulness, contingency management, skills training and acquisition (core mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and self-management), crisis management, and team consultation.	Children (13-15) TAY (16-25) Adults (26-59) Older Adults (60+)
1.	. Coming	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, with hopes of building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.	Couples Families Children (2-15) TAY (16-25) Adults (26-59) Older Adults (60+)
12	Family Connections (FC)	The goal of FC is to help families meet the basic needs of their children and prevent child maltreatment. Nine practice principles guide FC interventions: community outreach, individualized family assessment, tailored interventions, helping alliance; empowerment approaches, strengths perspective, cultural competence, developmental appropriateness, and outcome-driven service plans. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety, well-being, and permanency outcomes.	Families Children (0-15) TAY (16-18)
13	Functional Family Therapy (FFT)	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 interfamilial and extra-familial 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.	Children (10-15) TAY (16-18)

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14.	Therapy for Major	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change their 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.	TAY (18-25) Adults (26-59) Older Adults (60+)
15.		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.	Children (0-12)
16.	Behavioral Therapy	CBT is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living. CBT incorporates a wide variety of treatment strategies including psycho-education, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.	TAY (16-25) Adults (26-59) Older Adults (60+)
17.	Psychotherap y for Depression	Based in attachment theory, IPT is a time-limited (8 to 20 sessions), focused, evidence-based approach to treating depression in clients 12 and older. The main goal of IPT is to improve the quality of a client's interpersonal relationships and social functioning to increase their social support and help reduce overall distress. Therapy is focused on one or more interpersonal problem areas including interpersonal disputes, role transitions, as well as grief and loss issues.	Children (12-15) TAY (16-25) Adults (26-59) Older Adults (60+)
18.	Loving Intervention Family Enrichment Program (LIFE)	An 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.	Children (4-15) TAY (16-19) Criteria for TAY- aged clients is client should be living in the home

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)
19.	Managing and	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 L.A County has four foci of treatment, namely, anxiety, depression, disruptive behavior and trauma.	Children (0-15) TAY (16-21) Disruptive Behavior: 0-21 Depression and Withdrawal: 8-23 Anxiety and Avoidance: 2-19 Traumatic Stress: 2-18
20.	Mental Health Integration Program (MHIP)	MHIP is an approved early intervention program for use with individuals who suffer from mild to moderate symptoms of depression and/or anxiety and/or PTSD. Agencies offering MHIP will require department approval prior to initiating	TAY, Adult, Older Adult (18+)
21.		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.	Young Children (birth to 3)
22.	Therapy	MDFT is a family-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.	Children (12-15) TAY (16-18)

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23.	Multisystemic	MST targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juvenile 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).	Children (12-15) TAY (16-17)
24.	Nurturing Parenting (NP)	The Nurturing Parenting Programs are family-based programs utilized for the treatment and prevention of child abuse and neglect. Program sessions are offered in group-based and home-based formats ranging from 5-58 sessions. Programs are designed for parents with young children with birth to 5 years old, school aged children 5-11 years old, and teens 12-18 years old. Parents and their children meet in separate groups that meet concurrently. Developed from the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are: (1) to teach age-appropriate expectations and neurological development of children, (2) to develop empathy and self-worth in parents and children, (3) to utilize nurturing, non-violent strategies and techniques in establishing family discipline, (4) to empower parents and children to utilize their personal power to make healthy choices, (5) to increase awareness of self and others in developing positive patterns of communication while establishing healthy caring relationships.	Young Children (birth to 5) Children (5-15) TAY(16-18)
25.	Interaction	PCIT provides highly specified, step-by-step, live-coaching sessions with both the parent/caregiver and the child. Parents learn 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.	Young Children (2-7)
26.	and Early Referral	The Portland Identification and Early Referral Model (PIER) program targets children and TAY youth ages 12-25 who are at chronic high risk of developing psychosis or have experienced their first psychotic episode. The PIER model stresses early identification of clinical high-risk symptoms and includes ongoing education to community members that interact with youth in order to encourage early referral. Once referred, youth are given a comprehensive evaluation, multifamily psychoeducation group to improve family communication and problem solving, psychiatric evaluation and medication support, supportive employment/education, targeted case management and peer support.	Children (12-15) TAY (16-25)

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)
27	Problem Solving	PST has been a primary strategy in IMPACT/MHIP and PEARLS. While PST has generally focused on the treatment of mild depression or dysthymia, this strategy can be adapted to a wide range of problems and populations. PST utilizes a structured approach to problem solving that includes identifying the problem, generating and evaluating possible solutions, choosing and implementing a solution, and evaluating the outcome. It is intended for those clients who are experiencing short-term challenges that may be negatively impacting their ability to function	TAY(16-25) Adult (26-59) Older Adult (60+)
28	Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	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.	Older Adults (60+)
29	Prolonged Exposure –	PE-PTSD is an early intervention, cognitive behavioral treatment for individuals experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. Individual therapy is designed to help clients process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety.	TAY (18-25) Adults (26-59) Older Adults (60+)
30	Thinking	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.	Children (5-12)

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31.	Program (RPP)	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, healthy bonds with their children.	Children (0-12)
32.	Seeking Safety (SS)	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.	Children (13-15) TAY (16-25) Adults (25-59) Older Adults (60+)
33.	Families Program (SFP)	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 compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	Children (3-15) TAY (16)
34.	Focused CB1	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.	Children (3-15) TAY (16-18)
35.	Program	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 Two 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.	Children (0-15) TAY (16-18)

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3	Transition Model	UCLA TTM is a multi-tiered transitional and supportive intervention for adoptive parents of high- risk children. Families participate in three 3-hour psycho-educational groups. Additional service and support options are available to families, including older children, for up to one year (e.g., monthly support sessions, adoption-specific counseling, home visiting if child is less than age 3, interdisciplinary educational and pediatric consultation).	Children (0-8)