

Intervention Name: Alternatives for Families - Cognitive Behavioral Therapy

1. Brief Description of the Intervention:

AF-CBT is a family-centered intervention for caregivers and children (5-17) who experience problems in managing their anger and/or aggression and/or may be referred for child physical abuse. Many families appropriate for *AF-CBT* exhibit conflict and coercion. *AF-CBT* seeks to improve both clinical (well-being) and safety (protection/child welfare) concerns by integrating training in general psychological skills and treatment procedures specific to exposure to traumatic/abusive experiences. Therapists apply parallel evidence-based content across 3 treatment phases: Engagement and psychoeducation, individual skills building, and family applications) with children and caregivers during individual and family sessions. The techniques are commonly used by many practitioners (e.g., behavior and anger management, affect regulation, social skills training, cognitive restructuring, communication, problem-solving).

2. Please select the primary categories that relate to the intervention: (Please highlight applicable categories)

- Academic performance/functioning and achievement
- Adult behavior problems (violence/aggression)**
- Adult mental health
- Alcohol and drug use
- Assessment and Measurement Instruments for Target Populations**
- Attachment Interventions
- Basic Needs
- Behavioral Management and Treatment**
- Child Mental Health – externalizing**
- Child Mental Health - internalizing
- Child Mentoring Programs
- Child Supports and community connections
- Child Welfare Practice and Service Models**
- Crisis Intervention
- Delinquency and Criminal Behavior**
- Educational Support Interventions
- Family Functioning (communication, bonding, interactions and relationships)**
- Family Support and Placement Stabilization Programs
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement**
- Parental Supports and community connections
- Parenting Skills - Training and Enhancement**

- Peer associations/relationships
- **Resource Parent Training Programs**
- Sexual Behavior Problems in Adolescents and Children
- **Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self -esteem)**
- **Trauma Treatment**

3. Describe the intervention's current use with one or both of the QIC-AG's target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.

AF-CBT works with this population, including those in foster families.

- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

AF-CBT works with this population, occasionally with the involvement of a biological caregiver.

4. If currently not being used with one or both of the QIC-AG's target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG's target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

5. Intervention goals/outcomes:

Generally, the goals of AF-CBT treatment are to:

- Reduce conflict and increase cohesion in family.
- Reduce use of coercion (hostility, anger, verbal aggression, threats) by caregiver and other family members.
- Reduce use of physical force (aggressive behavior) by the caregiver, child and, as relevant, other family members.
- Promote positive, non-aggressive (alternative) discipline and interactions
- Reduce child physical abuse risk or recidivism (prevention of child welfare system involvement or repeated reports/allegations).
- Improve level of child's safety/welfare and family functioning.

6. Please name the sites and contact information where the intervention has been replicated/implemented:

Current providers of AF-CBT who have agreed to be listed on our program website can be found under the services tab at www.afcbt.org.

Please provide contact information below:

Contact Person/Purveyor: David J. Kolko, Ph.D., ABPP

Agency/Affiliation:: U. of Pittsburgh School of Medicine
Contact Email: kolkodj@upmc.edu
Contact Phone: 412-246-5888
Intervention Web Site/URL: www.afcbt.org

4/25/15