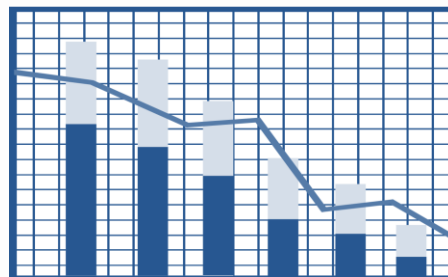


Early Childhood Evidence Based Dyadic Behavioral Health Treatments: Information and Strategies

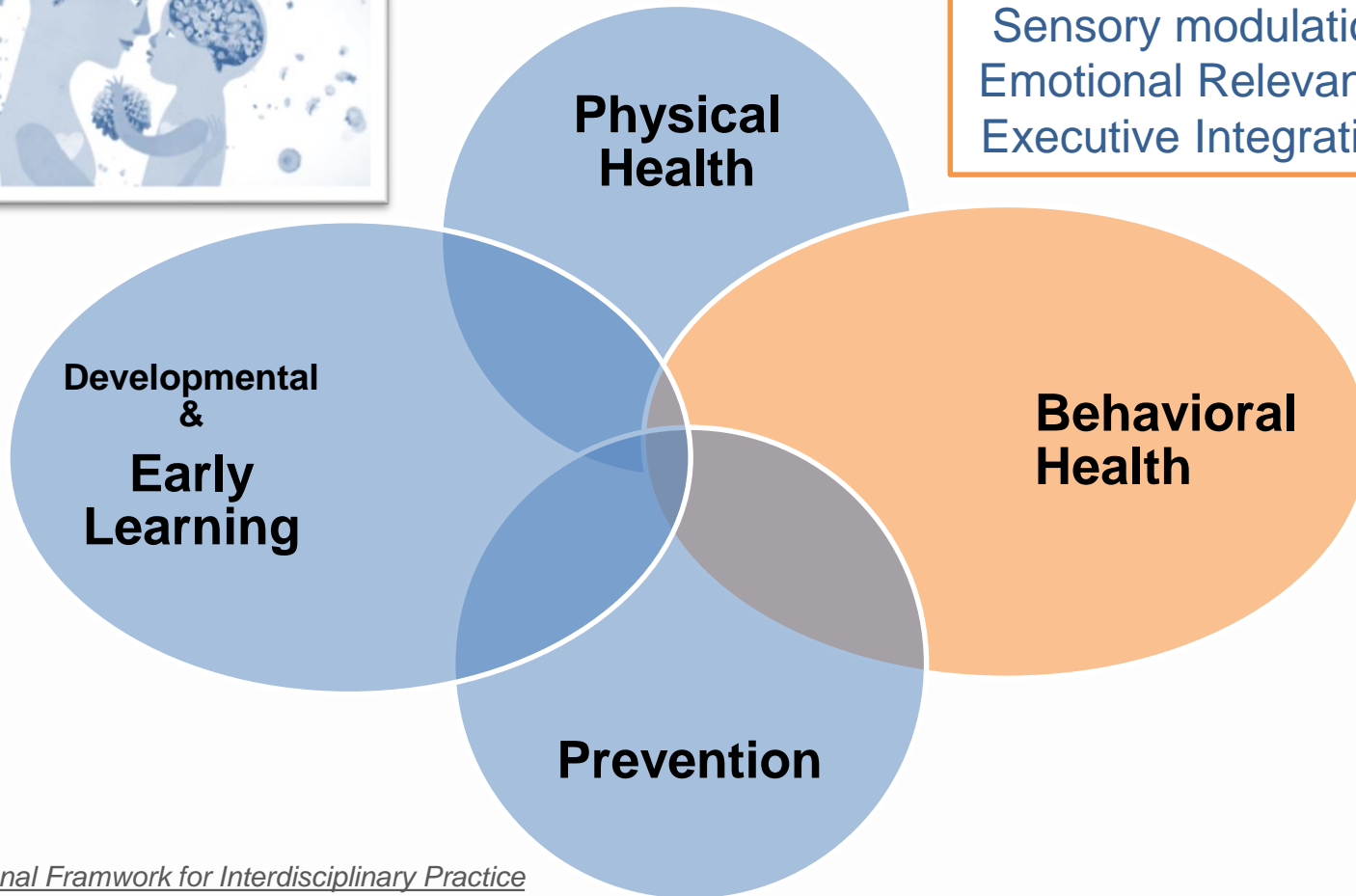
Laurie Theodorou, LCSW
Early Childhood Mental Health Policy Analyst



My Role

- **Support Children's System of Care Development (CSAC)**
- **Promote expansion of, and increased access to Evidence-based Practices (EBPs) to children, specialize in birth to 8 years**
- **Coordinate with other OHA Divisions**
- **Provide Technical Assistance to Stakeholders regarding Infant and Early Childhood Mental Health services and program development**

Early Childhood Mental Health (ECMH) Crosses All Categories



Regulation
Sensory modulation
Emotional Relevance
Executive Integration

Neurorelational Framework for Interdisciplinary Practice
Lillas & Turnbull, 2009

HEALTH SYSTEMS DIVISION

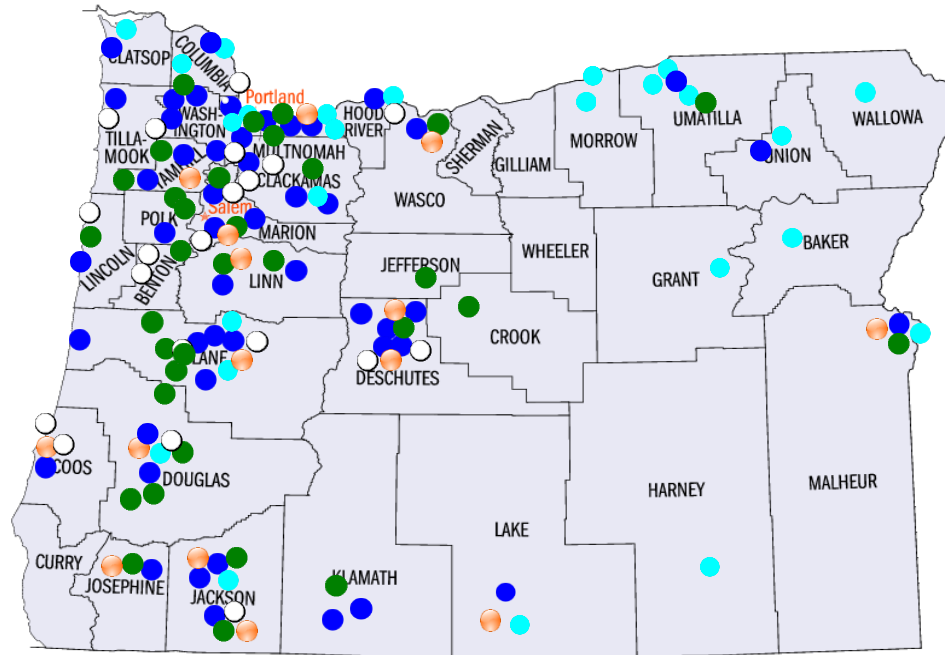
Child and Family Behavioral Health



Dyadic Treatment

- Evidence supported therapeutic interventions
- Developmentally appropriate
- Actively engage one caregiver and one child during the intervention
- Reduce symptomology in one or both participants
- Improve the caregiver-child relationship

Early Childhood Social Emotional Health Services- staff trained through Oregon System Development Efforts



Blue=Parent-Child Interaction Therapy (PCIT)

Aqua=Child Parent Psychotherapy (CPP)

Green=Relief Nursery

Orange=Portland State U. Infant Toddler Mental Health Program

White= Oregon Infant Mental Health Endorsement-Clinical (ORIMHA)

Evidence-based Practice (EBP) Defined

Evidence-based programs are programs that have been shown to have positive outcomes through high quality research. (Substance Abuse and Mental health Services Administration; SAMHSA)

- ✓ **External systematic reviews of the research**
- ✓ **Randomized control trials, field studies, follow-up studies**
- ✓ **Replicable**
- ✓ **Problem and/or population specific**
- ✓ **Clinical practice guidelines and protocols**

Fidelity

The extent to which delivery of an intervention adheres to the protocol or program model originally developed and supported by research.

Common Components of Well Supported EBPs

**Training
guidelines**

**Manual &
Standardized
Measurement Tools**

Certification

**Fidelity
Standards &
Monitoring**

**On-going Support
& Updates**

All Are Not Equal

Well Supported-Strongest Research

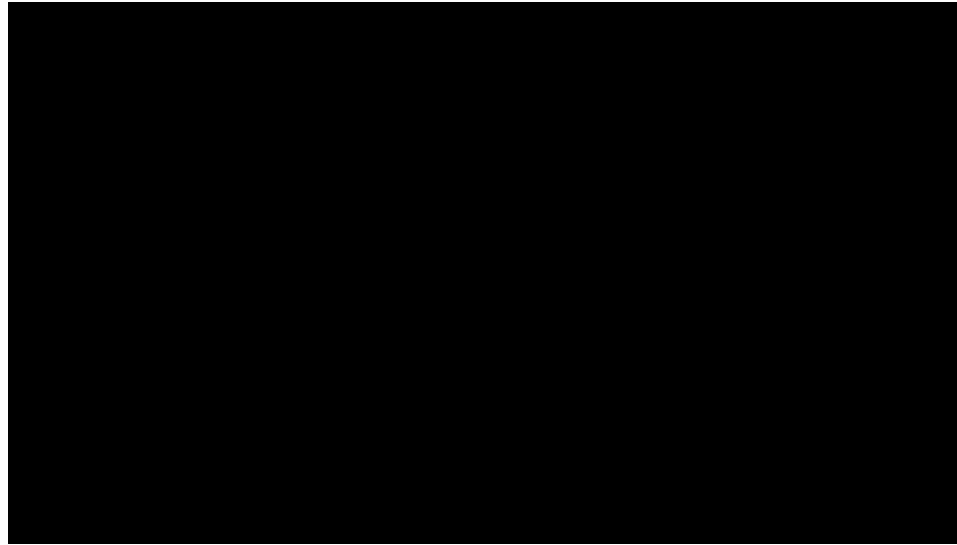
Supported- Adequate Research

Promising Practice

Not able to be rated

***Concerning Practice-Poses Potential Risk
or No Effect***

Example of a Well-Supported Early Childhood Dyadic Treatment Parent Child Interaction Therapy (PCIT)



<http://www.pcit.org/media>

Oregon PCIT $d = 1.65$

(Graduated from PCIT)

Lieneman et al. (2019)

Oregon PCIT $d = 0.70$

(≥ 4 sessions, left treatment early)

Lieneman et al. (2019)

Stimulant Medication*

$d = 0.67$

Mészáros et al. (2009)

CBT* $d = 0.66$

Arnberg, et al. (2014)

Incredible Years*

$d = 0.50$

Menting et al. (2013)

Triple P*

$d = 0.35-0.57$

Nowak et al.
(2008)

Child-Centered Play Therapy

$d = 0.34$

Ray et al. (2015)

**PCIT Effect Sizes
 $N = 1,437$ Oregon
Families
($N = 914$ attended
 ≥ 4 sessions)**

*OHA & West Virginia
University Analytics
Teams (2019)*

[*Reconceptualizing attrition in Parent-
Child Interaction Therapy: | PRBM*](#)

* meta-analysis, worldwide

OREGON-Evidence-based Dyadic ECMH

Dyadic Therapy	Research Rating	Age Range	Recommended Treatment Duration	Target of Intervention
Child-Parent Psychotherapy (CPP)	Supported	Birth through 5 yrs.	50 weekly + 60-90 min. sessions	<ul style="list-style-type: none"> • Parent-Child Relationship • Trauma • Depression/Anxiety
Parent-Child Interaction Therapy (PCIT)	Well-Supported *	2 yrs. through 6 yrs. Adaptations for 12-24 months and 7-9 yrs.	16-24 weekly 60 min. sessions	<ul style="list-style-type: none"> • Parent-Child Relationship • Chronic Neglect/Abuse • Disruptive/Defiance • Hyperactivity • Anxiety/Depression
Generation PMTO (Parent Management Training Oregon Model)	Well-Supported	2 yrs. through 17 yrs.	10-25 weekly 60 min. sessions (Individual Family Format)	<ul style="list-style-type: none"> • Behavioral Problems • Anxiety/Depression • Substance Use • Child Welfare Involvement
Trauma Focused CBT (TF-CBT)	Well-Supported *	3 yrs. through 25 yrs.	12-18 weekly 60-90 min. sessions	<ul style="list-style-type: none"> • Trauma Specific Symptoms (PTSD, Anxiety, Depression, Behavioral disruption, Shame, Distorted Beliefs)

** Currently on the Approved List for Title IV-E Family First Act Funding*

Also Available in Oregon

Child and Parent Relationship Therapy (CPRT), also known as Filial Therapy (Promising Practice)

Ages- 2-10 yrs.

- 10-50+ weekly sessions
- Treats social emotional and behavioral problems



Theraplay (Promising Practice)

- Ages 0-18
- 18-24 weekly sessions and 4 follow-up sessions within 18 months
- Treats a wide range of internalizing and externalizing problems

Not Yet Available in Oregon

Attachment and Biobehavioral Catch-up (ABC)

- Ages 6 mos.-2 yrs.
- Treats effects of Early Adversity (Attachment, Regulation, Parental Attunement)
- 10 weekly 60 min Sessions
- Well-Supported

Not a Dyadic Therapy

- *Child Directed Play Therapy*
- *Eye Movement Desensitization and Reprocessing (EMDR)*
- *Incredible Years*
- *Collaborative Problem-Solving*

Common Training Components for Certification in an Evidence-Based Therapy

- Masters degree or above in a Mental Health field
- 24-80 hours of direct training within a period of a year plus
 - Consultation/Case Presentation 1-4 times per month for 1-2 years
- Prescribed number of successful case completions
- Demonstration of implementation competency (live, video, chart review, written tests and/or other)
- Continuing Education requirements
- Periodic recertification
- Average cost \$5,100 (per clinician, 12-18 months, certification ready)

Increasing Early Childhood Mental Health Dyadic EBPs- Strategies

✓ Know your ECMH Dyadic Therapy Providers

- Survey, Map, Create Database, make it accessible to families and providers
- Identify who is “trained” and who is certified by the practices’ national organizations
- Track Use of ECMH Dyadic Therapies through billing data
- Set goals to increase services or outcomes (*National Estimates of need for ECMH are 12-16%*)

Increasing Early Childhood Mental Health Dyadic EBPs- Strategies, Cont.

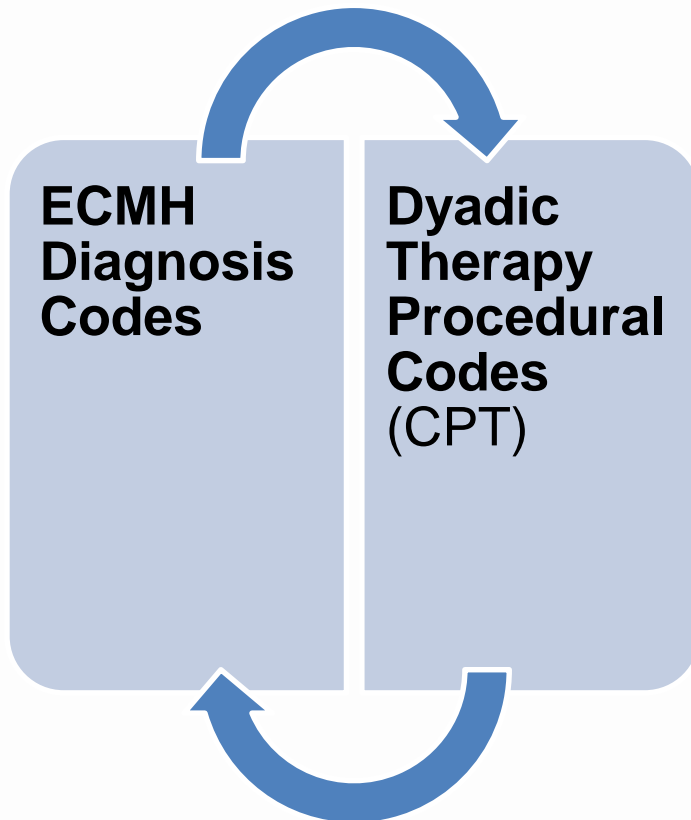
✓ Incentives

- Training grants or enhanced rates for ECMH dyadic EBP services
- Agency Level and Therapist Level incentives (example: Bonus for Certification in a well supported ECMH EBP)
- Cover certification and recertification fees

✓ Financial Support

- Upfront Dyadic EBP training costs and lost productivity
- Fund the extra expense associated with serving families in child's natural environment
- On-going Consultation with National Expert
- Sponsor Regional or State Conferences

Ensure Appropriate Billing Codes are Entered into your Systems



Oregon Early Childhood Diagnostic Crosswalk

Guidance Document

Bridging the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5), and the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10) to aid behavioral health providers with developmentally appropriate and Oregon Health Plan reimbursable diagnoses.

NEW LOCATION:

<https://www.oregon.gov/oha/HSD/AMH/Pages/Child-Mental-Health.aspx>

Early Childhood Diagnostic Codes which commonly need to be added to Electronic Health Record Systems

- **Mental Health Services for victim of child neglect or abuse by parent-** *DSM 5-V61.21 (ICD-10: Z69.010)*
- **Mental Health Services for victim of non-parental child abuse child-** *DSM 5- V61 21 (ICD- 10: Z69.020)*
- **Parent Child Relational Problem-** *DSM 5 V 61.20 (ICD-10: Z62.820)*
- **Other Specified Problems Related to the Primary Support Group** *DSM 5 309.89 AND V61.8 (ICD-10 Z63.8)*
- **Other Specified Trauma and Stressor-Related Disorder/Other Reactions to Severe Stress** *DSM 5 309.89 (ICD 10 F43.8)*

Common Dyadic Therapy Procedure codes (CPT)

- **Family Therapy with client present (90847)**
- **Family Therapy without client present (90846)** Less frequently, must be clearly directed toward the treatment of client
- **Psychotherapy with or without family member present (90832, 90834, 90837)** Client must be present for all or the majority of the session (individual therapy is not dyadic)
- **Interactive Complexity (90785- Add on code)**
 - Documentation each session of factors that complicate delivery of the EBP, such as high reactivity among participants, undeveloped or regressed language ability, use of additional equipment or devices to facilitate the therapeutic intervention.
 - Not available for Fee for Service Clients by Masters Level Therapist

Responsive Relationships Key to Child and Adult Positive Outcomes



<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/#reduce-stress>

Find More Information

- **California Evidence-based Clearinghouse for Child Welfare**
<https://www.cebc4cw.org/>
- **National Child Traumatic Stress Network** <https://www.nctsn.org/>
- **Results First Clearinghouse Database**
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>
- **The Title IV- E Prevention Services Clearinghouse**
<https://preventionservices.abtsites.com/>
- **Oregon Early Childhood Diagnostic Crosswalk**
<https://www.oregon.gov/oha/HSD/AMH/Pages/Child-Mental-Health.aspx>
-

Oregon ECMH Training Opportunities

- **Oregon Infant Mental Health Endorsement (ORIMHA)**
<http://www.oraimh.org/whats-new/trainings/>
- **Parent Child Interaction Therapy (PCIT)** – contact Certified Level 2 Trainers: Alejandra Moreno, MA, MS
MorenoAJ@jacksoncounty.org and Erin Sewell, LCSW
Erin.Sewell@lifeworksnw.org
- **Child Parent Psychotherapy (CPP)** – contact Debby Bassett,
debbybassett@gmail.com
- **Infant Toddler Graduate Certificate Program**, Portland State University
<https://www.pdx.edu/sped/itmh>

National Dyadic ECMH Resources

Training, Research, Find a Provider and more

- Parent Child Interaction Therapy (PCIT) International
<http://www.pcit.org/>
- Oregon PCIT Outcomes Study [Reconceptualizing attrition in Parent–Child Interaction Therapy: | PRBM](#)
- Child-Parent Psychotherapy (CPP)
<http://childparentpsychotherapy.com/>
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
<https://tfcbt.org/>
- Generation PMTO(Parent Management Training Oregon Model)
<https://www.generationpmtto.org/>

Next Webinar

Clarification

- Reimbursable, Developmentally Appropriate Diagnoses
- Codes and Guidance Documents for reimbursement

Strategies

- Increasing referrals and access to EPBs and appropriate levels of care for young children