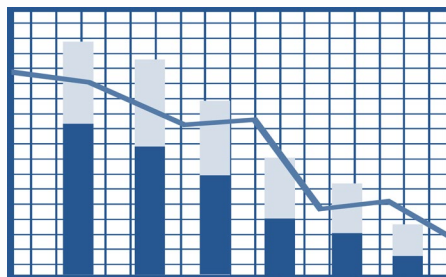


# Evidence Based Dyadic BH Treatments in Oregon

## Information and Strategies

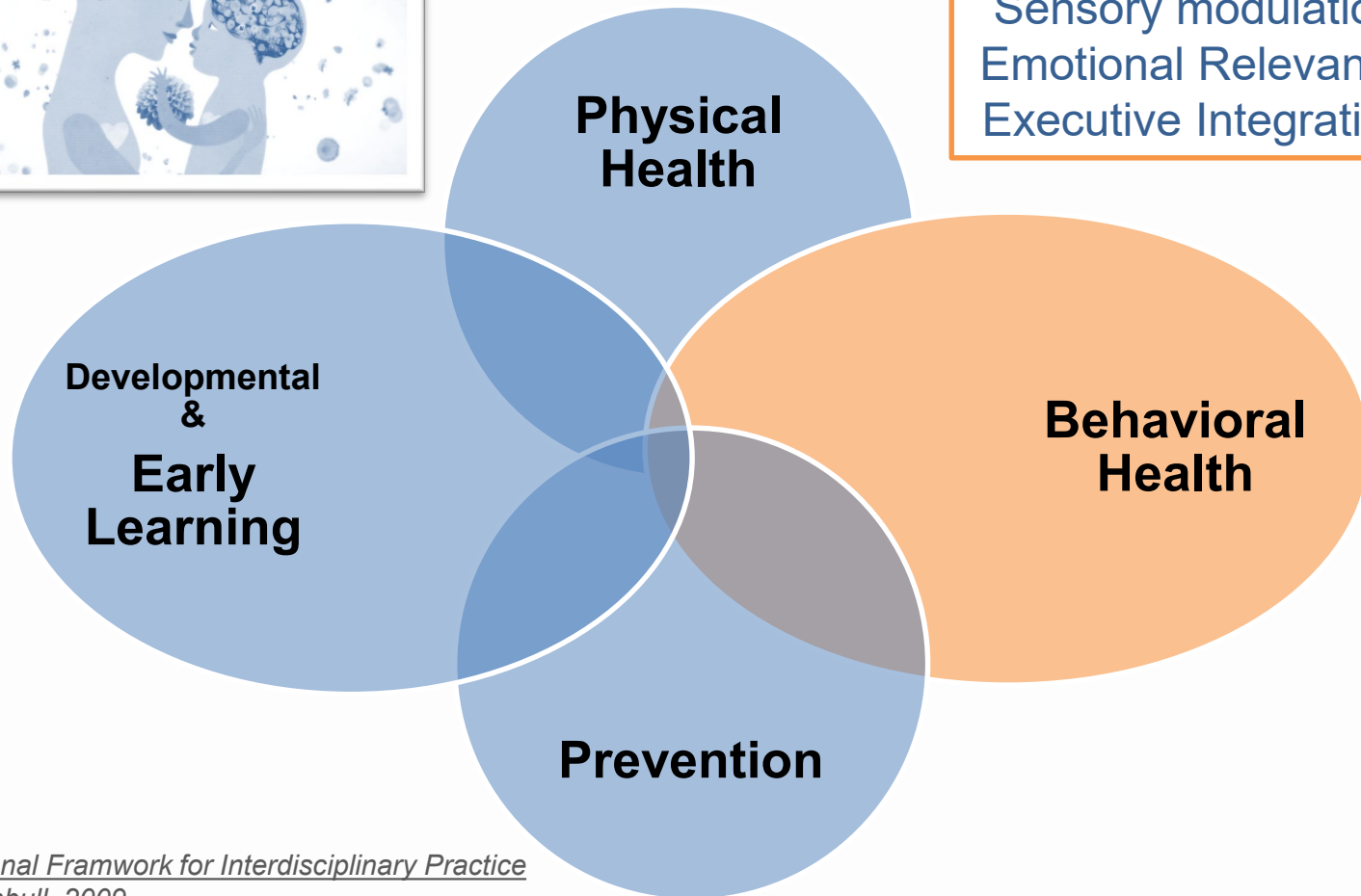
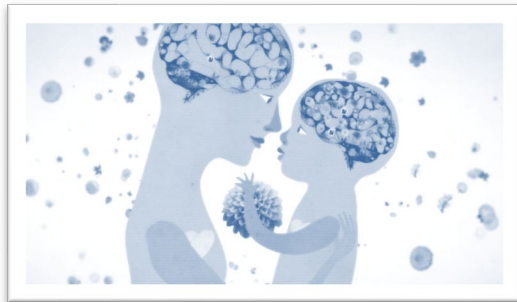
Laurie Theodorou, LCSW  
Early Childhood Mental Health Policy Analyst



# 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

Oregon  
Health  
Authority



## 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

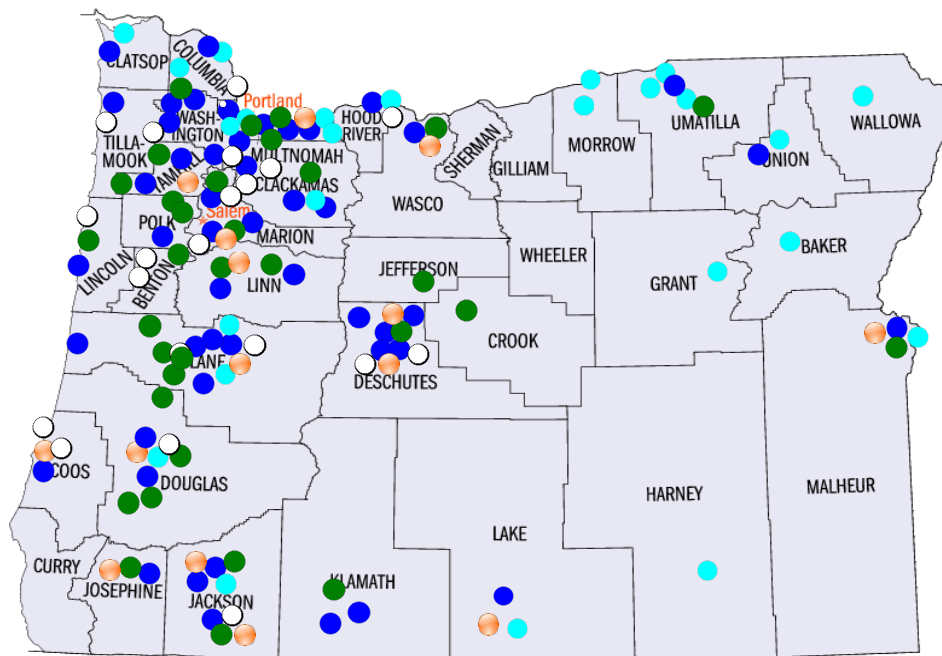
**Blue**=Parent-Child Interaction Therapy (PCIT)

**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***

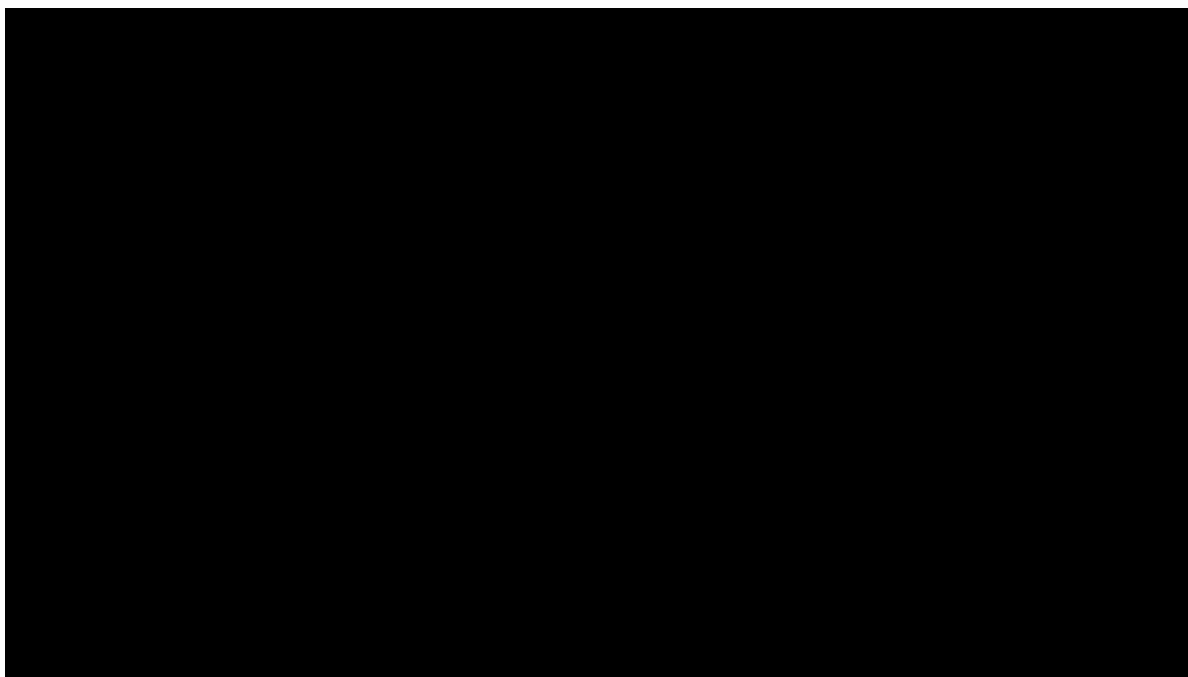
***Supported- Adequate Research***

***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  $d = 0.70$**

( $\geq 4$  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  
 $\geq 4$  sessions)**

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

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

\* meta-analysis, worldwide

Oregon Health Authority, Child and Family Behavioral Health  
West Virginia University, Department of Psychology  
University of Arkansas for Medical Sciences

**Oregon  
Health  
Authority**

# PCIT Sites 2019

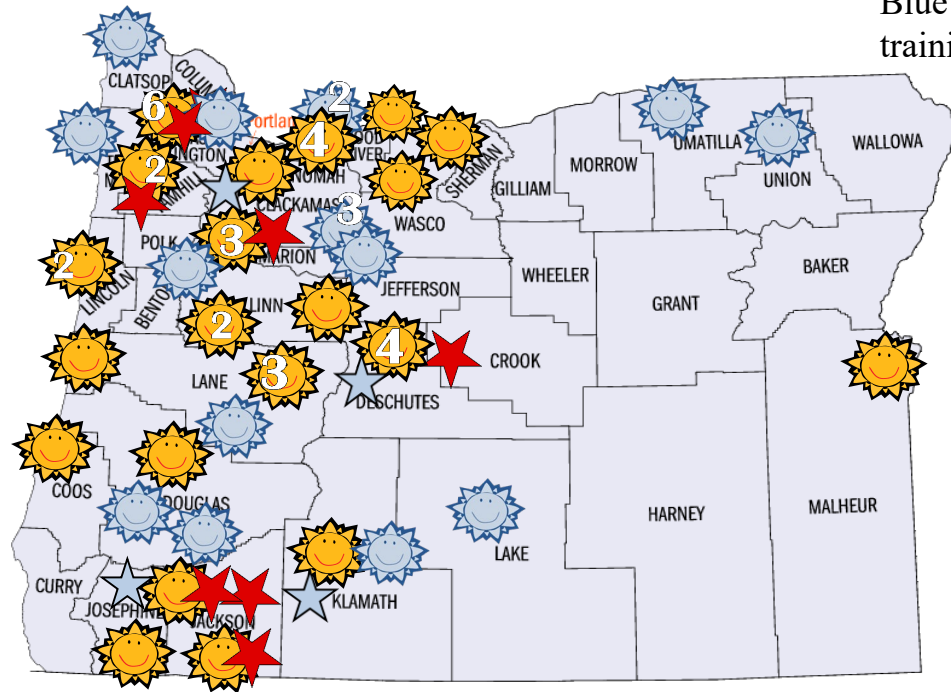
Yellow Sun = OHA PCIT  
site

Blue Sun= New 2019 site

Number = Multiple sites

Red Star=Trainer(s)

Blue Star= Trainer in training



HEALTH SYSTEMS DIVISION

## Child and Family Behavioral Health

# 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"> <li>• Parent-Child Relationship</li> <li>• Trauma</li> <li>• Depression/Anxiety</li> </ul>
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"> <li>• Parent-Child Relationship</li> <li>• Chronic Neglect/Abuse</li> <li>• Disruptive/Defiance</li> <li>• Hyperactivity</li> <li>• Anxiety/Depression</li> </ul>
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"> <li>• Behavioral Problems</li> <li>• Anxiety/Depression</li> <li>• Substance Use</li> <li>• Child Welfare Involvement</li> </ul>
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"> <li>• Trauma Specific Symptoms (PTSD, Anxiety, Depression, Behavioral disruption, Shame, Distorted Beliefs)</li> </ul>

\* 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 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 for Clinics and Providers

## ✓ Know your ECMH Dyadic Therapy Providers

- Within your agency:
  - Know who is “early childhood trained,” and who is certified in a Dyadic EBP
  - Develop direct referral fast-track from early childhood community partners
  - Train screeners/intake staff to refer directly to these internal therapists
  - Have ECMH trained staff do outreach and coordination with other early childhood community partners to increase awareness and access
- Outside your agency:
  - Ask your CCO to provide a list of behavioral health resources for Early Childhood Mental Health (ECMH) Dyadic Treatment Services
  - Or, create a referral list for ECMH Dyadic Treatment
- Create a ECMH specific referral form and consistent referral follow-up processes

## Increasing Early Childhood Mental Health Dyadic EBPs, Cont.

- ✓ **Embed ECMH in your Agency**
  - Utilize validated social emotional screening tools
  - Screen for Adverse Childhood Experiences (ACEs) and refer when child under five years has 2 or more ACEs.
  - Request your Information Technology (IT) staff enter all diagnoses that are in the Oregon Early Childhood Diagnostic Crosswalk into your Electronic Health Record System
  - Include questions in adult assessments about their needs as parents
  - Develop contracts, employment and agreements for ECMH Dyadic Treatment Services
- **Additionally, Behavioral Health Providers:**
  - Train staff in ECMH assessment, diagnosis and in dyadic treatment
  - Acknowledge and incentivize behavioral health providers who are certified in one or more well-supported ECMH Dyadic EBP

## Increasing Early Childhood Mental Health Dyadic EBPs, Cont.

### ✓ **Make Space in schedules for Evidence Based Dyadic Therapy**

- Block times for early childhood assessments and therapy sessions
- Adjust Level of care determination training to include the needs of children 0-5 years.
- Adjust productivity requirements for therapists certified or actively in training for an EBP to attend consultation, document fidelity and prepare for sessions

### ✓ **Make physical space for Early Childhood Mental Health in your setting**

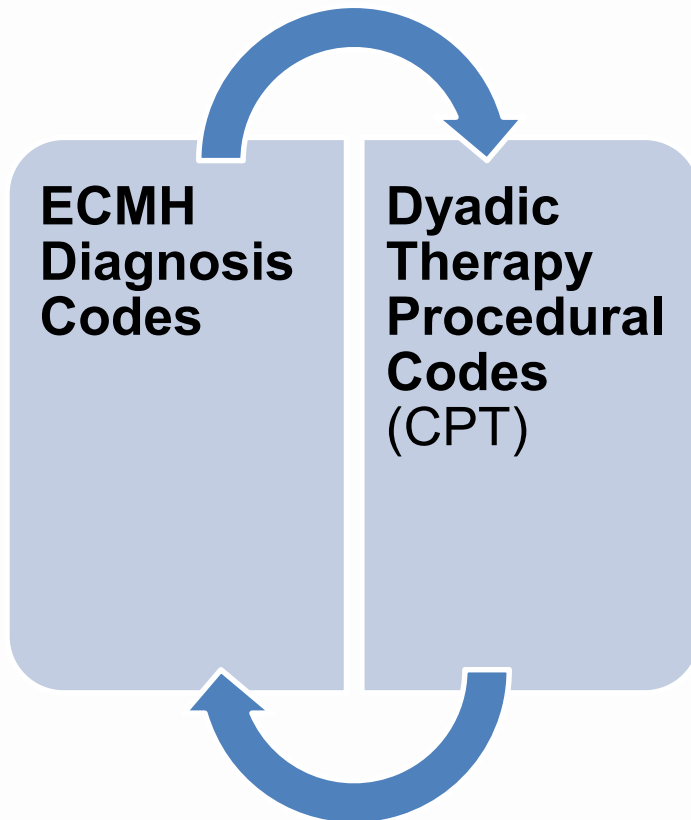
- Primary Care and Behavioral Health Providers: create dyadic therapy treatment spaces and also go to where the children are.
- Other Community Partners: create space for behavioral health provider to provide services at your location.

# Examples of Validated Social Emotional Measures

*not all-inclusive list*

Measure Name	Versions for Ages	Link
<b>Ages and Stages Questionnaire: Social Emotional, (ASQ-SE2),</b> <i>screening only</i>	1 mo. – 6 yrs.	<a href="https://agesandstages.com/products-pricing/asqse-2/">https://agesandstages.com/products-pricing/asqse-2/</a>
<b>Child Behavior Checklist (CBCL) Preschool</b>	Ages 1½ - 5 yrs.	<a href="https://aseba.org/preschool/">https://aseba.org/preschool/</a>
<b>Devereux Early Childhood Assessment (DECA)</b>	1 mo.- 5 yrs.	<a href="https://www.kaplanco.com/product/98817/devereux-early-childhood-assessment-deca-c-clinical-kit?c=17%7CEA1000">https://www.kaplanco.com/product/98817/devereux-early-childhood-assessment-deca-c-clinical-kit?c=17%7CEA1000</a>
<b>Eyberg Child Behavior Inventory (ECBI)</b>	Ages 2-16 yrs.	<a href="https://www.parinc.com/products/pkey/97">https://www.parinc.com/products/pkey/97</a>
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	ages 2-18 yrs.	<a href="https://www.sdqinfo.com/">https://www.sdqinfo.com/</a>

# 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, not all CCOs allow

# 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 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](mailto:MorenoAJ@jacksoncounty.org) and Erin Sewell, LCSW [Erin.Sewell@lifeworksnw.org](mailto:Erin.Sewell@lifeworksnw.org)
- Child Parent Psychotherapy (CPP) – contact Debby Bassett, [debbybassett@gmail.com](mailto: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/>

# Other Resources

- Zero to Three has a wealth of resources <https://www.zerotothree.org/> and <https://www.zerotothree.org/resources/410-official-dc-0-5-training>
- DC:0–5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood <https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training>
- The Georgetown University Center for Child and Human Development- <https://gucchd.georgetown.edu/64271.html>
- Harvard Center on the Developing Child- <http://developingchild.harvard.edu/>
- Centers of Disease Control and Prevention (CDC) library of photos, videos and checklists for child developmental milestones from 2 months to 5 years. <https://www.cdc.gov/ncbddd/actearly/milestones>

# Resources, cont.

- Handbook of Infant Mental Health, Third Edition edited by Charles Zeanah Jr., MD
- Child Trauma Academy, <http://www.childtraumaacademy.com>
- Child Trauma Academy, Neurosequential Model of Therapeutics Articles, <http://childtrauma.org/nmt-model/references/>
- Infant/Child Mental Health, Early Intervention, & Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice by Connie Lillas and Janiece Turnbull (<http://the-nrf.com/> )

# 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



(Enter) DEPARTMENT (ALL CAPS)  
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