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

Physical Health

Behavioral Health

Prevention

Developmental & Early Learning

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)

* meta-analysis, worldwide

Reconceptualizing attrition in Parent–Child Interaction Therapy: | PRBM
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
<table>
<thead>
<tr>
<th>Dyadic Therapy</th>
<th>Research Rating</th>
<th>Age Range</th>
<th>Recommended Treatment Duration</th>
<th>Target of Intervention</th>
</tr>
</thead>
</table>
| **Child-Parent Psychotherapy (CPP)**                   | Supported       | Birth through 5 yrs.             | 50 weekly + 60-90 min. sessions | • 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 | • 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) | • 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 | • Trauma Specific Symptoms (PTSD, Anxiety, Depression, Behavioral disruption, Shame, Distorted Beliefs) |

* Currently on the Approved List for Title IV-E Family First Act Funding
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 \textit{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:
  o Know who is “early childhood trained,” and who is certified in a Dyadic EBP
  o Develop direct referral fast-track from early childhood community partners
  o Train screeners/intake staff to refer directly to these internal therapists
  o Have ECMH trained staff do outreach and coordination with other early childhood community partners to increase awareness and access

○ Outside your agency:
  o Ask your CCO to provide a list of behavioral health resources for Early Childhood Mental Health (ECMH) Dyadic Treatment Services
  o 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*

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Versions for Ages</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyberg Child Behavior Inventory (ECBI)</td>
<td>Ages 2-16 yrs.</td>
<td><a href="https://www.parinc.com/products/pkey/97">https://www.parinc.com/products/pkey/97</a></td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>ages 2-18 yrs.</td>
<td><a href="https://www.sdqinfo.com/">https://www.sdqinfo.com/</a></td>
</tr>
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Ensure Appropriate Billing Codes are Entered into your Systems

Oregon Early Childhood Diagnostic Crosswalk

ECMH Diagnosis Codes

Dyadic Therapy Procedural Codes (CPT)

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:
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

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

- 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 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

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


– 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](http://www.childtraumaacademy.com)

- Child Trauma Academy, Neurosequential Model of Therapeutics Articles, [http://childtrauma.org/nmt-model/references/](http://childtrauma.org/nmt-model/references/)

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
THANK YOU!