

Best Practice in Mental Health Services for Children

2009 Public Private Child Welfare Practice Summit

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**“Welcome to the Ego Repair Hotline!
Press 1 for ‘Hey, you look great today!’
Press 2 for ‘How did you get to be so smart?’
Press 3 for ‘I wish I was more like you!’”**

What are Evidence-Based Treatments?

- Exact criteria vary somewhat across reviews
- Most agree:
 - EBTs are treatments supported by scientific evidence
 - EBTs are those treatments that have shown consistent, positive benefit across multiple randomized controlled studies

EBTs are:

- Specific to a particular diagnosis or problem type (e.g., depression)
- Specific to a particular population (e.g., youths 13-17)
- A well-defined set of treatment strategies that can be replicated by different therapists (e.g., manualized)
- Able to be tailored to meet individual needs (e.g., culture, verbal skills, family situation)
- Judged by the outcomes they produce (e.g., objective symptom measures)
- Kristin Hawley, Ph.D. 2/1/07 Presentation to Non Mental Health Services Prior Authorization Committee

Missouri's Approach

- Department of Mental Health
 - Evidence Based Practices Implementation Group
- Department of Social Services
 - Children's Division
 - Best Practice in Child Welfare Summit
 - Children's Quality Outcomes Committee
 - MO HealthNet
 - Managed Care
 - Non-Pharmaceutical Mental Health Services Prior Authorization Committee

MO HealthNet Clinical Services

- Psychology Fee for Service Program
 - Statewide Provider Capacity
 - Psychiatrists - 771
 - Clinical Nurse Specialists/Mental Health Nurse Practitioners - 76
 - Psychologists - 797
 - Social Workers - 1243
 - Professional Counselors - 1478

MHD Clinical Services (cont.)

- Services Purchased
 - Individual Therapy
 - Family Therapy
 - Group Therapy
- Child and Family Needs
 - Behaviorally Focused Intervention
 - Coordination of Care

Identified Best Practices

- Parent-Child Interaction Therapy
 - Age - developed for children 2-7 years
 - Approach – 15 weekly, 1 hour sessions
 - Intervention – Parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child
 - Child Directed Interaction
 - Parent Directed Interaction
 - Bug in the ear

Identified Best Practices (cont.)

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Age – Birth through Adolescents
 - Approach – 12-16 sessions of ind/parent-child therapy
 - Intervention – initial parallel parent-child sessions
 - PRACTICE –
 - Psychoeducation and parenting skills
 - Relaxation skills
 - Affect expression and regulation skills
 - Cognitive coping skills and processing
 - Trauma narrative
 - In vivo exposure
 - Conjoint parent-child sessions
 - Enhancing safety

Identified Best Practices (cont.)

- Multisystemic Therapy (MST) for Juvenile Offenders
 - Age – 6-17 years
 - Approach – Approximately 4 months of multiple therapist-family contacts weekly
 - Intervention – Behavioral, Cognitive behavioral, and pragmatic family therapies utilized to mobilize existing child, family, and community resources

Identified Best Practices (cont.)

- Dialectical Behavior Therapy
 - Age 18 and up
 - Approach – Ind/Group treatment for about 1 year
 - Intervention – Behavioral, problem-solving focus
 - Capability enhancement (skills training)
 - Motivational Enhancement
 - Generalization
 - Structuring of the environment
 - Capability and motivation enhancement of therapists

MHD Purchase of Best Practices

- Non-Pharmaceutical Mental Health Services Prior Authorization Committee
 - Clinical Review by 12 Licensed Clinicians
- Transition to “What Works”
 - Policy Changes
 - Pilot Demonstration
 - Incentivizing Practice

Resources

- MO HealthNet Clinical Services Psychology Program
 - <http://www.dss.mo.gov/mhd/cs/psych/index.htm>
- National Child Traumatic Stress Network
 - [http:// nctsn.org](http://nctsn.org)
- NREPP – SAMHSA’s National Registry of Evidence-Based Programs and Practices
 - <http://www.nrepp.samhsa.gov/index.asp>