

Client-Friendly Language Update

2020 REPORTING GUIDE

for Research and Evidence-based
Practices in Children's Mental Health



CLIENT-FRIENDLY LANGUAGE



CORE ELEMENTS FOR DOCUMENTING EBPs

Following the regulations specified by the WAC 246–341–0620, EBPI developed client–friendly alternatives to make the core and allowable element descriptions understandable to patients and caregivers. The development of client–friendly descriptions was completed in consultation with youth and caregivers who have previously had an experience in children's mental health care. This section presents these client–friendly alternative descriptions of essential and allowable clinical elements within each of the six treatment families listed. Documentation should include the name of the element, (e.g., praise, psychoeducation), or include a description of the activity that closely follows the definition provided in these guides. We would like to thank Tamika Parks, Megan McNellis, Cole Devlin, and Gabriel Hamilton for being consultants.

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PARENT BEHAVIORAL THERAPY (PBT) FOR DISRUPTIVE BEHAVIORS



TREATMENT FAMILY DESCRIPTIONS

Group or Individual Parent Behavior Training: A training that teaches caregivers skills for managing child behaviors (e.g. differential reinforcement, use of rewards/consequences, praise) without child participation.

Group or Individual Parent Behavior Training with Child Participation: A training that teaches caregivers skills for managing child behaviors with the child present. This can involve live action coaching of the caregiver to enhance the caregiver/child relationship or coaching the caregivers on behavior management techniques such as differential reinforcement.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Praise

Original description: Parental praise involves providing the rationale regarding the value of praise, demonstrating how to use labeled praise in interactions with their child, how to praise (tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

Client-friendly description: Therapist explains the value of praising children to parents, and then demonstrates how to praise (e.g. tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

b. Commands

Original description: Therapist provides the caregiver with strategies to clearly and consistently communicate instructions to the child.

Client-friendly description: No change suggested.

c. Psychoeducation for parents

Original description: Psychoeducation for caregivers involves educating the caregiver about how, for example, ADHD, ODD and other disruptive disorders work.

Client-friendly description: Provide information to caregivers about the specific disruptive disorder (ODD, CD, ADHD) which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Praise

Original description: Therapist provides the rationale regarding the value of praise, demonstrating how to use labeled praise in interactions with their child, how to praise (tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

Client-friendly description: Therapist explains the value of praising children to parents, and then demonstrates how to praise (e.g. tone of voice), and how to identify opportunities for praise (e.g. following good behavior).

b. Commands

Original description: Therapist provides the caregiver with strategies to clearly and consistently communicate instructions to the child.

Client-friendly description: No change suggested.

c. Psychoeducation for parents

Original description: Psychoeducation for caregivers involves educating the caregiver about how, for example, ADHD, ODD and other disruptive disorders work.

Client-friendly description: Provide information to caregivers about the specific disruptive disorder (ODD, CD, ADHD) which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

d. Tangible Rewards

Original description: Caregivers are taught to provide rewards when the child exhibits desired behaviors.

Client-friendly description: No change suggested.

e. Relaxation skills

Original description: Introducing relaxation skills involves talking about what relaxation is, increasing the child's awareness about his or her own tension, demonstrating what relaxation feels like in session, and teaching the child how to relax on demand in anxious situations.

Client-friendly description: No change suggested.

f. Time out

Original description: Time out involves the caregiver providing a rationale for the timeout, removing the child from all activities and attention, and revisiting the intended target behavior they need to see to avoid future consequences.

Client-friendly description: No change suggested.

g. Problem solving — for the child

Original description: Therapist teaches the child how to clearly define the problem, generate possible solutions, examine the solutions, pick one to try out and then examine the effects.

Client-friendly description: No change suggested.

h. Self-reward/self-praise

Original description: Therapist helps the child to identify opportunities which increase self-praise or self-reward and to increase their effort and performance of desirable behaviors.

Client-friendly description: Therapist helps the child acknowledge their own efforts to take steps towards their goals (face up to fears or worries about their trauma, getting physically active, using a problem-solving skill).

i. Differential Reinforcement

Original description: Teaching caregivers to remove attention and rewards from minor disruptive behaviors and to provide increased attention and rewards for appropriate behaviors.

Client-friendly description: No change suggested.

j. Monitoring

Original description: Observing and monitoring target behaviors which illuminate areas of concern and provide important information about treatment progress to the caregiver.

Client-friendly description: Therapist explains to caregivers how to observe and record child behaviors that are of concern in order to inform treatment progress.

k. Therapist Praise/Rewards

Original description: Similar to how caregivers use praise, therapists can use this as a mechanism for working on treatment goals, and to increase self-esteem and the child's/family's commitment to therapy. This can also be used with the caregiver to encourage participation.

Client-friendly description: No change suggested.

l. Stimulus Control or Antecedent Management

Original description: Therapist assists the caregiver in identifying events that may lead to appropriate or inappropriate behavior.

Client-friendly description: Therapist explains to caregivers how their child's behaviors may be directly related to specific stimuli and how to better prevent and respond to their child's behavior.

m. Self-verbalization

Original description: Teaching the youth to reinforce or praise him or herself for on-task performance, how to use verbal instructions to guide task performance (saying tasks out loud), and to help the youth to work independently and improve performance by means of self-instruction.

Client-friendly description: No change suggested.

n. Measurement-based Care

Original description: Measurement based care (MBC) is a care delivery approach involving the regular use of standardized measures in routine mental health care to inform treatment and to identify individuals not improving as expected and to encourage treatment changes. It may be added to or integrated with any model of practice.

Client-friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

o. Motivational Interviewing

Original description: Motivational Interviewing is a client-centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. It is a short-term therapeutic approach that is focused and goal-directed. It may be integrated with any therapeutic model.

Client-friendly description: Motivational Interviewing is used as a direct therapeutic approach, which focuses on helping clients overcome ambivalent feelings and discover internal motivation to change their behavior.

COGNITIVE BEHAVIORAL THERAPY (CBT) FOR ANXIETY



TREATMENT FAMILY DESCRIPTION

Cognitive behavioral therapy focuses on the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT focuses on challenging and changing unhelpful or inaccurate cognitions (e.g. thoughts, beliefs, and attitudes), changing behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. CBT approaches for anxiety include imaginal and in vivo exposure, psychoeducation, and creating opportunities for new learning about the client's ability to tolerate anxiety/distress, cognitive restructuring, and coping skills (e.g., relaxation skills training).

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Exposure

Original description: Exposure is a practice to decrease anxiety associated with thoughts related to worry, objects or situations that are not dangerous. The child learns through practice to tolerate facing up to non-dangerous thoughts, objects or situations until the anxious feelings decrease or can be tolerated.

Client-friendly description: Therapist helps the child to identify non-dangerous thoughts, objects or situations related to their anxiety and helps the child learn how to cope and tolerate these in session or as assigned homework.

b. Cognitive Restructuring

Original description: Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more accurate and helpful thoughts.

Client-friendly description: Therapist teaches the client how thoughts can influence their feelings and help them come up with more helpful thoughts, to then lead to a more healthy outcome.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Exposure

Original description: Exposure is a practice to decrease anxiety associated with thoughts related to worry, objects or situations that are not dangerous. The child learns through practice to tolerate facing up to non-dangerous thoughts, objects or situations until the anxious feelings decrease or can be tolerated.

Client-friendly description: Therapist helps the child to identify non-dangerous thoughts, objects or situations related to their anxiety and helps the child learn to tolerate these in session or as assigned homework.

b. Cognitive Restructuring

Original description: Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more accurate and helpful thoughts.

Client-friendly description: Therapist teaches the client how thoughts can influence their feelings and help them come up with more helpful thoughts, to then lead to a more healthy outcome.

c. Psychoeducation for Children

Original description: Psychoeducation is providing information to children about anxiety and the CBT based model for treatment.

Client-friendly description: Provide information to children about anxiety which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

d. Psychoeducation for Caregivers

Original description: Psychoeducation is providing information to caregivers about anxiety and the CBT based model for treatment.

Client-friendly description: Provide information to caregivers about anxiety which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

e. Relaxation

Original description: Teaching the child through modeling and practicing the difference between being relaxed and tense and how to induce a state of relaxation using breathing, tensing and relaxing muscle groups, guided imagery, and mindfulness.

Client-friendly description: Therapist teaches the child the difference between being relaxed and being tense. Also, the therapist demonstrates how to induce a state of relaxation using various methods (breathing, guided imagery, tensing and relaxing muscle groups, and mindfulness).

f. Cognitive Coping

Original description: Teaching the child to use self-talk or reappraisal to overcome, manage or tolerate anxious/worry thoughts.

Client-friendly description: Teaches the child how to use various techniques to cope with their anxious and worry thoughts

g. Mood or Emotion Self-monitoring

Original description: Self-monitoring involves teaching children to identify fear/anxiety/worry emotional states and develop a rating scale (feelings thermometer) for the intensity of the emotional state.

Client-friendly description: Mood or Emotion Self-Monitoring involves teaching children to come up with a scale to describe the intensity of their emotional state.

h. Self-reward/Self-praise

Original description: Self-reward/self-praise involves helping the child attend to and acknowledge efforts to face up to and handle their fears/ anxieties/worries.

Client-friendly description: Therapist helps the child acknowledge their own efforts to take steps towards their goals (face up to fears or worries about their trauma, getting physically active, using a problem-solving skill).

i. Rewards/Reinforcement

Original description: Caregivers acknowledge, praise or give tangible rewards to the child for taking steps towards overcoming or managing their fears/anxieties/worries.

Client-friendly description: Caregivers acknowledge and give praise and rewards for the child taking steps towards overcoming and controlling their fears, anxiety and worries.

j. Measurement-based Care

Original description: Measurement based care (MBC) is a care delivery approach involving the regular use of standardized measures in routine mental health care to inform treatment and to identify individuals not improving as expected and to encourage treatment changes. It may be added to or integrated with any model of practice.

Client-friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

k. Motivational Interviewing

Original description: Motivational Interviewing is a client-centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. It is a short-term therapeutic approach that is focused and goal-directed. It may be integrated with any therapeutic model.

Client-friendly description: Motivational Interviewing is used as a direct therapeutic approach, which focuses on helping clients overcome ambivalent feelings and discover internal motivation to change their behavior.

COGNITIVE BEHAVIORAL THERAPY (CBT) FOR DEPRESSION



TREATMENT FAMILY DESCRIPTION

Cognitive behavioral therapy emphasizes the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT for Depression involves behavioral activation/pleasant activity scheduling, psychoeducation, goal setting, and problem solving. CBT also focuses on challenging and changing unhelpful cognitions (e.g. thoughts, beliefs, and attitudes), changing unhelpful behaviors, improving emotional regulation, and developing personal coping strategies that target solving current problems.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Behavioral Activation

Original description: The child engages in specific activities that lift mood or change child's negative, unhelpful and unrealistic thoughts. Activity scheduling involves planning and carrying out mood-elevating activities in child's day. Activities should be those which emphasize the link between positive activities and feeling good.

Client-friendly description: Scheduling activities throughout the day that will lift the child's mood and help the child connect these activities with feeling good.

b. Problem Solving

Original description: Problem solving involves teaching the child how to clearly define their problem, generate possible solutions, examine the solutions, pick one to try out and then evaluate the effects.

Client-friendly description: Teaches the child how to clearly define their problem and come up with different solutions and scenarios and pick one to try and evaluate its effects.

c. Cognitive Restructuring

Original description: Cognitive restructuring involves teaching the youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.

Client-friendly description: Therapist teaches the client how thoughts can influence their feelings and helps them to come up with more helpful thoughts.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Behavioral Activation

Original description: The child engages in specific activities that lift mood or change child's negative, unhelpful and unrealistic thoughts. Activity scheduling involves planning and carrying out mood-elevating activities in child's day. Activities should be those which emphasize the link between positive activities and feeling good.

Client-friendly description: Scheduling activities throughout the day that will lift the child's mood and help the child connect these activities with feeling good.

b. Problem Solving

Original description: Problem solving involves teaching the child how to clearly define their problem, generate possible solutions, examine the solutions, pick one to try out and then evaluate the effects.

Client-friendly description: Teaches the child how to clearly define their problem and come up with different solutions and scenarios and pick one to try and evaluate its effects.

c. Cognitive Restructuring

Original description: Cognitive restructuring involves teaching the youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.

Client-friendly description: Therapist teaches the client how thoughts can influence their feelings and helps them to come up with more helpful thoughts.

d. Psychoeducation for Children

Original description: Psychoeducation is providing information to children about depression and the CBT based model for treatment.

Client-friendly description: Provide information to children about depression which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

e. Psychoeducation for Caregivers

Original description: Psychoeducation is providing information to caregivers about depression and the CBT based model for treatment.

Client-friendly description: Provide information to caregivers about depression which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

f. Mood or Emotion Self-monitoring

Original description: Self-monitoring involves teaching children to identify emotional states of being down or feeling pumped up and develop a rating scale (feeling thermometer) for the intensity of the emotional state.

Client-friendly description: Mood or Emotion Self-Monitoring involves teaching children to come up with a scale to describe the intensity of their emotional state.

g. Goal Setting

Original description: A means to identify goals that are important to the child and a step by step process to achieve their desired outcomes.

Client-friendly description: No change suggested.

h. Social Skills Training

Original description: Therapist uses modeling and practice to teach the child basic skills to develop positive peer relationships.

Client-friendly description: Therapist demonstrates the social skills needed to build positive peer relationships through role-play with the child or providing examples.

i. Self-reward/Self-praise

Original description: Self-award/self-praise involves helping the child attend to and acknowledge efforts to get active, solve problems or take steps towards goals.

Client-friendly description: Therapist helps the child acknowledge their own efforts to take steps towards their goals (face up to fears or worries about their trauma, getting physically active, using a problem-solving skill).

j. Talent or Skill Building

Original description: Assisting children in developing talents and skills that will induce positive self-regard.

Client-friendly description: Help a child to develop talents and skills to produce a positive self-image.

k. Caregiver Coping

Original description: Teaching the caregiver skills or strategies for reducing distress and managing feelings related to their child's depression symptoms.

Client-friendly description: No change suggested.

l. Rewards/Reinforcement

Original description: The caregiver acknowledges, praises or gives tangible rewards to the child for getting active, taking steps toward goals, problem solving.

Client-friendly description: Caregiver acknowledges praises and rewards the child for being active and taking steps towards their goals and engaging in problem solving.

m. Measurement-based Care

Original description: Measurement based care (MBC) is a care delivery approach involving the regular use of standardized measures in routine mental health care to inform treatment and to identify individuals not improving as expected and to encourage treatment changes. It may be added to or integrated with any model of practice.

Client-friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

n. Motivational Interviewing

Original description: Motivational Interviewing is a client-centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. It is a short-term therapeutic approach that is focused and goal-directed. It may be integrated with any therapeutic model.

Client-friendly description: Motivational Interviewing is used as a direct therapeutic approach, which focuses on helping clients overcome ambivalent feelings and discover internal motivation to change their behavior.

INTERPERSONAL PSYCHOTHERAPY (IPT) FOR DEPRESSED ADOLESCENTS



TREATMENT FAMILY DESCRIPTION

Interpersonal Psychotherapy is a brief, attachment–focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. IPT is based on the principle that relationships, life events and mood are interrelated.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Developing an Interpersonal Formulation

Original description: Therapist assists/helps the adolescent in seeing the relationship between their depressed mood and one of four identified interpersonal problem areas [grief, interpersonal disputes (role disputes), role transitions, interpersonal sensitivity (interpersonal deficits)].

Client–friendly description: No change suggested.

b. Clarifying Roles

Original description: Therapist helps the adolescent understand expectations that both sides have in a relationship and addresses whether or not those expectations need to be revised or reduced to alleviate depression. Also helps the client understand the roles in relationships and their contribution to depression. Therapist may help the adolescent to consider letting go of old roles, accepting new roles, renegotiating aspects of the role, and developing a sense of mastery over the new role.

Client–friendly description: No change suggested.

c. Cognitive Restructuring

Original description: Therapist helps the adolescent become aware of unhelpful, negative thoughts. Then, identifies strategies to develop more helpful thoughts that contribute to adaptive functioning.

Client–friendly description: Therapist teaches the client how thoughts can influence their feelings and helps them to come up with more helpful thoughts.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Developing an Interpersonal Formulation

Original description: Therapist assists/helps the adolescent in seeing the relationship between their depressed mood and one of four identified interpersonal problem areas [grief, interpersonal disputes (role disputes), role transitions, interpersonal sensitivity (interpersonal deficits)].

Client–friendly description: No change suggested.

b. Clarifying Roles

Original description: Therapist helps the adolescent understand expectations that both sides have in a relationship and addresses whether or not those expectations need to be revised or reduced to alleviate depression. Also helps the client understand the roles in relationships and their contribution to depression. Therapist may help the adolescent to consider letting go of old roles, accepting new roles, renegotiating aspects of the role, and developing a sense of mastery over the new role.

Client–friendly description: No change suggested.

c. Cognitive Restructuring

Original description: Therapist helps the adolescent identify, acknowledge and accept painful thoughts and develop new thoughts that may help lead to growth and change.

Client-friendly description: Therapist teaches the client how thoughts can influence their feelings and helps them to come up with more helpful thoughts.

d. Conduct an Interpersonal inventory

Original description: Therapist conducts an interpersonal inventory through a review of the patient's patterns in relationships, capacity for intimacy and an evaluation of the quality of current relationships. This inventory can be done using the Closeness Circle where the therapist works with the client to identify and place all people with whom the adolescent has a relationship into the circles depending on degree of closeness that the adolescent feels with the person. The person in the circle could also be deceased, like a grandparent. Therapist may also use a "depression circle" that concretely documents the relationship between client's emotions/feelings (depressed mood) and events in client's interpersonal relationships.

Client-friendly description: No change suggested.

e. Psychoeducation about depression and IPT

Original description: Therapist gives information about depression, such as information about rates of depression, common symptoms and co-occurring problems, impact on functioning and effective treatment strategies.

Client-friendly description: No change suggested.

f. Communication Analysis

Original description: Therapist helps change adolescent's indirect verbal and nonverbal communication to more direct, less ambiguous verbal communication.

Client-friendly description: No change suggested.

g. Communication Skills

Original description: Therapist teaches the adolescent effective communication strategies, including: communicating feelings, expectations and opinions directly and clearly; clarifying misperceptions made by the other person; seeing another person's point of view and using empathy appropriately; communicating when calm rather than when angry; and using "I statements" to express feelings.

Client-friendly description: No change suggested.

h. Problem-solving

Original description: Therapist helps the adolescent with making decisions related to the identified interpersonal problem area. This involves helping the client consider a range of alternative behaviors/action that they can take in interpersonal problem areas and to assess the possible consequences associated with each of those actions. This may also be called Decision Analysis.

Client-friendly description: No change suggested.

i. Measurement-based Care

Original description: Measurement based care (MBC) is a care delivery approach involving the regular use of standardized measures in routine mental health care to inform treatment and to identify individuals not improving as expected and to encourage treatment changes. It may be added to or integrated with any model of practice.

Client-friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

j. Motivational Interviewing

Original description: Motivational Interviewing is a client-centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. It is a short-term therapeutic approach that is focused and goal-directed. It may be integrated with any therapeutic model.

Client-friendly description: Motivational Interviewing is used as a direct therapeutic approach, which focuses on helping clients overcome ambivalent feelings and discover internal motivation to change their behavior

COGNITIVE BEHAVIORAL THERAPY (CBT) FOR TRAUMA



TREATMENT FAMILY DESCRIPTION

Individual CBT: Cognitive behavioral therapy focuses on the interrelationship among thoughts, feelings, and behaviors, and is based on the premise that changes in any one domain can improve functioning in the other domains. CBT for trauma impact focuses on helping the child to face up to and manage distressing trauma-related memories and reminders and challenging and changing unhelpful or inaccurate cognitions (e.g. thoughts, beliefs, and attitudes) related to the trauma. Child-focused CBT approaches for trauma include psychoeducation, coping skills, imaginal and in vivo exposure to reduce avoidance and maladaptive associations with trauma, and cognitive processing. CBT for trauma may also address changing unhelpful behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

Individual CBT with Parent: Individual CBT with parent includes mostly separate parallel sessions with parents. Parent sessions include same treatment elements as child sessions. Some treatment sessions include parent and child together.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Exposure

Original description: Exposure is a practice to decrease anxiety associated with remembering the trauma or reminders of the trauma (people, places, objects, situations). The child learns through practice to tolerate remembering the trauma and to face non-dangerous reminders of the trauma.

Client-friendly description: Therapist helps the child to identify non-dangerous thoughts, objects or situations related to remembering the trauma and helps the child learn to tolerate these in session or as assigned homework.

b. Cognitive Processing

Original description: Cognitive processing involves identification of untrue and/or unhelpful thoughts about the trauma and its aftermath and adopting more helpful ways to think about the trauma and its aftermath.

Client-friendly description: No change suggested.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Exposure

Original description: Exposure is a practice to decrease anxiety associated with remembering the trauma or reminders of the trauma (people, places, objects, situations). The child learns through practice to tolerate remembering the trauma and to face up to non-dangerous reminders of the trauma in vivo.

Client-friendly description: Therapist helps the child to identify non-dangerous thoughts, objects or situations related to remembering the trauma and helps the child learn to tolerate these in session or as assigned homework.

b. Cognitive Processing

Original description: Cognitive processing involves identification of untrue or unhelpful thoughts about the trauma and its aftermath and adopting more helpful ways to think about the trauma and its aftermath.

Client-friendly description: No change suggested.

c. Psychoeducation for Children

Original description: Psychoeducation is providing information to children about trauma, trauma impact and the CBT based model for treatment.

Client–friendly description: Provide information to children about trauma which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

d. Psychoeducation for Caregivers

Original description: Psychoeducation is providing information to caregivers about trauma, trauma impact and the CBT based model for treatment.

Client–friendly description: Provide information to caregivers about trauma which may include information about the common symptoms and problems, impact on functioning and effective treatment approaches.

e. Relaxation

Original description: Teaching the child through modeling and practice the difference between being relaxed and tense and how to induce a state of relaxation using breathing, tensing and relaxing muscles groups, guided imagery, and mindfulness.

Client–friendly description: Therapist teaches the child the difference between being relaxed and being tense. Also the therapist demonstrates how to induce a state of relaxation using various methods (breathing, guided imagery, tensing and relaxing muscle groups, and mindfulness).

f. Cognitive Coping

Original description: Teaching the child to use self–talk or reappraisal to overcome, manage or tolerate fearful/anxious/worry thoughts related to the trauma.

Client–friendly description: Teaches the child how to use various techniques to cope with their anxious and worry thoughts related to the trauma

g. Mood or Emotion Self-Monitoring

Description: Self–monitoring involves teaching children to identify trauma–related fear/anxiety/worry emotional states and develop a rating scale (feeling thermometer) for the intensity of the emotional state.

Client–friendly description: Mood or Emotion Self–Monitoring involves teaching children to come up with a scale to describe the intensity of their emotional state.

h. Self-reward/Self-praise

Original description: Involves helping the child attend to and acknowledge efforts to face up to and handle their fears/anxieties/worries about the trauma.

Client–friendly description: Therapist helps the child acknowledge their own efforts to take steps towards their goals (face up to fears or worries about their trauma, getting physically active, using a problem–solving skill).

i. Rewards/Reinforcement

Original description: Caregivers acknowledge praise or give tangible rewards to the child for taking steps towards overcoming or managing their trauma–related fears/anxieties or worries about the trauma.

Client–friendly description: Caregivers acknowledge and give praise and rewards for the child taking steps towards overcoming and controlling their trauma–related fears, anxiety and worries.

j. Personal Safety Skills

Original description: Helping the child understand issues related to personal safety and teaching them to assess risk and develop strategies for maintaining personal safety.

Client–friendly description: No change suggested.

k. Measurement-based Care

Original description: Measurement based care (MBC) is a care delivery approach involving the regular use of standardized measures in routine mental health care to inform treatment and to identify individuals not improving as expected and to encourage treatment changes. It may be added to or integrated with any model of practice.

Client–friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

l. Motivational Interviewing

Original description: Motivational Interviewing is a client–centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. It is a short–term therapeutic approach that is focused and goal–directed. It may be integrated with any therapeutic model.

Client–friendly description: Motivational Interviewing is used as a direct therapeutic approach, which focuses on helping clients overcome ambivalent feelings and discover internal motivation to change their behavior.

INFANT MENTAL HEALTH



TREATMENT FAMILY DESCRIPTION

Infant–early childhood mental health is defined as the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community and culture. Infant mental health treatment is designed to alleviate the distress and suffering of the infant, or young child's mental health problems, and support the return to healthy development and behavior by enhancing the quality of the caregiver–child relationship. Infant mental health treatment is dyadic.

ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

a. Build Reflective Capacity

Original description: Therapist asks the caregiver to reflect on the child's potential feelings or needs, and how feelings and needs are connected to child's behavior and experience, and caregivers' parenting behavior or experience. Provider assists the caregiver in understanding how feelings and needs motivate behavior, often out of conscious awareness or intention.

Client–friendly description: Therapist asks the caregiver to reflect on the child's potential feelings or needs, and how feelings and needs are connected to child's behavior and experience, and caregivers' parenting behavior or experience. Provider assists the caregiver in understanding how feelings and needs motivate behavior, often out of conscious awareness or intention.

b. Support Safe and Attuned Caregiver Behaviors

Original description: Therapist helps the caregiver identify safety needs of the child, helps the caregiver provide safe, attuned and predictable care, and helps the caregiver nurture the child by attuned care which includes attention to rupture and repair in moment to moment interaction. Attunement is defined as an observable pattern of dyadic interaction that is mutually regulated, reciprocal, and harmonious. Therapist teaches the caregiver to recognize behaviors and cues of the child and then assists the caregiver in identifying ways to respond to the child that increases their safety, attunement, and predictability.

Client–friendly description: Therapist teaches the caregiver to recognize behaviors and cues of the child and then assists the caregiver in identifying ways to tune into the child's feelings and to respond in a way that improves child safety and behavior.

c. Affect Regulation

Original description: Therapist assists the caregiver to recognize, experience, express, and manage a wide range of emotions. Therapist assists the caregiver in responding to the child's emotions with attuned sensitivity such that the child can begin to learn to manage their feelings and actions with reliance on caregivers for regulatory assistance and for the development of autonomy.

Client–friendly description: No change suggested.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. Build Reflective Capacity

Original description: Therapist asks the caregiver to reflect on child's potential feelings or needs, and how feelings and needs are connected to child's behavior and experience, and caregivers' parenting behavior or experience. Provider assists the caregiver in understanding how feelings and needs motivate behavior, often out of conscious awareness or intention.

Client–friendly description: Therapist asks the caregiver to reflect on the child's potential feelings or needs, and how feelings and needs are connected to child's behavior and experience, and caregivers' parenting behavior or experience. Provider assists the caregiver in understanding how feelings and needs motivate behavior, often out of conscious awareness or intention.

b. Support Safe and Attuned Caregiver Behaviors

Original description: Therapist helps the caregiver identify safety needs of the child, helps the caregiver provide safe, attuned, and predictable care, and helps caregiver nurture the child by attuned care which includes attention to rupture and repair in moment to moment interaction. Attunement is defined as an observable pattern of dyadic interaction that is mutually regulated, reciprocal, and harmonious. Therapist teaches the caregiver to recognize behaviors and cues of the child and then assists the caregiver in identifying ways to respond to the child that increases their safety, attunement, and predictability.

Client-friendly description: Therapist teaches the caregiver to recognize behaviors and cues of the child and then assists the caregiver in identifying ways to tune into the child's feelings and to respond in a way that improves child safety and behavior.

c. Affect Regulation

Original description: Therapist assists the caregiver to recognize, experience, express, and manage a wide range of emotions. Therapist assists the caregiver in responding to child's emotions with attuned sensitivity such that the child can begin to learn to manage their feelings and actions with reliance on caregivers for regulatory assistance and for the development of autonomy.

Client-friendly description: No change suggested.

d. Psychoeducation

Original description: Therapist helps the caregiver understand the elements of early child development. Psychosocial education may include information on how infants and young children communicate to caregivers about needs; information on interaction rupture and repair; how caregiver behavior supports child's sense of safety and safety in child's environment; how adults support the development of children's emotional regulatory capacity; how infants send communication signals and react to caregiver responses (attuned interaction); and information on typical and atypical development, functional problems (e.g., disorders in the regulation of sleeping, feeding, and emotional expression, etc.), and developmental impacts of grief, loss, and stress (for both child and caregiver).

Client-friendly description: No change suggested.

e. Reflective Observation

Original description: Therapist elicits and supports reflection in the caregiver about child's needs, feelings and behavior by asking the caregiver open-ended questions, repeating a reflection, showing positive acknowledgment of a reflection or praising a reflection. Reflective observation may include content on: regulation, feelings and needs, behavior, non-verbal communication, developmental capacity, attunement, rupture and repair, safety and caregivers' responsiveness.

Client-friendly description: No change suggested.

f. Perspective Taking

Original description: Therapist uses role-play to help the caregiver understand the perspective of the child and practice new skills. This may include therapist talking from child's perspective or therapist talking from parents' perspective.

Client-friendly description: No change suggested.

g. Modeling

Original description: Therapist models for the caregiver a parenting skill.

Client-friendly description: No change suggested.

h. Observation and Coaching

Original description: Therapist coaches the caregiver during an interaction with the child, or therapist video records the caregiver and the child during an interaction, plays back the video with the caregiver and provides reflective and supportive feedback.

Client-friendly description: No change suggested.

j. Explore Caregivers' Negative Child Attributions

Original description: When the caregiver expresses a negative attribution of child's behavior, personality, or feelings, therapist explores the meaning of this attribution with the caregiver. Therapist helps the caregiver reflect on the origins of the attribution, the basis of the attribution, and the impact it may have on the child. Therapist may also explore with the caregiver other possible perspectives of said attribution.

Client-friendly description: No change suggested.

k. Joint Construction of Family Narrative Including Trauma Narrative

Original description: Therapist supports the caregiver and/or child in developing narratives, which include how infants and young children carry their history of stress and trauma in their bodies. The trauma narrative creates a coherent story to help the caregiver and/or child integrate significant experiences.

Client–friendly description: No change suggested.

l. Dyadic Play and/or Trauma Play

Original description: Therapist facilitates and follows play between the caregiver and the child or solo child play. Therapist uses this mechanism to identify attunement or misattunement, relational health, developmental needs, themes, explore significant experiences, and highlight integration of past significant experiences.

Client–friendly description: No change suggested.

m. Management of Affect and Affective Regulation

Original description: Therapist teaches the caregiver and/or child relaxation or mindfulness skills. May also include strategies to regulate affective or sensory experience and supporting caregivers' capacity to provide affective or sensory containment.

Client–friendly description: No change suggested.

n. Promote Caregiver Competence and Confidence

Original description: Therapist observes the caregiver–child interaction and verbally identifies and acknowledges the strengths, skills, and gains the caregiver has made. Therapist also leverages caregivers' cultural context, resources, and personal history in promoting caregiver competence and confidence.

Client–friendly description: No change suggested.

o. Measurement-based Care

Original description: Therapist uses the screening and assessment tools to establish baseline function (symptoms, development, diagnosis, identify referral needs, caregiver–child relationship quality) and treatment targets.

Client–friendly description: Measurement based care (MBC) helps to inform treatment by using measurements to help inform the direction of treatment by identifying whether a client is getting better or not.

p. Engagement

Original description: Therapist builds engagement by working to establish a trusting relationship with family, clarifying goals and expectations, clarifying partnership in treatment by gathering family history, child history, social, structural, and cultural factors significant to the child/caregivers' family and community.

Client–friendly description: No change suggested.

q. Elicit Parent History

Original description: Therapist helps the caregiver identify protective and adverse aspects of his/her history that may impact the current relationship and their parenting.

Client–friendly description: No change suggested.

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