

Non- Pharmacological Interventions

The First Steps in
Treatment

2020 Annual
Resource Provider
In-Service Training
(V-170)



4.4.3

A case manager shall not consent to the use of psychotropic medications without first having sought alternative interventions to aid the child, resource provider or parents. Those may include, but are not limited to, mental health assessment, therapy, skills building, parenting assistance or family therapy.

Non-pharmacological Treatments



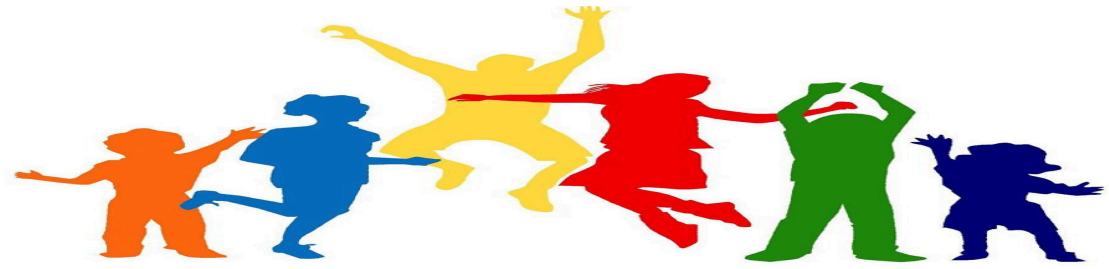
- Practice guidelines clearly support that psychotropic medications should not be a stand alone treatment
- Particularly for children, the hope is that any use of psychotropic medications is temporary
- Most research even on adult use of psychotropic medications is not based on long-term use but typically around 12-24 weeks
- Remember most psychotropic medications have not been tested on children and teens and therefore the impact on development and long-term functioning is unknown

Non-pharmacological (NP) Treatments



- Medications manage symptoms, take away the medication and the symptoms will likely re-emerge
- Can be used as a way to temporarily manage symptoms while other NP interventions can begin to effect the person's mood and behaviors
- It makes sense then to see if a child can benefit from these NP interventions first
- Medication should be only one part of a comprehensive treatment plan.

Engaging Youth



- Empower the youth at a developmentally appropriate level
 - Share information about the intervention with the youth
 - Allow time for youth to ask questions
 - Listen to their fears/concerns
 - Don't use information they share against them or to judge them
 - Understand long-term impact of trauma and how to help youth manage this
 - Don't negatively characterize their symptoms, no blaming, normalize
 - Allow time for adjustment to change before seeking treatment
 - Reduce stigma, analogy of physical health
 - Listen to how they feel if engaged in an intervention including medications
 - <https://www.childwelfare.gov/pubs/makinghealthychoices/>
 - <https://www.childwelfare.gov/pubs/mhc-caregivers/>

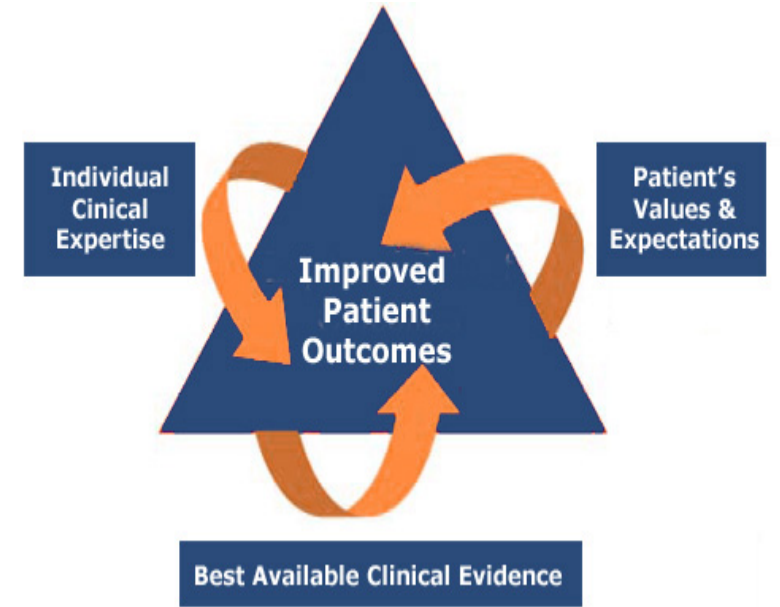
What Are Some Interventions

- Evidence based therapies
- Skills Development
- Family Interventions
- Environmental Interventions/Modifications



Evidence Based Interventions

- Across a variety of different areas of need
- Vary in complexity but all require fidelity
- Should confirm with provider how they were trained and if they were certified, rostered etc.
- Due diligence to the same level you vet your home contractors, beauticians etc.
- Deemed EB when done with vetted population, for specific targets symptoms



EBP for Attachment

- There are not established clinical or laboratory assessments to rule in a diagnosis of any of the defined attachment disorders, and the materials that have been developed through research studies or adaptations of existing psychiatric instruments have not yet been incorporated into clinical practice.
- It is important to consider that the symptoms that may co-occur with attachment disturbances may be best treated by an evidence-based practice that focuses on the specific symptoms that are being manifested
- Promising Practices
 - Child-Parent Relationship Therapy (CPRT) 3-8
 - Dyadic Developmental Psychotherapy 5-17



Infant and Toddler Mental Health Programs (Birth to 3)

- Should always include the proposed caregiver actively in treatment with this age group
- Attachment and Biobehavioral Catch-up 6 months to 2 years
- Child-Parent Psychotherapy 0-5



EBPs for Sexual Behavior

- Multisystem Therapy for Youth with Problem Sexual Behaviors (10-17)
- Sexual Abuse: Family Education and Treatment (SAFE-T) Program (12-19)
- Children with Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-age Program (6-12)
- Trauma-Focused Cognitive-Behavioral Therapy* (3-18)

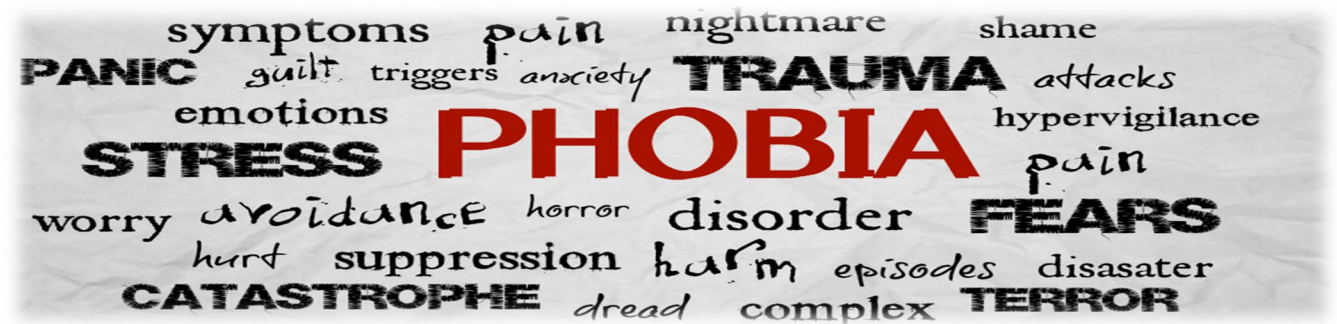


EBPs for Substance Use

- Multisystemic Therapy (MST) 12-17
- Multidimensional Family Therapy (MDFT) 11-18
- Functional Family Therapy (FFT) 11-18
- Adolescent Community Reinforcement Approach 12-25
- Adolescent Focused Family Behavior Therapy 11-17
- Brief Strategic Therapy 6-18



EBT for Trauma



- Trauma Focused Cognitive Behavior Therapy (3-21)
- Integrative Treatment for Complex Trauma for Children (5-12) or Adolescents (12-21)
- Dialectical Behavior Therapy (child, adolescent and adult models)
- Child Parent Psychotherapy (0-5)
- Eye Movement Desensitization and Reprocessing (2 and above)
- Trauma Adapted Family Connections (0-18)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress SPARCS (group) (12-21)

Skills Development

- Behavior Interventionists
 - Training of BI
 - Transfer of Knowledge to Caregiver
- Trust Based Relation Intervention - trains caregivers to provide effective support and treatment for at-risk children
 - Monitor parent's use of skills
- NMT based interventions – individualized recommendations



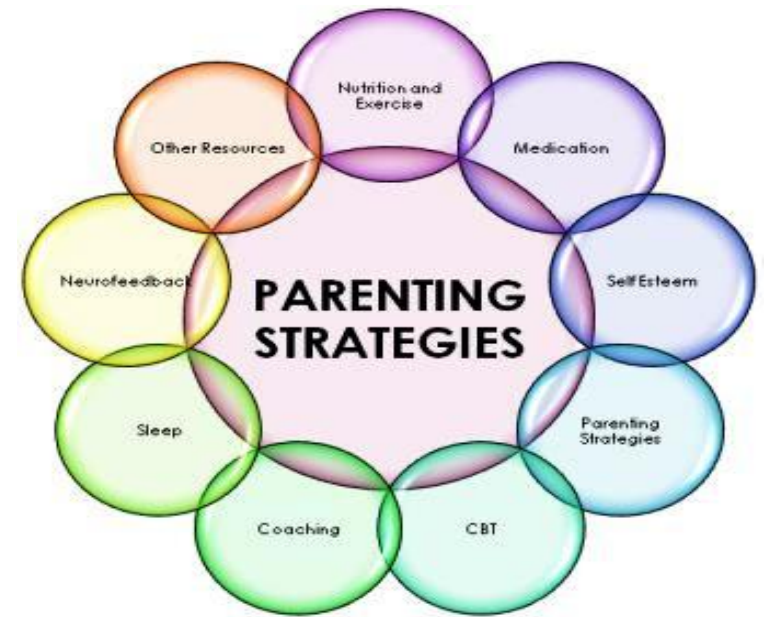
Mentoring

- Fostering Healthy Futures 9-11
- Big Brothers Big Sisters of America 6-
- Friends for Youth 1 to 1 Mentoring 8-1



Parenting Youth with Challenging Behaviors

- Chicago Parent Program 2-5
- Incredible Years 4-8
- Parent-Child Interaction Therapy 4-7
- Level 4 Triple P (Positive Parenting Program) 0-12
- Triple P - Positive Parenting Program® - Level 3 0-12 with mild-moderate emotional and behavioral concerns
- Tuning in to Kids (TIK) 18 months and 18 years of age
- Tuning in to Teens™ (TINT) 10-18 years of age



Parenting Youth with Challenging Behaviors

- Common Sense Parenting® (CSP) 6 - 16 years
- Guiding Good Choices® (GGC) adolescents and young teens
- Strong African American Families Program (SAAF) African American youth, aged 10-14
- Family Checkup 2-17 low to middle SES
- **GenerationPMTO** (formerly Parent Management) 2-18
 - Individual
 - Group - Parenting Through Change



Coaching for Resource Parents on Trauma

- Resource Parents can help or unintentionally exacerbate a child's trauma response
- There are many environmental and relational things a resource provider can do everyday to address a child's trauma responses
- Resource Parent Curriculum - NCTSN
- Trust Based Relational Intervention –
Karen Purvis Institute of Child Development



Natural Interventions



Community
mentoring

MEDITATION

Yoga

Exercise

Journaling

**Social
Connections**

Spiritual

Music

DIET

Art

*Sleep
Hygiene*

VOLUNTEERING

Professionals

- School Counselors
 - School-Based Mental Health Services
 - Community Mental Health Centers
 - Private Mental Health providers
 - Federally Qualified Health Center
-
- How frequently seen?
 - What type of therapy?
 - How is family engaged?



Finding a Provider

- Encourage each circuit/county to create a list with information on degrees, insurance, eligibility, EBPs provided etc.
- MO DBT Directory
http://www.dbtmo.org/dbtmo1.0/Resource/Re_ClinicalDirectory.aspx
- National DBT Directory
<https://behavioraltech.org/resources/find-a-therapist/>
- MoACTS
<https://www.moacts.org/Roster.aspx>



HIS Team Contact Information



- Stacie Frueh Stacie.A.Frueh@dss.mo.gov
- Melissa Kenny Melissa.L.Kenny@dss.mo.gov
- Larry Smith Larry.K.Smith@dss.mo.gov
- Jill Pingel Jill.M.Pingel@dss.mo.gov
- Sarah Lanspa Sarah.A.Lanspa@dss.mo.gov
- Denise Blackman Denise.L.Blackman@dss.mo.gov
- Becky Hall Becky.J.Hall@dss.mo.gov
- Nichole Beaudoin Nichole.M.Beaudoin@dss.mo.gov
- Dragan Vulic Dragan.Vulic@dss.mo.gov
- Rikki McLallen Rikki.Mclallen@dss.mo.gov
- Michelle Brown Michelle.Brown@dss.mo.gov
- Dana Hutchison Dana.Hutchison@dss.mo.gov
- Michele Holenda Michele.L.Holenda@dss.mo.gov
- Bre Harris Brianna.R.Harris@dss.mo.gov
- Kimberly Witten Kimberly.Witten@dss.mo.gov
- Rachael Foust Rachael.E.Foust@dss.mo.gov
- CD.PsyMedSettle@dss.mo.gov

Resources



- California Evidence Based Clearinghouse for Child Welfare
 - <https://www.cebc4cw.org/>
- Trust Based Relational Intervention
 - <https://child.tcu.edu/about-us/tbri/#sthash.yP5XlqyY.dpbs>
- Neurosequential Model of Therapeutics
 - <https://www.neurosequential.com/>
- National Child Traumatic Stress Network
 - <https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions>
- American Academy of Child and Adolescent Psychiatry, Psychiatric Medication for Children and Adolescents Part 1—How Medications Are Used
 - http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Psychiatric_Medication_For_Children_And_Adolescents_Part_I_How_Medications_Are_Used_21.aspx
- American Academy of Child and Adolescent Psychiatry, Psychiatric Medication for Children and Adolescents: Part II—Types of Medications, at
 - http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Psychiatric_Medication_For_Children_And_Adolescents_Part_II_Types_Of_Medications_29.aspx

Questions

Please submit any questions regarding
this presentation to:

CD.PsyMedSettle@dss.mo.gov