

Evidence Based Practices in IECMH

Child Parent Psychotherapy (CPP)

Relationship based, trauma informed intervention model for children who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The primary goal of CPP is to support and strengthen the relationship between a child and their caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning.

Diagnoses/presentations targeted:
Trauma/PTSD, relationship concerns

Considerations:
can be administered in the home or office

Ages:
birth to five years

Training model:
18 month learning collaborative that includes 3 didactic sessions (7 days total) and twice monthly consultation calls

Average length of treatment:
9-12 months

**Will likely be brought to Colorado in 2021 through RS-CO

Attachment and Biobehavioral Catchup (ABC)

Parent/child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with their infants. ABC helps caregivers re-interpret children's behavioral signals, so they can provide nurturance through parent coaching sessions.

Diagnoses/presentations targeted:
Trauma/PTSD, foster care and adoption

Considerations:
typically implements in the home, requires video recording equipment

Ages:
6 to 48 months

Training model:
18 month learning collaborative with extensive supervisions

Average length of treatment:
10 sessions

Trauma-Focused Cognitive Behavioral Therapy

Treatment for children and adolescents impacted by trauma and their caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.

Diagnoses/presentations targeted:
Trauma/PTSD

Considerations:
more individual time with child throughout, requires a more advanced cognitive capacity for the child

Ages:
3-21 years

Training model:
web course, 2 day in person clinical didactic, 12 follow up consultation calls

Parent Child Interaction Therapy

Parents learn skills to manage behavior and improve relationship with their child. Using a transmitter and receiver system, the caregiver is coached in specific skills as he or she interacts in play with the child. Generally, the therapist provides coaching from behind a one-way mirror.

Diagnoses/presentations targeted:

Externalizing behaviors, behavior management, parental use of discipline

Considerations:

typically used with a one-way mirror and transmitter/receiver system

Ages:

2-12 years

Training model:

12 month learning collaborative model, 2 in person didactics and ongoing case consultation and review of skills

Average length of treatment:

16-20 sessions

Circle of Security-Parenting (COS-P)*

A parent reflection model that encourages parents to explore their own history and how it impacts their interactions with their child. This is accomplished by watching video clips that demonstrate key concepts of the circle and then guided discussion.

Diagnoses/presentations targeted:

relationship concerns: parental trauma history, mental health concerns, substance use

Average length of treatment:

10-12 sessions

Considerations:

administered with caregivers individually (without child present), can be administered in a group or individually

Ages:

geared towards birth to 3, but applicable more broadly

Training model:

4 day long clinical didactic

**COS-P is an evidence informed and promising practice, but it currently lacks the randomized control research to qualify as an EBP*

***Will be brought to Colorado in April 2020 through RS-CO*

Got Infant Mental Health? How the *Right Start for Colorado* initiative is supporting Colorado's infant/early childhood mental health (IECMH) workforce

Best Practice Assessments in IECMH

DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Diagnostic taxonomy that is best practice for children birth to five

Ages:

birth to five years

Training model:

2 day in person clinical didactic

Considerations:

may not be able to be directly diagnosed in many EHRs, need to manually crosswalk to DSM/ICD

**Training regularly occurring through RS-CO

Crowell

Observation of overt caregiver-child interactions in a clinical setting. Includes free play, clean up, bubbles, structured developmental tasks, separation and reunion

Ages:

12 months to 5 years (adaptations available under 12 months)

Training model:

one day in person clinical didactic

Considerations:

requires a one-way mirror, and ideally recording capability

Marschak Interaction Method (MIM) Assessment

Observation to assess the overall quality and nature of relationships between caregivers and child. Includes tasks to elicit behaviors in four primary dimensions (structure, engagement, nurture and challenge)

Ages:

birth and up

Training model:

one day in person clinical didactic

Considerations:

requires a one-way mirror, and ideally recording capability

Working Model of the Child Interview (WMCI)

Structured interview that assesses a caregiver's internal representations, or working models, of their relationship with a particular child. Helps clinicians better understand how caregivers *think and feel* about their young children

Ages:

birth and up

Training model:

one day in person clinical didactic

Considerations:

administered with caregiver alone