

Deliverable 4.2 – Summary of Best Practices to Address Social-Emotional Delays for Children Birth-5 May 2021

Background and Context: The *Pathways from Developmental Screening to Services* project is a community-level improvement effort focused on improving the receipt of services for young children identified at-risk for developmental, behavioral and social delays. A component of this work is focused on improving **follow-up to developmental screening in primary care practices (PCPs) for children identified with social emotional delays**. Throughout our work with primary care practices, we identified a gap and need for additional trainings and resources initially outside the scope of this project. However, OPIP has expanded this work and leaned in on an important topic to community providers in Central Oregon, working closely across systems, including: the Coordinate Care Organization, PacificSource Community Solutions of Central Oregon; family medicine practices and pediatric practices (working to understand their internal work flows, referral resources, and roles of integrated behavioral health staff); and community-based behavioral health providers that focus on families with young children (birth – five).

During Phase 1 of this project (June 1 2018 – May 31 2019) OPIP conducted baseline data collection and engaged cross-sector stakeholders to identify their priorities for addressing children with Social-Emotional delays. Consensus was gained and OPIP set out to address these priorities during Phase 2 of the project (June 1 2019 – May 31 2021). This work has expanded and now includes cross-sector strategic work focused on highlighting and addressing gaps in capacity of the specialty behavioral health workforce serving families across regions (with a particular focus on equity of culturally- and linguistically-appropriate services), training integrated behavioral health staff on services specific to children birth to five, and implementing improved best-match referral pathways from primary care to behavioral health. This summary provides an extensive overview of the deep facilitation and implementation work that OPIP has done over the past year and a half to develop best practices for addressing Social-Emotional delays for children birth to five in Central Oregon.

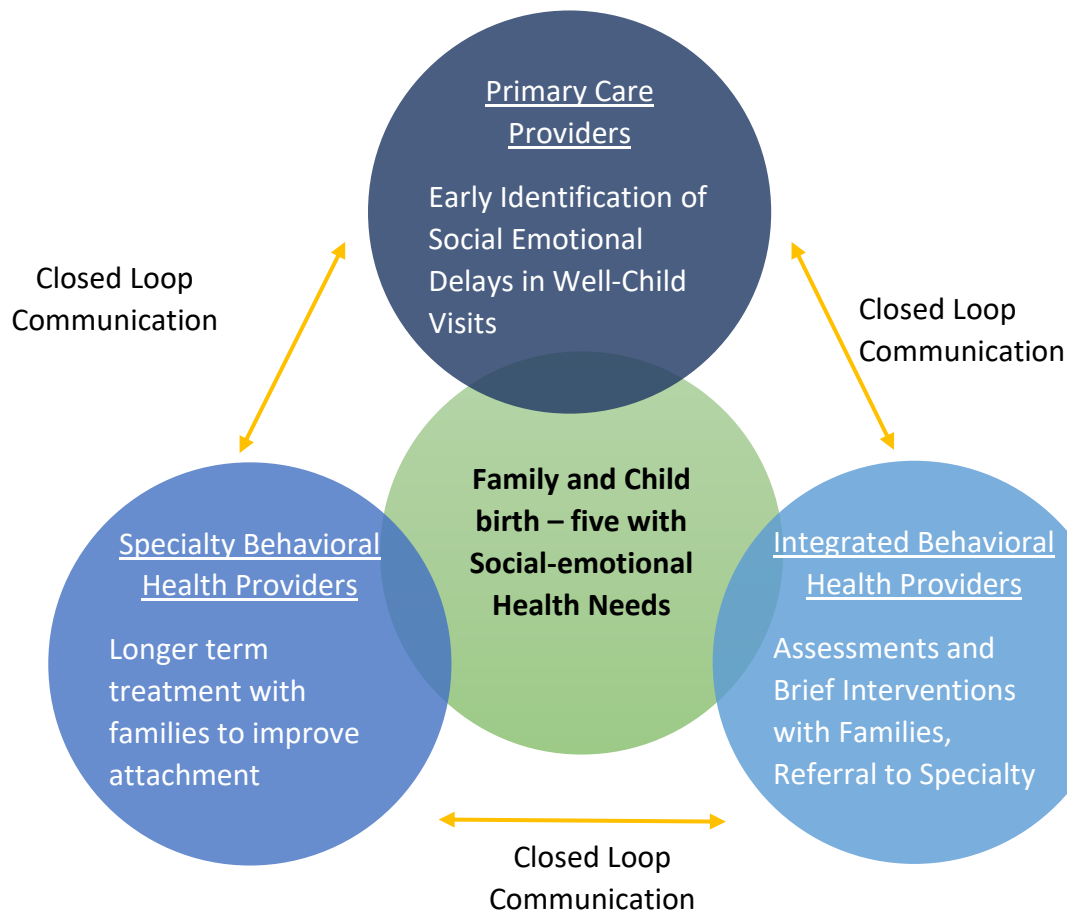
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Timeline of OPIP Facilitation and Trainings

June – September 2019		October 2019	January 2020	September - October 2020	
1st Training of Primary Care Providers <ul style="list-style-type: none"> • Best-match follow-up for Developmental delays identified on the ASQ • OPIP’s medical decision tree 	Interviewed Specialty Behavioral Health Providers that See Children birth-5 <ul style="list-style-type: none"> • Summarized specialty behavioral health services for children birth-5 • Developed an asset map • Applied an equity lens 	Meeting with Specialty Behavioral Health Providers <ul style="list-style-type: none"> • Understand services available • Identify gaps • Facilitate conversations to address gaps 	Training of Internal Behavioral Health Providers in Primary Care Sites <ul style="list-style-type: none"> • Assessments & brief interventions • Overview of external specialty behavioral health supports 	“Meet & Greet” between Internal Behavioral Health & Specialty Behavioral Health <ul style="list-style-type: none"> • Organizations shared brief overview of their services for Internal Behavior 	2nd Training of Primary Care Providers <ul style="list-style-type: none"> • Identifying social-emotional delays for children birth-5 • Engaging families in referral to Internal behavioral health • What Specialty behavioral health services exist

Model of Behavioral Health Supports for COPA and Mosaic



Training of Primary Care Pediatric Providers on Best Match Follow-up to Developmental Screening

OPIP trained the COPA pediatric primary care providers in June 2019 and the Mosaic East Bend pediatric primary care providers in September 2019 on best match follow-up for children birth to three identified at-risk for developmental delays on the Ages and Stages questionnaire. One aspect of this training included guidance for providers to refer families of children identified at-risk for social emotional delays to the internal behavioral health providers, with a warm hand-off if possible. At the time of the initial provider training, COPA had 3 internal behavioral health staff and Mosaic had 2 internal behavioral health staff that had some expertise in children ages birth – five. Primary care providers were given guidance on how to identify children who may need enhanced supports for behavioral health using results of routine ASQ screening, which includes those who were:

- Two standard deviations below the mean on the Personal Social AND Problem-Solving domains, OR
- Two standard deviations below the mean on the Personal Social OR Problem-Solving domains that also have:
 - Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns, OR
 - Exposure to Adverse Childhood Experiences (ACEs) in the family environment.

The primary care providers were given guidance to send these children to their internal behavioral health providers for additional screening and parent concerns, brief interventions and therapies, and engaging families in a specialty behavioral health referral if deemed necessary by the internal behavioral health provider. After this initial training in 2019, OPIP continued to refine and enhance the asset map of specialty behavioral health providers in Central Oregon, and to understand the additional guidance and clarity that primary care sites needed for their behavioral health services.

Interviews with Specialty Behavioral Health Providers

Targeted supports to primary care are only one side of the equation. Through this work, there would be an increased number of referrals to specialty behavioral health services resulting from refined processes in primary care, so the capacity to serve those families would need to improve at the same time. With this dual need in mind, OPIP interviewed specialty behavioral health providers and facilitated conversations with providers on the services they provide and ways in which these community organizations could build capacity.

As OPIP learned of providers in the region, staff reached out to interview each group. Representatives from each specialty behavioral health organization were asked about:

- Services they provide for children birth –five
- Modalities providers are trained and/or certified in
- Their current case load
- Their current capacity to take on new referrals
- Availability of services with an equity lens:
 - Regions where they serve children
 - Race/Ethnicity or Tribal Designation of the providers
 - Languages spoken by providers
 - Whether they offer home-visiting services or community based services.
- The payers accepted by each organization

Facilitated Meeting with Specialty Behavioral Health

OPIP convened a meeting of Behavioral Health providers in the region in October 2019. The key objectives of the meeting were to create a shared understanding of behavioral health services available in Central Oregon for young children birth to five, and to better understand opportunities and barriers to improving receipt of services for children with social-emotional delays. The main barriers highlighted in the meeting's discussions included:

- **Workforce Capacity** – There are a limited number of behavioral health providers in the Central Oregon region that focus on children birth to five, and of those with expertise, many do not have enough available appointments to serve families in need; furthermore, this availability and capacity varies by county and region.
- **Billing** – Stakeholders flagged billing for behavioral health services, especially for young children, as a challenge, including not knowing what was covered by Medicaid and how to bill for services that are covered.
- **Provider Perceptions** – Stakeholders have found that there is a lack of focus on children ages 0-5 within the behavioral health community due to misconceptions about the population and misunderstanding about what behavioral health services look like for children ages 0-5.
- **Equity of Service Availability** – Of the behavioral health providers within Central Oregon that are trained to work with children ages 0-5 there are even fewer providers who identify as a race other than white, and few that speak another language other than English. Additionally, there are disparities in availability by county.
- **Family Engagement** - Stakeholders indicated that families who are in need of services or are referred to behavioral health services for their young children are often not engaging in care due to a number of barriers.

Following this meeting, the behavioral health organizations in the region took on these learnings and began to address gaps in their services. OPIP has continued to interview and update our asset and capacity map of behavioral health services in Central Oregon. In October 2019, the asset map of providers that see children birth to five included only 5 organizations with 14 providers, primarily all in Deschutes County, and no providers spoke a language other than English. By September 2020, there were 16 organizations with 63 providers throughout Central Oregon included on the asset map, and services had been expanded to all three counties, including new offices and providers being hired to serve Crook and Jefferson counties. There was also the addition of three providers who speak Spanish. The capacity map was recently updated and included with this report.

Training of Primary Care Internal Behavioral Health Providers

The internal behavioral health providers at COPA and Mosaic have an integral role in the pathway from screening to services for social emotional health. Trained and licensed in behavioral health, these providers are able to perform additional assessments and brief interventions for families to determine what treatment they may need to fully address concerns in a child's social emotional development.

In order to ensure that the internal behavioral health providers would be ready to assist families of young children identified at-risk for social emotional delay referred by their primary care providers, OPIP convened a training for them in January 2020 with the expert help of Dr. Andrew Riley, a Clinical Psychologist at OHSU. This training highlighted the importance of social emotional health in attachment and long-term social and educational success, and illuminated secondary assessments and intervention strategies specific to young children ages birth to 5 that could be done by the internal behavioral health providers. The training included:

- Clinical decision-making framework for determining risk of young children
- Available assessment strategies
- Low-intensity intervention resources
- Adaptations to evidence-based therapies
- Billing strategies for these services

Additionally, this training provided an overview of which children would benefit from treatment by an external mental health agency that specializes in therapies for young children and their families and ways to engage families in those referrals.

This training was fully tailored to the five internal behavioral health providers that attended from COPA and Mosaic. The providers were surveyed prior to the training to understand their background, training, and licensure, as well as their goals and objectives for the training. Dr. Riley provided an iterative and interactive training designed for the group. Providers also shared ideas and experiences with each other and discussed ways to share their expertise with each other in the future.

Internal Behavioral Health and Specialty Behavioral Health Meet and Greets

Following the training of the internal behavioral health providers at COPA and Mosaic, OPIP convened a virtual meet and greet in September 2020 of the internal behavioral health providers and the specialty behavioral health providers, in order to provide an overview of (1) Behavioral health services available for children birth-five in Central Oregon and factors to consider when referring to these services, and (2) To provide time for each specialty behavioral health group to give a quick overview of their services, including their location, clinicians who serve young children and their family, availability of services via telehealth, payers accepted, and referral and intake processes. Of the 16 organizations, 10 were represented at this virtual meeting and able to present information on their referral and intake processes. Given that this meeting was held during COVID-19 response, a focus of this meeting was also to understand the ability to provide services virtually, and how primary care internal behavioral health providers could address concerns or answer questions on what specialty behavioral health services look like during COVID-19 response.

Training of Primary Care Providers on Best-Match Follow-up for Social-Emotional Delays

The primary care providers reconvened in October 2020 for an enhanced booster training on best match supports for children identified with social emotional delays on developmental screening. This training provided a refresher and deeper context on the pathways to support social emotional health including:

- What contributes to social emotional health in young children and how does it affect their development
- Who to send to Internal Behavioral Health Services
- Developmental Promotion to Consider and How to Engage Families in Referrals to Behavioral Health Services
- Referrals to Internal Behavioral Health & Overview of their role including:
 - Brief assessments
 - Brief interventions
 - Identifying children to refer to Specialty Behavioral Health
- High Level Overview of Specialty Behavioral Health for Children Birth-5
 - Compendium of Services in Central Oregon & Talking points about services

Through this training, primary care pediatric providers were provided enhanced guidance and tools to support children identified at-risk for social emotional delays on developmental screening in the context of well-care. Primary care providers are likely the first providers to identify these delays and form a trusting relationship with parents. Early identification of delays and warm hand-offs for further assessments can allow for impactful interventions on relatively small problems in a child's development, before more disruptive behaviors develop. The parent-child attachment and environment of that child can be an indicator of that child's development, and brief interventions can mitigate the potential negative effects of disrupted parenting, social isolation, parent substance use disorders, parent mental health, or emotional dysregulation of a child. OPIP's training provided tools and a decision tree to guide children to the best match services.

Future Directions

In just one year, the availability of behavioral health services specific to young children birth to five grew significantly in Central Oregon, including in regions where services were previously unavailable. Additional modalities serving children birth to five were included, and providers who spoke Spanish were hired. OPIP was able to facilitate conversations and trainings to try and ensure that children identified with social emotional delays get the best match care that is coordinated and appropriate to their needs. We have created tools for providers to engage families in these referrals and help reduce stigma to behavioral health services. OPIP has similarly created tools and resources for primary care providers to understand the full suite of behavioral health services available in Central Oregon, using an equity lens to provide information on the race/ethnicity and languages spoken for providers, delivery method, payers accepted, availability of telehealth, and region the services are provided. This asset map was updated in May 2021. We have heard from providers on both sides that the referral and intake processes are confusing and would benefit from additional support to enhance and ensure a process that is family-centered and appropriate, particularly for young children, and that is not overly-burdensome for providers.

Appendix A: Compendium of Specialty Behavioral Health Services in Central Oregon

OPIP has continued to interview specialty behavioral health providers to understand the services available for young children with social emotional health needs. As this is an evolving landscape, OPIP has continued to update the pediatric providers and internal behavioral health providers on the array of services available, by region and other factors, in Central Oregon. Attached is the full compendium of services, updated in May 2021. This includes a full description of the array of therapy modalities that are available for families. This compendium was developed with primary care providers in mind, who would be engaging families in referrals and helping these families with young children navigate what it means to need social emotional support, and what those services would look like.



Behavioral Health Services for Children Birth to Five in Central Oregon: Summary as of May 2021

Overview and Purpose

The [Early Learning Hub of Central Oregon](#) and the [Oregon Pediatric Improvement Partnership \(OPIP\)](#) led an effort called the “*The Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten*”. The project is funded by the Central Oregon Health Council and the Early Learning Hub of Central Oregon.

A component of this work is focused on **best match follow-up services** for children identified with developmental, behavioral and/or social emotional delays. Stakeholder interviews indicated a need for **summary of the available specialty mental health services available** for children birth-to-five, descriptions of the **specific modalities offered**, and information about the providers serving young children and their families in the region. Over the last year, **OPIP has interviewed and conducted an in-person meeting** to understand the current available resources. This summary is the synthesis of those interviews and the information provided in Fall of 2020 and that was updated by those providers that responded in May 2021. Given this is an evolving landscape, ongoing updates will be needed and therefore the time stamps provided at the top of the documents are provided to describe when the information summarized was received.

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What is Infant Mental Health and What Can We Highlight for Families as the Value of Mental Health Services?

- Social and emotional health in the youngest children develops within **safe, stable, and attached relationships** with caregivers. Children who have positive and engaging interactions in their earliest years are more likely to enjoy good physical and mental health over their lifetimes. They are also better able to **experience, regulate, and manage their emotions**—key skills for later school readiness.¹
- **Parenting young children can be hard**, but there are **resources that can help** families get through these tough times and improve challenging behaviors
- It is normal for children to go through **periods of development that are more challenging**, and sometimes children and their families benefit from **learning about strategies** that can help a child learn to better **control their emotions**.

What Are Factors or Indicators of Young Children that Would Benefit from Behavioral Health Services:

- **Disruptive Behavior Problems**
 - Oppositional Defiant Disorder (ODD)
 - Conduct Disorder
 - Attention-Deficit/Hyperactivity Disorder (ADHD)
 - Young children without a diagnosis who are exhibiting similar behaviors
- **Children with a History of Trauma**
 - Abuse, neglect, and/or exposure to domestic violence
 - Exposure to death or imprisonment of a parent, community violence, war, a natural or man-made disaster, or other forms of trauma
- **Children who are At-Risk for Behavior Problems**
 - Children with developmental delay, significant psychosocial stressors, mild to moderate social emotional symptoms. Children with other risk present and identified in their history, parent concerns, or incompatible parenting styles.
 - Children at risk of maltreatment or neglect (families with substance abuse or mental health issues, young parents, low-income families, parents of special needs children).

What Are Therapy Programs or Modalities that Address Infant and Child Mental Health?^{2,3}

The summary of behavioral health services provided in Oregon is categorized by different therapy programs available and the method through which the services are provided. Different modalities work better for children with different factors (*disruptive behavior problems vs a known trauma history, etc*), and therefore understanding the specific factors and the types of modalities offered can help inform the best match referral for the young child and their family.

- A modality refers to the treatment approach or program that a therapist uses during the sessions with the child and/or family.
- For each modality, there are typically additional trainings and certifications that therapists receive.
- Due to the vast number of approaches, we will not cover all of them in this guide. However we will provide information and resources for common modalities and programs that are specific to children birth to five and note ones that are available in Central Oregon.
- The tables and summaries in this document are organized by the types of problems listed above in order to help sort through what may be the best match modalities to address identified problems.

¹ <https://childinst.org/5-things-infant-early-childhood-mental-health/>

² For more information on mental health assessment, diagnosis, dyadic behavioral treatments, please see the technical assistance webinars from OHA: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Behavioral-Health-TA.aspx>

³ The information on each of the modalities was taken and adapted from <https://www.cebc4cw.org>

Behavioral Health Services for Children Under Five with Social Emotional Delays
*Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on
 (1) Positive parenting, (2) Effective limit setting and safe discipline, and (3) Child-parent relationship building*

Therapy/Program Name	Delivery Method ¹	Age of Child	Scientific Rating
SERVICES TARGETED TO CHILDREN WITH <u>DISRUPTIVE BEHAVIOR PROBLEMS</u>			
Parent Child Interaction Therapy (PCIT)* <i>* PCIT is also an effective program for children with known trauma history</i>	Dyadic	2-7	1
Generation-PMTO	Dyadic, Family & Group	2-18	1
Triple P (Positive Parenting Program)	Group	0-16	2
Theraplay	Dyadic	0-18	3
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>			
Collaborative Problem Solving	Family, Individual	3-21	3
Play Therapy	Family, Individual	3-10	3
Helping the Non-compliant Child	Dyadic	3-8	3
SERVICES TARGETED TO CHILDREN WITH KNOWN <u>TRAUMA HISTORY</u>			
Child Parent Psychotherapy (CPP)	Dyadic	0-5	2
Eye Movement Desensitization and Reprocessing (EMDR)	Individual	2-17	1**
Attachment Regulation and Competency (ARC)	Dyadic, Family, Individual	0-21	Not rated
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)</i>			
Trauma Focused CBT	Dyadic	3-18	1
SERVICES TARGETED TO CHILDREN WITH <u>AT-RISK PARENTS/ FAMILIES</u>			
Family Check-Up	Dyadic	2-17	1
Attachment and Biobehavioral Catch-up (ABC)	Dyadic	0-2	1
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)</i>			
Incredible Years* <i>* Incredible Years is also good for children with disruptive behavior problems</i>	Group	4-8	1

¹ Dyadic therapies are those done with the parent and the child together. Group therapies can be group-level classes delivered to a group of parents without children present, or delivered to a group of families with both children and caregivers present.

**None of the evidence used to rate EMDR was conducted on children under 4 years of age

Developed by the Oregon Pediatric Improvement Partnership based on literature and evidence review summaries and consultation from Andrew Riley and Laurie Theodorou. For more information about these modalities, <https://www.cebc4cw.org/> provides a comprehensive overview.

Anchored to OPIP's Framework of Services: Behavioral Health Services for Children Under Five with Social Emotional Delays In Central Oregon

The summary below is based on interviews OPIP has conducted with providers in the region June 2018-January 2020.

Overall, there are 37 providers, some are able to provide different modalities.

Therapy	Organization (s)	# of Providers
SERVICES TARGETED TO CHILDREN WITH <u>DISRUPTIVE BEHAVIOR PROBLEMS</u>		
Parent Child Interaction Therapy (PCIT) <i>* PCIT is also an effective program for children with known trauma history</i>	Brightways, Cherie Skillings, Now and Zen Deschutes County, Starfish Counseling, Saul Behavioral LLC	13
Generation-PMTO		0
Triple P (Positive Parenting Program)		0
Theraplay	Rimrock Trails, Treehouse Therapies	3
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>		
Collaborative Problem Solving	Brightways, Forever Family Therapy, Rimrock Trails, Treehouse Therapies, Youth Villages	12
Play Therapy	Deschutes County, Starfish Counseling, Jefferson & Crook County BestCare, Brightways	22
Helping the Non-compliant Child		0
SERVICES TARGETED TO CHILDREN WITH KNOWN <u>TRAUMA HISTORY</u>		
Child Parent Psychotherapy (CPP)	Cherie Skillings, Treehouse	2
Eye Movement Desensitization and Reprocessing (EMDR)	Brightways, Deschutes County, Starfish Counseling, Prineville Counseling Center	20
Attachment Regulation and Competency (ARC)	Deschutes County	1
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>		
Trauma Focused CBT	Jefferson BestCare, Treehouse Therapies, Rimrock Trails, Deschutes County, Brightways, Forever Family Therapy, Prineville Counseling Center, Youth Villages	34**
SERVICES TARGETED TO CHILDREN WITH <u>AT-RISK PARENTS/ FAMILIES</u>		
Family Check-Up		0
Attachment and Biobehavioral Catch-up (ABC)		0
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>		
Incredible Years <i>* Incredible Years is also good for children with disruptive behavior problems</i>	Deschutes County	1
OTHER SERVICES PROVIDED WITHIN THE COMMUNITY:		
Marriage and Family Therapist or Child Counselling	Brightways, Jefferson Best Care, Cherie Skillings, Deschutes County, Amy Bordelon, The Child Center	30
Other Modalities without evidence base (Dance Therapy, Art Therapy, Equine Therapy, etc.)	Warm Springs*, Treehouse Therapies, Therapy, Now and Zen	3
Youth Villages Intercept Program	Youth Villages	5

Organizations current as of May 2021 are Deschutes County, Treehouse Therapies, Rimrock, Jefferson and Crook County Best Care, Brightways, Prineville Counseling and Saul Behavioral and all other organizations are current as of Fall 2020

*Counts are based on information by local behavioral health providers at the time they responded to the inquires | ** Individuals were trained but not certified

Developed by the Oregon Pediatric Improvement Partnership based on literature and evidence review summaries and consultation from Andrew Riley and Laurie Theodorou. For more information about these modalities, www.cebc4cw.org provides a comprehensive overview.

Version 17 May 5, 2021	Current Assessment of Specialty Mental Health Providers Who See Children Birth-5 in Central Oregon														
	County in Which the Services are Available														
	Deschutes					Deschutes & Crook		Crook		Jefferson	All Counties	Home Visits Across All Counties			
Company	Deschutes County ²	Cherie Skillings (09/2020)	Starfish Counseling ¹	The Child Center ¹	Treehouse Therapies ²	Forever Family Therapy ¹	Rimrock Trails ²	Crook County BestCare ²	Prineville Counseling Center ²	Jefferson County BestCare ²	Brightways Counseling ²	Amy Bordelon, LMFT ¹	Now and Zen ¹	Blossom Therapeutic Collective: Saul Behavioral ²	Youth Villages ¹
Office Location	Redmond (7) Bend (6) LaPine (2)	Bend	Bend	Bend(4), La Pine (3), Redmond(2), Sisters (1)	Bend, Redmond	Bend, Prineville	Bend , Redmond & Prineville	Prineville	Prineville	Madras	Redmond (3), Madras (2), Bend (1)	Bend	Redmond & Sisters	Bend	Redmond
# of Providers	15	1	1	10	4	4	4	2	2	6	6	1	1	2	6
Case Load (per week)	114	24	25	134	80	40	75	*	40	*	160	12 families + 9 groups	30	30	24
Capacity for New referrals	25 families	12 families	At Capacity	At Capacity	20 families	16 families	25 families	6 families	0 families	20 families	45 families	Limited	3-5 families	1-2 families	2 families
Provider Race, Ethnicity	14 White, 1 White/ Hispanic	White	White	White	White, Asian	3 White, 1 African American	White	White	White	White	White	White	White	1 White	1 Japanese- American, 5 White
Provider Language Spoken	14 English, 1 Spanish/ English	English	English	9 English, 1 Spanish/ English	English, 1 Spanish	English	3 English, 1 Spanish	English	English	English (Has staff that can support Spanish translations)	English	English	English	English	English
Payer	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP	OHP/ Private	OHP/ Private	OHP/ Private	OHP/Private	Private/ Sliding scale	OHP/ Private	Patient submits claims	OHP/ Private
Tele-services	Yes	Yes	Yes	Yes	Yes	Yes	1 Nurse Practitioner	Yes, during COVID-19	Yes	Yes, during COVID-19	Yes	*	*	Yes	*
Information has not yet been confirmed given inability to set up a meeting with the organization: IHS Warm Springs; Do Not see Children ages Birth-5: Lutheran Community Services, Bend; Cascade Child and Family Center															
¹ Current as of 09/2020															
² Current as of 05/2021															
*	An email was sent to the organization and we did not receive verification of the information as of May 2021, and therefore are unable to confirm whether services are provided via telehealth														
	Only takes referrals for children/families that are at risk for out of home placement. Won't count towards capacity.														

Contact Sheet: Behavioral Health Providers for Families and Children age birth-5 in Central Oregon**DESCHUTES COUNTY****Bend**

Amy Bordelon

303-880-0287

amybordelonfreeman@gmail.com**Blossom Therapeutic Collective****Saul Behavioral LLC**

541-595-8207

<https://www.blossomtherapeutics.com/>**Cherie Skillings**

541-236-9146

www.facebook.com/cskillingscounseling**Deschutes County Mental Health**

541-322-7500

www.deschutes.org**Forever Family Therapy**

541-846-8173

www.foreverfamilytherapy.org**Now and Zen Parenting**

541-406-0011

www.nowandzenparenting.com**Rimrock Trails**

541-388-8459

www.rimrocktrails.org**Starfish Counseling**

Tracey Colacicco, LPC

541-306-8771

<https://starfishcounselingservices.com>**Treehouse Therapies**

Jeannie Campbell, Lisa Bradley

541-389-1848

www.treehousetherapies.com**The Child Center**

541-728-0062

www.thechildcenter.org**La Pine**

Deschutes County Mental Health

541-322-7500

www.deschutes.org**The Child Center**

541-728-0062

www.thechildcenter.org**Redmond**

Brightways Counseling Group

Katie London

541-904-5216

www.brightwayscounseling.com**Deschutes County Mental Health**

541-322-7500

www.deschutes.org**Rimrock Trails**

541-388-8459

www.rimrocktrails.org**The Child Center**

541-728-0062

www.thechildcenter.org**Treehouse Therapies**

Jeannie Campbell, Lisa Bradley

541-389-1848

www.treehousetherapies.com**Youth**

541-516-6330

www.youthvillages.org**Villages[†]**

JEFFERSON COUNTY**Madras**

Jefferson County BestCare

541-475-6575

www.bestcaretreatment.org/madras-mental-health.html**Brightways Counseling Group**

Deanne Comfort, Ursula Hartman

541-904-5216

www.brightwayscounseling.com**CROOK COUNTY****Prineville**

Rimrock Trails

541-388-8459

www.rimrocktrails.org**Crook County Bestcare – Prineville Community Mental Health**

541-323-5330

<https://www.bestcaretreatment.org/prineville.html>**Forever Family Therapy**

541-846-8173

www.foreverfamilytherapy.org**Prineville Counseling**

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WARM SPRINGS

Warm Springs Indian Health Service*

*Services at this organization have not yet been verified by OPIP. Contact information will be updated after completion of interviews.

Parent Child Interaction Therapy (PCIT)

- **Overview:** Parent Child Interaction Therapy (PCIT) is a therapy delivered to both a child and parent that focuses on **decreasing child behavior problems** (e.g., defiance, aggression), **increasing child social skills and cooperation**, and **improving the parent-child attachment** relationship. It teaches parents traditional play-therapy skills to reinforce positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly.
- **Goals:**
 - Build close relationships between parents and their children
 - Help children feel safe and calm by fostering warmth and security
 - Increase children's organizational and play skills
 - Decrease children's frustration and anger
 - Educate parent about ways to teach child without frustration for parent and child
 - Enhance children's self-esteem
 - Improve children's social skills such as sharing and cooperation
 - Teach parents how to communicate with young children with limited attention spans
 - Teach parent specific discipline techniques that help children to listen to instructions
 - Decrease problematic child behaviors by teaching parents to be consistent
 - Help parents develop confidence in managing their children's behaviors
- **Typical Duration:** 1-hour session, 1-2 times per week, varying from 10-20 sessions.
- **Location of Services:** Clinic setting with two-way mirror office space designed for this modality
- **Adaptations to Therapy during COVID-19 Response:** During COVID-19 response and for those without the specific office spaces, providers have adapted this to work with telehealth where parents are listening to the provider via headphones and the providers are able to watch the child and parent interacting and coach parents throughout the session.

Play Therapy

- **Overview:** Play Therapy utilizes play and therapeutic relationship to provide a safe, consistent environment in which a child can experience full **acceptance, empathy, and understanding from the counselor** and process experiences and feelings through play and symbols.
- **Goals:**
 - Develop a more positive self-concept
 - Assume greater self-responsibility
 - Become more self-directing, self-accepting, and self-reliant
 - Engage in self-determined decision making
 - Experience a feeling of control
 - Become sensitive to the process of coping
 - Develop an internal source of evaluation
 - Become more trusting of self
- **Typical Duration:** 45-minute sessions, once a week, for 16-20 weeks.
- **Location of Services:** Clinic setting or some have adapted for virtual visit via telehealth.

Theraplay

- **Overview:** Theraplay is a structured play therapy for children and their parents. Its goal is to enhance **attachment, self-esteem, trust in others, and joyful engagement**. The sessions are designed to be fun, physical, personal, and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for a wide variety of problems including **withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends**. Children also are referred for various behavior and interpersonal problems resulting from **learning disabilities, developmental delays, and pervasive developmental disorders**.
- **Goals:**
 - Increase child's sense of felt safety/security
 - Increase child's capacity to regulate affect
 - Increase child's sense of positive body image
 - Ensure that caregiver is able to set clear expectations and limits
 - Ensure that caregiver's leadership is balanced with warmth and support
 - Increase caregiver's capacity to view the child empathically
 - Increase caregiver's capacity for reflective function
 - Increase parent and child's experience of shared joy
 - Increase parent's ability to help child with stressful events
- **Typical Duration:** 45-60 minute sessions, once a week, for 26 weeks.
- **Location of Services:** Clinic setting or some have adapted for virtual visit via telehealth.

Collaborative Problem Solving (CPS)

- **Overview:** Collaborative Problem Solving (CPS) is an approach to understanding and helping children with behavioral challenges. CPS uses a structured problem solving process to help **adults pursue their expectations while reducing challenging behavior and building helping relationships and thinking skills**. Specifically, the CPS approach focuses on teaching the skills that challenging kids lack related to problem solving, flexibility, and frustration tolerance. CPS provides a common philosophy, language and process with clear guideposts that can be used across settings.
- **Goals:**
 - Reduction in externalizing and internalizing behaviors
 - Reduction in use of restrictive interventions (restraint, seclusion)
 - Reduction in caregiver/teacher stress
 - Increase in neurocognitive skills in youth and caregivers
 - Increase in family involvement
 - Increase in parent-child relationships
- **Typical Duration:** Delivered as family therapy with the child being the main patient of focus, and as parenting sessions. The family therapy sessions are for 1-hour once a week for 8-12 weeks. Parent training sessions are for 90 minutes once a week for 4-8 weeks.
- **Location of Services:** Home, community or clinic setting or some have adapted for virtual visit via telehealth.

Generation-Parent Management Therapy Oregon⁴

- **Overview:** GenerationPMTO was formerly known as Parent Management Training - the Oregon Model (PMTO®). GenerationPMTO (Individual Delivery Format) is a **parent training intervention** that can be used in family contexts including two biological parents, single-parent, re-partnered, grandparent-led, reunification, adoptive parents, and other primary caregivers. GenerationPMTO interventions have been tailored for **specific child/youth clinical problems**, such as externalizing and internalizing problems, antisocial behavior, conduct problems, deviant peer association, and child neglect and abuse.
- **Goals:**
 - Increasing positive parenting practices
 - Reducing coercive family processes
 - Reducing and preventing internalizing and externalizing behaviors in youth
 - Reducing and preventing out-of-home placements in youth
 - Reducing and preventing deviant peer association in youth
 - Increasing social competency and peer relations in youth
 - Promoting reunification of families with youngsters in care
- **Typical Duration:** 1-hour family sessions once weekly for 10-25 sessions; or 6-8 sessions for mild problems
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Positive Parenting Program (Triple P)⁵

- **Overview:** Triple P helps parents learn strategies that **promote social competence and self-regulation** in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to **respond positively to their individual developmental challenges**. As an early intervention, System Triple P can assist families in greater distress by working with parents of children who are experiencing **moderate to severe behavior** problems.
- **Goals:**
 - Prevent development, or worsening, of severe behavioral, emotional and developmental problems
 - Increase parents' competence in promoting healthy development and managing common behavior problems and developmental issues
 - Reduce parents' use of coercive and punitive methods of disciplining children
 - Increase parents' use of positive parenting strategies in managing their children's behavior
 - Increase parental confidence in raising their children
 - Improve parenting partners' communication about parenting issues
- **Typical Duration:** Comprehensive program with online modules self-paced, in-person sessions, and group sessions with variation in duration
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Helping the Noncompliant Child⁶

- **Overview:** HNC is a skills-training program aimed at teaching parents how to obtain compliance in their children ages 3 to 8 years old. The goal is to improve parent-child interactions in order to reduce the escalation of problems into more serious disorders (e.g., conduct disorder, juvenile delinquency).

⁴ Generation PMTO is not currently available in Central Oregon

⁵ Positive Parenting Program is not currently available in Central Oregon

⁶ Helping the Noncompliant Child is not currently available in Central Oregon

- **Goals:**

- Establish a positive interaction with the child by reducing/eliminating parental coercive behaviors and providing positive attention to the child for appropriate behaviors (and ignoring minor child inappropriate behaviors that are primarily attention-seeking)
- Provide appropriate limit setting and consequences for both child compliance and noncompliance to parental directives, which should ultimately lead to reduced:
 - Oppositional defiant disorder and conduct disorder diagnoses
 - Engagement in delinquent behavior
 - Risk of substance use problems
 - Child maltreatment

- **Typical Duration:** 1-1.5-hour family sessions once weekly for 8-10 sessions

- **Location of Services:** Clinic, and can be adapted for telehealth.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- **Overview:** Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a **child and parent psychotherapy** model for children who are experiencing significant **emotional and behavioral difficulties** related to **traumatic life events**. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

- **Goals:**

- Improving child PTSD, depressive and anxiety symptoms
- Improving child externalizing behavior problems (including sexual behavior problems if related to trauma)
- Improving parenting skills and parental support of the child, and reducing parental distress
- Enhancing parent-child communication, attachment, and ability to maintain safety
- Improving child's adaptive functioning
- Reducing shame and embarrassment related to the traumatic experiences

- **Typical Duration** 30- to 45-minute sessions, once a week with the child and parent separately until the end of treatment nears, then weekly sessions for 30-45 minutes together. Typically for 12-18 weeks.

- **Location of Services:** Typically delivered in the home, community or clinic, and can be adapted for telehealth.

Child Parent Psychotherapy (CPP)

- **Overview:** Child Parent Psychotherapy (CPP) is a treatment for **children exposed to trauma birth-5**. Typically, the child is seen with his or her primary caregiver to support and strengthen the **caregiver-child relationship** as a way of **restoring and protecting the child's mental health**.

- **Goals:**

- Promote safe behavior and foster appropriate limit setting
- Help establish appropriate parent-child roles
- Develop/foster strategies for regulating affect
- Foster parent's ability to respond in helpful, soothing ways when child is upset
- Reinforce behaviors that help parent and child master the trauma and gain a new perspective

- **Typical Duration:** 1-1.5 hours per week, for 52 weeks

- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Attachment Regulation and Competency (ARC)

- **Overview:** Attachment Regulation and Competency (ARC) is designed to **support youth and families who have experienced complex trauma**. This program helps to **build safe environments and help support young children** to regulate their emotions.
- **Goals:**
 - Integrate routine, rhythms, and familial functioning to increase safety and support skill development
 - Support adult caregivers in understanding and managing their own responses to youth in their care
 - Build caregiver capacity to effectively understand and respond to the needs driving youth behaviors
 - Support effective responses to youth behavior that are trauma-informed
 - Build child understanding of emotional and physiological experience, ability to effectively manage and tolerate emotional and physiological experience, and effectively share internal experience with others
 - Support developmentally appropriate understanding of self, including unique characteristics and influences, coherence across time and situations, sources of efficacy and esteem, and future template
 - Support youth in reflecting upon, processing, and developing a narrative of traumatic experience, and integrating this into a coherent and comprehensive understanding of self
- **Typical Duration:** Length of treatment is unable to be predicted and is dependent upon the severity of the trauma, and the setting in which it is delivered.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Eye Movement Desensitization and Reprocessing (EMDR)

- **Overview:** Eye Movement Desensitization and Reprocessing (EMDR) therapy is a treatment that was originally designed to **alleviate the symptoms of trauma**. During the EMDR trauma processing phases the child will focus on an **external stimulus**, while thinking about negative events in order to help **create new ways of thinking about those events**. A therapist typically uses eye movements, but a variety of other stimuli including **hand-tapping and audio bilateral** stimulation are often used.
- **Goals:**
 - Target the past events that trigger disturbance
 - Target the current situations that trigger disturbance
 - Determine the skills and education needed for future functioning
 - Reduce subjective distress
 - Strengthen positive beliefs
 - Eliminate negative physical responses
 - Promote learning and integration so that the trauma memory is changed to a source of resilience
- **Typical Duration:** 50- or 90-minute sessions once a week. Length of treatment is unable to be predicted and is dependent upon the severity of the trauma, but improvements are often seen after 3-12 sessions.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Incredible Years (IY)

- **Overview:** The Incredible Years is a series of programs for parents, teachers, and children. This series is designed to promote **emotional and social competence**; and to **prevent, reduce, and treat behavior and emotional** problems in young children. The parent, teacher, and child programs can be used separately or in combination.
- **Goals:**
 - Improved parent-child interactions, building positive relationships and attachment, improved parental functioning, less harsh and more nurturing parenting, and increased parental social support and problem solving
 - Improved teacher-student relationships, proactive classroom management skills, and strengthened teacher-parent partnerships
 - Prevention, reduction, and treatment of early onset conduct behaviors and emotional problems
 - Promotion of child social competence, emotional regulation, positive attributions, academic readiness, and problem solving
- **Typical Duration:** Two-hours once a week. 14 weeks for prevention, or 18-20 weeks for treatment.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

Attachment and Bio-Behavioral Catch-up (ABC)⁷

- **Overview:** ABC helps caregivers provide **nurturing care** even if it does not come naturally. ABC helps caregivers provide a **responsive, predictable, warm environment** that enhances young children's behavioral and regulatory capabilities. The intervention helps caregivers **follow their children's lead** with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.
- **Goals:**
 - Increase caregiver nurturance, sensitivity, and delight
 - Decrease caregiver frightening behaviors
 - Increase child attachment security and decrease disorganized attachment
 - Increase child behavioral and biological regulation
- **Typical Duration:** One-hour once a week, for 10 sessions.
- **Location of Services:** Typically delivered in the home and can be adapted for telehealth.

Family Check-up⁸

- **Overview:** The Family Check-up model is a family-centered intervention that promotes positive family management and addresses child and adolescent adjustment problems. The intervention does this through reductions in coercive and negative parenting and increases in positive parenting.
- **Goals:**
 - Improve children's social and emotional adjustment by providing assessment-driven support for parents to encourage and support positive parenting, and to reduce coercive conflict
 - Reduce young children's emotional distress and behavior problems at school
 - Increase young children's self-regulation and school readiness
 - Improve parent monitoring in adolescence
 - Reduce parent-adolescent conflict
 - Reduce antisocial behavior and delinquent activity
- **Typical Duration:** 1-hour once a week, for 4-16 weeks.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

⁷ Attachment and Biobehavioral Catch-up is not currently available in Central Oregon

⁸ Family Check-up is not currently available in Central Oregon