



**VERSION: SEPTEMBER 2024**

**Infant & Early Childhood Mental Health Services with Health Share of Oregon Contract for Publicly Insured Children Birth to Five in the Portland Metro Area: Summary Developed Based on Information Collected by Care Oregon as part of the System-Level Social Emotional Health Metric**

**Table of Contents**

Purpose of Resource-----	Page 2
What is Infant Mental Health? -----	Page 2
What Are Factors or Indicators Young Children that Would Benefit from Behavioral Health Services? -----	Page 2-3
What Are Therapy Programs or Modalities that Address Infant and Child Mental Health?-----	Page 3
Overview of Modalities and Talking Points for Providers-----	Pages 4-10
<u><a href="#">Collaborative Problem Solving</a></u> -----	Page 4
<u><a href="#">Generation – Parent Management Training Oregon</a></u> -----	Page 4
<u><a href="#">Parent Child Interaction Therapy</a></u> -----	Page 5
<u><a href="#">Play Therapy</a></u> -----	Page 5
<u><a href="#">Triple P Positive Parenting Program</a></u> -----	Page 6
<u><a href="#">Helping the Noncompliant Child</a></u> -----	Page 6
<u><a href="#">Attachment Regulation and Competency</a></u> -----	Page 7
<u><a href="#">Child Parent Psychotherapy</a></u> -----	Page 7
<u><a href="#">Eye Movement Desensitization and Reprocessing</a></u> -----	Page 8
<u><a href="#">Trauma Focused Cognitive Behavioral Therapy</a></u> -----	Page 8
<u><a href="#">Family Check-Up</a></u> -----	Page 9
<u><a href="#">Incredible Years</a></u> -----	Page 9

**UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.**

*This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

## Historical Overview and Purpose

From 2018 to 2021 [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 was funded by the Central Oregon Health Council and the Early Learning Hub of Central Oregon.

- A component of this work was 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, with descriptions of the **specific modalities offered**, and information about the providers serving young children and their families in the region.

Since that time, OPIP has supported the provision of similar summaries in communities throughout Oregon, finding referring partners greatly benefited from these comprehensive summaries highlighting the therapeutic intentions and interventions to inform best match referrals.

As a component of the [System-level Social Emotional Health Metric](#), CCOs across the state have made publicly available asset maps of their specialty behavioral health resources for young children, which include descriptions of the therapeutic modalities being offered by providers within their region.

To support the [Transforming Pediatrics for Early Childhood \(TPEC\)](#) and the [Health-Share of Oregon Funded trainings for Integrated Behavioral Health and Primary Care Providers](#), OPIP has worked with Health Share of Oregon and CareOregon to develop a number of materials meant to support an understanding of services available to children enrolled in Health Share of Oregon and based on the asset mapping conducted by Care Oregon as part of Health Share of Oregon’s 2024 activities for the System-Level Social Emotional metric.

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

- Social-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.<sup>1</sup>
- **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**.

---

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

## What Are Factors or Indicators Young Children that Would Benefit from Behavioral Health Services?

- **Children Displaying Challenging Behaviors**
  - 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, and/or mild to moderate Social-Emotional symptoms. Children with other risks present and identified in their history, parental concerns, or incompatible parenting styles.
  - Children at risk of maltreatment or neglect (families with substance abuse or mental health issues, inexperienced parents, low-income families, parents of special needs children).

## What Are Therapy Programs or Modalities that Address Infant and Child Mental Health?<sup>2,3</sup>

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 by Health Share of Oregon contracted providers and as reported at the time of the 2023 Asset Mapping.
- 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.

---

<sup>2</sup> 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>

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

## Overview of Modalities and Talking Points for Providers

### Therapeutic Modalities Indicated for Children Displaying Challenging Behaviors

#### 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 Oregon

- **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.

*UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.*

*This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

### 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. However, during the COVID-19 response many providers adapted this to model to 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. This adaptation has continued in a number of clinical environments post-pandemic.

### 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.

*UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.*

*This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

### Triple P Positive Parenting Program

- **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 Child

- **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).
- **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

*UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.*

*This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*

## Therapeutic Modalities Indicated for Children with a History of Trauma

### 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.

### 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.



### [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.

### [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.

*UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.*

*This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*



## Therapeutic Services Indicated for Children who are At-Risk for Behavior Problems

### Family Check-up

- **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.

### 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.