2023

REPORTING GUIDE

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

Evidence Based Practice Institute EBPI
UNIVERSITY OF WASHINGTON

UW Medicine
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

With the support of the Division of Behavioral Health and Recovery, Washington State Health Care Authority

Authors

Sarah Cusworth Walker, PhD
Anna Duncan, BA
Joane Gonzalez, BA
Maggie Fenwood Hughes, MS, MSW
Rachel Porter, BA

Acknowledgments

We thank the many community providers and agency directors that partner with us and provide valuable insights into the use and reporting of Evidence Based Practices for youth and families in Washington State. We would also like to thank our Managed Care Organization partners and the Division of Behavioral Health and Recovery/Healthcare Authority for facilitating connections to key partners and providing feedback on draft updates. We thank our partners at the Washington State Institute of Public Policy (WSIPP) and the Barnard Center for Infant Mental Health and Development for their thoughtful and thorough review of the research literature. We would also like to acknowledge, the help individual contributions of the following systems partners:

Karen Bearss, PhD
Seattle Children's Autism Center; Seattle Children's Research Institute; University of Washington Department of Psychiatry and Behavioral Sciences

Lucy Berliner, MSW
Harborview Medical Center

Justin Daigneault, MS, LMHC, CN
Youth Eastside Services

Paul Davis, MS
Washington State Healthcare Authority Youth and Family Behavioral Health

Ron Gengler, MA
Comprehensive Healthcare

Melissa Gorsuch-Clark, MSW
Catholic Charities Serving Central Washington; Barnard Center for Infant & Early Childhood Mental Health

Sarah L. Kopelovich, PhD
SPIRIT Lab, University of Washington Department of Psychiatry and Behavioral Sciences

Monica Oxford, PHD, MSW
University of Washington Department of Family and Child Nursing, Barnard Center for Infant & Early Childhood Mental Health

Georganna Sedlar, PhD
University of Washington Department of Psychiatry and Behavioral Sciences

Renee Slaven, MSW, LICSW
Boise State University

Susan Spieker, PhD
Barnard Center for Infant & Early Childhood Mental Health

Haruko Watanabe, LMHC, IMH-E
Multicare Infant and Early Childhood Mental Health Program

Table of Contents

Introduction

Defining Quality Care

The American Psychological Association defines evidence-based care as the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2006). The Reporting Guide for Evidence Based Practices in Children's Mental Health reflects this definition. Providers report evidence-based practice when they apply clinical elements from treatment approaches shown to be effective in rigorous research studies.

These elements are intended to be applied flexibly to accommodate client culture and preferences, as informed by training organizations, supervisors, cultural diversity consultants, and clinicians' informed judgment. This guide allows for this flexibility by using a common elements, rather than manual-based, approach to reporting the use of evidence-based care. This approach assumes that clinicians are conducting treatment in a manner conducive to therapeutic rapport, client-directed care, and cultural humility.

Historical Overview of Evidence-Based Practices (EBPs)

The field of evidence-based medicine first developed to improve the consistency of practice in physical healthcare. It was later adopted and applied to mental healthcare following clinical trials demonstrating the benefit of manualized treatment over usual care. However, these trials were typically conducted in settings that did not reflect real world conditions, significantly limiting their appropriateness and attractiveness for public mental health use. Further, in well-meaning but ultimately misguided attempts to ensure that evidence-supported treatments were delivered as intended, some program developers and consultants strongly emphasized the importance of adhering literally to the manuals as written (i.e., fidelity). However, this approach conflicted with professional standards to be client-driven and culturally responsive, and created confusion and resentment in the field at large.

Increasingly, experts and clinical researchers recommend the use of "modular" approaches to treatment rather than the literal use of manuals. This means that clinicians are advised to apply evidence-based strategies in ways that best meet the client's needs and preferences. The Reporting Guide supports this approach, with guidance for how to report the use of discrete clinical elements in sessions that connect to an overall treatment plan or individualized service plan. Rather than focusing on whether a clinician delivers a treatment to "fidelity," the Reporting Guide instructs providers how to document their use of evidence-based clinical components as part of an overall treatment approach determined by the clinician and client. As will be explained in more detail in the guide, a clinician's competence to use the evidence-based clinical elements is attested to with documentation that they attended a training listed in this guide.

CoLab/EBPI's Approach to EBP Implementation and Reporting

The CoLab/EBPI uses a "Treatment Family" approach to review and approve evidence-based practice training organizations. Treatment Families include training organizations that train on similar, evidence-based approaches to treatment. Historically, developers and training of evidence-based programs gave proprietary names to their training (e.g., Trauma-Focused Cognitive Behavioral Therapy). CoLab/EBPI views these proprietary programs as one of many possible training organizations eligible to train providers within a Treatment Family (in this case, Cognitive Behavioral Therapy for Trauma). The Treatment Family outlines the general approach to treatment and the treatment's common elements. Any training organization, whether proprietary or developed locally, can qualify as an eligible trainer in the Reporting Guides if they meet the requirements outlined in this guide.

Each treatment family is defined by its essential and allowable clinical elements. These elements are the discrete clinical activities a clinician delivers and documents in a psychotherapy session. When CoLab/EBPI reviews a possible training organization for inclusion in the guides, we are looking for whether the training organization adequately addresses the common elements for any one of the evidence-informed treatment families. We are also looking for whether the training organization provides feedback to clinicians on their ability to deliver the clinical elements competently. Sometimes, when determining whether a training organization addresses a common element, we have to translate specific language used by unique training organizations into common language.

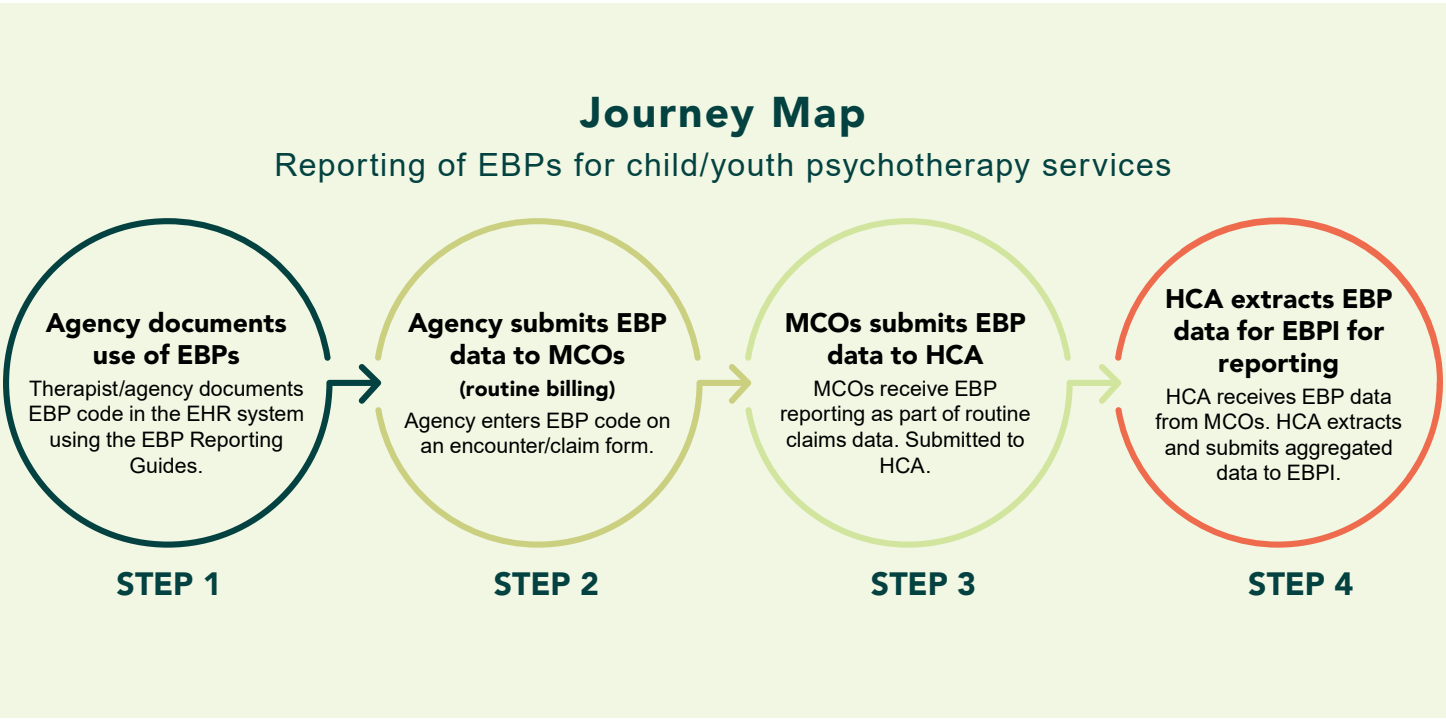
For example, the training organization Trauma-focused Cognitive Behavioral Therapy includes the use of a "trauma narrative," which functions the same as "exposure" in the broader treatment family, Cognitive Behavioral Therapy for Trauma. When choosing the terms to describe these elements, we have relied on language in the field already used to describe common elements as well as asking local clinicians and clients for language suggestions to improve clarity. In any case where a training organization uses such specialized language that the connection to common elements language is unclear, CoLab/EBPI is happy to work with providers to confirm how to report discrete clinical activities in treatment plans and progress notes.

CoLab/EBPI relies on guidance from multiple sources when deciding to establish a new Treatment Family for evidence-based practice reporting. A key consideration is whether the core theory of treatment is substantively different from other approaches. For example, Cognitive Behavioral Therapy for Depression and Interpersonal Therapy for Depression are distinct treatment families because the conceptualization and treatment of depression is different. CBT for depression focuses primarily on encouraging active involvement in activities and challenging negative thoughts, whereas IPT focuses on the client's identity within their relationships and how patterns of behavior flow from these beliefs. Either approach can be effective if well-matched with client age and preferences.

EBP Reporting Data: Where does it go and how is it used?

The use of high-quality psychotherapy services (i.e. EBPs) for children (<18 years old) is reported using EBP codes submitted as part of routine Medicaid billing data. This data provides a statewide performance monitoring system to track the use of high-quality psychotherapy services (approaches that have been found to be effective and lead to more rapid or sustained recovery). As shown in the figure below, EBP codes are first documented at the agency level.

This information is then submitted to Managed Care Organizations (MCOs) as part of routine billing data. MCOs then report on the use of EBP codes to the WA State Health Care Authority (HCA), which creates aggregated reports. Collected data allows for a statewide monitoring system to track the use of these high-quality services, provide feedback on and monitoring of their use, and plan improvements to the quality of care around the state.



How to Use This Guide

This guide provides instructions for how to report research- or evidence-based practices (hereafter, "EBP") for children's public mental health care (under 18 years of age) in Washington State. In this guide, we outline the eligible training entities, encounter types, and documentation requirements for reporting an encounter as an EBP.

Although the primary purpose of this guide is to provide guidance for EBP reporting, we also include some additional resources that can be used to guide mental health treatment. CoLab/EBPI also acknowledges that EBPs are one of many components of quality clinical care, and a comprehensive discussion of quality care (which includes but is not limited to: cultural responsiveness, clientcentered care, trauma-informed approaches and whole-person care) is beyond the scope of this guide. However, many of these quality care values align with the clinical allowable elements listed under each treatment family (e.g., motivational interviewing).

This guide is split into sections based on user type. The Clinical Leadership and Supervisors section provides information for behavioral health organization leaders about the overall reporting process. The Clinician section outlines examples of how to report EBPs and resources for EBP clinical best practices. Lastly, the Electronic Health Records System section provides guidance on specific EBP billing codes for different care settings (community/specialty mental health and primary/physical health). This section also provides guidance for setting up an EHR system to report EBPs.

Please reach out to us at uwcolab@uw.edu for additional support.

Key Terms

Active Training Entity
A training entity that currently offers training to clinicians.

Allowable Elements
Allowable elements are defined as all of the common clinical elements within a treatment family. Allowable elements are identified by reviewing the extant literature and consulting clinical experts.

Client Friendly Language
Terminology used throughout clinical documentation that is understandable to the individuals and the individual's family or legal representative, if applicable.

EBP Code
The codes contained in this guide that are used to report evidence-based practices for children's public mental health care (under 18 years of age) in Washington State.

Electronic Health Record (EHR) System
A digital version of a patient's paper chart that can be built to automate and streamline provider workflow, as well as to store and share information with other health care providers and organizations.

Essential Elements
Essential elements are defined as the components of a specific treatment family that are essential to the treatment approach. The essential elements of a treatment family define a specific approach to treatment, separating it from other therapeutic interventions. Essential elements are identified by reviewing the extant literature and consulting clinical experts.

Inactive Training Entity
A training entity that does not currently offer training to clinicians. However, it may have offered training in the past.

Service Encounter Reporting Instructions (SERI)
Instructions describing the requirements and timelines for reporting service encounters, which accurately describe data routinely used in the management of the public behavior health system.

Training Entity
An organization that trains on specific clinical, therapeutic interventions and treatments. Some training entities train on multiple therapeutic interventions.

Treatment Family
A Treatment Family is a broad therapeutic treatment approach. Typically, many training organizations train on similar, evidence-based approaches to the same treatment family. A treatment family is not tied to a specific organization or trainer; rather, it is a commonly used approach to treatment of a certain diagnosis. For example, *interpersonal psychotherapy for adolescents* is a treatment family: it is a specific approach to treating depression with clinical elements unique to this approach, but is not tied to a specific training organization or branded intervention.

Clinical Leadership and Supervisors

The following section provides context for the reporting process, reporting guidelines, and step-by-step instructions for how to report EBPs. This section also includes a flow chart that provides a visual representation of the reporting process.

To provide an overview, when a clinician reports the use of an evidence-based practice with a client, they report in two places: 1) the client's treatment plan or individualized service plan, and 2) in the progress note for each session where that EBP is administered. The EBP is reported by listing the EBP treatment family name and intended use of the EBP treatment family's essential element(s) in the treatment plan/ISP, and by reporting the allowable clinical elements in each progress note (more information below). This documentation in the treatment plan ensures that the clinician intends to address the essential elements of a Treatment Family, while documentation of allowable elements in each progress note allows the clinician flexibility in reporting activities that facilitate engagement with the client while promoting best practice.

As discussed in the introduction, CoLab/EBPI developed the treatment family approach because the enforcement of implementing manualized, off-the-shelf treatments to fidelity is often not congruent with culturally responsive and client-centered care. The goal of the treatment family approach is to promote flexibility within the client-clinician relationship to determine the best course of care.

Given the flexibility of the treatment family approach, clinicians often ask whether they need to deliver an EBP "to fidelity" in order to report the session as an EBP. At CoLab/EBPI, we define "fidelity" as the delivery of a clinical element in a session within an appropriate Treatment Family for the client's presenting need. As noted in the introduction, we assume that the delivery of evidence-based practice will flexibly yield to the demands of culturally responsive and client-driven care as informed by consultation with experts and the clinician's judgement.

Criteria for Reporting Evidence-Based Practices

Approved training entities

Training entities are defined as organizations that train on specific clinical, therapeutic interventions and treatments. Some training entities train on multiple therapeutic interventions. For example, Harborview CBT+ Collaborative provides trainings on CBT for depression, anxiety, trauma, and disruptive behavior. Each training entity is tied to a different EBP code for reporting.

Eligibility criteria for being approved as a training entity includes the following:

- The trainer has expertise in the treatment area and/or is certified by a training entity listed in the guides. Expertise is defined as an established history of training in the treatment category with a record of previous training in the treatment category area.
- Trainings must include an interactive component in which the trainee receives some feedback on their clinical skill.
- If a trainer cannot point to a history of training on the topic area, CoLab/EBPI will review training curricula to ensure the training covers the essential and allowable elements of the treatment family in a structured format.
- Similarly, to be an eligible EBP training, training received during graduate education must include a structured approach to teaching students how to deliver a treatment (e.g., CBT for Anxiety) that covers essential and allowable elements and includes supervised practice in that treatment.

This guide includes a list of the currently approved training entities for each treatment family.
See the Appendix for a comprehensive list of training entities.

Why do some EBPs have a code that correlates to their training entity and some have a shared code correlated only to a treatment family?

To reduce administrative burden in the reporting and billing of EBPs when the EBPI began publishing reporting guidance, preexisting codes were kept in the guide while more recently approved and newer trainings have been brought in under a generic treatment family (i.e. CBT for trauma) for ease of reporting.

Training entities are active or inactive

- Active training entities have an operational training program that accepts new trainees/participants and meets the criteria of training entities list above.
- Inactive trainings are not currently operational but may have held eligible trainings in the past.
- Clinicians who received prior training from currently inactive trainers may still continue to report EBP in those treatment categories.

Clinicians trained by a training entity not current listed in the guides must receive training by an approved entity to report the delivery of an EBP. CoLab/EBPI strongly encourages applications from training entities that believe they meet the training criteria.

Essential Elements and Treatment Plans

All training entities listed under the same treatment family share core components of that treatment. For example, all CBT for anxiety training entities train on the core components of cognitive restructuring and exposure. This does not mean that these core components are used every session, but that the intent to use these components defines the type of treatment. Another way to think about it is that trainings within a treatment family utilize the same "active ingredients" of treatment.

When documenting the use of an EBP, the provider should note the intended use of the treatment family and at least one essential clinical element in the treatment plan/Individualized Service Plan. The essential clinical elements are included in the Core Elements section of this guide. Essential elements are identified through systematic reviews of the research literature and in consultation with treatment experts. If a client's treatment plan or individualized service plan changes, clinicians should document intent to use a different Treatment Family appropriate to the presenting issue.

Example: In the treatment plan, the clinician writes that they plan to administer CBT for anxiety (treatment family) with client X and will do exposure with the client (essential element of CBT for anxiety).

Per WAC 246-341-0640, clinical record content for individual service plans and treatment plans must include terminology that is understandable to the individuals and the individual's family or legal representative, if applicable.

Allowable elements and progress notes

When documenting the use of an EBP, the clinician should note the use of at least one allowable clinical element in the progress note for the session. Allowable elements are listed in the Core Elements section of this guide.

Example: In the progress note for client X, clinician reports that they used motivational interviewing and emotional monitoring in session that day (allowable elements of CBT for anxiety).

Allowable elements from Treatment Families other than the EBP being reported (e.g., using elements from CBT for depression when the Treatment plan notes the intent to deliver CBT for anxiety) are allowed within the CBT family of treatments. It would be inappropriate, however, to use elements from the treatment category for Infant Mental Health within the treatment plan for CBT for depression (for example).

EBP Reporting Flow Chart

Core Elements for Reporting EBPs

This section highlights the essential and allowable clinical elements within each of the twelve treatment families listed below. These are included to guide the documentation of EBPs in treatment plans/ISPs and progress notes and should not be viewed as a clinical guide. Clinical guidance should be obtained by a qualified trainer. Each treatment family included in this guide includes two sections. The first section provides the clinical elements determined by CoLab/EBPI to be "essential" to the treatment approach. These elements were elected after reviewing the research literature and consulting with clinical experts. The provider should select at least one essential element to document in the treatment plan when reporting an EBP. The second section within each treatment family provides all of the allowable clinical elements. Allowable elements are all of the common elements across different manualized treatments within the same treatment family. At least one allowable element should be documented in the session progress note for any encounters reported as EBPs. In general, allowable elements should last approximately 20 minutes in order to be adequately addressed in session. 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.

CoLab/EBPI is currently in the process of developing the essential and allowable clinical elements for the following treatment families: Cognitive Behavioral Therapy for Obsessive Compulsive Disorder; Adolescent Family Systems Therapy; Treatments for Eating Disorders; Treatments for Attention Deficit Hyperactivity Disorder; and Treatments for Significant Mood Disorders and Self Harm. Until the essential and allowable elements are released for these treatment families, please report the training entity EBP code as usual and follow the reporting guidelines set by each training entity.

PARENT BEHAVIORAL THERAPY (PBT) FOR DISRUPTIVE BEHAVIORS

TREATMENT FAMILY DESCRIPTION

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.

**For trainings denoted with an asterisk, please report the EBP code and follow the reporting guidelines set by that training entity.*

TRAINING ENTITIES

Training Name	EBP Code
Adlerian Play Therapy*	**217**
Brief PMTO	**188**
Brief Strategic Family therapy (BSFT)	**010**
Child Behavioral Therapy (Individual)	**216**
Child Parent Relationship Therapy	**148**
Communication Method Program (COMET)	**148**
Coping Power Program	**148**
Enhanced Behavioral Family Intervention	**213**
FAST-B (Child Behavior Problems)	**148**
FAST-E (Early Childhood)	**148**
FAST-P (Parenting Teens)	**148**
First Step to Success	**215**
Group Activity Play Therapy*	**218**
Harborview CBT+ Learning Collaborative	**148**
Helping Noncompliant Child	**171**

TRAINING ENTITIES

Training Name	EBP Code
Incredible Years Basic	**073**
Incredible Years: Parent training + Child training	**076**
Institute for Family Development, Homebuilders Core Curriculum and Implementing Cognitive and Behavioral Interventions and Teaching Skills Workshops	**405**
Managing and Adapting Practice (MAP)	**148**
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct (MATCH-ADTC)	**085**
Multimodal therapy (MMT) for children with disruptive behavior	**330**
Oregon Social Learning Program (OSLO)	**148**
Parent Management Training (PMT)	**188**
Parent Management Training Oregon (PMTO)	**188**
Parent-Child Interaction Therapy (PCIT)	**186**
Problem Solving Skills Training	**216**
Research Units in Behavioral Intervention (RUBI)	**148**
Social Learning Parent Training (Hanf model)	**214**
STAY	**148**
Stop Now and Plan (SNAP)	**148**
The Reach Institute (CATIE trainings)	**148**
Triple P Precursor	**140**
Triple-P Positive Parenting Program: Level 4, Group	**139**
Triple-P Positive Parenting Program: Level 4, Individual	**140**
Tuning Into Kids	**148**
University of Washington Certificate in EBP in Children's Behavioral Health	**148**
University of Washington MA in Applied Child and Adolescent Psychology	**148**

**For trainings denoted with an asterisk, please report the EBP code and follow the reporting guidelines set by that training entity.*

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 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 developing problem solving strategies. 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).

TRAINING ENTITIES

Training Name	EBP Code
Acceptance and Commitment Therapy (ACT) for children with anxiety	**151**
Being Brave	**313**
Confident Kids	**316**
Cool Kids	**032**
Coping Cat	**035**
Coping Cat/Koala book based model	**157**
Coping Koala	**158**
Effective Child Therapy/Society of Clinical Child and Adolescent Psychology	**151**
FAST-A (Anxiety)	**151**
FRIENDS Program	**321**
Get Lost Mr. Scary Programme	**320**
Harborview CBT+ Learning Collaborative	**151**
Integrated behavior therapy for selective mutism	**314**
Managing and Adapting Practice (MAP)	**151**

TRAINING ENTITIES

Training Name	EBP Code
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**
Parent cognitive behavioral therapy (CBT) for children with anxiety	**187**
Reach Institute (CATIE trainings)	**151**
Take Action Program	**315**
Taming Sneaky Fears	**319**
The CALM Program	**312**
Timid to Tiger	**317**
Turtle Program	**318**
University of Washington Certificate in EBP Children's Behavioral Health	**151**
University of Washington MA in Applied Child and Adolescent Psychology	**151**

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 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.

TRAINING ENTITIES

Training Name	EBP Code
Acceptance and Commitment Therapy (ACT) for children with depression	**153**
Attachment-Based Family Therapy	**212**
Blues Program	**149**
Coping With Depression – Adolescents	**159**
Effective Child Therapy / Society of Clinical Child and Adolescent Psychology	**153**
FAST-D (Depression)	**153**
Harborview CBT+ Learning Collaborative	**153**
Managing and Adapting Practice (MAP)	**153**
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**
Primary and Secondary Control Enhancement (PASCET)	**153**
The Reach Institute (CATIE trainings)	**153**
University of Washington Certificate in EBP in Children's Behavioral Health	**153**
University of Washington MA in Applied Child and Adolescent Psychology	**153**

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.

TRAINING ENTITIES

Training Name	EBP Code
Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)	**211**
Individual-based IPT (12 sessions)	**210**

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 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 focuses on helping the child to face up to and manage distressing trauma-related memories, and reminders, along with 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.

TRAINING ENTITIES

Training Name	EBP Code
Classroom-Based Intervention for War-Exposed Children	**013**
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	**016**
Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	**162**
Eye Movement Desensitization and Reprocessing (EMDR)	**043**
FAST-T (Trauma)	**155**
Group Mind-Body Skills	**222**
Harborview CBT+ Learning Collaborative	**155**
Healing Through Hip Hop	**375**
Kids Club and Moms Empowerment	**340**
Managing and Adapting Practice (MAP)	**155**
Narrative Exposure Therapy (KID-NET)	**079**
Prolonged Exposure for Adolescents (PE-A)	**223**
Risk Reduction through Family Therapy (RRFT)	**224**

TRAINING ENTITIES

Training Name	EBP Code
Support for Students Exposed to Trauma (SSET)	**225**
Teaching Recovery Techniques (TRT)	**155**
The Reach Institute (CATIE trainings)	**155**
Trauma Grief Component Therapy Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	**085**
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	**226**
Trauma Focused CBT for Children	**136**
University of Washington Certificate in EBP in Children's Behavioral Health	**155**
University of Washington MA in Applied Child and Adolescent Psychology	**155**

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

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.

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 though 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

Original 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 feel.

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 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.

TRAINING ENTITIES

Training Name	EBP Code
Attachment and Biobehavioral Catch-up (ABC)	**353**
Child-Parent Psychotherapy (CPP)	**350**
Infant-Parent Psychotherapy (IPP)	**351**
National Child Traumatic Stress Network Learning Collaboratives	**354**
Promoting First Relationships (PFR)	**352**
Theraplay	**355**

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.

COGNITIVE BEHAVIORAL THERAPY FOR FIRST EPISODE PSYCHOSIS

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 for psychosis is a time-limited, structured talk therapy that focuses on helping clients to identify and evaluate unhelpful or distressing cognitions (e.g., thoughts, beliefs, and attitudes), changing behaviors, improving emotional regulation, and developing problem solving strategies. CBT approaches for psychosis can be applied directly to psychotic symptoms (e.g., evaluating paranoid or suspicious thoughts) or to factors that perpetuate psychotic symptoms (e.g., targeting anxiety by coaching the client in anxiety management strategies). The intervention includes identifying treatment targets, self-monitoring, behavioral activation, coping skills, problem-solving skills, and cognitive restructuring, along with psychoeducation, motivational interviewing and relapse prevention planning.

TRAINING ENTITIES

Training Name	EBP Code
Cognitive Behavioral Therapy (CBT) for Psychosis	**241**
University of Washington First Episode Psychosis/CBT for Psychosis Program	**240**

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. Cognitive Restructuring and Interventions

Cognitive restructuring involves teaching the youth how to identify and evaluate negative thoughts that interfere with mood, motivation, or functioning. With CBT for psychosis, cognitive restructuring often focuses on beliefs about voices, direct content of voices, concerns/delusions that cause distress and impairment, and core and intermediary beliefs. Additional cognitive interventions for CBT for psychosis include generating alternative explanations, cognitive reframes, and behavioral experiments.

c. Recovery-Oriented Psychoeducation

Recovery-oriented psychoeducation involves providing information about psychosis and psychotic symptoms, a specific psychotic disorder, treatment options, prognosis, and presenting different ways of understanding psychotic symptoms to the client (e.g. cultural perspectives, biological perspectives, trauma perspectives).

d. Motivational Enhancement Strategies

Motivational enhancement is a client-centered, directive therapeutic approach that focuses on helping clients resolve ambivalent feelings and discover internal motivation to change their behavior. Motivational enhancement strategies are commonly incorporated into the engagement stage and as-needed throughout the course of treatment to facilitate change behaviors.

e. Coping Strategies

Teaches the client how to use various techniques to cope with their thoughts and experiences related to psychosis. This includes behavioral coping strategies (e.g., subvocalization, breathing retraining) and cognitive coping strategies (e.g., positive coping statements).

f. Self-monitoring

Original description: Self-monitoring involves teaching children to track symptoms or experiences to develop insights about patterns, triggers, and early warning signs.

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.

ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

a. 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. With CBT for Psychosis, assessment often includes the evaluation of psychotic experiences, psychosis onset, and previous relapses, along with recognizing problems, establishing treatment targets, and the collaborative development of problem and goal lists.

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.

b. Befriending

Befriending is an emotionally supportive, compassionate, one-on-one relationship with the client. Befriending aims to reduce social isolation and promote the development of healthy relationship skills.

c. Problem Solving

Original description: Problem solving involves teaching the client 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.

d. Relaxation

Original description: Teaching the child though 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).

e. 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. This includes the development of personalized safety plans and identifying and modifying safety behaviors.

Client-friendly description: No change suggested.

f. Communication Skills

Therapist teaches the client effective communication strategies for interpersonal relationships and/or voices, including: communicating feelings, expectations and opinions directly and clearly; assertiveness skills training; 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.

g. 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.

COGNITIVE BEHAVIORAL THERAPY FOR OBSESSIVE COMPULSIVE DISORDER (OCD)

CoLab/EBPI is currently working to develop the essential and allowable clinical elements for this treatment family. Until then, please report the EBP code and follow the reporting guidelines set by each training entity.

TRAINING ENTITIES

Training Name	EBP Code
Exposure-Response Prevention (ERP) for youth with obsessive-compulsive disorder (OCD)	**311**
Seattle Children's OCD-Intensive Outpatient Program (OCD-IOP)	**311**

ADOLESCENT FAMILY SYSTEMS THERAPY

CoLab/EBPI is currently working to develop the essential and allowable clinical elements for this treatment family. Until then, please report the EBP code and follow the reporting guidelines set by each training entity.

TRAINING ENTITIES

Training Name	EBP Code
Functional Family Therapy (FFT)	**400**
Institute for Family Development, Homebuilders Core Curriculum and Implementing Cognitive and Behavioral Interventions and Teaching Skills Workshops	**405**
Multisystemic Therapy (MST)	**180**
STAY	**148**

TREATMENTS FOR EATING DISORDERS

CoLab/EBPI is currently working to develop the essential and allowable clinical elements for this treatment family. Until then, please report the EBP code and follow the reporting guidelines set by each training entity.

TRAINING ENTITIES

Training Name	EBP Code
Family-Based Treatment (FBT) for Eating Disorders	**221**
Seattle Children's Eating Disorder Clinic	**221**

TREATMENTS FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

CoLab/EBPI is currently working to develop the essential and allowable clinical elements for this treatment family. Until then, please report the EBP code and follow the reporting guidelines set by each training entity.

TRAINING ENTITIES

Training Name	EBP Code
Barkley Model	**003**
Child Life and Attentions Skills (CLAS)	**200**
Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES)	**201**
Harborview CBT+ Learning Collaborative	**148**
Incredible Years	**073**
Multimodal Therapy (MMT) for children with ADHD	**091**
Neurofeedback Training	**206**
New Forest Parenting Program (NFPP)	**181**
Organizational Skills Training (OST)	**207**
Plan My Life (PML)	**301**
Strategies to Enhance Positive Parenting (STEPP)	**202**
Supporting Teens' Autonomy Daily (STAND)	**302**

TREATMENTS FOR SIGNIFICANT MOOD DISORDERS AND SELF HARM

CoLab/EBPI is currently working to develop the essential and allowable clinical elements for this treatment family. Until then, please report the EBP code and follow the reporting guidelines set by each training entity.

TRAINING ENTITIES

Training Name	EBP Code
Collaborative Assessment and Management of Suicidality (CAMS)	**220**
Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	**160**
Multisystemic Therapy (MST)	**180**

Clinician

The following section provides information and resources intended to support clinicians in delivering EBPs. These resources promote best practices, enhance clinical skill development, and provide additional information.

TREATMENT PLAN AND PROGRESS NOTE DOCUMENTATION SAMPLE LANGUAGE

While it is recognized that each provider organization will likely have its own templates, policies and procedures, the section below is intended to provide general guidance around how to document clinical services in accordance with the EBP reporting guides. It is not intended to be proscriptive in any way, but rather provides a starting point for providers, supervisors and organizational leaders.

SOAP and DAP are two commonly used progress note formats; this section demonstrates how one might incorporate allowable and essential elements language into these formats.

SOAP format (Subjective, Objective, Assessment and Plan)

Subjective

The client's perception of the problem and what is told to the provider. Here, it could be helpful to document

what client reports or statements made as it pertains to the clinical target, such as depression. Here individualized or personalized goals could be documented, such as asking client to rate depressed mood on scale of 1 to 10.

Example language for Subjective section. If the EBP is CBT for Depression, then the following client's statements could be captured here: "I can't go to sleep at night and can't get out of bed the next day" or "I'm no fun to be around anymore", "my parents don't understand what I'm going through."

Objective

Provider's direct observation or from other sources. In this section providers could include a standardized measure of clinical target (report the use of measurement based care as an allowable element). For example, if working with a depressed teen, the provider would include score from PHQ-9, a commonly used standardized measure of depression (clinical target). This section also includes objective clinician observations without evaluation or interpretation, such as "Client made infrequent eye contact with clinician and spoke in a low monotone voice." This section also includes interventions attempted/used by provider, which reflects the essential or allowable clinical elements of the identified evidence based treatment per the Reporting Guides.

Example language for Objective section. "This clinician provided psychoeducation to client regarding depression symptoms, its impact in communities and families, and provided statistics and data to normalize and give context to client."

Assessment

This section is a summary of the subjective and objective sections and reflects clinician thinking around chief complaint/problem list (and for some organizations, diagnoses).

A description of the chief complaint or problem list could be written as, for example, "depressed mood" or "sad mood." If assigning a diagnosis, the DSM-5 diagnosis code 296.20, Major Depressive Disorder could be listed here for a depressed teen who is receiving CBT for Depression.

Also included in this section is client response to treatment. This might include how the client responded to the delivered clinical element as documented in the Objective section (see above).

Example language for Assessment section. "After clinician provided psychoeducation on depression client responded 'wow, I had no idea that many people had depression or that my experiences with my family history could be related to my experience of depression. That's helpful to know!'"

Plan

This section includes the clinical action plan and prognosis, including homework elements the client may complete prior to the next session and any coordination of care with other providers. This section would include which allowable element the clinician intends to provide in the next session.

Example language for Plan section. Introduced idea of mood vs. goal directed behavior and provided information to client on how depressive symptoms are maintained. Introduced idea of behavioral activation to client as a way to reintroduce pleasurable activities into a client's daily schedule to improve mood. Discussed plan for client to engage in one pleasurable event each day this week for 15 minutes at a time. Clinician plans to contact client's medication prescriber to discuss their response to medication.

Example language for Objective section. Measured client's progress/improvement in depressive symptoms with the PHQ-9. Client's score on the PHQ-9 was 13, indicating moderate severity. This score is a decrease of 4 points (from score of 17) from prior administration 2 weeks ago.

Another commonly used progress note format is the **DAP (Data, Assessment, Plan)** note.
Sections somewhat resemble SOAP note sections.

Data

This section includes both subjective and/or objective data about the client, i.e., client's observations, thoughts and clinician's observations (affect, mood, appearance). Essentially, this combines the subjective and objective sections of the SOAP note. This section also includes the content of session, which would be an opportunity to note what essential/allowable clinical elements were used during this session.

Example language for Data section. This clinician provided psychoeducation to client regarding depression symptoms, its impact in communities and families and provided statistics and data to normalize and give context to client.

Assessment

This includes an assessment of the client's progress towards their goals and objectives as well as the client's response to treatment. In this section, the provider can document the client's response to specific clinical elements.

Example language for Assessment section. "Client presented as low mood today as evidenced by minimal eye contact and low monotone voice."

"After clinician provided psychoeducation on depression client responded 'wow, I had no idea that many people had depression or that my experiences with my family history could be related to my experience of depression. That's helpful to know!'"

Plan

This refers to what will be done before the next session and/or in the next session. See Plan section in the SOAP section.

Clinical Resources

The following section includes selected resources intended to support clinicians and supervisors in delivering evidence-based therapeutic interventions. The resources include CBT flow charts and cheat sheets for four of the most common clinical problems for children and adolescents, along with clinical guides from Seattle Children's Hospital. The CBT guides were developed as part of the CBT+ Washington State training initiative, and additional resources on clinical guidance and best practices for working with children and adolescents can be found in the CBT+ Notebook. Ideally, these resources are intended to complement involvement in the CBT+ Learning Collaborative. For more information about how to join this learning collaborative, contact CoLab/EBPI.

CoLab/EBPI will add more clinical guidance and resources with each reporting guide update. Please reach out to us at uwcolab@uw.edu if you have suggestions for additional resources to include.

CBT+ COMPONENT FLOWS:

- CBT+ Flow Chart
- CBT+ Flow Anxiety
- CBT+ Flow Depression
- CBT+ Flow Behavior
- CBT+ Flow Trauma
- CBT+ Flow Anxiety + Behavior
- CBT+ Flow Depression + Behavior
- CBT+ Flow Anxiety + Depression
- CBT+ Flow Trauma + Depression

CBT+ CHEAT SHEETS:

- Anxiety
- Behavior
- Depression
- Trauma* - Contact CBT+ team for updated cheat sheet.

CBT+ "NEED TO KNOW" SHEETS:

- Behavioral Activation
- Changing Unhelpful Cognitions
- Coping Skills
- Engagement Motivation
- Exposure
- Praise
- Psychoeducation
- Trauma Narrative

SEATTLE CHILDREN'S PARTNERSHIP ACCESS LINE CLINICAL CARE GUIDES:

- ADHD Care Guide (PDF)
- Anxiety Care Guide (PDF)
- Depression Care Guide (PDF)
- Disruptive Behavior and Aggression Care Guide (PDF)
- Eating Disorder Care Guide (PDF)

ORGANIZATIONAL PRACTICE GUIDES:

- Practical Guide for EBP Implementation
- CBT+ Tips for Culturally Responsive Practice
- CBT+ Culturally Responsive Questions
- Diversity-Informed Practices for Work with Infants, Children & Families

Electronic Health Record (EHR)

The following sections describe the process of EBP reporting, including documentation of EBP codes as part of routine billing. It also provides suggestions for how to report EBPs using an EHR system.

Eligible Encounter Codes for Reporting EBPs

EBPs should only be reported for psychotherapy sessions (see Table 1). These include only a subset of 908XX encounters in the Service Encounter Reporting Instructions (SERI). The state monitors the number of psychotherapy sessions where an EBP was used. Therefore, healthcare activities falling outside of eligible psychotherapy sessions are not captured.

TABLE 1: SERI Psychotherapy Encounter Codes Eligible for EBP Reporting

Description	Encounter code
Psychotherapy, 30 minutes with patient and/or family member	**90832**
Psychotherapy, 45 minutes with patient and/or family member	**90834**
Psychotherapy, 60 minutes with patient and/or family member	**90837**
Family psychotherapy without patient present	**90846**
Family psychotherapy (conjoint psychotherapy) with patient present	**90847**
Multiple-family group psychotherapy	**90849**
Group psychotherapy (other than of a multiple-family group)	**90853**
Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure).	**90833**
Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure).	**90836**

Organizations have developed individual tailored processes for EBP reporting. Electronic Health Record (EHR) system can be set up in different ways to streamline the process of documenting EBPs. For example, drop down menus in an EHR system can be set up for specific EBP codes if the therapist meets training requirements for reporting, or for documentation in the session notes/ treatment plan. EHR systems can also be set up to transmit reported EBP codes as part of routing billing data submitted to Managed Care Organizations (MCOs).

EBP reporting for HCA: To report an EBP for HCA claims, the EBP code is reported as a prior authorization number in one of the following ways:
On an 837P – HIPAA formatting allows the authorization number at document and/or line level
Loop 2300, REF01 – enter G1 as the identification qualifier
Loop 2300, REF02 – enter in the correct EPA number/ EBP code
On the paper HCFA form (CMS-1500) – enter into prior authorization field 'box 23'; Only one R/EBP code (type of EBP encounter) can be reported per eligible psychotherapy session.

EBP Reporting for psychotherapy provided in a Community Behavioral Health Organization:

The EBP number must be reported as a nine-digit number beginning with '860'. The next three digits must represent the appropriate EBP code (found in this guide). The last three digits must be reported as '000'.

Example: CBT for Anxiety in a community behavioral health agency: 860151000 with 151 representing the three-digit EBP code.

EBP Reporting using the HCA Mental Health Billing Guide:

A nine-digit EPA number beginning with 870 is used to report EBPs in mental health outpatient services for clients with less complex treatment needs covered by the client's integrated managed care organizations (MCOs) and fee-for-service (FFS) as described in part one of the HCA Mental Health Billing Guide. The codes that align with the appropriate training entity and treatment families can be found in the most up to date version of the HCA Mental Health Billing Guide. Visit the HCA billing guide web-page for the most recent Mental Health Billing Guide (https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules)

Appendix

Alphabetized table of training entities

This table provides an alphabetical list of all eligible EBP training entities, their treatment family, EBP code, page number, and current training information. Active training entities, shaded in white, are entities that have current opportunities for clinicians to receive training in the intervention. When possible, we have linked their training information below. Inactive training entities, which are shaded gray, do not have current training opportunities. This information is subject to change; please contact us if you have updated information on a training entity.

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Acceptance and Commitment Therapy (ACT) for children with anxiety	CBT for Anxiety	151	19	Inactive; no training information available.
Acceptance and Commitment Therapy (ACT) for children with depression	CBT for Depression	153	23	Inactive; no training information available.
Adlerian Play Therapy	Parent Behavioral Therapy	217	14	https://adlerianplaytherapy.com/
Attachment and Biobehavioral Catch-up (ABC)	Infant Mental Health	353	34	http://www.abcintervention.org/training/
Attachment-Based Family Therapy	CBT for Depression	212	23	https://drexel.edu/familyintervention/abft-training-program/overview/
Barkley Model	ADHD	003	44	Inactive; no training information available.
Being Brave	CBT for Anxiety	313	19	Inactive; no training information available.
Blues Program	CBT for Depression	149	23	https://www.blueprintsprograms.org/blues-program/

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Brief PMTO	Parent Behavioral Therapy	188	14	https://www.pmto.no/en/services-for-families/brief-parent-training
Brief Strategic Family therapy (BSFT)	Parent Behavioral Therapy	010	14	Inactive; no training information available.
Child Behavioral Therapy (Individual)	Parent Behavioral Therapy	216	14	Inactive; no training information available.
Child Life and Attention Skills (CLAS)	ADHD	200	44	Inactive; no training information available.
Child Parent Relationship Therapy	Parent Behavioral Therapy	148	14	https://cpt.unt.edu/child-parent-relation-ship-therapy-certification
Child-Parent Psychotherapy	Infant Mental Health	350	34	https://childparentpsycho-therapy.com/providers/training/
Classroom-based intervention for war-exposed children	CBT for Trauma	013	30	Inactive; no training information available.
Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES)	ADHD	201	44	https://www.blueprintspro-grams.org/blues-program/
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	CBT for Trauma	016	30	https://cbitsprogram.org/public-training
Cognitive Behavioral Therapy (CBT) for Psychosis	CBT for First Episode Psychosis	241	38	https://www.nacbtp.org/trainings
Collaborative Assessment and Management of Suicidality (CAMS)	Significant Mood Disorders and Self Harm	220	45	https://cams-care.com/training-certification/
Communication Method Program (COMET)	Parent Behavioral Therapy	148	14	Inactive; no training information available.
Confident Kids	CBT for Anxiety	316	19	
Cool Kids	CBT for Anxiety	032	19	
Coping Cat	CBT for Anxiety	035	19	Inactive; no training information available.
Coping Cat/Koala book based model	CBT for Anxiety	157	19	Inactive; no training information available.

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Coping Koala	CBT for Anxiety	158	19	Inactive; no training information available.
Coping Power Program	Parent Behavioral Therapy	148	14	https://www.copingpower.com/
Coping With Depression – Adolescents	CBT for Depression	159	23	Inactive; no training information available.
Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior	Significant Mood Disorders and Self Harm	160	45	https://www.uwcspar.org/uw-dbt.html
Effective Child Therapy / Society of Clinical Child and Adolescent Psychology	CBT for Anxiety CBT for Depression	151 153	19 23	Inactive; no training information available.
Enhanced Behavioral Family Intervention	Parent Behavioral Therapy	213	14	Inactive; no training information available.
Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	CBT for Trauma	162	30	Inactive; no training information available.
Exposure-Response Prevention (ERP) for youth with obsessive-compulsive disorder (OCD)	CBT for OCD	311	41	https://iocdf.org/professionals/training-institute/btti/ https://www.med.upenn.edu/ctsa/training_opportunities.html
Eye Movement Desensitization and Reprocessing (EMDR)	CBT for Trauma	043	30	https://www.emdr.com/what-is-emdr/
Family-Based Treatment (FBT) for Eating Disorders	Eating Disorders	221	43	http://train2treat4ed.com/training
FAST-A (Anxiety) FAST-B (Child Behavior Problems) FAST-D (Depression) FAST-E (Early Childhood) FAST-P (Parenting Teens) FAST-T (Trauma)	CBT for Anxiety Parent Behavioral Therapy CBT for Depression Parent Behavioral Therapy Parent Behavioral Therapy CBT for Trauma	151 148 153 148 148 155	19 14 23 14 14 30	https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/fast/
First Step to Success	Parent Behavioral Therapy	215	14	Inactive; no training information available.

Training Entity	Treatment Family	EBP Code	Page #	Training Information
FRIENDS Program	CBT for Anxiety	321	19	
Functional Family Therapy	Adolescent Family Systems	400	42	
Get Lost Mr. Scary Programme	CBT for Anxiety	320	19	Inactive; no training information available.
Group Mind-Body Skills	CBT for Trauma	222	19	Inactive; no training information available.
Harborview CBT+ Learning Collaborative	CBT for Anxiety CBT for Depression CBT for Trauma Parent Behavioral Therapy ADHD	148 151 153 155 148	14 19 23 30 44	https://www.ebptoolkit.com/harborview-abuse-trauma-center
Healing Through Hip Hop	CBT for Trauma	375	30	https://newdevelopednations.com/
Helping Noncompliant Child	Parent Behavioral Therapy	171	14	Inactive; no training information available.
Incredible Years Basic	Parent Behavioral Therapy ADHD	073	14 44	https://incredibleyears.com/programs/
Incredible Years: Parent training + Child training	Parent Behavioral Therapy	076	14	https://incredibleyears.com/programs/
Individual-based IPT (12 sessions)	Interpersonal Psychotherapy for Depression	210	27	Inactive; no training information available.
Infant-Parent Psychotherapy (IPP)	Infant Mental Health	351	34	
Institute for Family Development, Homebuilders Core Curriculum and Implementing Cognitive and Behavoral Interventions and Teaching Skills Workshops	Parent Behavioral Therapy Adolescent Family Systems	405	15 42	http://www.institutefamily.org/
Integrated behavior therapy for selective mutism	CBT for Anxiety	314	19	Inactive; no training information available.
Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)	Interpersonal Psychotherapy for Depression	211	27	

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Kids Club & Moms Empowerment	CBT for Trauma	340	30	http://promising.futureswithoutviolence.org/
Managing and Adapting Practice (MAP)	CBT for Anxiety CBT for Depression CBT for Trauma Parent Behavioral Therapy	148 151 153 155	14 19 23 30	https://www.practicewise.com/Community/MAP
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct (MATCH-ADTC)	CBT for Anxiety CBT for Depression CBT for Trauma Parent Behavioral Therapy	085	15 19 23 31	Inactive; no training information available.
Multimodal Therapy (MMT) for children with ADHD	ADHD	091	44	
Multimodal therapy (MMT) for children with disruptive behavior	Parent Behavioral Therapy	330	15	Inactive; no training information available.
Multisystemic Therapy (MST)	Mood Disorders Adolescent Family Systems	180	42 45	
Narrative Exposure Therapy (KID-NET)	CBT for Trauma	079	30	
National Child Traumatic Stress Network Learning Collaboratives	Infant Mental Health	354	34	https://www.nctsn.org/resources/training
Neurofeedback Training	ADHD	206	44	
New Forest Parenting Program (NFPP)	ADHD	181	44	
Oregon Social Learning Program (OSLO)	Parent Behavioral Therapy	148	15	
Organizational Skills Training (OST)	ADHD	207	44	https://cbtsocal.com/
Parent cognitive behavioral therapy (CBT) for children with anxiety	CBT for Anxiety	187	19	Inactive; no training information available.
Parent Management Training (PMT)	Parent Behavioral Therapy	188	15	https://www.parentmanagementtraininginstitute.com/treatment-programs1.html
Parent Management Training Oregon (PMTO)	Parent Behavioral Therapy	188	15	https://www.generationpmto.org/

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Parent-Child Interaction Therapy (PCIT)	Parent Behavioral Therapy	186	15	http://www.pcit.org/training-certification.html
Plan My Life (PML)	ADHD	301	44	
Primary and Secondary Control Enhancement (PASCET)	CBT for Depression	209	23	
Problem Solving Skills Training	Parent Behavioral Therapy	216	15	
Prolonged Exposure for Adolescents (PE-A)	CBT for Trauma	233	30	https://www.med.upenn.edu/ctsa/workshops_pet.html
Promoting First Relationships (PFR)	Infant Mental Health	352	34	https://pfrprogram.org/training/
Research Units in Behavioral Intervention (RUBI)	Parent Behavioral Therapy	148	15	https://www.rubinetwork.org/
Risk Reduction through Family Therapy (RRFT)	CBT for Trauma	224	30	
Seattle Children's Eating Disorder Clinic	Eating Disorders	221	43	Inactive; no training information available.
Seattle Children's OCD-Intensive Outpatient Program (OCD-IOP)	CBT for OCD	311	41	Inactive; no training information available.
Social Learning Parent Training (Hanf model)	Parent Behavioral Therapy	214	15	Inactive; no training information available.
STAY	Parent Behavioral Therapy Adolescent Family Systems	148	15 42	Inactive; no training information available.
Stop Now and Plan (SNAP)	Parent Behavioral Therapy	148	15	https://childdevelop.ca/snap/snap-affiliates.
Strategies to Enhance Positive Parenting (STEPP)	ADHD	202	44	
Support for Students Exposed to Trauma (SSET)	CBT for Trauma	225	30	https://ssetprogram.org/
Supporting Teens' Autonomy Daily (STAND)	ADHD	302	44	http://www.margaretsibley.com/training/

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Take Action Program	CBT for Anxiety	315	20	Inactive; no training information available.
Taming Sneaky Fears	CBT for Anxiety	319	20	Inactive; no training information available.
Teaching Recovery Techniques (TRT)	CBT for Trauma	155	31	
The CALM Program	CBT for Anxiety	312	20	Inactive; no training information available.
The Reach Institute (CATIE trainings)	CBT for Trauma Parent Behavioral Therapy CBT for Anxiety CBT for Depression	148 151 153 155	15 20 23 31	https://www.thereach-institute.org/services/for-healthcare-organizations/staff-training/child-adolescent-training-in-evidence-based-psychotherapies-catie-1
Theraplay	Infant Mental Health	355	34	
Timid to Tiger	CBT for Anxiety	317	20	Inactive; no training information available.
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	CBT for Trauma	226	31	https://www.atspro.org/about-target
Trauma Focused CBT for children	CBT for Trauma	136	31	https://www.tfcbt.org/tf-cbt-certification-criteria/
Triple P Precursor	Parent Behavioral Therapy	140	15	
Triple-P Positive Parenting Program: Level 4, Group	Parent Behavioral Therapy	139	15	https://www.triplep.net/glo-en/getting-started-with-triple-p/training-for-individuals/open-enrollment-calendar/us/
Triple-P Positive Parenting Program: Level 4, Individual	Parent Behavioral Therapy	140	15	https://www.triplep.net/glo-en/getting-started-with-triple-p/training-for-individuals/open-enrollment-calendar/us/

Training Entity	Treatment Family	EBP Code	Page #	Training Information
Tuning Into Kids	Parent Behavioral Therapy	148	15	https://tuningintokids.org.au/professionals-organisations/facilitator-training-supervision/
Turtle Program	CBT for Anxiety	318	20	Inactive; no training information available.
University of Washington Certificate in EBP in Children's Behavioral Health	CBT for Trauma Parent Behavioral Therapy CBT for Anxiety CBT for Depression	148 151 153 155	15 20 23 31	
University of Washington First Episode Psychosis/ CBT for Psychosis Program	CBT for First Episode Psychosis	240	38	https://uwspiritlab.org/cognitive-behavioral-therapy-for-psychosis-cbtp/cbtp-trainings/
University of Washington MA in Applied Child and Adolescent Psychology	Parent Behavioral Therapy CBT for Anxiety CBT for Depression CBT for Trauma	148 151 153 155	15 20 23 31	https://www.appliedchildpsych.uw.edu/