

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

TeleBehavioral Health 301 Training Series

Behavioral Health Telehealth Resource

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August 19, 2022

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

Telebehavioral Health for Child Disruptive Behavior: Group and High-Intensity Intervention

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DISRUPTIVE BEHAVIOR SERVICE LINE CO-LEADERS

SEATTLE CHILDREN'S HOSPITAL OUTPATIENT PSYCHIATRY

UW MEDICINE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

AUGUST 19, 2022

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Learning Objectives:

1. Discuss how telehealth and telegroups increase service capacity
2. Overview Seattle Children's programs for low to high-intensity disruptive behavior
3. Learn strategies for running Telegroups

Disruptive Behavior Service Line



Mission Statement: *Our mission is to increase access to the best evidence-based behavioral intervention services for families of children with disruptive behavior from throughout Washington State. Our programs span the continuum of outpatient care, from community classes all the way to higher intensity treatment programs. We partner with community service providers to support dissemination, adoption, and equity in evidence-based care for disruptive behaviors.*

Who we serve: Children and teens ages 5-17 with disruptive behavior and/or attention problems, with a focus on caregiver training

Our evidence base: Parent Behavior Management Training

Rapid Transition to TeleGroups

	2019	2022	% increase
# of group programs	16	38	138%
# of classes	0	2	200%
# of group visits	6842	9919	45%
# of group patients	599	1228	105%
Programs	Superparenting (3) Incredible Years (4) TOPS (2)	Superparenting (7) SuperParenting Teens (2) Incredible Years (3) PATTERN middle school (1) Teen Organization (1) Parent/School Partnership (1) ADHD First Steps Class (1)	

SuperParenting: Now serving 300+ families/year!!!

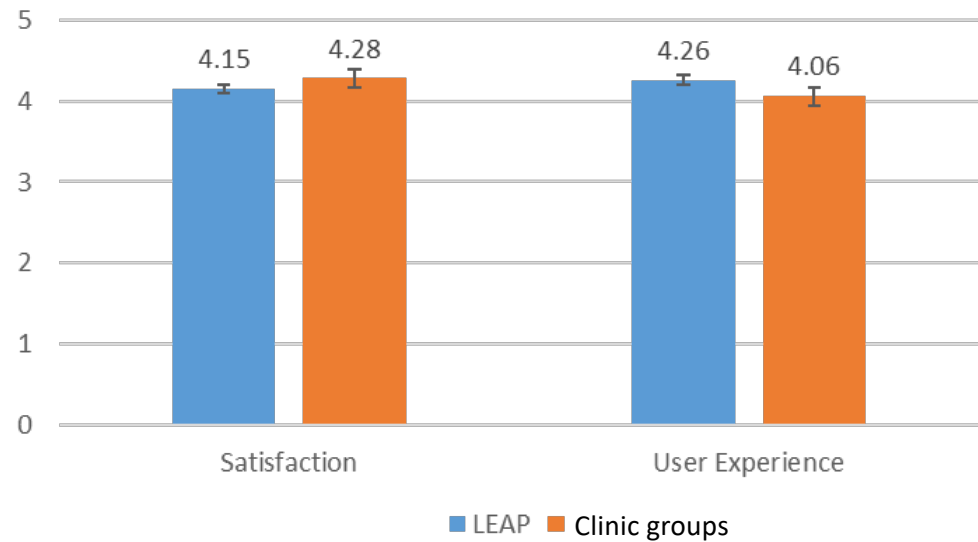
See Sharma, Sasser, Gonzalez & Myers, 2020

Initial Family Response to TeleGroups

- 2020: Surveyed 75 parents (76% mothers) in TeleGroups
- Pandemic had worsened parent:
 - Mood: 64%
 - Anxiety: 86%
 - Parenting: 57%

Tran et al., 2021

FIGURE 1. FAMILIES SATISFACTION AND EXPERIENCE



Disruptive Behavior Service Line Stepped Care Approach

- Triage to right level of intervention
- Monitor progress
- Step up/down approach

Classes

- ***ADHD First Steps***
 - Large ed class on ADHD
 - 4, 1-hr sessions
- ***FAST-B***
 - Large ed class on PBMT
 - 4, 1-hr sessions

Low-intensity

SuperParenting

- Large PBMT group
- 9, 1-hr sessions
- Goal: 350 families/yr

PSPC

- Small parent group for classroom behavior
- 4, 1-hr sessions

Higher-intensity

Incredible Years

- Small PBMT group
- Step-up
- 12, 2-hr sessions
- 6, 30-min 1:1 sessions
- Goal: 70 families/yr

DB-Parenting

- Small PBMT group
- Step-down
- 12, 2-hr sessions
- 6, 30-min 1:10 sessions
- As-needed CM
- Goal: 35 families/yr

Crisis

ABCC

- Acute crisis support for aggressive/destructive behavior
- 4, 1.5-hr 1:1 sessions
- Case management
- Goal: 70 families/yr

Intensive

DB-IOP

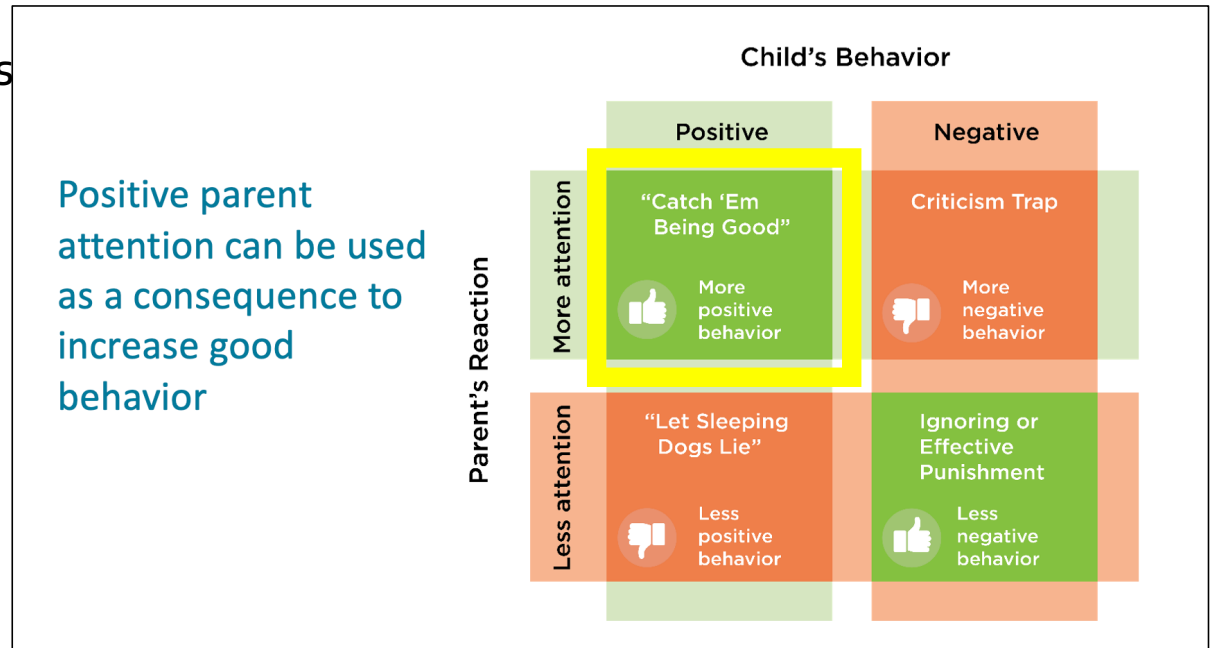
- 11-hrs/wk of group + 1:1 support
- Caregiver self-regulation
- PBMT skills
- Parent wellness
- Case management
- As-needed medication consultation
- As-needed school consultation
- Goal: 35 families/yr

- As-needed specialty diagnostic evaluation
- As-needed psychiatric consultation

SuperParenting

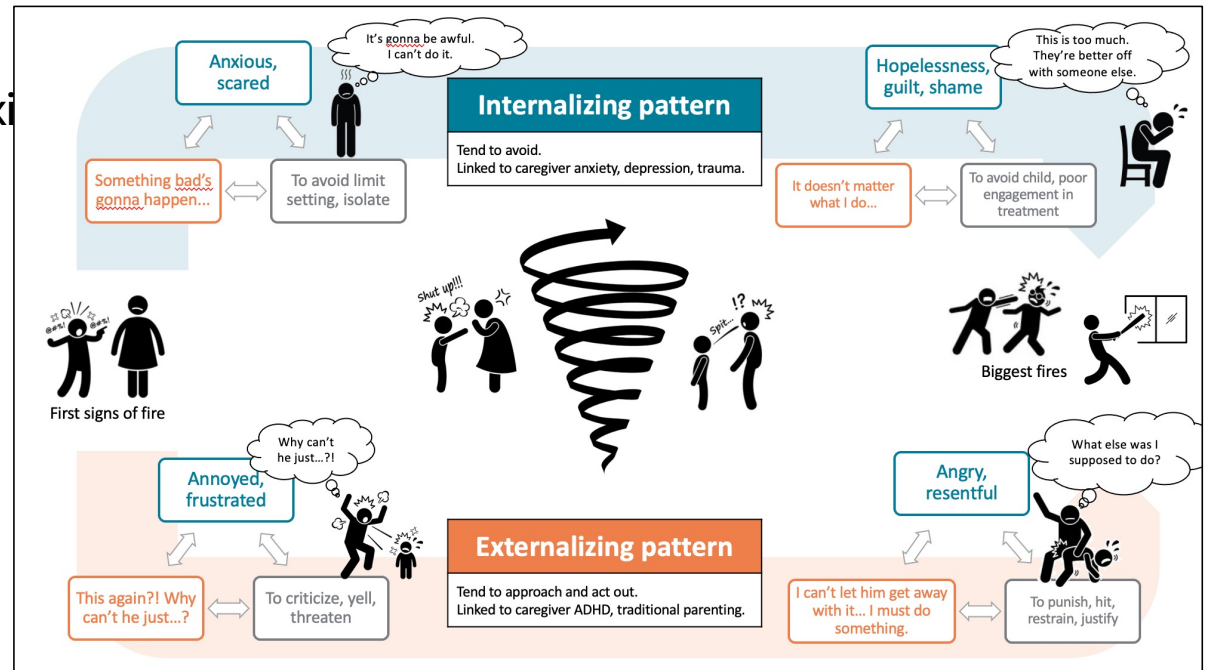
- 9, 1-hr group sessions
- Focused on core PBMT strategies
- Sufficient for most families
- Short-term 1:1 support available

Positive parent attention can be used as a consequence to increase good behavior



Crisis Program (ABCC)

- 4, 1.5-hr visits
- For caregivers, not child
- Therapy focused on caregiver skills
- Case management



Crisis Program (ABCC)

I-STOP plan

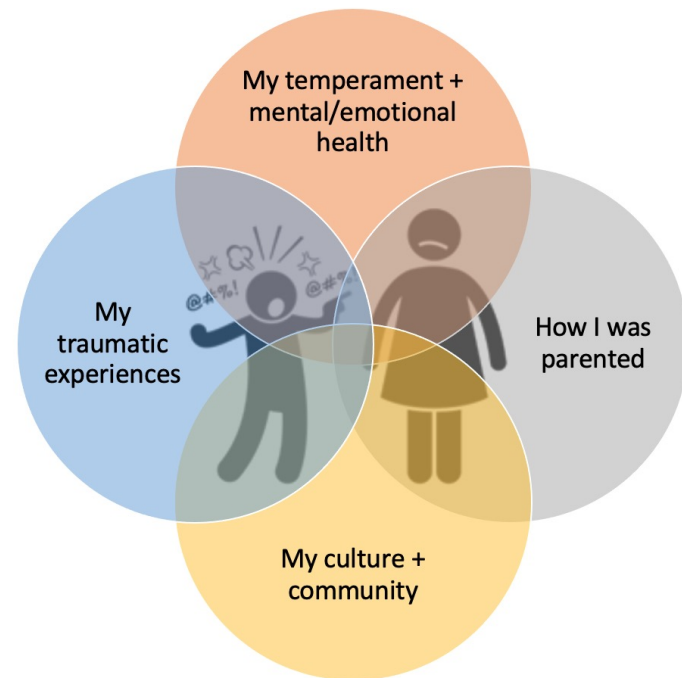
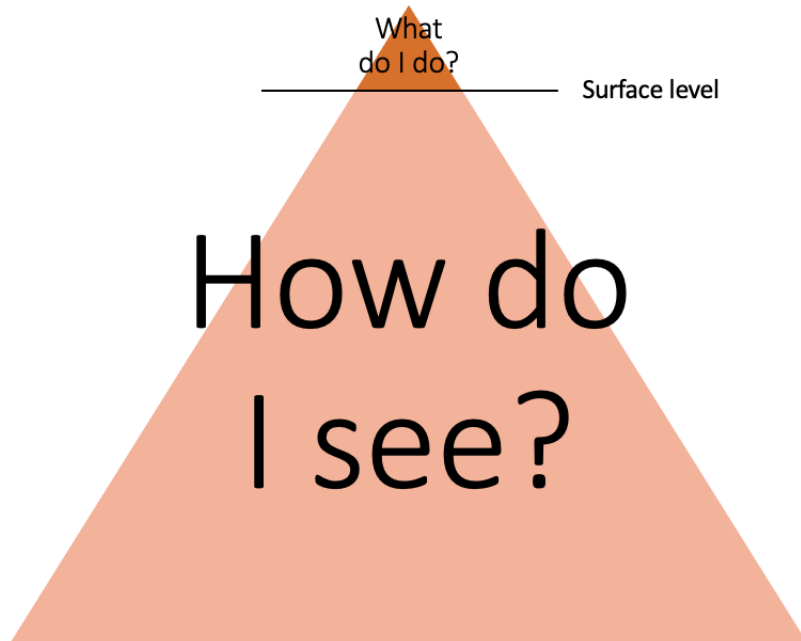
	Step	My STOP plan
I	Identify first signs of fire in child's behavior	I notice...
S	Stop myself from acting on emotion/urge	Don't...
T	Take a step back to collect myself	Do...
O	Orient to helpful thoughts	Say to myself...
P	Proceed to behavior plan to be developed	

Intensive Outpatient Program (DB-IOP)

- Medicaid only
- For caregivers, not child
- 7 weeks, 11-hrs/wk
- 9-hrs of group per week
- 2-hrs of 1:1 support
- Therapy focused on caregiver skills
- Parent wellness by peer partners
- Case management
- iPads and hot spots available

	Mon 9:30am-12:30pm	Wed 2pm-5pm	Thurs 9:30am-12:30pm
8:00			
8:30			
9:00			
9:30	Wellness Group		Skills Group
10:00	(60 min)		(90 min)
10:30	Skills Group		
11:00	(90 min)		Wellness Group
11:30			(90 min)
12:00	Mindfulness (30 min)		
12:30			
1:00			
1:30	Individual Session Time		Individual Session Time
2:00		Skills Group	
2:30	Individual Session Time	(90min)	Individual Session Time
3:00			
3:30		Mini-Group	
4:00		Caregiver-Child Dyad	
4:30		(90min)	

Intensive Outpatient Program (DB-IOP)



Intensive Outpatient Program (DB-IOP)

Caregivers make their own self-regulation plans

Observe myself

Step	Examples	My observations
First signs of fire What are the very first signs of fire in the child's behavior?	Doesn't respond, grunts, growls, falls, flaps, complains, argues, yells, screams, calls names, says something provocative, threatens...	
My urge What is my emotional urge to do/say?	Raise my voice, repeat myself, tell them they will lose privileges if they keep it up, give up/give in to them.	
My thought What are my unhelpful thoughts? What thinking traps do they fall in?	"Here we again", "What's going to happen to her later in life?", "I never get it right" Catastrophizing, personalization, reality rejecting, filtering.	

I-STOP plan

Step	My STOP plan
I Identify first signs of fire in child's behavior	I notice...
S Stop myself from reacting emotionally	Don't...
T Take a step back to collect myself	Say to myself...
O Orient to helpful thoughts	
P	Proceed to behavior plan to be developed

Observe the fire

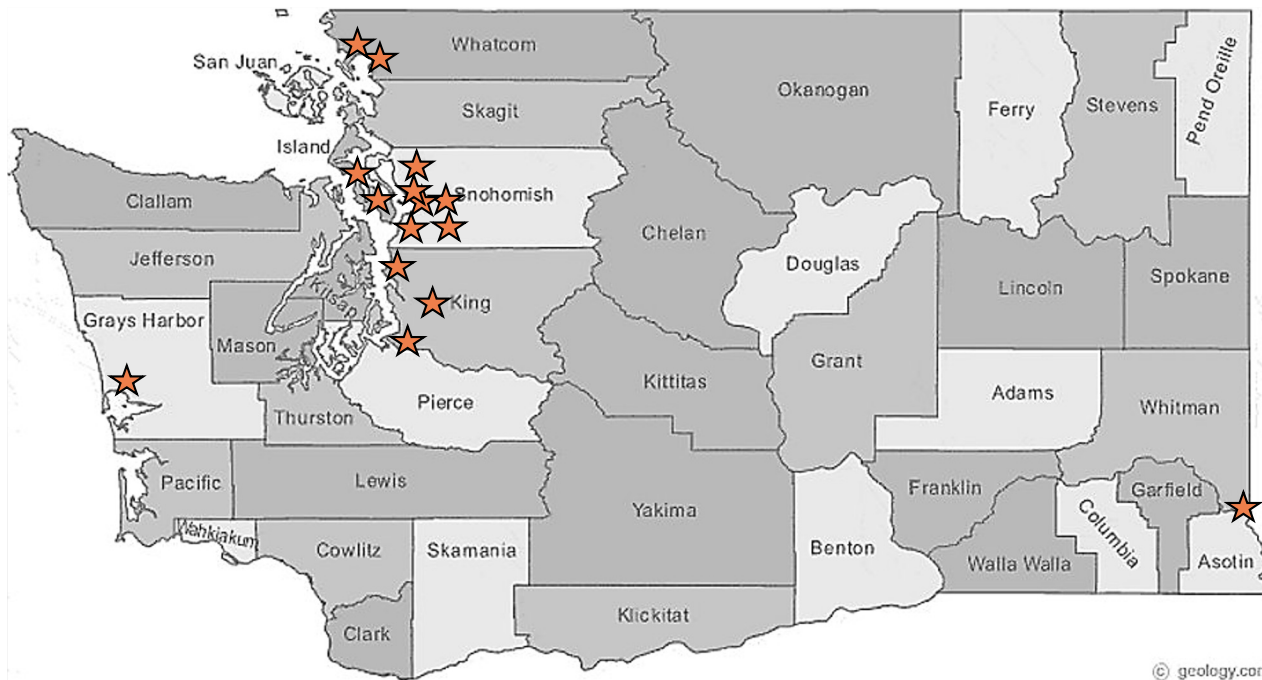
Step	Examples	My observations
Hazards What common situations made the fire more likely?	Hungry, tired, before school, after daycare, unmedicated, side effects, coming off screens...	
Sparks What happened immediately before the fire in this moment?	Asked to do something preferred (homework, chores), asked to stop doing something preferred (screens), told "no"...	
Fire What are the very first signs of fire in my child's behavior?	Doesn't respond to parent, grunts, growls, falls, flaps, complains, argues, yells, screams, calls names, says something provocative, threatens...	
Response What do I do in response to the fire?	Reason, teach, lecture, coach, come off the screen, give up/give in, withdraw/isolate myself, give in	
Fuel Why is the fire happening in this moment?	A. To avoid/delay something B. To get something C. To get attention	

And then they make behavior prevention/response plans

Fire prevention/Response plan

Step	Examples	My behavior plan
Prevention What changes can I make to prevent or reduce the fire?	Change order of events Control the environment Avoid situations or people Address sleep, hunger, meds Establish a routine with a visual Identify my own multitasking	Use visual or auditory cues Change lower task Respond to first signs Change how I respond to my child's behavior
Flowers What do I do in response to the fire?	Respond to parent, ask loudly, use kind words, use friendly tone, give attention, do something I like to do	
Rewards What is the behavior I want to reward?	In-the-Moment Contingency Spontaneous Bonus Reward System	

Intensive Outpatient Program (DB-IOP)



*We've served only one family from the Seattle Metro Area!

Intensive Outpatient Program (DB-IOP)

Percent of Sessions Attended	Cohort 1	Cohort 2
100%	3	1
90-99%	1	4
80-89%	2	1
<80%*	1	2

*Of 3 families with <80% attendance, all were due to family medical emergency

Telegroup Lessons Learned

- STAND/TOPS/PATTERN programs – engaging kids and teens is HARD. Child groups need a simultaneous caregiver component (separate or combined)
- Many parents will join from their phones
- Clear attendance/participation boundaries needed
- Materials should be mailed

Telegroup: How does it work?


Using Consequences (A-B-C)

Behavior

Consequence

Positive parental attention can be used as a consequence to increase desired behavior.

	+	-
+		
-		





Welcome to group!

- Please log into Zoom early, we will start right on time
- Label yourself on Zoom:
 - Your name (child's name – age)
 - Example: Tim & Ellen (Lina- 14)
- If you will miss group, please call scheduling center
 - 206-987-2164
- Please complete your baseline surveys, watch videos!



TeleGroup guidelines

- Please do:
 - Turn on your video! (needed)
 - Mute when not talking
 - Prop up device
 - Use the chat, hand raising, and “reaction” emojis anytime
 - Use big nonverbal communication to support each other
 - Try to remain in one place



TeleGroup guidelines

- During group, please do not:
 - Drive or join from a moving vehicle
 - Call from a public place
 - Cook meals or engage in other activities
 - Multi-task
- Privacy: Please keep other families' information private

Group Therapy Telehealth Visit Guidelines

You and your child or teen will be participating in one of the Psychiatry Clinic telehealth groups. This information sheet provides guidelines on how to be ready for group and actively participate.

Guidelines for your participation

- You will need to connect with **both** audio and video and have your camera turned on during the entire session.
- All family members involved in the session should be visible on camera during the session.
- Participants need to be physically located in Washington State. This is because providers are licensed to practice only in the state of Washington. They are not legally allowed to provide care to a family if they are not physically in the state at the time of the visit.
- You should not be driving in a car or riding a bike during group - if you are running late, please connect after you have parked.
- Participants should be in a private location - please do not call from a public space.
- For joint parent and child/teen groups - the parent and child/teen should be together in the same physical location.
- Please complete any questionnaires sent to you in advance of your group session. For some groups, there are short weekly questionnaires. Your group leader can help if you are not receiving this information.

Helpful tips during the video time

- If possible, please prop up your device and stay in one area.
- In Zoom, change you and your child's names to first name only and give your child's age. Include the pronouns you and your child prefer to go by; (he/him, she/her or they/them).


Strategies for Running TeleGroups

- 2 leaders (1 assisting)
- Visuals anchor participant attention – but don't overdo it!
- Companion handouts printed
- Leverage the chat!
- Break-out rooms for personal connection, skill review
- Co-leader calls missing families at start of group


Billing and Start-Up

- We bill “multi-group therapy” code 90849
- Requires a billing diagnosis for child
- Integrated Care codes do not require diagnosis

- Curricula: Check out First Approach Skills Training – Behavior (FAST-B)
 - www.seattlechildrens.org/FAST



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Partnership Access Line


First Approach Skills Training (FAST) Program



[Resources for Mental Health Clinicians](#)



[Resources for Primary Care Providers](#)




[Resources for Parents/Caregivers](#)

Also in This Section...

- [Overview](#)
- [For Parents/Caregivers](#)
- [For Primary Care Providers](#)
- [FAST Program Training Opportunities](#)

For Mental Health Clinicians



FAST programs are designed to provide brief, evidence-based behavioral therapy for youth and families with common mental health concerns, in settings such as primary care clinics or schools where longer-term treatment is not typically provided.

Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

