PRESCHOOL Posttraumatic Stress Disorder (PTSD) TREATMENT AND YOUTH PTSD TREATMENT

Preschool PTSD Treatment (PPT) and **Youth PTSD Treatment (YPT)** are cognitive behavioral therapy interventions for posttraumatic stress disorder (PTSD) and trauma-related symptoms. PPT and YPT are adapted for different age groups:

1. Preschool PTSD Treatment (PPT) is used for children ages 3-6; and

2. Youth PTSD Treatment (YPT) is used for children and youth ages 7-18.

PPT and YPT are models used within the service Outpatient Therapy by Licensed Practitioners, so follows the requirements set out in the "Outpatient Therapy by Licensed Practitioners" section of this manual.

Evaluation of the Evidence Base for the EBP Model

Evaluation of the evidence-base for the PPT model has been conducted by national registries.

Preschool PTSD Treatment was accepted in 2012 in the National Registry of Evidence-Based Programs and Practices.

Preschool PTSD has received a CEBC Scientific Rating of 3-Promising Research Evidence by the California Evidence Based Clearinghouse: http://www.cebc4cw.org/program/preschool-ptsd-treatment/

Target Population Characteristics

PPT: Children ages 3-6 years old with posttraumatic stress symptoms.

YPT: Children and youth ages 7-18 years old with posttraumatic stress symptoms.

Philosophy and Treatment Approach

The essential components of PPT and YPT include:

1. Psychoeducation about posttraumatic stress disorder (PTSD) with pictorial aids;

2. A focus on defiant behavior and discipline plans following trauma;
3. Identification of feelings and gradations of feelings in young children;
4. Relaxation exercises as new coping skills;
5. Narrative techniques for recall of traumatic events;
6. In-office and homework exposure exercises;
7. Development of developmentally appropriate safety plans;
8. Relapse prevention session;
9. Attunement of parents to children's internalized phenomena through observation of sessions and reflection with therapist;
10. Involvement of caregivers in every aspect of treatment;
11. Direct discussion of reluctance to attend therapy; and
12. Time for caregivers to discuss their personal issues if appropriate.

PPT involves the family or other support systems in the individual's treatment. At least one primary caregiver is involved in every therapy session, either in the room with the therapist and the child, observing the child's sessions on TV, or talking alone with the therapist. Caregivers are also essential for conducting in vivo (outside the office) exposure exercises as homework with the children.

YPT also involves the parents/caregivers. Three sessions - session 1 (psychoeducation), session 2 (oppositional defiant behavior), and session 12 (review) – are joint parent-child sessions. For the other nine sessions, parents will join the therapist and children at the beginning briefly (less than 5 minutes), and then watch the children's sessions on a monitor. This is flexible and can be opted out of if the youth desires more privacy or the therapist believes the parent has boundary issues and would not respect the privacy of the youth.

Goals

The primary goal of PPT and YPT is the reduction of PTSD symptoms in children and reduction in functional impairment.

Specific Design of the Service

Recommended Intensity:

One 60-minute session per week.

Recommended Duration:

12 sessions.

Delivery Setting:

This program is typically conducted in an outpatient clinic.

Cultural Considerations

The PPT and YPT models have not been tested for use in non-English speaking populations.

In a randomized controlled trial of PPT demonstrating significant improvement in PTSD symptoms, the participants were 59.5 percent Black/African American, 35.1 percent White, and 5.4 percent Other, but there was not sufficient power in the sample size to test for different outcomes by race.

Details may be found in the following publication:

Scheeringa MS, Weems CF, Cohen JA, Amaya-Jackson L, Guthrie D (2011). Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three through six year-old children: A randomized clinical trial. Journal of Child Psychology and Psychiatry, 52, 8, 853-860.

Provider Qualifications and Responsibilities

EBP Model Requirements

Therapists must receive training and consultation, as outlined below under "Training," to receive "Advanced" certification in PPT or YPT from Tulane Psychiatry. All clinicians seeking to complete training and to be eligible for advanced certification in PPT or YPT must be masters or doctor-level licensed psychotherapists with a degree in a mental health discipline.

Providers must submit verification of "Advanced" certification in PPT or YPT from Tulane Psychiatry to each MCO with whom it contracts to demonstrate eligibility for PPT or YPT therapist status. Verification must be maintained in the therapist's personnel folder.

Other Qualifications and Requirements

Practitioners must meet qualifications and requirements established in the Outpatient Therapy by Licensed Practitioners section of this manual.

Allowed Provider Types and Specialties

1. PT 31 Psychologist PS:
    a. 6A Psychologist – Clinical;
    b. 6B Psychologist – Counseling;
    c. 6C Psychologist – School;
    d. 6D Psychologist – Developmental;
    e. 6E Psychologist - Non-declared;
    f. 6F Psychologist – Other; and
    g. 6G Psychologist – Medical.
2. PT 73 Social Worker (Licensed/Clinical) PS:
    a. 73 Licensed Clinical Master Social Worker (LCSW); and
    b. LL Lower Level – Licensed Master Social Worker (LMSW).
3. PT AK Licensed Professional Counselor (LPC) PS:
    a. 8E CSoC/Behavioral Health – LPC; and

b. LL Lower Level – Provisionally Licensed Professional Counselor (PLPC).

4. PT AH Licensed Marriage & Family Therapists (LMFT) PS:

   a. 8E CSoC/Behavioral Health – LMFT; and

   b. LL Lower Level – Provisionally Licensed Marriage and Family Therapist (PLMFT).

5. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;

6. PT 20 Psychiatrist PS:

   a. 26 Psychiatry; and

   b. 2W Addiction Specialist.

7. PT 78 Advanced Practice Registered Nurse PS 26;

8. PT 93 Clinical Nurse Specialist PS 26; and

9. PT 94 Physician Assistant PS 26.

Training

Training is conducted through attendance at a one-day training workshop followed by six (6) months of weekly telephone consultation as trainees use the model on their own clients.

Tulane Psychiatry will issue an "Advanced" certificate in PPT or YPT following completion of the in-person training workshop and 6 months of subsequent consultation with the PPT or YPT trainer.

Quality Assurance

Outcomes

In PPT, PTSD symptoms are measured with a parent-report questionnaire, the Young Child PTSD Checklist.

In YPT, PTSD symptoms are measured with a questionnaire, the Child PTSD Checklist (CPC). The CPC has both child-report and caregiver-report versions. This checklist should ideally be completed by both the youth and the caregiver; however, if that is not feasible due to age or logistics, one respondent is acceptable.

These checklists needs to be administered prior to treatment and immediately post-treatment to document change in symptom severity.

Model-Specific Documentation Requirements

Progress notes should be completed using the "Treatment Fidelity Progress Note" for PPT or YPT. There is a specific progress note format for each of the 12 sessions of PPT and YPT, requiring therapists to document completion of the core tasks for each treatment session.

Fidelity

Fidelity monitoring can be achieved by auditing the "Treatment Fidelity Progress Notes." The audit would produce a passing score if 90 percent of the core tasks were partially or fully completed.

The EBP developer recommends that every six (6) months, a sample of completed cases should be identified, and the PPT or YPT therapist will submit for each selected (completed) case the full set of "Treatment Fidelity Progress Notes" for that case.

Limitations/Exclusions

PPT and YPT are not recommended for children and youth with autism or psychosis. As previously noted, PPT and YPT have not been adapted or tested for use with non-English speaking children and families.

PPT and YPT, as a service offered under Outpatient Therapy by Licensed Practitioners, has an initial authorization level of benefit, and services which exceed the limitation of the initial authorization may require approval for re-authorization prior to service delivery.

The recommended duration of the PPT and YPT models is 12 sessions. If additional sessions are needed to complete PPT or YPT, re-authorization should be requested indicating that the specialty model PPT or YPT are being utilized and therefore appropriately may exceed the initial authorization and should be authorized for continuing services to complete the medically necessary treatment episode and provide evidence-based care to the youth and family.

Billing

1. Only direct staff face-to-face time with the child or family may be billed. PPT and YPT are face-to-face interventions with the individual present; however, the caregiver is also involved, and the child/youth receiving treatment does not need to be present for all contacts. If the child is not present, the appropriate procedure code must be billed, e.g. 90846 – Family Psychotherapy without Patient Present;

2. Collateral contacts billable to Medicaid should involve contacts with parents, guardians using the appropriate procedure code as stated above. All contacts must be based on goals from the child's/youth's plan of care. Phone contacts are not billable;

   NOTE: The exception to the allowance of collateral contacts while providing evidence-based practices is coordination with other child-serving systems such as parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services and foster care programs. Coordination with these child-serving systems is considered collateral contact and may be necessary to meet their goals of the individual, but is not billable through Medicaid. Services may be provided by these child-serving systems, however, the services provided must be funded through the agency providing the service.

3. Therapists bill standard CPT individual and family therapy codes for sessions providing PPT and YPT;

4. The EB tracking code "EB04" should be indicated on claims to note that the therapy session utilized YPT as an evidence-based model of therapeutic intervention;

5. To use the YPT EB tracking code of "EB04" on claims, the therapist must first provide documentation of their Advanced Certification from Tulane Psychiatry to the MCO(s) the provider is contracted with, as part of the therapist's credentialing package;

6. The EB tracking code "EB05" should be indicated on claims to note that the therapy session utilized PPT as an evidence-based model of therapeutic intervention;

7. To use the PPT EB tracking code of "EB05" on claims, the therapist must first provide documentation of their Advanced Certification from Tulane Psychiatry to the MCO(s) the provider is contracted with, as part of the therapist's credentialing package; and

8. LMSWs, PLPCs and PLMFTs may not directly bill for services provided to a Medicaid enrollee. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice acts.