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[REPORTING GUIDES FOR RESEARCH AND EVIDENCE-BASED PRACTICES IN CHILDREN'S MENTAL HEALTH]

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How to Use This Guide

This guide provides instructions for how to report research or evidence-based practices (R/EBPs) for children's public mental health care (under 18 years of age, per the Division of Behavioral Health and Recovery [DBHR]) in Washington State using SERI codes. SERI stands for Service Encounter Reporting Instructions, a manual published and regularly updated by DBHR. The SERI manual provides Behavioral Health Organizations (BHOs) and their contracted Behavioral Health Agencies (BHAs) with a uniform system of reporting publicly funded behavioral health care including children and youth mental health services. Background on the history and current political climate for supporting research and evidence-based practices is available elsewhere[1]. In this guide we outline the eligible programs, encounter types and documentation requirements for reporting an encounter as an R/EBP.

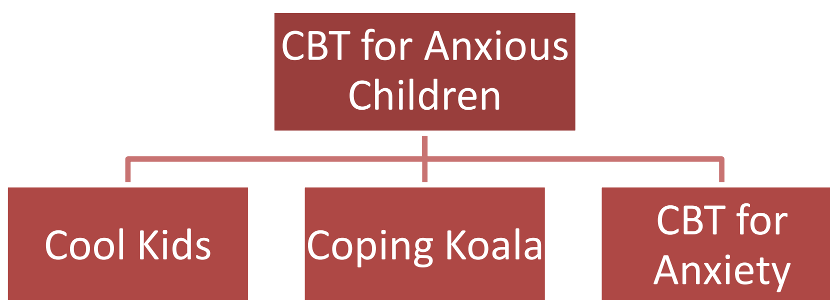
Washington State adopts an innovative approach to defining and reporting R/EBP that reflects the importance of rigorous research in discovering effective treatments as well as the realities of real world clinical implementation and quality monitoring. The approach emerged over multiple years of collaboration between UW and DBHR including BHO leaders, providers and researcher/experts in the field. A guiding priority for the development of the guides was identifying a method of tracking R/EBP use that did not substantively add documentation burden for providers while providing a credible report of whether researched clinical practices were being used with clients. A number of strategies were considered and rejected for not fulfilling either one or the other of these priorities. The steps outlined below are the result of this deliberative process. A key innovation in these guides is the use of generic treatment categories for R/EBP reporting.

The conceptual support for reporting a treatment category rather than only specific brand named programs comes from a growing literature indicating that many programs share common clinical elements but differ in the specific methods of delivering these elements. Helpfully, the Washington State Institute of Public Policy has conducted a number of reviews (i.e., meta-analyses) of programs that fall in these treatment categories and has concluded that these generic treatment types are effective as a program class. Accordingly, many treatment categories are already on the inventory and are considered research-based. A diagram below illustrates how these categories and name brand programs relate to each other. The generic treatment category "Cognitive Behavioral

[1] Walker, S., Lyon, A., Aos, S., & Trupin, E. (2017). The Consistencies and Vagaries of the Washington State Inventory of Evidence-Based Practice: The Definition of "Evidence-Based" in a Policy Context. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(1), 42-54.

Therapy (CBT) for Anxious Children" subsumes name brand programs (e.g., Cool Kids and Coping Koala) as well as training agencies that instruct providers in how to use CBT for Anxiety approaches in treatment (CBT for Anxiety). Accordingly, the Reporting Guides list pre-approved training agencies that are training on generic treatment elements (e.g., CBT+ and Managing and Adapting Practice (MAP) as well as name brand programs. To facilitate reporting, Reporting Guides in this toolkit identify the essential clinical elements that are common across the name brand and generic programs within a treatment category. The use and documentation of these clinical elements in routine treatment plans and progress notes allow providers to report the use of generic treatment approaches without the constraints of documenting fidelity to name brand programs. As is explained in more detail below, providers who are trained in a name brand program have the option to report the name brand rather than the generic category if they are receiving ongoing consultation in the name brand model.

Figure 1: The Relationship Among Generic Treatment Categories, Name Brand Programs and Generic Training



Steps for Determining Whether to Report an R/EBP

The steps for determining whether one is using an R/EBP are self-determined by the therapist. No additional documentation is required; however, agencies are encouraged to take steps to ensure that therapists understand these guidelines and use them appropriately. In addition to the guides in this toolkit, EBPI has developed a short video guide and is available for answering questions about how to follow these steps. (https://youtu.be/SvQcAWM6TtA)

Step One: Approved Training

Approved R/EBP trainings are listed in the first section of the Reporting Guides for each treatment category. To identify these trainings, the EBPI included all of the program models falling within the treatment category as well as known training organizations focused on research/evidence-based program elements of effective practices (for example, the Harborview CBT+ trainings). Approved

trainings must be <u>in person and include role play practice and/or observation of skills</u>. A provider may also receive training from an individual or organization not on this list as long as the training meets the following criteria:

- The trainer has expertise in the treatment area and/or is certified by a training entity listed in the guides (e.g., Managing and Adapting Practice). Expertise is defined as an established history of training on the treatment category with a record of previous completed trainings.
- If a trainer cannot point to a history of training on the topic area, the EBPI will review training curricula to ensure the training covers the essential and allowable elements of the clinical practice type in a structured format.
- To count towards R/EBP, training received during graduate education must include a structured approach to a treatment category (e.g., CBT for Anxiety) that covers essential and allowable elements with supervised practice (in line with the requirements for all R/EBP live training).

For **CBT for Anxious Children**, for example, the training needs to cover, at a minimum, how to implement exposure or cognitive restructuring (the essential elements) with an anxious client. Or, for example, a training in **Behavioral Parent Training for Disruptive Behavior Disorders** would need to have one or more of the following elements clearly specified in a training agenda (see section II in the Reporting Guide): Rewards, Commands, Praise, Problem-Solving and Time Out along with a clinical framework for how to decide when to implement each clinical element.

Checklist for Determining Whether a Clinical Encounter is an R/EBP
✔ **1. Training:** The provider has received live training in a name brand program OR a training that covered essential elements of the generic treatment category.
✔ **2. Consultation:** The provider is up to date with the consultation requirements of a name brand program (if part of the program's fidelity requirements). **This only applies when reporting a name brand program.**
✔ **3. Treatment Plan:** The provider lists the brand name or generic model and at least one essential clinical element consistent with the model in the client treatment plan.
✔ **4. Progress Notes:** The provider lists at least <u>one essential or approved</u> clinical element in the progress notes for the indicated client session.

The requirement for live training is the simplest way to ensure the therapist receives feedback after direct observation of clinical skills. While ongoing consultation is the most effective way to ensure high quality clinical treatment,[2] the primary purpose of the Reporting Guides is to track intent to deliver an R/EBP and not to monitor quality of services. Some name brand or generic treatment guides or trainings are not offered in person. Agencies are encouraged to contact EBPI about addressing these issues when reporting practices. For example, if a therapist was trained in a generic treatment category by an approved entity but is using a manual or protocol from another name brand program that did not offer live training, the therapist would report under the generic category. For example, a therapist who received live training from CBT+ and is using the Coping Cat materials in practice will report "CBT for Anxious Children." If a therapist never received live training and only received online training or is using a name brand manual or other materials (e.g., DVDs), this practice would not be eligible for reporting. However, EBPI can support the agency to develop a plan for obtaining live training or developing internal resources for providing live training.

Step Two: Ongoing Consultation following Training

The requirement for ongoing R/EBP consultation applies only if a therapist is reporting a name brand program and that program requires ongoing consultation. If a name brand program does not require ongoing consultation (e.g., Triple P), the therapist can report the program as long as the requirement for the name brand training was met. Similarly, if a training entity is training on common elements and requires a period of consultation as part of the training package, the clinician must complete the entire training, including the consultation, as part of the "live training" requirement.

Step Three: Listing Essential Clinical Elements in the Treatment Plan

At a minimum, and along with what the agency otherwise requires, the treatment plan should name the R/EBP category or name brand and list at least one essential clinical element. This indicates the provider's awareness of the active elements of the specific brand name or category of R/EBP treatment and intention to use these elements in practice. For example, if the provider is reporting a name brand program, is receiving formal consultation from this program and intends to follow a structured protocol (e.g., PCIT), the treatment plan should note the name brand treatment as well as at least one clinical practice element that is specific to the program (see table below). When reporting a treatment

[2] Beidas, R. S., Edmunds, J. M., Marcus, S. C., & Kendall, P. C. (2012). Training and consultation to promote implementation of an empirically supported treatment: a randomized trial. *Psychiatric services (Washington, D.C.), 63*(7), 660. doi:10.1176/appi.ps.201100401

category, the provider should name the category, and list at least one of the clinical elements identified as essential in the reporting guide for that category. The essential clinical elements are updated and identified through the use of existing systematic reviews of effective mental health treatment principles as well as dismantling studies of research/evidence-based programs that attempt to distinguish essential elements from common clinical elements across treatment types.

Step Four: Listing Essential or Approved Elements in Progress Notes

A progress note for any session linked to an R/EBP code should describe how the clinical practice of the session relates to the name brand R/EBP or the treatment category. If the provider is reporting a name brand R/EBP, the provider should briefly explain that the clinical practice conducted is a feature of the R/EBP (see table below).

Table 1: Examples of Treatment Plan and Progress Note Documentation

	Name Brand Reporting	**Treatment Category Reporting**
Treatment Plan	TF-CBT to address trauma-specific impact. The treatment plan will follow the TF-CBT acronym PRACTICE and will include trauma narration/processing"	CBT for trauma. Will include the components of psychoeducation, coping skills training and directly addressing the trauma through exposure.
Session Progress Note	"Psychoeducation and exposure: Presented rationale for the Trauma Narrative and began the TN"	"Psychoeducation: Discussed the rationale for directly addressing the trauma experience.

Choosing the Correct SERI R/EBP Code

The SERI manual for January 2018 currently includes R/EBP service codes for mental health, substance abuse, juvenile justice, child welfare and prevention. However, DBHR is currently *only requiring reporting of R/EBPs identified for* <u>*mental health*</u> and *will only include mental health R/EBP* in calculations of R/EBP rates by BHO. Consequently, a number of the R/EBP codes currently in the SERI should **not** be used. Table 2 provides a crosswalk of all SERI R/EBP codes that will be counted as R/EBP for children's mental health. This crosswalk includes the coding for generic training and name brand programs. Note that the generic training agencies often train on more than one treatment type and the codes for the training agency will change depending on the generic treatment category. For example, if a provider received training through the CBT+ Learning Collaborative and was delivering CBT for Anxious Children, the provider would code the service as 151 (CBT for Anxious Children) and if the provider was delivering CBT for Depressed Children/Adolescents then the provider would code the service as 153 (CBT for Depressed Children/Adolescents).

SERI Codes for R/EBP Treatment Programs

Anxiety		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Cognitive Behavioral Therapy (CBT) for children with anxiety (group, individual or remote)		151
	CBT 4 CBT training (Coping Cat)	151
	Centre for Emotional Health (Cool Kids)	151
	Cool Kids	032
	Coping Cat	035
	Coping Cat/Koala book based model	157
	Coping Koala	158
	Effective Child Therapy/Society of Clinical Child & Adolescent Psychology	151
	Harborview CBT+ Learning Collaborative	151
	Managing and Adapting Practice (MAP)	175
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	085
	The Reach Institute (CATIE trainings)	151
	Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type.	151
Parent cognitive behavioral therapy (CBT) for young children with anxiety		187

Attention Deficit Hyperactivity Disorder		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Behavioral parent training (BPT) for children with ADHD		004
	Barkley Model	003
	New Forest Parenting Program	181
Multimodal Therapy (MMT) for children with ADHD		091

Depression		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Cognitive behavioral therapy (CBT) for children & adolescents with depression		153
	Acceptance and Commitment Therapy (ACT) for children with depression	153
	Coping With Depression—Adolescents	159
	Effective Child Therapy/Society of Clinical Child & Adolescent Psychology	153
	Harborview CBT+ Learning Collaborative	153
	Managing and Adapting Practice (MAP)	175
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	085
	The Reach Institute (CATIE trainings)	153
	Treatment for Adolescents with Depression Study	197
	Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below).	153
Blues Program (group CBT prevention program for high school students at risk for depression)		149

Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Behavioral parent training (BPT) for children with disruptive behavior disorders		148
	Coping Power Program	148
	Harborview CBT+ Learning Collaborative	148
	Helping the Noncompliant Child	171
	Incredible Years: Parent training	073
	Incredible Years: Parent training + child training	076
	Managing and Adapting Practice (MAP)	175
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	085

Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder) Continued		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
	Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type.	148
	Parent Child Interaction Therapy (PCIT) for children with disruptive behavior problems	186
	Parent Management Training—Oregon Model (treatment population)	188
	Stop Now and Plan (SNAP)	148
	The Reach Institute (CATIE trainings)	148
	Triple-P Positive Parenting Program: Level 4, Group	139
	Triple-P Positive Parenting Program: Level 4, Individual	140
Brief Strategic Family Therapy (BSFT)		010
Choice Theory/Reality Therapy		164
Families and Schools Together (FAST)		046

Serious Emotional Disturbance		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Dialectical Behavior Therapy (DBT) for adolescent self-harming behavior		160
Multisystemic Therapy (MST) for youth with serious emotional disturbance (SED)		180
Intensive Family Preservation (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)		172

Trauma		
Treatment Category	**Specific Treatments and Approved Trainings**	**SERI Code**
Cognitive behavioral therapy (CBT)-based models for child trauma		155
	Classroom-based intervention for war-exposed children	013
	Cognitive Behavioral Intervention for Trauma in Schools	016
	Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	162
	Harborview CBT+ Learning Collaborative	155
	KID-NET Narrative Exposure Therapy for children	079
	Managing and Adapting Practice (MAP)	175
	Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	085
	The Reach Institute (CATIE trainings)	155
	Teaching Recovery Techniques (TRT)	155
	Trauma Focused CBT for children	136
	Trauma Grief Component Therapy	137
	Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type.	155
Child-Parent Psychotherapy		163
Eye Movement Desensitization and Reprocessing (EMDR) for child trauma		043

Eligible Encounter Codes and Reporting R/EBPs

R/EBPs should only be reported for a session in which an essential or allowable clinical element was introduced or practiced with the client. While many activities will occur with a case (e.g., intake, case management, support, crisis response, medication management), only sessions that focus on delivering the specific elements of the identified R/EBP can to be linked to an encounter code. These are the only encounters that DBHR will count towards agency and regional R/EBP benchmark requirements. The list of these allowable encounter codes are listed below in Table 3.

Table 3: SERI Encounter Codes eligible for R/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
Psychotherapy, 60 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).	90838

Calculating the R/EBP Rate

EBPI worked in close collaboration with DBHR to develop a reasonable approach to calculating this rate given the diversity of mental health services billed in outpatient services and the intent of the EBP requirements. The rate is calculated using two components. The first is the count of eligible services operationally defined as encounters that comprise at least 30 minutes of individual, group and family psychotherapy. Eligible services are identified by 10 specific Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes in the Reporting Guides, and do not include case management services and Wraparound. The total count of eligible services, or encounters, regardless of whether a R/EBP is reported or not, is used as the denominator B in the formula below. The second component consists of eligible services where correct R/EBPs are reported. Correct R/EBPs were identified from the WSIPP inventory as having demonstrable clinical outcomes for specific mental health disorders. They do not include R/EBPs for program areas such as substance abuse, child welfare, juvenile justice, and prevention. The count of eligible services with correct R/EBPs is the numerator A.

A = Eligible services with corrected R/EBP

B = Total count of all eligible services (identified by 10 CPT/HCPCS codes)

Rate = A/B*100

Core Element Reporting Guides

Behavioral Parent Training for Children with Disruptive Behavior Disorders pg.16

Cognitive Behavioral Therapy for Anxious Children (group, individual, remote) pg.20

Cognitive Behavioral Therapy for Depressed Adolescents pg.22

Cognitive Behavioral Therapy Based Models for Child Trauma pg.25

Self-Reporting Guide for SERI Evidence-Based Codes

Behavioral Parent Training for Children with Disruptive Behaviors

The following checklist is a guide for documenting your use of a research/evidence-based practice (R/EBP) when reporting a service in SERI for psychotherapy with a client under the age of 18-years-old. If you cannot meet the requirements in all three categories outlined below, it is not appropriate to report a SERI code for the service in question. The three categories include 1. Verifiable training, 2. Knowledge and intent to implement the essential elements of treatment, 3. Use of an approved technique within the specific session.

I. Approved training organizations for the category:

To report an EBP code, you must be able to document that you received a certificate for attending an approved training for the EBP you are reporting. Below are approved training programs and entities for this treatment category. If you do not see your training listed, you must be able to document (i.e., training outline) that the training you received covered all of the essential elements in Section II. Training must be in person with a training certificate provided. If you are not sure whether your training counts please contact the Evidence-Based Practice Institute.

For Treating Disruptive Behaviors	Check one
The Reach Institute (CATIE trainings)	
Harborview CBT+ Learning Collaborative	
Managing and Adapting Practice (MAP)	
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	
Helping the Noncompliant Child	
Incredible Years Parent Training	
Incredible Years Parent Training + Child Training	
Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems	
Parent Management Training (Oregon model)	
Triple P - Level 4, group	
Triple P - Level 4, Individual	
Brief Strategic Family Therapy	
Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below).	
For Treating ADHD	
Barkley Model* (for Children with ADHD)	
New Forest Parenting Program	

II. Treatment Plan - Are all the following essential clinical elements listed in the treatment plan?	
The Evidence-Based Practice Institute has identified the most essential elements of treatment based on the frequency and effectiveness of therapeutic techniques in this category. These essential elements must be clearly indicated in a treatment plan for a presenting diagnosis in order to report an EBP code.	
a. (For ADHD diagnoses) Consultation with a prescriber regarding medication	Check if present
Description: Specific communication regarding medication assessment for the ADHD, medicines prescribed, and medication monitoring.	
b. Praise	
Description: Providing the caregiver with the rationale for the value of praise/acknowledgment as a reinforcement that increases desired behavior; demonstrating how to use praise in interactions with the child; and how to identify opportunities for praise (e.g. following good behavior).	
c. Rewards and Consequences	
Description: Teaching caregivers how to develop and carry out a strategy/plan to increase desired behavior and/or respond to misbehavior such as Time Out, specific rewards plan, token economy, natural and logical consequences, and behavioral contracts.	

III. Session Progress Notes - Is at least one of the following clinical elements listed in the progress note for the session? At least one of the therapeutic techniques listed below must be documented in a progress note in order to report an EBP code for the reported service.	
a. Praise	Check if present
Description: Providing the caregiver with the rationale for the value of praise/acknowledgment as a reinforcement that increases desired behavior; demonstrating how to use praise in interactions with the child; and how to identify opportunities for praise (e.g. following good behavior).	
b. Psychoeducation for Caregiver	
Description: Educates the caregiver about factors (e.g. temperamental, developmental, psychological, etc.) that contribute to the development of disruptive behaviors; that challenging behaviors have a function and persist because they are working for the child in some way; without changes in the responses to the behavior it is likely to continue. Works with the caregiver to conduct a specific functional behavioral assessment of the target behaviors(s).	
c. Monitoring Target Behaviors	
Description: Observing and monitoring target behaviors to identify the antecedents and consequences and document frequency and intensity.	
d. Positive Time	
Description: Provides the rationale for brief but regular positive time with the child to build warmth and closeness. Positive time is unconditional and is not removed as a consequence for misbehavior.	

e. Differential Response	
Description: Provides the caregiver with the rationale for how attention, even negative attention, is a reinforcer and will increase the likelihood of a behavior continuing. Teaches the caregiver to attend to desired behavior (even though expected) and ignore minor annoying behaviors	
f. Commands	
Description: Provides the caregiver with strategies to clearly and consistently communicate instructions to the child and follow through.	
g. Rewards and Consequences- Behavioral Contract	
Description: Teaches caregiver how to construct a specific reward (extra privilege) or consequence plan (loss of a privilege) for a target behavior. The plan is explained to the child.	
h. Rewards and Consequences –Tangible Rewards	
Description: Helps the caregiver develop a plan to systematically and concretely reward desired behavior (e.g., token economy, star chart, etc.) or withhold the reward if the behavior does not occur. The plan is explained to the child.	
i. Rewards and Consequences - Time out (younger children)	
Description: Time out (TO) involves setting up a Time Out place/room and providing an explanation to the caregiver that time out is removal of the child from attention and activities as a consequence for not obeying or misbehavior. The child is removed from all activities and attention for a specified period of time until calm (not more than several minutes). Once calm and released from TO, the child is expected to follow through on the command or cease the misbehavior or they are returned to.	
j. Rewards and Consequences - Natural and Logical Consequences	
Description: Teaches the caregiver to construct a rewards or consequences plan that is closely tied to the target behavior (e.g., if aggressive with friends, loses privilege to play w friends)	
k. Problem Solving	
Description: Problem solving involves coaching the caregiver and the child to agree on a target family problem (arguing, threatening) that they want to solve; generating possible solutions; examining the solutions and picking one to try out. If the solution does not work, then another possible solution is tried.	
l. Coping Skills -Caregiver	
Description: Involves validating the caregiver about how frustrating child misbehavior can be and teaching ways to calm down when the child is being disruptive and cope so they can effectively carry out plan.	

m. Coping Skills -Child	
Description: Teaches the child how to recognize negative emotional states, especially anger, as a response to an unwanted command or a consequence (loss of privilege). Helps the child develop a specific coping plan to use to calm down in that situation (e.g., breathing, counting, distracting, self-time-out, counting backwards, etc.).	
n. Communication Skills Training	
Description: Involves teaching and practicing communication skills among the family members to improve positive relations. Skills include making "I" statements, active listening, reflecting, paraphrasing, asking clarifying questions.	
o. Social Skills Training	
Description: Child is taught specific behavioral strategies to use to increase positive interactions and friend-making with peers. Skills include greeting peers, starting a conversation, asking peers about their interests, being polite, giving compliments, finding common ground.	

Checklist		
Training documentation present	YES	NO
Required clinical elements in treatment plan	YES	NO
At least one approved clinical element in progress note	YES	NO

Self-Reporting Guide for SERI Evidence-Based Codes

Cognitive Behavioral Therapy for Anxious Children
(individual, remote, group)

The following checklist is a guide for documenting your use of a research/evidence-based practice (R/EBP) when reporting a service in SERI for psychotherapy with a client under the age of 18-years-old. If you cannot meet the requirements in all three categories outlined below, it is not appropriate to report a SERI code for the service in question. The three categories include 1. Verifiable training, 2. Knowledge and intent to implement the essential elements of treatment, 3. Use of an approved technique within the specific session.

I. Approved training organizations for the category:

To report an EBP code, you must be able to document that you received a certificate for attending an approved training for the EBP you are reporting. Below are approved training programs and entities for this treatment category. If you do not see your training listed, you must be able to document (i.e., training outline) that the training you received covered all of the essential elements in Section II. Training must be in person with a training certificate provided. If you are not sure whether your training counts please contact the Evidence-Based Practice Institute.

	Check one
Effective Child Therapy/Society of Clinical Child & Adolescent Psychology	
Harborview CBT+ Learning Collaborative	
The Reach Institute (CATIE trainings)	
Centre for Emotional Health (Cool Kids)	
CBT 4 CBT training (Coping Cat)	
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	
Managing and Adapting Practice (MAP)	
Cool Kids	
Coping Cat	
Coping Cat/Koala book based model	
Coping Koala	
Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below).	

II. Treatment Plan - Are all the following essential clinical elements listed in the treatment plan?

The Evidence-Based Practice Institute has identified the most essential elements of treatment based on the frequency and effectiveness of therapeutic techniques in this category. These essential elements must be clearly indicated in a treatment plan for a presenting diagnosis in order to report an EBP code. The essential elements do not need to be implemented in the service being reported as long as they are in the treatment plan.

a. Exposure	Check if present
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 are tolerated.	
b. Cognitive Restructuring	
Description: Cognitive restructuring Involves teaching children how thoughts can influence anxiety and helping them come up with more true and helpful thoughts.	

III. Session Progress Notes - Is at least one of the following clinical elements listed in the progress note for the session?	
At least one of the therapeutic techniques listed below must be documented in a progress note in order to report an EBP code for the reported service.	
a. Exposure	Check if present
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 are tolerated.	
b. Cognitive Restructuring	
Description: Cognitive restructuring Involves teaching children how thoughts can influence anxiety and helping them come up with more true and helpful thoughts.	
c. Psychoeducation for Children	
Description: Psychoeducation is providing information to children about anxiety and the CBT based model for treatment.	
d. Psychoeducation for Caregivers	
Description: Psychoeducation is providing information to caregivers about anxiety and the CBT based model for treatment.	
e. Relaxation	
Description: Teaching the child through modeling and practice 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.	
f. Cognitive Coping	
Description: Teaching the child to use self-talk or reappraisal to overcome, manage or tolerate anxious/worry thoughts.	
g. Mood or Emotion Self-monitoring	
Description: Self-monitoring involves teaching children to identify fear/anxiety/worry emotional states and develop a rating scale (e.g. a thermometer) for the intensity of the emotional state.	
h. Self-reward/Self-praise	
Description: Involves helping the child attend to and acknowledge efforts to face up to and handle their fears/anxieties/worries.	
i. Rewards/Reinforcement	
Description: Caregivers acknowledge, praise or give tangible rewards to the child for taking steps towards overcoming or managing their fears/anxieties/worries.	
Checklist	
Training documentation present	YES NO
Required clinical elements in treatment plan	YES NO
At least one approved clinical element in progress note	YES NO

Self-Reporting Guide for SERI Evidence-Based Codes

Cognitive Behavioral Therapy for Depressed Adolescents

The following checklist is a guide for documenting your use of a research/evidence-based practice (R/EBP) when reporting a service in SERI for psychotherapy with a client under the age of 18-years-old. If you cannot meet the requirements in all three categories outlined below, it is not appropriate to report a SERI code for the service in question. The three categories include 1. Verifiable training, 2. Knowledge and intent to implement the essential elements of treatment, 3. Use of an approved technique within the specific session.

I. Approved training organizations for the category:

To report an R/EBP code, you must be able to document that you received a certificate for attending an approved training for the R/EBP you are reporting. Below are approved training programs and entities for this treatment category. If you do not see your training listed, you must be able to document (i.e., training outline) that the training you received covered all of the essential elements in Section II. Training must be in person with a training certificate provided. If you are not sure whether your training counts please contact the Evidence-Based Practice Institute.

	Check one
Effective Child Therapy/Society of Clinical Child & Adolescent Psychology	
Harborview CBT+ Learning Collaborative	
The Reach Institute (CATIE trainings)	
Managing and Adapting Practice (MAP)	
Modularized Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	
Coping with Depression - Adolescents	
Treatment for Adolescents with Depression Study	
Blues Program	
Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below).	

II. Treatment Plan - Are all the following essential clinical elements listed in the treatment plan?

The Evidence-Based Practice Institute has identified the most essential elements of treatment based on the frequency and effectiveness of therapeutic techniques in this category. These essential elements must be clearly indicated in a treatment plan for a presenting diagnosis in order to report an R/EBP modifier code. The essential elements do not need to be implemented in the service being reported as long as they are in the treatment plan.

a. Behavioral Activation	Check if present
Description: Child engages in specific activities that lift mood or change child's negative 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.	
b. Problem Solving	
Description: Problem solving involves teaching the child how to clearly define the problem, generate possible solutions, examine the solutions, pick one to try out and then evaluate the effects.	
c. Cognitive Restructuring	
Description: Involves teaching youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.	

III. Session Progress Notes - Is at least one of the following clinical elements listed in the progress note for the session?

a. Behavioral Activation	Check if present
Description: Child engages in specific activities that lift mood or change child's negative 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.	
b. Problem Solving	
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.	
c. Cognitive Restructuring	
Description: Involves teaching youth how to identify and counter negative thoughts that interfere with mood or motivation or functioning.	
d. Psychoeducation for Children	
Description: Psychoeducation is providing information to children about depression and the CBT based model for treatment.	
e. Psychoeducation for Caregivers	
Description: Psychoeducation is providing information to caregivers about depression and the CBT based model for treatment.	
f. Mood or Emotion Self-monitoring	
Description: Self-monitoring involves teaching children to identify emotional states of being down or feeling pumped up and develop a rating scale (e.g., a thermometer) for the intensity of the emotional state.	

g. Goal Setting		
Description: A means to identify goals that are important to the child and a step by step process to achieve their desired outcomes.		
h. Social Skills Training		
Description: Uses modeling and practice to teach the child basic skills to develop positive peer relationships.		
i. Self-reward/Self-praise		
Description: Involves helping the child attend to and acknowledge efforts to get active, solve problems or takes steps towards goals.		
j. Talent or Skill Building		
Description: Assisting children in developing talents and skills that will induce positive self-regard.		
k. Caregiver Coping		
Description: Teaching the caregiver skills or strategies for reducing distress and managing feelings related to their child's depression symptoms.		
l. Rewards/Reinforcement		
Description: Caregiver acknowledges, praises or give tangible rewards to the child for getting active, taking steps toward goals, problem solving.		
Checklist		
Training documentation present	YES	NO
Required clinical elements in treatment plan	YES	NO
At least one approved clinical element in progress note	YES	NO

Self-Reporting Guide for SERI Evidence-Based Codes

Cognitive Behavioral Therapy Based Models for Trauma

The following checklist is a guide for documenting your use of a research/evidence-based practice (R/EBP) when reporting a service in SERI for psychotherapy with a client under the age of 18-years-old. If you cannot meet the requirements in all three categories outlined below, it is not appropriate to report a SERI code for the service in question. The three categories include 1. Verifiable training, 2. Knowledge and intent to implement the essential elements of treatment, 3. Use of an approved technique within the specific session.

I. Approved training organizations for the category:

To report an EBP code, you must be able to document that you received a certificate for attending an approved training for the R/EBP you are reporting. Below are approved training programs and entities for this treatment category. If you do not see your training listed, you must be able to document (i.e., training outline) that the training you received covered all of the essential elements in Section II. Training must be in person with a training certificate provided. If you are not sure whether your training counts please contact the Evidence-Based Practice Institute.

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	
Harborview CBT+ Learning Collaborative	
The Reach Institute (CATIE trainings)	
Managing and Adapting Practice (MAP)	
Classroom Based Intervention for war-exposed children	
Cognitive Behavioral Intervention for Trauma in Schools	
Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	
KID-NET Narrative Exposure Therapy for Children	
Trauma Focused CBT for Children	
Trauma Grief Component Therapy	
Other Live Training: Provider can document that the training agenda covered all Essential Elements for this program type (below).	

II. Treatment Plan - Are all the following essential clinical elements listed in the treatment plan?

The Evidence-Based Practice Institute has identified the most essential elements of treatment based on the frequency and effectiveness of therapeutic techniques in this category. These essential elements must be clearly indicated in a treatment plan for a presenting diagnosis in order to report an EBP modifier code. The essential elements do not need to be implemented in the service being reported as long as they are in the treatment plan.

a. Exposure	Check if present
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.	
b. Cognitive Processing	
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.	

III. Session Progress Notes - Is at least one of the following clinical elements listed in the progress note for the session?

a. Exposure	Check if present
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.	
b. Cognitive Processing	
Description: Cognitive processing involves identification of untrue or unhelpful thoughts about the trauma or its aftermath and adopting more helpful ways to think about the trauma and its aftermath.	
c. Psychoeducation for Children	
Description: Psychoeducation is providing information to children about trauma, trauma impact and the CBT based model for treatment.	
d. Psychoeducation for Caregivers	
Description: Psychoeducation is providing information to caregivers about trauma, trauma impact and the CBT based model for treatment.	
e. Relaxation	Check if present
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.	
f. Cognitive Coping	
Description: Teaching the child to use self-talk or reappraisal to overcome, manage or tolerate fearful/anxious/worry thoughts related to the trauma.	

g. Mood or Emotion Self-Monitoring	
Description: Self-monitoring involves teaching children to identify trauma-related fear/anxiety/worry emotional states and develop a rating scale (e.g., a thermometer) for the intensity of the emotional state.	
h. Self-reward/Self-praise	
Description: Involves helping the child attend to and acknowledge efforts to face up to and handle their fears/anxieties/worries about the trauma.	
i. Rewards/Reinforcement	
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.	
j. Personal Safety Skills	
Description: Helping the child understand issues related to personal safety and teaching them to assess risk and develop strategies for maintaining personal safety.	
Checklist	
Training documentation present	YES NO
Required clinical elements in treatment plan	YES NO
At least one approved clinical element in progress note	YES NO