

PROVIDER BULLETIN

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PSYCHOTHERAPY WITH YOUNG CHILDREN

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Effective immediately, this bulletin replaces the section, [Individual Therapy with Interactive Modality for Participants Age 3 and 4](#), in provider bulletin [Precertification of Behavioral Health Services through CyberAccess](#), Volume 37 Number 06.

EVIDENCE-BASED PRACTICE FOR CHILDREN AND FAMILY THERAPY ENCOURAGED

Whenever possible, providers are encouraged to utilize evidence-based practices that address the specific clinical issues and demographic characteristics of the individual(s) being treated. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), which is a searchable database that can be found at: <http://www.nrepp.samhsa.gov/>, is a good resource for providers. A recent search of the database for outpatient and home-based mental health treatments for all ages of children revealed that many of these practices actively involve parents/caregivers in the intervention. The younger the age range, the more frequently parents/caregivers were involved in treatment. Providers are encouraged to involve parents/caregivers in the interventions, especially when treating younger children (e.g., providing family therapy). All of the NREPP evidence-based practices for children 0 – 5 years involve the parent/caregiver. In addition to incorporating family therapy, most of the evidence-based practices for children 0 – 5 years are hybrid treatments that incorporate cognitive behavior therapy, play, and/or other treatment strategies.

COMPETENCE IN TREATING YOUNG CHILDREN

Consistent with the ethical standards for each of the professions providing behavioral health services through MO HealthNet (MHD), providers are expected to practice within the boundaries of their competence. This applies equally to services for the early childhood population as it does to services for other age groups. If providers do not have the knowledge and skills to work with a particular clinical population, they are urged to seek learning experiences to gain the necessary knowledge and skills or refer the child to a competent provider.

CONSIDERATION OF THE DEVELOPMENTAL LEVEL OF THE CHILD

MHD encourages evidence-based practice, but recognizes that, for a variety of reasons, there may be limited availability of evidence-based treatments, especially for very young children. At times treatment as usual may be all that is feasible. Providers treating young children are expected to base their plan of intervention on a comprehensive and individualized assessment that takes into consideration, among other factors, the developmental level of the child. Providers should use interventions that are appropriate for the developmental level of the child and the specific clinical issues. When working with young children who have mental health concerns, best practice is to screen development to determine if developmental delays play a role in socio-emotional difficulties and to guide developmentally appropriate treatment planning. If developmental delays are found or suspected, providers should refer clients for further assessment and treatment as needed. One developmental consideration is that a young child may not have the expressive language skills to explain his/her symptoms and response to treatment, or the receptive language skills to understand the clinician if she or he were to use ordinary adult language. Treatments (including the treatments listed in NREPP) for young children typically incorporate activities, pictures, drawing, role-playing, books, play, etc. to facilitate communication, make therapeutic concepts and skills concrete, build the therapeutic relationship, and help the child change.

PLAY THERAPY GUIDELINES

Play therapy includes a variety of treatment techniques that may be effective with young children. The appropriate CPT® code used to capture an intervention that incorporates play therapy techniques depends on the specific therapeutic approach used and could be individual therapy or family therapy. Documentation should clearly reflect how the play therapy techniques were utilized in a therapeutic manner to address the issue(s) being treated. Please note that observing children playing in a playroom, playing on playground equipment, playing at daycare, or playing at home in their normal routine is not play therapy and is not reimbursable by MHD.

DOCUMENTATION

Regardless of the treatment approach used (e.g., trauma-focused cognitive-behavioral therapy, parent-child interaction therapy, or play therapy), the treatment plan should include the billable service in the "services, supports and actions to accomplish each goal" section. The treatment plan should also describe specific planned interventions, strategies and actions. If specific techniques are planned they may be included, but a specific strategy (e.g., play therapy) alone is not a sufficient description of an intervention. The same considerations apply to progress notes. Progress notes must include the specific MO HealthNet billable services rendered.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**