



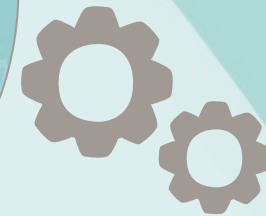
**Embedded  
Clinical  
Coaching**

**LEADERSHIP  
INITIATIVE FOR QUALITY**

Quality care is culturally responsive, client-centered, and informed by evidence when possible



**Supervisory  
Tools for  
Quality**



**Leadership and  
Organizational  
Development**

Motivating question for this approach to “EBP”: How can we promote clinician flexibility within the definition of evidence-based practice while retaining a focus on effective care?

# Tracking delivery of effective child mental health clinical practices within Medicaid

1. Was the provider trained in an effective clinical approach?
2. Did the provider document their intent to deliver the most active element of that approach? (in routine notes)
3. Did the provider document their delivery of a clinical element consistent with that approach? (in routine notes)

# The Reporting Guides lists approved training entities

Treatment Approach



CBT FOR ANXIETY

Approved Trainers



COOL KIDS

COPING CAT

TRAINING  
ON CBT FOR  
ANXIETY

e.g., Seattle  
Childrens,  
Harborview CBT+,  
approved provider  
agencies, pending  
community led  
organizations

# Trainings must be consistent with the common elements of effective approaches

## ESSENTIAL CLINICAL ELEMENTS FOR TREATMENT PLANS

### a. Exposure

*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.

### b. Cognitive Restructuring

*Description:* Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more accurate and helpful thoughts.

## ALLOWABLE CLINICAL ELEMENTS FOR PROGRESS NOTES

### a. Exposure

*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.

### b. Cognitive Restructuring

*Description:* Cognitive restructuring involves teaching children how thoughts can influence anxiety and helping them come up with more accurate and helpful thoughts.

### c. Psychoeducation for Children

*Description:* Psychoeducation is providing information to children about anxiety and the CBT based model for treatment.

Note: This list is not exhaustive



The Reporting Guides do not prescribe the order of elements. Approved elements include sessions that focus on engagement, measurement, and client feedback

# Pros Cons and things we've learned

## Cons

- It is complicated to determine whether a training entity has the necessary expertise and methods to transfer knowledge of effective approaches.
- Adding a new treatment category is involved. It takes time to identify the discrete and common clinical elements among tested approaches (e.g, Infant Mental Health, Interpersonal Psychotherapy, CBT for Early Episode Psychosis).
- The training and documentation alone is not a check on competent delivery of the clinical element.

## Pros

- We can track the use of effective clinical approaches for all encounters, not just providers engaged with external consulting companies.
- We can build capacity with community led organizations to qualify as approved training entities.



• We can approve provider agencies as trainers.

# But what about competency?

- The literature is unclear about the frequency and approach of post-training support needed to achieve competency
- Providing a training or a manual, even proprietary, tested EBPs, will not promote competency
- In other words, we need to focus on other strategies (e.g., supervisory support, organization change) to support competency.
- This is a separate issue from what should “count” as an EBP.