SCHOOL MENTAL HEALTH CONFERENCE

Skills training for Children’s Services and Supports (CTSS)
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SKILLS TRAINING
FOR CTSS

Friday 11/4/2016 9:00 – 10:30 AM Breakout Session D 26

School Mental Health Conference
Agenda

- CTSS Background
- Intent
- Academic Field
- CTSS Definition
- CTSS Sequence
- CTSS Skills Trainer Scope of Practice
- Conceptualizing Skills for CTSS
- CTSS skill documentation
Background

- *The Federal Action Agenda for the President’s New Freedom Commission on Mental Health (2002) recommended making strong efforts to train, educate, recruit, retain, enhance an ethnically, culturally, and linguistically competent mental health workforce throughout the country."

- Combined with concerns about geographic distribution, cultural diversity, and care across the lifespan – led the legislative action responsible for creating a workforce development plan, to address the shortage of licensed mental health professionals by crafting a role in the mental health system for:
Background

- Mental Health Practitioners (Skills trainers) who are not pursuing licensure in one of the MN recognized mental health professions. Skills trainers might have academic training or not - Master’s or Bachelor’s Degree or extensive experience to meet the qualifications as defined in Minnesota statute – providing mental health services for specific age group, under the supervision of a Mental Health Professional.

See MN Dept. Human Services webpage for statute definition of mental health practitioners/workers:

Background

• **Direct Service Workers:** Individuals who are in the work force in roles such as mental health case managers, residential treatment supervisors and counselors, child and youth workers, mental health behavioral aides, peer support specialists, rehabilitative workers and EBD (Emotional/Behavioral Disorders) teachers. Most work under the supervision of a Mental Health Practitioner or a Mental Health Professional.
Background

- In response to the State of Minnesota, created **CTSS skills training** (to deliver by skills trainers and generalized by MHBAs), an artificial strategy removing the observable behavioral skills from psychotherapy, with the intent to free the time of the license/licensed track professional to address the shortage.

- Borrowed from older models of individual skills training

- Language lifted from DD world, focused requirements to address those skills that are medically necessary because of a mental health condition

- No longer best practice to provide “generic” skills training
Intent

Removing practicing/repeating/installing the concrete behavioral skills, during the time of a psychotherapy session, aims to free the availability of qualified mental health providers to increase their case load conducting diagnostic assessments and psychotherapy, which require a State license and a master/doctoral level academic education to conduct to address/treat/resolve (rehab) the cognitive/emotional/internal state of mind caused by a mental health condition.
SKILLS TRAINING
FOR CTSS

Academic Field

The mental health’ scholar literature and clinical research in the mental health field, does not address/endorse such artificial separation, however, the limited number of licensed mental health professionals in the State of Minnesota, forced the department to find alternative solutions to address the shortage of qualify providers.
For children with emotional disturbances, rehabilitation means interventions to: Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills, deficits or maladaptive skills acquired over the course of a psychiatric illness.
CTSS Core Services
Include:

- Psychotherapy
  Individual, Family, Group
- Skills Training
  Individual, Family, Group
- Crisis Assistance
  Crisis Plan
- MHSPD

✓ ALL certified agencies provide core service components
✓ Mental Health Plan Development added to the core services and billable since September 1rst 2016
CTSS Optional Services
Include:

Day Treatment (skills & therapy)

MHBA & Direction of MHBA

The Pro-tic Preschool

✓ MHBA service involves skills practice & assistance

✓ Others are combinations defined in Children’s Mental Health Act
Sequence

Conformity to the DHS’s artificially created practice, entitles a precise sequence, ideally it all begins during psychotherapy, where, while addressing the underlining mental health condition, the licensed/license track mental health provider, identifies the functional deficits and maladaptive behaviors caused by the mental health condition, to replace those with adaptive behaviors by installing new or lost skills.
In this artificially created practice (CTSS), for the benefit of time, the attending licensed mental health professional or license – track Mental Health Practitioner (Individuals who have advanced degrees and are pursuing licensure under the supervision of a Mental Health Professional) do not focus on installing/mastering/generalizing the adaptive behaviors/skills during the psychotherapy sessions, rather, briefs the “skills trainer” with the information required to work on building the behavioral skills needed to master the desirable adaptive behavior.
Psychotherapy involves cognitive complex tasks to acquire knowledge (ability to learn information), comprehension (ability to grasp meaning, explain, restate ideas), analysis (ability to separate material into component parts and show relationship between parts), synthesis (ability to put together the separate ideas to form new whole, establish new relationships) and evaluation (ability to judge the worth material against state criteria).

**CTSS Skills Training DOES NOT!**
Cognitive Behavioral Therapy (CBT), Trauma Focus Cognitive Behavioral Therapy (TFCBT) teaches techniques for connecting her thinking with the doing. Acceptance and commitment therapy, or ACT, uses strategies of acceptance and mindfulness (living in the moment and experiencing things without judgment) as a way to cope with unwanted thoughts, feelings, and sensations. Dialectical behavioral therapy, or DBT (not endorsed for children by DHS), emphasizes taking responsibility for one’s problems and helps children examine how they deal with conflict and intense negative emotions.

Are Psychotherapy modalities ONLY!
For CTSS psychotherapy the licensed/license track professional explores aiming to resolve (rehab) the nature of the mental health condition (trauma, depression, anxiety, attention deficit, etc.) and during the process identify the maladaptive behaviors resulting from the mental health condition.

CTSS is rehab, aims to resolve, replace, rebuild, NOT to alliviate, prevent, maintain or decrease the nature of the mental health condition.
The artificial separation of observable behavioral skills from psychotherapy, follow the guidelines presented by the Federal Action Agenda for the President’s New Freedom Commission on Mental Health (2002), by encapsulating a specific scope of practice for:

SKILLS TRAINERS
The skills trainer’ scope of practice is limited to introducing, modeling, demonstrating, reinforcing and prompting observable behaviors. Such scope of practice does not require the academic knowledge that a graduate program involves students to acquire, in order to deliver assessments and psychotherapy services. The scope of practice for practitioners not pursuing a professional license, does not require expertise in areas such as developmental psychology, theories of personality, psychopathology, therapy theories and techniques, or statistics and research methods.

Refer to DHS requirements for skills trainer at:

https://www.revisor.mn.gov/rules/?id=9505.0371
The content of the Diagnostic Assessment (DA) determines the existing mental health condition and identifies the function of the problem behavior; however, overlapping symptoms need to be assessed to rule out competing diagnoses other than those resulting from the mental health. A differential diagnosis then is critical when multiple hypotheses are possible.
Conceptualizing Skills for CTSS

The CTSS funding mechanism reimburses only services that target the mental health condition and it is imperative that the treatment demonstrates so. Although specific treatment modalities claim to be effective treating competing diagnoses, such as, brain injury (BI), intellectual disabilities (ID), Fetal Alcohol Syndrome (FAS), etc.), financially, other funding mechanisms responsible for the portion treating symptoms not resulting from the mental health condition.
An intellectual disability (ID) does not preclude a child from CTSS (rehab). Prevalence estimates in the literature confirm that mental health disorders are at least as common among individuals with ID as they are in the general population.

Distinguishing symptoms of mental health conditions from those of ID can actually be quite challenging but the real challenge for the clinician is to demonstrate that the ID does not impede the child from acquiring skills that might help the child function at a higher level than the premorbid level of functioning.

Once that is established, documenting what symptoms meet the criteria to be treated under the CTSS funding will support the case for rehab. Furthermore, best practice is to recommend other choices of treatment to address those other symptoms.
Conceptualizing Skills for CTSS

Once the psychotherapy starts, if medically necessary, the professional dedicates time to use the academic knowledge (theories, EBP, research, etc.) to conduct in depth changes, to resolve the cognitive and emotional disturbance affecting the child.

Next, the psychotherapist briefs the skills trainer on the behavioral skills the child will need to build in order to replace the maladaptive behaviors.

Skills training supports the cognitive/emotional work addressed in psychotherapy by introducing, demonstrating, role-playing, prompt, redirect, installing etc., behavioral skills “until mastered and generalized”
Therapy questions etiology (cause) and assesses, if in fact, the maladaptive behaviors are the result of the mental health condition. If the answer is "No"=

CTSS Funding does not reimburse services for other conditions not resulting from a Mental Health Condition.
Therapy questions etiology (cause) and assesses, if in fact, the maladaptive behaviors are the result of the mental health condition. If the answer is "yes", the next step is to formulate the skills by posting questions such as:

- "what does the child looks like when the child is feeling (depressed, anxious, traumatized, etc.)?"
- What is the frequency, intensity (baseline)?
- How much differs from other children the same age and under similar circumstances?
- What skill is the child needing to correct/replace the behavior?
Conceptualizing Skills for CTSS

That is the information that will then lead to broad skills domains (communication, social, calming, skills) to be target. Deriving from the skills domains, concrete, individualized behavioral skills the child will need to acquire in order to behave like or close to other children his/her age without a mental health condition.
A child may be chronologically one age, but might be developmentally more like a younger child, due to the mental health condition. The treating provider is to assess the child’s developmental age, in order to determine what is going to take to bring the child’s behavioral responses to or close to the chronological age.
Conceptualizing Skills for CTSS  
Self-Control Development for Example

<table>
<thead>
<tr>
<th>Age</th>
<th>On track development</th>
<th>Off track development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/Toddler</td>
<td>Easy going and responsive to parent. Manageable “terrible 2’s” behavior</td>
<td>Irritable, fussy and/or unresponsive to parent. Tantrums and whines</td>
</tr>
<tr>
<td>Preschool</td>
<td>Obey caregiver directions. Follows rules</td>
<td>Disobeys caregivers directions. Does not follow rules</td>
</tr>
<tr>
<td>Elementary School</td>
<td>Usually reflective and thinks before acting. Gets upset but can calm down</td>
<td>Often impulsive and acts before thinking. Gets very upset and over reacts to stress.</td>
</tr>
<tr>
<td>Adolescent</td>
<td>Continues to cope with over strong emotions. Aware of own behavior and its impact on others</td>
<td>Frequent anger outbursts of anxiety. Unaware of own behavior and its impacts to other</td>
</tr>
</tbody>
</table>
Conceptualizing Skills for CTSS

Maladaptive behavior: Intense outbursts
Concrete, behavioral individualized skill to replace intense outbursts: “Blow the balloon skill”

Maladaptive behavior: Head down
Concrete, behavioral individualized skill to replace head down: “walking with a book on my head skill”
Conceptualizing Skills for CTSS

Maladaptive behavior: Fidgeting
Concrete, behavioral individualized skill to replace fidgeting: “Snap my writs’ band skill”

Maladaptive behavior: physically aggressive
Concrete, behavioral individualized skill to replace physical aggression: “Hands in my pockets skill”
Skills for CTSS Documentation

Today's objective from the ITP: Child will demonstrate “blow the balloon skill” 2 out of 5 opportunities. Base lines 0 out of 5

Intervention: Skills trainer demonstrated the skill to the child and asked the child to demonstrate the skill.

Outcome: Progress. Child was able to demonstrate 1 out of 5 requests. Compared to 0 out of 5.

Plan: will continue to practice next session until 5/5 is achieved.
Time to practice!!!

QUESTIONS
REFERENCES

MN CTSS Statutes:

https://www.revisor.mn.gov/statutes/?id=256B.0943

MN Out Patient Rule 47:

https://www.revisor.mn.gov/rules/?id=9505.0370
https://www.revisor.mn.gov/rules/?id=9505.0371
https://www.revisor.mn.gov/rules/?id=9505.0372

MHCP Manual:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION
&RevisionSelectionMethod=LatestReleased&dDocName=ID_058361
THANK YOU!

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