Therapeutic Group with Young Children – Severe Emotionally Disturbed (SED), Age 3 through 5

CYFD-005

Revision date: 05/08/13
Effective date: July 1st, 2013

Service Description:
Services target young children (three to five, 60 months of age) who have been comprehensively assessed by a licensed clinician and diagnosed with a Severe Emotional Disturbance (SED). Children who are admitted for service before age five remain eligible to receive services up to age six (72 months).

Infant/Early Childhood Mental Health (IECMH) Treatment Services target the relationship between the child and the parent (or primary caregiver). They are grounded in attachment theory and the science of brain development; they are relationship-based, developmentally appropriate, and trauma-informed. IECMH treatment services are an array of therapeutic and developmental services designed to reduce both the acute and chronic behavioral, social and emotional disorders and disruptions in the relationship between a child and parent (or primary caregiver), that are some of the most significant results of toxic stress and major trauma.

These interventions are designed to address symptoms and underlying causes of the child’s diagnosis. Issues related to or causing the diagnosis are likely to have originated at a much earlier age. As a result the child’s normal social and emotional development has been significantly thwarted. The conditions or symptoms leading to a diagnosis are those resulting from early experiences and trauma, and therefore they are best diagnosed through the use of the DC:0-3R framework, which are then cross-walked to a DSM-IV diagnosis, which might otherwise be considered a more appropriate diagnostic approach for this age group.

1. Therapeutic Group interventions are provided through a combination of activities that foster social and emotional competence, self-regulatory behaviors, facilitation of symbolic and interactive activities, etc. Services focus on the child’s primary relationships, such as his or her caregivers, peer group, social environment, and cultural milieu.

2. Parallel work with parents and caregivers is an essential component of this model, which is, like work with infants, relationship-based, trauma-informed, and based on attachment theory and brain development. Parent services are offered in group or individual settings and must address the parent-child relationship and the child’s response to participation in the Therapeutic Group.

Source of Funding
CYFD

Target Population
Children from three to five years of age may be enrolled, who:
1. have had a Comprehensive Assessment by an independently licensed clinician identifying the need for this service;
2. are diagnosed with a behavioral/emotional disorder Diagnostic Classification (DC:0-3R) as indicated by a diagnostic interview examination, and cross-walked to an
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<th><strong>Program Requirements</strong></th>
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| 1. Before engaging in an IMH-informed treatment services, the child must have a comprehensive treatment file containing the following:  
   - One Diagnostic Evaluation (see DC:03R guidelines for infant mental health comprehensive evaluation). Using Parent Infant Relationship-Global Assessment Scale (PIR-GAS), Global Assessment of Function Scale (GAFS) or other appropriate assessment tool.  
   - One individualized Treatment/Service Plan that includes IMH-informed group treatment as an intervention, targeting parent/child needs and how they will be addressed in a therapeutic group setting. |
| 2. Children’s Therapeutic Group services must be provided in a group setting, with consistent, trained individuals and staff who can develop supportive relationships with each child in the context of the group routine. Maximum group size is 4. The duration of a child’s participation in a group is initially limited to six months or 26 weeks, which may be extended another six months to a total of 52 weeks, if determined to be clinically appropriate by the clinical supervisor and documented accordingly in the treatment plan with a new or revised set of treatment plan objectives. |
| 3. Service delivery outcome is focused on child and parent (or primary caregiver) interactions and the relationship needs of the child – on the dyadic relationship between the child and the parent (or primary caregiver). The initial assessment identifies recommendations for service strategies. |
| 4. Each provider must address, at minimum:  
   a. Increasing parent’s(s’) / adult caretaker’s(s’) ability to consistently and appropriately provide for the child’s basic emotional needs for comfort, stimulation, affection, and safety;  
   b. Increase child’s ability to initiate and respond to most social interactions in a developmentally appropriate way;  
   c. Increase child’s ability to socially discriminate and to be selective in choice of attachment figures.  
   d. Provide parent/child interaction in order to encourage language and play, interpretation of a child’s behavior and reinforcement of a parent’s (or primary caregiver’s) appropriate actions and interactions.  
   e. Provider must also provide crisis intervention services as appropriate.  
   f. See - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R) for related therapeutic issues. |

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<td>Services must be provided by a provider organization or independent licensed practitioner, meeting standards established by the Behavioral Health Collaborative and/or requirements by funding source. Agency providers must be a legally recognized entity in the United States or a Sovereign Tribal Nation, qualified to do business in New Mexico or in a Sovereign Tribal Nation located within the state boundaries of New Mexico.</td>
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### Staffing Requirements

Anyone providing this direct service must do so in accordance with applicable licensing standards.

**Minimum Staff Qualifications:**
- Bachelors Degree in Social Services, Early Childhood Education, Nursing or related field;
- Successfully completed a 45 hour course in Early Childhood Mental Health approved by the Children, Youth and Families Department by January 1, 2014.

**Minimum Staff Experience:**
- Must have 2 years supervised work experiences providing relationship-based early childhood -- parent mental health services, informed by an IMH perspective within 24 months.

**Supervision Requirements:**
- Must document monthly clinical individual and/or group supervision/consultation.

**Supervisor Requirements**
- Independently Licensed Master’s Level Clinician (LPCC, LMFT, LISW) or Licensed Clinical Psychologist, CNS or RN with a Masters or certification in psychiatric nursing; or a Licensed or Board Eligible Psychiatrist; and,
- IMH endorsed at Level 3 or 4 by New Mexico’s Association for Infant Mental Health; or, must obtain provisional certification from the Children, Youth and Families Department and complete the full endorsement process to achieve Level 3 or 4 endorsement within 24 months;
- Minimum of two years experience working with preschool children providing mental health services.

### Documentation Requirements

Programs must provide the standard documentation in the individual client files in addition to the following:
- Diagnostic Evaluation, including diagnosis
- Individualized Service Plan
- Progress Notes that reflect the array of services provided
- Discharge or transition plan that documents the need for any continuation or support services

Note: all of the above documents need to be legible, have time-spans of provided services stated, and contain the signature and licensure of the practitioner rendering the service.

### Service Exclusions

This service may not be billed in conjunction with:
- Multi-systemic Therapy
- Accredited Residential Treatment
- Residential Treatment Services
- Group Home services
- Inpatient Hospitalization
- Partial Hospitalization
- Recreational outings
- Travel time, report writing
- T1027
- CYFD-003
- CYFD-004

### Admission/Service Criteria

Children age three to five (60 months) at time of assessment and enrollment/initiation of treatment plan, and their parents (or primary caregiver), who are diagnosed with a severe emotional disturbance and experiencing disruptions in the relationship due to child and/or parental/caregiver vulnerabilities. Children may receive services up to
| continuing service criteria | Treatment goals and objectives are being met but symptoms are still present and there is still progress to be made. Once enrolled (between ages three to five), children remain eligible for these services until their sixth birthday, as long as the treatment plan identifies on-going behavioral health objectives to be accomplished. |
| discharge criteria | Parent(s) Completes Treatment Plan  
Parent(s) ends services  
Parent(s) moves out of provider coverage area  
No progress is achieved, a referral is indicated for further assessment regarding treatment. |
| service authorization period | Services will be reviewed annually. |
| service authorization unit | $12.00 Per 15 minutes per child, three hours maximum allowable per week. |
| benefit limits | Exhaust when the child reaches six years (72 months) of age. |