NMRE Parent Management Training Oregon model (PMTO) Practice Guidelines

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Definitions

Attention Deficit/Hyperactivity Disorder (ADHD): A brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Autism Spectrum Disorder (ASD): A broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech, and nonverbal communication.

Child and Adolescent Functional Assessment Scale (CAFAS): An assessment tools used to determine a child's functional impairment in eight life domain areas.

Conduct Disorder: a range of antisocial types of behavior displayed in childhood or adolescence.

Depressive Disorder: A mood disorder that causes a persistent feeling of sadness and loss of interest.

Evidence-based Practice (EBP): Approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

Michigan Fidelity Assistance Support Team (MIFAST): Provides technical assistance in moving the publicly funded behavioral health system forward in ascertaining the degree to which an evidence-based program has been implemented and is functioning for both fidelity and efficacy.

Oppositional Defiant Disorder (ODD): A childhood disorder that is defined by a pattern of hostile, disobedient, and defiant behaviors directed at adults or other authority figures. ODD is also characterized by youth displaying angry and irritable moods, as well as argumentative and vindictive behaviors.

Parent: For the purposes of this practice guideline, a "parent" is a youth's primary care giver and may be either the natural or adoptive parent, legal guardian, or foster-parent.

Parent Management Training Oregon Model (PMTO): An evidence-based structured intervention to help parents and caregivers manage the behavior of their children The PMTO method is designed to promote prosocial skills and cooperation and to prevent, reduce and reverse the development and maintenance of mild to moderate to severe conduct problems in children age 4 - 12.

Practice Guidelines: Systematically developed statements to standardized care and to assist the treatment team and beneficiaries with decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.

Serious Emotional Disturbance (SED): A diagnosable mental, behavioral, or emotional disorder affecting a youth that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and has resulted in functional impairment that substantially interferes with or limits the youth's role or functioning in family, school or community activities.

Purpose

Parent Management Training Oregon model (PMTO) is for the parents of youth who are exhibiting problematic behaviors in the home, school, or community settings. Parents will develop skills which promote the child's ability to take directions. PMTO will empower parents as primary treatment agents to promote and sustain positive change in their families. PMTO will emphasize, identify, and build on strengths already present in parents, children, and their environment.

Practice Guidelines

A. Identified Population

Training is for parents of youth between the ages of 5-17 years old who have a diagnosis of serious emotional disturbance (SED). Youth may be diagnosed with oppositional defiant disorder, conduct disorder, attention deficit/hyperactivity disorder, autism spectrum disorders, and/or depressive disorders.

B. Assessment

Family participants will be referred with at least one youth in the family with a diagnosis of SED. Families will be selected on the following inclusionary criteria:

1. Youth must reside in the home with at least one parent;
2. Score on the CAFAS "Home" subscale indicates moderate or severe impairment (i.e., 20-30);
3. CAFAS score on either the "Behavior Towards Others" subscale or the "School" subscale indicates moderate or severe impairment.

The minimum total CAFAS score for inclusion will be 50. Youth will be excluded from participation if scores on the CAFAS indicate severe impairment (score of 30) on any of the following subscales:

1. "Mood/Emotions,"
2. "Self-harm,"
3. "Substance Abuse,"
4. "Thinking," and
5. "Community."

Parents who provide direct care of the youth will be excluded from PMTP for any of the following:

1. Is abusing alcohol/drugs such that it seriously impairs his/her ability to parent;
2. Is neglectful of the youth to the point of ignoring the youth's basic needs;
3. Is a sexual predator of the youth; or
4. Is actively psychotic.

C. Services

Services will be must be delivered by a trained Parent Management Training Oregon model practitioner. The Treatment Team will identify what types of services are most appropriate for the family and document them in the Individual Plan of Services (IPOS). The goal of most IPOS will be for a child to be more compliant.

PMTO will recognize parents as the primary change agents. Parents will be supported and encouraged as they learn skills that can be utilized to provide appropriate care, instruction, and supervision for youth. Clinicians will utilize role-play and problem solving to promote the development of parents' skills. Sessions with parents will be structured yet flexible enough to deal with specific needs and crises as they arise. Youth will not typically be part of the session with the parents.

While parents are the primary change agents, youth must be seen by psychiatry and/or receive individual therapy if indicated through the person-centered planning process.

D. Intensity

Parents will be seen weekly for 1-1½ hours. There will be no specific limit on how many session PMTO will last, but 15 weeks is typical.

E. Qualifications/Credentials

Practitioners will be trained in PMTO by qualified professionals using:

1. Various articles and books,
2. 18 days of classroom experience,
3. Video recorded clinical practice (minimum of 5 families),
4. Coaching and feedback involving semi-monthly phone consultations and written feedback, and
5. Certification (minimum of 2 families), meeting the minimum fidelity ratings as measured in 5 key performance areas

Approval Signature

NMRE Chief Executive Officer

7/19/19

Date