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Mental Health Psychotherapy Practice Guidelines

Purpose: To guide consistent, evidence-based behavioral health assessment, treatment, and care delivery

Expectations of Providers:

CareOregon expects behavioral health providers to consistently assess a member's treatment for the establishment of clear, measurable goals, progress in symptom reduction, and signs of stagnation.

Providers are also expected to conduct regular internal reviews to confirm medical necessity and adjust treatment plans as members make progress.

If a member is not showing progress with the current treatment approach, it is expected that an alternative approach be reviewed. For example, a new intervention is implemented or discontinued, the member is referred to a different provider, and/or treatment termination.

Clinical Research Summary on Optimal Treatment Dosages

While findings vary, CareOregon grounds its approach in reputable research sources such as the American Psychological Association (APA), Oregon's Mental Health Clinical Advisory Group (MHCAG), American Psychiatric Association (APA), American Academy of Child Psychiatry (AACAP), and the National Institute for Health and Care Excellence (NICE) that align with Oregon best practice guidelines and Medicaid medical necessity standards.

Much of the research guiding these standards is rooted in highly structured treatment models supported by compelling evidence, meta-analyses, and expert consensus.

The research consistently emphasizes structured approaches. According to these models, individuals with mild to moderate symptoms who engage consistently in treatment often show improvement in fewer than 20 sessions, and 50% show improvement in 13-18 sessions. Individuals with severe symptoms also show improvements but may require a longer treatment duration of more than 20 sessions.

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The following are selected treatment model examples.

Evidence-Based Psychotherapy Treatment Models for Major Depression Disorder in Adults:

MHCAG recommends cognitive behavioral therapy (CBT) as the primary treatment modality for depression.

A majority of individuals will receive maximum benefit within 12-20 sessions, typically over 3-5 months, although complex cases may require a longer course of treatment of more than 20 sessions.

Aaron Beck and Judith Beck are leading figures in CBT. Their CBT training programs are recognized as the global gold standard. Their fidelity model of CBT for depression and anxiety is time limited and focuses on relieving symptoms, achieving remission, resolving pressing problems, and teaching relapse prevention skills. The Beck CBT structure is as follows for complex cases:

- Start: 1-2 sessions per week
- After 2 months: review progress and shift to biweekly or monthly
- Post-treatment: optional booster session every 3 months for up to 1 year

The American Psychological Association strongly endorses CBT as a preferred treatment approach for depression. The American Psychological Association draws from the *Individual Therapy Manual for Cognitive-Behavioral Treatment of Depression;* this model endorses a 12-session format currently used at the University of California and San Francisco General Hospital Depression Clinic. The program is organized into three modules:

- Affecting Your Mood (4 sessions)
- How Activities Influence Mood (4 sessions)
- How Social Interactions Impact Mood (4 sessions)

Evidence-Based Psychotherapy Treatment Models for Generalized Anxiety Disorder (GAD) in Adults:

Oregon's MHCAG recommends CBT as the primary treatment modality for GAD.

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CBT has high-quality evidence for treatment of GAD. It is the first-line psychotherapeutic intervention for GAD recommended by multiple international and professional clinical practice guidelines.

About 50% of patients in clinical trials of CBT had symptoms improved to the point that they no longer met criteria for GAD. Weekly CBT sessions could elicit beneficial effects within 4-6 weeks, with session frequency of 1-2 times per week.

Although complex cases may require more sessions/longer duration of treatment, it is expected that most individuals will receive maximum benefit within 15-20 sessions. Session frequency may start at twice weekly or weekly and often changes to bi-weekly or monthly as symptoms improve.

Return to treatment is not uncommon and should not be considered a failure of treatment if an individual returns to care following a two month or more break in care from the initial treatment episode. Some individuals may benefit from short term "booster" sessions of 1-2 sessions per month for 1-2 months while others may benefit from another round of fidelity treatment if symptom severity is high or significantly different from the initial presentation.

Evidence-Based Psychotherapy Treatment Models for Post-Traumatic Stress Disorder (PTSD):

The APA recommends trauma-informed CBT, prolonged exposure (PE), and cognitive processing therapy (CPT) as the first-line treatments for PTSD. CPT, PE, and eye movement desensitization and reprocessing (EMDR) are also the primary psychotherapy modalities for the US Department of Veterans Affairs.

Trauma-specific psychotherapy usually consists of 10 to 12 weekly 60- to 90-minute sessions, with noticeable benefit after 4 to 8 sessions in most people. For more complex cases or severe symptoms, an episode of care may require 20 sessions.

Eye movement desensitization and reprocessing (EMDR) is also a highly recommended modality, when delivered under the fidelity model which is emphasized to be time limited and typically requires less than 20 sessions for full effect with many individuals receiving significant benefit within 6-12 sessions.

References

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The Oregon Administrative Rules and associated regulations are subject to frequent changes and updates. Please check the provided links for the most up to date information.

This document is provided for informational purposes only and *should not* be construed as legal advice.

Providers continue to bear the sole responsibility for assuring that they are complying with all relevant regulations.

All providers are expected to independently use their professional clinical judgment in all instances.

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If you have any questions, please email: CQSSupport@careoregon.org