



Outpatient Behavioral Health Services

1611 Peach Street, Suite 185 • Erie, PA 16501 • (814) 480-8985

Sarah A. Reed Children's Center offers a wide variety of outpatient behavioral health services, including Intensive Behavioral Health Services (IBHS), Parent-Child Interaction Therapy (PCIT), Student Assistance Program (SAP), and traditional individual and family therapy. Our therapists, case managers, nurses, and child and adolescent psychiatrists, along with our program administrative staff, can provide the necessary support and intervention to help you, your child or family cope with a loss, trauma or crisis, as well as less intensive problems of daily living.

In addition to our main office in Erie, PA, we currently provide school-based services to students in Fairview, Fort LeBoeuf, Millcreek, Union City and Wattsburg School Districts as well as Villa Maria Academy in Erie.

OUTPATIENT THERAPY SERVICES

Sarah A. Reed Children's Center provides Outpatient Therapy services to children and adults through the Outpatient Program. Clients may be referred for individual, family, couples and group therapy by schools, physicians, psychiatrists, other social service providers, or by the clients seeking services for themselves. The Outpatient Program provides a wide range of Evidence-Based Interventions, including: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Parent-Child Interactive Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Alternatives for Families Cognitive Behavioral Therapy (AF-CBT), among others. For more information or to schedule an appointment, please contact Matt Bogardus at 835-3126 or mbogardus@sarahreed.org).

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy (CBT) is an evidence-based form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life.

CBT is based on several core principles, including:

- Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
- Psychological problems are based, in part, on learned patterns of unhelpful behavior.
- People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Using problem-solving skills to cope with difficult situations.
- Learning to develop a greater sense of confidence in one's own abilities.

CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include:

- Facing one's fears instead of avoiding them.
- Using role playing to prepare for potentially problematic interactions with others.
- Learning to calm one's mind and relax one's body.

Not all CBT will use all of these strategies. Rather, the clinician and client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy.

CBT places an emphasis on self-efficacy. Through exercises in the session as well as "homework" exercises outside of sessions, clients are helped to develop coping skills, whereby they can learn to change their own thinking,

problematic emotions, and behavior. CBT emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

Cognitive Processing Therapy (CPT) is a specialized cognitive-behavioral treatment for Posttraumatic Stress Disorder (PTSD). CPT has been shown to be effective in reducing PTSD symptoms related to a variety of traumatic events including child abuse, combat, rape and natural disasters.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma. In 1987, psychologist Dr. Francine Shapiro made the chance observation that eye movements can reduce the intensity of disturbing thoughts under certain conditions. Dr. Shapiro studied this effect scientifically, and in a 1989 issue of the Journal of Traumatic Stress, she reported success using EMDR to treat victims of trauma. Since then, EMDR has developed and evolved through the contributions of therapists and researchers all over the world. Approximately 20 controlled research studies have investigated the effects of EMDR, consistently finding that EMDR effectively decreases or eliminates the symptoms of post-traumatic stress for the majority clients. Research has also shown that EMDR can be an efficient and rapid treatment. Clinicians have also reported success using EMDR in the treatment of personality disorders, panic attacks, complicated grief, dissociative disorders, disturbing memories, phobias, pain disorders, eating disorders, performance anxiety, stress reduction, addictions, sexual and/or physical abuse, and body dysmorphic disorders. EMDR may be used within standard "talk" therapy, as an adjunct therapy with a separate therapist, or as a stand-alone treatment. EMDR can be used with both young and older children, teenagers, and adults.

Other key features of EMDR include:

- EMDR therapy does not require talking in detail about the distressing issue or completing homework between sessions.
- EMDR therapy is designed to resolve unprocessed traumatic memories in the brain, allowing the brain to resume its natural healing process.
- While the client focuses on the upsetting event, the therapist will begin sets of side-to-side eye movements, sounds, or taps. The client will be guided to notice what comes to mind after each set. They may experience shifts in insight or changes in images, feelings, or beliefs regarding the event.
- A typical EMDR therapy session lasts from 60-90 minutes.
- EMDR can be used with young children through the use of play therapy that incorporates different forms of bilateral movements to help re-process a targeted memory.

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based, highly specialized and effective intervention for parents and their children ages 2.5 to 7 years old. PCIT is primarily used to enhance parent-child relationships through positive interactions and to help parents develop more successful parenting skills.

PCIT is effective with a myriad of presenting problems and symptoms, including:

- Continual power struggles
- Constant refusal to listen when given commands
- More than expected parental conflict with their young child
- A child who does not listen or follow directions
- A child who has frequent and/or intense tantrums when asked to comply with commands
- A child that is defiant and oppositional more often than not
- A child that is physically aggressive
- A child who displays other symptoms including inattention, hyperactivity, and/or anxiety

A successful course of PCIT takes an average of 12-20 sessions with consistent attendance. This therapy modality utilizes intensive coaching involving a therapist, a parent, and the child. Though the child is referred for treatment, PCIT requires substantial commitment on the part of the parent as well. An in-depth assessment is followed by weekly appointments in which the therapist coaches the parent to help nurture positive interactions with their child, to master critical skills delivering effective commands, and learn to better manage time-outs. At the completion of a successful course of PCIT, parents and children can expect to have a more positive, stable, and healthy relationship.

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)

Trauma Focused- Cognitive Behavioral Therapy (TF-CBT) is an evidence-based psychotherapy that aims at addressing the needs of children and adolescents with post-traumatic stress disorder and/or other difficulties related to traumatic life events. Effects of trauma can impact a child's ability to effectively heal and can create a profound, long-term negative impact. Therapists provide a secure environment for clients to process the thoughts,

emotions, and loss that trauma causes. TF-CBT takes a comprehensive approach to identifying the triggering events associated with a traumatic event and teaches clients the skills in a manner that is not disruptive to their lives. TF-CBT is usually completed in 12-18 sessions. Sessions individual therapy with the patient and family input during family therapy sessions in a supportive environment. Key features include:

- Screening patients for symptoms of trauma exposure.
- Utilizing TF-CBT to target skill-building and gradual exposure.
- Engaging caregivers as active change agents for the patient through conjoint sessions focused on psychoeducation and reinforced skill-building.
- Focus on building and supporting protective factors that improve resiliency.

Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)

Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT) is a trauma-informed evidence-based treatment (EBT) designed to improve the relationships between children and caregivers in families involved in arguments/conflict, physical force/discipline/aggression, child physical abuse, or child behavior problems. Families that experience conflict, coercion, and/or physical abuse create substantial risk to children for the development of significant psychiatric, behavioral, and adjustment difficulties, including aggression, poor interpersonal skills/functioning, and emotional reactivity. Caregivers in such families often report punitive or excessive parenting practices, frequent anger and hyper arousal, and negative child attributions, among other stressful conditions. During the past four decades, research has documented the effectiveness of several behavioral and cognitive-behavioral methods, many of which have been incorporated in AF-CBT. AF-CBT targets (1) diverse individual child and caregiver characteristics related to conflict and intimidation in the home and (2) the family context in which aggression or abuse may occur. This approach emphasizes training in intra- and interpersonal skills designed to enhance self-control and reduce violent behavior. AF-CBT has been found to improve functioning in school-aged children, their parents (caregivers), and their families following a referral for concerns about parenting practices, including child physical abuse as well as a child's behavior problems.

INTENSIVE BEHAVIORAL HEALTH SERVICES

Intensive Behavioral Health Services (IBHS) are designed to provide supports for children and their families who are having difficulty managing behavior and emotions in the home, school and community. At Sarah Reed Children's Center, we provide **Behavioral Consultation (BC) Services, Mobile Therapy (MT) Services, and Community and School Based Behavioral Health (CSBBH)**. The goal of IBHS is to help families in their natural environment, thus eliminating a need for a more restrictive placement. Our philosophy for IBHS is to promote independence and provide resources for our clients and their families so they are ultimately able to live independently of our services.

For more information or to make a referral for Individual IBH Services, please contact Lauren Hunter, IBHS Supervisor at (814)835-3124 or lhunter@sarahreed.org

Mobile Therapy (MT)

Mobile Therapists are Master's Level Clinicians who provide therapy to the child and/or family in the child's natural environment (home, school and in the community). They address the emotional needs identified by the client, family and caregivers. Mobile Therapy is considered a higher level of care than traditional Outpatient Therapy as it is provided multiple hours and/or times per week. Mobile Therapists conduct an initial and ongoing assessment throughout the course of treatment to identify and evaluate the strengths, needs, and goals of our client and their family. They provide individual and family therapy to assist in the development and use of positive coping skills, emotional management, and improved relationships. The Mobile Therapist works closely with the child and family to develop an Individualized Treatment Plan to address both short and long-term goals.

Behavior Consultant (BC)

Behavior Consultants are Master's Level Clinicians who work directly with the child, family, teachers, and other members of the community/treatment team to provide support for the child and family in the home, school and community settings. The BC works closely with the child and family to develop an Individualized Treatment Plan and identify behavioral interventions that are tailored to meet the needs of each child. The BC will also work closely with other members of the treatment team (teachers, coaches, day care providers etc.) to ensure consistency and open communication that will increase the child's success through the decrease in problem behaviors such as tantrums, non-compliance, and aggression. The goal of the BC is to transfer the skills needed to manage problem behaviors to parents, caregivers, and teachers. The BC conducts a Functional Behavioral Assessment (FBA), which includes interviewing parents, teachers and caregivers, observation of the child in their natural environment, and data collection. From this information, the BC will develop and implement a behavior plan, monitor the rate of success and alter the plan as needed throughout treatment.

Community and School Based Behavioral Health (CSBBH)

The Community and School Based Behavioral Health Team Program is a voluntary mental health service for youth and their families. This program is for youth in grades kindergarten through 12th grade who demonstrate an emotional or behavioral disturbance that interferes with their ability to be educated and to function in other settings. The CSBBH Team from Sarah Reed is with Union City School District in Union City, PA with staff located at both the Elementary School and Middle /High School buildings. The CSBBH Team is based in the school but delivers services to the youth and family in the school, home, and community settings as needed. Our team at Union City is comprised of graduate-level, master's prepared clinicians and bachelor's level staff who work together to serve a flexibly sized caseload of youth and families. The Union City Team also has a dedicated licensed psychologist who provides weekly on-site consultation that includes client-centered case consultation, system-focused consultation, and participation in all Interagency Service Planning Team (ISPT) meetings. Finally, the CSBBH Team is completed by a clinical director who has overall responsibility for the clinical integrity of the CSBBH Team function and provides at least four hours of on-site supervision to the Team.

As compared to other community-based behavioral health services, the CSBBH Team delivers services to the youth in a more flexible manner at times of clinical need. The CSBBH Team's services are accessible, coordinated across child-serving systems, integrated with school interventions, and comprehensive in nature. The CSBBH Team will function as the single point of contact for CSBBH enrolled youth and families and will assume full clinical responsibility for treatment interventions, coordination of care, and case management activities. The CSBBH model includes clinical interventions as well as case management, crisis intervention, and consultation/training to educational staff. Behavioral health services outside of the CSBBH Team are typically not needed, except for psychiatric evaluation/medication management, substance use disorder treatment, and/or psychological testing. For more information about the CSBBH Team at Union City School District, please contact the Program Director, Anthony Bostaph, at 814-835-3128 or abostaph@sarahreed.org *Lauren Hunter 3132* lhunter@sarahreed.org

ASSESSMENT SERVICES

Assessment services are used to determine diagnoses, make recommendations for services, provide direction for treatment and insight for clients, parents/guardians, families, etc.

Diagnostic Interview for Services

A Diagnostic Interview for Services (what used to be a Medical Necessity, Psychological or Best Practice Evaluation) is used to determine which services are most appropriate for your child. A licensed psychologist, post-doctoral resident, licensed Masters level clinician or doctoral intern under the supervision of a licensed psychologist can complete this assessment. This can be used to make recommendations for IBHS (written order) and other mental health services. This assessment is available for children age 3 to 18 (21 if enrolled in school with an IEP) and is covered by most insurances. For more information or to make a referral, contact Mandy Longstreth at 835-3132.

Psychological Testing

Psychological Testing is a division of the Outpatient Behavioral Health Services offered through Sarah Reed Children's Center at our Professional Building location. These services are available to children as young as 2 years old through adulthood. Individuals are referred for psychological testing by other mental health providers or programs, primary care physicians, schools, and/or by individuals seeking psychological testing for themselves. Psychological testing is an important and valuable clinical service that helps to identify a person's unique strengths and weaknesses and a more thorough understanding of challenges that may be impacting you, your child, or your family. Psychological testing is often used for diagnostic clarification and for treatment planning recommendations. Our testing clinic provides testing for Autism Spectrum Disorder, ADHD, parent-child attachment, executive functioning, cognitive functioning, and psychoeducational testing. Assessment services are provided by one of our two licensed psychologists or by a post-doctoral resident or doctoral psychology intern under the direct supervision of our licensed psychologists. The cost for psychological testing varies based on the type of referral question, the type of tests provided, and the length of time to complete testing. Many insurance plans will cover some or all of the cost of testing, although a pre-certification may be required. Our staff will work with you to outline the cost for services prior to initiating any testing. For referral, contact Mandy Longstreth at 835-3132. For more in depth information about testing services offered, please contact our Assessment Supervisor, Dr. Sallie Richards at 835-3121.

For more information regarding these programs, please contact Sarah Reed Children's Center's Outpatient Behavioral Health Program at (814) 480-8985.

Professional Building
1611 Peach Street, Suite 185
Erie, PA 16501