



Child & Adolescent Mental Health Division

FREQUENTLY ASKED QUESTIONS ABOUT THE TREATMENT TARGETS, PROGRESS RATINGS, AND PRACTICE ELEMENTS

This document is meant to be used as a resource in conjunction with the [codebook](#). Some of your questions might best be answered via a discussion of the clinical formulation with the CAMHD clinical lead and/or treatment team. Additional questions or feedback on this document may be directed to the CAMHD Program Improvement and Communications Office/Research and Evaluation Team at DOH.CAMHD.comms@doh.hawaii.gov.

GENERAL

Q: Is there training on treatment targets, progress ratings, and practice elements?

A: For a detailed overview of how to complete the treatment targets, progress ratings, and practice elements, please thoroughly read the [codebook](#). This FAQ document also addresses common questions about the treatment targets, progress ratings, and practice elements. Additional training resources will be made available in the future.

Q: Have there been changes to the list of treatment targets and practice elements over time?

A: Yes. Please see changes to the 2019 version of the codebook on p. 14 of the [Instructions and codebook: Treatment targets, progress ratings and practice elements](#). Please see changes to the 2023 version of the codebook on pp. 13-14 of the [Instructions and codebook 2023 revision: Treatment targets, progress ratings, and practice elements](#).

TREATMENT TARGETS

Q: I understand the definition of a treatment target, but I am still unsure of what to include and not include as the target of treatment.

A: A treatment target is defined as “the strengths and needs being addressed as part of the mental health services for children and youth.” With some exceptions, the treatment target should describe what is being targeted for improvement for the youth, rather than any aspect of the youth’s ecology or mechanisms that contribute to the youth’s improvement on a target. For example, for a youth with disruptive behavior, the treatment target might be Oppositional/Non-Compliant Behavior and should not be reported as an Other target with write ins such as parenting skills or increasing structure/boundaries in the home, which are better defined by specific practice elements. It is possible to report some treatment targets that involve the youth’s interaction with others (e.g., peers, family, community), as Community Involvement, Peer Involvement, Peer-Sibling Conflict, Positive Family Functioning, Positive Peer Interaction, School Involvement, and Treatment Engagement. When you are unsure of what treatment target to endorse, consider asking yourself “what is the primary challenge we are trying to address?” You might also consider talking to the clinical lead and/or treatment team.

Q: How many treatment targets should I be endorsing in each session?

A: Typically, no more than three treatment targets are addressed in a single treatment session.

Q: How do I report a treatment target when I am working with my client on identifying emotions or expressing feelings?

A: Generally, work with a client on identifying emotions or expressing feelings is better characterized through practice elements, rather than treatment targets, such as Cognitive, Self-Monitoring, or Insight Building. Such practice elements might be applied to address the strengths and needs of the child, youth, or family. For example, a therapist might apply the Cognitive practice element to address a youth's challenges with depressed mood or anxiety. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: What treatment target should I select if I am working with my client on targeting acting out, boundaries, or dysregulation?

A: Often, work with a client on issues related to management, regulation, and monitoring of one's own behavior falls under the treatment target of Self-Management/Self-Control. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: What treatment target should I select if I am working with my client on communication, expressing emotions, or building prosocial activities?

A: Often, work with a client on skills for managing interpersonal interactions successfully (e.g., body language, verbal tone, assertiveness, listening, etc.) falls under the treatment target of Social Skills. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: How do I report a treatment target when I am working with my client and their family on boundary setting, parenting skills, and/or increasing structure in the home?

A: Generally, work with a client on parenting skills and boundaries/structure in the home is better characterized through practice elements, rather than treatment targets, such as Parent or Teacher Praise, Commands/Limit Setting, and Ignoring/Differential Reinforcement of Other Behavior. Such practice elements might be applied to address the strengths and needs of the child, youth, or family. For example, a therapist might apply the Commands/Limit Setting practice element to address a youth's challenges with Oppositionality/Non-Compliant Behavior. The same therapist might apply the Commands/Limit Setting practice element to address a youth's challenges with School Refusal/Truancy related to Anxiety. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: What treatment target should I select if I am working on helping my client build trust or attachment to parents or increasing family cohesion and alignment (or decreasing disharmony)?

A: Generally, these types of targets are covered under the Positive Family Functioning treatment target which refers to healthy communication, problem-solving, pleasurable activities, physical and emotional support, etc. in the context of interactions among multiple persons in a family relation, broadly defined. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: My client did not show for a session. Which treatment target should I endorse?

A: Treatment Targets should not be recorded in 0-unit or nonbillable notes completed to document no-shows/cancellations.

Q: I have been working to address my client's no shows and cancellations. What treatment target should I endorse?

A: If you are addressing an ongoing pattern of no-shows or cancellations, you might choose to endorse the treatment engagement treatment target.

Q: I will be closing my client case soon. Which treatment target should I endorse?

A: Typically, if you are working with your client on exercises and training designed to consolidate skills already developed and to anticipate future challenges, with the overall goal to minimize the chance that gains will be lost in the future, then such efforts are better characterized by a practice element (i.e., Maintenance/Relapse Prevention) rather than a treatment target. This practice element might be applied to address the strengths and needs of the child, youth, or family. For example, a therapist might apply the Maintenance/Relapse Prevention practice element to address a youth's challenges with trauma, to consolidate gains at the end of a course of treatment. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: What if I am doing clinical interviews, assessments, and/or testing – what treatment target should I select?

A: If there are specific identified behaviors that prompted the assessments, you may report those as the treatment target and select Assessment as the practice element. If you do not know yet what the targets will be, you can select Other for treatment target and select Assessment as the practice element.

Q: I have been working with my client on foster care placement, ensuring a safe environment in these new living arrangements, and related issues. Which treatment target should I select?

A: Such treatment targets might best be captured by Attending to Basic Needs (i.e., issues related to finding or stabilizing an appropriate living situation for a child/youth and/or establishing a safe and secure environment for the child/youth's development) or Adjustment to Life Transition (i.e., issues related to a child/youth's global response to a life transition or specific challenge [e.g., change of school, change of living situation, treatment transition or discharge, etc.]). Please select one of these treatment targets instead of using an Other write in, if possible. You might also consider talking to the clinical lead and/or treatment team.

Q: I have been working with my client to address their judicial involvement. Which treatment target should I select?

A: Consider asking yourself "what is the behavior that was the original cause for the judicial involvement?" As an example, some clients are court-involved because of rule-breaking behavior, in which case Willful Misconduct/Delinquency might be an appropriate target. Another client might be court-involved because of truancy related to severe social anxiety. In that situation, Anxiety or Avoidance might be an appropriate target. You might also consider talking to the clinical lead and/or treatment team.

Q: My client has been getting into trouble at school and I have been working with the school counselor. Should I select the Academic Achievement treatment target?

A: If your client is engaging in rule-breaking behavior at school, this is likely a symptom of a larger set of challenges that they are facing. As an example, the child/youth might be engaging in rule-breaking behavior, in which case you would select the Willful Misconduct/Delinquency treatment target. If they are engaging in fights with peers, you might select the Peer/Sibling Conflict treatment target. Academic Achievement should be selected as a treatment target only if you are addressing issues related to general level or quality of achievement in an educational or academic context. This commonly includes performance in coursework and excludes cognitive-intellectual ability/capacity issues and specific challenges in learning or achievement. As an example, if the client is not completing homework and you are working to set up a behavioral plan, you might select the Academic Achievement treatment target. When you are unsure of what treatment target to endorse, consider asking yourself "what is the primary challenge we are trying to address?" You might also consider talking to the clinical lead and/or treatment team.

Q: What can I report under Health Management/Medical Regimen Adherence?

A: In prior versions of the codebook, Health Management and Medical Regimen Adherence were separate treatment targets. They have since been combined and include issues related to the improvement or management of one’s health, inclusive of both physical illness and fitness. In addition to dealing with the general development of health-oriented behavior and management of health conditions, this target can also focus on exercise or lack of exercise. This includes knowledge, attitudes or behaviors related to regular implementation procedures prescribed by a health care professional, covered under medical regimen adherence. This also includes lifestyle behaviors (e.g., exercise, nutrition), taking medication, or self-administration of routine assessments (e.g., taking blood samples in a diabetic regimen). Some examples of work that you might be doing with a client that are best captured by this treatment target include physical exercise, assisting family with general medical needs including those related to pain management and pregnancy.

Q: What is the difference between the Independent Living Skills and Occupational Functioning/Stress treatment targets?

A: Independent Living Skills includes issues related to the development of independent living, social functioning, financial management, and self-sufficiency skills that are not better captured under other codes such as personal hygiene, self-management, social skills, housing/living situation, or occupational functioning/stress (formerly adaptive behavior/living skills). Occupational Functioning/Stress, on the other hand, includes all issues related to career interests, seeking employment, obtaining work permits, job performance, or managing job stress or strain that are not better characterized under other targets (e.g., anxiety, independent living, social functioning, financial management, self-sufficiency, personal hygiene, self-management/self-control, social skills, or housing/living situation). Generally, discussions related to the youth’s jobs should fall under Occupational Functioning/Stress.

Q: What is the difference between Oppositional/Non-Compliant Behavior and Willful Misconduct/Delinquency?

A: Generally, behaviors addressed within the Willful Misconduct/Delinquency (i.e., persistent failure to comply with rules or expectations in the home, school, or community; excessive fighting, intimidation of others, cruelty or violence toward people or animals, and/or destruction of property) treatment target involve more severe behaviors than those covered by Oppositional/Non-Compliant Behavior (behaviors that can be described as refusal to follow adult requests or demands or established rules and procedures; e.g., classroom rules, school rules, etc.) treatment target. Lying, manipulation, antisocial behaviors (defined as lack of regard of right and wrong and ignoring the rights of others), and rule-breaking are likely best captured under the willful misconduct/delinquency treatment target. Compliance to rules and sessions, behaving appropriately at school (depending on the severity and nature of the behaviors), and accepting authority regarding boundaries and structure are likely best captured by the oppositional/non-compliant behavior treatment target.

PROGRESS RATINGS

Q: Should I be selecting a progress rating for my client based on the beginning or end of session?

A: For a single treatment target, select a progress rating based on the 7-point scale at the end of a given treatment session. Importantly, anchors refer to changes from baseline or beginning of services for that target and not the beginning of the current clinical encounter.

PRACTICE ELEMENTS

Q: How many practice elements should I be endorsing in each session?

A: Typically, no more than three practice elements are applied in a single treatment session.

Q: I do Cognitive Behavior Therapy in sessions with my clients. Why is there no standalone CBT practice element?

A: Since practices are discrete procedures that are structured components of a larger course of treatment, it will be important to endorse specific strategies instead of larger units of analysis such as treatment protocols (e.g., Coping Cat, Parent-Child Interaction Therapy, Dialectical Behavior Therapy), programs (e.g., Mobile Version of Coping Cat) or families (e.g., Cognitive Behavior Therapy). The practice elements have been developed in an extensive process, mirroring the extant treatment services literature and every effort should be made to utilize the preexisting practice elements, before utilizing the “Other” option. Thus, if you believe you are engaging in CBT, we encourage you to consider determining which type of CBT-related intervention strategy you are using. Some examples, based on the CBT literature, might include:

Accessibility Promotion	Goal Setting	Psychoeducation – Caregiver or Teacher
Activity Selection	Guided Imagery	Psychoeducation - Child
Anger Management	Insight Building	Relationship/Rapport Building
Assertiveness Training	Maintenance/Relapse Prevention	Relaxation
Attending	Mentoring	Response Prevention
Behavioral Contracting	Mindfulness	Self-Monitoring
Caregiver Coping	Modeling	Self-Reward/Self-Praise
Care Coordination	Monitoring	Social Skills Training
Cognitive	Motivational Interviewing	Stimulus Control or Antecedent Management
Communication Skills	Narrative	Strengthening Informal Supports
Crisis Management	Natural and Logical Consequences	Supportive Listening
Ignoring/DRO	Peer Pairing/Peer Modeling	Skill Building
Educational Support	Personal Safety Skills	Tangible Rewards
Exposure	Parent or Teacher Praise	Therapist Praise/Rewards
Family Engagement	Problem-Solving	Time Out
Family Therapy		

Q: I do Dialectical Behavior Therapy skills in sessions with my clients. Why is there no standalone DBT practice element?

A: Since practices are discrete procedures that are structured components of a larger course of treatment, it will be important to endorse specific strategies instead of larger units of analysis such as treatment protocols (e.g., Coping Cat, Parent-Child Interaction Therapy, Dialectical Behavior Therapy), programs (e.g., Mobile Version of Coping Cat) or families (e.g., Cognitive Behavior Therapy). The practice elements have been developed in an extensive process, mirroring the extant treatment services literature and every effort should be made to utilize the preexisting practice elements, before utilizing the “Other” option. Thus, if you believe you are engaging in DBT, we encourage you to consider determining which type of DBT-related intervention strategy you are using. Some examples, based on the DBT literature, might include:

Accessibility Promotion	Family Therapy	Problem Solving
Activity Selection	Functional Analysis	Psychoeducation – Caregiver or Teacher
Anger Management	Goal Setting	Psychoeducation - Child
Assertiveness Training	Insight Building	Relaxation
Behavioral Contracting	Maintenance/Relapse Prevention	Self-Monitoring
Care Coordination	Milieu Management	Self-Reward/Self-Praise
Cognitive	Mindfulness	Social Skills Training
Communication Skills	Modeling	Stimulus Control or Antecedent Management
Crisis Management	Motivational Interviewing	Supportive Listening
Ignoring/DRO	Natural and Logical Consequences	Tangible Rewards
Exposure	Personal Safety Skills	Therapist Praise/Rewards
Family Engagement	Parent or Teacher Praise	

Q: I do Dyadic Developmental Therapy in sessions with my clients. Why is there no standalone DDT practice element?

A: Since practices are discrete procedures that are structured components of a larger course of treatment, it will be important to endorse specific strategies instead of larger units of analysis such as treatment protocols (e.g., Coping Cat, Parent-Child Interaction Therapy, Dialectical Behavior Therapy), programs (e.g., Mobile Version of Coping Cat) or families (e.g., Cognitive Behavior Therapy). The practice elements have been developed in an extensive process, mirroring the extant treatment services literature and every effort should be made to utilize the preexisting practice elements, before utilizing the “Other” option. Thus, if you believe you are engaging in DDT, we encourage you to consider determining which type of DDT-related intervention strategy you are using. Some examples, based on the DDT literature, might include:

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| Behavioral Contracting | Monitoring | Psychoeducation – Child |
| Communication Skills | Motivational Enhancement | Response Cost |
| Educational Support | Problem Solving | Stimulus Control or Antecedent Management |
| Goal Setting | Psychoeducation - Caregiver | Tangible Rewards |
| Maintenance/Relapse Prevention | | |

Q: I do Functional Family Therapy in sessions with my clients. Why is there no standalone FFT practice element?

A: Since practices are discrete procedures that are structured components of a larger course of treatment, it will be important to endorse specific strategies instead of larger units of analysis such as treatment protocols (e.g., Coping Cat, Parent-Child Interaction Therapy, Dialectical Behavior Therapy), programs (e.g., Mobile Version of Coping Cat) or families (e.g., Cognitive Behavior Therapy). The practice elements have been developed in an extensive process, mirroring the extant treatment services literature and every effort should be made to utilize the preexisting practice elements, before utilizing the “Other” option. Thus, if you believe you are engaging in FFT, we encourage you to consider determining which type of FFT-related intervention strategy you are using. Some examples, based on the FFT literature, might include:

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| Attending | Family Engagement | Psychoeducation w/Parent or Teacher |
| Behavioral Contracting | Family Therapy | Response Cost |
| Commands/Limit Setting | Functional Analysis | Tangible Rewards |
| Communication Skills | Maintenance/Relapse Prevention | Stimulus/Antecedent Control |
| Ignoring/DRO | Parent or Teacher Monitoring | |

Q: I do Multisystemic Therapy in sessions with my clients. Why is there no standalone MST practice element?

A: Since practices are discrete procedures that are structured components of a larger course of treatment, it will be important to endorse specific strategies instead of larger units of analysis such as treatment protocols (e.g., Coping Cat, Parent-Child Interaction Therapy, Dialectical Behavior Therapy), programs (e.g., Mobile Version of Coping Cat) or families (e.g., Cognitive Behavior Therapy). The practice elements have been developed in an extensive process, mirroring the extant treatment services literature and every effort should be made to utilize the preexisting practice elements, before utilizing the “Other” option. Thus, if you believe you are engaging in MST, we encourage you to consider determining which type of MST-related intervention strategy you are using. Some examples, based on the MST literature, might include:

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| Communication Skills | Maintenance/Relapse Prevention | Psychoeducation with Parent or Teacher |
| Crisis Management | Marital Therapy | Relationship/Rapport Building |
| Educational Support | Parent or Teacher Monitoring | Response Cost |
| Family Engagement | Natural and Logical Consequences | Social Skills Training |
| Family Therapy | Parent Coping | Skill Building |
| Functional Analysis | Parent or Teacher Praise | Tangible Rewards |
| Goal Setting | Problem Solving | Therapist Praise/Rewards |
| Individual Therapy for Caregiver | | |