

Effectiveness of Innovations in Time-Limited Intensive Services

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Thank-you

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TLC & Systems of Care

- Common elements include:
 - Individualized treatment plans
 - Least restrictive appropriate environment
 - Family involvement

Types of Empirical Support

- Efficacy studies:
 - Ideal conditions
 - High internal validity
- Effectiveness studies:
 - Real world conditions
 - High external validity

Our Clients

- Boys and girls
- Age 7 – 14 years
- Referred by either:
 - Community Services Coordination Network
 - Children's Aid Society

Presenting Issues

- Multiple diagnoses
- Aggressive behaviour
- Unresolved emotional trauma due to family disruption, violence, substance abuse or child abuse
- Peer issues
- School avoidance
- Withdrawal
- Depression
- Anxiety
- Attention Deficit / Hyperactivity Disorder
- Psychiatric issues (e.g., Bipolar Disorder, psychosis)
- Substance abuse problems
- Self-harm behaviour

Exclusionary Criteria

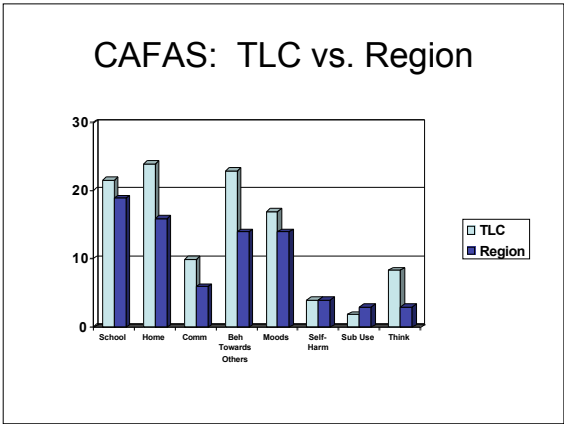
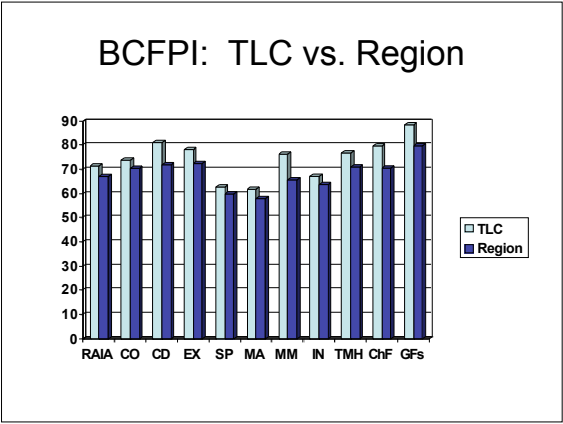
- Tested IQ under the 2nd percentile and similar level of adaptive functioning
- **For Residence Only:** Physical disabilities or medical needs that cannot be safely accommodated in the Cottage
- In most cases, we have found that repeating the program is not effective

The Current Sample

- N = 117
 - 88 boys, 29 girls
 - Age 6 – 15 years, mean = 11 _ (s.d. = 1.72)
- Intensive Family Services: 54
- Day Treatment: 51
- Residence: 69
 - Residence & IFS: 19
 - Residence & Day Treatment: 49
 - IFS & Day Treatment: 12
 - Residence & IFS & Day Treatment: 11

BCFPI at Intake

- Family Activities (T = 96.5), Social Participation (T = 92.4)
- Global Family Situation (T = 88.9), Mood & Self-Harm, Conduct, Global Functioning (T = 80.1)
- Externalizing (T = 78.5), Total Mental Health, Family Comfort, Managing Mood, School Participation and Achievement, Cooperativeness, Regulation of Attention, Regulation of Attention, Impulsivity and Activity (T = 71.7)
- Quality of Relationships (T = 69.4), Internalizing (T = 67.6), Regulation of Impulsivity and Activity (T = 67.0), Separation from Parents (T = 63.0), Managing Anxiety (T = 62.0)



TLC Services

- All clients have access to Day Treatment, Specialized Assessments, Family Therapy, Individual Therapy, Community-Based Summer Programming
- Residential Stream: 3 x 3 month phases
 - “Transition” (family therapy and goal-setting)
 - “Learning” (residence or 8-8)
 - “Consolidation” (limited family therapy)
- IFS Stream: 3 months
 - In-home support, up to 12 hours per week

Theoretical Model



- Specialized services (e.g., EFFT, CBT)
- Solution-Focused / Narrative Therapy
- Milieu Therapy, Parent Education, Counseling

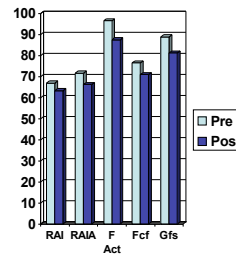
Intensive Family Services (IFS)

- Families have solutions to their own problems
- Community resources:
 - Are important for family success
 - Need to be developed and strengthened
- Empower parents to:
 - Establish goal areas
 - Be in charge of the treatment plan
- Interventions are based on cognitive-behavioural principles, with an emphasis on problem-solving and practical “hands-on” teaching

Emotion Focused Family Therapy (EFFT)

- Used when usual forms of therapy have not been effective because of relationship issues
- Time limited (usually 8 – 20 sessions) and structured
- Indicators of success include:
 - Children noticing that they get along better
 - Parents reporting improved child behaviours
- New emotional experiences in the context of attachment relationships are considered to be the agent of change
- Goals include expanding and re-organizing emotional responses, shifting interactional positions, and fostering a secure bond between family members

BCFPI: Pre- and Post-

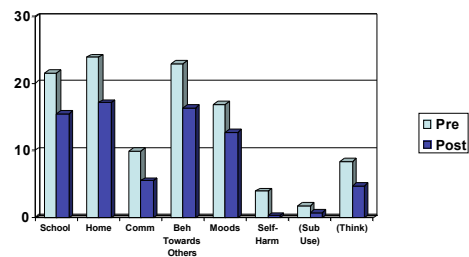


- “Success” = “Would not qualify to enter our program”
- Statistically significant improvements (Wilcoxon, $p < .03$) regarding impulsivity and activity, family activities, family comfort, and global family situation

BCFPI: Pre-Post (2)

- No statistically significant changes:
 - Overall Mental Health, Internalizing or Externalizing scores
 - Cooperativeness, Conduct
 - Managing Anxiety, Managing Mood, Separation from Parents
 - Social Participation
 - School Participation and Achievement
- Is the BCFPI the appropriate measure?

CAFAS: Pre- and Post-



Conclusions

- TLC clients tend to face more challenges than “average clients” for the region
- TLC clients tend to improve
- CAFAS (measuring functioning) appears to capture changes in clients better than BCFPI (measuring symptoms)
- Limitations:
 - Data management systems still developing
 - Unclear what interventions are most important

Next Steps

- Qualitative Interview Study (in progress)
 - External interviewer meeting 15-20 parents
 - Semi-structured interview regarding the question: “Did parents feel that they were part of the treatment team when their children were enrolled in the TLC Program”

Next Steps (2)

- Evaluating specific services within TLC
- Day Treatment Rating Scales
 - Children rated by classroom worker
 - Global rating, followed by ratings of typical and lowest functioning in specific domains:
 - Academic Performance
 - Interpersonal Boundaries
 - Compliance with Classroom Routines
 - Conflict Resolution
 - Peer Relationships

DTRS: Results

- DTRS are not yet part of the regular routine for the classroom workers
- No statistically significant change in Global ratings (scores 1-100)
- No statistically significant change in specific domains (scores 1-10)

If you remember nothing else...

- TLC provides an example of a program based on principles of systems of care with empirical evidence for effectiveness

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