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 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)

BCFPI: TLC vs. Region

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CAFAS: TLC vs. Region

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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-

- No statistically significant changes:
  - Schooling, Home, Future, Friends, Tensions with Others, Bullying, Self-Harm, MME, Work, Home, Leisure, Tobacco
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

References


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