


Elevating the Discussion:
Integrating Empirically Supported Treatments into Effective Systems for Children and Families



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“Evidence Based Practice”?


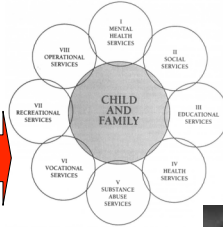

- Treatment procedures that have been shown to be effective through scientific evidence of some level of robustness
- A process of applying scientific knowledge about service practices to the situation of an individual child and family



From Bruns, Hoagwood et al. (in press). State implementation of evidence based practice, Part 2: Recommendations for research and policy. *Journal of the American Academy of Child and Adolescent Psychiatry*.

1980s
Necessity as the Mother of Invention

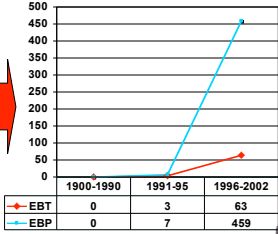
Unclaimed Children

1990s
Necessity as the Mother of Interventions


Weisz JR and Weiss B (1989). Assessing the effects of clinic-based psychotherapy with children. *Journal of Consulting and Clinical Psychology* 57.

Weisz JR, Weiss B, Donenberg GR (1992). The lab versus the clinic: effects of child and adolescent psychotherapy. *American Psychologist* 47.



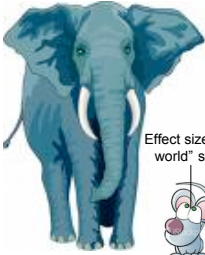
Year	EBT	EBP
1990-1990	0	0
1991-95	3	7
1996-2002	63	459

NOTE: "Evidence-Based Medicine" also cited over 5000 times (Hoagwood & Johnson, 2003)







2000s
Necessity as the Mother of Implementation

Treatment Effect Size in controlled University research (0.5 - 0.8)



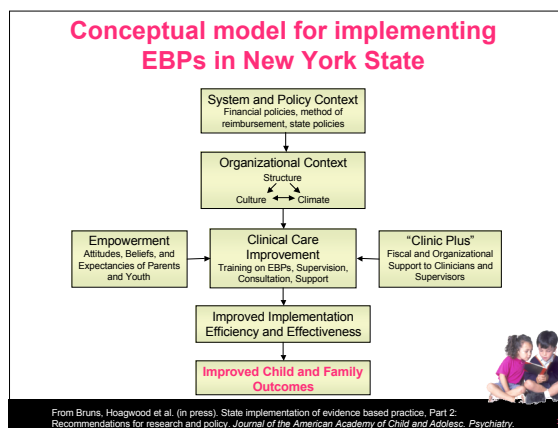
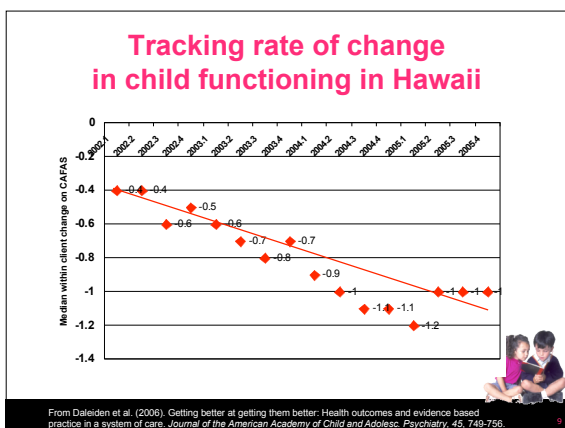
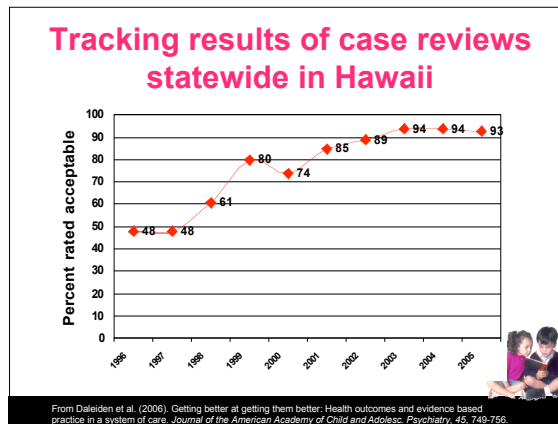
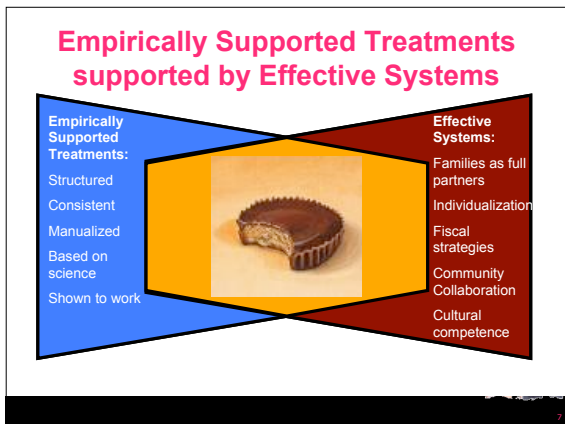
Effect size in "real world" settings

Why do Treatments Have Little to No Effect in the “Real World”?

- Lack of resources for community providers to fully implement EBPs as prescribed
- Families are not being engaged in treatment
 - Leads to treatment dropouts and missed opportunities
- Children’s needs are very complex
 - Multiple and overlapping child problem areas
 - Unmet basic family needs




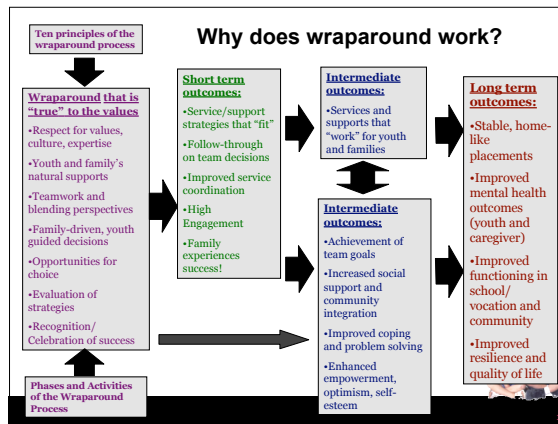


- ### Other Examples
- Systems supporting implementation of effective practice
 - New York State "Child and Family Clinic-Plus"
 - School-wide Positive Behavioral Supports (www.pbis.org)
 - Systems supporting agency and stakeholder collaboration
 - California Institute for Mental Health Development Team model (www.cimh.org)
 - Ohio's "Partnerships for Success" model (www.pfsacademy.org)
 - Communities that Care (<http://ncadi.samhsa.gov/features/ctc>)

- ### Other Examples
- Purveyors supporting adoption, implementation, and individualization in real world systems
 - Judge Baker Child Steps Clinic Treatment Project (www.childsteps.org)
 - Project KEEP (Adaptation of MTFC)
 - Researchers supporting readiness in communities and systems
 - The ARC (Availability, Responsiveness, and Continuity) model
 - Together Fulfilling the Promise child welfare-MH model (Washington State)

The Wraparound Process

- Diverse team membership
- Structured process for developing options
- Individualized plan
- Based on family's expression of strengths and needs
 - Family driven and engaging
- Coordinated attention from team members
- Building social support and relationships
- Emphasize strengths & experiences of success


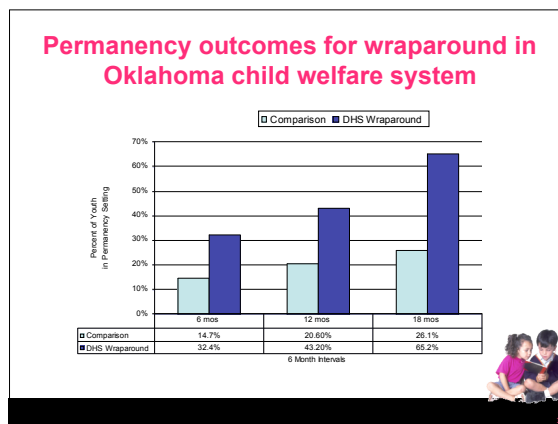
System and organizational supports for wraparound

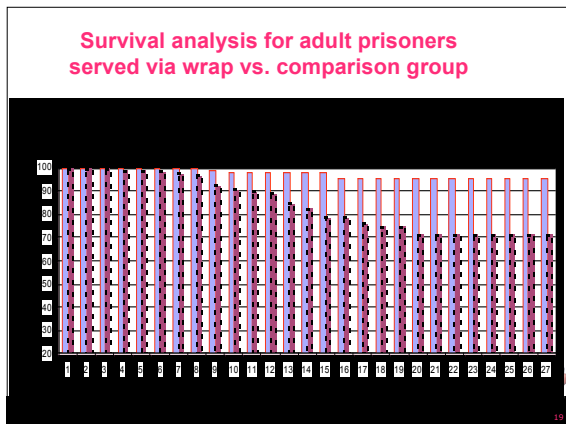
- **Community Partnership.** Community ownership of wraparound built through stakeholder collaborations.
- **Collaborative Action.** Stakeholders take concrete steps to develop policies, practices and achievements.
- **Fiscal Policies and Sustainability.** Fiscal strategies to meet the needs of children participating in wraparound.
- **Access to Needed Supports & Services.** Mechanisms for ensuring access to services/supports needed to implement wraparound plans
- **Human Resource Development & Support.** System supports staff to fully implement the wraparound model.
- **Accountability.** The community has mechanisms to monitor wraparound quality and outcomes.



The Wraparound Process

- Intervening at the system- and family-level
- A practice that can be integrated within a system to improve outcomes, e.g.
 - As a component of School-wide Positive Behavioral Supports
 - As a method for doing more effective child welfare casework
 - As a method to reduce recidivism among adult offenders

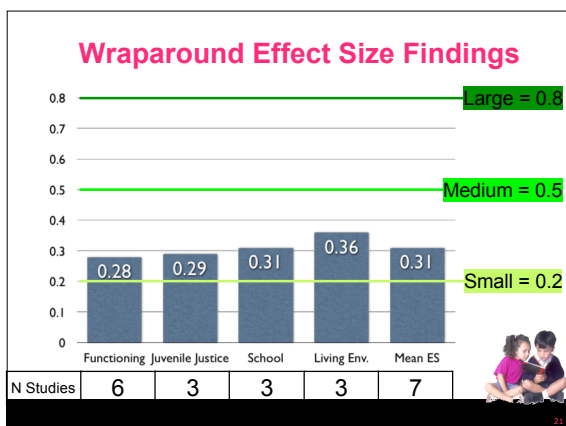


Published controlled studies of wraparound (N=8)

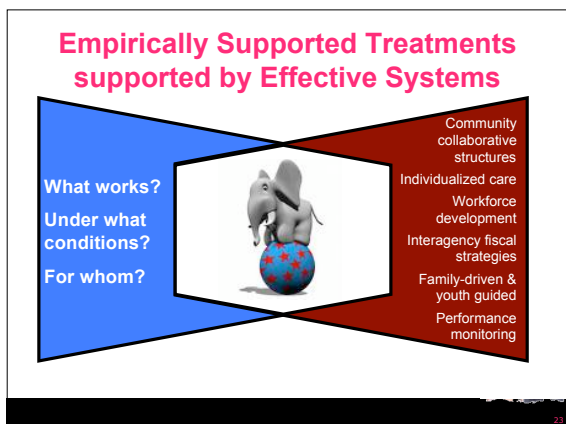
Study Characteristic	n	%
Design		
Randomized controlled trial	2	25.0
Equivalent group comparison	5	62.5
Multiple baseline	1	12.5
Year of publication		
1990s	3	37.5
2000s	5	62.5
Publication type		
Journal article	6	75.0
Book chapter	2	25.0
Population		
Child welfare	2	25.0
Juvenile justice	2	25.0
Mental health	4	50.0

+ Four randomized trials currently underway by 4 different investigators

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- ### Integrating ESTs into wraparound
- Integration with Supported Employment for transition-age youth
 - Integration with Family Psychoeducation for families with parental MH problems
 - Integration with Motivational Interviewing and Dialectical Behavior Therapy (DBT)
 - Incorporation of behavioral support specialists and clinicians trained in CBT into teams
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- ### Systems of care principles: Respond to the challenges
- "Those treatments don't work with our families"
 - Purveyors work together to modularize treatment so it's individualized and based on family needs
 - Integrate with wraparound care coordination
 - Partner with family organizations to integrate family partners/liaisons = family-driven care
 - Prioritize cultural competence as a part of the work
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**Systems of care principles:
Respond to the challenges**

- "Those treatments won't work in our clinic"
 - Community collaborative teams identify goals, blend funds, work with state officials
 - New fiscal strategies to offset cost losses due to increased training and supervision, in-home visits, evening hours
 - Flexible, modularized treatment increases clinicians' options



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**Systems of care principles:
Respond to the challenges**

- "Our clinicians can't do those treatments"
 - Systems prioritize training and professional development
 - Cross-system collaboration to ensure effective referral and shared accountability
 - Consistent monitoring of performance and outcomes



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Elevating the Discussion?



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