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

1980s Necessity as the Mother of Invention

1990s Necessity as the Mother of Interventions

2000s Necessity as the Mother of Implementation

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
Empirically Supported Treatments supported by Effective Systems

- Effective Systems
- Families as full partners
- Individualization
- Fiscal strategies
- Community Collaboration
- Cultural competence

Tracking results of case reviews statewide in Hawaii

- Per cent rated acceptable
- 100
- 90
- 80
- 70
- 60
- 50
- 40
- 30
- 20
- 10
- 0

Tracking rate of change in child functioning in Hawaii

- Median within client change on CAFAS

Conceptual model for implementing EBPs in New York State

- System and Policy Context
- Organizational Context
- Clinical Care Improvement
- Improved Implementation
- Improved Child and Family Outcomes

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 Filling 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 program supports for wraparound teams

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.

Why does wraparound work?

- Short-term outcomes:
  - Services and supports that “fit” for youth and families
  - High engagement
  - Stability and resilience retained

- Intermediate outcomes:
  - Achievement of near term goals
  - Increased social support and community integration
  - Improved coping and problem solving
  - Enhanced empowerment, optimism, self-esteem

- Long-term outcomes:
  - Stable, home-like placements
  - Improved mental health outcomes (youth and parents)
  - Improved functioning in school/vocational community
  - Improved resilience and mobility of life

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

Permanency outcomes for wraparound in Oklahoma child welfare system
Survival analysis for adult prisoners served via wrap vs. comparison group

Published controlled studies of wraparound (N=8)

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* Four randomized trials currently underway by 4 different investigators

Wraparound Effect Size Findings

- Small = 0.2
- Medium = 0.5
- Large = 0.8

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

Empirically Supported Treatments supported by Effective Systems

- What works?
- Under what conditions?
- For whom?

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
**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

- "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

**Elevating the Discussion?**