

Project FOCUS: Effective Mental Health Practices for Washington's Foster Children

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Project FOCUS Rationale

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Improve functioning of youth in foster care

How?

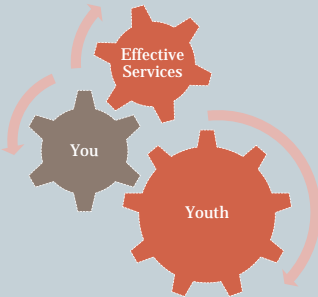
- **Increase referral and access to evidence-based programs**
 - Training and consultation with social workers in targeted child welfare offices with youth in foster care on their caseloads
 - Training and consultation with clinicians in the community serving these offices

Clinician Training

- 50-75% of youth in foster care have at least one mental or behavior health problem that warrants treatment
- Often more than 1 disorder or presenting problem
- MATCH (Chorpita & Weisz, 2008)
- **Modularized Approach**
 - 2-day trainings on each of the following: Behavior Problems, Anxiety, Depression
 - × Spaced by about 1-month apart
 - Weekly consultation on using the model with youth in foster care
- **Start with a focus on one of the 3, but can pull in modules from other foci to meet needs of the youth**

Caseworkers as Brokers: The necessary "cog" in the wheel

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Project FOCUS Research Design

Small randomized trial with 4 offices (began in October, 2008)

- **Immediate Implementation**
 - 2 offices (urban, 1 rural) receive caseworker and clinician training immediately
- **Delayed Implementation**
 - 2 offices (1 urban, 1 rural) receive caseworker and clinician training a year later

Project FOCUS Research Design

Participants

- Caseworkers (N = 60)
 - Child welfare services caseworkers
- Clinicians (Goal N = 30)
 - Public Mental Health and Private Practitioners
- Youth in foster care (ages 4-12) (N = 76, to date)
 - Youth and foster parent report
- Outcomes
 - Quantitative: Uptake of training and referrals (CWs, clinicians), mental health outcomes, placement stability (youth)
 - Qualitative: Caseworker satisfaction and usefulness of consultation

Project FOCUS Caseworker Sample

Immediate Implementation Offices (N = 25)

- Rural: 12, Urban: 13
- Females: 21, Males: 4
- Hispanic: 3, Multiracial: 4, Caucasian: 18
- Average age: 37.6 (range 22-65)
- Years of experience: 8.2 (range of 1 – 20)
 - Average of 3 years experience in this agency

Education: Bachelor degree: 15, Some graduate work: 2; Master's degree: 8

Training with Caseworkers

- 6 hours of in-person training
- Biweekly 1-hour phone consultation for 4 months

Topics

- Common mental health needs
 - Grouped by internalizing, externalizing, attention problems, and other (developmental delays, low base rate disorders)
- Using existing data to ID mental health problems
 - Mandatory screening in WA (includes CBCL and other measures)
- Appropriate EBP referrals in the community and how to refer
- Basics on evaluating, or seeking therapy, when an EBP is unavailable

(Example) CHET: CBCL Results

- Look for Problem Scales
- First step: Look at information for:
 - Total Problems (Ext.+Int.)
 - Externalizing
 - Internalizing
 - Clinical range?
 - Borderline?
 - Normal?
- Attention is separate from Ext. and Int. Check it out too!

(Example) CHET: CBCL Results

- If Clinical or Borderline Range on Externalizing, or Internalizing, what is driving the score?
- Even when Int. or Ext. Problems are in the normal range, syndromes can be in the clinical range and require treatment

Withdrawn/depressed

Summary Statement: includes all clinical and borderline syndrome scores

(Example) Externalizing "Acting Out" Behavior Problems

Problems: Rule breaking, anger outbursts, not obeying, aggression

Principle: Behavior is reinforced ("works") by the environment/people; solution requires changing the response in the environment

Behavioral Therapy


- Caregiver involvement **required**
 - Change/improve their response to, and supervision of, child's behavior
- Therapist may also work with the child
 - Teach problem solving skills and skills for dealing with angry feelings
 - However, therapist-child work isn't most important "ingredient"

Behavior Therapy with the caregiver is the key to kids with behavior problems getting better

(Example) Externalizing "Acting Out" Behavior Problems

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Specific EBPs in your Area



Young Kids

- Parent-Child Interaction Therapy (PCIT)
- How it works: Caregiver is coached to respond to child by praising positive behavior, ignoring obnoxious behavior and handling problem behavior effectively. Also increases positivity in caregiver-child relationship.




Older Kids

- Functional Family Therapy (FFT)
- How it works: Secures agreement between child and caregiver to solve problems, teaches specific skills to deal with conflict or communication problems.
- Aggression Replacement Training (ART). Addresses delinquent behavior via Juvenile Court.
- How it works: Teaches the youth new thinking and specific skills, especially for dealing with anger and risky situations. Delivered in group.

Consultation Calls with Caseworkers


Goals:

1. Application of training to cases on their caseload
2. Generalization of cases discussed on consultation calls to non-discussed cases

Structure of Caseworker Consultation Calls

- 60 minute calls (biweekly)
- Asked for CHET data up front when possible
- ID mental health need; using data when available
- Discuss referral options
- Foster parent engagement discussed if relevant
- Call summary/'action plan' emailed to caseworker
- Each call, follow-up on previous cases and discuss new cases



Examples* of Consultation Calls

- Example 1 & 2: Classifying a sibling set/considering possibly appropriate treatments
 - Alleged sexual abuse of 4 y.o., caseworkers thinking she's an internalizer
 - × Call #7 of 8
 - × Clear that we've made the point: individual treatment only with a young child isn't effective
 - Options for a possible 6 y.o. externalizer
 - × Call #7 of 8
 - × Area has 3 possible parent management EBPs available

*Caseworker permission for taping provided; only first names of children used.

Examples* of Consultation Calls

- Example 3: Using data to assess need for these kids and engage the kinship parent in treatment
 - Collect data on current mental health functioning to determine need and to engage the kinship parent
 - Caseworker's supervisor on the call (Nan)
- Example 4: Is EBP being provided as expected, with fidelity?
 - 8 year old externalizing kid; supposedly getting MATCH-Conduct, a parent training program like PCIT or Triple P

*Caseworker permission for taping provided; only first names of children used.

Example Action Plan Email

Hi [Name],

Thank you for your email. CHET clinicians will send them for you to use for next week! Great call. Thanks again. Names and follow up points below. AND, Elizabeth got just what we needed, since she's been the top. She's had the call over while in the San Diego. It must be so, but really enjoy my conference AND the session. :)

- when you have back from the week, let me know who complete therapy is
- get a follow up on how to access CHET's questionably. They can send CHET to therapist
- Call over and find out who the therapist is, so we can back the therapy
- we'll try to meet about importance of this to them
- making to addition call
- Tell them that PCIT is the thing if they need it
- In addition make sure that PCIT is part of action plan PCIT is HOW we'll address the problems they are having
- That! Don't get locked up in a MATCH therapist. Check, and check if you access whether to go in MATCH/Conduct or MATCH/Conduct (email about/weekly, here)
- Just and show CHET or therapist

Where we stand, to date



- Provided consultation for over 130 youth
- Enrolled 76 youth in the study (goal: 80)
- Consultation wrapping up this month (March, 2009)
- Follow-up interviews begin in April, 2009

- Caseworkers are saddened that it's ending
 - "I'm going to open another case on myself!"

Feasibility Test (Nov. 07- Feb. 08)

- Caseworker Consultation
 - To our knowledge, had not been done systematically before

- Feasibility Test in 1 office; 2 different conditions
 - 1 unit: caseworker and supervisor consultation
 - 1: unit: supervisor consultation only

- Interested in the possibility of trickle down and cost effectiveness, if consultation only provided to the supervisor

Feasibility Test Findings

Supervisor consultation wasn't enough, little trickle down
Caseworker consultation was well-received and effective


- Pre-training: 3 of 13 participants listed EBPs in their community (3 EBPs listed total)
- Post-training: 8 of 9 participants listed EBPs in their community (18 listed total)

○ "...I didn't know that X was not evidence-based. And to hear that Functional Family Therapy is evidence-based so would be preferable...It gave me food for thought on some of these things that I hadn't really ever thought about."


○ "... [The consultant] gave me ideas on...asking specific questions about treatment plans...about what methods they were using--things that I had not been asking."

Caseworker Feasibility Findings

- In exit interviews, caseworkers reported referring to new programs during Project Focus
 - FFT, PCIT, TF-CBT
- Outside reports from EBP supervisor (i.e., TF-CBT) of receiving calls from caseworkers requesting EBP
 - This had never happened before
 - Kids were flagged and assigned to a clinician trained in the EBP, in case they were appropriate
 - This knowledge--separate from Project FOCUS pilot evaluation




Caseworker Feasibility Findings




- Consultation vs. training, results in application of learning to actual cases, and generalization to non-discussed cases
 - "The consultation... put the training into the application mode... Because we're talking about services that I don't always know... like Dialectical Behavior Therapy ... was one of the examples: when to use it, what to expect from it, how to know it was being used..."
 - "... (Consultation was) useful in being able to apply this broadly to future cases... Sharing one case actually opened up to quite a few others... it's easier to think, 'okay, if this one was acting out, this one's a lot like it... and would benefit from the same service.' So you can take what happened in one case and generalize it to other cases."

Project FOCUS Feasibility Findings




- Supervisor consultation: new model needed
- Caseworkers: training is necessary, but not sufficient



○ For increased referrals, learning, and generalization

○ On exit interviews, caseworkers who received training only (one arm of the pilot) were confused (on what were the goals of the training, EBPs, application to practice, etc.)




Project FOCUS: Lessons Learned

- **Structure and follow through are important**
 - For calls, for the action plan...for getting the information needed to make appropriate referrals
- **Caseworker perceptions of therapists are often based on interactions and not necessarily services offered**
 - Caseworkers liked therapists that called them back (so EBP therapists need to call back too)
- **Referrals often “for therapy”**
- **Project based on availability of EBPs**
- **Limited links to mental health, had not considered sharing the CHET results (really rich data) when making referrals to mental health**



Project FOCUS: Next Steps

- **Complete small trial (July, 2009)**
 - Follow up assessments with caseworkers, clinicians, and youth
 - Follow up qualitative interviews with caseworkers
- **Work with current supervisors to develop a supervisor consult model**
 - Important for sustainability, but challenging
- **Wish the economic crisis wasn't aligned with our project?**
- **Investigate better options for building relationships between child welfare and mental health**
 - Steal ideas from Partnerships for Success



Questions? Thank you.
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