

Toward Evidence Based Systems: Research on Improving “Real World” Practice for Children and Youth



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www.uwhelpingfamilies.org

National Wraparound Initiative:
www.nwi.pdx.edu

**24th Annual Children’s Mental
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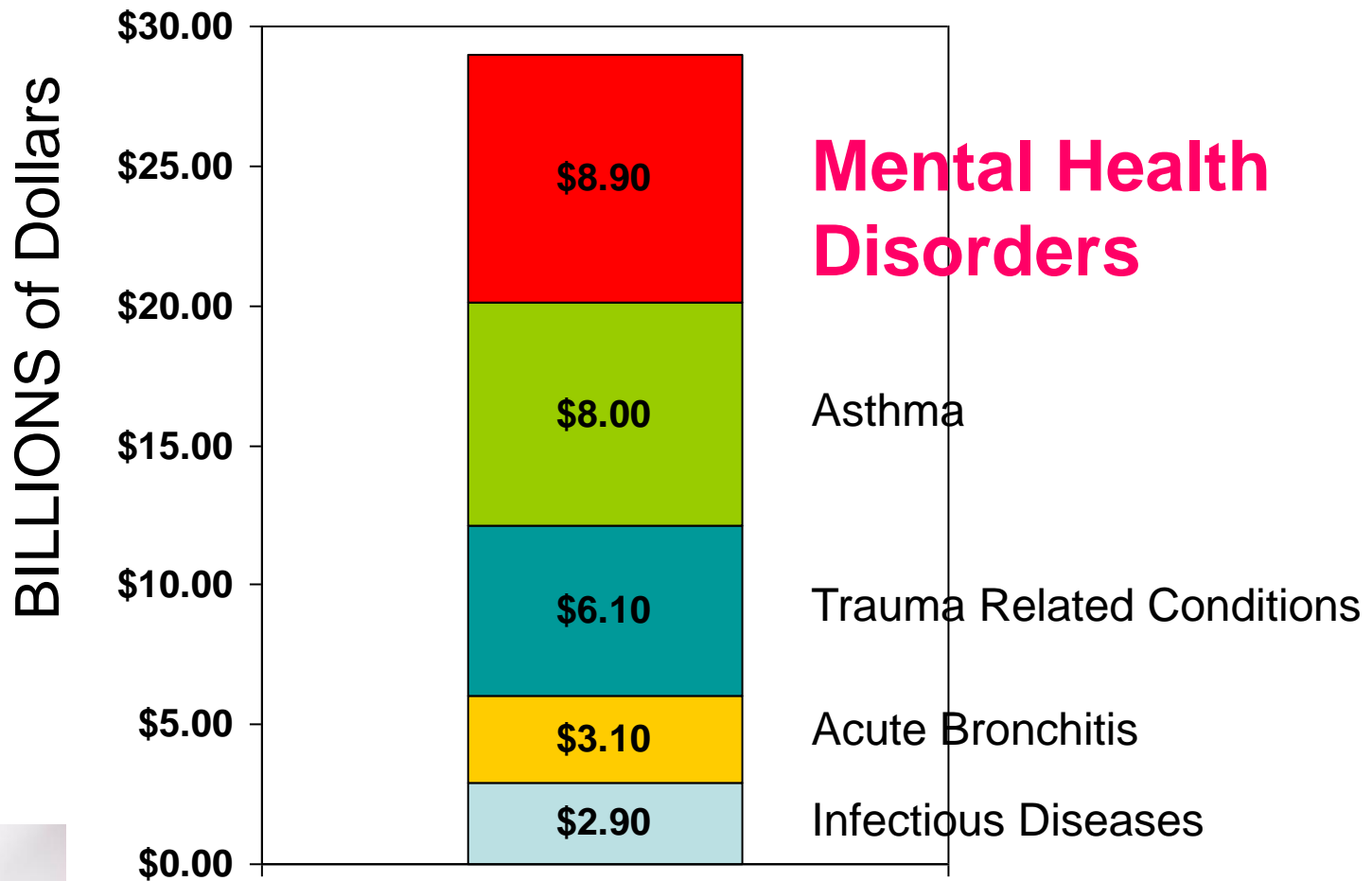
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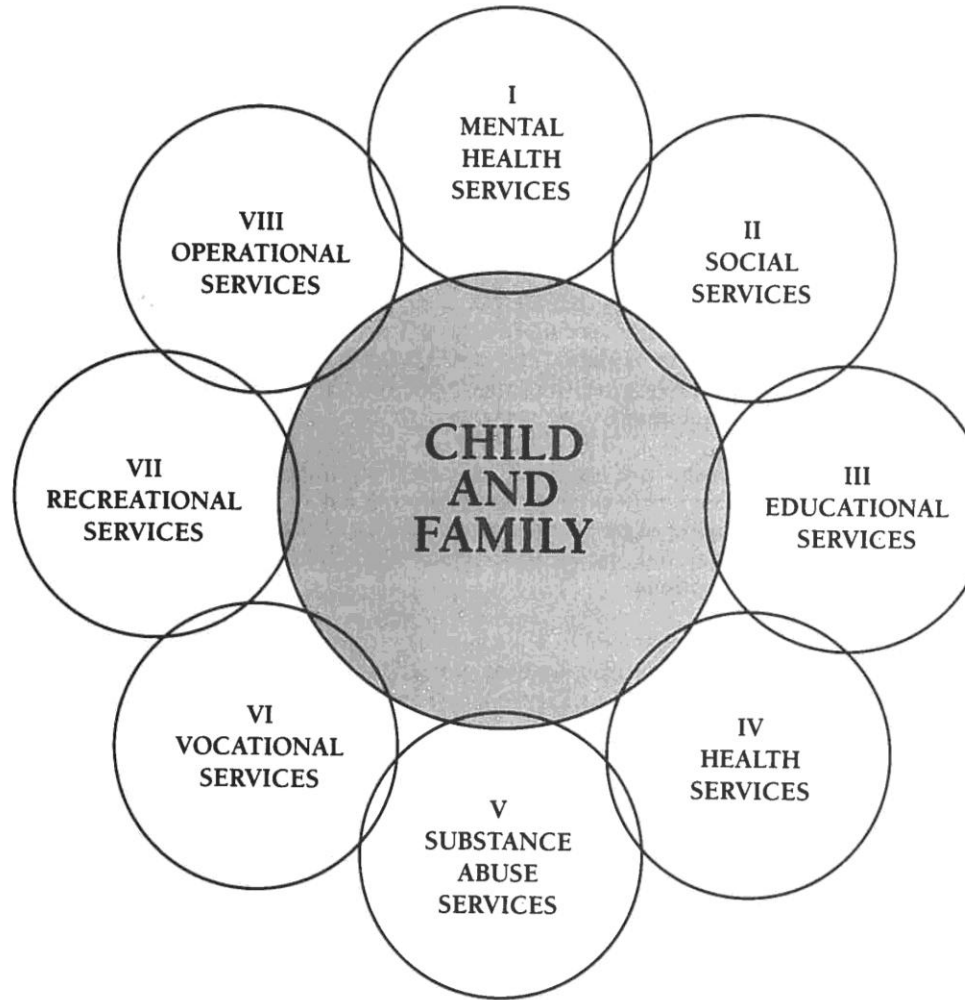
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The Five Most Costly Children's Health Conditions (Billions)



Systems of Care

Unclaimed Children



“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



Evidence Based Treatments Do not Yield the Same Effects in our Real World Systems

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



Effect size in “real
world” settings
(about zero)



Weisz, Jensen-Doss, & Hawley (2006)

Efficacy of EBTs may be due to confounds in “Usual Care” comparison groups



LARGE
↑
Effect Size
ZERO



“UC” is a bona fide treatment

Quality/amount of supervision

Therapist caseload

Specialized training provided

Treatment from a researcher

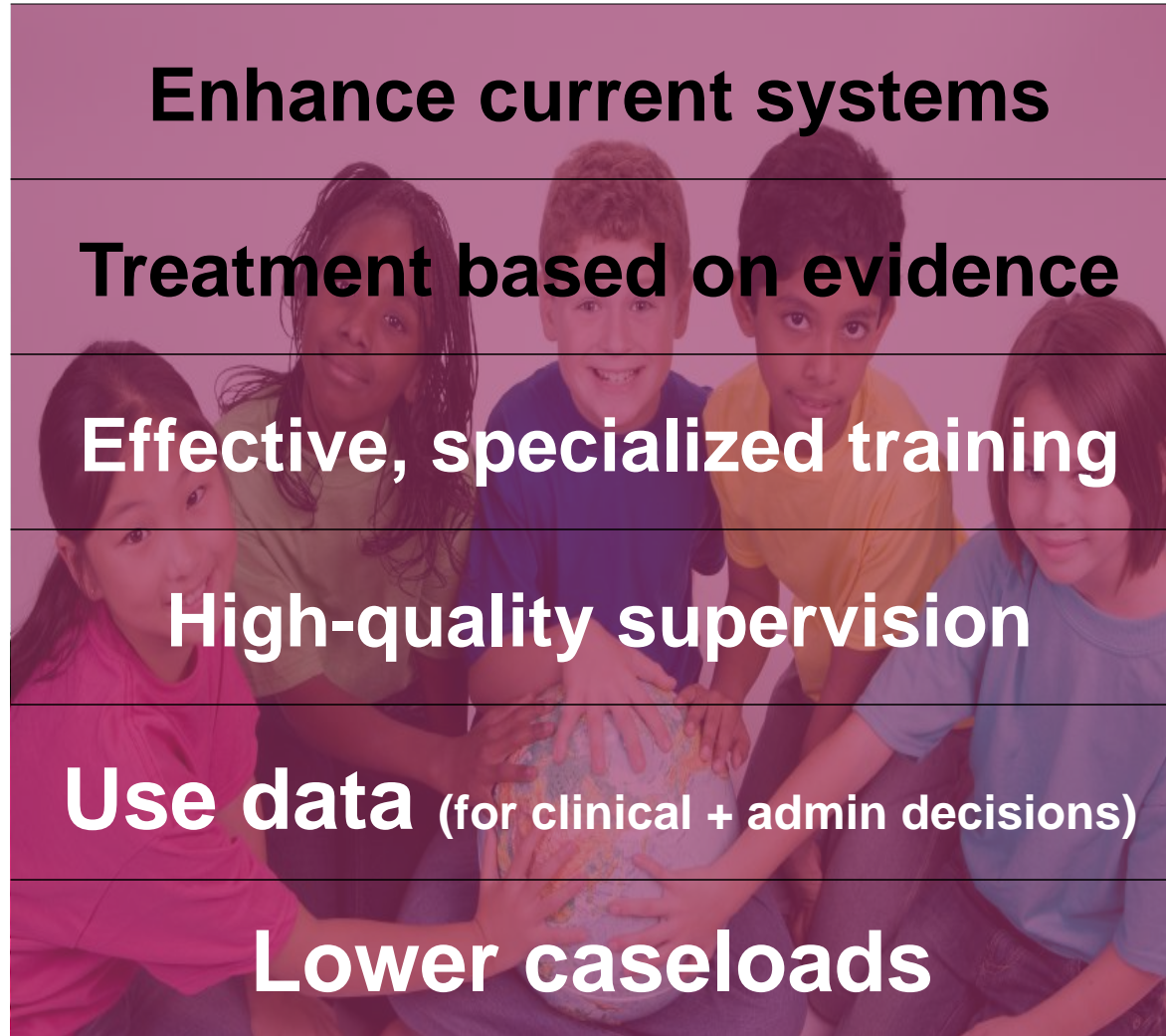


Spielmanns, GI (2010). Effects of evidence based psychotherapy versus usual care for youth: Controlling confounds in a meta-reanalysis. *Psychotherapy Research*, 20 (2).

How do we get to an *Elephant Sized ES*?



LARGE
Effect Size
ZERO





*With credit to Mike
Pullmann, from whom I
stole this idea...*



Factors that promote innovation

(Rogers, 2003) *Diffusion of Innovations*

- **Properties of the innovation**
 - Relative advantage
 - Compatibility
 - Observability
 - Lower complexity
- **Factors related to the social process**
 - Credible change agents
 - High levels of effort
 - Activation of peer-to-peer networks

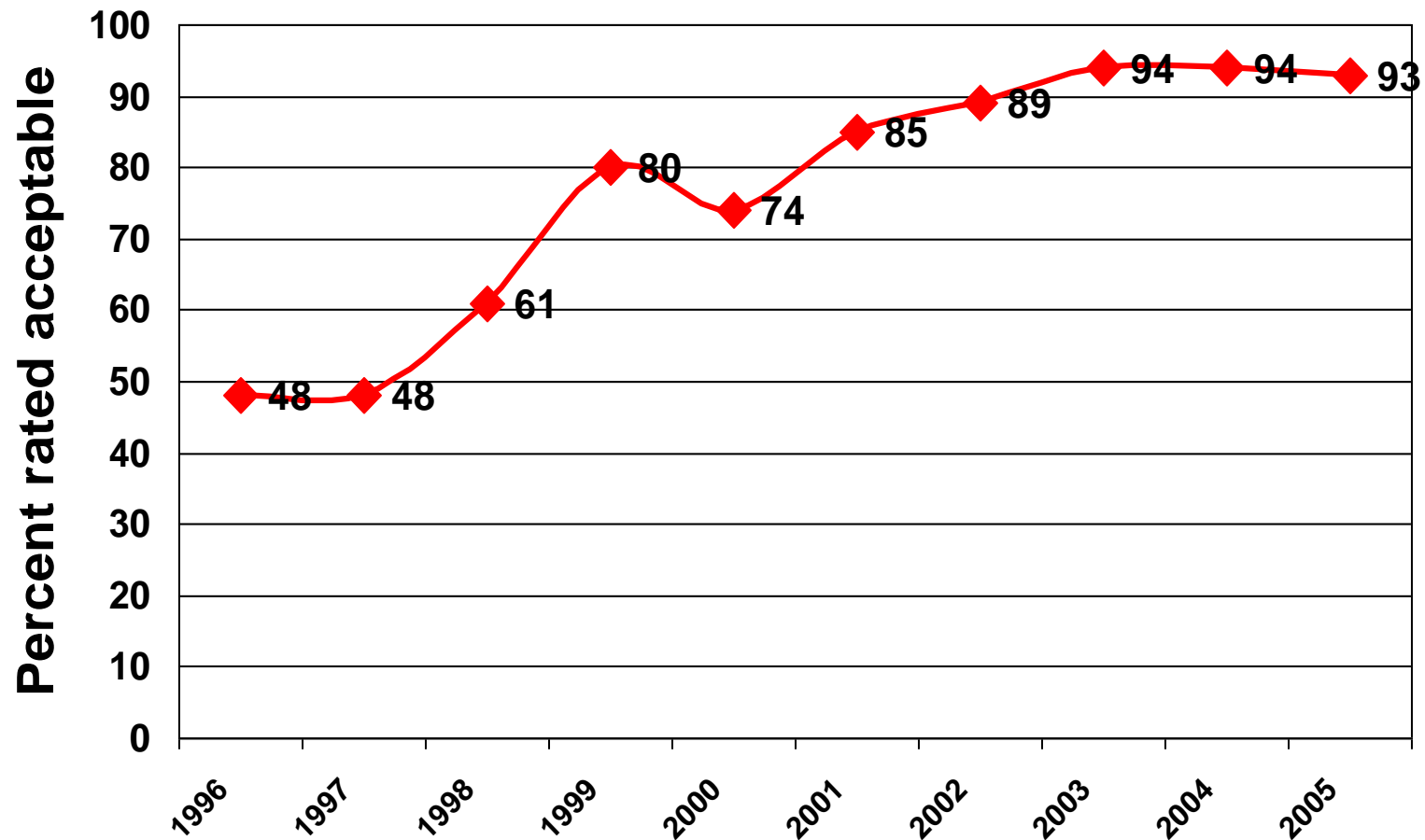


Principles of Evidence Based Systems (Chorpita & Daleiden, 2010)

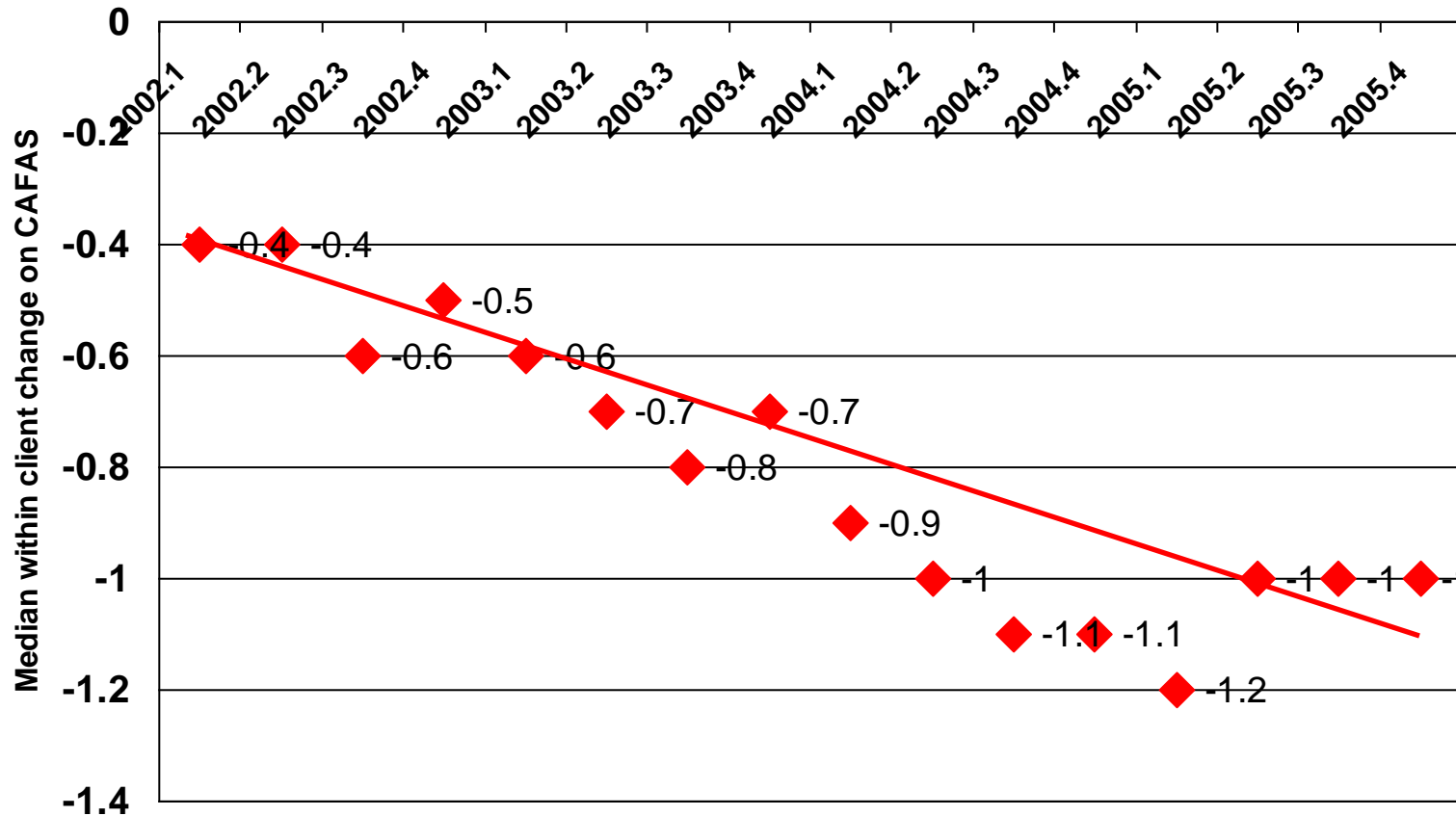
- **Empirical Epistemology**
 - Using data to inform clinical practice
 - Monitoring system-level impacts
 - Using Plan-Do-Check-Act procedures
- **Parsimony and Efficiency**
 - Protocols, measurement, supervision that are consistent across systems and settings
 - Use of dashboards in clinical work and supervision
 - Modular design to treatment protocols
- **Visibility**
 - Build maps of decisions and structures that guide the system
 - Examples: Clinical decision making, org charts, measurement models



Tracking results of case reviews statewide in Hawaii



Tracking rate of change in child functioning in Hawaii



Washington State Children's Evidence Based Practice Institute

- Integrated Treatment Model for Youth in JJ
- Project FOCUS Data-based Clinical consultation for children in CW
- Children's MH Training Institute
- Partnership Access Line for primary care physicians
- Support to and evaluation of specialty court processes for youth and families involved in systems



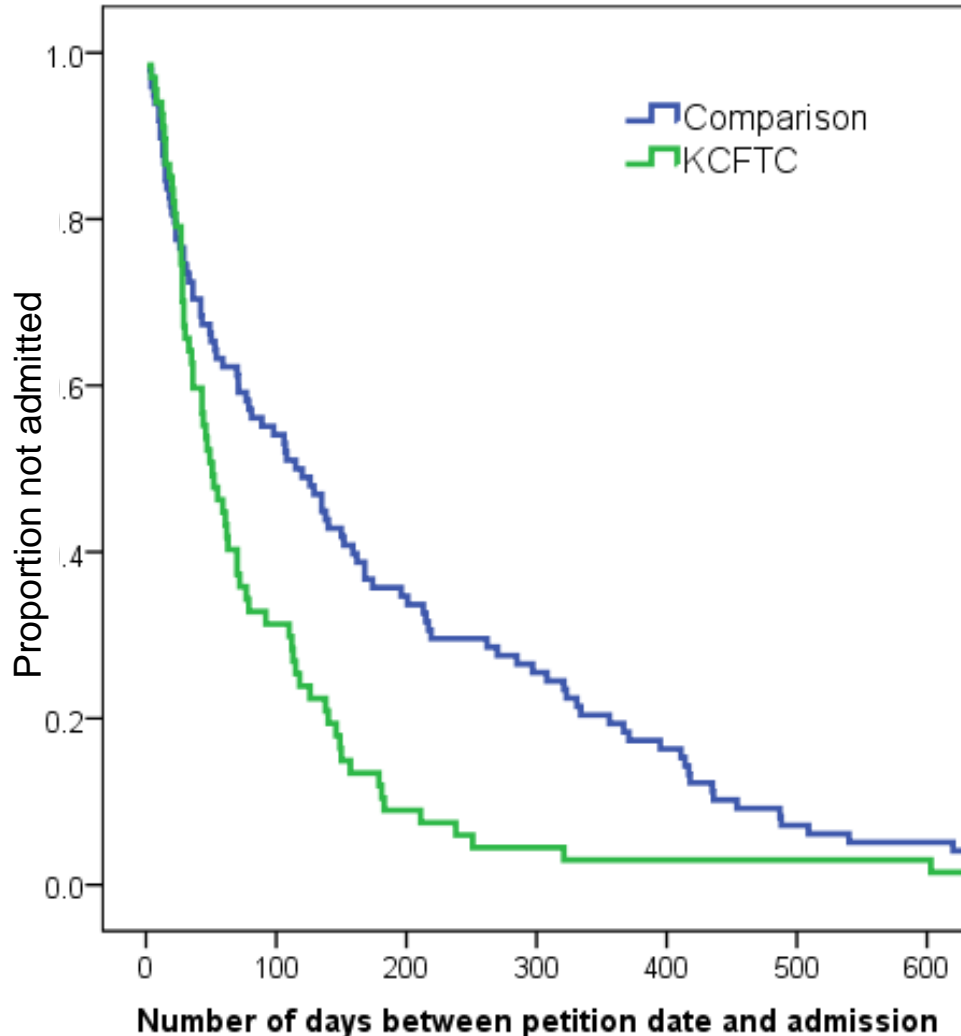
Applying the principles to a 'real world' system: **King County Family Treatment Court**

- More intensive, data driven judicial interaction
- Consistent incentives and sanctions
- Development of chemical dependency providers that base treatment on evidence for effectiveness (e.g., contingency management)
- Cross-disciplinary pre-hearing staffings to promote collaboration and transparency and present a unified approach at hearings
- Treatment Liaison who monitors parent's progress in CD treatment and provides case management
- Formal Wraparound Process where necessary to support planning, decision-making, engagement, and accountability
- Social Workers dedicated to the FTC with reduced caseloads (15:1)
- Specialized training to KCFTC staff
- Consistent monitoring of treatment, urinalysis, court, and child welfare outcomes



FTC parents enter treatment twice as fast

(Of those entering treatment, n=165)



Of those parents entering treatment who were not already in treatment at the index petition, the median days until treatment entry were:

- Comparison: 115
- KCFTC: 51

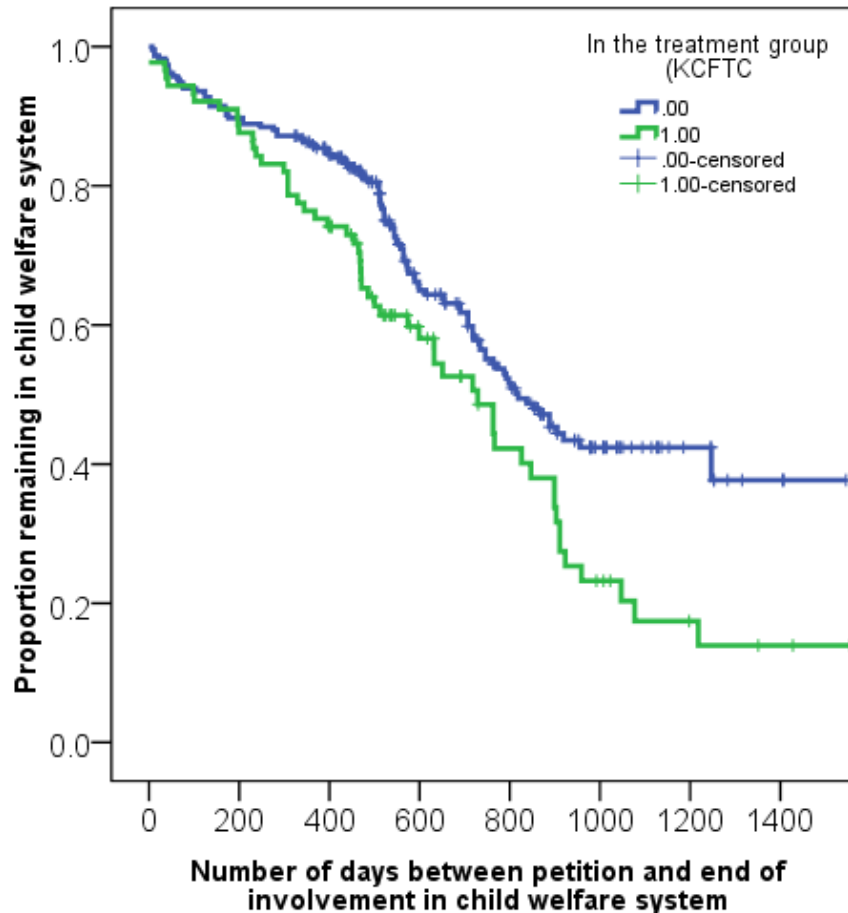
Note: Statistically significant difference, $p < .05$

Success in treatment

- FTC parents remained in treatment twice as long (median of 109 days compared to 53)
- FTC parents 37% more likely to be successfully discharged from treatment (74% compared to 54%)



FTC children end involvement with the child welfare system more quickly



Median days until permanent placement:

- Comparison: 819
- FTC: 729

Note: Statistically significant difference, $p < .05$



Child welfare outcomes

- **FTC children spent 30% less time in out-of-home placements** (median of 481 days, compared to 689 for comparison group)
- **FTC children spent 20% less time in the child welfare system** (median of 729 days, compared 819 for comparison group)
- **FTC children 43% more likely to have a permanent placement** (60% compared to 42%)
- **FTC children 70% more likely to return to the care of their parent** (58% compared to 34%)



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Systems trump programs



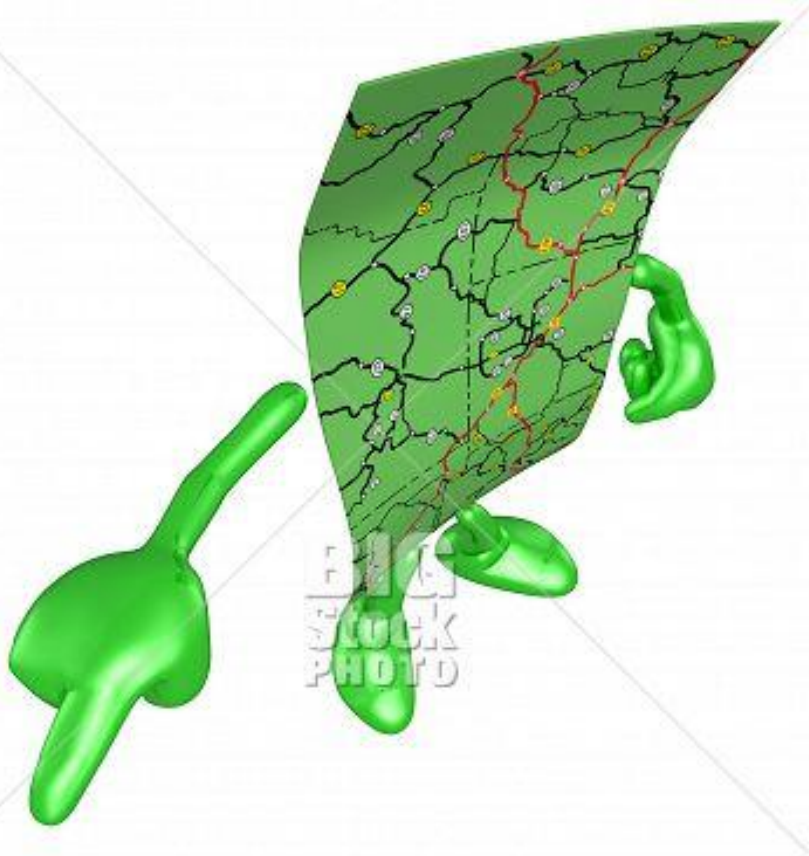
Taking a System-Level Approach



© Fixsen & Blase, 2008



You can't drive without roadmaps and dashboards



Meet them where they are



Respect! And learn from current practice

