

# What it Really Takes to Implement Evidence-Based Practices in Community Focused Services

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# Overview

## I. **Overview** (Eleanor Castillo, Ph.D.)

- a. EMQ Children & Family Service
- b. Overview of EPB implementation

## II. **Implementation of Positive Behavior Interventions and Supports (PBIS) in Residential** (Lisa Davis, LMFT)

- a. Residential services and population served
- b. Context for change
- c. Overview of change process and changes implemented
- d. PBIS implementation and sustainability strategies
- e. Facilitative factors and challenges

# Overview

## III. Implementation of TF-CBT within Wraparound

(Kathy Cox, LCSW)

- a. Context for change
- b. Overview of change process and changes implemented
- c. TF-CBT implementation and sustainability strategies
- d. Facilitative factors and challenges

## IV. Summary and Questions and Answers

(Eleanor Castillo, Ph.D.)

# EMQ Mission

To work with children and their families to transform their lives, build emotional, social, and familial well-being, and to transform the systems that serve them.



# EMQ Children & Family Services

- Services in 18 California counties
- Family Partnership Institute
- Chemical/Alcohol
- Dependency Education & Prevention
- FIRST 5 Services
- Mobile Crisis Intervention
- Outpatient
- In Home Family Treatment
- Therapeutic Behavioral Services (TBS)
- School Based Mental Health Services
- Wraparound
- Residential Treatment
- Foster Care-Professional Parent, ITFC

# Core Philosophy

Consistent with the Child and Adolescent Service System Program Principles (CASSP)

- Strengths Based
- Family Centered
- Community Based
- Culturally Competent
- Individualized
- Natural Supports
- Team Based/Collaborative
- Persistence
- Outcome Based



# Agency-wide # of Youth

July 1, 2006 – March 31, 2007

Crisis	735
Wraparound	495
FFA	443
Day Rehab	29
Outpatient	557
System of Care	171
Addiction Prevention Service	291
First 5	61
TBS	163
School Based	97
Residential	71
Matrix	39
<b>Total</b>	<b>3152</b>

# Implementing and Sustaining EPB

## A. Agency Culture

### 1. Infrastructure

- a. Budget
- b. Information Management System
  - i. Electronic health record
  - ii. Outcomes tracking
  - iii. Quality improvement
- c. Policy and procedures
- d. Human Resources
  - i. Job description
  - ii. Recruiting and Retention
- e. Capacity for evaluation of process and treatment outcomes



# Implementing and Sustaining EPB

## C. Training Structure

1. Training overview
2. Coaching and supervision
3. Consultation (average 18 months)
4. Boosters

## D. Meeting Structures

# Implementing and Sustaining EPB

## E. Agency and Other Collaboration

1. Payors – DCFS, DHM
  - a. Reduce financial barriers
2. Referral process
3. Engaging families in the implementation process
4. Focus groups with all stakeholders



# Implementation of Positive Behavioral Interventions and Supports in Residential Services



# Residential Services Description

## 4 RCL (Rate Classification Level) 14)

- Two units for children ages 6-12 years
- Two units for youth ages 12-18 years
- 3 are co-ed and 1 is all male
- Each unit has capacity to serve up to 10 children

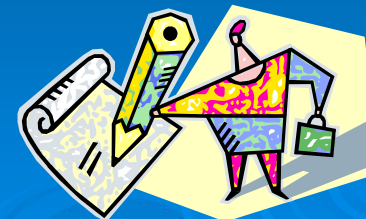


## Staff Resources

- Clinical Director
- Clinical Program Manager
- Clinician/Case Manager
- Residential Cottage Supervisor
- Milieu Activity Therapist
- Psychiatrist
- Educational Resources
- Recreational Therapist
- Registered Nurse

# Residential Array of Services

- Comprehensive assessment of all life domains
- Family Therapy
- Individual Therapy based on (TF-CBT)
- Psychoeducational and psychotherapeutic groups
- Intensive case management and linkage to community activities
- Nursing and psychiatric services
- Academic support
- Family Finding
- Family Partner Services
- Medical/Dental Assessment and Linkage
- Recreational, Music and Art Therapy
- Therapeutic milieu based on PBIS principles (universal interventions)

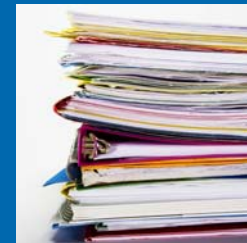


# Residential Targeted Population

- Youth with severe emotional and behavioral challenges
- Youth who are experiencing:
  - Maladaptive response to trauma
  - Typically victim of physical abuse and family impacted by substance abuse
  - Severe impairment in capacity to function in their daily activities
  - Psychotic features or dangerousness to self or other
- Many with co-morbid disorders (primarily mood disorders and behavioral disorders)
- CAFAS scores at entry over 140
- Average youth profile: English speaking, Hispanic male between 13-18 years old with more than 3 prior placements

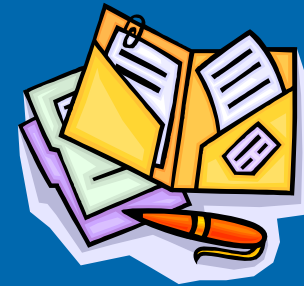
# Why Re-design Residential Services?

- To implement evidence based services including PBIS, and Trauma Focused CBT
- To utilize residential services as an intervention, not as a placement
- To achieve improved outcomes
- Increase youth and family connections
- Develop sustainable community supports
- Ensure permanency for youth in a loving, supportive family
- To ensure consistent implementation of a strength based, needs driven, family centered, individualized and culturally relevant philosophy in all aspects of care
- To partner with families and ensure family involvement in all aspects of care
- Maintain families connection with their community and increase natural supports



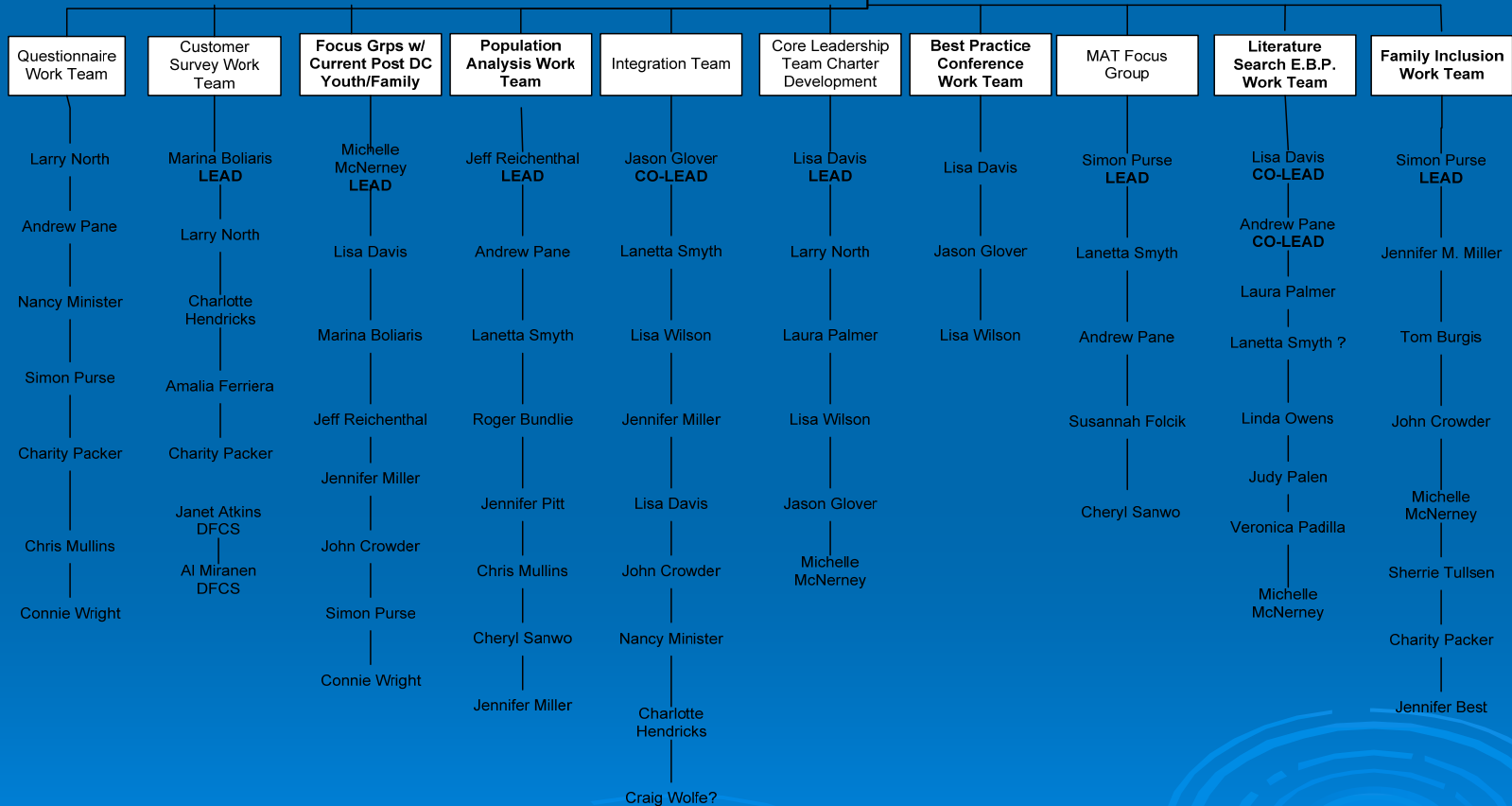
# Change Process

- Established a leadership team
- Use of change methodology-Implementation Management Associates (IMA)
  - Business Case for Action
  - Charter
  - Sponsorship contract
- Work team approach with inclusive decision making
- Well developed communication plan
- 3 phase change process:
  - Gathering data/information
  - Implementation
  - Evaluation



# Residential Redesign Work Teams

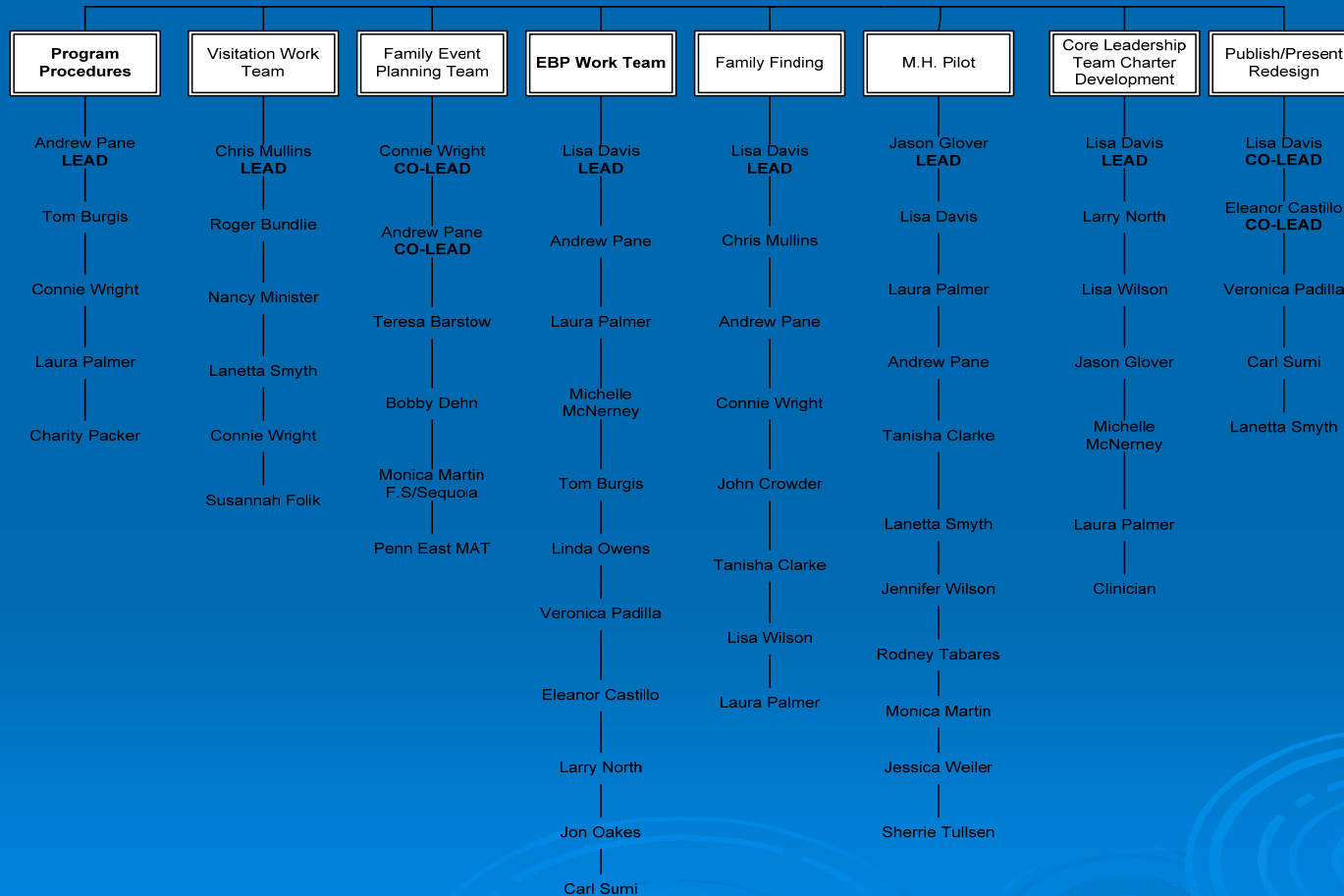
Phase I Work Plan  
Residential Redesign Team  
Started 1/3/04  
Completed 5/1/05



# Residential Redesign Work Teams

Residential Redesign  
Implementation Work Plan  
Phase II

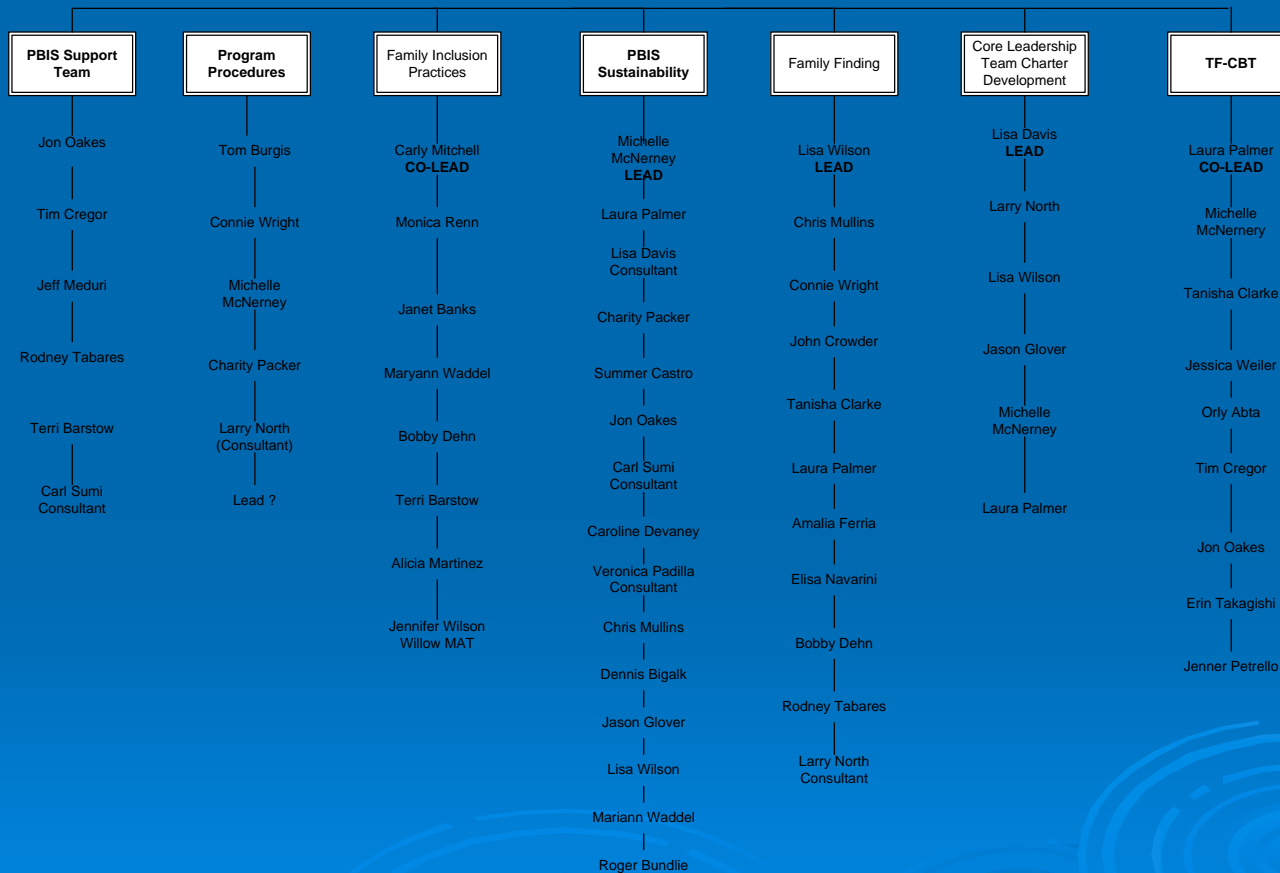
**Completed 8/06**



# Residential Redesign Work Teams

Residential Redesign  
Implementation Work Plan  
Phase III

**In Progress**



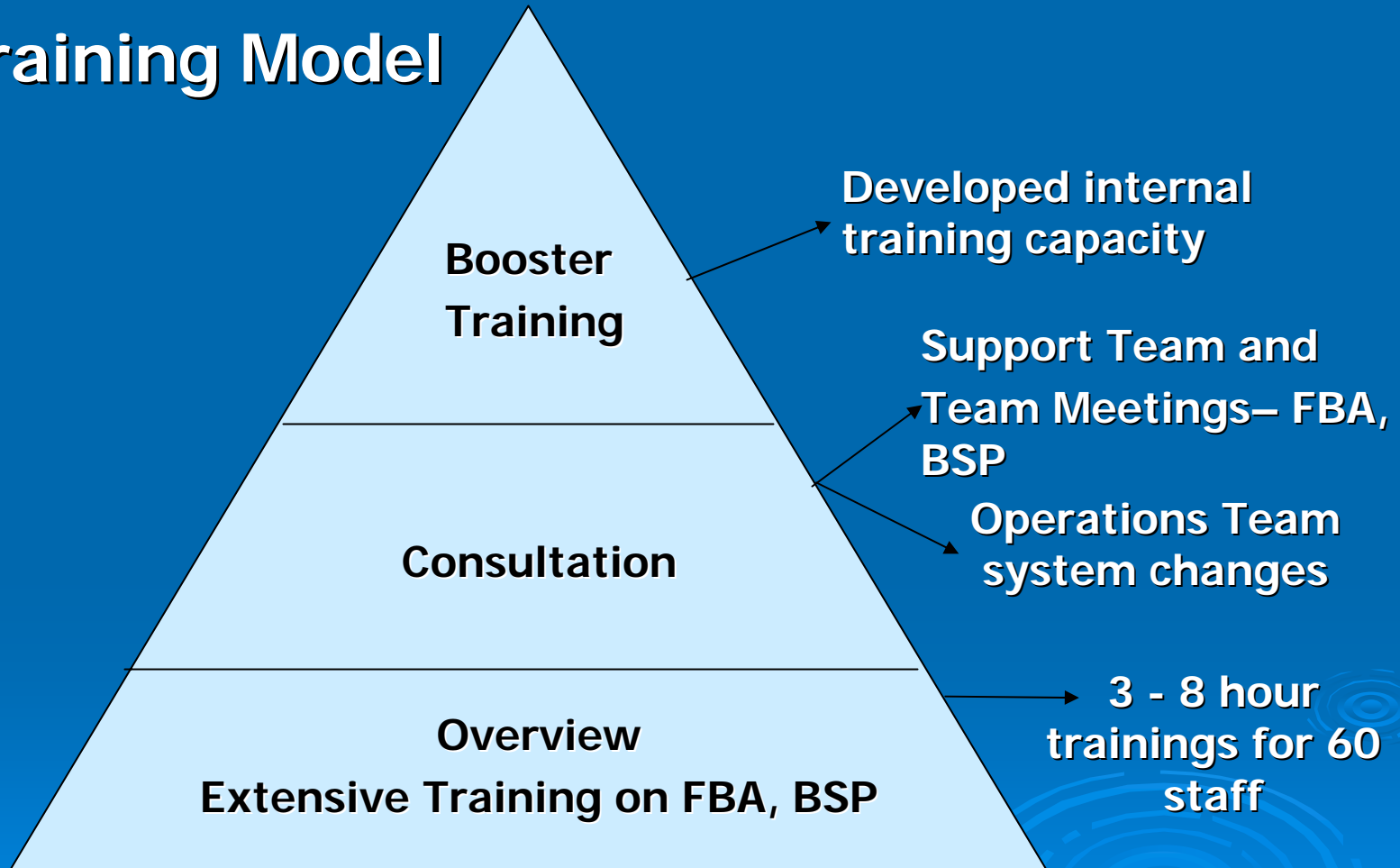
# Why PBIS?

- Evidence in schools that approach creates pro social positive environments
- Alignment with agency philosophy
- Goodness of fit: congruent with behavioral approach already utilized
- Focus on increasing quality of life, achieving broad goals and supporting portable skills
- Use of a proactive and educative approach to support elimination of “control based” interventions including restraints

Eber, Sugai, Smith, & Scott (2002); Scott & Eber (2003)

# PBIS Implementation Strategies

## Training Model



# PBIS Implementation Strategies

- Develop behavior and cottage management system
- Establish core values/expectations and settings
- Reviewed past point and level system, develop new systems based on values matrix
- Goal to enter points into agency's electronic record for easy data analysis
- Provide consultation and problem solve barriers
- Develop and adapt all program policies and procedures to reflect PBIS implementation
- Develop procedure on how to incorporate into documentation (i.e., assessment, Tx plan, etc.)
  - Need to coordinate with Medi-cal and CCL regulations.

# PBIS Implementation Strategies



- Supervision practices changed
- Clinical supervisors review F.B.A. and B.S.P. in individual supervision and group supervision
- Time in weekly team meeting set aside to delegate tasks to complete F.B.A. and B.S.P.
- PBIS support team participates in “team meetings” monthly; put forms on the Intranet
- New tasks built into staff evaluation, program goals, and interview process

# Facilitative Factors for the Implementation of PBIS in Residential

- Agency and PBIS philosophy alignment
- Outcome and evaluations department
- Data management practices
- Use of change methodology and quality improvement techniques
- Trainer/consultant thoroughly learned operations, built relationship with staff
- On going support from consultant
- Sponsorship and resources from management

# Facilitative Factors for the Implementation of PBIS in Residential

- Structuring discussions of F.B.A. and B.S.P. in team meetings and clearly delegating tasks and timelines
- Development of a "Support Team" and an Operations work team
- Key staffs' skill sets and enthusiasm
- Being open to concerns and seeing resistance as helping to inform the change process
- Building PBIS job expectations into staff evaluations
- Acknowledging staff and celebrating successes

# Challenges

- Implementing significant change while caring for children 24-7
- Deciding what practices to discontinue
- Implementation of a sustainability plan
- Considering multi-systemic needs and regulations
- Learning curve on how to utilizing data to inform practice
- Establishing consistency and accountability across three shifts
- Agency culture “flavor of the day”
- Developing internal training capacity



# Wraparound as a Philosophy

(VanDenBerg & Grealish, 1996)

- Strength-based
- Needs driven
- Family-centered
- Provider as family partner versus “expert”
- Team works collaboratively to reach goals



# Trauma-Focused Cognitive Behavioral Therapy as a Treatment Modality

- Designed for youth ages 3 to 18 years
- Aimed at reducing symptoms related to trauma
- Short-term treatment (3 to 4 months)
- Includes coping skills training; gradual exposure and processing of traumatic memories and reminders; safety skills training.
- Individual, caregiver, and joint caregiver-child sessions.



# TF-CBT as an Evidence Based Practice

Randomized Control Trials for Sexually Abused Children with PTSD systems (Cohen, Deblinger, & Mannarino, 2004)

- Significant reductions (26%) in parental emotional distress
- Significant reductions in PTSD, depression, behavior problems in children (63%; 41%; 23%, respectively)
- Percent no longer meeting PTSD criteria at post treatment:
  - 54%- Client-Centered Therapy
  - 79%- TF-CBT



# Wraparound Sacramento's Need for Trauma Therapy

- FY 2005-2006: 71 youth admitted to wraparound services at EMQ Sacramento
- Majority of these youth (64%) were referred by Child Protective Services
- Most prevalent DSM-IV Axis I diagnosis upon admission: PTSD (23%)

# Factors Facilitating Wrap & TF-CBT Integration

- Sponsorship by EMQ Administration
- On-going Support from TF-CBT Consultant
- Outcomes and Evaluation Dept. Support
- Staff Enthusiasm
- Clinicians' Willingness to Learn by Doing
- Celebration of Successes



# Challenge: Partnering with Payors & Referring Agencies

- Clarify the role of EMQ Wraparound as a Mental Health Services provider
- Provide evidence of TF-CBT as EBP
- Facilitate top-down communication in partnering agency regarding approval to use TF-CBT within Wraparound
- Utilize CFT process to recruit participants

# Challenge: Recruiting Therapy Participants

- Developing screening criteria (types of trauma, substantiated abuse, non-offending caregiver availability, PTSD symptomatology).
- Describing TF-CBT in non-threatening terms
- Using TF-CBT in on-going versus new therapy cases
- Obtaining permission to audio tape sessions

# Challenge: Resolving Clinician's Concerns

- Anxiety regarding proficiency level in TF-CBT
- Uneasiness with audio tapping sessions
- Need to establish client readiness and psychological safety prior to beginning trauma work



# Challenge: Adopting Evaluation Tools

- Trauma Sx Checklist (TSCC & TSCYC)

(completed by youth ages 3-16)

- Child Sexual Behavior Inventory (CSBI)

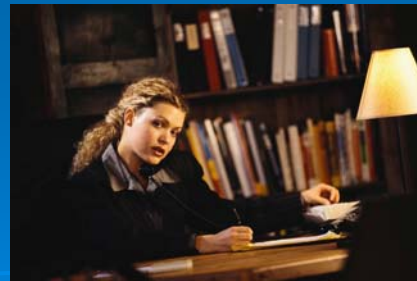
(completed by caregiver of youth ages 2-12)

- Parent Stress Inventory

(completed by caregiver for youth ages 1mo. to 12 years)

# Challenge: Maintaining Consistent Use of Consultation

- Coordinating consultation calls
- Prioritizing attendance at consult calls
- Providing audio taped sessions for review
- Ensuring supervisory follow-up on consultant's recommendations



# Challenge: Understanding the Fit Between Wraparound and TF-CBT

	Wraparound	TF-CBT
<b>Model Type</b>	Service Delivery	Treatment
<b>Process</b>	Team-Based Planning Individualized Services	Therapist-Guided
<b>Outcomes</b>	Youth & Family Functioning	Trauma-Related Symptoms
<b>Family-Focus</b>	Parent Voice & Choice Empowerment Natural supports	Parent/Child/Parent- Child Sessions Psychoeducation Trauma Processing

# Recommendations

- Prepare TF-CBT training seminar participants with understanding of on-going commitment to consultation.
- Provide a script for Wrap Facilitators for introducing the therapy to CFT members as a service option.
- Recognize the key elements in common between Wrap and the EBP offered.

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