

# **Effectiveness of Selected Community-Based Service Models**

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# Reasons for HOPE for Children

- **Significant growth in the evidence base**
- **Increased understanding about changing clinical practice**
- **Tools for improving clinical practice**
- **Policy to support implementation of some community-based interventions**

# Based on the Evidence

## What is *IN* ?

Intervention Type	Conditions
<b>Cognitive Behavioral Therapy</b>	<b>Depression, Anxiety, Trauma</b>
<b>Behavioral Approaches</b> directed toward <i>parents or teachers</i>	<b>ADHD</b> <b>Disruptive Behavior</b>
<b>Behavioral Approaches</b> directed toward <i>youth</i> (social skills training, contingency management)	<b>Disruptive Behavior</b> <b>Alcohol Abuse</b> <b>Schizophrenia</b>
<b>Combined Behavioral and Systemic</b>	<b>Disruptive Behavior,</b> <b>Substance Abuse</b>
<b>Treatment Foster Care</b>	<b>Disruptive Behavior</b>
<b>Intensive Case Management</b>	<b>Multiple Disorders (SED)</b>

***Based on the Evidence***  
**What is *OUT* ?**

**Intervention**

**Condition(s)**

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**Play Therapy**

**ADHD, Disruptive Behavior**

**Tranquilizers**

**Anxiety**

**Tricyclic Antidepressants**

**Depression**

**Day Treatment (?)**

**Full Range of Disorders**

**Institutional Care**

**Full Range of Disorders**

**Hospital (?)**

**Residential Treatment Center**

**Boot Camp**

**Detention Center**

# **An Overview of Five Service Models**

- **Intensive In-Home Services  
(MST and Family Preservation)**
- **Treatment Foster Care**
- **Respite**
- **Mentoring**
- **Family Support and Education**

# **An Overview of Five Service Models**

- **Brief Description**

**Who does what for whom?**

**Where? How often and how long?**

**Special features?**

- **Support for Clinical Practice**

- **Evidence for Efficacy and Effectiveness**

# **Intensive In-Home Services**

## **Multisystemic Therapy (MST)**

MST is a family- and community-based treatment that addresses the multiple determinants of serious clinical problems that place youth at high risk of out-of-home placement.

(Henggeler, Schoenwald, Borduin, Rowland,  
& Cunningham, 1998).

# **Intensive In-Home Services**

## **Family Preservation**

Family preservation is also referred to as home-based services, family-centered services, family-based services, or intensive family services; the specific services provided most often include evaluation, assessment, counseling, skills training, and coordination of services.

Stroul and Goldman (1990)

# Treatment Foster Care (TFC)

TFC is also known as therapeutic foster care, professional parenting, specialized foster care, and treatment family care; TFC provides treatment to troubled children within private homes of trained families; it is one of the most widely used forms of out-of-home placement for children and adolescents with severe emotional and behavioral disorders and is the least restrictive form of residential care.

(Kutash & Rivera, 1996; Stroul, 1989)

# Respite Care

Respite care has historically been closely associated with family support and is believed to be an important service for families raising a child with a disability. Typically, parents are given relief from child care either by placing the child with another family or bringing a caretaker into the home for a few days.

(Boothroyd, Kuppinger, Evans, Armstrong, & Radigan, 1998).

# Mentoring

Mentoring seeks to affiliate high-risk youth with healthy adult role models from outside their immediate families; professional mentoring is done in the community with a provider who looks more like an adult friend than a professional, but who can be trained, clinically supervised, and offer therapeutic benefits.

(Vance, 2002)

# Family Support and Education

Family support programs involve systematic efforts to bolster psychological and social resources of family members as they respond over time to a continuing stressor. Most family support interventions serve to complement or extend services offered by mental health professionals. These programs often involve “experienced peers,” “veteran parents,” or “support partners” who develop relationships with target parents.

The education component of the intervention is based on a realization that in order to implement effective parenting strategies at home, parents need to have a foundation of knowledge about causes and consequences of behavior within a developmental and strength-based framework.

(Ireys, DeVet, & Sakwa, 2002)

# **Family Therapies**

## **with an Emerging Evidence Base**

**Strategic**

**Szapocznik**

**Functional**

**Alexander and Parsons**

**Solution Focused**

**de Shazer**

**Family Group Conferencing**

**Pennell**

# **Shared Characteristics of Community-Based Service Models**

- **Target populations include delinquents, maltreated youth, youth with severe emotional and behavioral disorders**
- **Adhere to system of care values**
- **Provided in homes, schools, and neighborhoods, not in offices**
- **Provided by parents and paraprofessionals (except MST)**
- **Utilized by multiple human service sectors (mental health, justice, child welfare)**
- **Developed and studied in the real world, not in university settings**
- **Less expensive than institutional care**

# Support for Clinical Practice

	MST	TFC	Respite	Mentor	Family Support
<b>Practice Guidelines</b>	+	+		+	+
<b>Training</b>					
<b>Formal Workshops</b>	+	+			
<b>Consultation/Supervision</b>	+				
<b>Manual</b>	+	+			
<b>Video</b>	+				
<b>Fidelity Monitoring</b>	+				
<b>Regulations/Standards</b>		+	<i>coming</i>		+

# What is the Evidence?

## Intensive In-Home Services

### Multisystemic Therapy

7 RCTs and 1 quasi-experimental  
fewer arrests; fewer placements;  
decreased aggressive behavior

### Family Preservation

4 RCTs reduced placement  
7 RCTs no effect on placement  
2 RCTs more family reunification

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## Treatment Foster Care

4 RCTs  
more rapid improvement; decreased aggression  
better post-discharge outcomes

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## Respite Services

2 quasi-experimental  
fewer placements; reduced family stress

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## Mentoring

1 RCT  
less substance use and aggression;  
better school, peer, and family functioning

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## Family Support and Education

1 RCT  
increased knowledge and self-efficacy  
about mental health service use

# Variation in the Evidence for Selected Community-Based Service Models

**STRONG  
EVIDENCE**

**Multisystemic Therapy  
Treatment Foster Care**

**MODERATE  
EVIDENCE**

**Respite Care  
Mentoring  
Family Support and Education**

**MIXED  
EVIDENCE**

**Family Preservation**