



# **Building the Link through Project Focus: A Consultation Intervention with Child Welfare Caseworkers, Brokers of Evidence-based Practices for Youth in Foster Care**

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# Acknowledgements



- Paul G. Allen Foundation
- Washington State House Bill 1088
- Children's Administration
  
- Lucy Berliner, LCSW
- Eric Bruns, Ph.D.
- Dana Phelps, M.A., Children's Administration
- Elizabeth Feldman, Ph.D.
- Kenyatta Etchinson. Ph.D.
- Eduardo Jones, B.A.
- Maria Klow



# 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 caseworkers in targeted child welfare offices
  - Training and consultation with clinicians in the community serving these offices



# Project FOCUS **Rationale**

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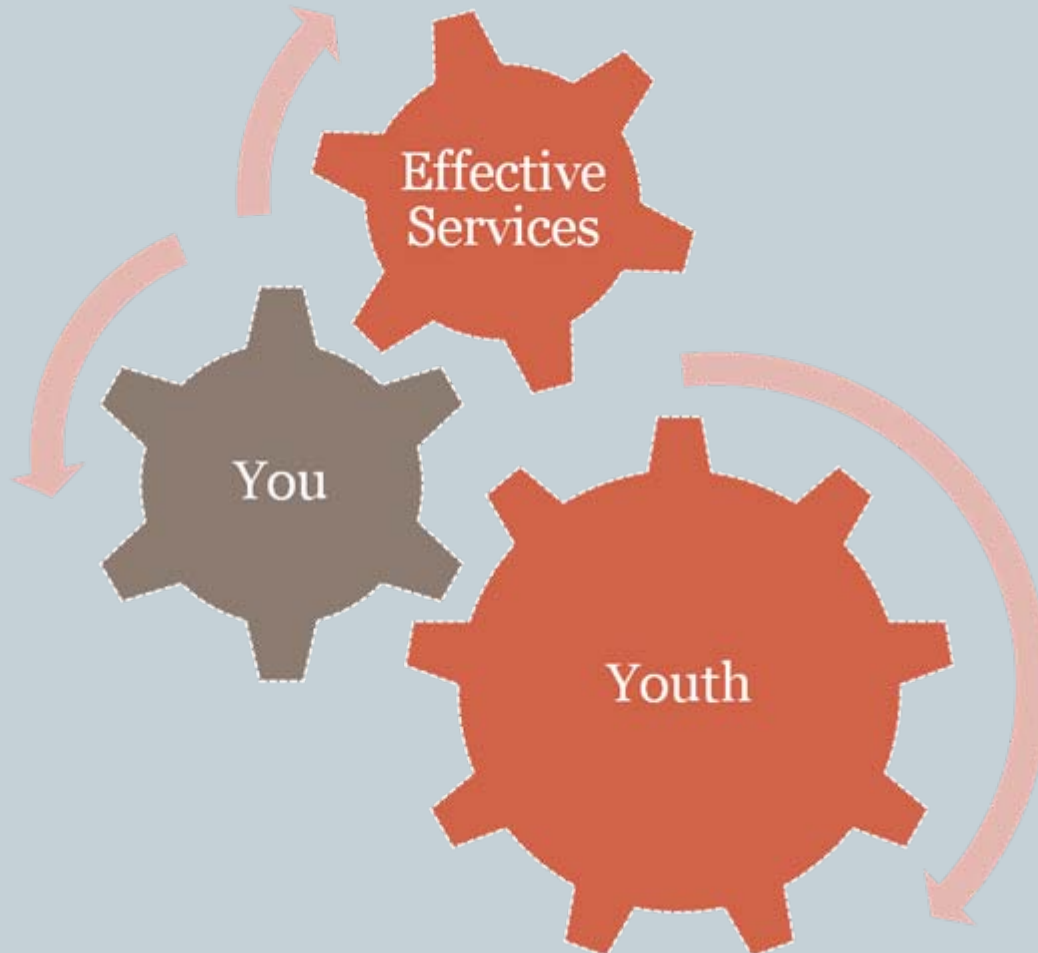
## Improve functioning of youth in foster care

### How?

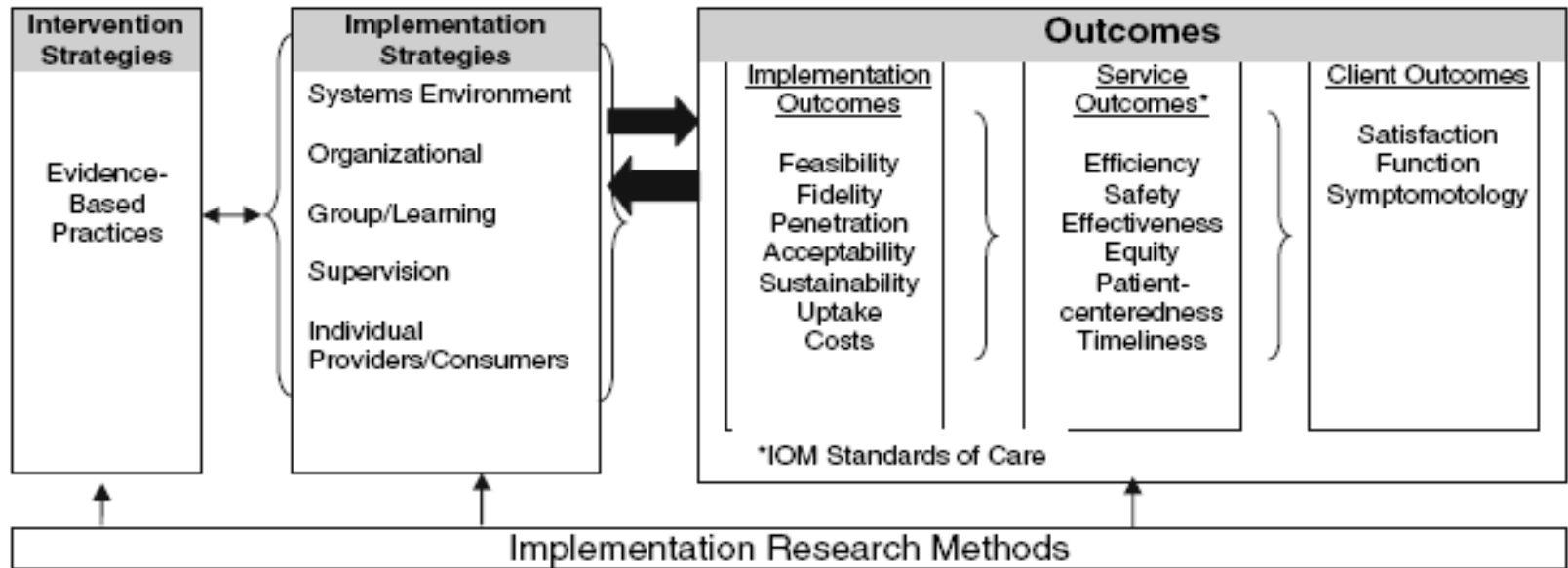
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  - Training and consultation with caseworkers in targeted child welfare offices
  - **Training and consultation with clinicians in the community serving these offices**

# Caseworkers as Brokers: The necessary “cog” in the wheel

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# Implementation Research Conceptual Model



Proctor, Landsverk, Aarons, Chambers, Glisson, & Mittman, 2009

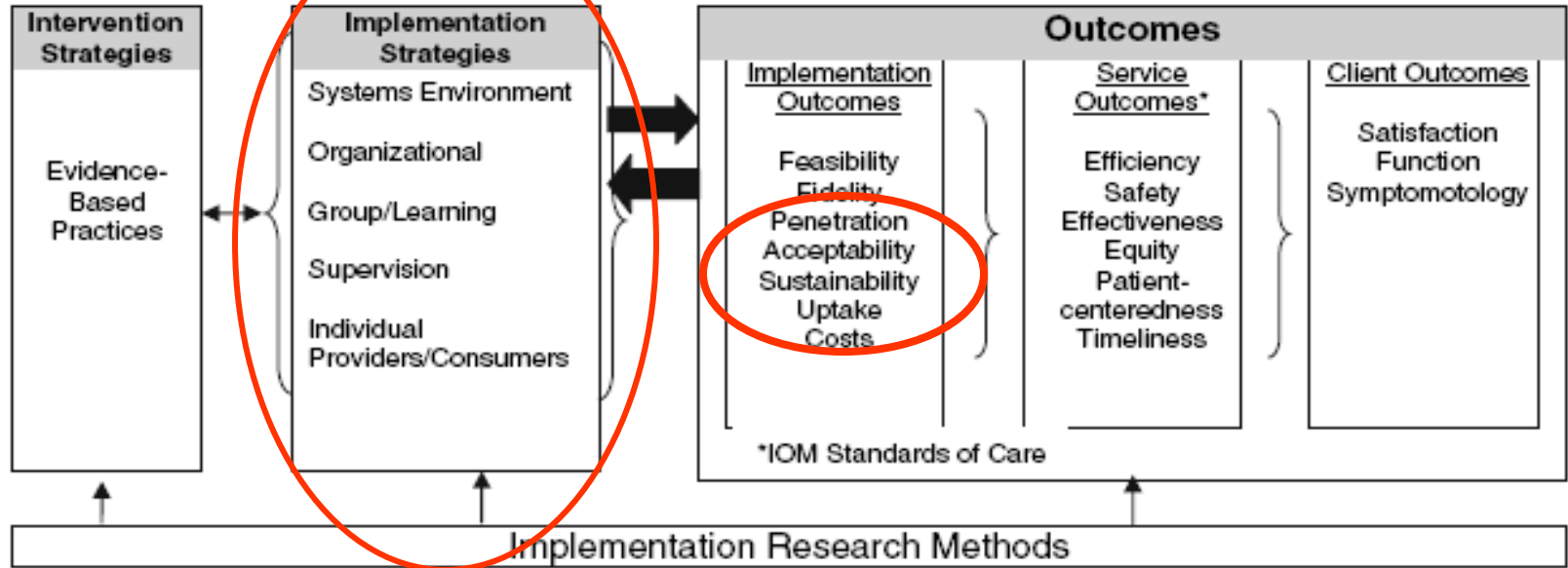


# Implementation Strategies



- Majority of the focus on provider efforts
  - Training, consultation, engagement
- Some focus on consumer efforts
- Growing focus on organizations and systems
  - Glisson, Aarons, others
- Significantly less focus on **brokers** of mental health services
  - Particularly important area for children

# Additional Implementation Strategies “Focus” Needed



Proctor, Landsverk, Aarons, Chambers, Glisson, & Mittman, 2009





# Need for EBP in Child Welfare



- Significantly higher rate of mental health need than general population
- 50-75% of youth in foster care have at least one mental or behavior health problem that warrants treatment
- Foster care: “gateway” into services



But...what KIND of services?



# If you Build it...They will Come



# But usually we need stairs...and support



CW Monitoring of Treatment

CW: Matched referral

Caseworker knowledge of MH

Caseworker Buy-in to EBP

Caseworker knowledge of EBPs

Evidence-based Practices (EBPS) Available



# Our Goal



- Child welfare workers aware of EBPs in their community
- Broadly identify mental health needs
- Identify appropriately matched EBP
  - Use questions to evaluate treatment options when EBP not available
- Refer and follow up

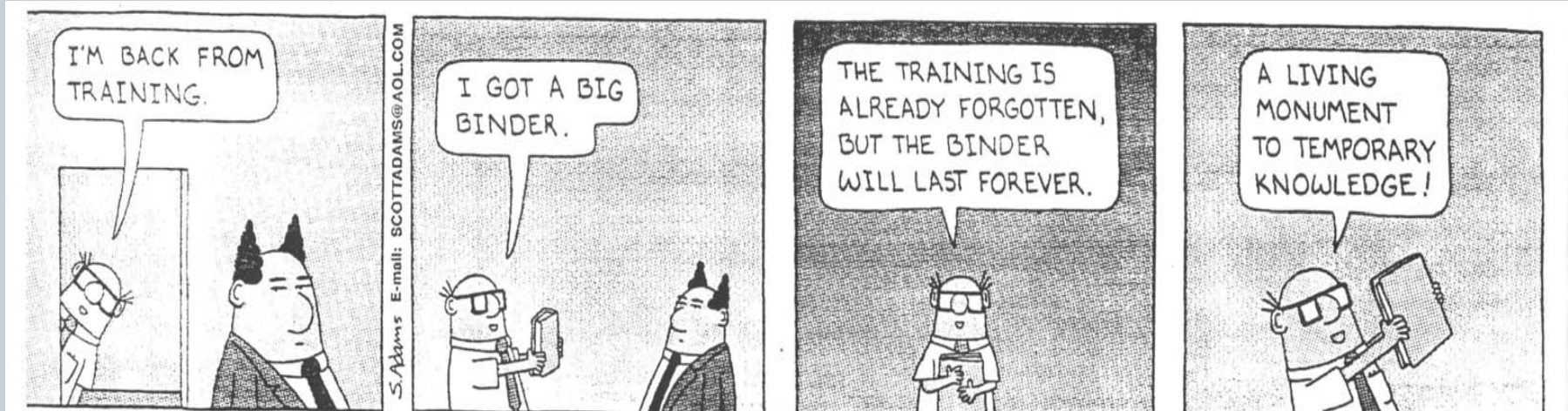
# Implementation Strategies



- **In person training with child welfare workers**
  - 6 hours, over two weeks
- **Biweekly consultation for four months**
  - Applying the training to actual cases
  - Dyads of workers, one hour
  - Total of 8 calls *available*



# Implementation Strategies: Trying to Avoid this....



\*Thank you to Mary McKay for this cartoon



*“...Ongoing supervision may be needed for actual therapist behavior change and skillful implementation.”*

Beidas & Kendall, 2010

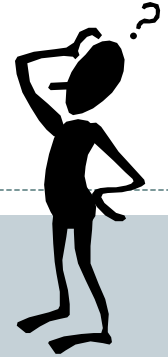


*“...there does not seem to be a substitute for expert consultation, supervision, and feedback for improving skills and increasing adoption.”*

Hershell , Kolko, Baumann, & Davis, 2010

## Supervision and Consultation

# (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!

Jose's Total Competence score was in the clinical range below the 10th percentile for parents' ratings of boys aged 6 to 11. His scores on the Social and School scales were both in the clinical range below the 3rd percentile, and his score on the Activities scale was in the borderline clinical range (3rd to 7th percentiles).

On the CBCL problem scales, Jose's **Total Problems and Externalizing scores were both in the clinical range** above the 90th percentile for boys aged 6 to 11. His **Internalizing score was in the normal range**. His scores on the Anxious/Depressed and Somatic Complaints syndromes were in the normal range. His scores on the Withdrawn/Depressed, Social Problems, Thought Problems, Rule-Breaking Behavior, and Aggressive Behavior syndromes were in the clinical range above the 97th

DSHS 14-444 (REV. 12/2006) – TRANSLATED

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percentile. His score on the **Attention Problems syndrome was in the borderline clinical range** (93rd to 97th percentiles). These results indicate that **Jose's adoptive mother reported more problems than are typically reported by parents of boys aged 6 to 11, particularly withdrawn or depressed behavior, problems in social relationships, thought problems, attention problems, rule-breaking behavior, and problems of an aggressive nature.**

C-TRF 1 ½ - 5 years

or

TRF 5 – 18 years

The Caregiver Teacher's Report Form (C-TRF) obtains ratings by daycare providers and teachers on 99 items, plus descriptions of problems, disabilities, what concerns the respondent most about the child, and the best things about the child.

The Teacher's Report Form (TRF) is designed to obtain teachers' reports of children's academic performance, adaptive functioning and behavioral/emotional problems.

SCREENING RESULTS (Insert ASEBA Narrative)

The Teacher Report Form (TRF) was completed by Bobby's classroom teacher to obtain her perceptions of Bobby's adaptive functioning and problems. Bobby's classroom teacher reported knowing Bobby for 6 months.

Bobby's classroom teacher rated Bobby's performance in one subject at somewhat below grade level, four subjects at grade level, and one subject at somewhat above grade level. Bobby's classroom teacher rated Bobby as working somewhat more hard, behaving slightly less appropriately, learning



# (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

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# (Example) Externalizing “Acting Out” Behavior Problems

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**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.

# 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



# Example Action Plan Email



call # 5 1.14.09

File Edit View Tools Message Help

Reply Reply All Forward Print Delete Previous Next Addresses

**From:** Shannon Dorsey  
**Date:** Wednesday, January 14, 2009 3:13 PM  
**To:** dorsey2@washington.edu  
**Subject:** call # 5 1.14.09

**Subject:** call #

Now that you can access CHETS electronically (wink wink) send them for new kids for next week! Great call, thanks guys. Notes and follow up points below. AND...Elizabeth and I just realized, since she's now in the loop, she'll lead the call next week while I'm in San Diego. I'll miss you all, but really enjoy my conference AND the sunshine :-)

[Redacted]

- when you hear back from the aunt, let me know who compass therapist is!
- get a tutorial on how to access CHETS electronically...then can send [Redacted]'s CHET to therapist!

[Redacted]

- Call over and find out who the therapist is, so we can track the therapy
- want FPs involved--stress importance of this to them

[Redacted]

- moving to adoption unit!!
- Tell foster dads that PCIT is the thing if they need it
- Let adoption worker know that PCIT could be part of adoption plan (PCIT is HOW we'd address the problems they are having)

[Redacted]

- Yeah! She got hooked up w a MATCH therapist, Christie, and Christie can assess whether to go w MATCH-Conduct or MATCH anxiety (sexual abuse/anxiety focus)
- find and share CHET w/ therapist!

[Redacted]



# Project FOCUS Research Design



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

- Convenience Sample

- **Immediate Implementation**

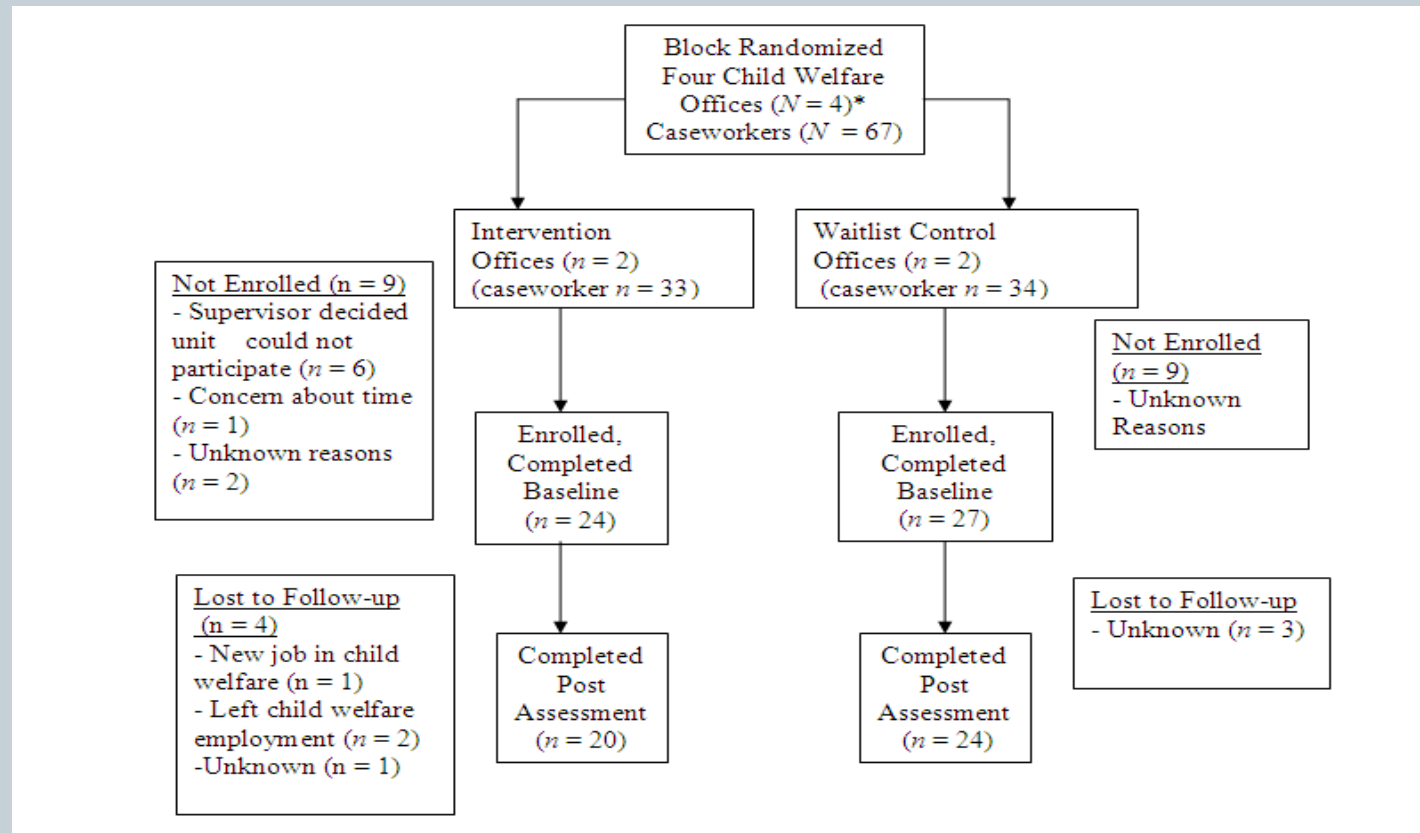
- 2 offices (urban, 1 rural) receive caseworker and clinician training immediately

- **Waitlist Control**

- 2 offices (1 urban, 1 rural) SHOULD HAVE received caseworker and clinician training a year later



# CONSORT Diagram



Dorsey, Kerns, Trupin, Conover & Berliner, in press; *Child Maltreatment Implementation Special Issue*

# Caseworker Demographics



Demographic Variables	Research Condition			
	Intervention (N=24)		WLC (N=27)	
	N	%	N	%
Office setting				
Urban	14	56	14	51.85
Rural	10	44	13	48.15
Caseworker gender				
Male	5	21	1	3.70
Female	19	79	26	96.30
Caseworker ethnicity				
Hispanic	5	21	4	14.82
Caucasian	18	75	20	74.10
American Indian/ American Native	0	0	3	11.11
Asian American	1	4	0	0
Previous training in EBPs ^				
Yes	18	82	24	88.89
No	4	18	3	11.11
Years of experience as caseworker	M= 7.79*; SD=5.26		M=12.56*; SD= 9.21	

^ 2 participants in the Intervention condition did not respond to this item

\*  $p < .05$



# Training Participation



- **42% participated in BOTH training days**
  - 70% in first day, 66% in second day
- **96% participated in one consultation call**
- **Workers attended 6.3 calls ( $SD = 2.3$ ; range = 0-9)**
- **Received an average 304 minutes of consultation**
  - About 5 hours

# Findings

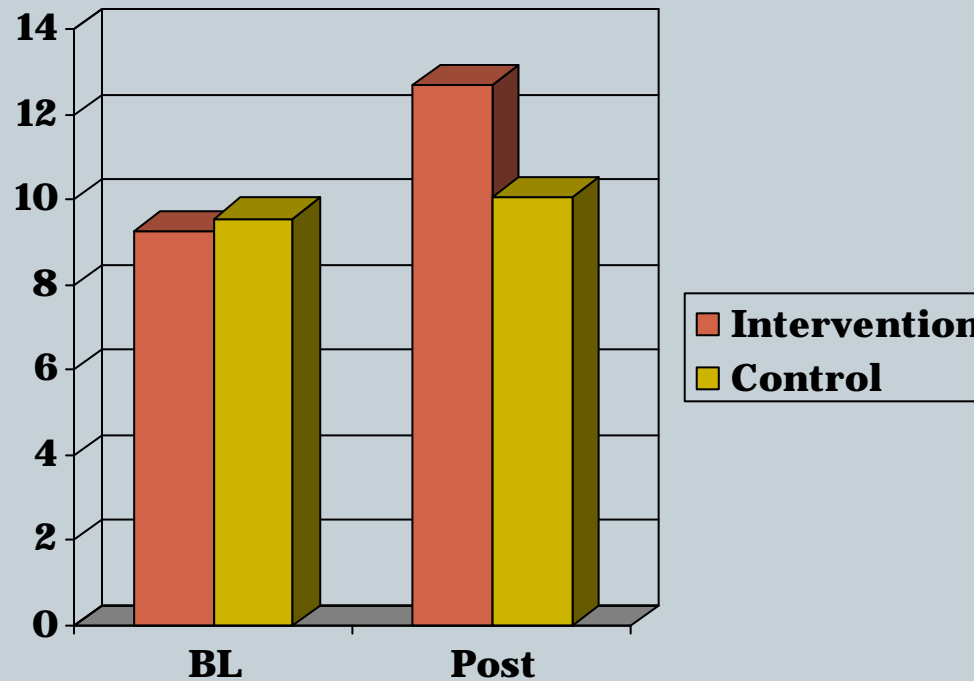


- High level of satisfaction reported by caseworkers, particularly with consultation
  - *“The consultation... put the training into the application mode... Because we’re talking about services that I don’t always know... like Dialectical Behavior Therapy ... was one of the examples: when to use it, what to expect from it, how to know it was being used... “*
  - *“...it 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.”*

Kerns, Dorsey, Trupin, & Berliner, 2010

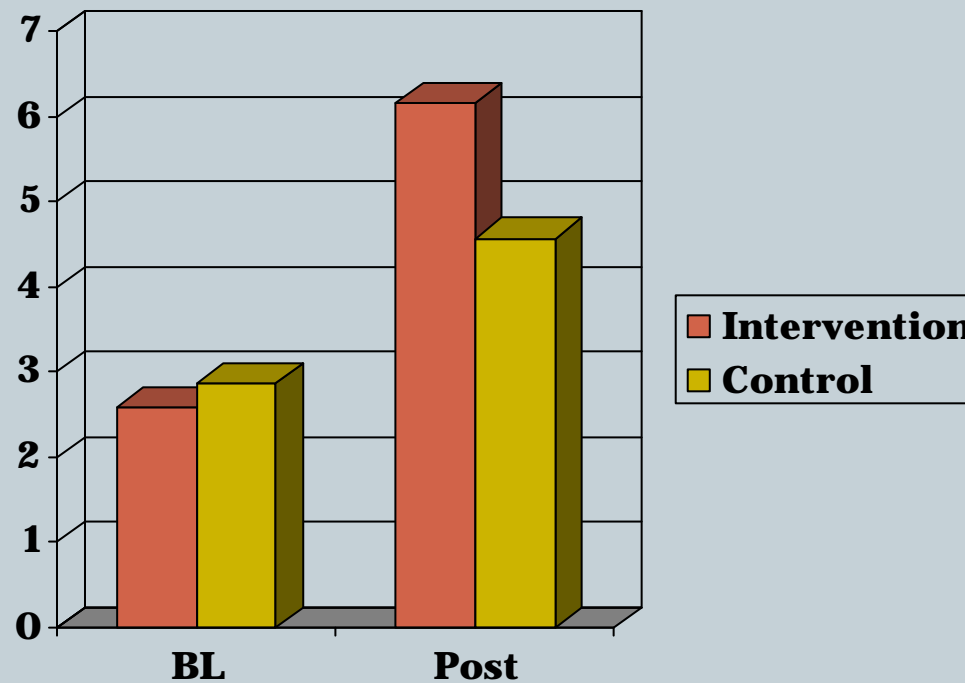


# Findings: Awareness of EBPs



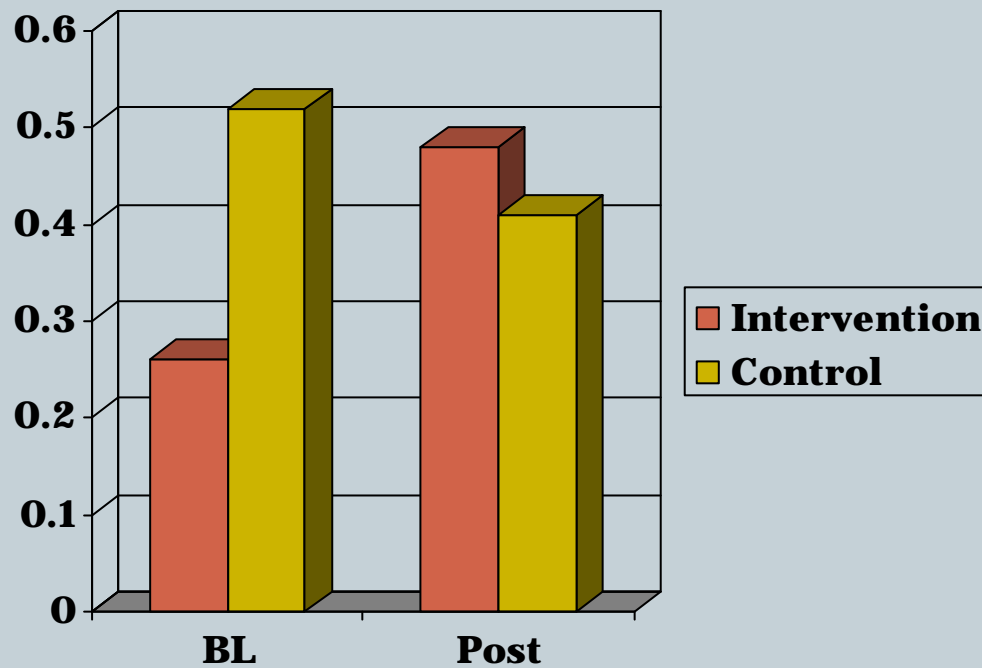
$F(1, 43) = 9.37; p < .01$

# Findings: Referral to EBPs



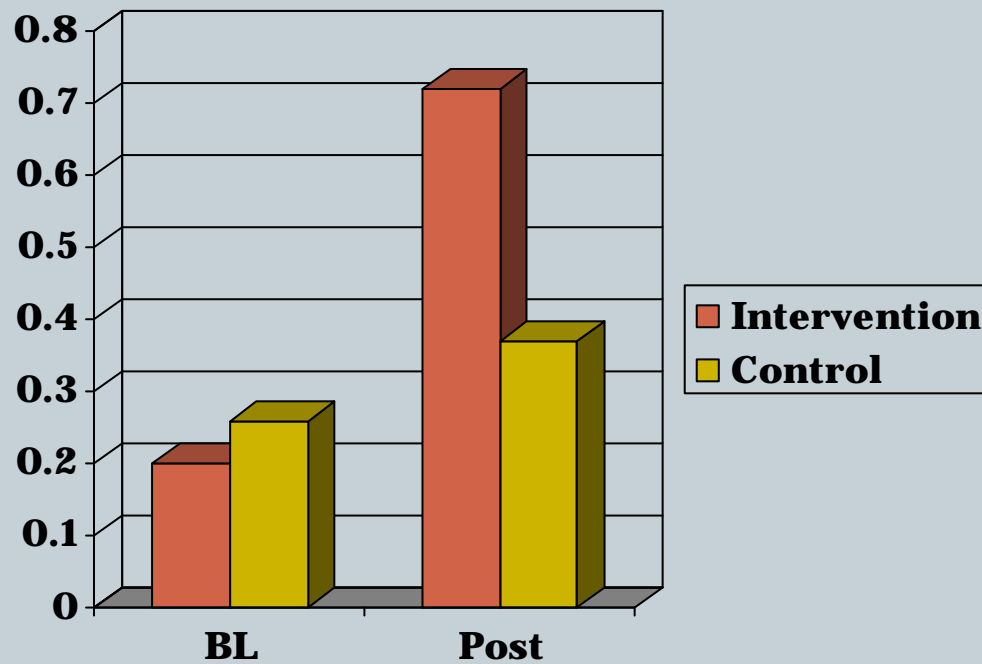
$F(1, 43) = 2.38$

# Match Symptoms & Characteristics Treatment



$F(1, 48) = .30$

# Findings: Knowledge of Appropriate Referrals



$F(1, 48) = 3.90$

# Exploratory Analyses on Dose



Dose appears to be important

- Dose of training participation and consultation participation related to EBP awareness
- Dose of consultation related to EBP referrals
- Analyses exploratory only given small n
- Reinforce other findings that consultation and supervision is critical (Beidas et al., in review)

# Brokers, Spanners, and Connectors are Important



- Nurses
  - Caseworkers
  - Teachers
  - Primary Care Physicians
  - Court Appointed Special Advocates
  - Parents
  - Judges
- 
- Who are the brokers in your research area?







# Project FOCUS: **Lessons Learned**



- **Making use of data already collected**
  - But not used at all
- **Structure and follow through are important**
  - Calls, action plan, making referrals
  - Training likely not enough (in this context)
- **Need work with providers too--particular broker preferences**
  - Brokers preferred clinicians that call them back
- **Openness to EBP**
- **Broker efforts: Limited by availability of EBPs**





Questions? Thank you.

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