Mod Squad for Youth Psychotherapy: Integrating Evidence-Based Treatments for Anxiety, Depression, and Conduct Problems

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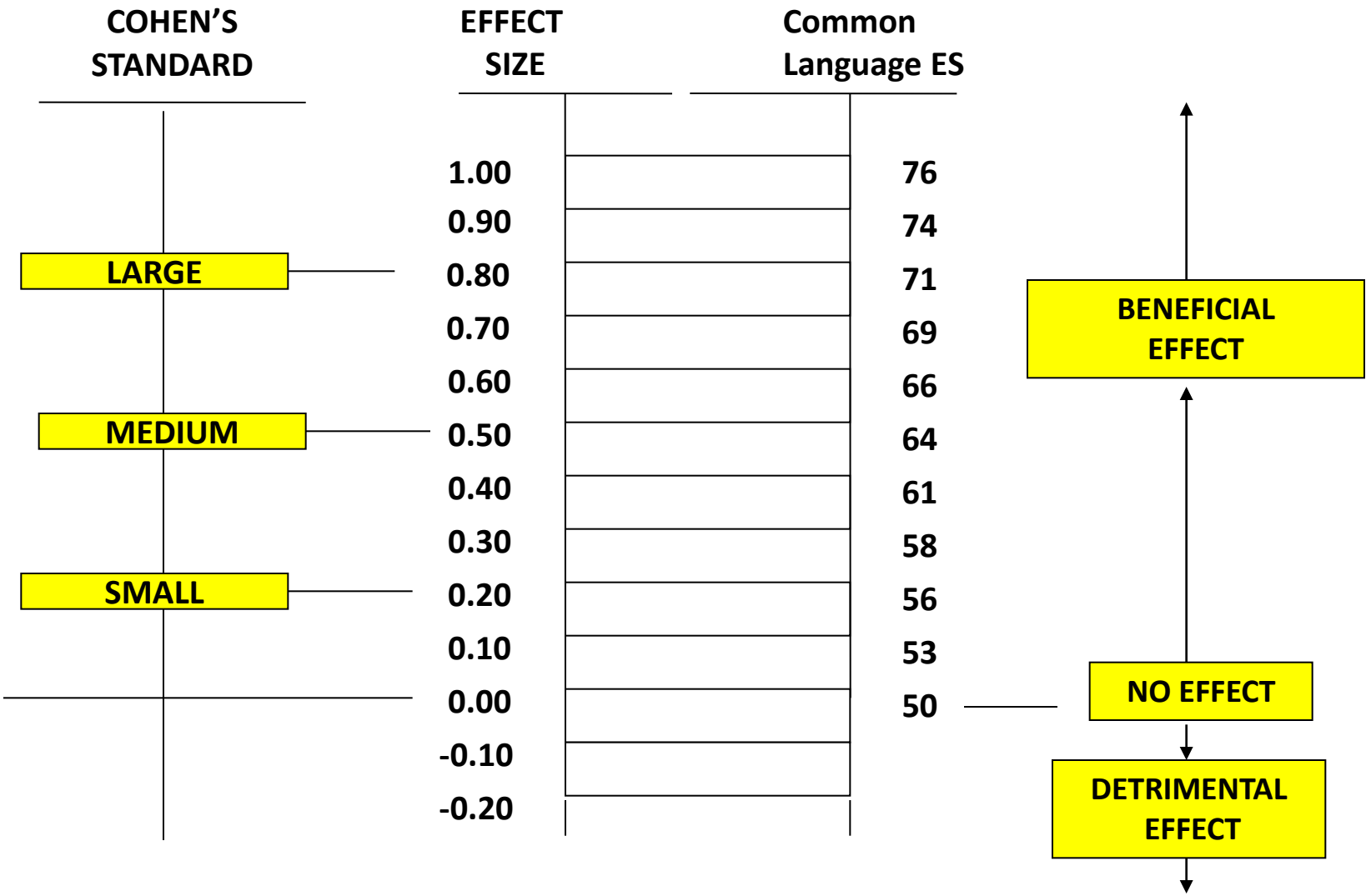
John R. Weisz, PhD, ABPP
Department of Psychology, Harvard University
and Harvard Medical School

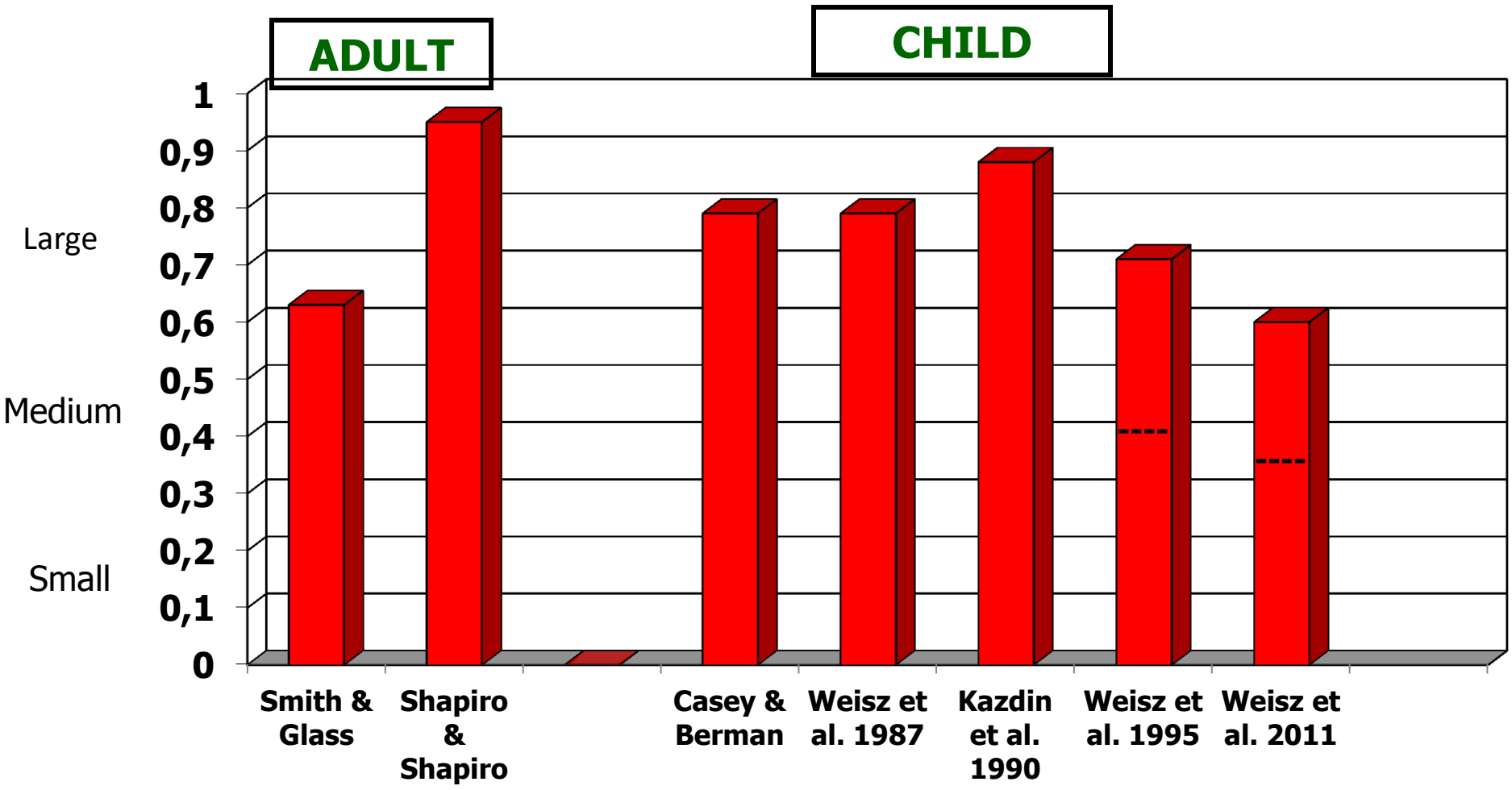
Outline

- Underlying Concepts and Principles
- Overview of the modular approach
- Systematic tracking of treatment response
- Evidence on treatment effects
- Case examples

INTERPRETING EFFECT SIZE VALUES

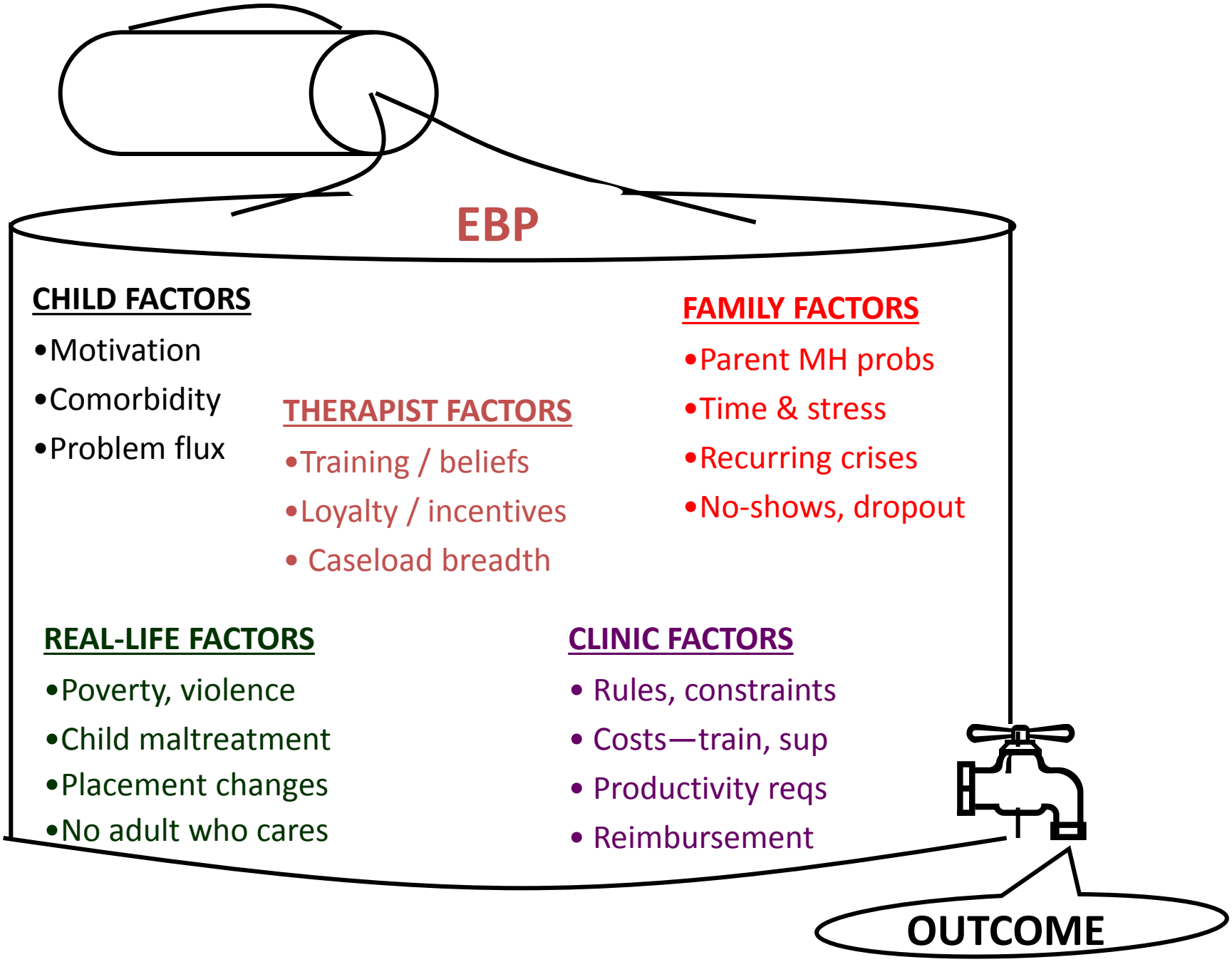


MEAN EFFECT SIZES:
ADULT AND CHILD PSYCHOTHERAPY



While the Effects of **Evidence-Based Psychotherapies (EBPs**) Look Good in these Meta-analyses, there are 2 Concerns…

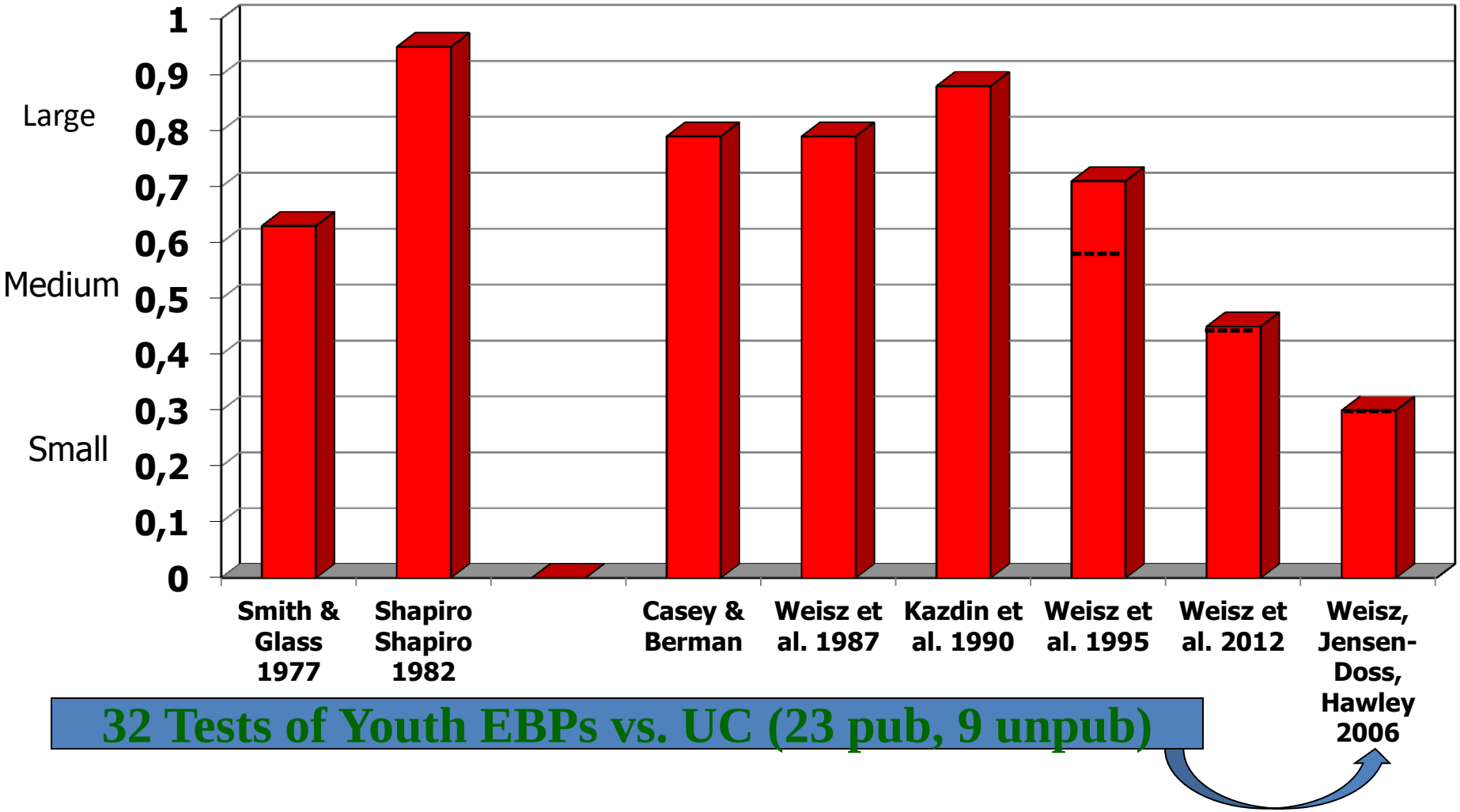
- **The treatments are rarely used in everyday clinical practice: < 5% penetration)**
- **When EBPs *are* used with clinically referred children in everyday practice, they face complexities that reduce their effectiveness**


EBP
CHILD FACTORS
•Motivation
•Comorbidity
•Problem flux
THERAPIST FACTORS
•Training / beliefs
•Loyalty / incentives
• Caseload breadth
FAMILY FACTORS
•Parent MH probs
•Time & stress
•Recurring crises
•No-shows, dropout
REAL-LIFE FACTORS
•Poverty, violence
•Child maltreatment
•Placement changes
•No adult who cares
CLINIC FACTORS
• Rules, constraints
• Costs—train, sup
• Productivity reqs
• Reimbursement
OUTCOME

EFFECT SIZES adding EBP vs. Usual Care Studies

Weisz, Jensen-Doss, & Hawley (2006) *American Psychologist*

ADULT **YOUTH**



32 Tests of Youth EBPs vs. UC (23 pub, 9 unpub)

Most EBPs are Quite Specialized: Designed for a Single Disorder or Type of Problem

- I discovered this was a limitation in LA RCTs
  - Practitioners in 7 community mental health clinics
  - Learned CBT for depression (PASCET) or CBT for Anxiety (Coping Cat)
  - Children randomized to CBT or Usual Care
- Practitioners using CBT showed good fidelity
- BUT, after the trial, I asked if still using manual
- Well, no—not the full manual—but certain parts, as needed in various cases
- Three problems….

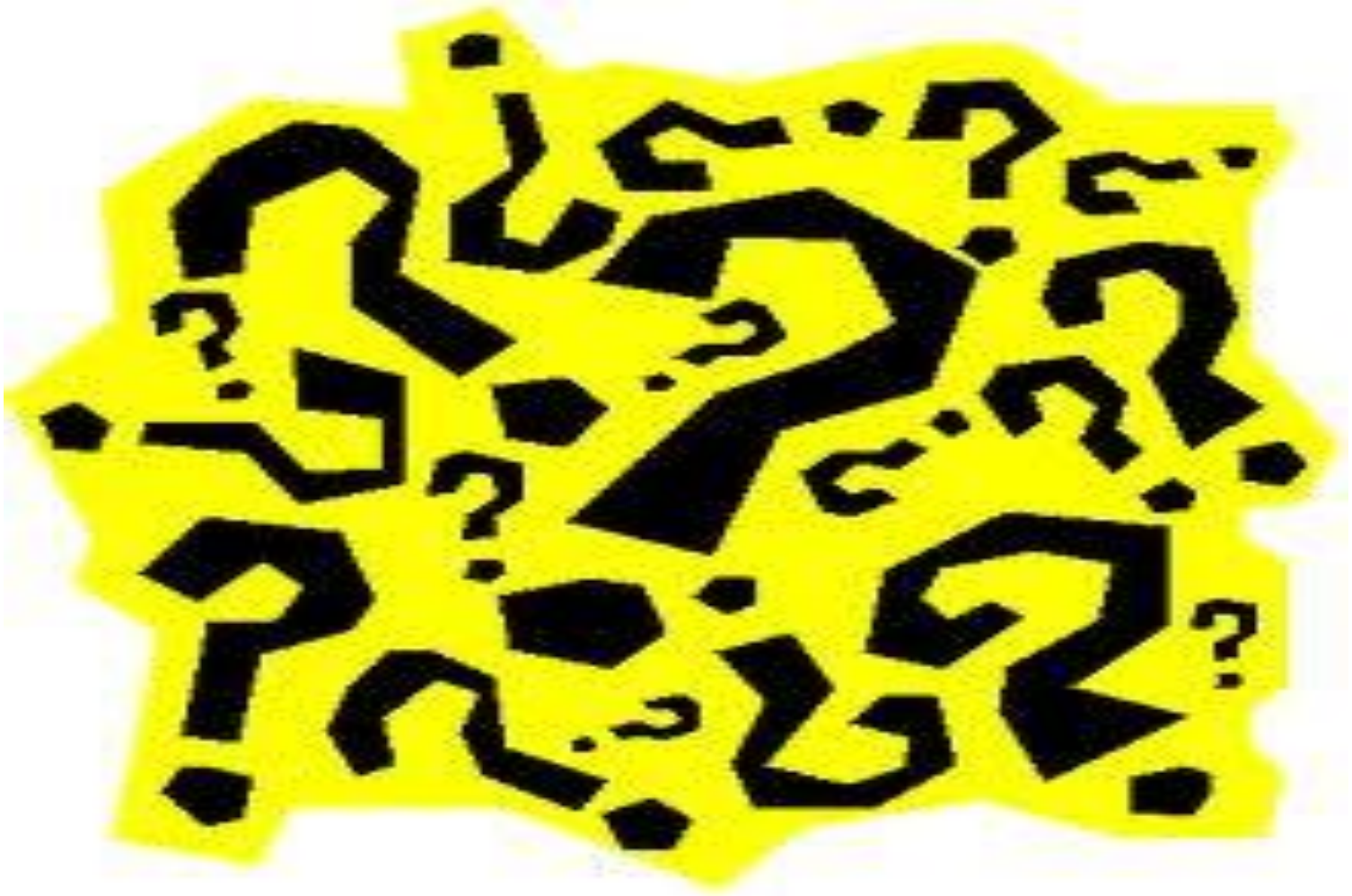
3 Problems with Single-Disorder EBPs

- **Heterogeneity:** The LA clinicians, like most, had **many disorders** in their caseload; CBT for one disorder?—Just not so relevant to most of their work.
- **Comorbidity:** The LA kids had multiple disorders & problems. CBT for *one* disorder didn't touch their *other disorders and problems*.
- **Flux:** The LA kids, like most referred to clinics, didn't sit still; their main problems & needs shifted during treatment. If all the clinician knows is CBT for one disorder, s/he's lost when the depressed child defies parents, or is expelled for fighting. [see next slides]

Take-Home Message?

- Interventions that don't fit real-world treatment conditions may not be used very much in the real world.
- To fit the real-world of clinically referred children, interventions need to deal with…
  - Broad, heterogeneous clinician caseloads
  - Comorbid, complicated children
  - Kids who don't sit still—i.e., whose priority problems and needs may shift during treatment
- Most current EBPs don't handle these three challenges very well

Questions, Comments, about Need for a Breakup?



Child STEPs

- Child STEPs is a model for youth mental health care: core EBP elements organized within a new structure
- It has 2 components:
  1. **MATCH** – Treatment manual, child worksheets, & parent handouts
     - *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems* (MATCH)
  2. **TRAC** – Outcome Monitoring System
     - *Treatment Response Assessment for Children* (TRAC)

Child STEPs Treatment Model

- **MATCH** addresses 3 problems:
  - **Heterogeneity:** Covers about 75% of outpatient caseloads in the U.S.
  - **Comorbidity:** Designed specifically for comorbidity
  - **Flux:** Changes focus to fit changes in child needs
- **MATCH** also reduces training burden. Learning one unified modular treatment replaces multiple single-disorder treatments.
- **TRAC** (Treatment Response Assessment for Children) makes treatment planning &supervision efficient via weekly feedback on youth treatment response.

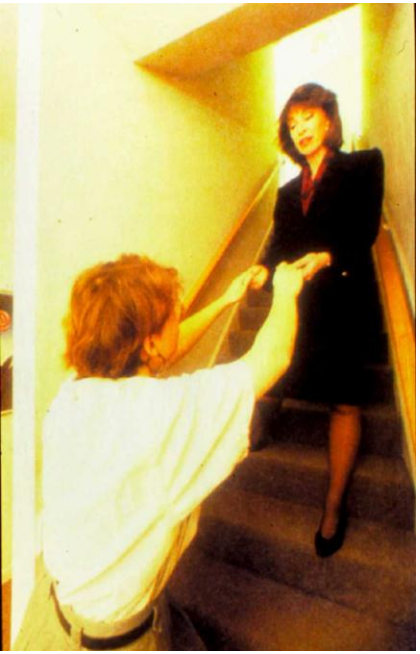
Example: Graduated Exposure

Example: Changing Cognitions

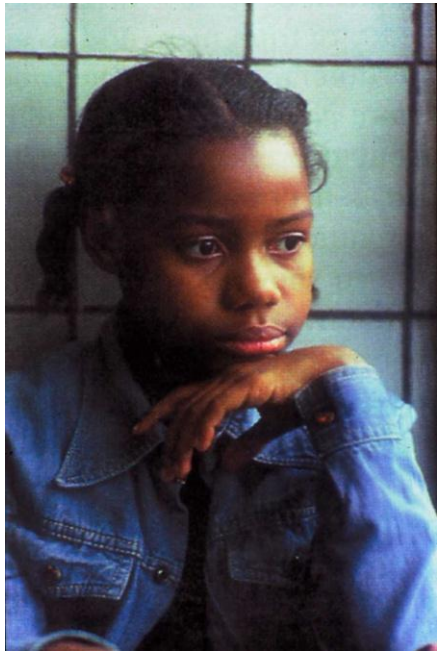
Example: Clear Instructions

Example: Praise & Planned Ignoring

CHILD STEPS TREATS FOUR PROBLEM CLUSTERS via *MATCH* [Modular Approach to Treatment of Children]



CBT for Anxiety
[46 RCTs]

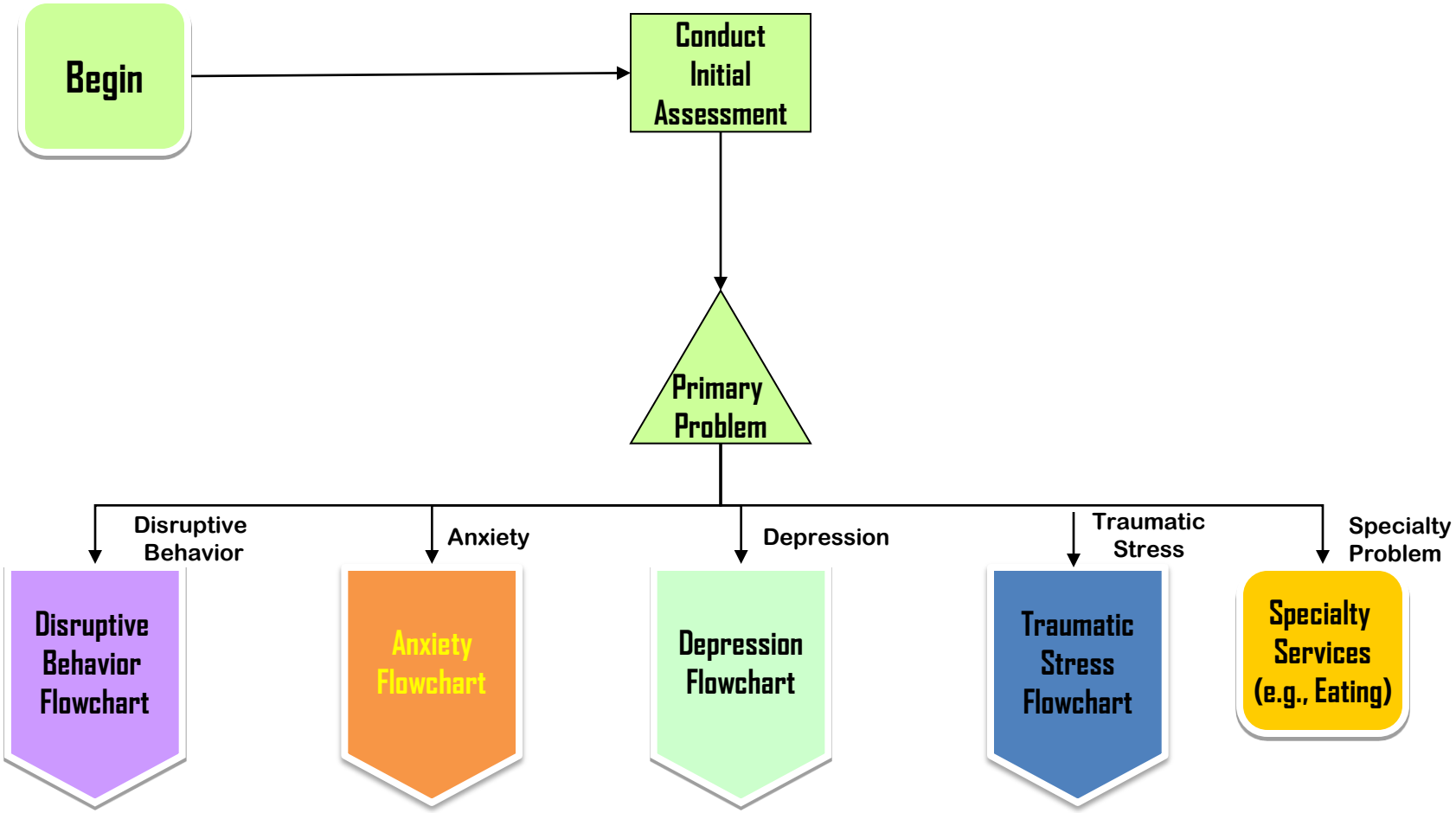


CBT for Depression
[18 RCTs]

CBT for Trauma
[6 RCTs]

BPT for Conduct
[32 RCTs]

CHILD STEPs DECISION TREE

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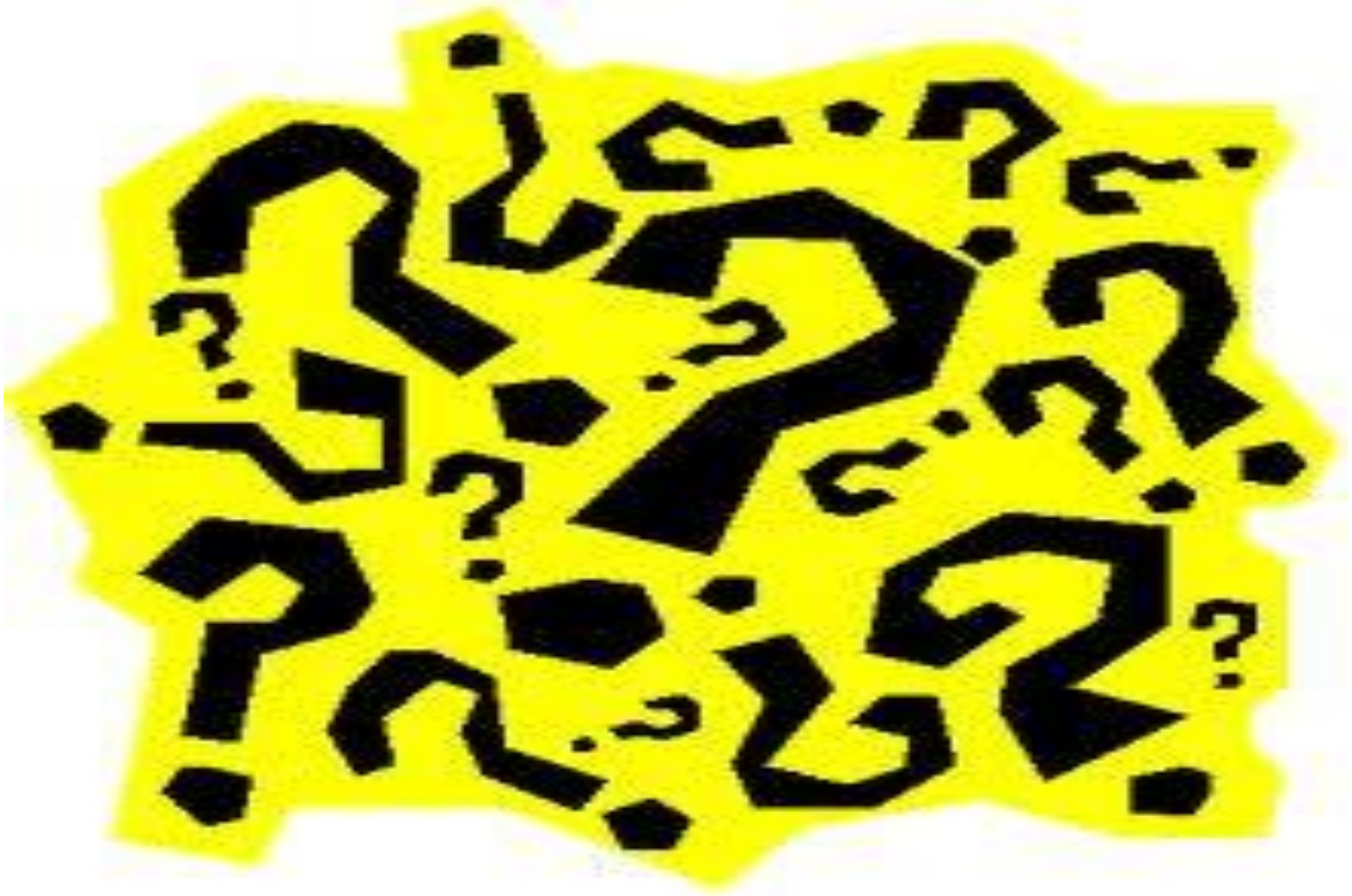
Questions, Comments, about Child STEPS: MATCH and TRAC



Does Child STEPs Work?

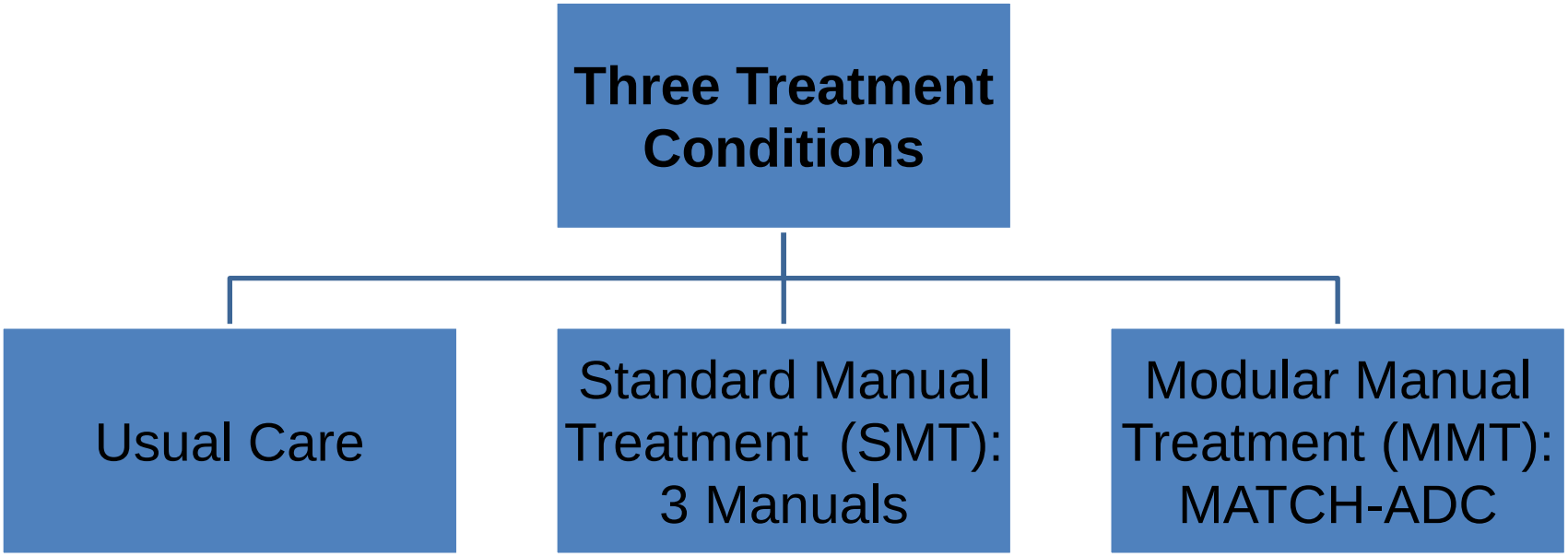
Randomized effectiveness trial:
Clinic Treatment Project

- **Hawaii**

Massachusetts

CLINIC TREATMENT PROJECT

- **Children referred through normal pathways (no ads)**
- **Therapists employed in community clinics & schools**
- **Treatment done in these community settings**
- **Randomly assignment to:**



Children and Families: Demographics

- **N=174**
- **Age: 10.7 (1.2) [range: 7-13]**
- **Girls: 32%; Boys: 68%**
- **Ethnicity [majority minority]**
  - **Caucasian 44%**
  - **Multiethnic 30%**
  - **African American 10%**
  - **Latino/Hispanic 8%**
  - **Asian American 3%**
  - **Pacific Island 2%**
  - **Other 2%**

Children & Families: Clinical and Household

- CBCL total T-score >95th percentile
- Mean DSM-IV diagnoses (via ChIPS) = 2.6
- Many high-risk youth included—examples…
  - Abuse, neglect, parent substance use/dependence
  - Suicide risk, previous hosp., attempts during treatment
  - Runaway, theft, gang involvement (case example…)
- 56% household income $20,000-$39,000.
- Over 50% in single-parent homes
- Modal caregiver education: HS diploma

Study Therapists

- **79% female**
- **51% ethnic minority**
- **Mean age 40**
- **80% Master's Level, mostly Social Work**
- **10 years of experience**
- **Mostly psychodynamic or eclectic orientation**

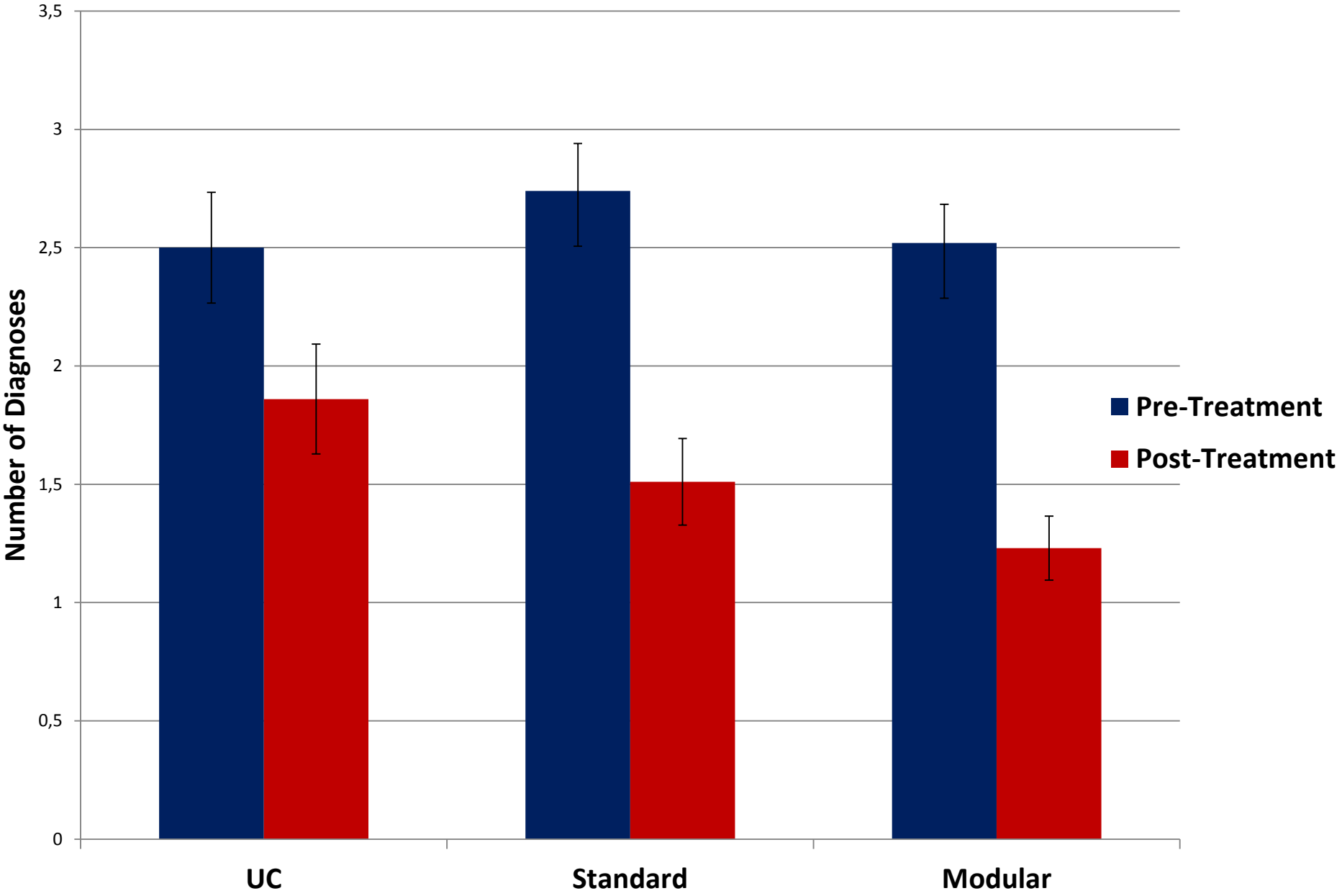
Outcome Findings

CTP FINDINGS: Trajectories of Change on Weekly Measures

Weisz, Chorpita, Palinkas, Schoenwald, et al (2012). Archives of General Psychiatry, Vol. 68, No.3

	Standard EPBs vs. UC		MATCH vs. UC		MATCH vs. Standard	
SCORE	***P* Value**	**Effect Size**	***P* Value**	**Effect Size**	***P* Value**	**Effect Size**
Brief Prob Checklist Total Overall	.57	.12	**.004**	.59	**.001**	.71
BPC Internalizing Overall	.85	.04	**.014**	.51	**.007**	.55
BPC Externalizing Overall	.42	.17	**.02**	.48	**.002**	.65
Top Problems Ratings Overall	.58	.12	**.003**	.62	**.014**	.50

CTP FINDINGS: Reduction in Diagnosis (MATCH > UC)



Summary of Findings

- **Redesigned, integrative, modular MATCH treatment effective on…**
  1. **Clinical outcomes: standard problem checklists**
  2. **Clinical outcomes: DSM-IV diagnoses**
  3. **Consumer outcomes: parent & child top probs**

Questions, Comments, about Findings of the Child STEPS Study?