Children's Service Integration: A Framework for Scaling Evidence-Based Practice & Practice Based Evidence to Support Resilience in Children & Families

RCPA Conference
September 25, 2019

© 2017 Community Care Behavioral Health Organization

COMMUNITY CARE
Behavioral Health Organization

Goals of CSIF

- Develop a coherent, consistent philosophy and a holistic approach across all children’s services.
- Improve consistency with our processes and procedures across contracts.
- Information to present to current and future stakeholders, showcasing our work.
- Framework to guide all future Children's Services projects and initiatives.
- A common frame of reference offered to children and families.

© 2017 Community Care Behavioral Health Organization

CSIF- 6 principals

1. True Affirmation of Families
2. Clinical Model
3. Clinical Home
4. Workforce Development
5. Wellness and PH/BH Integration
6. Evaluation Framework

© 2017 Community Care Behavioral Health Organization

Children's Services Integration Framework

© 2017 Community Care Behavioral Health Organization

#1 True Affirmation of Families

- Honoring life experience and valuing resilience
- Including young people and families in all elements of treatment decision making and systems planning
- Meeting young people and families with a spirit of hopefulness in confronting the challenges that they face
- Expansion of the role of Family Faculty to join the Stake Holder faculty

© 2017 Community Care Behavioral Health Organization

#2 Core Four Clinical Model

***In the absence of an existing clinical model we offer the Core Four Clinical Model.*

The Core Four was developed by Community Care as practice-based evidence:

- **Build a Therapeutic Alliance**
  - Key to any treatment success
  - Consists of an empathetic bond
  - Solicit feedback and manage inevitable impasses
- **Develop a Clinical Formulation**
  - Four P's: precipitating, predisposing, perpetuating, protective factors
  - Ensure a comprehensive, holistic understanding to drive treatment planning

© 2017 Community Care Behavioral Health Organization

#2 Core Four Clinical Model

- **Offering (Treatment Planning)**
  - Menu of strategies to "offer" the family and child

- **Feedback-Informed Implementation**
  - Ongoing solicitation of feedback on strength of alliance, effectiveness of interventions, perception of outcomes, understanding of process

© 2017 Community Care Behavioral Health Organization

#2 Core Four Clinical Model

Addresses the four discourses of children's services:

- **Behavioral**
- **Trauma Informed Care**
- **Systemic understanding**
- **Strengths Based perspective**

****Cultural Competence is addressed throughout all components of the model**

© 2014 Community Care Behavioral Health Organization

#3 Clinical Home

- Provides comprehensive, mindful, proactive mental health care as a way of supporting overall health and meeting developmental goals.

- Designed to maximize access to services with flexible delivery being centralized, organized, and providing continuity.

- A provider acting as a clinical home operates from a longitudinal rather than episodic perspective of care.

- Four C's Service Components:
  - Clinical – assessment – family – individual - group
  - Case Management - needs identification – referral – linkages- monitoring
  - Crisis – safety and crisis planning – crisis support and response – post crisis intervention
  - Consultation and Training- offered to various members of treatment team

#4 Workforce Development

- Concentrated effort to provide support to all staff providing services to children and families
- Ongoing clinical training and support for practitioners and supervisors
- Focus on education and accountability to outcome measures and model fidelity
- Efforts to support staff retention and satisfaction
- Inclusion of providers and family on stakeholder faculty to enhance shared investment and promote excellence

© 2017 Community Care Behavioral Health Organization

#5 Wellness and PH/BH Integration

- Encompasses prevention, treatment, and maintenance of wellness, both physical and behavioral, for a seamless coordination of care
- Wellness involves the overall well-being of an individual to help manage their condition and recovery
- SAMHSA and the work of Dr. Peggy Swarbrick developed a model utilizing the Eight Dimensions of Wellness, which is a useful tool for conceptualizing behavioral health and physical health integration and holistic care (Swarbrick, 1997).

© 2017 Community Care Behavioral Health Organization

#6 Evaluation Framework

- Ensures that the service being delivered adheres to clinical principles and incorporates high-quality, evidence-based and best practices, and that the service is effective in achieving positive outcomes for children and families

- Evaluate program implementation, effectiveness of treatment, overall fidelity, and clinical outcomes of the services

© 2017 Community Care Behavioral Health Organization

Children's Services Integration Framework

- Serves as a platform to promote continuous quality improvement of service delivery and outcomes for children and families
- Examples of implementations:
  - Community and School Based Behavioral Health (CSBBH)
  - The Core Four Clinical model training across multiple levels of care
  - BHRS
  - Early Childhood Wellness Initiative(Using a PCIT model in BHRS)

© 2017 Community Care Behavioral Health Organization

Multi-faceted Approach

- Partnership with Stakeholders
  - Commitment to the process
  - Parallel Process
- Training components
  - 2 day initial training
  - Monthly consults
  - Learning Collaboration
- Outcome Measures
  - Fidelity tool
  - APA
  - COS
  - Pre/post tests

© 2014 Community Care Behavioral Health Organization

The Core 4 Clinical Model Components:

(1) **<u>Therapeutic Alliance</u>**

(2) Clinical Formulation

(3) Offering (Treatment Planning)

(4) Feedback-Informed Implementation

© 2018 Community Care Behavioral Health Organization

Therapeutic Alliance

Implementation

Formulation

Offering

© 2018 Community Care Behavioral Health Organization

Common Factors

Expectancy
15%

Therapeutic
Alliance
30%

Client and
Extratherapeutic
Factors
40%

Techniques
15%

Lambert and Barley, Research Summary on the Therapeutic Relationship and Psychotherapy Outcome, in Norcross, ed. Psychotherapy Relationships that Work. NY: Oxford Univ Press, 2002

© 2018 Community Care Behavioral Health Organization

Therapeutic Alliance: Bordin

- Bond (emotional component)
  - Ability to listen non-judgmentally, supportively and sensitively
- Cognitive framing (Dryden)
  - Ability to ensure clear rationale is offered
- Consensus on goals
  - Ability to gauge the client's understanding of rationale
- Consensus on tasks
  - Ability to help client express any concerns

© 2018 Community Care Behavioral Health Organization

Impasse

- Inevitable - change and intimacy create stress
- Impasses of confrontation
- Impasses of withdrawal
- **Difference between impasse and resistance**

© 2018 Community Care Behavioral Health Organization

The Levels of Validation

– *By Marsha Linehan, PhD*

- The **First Level** is listening and being present
- The **Second Level** is accurate reflection
- The **Third Level** is reading a person's behavior and guessing what they might be feeling or thinking
- The **Fourth Level** is understanding the person's behavior in terms of their history and biology
- The **Fifth Level** is normalizing or recognizing emotional reactions that anyone would have
- The **Sixth Level** is radical genuineness

© 2018 Community Care Behavioral Health Organization

Cognitive Frame

- We look for what holds it together, what central meaning or story line?
- How open is it to incorporating other perspectives and new information?
- Are there particular topics or ideas that seem to threaten its integrity?
- What are the crucial “facts” that are difficult to challenge?

© 2018 Community Care Behavioral Health Organization

The Core 4 Clinical Model Components:

(1) Therapeutic Alliance

(2) **Clinical Formulation**

(3) Offering (Treatment Planning)

(4) Feedback-Informed Implementation

© 2018 Community Care Behavioral Health Organization

Clinical Formulation

- Through appropriate exploration, collect information sufficient for analysis while maintaining the T/A
- Organize information according to the 4 Ps
- Bring data together into a new narrative, a formulation, that acknowledges challenges while offering hope and opportunities for success

© 2018 Community Care Behavioral Health Organization

Four Ps

1. Precipitating factors (Present/immediate Past)

2. Predisposing factors (Past, history)

3. Perpetuating factors (Future)

4. Protective factors (Present)

© 2018 Community Care Behavioral Health Organization

Precipitating (present)

- Events, triggers, people, thoughts, feelings, antecedents immediately surrounding the problem behavior

- Before, during and after

- We want to chart these factors so we can offer strategies to **manage** them

© 2018 Community Care Behavioral Health Organization

Predisposing Factors (past)

- What are the conditions, the unique history, that sets the table for the vulnerabilities that turn into triggers?
- Has there been trauma, or the subjective experience of trauma?
- Is there a pain that is not discussed or acknowledged?

© 2018 Community Care Behavioral Health Organization

Predisposing Factors (past)

- With predisposing factors, we want to help the family air them - when they are ready
  - Trauma Antecedent Questionnaire
- We want to help diminish their impact on the precipitating factors
- We want them to resolve so that they will not continue as perpetuating factors
- If possible, we want the family to have an experience of healing

© 2018 Community Care Behavioral Health Organization

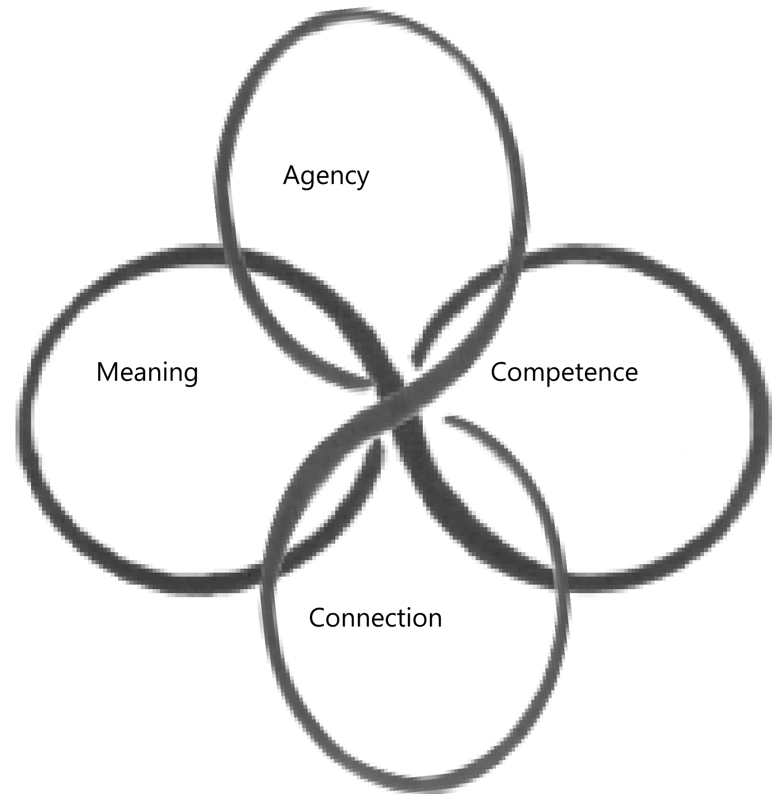
Protective Factors (present)

- Two types:
  1. Those factors that protect, that ensure survival, though they may also create other problems
  2. Those factors that facilitate adaptation and change, so that chances of fulfillment and success are increased

© 2018 Community Care Behavioral Health Organization

Resilience (Protective) Factors

- *These factors often come in disguise, or hidden*



© 2018 Community Care Behavioral Health Organization

Perpetuating Factors (future)

- What factors are present in the child and family's environment that are likely to keep the problems going?
- How can we view the systems as contributing factors?
- What stories help to reinforce the idea that success is unlikely?

© 2018 Community Care Behavioral Health Organization

With Perpetuating Factors (future)

- We want to identify the factors, systems, and stories that are support the family's homeostasis

- We want to offer strategies to reduce their influence over time

- We want to offer opportunities to 'rehearse' these strategies in the treatment setting

© 2018 Community Care Behavioral Health Organization

Clinical Formulation

- Your hypothesis about the intra- and inter-personal dynamics that underlie the client and family's challenges.

- Integrate the information known (gathered according to the 4Ps) in order to understand their presenting difficulties, the history of these difficulties, and how they are maintained. (Herbert, 2001)

© 2018 Community Care Behavioral Health Organization

Clinical Formulation

- Map out what you know about the family according to the 4Ps.
- Create a new "narrative" of the family that acknowledges challenges while offering hope for change.
- This narrative is both created and shared ongoing with the family.
- Not static-needs to incorporate new information as you gather it.

© 2018 Community Care Behavioral Health Organization

Clinical Formulation

- The narrative should answer 4 questions:
  1. What is triggering the identified problem?
  2. What does the family bring with them (emotional baggage, experiences, etc.) that helps define current problem?
  3. What is sustaining the problem?
  4. What can help the family overcome the problem? (This part provides hope to the family)

© 2018 Community Care Behavioral Health Organization

The Core 4 Clinical Model Components:

(1) Therapeutic Alliance

(2) Clinical Formulation

(3) **Offering (Treatment Planning)**

(4) Feedback-Informed Implementation

© 2018 Community Care Behavioral Health Organization

Offering

- Maintain a mindset that recognizes the voluntary nature of MH treatment, the need to have a true partnership, both the importance and limitations of expertise - "informed uncertainty" (Minuchin)

- Create, under each of the factors, a menu of possible treatment strategies, as abundant as possible

- Discuss, negotiate and select, with client and family, the most appropriate treatment goals and tasks (this consensus brings us back to the Therapeutic Alliance)

© 2018 Community Care Behavioral Health Organization

Treatment Offers Opportunities to:

- Enhance protective factors
- Resolve predisposing factors
- Manage precipitating factors
- Diminish perpetuating factors

© 2018 Community Care Behavioral Health Organization

Offering

- Agreement on offering allows for completion of specific treatment strategies
- Acceptance of the offering, a genuine consensus on goals and tasks, continues to nurture the therapeutic alliance
- Offering and Therapeutic alliance are symbiotic(can't have one without the other)
- Create a menu, discuss, negotiate, prioritize, decide

© 2014 Community Care Behavioral Health Organization

Children's Services Competencies

The **Core 4**:

(1) Therapeutic Alliance

(2) Clinical Formulation

(3) Offering (Treatment Planning)

(4) **Feedback-Informed Implementation**

© 2018 Community Care Behavioral Health Organization

Implementation

- Maintain focus on treatment strategies, even during crises
- Keep feedback loops open (F/E, F/I, F/O, F/UN, soliciting especially negative input
  - F/E: Feedback on engagement
  - F/I: Feedback on interventions
  - F/O: Feedback on outcomes (client perception)
  - F/UN: Feedback on understanding/formulation
- Make adjustments to clinical strategies based on feedback

© 2018 Community Care Behavioral Health Organization

Implementation

F/I

F/O

F/E

Offering

Consensus: Goal & Task

CORE 4

Therapeutic Alliance

F/UN

Formulation

© 2018 Community Care Behavioral Health Organization

Future Directions

- Unifying the Clinical model across children's services
  - Training
  - Ongoing support
  - Stakeholder faculty
- PRTF - Fall 2019
  - 1500 staff across 15 facilities
- Considerations for other populations
  - Adult services
  - Coordination with IDD service systems

© 2014 Community Care Behavioral Health Organization