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Who we are:
The California Training Institute
We support child abuse prevention in California through professional development and extended learning.
Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to Family Resource Centers and Child Abuse Prevention Councils
What we offer:
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UPCOMING TRAININGS

mark your calendars!

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05/03 | Reimagining Prevention: Leading through Change

05/17 | Reimagining Prevention: Cultivating Commitment

05/18 | Dimensions of Gender

05/25 | Gender-Inclusive Practices in Action

06/15 | NFSN Standards of Quality for Family Strengthening & Support

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Review of Well-Supported Substance Abuse Prevention & Treatment Programs on the Title IV-E Prevention Series Clearinghouse

Presenter: Jennifer Rolls-Reutz, MPH

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CALTRIN
California Training Institute

Speaker SPOTLIGHT

JENNIFER ROLLS-REUTZ
Evidence-Based Practices
Rady Children's Hospital-San Diego

- Director of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) and the California Training Institute (CalTrin)
- Previously a Research Coordinator at the Child and Adolescent Services Research Center
- Work has focused on children receiving services through public sectors of care, including child welfare and mental health systems

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The California Evidence-Based Clearinghouse for Child Welfare

cebc4cw.org

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CEBC Mission

To advance the effective implementation of evidence-based practices for children and families involved with the child welfare system

- Program Registry
- Selecting & Implementing Programs

THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

cebc4cw.org

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WHAT IS YOUR ROLE?

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Agenda

- Brief Review of FFPSA Part 1 and CA Plan
- Review the Substance Abuse Prevention and Treatment programs rated as Well-Supported by the Title IV-E Prevention Services Clearinghouse that are currently included the California Plan
  - Key components and requirements
  - How to get more information
- Review CEBC program selection tools that can used to assist in selecting an appropriate EBP for local needs

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FFPSA Part 1 Overview

12

FFPSA PART 1

- New option for States and Tribes to claim Title IV-E entitlement funds for evidence-based prevention and trauma-informed services for children and youth who are deemed candidates (at imminent risk for entry into foster care)

13

FFPSA PART 1

- Evidence-based interventions funded by Title IV-E must be selected from the Title IV-E Prevention Clearinghouse, fall within one of the following categories, and be included in California's Five-Year State Prevention Plan
  - In-home parent skill-based programs
  - Mental health services, and
  - Substance abuse prevention and treatment services

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FFPSA PART 1

- The legislation is intended to **reduce entries into care** by funding prevention services and interventions to mitigate imminent-risk factors and maintain a child and youth's placement in-home

15

CALIFORNIA ASSEMBLY BILL (AB)153

The state Budget Act of 2021 includes funding to support prevention planning or service activities consistent for Title IV-E prevention services established by Part 1 of FFPSA.

Assembly Bill 153:

- Offers funding to develop a Comprehensive Plan which includes **primary**, **secondary, and tertiary intervention strategies** and services to support the ability for parents and families to provide safe, stable, and nurturing environments for their children.
- It requires a **cross-sector collaborative approach** to include tribes and the voices of those disproportionately impacted by child and family welfare systems.

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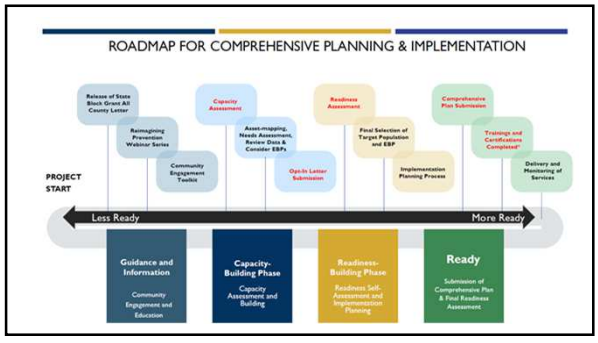
CALIFORNIA'S FAMILY FIRST PREVENTION SERVICES PROGRAM (FFPS)

- **Leverages current prevention efforts** to reach a broader audience and reach families sooner
- Built from a **comprehensive plan** that includes culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system
- Rooted in a **cross-sector collaborative approach**
- **Meets** the federal requirements of FFPSA Part 1 and **goes beyond** to deliver services across the prevention continuum
- Access to a **Community Pathway approach** to service delivery for early community-based services

17



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Why does all this matter?

Programs will be selected through Comprehensive Prevention Planning process

FRCs, CAPCs, and CBOs all need to be involved in the development of the Plan

Potential funding source

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FFSPA Service Categories

- Mental Health Services
- In-home Parent Skill-based Programs
- Substance Abuse Prevention and Treatment Services

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Substance Abuse Prevention and Treatment Services

- Explicit focus on the prevention, reduction, treatment, remediation, and/or elimination of substance use, misuse, or exposure in general
- Target any specific type of substance, multiple substances, or aim to address substance use or misuse in general
  - Programs and services targeting use or misuse of alcohol, marijuana, illicit drugs, or misuse of prescription or over-the-counter drugs are eligible

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Substance Abuse Prevention and Treatment Services

- Delivered to children and youth, adults, or families
- Any therapeutic modality, including individual, family, or group and may have any therapeutic orientation, such as cognitive, cognitive-behavioral, psychodynamic, structural, narrative, etc.
- Programs and services may include use of pharmacological treatment approaches, if a therapeutic component is also included.

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Well-Supported Rating

- A program or service is rated as a well-supported practice if it has **at least two** contrasts with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain.
- At least one of the contrasts must demonstrate a sustained favorable effect of **at least 12 months** beyond the end of treatment on at least one target outcome.

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3 Programs currently in the CA Plan

- Brief Strategic Family Therapy (BSFT)
- Motivational Interviewing
- Multisystemic Therapy (MST)

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1. Brief Strategic Family Therapy (BSFT)

www.bsft.org & www.brief-strategic-family-therapy.com

BSFT® An Evidence-Based Model

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Brief Strategic Family Therapy (BSFT)

- Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency.
- There are three intervention components.
  - First, counselors establish relationships with family members to better understand and 'join' the family system.
  - Second, counselors observe how family members behave with one another in order to identify interactional patterns that are associated with problematic youth behavior.
  - Third, counselors work in the present, using reframes, assigning tasks and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions.

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Brief Strategic Family Therapy (BSFT)

- **Target population:**
  - Families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying, or truancy.
- **Dosage**:
  - 12 to 16 weekly sessions, depending on individual and family needs

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BSFT: Goals

- For the child/youth:
  - Reduce behavior problems, while improving self-control
  - Reduce associations with antisocial peers
  - Reduce drug use
  - Develop prosocial behaviors

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BSFT: Goals

- For the family:
  - Improve maladaptive patterns of family interactions (family functioning)
  - Improve family communication, conflict-resolution, and problem-solving skills
  - Improve family cohesiveness, collaboration, and parent-child bonding
  - Improve effective parenting, including successful management of children's behavior and positive affect in the parent-child interactions

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BSFT Essential Components

- BSFT addresses family behavior, affect, and cognitions with the goal of restructuring interactions and change the family system.
- The focus is on context versus content.
- BSFT strategies and treatment plans are designed specifically for each family and are based on a structured diagnostic plan.

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BSFT Essential Components

- The therapeutic process uses the techniques of:
  - Joining
  - Enactments
  - Systematic Diagnosis
  - Treatment Planning
  - Restructuring (Implementing Change Strategies)
  - Reframing (BSFT Systemic Cognitive Change)
  - BSFT Engagement Model

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BSFT: Support for Implementation

- Pre-implementation materials:
  - Site Readiness and Organizational Readiness processes
- Formal Support:
  - Available
- Fidelity:
  - Standardized Fidelity Rating Instruments for both Competency and Adherence; Required
- Implementation Guides or Manuals:
  - Available from the developers

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BSFT: Training Requirements

- Education:
  - Master's degree in social work, marriage and family therapy, psychology, or a related field, along with training and/or experience with basic clinical skills common to many behavioral interventions.
  - Practitioners at a Bachelor's level with 5+ years of clinical experience can also be eligible.
- Training:
  - Didactics, practice exercises, videotape analysis of family sessions, clinical presentations, live supervisions of family sessions, and supervision practicum

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BSFT: Study Populations

- Race/Ethnicity examples:
  - 44.3% Hispanic, 30.8% non-Hispanic White, 22.9% Black/African American, and 2% Other
  - 100% Hispanic (various nationalities: Cuban, Nicaraguan, Colombian, Puerto Rican, Peruvian, Mexican, or Other)
- Samples
  - Parents and adolescents referred for drug abuse treatment at community treatment centers.
  - Either self-referred or referred by a school counselor and met the primary inclusion criterion, namely parental or school complaints of externalizing behavior problems.

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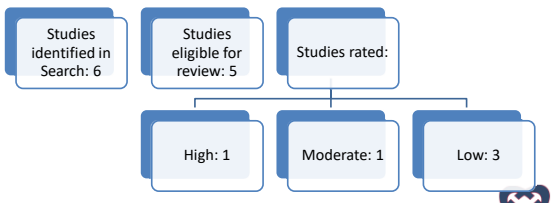
BSFT: Extent of Evidence



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BSFT: Summary of Child Findings

Child well-being: Behavioral and emotional functioning	Child well-being: Substance use	Child well-being: Delinquent Behavior
• Favorable: 1 • No Effect: 3 • Unfavorable: 1	• Favorable: 0 • No Effect: 17 • Unfavorable: 0	• Favorable: 4 • No Effect: 0 • Unfavorable: 0

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BSFT: Summary of Adult Findings

Adult well-being: Parent/caregiver substance use	Adult well-being: Family functioning
• Favorable: 1 • No Effect: 1 • Unfavorable: 0	• Favorable: 1 • No Effect: 7 • Unfavorable: 0

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2. Motivational Interviewing (MI)

www.motivationalinterviewing.org

MINT excellence in motivational interviewing

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Rady Children's Chadwick Center for Children & Families

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Motivational Interviewing

- Motivational Interviewing (MI) is a method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. MI aims to identify ambivalence for change and increase motivation by helping clients progress through five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. It aims to do this by encouraging clients to consider their personal goals and how their current behaviors may compete with attainment of those goals.

41

Motivational Interviewing

- **Target population:**
  - MI can be used to promote behavior change with a range of target populations and for a variety of problem areas.
- **Dosage**:
  - MI is typically delivered over one to three sessions. Each session typically lasts for 30 to 50 minutes. The dosage may vary if MI is delivered in conjunction with other treatment(s).

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Motivational Interviewing: Goals

- Enhance internal motivation to change
- Reinforce this motivation
- Develop a plan to achieve change

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MI: Essential Components

- Emphasis of two essential dimensions related to an individual's ambivalence to change:
  - the importance of the change
  - the confidence that the change can be accomplished
- Inclusion of open-ended questions encouraging the client to talk about circumstances surrounding his or her referral for evaluation, as opposed to the standard substance abuse evaluation that includes administering a number of structured interviews asking closed-ended questions.

45

MI: Essential Components

- Examples of the types of open-ended questions that might be used are as follows:
  - What worries you about your substance use?
  - How has your use of substances presented problems for you in the past?
  - What kinds of things would need to happen to make you consider changing your substance use?
  - What are the things that would prevent you from changing your substance use?
  - What are your concerns about entering substance abuse treatment at this time?

46

MI: Essential Components

- Utilization of reflecting listening statements that focus on the client's language around change. The goal is to evoke from clients their own reasons, needs, desire, and abilities to change.

47

MI: Support for Implementation

- Pre-implementation materials:
  - None
- Formal Support:
  - Available through the Motivational Interviewing Network of Trainers (MINT)
- Fidelity:
  - Motivational Interviewing Treatment Integrity (MITI)
- Implementation Guides or Manuals:
  - Available through MINT website

48

MI: Training Requirements

- Education:
  - There are no minimum qualifications for MI providers. MI can be used by a variety of different professionals
- Training:
  - Training can be provided on-site or virtually. Follow-up feedback and coaching can be delivered effectively virtually.
  - The Motivational Interviewing Network of Trainers (MINT) does not recommend specific trainings. However, the MINT website (www.motivationalinterviewing.org) contains a list of trainers by state along with current training offerings.

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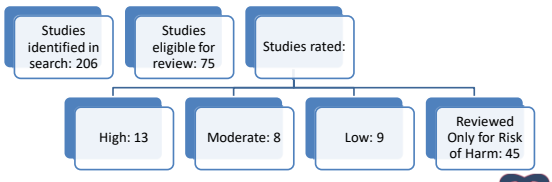
MI: Study Populations

- Race/Ethnicity examples
  - 67.8% Caucasian, 10.5% African-American, 11.5% Hispanic, 10.2% Other
  - 84% White and 16% Other
- Sample examples
  - Recruited from the community through newspaper and radio advertisements for a "research study about the health behaviors of young adult women."
  - Incoming college freshman identified as high risk based on high school drinking self-report
  - Women were recruited from six primary care clinics

50

MI: Extent of Evidence



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MI: Summary of Child Findings

Child Safety: Substance use
• Favorable: 0 • No Effect: 33 • Unfavorable: 0

52

MI: Summary of Adult Findings

Adult well-being: Parent/caregiver mental or emotional health	Adult well-being: Parent/caregiver substance use	Adult well-being: Parent/caregiver criminal behavior
• Favorable: 0 • No Effect: 5 • Unfavorable: 0	• Favorable: 16 • No Effect: 91 • Unfavorable: 2	• Favorable: 0 • No Effect: 7 • Unfavorable: 0

53

MI: Summary of Adult Findings

Adult well-being: Family functioning	Adult well-being: Parent/caregiver physical health	Adult well-being: Economic and housing stability
• Favorable: 0 • No Effect: 1 • Unfavorable: 0	• Favorable: 0 • No Effect: 10 • Unfavorable: 0	• Favorable: 0 • No Effect: 1 • Unfavorable: 0

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3. Multisystemic Therapy (MST)

MST Multisystemic Therapy

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55

Multisystemic Therapy (MST)

- Multisystemic Therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in youth.

56

57

Multisystemic Therapy (MST)

- **Target population:**
  - Youth between the ages of 12 and 17 and their families. Target populations include youth who are at risk for or are engaging in delinquent activity or substance misuse, experience mental health issues, and are at-risk for out-of-home placement.
- **Dosage**:
  - Multiple weekly visits between the therapist and family, over an average timespan of 3 to 5 months

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MST: Goals

- For youth/adolescents:
  - Eliminate or significantly reduce the frequency and severity of problem behavior(s).
  - Learn skills on how to better cope with family, peer, school, and neighborhood problems.
- For parents/caregivers:
  - Learn skills to independently address the inevitable difficulties that arise in raising children and adolescents.
  - Learn skills to help youth to cope with family, peer, school, and neighborhood problems.

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MST: Essential Components

- MST addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community.
- The intervention strategies are personalized to address the identified drivers.

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MST: Essential Components

- The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them.
- Master's level therapists from licensed MST providers take on only a small caseload at any given time so that they can be available to meet their clients' needs.

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MST: Support for Implementation

- Pre-implementation materials:
  - Extensive materials available from MST Services
- Formal Support:
  - Available from MST Services or from any of the more than 20 Network Partner organizations
- Fidelity:
  - Therapist and Supervisor measures are available
- Implementation Guides or Manuals:
  - Available from MST Services

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MST: Training Requirements

- Education:
  - Supervisor: Master's level
- Training:
  - Must work for licensed MST teams and organizations.
  - MST therapists, supervisors, and other staff complete an initial five-day training.
  - Therapists that deliver MST also participate in ongoing trainings. These include quarterly clinically-focused booster sessions that aim to refresh MST skills and weekly consultations provided by MST experts.

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MST: Study Populations

- Race/Ethnicity examples:
  - 80.6% African American and 19.4% White
  - 62.5% White and 37.5% African American
- Sample examples
  - Violent or chronic juvenile offenders and their primary caregivers
  - Adolescent sexual offenders referred by juvenile court personnel.
  - adolescents (and their families) between 12 and 18 years old who show serious, violent, and chronic antisocial behaviour
  - Students from Moderate Intervention Program (MIP) classrooms in public schools

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MST: Extent of Evidence

65

MST: Summary of Child Findings

Child well-being: Behavioral and emotional functioning	Child well-being: Social Functioning	Child well-being: Cognitive functions and abilities
• Favorable: 23 • No Effect: 58 • Unfavorable: 1	• Favorable: 0 • No Effect: 14 • Unfavorable: 0	• Favorable: 0 • No Effect: 3 • Unfavorable: 0

66

MST: Summary of Child Findings

Child permanency: Out-of-home placement	Child well-being: Substance use	Child well-being: Delinquent behavior
• Favorable: 2 • No Effect: 3 • Unfavorable: 0	• Favorable: 1 • No Effect: 13 • Unfavorable: 0	• Favorable: 17 • No Effect: 62 • Unfavorable: 3

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MST: Summary of Adult Findings

Adult well-being: Positive parenting practices	Adult well-being: Parent/caregiver mental or emotional health	Adult well-being: Family functioning
• Favorable: 12 • No Effect: 34 • Unfavorable: 0	• Favorable: 3 • No Effect: 2 • Unfavorable: 0	• Favorable: 5 • No Effect: 16 • Unfavorable: 0

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Poll: Which of these programs are you MOST interested in?

70

Which Program is the Best Fit for my Agency?

71

Poll:
What experience have you had implementing an EBP?

72

Why Careful Selection Matters

- The success and sustainability of an EBP begins with selecting the right one

- Negative consequences of adopting an inappropriate EBP



73

Why Careful Selection Matters

- The solution may not require adopting a new program
  - Changes to internal processes
  - Expand existing EBPs in place that need more capacity
  - Build evidence for a locally developed program that seems promising

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Using the CEBC to Select & Implement Effective Programs

CEBC
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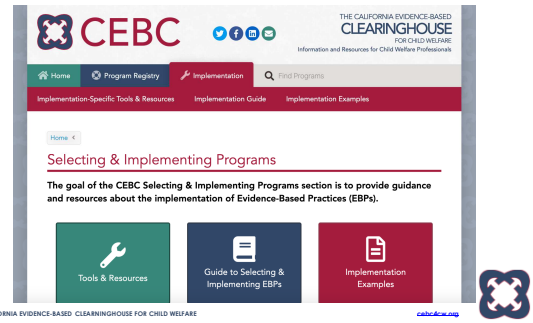
Program Descriptions Include

- Scientific Rating & Child Welfare System Relevance Level
- Brief Description
- Target Population
- Essential Components
- Program Goals
- Manual & Training Availability
- Delivery Method, Intensity, & Duration
- Languages Available
- Resources & Requirements Needed to Run the Program
- Published Peer-Reviewed Research
- Contact Information

76



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Guide to Selecting & Implementing EBPs

- Background on Evidence-Based Practice
- Overview of the EPIS Framework
  - **E**xploration
  - **P**reparation
  - **I**mplementation
  - **S**ustainability
- Detailed Description of EPIS Phases
- Putting it all Together

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Key Steps in Exploration

- Form an Implementation Team
- Explore the Problem
- Conduct a Needs Assessment
- Identify Potential Solutions
- Determine Program Fit
- Contact Program Developers
- Create a Written Summary

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Implementation Teams

- Ensures purposeful, proactive, and effective implementation
- Members should include:
  - Senior level administration
  - Managers
  - Front line staff
  - Parent and/or youth representation
  - Stakeholders

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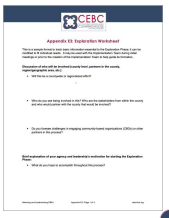
Explore the Problem

- Identify key aspects
  - Target population
  - Time frames
  - Locations
- Use root cause analysis as needed


CEBC

Appendix EX: Exploration Worksheet

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Ask Why 5 Times

Why are children re-entering care? New reports to CWS – substance abuse, arrests

Why? Parents had issues with AOD at initial entry to care

Why? Parents were themselves in CWS. Lack of social support after leave CWS

Why? Drop out from Aftercare Services

Why? Lack of engagement and follow-up

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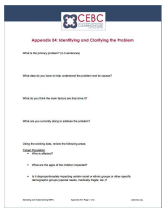
Conduct Needs Assessment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Appendix 1A: Identifying and Clarifying the Problem

What is the primary problem? (1-2 sentences)

What data do you have to help understand the problem and its cause?

What do you think the main factors are that drive it?

What are you currently doing to address the problem?

Using the existing data, review the following areas:

Target Population

- Who is affected?
- Where is the region of the children impacted?
- Is it disproportionately impacting certain racial or ethnic groups or other specific demographic groups (gender, race/ethnicity, English, etc.)?

- **Examine** your community and client population and your agency goals
- **Identify gaps or barriers** in current services
- **Develop a plan** to move in a more evidence-based direction

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Identifying Potential Solutions

- Identify key terms related to the problem
- Match key terms with CEBC topic areas
- Summarize potential programs or changes to current services


CEBC CLEARINGHOUSE

Appendix 1b: Identifying Potential Solutions

List key words that describe the program you are looking for:

List the relevant CEBC topic areas to examine (http://www.cebc4cw.org/search/topic-areas/):

List of Potential Programs – Using the table on the next page (Pg 4 the basic information from the CEBC as a starting point for discussion. List one program per row. Feel free to make copies of the table if more than two programs are being considered.

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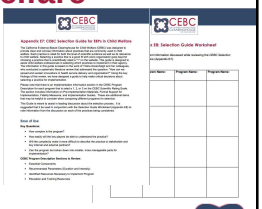
CEBC Selection Guide for EBPs in Child Welfare

- Discussion questions for each domain
- Practical strategies on using the CEBC website to address each domain
- Real world examples



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Domains to Consider in the Selection Process

- Ease of Use
- External Compatibility
- Financial Considerations/ Relative Advantage
- Internal Compatibility
- Knowledge Requirements
- Match of Skill Set
- Observability of Benefits
- Reinvention/ Adaptability
- Risk
- Training/Support
- Trialability

Reference: Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systemic review and recommendations. The Millbank Quarterly, 82(4), 581- 629.

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Example: External Compatibility

Key Questions:

- How compatible is the practice with the beliefs and values of the local community and clients?
- Is the practice compatible with the referral sources currently in place in the community – will they feel comfortable referring clients to it?

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Example: Financial Considerations / Relative Advantage

Key Questions

- What financial resources to fund the practice exist, both in the short and long term?
- What is the cost for initial and ongoing training and consultation?
- Does the practice have a clear advantage for the organization, in terms of efficiency or cost efficiency, compared to what is currently being done?

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Example: Addressing Match of Skill Set

Key Questions

- What education level or pre-existing skill set is required for staff?
- How does this fit with the existing workforce in the community?
- Are staff with the appropriate skill set/education level available to recruit?

89

Create a Written Summary

- Document how the team came to its decisions
- Create a plan with next steps (overlap with Preparation Phase)

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Implementation Issues and Solutions

- Common barriers
- Fidelity
- Adaptation

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Can We Adapt an EBP?

- Determine if there's a need to adapt prior to program adoption
- Consider trying to adhere to the original model first. The proposed changes may be unnecessary.
- Use **caution** when adapting as it may affect outcomes
- Adaptation ***may*** be needed to increase program fit & likelihood of sustainment
  - **Work with Program Developer** to ensure adaptations have no unintended consequences.

(Bertram & Kerns, 2019; Chambers, Glasgow, & Strang, 2013; Castro, Barrera, & Holleran Steiker, 2010; Morawska et al., 2011; Morawska et al., 2012; Stirman et al., 2012)

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EBP Adaptations by Risk Level

Green Light Changes
- Usually minor
- Made to increase receptivity, and participation of the community
- May include program names, updated & relevant statistics, or tailored language, pictures, cultural indicators, scenarios, and other content

Yellow Light Changes
- Typically add or modify intervention components & contents (deletion)
- May include substitution activities, adding activities, changing session sequence, shifting or expanding the primary audience, changing the delivery format, changing who delivers the program

Red Light Changes
- Changes to program core / essential components
- May include deleting core components, cutting the program timeline, cutting the program dosage

(National Cancer Institute, 2019)

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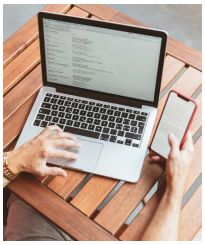
For More Info about the CEBC



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