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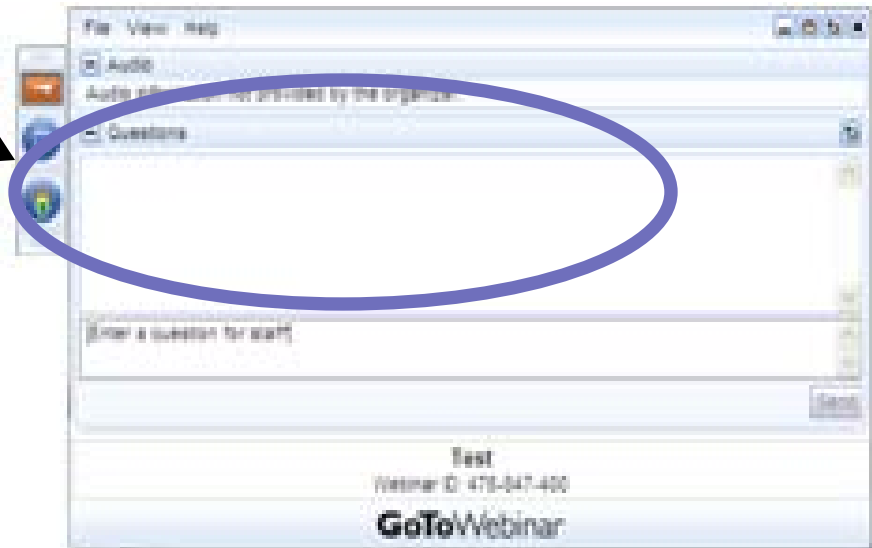
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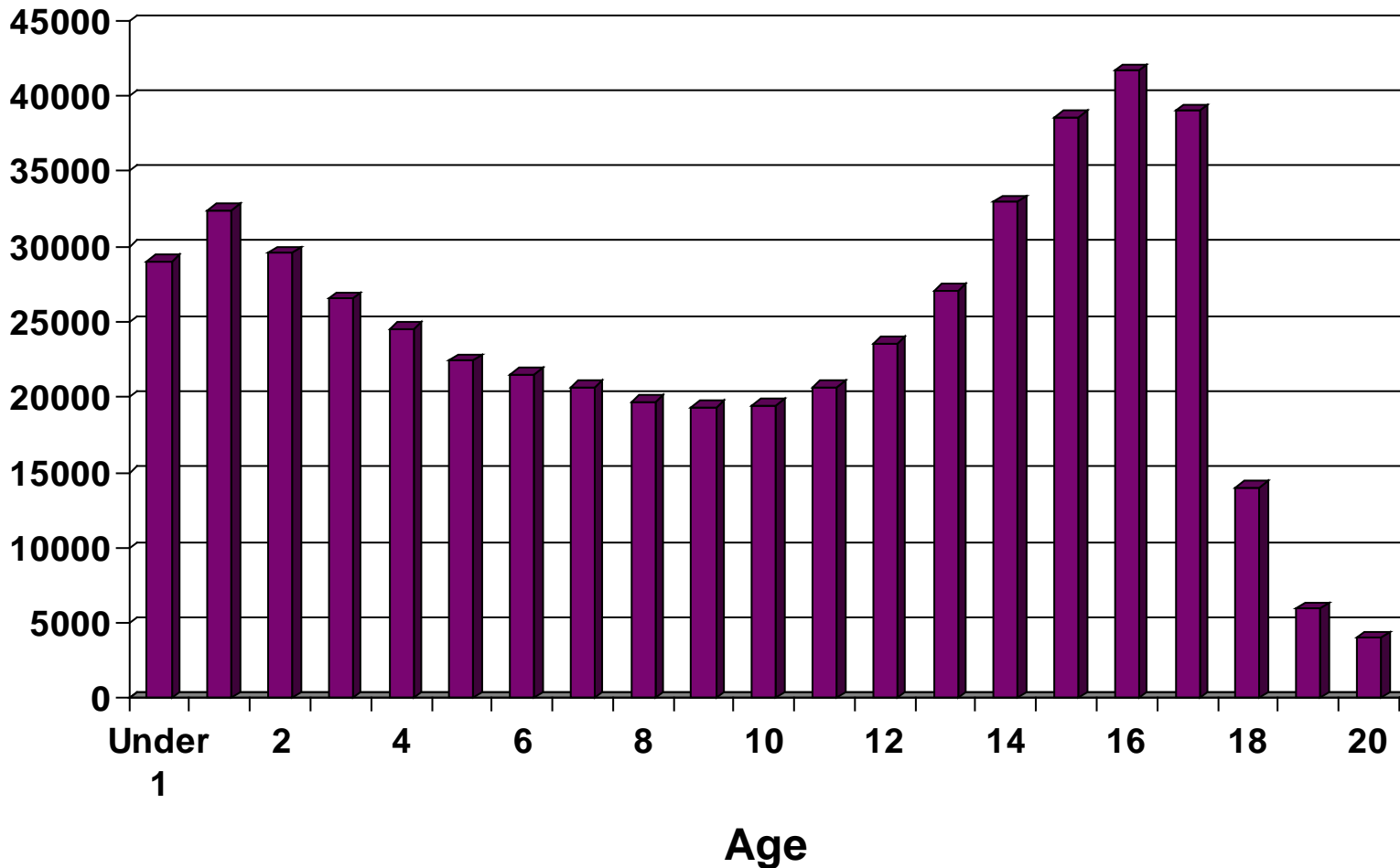
INTERVENTIONS FOR ADOLESCENTS IN THE CHILD WELFARE SYSTEM WHO ARE COURT INVOLVED

Randolph D. Muck, M.Ed.



**Advocates for Youth and Family Behavioral Health
Treatment, LLC**

Age of Children in Foster Care as of September 30, 2005

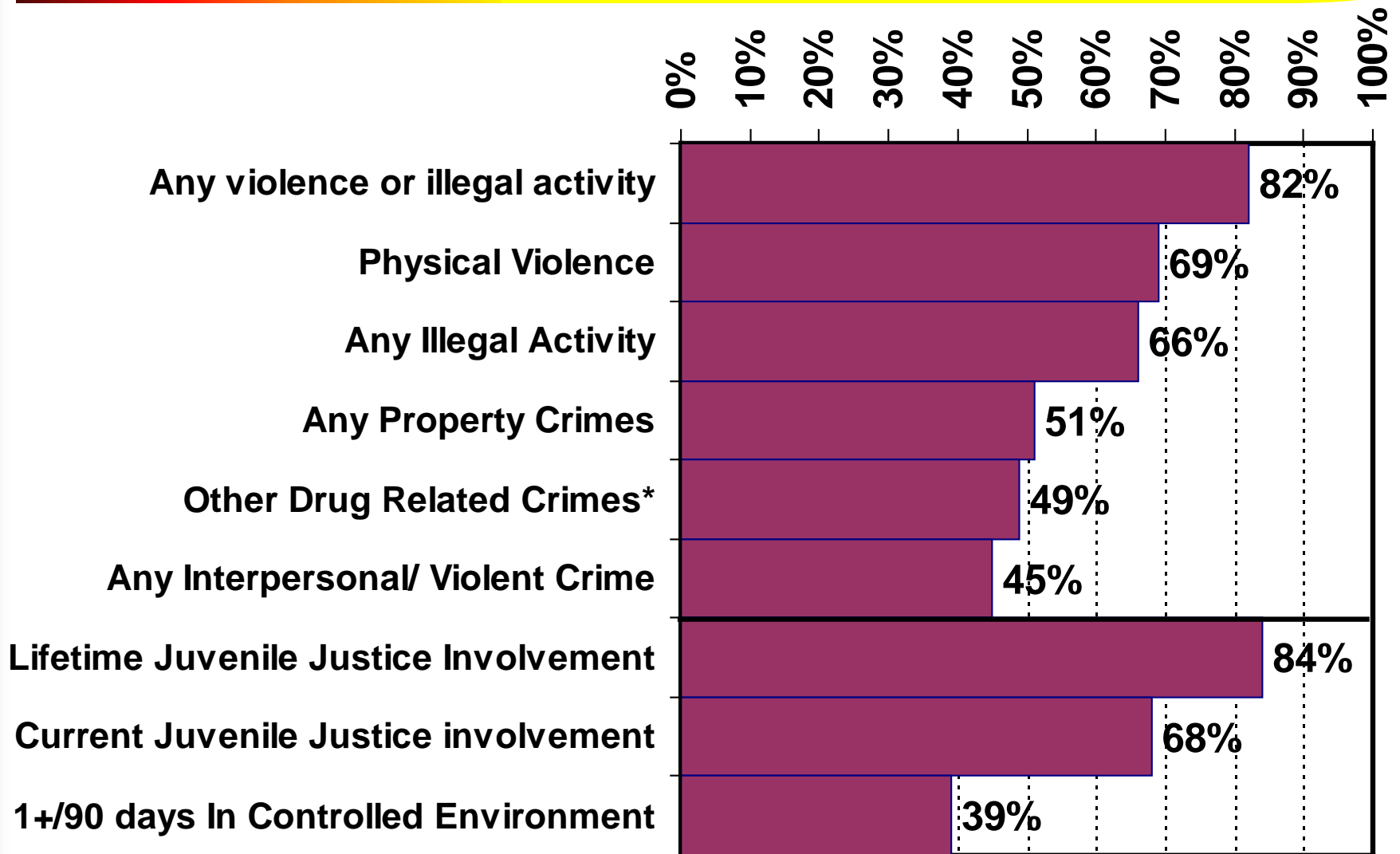




Substance Abuse Treatment and Foster Care Status

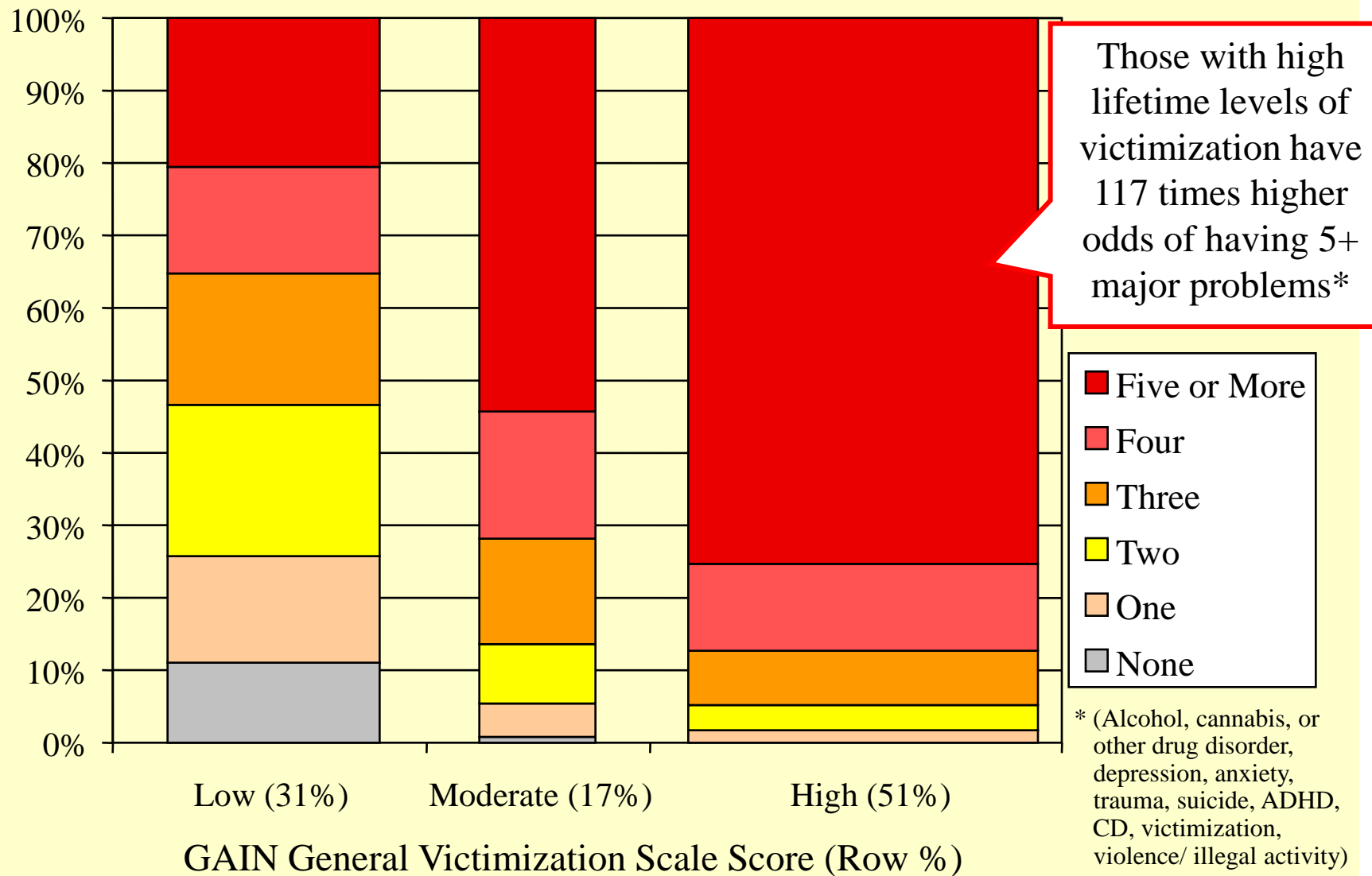
- CSAT data set – 8.3% in treatment currently in foster care
- NSDUH (2005) – 0.6% of youth 12 – 17 ever in foster care
- Odds ratio of 15:1 (but an underestimate)

Past Year Violence and Crime

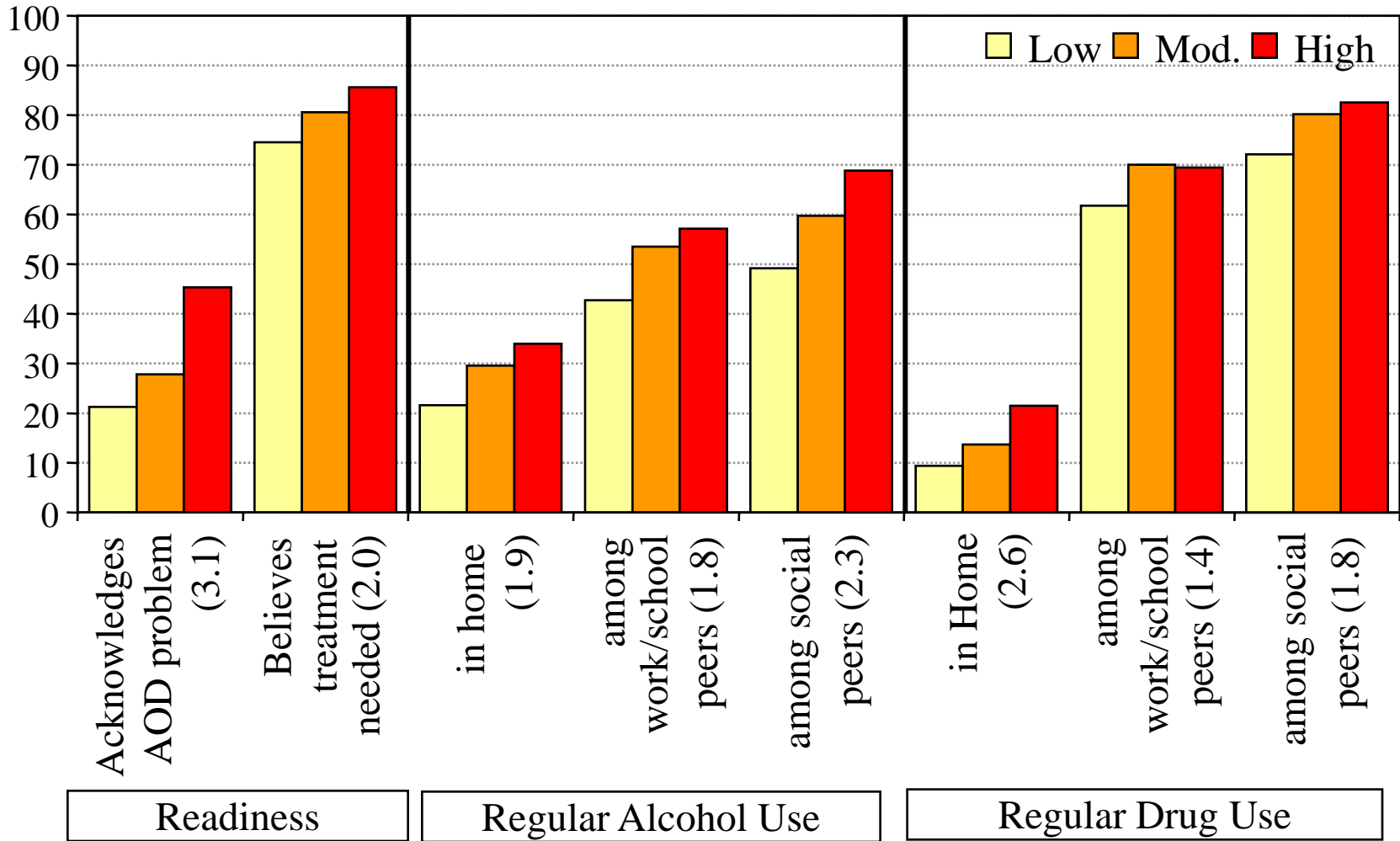


*Dealing, manufacturing, prostitution, gambling (does not include simple possession or use)
Source: CSAT AT Outcome Data Set (n=9,276 adolescents)

No. of Problems* by Severity of Victimization

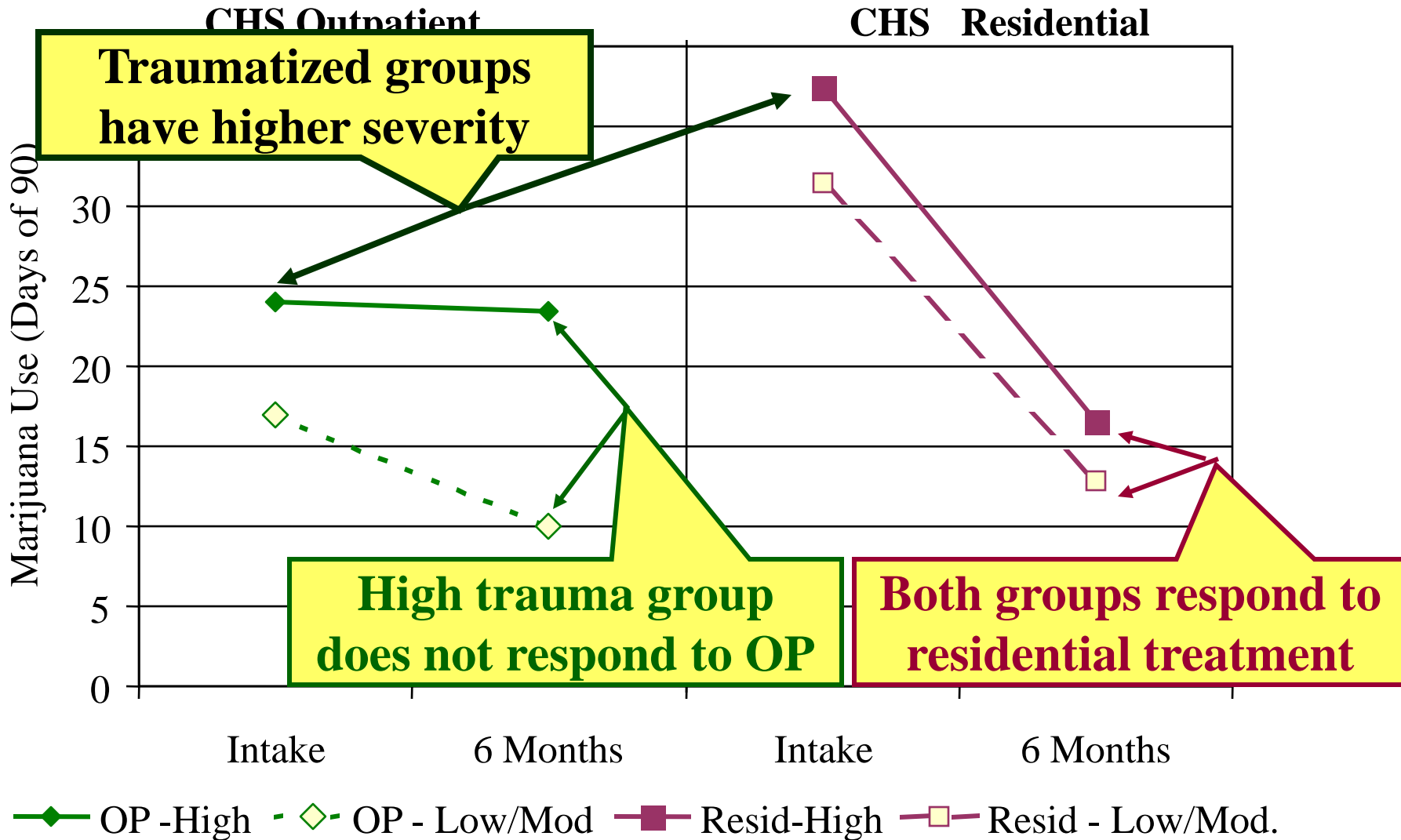


GVS predicts greater readiness to change, but higher relapse risks

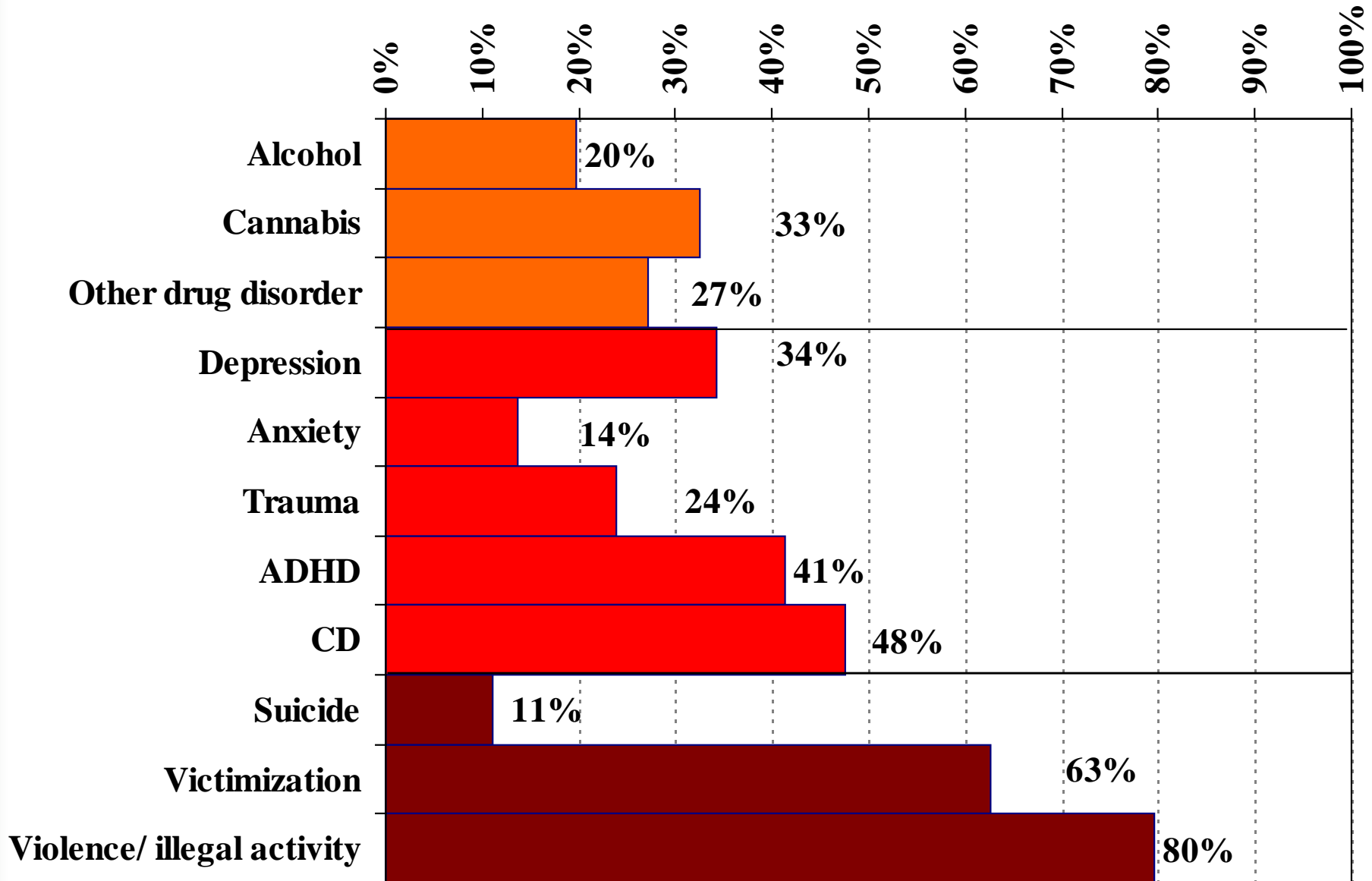


Source: CSAT AT Common GAIN Data set (Odds Ratios: odds for High over odds for Low) 8

Victimization and Level of Care Interact to Predict Outcomes

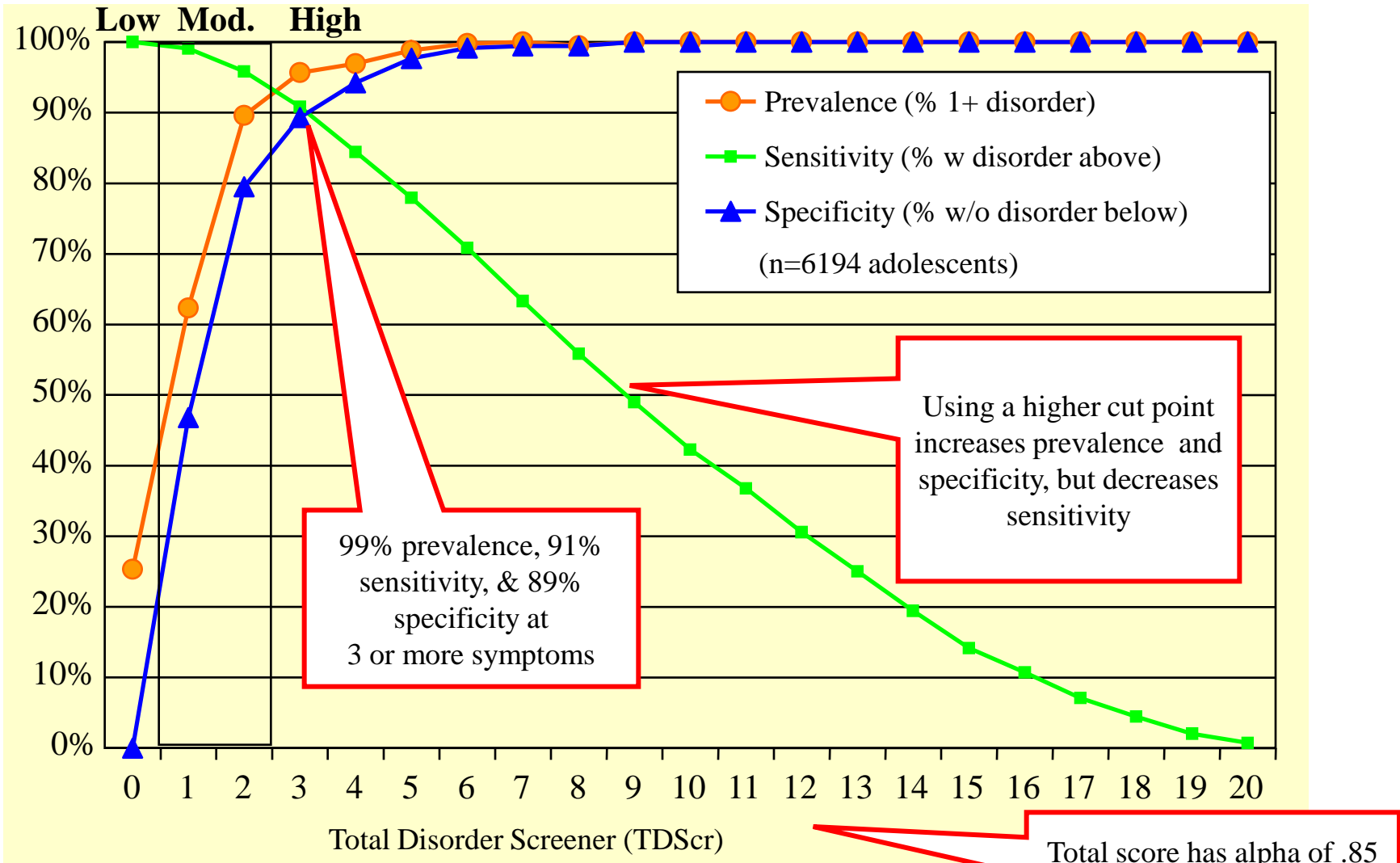


Multiple Clinical Problems are the NORM!



Source: CSAT 2009 Summary Analytic Data Set (n=20,826)

GAIN Short Screen (GAIN-SS)



Source: Dennis et al 2005 GSS manual

Total score has alpha of .85 and is correlated .94 with full GAIN version



Which general approaches address co-occurring mental health/trauma issues?

A Comparison of Nine Treatment Approaches

- **Seven Challenges** (Schwebel, 2004) (n=114)
- **Chestnut Health Systems** (CHS; Godley et al. 2002) Treatment (n=192)
- **Adolescent Community Reinforcement Approach** (A-CRA; Godley et al., 2001) -CYT/AAFT (n=2144) and -Other (n=276)
- **Multi-Systemic Therapy** (MST; Henggeler et al., 1998) (n=85)
- **Multi-Dimensional Family Therapy** (MDFT; Liddle, 2002) (n=258)
- **Motivational Enhancement Therapy-Cognitive Behavior Therapy** (METCBT; Sampl & Kadden, 2001)-CYT/EAT (n=5262) and -Other (n=878)
- **Family Support Network** (FSN; Hamilton et al., 2001) (n=369)

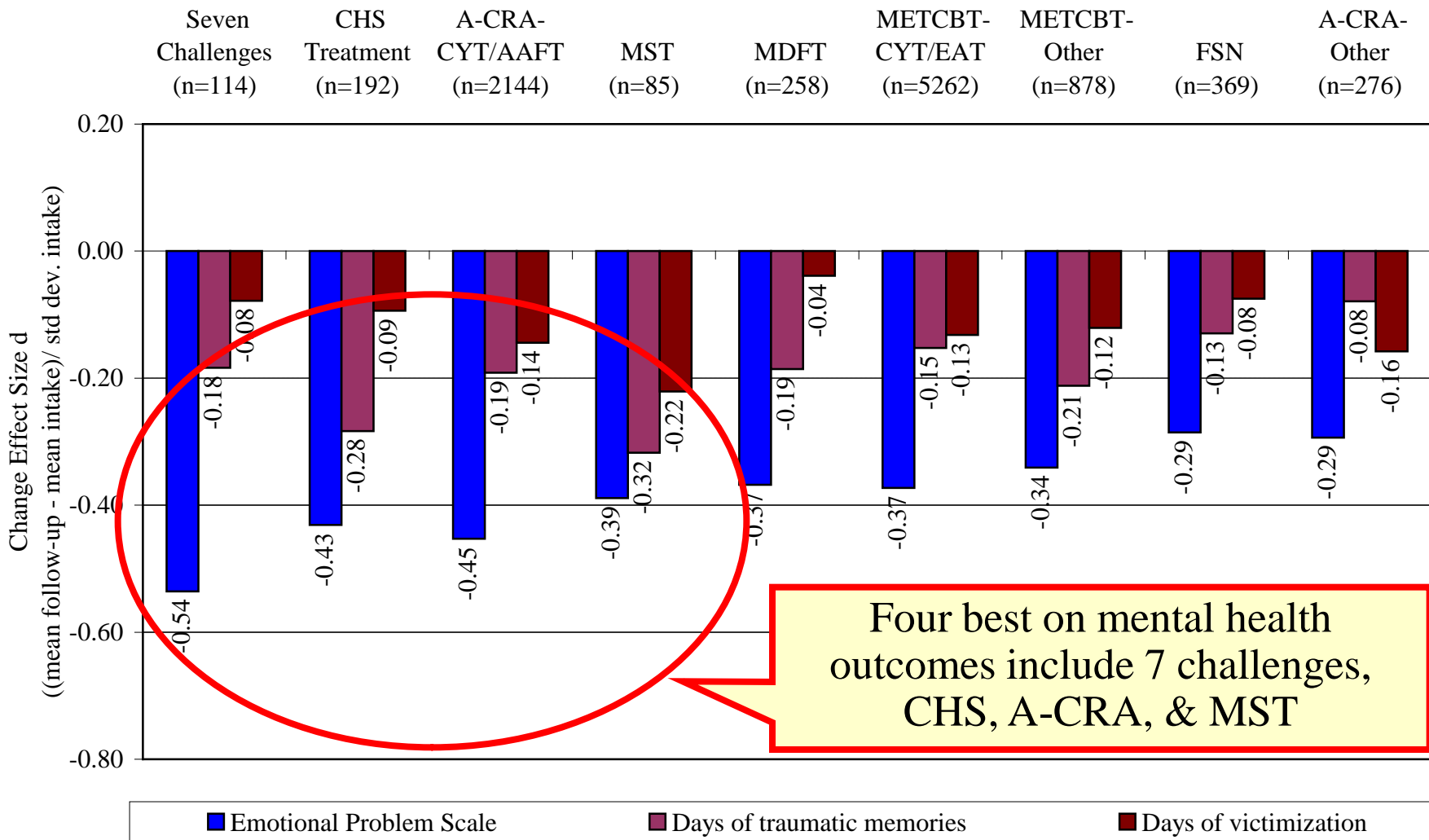


Co-occurring Disorders

Mental Health

- Emotional Problems Scale
- Days of Victimization
- Days of Traumatic Memories

Change (post-pre) Effect Size for Emotional Problems by Type of Treatment





Evidence Based Practice



Tested with good outcomes

Manual exists so it can be replicated/trained

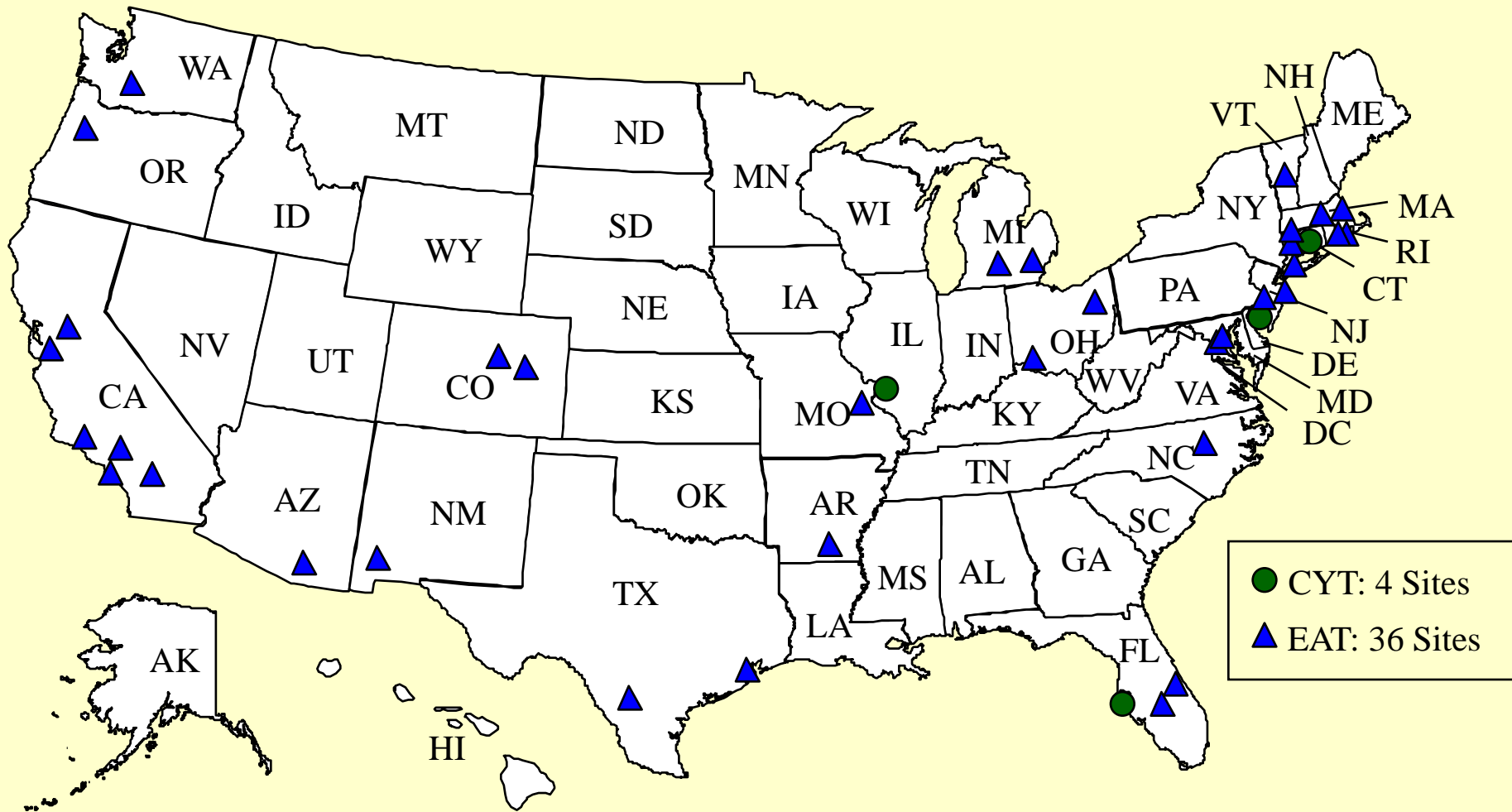
A training program exists

Supervision leading to certification

Ongoing monitoring

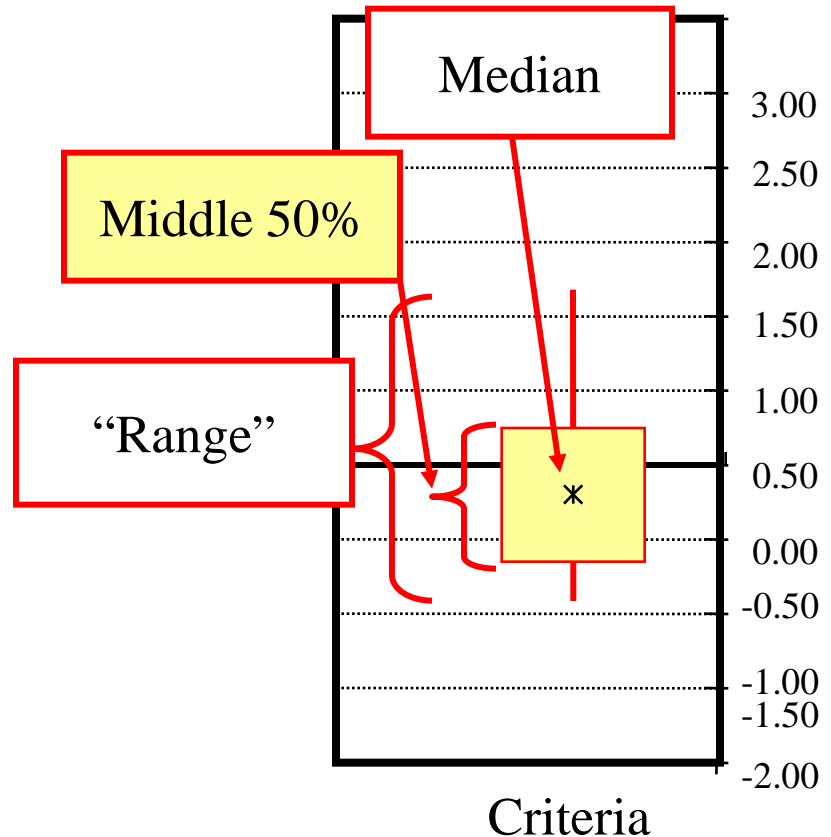
Outcomes measurement

36 Site Replication on MET/CBT5

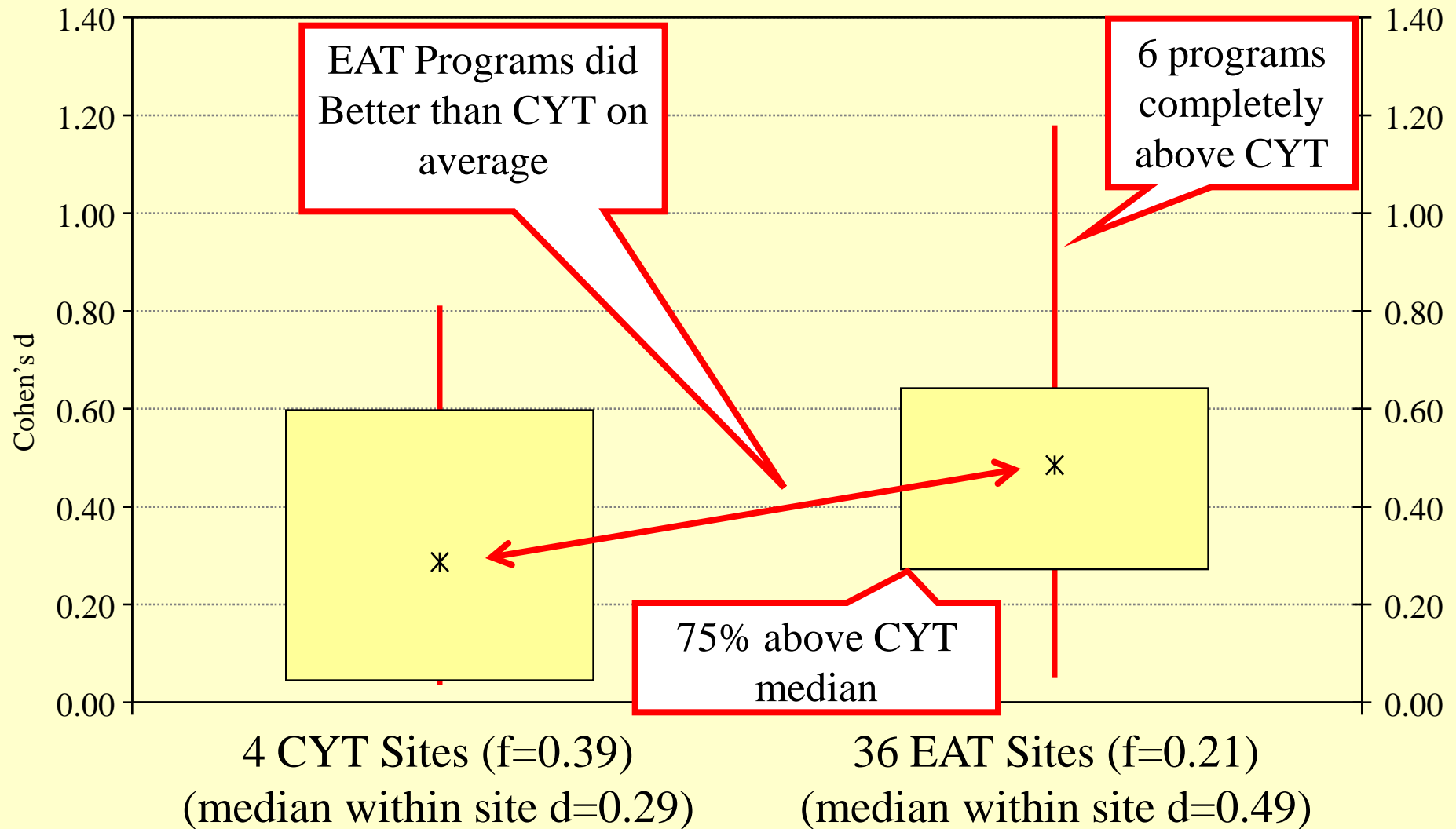


Replication and Site Effects

- Treatment can vary by implementation within site/clinic
- We want to compare the range of implementation in practice with the clinical trials
- In order to compare sites, we will at both the central tendency (median) and distribution using a Tukey Box Plot like the one shown here.



Range of Effect Sizes (d) for Change in Days of Abstinence (intake to 12 months) by Site



Proliferation of EBPs





% Change : Abstinence at 6-months post-initial assessment

**MET/
CBT 5*

60.6

**ACRA/
ACC*

69.3

***TARGET
YOUTH*

12.6

***SEE
YOUTH*

21.1

* GAIN Mandated

** GAIN Optional

Source: SAIS System (GPRA)



Drug Strategies

- 9 elements of effective treatment for adolescents
(Assess/Matching, Integrated, Family Involvement, Devel. Approp., Engage/Retain, Staff Quals, Gender/Culture, Cont. Care, Outcomes)
- Guide for professionals/parents
- On-line resources
(Research, JJ, Screening/Assessment)
- On-line program descriptions

www.drugstrategies.org

Most programs have small effects but those effects are not negligible

- The median effect size (.09) represents a reduction of the recidivism rate from .50 to .46
- Above that median, most of the programs reduce recidivism by 10% or more
- One-fourth of the studies show recidivism reductions of 30% or more, that is, a recidivism rate of .35 or less for the treatment group compared to .50 for the control group
- The “nothing works” claim that rehabilitative programs for juvenile offenders are ineffective is false

Program types with average or better effects on recidivism

AVERAGE OR BETTER

BETTER/BEST

Pre-adjudication

Parent training
Tutoring

Employment/job training
Group counseling

Probation

Drug/alcohol therapy
Family counseling
Mentoring

Cognitive-behavioral therapy
Interpersonal skills training
Parent training
Tutoring

Institutionalized

Family counseling
Cognitive-behavioral therapy
Employment/job training

Behavior management
Group counseling
Individual counseling
Interpersonal skills training

Some Programs Have Negative or No Effects on recidivism

- “Scared Straight” and similar shock incarceration program
- Boot camps mixed – had bad to no effect
- Routine practice – had no or little ($d=.07$ or 6% reduction in recidivism)
- Similar effects for minority and white (not enough data to comment on males vs. females)
- The common belief that treating anti-social juveniles in groups would lead to more “iatrogenic” effects appears to be false on average (i.e., relapse, violence, recidivism for groups is no worse than individual or family therapy)



Major Predictors of Bigger Effects

1. Chose a strong intervention protocol based on prior evidence
2. Used quality assurance to ensure protocol adherence and project implementation
3. Used proactive case supervision of individual
4. Used triage to focus on the highest severity subgroup

Implementation is Essential

(Reduction in Recidivism from .50 Control Group Rate)

Program Implementation:
Amount of Service, Quality of Delivery

Program Type Grouped by Rank	Low	Medium	High
Group 1 (best)	24%	34%	46%
Group 2	16%	30%	40%
Group 3	6%	20%	32%
Group 4 (poorest)	0%	12%	24%

The best is to have a strong program implemented well

Thus one should optimally pick the strongest intervention that one can implement well

The effect of a well implemented weak program is as big as a strong program implemented poorly



Evidenced Based Practice - Summary

- Adolescents entering more intensive levels of care typically have higher severity.
- Multiple problems and child maltreatment are the norm and are closely related to each other.
- There are a growing number of standardized assessment tools, treatment protocols and other resources available to support evidenced based practices.



Evidenced Based Practice - Summary

- Achieving reliable outcomes requires reliable measurement, protocol delivery and on-going performance monitoring.
- The GAIN is one measure that is being widely used to address gaps in current knowledge and move the field towards evidenced based practice.
- Standardized and more specific assessment helps to draw out treatment planning implications of readiness for change, recovery environment, relapse potential, psychopathology, crime/violence, and HIV risks.



Issues to Consider

- Juvenile Justice involved youth outsized presence in the treatment system
- Cross-over youth
- Support for funding relies on ability to demonstrate effectiveness



Issues to Consider

- Treatment needs of the youth that we see and the need to incorporate appropriate and effective interventions for these needs
- Continuing Care is as, or more important than the treatment delivered
- Ongoing Support Services Promising as a Key Component



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