

The Common Elements Approach: Possibilities for Child Welfare Services

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Outline

- What is the Common Elements approach?
- What is the fit/misfit with Child Welfare?
- What are some possible paths forward for integrating the Common Elements with Child Welfare Practice?

Overview of the Common Elements Approach

- Developed by Bruce Chorpita and colleagues for child mental health practice;
- AKA “Distillation & Matching Method”;
- Alternative/complement to using only manualized evidence supported interventions;
- **Premise:** Apply elements that are found across several evidence-supported interventions to flexibly meet client needs

How were the practice elements identified?

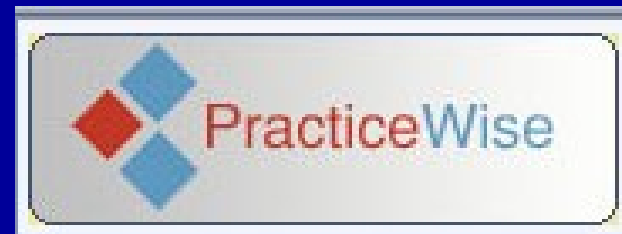
(Chorpita & Daleiden, 2009)

- ▶ Trained coders reviewed 322 RCTs for major mental health disorders for children and teens;
 - ▶ Over \$500 million invested in these research studies
 - ▶ Studies conducted over a span of 40 years
 - ▶ More than 30,000 youth cumulatively in the study samples
- ▶ **Approach:** What features characterize successful treatments? What strategies are common across effective interventions?

Possible Advantages of the Common Elements Approach

- Flexibility to adapt practice to client needs or practice setting/structure;
- Practice elements derived from interventions with known effectiveness;
- Training practitioners on practice elements may be less cumbersome and was found to improve attitudes towards EBP (Borntrager et al., 2009);
- **Practicewise** subscription-based resources facilitates implementation of common elements approach.

PracticeWise: Tools for Implementing the Common Elements Approach



Practitioner Guides Contents

- Practice
- Audience
- Use
- Objectives

The table below lists all of the practices and materials contained in the Practitioner Guides. This page is designed to help you find what you are looking for as quickly as possible.







Instructions:

- Select columns to show or hide using the control panel on the left.
- Enter terms in the search box to display only those rows with matching text. For example, to only view the practices with a Caregiver audience, enter 'Caregiver' in the search box.
- Click a practice or protocol name to open the practice or protocol in a new browser window.
- Click an icon or material link for convenient printing.
- Click a column title or shift-click multiple column titles to sort the table by your selection(s).

Show entries



Search:

Practice	Audience	Use	Objectives
 Activity Selection	Child	To introduce mood-elevating activities into the child's day.	To emphasize the link between positive activities and feeling good To note that doing more things with someone we like is a good way to enjoy activities To explain that we can make ourselves busy so that we don't have time to worry or feel bad To discuss helping other people; it makes them and us feel good
 Antecedent/Stimulus Control	Caregiver	To increase or decrease a behavior that is controlled to some extent by the environment or situation.	To assist the caregiver in identifying events that may lead to appropriate or inappropriate behavior To teach the caregiver to think about behavioral difficulties before they occur To provide the caregiver with strategies to manage the child's behavior in difficult situations
 Attending	Caregiver	To improve the quality of the caregiver-child relationship.	To increase the amount of positive attention provided to the child, even if the child has misbehaved at other times during the day To teach the caregiver to attend to positive behaviors To promote the child's sense of self-worth
 Caregiver Psychoeducation: Anxiety	Caregiver	To introduce a caregiver to course of treatment for child anxiety or phobias.	To educate the parent about how anxiety works in order to build a rationale for activities to follow To instill optimism about the child's situation To encourage the parent's participation in treatment
 Caregiver Psychoeducation: Depression	Caregiver	To introduce a parent course of treatment for child depression.	To discuss purpose and process of sessions; including practice assignments, regular attendance, and end-of-session caregiver briefings To explore the parent's understanding of why the child is in treatment and establish a framework of feeling better by learning there are things we can do to control our mood To introduce the general concept that we can control our feelings by (a) how we act and/or (b) how we think To discuss causes and "symptoms" of feeling good and bad for the child
 Caregiver Psychoeducation: Disruptive Behavior	Caregiver	To introduce a course of treatment for disruptive behavior problems.	To educate the caregiver about various factors (e.g., temperamental, developmental, physiological, genetic, psychological, etc.) that contribute to the development of disruptive behaviors and how these behaviors can be learned over time To instill optimism in the caregiver about the child and family's situation

Example of printable PDF describing practice element:

Practitioner Guide

Activity Selection

Use This When:

To introduce mood-elevating activities into the child's day.



Audience

Goals of this practice element

Objectives:

- to emphasize the link between positive activities and feeling good
- to note that doing more things with someone we like is a good way to enjoy activities
- to explain that we can make ourselves busy so that we don't have time to worry or feel bad
- to discuss helping other people; it makes them and us feel good

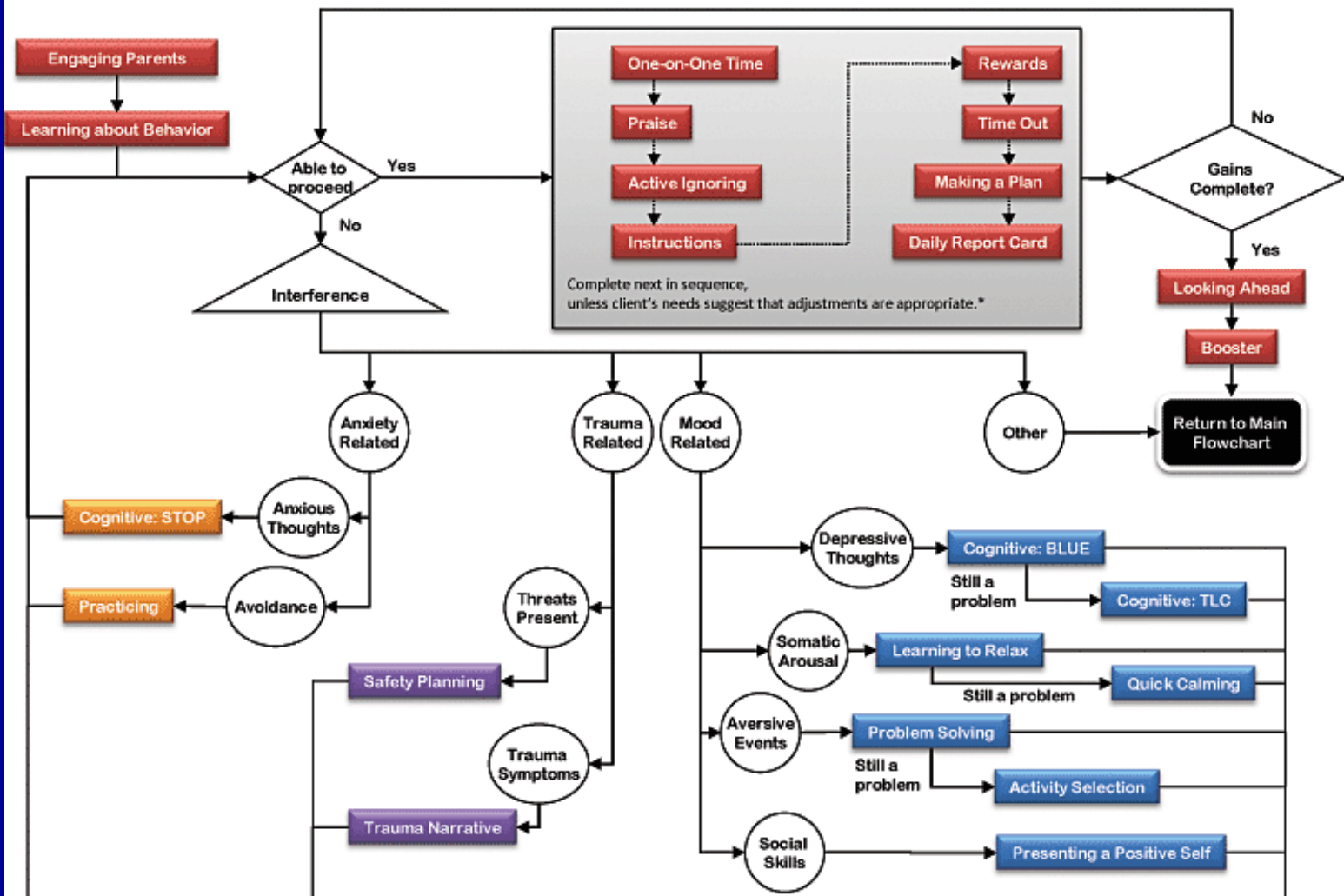
Steps:

□ Educate in types of mood-lifting activities	Discuss with the child that today you will focus on activities that can all help get our minds off of bad feelings and make us feel better. These are activities that:
	<ol style="list-style-type: none"> 1) we enjoy, 2) are done with someone we like, 3) keep us busy, or 4) help someone else.
□ Illustrate connection between activities and feelings	Help the child to grasp that: <ul style="list-style-type: none"> • doing activities we enjoy can make us feel good • doing activities we do not enjoy (or doing nothing) can make us feel bad You may start by telling the child about a time when doing things you (or a boy or girl you know) did not like made you feel bad, and then doing something you liked made you feel better.
□ Illustrate how activities can be mood-enhancing for the child	Demonstrate that activities, feelings and actions are connected for the child personally. To help make this point: <ul style="list-style-type: none"> • Ask the child to identify 2-3 examples of times when he/she felt bad, then did something enjoyable, then felt better. • Discuss these experiences with the child.
□ Generate simple pleasant activities	<ol style="list-style-type: none"> 1) Ask the child to list 10 (or less, depending on time) easy-to-do activities that he/she can do to elevate his/her mood. 2) Encourage the child to come up with as many as he/she can 3) Make suggestions if the child has trouble thinking of activities. 4) The activities must be: <ul style="list-style-type: none"> • simple, • free, • do-able almost any time, and • virtually guaranteed to make the child feel good. The list might include such activities as calling a friend, throwing a ball outside, spending time with a pet, remembering a fun experience, or stretching.


Steps for using this practice element

What practice elements in what order could be used with treating a conduct disordered youth?

Conduct Flow Chart



Identify The Common Practice Elements That Match Youth Characteristics



Search by Youth Characteristics

Enter Youth Characteristics View Results

The treatment summary that you will see is based on research including all the characteristics that you select below. After selecting criteria, click on the View Results button and the system will summarize relevant Treatment Protocols and Research Papers. As you choose more characteristics, your search results are likely to decrease because less research is available that meets all of your criteria.

Strength of Evidence:

Level:

Problem Type:	Age or Grade:	Race or Ethnicity:
<input type="checkbox"/> Anxiety	Birthdate (mm/dd/yyyy): <input type="text"/>	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Attention Problems	Age: <input type="text" value="12"/>	<input type="checkbox"/> Asian
<input type="checkbox"/> Autism Spectrum	Grade: <input type="text" value="-- Select Grade --"/>	<input type="checkbox"/> Black or African American
<input checked="" type="checkbox"/> Depression		<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Disruptive Behavior		<input type="checkbox"/> Multiethnic
<input type="checkbox"/> Eating	Gender:	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Substance Use	<input type="radio"/> Either <input type="radio"/> Male <input checked="" type="radio"/> Female	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Suicidality		<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Traumatic Stress		

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Results summarize the research evidence: intervention settings, format, related practice elements and their prevalence. Option to view supporting papers or protocols.

Identify The Common Practice Elements That Match Youth Characteristics



Search by Youth Characteristics

Home

Youth Treatments

Treatment Protocols

Treatment Practice

Research Papers

Overview

Exit

Display Options +/-

Enter Youth Characteristics

View Results

The treatment summary that you will see is based on research including all the characteristics that you select below. After selecting criteria, click on the View Results button and the system will summarize relevant Treatment Protocols and Research Papers. As you choose more characteristics, your search results are likely to decrease because less research is available that meets all of your criteria.

Strength of Evidence:

Level: Level 1 Best Support

Problem Type:

- Anxiety
- Attention Problems
- Autism Spectrum
- Depression
- Disruptive Behavior
- Eating
- Substance Use
- Suicidality
- Traumatic Stress

Age or Grade:

Birthdate (mm/dd/yyyy):

Age: 12

Grade: -- Select Grade --

Gender:

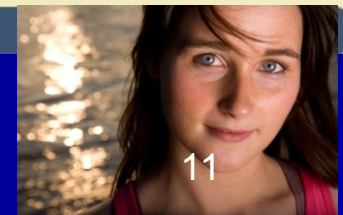
Either Male Female

Race or Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Multiethnic
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other

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Results summarize the research evidence: intervention settings, format, related practice elements and their prevalence. Option to view supporting papers or protocols.



What Works for a 12-year Old Girl With Depression?

Summary of Youth Treatments

Your current search criteria are:

Problem Type: Depression

Age: 12

Gender: Female

Strength of Evidence: 1 Best Support

Modify

Your search returned:

Number of Study Groups: 6 [View Protocols](#)

Number of Papers: 6 [View Papers](#)

evidence

Summary of Treatment with Best Support

Age (in Years): 8-16

Grade: 6-8

Duration (Days): 35-274

Frequency: Semiweekly-Monthly

Race or Ethnicity: White or Caucasian, Black or African American, Hispanic or Latino, Asian, Other

TREATMENT FAMILIES	PERCENT OF GROUPS	SETTING	PERCENT OF GROUPS
Cognitive Behavior Therapy	67	Clinic	67
Cognitive Behavior Therapy and Medication	17	School	33
Family Therapy	17		
PRACTICE ELEMENT	PERCENT OF GROUPS	FORMAT	PERCENT OF GROUPS
Cognitive	83	Group Client	50
Activity Scheduling	67	Individual Client	33
Problem Solving	67	Family	17
Psychoeducational-Parent	67	Individual Parent	17
Goal Setting	50	Parent Child	17

Client Details

Treatments

Practice Elements

Setting

Format

Issues of Fit/Misfit of Common Elements with Child Welfare Services

Fit

- CW interventions have building blocks that can be identified;
- CWW may need short, time-limited interventions vs. manualized treatments;
- CW has struggled with integrating evidence-base interventions into practice;

Misfit

- CWWs do more than just deliver mental health services;
- CW interventions are not dictated by diagnosis;
- CW does not have 322 RCTs;
- CWW activities include much more than treatment

Strategy A: Identify CWS Relevant, Effective Practices and Extract Common Elements

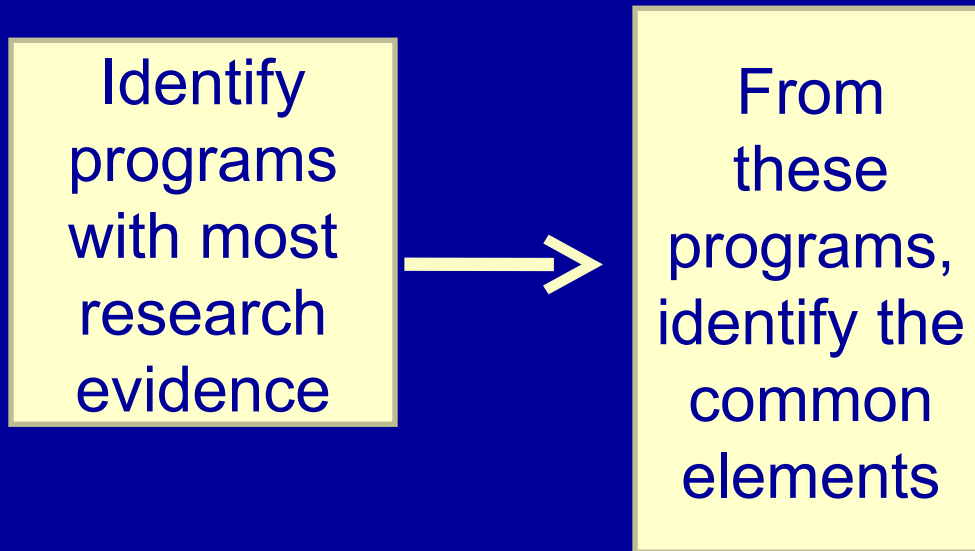
Rationale

Builds on the logic of common elements identification from “winning” treatments from RCTs

Possible Process

1. Identify CWS relevant and effective programs from the CEBC [CW]
2. Identify common elements
3. Develop training and implementation

Strategy A

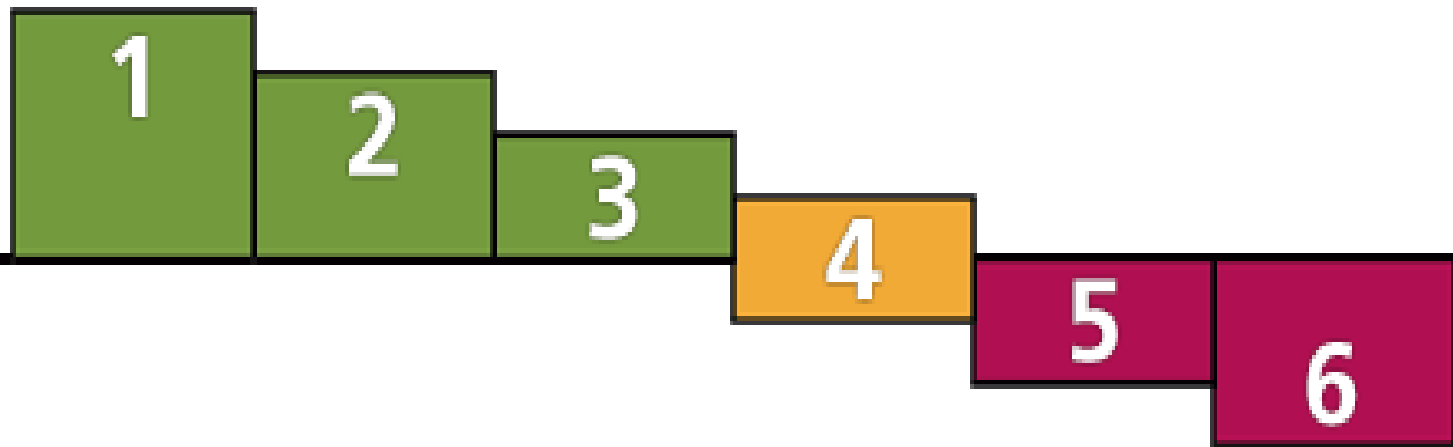


California Clearinghouse Scientific Rating Scale

- 1. Well Supported – Effective Practice*
- 2. Supported – Efficacious Practice*
- 3. Promising Practice*
- 4. Acceptable/Emerging Practice – Effectiveness Unknown*
- 5. Evidence Fails to Demonstrate Effect*
- 6. Concerning Practice*

Effective Practice ←

→ Concerning Practice



Relevance to CWS

Relevance to Child Welfare Populations

1 - *High*

The program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families **receiving child welfare services**.

2 - *Medium*

The program was designed, or is commonly used, to serve children, youth, young adults, and/or families who are **similar to child welfare populations** (i.e., in history, demographics, or presenting problems) and likely include current and former child welfare services recipients.

3 - *Low*

The program was designed, or is commonly used, to serve children, youth, young adults, and/or families with **little or no apparent similarity** to the child welfare services population.

Relevance to Child Welfare Outcomes

Peer-reviewed published or in press studies include measures of **Safety, Permanency, and Well-Being**

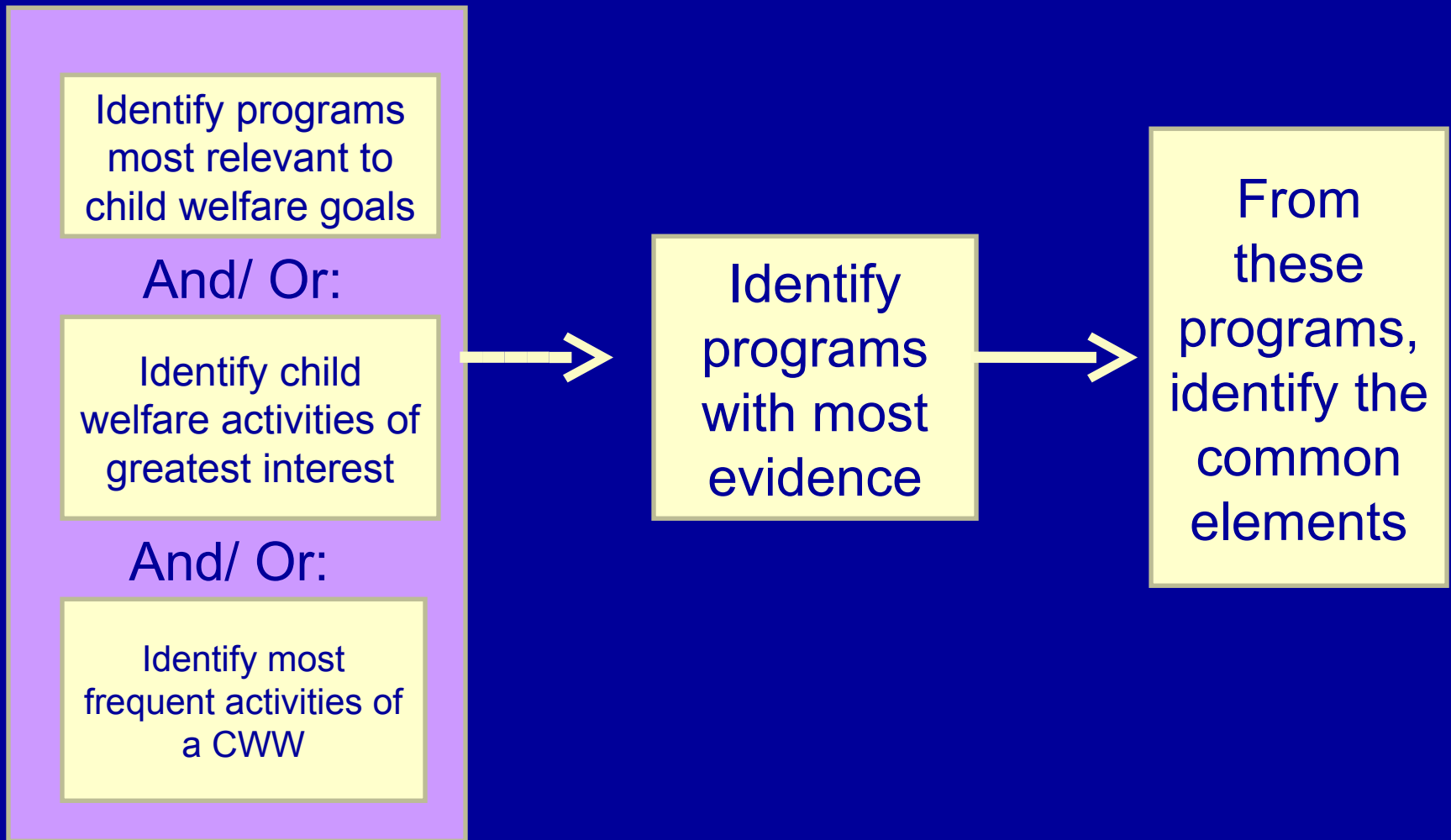
Topics Currently on the CEBC Website

- Anxiety Treatment
- Behavioral Management for Adols in CW
- Bipolar Disorder Treatment (Ch & Adol)
- Casework Practice
- Child Welfare Initiatives
- DV Services Batterers Treatment
- DV Services for Women and Children
- Family Motivation/Engagement
- Higher Level of Placement
- Home Visiting
- Infant & Toddler Mental Health (0-3)
- Interventions for Neglect
- Mental Health Treatment for Children
- Motivation and Engagement
- Parent Partner Programs for Families involved with CWS
- Parent Training
- Placement Stabilization
- Post Permanency Planning
- Prevention
- Resource Parent Training and Recruitment
- Reunification Services
- Substance Abuse Treatment (Adol)
- Substance Abuse Treatment (Adult)
- Supervised Visitation
- Trauma Treatment for Children

Which CW Practices to Tackle?

1. Practices of Greatest Interest?
2. Strongest Evidence?
3. Most Used Practices?
4. Focused on a Specific Problem Area

Which CW Practices to Tackle?



Practices of Greatest Interest to Child Welfare Directors and Managers (in CA)

Domestic/Partner Violence: Batter Intervention Programs
Domestic/Partner Violence: Services for Women and Children
Motivational Interviewing and Family Engagement
Parent Training
Placement Stabilization
Reunification
Substance Abuse (Parental)
Trauma Treatment for Children
Youth Transitioning Into Adulthood

Source: California Clearinghouse on Evidence Based Child Welfare Services

Practices with Strongest Evidence

Cognitive Therapy (CT) [MEDIUM CHILD WELFARE RELEVANCE]

Coping Cat

Coping Power Program

Coping with Depression for Adolescents (CWDA)

Eye Movement Desensitization and Reprocessing (EMDR)

Interpersonal Psychotherapy (IPT)

Mindfulness-Based Cognitive Therapy (MBCT)

Motivational Interviewing (MI)

Multidimensional Family Therapy (MDFT)

Multidimensional Treatment Foster Care - Adolescents (MTFC-A)

Multisystemic Therapy (MST)

Nurse-Family Partnership (NFP)

Parent-Child Interaction Therapy (PCIT)

The Incredible Years

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) [HIGH CWS REL]

Triple P - Positive Parenting Program

Practices with Most Use by CWWs^

- Alternative Response (In CEBC as “CW Initiative”)
- Investigation/Assessment (Not in CEBC-CW)
- Motivation and **Engagement** (3 Rated Programs)
- **Family Involvement** & Decision Making (Not in CEBC-CW)
- Casework/Case Management (1 Rated Program)
- **Placement Stabilization or Prevention** (5 Rated Programs)
- Supervised Visitation (3 Unrated Programs)
- Parent Education/Training (11 Rated Programs)
- Resource Family Finding & Training (3 Rated Programs)
- Court Document Preparation and Testimony (none)
- Post Permanency Services (1 Rated Program)

^Not a scientific analysis: Author’s hunches only

Focus on a Problem Area

- Safety
 - 25 Programs in CEBC4CW
- Permanency
 - 17 Programs in CEBC4CW
- Child and Family Well-Being
 - 86 Programs in CEBC4CW

Possible Next Steps in Development of Common Elements for CWS

1. Identify best combination of: evidence based, common, and important practices
2. Analyze existing research to identify elements that are most often identified with a program that has evidence in support
3. Articulate common practice elements
4. Develop strategy for use of elements in real practice situations
5. Develop implementation strategy
6. Evaluate implementation

Strategy B

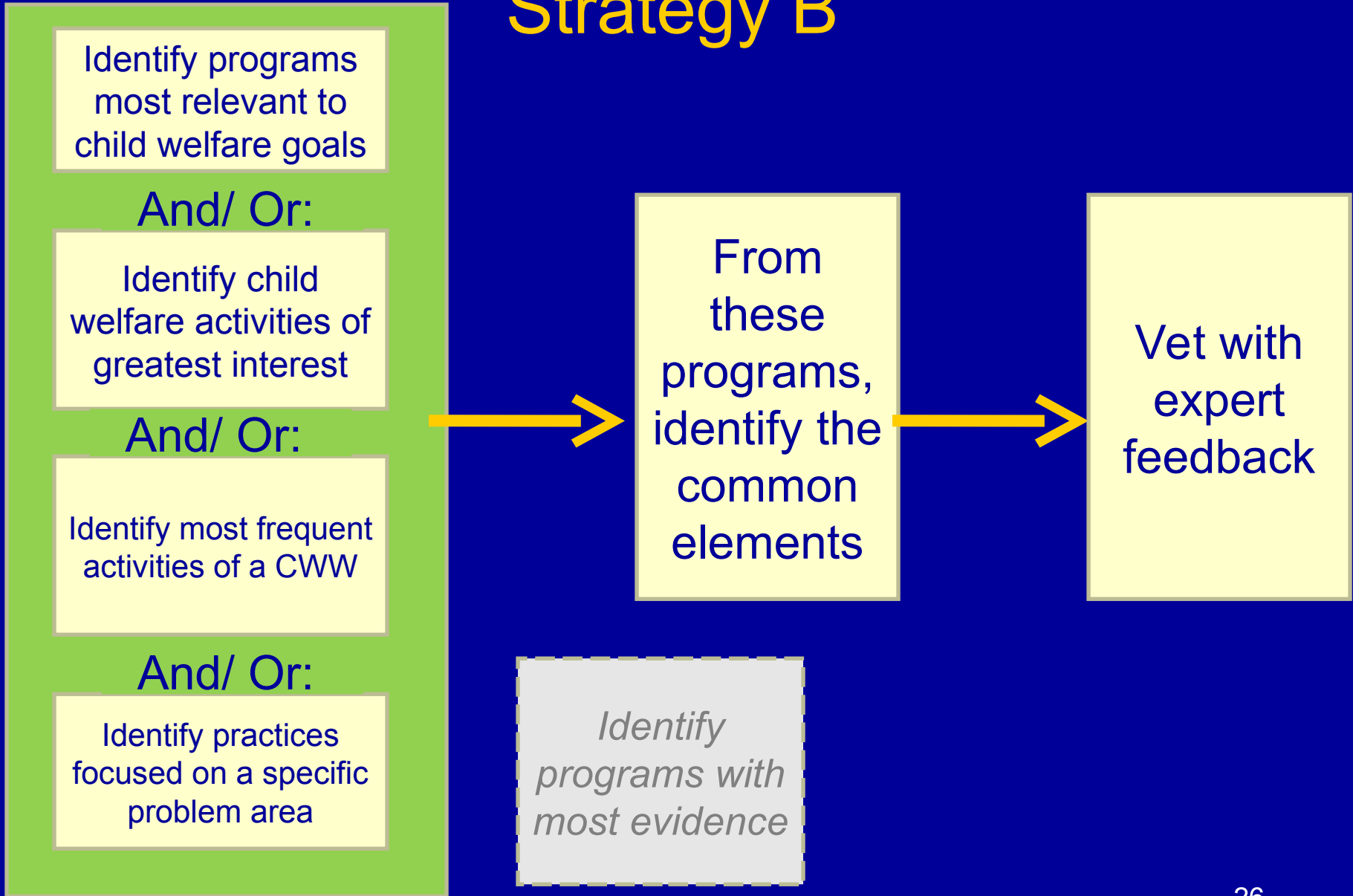


Illustration of Strategy B: Small Scale Effort to Identify Common Elements without RCT Evidence

Following Garland et al. (2008):

1. Select a group of established interventions that all target the same goal;
2. Using all supporting materials of interventions, identify core elements;
3. Core elements found in at least half of interventions are “common”;
4. Validate candidates of common elements with national experts

Strategy B: Advantages and Limitations of Small Scale Efforts

Key Advantage

More expeditious and flexible strategy for identifying promising practice elements in CW

Key Limitations

- Consensus can fail and a lot of work could be put into developing common elements of a program that lacks benefit

Common Elements Implementation in CWS Has Begun

- Some UK and Australian work on common elements (aka. “nuggets) of parent training is underway
- Many states have identified “competencies” that are expected of CWWs—these can help yield common elements but are at a much higher level
- Some US work is underway that employs common elements approach with CWS-involved children referred for MHS
- Efforts to identify common elements of engagement and placement prevention underway at UMB

Engagement Example from UMB Work

- Medicaid funded study to identify common elements to reduce high end placements
- STRATEGY A
 - Identification of 23 RCTs that tested engagement strategies
 - Defined 20+ practice elements (HANDOUT)
 - Currently reviewing to identify most common elements in winning treatments

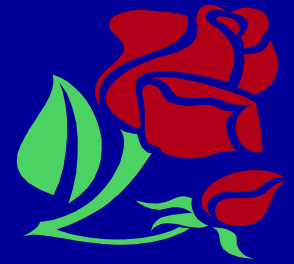
STRATEGY B

- Perusing texts with other levels of evidence (e.g., quasi-experimental, qualitative, case studies)

Crossover of Engagement Work to CWS

- STRATEGY A
 - Search for and Code CWS RCTs (as done with engagement)
- STRATEGY B
 - Add additional resources like CWS Training Academy curriculum, etc
 - Interviews of CWS managers and staff
 - Clinical child welfare courses (faculty and textbooks)
 - Other Ideas?
 - How can we be helpful to AECF?

Thank you for this opportunity



Comments?



OR



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