



# Success Stories: Implementation of Evidence Based Practices for Infants and Children Through the Department of Mental Health in Los Angeles County

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## Mental Health Services Act

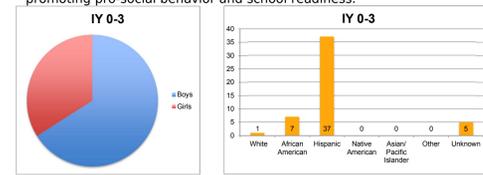
- November 2004: voters in California passed Proposition 63, the **Mental Health Services Act (MHSA)**, to expand and transform California's county mental health service systems.
- MHSA applies a specific portion of its funds to each of six system-building components:
  - Community program planning and administration
  - Community services and supports
  - Capital (buildings) and information technology
  - Education and training
  - Prevention and early intervention
  - Innovation
- None of the MHSA funds can substitute for existing fund allocation; all have to be put towards expansion or creation of programs, and **51% must be spent on children's services.**
- MHSA specifies requirements for service delivery and supports for children, youth, adults and older adults with serious emotional disturbances and/or severe mental illnesses.



## Incredible Years (IY) – for Clients 0-12 years old

A curriculum-based, multifaceted, developmentally appropriate intervention targeting primarily children ages 2-12, using videotaped scenes to structure content and group discussion.

- Based on developmental theory of the role of multiple interacting risk and protective factors in the development of conduct problems.
- Parent training** intervention: strengthen parenting competency and parent involvement in child's activities to reduce delinquent behavior.
- Child training** curriculum: strengthen children's social/emotional competencies.
- Teacher training** intervention: classroom management strategies, promoting pro-social behavior and school readiness.

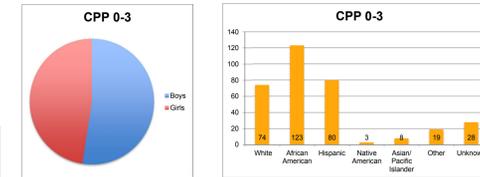


## Success Story: Child-Parent Psychology (CPP)

- CPP initially trained two cohorts, but providers liked the unique approach of the model (with a "psychodynamic feel to it") that three more, larger cohorts were trained.
  - In 2011, 180 clinicians were trained
- Agencies describe CPP as one of the most effective ways to help children ages birth to three recover from trauma
- Obtaining outcome measures for each client has allowed the providers to use the measures as clinical tools, directing the clinicians to areas to focus on in the sessions

## Child-Parent Psychotherapy (CPP) – for Clients 0-6 years old

- A psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive behavioral, and social-learning theories into a dyadic treatment approach.
- Designed to restore the child-parent relationship, the child's mental health and developmental progression that have been damaged by the experience of trauma and/or domestic violence.
- Early intervention for children ages 0-5 years at risk for acting-out and experiencing symptoms of depression and trauma.

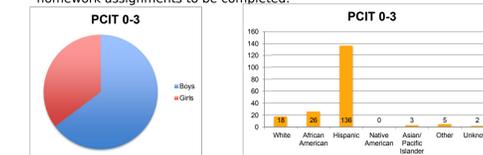


## Success Story: Parent-Child Interactive Therapy (PCIT)

- In 2011, First 5 LA\* 5-year grant to expand PCIT
- Partnering with UC Davis PCIT Training Center
- Goals:
  - Increase number of PCIT-certified clinicians
  - Increase # of B-5 clients/families who receive tx from PCIT-certified clinicians
  - Demonstrate clinically significant decline in maladaptive behavior intensity among child and parent clients
- Phases:
  - Advanced Training for existing PCIT therapists
  - Train the Trainer series to ensure sustainability of PCIT after completion of grant period
  - Training DMH-contracted providers new to PCIT
  - Assisting new providers to set up PCIT treatment facilities

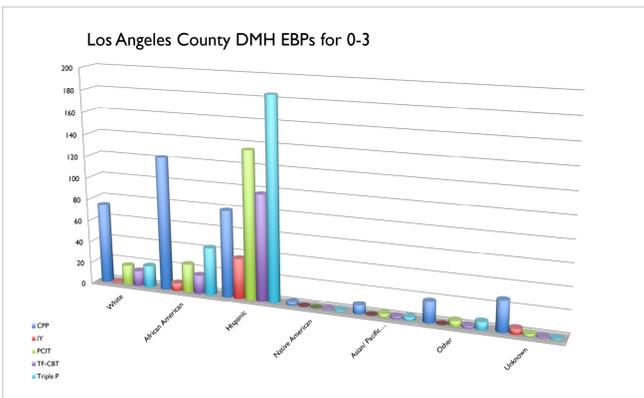
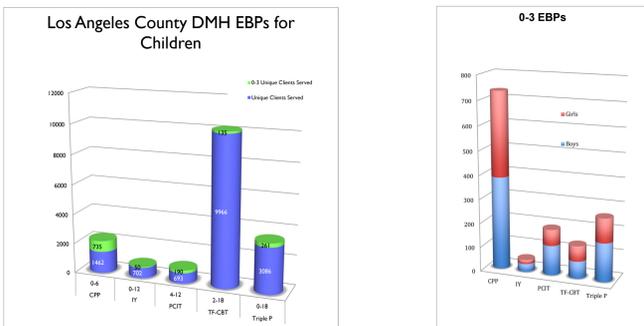
## Parent-Child Interaction Therapy (PCIT) – for Clients 3-12 years old

- Highly specified, step-by-step live-coached sessions with both parent/caregiver and child.
- Parent learns skills through didactic sessions and, using a transmitter and receiver system, is coached in specific skills as he or she interacts in specific play with the child.
- Therapist provides coaching from behind a one-way mirror.
- Emphasis on changing negative parent/caregiver-child patterns.
- Initially targeted for families with children ages 2-7 with oppositional defiant and other externalizing behavior problems.
- Successfully adapted to serve physically abusive parents with children 4-12.
- For parents, foster parents, or others in a parental/caretaker role.
- Caregiver and child must have regular, ongoing contact to allow for daily homework assignments to be completed.



\*funded by State tobacco tax money

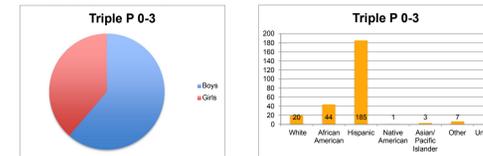
## Los Angeles County Evidence-Based Practices



## Triple P Positive Parenting Program (Triple P) – for Clients 0-18 years old

Intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence.

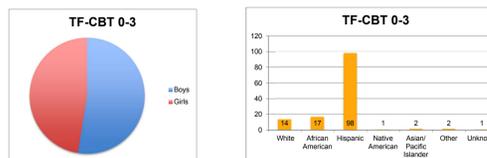
- A parenting program and system for delivering parenting information to large and small populations
- DMH is implementing two Level Four early interventions, the basic parenting modules: Standard Triple P and Standard Teen Triple P
- Triple P programs, extensively researched within the United States and abroad, have been found to be an effective intervention for diverse cultural populations
- Target population is parents/caregivers of children ages 0-16 years



## Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) – for Clients 2-18 years old

An early intervention for children at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences; particularly for those who are not receiving mental health services.

- Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams.
- Intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services

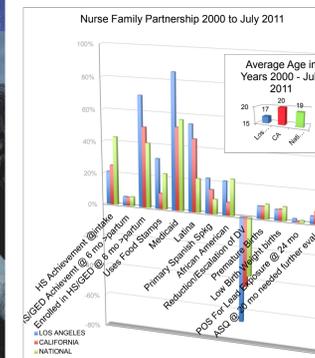


## Success Story – Nurse Family Partnership (NFP)



- Goals
  - Improve pregnancy outcomes
  - Improve child health and development
  - Improve parents' economic self-sufficiency

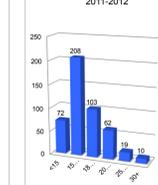
- Focus Areas
  - Personal Health
  - Environmental Health
  - Maternal Role Development
  - Family and Friends
  - Life Course Development
  - Health and Human Services



### Los Angeles NFP Data 2011-2012

- 992 Clients
- 428 enrolled for the year
- 3,392 Total Encounters

### Client Age - Los Angeles 2011-2012



## Lessons Learned

### Stakeholders

- Consumers, family members and providers play a critical role
- Collaborative discussions with stakeholders are essential to successful implementation
- There is no one single consumer, family or provider perspective
- Time-limited model of therapy doesn't meet all children's evolving needs

### Providers

- Need for advocacy to include 0-3 in graduate programs' core curricula
- Must consider capacity for data collection
- Take a long-term view within short-term expediency
- Balancing billing concerns with consultation/reflective supervision
- Small group meetings focused on specific EBPs to share "lessons learned" and key tips work well

### County Administration

- Commitment to change is essential
- Leadership is absolutely critical
- Vision and guidelines are required at the outset
- Communication and dialogue with stakeholders must be ongoing
- No plan is set in concrete – flexibility and responsiveness is necessary
- Competing interests and economic environments impact any plan
- Training massive numbers of clinicians in just a few months, consider:
  - Training is a forever cost
  - Certified/EBP training helps clinicians become more marketable - staff turnover may increase, but greater satisfaction with skills and client success
  - The Supervisor is pivotal staff/ally – important to bring into the training process
  - Developer's capacity or ability to maintain control

## Next Steps

### OUTCOMES:

- Identify an outcome measure for EBPs for children 0-3. Current identified outcomes go down to age 2. Focus must include:
  - Treatment
  - Reliability
  - Validity
  - Administration time
  - Accessibility
  - Cost

### PROVIDERS:

- Continue trainings targeting the 0-3 population
- Move forward on conversations with key graduate programs in the Los Angeles area (MHSA Workforce Education and Training (WET) Program)