



Dissemination of MATCH-ADTC in Connecticut

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Child/Adolescent Quality, Access, & Policy Committee
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Background

- **Significance of Outpatient Care**
 - ❖ Foundation of Children's Behavioral Health (Volume)
 - ❖ Multiple diagnoses & problems
 - ❖ Highly complex cases
 - ❖ "Real world" barriers & operational challenges
- **DCF-Commissioned Study (CHDI) - 2009**
 - ❖ Analysis of Strengths & Needs
 - ❖ Stakeholder Input
- **Study Recommendations – 8 Domains**
(Treatment Capacity & Access; Case Complexity & Case Management; **Family Engagement**; Screening, Assessment & Service Delivery Practices; **Evidence-Based Treatments** ; Staffing and Workforce Development; **Data Collection and Reporting**; Systems Issues)

Moving Forward....Improving Care

- Established Outpatient System and Treatment Improvement Learning Community (January 2010)
- Identified priority areas of work
 - **Family Engagement (2010 – 2011)**
 - **Data Collection and Reporting (2010 – 2011)**
 - **Evidence-Based Treatments (2011 – Current Date)**
- Evidence-Based Treatment (EBT) Study Findings
 - Limited availability of EBT across clinics
 - Did not cover all ages and diagnostic categories
 - Insufficient time, resources and money to “scale up & sustain”
 - Lack of Implementation supports

Criteria for Selecting EBTs

- Clinic-Based
- Child and family-centered
- Effective (research support)
- Target multiple diagnoses and problems
- Integrate common elements of EBTs
- Provide a measurement feedback system
- Use comprehensive, systematic approaches to training
- High level of dissemination support (training, consultation, fidelity monitoring, quality assurance/data system)
- Child/family outcomes surpass usual and standard care
- Sustainable (“train the trainer” model)
- Fiscally viable

Selection of MATCH-ADTC

- Comparison of 8 EBTs against criteria
 - (CPP, BSFT, FFT, EMDR, MATCH, MI, MFG, Triple-P)
- Selection of MATCH-ADTC
 - Meets 100% of EBT criteria, as defined by stakeholders
 - Includes a trauma component to advance trauma-informed system of care
 - Continue to strengthen child welfare/behavioral health collaboration
- Additional Benefits
 - Builds on previous work with CHDI (expertise, lessons learned)
 - Supports direct work with treatment co-developer and his team (Harvard University)
 - Positive impact on other study domains
 - Increase treatment capacity & access
 - Advances workforce development
 - Advances research about what works best in outpatient settings

Identifying a Need

- Gap between treatments developed in academic settings and those practiced in the real world
- Focus on evidence-based treatments (EBTs)
- Lag time in uptake of EBTs
- Most EBTs focus on single disorders
- Diverse caseloads (comorbidity is common)

MATCH-ADTC: Overview

- MATCH-ADTC
 - Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Disorder
 - Bruce Chorpita, Ph.D., (UCLA) & John Weisz, Ph.D., ABPP (Harvard)
- Integrates EBTs for multiple youth disorders
- Simplifies learning for the clinician (one unified approach)
- Broadens coverage (70%+) child outpatient caseloads in North America (aged 7 to 13)
- Can shift focus during treatment
- Designed specifically to address co-morbidity
- Mirrors how EBTs are practiced in real-world setting
- Evidence-based treatment (MA, HI, ME)

MATCH uses EBT Elements from Four Treatment Areas



**CBT for
Anxiety
[46 RCTs]**

Connecticut
Center for
Effective
Practice



**CBT for
Depression
[18 RCTs]**

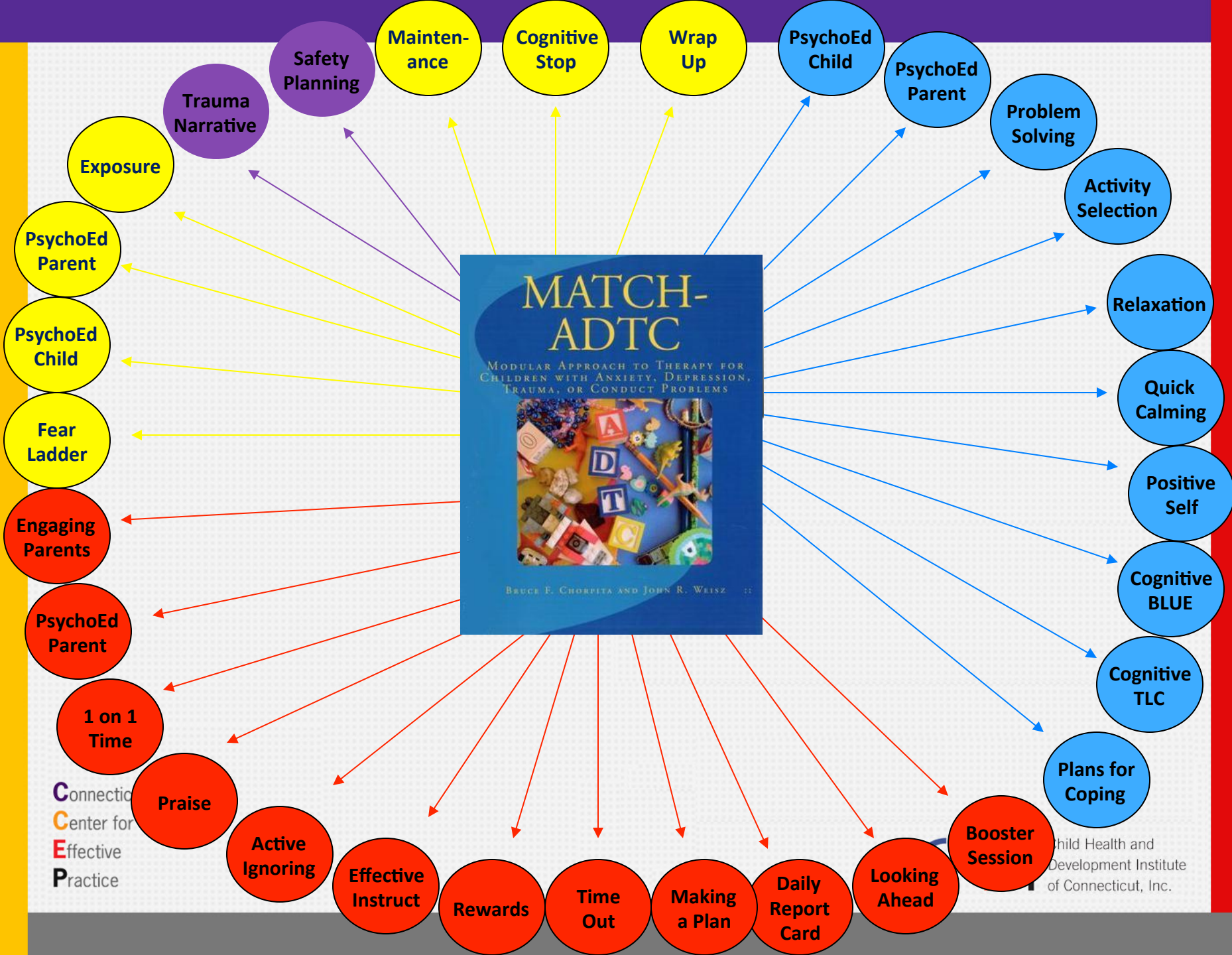
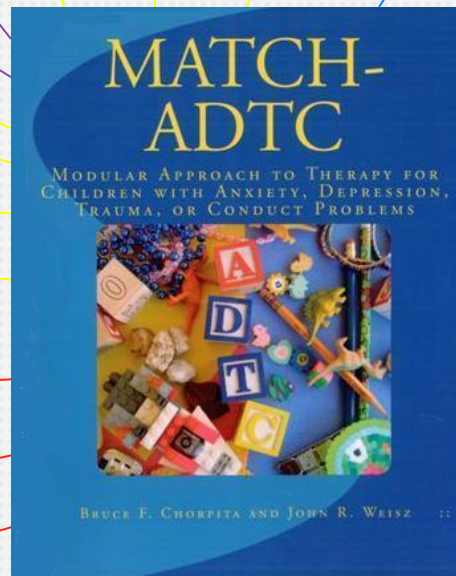


**CBT for
Trauma
[6 RCTs]**



**BPT for
Conduct
[32 RCTs]**

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MATCH-ADTC: Clinical Overview

- Inclusionary Criteria
 - Children and adolescents 6 – 15 years old
 - Identified Problem Area (anxiety, depression, trauma, or conduct problems)
- Exclusionary Criteria
 - Eating disorders
 - Substance abuse
 - Psychosis
- Composed of 33 evidence-based treatment skills

MATCH-ADTC in CT

- Collaboration between DCF, CHDI, HU
 - DCF: grantor, oversee activities
 - CHDI: coordinating center, evaluator, lead on learning collaborative (LC) and sustainability
 - HU: trainer, consultants, research and data collection, carrying out randomized clinical trial (RCT)
- 5-year project

Dissemination of MATCH in CT

RCT

- Evaluate effectiveness
- Years 1 - 5
- MATCH vs. “treatment as usual”
- 4 clinics
- 6-day training
- Weekly consultation
- HU to collect data
- Monitoring Feedback System

LC

- Years 2/3 – 5
- 16 clinics
- 6-day training
- Learning Collaborative activities
- Clinicians’ collect outcome data
- Sustainability planning

MATCH Training & Consultation

- Didactic, multi-day training covering all areas (anxiety, depression, conduct, trauma)
 - Consists of lecture, modeling, and role-plays
 - Training in the 33 evidence-based treatment skills that make up MATCH
- Following training, therapists complete case consultation with certified MATCH consultants

Family Participation in RCT

- Family Participation
 - If meet criteria at time of intake/referral, offered to be a part of study
 - If interested, HU contacts family
 - Consenting and assenting between family and HU
 - Receive compensation for completing assessment measures with HU (both parent and child)

Agency Participation in RCT

- Agency Participation
 - Respond to RFQ released through CHDI
 - Clinic Selection Criteria
 - Service Volume
 - Identify clinicians to participate
 - Geographic location within 40 miles of Hartford
 - Agree to implement MATCH intervention according to research protocol
 - Facilitate recruitment of families to participate
 - Identify clinic liaison to facilitate study

Clinician Participation in RCT

- Clinician Participation
 - Randomized to either SOC or MATCH condition
 - Participate in 6 days of MATCH training
 - Participate in weekly MATCH consultation with HU MATCH Consultant
 - Use of the MFS (monitoring and feedback system)
 - Audio-recorded sessions (for fidelity)
 - Complete background questionnaire and satisfaction questionnaire
 - Clinicians randomized to SOC will be trained in MATCH at the end of the RCT

Harvard Responsibilities

- Program Coordination
- Provide 6 days of training
- Provide 1-day “Train the Consultant”
- Receive IRB approval (DCF & HU)
- Provide weekly MATCH Consultation
- Phone screen interested families
- Random assignment (families & clinicians)
- Collect and enter study measures
- Develop MFS
- Analyze data

CHDI & DCF Responsibilities

- CHDI
 - Program Coordination
 - Assemble and lead advisory group
 - Liaison between DCF, HU, and provider clinics
 - Distribute RFQ
 - Ensure contract deliverables are met
 - Provide outcome analyses
 - Partner in implementation and sustainability
 - Distribution of CEUs
- DCF
 - Assure DCF staff understand MATCH
 - How to support area offices in making appropriate referrals
 - Act as liaison between clinics, area offices, HU, CHDI

Broader Context

- Advances DCF's Strategic Plan
 - Increased access to trauma-specific EBTs
 - Improve service quality for CT's families
- Aligns with CHDI's primary strategic goals
 - Dissemination and implementation of EBTs
 - Trauma focused intervention
 - Learning Collaborative activities & QI
- Collaborative endeavor
 - Partner with major research institution, state agency, and CHDI acts as an intermediary in bridging research and practice

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Thank you for your time!
QUESTIONS?

