The Family Check Up Model: An Evidence-based Approach to Promoting Child and Adolescent Behavioral Health.

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Institute of Medicine Workshop on Strategies for Scaling Tested and Effective Family-Focused Preventive Interventions to Promote Children’s Cognitive, Affective and Behavioral Health. Washington D.C., April 1-2, 2014
Four Goals of this Talk.

1- Provide an overview of the public health research strategy behind the Family Check-up model.

2- Describe the variations and evidence for the Family Check-up model that apply to specific service settings.

3- Summarize trials and tribulations of implementing the Family Check-up model.

4 – Briefly summarize ‘lessons learned’ and suggest future directions.
Family Check-up Model: An Iterative Translational Research Strategy
(adapted from Dishion & Patterson, 1999)
Family Check-up Model: The Specifics of Modeling Tailoring
(adapted from Dishion & Patterson, 1999)
An Overview of the Family Check-Up and Follow-Up Services

The Family Check-Up

- Initial Interview
- Assess Child & Family
- Parent Feedback & Planning

Services:
- Brief, tailored PMT
- PMT Treatment
- Child CBT
- Community Treatment Resources
Conceptual Framework for Everyday Parenting Curriculum and FCU
(Dishion, Stormshak & Kavanagh, 2011)
Service Systems Affecting Mental Health of Children and Adolescents

Developmental Stage

- Early Childhood
- Childhood
- Early Adolescence
- Adolescence

WIC, Preschools

Public School Setting

Community Programs: Treatment and Rehabilitation
### Effects of the Early Childhood Family Check-up: Average 2 Annual Sessions 70% Engagement

<table>
<thead>
<tr>
<th>Outcome Domain</th>
<th>Intervention Effects</th>
<th>Period of Development</th>
<th>Authors</th>
</tr>
</thead>
</table>
| Behavioral             | * Problem behavior  
* Problem behavior | Age 2 to 4  
Age 2 to 7.5 | Shaw et al 2006  
Dishion et al 2013 |
| Affective              | * Co-morbid depression  
* Maternal depression | Age 2 to 4  
Age 2 to 4 | Connell et al, 2009  
Shaw et al, 2009 |
| Parenting              | * Observed PBS  
* Reduced coercion | Ages 2 to 3  
Ages 2 to 4 | Dishion et al, 2008  
Smith et al, 2013 |
| Cognitive/Educational | *Improved effortful control and language  
*School readiness | Ages 2 to 7  
Ages 2 to 7 | Chang et al, in press  
Brennan et al, 2013 |
Service Systems Affecting Mental Health of Children and Adolescents

Developmental Stage

Early Childhood → W.I.C, Headstart

Childhood

Early Adolescence

Adolescence

Public Schools

Community Programs: Treatment and Rehabilitation
Prevention Research in Public Middle Schools (Project Alliance 1 and 2: Dishion & Stormshak)

6th Grade Middle School Students: Portland Public Schools

Randomly Assigned

Family Resource Room

Offered Family Check-up & FU support

Control: Middle School as usual.

Randomly Assigned

7th Grade

7th ---> 11th Grade
<table>
<thead>
<tr>
<th>Outcome Domain</th>
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</thead>
<tbody>
<tr>
<td>Behavioral</td>
<td>* Antisocial Behavior&lt;br&gt;*Early Drug Use&lt;br&gt;*Drug (ab)use&lt;br&gt;*Problem behavior&lt;br&gt;*High risk sex</td>
<td>Age 11 to 19&lt;br&gt;Age 11 to 14&lt;br&gt;Age 11 to 23&lt;br&gt;Age 11 to 14&lt;br&gt;Age 11 to 22</td>
<td>Van Ryzin et al, 2012&lt;br&gt;Dishion et al 2002&lt;br&gt;Veronneau et al in press&lt;br&gt;Stormshak et al, 2010&lt;br&gt;Caruthers et al 2013</td>
</tr>
<tr>
<td>Affective</td>
<td>*Depression&lt;br&gt;*Depression</td>
<td>Age 11 to 15&lt;br&gt;Age 11 to 14</td>
<td>Connell et al, 2006&lt;br&gt;Fosco et al, in press</td>
</tr>
<tr>
<td>Parenting</td>
<td>* Observed Monitoring&lt;br&gt;* Reduced conflict</td>
<td>Ages 11 to 14&lt;br&gt;Ages 11 to 16</td>
<td>Dishion et al, 2003&lt;br&gt;Van Ryzin et al, 2012</td>
</tr>
<tr>
<td>Cognitive/Educational</td>
<td>*Improved grades and attendance</td>
<td>Ages 11 to 17</td>
<td>Stormshak et al 2010</td>
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</tbody>
</table>
Overview of FCU Team’s Systemic Implementation Model

Phase 1: Exploration and Readiness:
1) Information/brochure, cost structure.
2) Assessment process and review
3) Plan and scope

Phase 2: Installation:
1) Role definition
2) Priority and staging
3) Work site training
4) Technology Transfer
5) Supervision training

Phase 3: Implementation consultation:
1) Ongoing COACH supervision
2) Feedback monitoring
3) Clinical outcome monitoring

Phase 4: Sustainability:
1) Certification of therapists
2) Certification of supervisors
3) Certification of agency
4) Plan for fidelity Monitoring
Early Childhood FCU Implementation: Home Visiting Initiative

Service Setting Adaptation

- Brief assessments
- Web-based support
- Video portal
- Translation to Spanish

Real World Implementation

Early Childhood Home Visiting

South Carolina: Phase 3
## Summary of Lessons Learned from Implementing the Early Childhood Home Visiting Model

<table>
<thead>
<tr>
<th>Implementation Resources</th>
<th>Assets</th>
<th>Barriers &amp; Liabilities</th>
</tr>
</thead>
</table>
| Developer Capacity       | +Team approach  
                          | +Skilled supervisors  
                          | +Technology                  | -Funding  
                          | -Time allocation  
                          | -Sustainability          |
| Providers                | +Service Commitment  
                          | +Openness                        | -Previous training  
                          | -Time allocation  
                          | -Turn over              | -Salary  
                          | -Technology             |
| Supervisors              | +Service Commitment  
                          | +Openness                        | -Time allocation  
                          | -Previous training       |                                                  |
| Agencies                 | +Service commitment  
                          | + Openness                       | -Funding  
                          | -Sustainability           | -Local competition       |
Pediatric FCU Implementation

Service Setting Adaptation
- Proactive Screening
- Web-based support
- Reduced Assessment
- Translation to Spanish

Pediatric FCU

Real World Implementation
- Phoenix Children’s Hospital Phase 2
### Summary of Lessons Learned from Implementing the FCU in Pediatric Care

<table>
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<th>Implementation Resources</th>
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</thead>
<tbody>
<tr>
<td>Developer Capacity</td>
<td>+Team approach</td>
<td>-Sustainability</td>
</tr>
<tr>
<td></td>
<td>+Skilled supervisors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+Technology</td>
<td></td>
</tr>
<tr>
<td>Providers*</td>
<td>+Service Commitment</td>
<td>-Previous training</td>
</tr>
<tr>
<td></td>
<td>+Openness</td>
<td>-Time allocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Professional niche</td>
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<tr>
<td></td>
<td></td>
<td>-Technology</td>
</tr>
<tr>
<td>Supervisors</td>
<td>+Service Commitment</td>
<td>-Time allocation</td>
</tr>
<tr>
<td></td>
<td>+Openness</td>
<td></td>
</tr>
<tr>
<td>Agencies</td>
<td>+Service commitment</td>
<td>-Funding and billing</td>
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<tr>
<td></td>
<td>+Openness</td>
<td>-Sustainability</td>
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School Based FCU Implementation

Service Setting Adaptation
- Embedded into PBIS
- Proactive Screening
- Web-based support
- Reduced Assessment
- Reduce FU services
- Translation to Spanish

Public School FCU

Real World Implementation
- US Middle Schools Phase 4
- Swedish Schools Phase 4
Systemic Concatenation: Integrating PBIS and FCU.

- **Universal**
  - School Rules & Expectations
  - Positive Reinforcement
  - Student Needs Screening

- **Selected**
  - Specialized Supports
  - Check-In/Check-Out

- **Indicated**
  - Individualized Supports
  - Functional Behavioral Assessments

  - Family Check-Up
  - Parenting Support Sessions
  - Parent Management Training
  - Community Referrals

  - Parent Integration CICO
  - Attendance & Homework Support
  - Home-School Beh Change Plans
  - Email and Text messages

  - Family Resource Center
  - Parenting Materials (Brochures/Videos/Handouts)
  - Positive Family Outreach
  - Proactive Parent Screening

(Dishion, 2011)
### Summary of Lessons Learned from School-based Implementation

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<tr>
<td>Developer Capacity</td>
<td>+Team approach</td>
<td>-Geography</td>
</tr>
<tr>
<td></td>
<td>+Skilled supervisors</td>
<td>-Sustainability</td>
</tr>
<tr>
<td></td>
<td>+Technology</td>
<td></td>
</tr>
<tr>
<td>Providers*</td>
<td>+Service Commitment</td>
<td>-Previous training</td>
</tr>
<tr>
<td></td>
<td>+Openness</td>
<td>-Time allocation</td>
</tr>
<tr>
<td></td>
<td>+Behavioral training</td>
<td>-Turn over</td>
</tr>
<tr>
<td>Supervisors</td>
<td>+Service Commitment</td>
<td>-Time allocation</td>
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<tr>
<td></td>
<td>+Openness</td>
<td>-Previous training</td>
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<td></td>
<td>+Principle leadership</td>
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<tr>
<td>Agencies</td>
<td>+Service commitment</td>
<td>-Funding</td>
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<td></td>
<td>+Openness</td>
<td>-Sustainability</td>
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<td></td>
<td>+Community Mental health</td>
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A Basic Principle of Implementation and Agency Change

Time Allocation, Readiness, Salary support, Professional Niche

Model Uptake, effect sizes, sustainability
Summary and Future Directions

- Substantial resources and incentives are needed for agencies to adopt, translate and sustain evidence based interventions and to engage in outcome monitoring.

- Educational support, training and assessment measures for evidence based practice should be less expensive, easy to access and affordable in terms of money and time to support readiness and fidelity of implementation.

- Need to integrate and embed evidence based practices to function smoothly within existing service systems in the context of an identified professional niche that has sustainable funding sources.

- ASU REACH Institute was established in this March to redesign existing interventions, develop the digital capacity for low-cost training, education, support for global implement of the FCU model as well as other ASU interventions.
Basic Goals of the ASU REACH Institute: An Enterprise in Translational Research

- Collaborate with diverse community stakeholders to implement and integrate effective and sustainable evidence-based interventions.
- Provide affordable education and training globally
- Design and innovate new interventions that fit within identified service settings.
- Develop and organize a digital deployment and information system
Organization of the Three Cores of the Proposed ASU Institute

Service Design Core
Tailoring Screening, Assessment and Intervention Protocols to service settings

Diffusion Core
Design of low cost and accessible training and implementation protocols

Digital Technology and Media Core
Developing digital applications to facilitate both data collection, training, education and delivery of intervention protocols
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