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

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Presented at:

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 .

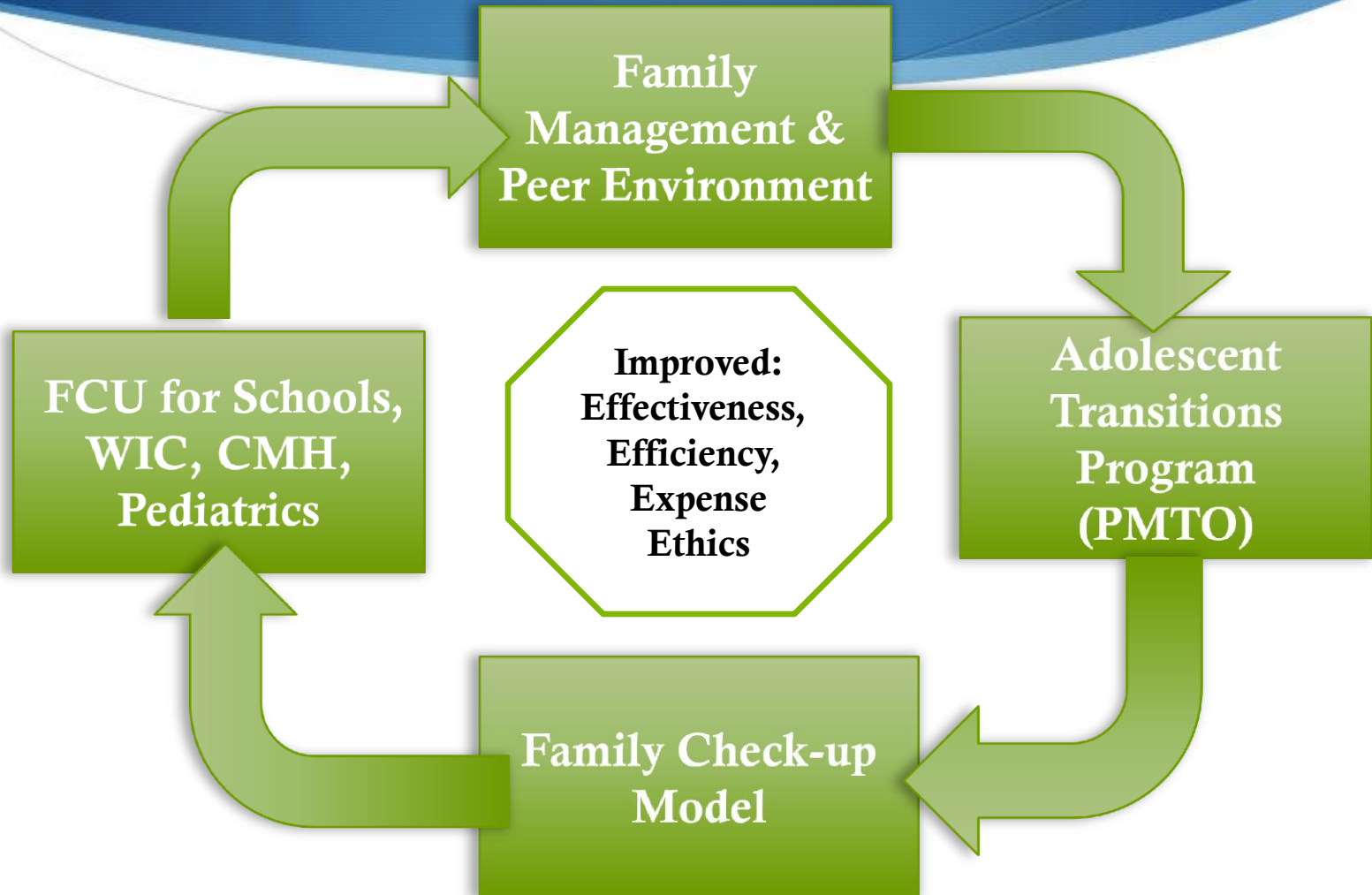4 – Briefly summarize 'lessons learned' and suggest future directions.

Family Check-up Model:
An Iterative Translational Research Strategy
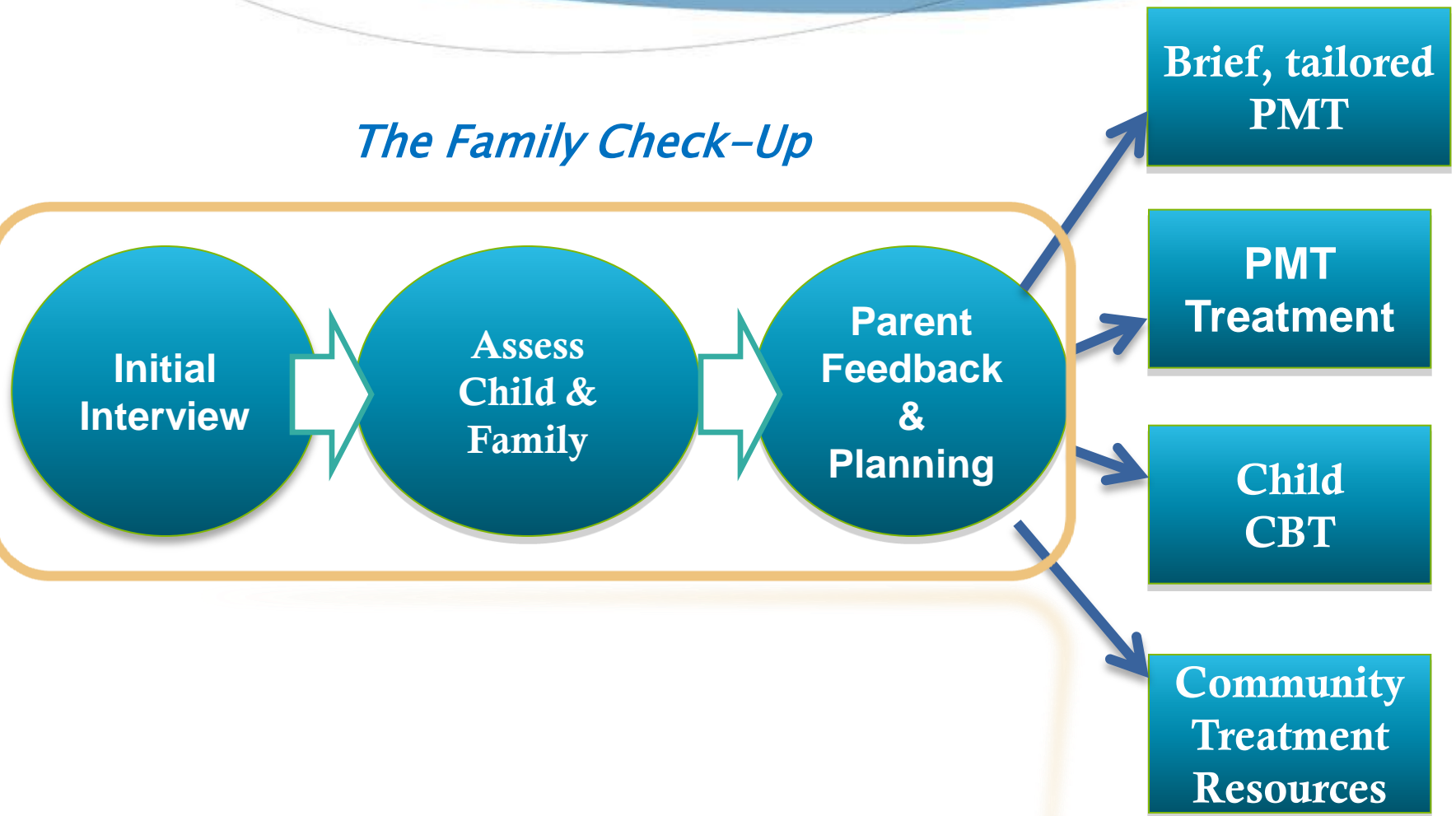(adapted from Dishion & Patterson, 1999)
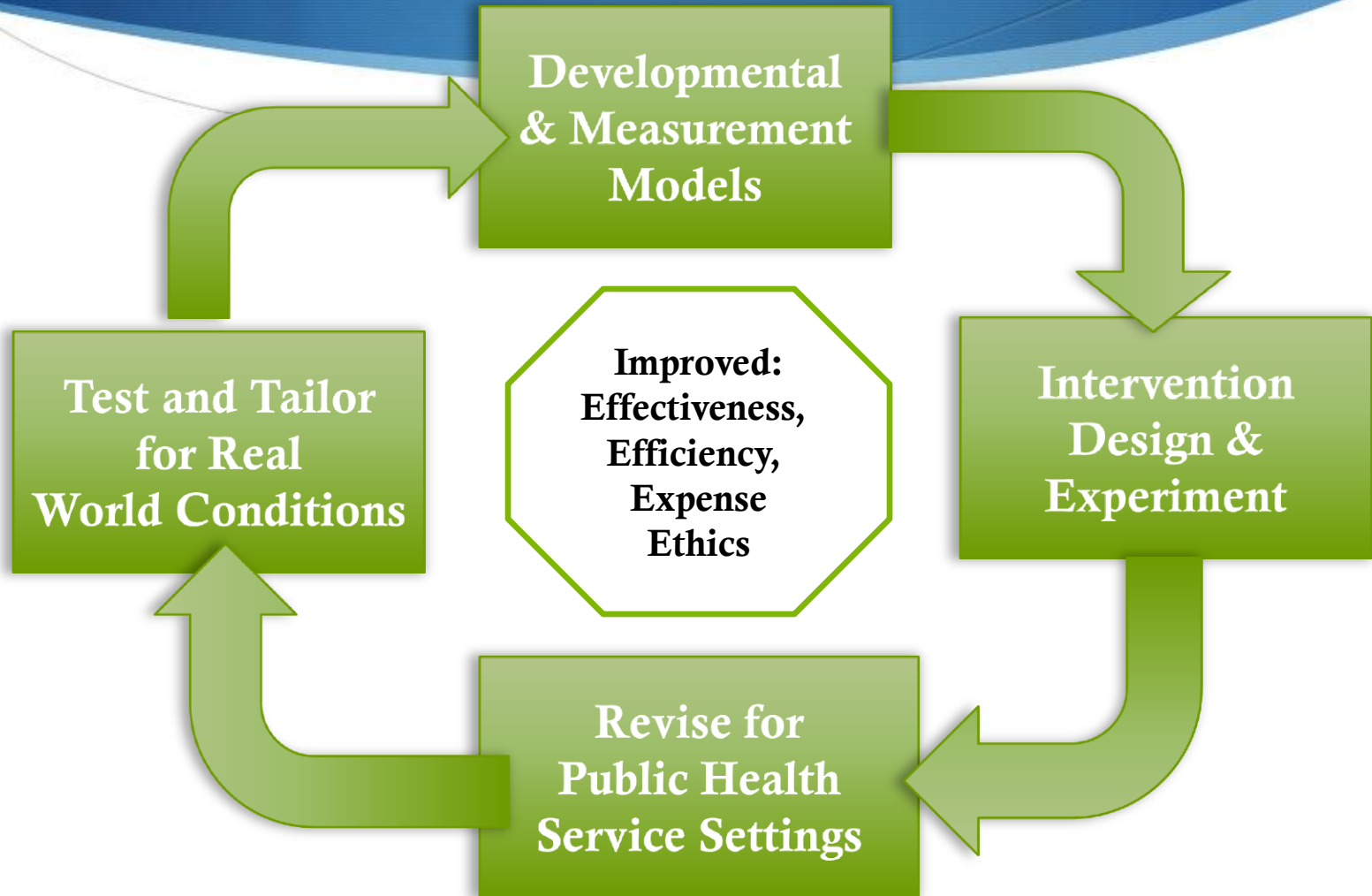
Family Check-up Model:
The Specifics of Modeling Tailoring
(adapted from Dishion & Patterson, 1999)

An Overview of the Family Check–Up and Follow–Up Services

The Family Check–Up

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

→ Brief, tailored PMT

→ PMT Treatment

→ Child CBT

→ Community Treatment Resources

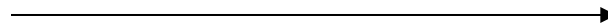# Conceptual Framework for Everyday Parenting Curriculum and FCU
(Dishion, Stormshak & Kavanagh, 2011)
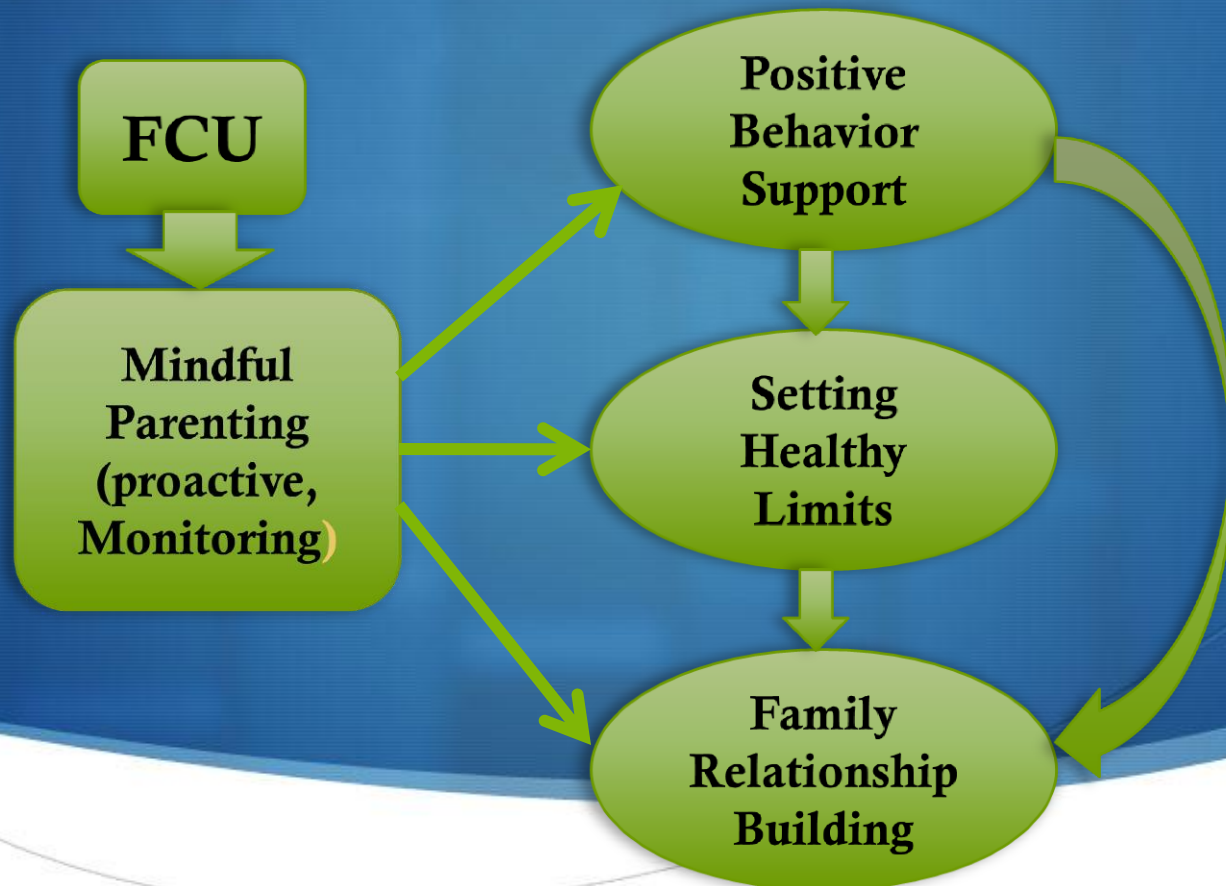
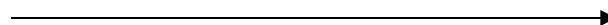# Service Systems Affecting Mental Health of Children and Adolescents
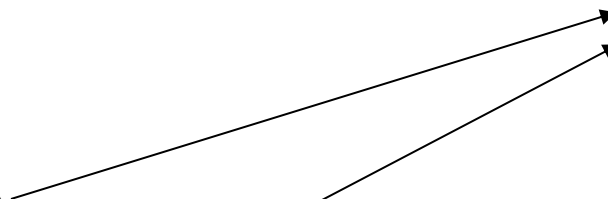
Developmental Stage

Early Childhood → **WIC, Preschools**

Childhood → Public School Setting

Early Adolescence

Adolescence → Community Programs: Treatment and Rehabilitation

Effects of the Early Childhood Family Check-up: Average 2 Annual Sessions 70% Engagement

Outcome Domain	Intervention Effects	Period of Development	Authors
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 ⟶ **Public Schools**

Early
Adolescence

Adolescence

Community
Programs:
Treatment and
Rehabilitation

Prevention Research in Public *Middle Schools*
(Project Alliance 1 and 2: Dishion & Stormshak)
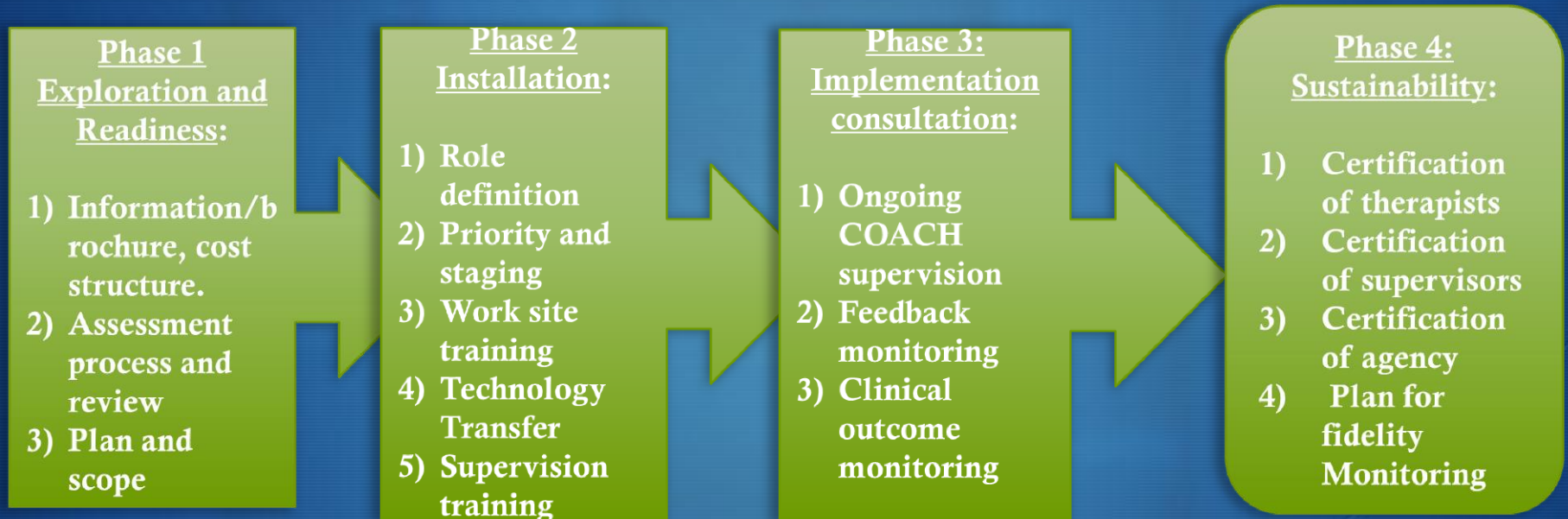

6th Grade Middle School Students: Portland Public Schools

Randomly Assigned

Family Resource Room → **Offered Family Check-up & FU support**

Control: *Middle School as usual.*
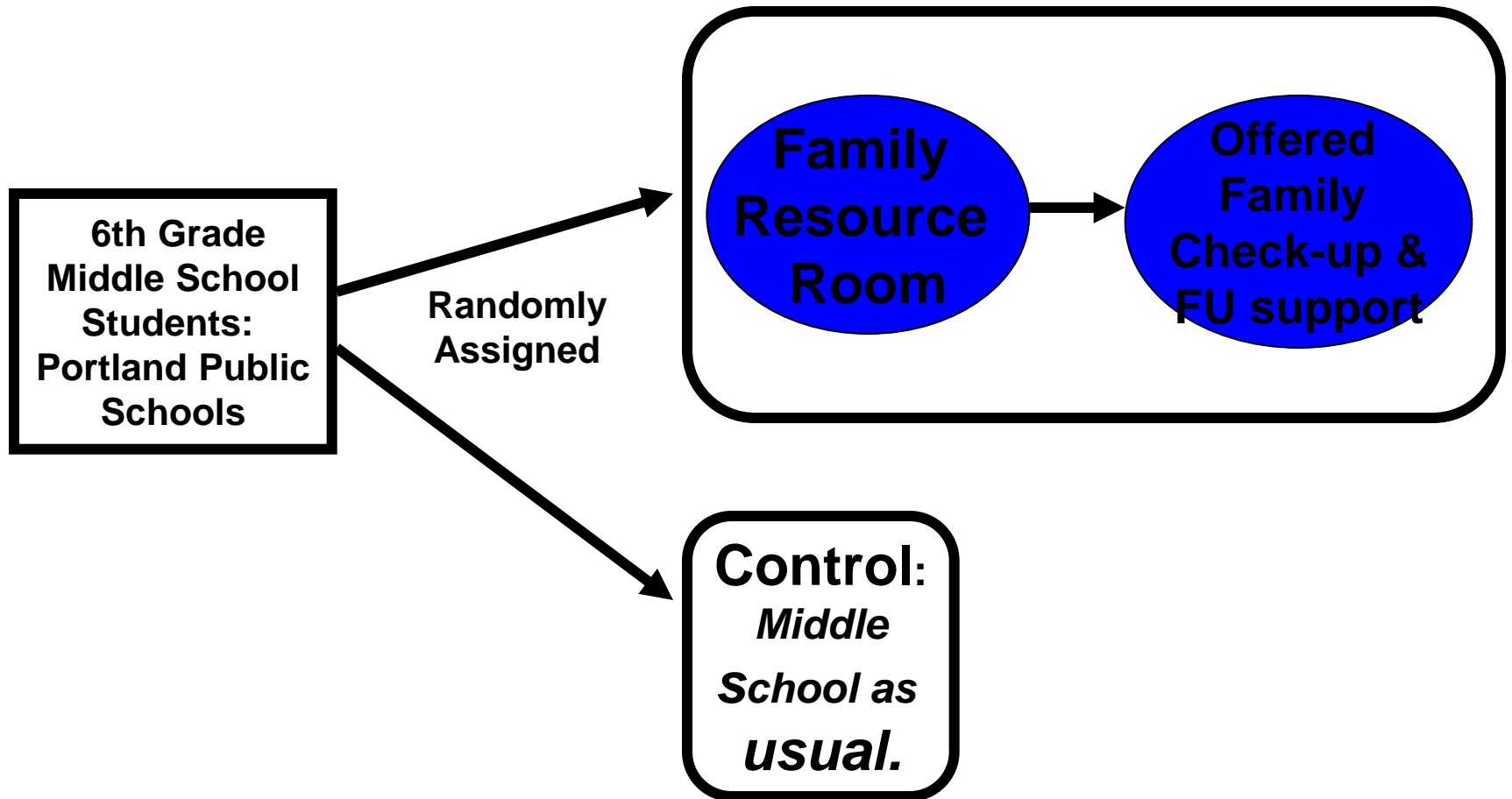
7th   **7th ---> 11th Grade**

Effects of the School-based Family Check-up:
Average 6 Sessions over 2 years and 25-50% Engagement

Outcome Domain	Intervention Effects	Period of Development	Authors
Behavioral	* Antisocial Behavior *Early Drug Use *Drug (ab)use *Problem behavior *High risk sex	Age 11 to 19 Age 11 to 14 Age 11 to 23 Age 11 to 14 Age 11 to 22	Van Ryzin et al, 2012 Dishion et al 2002 Veronneau et al in press Stormshak et al, 2010 Caruthers et al 2013
Affective	*Depression *Depression	Age 11 to 15 Age 11 to 14	Connell et al, 2006 Fosco et al, in press
Parenting	* Observed Monitoring * Reduced conflict	Ages 11 to 14 Ages 11 to 16	Dishion et al, 2003 Van Ryzin et al, 2012
Cognitive/Educational	*Improved grades and attendance	Ages 11 to 17	Stormshak et al 2010

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

Real World Implementation

Brief assessments

Web-based support

Video portal

Translation to Spanish

Early Childhood Home Visiting

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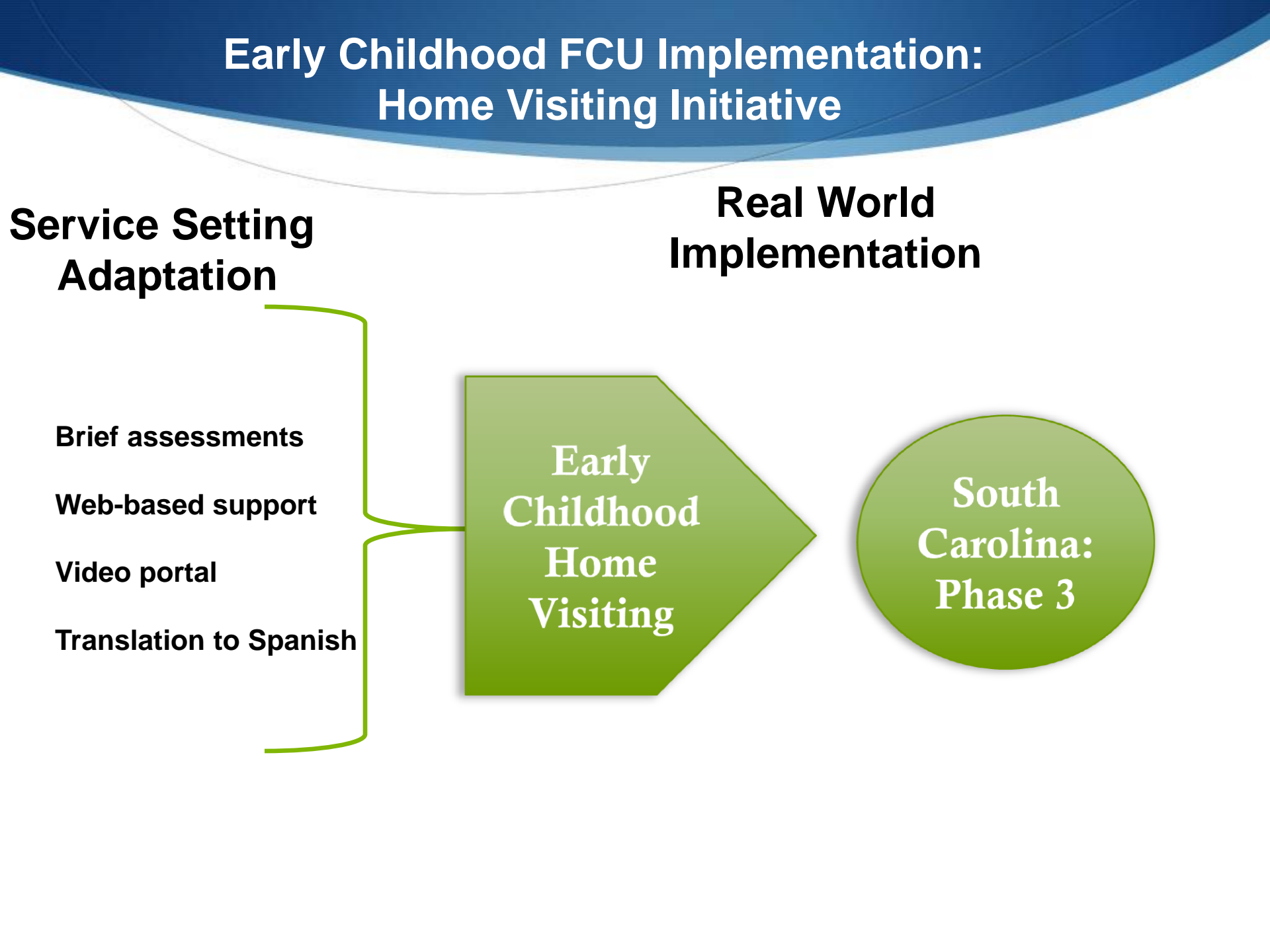
Summary of Lessons Learned from Implementing the Early Childhood Home Visiting Model

Implementation Resources	Assets	Barriers & Liabilities
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

Real World Implementation

Proactive Screening

Web-based support
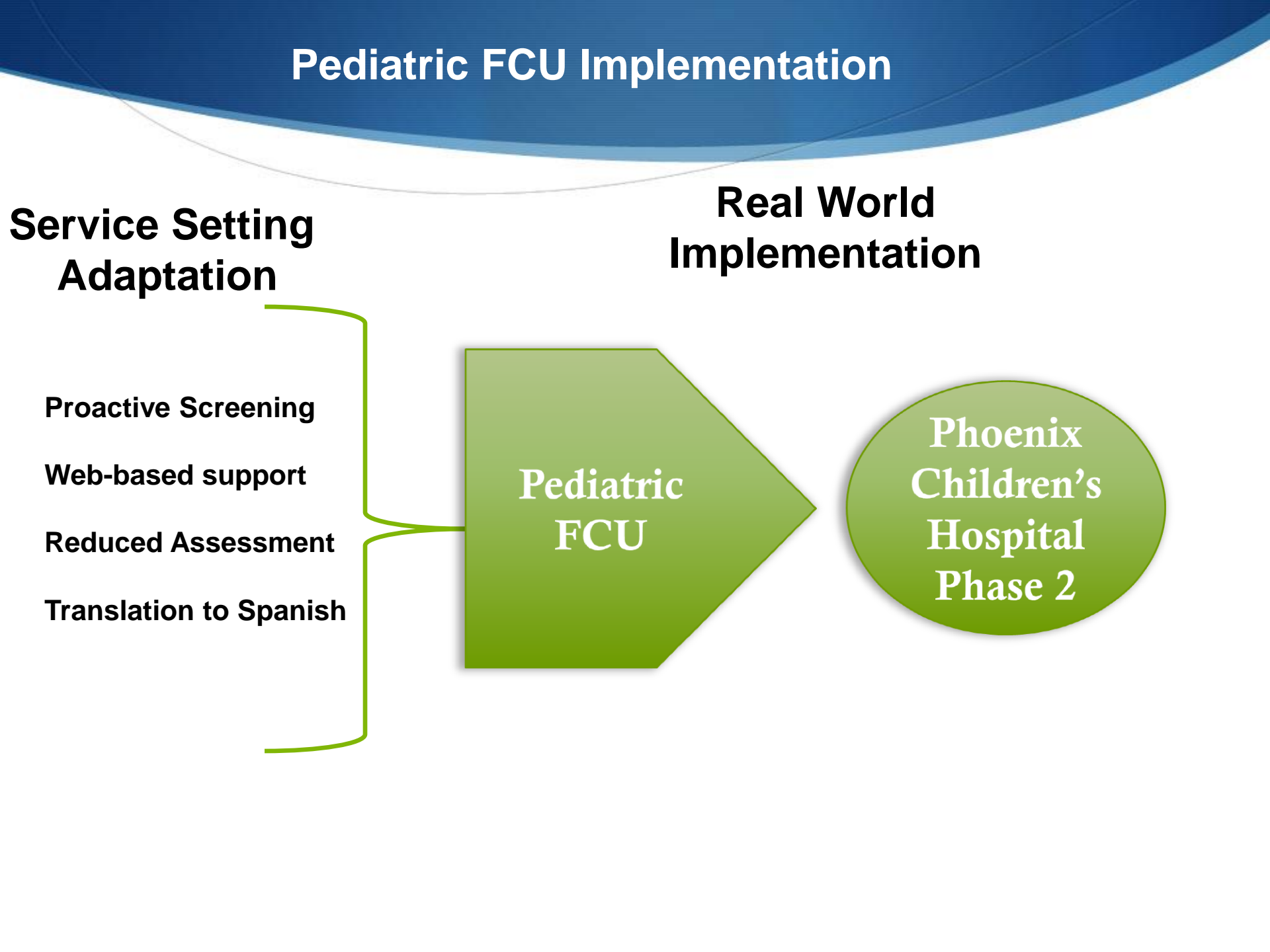
Reduced Assessment

Translation to Spanish

Pediatric FCU

Phoenix Children's Hospital Phase 2

Summary of Lessons Learned from Implementing the FCU in Pediatric Care

Implementation Resources	Assets	Barriers & Liabilities
Developer Capacity	+Team approach +Skilled supervisors +Technology	-Sustainability
Providers*	+Service Commitment +Openness	-Previous training -Time allocation -Professional niche -Technology
Supervisors	+Service Commitment +Openness	-Time allocation
Agencies	+Service commitment + Openness	-Funding and billing -Sustainability

Systemic Concatenation: Integrating PBIS and FCU.

•Individualized Supports
•Functional Behavioral Assessments

Indicated

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

•Specialized Supports
•Check-In/Check-Out

Selected

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

• School Rules & Expectations
•Positive Reinforcement
•Student Needs Screening

Universal

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

(Dishion, 2011)

Summary of Lessons Learned from School-based Implementation

Implementation Resources	Assets	Barriers & Liabilities
Developer Capacity	+Team approach +Skilled supervisors +Technology	-Geography -Sustainability
Providers*	+Service Commitment +Openness +Behavioral training	-Previous training -Time allocation -Turn over
Supervisors	+Service Commitment +Openness +Principle leadership	-Time allocation -Previous training
Agencies	+Service commitment + Openness + Community Mental health	-Funding -Sustainability

Time Allocation, Readiness, Salary support, Professional Niche → **Model Uptake, effect sizes, sustainability**
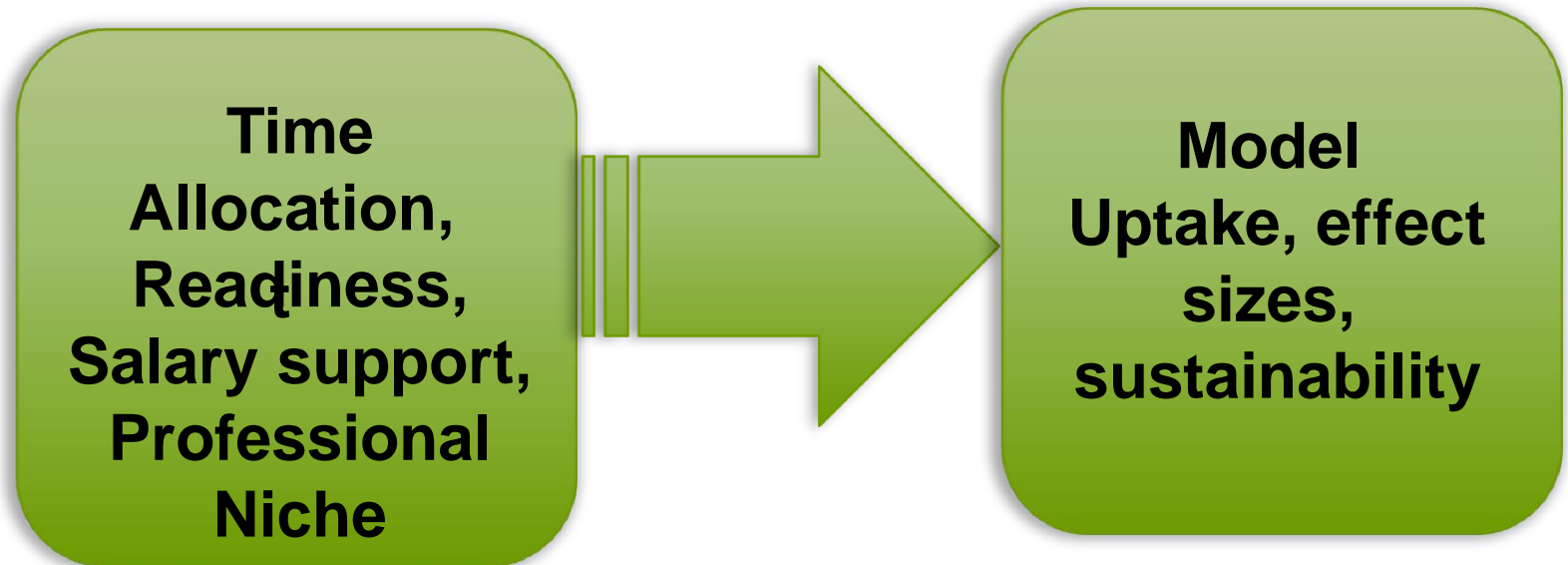
Summary and Future Directions

- 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
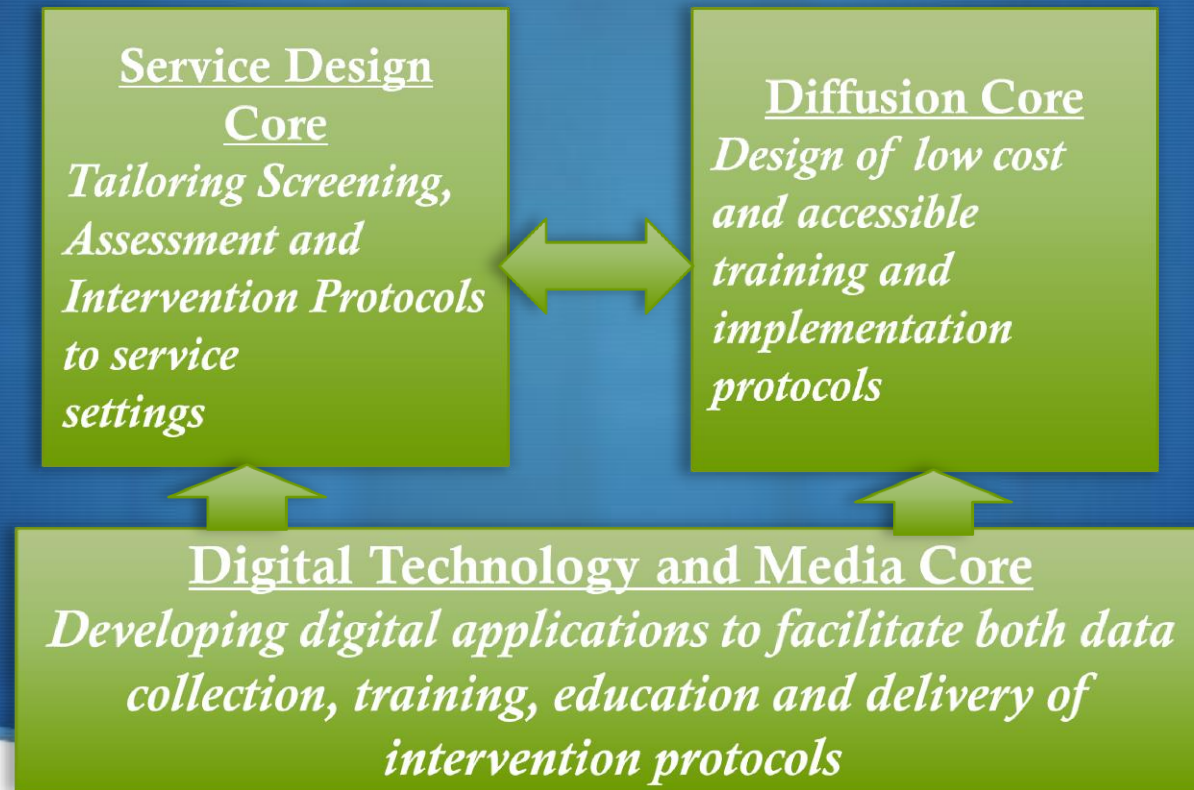
Acknowledgments

Thanks to:

NIDA Support!

Key Research Colleagues:

**Corrina Falkenstein
Frances Gardner
Anne Gill
Kate Kavanagh
Anne Mauricio
Kevin Moore
Daniel Shaw
Beth Stormshak
Nancy Weisel
Melvin Wilson**

and:

**Early Steps & Project Alliance
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