

**FOR FAMILIES**

**E**vidence **B**ased **P**ractice

**BELIEFS • DEFINITIONS • SUGGESTIONS**

A publication of:

Association for Children's Mental Health

**Evidence Based Practice  
Beliefs, Definition, Suggestions for  
Families  
Developed by  
The Association for Children's  
Mental Health**

**“It is important for families to understand what evidence based practice means, why it could be successful for their child and family, and the role families need to play in the evidence based practice movement.”**

Gail Lanphear, ACMH Founder and Volunteer

ACMH hopes this information will be widely distributed to families and others interested in children's mental health. This document may be reproduced in whole or in part. When using information from this document, please credit: Association for Children's Mental Health (ACMH)

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## *Introduction*

The Association for Children’s Mental Health (ACMH) is committed to assisting its members and others in knowing about successful practices that may improve children’s mental health. This commitment is based on several core beliefs, which include a) that families are the experts about the mental health needs of their children and want the best possible services for them; b) that a family partnership with the mental health professionals will help achieve appropriate mental health services and c) that, by combining the knowledge of the families, the skills of providers, and evidence based practices, we can increase the likelihood of the child and family’s success.

With the 2000 United States Surgeon General’s Report and the most recent recommendations from the President’s New Freedom Commission on Mental Health calling for better access and more advancement of evidence based practices (EBPs), EBP is becoming a focus for children’s mental health care nationwide.

Concern has been expressed over the years by both families and providers that the care children receive is often not effective and that treatment decisions are made without a clear understanding of what is likely to help. The care provided is based on “that’s what we’ve always done” rather than “what works.” EBP has spurred new excitement and hope for making a difference in the lives of children and families.

## *What is Evidence Based Practice (EBP)?*

**Just because a practice is called evidence based, does not necessarily mean it is based on valid research data.**

EBP is a body of scientific knowledge about treatment practices and their impact on children with emotional or behavioral disorders. The phrase refers to treatment approaches, intervention and services, which have been researched and shown to make a positive difference for children. Another way to describe EBPs is that it is the integration of best research evidence with clinical expertise and client values (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000).

Varying criteria exist for a treatment or intervention to be considered evidence based. One common criterion is the efficacy of practice. There are two requirements for any practice to be deemed efficacious. 1) The study must use a treatment manual. 2) The treatment group has, at a minimum, been compared to a no-treatment control group and that the outcomes for those in treatment group were better than the outcomes of those who received no treatment.

## *What Evidence Based Practices (EBP) are Available in Michigan?*

Currently, there are two well researched EBPs being promoted in Michigan. To date, training for one EBP, Cognitive Behavioral Therapy (CBT) has been offered to selected public/community mental health professionals (CMHs) and the Michigan Department of Community Health is seeking funding for training for another EBP, Parent Management Training (PMT).

### **Cognitive Behavioral Therapy (CBT)**

CBT has been demonstrated to be one of the most effective treatments for youth with depression. It teaches youth how to change their thoughts and behaviors so they can change the way they feel. The result is a decrease in their depression. It is one of the few psychosocial treatments for depression shown to be effective in random clinical trials. It has been shown to be as effective as antidepressant medications for mild to moderate depressions in some clinical studies.

In Michigan, one CBT that is available is Cognitive Didactic Behavior Therapy (CBT). The typical length of CBT is 12 weeks.

### **Parent Management Training (PMT)**

PMT helps parents develop the special skills needed to successfully support and maintain their children at home and in the community. These skills are sometimes described as ‘advanced child behavior management skills.’ The techniques taught are based on social learning principles that assist families in understanding how positive and negative behaviors are developed and maintained by their consequences.

In Michigan, one PMT training, which is being planned for, is the Oregon Social Learning Center Model. Parents are given the tools needed to better manage their child’s

challenging behavior, thus, improving the child and family's quality of life.

Typical PMT programs for mild oppositional behavior last six to eight weeks. Programs can last as long as 12 to 25 weeks.

**These additional EBPs may or may not be available in your area.**

### **Multi-Systemic Treatment (MST)**

MST is a program designed to target chronic, violent, or substance-abusing juvenile offenders between the ages of 12 to 17. Treatment should emphasize the positive and utilize strengths as opportunities for change. This program promotes responsible behavior to decrease irresponsible behavior among family members, targets well-defined problems, and changes the sequence of behaviors within the multiple systems that maintain the identified problems.

Frequency and duration of sessions are determined by family need and are usually provided in the family home. Therapists usually have 60 hours of contact with the family over approximately four months.

## Multi-Dimensional Treatment Foster Care (MTFC)

MTFC was developed from the foundation of Parent Management Training (PMT). The important components are:

- Increased supervision
- Positive adult-youth relationship
- Reduced contact with deviant peers
- Family management skills

This program attempts to decrease covert and overt anti-social behavior, increase appropriate behavior, and build pro-social skills. It utilizes parents, teachers, and other adults as change agents for the child. Individual and family therapists, as well as a program supervisor, contribute to the child's treatment. Youth must progress through a three-level system of supervision, rules, privileges and rewards.

## *What is My Role in the Evidence Based Practice Movement?*

One of the most important components of any treatment including an evidence based practice is family involvement. Families should have a key role in the research, selection, design, and implementation of the EBP. Families often present *first-hand evidence of what works and does not work* for their child and family. Concerns have been raised that the family's knowledge and expertise will be minimized in favor of scientific evidence. **Family involvement in all treatment decisions is essential.**

Some of the activities that families should be involved in, and advocating for, are:

1. Closer, ongoing partnerships between families and researchers to allow families to make better decisions about EBP in light of the evidence.
2. Establishment of national standards for research activities.
3. EBP as an essential part of the system of care, critical to the success of families raising children with emotional and behavioral disorders.
4. The research of EBP in real world settings, that takes into consideration the cultures, traditions, and knowledge of families of children with emotional and behavioral disorders.
5. Services and supports that families across the country have identified as critical to the healing process for their child and family be valued as evidence based. For example: respite and wraparound.
6. Consideration of EBP options for certain conditions, if available, should be part of a family driven planning process.

## *How do I Know if EBP is Right for my Child and Family?*

**You are the expert on your child. You know best what your child and family needs.**

Families need to ask questions when it comes to considering the use of any treatment or intervention for their child. This includes interventions that are evidence based. Here are some things to think about when considering any treatment or intervention including EBPs:

1. Families should obtain all available information of a suggested EBP. The key to asking for an appropriate EBP for your child is being knowledgeable about the services, their benefits and challenges.
2. Evaluate how interventions similar to a particular EBP have worked with your child and family. Have they helped or hindered the process?
3. Discuss using an EBP with a trusted mental health provider who knows your child and family. Family involvement is critical to the success of the EBP. Decisions about your child's treatment and support services should be made after thorough discussion whenever possible.
4. Use an EBP on a trial basis. At the end of the trial period, the child's progress will determine the EBP's effectiveness and next steps.

Families should talk to other families, advocates, and trusted professionals about the treatment being suggested. For any treatment described as EBP, here are some questions to ask to determine whether a suggested practice is actually evidence based.

1. Who developed the programs?
2. Who selected the outcomes?
3. Who defined the terms, such as effectiveness and success?
4. Who was and was not included in the research and why?
5. Who defined the criteria to deem a practice evidence based?
6. Who paid for the program development and who will benefit financially from the replication of these practices?

Here is a list of some examples of questions you may want to ask your child's provider before beginning treatment:

1. What makes you think this treatment will help my child?
2. Have you received training for this practice? Do you receive ongoing supervision?

3. Is there a regular assessment of your fidelity to the treatment practice guidelines?
4. Is this an evidence based practice? If so, is there a manual describing the practice and how it works?
5. Is there an evidence based treatment available for my child's diagnosis?
6. If you are not recommending an evidence based treatment, please explain why.
7. What changes should we expect to see?
8. How long before you think we will see these changes?
9. What is my role in treatment?
10. If you do not feel comfortable with the decision of your child's therapist, you can ask for a second opinion or speak with the supervisor. If you are unable to resolve the conflict, you may file a Recipient Rights complaint. (If you need assistance in filing a Recipient Rights complaint, you can contact the Recipients Rights office in your local CMH or ACMH at 1-888-ACMHKID (226-4543).

## Summary

EBP is a scientific method of evaluating treatment practices with the goal of moving away from clinical, opinion-based decisions, to scientific, research-based decisions about treatment. This is an important step forward in efforts to appropriately and effectively care for our children. Knowledgeable, empowered families can make the difference in whether or not children's mental health treatments are truly appropriate and effective. While many challenges still remain, ACMH hopes that this manual will give families the tools they need to be effective advocates for their child and family in the world of evidence based practice.

For more information on evidence based practice or advocacy for families of children with emotional or behavioral disorders, call the state office of the Association for Children's Mental Health at 1-888-ACMHKID (226-4543).

# *Evidence Based Practice Resources*

## **Child and Family EBP Web Sites**

1. Strengthening America's Families  
<http://www.strengtheningfamilies.org>
2. SAMSHA Model Programs  
<http://www.modelprograms.samsha.gov>
3. Center for the Study and Prevention of Violence/Blue Prints Project  
<http://www.colorado.edu/cspv/>

## **Other Resources**

1. Office of the Surgeon General  
<http://www.surgeongeneral.gov/sgooffice.htm>
2. Promising Practices Network on Children, Families and Communities  
<http://www.promisingpractices.net>
3. Evidence Based Practices and Mental Health Services for Foster Youth-California Institute for Mental Health  
<http://www.cimh.org/downloads/Fostercaremanual.pdf>
4. National Institute of Mental Health  
<http://www.nimh.nih.gov/publicat>
5. National Implementation Research Network  
<http://www.fmhi.usf.edu>

## ***EVIDENCE BASED PRACTICES FOR COMMON MENTAL HEALTH DIAGNOSES***

<b><i>DIAGNOSIS</i></b>	<b><i>EVIDENCE BASED PRACTICE (EBP)</i></b>
Depression	Cognitive Behavioral Therapy
Anxiety	Cognitive Behavioral Therapy
Post Traumatic Stress Disorder (PTSD)	Cognitive Behavioral Therapy for Sexual Abuse
Oppositional Defiant Disorder (ODD)	Parent Management Training
Behavioral Non-compliance	Parent Management Training
Young Children with Behavioral Problems	Parent Management Training
Attention Deficit Hyperactivity Disorder	Parent Management Training
Attention Deficit Hyperactivity Disorder	Behavioral Interventions in the Classroom (“the good behavior game”)
Phobias	Participant Modeling
Conduct Disorder	Multi-Systemic Therapy
Conduct Disorder	Functional Family Therapy
Conduct Disorder	Multi-Dimensional Treatment Foster Care

## ***WELL-RESEARCHED PROGRAMS THAT SERVE CHILDREN AND FAMILIES***

Multi-Systemic Therapy (MST)
Functional Family Treatment (FFT)
Multi-Dimensional Treatment Foster Care (MDTFC)
Intensive Case Management/Wraparound Services
Teaching-Family Model



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