Early intervention and implementation:
Sharing good practices with Lithuania

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Agenda

• The Norwegian Center for Child Behavioral Development

• Prevalence and prognosis of behavioral problems

• Early intervention: The TIBIR prevention model (Early Initiatives for Children at Risk)

• Implementation: Factors that influence the full and effective use of innovations in practice.
In 1997 a political decision was made to implement and scale up the use of evidence-based interventions.

The Norwegian Center for Child Behavioral Development was established for the development, implementation and evaluation of EBP’s.
The Norwegian Center for Child Behavioral Development

The Center is an affiliate of the University of Oslo.

The funding of the Center is a fixed item of expenditure on the government budget.

Financed through a joint commission from:
- Norwegian Directorate for Children, Youth and Family Affairs (79%)
- Norwegian Directorate of Health (6%)
- Norwegian Directorate for Education and Training (2%)

In addition to:
- The Research Council of Norway (10%)
- Own funding (3%)
A nationwide implementation of evidence-based interventions

**TREATMENT**

To strengthen competence at state level specialist services in mental health and social care for children and youth with conduct problems

**PREVENTION**

To make the evidence-based knowledge and principles available in various settings and arenas in municipality-based services for children and youth

*Directive Q-16/01 from The Norwegian Ministry for Children and Family Affairs*
The center is built on three main pillars

1. Research linked to evaluation, development and implementation of new and existing methods.

2. Research regarding children’s psychological and social development.

3. Development and implementation of programs in the work with families and children at risk.
The family and the local environment are key to sustainable changes in parent and child behavior

- All interventions that are developed and implemented are **family- and community-based** in order to:
  - Prevent and reduce problem behavior and placement out of home.
  - Promote prosocial behavior and a healthy psychological development
  - Strengthen the parent-child interaction

- All interventions are **theory- and research-based**, and are evaluated in controlled trials.
  - Child programs: PMTO, PMTO for minority families, TIBIR and PALS
  - Youth programs: MST, MST-CAN, MST-SA, FFT and TFCO
Behavioral problems and early intervention
Prevalence of behavioral problems

Norway

- High risk: 1 - 3%
- Moderate risk: 10 - 12% (Sørlie, 2000)
- Low risk: 1 - 3%

USA

- High risk: 1 - 3%
- Moderate risk: 3 - 5%
- Low risk: 5 - 10% (Fonagy & Kurtz, 2002)

Referals:
- Child welfare services: 20%
- Mental health for children and youth: 33% (Storvold, 1997; Sørlie, 2000)
- Boys are over-represented

Referals:
- Public services: 33 - 50% (Burke et al., 2002),
- Boys are over-represented
Developmental trajectory for physical aggression for boys from 6 to 15 years. Kicks, bites, hits other children, fights, hassles others, N=1037 (Nagin & Tremblay, 1999)
• Early start equals the worst prognosis

• Therefore, there is no professional basis for «wait and see» if the situation will get better naturally – children with moderate or severe behavioral problems tend to more often «grow into» than «grown out of» the problems

(Frick & Loney 1999; Keenan & Wakschlag, 2000; Moffitt & Caspi, 2001; Patterson et al., 1998)
Why early intervention?

• Children with an early debut are more stable in their problem behavior than the late starters.

• It is easier to reduce and stop a negative development:
  1) when the child is younger
  2) when the problems are less severe and fewer

• Early intervention will normally be less extensive and less resource-demanding than treatment initiated at a later stage.
Effective interventions
Focus on central parenting skills
TIBIR / EICR

A program for prevention and treatment of behavioral problems in children (3-12 years)

Developed by The Norwegian Center for Child Behavioral Development (NUBU)

Based on the SIL theory and PMTO
TIBIR

Early Identification and Assessment

- PMTO Therapy
- PMTO Parent Groups
- BPT (Brief Parent Training)

Child Social Skills Training

Teacher Consultation

High risk
Moderate risk
Low or no risk

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TIBIR-interventions are implemented within existing primary care services

- Child health center
- Child welfare and protection service
- Educational-psychological service
- Schools and kindergartens

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TIBIR as low-threshold program in municipalities

PMTO, PMTO-GROUP or BPT
delivered by Child Health Center

CONSULTATION
delivered by Educational-psychological service

SOSIAL SKILLS TRAINING
delivered by School/Kindergarten

Coordination between services
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Type of study</th>
<th>Positive outcomes</th>
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<tbody>
<tr>
<td>PMTO</td>
<td>RCT N=112</td>
<td>Yes</td>
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<tr>
<td>PMTO Parent Group</td>
<td>RCT N=137</td>
<td>Yes</td>
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<tr>
<td>PMTO for ethnic minorites (group format)</td>
<td>RCT N=96</td>
<td>Yes</td>
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<tr>
<td>Brief Parent Training (BPT)</td>
<td>RCT N=216</td>
<td>Yes</td>
</tr>
<tr>
<td>Child social skills training</td>
<td>RCT N=198</td>
<td>Partial</td>
</tr>
<tr>
<td>Teacher consultation</td>
<td>RCT N= (200?)</td>
<td>Ongoing</td>
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</tbody>
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Outcomes - four studies of PMTO interventions

• The 4 RCT’s showed that all the interventions were significantly effective

• Common for all the studies:
  • Parents reported a significant reduction in externalizing problems
  • Self-reported parent practices: significant reduction in harsh discipline and increased positive parenting

• Teacher reported outcomes on improved social competence varied
  • In both PMTO individual and PMTO group for majority families there were significant moderate effect sizes,
  • No improved social competence in BPT or PMTO group for ethnic minority families
A Randomized Effectiveness Trial of Brief Parent Training: Six-Month Follow-Up

Multisystemic Treatment of Serious Behaviour Problems in Youth: Sustainability of Effectiveness Two Years after Intake
Implementation
Implementation
The way to use an asthma inhaler
Implementation is the bridge from science to service
Why is implementation so important?

• How long do you think it takes from new knowledge being produced until it reached the practice field?

• Without an implementation focus only 14% of new interventions reach the public service field after on average 17 years.

(Balas & Boren, 2000)
But every change is a challenge...
Implementation matters

• With a systematic use of implementation knowledge on average 80% of the planned innovations are carried through after about 3 years (Fixsen, Blase, Timbers & Wolf, 2001)

• A literature review of 542 effect studies on prevention and health promotion for children and youth showed that:
  
  • Implementation was significant for the effect of the interventions.
  
  • Indicated program effect sizes that were 2 to 3 times larger in average when programs had high implementation quality.

  (Durlak & Dupre, 2008)
Letting “it” happen. . .
(“Spray & pray”)
Helping “it” happen...
Making “it” happen...
Active Implementation Frameworks

EFFECTIVE IMPLEMENTATION

Useful interventions
Implementation teams
Implementation drivers
Implementation stages
Improvement cycles
Implementation team

A group who gives support and that assists in the implementation process.

Organizations can get this support externally through the program provider’s national or regional implementation teams and internally through the local implementation team.

Members of the implementation team should:
• have special expertise of the program
• have knowledge of implementation
• have the ability to promote change at system level
• be representative of the services involved in the implementation
Local trainers and supervisors

6 Regional Coordinators
North
Middle
West
East

7 Regional Consultants
South

NIT
The scale-up of TIBIR has made it necessary to choose an implementation strategy which builds up the local capacity:

1 national implementation team (NIT), who is responsible for development, improvement and quality assurance of the programs and implementation tools.

NIT consists of 5 regional implementation teams, who are responsible for regional diffusion and implementation of the programs, as well as supporting the local implementation teams.

106 local implementation teams are responsible for the practical implementation of TIBIR in their own municipality.
It doesn’t matter how many resources you have...

If you don’t know how to use them, it will never be enough.
Active Implementation Frameworks

Useful interventions
Implementation teams
Implementation drivers
Implementation stages
Improvement cycles
Leadership drivers

Leadership is the base of a successful implementation.

Without support from leaders the foundation for success will disappear.
Supporting leadership at every level

- **Government:** The directive gave instructions and support to develop competence nationwide to address needs in child mental health and welfare services, kindergartens and schools, including at-risk families.

- **Municipality:** Establish a steering committee to ensure support from the leaders and guarantee resources for training, supervision and delivery of the intervention through the entire implementation process.
Organize and develop a support system so that the program can be implemented, and data used for continuous improvement.
Implementation drivers

Competence drivers

Contributes to development, improvement and sustainment of the practitioners ability to carry out the program’s interventions in a competent manner.

Supervision
Training
Selection
Performance assessment (fidelity)

Treatment fidelity is crucial to the outcome

Necessary to develop a tool to assess the use of the new skills:

- Adherence measures
- Competence measures
Stages of implementation

- Implementation is a process that happens in discernable stages, which consists of several actions and decisions to be made.

- The stages are not linear or separate; each is embedded in the other and they are dynamic.
Your implementation plan

Your actual implementation journey
Outcomes and consequences of intervention and implementation

- Effective intervention
- Effective implementation
- Local capacity
- Socially significant outcomes

Fixsen & Blase
Social impact

Over 1400 active practitioners
in 106 municipalities
and nearly 700 sites.
TIBIR makes a difference
- more than 20,000 families...and still counting!
Factors of success: The Norwegian Implementation

- Economic support from Government gave the possibility to develop a solid organization with national and regional implementation teams.

- Support from local leadership in the municipalities secured resources and created an enduring climate of local collaboration with local teams.

- Research: Evaluating the effects of PMTO through all the RCT studies have ensured credibility.
Factors of success: The Norwegian Implementation

• Recruiting *clusters of three* or more therapists at each agency secured support and stability

• *Developing a system for supervision*, both for sustaining fidelity and provide therapists with professional support to keep up enthusiasm and engagement

• Engaging the *most competent* therapists to hold *varied implementation tasks* (training, supervising, participating in research projects) with enhanced competence and motivation to continue working with different aspects of PMTO
Take home messages

Early intervention:
• Identify and help parents and children in the target group as early as possible

Tailored help:
• Main focus on parenting skills
• Adjust the intervention to fit the severity of the problem
• Help on other arenas where problems occur

Implementation matters!
• Ensure support from leaders
• Ensure treatment fidelity through continuous supervision and quality assurance
Investing in Parents is investing in Children

Thank you for your attention!

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