

Children's Mental Health Task 11 FY '08 Family-Directed Structural Therapy Training and Evaluation Project

Background

As a part of the FY 2007 contract, University of Kansas staff continued to supervise certain Children's Community Based Service (CBS) providers at Pawnee Mental Health Services (PMHS) Manhattan office and Johnson County Mental Health Center (JCMHC) in the use of the Family-Directed Structural Therapy (FDST) and Assessment Tool. Additionally, FDST training and supervision was expanded to the PMHS Junction City office. FDST and the corresponding assessment tool comprise a goal-oriented, time limited process that assists the family through the identification of strengths and the provision of concrete skills via the use of a common vocabulary and the concretely organized, easily administered tool that is completed by the family.

Three outcomes measures were collected from families who received FDST and usual CMHC services, and two outcome measures were collected from comparison families who received CMHC services only. Data collection is ongoing at this point in time. Rating scales were completed in reference to service provider adherence to the model following supervision sessions. KU staff facilitating this project consists of the modality's creator, Don McLendon, and two FDST trained research assistants, Tami Radohl and Tara McLendon.

Goals and Population Served

This project is specifically designed to strengthen and enhance service delivery to seriously emotionally disturbed (SED) children and their families through use of a shared language and approach (FDST and assessment tool) by members of the CBS team. Service delivery is also enhanced by the fact that adult family members identify strengths and areas of concern, thus allowing them to have a clear voice in the treatment process.

Activities to Date

Pawnee Mental Health Services

Manhattan Office

Weekly supervision is offered every Friday at both the outpatient office and CBS office. KU staff also attends CBS staffing held every Friday morning. Following supervisory sessions, KU staff complete a supervisor rating scale, which is a sixteen question survey with two components. The first portion utilizes a nine point scale which allows KU staff to rate service providers' competence in utilizing the assessment tool and modality. The second part documents the number of FDST sessions conducted by the service provider since the last supervision session and the number of times FDST terms were utilized. This documents level of fidelity to the FDST model.

Junction City Office

During FY 07, the FDST project was expanded to the Junction City office. The initial six hour FDST training was held August 11, 2007. Thirteen case managers, three attendant care workers, one parent specialist, and one therapist attended. Supervision is offered every other Tuesday. The same supervision rating scale utilized in the Manhattan office is utilized in Junction City.

Family Data Collection

Treatment Families

Appropriate families are asked to participate in the project at the time they enter CBS services. If a family agrees to participate, adult consents, parent consents for child to participate, and a child assent are completed. At that time (baseline), the Family-Directed Structural Assessment Tool, the Family Adaptability and Cohesion Evaluation Scale II (FACES II), and the Child Behavior Checklist (CBCL) are collected. Three months later, an FDST Assessment Tool and FACES II is collected. Finally, six months post baseline an FDST Assessment Tool, FACESII, and CBCL are collected.

As of September 20, 2007, two families from the Manhattan office had completed baseline data and one family from Junction City had completed baseline data. As of this same date, five Manhattan families had completed baseline and three month data and four Junction City had completed baseline and 3 month data. Six Manhattan families had completed all data collection.

Comparison Families

Families in the Concordia office are serving as comparison families. At the time they enter CBS services, they are asked to participate. If they agree to participate, adult consents, parent consents for child participation, and a child assent are completed. FACES II and CBCLs are also completed (baseline). Three months later, FACES II are collected. Finally, six months post baseline FACES II and CBCLs are completed.

As of September 20, 2007, two families had completed baseline data, two families had completed baseline and 3 month data, and ten families had completed all data collection.

Johnson County Mental Health Center

Mission Office

Weekly supervision is available the first, third, and fourth Tuesday, and the second Monday of each month at the Mission office. The same supervisor rating scale utilized at PMHS is utilized at JCMHC.

Family Data Collection

Treatment Families

Data collection protocol at Mission is identical to the protocol at PMHS.

As of September 20, 2007, four families from the Mission office had completed baseline data, three families had completed baseline and 3 month data collection, and two families had completed all data collection.

Comparison Families

Families in the Olathe office are serving as comparison families. Data collection protocol is identical to comparison family protocol at the PMHS Concordia office.

As of September 20, 2007, three families had completed baseline data, two families had completed baseline and 3 month data, and six families had completed all data collection.

Activities for FY 2008

Complete Data Analysis for FY 2007 FDST Outcome Project

Families from the FY 2007 outcome project will be followed until six month data are collected. Data analysis and reporting of results will follow.

Train Concordia and Olathe Service Providers

Concordia and Olathe service providers have expressed an interest in being trained in the FDST model. They will be offered the two-day FDST training, as well as regular supervision.

Train All Other Johnson County Mental Health Center CBS Teams

Johnson County Mental Health Center has requested the two-day FDST training for all of their CBS teams. These trainings will take place in January and February of 2008, with regular supervision following the trainings.

Qualitative FDST Inquiry

In order to better understand the strengths and weakness of Family-Directed Structural Therapy and the corresponding assessment tool, a qualitative inquiry is being undertaken. This will involve interviewing service providers who have used the model and/or assessment tool, as well as those who have received FDST training, but have chosen not to utilize the model and/or assessment tool. The goal of this inquiry is to understand ways in which the model and/or assessment tool enhance or hinder service delivery to families of SED children, and suggestions for improvement to both.

