

The Case for Intensive Early Treatment

Washburn Child Guidance Center's Extended Day Treatment Intervention

Introduction:

There is a growing recognition that intensive early treatment sustained by appropriate less intensive services can be an effective method to help some very high-risk children. Many children who were not seen as able to benefit from treatment can be helped to live more successful lives and significant dollars that are now spent on deep end services (often as high as \$50,000 per year) can be saved. Washburn Child Guidance Center has implemented an intensive treatment model built around its day treatment program. The model is predicated on a series of assumptions that are supported by current and emerging research.

Key Assumptions and Rationale:

- 1. There is a population of young children who are on a negative trajectory and can be identified between age 3 and grade 3 with a fairly high certainty as children who will later present with serious emotional and behavior problems and who will become high cost users of services as adolescents.*

Numerous national and local research studies have consistently identified predictive, causal, and correlational risk factors for children. A synthesis of these reports combined with the experience at Washburn Child Guidance Center points to the following factors as key indicators:

Family risk factors:

- Disruption in early care due to homelessness or out of home placement
- Family history of neglect or abuse
- Poverty
- Family history of mental illness
- Family history of domestic violence
- Single parent household

Individual risk factors:

- Mental health diagnosis (Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety Disorders)
- Special education placement for Emotional/Behavior Disorder
- History of violent/assaultive behavior or school suspensions
- History of impulsivity or risk taking
- Low attachment to caregivers
- Lower IQ, particularly verbal skills
- Exposure to trauma, particularly chronic abuse and/or neglect

2. *Effective and intensive treatment at an early age – using a treatment approach that focuses on deficits in self regulation – can change the trajectory that these children are on.*

Treatment has traditionally focused on cognitive interventions and behavioral strategies. This approach has presumed that these children have developed reasonable (internal) self control, and so are acting with intention or failure of inhibition; in other words, responding to the imposed external controls, they can choose to behave differently in the treatment situation and in other settings.

We are proposing a paradigm shift based on the convergence of current research in several areas (attachment, neuropsychological development, child trauma, and risk and resiliency) into a focus on self-regulation as the foundation for intervention. The model presumes some children do not have the capacity to manage their behavior. It teaches children to understand patterns in their emotional and behavioral reactions to people and events, learn how to regulate their reactions in more functional and socially acceptable ways, and practice self-regulation until it is internalized.

The emotional self-regulation model is likely to have greater generality to every day life, because the child learns to make internally-driven decisions about how to manage emotions and behavior rather than having to rely on an external system of consistent monitoring and contingent consequences. Treatment gains are also more likely to be maintained because the self-regulation model addresses the roots of emotional and behavioral problems rather than attempting to manage them with external consequences or rewards. Finally, the new intervention supports the development of adaptive skills that promote resiliency in the face of continuing instability and other risk factors in the child's family, peer, school, and neighborhood contexts.

The conceptual framework for this model is the work done by Anne Gearity Ph.D. in her doctoral dissertation (completed in 2003). This framework is consistent with the work of other clinicians and researchers in the child development area and is receiving national and international attention.

3. *The gains made during treatment can be sustained by the periodic use of appropriate services following intensive treatment (case management, out-patient therapy, etc.)*

Too often children make progress while in a treatment program, but these gains dissipate when the children leave treatment. Sustaining treatment progress has been a crucial component in Washburn's model. With support from the Cargill Foundation, a model has been developed and implemented that supports a child's return to school and uses services such as consultation with teachers, school-based support for the child and case management, as necessary. A follow up on 14 children who completed treatment during the pilot phase of this program indicated that 13 of the children were successfully managing a community school setting.

- 4. An effective evaluation can demonstrate the impact of treatment and the capacity to sustain treatment gains over time. Routine evaluations can help maintain fidelity to the treatment model and identify ways to improve the effectiveness and efficiency with which it is implemented.***

The Bush Foundation has provided financial support to develop an evaluation design for this model and to complete a preliminary evaluation study using available data for children enrolled in the program between 2001 and 2005. Trisha Beuhring Ph.D. from the University of Minnesota is completing this study.

Findings obtained from the preliminary evaluation study indicated that intervention targeting repair of self-regulation produced meaningful improvements in emotional status, behavior, and adaptive skills. During the next year, comprehensive evaluation will continue, a national advisory council will be convened and a training and evaluation manual will be completed.

- 5. The outcome of this approach will be a reduction of emotional and behavioral problems; improved functioning at home, in the community and/or in school; and reduction of long term public expenditures for these children.***

A longer term longitudinal study will be necessary to track both the sustainability of treatment gains and the reduction of deep-end expenses for this population. This will require a sustained commitment from the public sector to support the provision and evaluation of this approach. Research suggests that these children are at risk for “life course persistent antisocial behavior” unless interventions interrupt this developmental process. By intervening intensely, we are addressing the carryforward effects of early disruption, and preventing maladaptations that have been demonstrated to be costly to individuals and to communities. Washburn Child Guidance Center believes that effective outcomes from this model can impact policy, practice and funding of children’s services locally and nationally.