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Early initiatives for Children at Risk (TIBIR) – the program, the implementation and the research

Effectiveness trials; Lessons learnt from three RCT studies

Terje Christiansen

PMTO-Conferentie

Amersfoort, November 23rd. 2009

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A governmental initiative of Nation- wide implementation Treatment and prevention of conduct disorder







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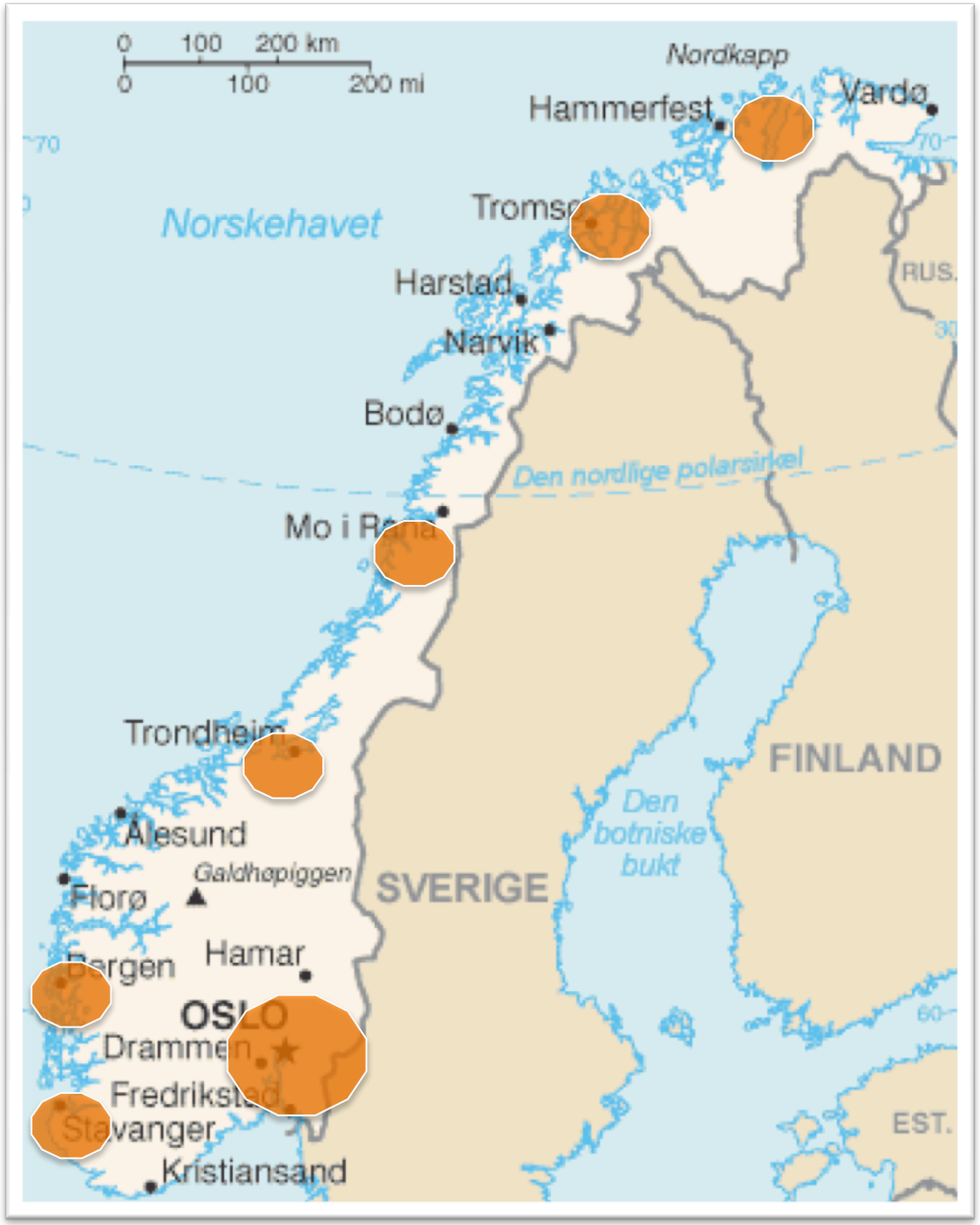
Implementation strategy

Recruiting professionals for training in clusters



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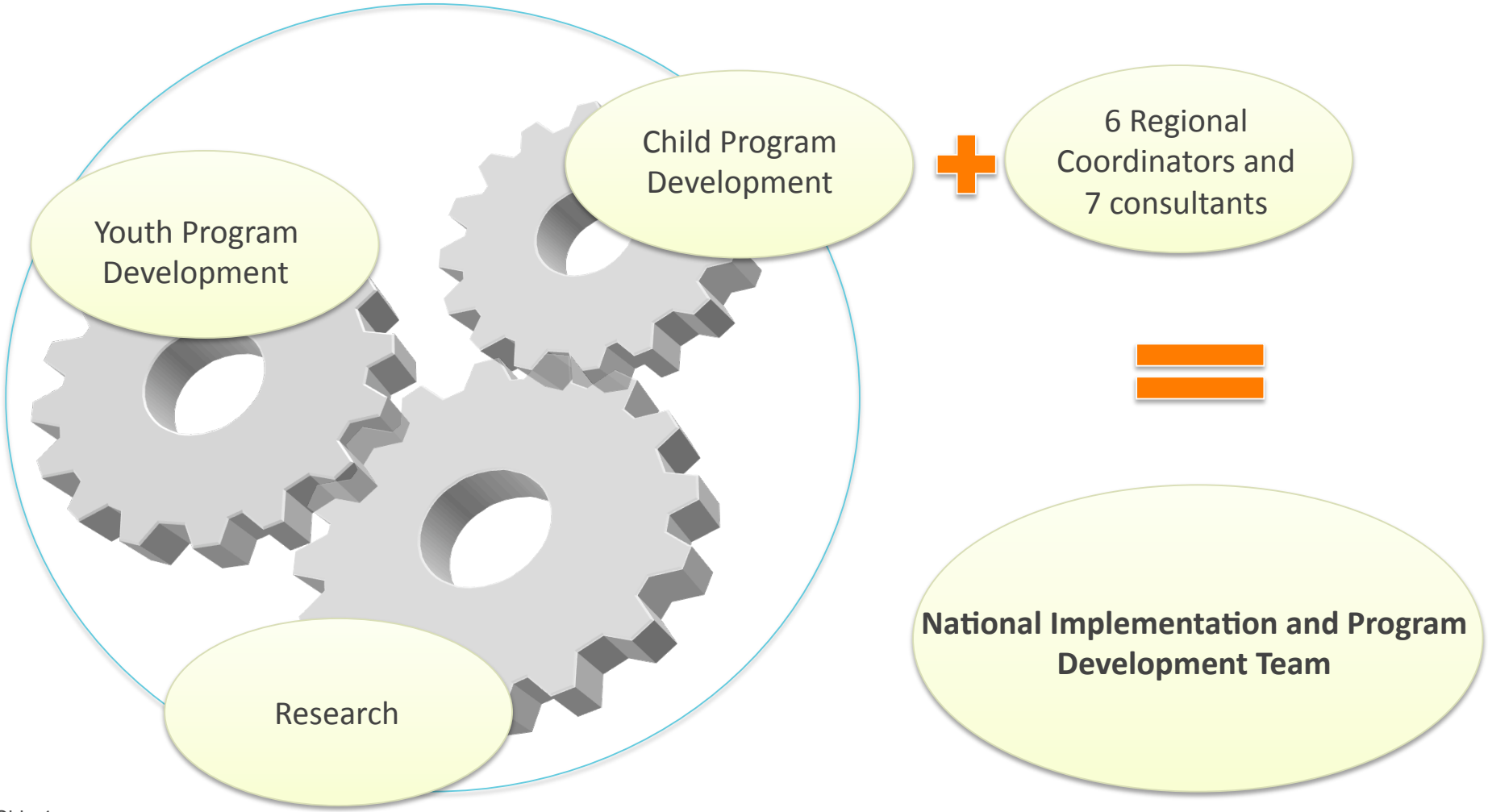
National Center



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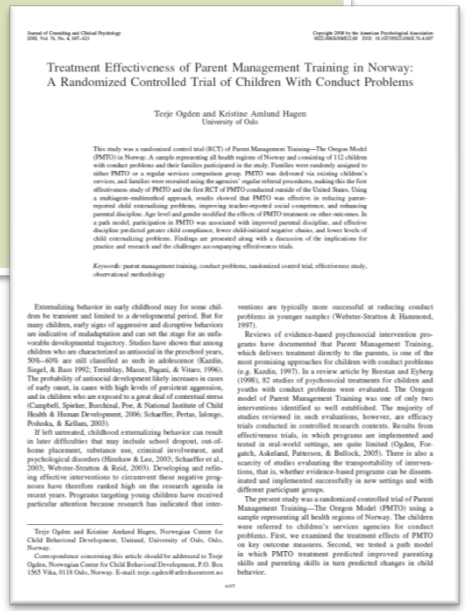
Developing a Prevention Program

PMTO Training of Therapists



Treatment Effectiveness of Parent Management Training in Norway: A Randomized Controlled Trial of Children With Conduct Problems

Terje Ogden and Kristine Amlund Hagen
University of Oslo

TIBIR/EICR program development



Scandinavian Journal of Psychology, 2008

Personality and Social Sciences

School outcomes of a community-wide intervention model aimed at preventing problem behavior

JOHN KJOBLI and MARI-ANNE SØRLIE
The Norwegian Center for Child Behavioral Development

TIBIR/EICR diffusion

- Evaluation of program modules

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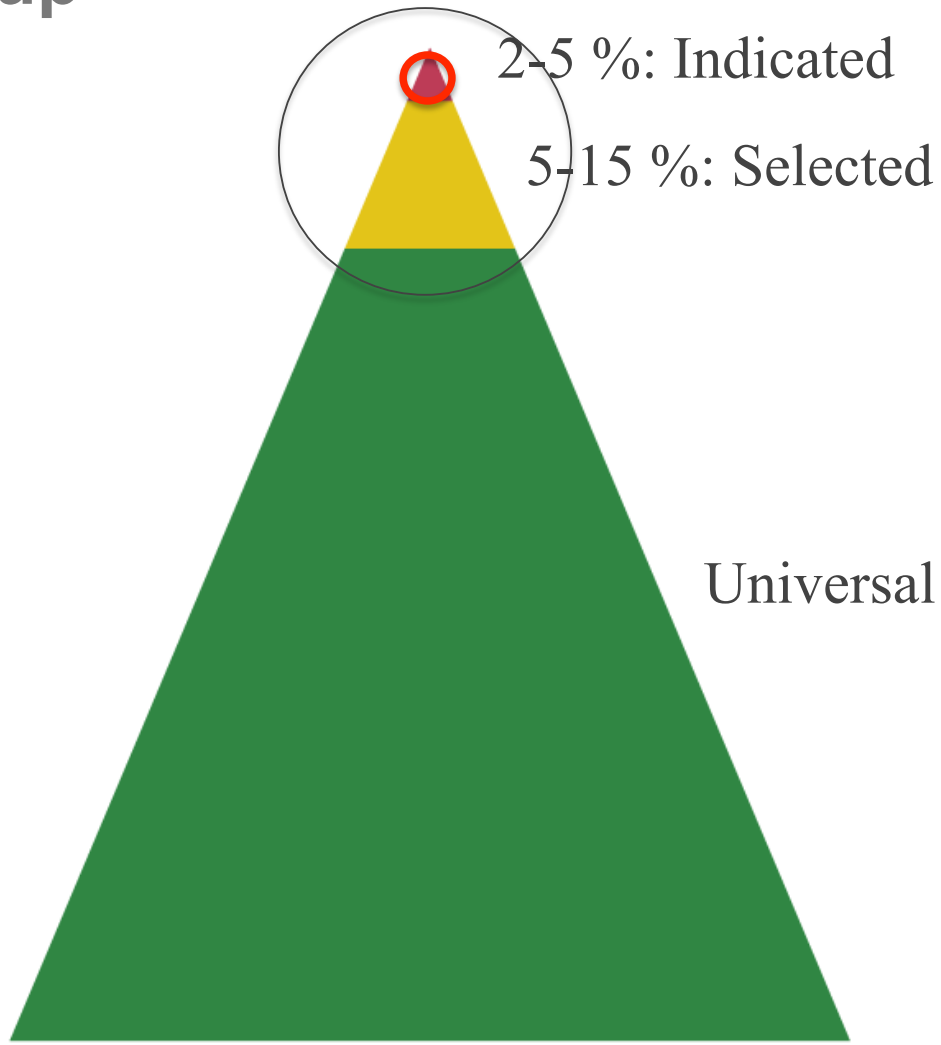
Target group



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From treatment to prevention

Bringing with us the core and supportive components, but with

- Fewer Sessions (4 – 6)
- Less intensity (consequences)
- Less time to role-play and skill training
- Adjustment to family
- Supervision

Adjustment of components (discipline and monitoring)

Adding modules for municipality implementation

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TIBIR

Intervention	Training program	Target group of intervention	# of sessions
Assessment	3 days of training in assessment tools		
Parent counseling	9 days of training during ½ year followed by ½ a year of supervised counseling.	Parents	4 - 6
Social Skill Trainers	6 days of training during ½ year with Supervised Social Skill Training.	Children	8 - 10
Teacher Consultation	4 days training in consultation for PMTO therapists and Parent counselors.	Teachers	6 - 8
PMTO Groups	2 day training for PMTO therapists	Parents	12
PMTO therapy	20 days of training during 1 ½ year	Parents	20 – 30

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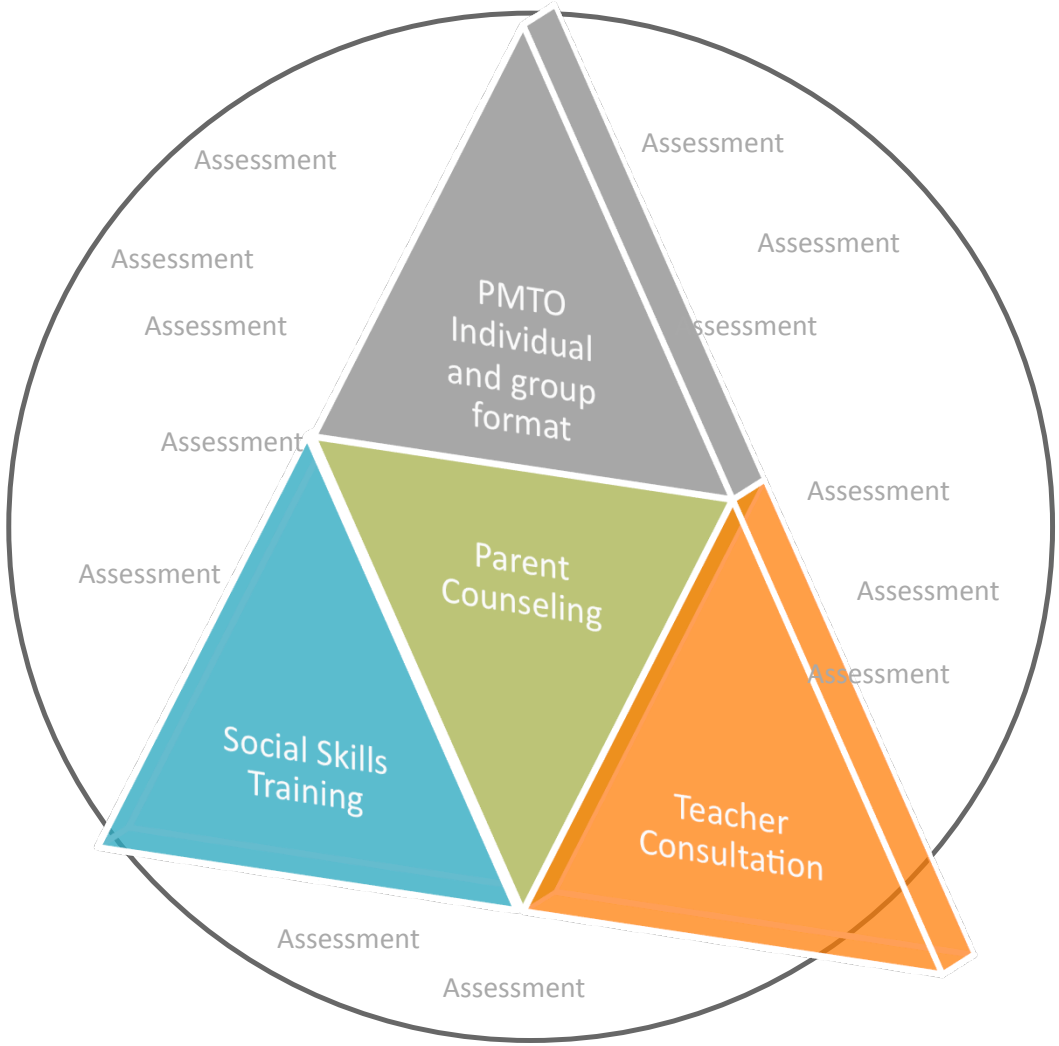
TIBIR Program for Municipalities Services



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Preconditions

- Interventions before screening/assessment
- Tailored intervention to child and family
- Low-threshold services
- Parent interventions as core effort
- A continuum of municipality efforts
- Effective intake systems reaching the target group
- Establishing collaboration between service areas – one portal access

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TIBIR studies

- Parent Counseling - RCT
- Social Skill Training - RCT
- Group intervention (wait list – control)

- Screening – validation of assessment tools

- Consultation for teachers and kindergarten staff – future

Doing research in real world setting





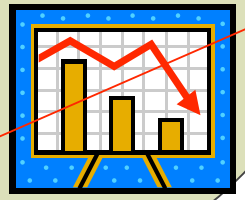
Effectiveness trials



Implementation



Efficasy trials



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Challenges



- Logistics, large number of sites and therapists involved.
- Recruiting of PMTO therapists
- The therapists for the comparison group
- The organization/site leaders. Getting the whole institution engaged
- Getting the “right” clients – target group

- Complex problems, not used to research with rigor and the administration of randomization
- Therapists as data collectors
- Unfamiliar with data collecting, administrating measure instruments, especially at follow up at T2 (comparison group) and T3, (both groups).
- The use of video, “opening the therapy room” – not used to be evaluated (PMTO therapists)
- Attitudes towards evidence based practices within the workplace, the group of professionals and each therapist.
- This was more so in the PMTO study than with TIBIR.
- Attitudes towards randomization, it is unethical.

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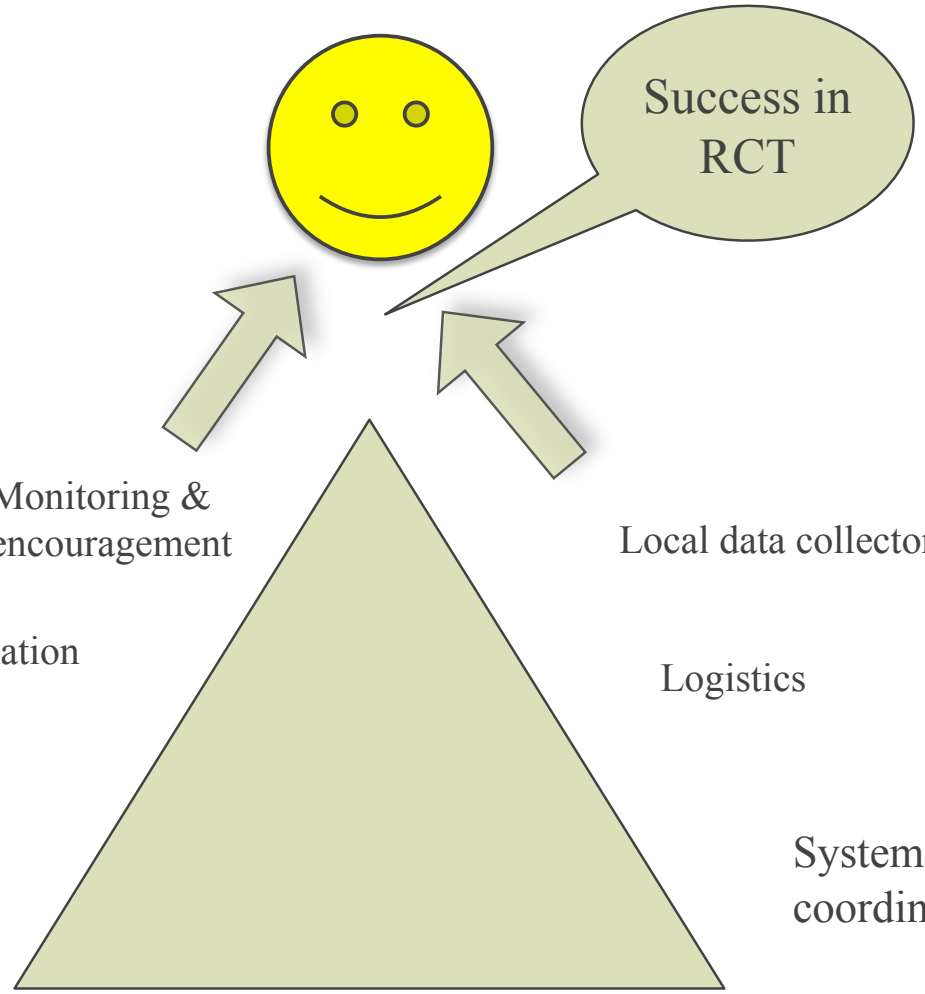

The professionals; Intervention and control

Organization

Blase & Fixsen, 2008, rev. T. Christiansen 2009

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Comments and discussion