



# Building a Knowledge Appliance: Components and Much More

Kimberly D. Becker, Ph.D.  
University of South Carolina  
2020 OPRE Innovative Methods Meeting

# ACKNOWLEDGEMENTS & DISCLOSURE



UNIVERSITY *of* MARYLAND  
SCHOOL OF SOCIAL WORK



**William T. Grant**  
FOUNDATION







# Engagement



**R**elationship



**E**xpectancy



**A**ttendance



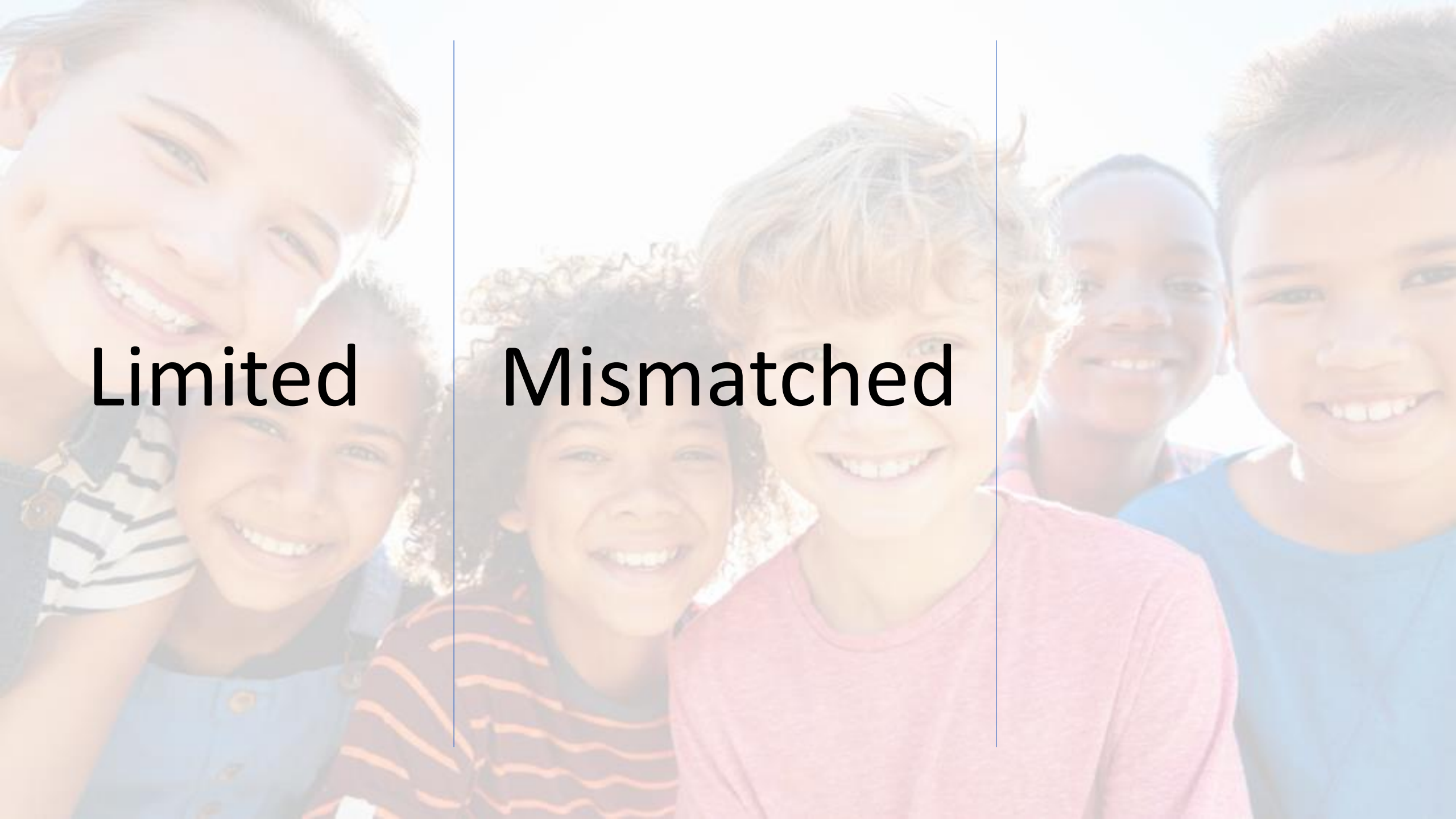
**C**larity



**H**omework



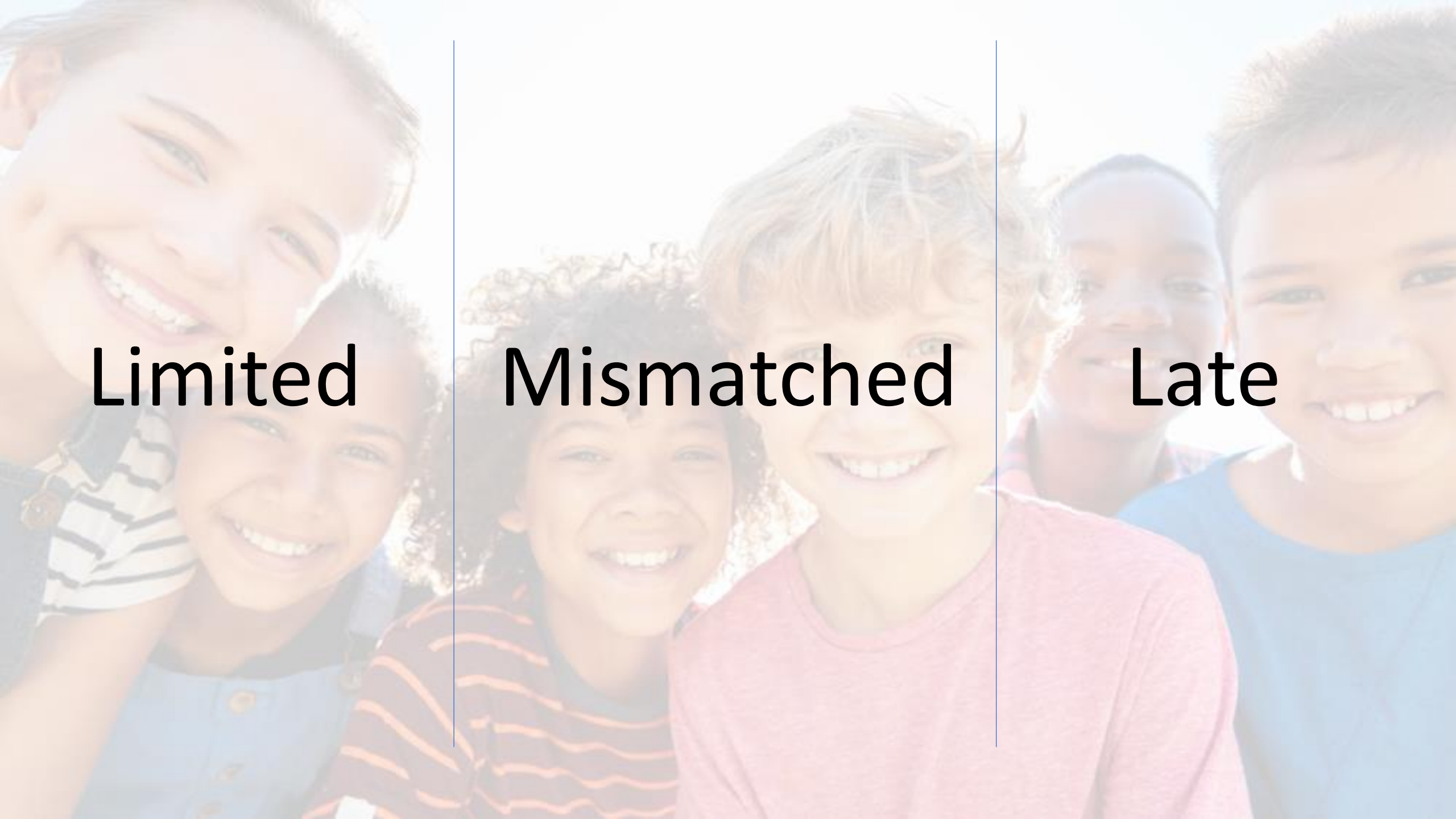
Limited



Limited

Mismatched

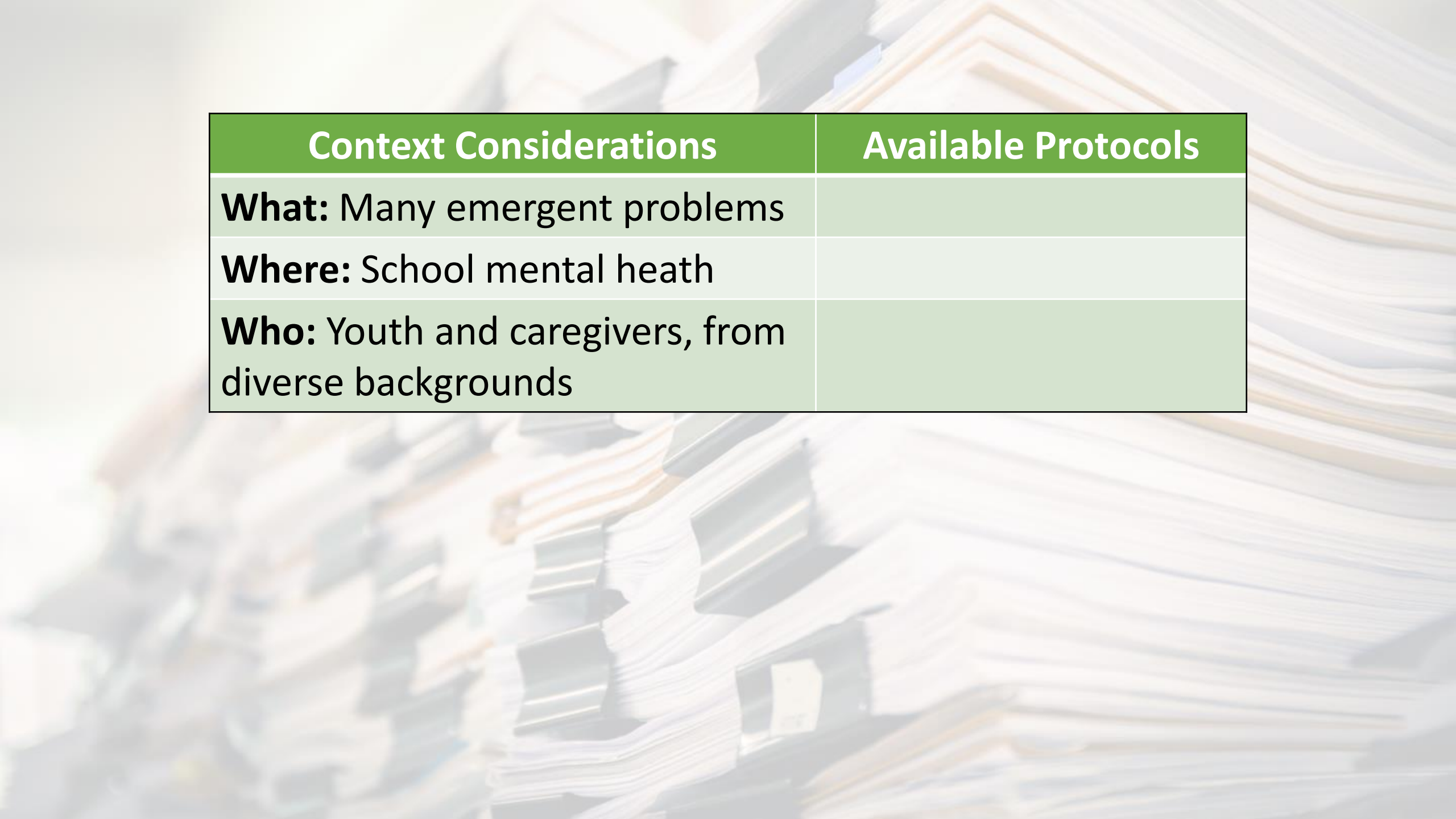




Limited

Mismatched

Late



Context Considerations	Available Protocols
<b>What:</b> Many emergent problems	
<b>Where:</b> School mental health	
<b>Who:</b> Youth and caregivers, from diverse backgrounds	

Context Considerations	Available Protocols
<b>What:</b> Many emergent problems	
<b>Where:</b> School mental health	
<b>Who:</b> Youth and caregivers, from diverse backgrounds	

50

randomized controlled trials

Context Considerations	Available Protocols
<b>What:</b> Many emergent problems	✘
<b>Where:</b> School mental health	1
<b>Who:</b> Youth and caregivers, from diverse backgrounds	limited

0  
protocols

# COMPONENTS ANALYSIS



**Use more evidence  
Use evidence for more**





**Use more evidence**

# Use evidence for more







**Problems**

**More**



**Problems**

# More



**Contexts**



**Problems**

# More



**Contexts**



**People**

# Components Analysis



Codebook



Coders



Analysis

## Components

## Definitions

Appointment Reminders

Providing information about the day, time, and location of next therapeutic contact via mail, text, phone, email, etc.

Instilling Hope

Facilitating positive expectations for change

Psychoeducation

Reviewing information about treatment, its relation to the presenting problem, or service delivery (e.g., session content/frequency, roles of the provider and youth/families, expectations for attendance)

## Components

## Domains/Uses

Appointment  
Reminders



Instilling Hope

Psychoeducation

## Components

## Domains/Uses

Appointment  
Reminders



Instilling Hope



Psychoeducation

## Components

## Domains/Uses

Appointment  
Reminders



Instilling Hope



Psychoeducation





# KNOWLEDGE APPLIANCE





**Limited**

**Mismatched**

**Late**



Expanded

Mismatched

Late

**Document 1: Positive Expectation Setting**

**Objectives:**

- To build on family expectations for the program.
- Address any program misconceptions.

**Skills:**

- 1. **Identify misconceptions:** Ask the family to identify any misconceptions they have about the program. This may be an opportunity to address any misconceptions.
- 2. **Identify family expectations:** Ask the family to identify any expectations they have for the program. This may be an opportunity to address any misconceptions.
- 3. **Identify program expectations:** Ask the family to identify any expectations they have for the program. This may be an opportunity to address any misconceptions.
- 4. **Identify program expectations:** Ask the family to identify any expectations they have for the program. This may be an opportunity to address any misconceptions.

**Document 2: Addressing Barriers to Treatment**

**Objectives:**

- To identify and address barriers to treatment.
- To address the family's ability to identify a barrier to participating.

**Skills:**

- 1. **Identify barriers to treatment:** Ask the family to identify any barriers to treatment. This may be an opportunity to address any misconceptions.
- 2. **Address barriers to treatment:** Ask the family to identify any barriers to treatment. This may be an opportunity to address any misconceptions.
- 3. **Address barriers to treatment:** Ask the family to identify any barriers to treatment. This may be an opportunity to address any misconceptions.
- 4. **Address barriers to treatment:** Ask the family to identify any barriers to treatment. This may be an opportunity to address any misconceptions.

**Page 142**



**Objective 1: Positive Expectation Setting**

**Objectives:**

- 1. Establish a positive expectation for the youth.
- 2. Address any barriers to the youth's participation in the program.

**Skills:**

1. Establish a positive expectation for the youth.
2. Address any barriers to the youth's participation in the program.

**Objective 2: Addressing Barriers to Treatment**

**Objectives:**

- 1. Identify barriers to the youth's participation in the program.
- 2. Address any barriers to the youth's participation in the program.

**Skills:**

1. Identify barriers to the youth's participation in the program.
2. Address any barriers to the youth's participation in the program.

	Consider	Answer	If No, Respond...	and Evaluate
Relationship	Do you consistently look forward to meeting with this youth/family?	Yes No		
	Does this youth/family work together with you on treatment goals and activities?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Understanding Identities <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
	Does this youth/family display open body language and readily share information with you?	Yes No		
	Are you confident that you understand this youth's/family's culture, background, and values?	Yes No		
Would this youth/family be uncomfortable raising concerns about therapy with you?	Yes No			
Expectancy	Does this youth/family believe that change is possible and that they have the capacity to change?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Motiv. Enhancement <input type="checkbox"/> Positve. Expectation Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
	Does this youth/family believe therapy is the best way to achieve their goals?	Yes No		
	Has this youth/family had positive experiences with therapy in the past?	Yes No		
	Does this youth/family express confidence in your suggestions and in your ability to help them?	Yes No		
Attendance	Does this youth/family attend treatment consistently?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Access. Promotion <input type="checkbox"/> Appt. Reminders <input type="checkbox"/> Assessment <input type="checkbox"/> Barriers to Treatment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
	Is this youth/family consistently on time for treatment?	Yes No		
	Does this youth/family communicate with you consistently (e.g., return phone calls)?	Yes No		
	Are there few or no challenges for this youth/family to participate in treatment?	Yes No		
Clarity	Do you have ways to attend to scheduling, transportation or other logistics to help make treatment more manageable for this youth/family?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
	Can this youth/family describe what treatment involves and how it will address their needs?	Yes No		
	Can this youth/family accurately describe their roles in treatment?	Yes No		
	Can this youth/family clearly state their treatment goals?	Yes No		
Homework	Do you have a clear idea of the focus and goals of treatment for this youth/family?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
	Do you have a way of tracking goal progress and share that information with this youth/family?	Yes No		
	Do you model, practice, or role play skills together in nearly every session?	Yes No		
	Do you provide time for reflection and feedback on how skills as they are learned in session?	Yes No		
Homework	Are the skills being delivered simple enough for this youth/family to use on their own?	Yes No	FOCUS <input type="checkbox"/> <input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
	Do you regularly assign homework with which this youth/family follows through?	Yes No		
	Do you ask what might interfere with this youth/family using new skills outside of session?	Yes No		

Expanded

Well-matched

Late



	Consider	Answer	If No, Respond...	and Evaluate
Relationship	Do you consistently look forward to meeting with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Understanding Identities <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
	Do you and this youth/family work together with you on treatment goals and activities?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Understanding Identities <input type="checkbox"/> Other:	
Expectancy	Do you and this youth/family believe that change is possible and that they have the capacity to change?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Motiv. Enhancement <input type="checkbox"/> Positive Expectation Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
	Do you and this youth/family express confidence in your suggestions and in your ability to help them?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Motiv. Enhancement <input type="checkbox"/> Positive Expectation Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	
Attendance	Do you and this youth/family attend treatment consistently?	Yes No	<input type="checkbox"/> Access Promotion <input type="checkbox"/> Appt. Reminders <input type="checkbox"/> Assessment <input type="checkbox"/> Behavior Incentives <input type="checkbox"/> Treatment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
	Do you and this youth/family consistently on time for treatment?	Yes No	<input type="checkbox"/> Access Promotion <input type="checkbox"/> Appt. Reminders <input type="checkbox"/> Assessment <input type="checkbox"/> Behavior Incentives <input type="checkbox"/> Treatment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	
Clarity	Do you and this youth/family describe what treatment involves and how it will address their needs?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
	Do you and this youth/family have a clear view of the focus and goals of treatment for this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	
Homework	Do you and this youth/family have a way of tracking goal progress and share that information with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill Mastery <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
	Do you and this youth/family model, practice, or role play skills together in nearly every session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill Mastery <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	
	Do you and this youth/family ask what might interfere with this youth/family using new skills outside of session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill Mastery <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	

Expanded Well-matched Late

# Expanded

# Well-matched

# Early

**Positive Expectation Setting**

**Objectives:**

- Establish a positive expectation for the youth and caregiver regarding the treatment.

**Skills:**

- Establish a positive expectation for the youth and caregiver regarding the treatment.
- Establish a positive expectation for the youth and caregiver regarding the treatment.
- Establish a positive expectation for the youth and caregiver regarding the treatment.
- Establish a positive expectation for the youth and caregiver regarding the treatment.
- Establish a positive expectation for the youth and caregiver regarding the treatment.

**Addressing Barriers to Treatment**

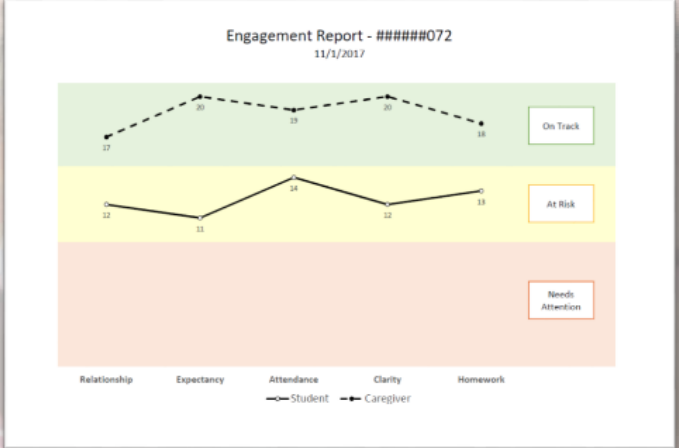
**Objectives:**

- Identify barriers to treatment and develop strategies to address them.
- Establish a plan to address barriers to treatment.

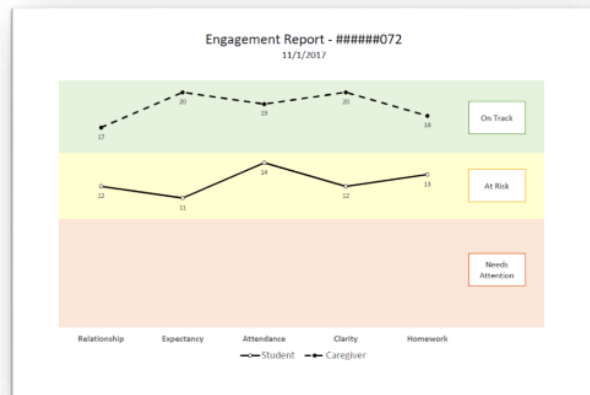
**Skills:**

- Identify barriers to treatment and develop strategies to address them.
- Establish a plan to address barriers to treatment.
- Identify barriers to treatment and develop strategies to address them.
- Establish a plan to address barriers to treatment.

	Consider	Answer	If No, Respond...	and Evaluate
Relationship	Do you consistently look forward to meeting with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Understanding Identities <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
	Do you and this youth/family work together with you on treatment goals and activities?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Understanding Identities <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
Expectancy	Do you and this youth/family believe that change is possible and that they have the capacity to change?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
	Do you and this youth/family express confidence in your suggestions and in your ability to help them?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Attendance	Do you and this youth/family attend treatment consistently?	Yes No	<input type="checkbox"/> Access: Promotion <input type="checkbox"/> Appt. Reminders <input type="checkbox"/> Assessment <input type="checkbox"/> Behavior: In Treatment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
	Do you and this youth/family consistently on time for treatment?	Yes No	<input type="checkbox"/> Access: Promotion <input type="checkbox"/> Appt. Reminders <input type="checkbox"/> Assessment <input type="checkbox"/> Behavior: In Treatment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Clarity	Do you and this youth/family describe what treatment involves and how it will address their needs?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
	Do you and this youth/family have a clear idea of the focus and goals of treatment for this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosed: Problem <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Homework	Do you and this youth/family have a way of tracking goal progress and share that information with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
	Do you and this youth/family model, practice, or role play skills together in nearly every session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosed: Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:



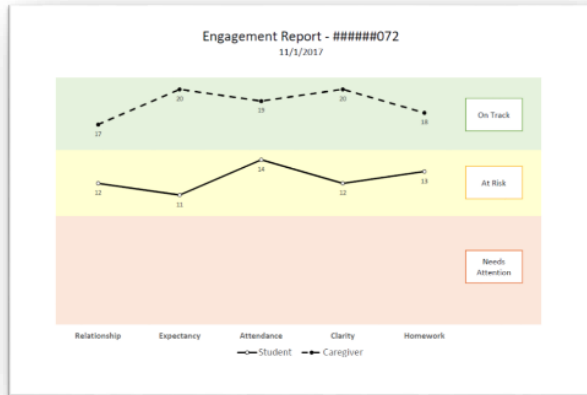
# Identify the problem



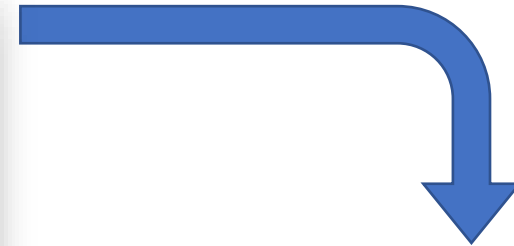
# Select component



## Identify the problem



Consider	Answer	If No, Respond...	and Evaluate
<b>Relationship</b>			
Do you consistently look forward to meeting with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
Do this youth/family work together with you on treatment goals and activities?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Understanding Logistics <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
Do this youth/family be comfortable raising concerns about therapy with you?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do this youth/family believe that others with similar problems have gotten better?	Yes No	<input type="checkbox"/> Motiv. Enhancement <input type="checkbox"/> Positive Association <input type="checkbox"/> Setting	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do this youth/family believe that change is possible and that they have the capacity to change?	Yes No	<input type="checkbox"/> Psychosocial Problem <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do youth/family voice confidence in your suggestions and in your ability to help them?	Yes No	<input type="checkbox"/> Access, Promotion <input type="checkbox"/> Appr. Reminders	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family attend treatment consistently?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Barrier-Id	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family consistently on time for treatment?	Yes No	<input type="checkbox"/> Treatment <input type="checkbox"/> Goal Setting	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do you have ways to attend to scheduling, transportation or other logistics to help make treatment more manageable for this youth/family?	Yes No	<input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family describe what treatment involves and how it will address their needs?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Problem <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you have a clear role in this youth's goals or treatment of this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Psychosocial Problem <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you have a way of tracking goal progress and sharing that information with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Psychosocial Problem <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you model, practice, or role play skills together in nearly every session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill Mastery <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
Do you ask what might interfere with this youth/family using new skills outside of session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill Mastery <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:



## Implement component

**Addressing Barriers to Treatment**

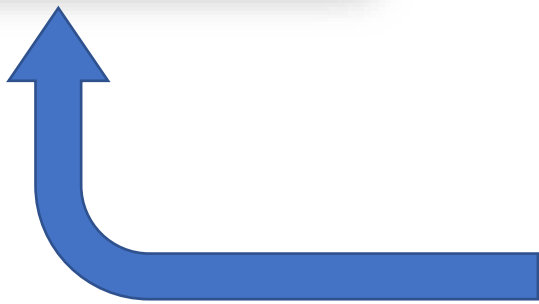
**Objetivos:**

- To address barriers to individual success in participation
- To select the family with identified barriers to maximize clinical outcomes

**Objetivos:**

- To address barriers to individual success in participation
- To select the family with identified barriers to maximize clinical outcomes

# Evaluate the outcome



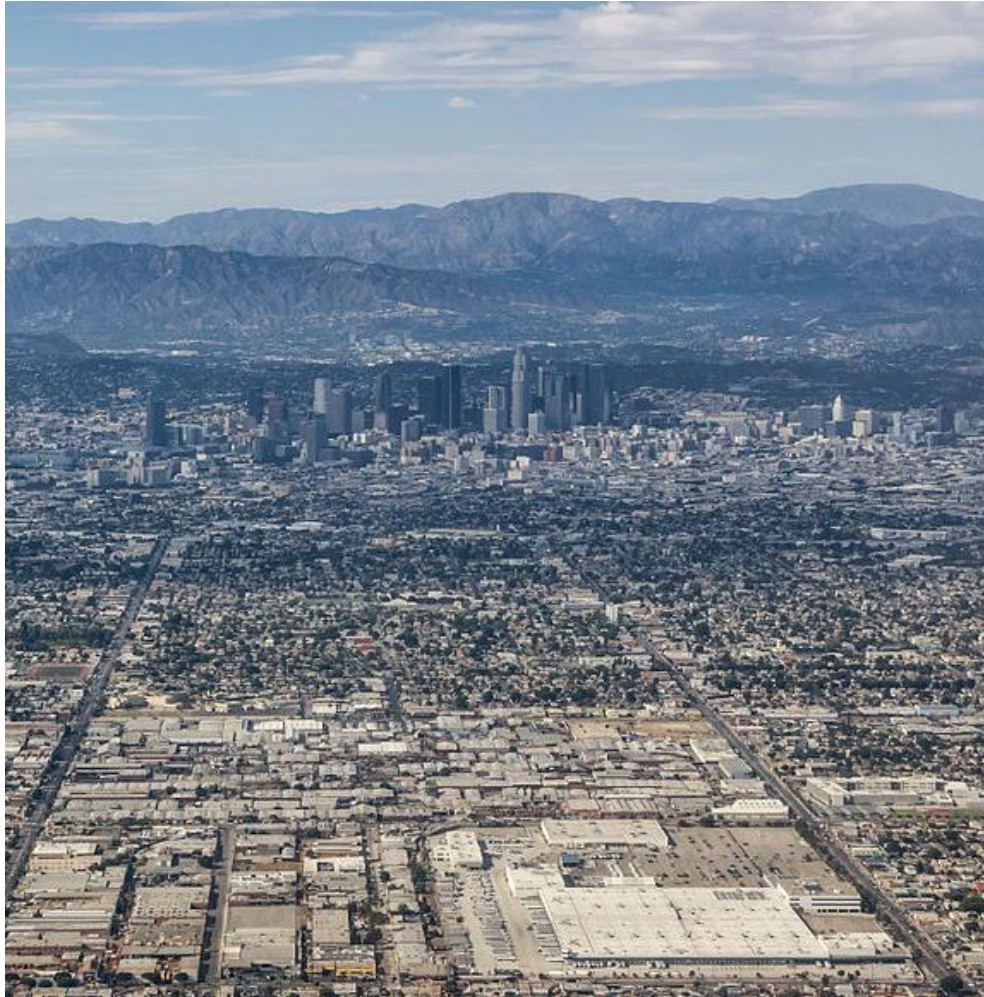
Consider	Answer	If No, Respond...	and Evaluate
<b>Relationship</b>			
Do you consistently look forward to meeting with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
Do this youth/family work together with you on treatment goals and activities?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Services <input type="checkbox"/> Understanding Logistics <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-R <input type="checkbox"/> Other:
Do this youth/family be comfortable raising concerns about therapy with you?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do this youth/family believe that others with similar problems have gotten better?	Yes No	<input type="checkbox"/> Motiv. Enhance <input type="checkbox"/> Positive Associa <input type="checkbox"/> Setting	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do this youth/family believe that change is possible and that they have the capacity to change?	Yes No	<input type="checkbox"/> Psychosocial Prob <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-E <input type="checkbox"/> Other:
Do youth/family voice confidence in your suggestions and in your ability to help them?	Yes No	<input type="checkbox"/> Access, Promot <input type="checkbox"/> Appr. Remind	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family attend treatment consistently?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Barrier-Id	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family consistently on time for treatment?	Yes No	<input type="checkbox"/> Treatment <input type="checkbox"/> Goal Setting	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do you have ways to attend to scheduling, transportation or other logistics to help make treatment more manageable for this youth/family?	Yes No	<input type="checkbox"/> Psychosocial Ser <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-A <input type="checkbox"/> Other:
Do youth/family describe what treatment involves and how it will address their needs?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Goal Setting <input type="checkbox"/> Psychosocial Prob <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you have a clear role in this youth's goals or treatment of this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Psychosocial Prob <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you have a way of tracking goal progress and sharing that information with this youth/family?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Psychosocial Prob <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-C <input type="checkbox"/> Other:
Do you model, practice, or role play skills together in nearly every session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:
Do you ask what might interfere with this youth/family using new skills outside of session?	Yes No	<input type="checkbox"/> Assessment <input type="checkbox"/> Facilitating Skill <input type="checkbox"/> Mastery <input type="checkbox"/> Psychosocial Serv <input type="checkbox"/> Other:	<input type="checkbox"/> MTT-H <input type="checkbox"/> Other:





# Randomized Controlled Trial

Los Angeles, California

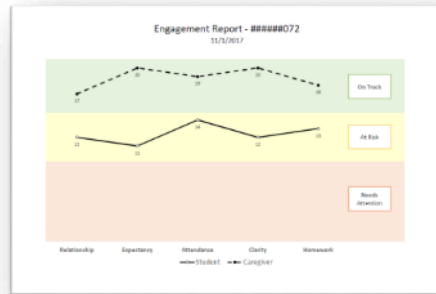


South Carolina (multiple sites)



# Randomized Controlled Trial

## Knowledge Appliance



Stack of educational cards:

- Positive Expectation Setting**
  - Objective:
    1. Identify family expectations and goals.
  - Notes:
    1. Family expectations and goals are important to the success of treatment.
    2. Family expectations and goals should be realistic and achievable.
    3. Family expectations and goals should be consistent with the family's values and beliefs.
    4. Family expectations and goals should be discussed with the family and agreed upon.
    5. Family expectations and goals should be reviewed and updated as needed.
- Addressing Barriers to Treatment**
  - Objective:
    1. Identify barriers to treatment and develop strategies to address them.
  - Notes:
    1. Barriers to treatment can be internal (e.g., lack of motivation) or external (e.g., lack of transportation).
    2. Barriers to treatment can be identified through assessment and discussion with the family.
    3. Barriers to treatment can be addressed through problem-solving and support.
    4. Barriers to treatment can be prevented through proactive planning and support.
    5. Barriers to treatment can be monitored and addressed as they arise.

Category	Attainable	If Not Attainable	Next Steps
<b>Readiness</b>	<ul style="list-style-type: none"> <li>1. Is the family ready to start treatment?</li> <li>2. Is the family ready to commit to treatment?</li> <li>3. Is the family ready to work on their problems?</li> </ul>	<ul style="list-style-type: none"> <li>1. Lack of motivation</li> <li>2. Lack of understanding</li> <li>3. Lack of resources</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education</li> <li>2. Provide support</li> <li>3. Provide resources</li> </ul>
<b>Expectancy</b>	<ul style="list-style-type: none"> <li>1. Do I expect to see improvement in my child's behavior?</li> <li>2. Do I expect to see improvement in my child's mood?</li> <li>3. Do I expect to see improvement in my child's relationships?</li> </ul>	<ul style="list-style-type: none"> <li>1. Unrealistic expectations</li> <li>2. Lack of understanding</li> <li>3. Lack of resources</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education</li> <li>2. Provide support</li> <li>3. Provide resources</li> </ul>
<b>Attendance</b>	<ul style="list-style-type: none"> <li>1. Do I expect to attend all sessions?</li> <li>2. Do I expect to attend sessions on time?</li> <li>3. Do I expect to attend sessions for the full duration?</li> </ul>	<ul style="list-style-type: none"> <li>1. Lack of transportation</li> <li>2. Lack of time</li> <li>3. Lack of understanding</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide transportation</li> <li>2. Provide support</li> <li>3. Provide resources</li> </ul>
<b>Clarity</b>	<ul style="list-style-type: none"> <li>1. Do I understand the goals of treatment?</li> <li>2. Do I understand the role of the therapist?</li> <li>3. Do I understand the role of the family?</li> </ul>	<ul style="list-style-type: none"> <li>1. Lack of understanding</li> <li>2. Lack of resources</li> <li>3. Lack of support</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education</li> <li>2. Provide support</li> <li>3. Provide resources</li> </ul>
<b>Homework</b>	<ul style="list-style-type: none"> <li>1. Do I expect to complete homework assignments?</li> <li>2. Do I expect to complete homework assignments on time?</li> <li>3. Do I expect to complete homework assignments for the full duration?</li> </ul>	<ul style="list-style-type: none"> <li>1. Lack of understanding</li> <li>2. Lack of resources</li> <li>3. Lack of support</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education</li> <li>2. Provide support</li> <li>3. Provide resources</li> </ul>

## Practice Guidelines

PRACTICE GUIDELINES: ENGAGEMENT	
Practice	Definition
<b>Accessibility Promotion</b>	Using strategies to make services convenient and accessible (e.g., on-site child care, taxi vouchers, bus tokens, etc.)
<b>Addressing Barriers</b>	Eliciting factors that might interfere with treatment (e.g., transportation, scheduling, previous experiences with services, stigma, etc.)
<b>Appointment Reminders</b>	Providing information about the day, time, and location of the next therapeutic contact via mail, text, phone, email, etc.
<b>Assessment</b>	Gathering information about the client's strengths and needs, such as by interviews, questionnaires, observations, etc.
<b>Facilitating Skill Mastery</b>	Within-session exercises (e.g., role plays) to build/reinforce competence in a skill area as well as therapeutic tasks given to a client to complete outside of session
<b>Goal Setting</b>	Explicitly selecting a therapeutic goal for the purpose of making a plan toward achieving that goal
<b>Motivational Enhancement</b>	Targeting readiness to participate in therapeutic activities or programs through the use of cost-benefit analysis, Socratic questioning, or a variety of other approaches
<b>Positive Expectation Setting</b>	Establishing expectations that treatment will be helpful and that the client will be successful
<b>Psychoeducation: Problem</b>	Providing information about the nature of the problem and how treatment will address that problem
<b>Psychoeducation: Services</b>	Providing information about services (e.g., session frequency/content, roles of therapist and client, etc.)
<b>Understanding Identities, Beliefs, and Values</b>	Strategies designed to explore the family's identities, beliefs, and values

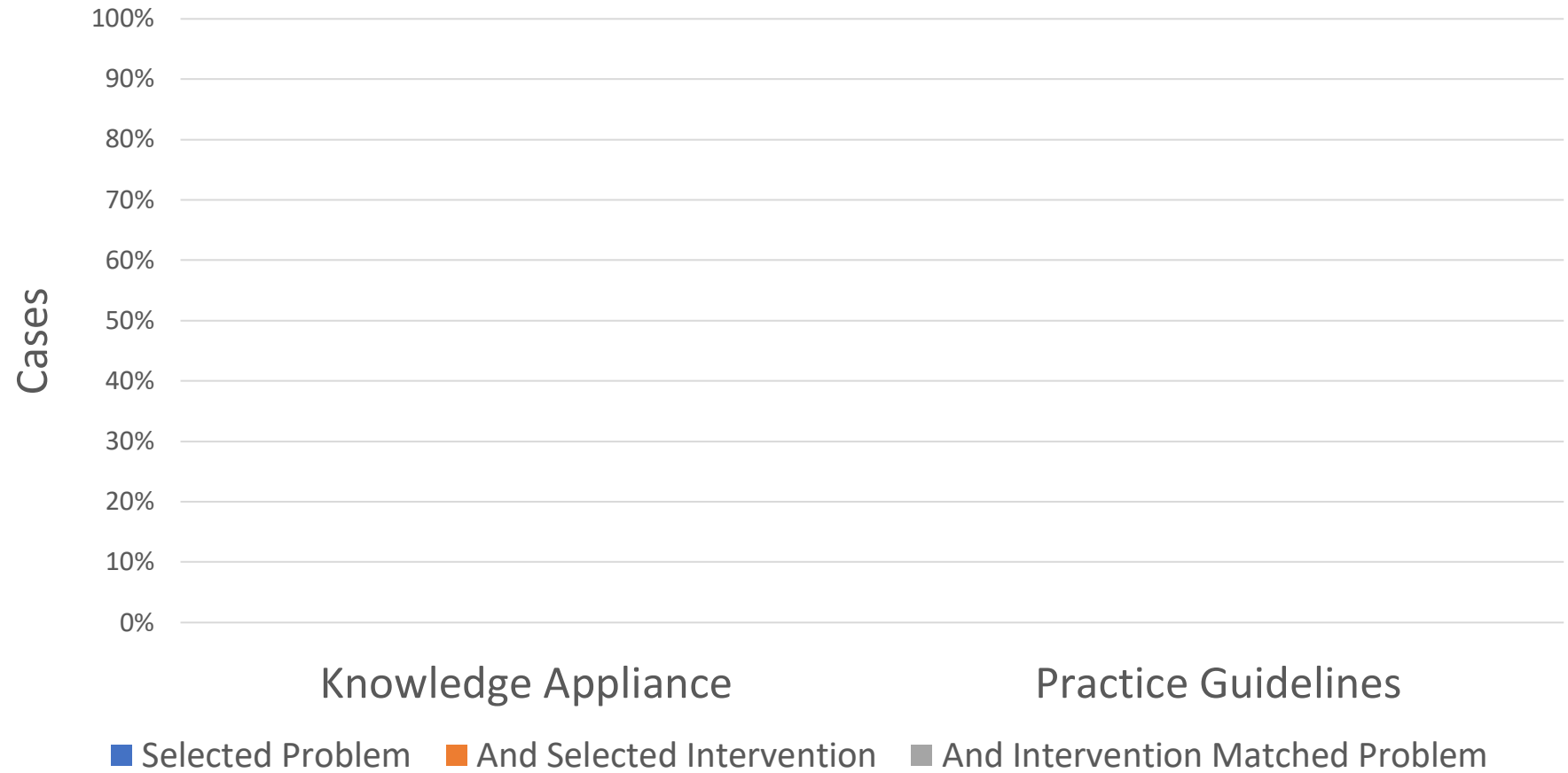
Guidelines adapted from:

Becker, K., Boustan, M., Gellatly, R., & Chorpita, B. (2007). Forty years of engagement research in children's mental health services: Multidimensional measurement and practice elements. *Journal of Clinical Child and Adolescent Psychology*, 36(1), 10-21. doi: 10.1080/15374410600611111

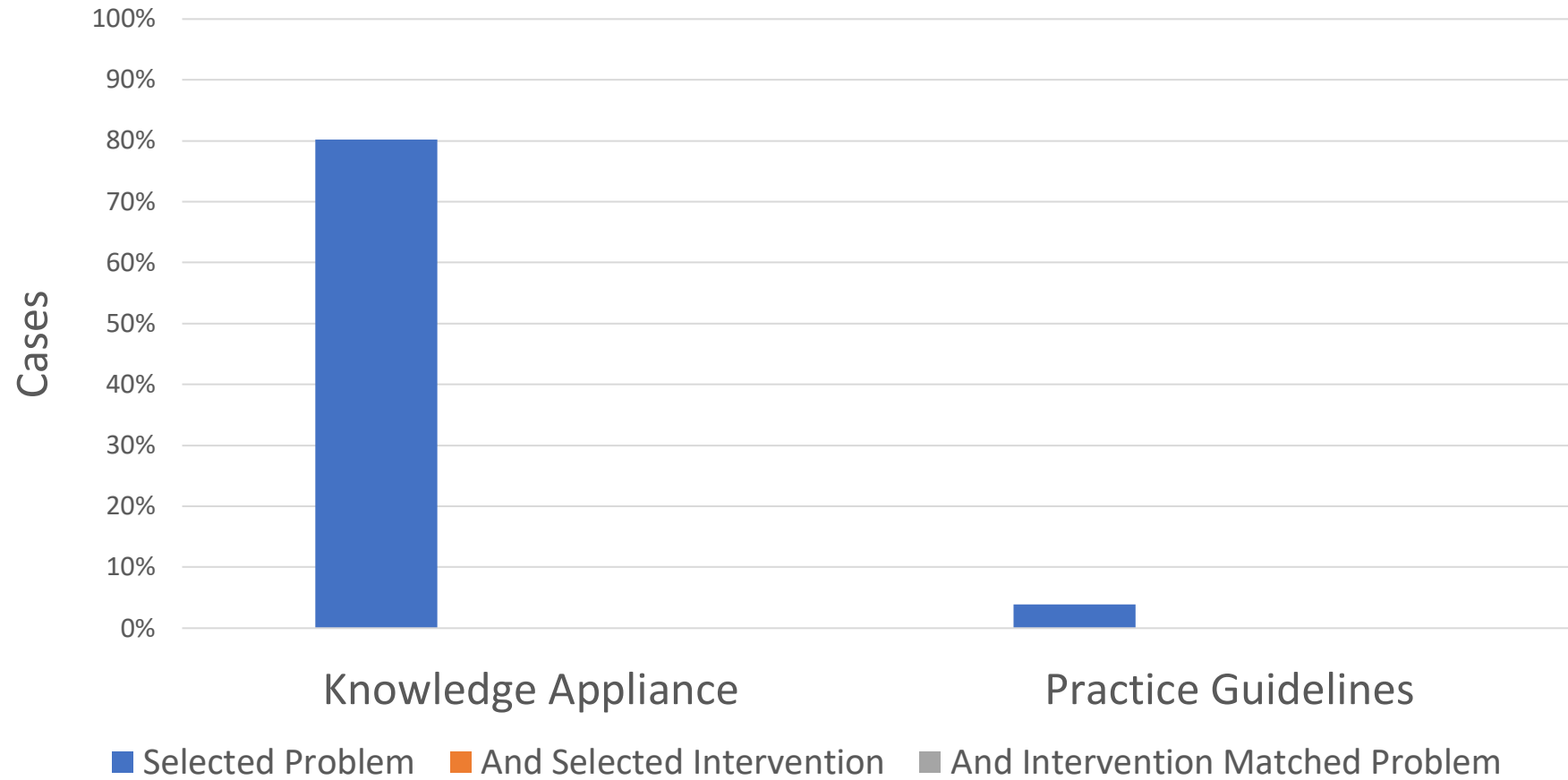
Becker, K., Lee, B., Dalaiden, E., Lindsay, M., Brandt, N., & Chorpita, B. (2015). The common elements of engagement in children's mental health: Which elements for which outcomes? *Journal of Clinical Child and Adolescent Psychology*, 44, 30-42.

Lindsay, M., Brandt, N., Becker, K., Lee, B., Barth, R., Dalaiden, E., & Chorpita, B. (2014). Identifying the common elements of treatment engagement in child mental health services. *Clinical Child and Family Psychology Review*, 17, 187-198.

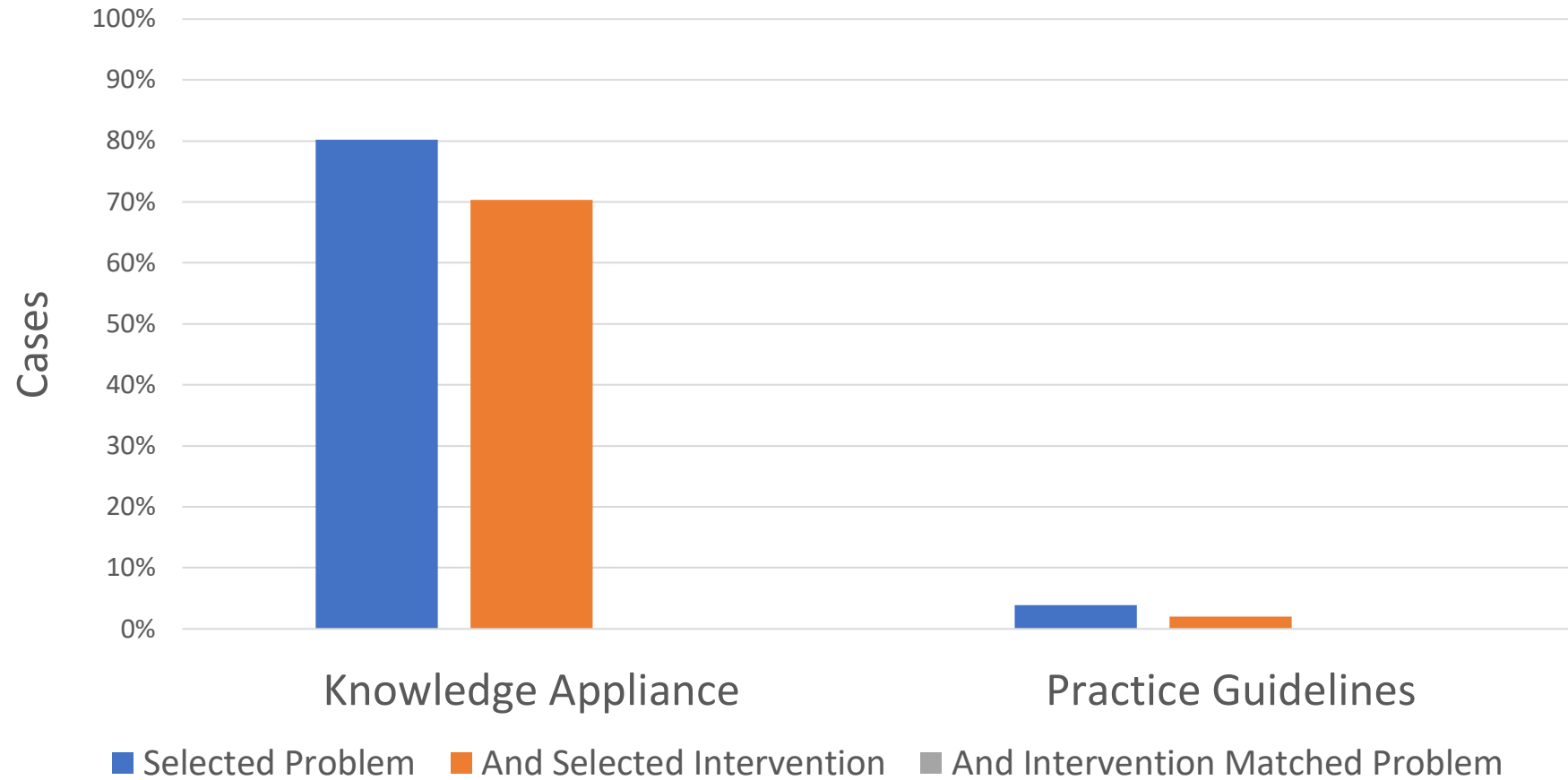
# Problem Selection



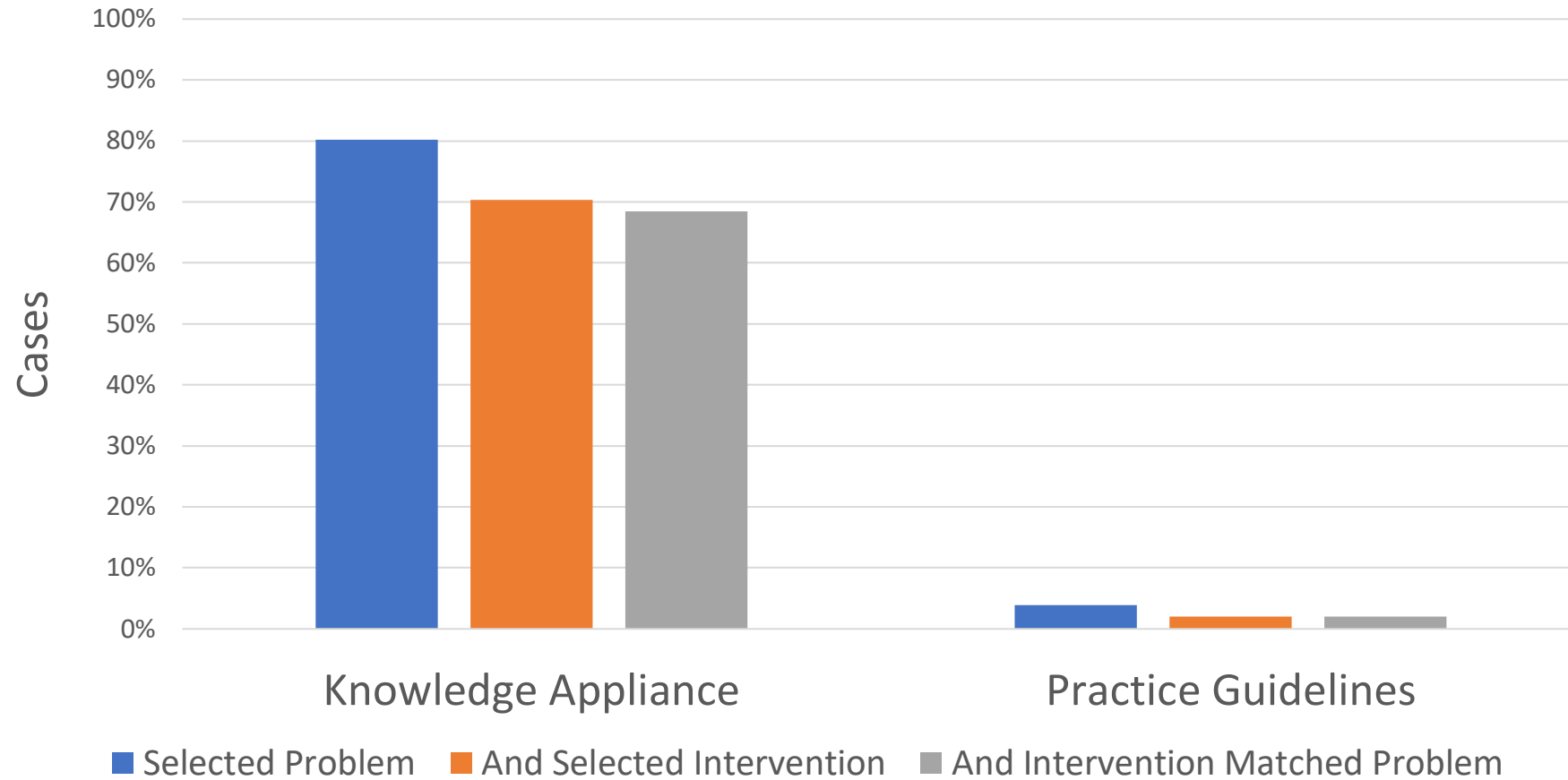
# Problem Selection



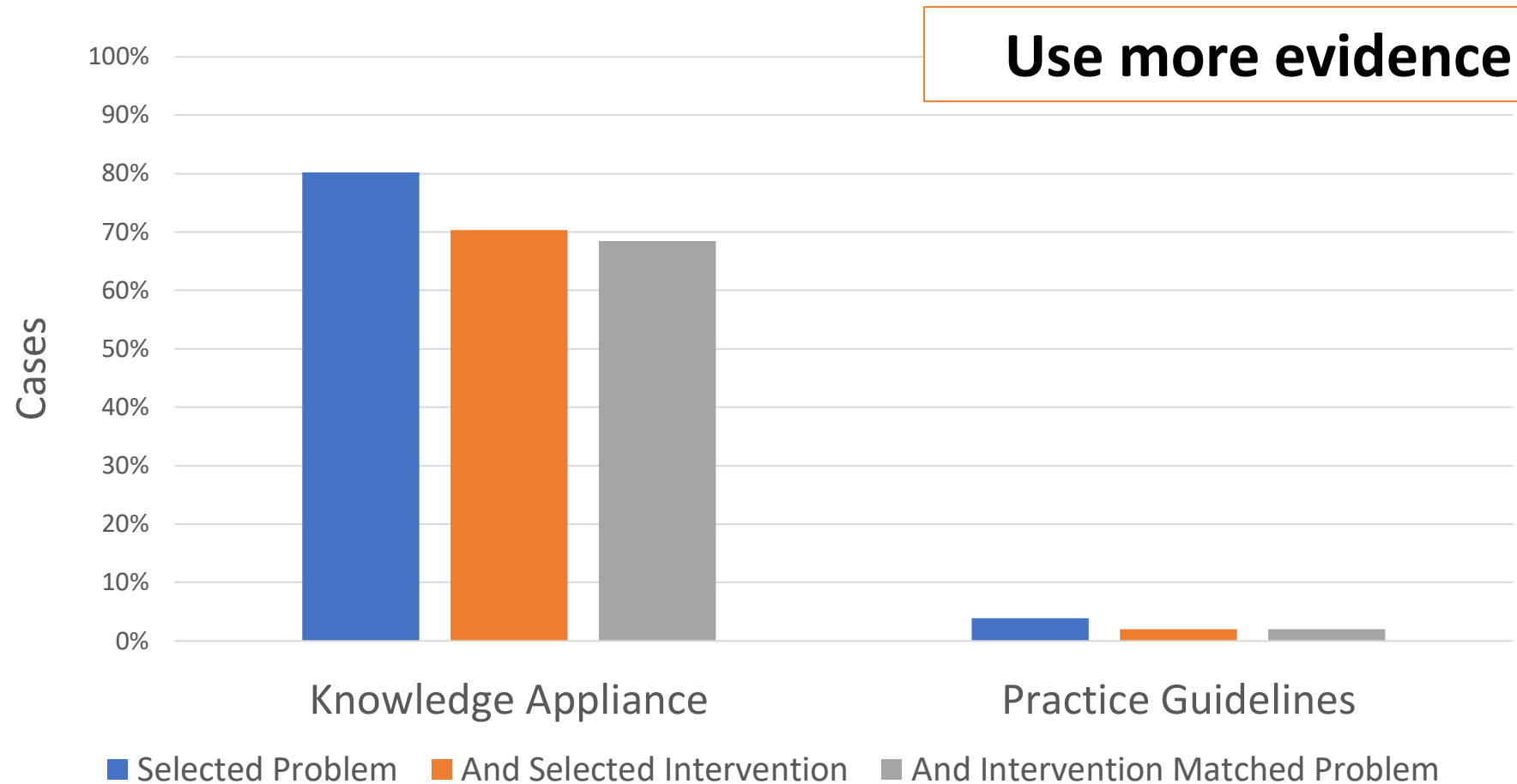
# Intervention (Components) Selection



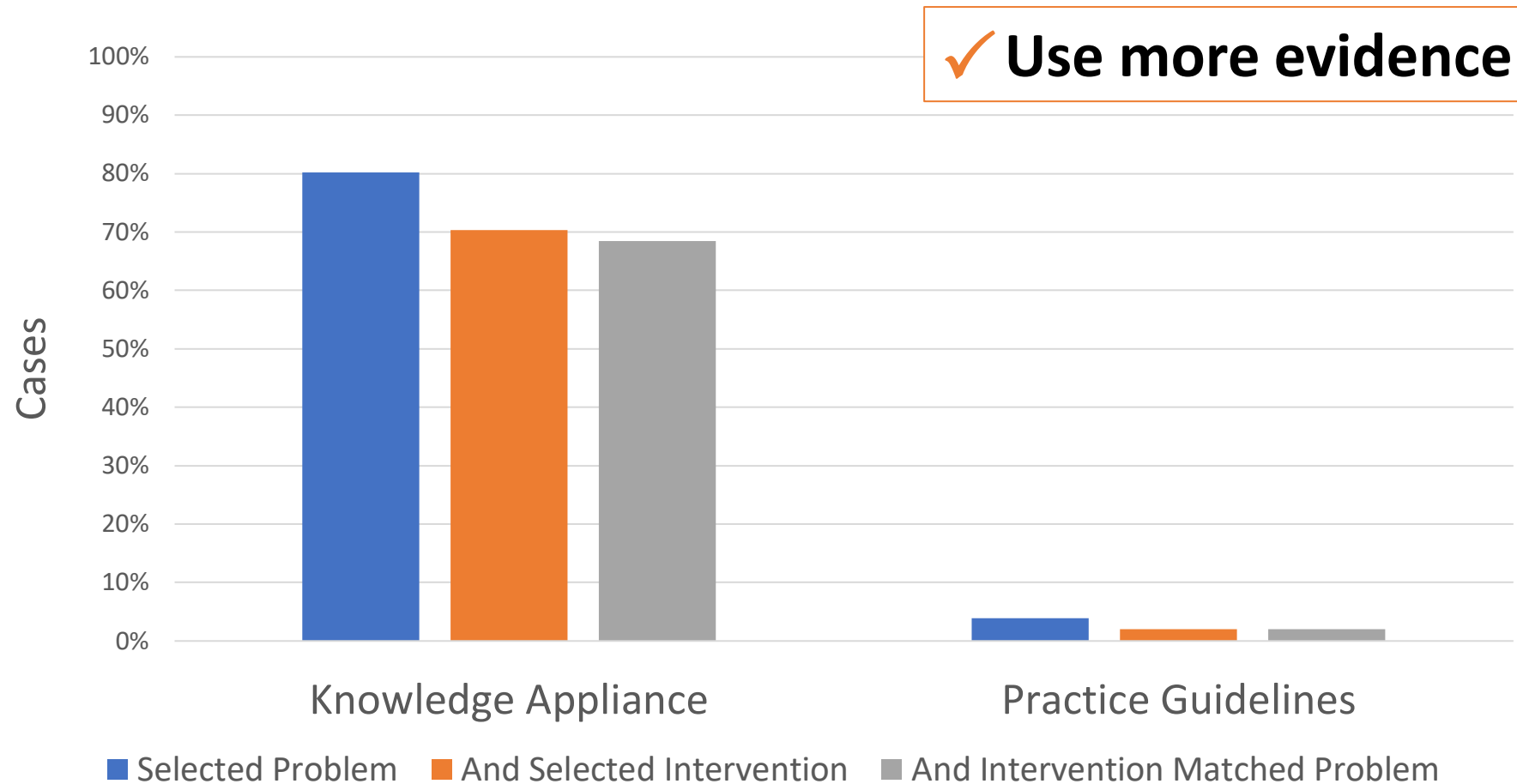
# Coordination (Problem/Component Match)



# Coordination (Problem/Component Match)



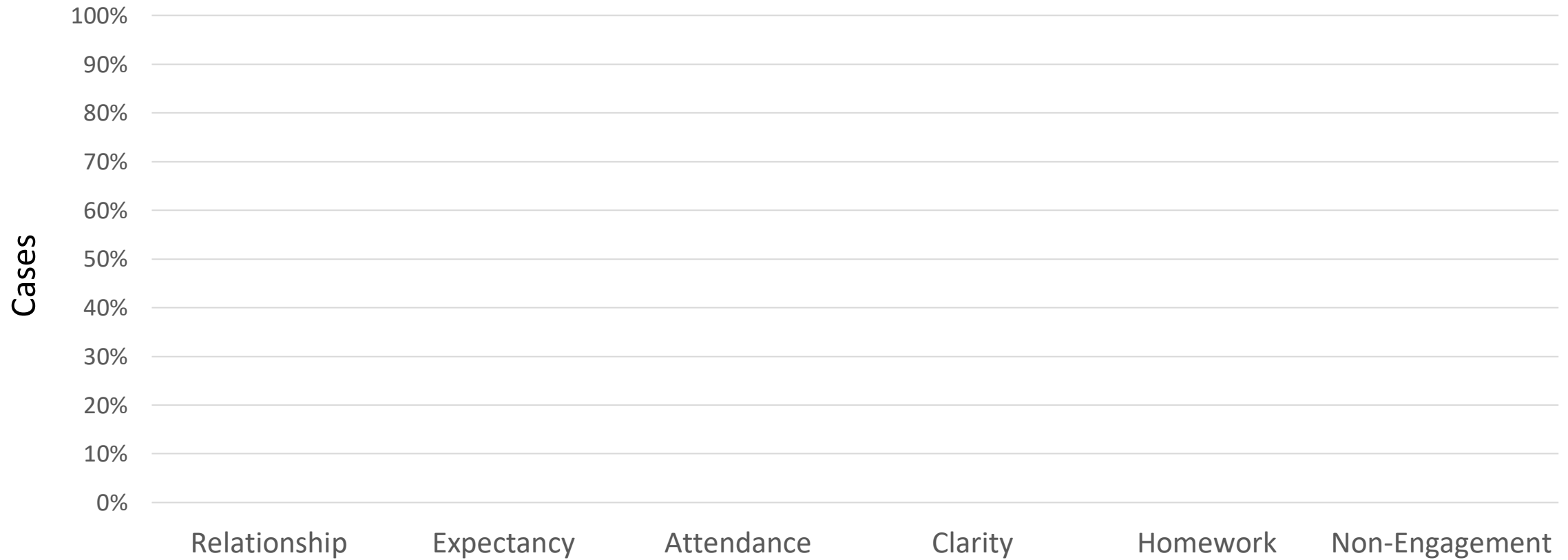
# Coordination (Problem/Component Match)





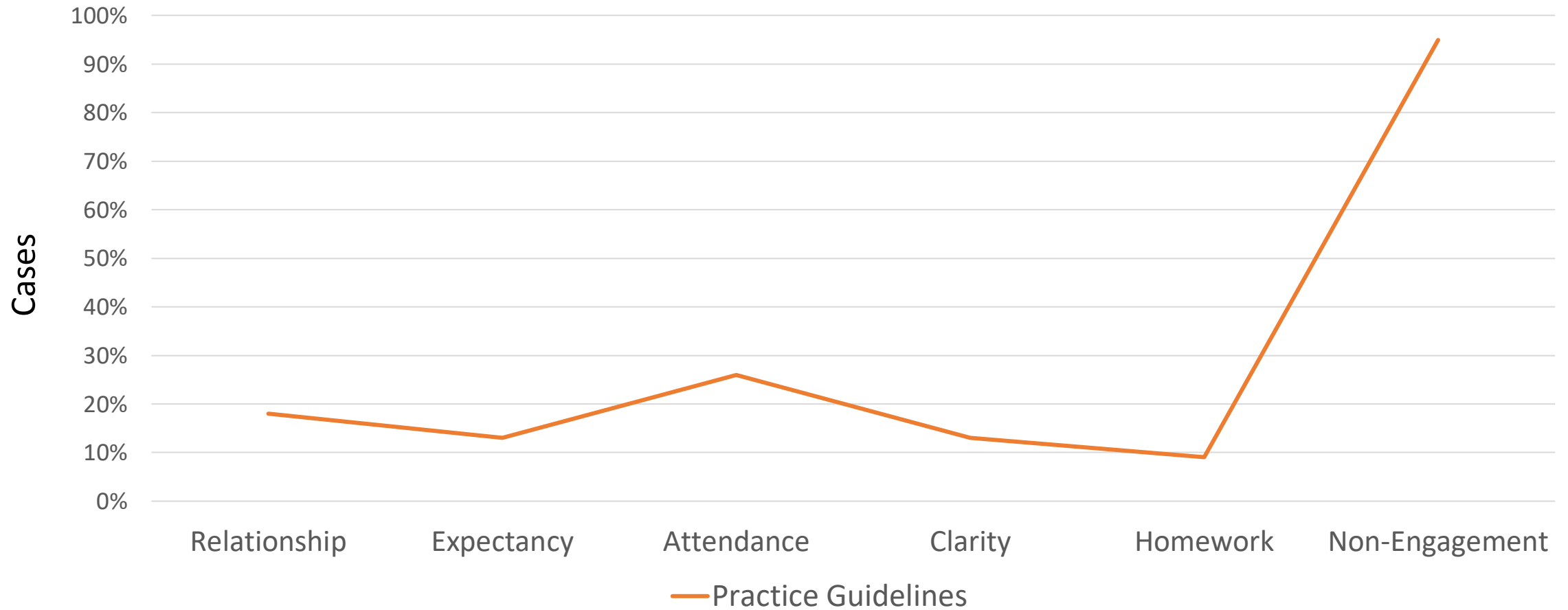
# Problems Identified

**Use evidence for more**



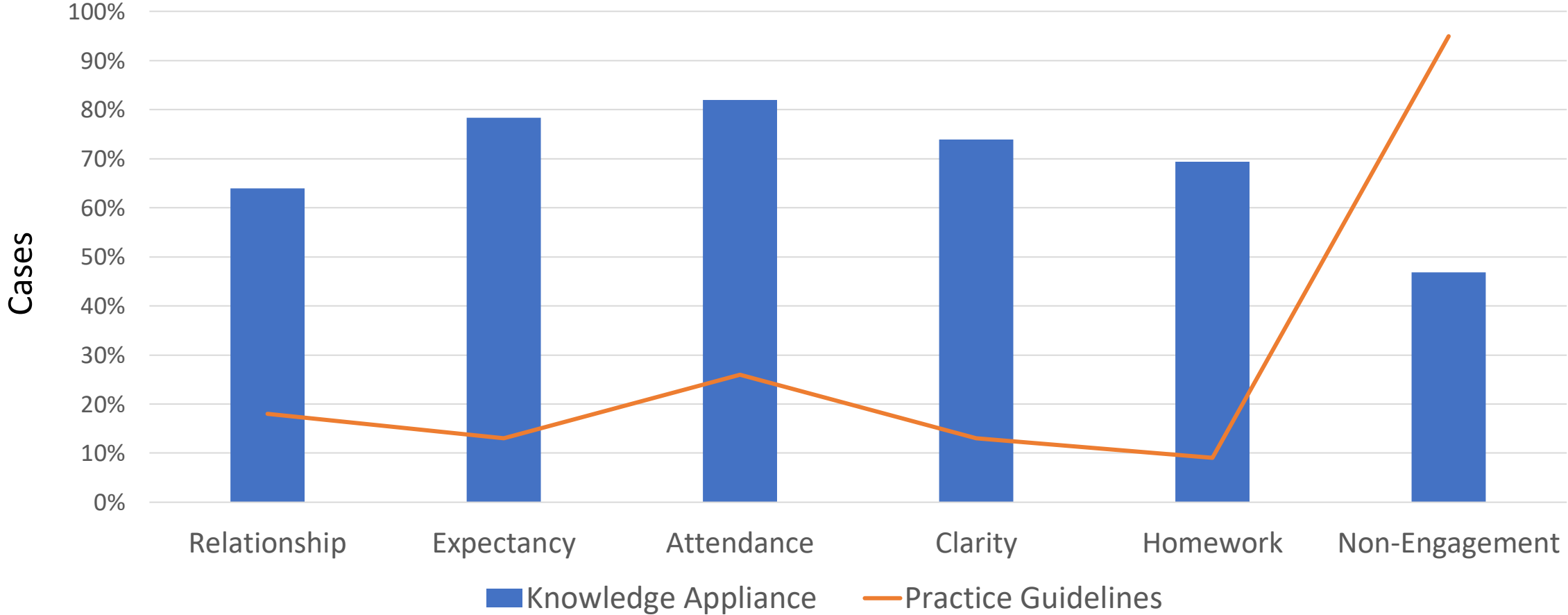
# Problems Identified

**Use evidence for more**



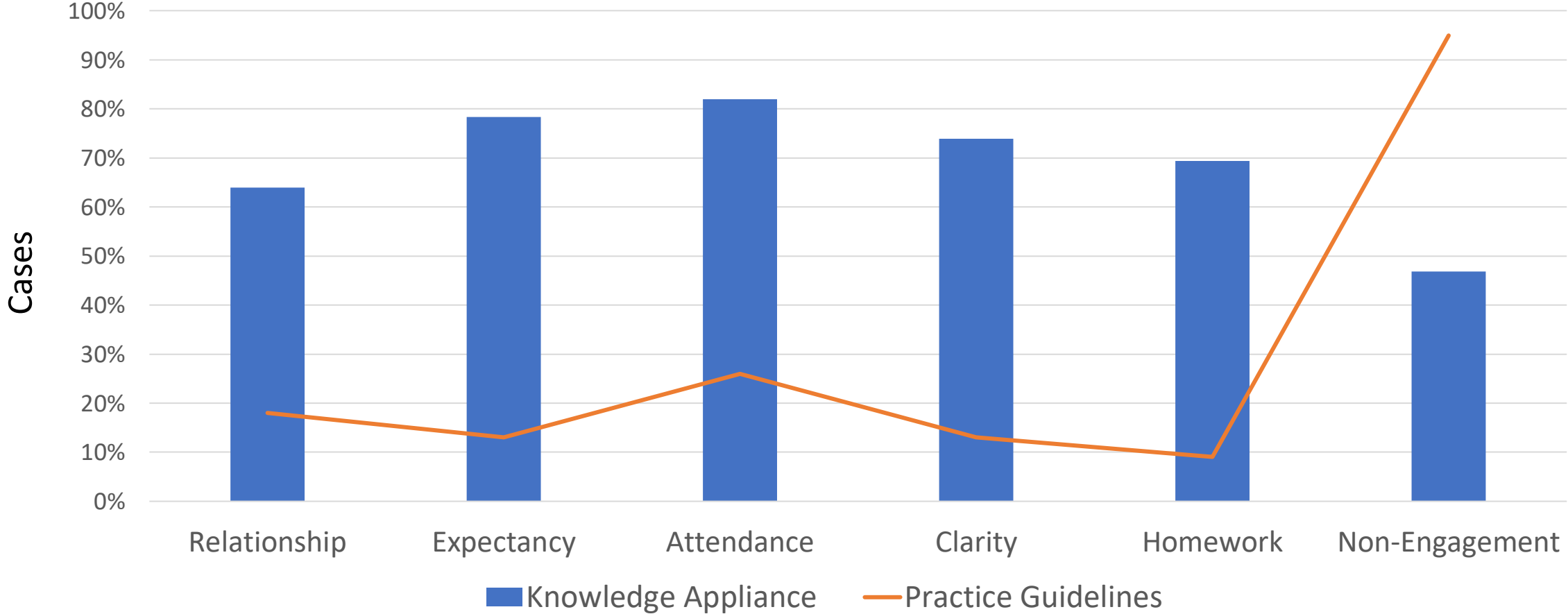
# Problems Identified

**Use evidence for more**



# Problems Identified

✓ Use evidence for more



| In Summary,  
Components...



Must be part of the solution

# In Summary, Components...



Must be part of the solution



Cannot be the only solution

## In Summary, Components...



Must be part of the solution



Cannot be the only solution



Designed for use with other resources and within the natural workflow helps people to use more evidence and use evidence for more

# To Learn More...



- Becker, K.D., Boustani, M.M., Gellatly, R., & Chorpita, B.F. (2018). Forty years of engagement research in children's mental health services: Multidimensional measurement and practice elements. *Journal of Clinical Child & Adolescent Psychology, 47*, 1-23. doi.org/10.1080/15374416.2017.1326121
- Becker, K.D., Dickerson, K., Boustani, M.M., & Chorpita, B.F. (2020). Knowing what to do and when to do it: Mental health professionals and the evidence base for treatment engagement. *Administration and Policy in Mental Health and Mental Health Services Research*. doi.org 10.1007/s10488-020-01067-6
- Becker, K.D., Park, A.L., Boustani, M.M., & Chorpita, B.F. (2019). A pilot study to examine the feasibility and acceptability of a coordinated intervention design to address treatment engagement challenges in school mental health services. *Journal of School Psychology, 76*, 78-88. doi.org/10.1016/j.jsp.2019.07.013.
- Lindsey, M., Brandt, N., Becker, K.D., Lee, B., Barth, R., Daleiden, E., & Chorpita, B.F. (2014). Identifying the common elements of treatment engagement in child mental health services. *Clinical Child and Family Psychology Review, 17*, 283-298. doi.org/10.1007/s10567-013-0163-x
- Park, A.L., Becker, K.D., Boustani, M.M., & Chorpita, B.F. (2020). Decision-making in youth mental health care: Measuring provider and supervisor use of evidence. *Administration and Policy in Mental Health and Mental Health Services Research, 47*, 344-356. doi: 10.1007/s10488-019-00989-0

**Email: [beckerkd@mailbox.sc.edu](mailto:beckerkd@mailbox.sc.edu)**