

**MATCH-ADTC:  
MODULAR APPROACH TO THERAPY  
FOR CHILDREN WITH ANXIETY,  
DEPRESSION, TRAUMA, AND  
CONDUCT PROBLEMS**



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# MATCH as a Tool Kit

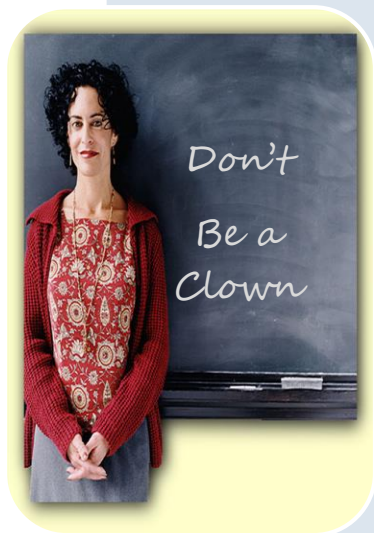
- ❑ MATCH teaches you how to leverage resources so that you can make better decisions
- ❑ MATCH is NOT a traditional protocol or manual
- ❑ It grounds clinical care in evidence-based processes and practices



# MATCH Concepts, Domains, & Tools

- Target Selection
- Core-Interference
- Session management tools (module flow)
- Episode management tools (flowcharts/treatment pathways)

# Training Progression



# Advanced Exercises!





What is MATCH?

# Clarification of Terms

- MATCH-ADTC and MATCH are used interchangeably
- “Conduct” and “Conduct Problems” refer to the broader construct of disruptive behavior problems
  - ▣ Conduct does not solely refer to conduct disorder
- “Parent” and “caregiver” are used interchangeably
  - ▣ Parent in MATCH refers to the youth’s primary caregiver



# MATCH Strategy

- Re-engineering of evidence-based practices
  - ▣ Unified system
  - ▣ Modular design
  - ▣ Multi-target approach
    - Anxiety, Depression, Trauma, Disruptive Behavior
  - ▣ Focus on both the skills AND the guiding framework
  - ▣ Emphasis on evidence-based ASSESSMENT
    - Dashboards: A visual reference for clinical progress and treatment planning



# Advantages of MATCH

- Dynamic
- Developmental
- Grounded in Science

# Foundational Testing: Child STEPs Treatment Project

- 5-Year, multi-site randomized effectiveness trial
  - ▣ Massachusetts and Hawaii
- N = 174 children ages 7-13 with anxiety, depression, or conduct problems
- 84 community providers from ten outpatient clinical service organizations
- Standard Manuals, Modular Approach (MATCH) or Usual Care

Weisz et al. (2012)

# Three Conditions

## Modular

- MATCH (Modular Approach to Treatment for Children)

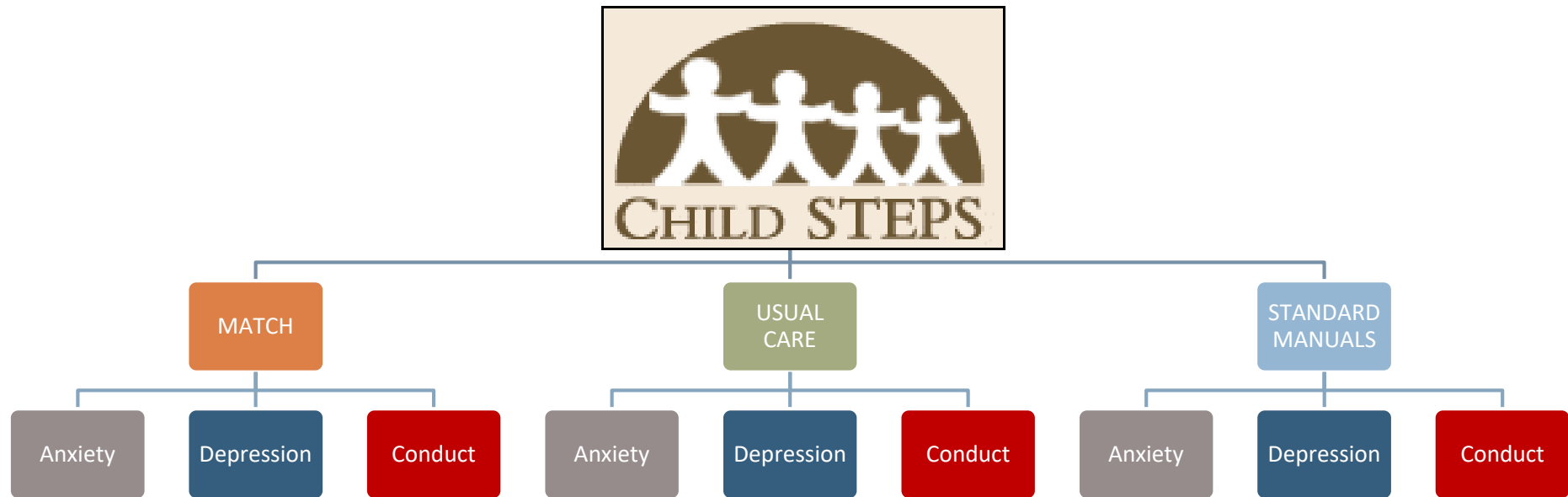
## Standard

- Coping Cat
- PASCET (Primary & Secondary Control Enhancement Training)
- Defiant Children

## Usual Care

- Eclectic Community Practice, untouched

# Study Design



# Results

- Youth treated in the modular condition improved more quickly

Weisz et al. (2012)

- Change in therapist attitudes were significantly more positive in the modular condition

Borntrager et al. (2009)

- Therapist Satisfaction with treatment was greatest in the modular condition

# Who is MATCH intended for?

- MATCH was originally tested with 7-13 year olds with anxiety, depression and/or conduct problems in school and community mental health contexts
- Enhancements are being tested with 5-15 year olds with anxiety, depression, trauma and/or conduct problems with child welfare and “at-risk “contexts
  - ▣ Few youth with trauma enrolled
  - ▣ Relevance for extreme delinquency unclear
  - ▣ Issues with meeting extreme family challenges (need for extra supports?)

# Identified Most Common Problems

Anxiety

Depression

Trauma

Disruptive  
Behavior



# Identified Supported Protocols

Anxiety



Depression



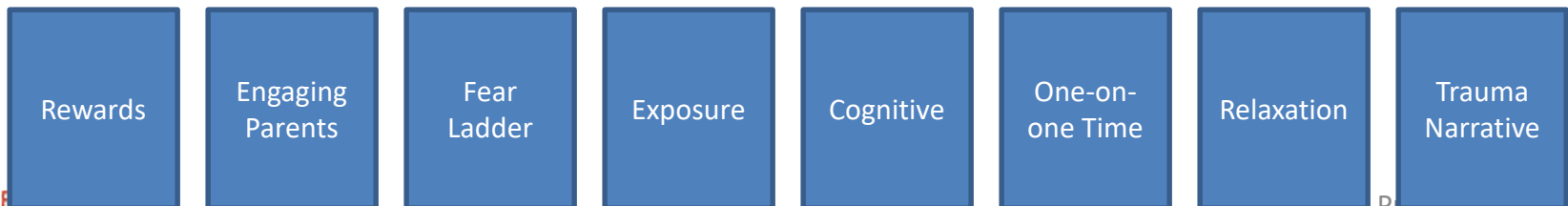
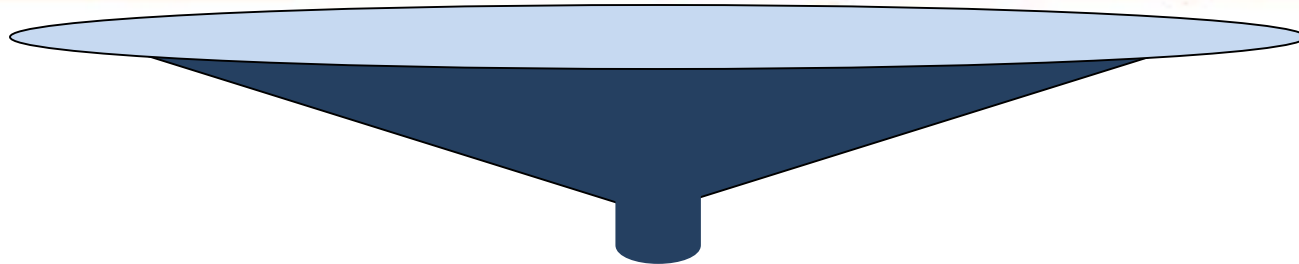
Trauma



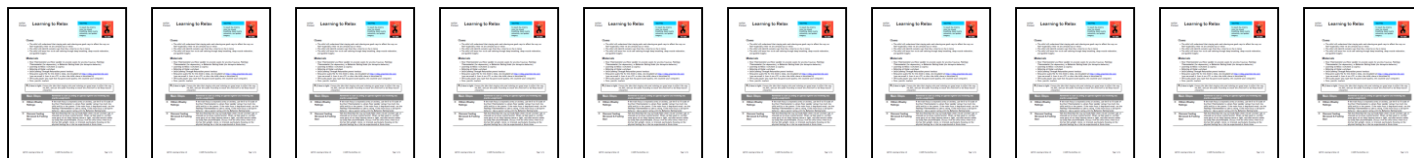
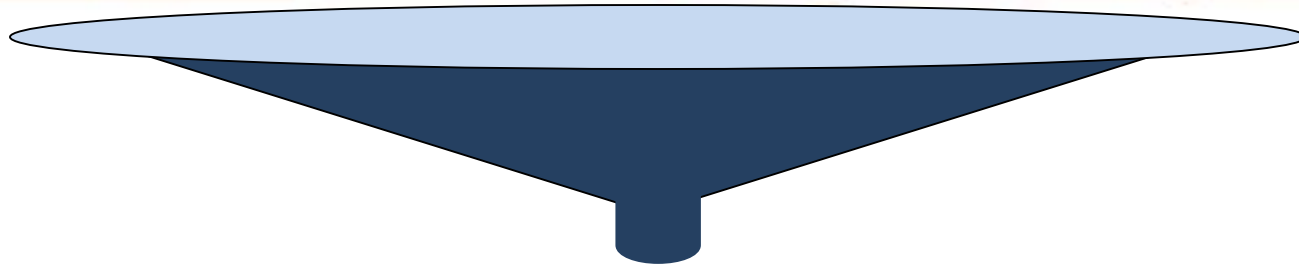
Disruptive Behavior



# Identified Procedures In Protocols



# Developed Modules



# What is MATCH-ADTC?

**MATCH-ADTC** is. . .

**Flexible!** Uses information from each individual case to decide which components of each treatment are indicated.

**Multi-faceted!** Able to manage comorbidity within one treatment

**MATCH-ADTC** is not. . .

**A free for all!** Follows a flow chart for each target problem with decision points at different steps in the treatment.

**Without focus!** A target of treatment is always identified and remains the focus unless there are compelling data to recommend a switch

# Core-Interference



# Organization of Practices

- Sorted practices for each treatment target
- Organized practices to be
  - ▣ Flexibly arranged
  - ▣ Applied according to guided reasoning models or flowcharts grounded in evidence

# Why Do We Select a Target?

- Successful treatments are often characterized by a strong therapeutic focus
  - ▣ They involve a plan and stick to the plan
  - ▣ Focus can shift, but it should be strategic and not haphazard
  - ▣ They do not continually react or chase the crisis of the week



# Selecting the Target



- *How is focus determined?*
  - Informed by assessment information
  - Initial case conceptualization—identify “top problem”
  - Revise continually
  - “Picking the biggest chicken”



- *Why is this necessary?*
  - Need to have hypothesis about which problem is paramount
  - Use as a measure of improvement
  - Just say no to chasing chickens!





# Sorting Practices

- MATCH organizes its treatment practices into three main groups for each target:

## CORE

- To address the primary target

## INTERFERENCE

- To address comorbid conditions

## OTHER

- Less relevant

# Depression Target in MATCH

## CORE

- Getting Acquainted - Depression
- Learning about Depression
- Activity Selection
- Cognitive...

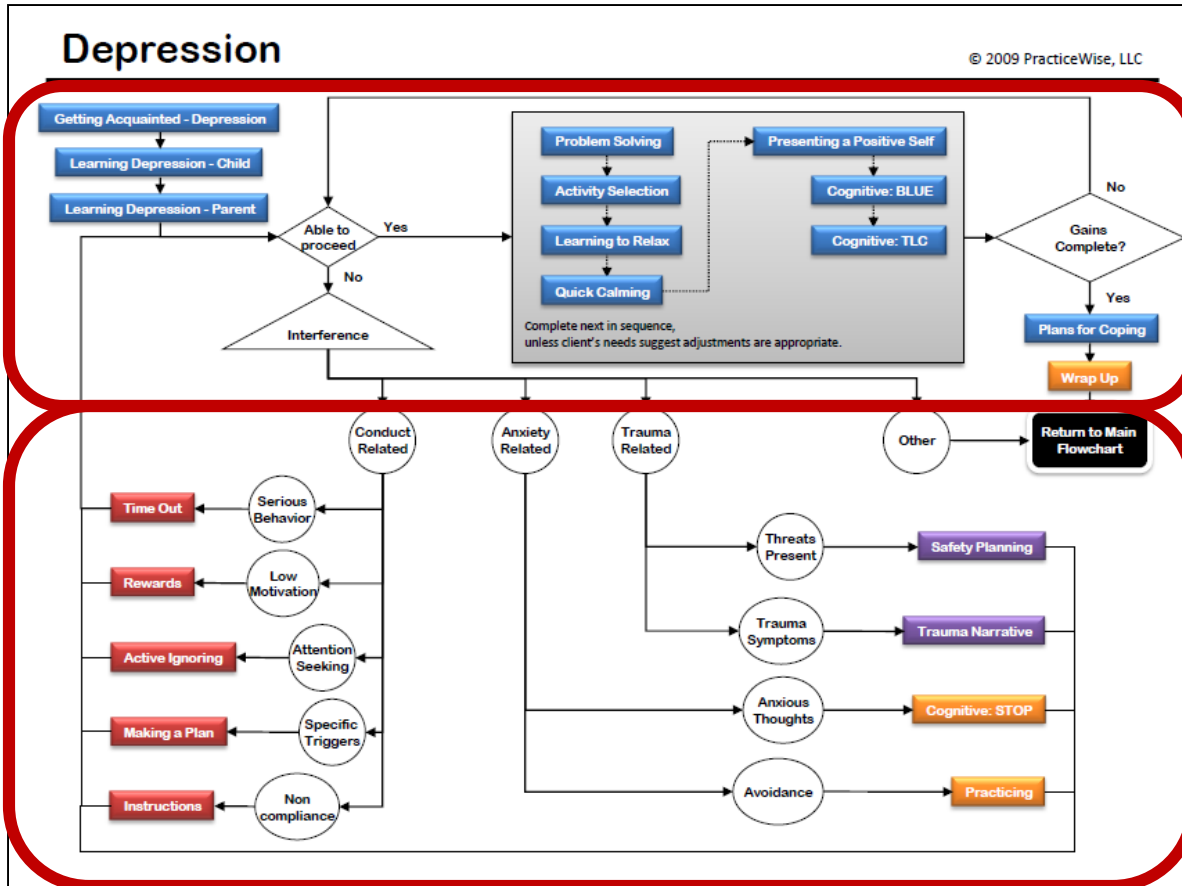
## INTERFERENCE

- Time Out
- Rewards
- Active Ignoring

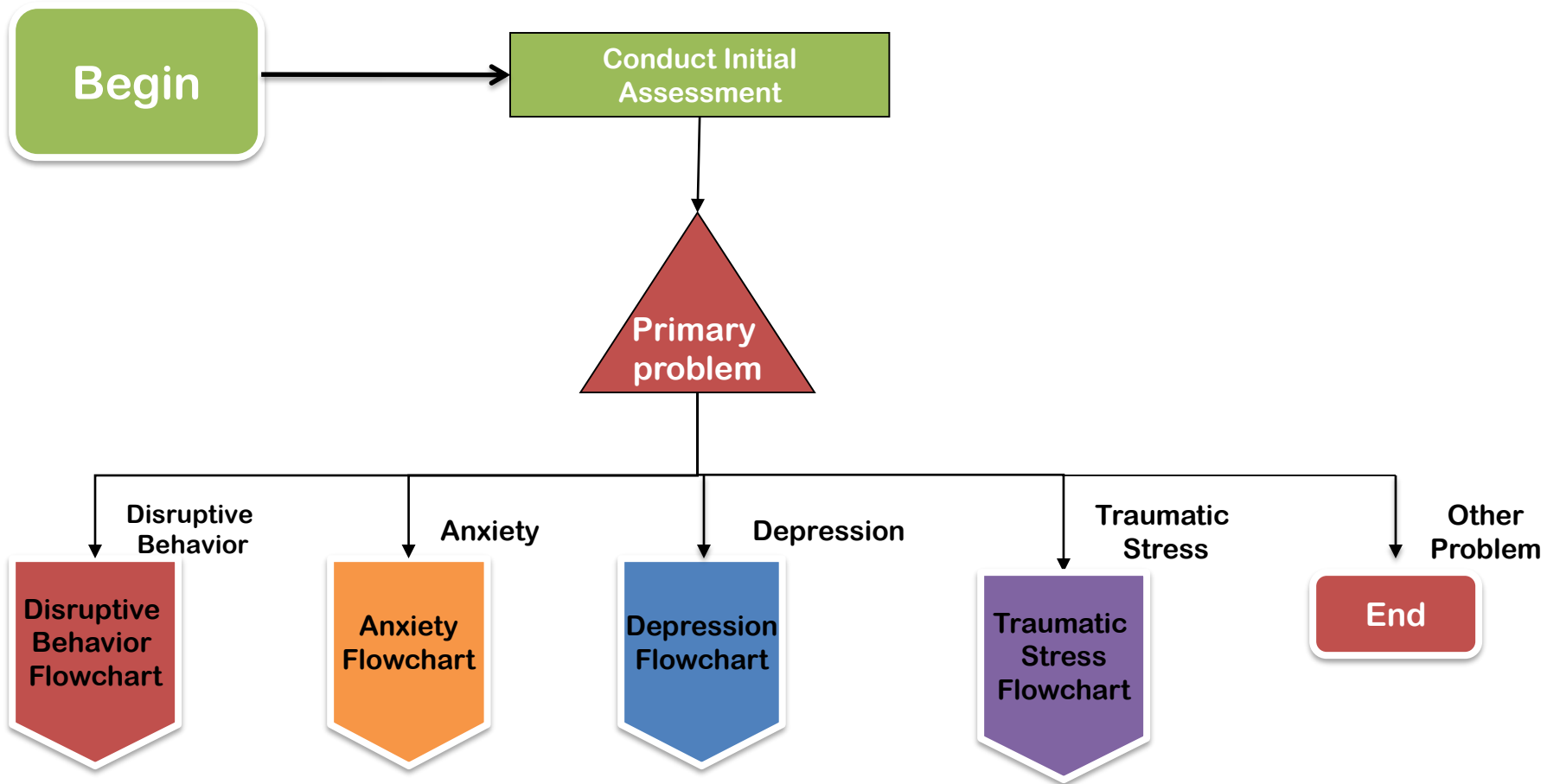
## OTHER

- Daily Report Card
- Booster
- Looking Ahead

# Flowchart Construction



# Main Flowchart



# Prioritizing

- Which problem is most impairing?
- Which problem led to the referral?
- Which problem would get the most buy-in from the family?
- Which problem does the patient want to work on first?
- Which problem, if treated successfully, is most likely to influence the other problem areas?
- Consider your conceptualization of the case!

# Interference

Sometimes interference can be minor...



Sometimes not

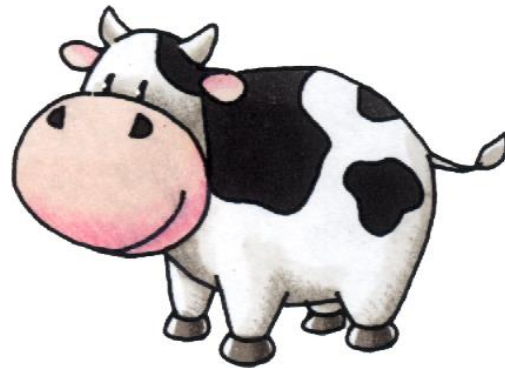


# Handling Interference

- Goal is to focus effort on prioritized problem area and to return to working on it as soon as possible after any interference has been addressed

# Three Kinds of Interference

1. Engagement-related
2. Psychopathology-related (e.g., comorbidity)
3. Crises Of the Week (COWs)





# Handling Engagement-related Interference

- Specific modules to address barriers to active participation in treatment
    - Engaging Parents
      - Thinking Ahead Worksheet
    - Learning about Behavior
    - Getting Acquainted – Anxiety
    - Learning about Anxiety – Child/Parent
    - Getting Acquainted – Depression
    - Learning about Depression – Child/Parent
- Conduct Problems**
- Anxiety**
- Depression**

# Interviews, Worksheets and Handouts

## Thinking Ahead

What could get in the way of your goals? What could you do about it?

### Transportation - How Do I Get There?

Is a car available?	A ride?	Will there be parking?
Do I need a map?	What about weather?	Have I left enough time?
A bus schedule?	Traffic?	Do I have a backup plan?

Solutions

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### Schedule - Is This a Good Time?

Is this time too early or too late?	Will I need child care?	Is this too close to something else?
Is this the best day?	Will we be too tired/hungry?	Do I have a backup plan?

Solutions

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### Support - Who Is Helping Me?

Do I have a partner or other adult at home?	Are there others? How do they feel?	Will my family make time for me to practice?
Is that person "on board"?	Are my other kids OK?	Do I have a backup plan?

Solutions

## My Routine - How Will This Fit in?

Does this work with my day to day life?	What might get in the way at home?	Is that person involved enough?
Is my family prepared?	Who shares the parenting?	Do I have a backup plan?

Solutions

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### Finding Time - Can I Make Time for This?

What else needs to get done?	What are the best and worst time for me to practice at home?	What might have to get dropped for now?
What might come up?		Do I have a backup plan?

Solutions

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### Other Issues - Did I Miss Anything?

Solutions

Help for Parents

## What Can Help

**Practice at home.** Many parents are surprised to learn that what happens at home and school is actually more important than what happens with the therapist. Therapy is similar to music lessons. If someone takes piano lessons, his or her teacher reviews progress and assigns new things to practice. But if that person doesn't practice at home, he or she will never learn to play the piano. Similarly, a parent who is unable to practice new techniques and activities assigned by the therapist is unlikely to get the best results with his or her child.


**Rely on your coach.** Therapists can act as coaches to help you develop new skills to handle challenges at home. Ask for help when learning new skills, practice them together, and make sure you feel ready to try them on your own.

**Make the program a high priority.** The more energy and enthusiasm your family can commit to the program, the higher your child's chance of success. For now, the program may need to come before other things, like school plays, sports events, or family travel.

**Be willing to work hard.** If you are willing to work hard in the short term, you and your child will have better long-term results. For example, it can be tempting just to drop your child off somewhere after school to have fun, leaving him or her in a good mood afterwards, but that won't help with behavior problems in the long run. Working hard now can mean your child's problems can be much better for months or even years.

**Attend therapy sessions faithfully.** You should do everything possible to make sure you and your child attend all therapy sessions and that you are available to speak with the therapist—in person or by telephone—as necessary.

**Speak up.** Don't be afraid to let your therapist know what isn't working. The practice assignments aren't always easy, especially in the beginning. Parents who communicate about how the program is working for them and their family help their children succeed. The therapist can help you solve some of the problems you might face, even with things like lack of time or doubts about your child's progress.



# Handling Psychopathology-related Interference

- Once you select a target, MATCH organizes its treatment procedures into three main groups:

## CORE

- To address the target

## INTERFERENCE

- To address comorbid conditions

## OTHER

- Less relevant

# Depression Focus in MATCH

## CORE

- Getting Acquainted - Depression
- Learning about Depression
- Activity Selection
- Cognitive...

## INTERFERENCE

- Time Out
- Rewards
- Active Ignoring

## OTHER

- Daily Report Card
- Booster
- Looking Ahead

# Crises of the Week (COWs)

*A COW is an event/issue/problem that the youth/caregiver brings in that must be attended to.*

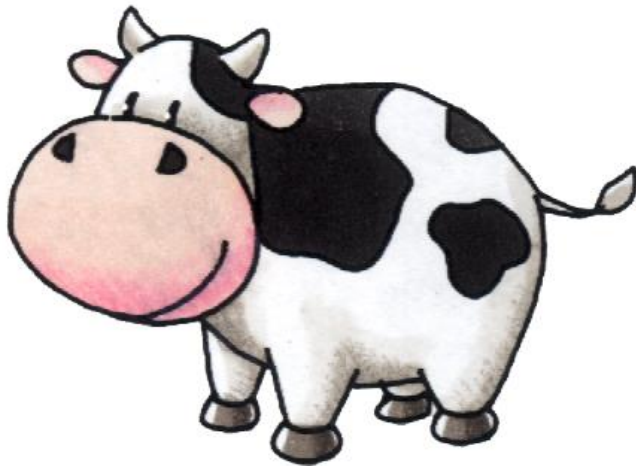
- Examples: disputes, loss, school failures, etc.
- Often cause therapists to deviate from planned session, or change focus entirely

*MATCH approach to COWs: Use them skillfully!*

- Whenever possible, link to current planned skill
- If not, link to something previously learned
- If not, perhaps we need to address directly



# Herding COWs



COWs must be addressed and acknowledged, but do not always lead us away from the CORE procedures...it depends...

# Then monitoring, monitoring, monitoring...

- Tracking response to intervention...at each step!



# Managing with MATCH



# What do we treat for Stacey?

- 7 year old African American female
- Presents with
  - ▣ **Depression** (irritability, daily crying outbursts, suicidal ideation, lack of interest in play)
  - ▣ **Conduct** (“attitude”, non-compliance with adult commands, aggressive behavior towards sibs)
  - ▣ **Anxiety** (separation fears, cannot sleep alone, worries about family members and future)
  - ▣ **Trauma** (recent assault by male classmate who touched her inappropriately)
- Individual and Family Strengths: precocious, strong peer relationships, invested caregiver
- Weaknesses: difficulty self-soothing, low parental efficacy



# Stacey: Target Selection

## Mother

1. Depression
2. Conduct
3. Anxiety

## Youth

1. Trauma
2. Depression
3. Anxiety

Target = Depression

# AND....

- Which therapy modules should we use for Stacey?
- How do we sequence the therapy modules in our treatment plan for Stacey?



# How do you manage a case?

***Take a moment to reflect on the following:***

1) What do you do now to manage a case?

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2) How do you monitor how your case is going?

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3) What resources do you use?

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# Episode Management

- Understanding phases of treatment
- Integrating progress with treatment pathways to inform course
  - ▣ Using real-time progress and practice feedback
  - ▣ Referencing treatment pathways
- Sensitivity to individual needs of client

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# Phases of Treatment

## Connect

- Assess
- Engage
- Educate
- Orient

## Cultivate

## Consolidate

# Phases of Treatment

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- Assess
- Engage
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## Cultivate

- Build new skills
- Teaching
- Rehearsal

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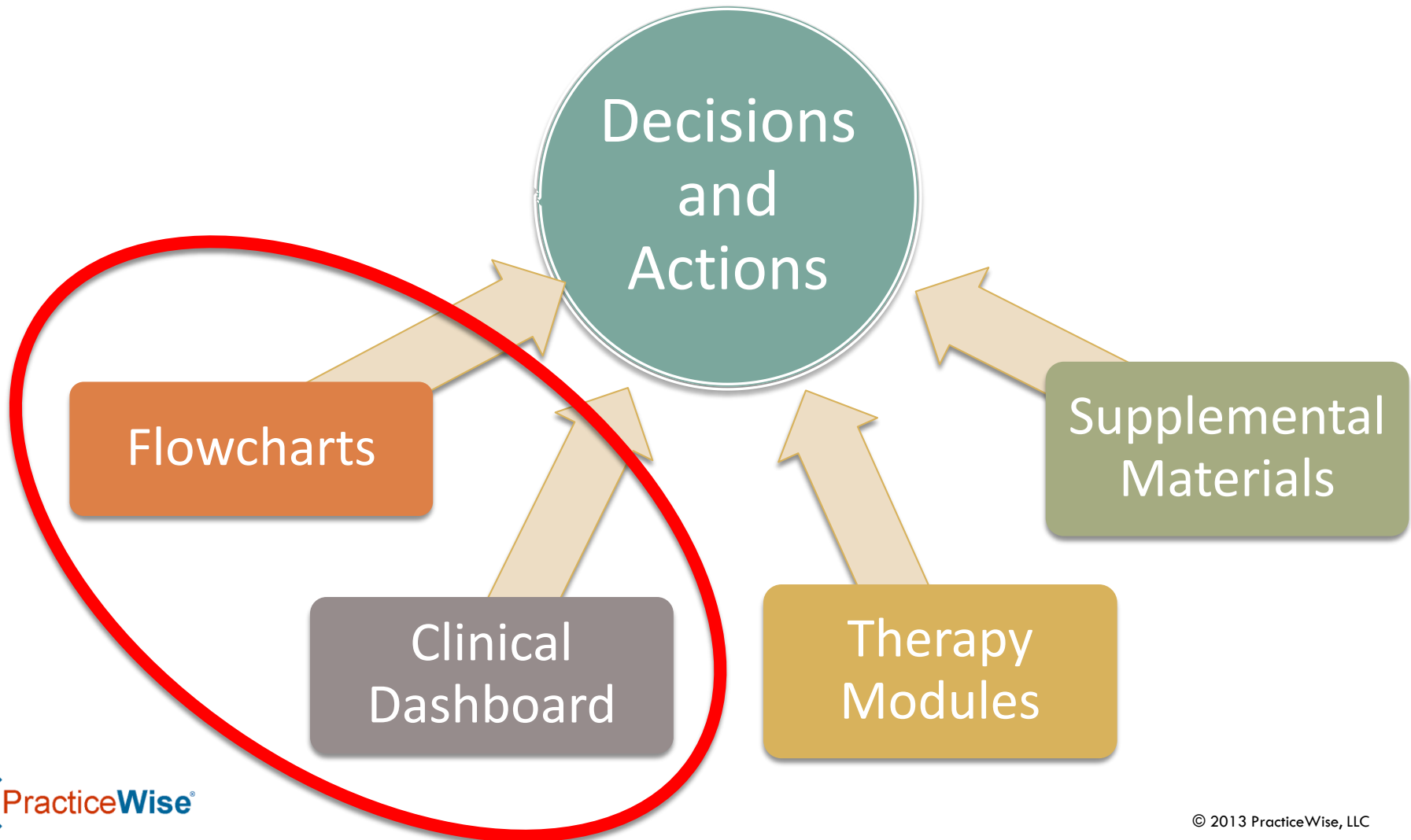
## Consolidate

- Review
- Answer questions
- Try skills in new situations or with less help
- Build independence
- Prepare for termination

# Episode Management

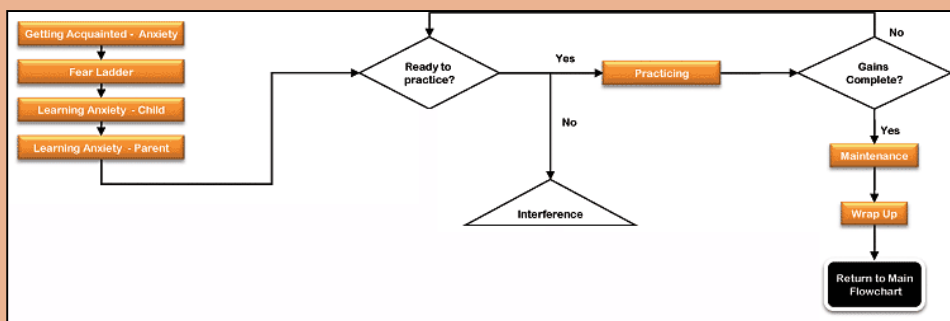
- Understanding phases of treatment
- Integrating progress with treatment pathways to inform course
  - ▣ Referencing treatment pathways
  - ▣ Using real-time progress and practice feedback
- Sensitivity to individual needs of client

# Integrating Progress with Pathways



# Integrating progress with treatment pathways to inform course

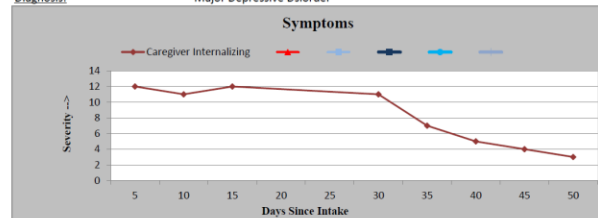
## Flowchart



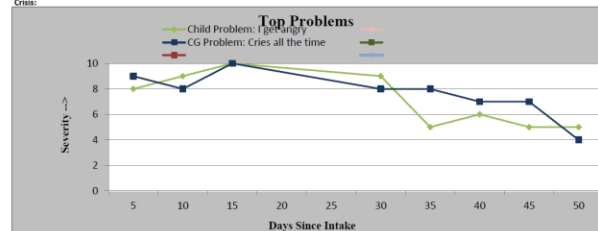
## Clinical Dashboard

### Clinician Report

**Client Name:** Stacey Sandoval  
**Caregiver Name:** Denise Sandoval  
**Child Age:** 7.33  
**Child Gender:** Female  
**Caregiver Relationship:** Mother  
**Treatment Focus:** Depression  
**Therapist Name:** Amy Strong, LCSW  
**Supervisor Name:** Nancy Chandler, LCSW  
**Most Recent Session:** 8/12/2013  
**Diagnosis:** Major Depressive Disorder



Day Since Intake:	5	10	15	20	25	30	35	40	45	50
<b>Attendees:</b>										
<b>Child:</b>	•	•	•	•	•	•	•	•	•	•
<b>Mother:</b>										
<b>Modules:</b>										
<b>Depression:</b>										
<b>Getting Acquainted</b>	•									
<b>Learning Dep-Child</b>		•				•				
<b>Learning Dep-Parent</b>							•			
<b>Problem Solving</b>								•		
<b>Activity Selection</b>									•	•
<b>Learning to Relax</b>										•
<b>Activities:</b>										
<b>Homework</b>	•	•					•		•	•
<b>In-vivo</b>										
<b>Role Play</b>									•	•
<b>Crisis:</b>										



**Changes in Condition:** NA  
**Response to Intervention:** NA  
**Plans for Next Session:** NA

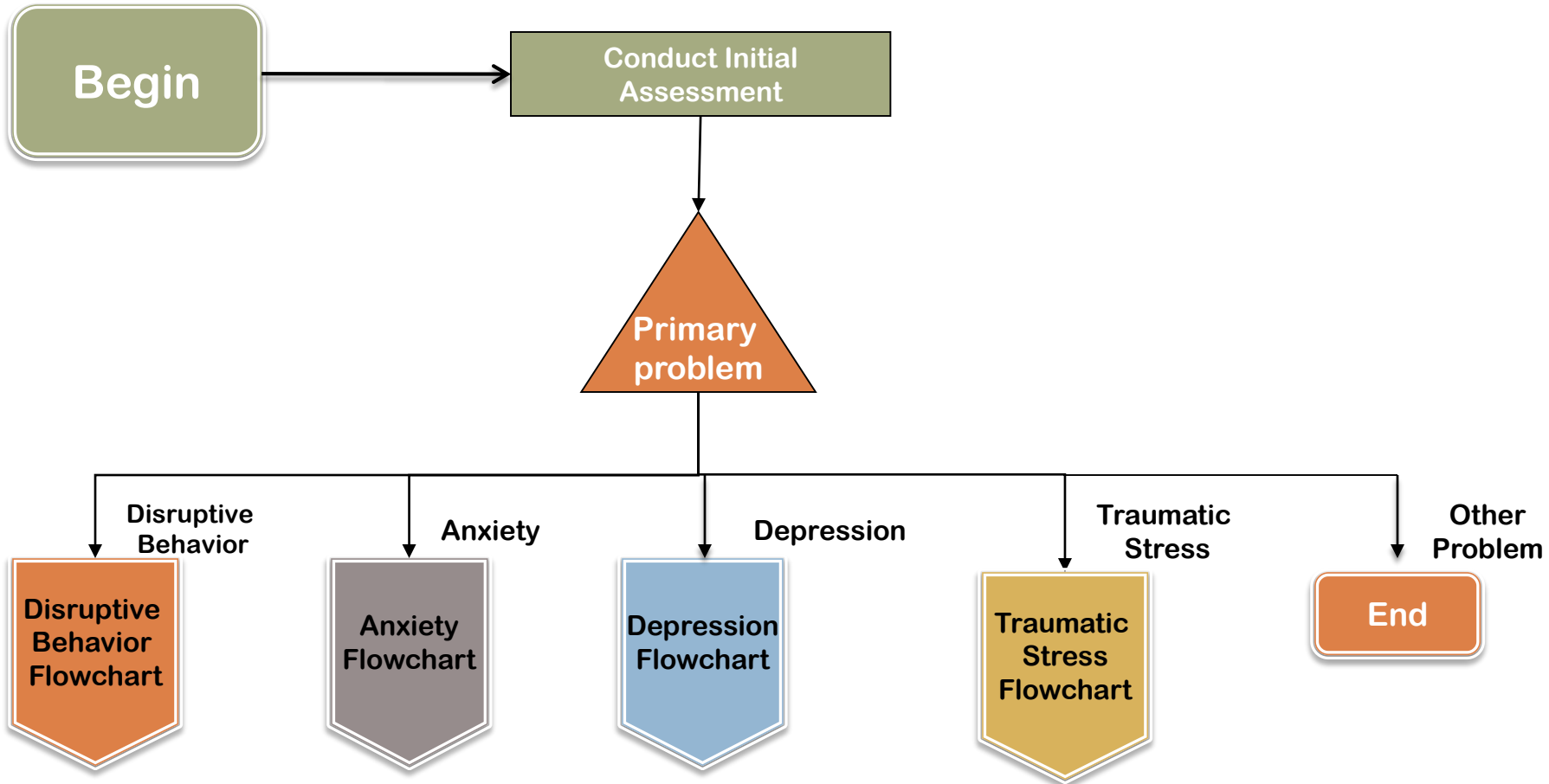
# Treatment Pathways



- Templates for putting together modules
- Based on typical sequencing in evidence-based programs
  - ▣ Connect, Cultivate, Consolidate
- A good place to start in treatment planning



# Main Flowchart



# Stacey



## Mother

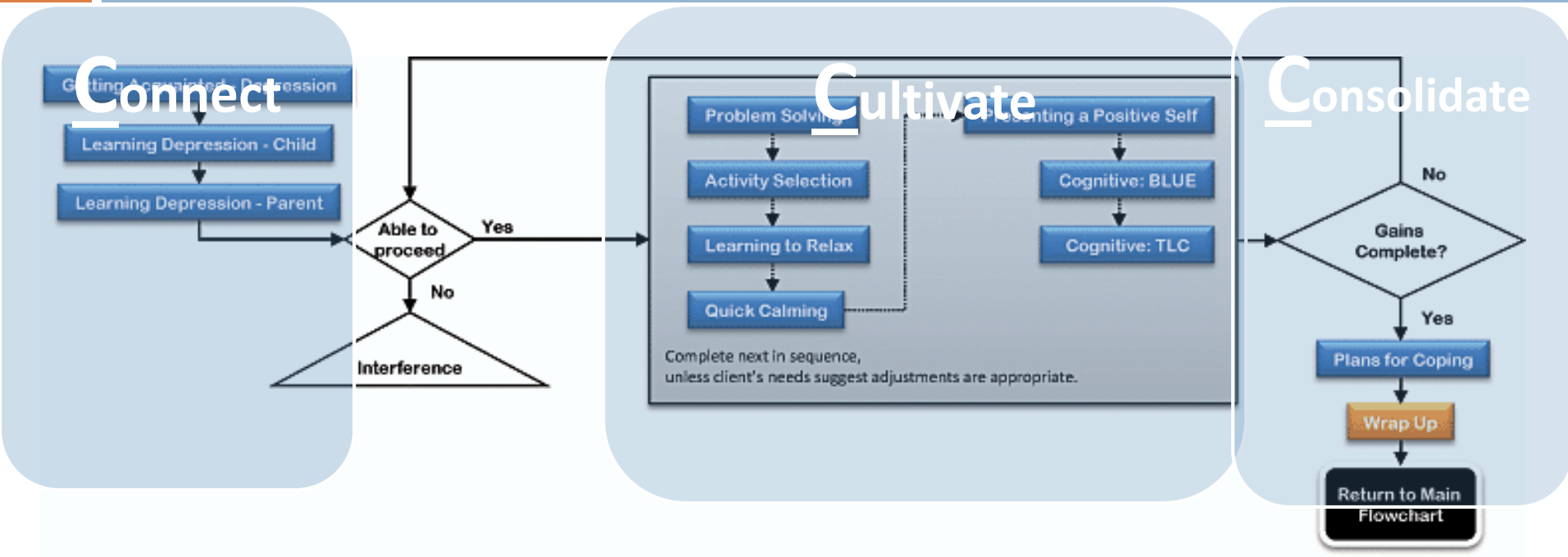
1. Depression
2. Conduct
3. Anxiety

## Youth

1. Trauma
2. Depression
3. Anxiety

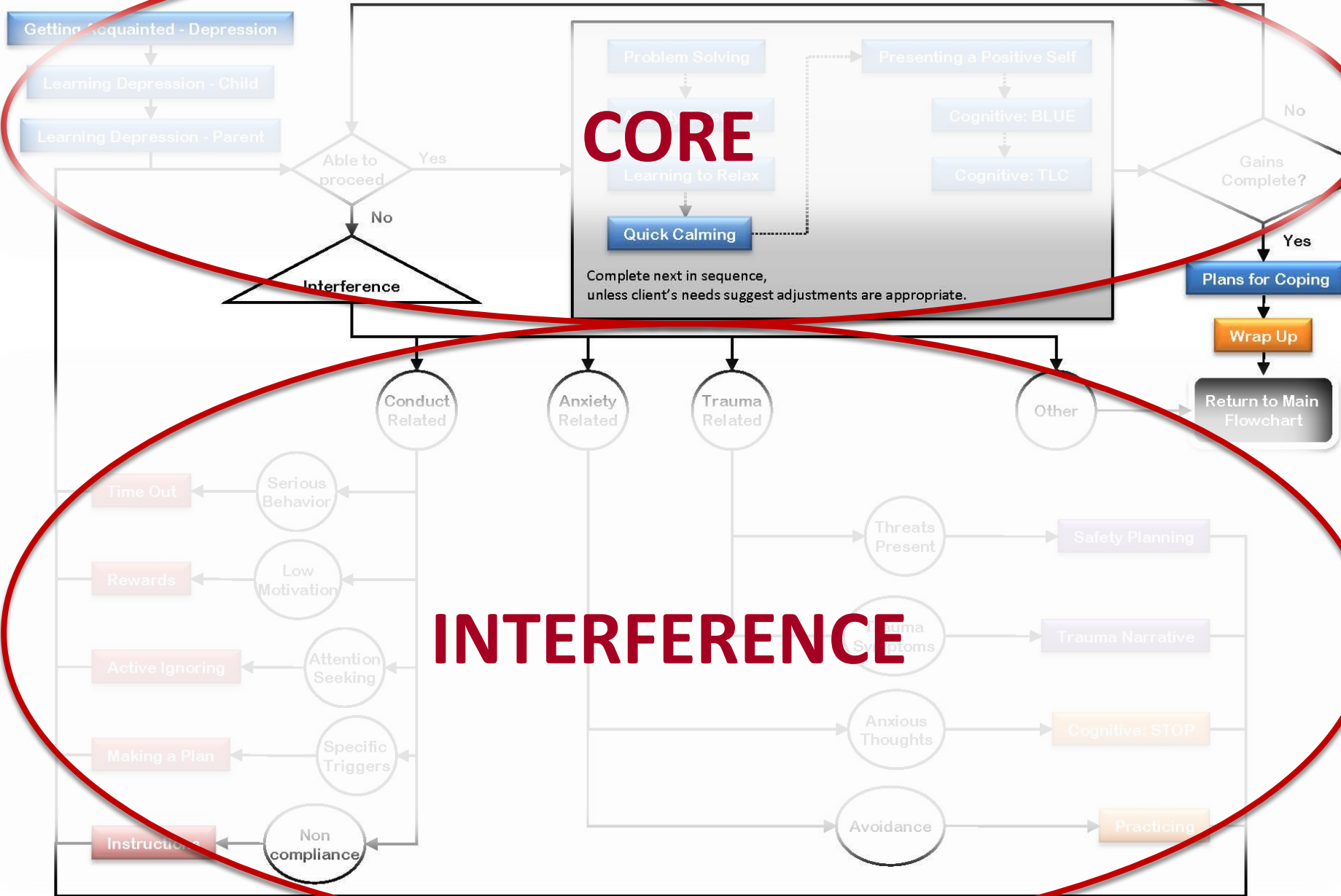
Target = Depression

# Depression Flowchart

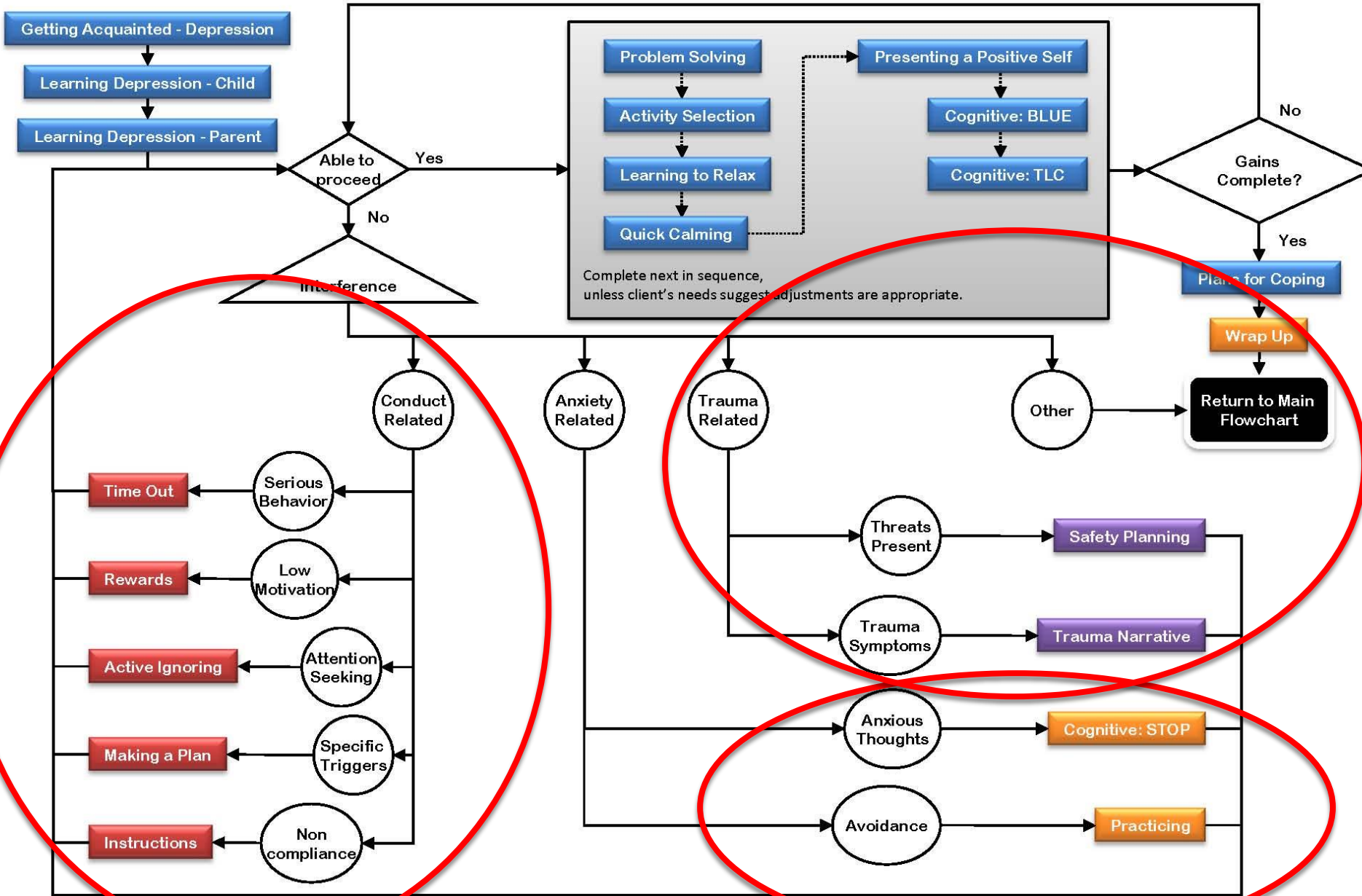




# Depression

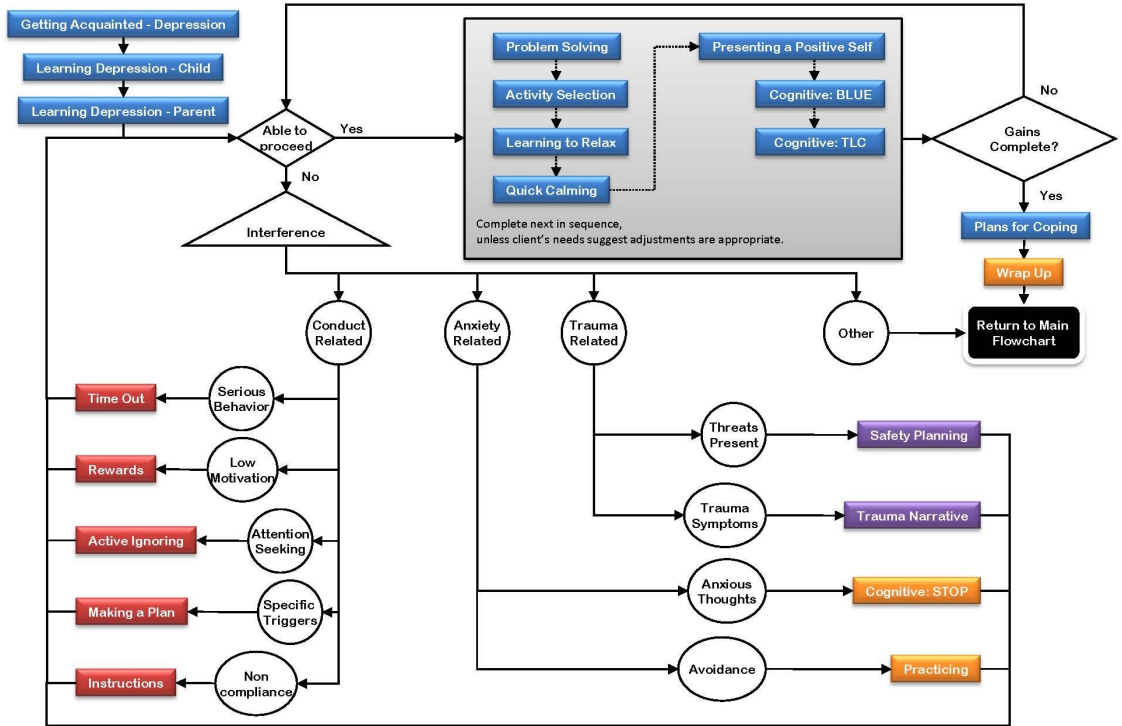


# Depression



# Depression

MATCH 2.0

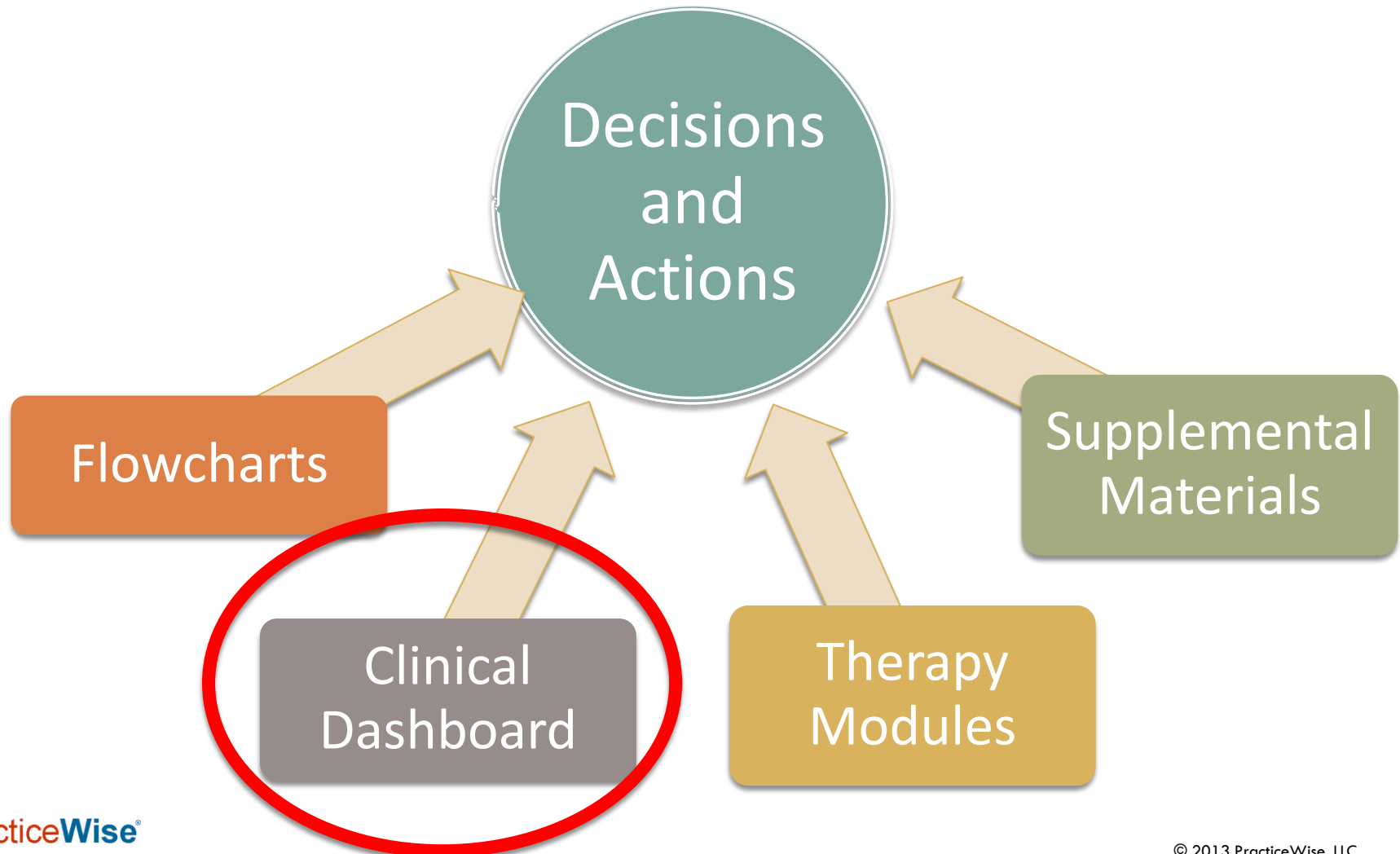


**How do I make decisions about what to do next with Stacey?**

# Episode Management

- Understanding phases of treatment
- Integrating progress with treatment pathways to inform course
  - ▣ Referencing treatment pathways
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- Sensitivity to individual needs of client

# Integrating Progress with Pathways



# Episode Management

- Understanding phases of treatment
- Integrating progress with treatment pathways to inform course
  - ▣ Using real-time progress and practice feedback
  - ▣ Referencing treatment pathways
- Sensitivity to individual needs of client

# Meeting them where they're at

- **How do you deal with complexity of cases now at the treatment episode-level?**
  - ▣ Object is to make gains not to “finish the protocol”
  - ▣ Embracing Diversity