



The Modular Approach to Therapy for Children (MATCH)

with Anxiety, Depression, Traumatic Stress, or Conduct Problems

Judge Baker Children's Center
53 Parker Hill Avenue
Boston, MA 02120
<http://jbcc.harvard.edu>
training@jbcc.harvard.edu



HARVARD MEDICAL SCHOOL
AFFILIATE

Executive Summary

The Modular Approach to Therapy for Children (MATCH)

Over the past several decades, research trials have tested a broad array of increasingly well-documented evidence-based practices (EBPs) for youth mental health and behavioral problems. Many of the studies show that structured, manual-guided EBPs produce significant benefit when compared to control groups of various kinds.¹ However, when traditional EBPs are implemented in real-world settings, the practical question of whether these EBPs produce the same benefit is more complicated. One possible reason EBPs may not fare as well in real-world practice settings may be that few are designed for the heterogeneous ecosystem of community mental health centers (CMHCs) where the majority of clinical service occurs.² In typical CMHCs, youth present with complex, multi-faceted problems. Comorbidity is the rule rather than exception in these populations. From an organizational perspective, training in all relevant EBPs to address these comorbidities may be impossible for therapists and administrators to achieve. Furthermore, as any parent will attest, childhood and adolescence is a time of rapid change, and emotional and behavioral problems can change quickly during psychotherapy services.

What is MATCH?

The Modular Approach to Therapy for Children with Anxiety, Depression, Traumatic Stress, or Conduct Problems (MATCH)³ is a treatment program that has been developed over the past decade to address these concerns. The MATCH program combines treatment procedures from common EBPs for anxiety, depression, trauma, and conduct problems. Free-standing modules from these previous programs were created and arranged into a menu of options for therapists. Flowcharts guide module selection and sequencing while giving therapists the flexibility to move between different treatment modules to create a custom intervention driven by the individual needs of the family. Originally designed and tested for children aged 6-15⁴, the MATCH program elements are easily adapted for children up to 17 years old. Unlike most evidence-based practices, which focus on single disorder categories (e.g., anxiety only), MATCH is designed for multiple problem areas encompassing anxiety, depression, post-traumatic stress, and conduct problems, which represent approximately 70% of clinical caseloads in CMHCs.⁵

MATCH is currently listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). The research supporting MATCH has been assessed and rated by independent NREPP reviewers who take into account the methodological rigor of evaluation studies, the size of a program's impact on an outcome, the degree to which a program was implemented as designed, and the strength of a program's conceptual framework. MATCH has achieved the highest rating of "Effective" for its positive impact on mental health disorders and symptoms.

Research on MATCH

MATCH has been evaluated in multiple randomized controlled trials (RCTs) and has been compared to both the usual care provided in CMHCs and the individual, manual-based EBPs (Standard) that serve as the basis for the MATCH modules. Research results indicate that MATCH provides a number of benefits over treatment as usual and even standard manual-based treatments:

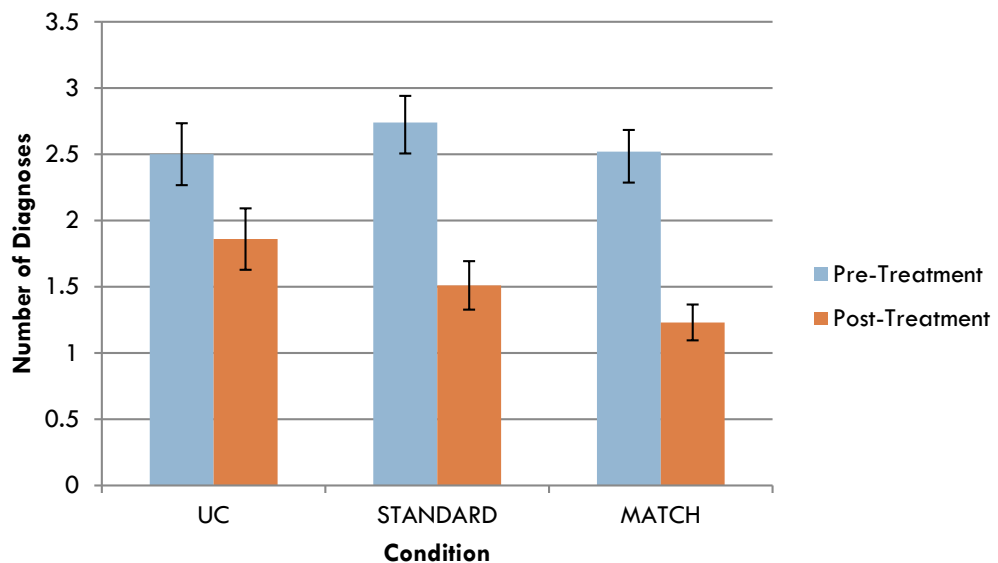
- Youth and families who receive MATCH improve at a quicker rate than those receiving usual care and standard manual-based EBPs.⁴

SCORE	Standard vs. UC		MATCH vs. UC		MATCH vs. Standard	
	P Value	Effect Size	P Value	Effect Size	P Value	Effect Size
Brief Prob Checklist Total Overall	.57	.12	.004	.59	.001	.71
BPC Internalizing Overall	.85	.04	.014	.51	.007	.55
BPC Externalizing Overall	.42	.17	.02	.48	.002	.65
Top Problems Ratings Overall	.58	.12	.003	.62	.014	.50

- The improvement for MATCH over usual care is still present after two years.⁶
- Youth and families who receive MATCH have a shorter treatment duration compared with those receiving usual care services.⁴

	Usual Care	Standard	MATCH
Treatment Length	275.49	196.24	210.15

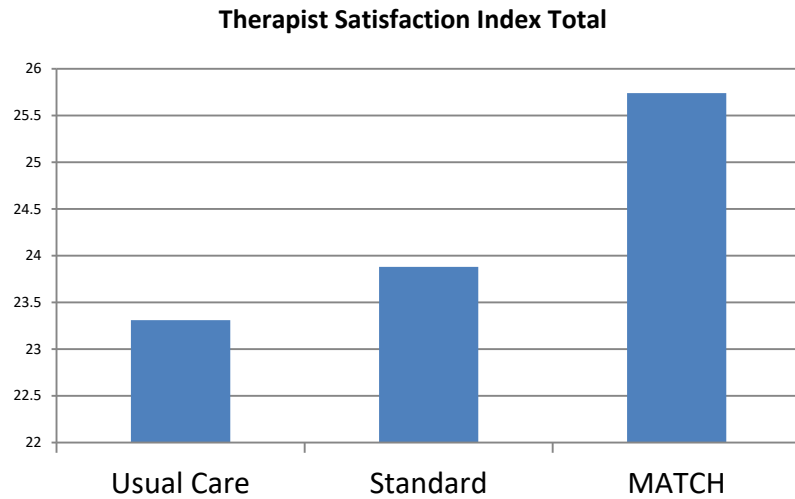
- MATCH families demonstrate a greater reduction in number of problem areas faced by youth following treatment.⁴



- Youth receiving MATCH utilize fewer additional behavioral health services during treatment and a year following treatment.⁷ Youth receiving MATCH also utilize fewer types of psychotropic medications.⁷

	MATCH	Usual Care
Treatment Sessions	21.65 sessions	30.22 sessions
Length of treatment	191.78 days	269.98 days
Utilization of additional services	6%	22%
Mean number of medication used	$M = .13$ medications	$M = .30$ medications

- Therapists who utilize MATCH demonstrate higher satisfaction with the treatment than those who utilize usual care or standard manual-based EBPs.⁸



- MATCH is more cost-effective to implement than many other evidence-based practices.⁹

Evidence-based Practice	Total Cost	Potential Consumers	Cost/Consumer
Dialectical Behavior Therapy	\$19,283.30	81	\$238.07
Parent-Child Interaction Therapy	\$8,578.30	2,672	\$3.21
Cognitive Processing Therapy	\$4,523.28	4,418	\$1.02
Prolonged Exposure	\$7,418.61	4,926	\$1.51
Trauma-Focused Cognitive Behavioral Therapy	\$2,231.32	4,653	\$0.48
MATCH	\$4,053.24	10,092	\$0.40
Cognitive Behavioral Therapy	\$7,068.50	39,586	\$0.18

Progress Monitoring and Feedback in MATCH

MATCH is accompanied by a web-based progress monitoring and feedback system, the Treatment Response Assessment for Children (TRAC) System. Utilized in tandem with MATCH, TRAC collects outcome and implementation data and monitors progress to inform decision-making. Children and caregivers independently respond to surveys weekly, providing a quantitative report of both standardized outcome data as well as idiographic, family-identified challenges. Therapists also submit information about each session, providing data on family engagement as well as utilization of therapeutic techniques and activities. By using TRAC, therapists can understand whether children are responding to treatment, whether and when changes in treatment strategy are needed, which changes are effective, and when treatment gains have been achieved and treatment can end.

Research on Progress Monitoring and Feedback

Research increasingly supports the efficacy of providing therapists ongoing feedback on their clients' treatment response.

- Providing feedback to therapists can improve outcomes and reduce rates of treatment failure.^{10, 11, 12}
- Giving therapists feedback on their clients has been shown to double the success rate of therapy, reduce deterioration in client functioning, reduce treatment duration for positive responders, and lead to longer-lasting treatment effects.^{13, 14}
- Clients whose therapists receive feedback on progress improved faster and showed a stronger dose-response connection than clients whose therapists did not get feedback.¹⁵
- Caregivers who reported that therapists provide weekly feedback at a higher rate also reported higher levels of child functioning and better therapeutic relationships.¹⁶

TRAC also provides important information that can assist agency administrators in effective implementation by monitoring the progress of implementation metrics. Understanding the organizational enrollment in MATCH services, frequency of MATCH content delivery, and degree of family engagement in relation to quantitative clinical outcomes may help identify and sustain successful organizational activities and leadership. TRAC data may also help organizations leverage successful outcomes to procure more financial and policy support for evidence-based practices.

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