

Outcomes of Children Receiving Mental Health Services from Washburn Center for Children

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LINK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined children's functioning over time as a result of receiving children's mental health services at Washburn Center for Children. The evaluation focused on understanding how children's behavior and symptomology (as measured by the Strengths and Difficulties Questionnaire [SDQ]) changed over time. In addition, we also assessed children's functioning in other areas of life, including academic achievement, Child Protective Services (CPS) involvement, and juvenile court involvement. Overall findings indicated that regardless of program type or clinician-based treatment completion status, children benefitted greatly from their treatment services, as evidenced by improvements in symptomology. While children receiving Washburn's services performed similarly on the MCAs as their peers and experienced similar levels of contact with the juvenile court system, results indicated that children who completed treatment at Washburn performed higher on the MCA than those who did not complete.

Discussion on Practice Implications

1. Assessments such as the Strengths and Difficulties Questionnaire (SDQ) allow practitioners and families to evaluate and communicate about a child's functioning. What information are you provided about the functioning of children with whom you work? How do you use this information in your work with children, families, and other professionals? What information are you missing that would help you be more successful in your work with children and families?
2. An interesting finding of this study was that the symptomology of children increased after beginning therapy. Why do you think that this occurred? Do you see these same symptomology increases in the children with whom you work? What effects do changes in children's symptomology have in your decision-making? Knowing that increases in symptomology may be a typical occurrence, how might you address this in your practice or communication with parents or other professionals?

Discussion on Agency- & System-Level Changes

1. Program evaluations are important for many reasons. Collecting and assessing children's mental health data (as was described in this research brief) can help inform treatment and service delivery for future use by practitioners. How can the results of this evaluation inform services for children receiving treatment at Washburn Center or other mental health treatment centers. What is your experience engaging in program evaluations? Have you seen results/research being translated into practice?
2. Maintaining strong communication lines between child welfare, children's mental health, and education systems is imperative for supporting positive outcomes for children. What formal and informal communication networks exist in your organization? How are parents included (or not included) in this line of communication? What barriers exist? What changes are needed to better support children and families in these situations?