

Multimodal therapy (MMT) for children with disruptive behavior

Children's Mental Health: Disruptive Behavior

Benefit-cost estimates updated December 2019. Literature review updated July 2018.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Program Description: Multimodal therapy (MMT) is a specific therapeutic strategy for children with disruptive behavior disorders. MMT targets different "modalities" of a child's personality through psychosocial interventions that may include the child, their parents, or their teachers. MMT typically takes place in more than one setting (home, school, or community). In this analysis, all studies utilize either a behavioral or cognitive-behavioral model. Interventions included in our review varied in both intensity (multiple times per day to biweekly) and duration (three months to 2.5 years). Typical dosage is weekly sessions for nine months. Programs that last longer than average were administered to children over the course of several years of elementary school and focus on providing intervention during summer breaks.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	\$2,653	Benefit to cost ratio	\$6.43
Participants	\$5,283	Benefits minus costs	\$9,050
Others	\$3,396	Chance the program will produce	
Indirect	(\$616)	benefits greater than the costs	58 %
Total benefits	\$10,717		
Net program cost	(\$1,667)		
Benefits minus cost	\$9,050		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2018). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

Meta-Analysis of Program Effects

Outcomes measured	Treatment age	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
				First time ES is estimated			Second time ES is estimated			ES	p-value
				ES	SE	Age	ES	SE	Age		
Anxiety disorder	9	1	40	0.031	0.221	9	0.012	0.107	10	0.135	0.647
Attention-deficit/hyperactivity disorder symptoms	9	1	40	-0.019	0.221	9	0.000	0.141	10	-0.083	0.706
Disruptive behavior disorder symptoms	9	5	195	-0.081	0.109	10	-0.045	0.068	13	-0.270	0.157
Global functioning [^]	9	1	64	0.951	0.182	9	n/a	n/a	n/a	0.951	0.001
Internalizing symptoms	9	3	127	-0.222	0.182	9	-0.222	0.182	11	-0.260	0.115
Major depressive disorder	9	1	40	0.000	0.294	9	0.000	0.310	11	0.000	1.000
Test scores	9	2	70	0.096	0.176	10	0.063	0.194	17	0.132	0.456

[^]WSIPP's benefit-cost model does not monetize this outcome.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Detailed Monetary Benefit Estimates Per Participant

Affected outcome:	Resulting benefits: ¹	Benefits accrue to:				
		Taxpayers	Participants	Others ²	Indirect ³	Total
Disruptive behavior disorder symptoms	Criminal justice system	\$19	\$0	\$47	\$10	\$75
Test scores	Labor market earnings associated with test scores	\$2,484	\$5,834	\$3,077	\$0	\$11,395
Anxiety disorder	K-12 grade repetition	(\$1)	\$0	\$0	(\$1)	(\$2)
Disruptive behavior disorder symptoms	K-12 special education	\$150	\$0	\$0	\$75	\$225
Anxiety disorder	Labor market earnings associated with anxiety disorder	(\$266)	(\$625)	\$0	\$0	(\$891)
Anxiety disorder	Health care associated with anxiety disorder	(\$46)	(\$13)	(\$48)	(\$23)	(\$130)
Disruptive behavior disorder symptoms	Health care associated with disruptive behavior disorder	\$309	\$87	\$319	\$155	\$871
Major depressive disorder	Mortality associated with depression	\$0	\$0	\$0	\$0	\$0
Program cost	Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$831)	(\$827)
Totals		\$2,653	\$5,283	\$3,396	(\$616)	\$10,717

¹In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

²"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

³"Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

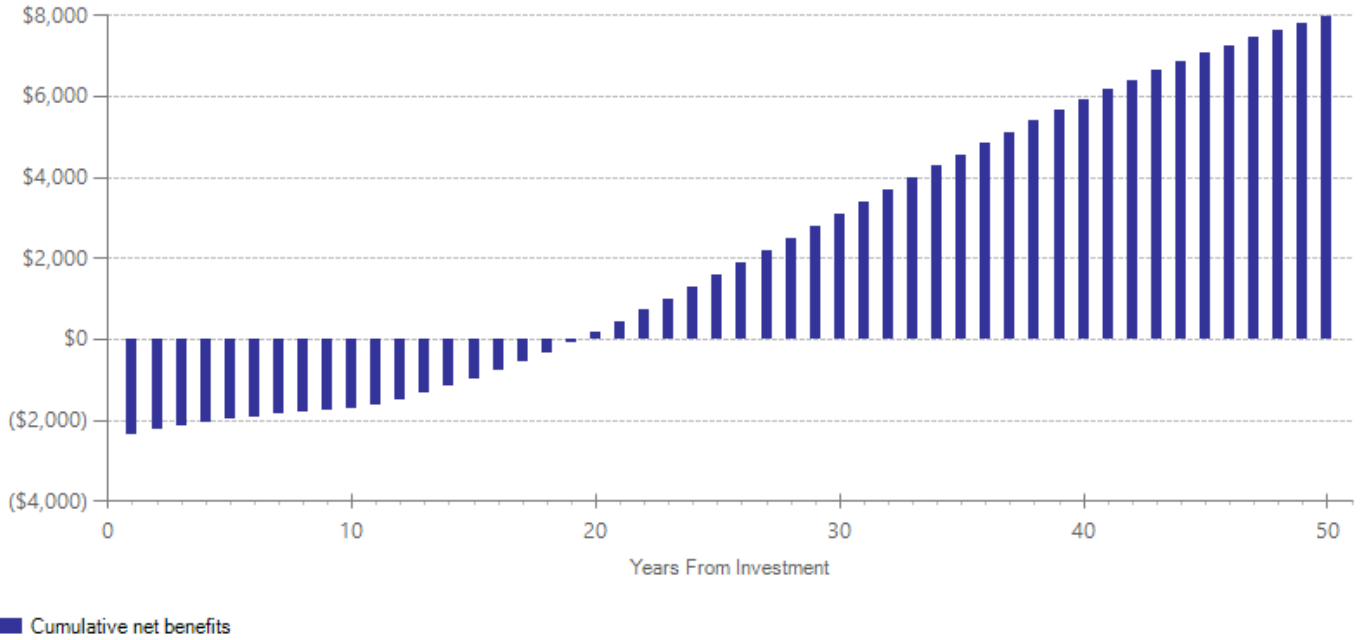
Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$2,501	2015	Present value of net program costs (in 2018 dollars)	(\$1,667)
Comparison costs	\$868	2010	Cost range (+ or -)	50 %

These interventions vary in length, with a typical length of nine months. We estimate per-participant costs based on weighted average of 57 hours of therapist time, as reported in the treatment studies. Hourly therapist cost is based on the actuarial estimates of reimbursement by modality (Mercer. (2016). Mental health and substance use disorder services data book for the state of Washington). For comparison group costs we use 2010 Washington State DSHS data to estimate the average reimbursement rate for treatment of child and adolescent disruptive behavior disorders.

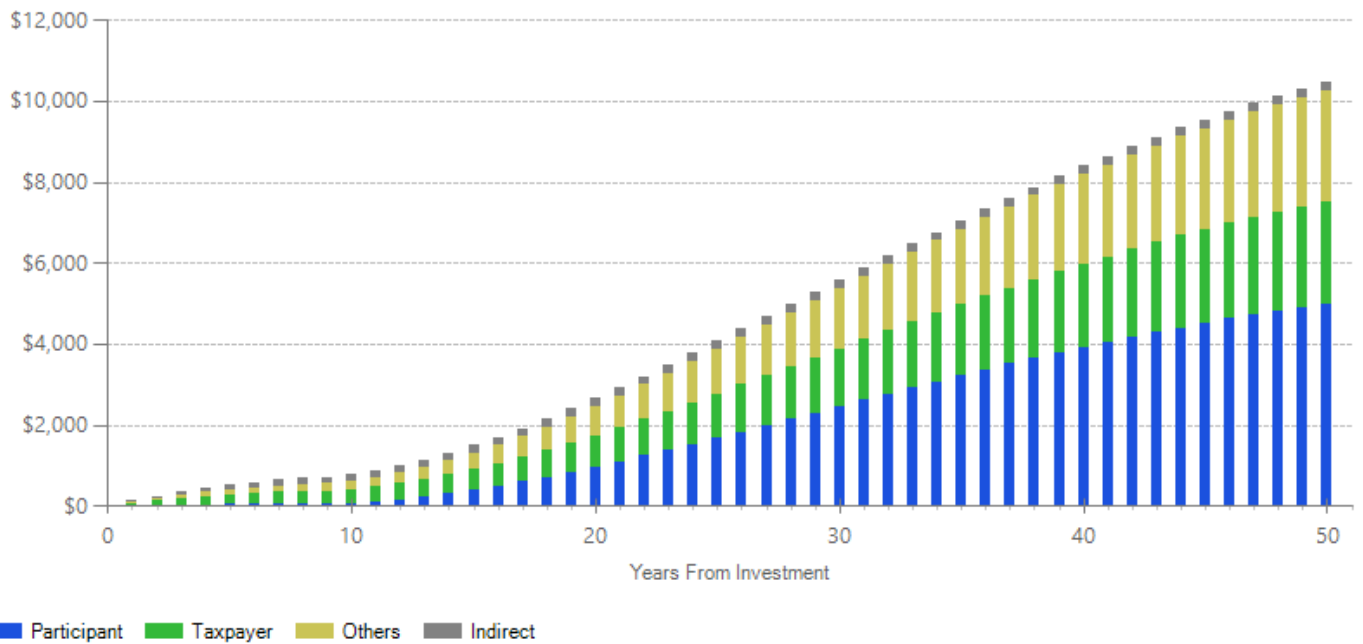
The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our [Technical Documentation](#).

Benefits Minus Costs Over Time (Cumulative Discounted Dollars)

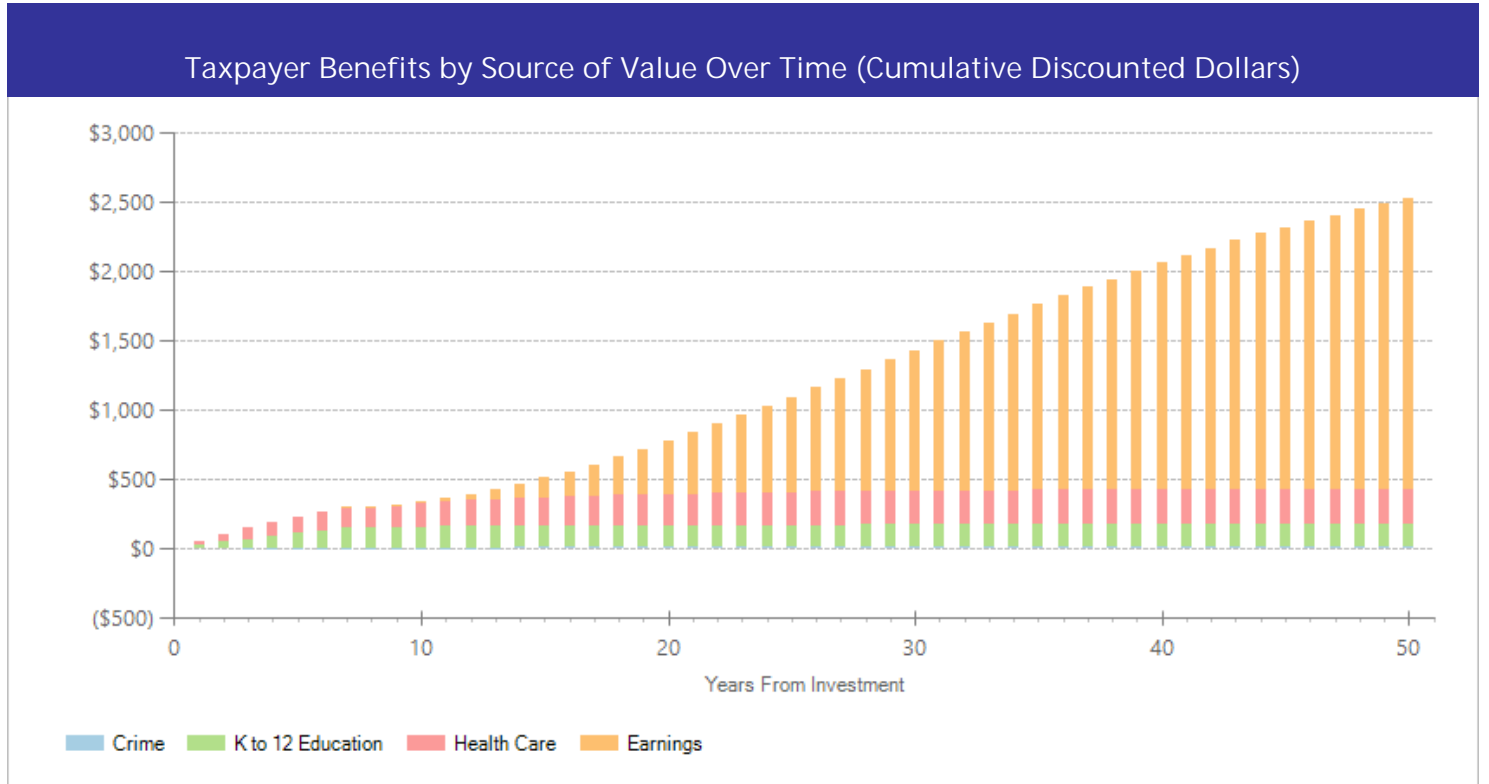


The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.

Benefits by Perspective Over Time (Cumulative Discounted Dollars)



The graph above illustrates the breakdown of the estimated cumulative benefits (not including program costs) per-participant for the first fifty years beyond the initial investment in the program. These cash flows provide a breakdown of the classification of dollars over time into four perspectives: taxpayer, participant, others, and indirect. "Taxpayers" includes expected savings to government and expected increases in tax revenue. "Participants" includes expected increases in earnings and expenditures for items such as health care and college tuition. "Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance. "Indirect benefits" includes estimates of the changes in the value of a statistical life and changes in the deadweight costs of taxation. If a section of the bar is below the \$0 line, the program is creating a negative benefit, meaning a loss of value from that perspective.



The graph above focuses on the subset of estimated cumulative benefits that accrue to taxpayers. The cash flows are divided into the source of the value.

Citations Used in the Meta-Analysis

- Barkley, R.A., Shelton, T.L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., . . . Metevia, L. (2000). Multi-method psycho-educational intervention for preschool children with disruptive behavior: Preliminary results at post-treatment. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 41(3), 319-332.
- Guzder, J., Paisley, V., Hickling, F.W., & Robertson-Hickling, H. (2013). Promoting resilience in high-risk children in Jamaica: A pilot study of a multimodal intervention. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 22(2), 125-130.
- Masi, G., Milone, A., Paciello, M., Lenzi, F., Muratori, P., Manfredi, A., . . . Muratori, F. (2014). Efficacy of a multimodal treatment for disruptive behavior disorders in children and adolescents: Focus on internalizing problems. *Psychiatry Research*, 219(3), 617-624.
- Van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., Maassen, G.H., Lochman, J.E., & van Engeland, H. (2007). The effectiveness of an experimental treatment when compared to care as usual depends on the type of care as usual. *Behavior Modification*, 31(3), 298- 312.
- Walker, H.M., Kavanagh, K., Stiller, B., Golly, A., Severson, H.H., & Feil, E.D. (1998). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders*, 6(2), 66-80.

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