



So You Want to Do Best Practice: A Poor Agency's Guide to Implementing ESTs for Abused Children



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What is an “Evidence Supported Treatment”?

**Met a defined threshold of research
evidence for its efficacy.
2 Randomized Clinical Trials (RCT)**

**Quality, quantity, variety, and results of empirical support build
our confidence.**

- Systematic review (e.g. Cochrane Collaborative, Campbell Collaborative) results.
- Meta-analysis results.
- Number of RCT's conducted with positive results.
- Quality of the research methods.
- Effect size.
- Replication by researchers other than the treatment developers.
- Dismantling studies.
- Other supporting research
 - ◆ Controlled studies without randomization
 - ◆ Open trials, pre- post-, or uncontrolled studies
 - ◆ Multiple baseline, single case designs



25 years of Clinical Research

Evidence Supported Treatments Developed, Tested, and Ready for Implementation

- § Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- § Parent Child Interaction Therapy – PCIT
- § Abuse-Focused Cognitive Behavioral Therapy – AF-CBT
- § Cognitive Processing Therapy – CPT
- § Child-Parent Psychotherapy – CPP
- § SafeCare
- § The Incredible Years (TIY) series
- § Other Parent Management Training (PMT) models
- § CBT for Children with Sexual Behavior Problems
- § Functional Family Therapy
- § Dialectic Behavior Therapy (DBT)
- § Multi-Dimensional Treatment Foster Care
- § Multisystemic Therapy (MST)
- § Triple P

Good News!



Why Should We Use ESTs?

Meta-analysis of 32 randomized trials of ESTs for youth.

“EBTs outperformed usual care.”

Weisz et al., 2006 (abstract)

Superiority not reduced by:

- High levels of severity
- Inclusion of minority youth

Weisz, J.R., Jensen-Doss, A., & Hawley, K.M. (2006). Evidence-Based Youth Psychotherapies Versus Usual Clinical Care: A Meta-Analysis of Direct Comparisons. *American Psychologist*, 61(7) 671-689.



Are Usual Services Effective?

- 
- Analysis of 9 clinic studies of child mental health services.
 - Treatment effect sizes ranged from -0.40 to 0.29.
 - Mean effect size was 0.01.
 - In general, the services delivered had **no discernable impact** on the usual course of presenting problems.

Why do we think our current services are effective?



Weisz, J.R., Donenberg, G.R., Weiss, B., & Han, S.S. (1995). Bridging the gap between laboratory and clinic in child and adolescent psychotherapy. *Journal of Consulting and Clinical Psychology*, 63(5), 688-701.

Goal: Implement EST in Our Agency

Common Problems

- Which one do we adopt?
- Local training is not available.
- No money to send staff to training.
- No money to bring trainer to us.
- Productivity standards limits time for continuing education.
- Staff reductions have increased workload.
- Sessions billed valued over patient outcomes.
- High turnover limits administrative support for investing in front-line staff.
- Poor experience with impact of prior trainings.

How can we make this happen?





Cold, Hard Facts



- 💰 Learning and implementing a new practice costs time, which is money.
 - Productivity will be lost during the learning and implementing period.
- 💰 Requires effort, commitment, motivation, cooperation, and problem solving.
- 💰 Likely will require changes in policies, procedures, and common practices.
- 💰 May raise personnel issues.
- 💰 Administrative and supervisory leadership is needed.
- 💰 Community, interagency cooperation will make it easier.

Process



Assess Readiness



\$ Is the agency ready to adopt an EST?

- Culture of the agency and readiness for change.
- Experience with changes in the past.
- Use of assessment and evidence for quality improvement.
- Style of change, BIG TESTS, Top-down; small tests.
- Policies and caseloads allow for use of the EST.
- Clinical supervision availability.

\$ Are you ready to adopt an EST?

- Follow a protocol or phases of treatment.
- Prior training and current skill level in treatment procedures.
- Value evidence for effectiveness.
- Value ongoing assessment.



Measures of Readiness

- \$ Project BEST Organizational Assessment components
- \$ Community Readiness Assessment
(Edwards et al., 2000).
- \$ *Evidence-Based Practice Attitude Scale*
(Aarons, 2004)



Which EST to Adopt

- 
- Client population
 - Client problems
 - Funding streams
 - Ease of learning and implementation
 - Generalizability of skills to other ESTs
-

- Organizational decision
 - Administrative decision without therapist buy-in unlikely to work.
- Community decision
 - Is there a demand for the EST?
 - Are others interested in learning it?

Learning the EST

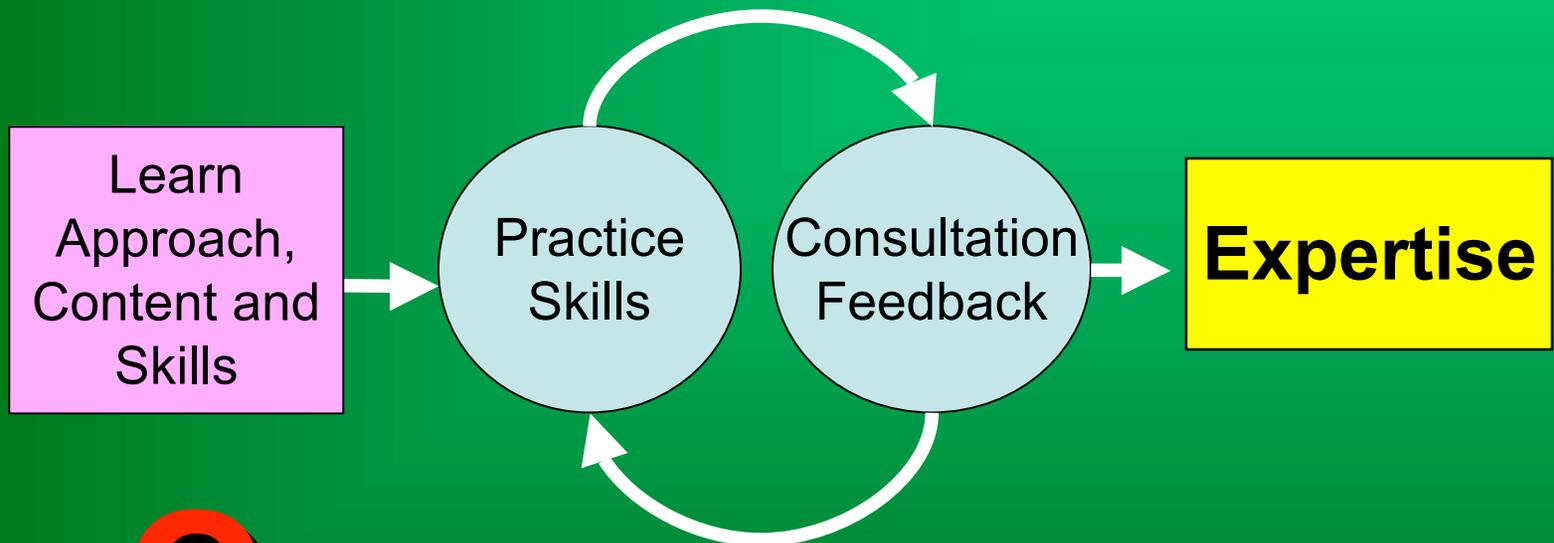


Learn
Approach,
Content and
Skills

Practice
Skills

Consultation
Feedback

Expertise



Some Inexpensive Training Resources



- **\$ Free Web-based training courses and resources:**
 - **TF-CBT*Web*** -- www.musc.edu/tfcbt
 - **CTG*Web*** – www.musc.edu/ctg
 - **CPT*Web*** – <http://cpt.musc.edu/index>
 - **TF-CBT*Consult*** – www.musc.edu/tfcbtconsult
 - **Psychological First Aid** – www.nctsn.org
 - **National Children’s Advocacy Center**
- **\$ Teleconference training**
- **\$ YouTube videos.**
- **\$ CPT telephone consultation calls.**
- **\$ State implementation projects.**
- **\$ Books and treatment manuals.**



Learning/Consultation Approaches

💰 Learning

- Individual study
- Study group
- Local talent

💰 Consultation

- Peer group
- Local talent
- Teleconference

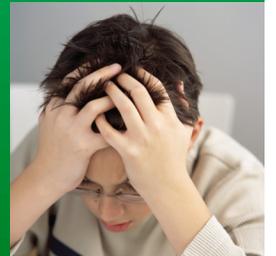
💰 Pool resources with community partners to hire trainer/consultant.



Implementing the EST

Obstacles will be encountered.

- **Personal**
 - ◆ EST conflicts with prior training and experience.
 - ◆ New learning creates uncertainty, lack of confidence.
- **Agency**
 - ◆ Can't see clients frequently enough.
 - ◆ Ending therapy because child meets treatment goals may reduce agency income.
 - ◆ Colleagues are not supportive.
- **Contextual**
 - ◆ No payment source for parent treatment component
 - ◆ Lack of referrals due to lack of knowledge by brokers, unchanged referral patterns, skeptical judges.
 - ◆ Foster parents won't bring child to therapy.



Organizational Problem Solving



Problem
or
Challenge



Solution
Idea

- Will it work?
- Can it be implemented?
- What resources are required?
- Can it be used by others?
- Can it be “spread?”

How can these questions
be answered?

Big Tests of Change



- Lots of planning
 - Task forces
 - Committees
 - Look at every angle
 - Anticipate all problems and difficulties
 - Strive for consensus
- Decision for course of action made “at the top” by senior leaders
- Broad, wide initial implementation
- Large audience for the change
- Change is viewed as permanent
- Little assessment of results
- Little action on assessment results
- Difficult to change and revise



Small Tests of Change (STOC)



- Very brief planning, often by one person
- Solutions can come from anyone in the organization
- Consensus not sought, individual STOC are encouraged
- Short test period, “What can I do by next Tuesday?”
- Small test audience, often only 1 person
- Small change attempted
- Quick implementation of small change with test audience
- Viewed as experimental, not permanent
- Viewed as limited in implementation
- Measure results
- Act on results and revise plan
- Repeated, rapid, small tests of change
- Effective solutions evolve
- Solutions spread organically

Sustaining an EST

- \$ Create demand for the EST among brokers.
- \$ Make EST financially feasible.
- \$ Ongoing administrative support.
- \$ Ongoing supervision available.
- \$ Peer acceptance and support.
- \$ **Kids Get Better!**

