

Evidence-Based Treatment

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Guidelines for Developing
Evidence-Based Programming
for DCS Youth and Families

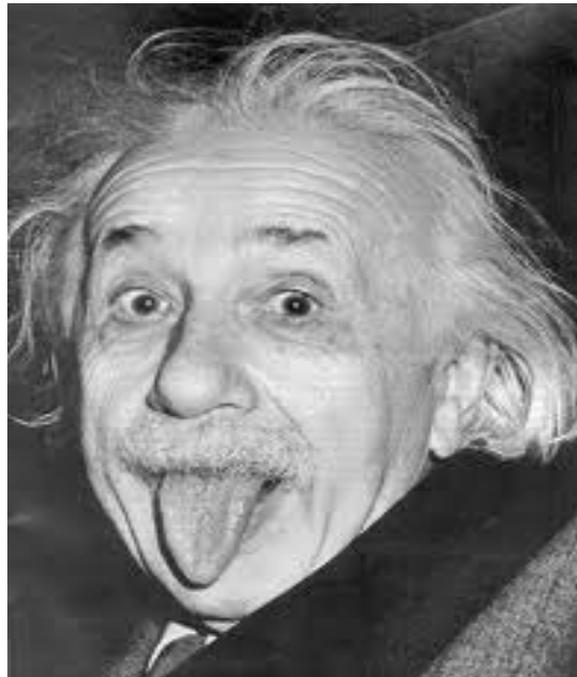
Training Objectives

- ❑ Define evidence-based practice and discuss the applicability of evidence-based programs to DCS populations
- ❑ Provide examples of relevant evidence-based practices
- ❑ Discuss challenges to successful implementation and strategies to overcome them
- ❑ Provide resource links

A word about the status quo.....

Insanity: doing the same thing over and over again and expecting different results.

Albert Einstein

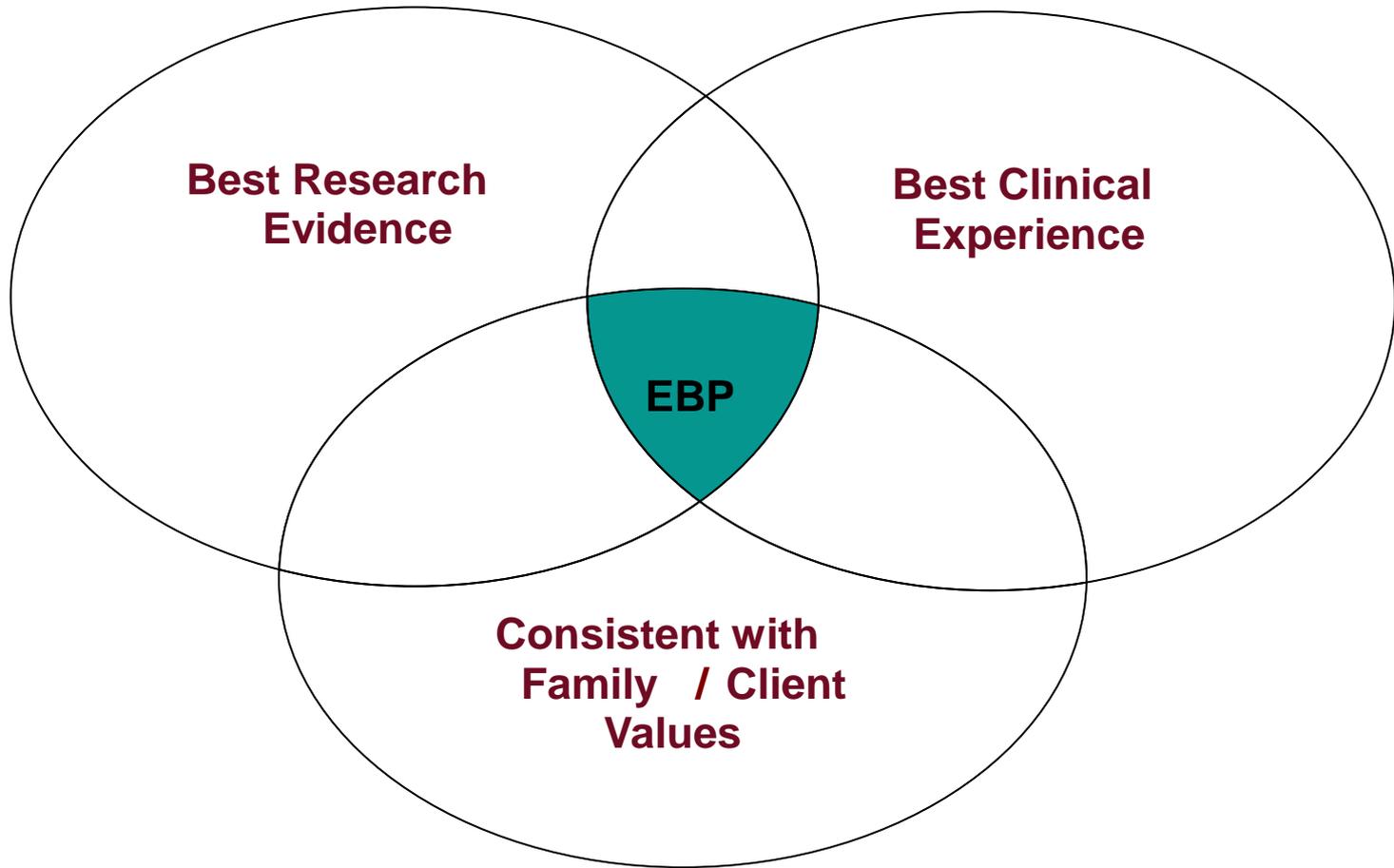


Evidence-Based Practice Defined

"Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes."

Drake et. al. (2001)





What makes a program evidence-based?

- Based on a solid scientific theoretical foundation
- Carefully implemented and evaluated using research methods (random assignment, control groups, etc.)
- Replicated and evaluated in a variety of settings and with a range of populations
- Evaluation findings have been subjected to critical review and have been published in peer-reviewed journals
- “Certified” as evidence-based by a federal agency or a respected research organization (e.g., APA, SAMHSA, etc.)

Levels of Evidence

- 1. *Effective*** – improves child/family outcomes, based on scientific research with independent replication (endorsed by Agency for Health Care Research, SAMHSA, etc.)
- 2. *Promising Practices*** - programs that have considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.
- 3. *Emerging Practices*** – new, clearly defined innovations with practice guidelines that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad consensus support.
- 4. *Not Effective*** – evidence suggests that the practice is ineffective, or even harmful.

Why Evidence-Based Practice?



VS.



Would you want your mechanic to use “evidence-based” practices?



What about your dentist?



Why not your mental health provider?



What are the benefits to DCS?

- Evidence-based programs are more likely to produce positive outcomes for DCS youth and families
- National data are available for many evidence-based programs to estimate cost effectiveness
- Efficiency – evidence-based programs can be implemented without reinventing the wheel
- Standardization – evidence-based programs can be replicated across multiple locations
- Evidence-based programs create a “common language” between providers and FCMs

Example Evidence-Based Programs

- ❖ Functional Family Therapy (FFT)
- ❖ Multisystemic Therapy (MST)
- ❖ Parent-Child Interaction Therapy (PCIT)
- ❖ Multidimensional Treatment Foster Care
- ❖ The Incredible Years
- ❖ Motivational Interviewing
- ❖ MATRIX
- ❖ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Barriers to Implementation

- Cost – who pays for implementation, fidelity costs, etc.?
- Training – who, where, how much?
- Threat to existing organizational structure and relationships – resistance
- Uncertainty as to whether these programs generalize to diverse populations
- Staff turnover
- Provider culture shift
- “Flavor of the month”



Additional Provider Concerns

- ❑ Evidence-based programs devalue professional expertise
- ❑ Evidence-based programs are not consumer-driven, individualized, strengths-based, etc.
- ❑ Evidence-based programs are too prescribed, manualized and inflexible
- ❑ We already have programs that work (or “we’re already doing that”)
- ❑ Adopting evidence-based programs may limit consumer/provider choice

Implementing Evidence-Based Practice



Key Implementation Issues

“Begin with the end in mind.”

Stephen Covey

- Identify target population
- Identify desired outcomes
- Identify best EBP
- Work “backwards”



Implementation Issues (Cont.)

Must address a number of practical issue:

- ❑ Funding – implementation, training, fidelity, etc.
- ❑ Referrals – where will they come from, volume, etc.
- ❑ Staffing – must assess current competence, credentials, availability, etc.
- ❑ Training – who will provide, will there be ongoing need for consultation, etc.
- ❑ Administrative oversight – who will be accountable, performance improvement, etc.

Implementation Issues (Cont.)

The problem of program “drift”

- Insufficient training or supervision
- Practitioners have multiple or competing demands
- Little or no attention to fidelity monitoring
- Failure to adhere to caseload standards
- Key staff turnover



Implementation Issues (Cont.)

Keys to making evidence-based practice work:

- Get leadership buy in from the beginning
- Focus on fidelity from the outset – don't assume that training alone is sufficient
- Set reasonable time frames for implementation
- Assess staff competency and fidelity
- Integrate new initiatives into agency performance improvement plans – measure fidelity measures and program outcomes regularly

TF-CBT: An Evidence-Based Example

Why TF-CBT?

The vast majority of DCS-involved youth have experienced significant trauma (abuse, neglect, exposure to domestic violence, etc.)



Trauma-informed care is a “core competency” in working with DCS-involved youth

TF-CBT (Cont.)

Appropriate candidates for this program include:

- Children and adolescents with a history of sexual abuse who:
 - Experience PTSD
 - Show clinically significant levels of depression, anxiety, shame, or other dysfunctional abuse-related feelings, thoughts, or developing beliefs
 - Demonstrate behavioral problems, especially age-inappropriate sexual behaviors
- Children and adolescents who have been exposed to other childhood traumas (e.g., exposure to domestic violence, traumatic loss of a loved one)
- Non-offending parents (or caregivers) of the victims of sexual abuse or trauma

TF-CBT (Cont.)

Generally, the goals of TF-CBT are to:

- ❑ Reduce children's negative emotional and behavioral responses to the trauma
- ❑ Correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse)
- ❑ Provide support and skills to help non-offending parents cope effectively with their own emotional distress
- ❑ Provide non-offending parents with skills to respond optimally to and support their children
- ❑ Create a trauma narrative

TF-CBT (Cont.)

What are the outcomes?

- ❑ TF-CBT reduces symptoms of PTSD, as well as symptoms of depression and behavioral difficulties in children who have experienced trauma.
- ❑ Compared to other tested models and services, TF-CBT resulted in greater gains in fewer clinical sessions. Follow-up studies have shown that these gains are sustained over time.
- ❑ Studies reveal that more than 80 percent of children show marked improvement in symptoms within 12 to 16 sessions (using one 60- to 90-minute session per week).
- ❑ Research also demonstrates a positive treatment response for parents. In TF-CBT studies, parents often report reduced depression, emotional distress associated with the child's trauma, and PTSD symptoms. They also report an enhanced ability to support their children.

TF-CBT (Cont.)

- ❑ Free web-based training can be obtained through the Medical University of South Carolina at www.musc.edu/tfcbt
- ❑ Free resources for implementing TF-CBT can be obtained at www.NCTSN.org
- ❑ For on-site TF-CBT training, contact:

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Avoid System-Induced Trauma.....



Evidence-Based Program Resources

- ❑ The National Child Traumatic Stress Network (www.NCTSN.org) – Provides resources and guidelines for understanding traumatic stress and developing programs.
- ❑ Evidence-Based Practices Website (Developed by the National Association of State Mental Health Program Directors Research Institute) (www.nri-inc.org/CMHQA.cfm) – Describes what different States are doing regarding EBPs
- ❑ SAMHSA's Guide to Evidence-Based Practices (EBP) on the Web (www.samhsa.gov/ebpwebguide/index.asp) - Provides a list of Web sites with information about specific EBPs or reviews of research findings.
- ❑ Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices (www.nami.org) – Provides information for families about evidence-based treatment.

Evidence-Based Program Resources

- ❑ Therapy Advisor: Promoting Scientifically-Based Psychotherapy (www.therapyadvisor.org) – Provides information for consumers and providers on effective psychosocial treatments.
- ❑ The California Child Welfare Clearinghouse for Evidence-Based Practice (www.cebc4cw.org) - Search engine included.) Covers adult, child, geriatric, chemical dependency and health behavior therapies.
- ❑ The Child Welfare Information Gateway (<http://www.childwelfare.gov>) – Provides information, resources and links RE: Child Welfare programs.
- ❑ The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) (www.tapartnership.org) – provides assistance in moving system initiatives forward.

Have questions about evidence-based practice?

For additional information about evidence-based practices, feel free to contact me at:

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See Ya'll.....

