



The Evidence-based Treatment Knowledge and Practice of Children's Mental Health Service Providers: Preliminary Findings from the Evidence-based Treatment Survey

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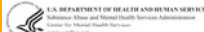
Evidence-based Treatment (EBT)

A treatment that has been developed through research protocol, is supported by the results of controlled treatment studies, and has guidelines and procedures for its implementation.





Background From the Literature

- Treatments being delivered by front line service providers are often not based on evidence of effectiveness (Hoagwood & Olin, 2002).
- Local, state, and national agencies are increasingly attending to the effectiveness of psychosocial interventions for children with severe emotional disturbance and their families (Burns & Hoagwood, 2002; Kazdin & Kendall, 1998).
- The context in which evidence-based treatments are, and will be, implemented must be better understood (e.g., Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Kazdin & Kendall, 1998).



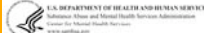
Considering the Contextual Factors in the Delivery of Evidence-based Treatment

- Background and training of providers
- Provider knowledge of EBT
- Provider perception of EBT effectiveness
- Provider attitudes toward using EBT
- The child and family factors that impact provider decision to use EBT
- Employer requirements and support for the use of EBT



Evidence-based Treatment Survey

- A survey of mental health service providers for children with serious emotional disturbance
- Web-based (hard copies made available)
- 65 items (15-20 minute completion time)
 - Demographic characteristics
 - Training and experience
 - Knowledge of EBTs
 - Perceived effectiveness
 - Use of EBTs (and their guidelines)
 - Employer support of EBTs



Modified Snowball Sampling Approach to Identify Potential Respondents

- 28 primary contacts
 - 26 sites in 23 communities funded under the Comprehensive Community Mental Health Services for Children and Their Families Program (funded in 1997-98)
 - 2 non-funded communities
- 571 appropriate agencies identified
 - Range 1-129 per contact; Avg.=19.7
 - 76% complied
- 1969 potential respondents identified
 - Range 1-90 per agency; Avg. 5.5
- 1402 appropriate respondents
 - proportional sampling from funded communities with 80 or more potential respondents

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Response to Survey

- 5-stage mailing (Dillman, 2000)
- 615 responded (43.9%)
 - 168 hard copy (27%)
 - 447 web-based (73%)
- 547 were direct children's mental health service providers (89%)

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Participant Characteristics

Gender (n=416)

Race/Ethnicity¹

White (n=410)	89.0%
African-American (n=410)	5.1%
Native American/Alaskan (n=410)	2.9%
Hispanic (n=411)	4.4%
Asian (n=410)	0.2%
Hawaiian/Pacific Islander (n=410)	0.5%
Other (n=410)	3.9%

¹ Race/ethnicity categories are not mutually exclusive

Average Age=42.05 yrs. (n=414); Range 23 – 66 yrs.

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Participant Education and Experience

Average Number of Years as a Mental Health Service Provider for Children with SED (n=417): 8.96

Average Number of Years as a Mental Health Service Provider (n=421): 11.18

86.3% master's degree or higher (n=425)
72.7% licensed mental health service providers (n=425)
61% clinicians or therapists; 9.8% case managers/coordinators (n=380)

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Where Were the Participants Employed? (n=387)

Employment Setting	Percent of Respondents
Mental Health Agency	55.6
Private Practice	15.5
Hospital	4.7
Education	3.1
Child Welfare	3.6
Juvenile Justice	1.3
Other	16.3

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Respondents' Definitions of EBT

Legend: Researched Effectiveness (dark blue), Documented Change in Clients (light blue), Individual Outcome/Goal Focused (yellow), Proven to Work (grey)

Are you familiar with the term EBT? (n=519)

Familiarity	Researched Effectiveness	Documented Change in Clients	Individual Outcome/Goal Focused	Proven to Work
Yes: 59.8%	80.6	12.4	2.2	4.8
No: 26.0%	36.2	23.6	28.3	11.8
Don't Know: 15.1%	39.7	29.5	16.7	14.1

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Examples of EBT Definitions

Categorized Definition	Example of Definition Provided
Researched Effectiveness	"Treatment that is empirically sound, backed up in the literature as being effective, safe, and efficient. Also there are clear goals and objectives related to the treatment that are measurable, achievable, and reasonable." "A treatment that has been developed through research protocol is supported by results of controlled treatment studies and has guidelines and procedures for its implementation."
Individual Outcome/Goal Focused	"Baseline is established then goals set then measured if achieved." "Treatment that has data, words from the consumer and/or support that progress with identified goals have been attained (or lack thereof) after each session or by the end of treatment."
Documented Change in Clients	"Treatment which has proven effectiveness based on measurable changes in behavior or symptoms." "Treatment approaches that are based on quantitative behavioral changes reported by the client and/or the parent(s)."
Proven to Work	"Treatment shown to result in a predictable outcome." "Treatment that has proven results for the treatment issue at hand."

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An EBT is a treatment that has been developed through research protocol, is supported by the results of controlled treatment studies, and has guidelines and procedures for its implementation.

Were the Definitions Provided Correct?

(n=519)

- ✓+ 63.6% included a clear statement about effectiveness demonstrated through research
- ✓? 7.9% said it was proven to work but did not specify if "proof" was based on research or clinical experience
- ✓? 17.7% said that EBTs had documented-change in clients, but seemed to be referring to their own clients
- ✓- 10.8% said that EBTs were based on individualized outcomes/treatment goals

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Perceived Effectiveness and Practice of Evidence-based Treatments

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Perceived Effectiveness of Existing EBTs

The following EBTs were endorsed as effective by 76-100% of the respondents:

Evidence-Based Treatment	Do you believe this treatment results in positive outcomes for children and families?			
	YES (%)	NO (%)	Familiar with the treatment but does not know whether it results in positive outcomes (%)	Not familiar with the treatment listed (%)
Family Education and Support (n=464)	90.5	1.5	7.1	0
Social Skills Training (n=466)	90.1	3.0	5.5	1.1
Cognitive Behavioral Therapy (n=465)	89.6	1.9	8.2	1.3
Antidepressants for Mood Disorders (n=467)	87.8	2.1	9.4	0
Behavior Therapy (n=463)	86.4	5.4	7.3	0
Stimulant Medication for ADHD (n=467)	84.4	3.9	10.7	1.1
Modeling (n=465)	84.1	2.2	12.3	1.5
Anger Coping/Management (n=465)	83.7	3.0	11.8	1.5
Problem Solving Skills Training (n=466)	82.4	1.9	13.3	2.4
Mentoring (n=463)	80.8	3.7	14.5	1.1
Case Management (n=466)	80.3	5.2	13.9	0
Relaxation Training (n=462)	78.1	3.2	16.7	0.9

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Perceived Effectiveness of Existing EBTs

The following EBTs were endorsed as effective by 51-75.9% of the respondents:

Evidence-Based Treatment	Do you believe this treatment results in positive outcomes for children and families?			
	YES (%)	NO (%)	Familiar with the treatment but does not know whether it results in positive outcomes (%)	Not familiar with the treatment listed (%)
Respite (n=465)	75.9	1.5	18.8	1.8
Wraparound (n=464)	75.0	5.2	14.2	5.6
Behavioral Parent Training (n=466)	73.2	1.7	15.9	9.2
Parent-child interaction Therapy (n=464)	68.5	1.9	14.4	15.7
Assertiveness Training (n=464)	67.0	3.2	25.4	4.3
Cognitive Behavioral Group Therapy for Adolescents (n=466)	66.3	4.7	23.4	5.6
Multisystemic Therapy (n=465)	66.0	1.7	17.8	14.4
Therapeutic Foster Care (n=464)	65.5	6.9	24.1	3.4
Parent Management Training (n=466)	62.7	1.9	16.3	19.7
Interpersonal Therapy for Adolescents (n=463)	57.5	4.3	22.2	16.0
Brief Strategic Family Therapy (n=461)	55.7	7.5	26.2	10.4
Systematic Desensitization (n=467)	53.5	6.4	31.0	9.0

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Perceived Effectiveness of Existing EBTs

The following EBTs were endorsed as effective by 26-50.9% of the respondents:

Evidence-Based Treatment	Do you believe this treatment results in positive outcomes for children and families?			
	YES (%)	NO (%)	Familiar with the treatment but does not know whether it results in positive outcomes (%)	Not familiar with the treatment listed (%)
Rational Emotive Therapy (n=465)	50.8	6.8	23.5	10.6
Functional Family Therapy (n=462)	47.4	2.2	24.9	25.5
Common Sense Parenting (n=465)	46.0	3.9	21.7	28.4
Self-Control Instruction Training (n=465)	44.3	4.1	23.0	28.6
Behavioral Teacher Training (n=465)	39.4	3.9	28.2	28.5
Exposure Therapy (n=462)	29.2	7.8	31.0	32.0

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Perceived Effectiveness of Existing EBTs

The following EBTs were endorsed as effective by 0-25.9% of the respondents:

Evidence-Based Treatment	Do you believe this treatment results in positive outcomes for children and families?			
	YES (%)	NO (%)	Familiar with the treatment but does not know whether it results in positive outcomes (%)	Not familiar with the treatment listed (%)
Emotive Imagery Therapy (n=461)	17.6	8.7	36.7	37.1
Voucher-Based Contingency Management (n=464)	13.6	3.9	21.6	61.0
Webster Straton's Parent and Children Series (PACS) (n=461)	6.1	1.1	11.1	81.8

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Provider Provision of EBTs

93.4% of respondents indicated that they used treatments considered evidence-based.

Percent of Clients	Percent of Respondents
With 90-100% of clients	4.2
With 70-80% of clients	33.5
With 50-60% of clients	17.5
With 30-40% of clients	4.5
With 10-20% of clients	2.5

(n=450)

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Treatments Practiced

- Respondents listed up to three PRIMARY EBTs, other than medication, that they use in their work.
 - 41 treatments were named
- 80.5% of the respondents (n=385) indicated that they use more than three EBTs in their work.

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Treatments Practiced

The following treatments were listed by more than 10% of respondents as EBTs that they use in their work:

Other than medication, list the three primary evidence-based treatments that you use in your work.	
Reported Treatments (n=446)	(%)
Cognitive Behavioral Therapy	61.7
Wraparound	18.2
Anger Management	14.6
Social Skills Training	13.5
Case Management	11.4
Rational Emotive Therapy	10.1

Perceived effective by more than 50%:

CBT	Wrap	Ang Man	Social Skills	Case Manag	RET
88.6%	75.0%	83.7%	90.1%	80.3%	50.8%

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Treatments Practiced

The following treatments were listed by 5-10% of respondents as EBTs that they use in their work:

Other than medication, list the three primary evidence-based treatments that you use in your work.	
Reported Treatments (n=446)	(%)
Parent Education	9.9
Behavior Modification	9.4
Parent/Behavior Management Training	8.7
Behavior Therapy	8.5
Multisystemic Therapy	7.8
Parent-Child Interaction Therapy	7.6
Family Systems Theory/Therapy	7.4
Modeling	7.0
Relaxation Therapy	7.0
Solution Focused Therapy	6.7
Problem Solving Skills Training	5.2

Perceived effective by more than 50%:

Behav Thpy	MST	PCIT	Modeling	Prob Solv
86.4%	66.0%	68.5%	84.1%	82.4%

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Treatments Practiced

The following treatments were listed by 2-4.9% of respondents as EBTs that they use in their work:

Other than medication, list the three primary evidence-based treatments that you use in your work.	
Reported Treatments (n=446)	(%)
Family Education and Support	4.7
Functional Family Therapy	4.5
Play Therapy	4.5
Brief Strategic Family Therapy	4.3
Assertiveness Training	3.4
Interpersonal skills/Therapy	3.4
Eye Movement Desensitization and Reprocessing	3.1
Systematic Desensitization	3.1
Reality-based Therapy	2.9
Dialectical Behavior Therapy	2.7
Exposure Therapy	2.2
Therapeutic Foster Care	2.2
Mentoring	2.0

Perceived effective by more than 50%:

Fam Ed	BriefSFT	Assert	Inter Skills	Sys Des	TFC	Mentor
90.5%	55.7%	67.0%	57.5%	53.5%	65.5%	80.0%

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Treatments Practiced

The following treatments were listed by less than 2% of respondents as EBTs that they use in their work:

Other than medication,
list the three primary evidence-based treatments that you use in your work.

Reported Treatments (n=446)	(%)
Contingency Management	1.8
Psychodynamic/Psychotherapy	1.6
Individual Therapy	1.3
Common Sense Parenting	1.1
Client-Centered Therapy	0.9
Music/Art Therapy	0.9
Respite	0.9
Self Control Instruction Training	0.7
Medication	0.6
Narrative Therapy	0.4
Family Preservation	0.2

Perceived effective by more than 50%:

Respite
75.9%

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Required Provision of EBT

36% of respondents (n= 389) indicated that they were required by their agency to provide EBT

Employer Agency/Organization	Percent of Respondents Required to use EBT
Mental Health Agency	40.2
Private Practice	13.3
Hospital	27.8
Education	41.7
Child Welfare	71.4
Juvenile Justice	40

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Factors that Affect the Decision to Use an EBT with a Specific Child

Factor	Respondents endorsing Always or Almost Always important
Child's Diagnosis (n=422)	68.9%
Child's Age (n=422)	60.0%
Child's Situation at Home (n=420)	57.2%
Treatment Setting (n=419)	52.2%
Child's Caregiver (n=420)	48.4%
Child's Cultural Background (n=420)	22.6%
Child's Race/Ethnicity (n=419)	18.9%
Child's Gender (n=418)	16.0%

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Conclusions

- 1. **Variation in knowledge of EBTs**
 - Definition of EBT
 - Perceived effectiveness of EBTs
- 2. **Variation in practice of EBTs**
 - Majority report using EBTs in their work
 - Types of treatments being reported as practiced EBTs
- 3. **Approximately 1/3 of providers surveyed are required by their agency to use treatments with an evidence base**
 - Agency requirement of EBT is related to service sector
- 4. **Individual level factors considered in decision to use an EBT**
 - Diagnosis and age commonly considered
 - Race, ethnicity, culture, & gender less commonly considered

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