

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES  
FOR CHILDREN AND THEIR FAMILIES PROGRAM**


**Evidence-based Practices in the  
Community-based Service Setting:  
Demographic and Workforce Characteristics  
of Mental Health Providers that Use EBP**

18th Annual Research Conference—A System of Care for  
Children's Mental Health: Expanding the Research Base

March 7, 2005  
Tampa, FL

Authors: Angela Sheehan, MPA, Christine Walrath,  
PhD, & E.W. Holden, PhD, ORCMacro

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov




**Evidence-based Treatment Survey  
Literature Review**

- ▶ The gap between research and practice has been attributed to multiple and varying factors, including
  - ♦ Lack of information dissemination to front-line workers
  - ♦ Barriers by bureaucratic organizations
  - ♦ Lack of resources for training and implementation
  - ♦ Other workforce and organization factors

Hyde, P. S., Falls, K., Morris, J. A., & Schoenwald, S. (2003). *Turning Knowledge into Practice: A Manual for Behavioral Health Administration and Practitioners About Understanding and Implementing Evidence-based Practices*. The Technical Assistance Collaborative, Inc. (TAC) and The American College of Mental Health Administration (ACMHA): 127.


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov



**Evidence-based Treatment Survey  
Study Purpose**

1. To explore the gap between research and practice by assessing the use of evidence-based interventions with children and their families in community-based service settings.
2. To inform decision-making around the use of frontline evidence-based practice.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov




**Evidence-based Treatment Survey  
Current Sample**

- ▶ Providers who reported using one of 31 EBTs included in the current sample (N=446).
- ▶ Those excluded (n=170) did not differ with regard to age, years as MH provider, gender, years in current delivery system, or primary employer.
- ▶ Providers excluded from the current sample differed by years as MH provider for kids, race, and education level, with a higher percentage of those excluded having bachelor's degrees, Native American and Multi-cultural race, and having more years serving kids with SED.

1 (n(517)=1.09, p=.15)	5 (x <sup>2</sup> (7)=2.3, p=.94)
2 (n(503)=.573, p=.10)	6 (n(498)=.624, p<.05)
3 (x <sup>2</sup> (1)=.085, p=.77)	7 (x <sup>2</sup> (7)=17.04, p<.05)
4 (n(437)=.656, p=.63)	8 (x <sup>2</sup> (3)=17.9, p<.001)


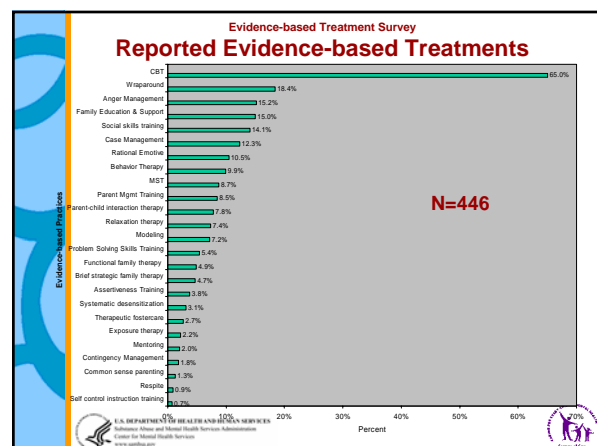
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

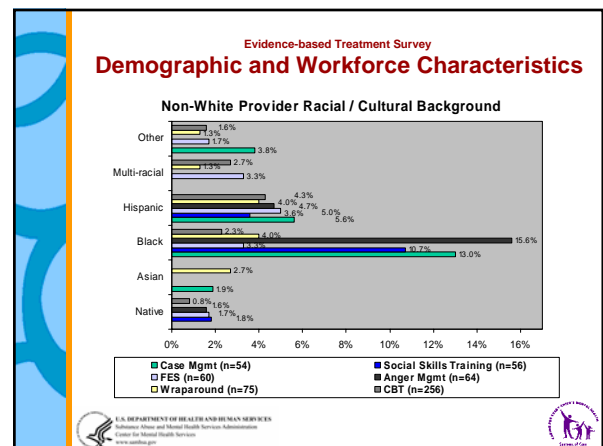
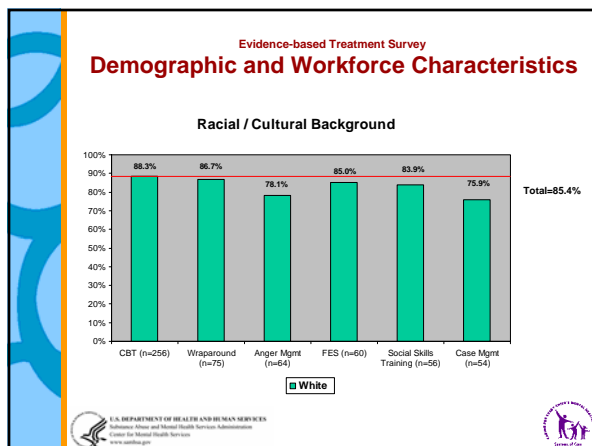
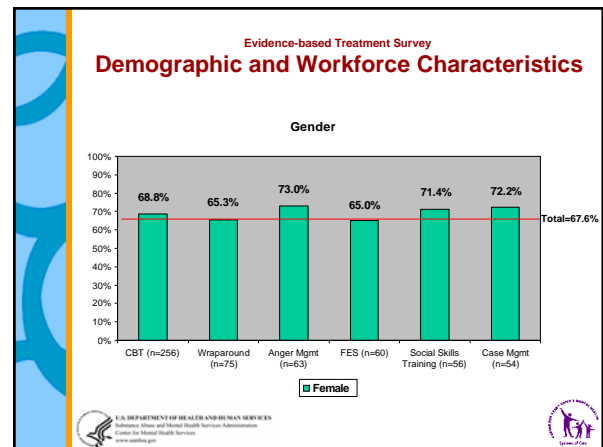
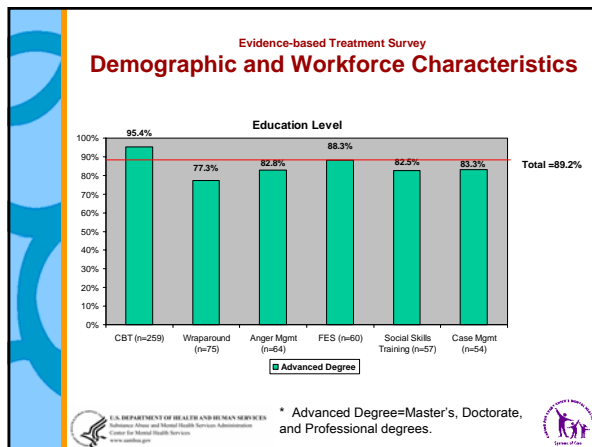
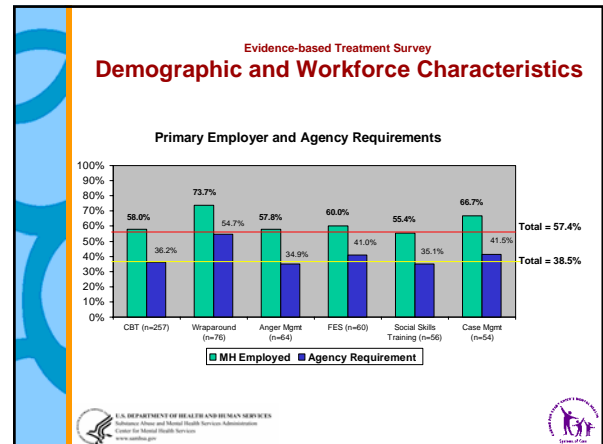
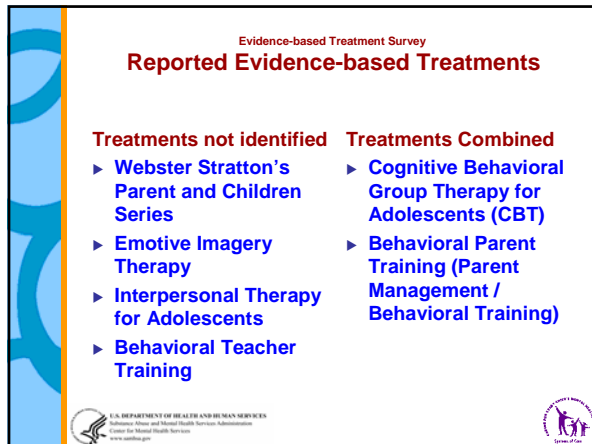


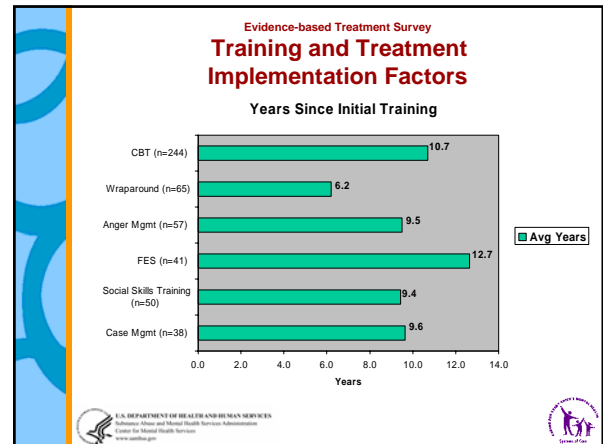
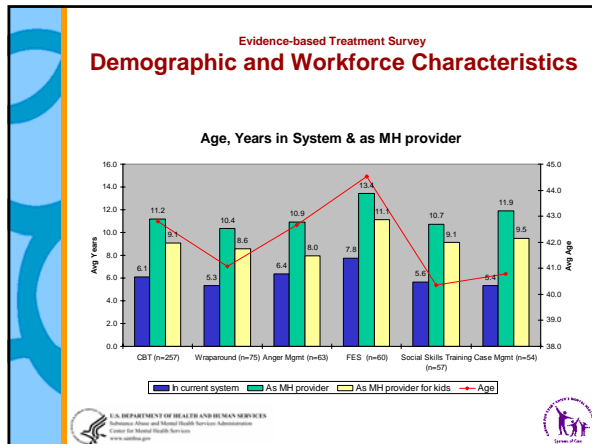
**Evidence-based Treatment Survey  
Data Analysis**

- ▶ Descriptive Analysis
  - Describe provider demographic and workforce characteristics by treatment
  - Describe training and protocol implementation factors by treatment
  - Surveyed providers could identify up to 3 practices used in the course of their work; 25 evidence-based practices were reported

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov





**Evidence-based Treatment Survey**  
**Cognitive Behavioral Therapy**

<b>Source of Training (n=256)</b>	<b>Grad School</b>	<b>68.8%</b>
	<b>Conf/wkshp/cont ed</b>	<b>12.9%</b>
	<b>Agency/inservice</b>	<b>4.7%</b>
	<b>Other/no</b>	<b>13.7%</b>
<b>Follow-up Frequency (n=250)</b>	<b>At least monthly</b>	<b>23.6%</b>
	<b>Annually</b>	<b>47.2%</b>
	<b>Never/less than annually</b>	<b>29.2%</b>
<b>Treatment Implementation (n=271)</b>	<b>Always/Almost Always</b>	<b>35.4%</b>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

**Evidence-based Treatment Survey**  
**Wraparound**

<b>Source of Training (n=74)</b>	<b>Grad School</b>	<b>6.8%</b>
	<b>Conf/wkshp/cont ed</b>	<b>23.0%</b>
	<b>Agency/inservice</b>	<b>54.1%</b>
	<b>Other/no</b>	<b>16.2%</b>
<b>Follow-up Frequency (n=64)</b>	<b>At least monthly</b>	<b>37.5%</b>
	<b>Annually</b>	<b>43.8%</b>
	<b>Never/less than annually</b>	<b>18.8%</b>
<b>Treatment Implementation (n=75)</b>	<b>Always/Almost Always</b>	<b>68.0%</b>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

**Evidence-based Treatment Survey**  
**Anger Management**

<b>Source of Training (n=60)</b>	<b>Grad School</b>	<b>25.0%</b>
	<b>Conf/wkshp/cont ed</b>	<b>28.3%</b>
	<b>Agency/inservice</b>	<b>25.0%</b>
	<b>Other/no</b>	<b>21.7%</b>
<b>Follow-up Frequency (n=58)</b>	<b>At least monthly</b>	<b>19.0%</b>
	<b>Annually</b>	<b>41.4%</b>
	<b>Never/less than annually</b>	<b>39.7%</b>
<b>Treatment Implementation (n=61)</b>	<b>Always/Almost Always</b>	<b>54.1%</b>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

**Evidence-based Treatment Survey**  
**Family Education and Support**

<b>Source of Training (n=54)</b>	<b>Grad School</b>	<b>24.1%</b>
	<b>Conf/wkshp/cont ed</b>	<b>24.1%</b>
	<b>Agency/inservice</b>	<b>18.5%</b>
	<b>Other/no</b>	<b>33.3%</b>
<b>Follow-up Frequency (n=46)</b>	<b>At least monthly</b>	<b>30.4%</b>
	<b>Annually</b>	<b>39.1%</b>
	<b>Never/less than annually</b>	<b>30.4%</b>
<b>Treatment Implementation (n=60)</b>	<b>Always/Almost Always</b>	<b>50.0%</b>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Social Skills Training**

Source of Training (n=56)	Grad School	25.0%
	Conf/wkshp/cont ed	32.1%
	Agency/in-service	25.0%
	Other/no	17.9%
Follow-up Frequency (n=52)	At least monthly	32.7%
	Annually	36.5%
	Never/less than annually	30.8%
Treatment Implementation (n=59)	Always/Almost Always	50.8%

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Case Management**

Source of Training (n=50)	Grad School	18.0%
	Conf/wkshp/cont ed	10.0%
	Agency/in-service	40.0%
	Other/no	32.0%
Follow-up Frequency (n=42)	At least monthly	45.2%
	Annually	38.1%
	Never/less than annually	16.7%
Treatment Implementation (n=51)	Always/Almost Always	58.8%


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Relevant Findings**

► **Provider**

- *demographic,*
- *workforce, and*
- *training and treatment implementation factors*

differed by type of EBP.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Implications**

► **To close the research / practice gap,**

- Important to understand the status of professional staff, their training needs, and treatment fidelity.
- Important to balance up-front organizational resources with achievement of long-term success.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Relevant Findings**

► **Provider characteristics differ depending on the EBP used.**

- CBT, anger management, and social skills training share similar features, i.e. target specific problem, manualized, have evidence base supported through efficacy trials.
- Wraparound, case management, and FES are emerging service delivery mechanisms or treatment approaches, which do not satisfy strict research requirements.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Relevant Findings**

► **Findings suggest that providers using manualized treatments (i.e. CBT, Social Skills, Anger Mgmt) are trained in graduate school.**

► **Findings suggest that providers using wraparound and case management are being trained through the agency, in-service, or through conferences, workshops, or continuing education.**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

Evidence-based Treatment Survey  
**Relevant Findings**

- ▶ Findings suggest absence of ongoing training and implementation fidelity for CBT, Anger Management, and Social Skills Training.
- ▶ Findings suggest high percentage of wraparound and case management providers participate in frequent follow-up training activities and believe they implement the full treatment protocol.

Evidence-based Treatment Survey

Questions