

## Applying Evidence-Based Practice in Real World Settings I & II:

Part 1: Does it work? Can it work? Voices from the field.

Part 2: Hands on demonstration, practice, and discussion

CENTER FOR THE ADVANCEMENT OF CHILDREN'S MENTAL HEALTH AT COLUMBIA UNIVERSITY

#### Purpose:

- Discuss training model developed at CACMH to train clinicians in EBIs
  - Focus on disruptive behavior disorders
- Part 1
  - Incentives and disincentives of employing EBT from various perspectives
- Part 2
  - Applied segment with focus on manualized skills and role-playing



#### Welcome

- · Peter Jensen, MD
- · Eliot Goldman, PhD
- · Karen Wells, PhD
- · Nancy Cunningham, PsyD
- · Danielle Heller, LCSW
- · Natoshia Raishevich, BA



# Introductory Comments from the Perspective of a Young Researcher

- CBT in research
  - Heavy grant support
    - High client retention
  - rate
    Thorough supervision
  - Clinicians from similar backgrounds
  - Client inclusion criteria
- Excellent treatment outcome
- · CBT in practice
  - Difficult to generate financial support
    - · Training new clinicians
  - Low client retention rateClinicians from varying
  - Clinicians from varying backgrounds
    - Clinician resistance
  - Complex clinical cases
  - Treatment outcome??



AT COLUMBIA UNIVERSITY

### **Introductory Comments**

- Do manualized treatments really address all of a child's problems? Comorbidity?
- · Best methods for training clinicians?
- · Are these approaches too scripted, stilted?
- Other challenges of adapting manual in clinical settings?



### Center for the Advancement of Children's Mental Health

- · Function of the Center
  - Bridge the gap between science and practice
  - Developed model to train clinicians to employ 4 evidence-based interventions
    - · Face to face trainings
    - Bi-weekly conference calls/support

