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

Part 2: Hands on demonstration, practice, and discussion

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 rate
  – Clinicians from varying backgrounds
  – Clinician resistance
  – Complex clinical cases
  – Treatment outcome??

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