New York State’s Evidence Based Treatment Dissemination Center for Children, Adolescents and Families: Measurement and Implementation Challenges

Kimberly Evans Hoagwood
New York State Office of Mental Health
Columbia University

Core Team for EBTDC
Formal collaboration between NYS Office of Mental Health and Columbia University
- NYS OMH: Oversight & Evaluation
- Columbia University: Training & Consultation

New York State’s Evolving System Change Model
- Train clinicians and supervisors using expert treatment developers and provide intensive consultation for 1 year
- Engage families in services by removing barriers to access: Target clinician outreach
- Empower families with tools, skills, and support: Target families and advocates
- Monitor using EBP assessments
- Target core social-organizational processes
- Incentivize change through fiscal realignment

The Evidence Based Treatment Dissemination Center Aims
Broad Aims:
- Improve the effectiveness of clinical services for children and families
- Decrease the research to practice gap
- Provide specialized training and year-long consultation in CBT for trauma and depression to approximately 400 practicing clinicians and supervisors throughout NYS
- Assess the feasibility of large scale treatment dissemination and identify barriers to sustainability
EBTDC Structure

- Two-year cycle. New EBPs selected each cycle.
- First effort: 417 clinician/supervisors trained on CBT for childhood trauma and depression (Cohen, Mannarino, Deblinger, 2006; Stark & Curry, 2006).
- Ongoing 1 year consultation bi-weekly by phone.
- Cost: Approximately $1,400 per clinician per year.

Treatment Developers

- Formal collaboration with EBT treatment experts in field
  - Trauma Focused-CBT
    - Judith Cohen, Tony Mannarino (Allegheny General Hospital, Drexel University College of Medicine), and Esther Deblinger (University of Medicine and Dentistry of New Jersey)
  - Depression Symptoms Intervention
    - Kevin Stark (University of Texas) and John Curry (Duke University)

Training and Consultation

- Workshop
  - Day 1
    - Overview of Project
    - Basic CBT Principles
    - Clinical Assessment
  - Day 2
    - CBT for depressive symptoms
  - Day 3
    - Trauma-Focused CBT

- Consultation Calls:
  - Bi-weekly 90 min telephone consultation for 1 year in groups of 8-12
  - Consultation provided by 4 trained part-time psychologist consultants
  - Monthly supervision for the consultants provided by a CBT expert (Albano)

Measurement

- Clinical assessment battery
  - UCLA PTSD Reaction Index (PTSD-RI)
  - Children's Depression Rating Scale (CDRS)
  - Strengths and Difficulties Questionnaire (SDQ)
  - Clinical interview
  - Suicide questions

- Evaluation
  - Training Satisfaction Rating Scale
  - Pre/post knowledge of CBT for trauma (with treatment developers)
  - Pre/post knowledge of CBT for depression (with treatment developers)
  - Attitudes & Beliefs about CBT (adapted from Kolko, Weersing)
  - Therapist Adherence Scale (with treatment developers)

The Trainings

- 9 Trainings
  - Held between June and October 2006
  - 417 completed the training and are participating in the bi-weekly consultation calls.
  - The 10th to be held in April for school mental health clinics

Clinician Demographics

- Age
  - Mean: 41.2 years old

- Gender
  - Male: 18%
  - Female: 82%

- Ethnicity
  - White: 76.1%
  - Latino(a): 13.7%
  - African-American: 5.7%
  - Asian: 2.7%
  - Alaskan/AI: 1%
Clinician Educational Background

- Social Work: 78%
- MFCC: 14%
- Psychology: 8%

Experience with CBT before Training

- None: 4%
- Little: 28%
- Some: 13%
- A lot: 26%
- Expert: 1%

Clinician Work Setting

- Outpatient: 89%
- Inpatient: 2%
- School: 5%
- In-Home: 2%
- Other: 3%

Clinician Attitudes about CBT Pre-Post Training

- Ratings on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree) on attitudes and beliefs about using CBT.

Clinician Knowledge about CBT for Depression

- 100% Pre-Post

Clinician Knowledge about CBT for Trauma

- 100% Pre-Post
Consultation Calls

Requirements for completion:
- 80% call attendance
- 3 case presentations

Call Format
- Attendance
- Presentations
- Check-in on cases
- Focus on specific EBT techniques

36 scheduled biweekly consultation calls
8-12 clinicians on each consultation call
231 consultation calls held to date
Each consultant manages 11 groups of clinicians with an average of 5 calls per week

Attendance

Of 417 trained, 8% have dropped out of the consultation program
73% have attended at least 75% of the consultation calls to date (through 6 months)
Primary reason for dropping out: job change, maternity leave, medical illness

Clinician Feedback

What is working
- Consultation calls assist in applying the protocols to real clients
- Improve accountability in use of protocols.
- Focus on specific techniques helpful in applying CBT with actual clients.
- Focus on assessment and how to use ratings is helpful in conceptualizing cases
- Helpfulness of calls rating (N=63 clinicians) (scale of 1-10)
  - Average rating 8.5

What needs work:
- Consultation Calls
  - Shorter calls with fewer clinicians on them
  - More direct instruction on protocol techniques
  - More role plays
  - More engagement training and support for working with challenging parents
  - Shorter assessments—especially for depression

Major Challenges

- Assessments: length, usefulness
- Engagement of families after intake
- Treatment dropouts
- Limited # of depression and trauma cases
- Disruptive behavior problems
- Balancing clinic productivity demands with use of the protocols.
20th Annual RTC Conference  
Presented in Tampa, March 2007

**Next Steps**
- 10 new trainings/consultations planned for 2007-08
- 400 new clinicians/supervisors to be trained
- Consultation to include special group for supervisors to meet monthly
- Limit of 7 clinicians/call
- Evaluation of length of consultation process (6, 9, 12 months)
- Therapist Competence Scale will be added
- Engagement-Empowerment Program to be added and evaluated through NIMH Center study

**Lessons Learned**
- Consultation call participation is more difficult than training participation but essential to create practice change
- Maintaining engagement in consultation calls past 6 months is challenging
- Integration of clinical assessments into practice is as important as knowledge of therapy techniques
  - Creating a feasible and practical EBT assessment process is critical
- Clinic issues (e.g., staff turnover, retention, norms and expectations, leadership) affect uptake of EBPs