

Workforce Development in Evidence-Based Practices





Presenters

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Agenda

- Why is EBP Workforce Development important?
 - Annapolis Coalition Report
- Early responses to recently launched survey of provider agencies by CFEBP Consortium
- Pioneering efforts to introduce EBP courses into graduate programs
- Next Steps



Financing Evidence-Based Programs and Practices:

Changing Systems to Support Effective Service

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With

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**For The Child and Family
Evidence-Based Practices
Consortium**

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Why is this important?

- Available research suggests that the vast majority of resources dedicated to helping individuals with mental health and/or substance abuse problems are human resources – estimated at over 80% of all expenditures (Annapolis Report, 2007)



The Desired Workforce

- One of the challenges is defining what level of education and / or skills are needed to “work” in one of the Evidence-Based Practices (EBP) models.



The Desired Workforce

- Focus-group representing different EBP models (MTFC, Incredible Years, MST, NFP)
 - Reviewed position descriptions
 - Developed lists of desired levels of education, knowledge-base, and experiences
 - Education Levels: most positions required Master's level preparation in a clinical area (nursing, social work, counseling, etc.)
 - Bachelor's level preparation could be considered with high levels of relevant experience



The Desired Workforce

- Knowledge-base: model-specific knowledge was endorsed by all participants
- Family Systems, Behavioral Parent Training, Cognitive-Behavioral therapy, child / adolescent development, social / life skills training



The Desired Workforce

- *Experiences:* in-home work with families, multi-agency collaboration, demonstrated engagement, verbal and written communication skills, openness to feedback, ability to implement an agreed-upon treatment plan



The Current Workforce

- Just over 500,000 clinically-trained mental-health professionals (graduate-level); estimates are close to that same number for substance-abuse treatment professionals (degree level less clear)
- Ethnicity is mostly non-Hispanic white
- For most disciplines, more than one-half are over the age of 50



The Current Workforce

- The vast majority are in urban locations
- Another 145,000 workers in mental health have Bachelor's level training or less (Annapolis Report, 2007)



The Current Situation

Master's Level Clinician Competencies in Evidence-Based Practices

Melanie Barwick, Ph.D., C.Psych., Health Systems Scientist, Associate Professor in Psychiatry and Public Health, The Hospital for Sick Children / University of Toronto, Toronto, Canada

Jim Wotring, M.S.W., A.C.S.W., Director, National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Washington DC

David Bernstein, MSW, Director, The Center for Effective Interventions, Denver, Colorado

And the **Evidence-Based Practice Consortium (USA, CANADA, EUROPE)**

A "snowball" survey of EBP provider agencies in US and Canada by the Child and Family Evidence-Based Practices Consortium

Launched 3-15-10; to date over 190 surveys completed

<http://www.surveymonkey.com/s/RMF8MN5>



Demographics (N= 128)

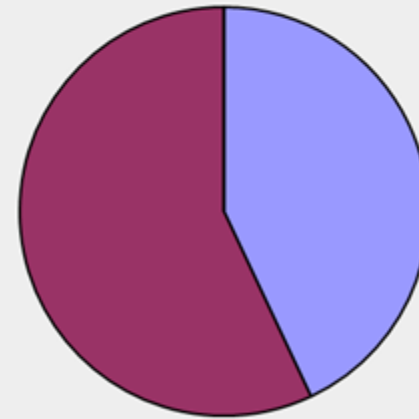
What is your job title?

Director of Clinical Services /

Treatment / Programs 53.1% 68

- Manager of Clinical Services / Treatment / Programs 46.9% 60
- Other (please specify) 43

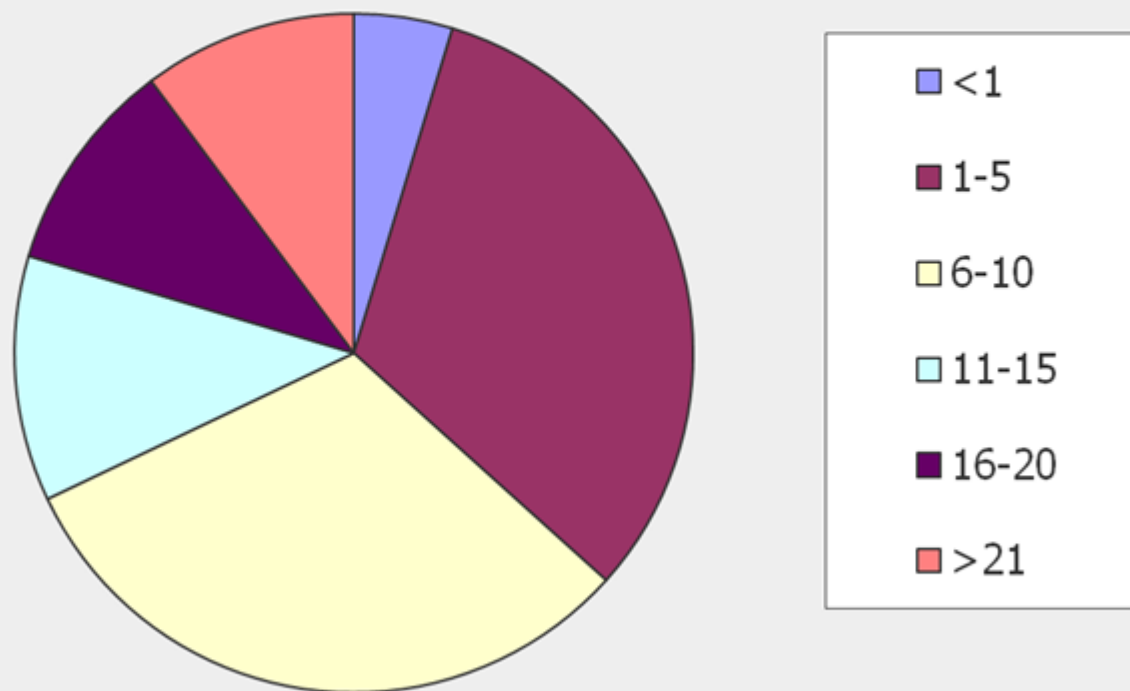
In what country is your primary employment?



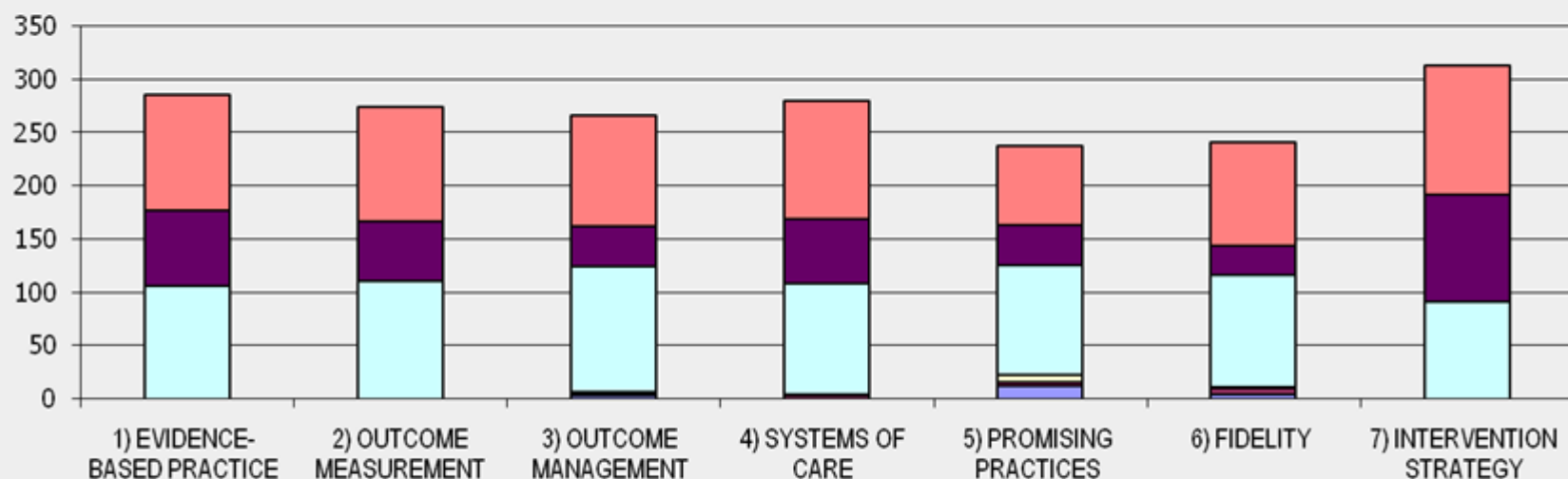
■ Canada ■ United States ■ Other



For how many years have you held responsibility for hiring and/or supervision?



Master's level clinicians (MSW, MA, MSc) must meet many standards of care. Some of these standards or competencies are directly related to evidence-based practice. The TERMS listed below are thought to be an important part of the knowledge base for Mas



■ No opinion

■ Not relevant for your organization

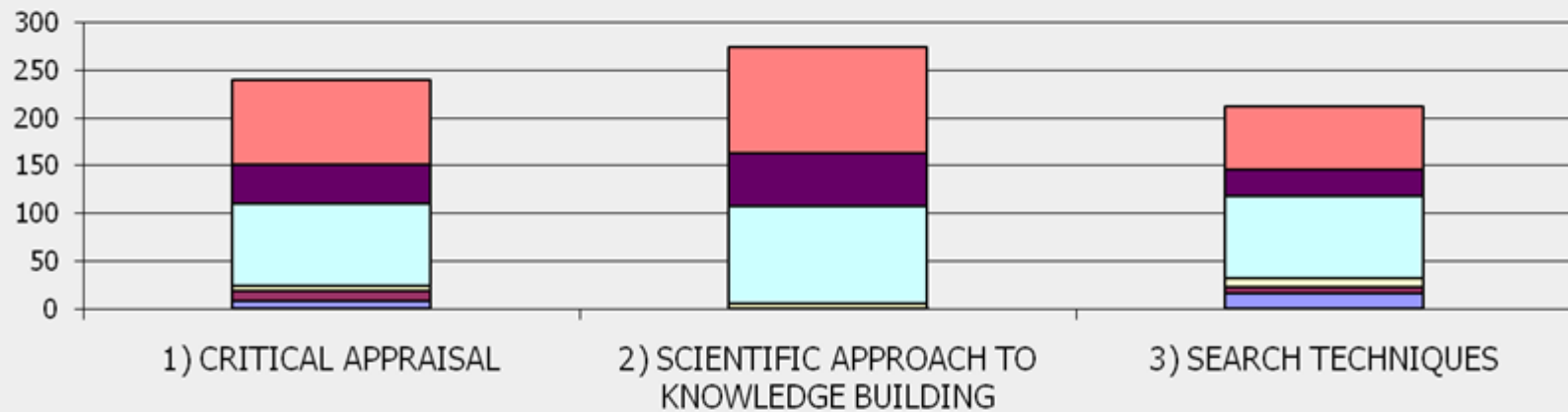
■ Majority understand when hired

■ Not very important

■ Learn in your organization

■ Needed to be effective

The items on this page pertain to competencies in RESEARCH AND ANALYTICAL SKILLS that relate to evidence-based practice. Please review the competency listed on each row and select your answers for each row- SELECT ALL COLUMN CHOICES THAT APPLY.



■ No opinion

■ Not relevant for your organization

■ Majority possess when hired

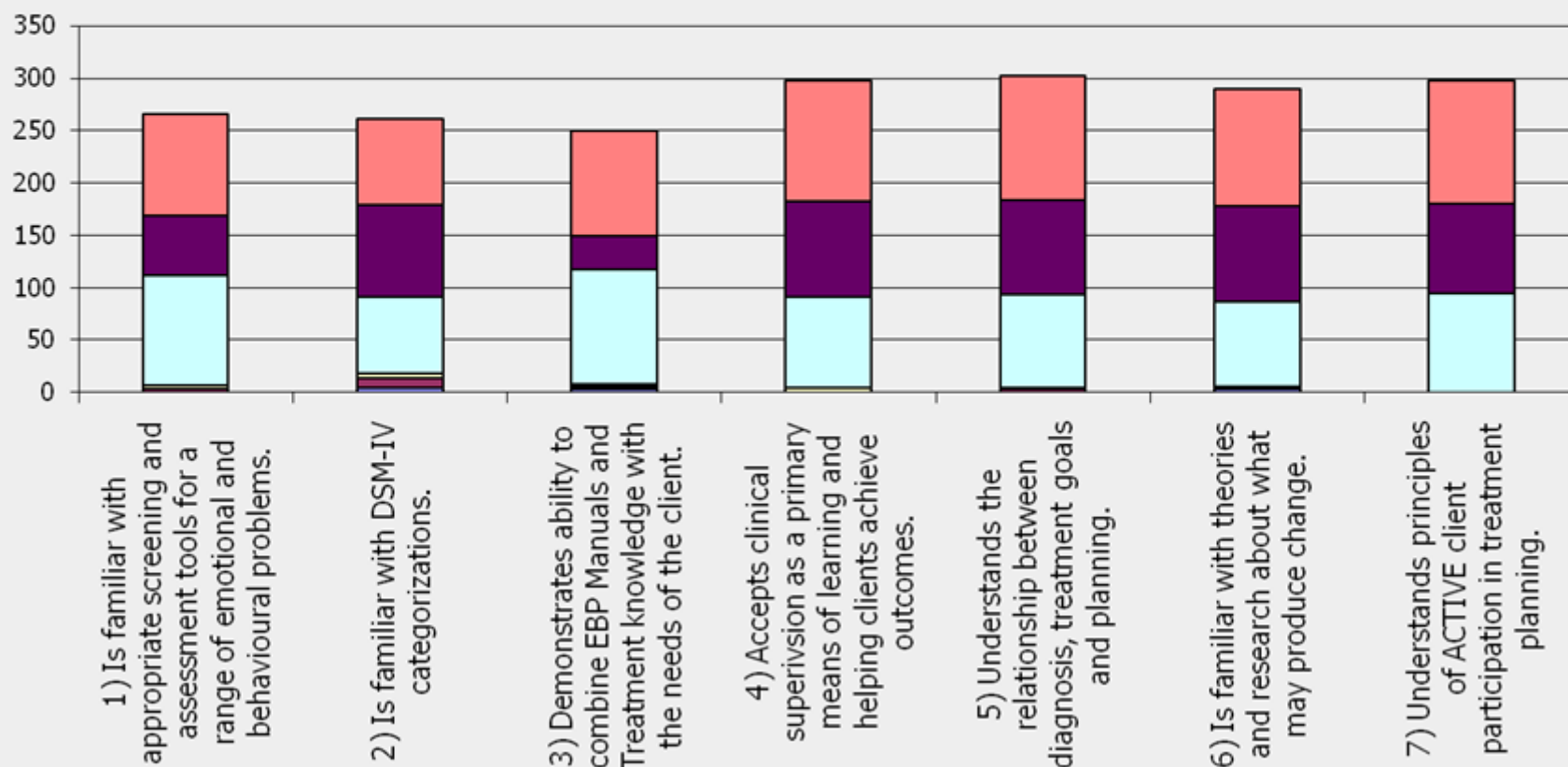
■ Not very important

■ Learn in your organization

■ Needed to be effective

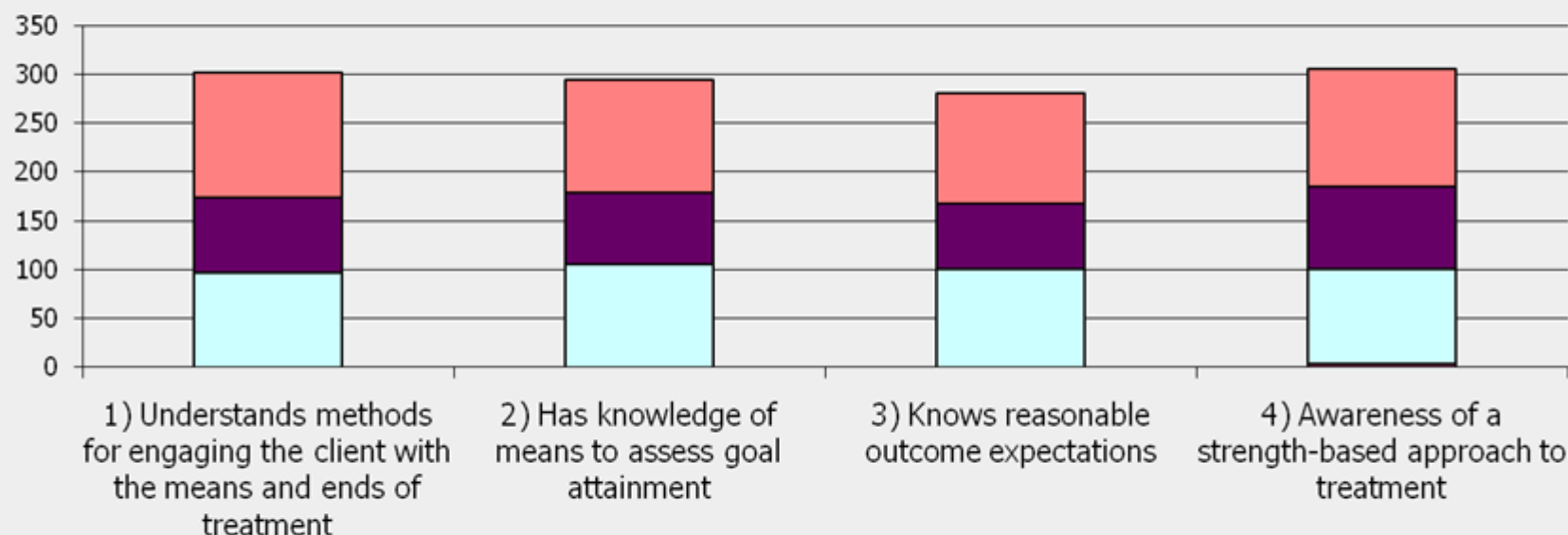
The questions on this page pertain to competencies in ASSESSMENT AND DIAGNOSIS SKILLS that relate to evidence-based practice. Please review each competency and select your answers for each row. SELECT ALL THE COLUMN CHOICES THAT APPLY.

- No opinion
- Not relevant for your organization
- Majority possess when hired
- Not very important
- Learn in your organization
- Needed to be effective



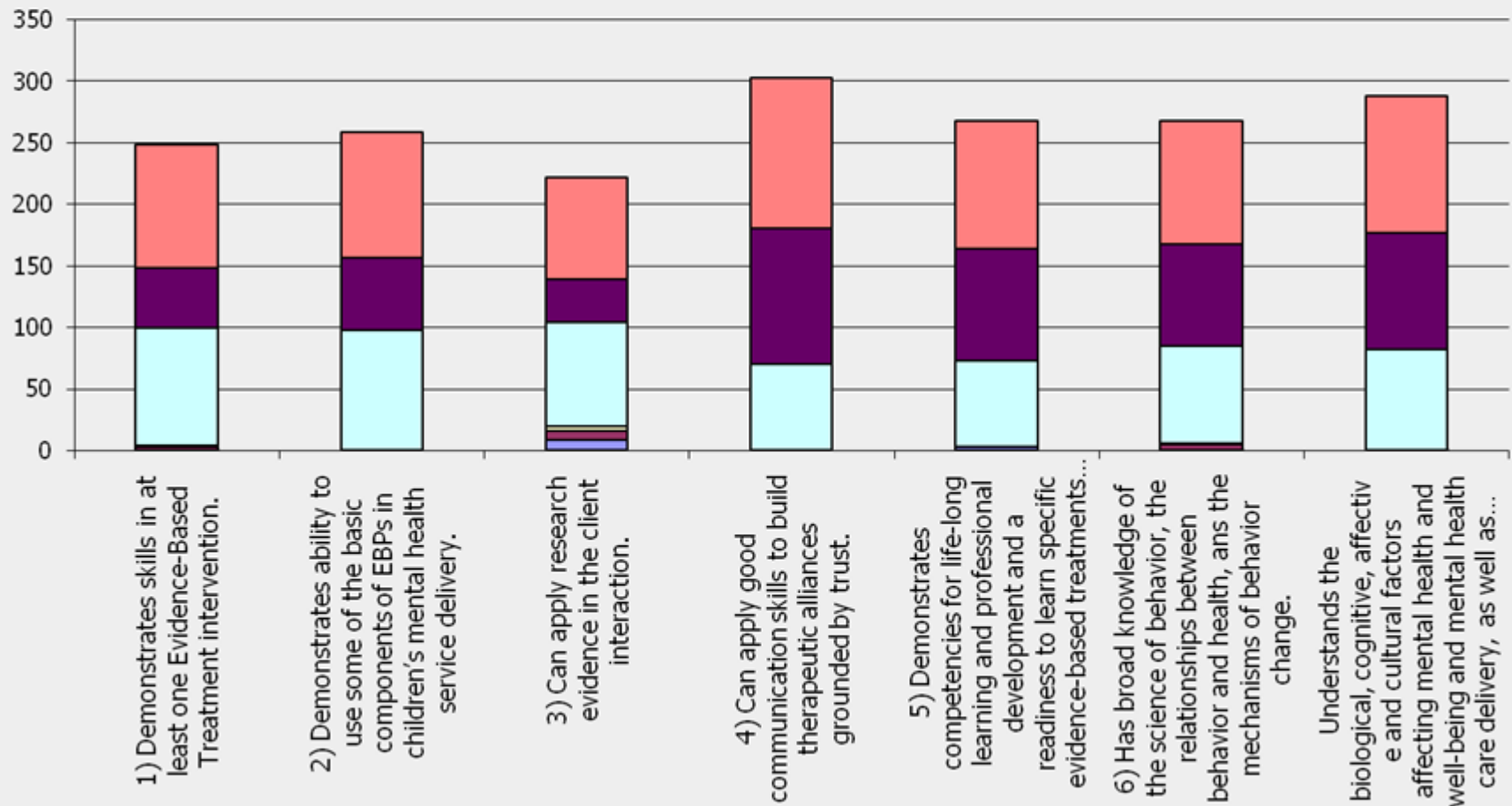
The questions on this page pertain to competencies in INTERVENTION AND OUTCOME EVALUATION SKILLS that pertain to evidence-based practice. Please review each competency and select your answers for each row. SELECT ALL THE COLUMN CHOICES THAT APPLY.

- | | |
|---|---|
| <input type="checkbox"/> No opinion | <input type="checkbox"/> Not very important |
| <input type="checkbox"/> Not relevant for your organization | <input type="checkbox"/> Learn in your organization |
| <input type="checkbox"/> Majority possess when hired | <input type="checkbox"/> Needed to be effective |



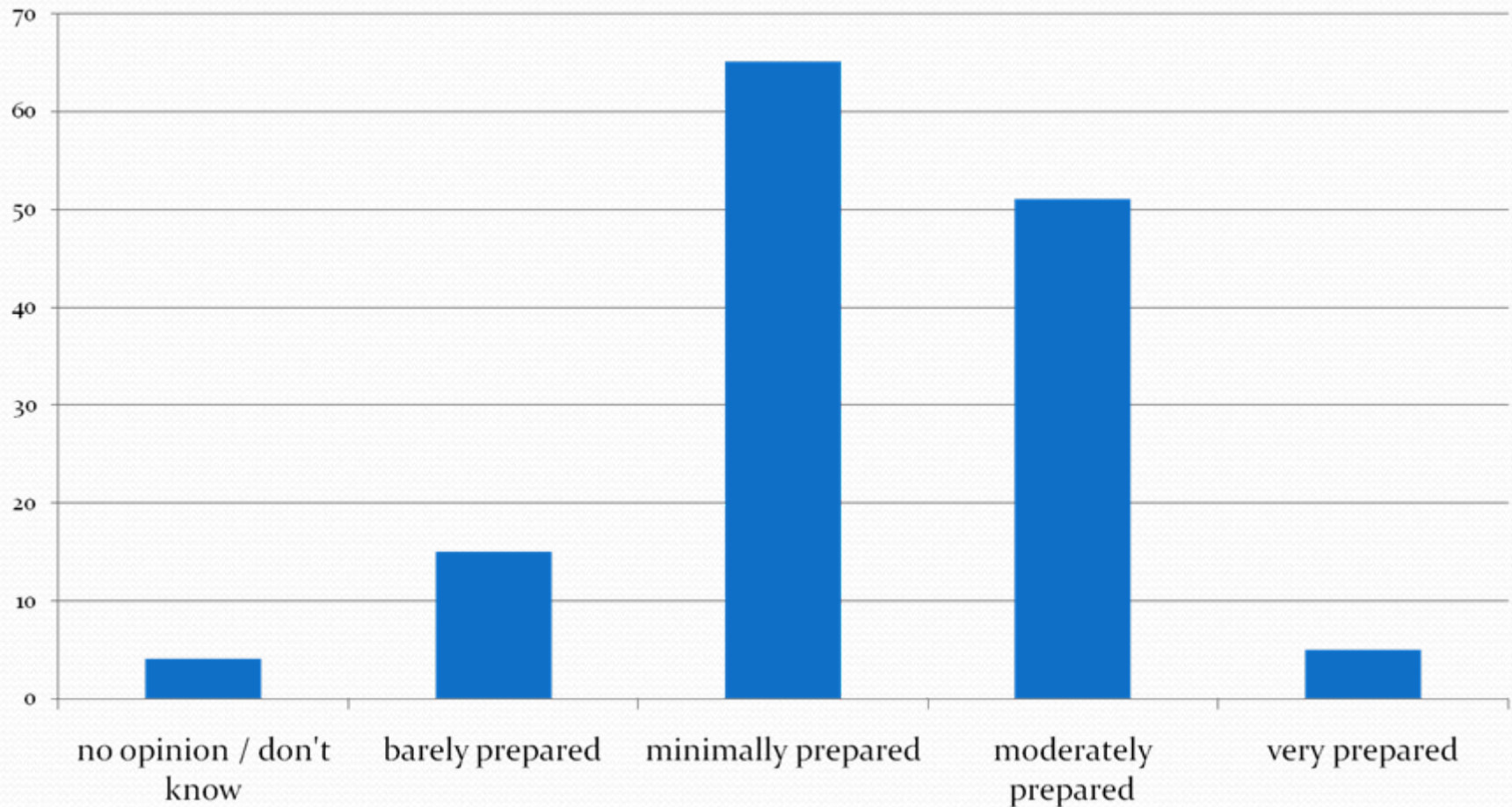
The questions on this page pertain to **CLINICAL THERAPEUTIC SKILLS** that related to evidence-based practice. Please review the competency listed below and **SELECT ALL** COLUMN CHOICES THAT APPLY.

- | | |
|---|---|
| <input type="checkbox"/> No opinion | <input type="checkbox"/> Not very important |
| <input type="checkbox"/> Not relevant for your organization | <input type="checkbox"/> Learn in your organization |
| <input type="checkbox"/> Majority possess when hired | <input type="checkbox"/> Needed to be effective |

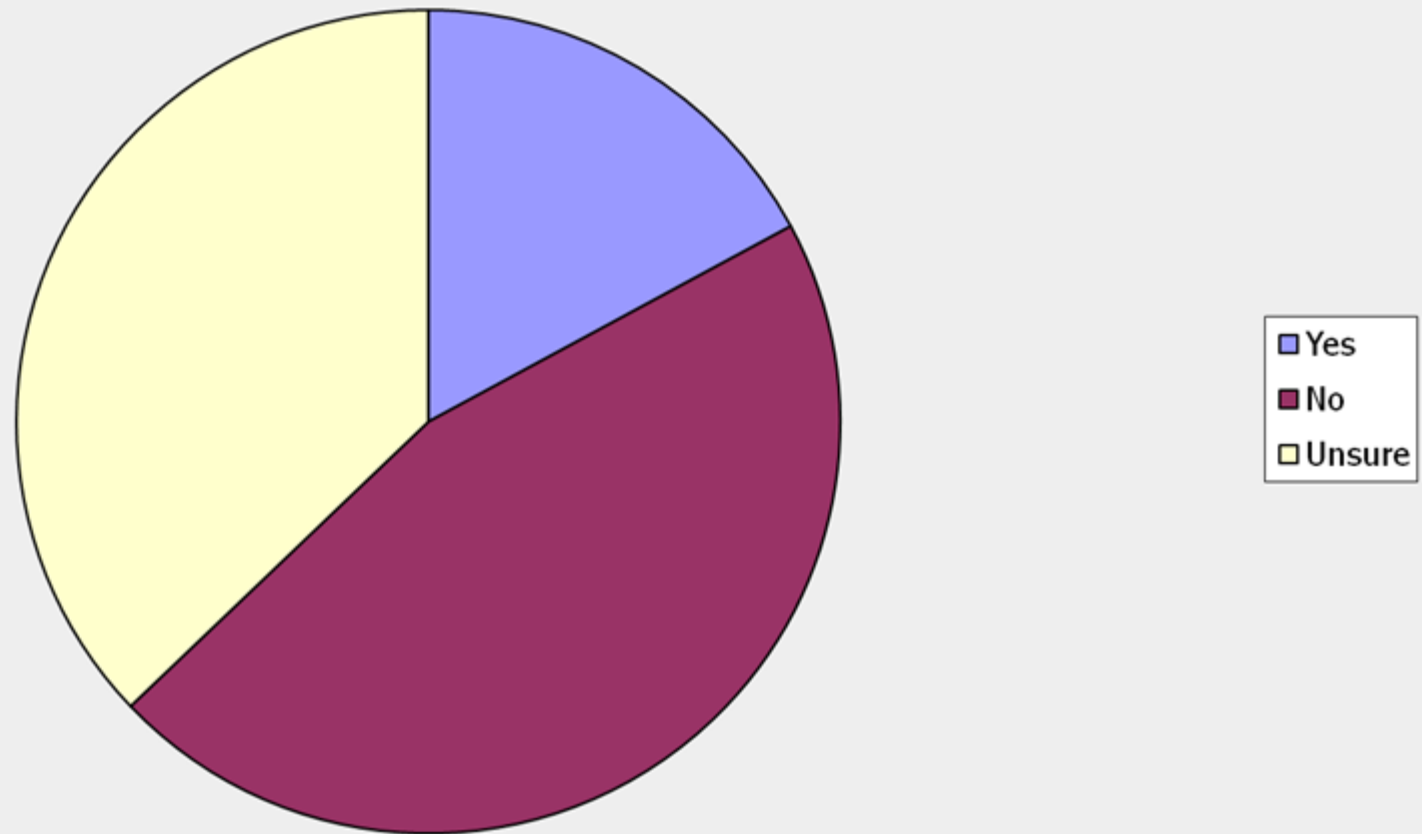




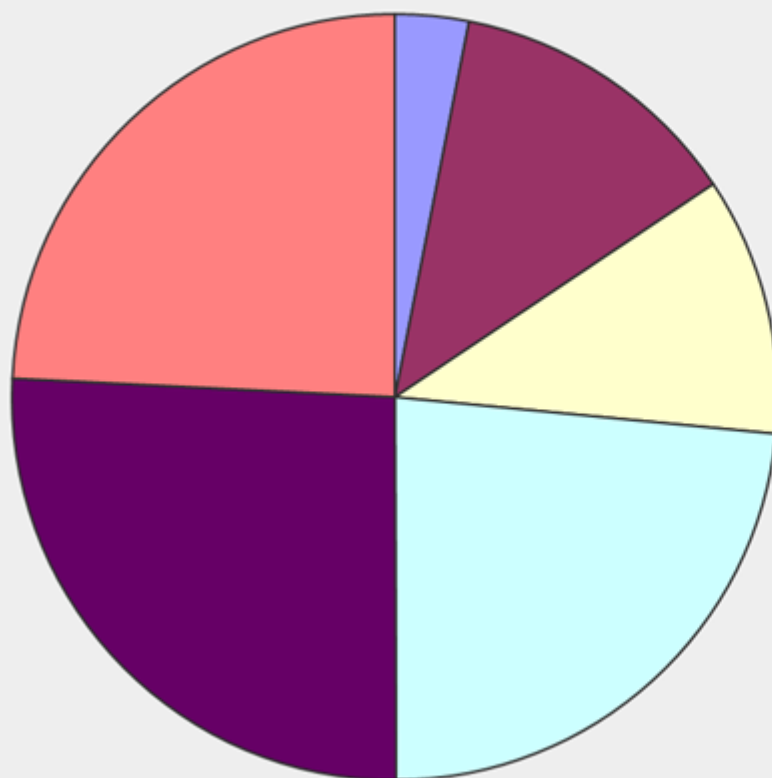
To what extent do you feel new Master's trained hires are prepared for evidence-based practice?



To your knowledge, has anyone in your organization contacted local institutions of Higher Learning (colleges, universities) to discuss the level of preparation of new Master's graduates working in child and youth mental health?



Please estimate your organization's annual budget:



■ < \$500,000

■ \$501,000 - \$1,000,000

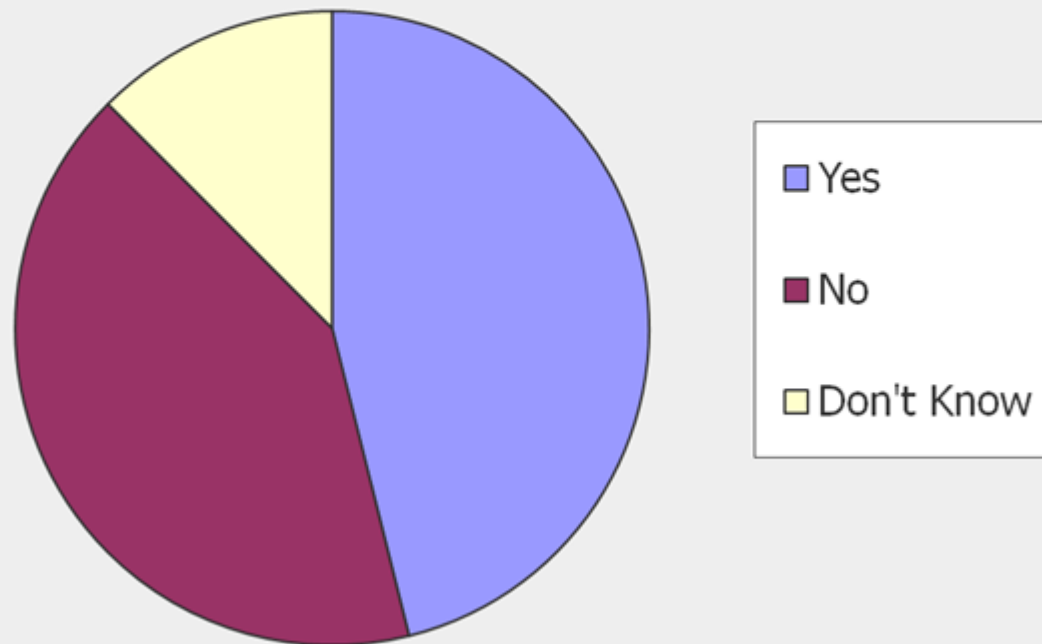
■ \$1,100,000 - \$2,000,000

■ \$2,000,000 - \$5,000,000

■ \$5,000,000 - \$10,000,000

■ > \$10,000,000

Does your organization receive training, supervisory, or fidelity support from a Purveyor Organization in support of a particular evidence-base





Very Early Observations

- For the most part, all the competencies listed are considered “needed in order to be effective”.
- Most of the competencies are learned on the job, with the exception of “intervention strategies”.
- The majority feel Master's trained hires are minimally prepared for clinical practice.



Next Steps

- One recommendation from the Annapolis Coalition Report is to increase the relevance, effectiveness, and accessibility of training and education in Evidence-Based Practice.



Training and Education

- **Pioneering examples**
 - **Connecticut**
 - **University of Washington**



Workforce Development for Evidenced-Based &
Promising Practice In-Home Family Treatment Models in
CT:

**BUILDING PARTNERSHIPS
WITH HIGHER EDUCATION TO
BETTER SERVE FAMILIES**

Elisabeth Cannata, PhD, Wheeler Clinic

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Questions

- How do we best connect classroom learning in graduate school training programs to the most current practices in the behavioral health service delivery system?
- How can we facilitate opportunities for consumers/families to be part of graduate training?
- How do we track the impact of the training program on workforce development?



EBP models in CT

- MST – Multi Systemic Therapy
- MDFT – Multi Dimensional Family Therapy
- IICAPS – Intensive In-Home Child & Adolescent Psychiatric Services
- MST-BSF – MST for Building Stronger Families
- MST-PSB – MST for Problem Sexual Behavior
- FFT – Functional Family Therapy
- BSFT – Brief Strategic Family Therapy
- FBR – Family Based Recovery
- F-SATS – Family Substance Abuse Treatment Services



Shared Characteristics of These Programs

- In-home
- Family-focused, strength-based approach to treatment
- Targeting high need/high risk populations
- Comprehensive assessment and intervention
- Extensive training for therapists
- Established mechanisms for ongoing quality assurance



Provider Concerns

- Insufficient number of well-qualified applicants for the large number of in-home positions across the state:
 - New graduates not aware or misinformed about the models
 - Many lack background/core skill-set to be best prepared for EBP and/or for the specific models that have been presented
 - (Trained) misconceptions and suspiciousness of EBP



Workforce Development Needs in Connecticut

- Increased number of therapists entering the CT workforce with interest and the foundational skill-set to do evidence-based, in-home therapy with families
- Increased curriculum attention within graduate training programs to the in-home EBPs
- Ongoing initiatives to bring together key stakeholders to continue to inform and improve the service delivery system



Collaborative Solution for Workforce Development

Development and dissemination of a graduate level semester course

“Current Trends in Family Intervention: Evidence-Based and Promising Practice Models of In-Home Treatment in Connecticut”



Course Development

- Accurate presentation of targeted models (with approval of course content by model experts)
- Provide positive framework for evidence-based practice to address misconceptions
- Identify and highlight shared core competencies for these models



Course Dissemination

- Development of a **tool kit** with all necessary course materials
- **Faculty Fellowship** to train and support faculty interested in teaching the course
- **Financial support** to launch course within graduate curriculum of training programs across the state
- Assist in **recruitment of students** to take the course



Phase I Outcomes:

- 6 faculty fellows trained
- 6 CT graduate training programs offered the course:
 - ❖ University of Hartford – Clinical Psychology
 - ❖ UConn – Marriage and Family Therapy & Social Work
 - ❖ Central CT State U – Marriage and Family Therapy
 - ❖ Southern CT State U – Marriage and Family Therapy & Social Work
- 75 students completed the course
- 9 family members participated as guest presenters
- 28 provider presentations
- Students completing the course received certificate



University of Washington Workforce Development Task Force Children's mental health

Goal: Improve the preparation of University of Washington students to provide and support evidence based practices (EBPs) for children's mental health (CMH) when they graduate to the workforce in WA State.

Suzanne Kerns, PhD, University of Washington
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Multidisciplinary task force

- School of Social Work – graduate and undergraduate
- College of Arts and Sciences - Psychology Department
- School of Nursing – Dept of Psychosocial and Community Health and Family and Child Nursing
- School of Medicine - Psychiatry and Behavioral Sciences Department – psychiatry residents, psychology interns, and psychiatry child fellows
- School of Medicine - Pediatrics Department
- College of Education – Educational Psychology, Special Education, Teachers Education Program (elementary and secondary education)

Interdisciplinary Student Survey



- 81 participants in the self-described graduate or post-doctoral programs participated in the survey:
 - MSW (Administrative, Children and Families, Community, General Practice, Mental Health, and Policy)
 - Psychology PhD and Residents (Child & Adult specialties)
 - Special Education
 - Nursing
 - Psychiatry Residents and Fellows (Child & Adult specialty).



Interdisciplinary Student Survey

- **88% would like to learn more** about Evidence Based Practices compared with 2% of students would not (10% were unsure)
- Of 15 common EBPs, only 4% of students had received clinical supervision while practicing a given intervention and **only 5% had taken coursework in a given intervention**
- Of 15 common clinical approaches and strategies which underlie evidence based interventions, **less than 3 in 10 students had formal instruction in a given clinical approach or strategy**



Programs for Referrers

- **Referrers do not need to be able to implement the CMH-EBP but do need to know**
 - What they are
 - For whom and for what are they effective
 - Any contra-indications and other inherent limitations
 - How to do know if the version provided is of sufficient quality and quantity
- **Speaker series to provide information**
 - 8 monthly lectures (1 hour)
 - University students, faculty, and community partners invited to attend
 - Provided by content experts
 - Video recorded and posted on EBPI website



Next Steps

- **Advocacy for EBP Model Inclusion in Graduate Curricula**
 - Top Down
 - APA
 - CSWE
 - LPC Accreditation Body
 - **Bottom Up**
 - Leverage of provider agencies with local graduate institutions