

Developing the Workforce for Evidence-Based Practices



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The Child and Family
Evidence-Based Practices Consortium



News

Website Launching

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Calendar of Events

Monthly Meetings of Committees

Policy/Workforce Development
Global Implementation
Conference
Research (SINRG)

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ABOUT US

PROJECTS

REPORTS

MEMBERS

LINKS



About Us

The EBP Consortium began in 2004 when several individuals came to realize many of us were operating in a vacuum while trying to do similar activities to promote the adoption of EBP programs and practices in different parts of the US and Canada. From this a synergy developed, first via phone calls and soon at annual meetings. From there we organized along lines of interest to work on projects.

Consortium members work nationally and with states, provinces, and communities in a variety of ways, including consulting on selecting EBPs, assessing readiness for implementation, providing training and technical assistance for specific EBPs, convening conferences, and conducting research and evaluation of EBPs and implementation methods.

Join us in this exciting endeavor!



The Child and Family Evidence-Based Practices Consortium © 2010

Evidence-Based Practice Consortium

A global collaboration of researchers, administrators, and consultants who seek to promote the implementation and dissemination of evidence-based and promising practices in the area of child and family behavioral health.

www.ebpconsortium.com/

Discussion Agenda

- Review of the issue
- The multi-faceted challenge
- Past, present and future actions
- Open discussion

The Problem at Hand

Despite increasing urgency for the implementation of evidence-based practices in behavioral health, many are experiencing difficulty hiring clinicians who are suitably prepared to work in an evidence-based environment.

Annapolis Coalition

- The Annapolis Coalition is a non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field.
- <http://www.annapoliscoalition.org/>

Annapolis Coalition

Best Practices in Behavioral Health Workforce Education & Training

Draft 10-2-03

Methods of Teaching

- 1. Education & training is competency-based.
- 2. Students are taught the process of life-long learning.
- 3. Practice guidelines are used as teaching tools.
- 4. Students develop competency with manualized therapies.
- 5. Teaching methods are evidence-based.

Content of Education

- 6. Curricula are routinely updated to address the values, knowledge and skills that are essential for practice in contemporary health systems.
- 7. Skill development focuses on clinical, clinical management, and administrative capabilities.

Adapted from the work of the *Annapolis Coalition on Behavioral Health Workforce Education*. M.A. Hoge, L.Y. Huey, & M.J. O'Connell (draft). Best practices in behavioral health workforce education and training.

© Barwick, Melanie / Hospital for Sick Children / EBP Consortium



So Then What Happened?

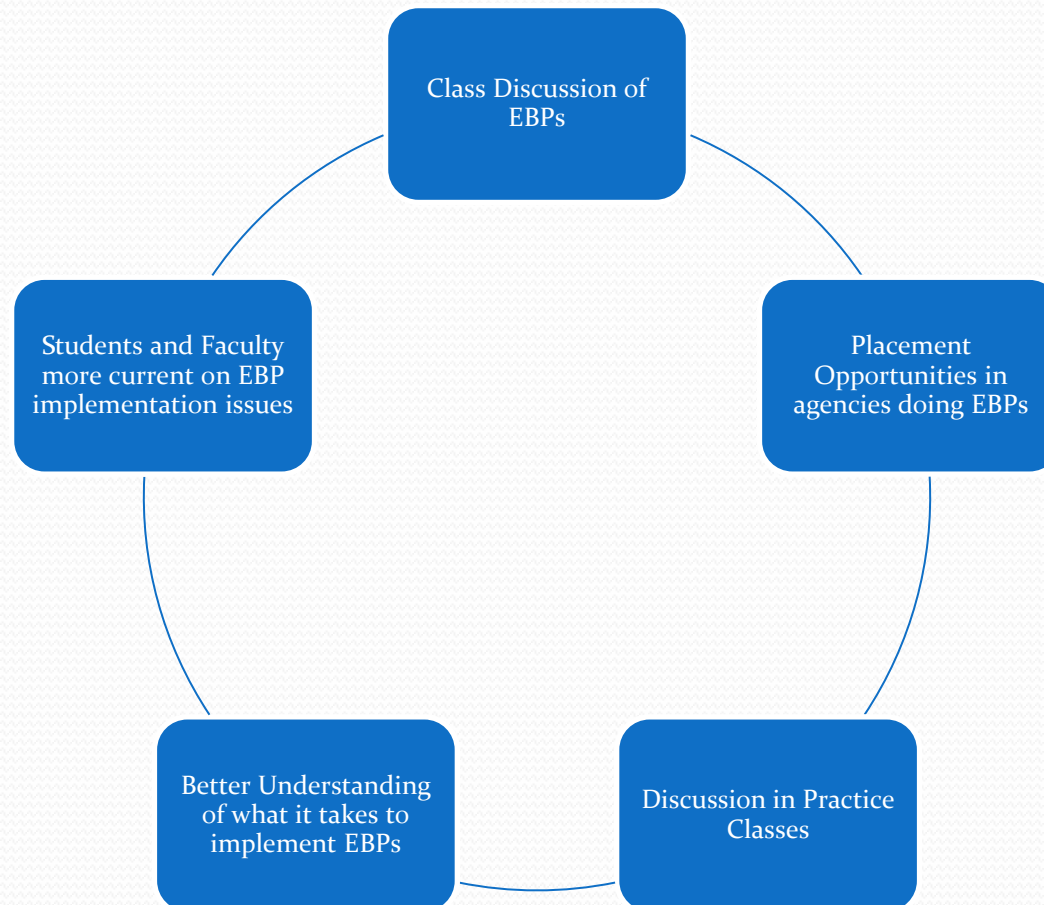
- Many discussions within professional accreditation bodies, committees have been appointed, guidelines have been expanded to incorporate EBPs and “Best Practices”
- One Example – The Educational Policy & Accreditation Standards of the Council on Social Work Education

Educational Policy 2.1.6—Engage in research-informed practice and practice-informed research

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- Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers
 - use practice experience to inform scientific inquiry and
 - use research evidence to inform practice.

Potential Benefit of Inclusion of EBPs in Curriculum





Why is This Difficult?

- In the Classroom
 - Issues of academic freedom
 - Negative attitudes about EBPs
 - Lack of interested faculty
- Lack of available field placements
 - Can be expensive for agencies (billable hours)
 - Can be time-consuming for staff
 - Restrictive nature of some EBPs

Why Competencies Matter

- The field of behavioral child and youth health struggles with closing the research to practice gap and implementing evidence-based treatments (EBPs) with proven efficacy in practice environments
- BUT, are clinicians suitably trained to take on the challenge of delivering EBPs?
- Despite a growing number of evidence-based treatments for children and youth presenting with emotional and behavioral problems, a handful of reports have suggested that practitioners are not prepared to deliver them (Lehman et al., 1998; Hoge, Leighton, & O'Connell, 2004; Hoge, Tandora, and Marrelli 2005; Institute of Medicine 2000; 2001; 2003).
- We have a mental health workplace dilemma

Our Survey Approach

Based on the concerns discussed in the literature as well as anecdotally among behavioral health care specialists in the Consortium, we conducted a survey to explore the competencies and knowledge base among Master's trained clinicians working in child and youth behavioral health.

The survey was intended to be completed by individuals who

- 1) have supervisory and/or hiring responsibilities and,**
- 2) who are involved in providing child and youth mental health services within the mental health sector, juvenile justice sector, or child welfare sector.**

Source: Barwick M. (2011). Master's level clinician competencies in child and youth behavioral health care.

Report on Emotional and Behavioral Disorders in Youth, 11(2), 32-39.

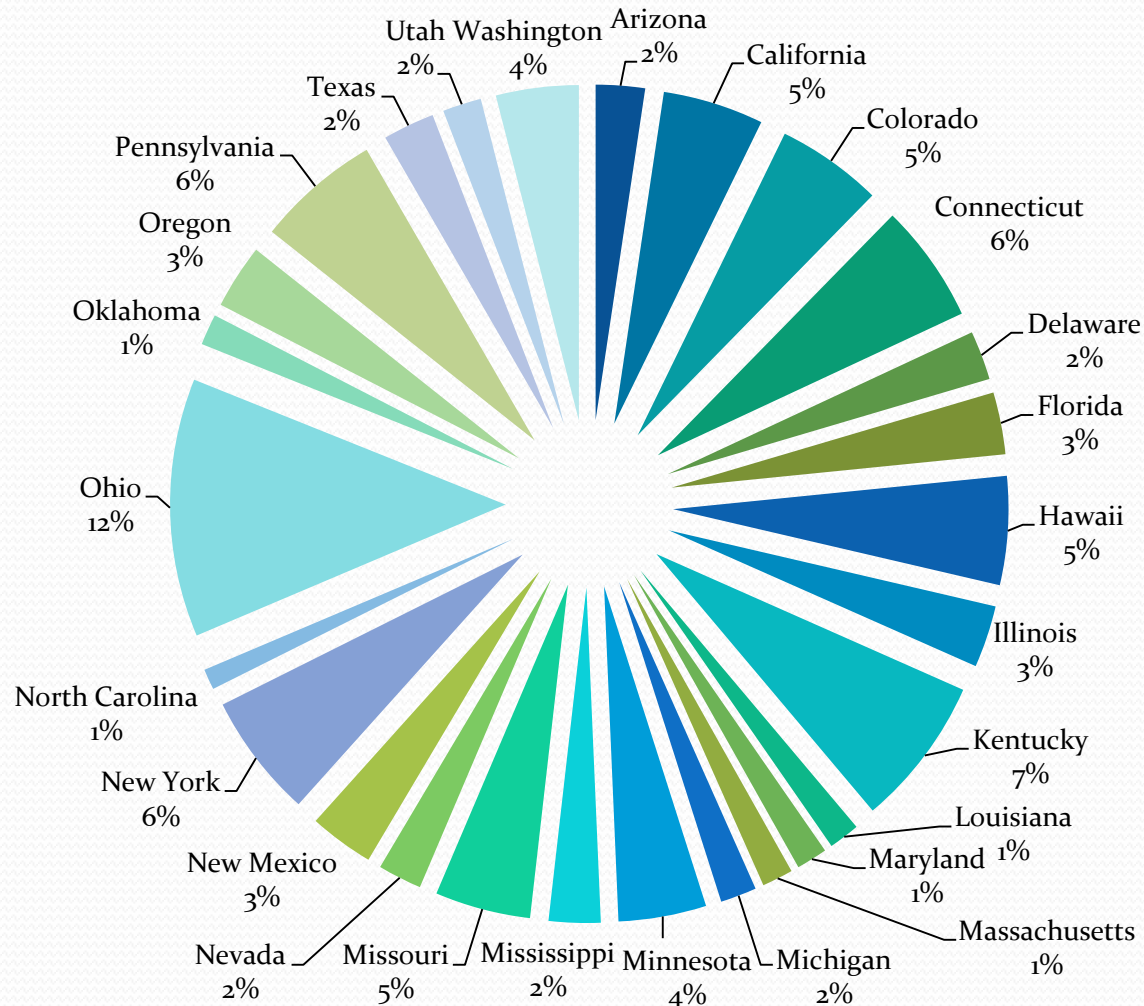
Survey Methods

- Conducted between March and August 2010
- Snowball sampling strategy was used to reach as many respondents as possible. Survey links were sent to all Consortium members who themselves were asked to *snowball* the request to their networks and contacts working in this field.
- Survey Areas
 - Knowledge of Terminology related to evidence-based practice,
 - Key Competencies - Research and Analytical Skills
 - Key Competencies - Assessment and Diagnosis
 - Key Competencies - Intervention and Outcome Evaluation
 - Key Competencies - Clinical Therapeutic Skills
 - General Considerations regarding competencies

Respondent Characteristics

- **589 final respondents**
- 71.1% female
- 54.6% between 36 and 55 years of age
- 40.1% Social Work; 23.8% Counseling; 21.1% Psychology
- 66.2% Master's and 10.5% Ph.D.
- 56% identified themselves as managers; 44% as Directors
- Nearly half (48.9%) of the responding provider organizations receive training, supervisory, or fidelity support from a purveyor organization in support of a particular evidence-based practice or program.

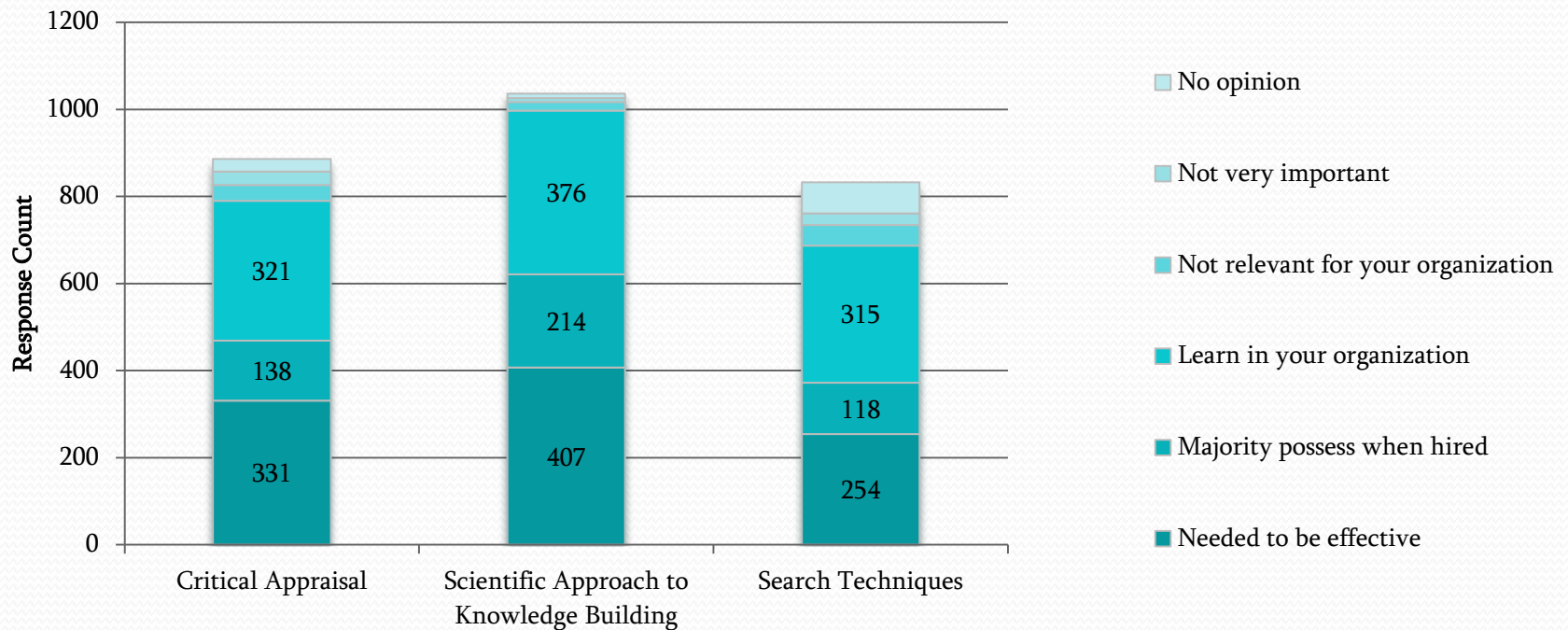
USA Respondents



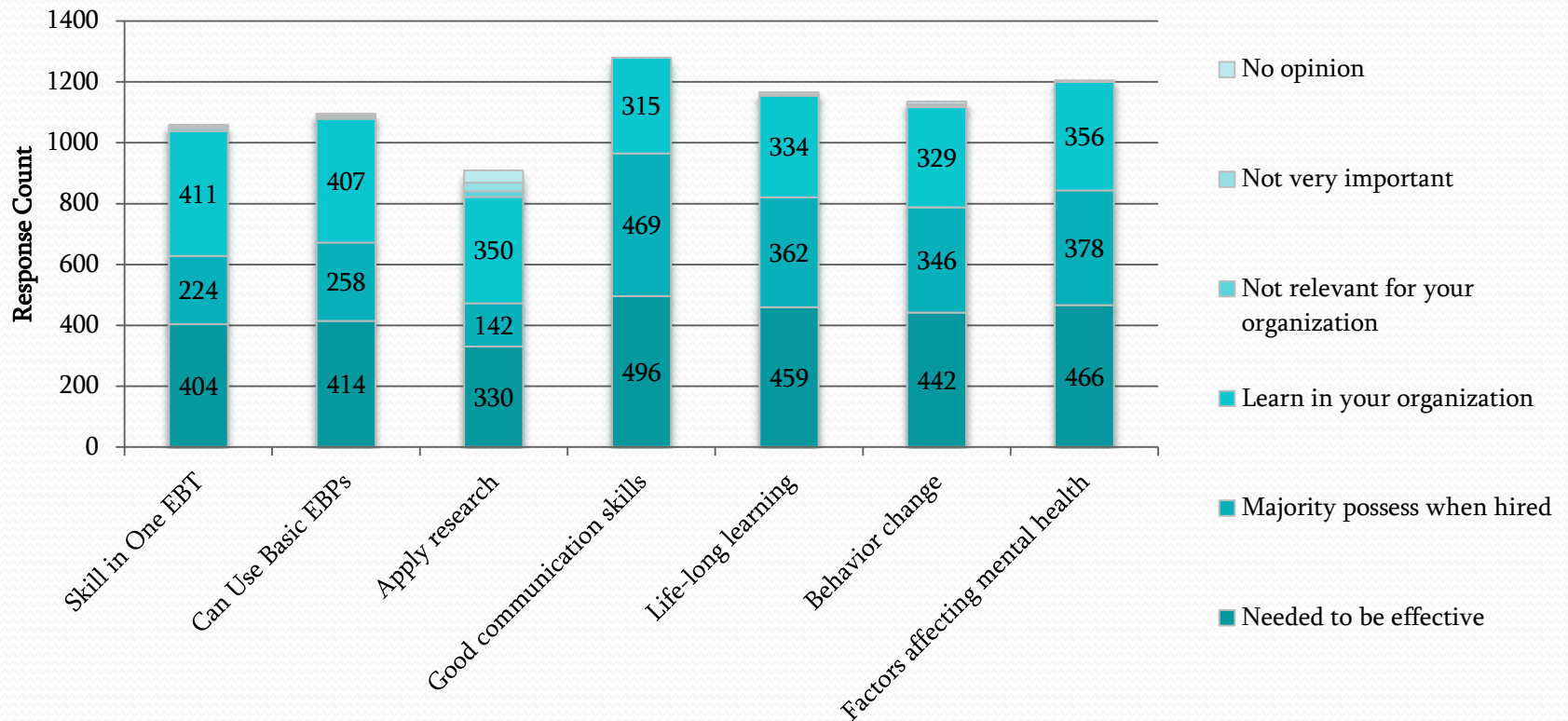
Survey Note:

- The survey asked respondents to rate whether knowledge, competencies, or skills were important for effectiveness on the job, whether MA clinicians had this knowledge, competency or skill when hired, and/or whether they learned the knowledge, skill or competency on the job. Options were provided for respondents to indicate whether the knowledge, skill or competency was ‘not relevant for their organization’, ‘not important’, or if they had ‘no opinion.’
- Responses choices were not mutually exclusive, and respondents were instructed to endorse all that applied for each item.

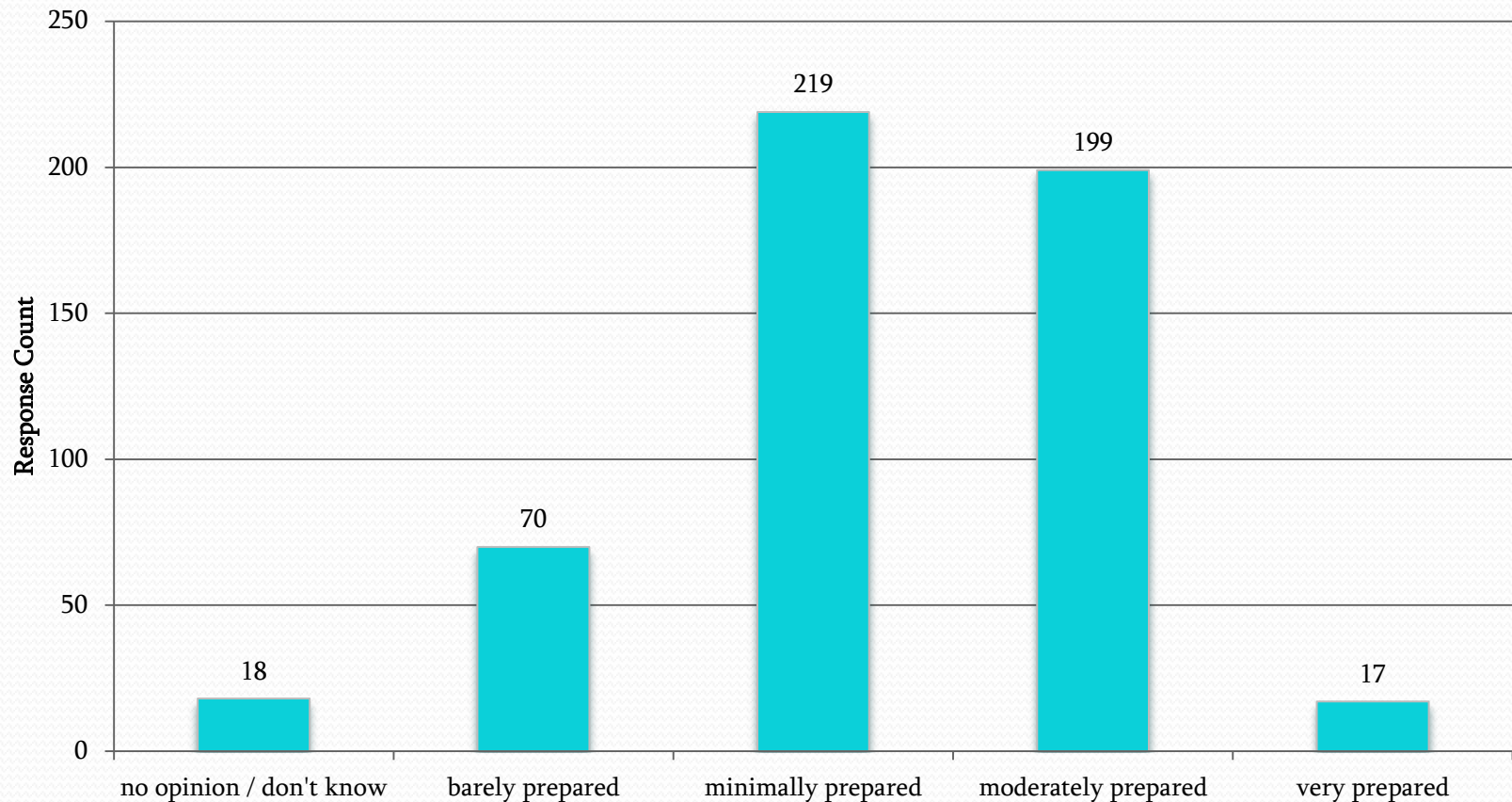
Knowledge of Research & Analytical Skills



Clinicians Knowledge of Clinical Therapeutic Skills



Clinicians' Level of Preparation





Conclusions

- Many areas of knowledge, skill, and competency are regarded as necessary for effectiveness on the job, and most are learned on the job. Few areas of knowledge, skill, and competency are learned in academic programs, and for the most part, MA trained clinicians are arriving on the job with much yet to learn.
- Preparation for evidence-based practice falls largely on the shoulders of CYMH provider organizations that have varying capacity to fulfill on-the-job workforce preparation due to cost and clinical service imperatives.
- **Individual competency is but one determinant of effective work performance (Hoge et al., 2005). Individual competency is necessary but not sufficient. Organizational characteristics must also be considered, including the nature of the *information* available, the *environment*, the *tools* available, and the factors that can enhance *employee motivation* and *readiness for practice change*.**

Moving Forward

- Our study was an attempt to better define the knowledge, skills, and competencies required of the behavioral healthcare workforce working in child and youth mental health, from the perspective of those individuals in positions of hiring and supervising new clinicians. This **fulfills the first recommendation made by The Annapolis Coalition; that behavioral health competencies should be identified for a broadly defined workforce.** We have used survey methods with opportunities provided for open ended responses to questions of competency, knowledge, and skill.

- **The competencies identified in our study mirror those highlighted as essential by the Coalition:**
 - the identification, assessment, treatment, and prevention of mental health problems or illnesses and substance use disorders, including s. the care of individuals with co-occurring mental and addictive disorder
- **Our results went further, however, by identifying other competencies deemed essential for effective clinical service in an evidence-based environment:**
 - the importance of business-related skills, communication and reporting skills,
 - **appreciation for the importance of lifelong learning**
 - the importance of cultural competency and respect for diversity.
 - **the importance of teamwork and systems** are highlighted in their 5th recommendation, and shows itself in our survey findings as well.

Recommendations for Service Providers

1. Identify gold standard EBP professional development and implementation models to replicate across organizations;
2. **Behavioral healthcare providers need to engage with institutions of higher learning (IHLs) to discuss and explore common needs and develop competencies in collaboration with other groups (e.g., care recipients, experts);**
3. **Behavioral healthcare provider organizations should take steps to incorporate the characteristics of learning organizations and build a culture of evidence-based practice.**

Recommendations for Accreditation Bodies

1. Work with institutions of higher learning, service provider organizations, and other stakeholders to define core competencies and ensure they are embedded in accreditation standards (e.g., APA, CSWE) for university programs in behavioral healthcare;
2. Explore methods of reward, recognition, and consequences for EBP service delivery and implementation and innovation in these areas.

Washington University MSW Reaccreditation to CSWE- An Alternative Re-Affirmation Project Proposal Submitted to the Commission on Accreditation, Council on Social Work Education (2008-09)

Recommendations for Higher Learning

1. Identify gold standard EBP teaching models to replicate and engage in curriculum renewal;
2. Engage with service provider organizations to dialogue and explore common needs and develop competencies in collaboration with other groups (e.g., care recipients, experts) and improve their readiness to renew curricula and meet the needs of the field.
3. Advocate for agencies to offer more EBP and Best Practice experiences to students.

Recommendations for Research

1. Replicate the competencies identified in research to date;
2. Study the clinician competencies and client outcomes for practitioners coming from exemplary, gold standard programs;
3. Study the characteristics of organizational learning and change in mental health systems.

Next Steps

- Survey graduate programs, beginning with those offering MSW programs in US & Canada

Dilemma of Defining Evidence-Based

- Dilemma we pondered
 - Social Work defines EBP very broadly
 - Our choice to query instruction in evidence based treatment models
- We hope to inspire discussion in faculty of each program

Our Definition of EBP

- “Evidence-based practice” (EBP) or “evidence-based treatment” (EBT) refers to those specific treatment models that meet the following criteria:
 - Clearly defined target population(s)
 - A treatment manual specifying phases of treatment and key activities for implementation/delivery of the model
 - A rigorous basis of empirical support demonstrating the effectiveness of the model through random-assignment control group studies.

Upcoming Survey of Graduate Programs

- Sent to every accredited MSW program director in US & Canada
- We plan to also explore field and post graduate opportunities to apply knowledge/skills developed in EBP courses
- We also want to learn what barriers programs face in teaching evidence based treatment models

● Thoughts from Audience