

# EBP Implementation in WA Public Mental Health: A View from the Field



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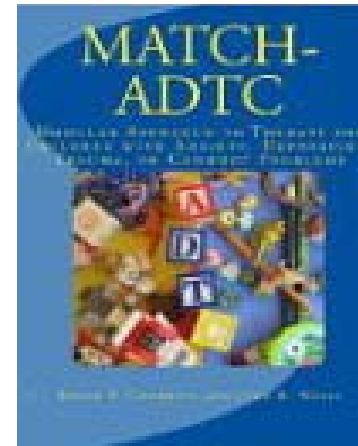
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# The Dissemination Initiative

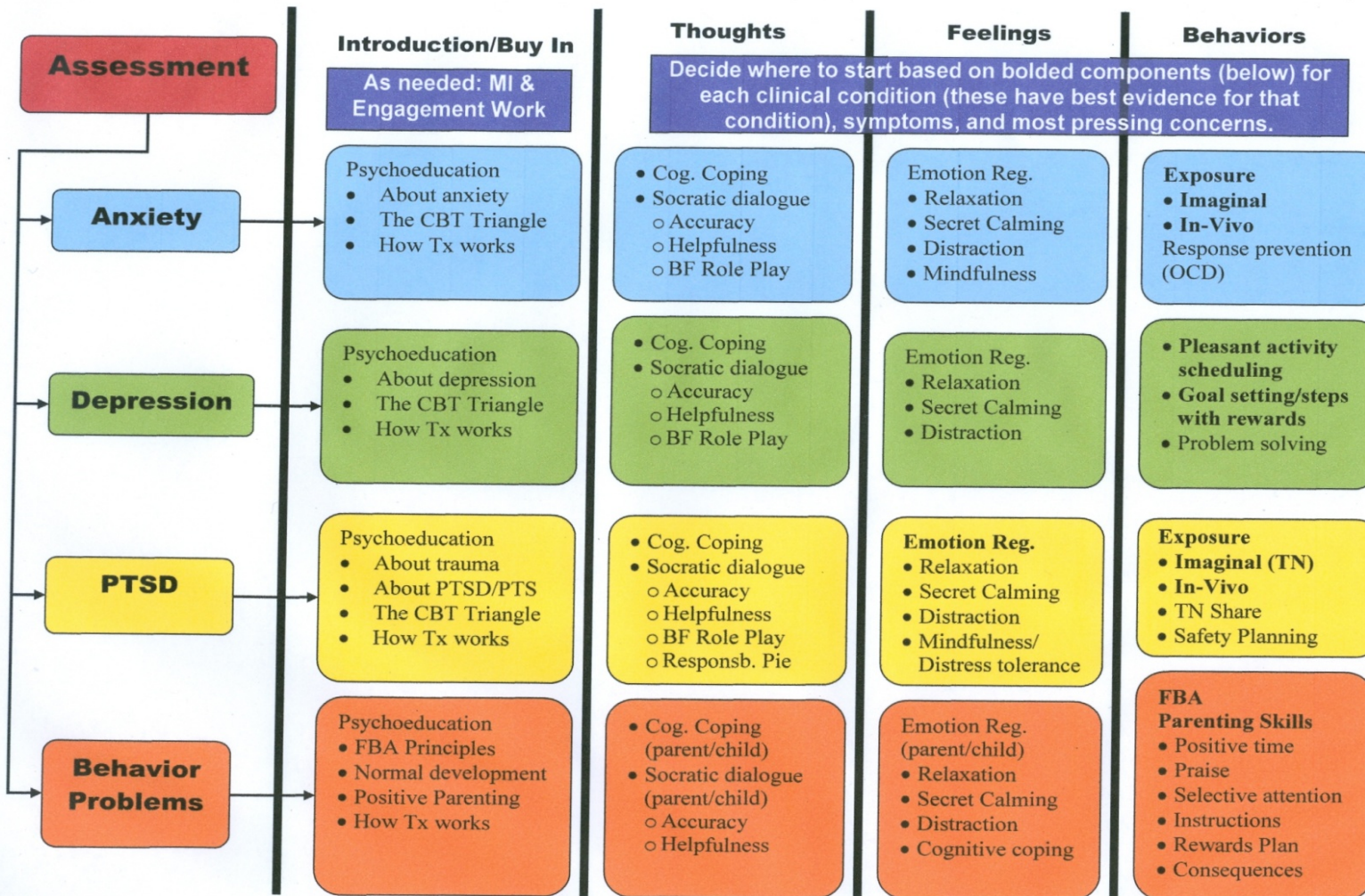
- **Funded by the Washington Department of Social and Health Services (DSHS); Division of Behavioral Health and Recovery (DBHR)**
- **Partnership between:**
  - DBHR
  - Harborview Center for Sexual Assault and Traumatic Stress
  - Children's Mental Health Evidence Based Practice Institute (EBPI) of the UW Division of Public Behavioral Health and Justice Policy (PBHJP)
- **Uses Learning Collaborative model (the low rent version)**
- **Began with TF-CBT, moved to modular CBT**
- **Provides additional supports**
  - Listserv; on-line clinical materials
  - Ongoing supervisor consultation. annual supervisor meeting
  - Annual "advanced" training on special topics

# Where did CBT+ Come from?

- Started with TF-CBT (the hook)
- Only small % of all kids have PTSD; wanted to extend reach
- CBT works for the most common problems of public mental health kids (depression, anxiety behavior)
- Voila, CBT *plus* TF
- Components based/modular
  - Chorpita & Weisz
- *Wave of the future*
  - Reach
  - Feasible, practical and cheap



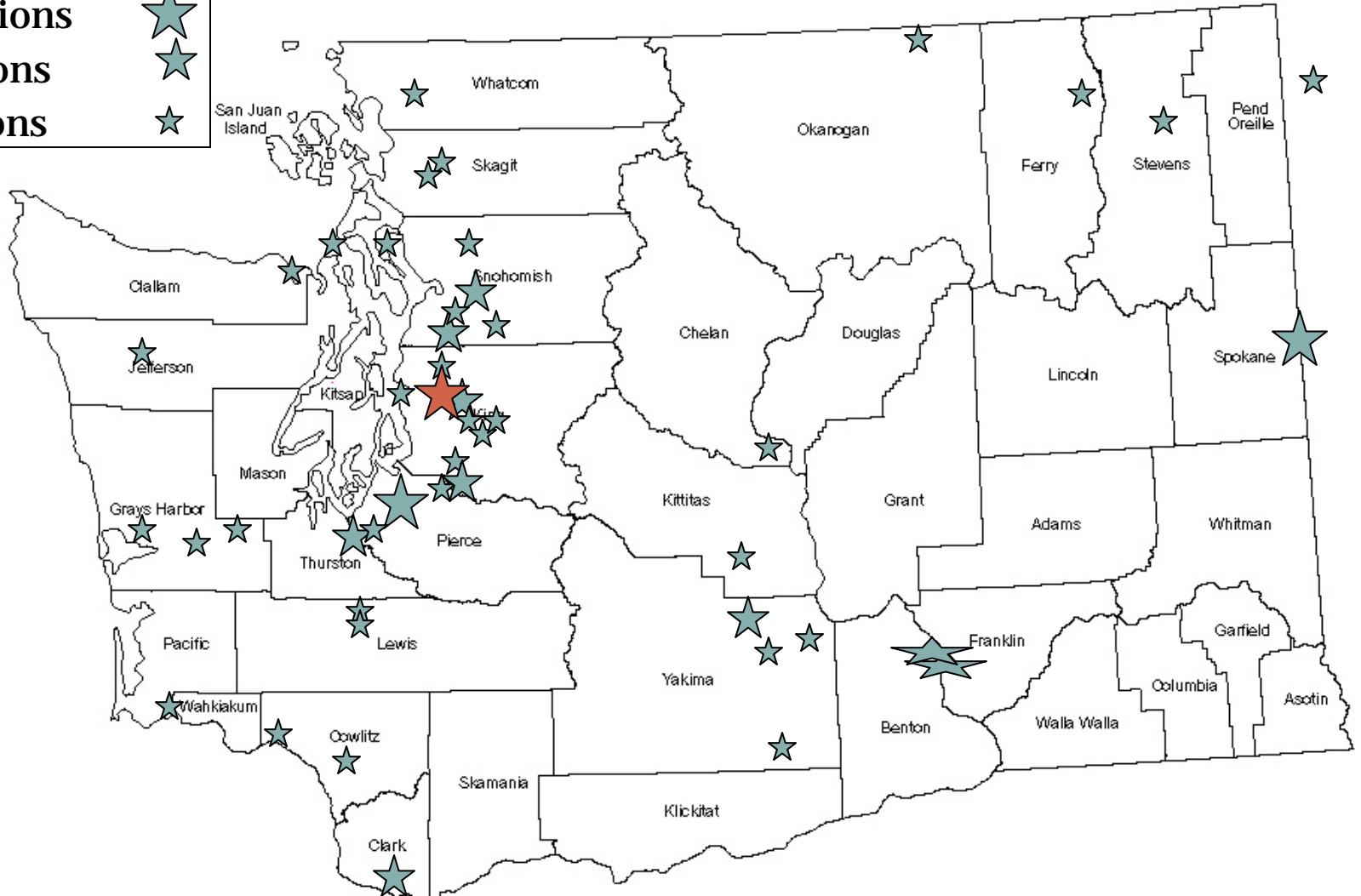
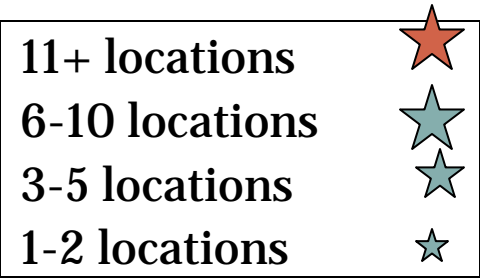
# CBT Plus Flow Chart



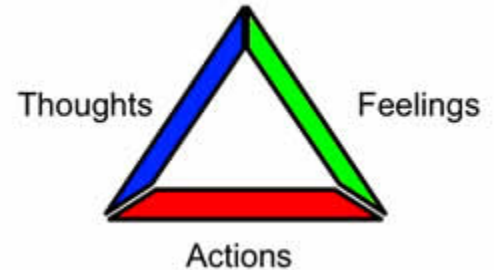
# Numbers Trained

- **775 clinicians and supervisors**
  - Usually 1 supervisor and 2 clinicians from each agency
- **From over 65 agencies statewide**

# CBT Plus in Washington



# CBT+ Training Orientation



- Learn basic CBT principles
  - Thoughts really count
  - Behavior persists because it has a function
- Know how to conduct a good assessment upfront to determine focus of treatment (anxiety, PTS, depression, behavior)
- Apply the components systematically
  - Anxiety (and PTS) = exposure “face up”
  - Depression = activation
  - Behavior = change reinforcers
- Assess along the way to make sure approach is working



## **Demographic Information (2009-2010), (*n* = 164)**

### **Gender**

|        |             |
|--------|-------------|
| Female | 136 (82.3%) |
| Male   | 28 (17.7%)  |

### **Age**

|                |            |
|----------------|------------|
| Under 25 years | 7 (4.3%)   |
| 25 – 29 years  | 34 (20.7%) |
| 30 – 39 years  | 72 (43.9%) |
| 40 and above   | 51 (31.1%) |

### **Most Advanced Degree**

|                     |             |
|---------------------|-------------|
| Masters (MA/MS/MSW) | 147 (89.6%) |
| Doctoral degree     | 4 (2.4%)    |

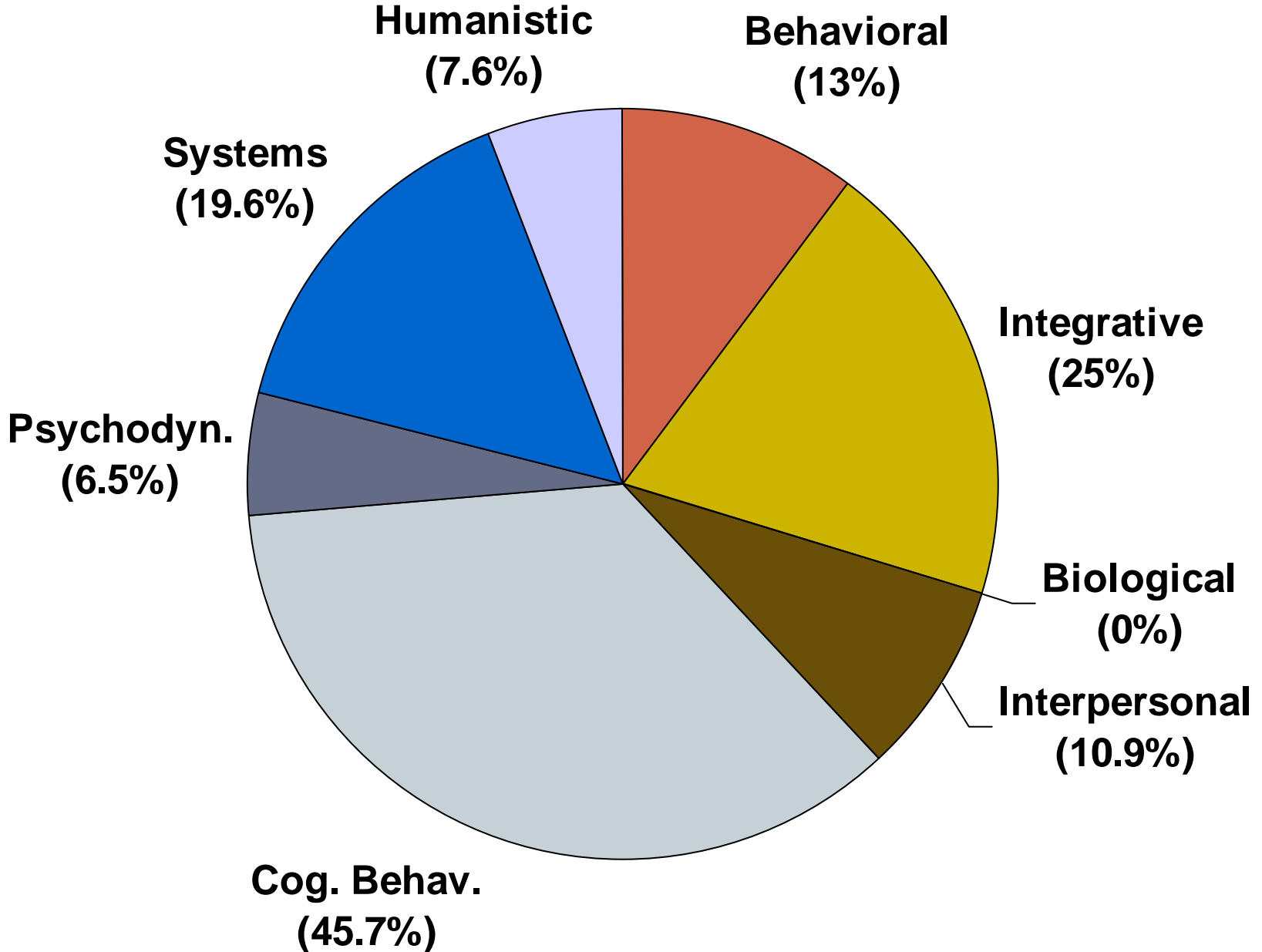
## **Demographic Information (2009), (*n* = 92)**

### **Race**

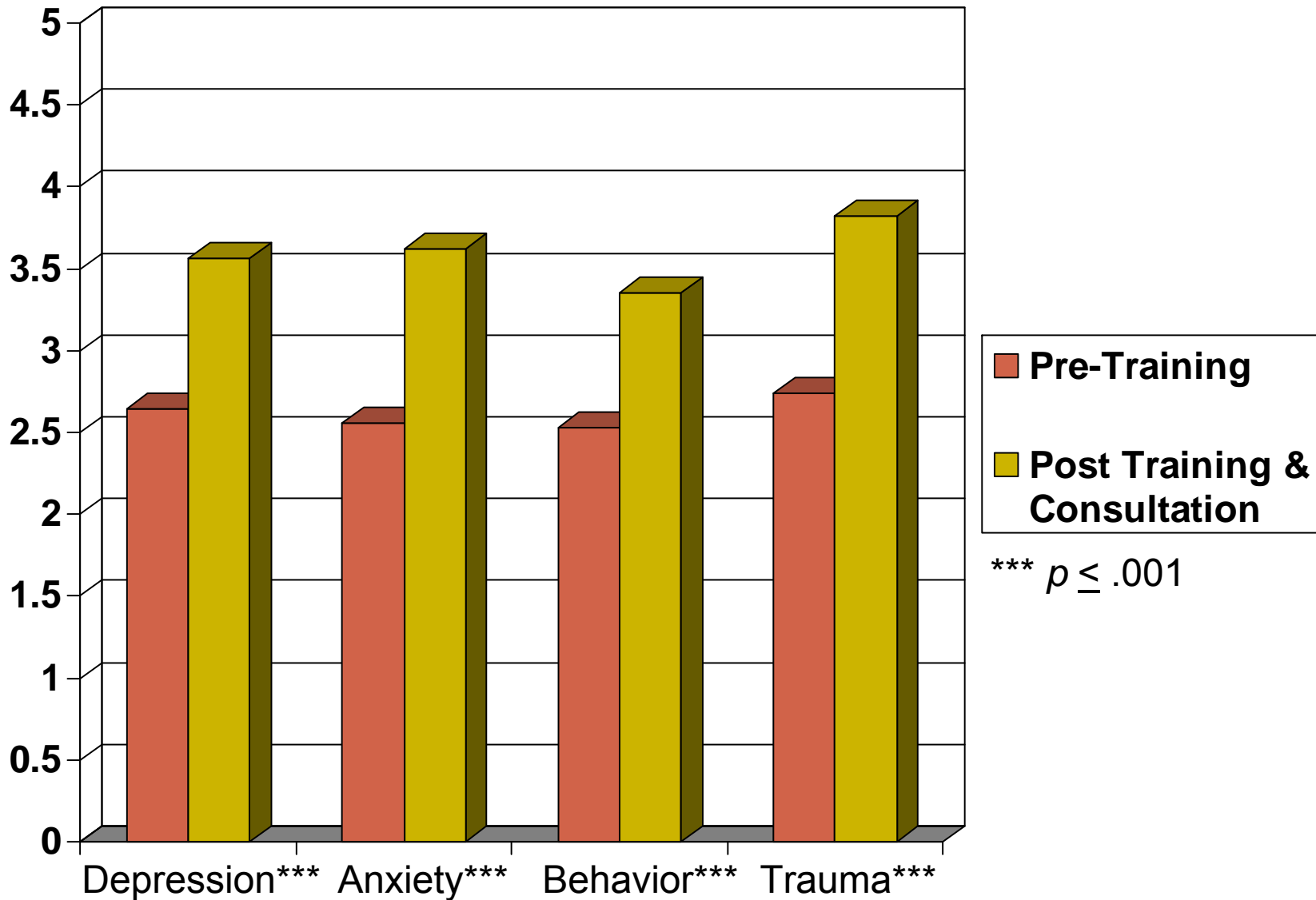
|                    |          |
|--------------------|----------|
| Caucasian          | 81 (88%) |
| Hispanic or Latino | 3 (3.3%) |
| Asian              | 2 (2.2%) |
| African American   | 1 (1.1%) |
| Native Hawaiian    | 1 (1.1%) |
| Other              | 2 (2.2%) |



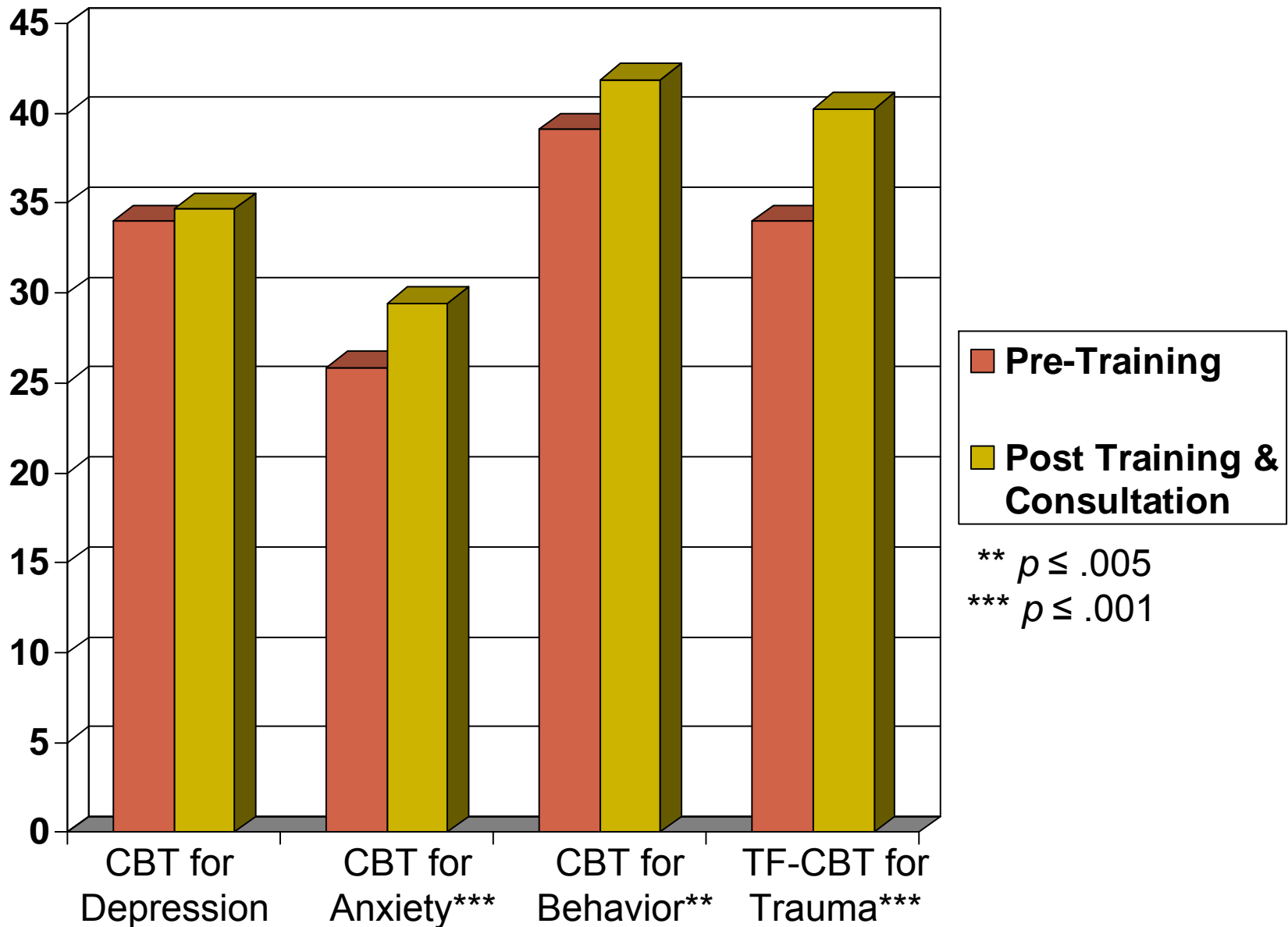
Theoretical Orientation, ( $n = 92$ )



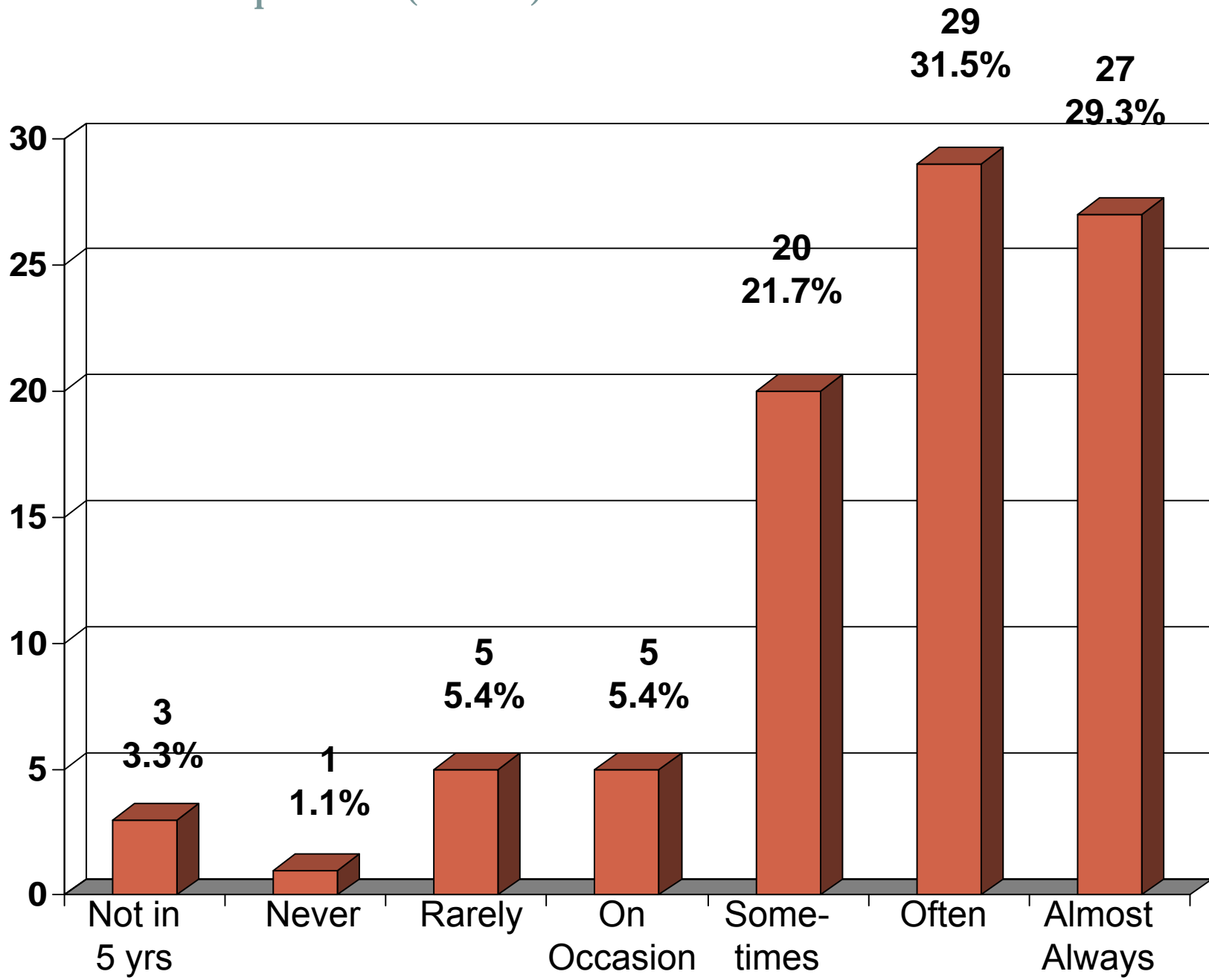
# Self-reported skill and knowledge in using assessment measures. ( $n = 92$ )



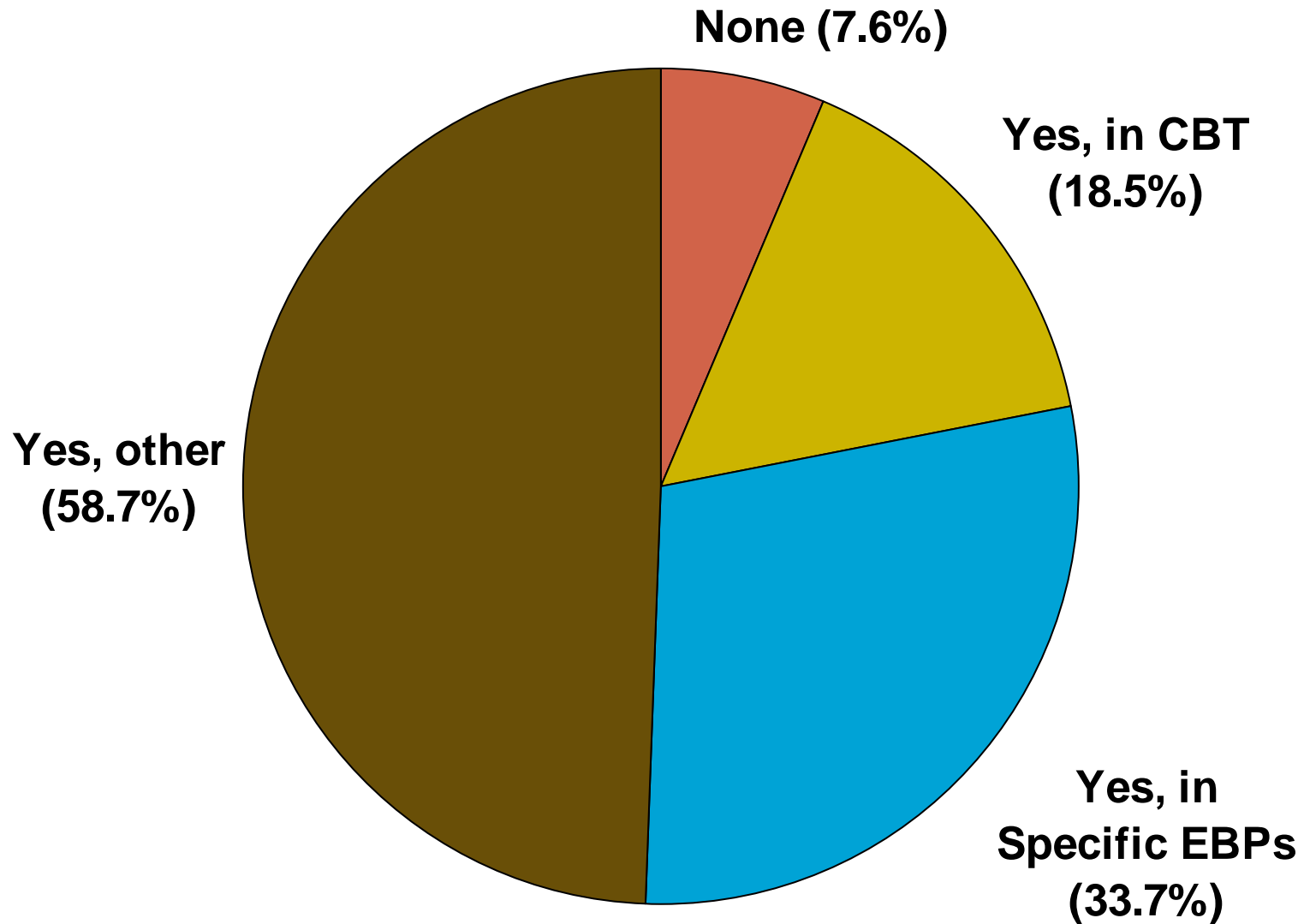
Mean sum scores of clinician reported skill and knowledge for components for each treatment area. ( $n = 92$ )



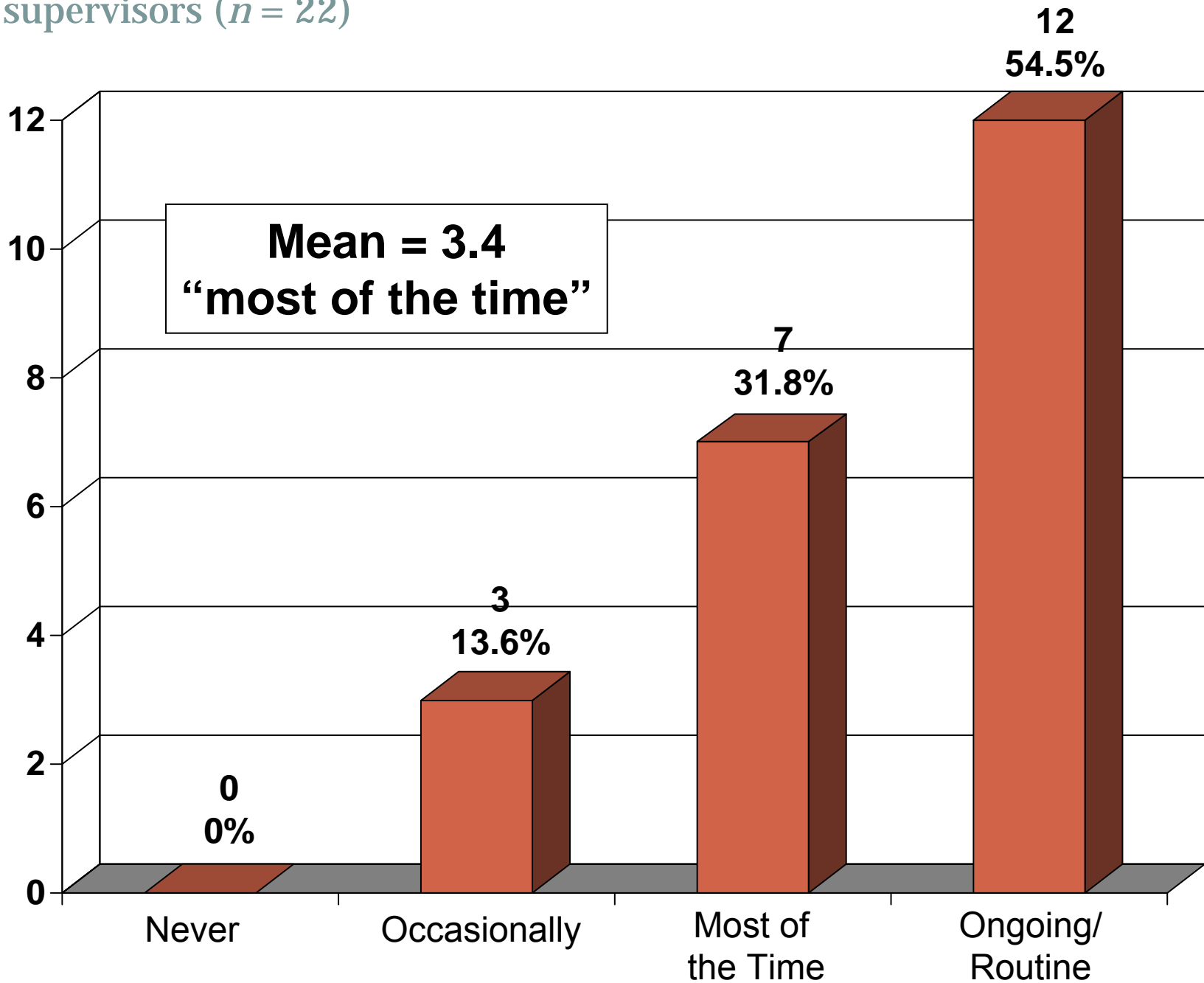
## Use of CBT in practice ( $n = 92$ )



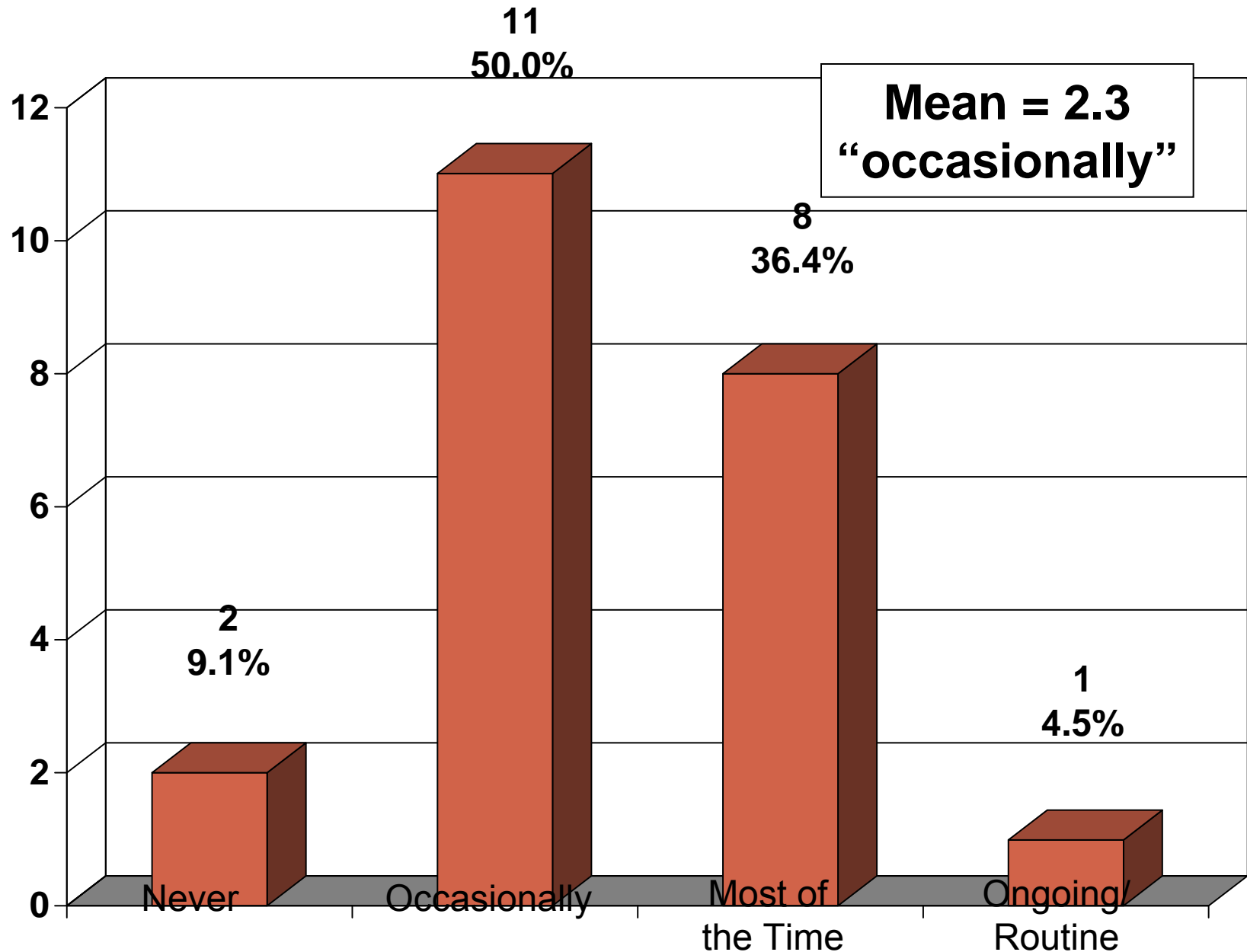
Receiving clinical supervision, ( $n = 92$ )



# Reports use of EBP-specific supervision among supervisors ( $n = 22$ )



## Use of fidelity monitoring strategies among supervisors ( $n = 22$ )





# Comprehensive

Implementation of Evidence-Based Practices



# What is Comprehensive?

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- Is a not for profit organization providing mental health, chemical dependency, child welfare, crime victim advocacy, long term care, housing, veterans and other service
- Serves 4 counties – Kittitas, Yakima, Klickitat and Benton. Some services are offered statewide.
- Serves over 15,000 unique individuals annually
- Provides community education services to an additional 5,000 people annually.
- Approximately 500 staff

# History of EBP Adoption

- Integrated Dual Disorder Treatment
- ACT
- Clubhouse (we have 2)
- Strong Families/Families Fuertes
- EMDR
- DBT
- Brief Strategic Family Therapy
- CBT for Anxiety and Depression
- TF-CBT
- Anger Replacement Training (ART)
- Wraparound
- Social Responsibility Training
- Moral Reconciliation Therapy (MRT)
- Family Integrated Transitions (FIT)
- Multi-Systemic Therapy (MST)
- Cognitive Processing Therapy (CPT)

# Barriers

- Many EBPs require:
  - Small caseloads,
  - Weekly supervision/consultation - consultation must be provided by the EBP developer, This added cost is not offset by the “fee for service” charged for the EBP.
  - Small team sizes that only provide the EBP services.
  - Many EBPs have required annual or bi-annual trainings in locations that seem great and relaxing, but they cost too much. The training itself is reasonable but the days away from family, work and lodging cost make it difficult.
- Community mental health cannot provide most EBPs without a contract from collaborating partners (i.e. Juvenile Justice – MST).

# What does it take?

- Leadership commitment
- A committed champion for the practice with the time and enthusiasm to make it happen
- Willingness to invest without prospect for immediate return
- Dedication to achieving fidelity
- Willingness to stick with it for the long haul
- Sufficient population (many practices are quite narrow)
- Focus training dollars to the practices being implemented vs. general or random topics
- Creativity in coding and documenting services

# Next Steps

- Continued training – never stop
- Continuous work toward fidelity
- Incorporating fidelity monitoring as a part of organizational QI effort
- Improving data collection, tracking and outcome measurement
- Identification of additional EBPs with broad scope applicable to larger populations seen in our clinics



- Mission: “Health, Justice, Hope”
- Serving Spokane County since 1956
- Key Services:
  - Outpatient Counseling (70% < 18 years old)
  - Therapeutic Foster Care
  - Counseling Services for Sexually reactive youth
  - Victim’s advocacy (Medical and Legal)



# ***EBP Matrix***

- Started with TF-CBT in 2006
- Added MI in 2008
- Added CBT Plus 2009

## **Other EBPs**

- MTFC 2005
- PCIT 2008
- CPT 2009

# ***EBP Implementation Process***

1. Initial buy-in with Director/Supervisors
2. Hand pick staff to attend state training
3. Share EBP info during all staff meeting
4. Establish open in-house group supervision
5. Establish physical and online Library
6. Discuss EBP's successes
7. Change paperwork & lexicon
8. Stay in touch with State/National EBP contacts

# ***EBP Implementation Process***

9. Push for local training + Train more staff
10. Collect data and share with staff
11. Work individually with late adopters
12. Blend with new staff orientation
13. Look for additional/fortifying EBPs
14. Clinical staff lead group supervision
15. Retool/Re-evaluate EBP
16. Continually collect new information
17. Educate Community about EBPs
18. Utilize Media

# HopeSparks Family Services

- **Non-profit social service agency in Tacoma**
- **Serving Pierce County since 1895**
- **Mission: “We Strengthen Families.”**
- **4 Core Programs**
  - ✦ **Served over 4,540 families in 2010**
  - **Healing Hearts Counseling**
  - **Tacoma Learning Center**
  - **Relatives Raising Children**
  - **Family Support Program**

# History of EBP Implementation

- **Family Support Program**
  - Readiness to Learn (2000)
  - Promoting First Relationships (2009)
- **Healing Hearts**
  - Incredible Years (2010)
  - CBT Plus / TF-CBT (2010)
  - PCIT (2010)
  - CPT (MUSC web 2011)
  - Emotional Brain Training for ED's (2011)
- **Tacoma Learning Center**
  - The Early Start Denver Model (2011)

# Why EBP's?

- Strategic move toward EBP's
- Wanted to show outcomes in a improved way
- Be more deliberate/focused in service delivery
- Improve the client experience

## What did it take to change culture?

- Intense focus and determination
- CEO support
- Finance Director viewed as an investment
- Size/flexibility of agency
- Find the right staff to build a core
- Creating a culture of buy-in
- Partnership, training and support!



# Why EPB's? (con)

## After the Training

- Immediately made info available-SHARE!
- Coaching was priceless!
- Outcomes came fast.....staff wanted more
- Add staff every chance we get
- Talk about it, Talk about it, Talk about it!
- Presentation to Board
- Did have some growing pains, some staff left agency

## Next Steps

- Stay committed to process/fidelity
- More training/practice/cases
- Keep staff engaged in process
- Monitoring (CBT consult group/supervision)
- Create a bonus for completed cases
- Organize data & outcomes



Thank you!

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