ABSTRACT 1:

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Title: The challenges in implementing multiple evidence-based practices in a community mental health setting

Background

Lutheran Community Services Northwest (LCSNW) is a community mental health agency that implements multiple evidence-based practices (EBPs) for children, families, and adults. EBPs include: components-based CBT, parent-child interaction therapy, and cognitive processing therapy. Given the numerous EBPs offered at LCSNW, unique challenges arise with respect to maintaining model fidelity, ensuring adequate training in each model, and weaving EBPs into agency culture. Moreover, clinicians struggle to creatively implement each model for a diverse client population.

Materials and methods

Approximately 26 masters-level clinicians and 30 interns at the agency were interviewed. Both positive and negative opinions were gathered in supervisory sessions.

Results

Overall, the LCSNW case study found high attention to self-care as a factor associated with addressing staff turnover. Given the multiplicity of EBPs, developing an integrated training system was proven highly beneficial at LCSNW, including: 1) EBP information during orientation, 2) ongoing in-house training, and 3) attending outside training in line with EBPs. Moreover, maintaining highly trained supervisory staff to continually educate the inevitable staff turnover was both critical and ultimately challenging. Finally, having routine discussions of how EBPs link to clinicians' desire to help clients improve increases connection to models, producing positive impacts on fidelity.

Conclusions

LCSNW is an exemplary agency, highlighting the benefits observed from fostering an agency-wide culture supporting the use of EBPs and attending to clinician wellbeing. To mirror these benefits, LCSNW suggests creating buy-in at all levels, as well as weaving the EBP lexicon into all aspects of the agency, not simply those relevant to treatment.

Learning Objectives:
1. Identify barriers to implementation of multiple evidence-based practices within a community mental health agency
2. Discuss developing an integrated training delivery system to enhance the implementation of evidence-based practices in community mental health care
3. Identify at least two recommendations for other agencies attempting to improve or increase the implementation and adoption of evidence-based practices

Data collection phase: Data analyzed

Project implementation phase: Completed

Presentation type: Oral presentation

ABSTRACT 2:

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Title: Leveraging routine clinical materials to assess fidelity to an evidence-based psychotherapy

Background
Fidelity monitoring and support is a central component of many implementation models. A critical barrier to efforts to monitor and support treatment fidelity in routine care settings and large systems is a lack of availability of feasible, scalable, and valid fidelity measurement strategies [1]. Development of reliable, low-burden methods of fidelity assessment is an important step in promoting sustained implementation fidelity for complex interventions in routine care.

Materials and methods
We developed a system to assess fidelity (adherence and competence) in an evidence-based psychotherapy by rating clinical notes and worksheets. External raters assessed clinical notes, along with worksheets that were completed with therapist guidance within sessions. Worksheets completed independently by clients for homework were also rated to differentiate between therapist and clients' contributions to worksheet quality. We examined feasibility, efficiency, reliability, criterion-related validity (correlation with observer ratings of session video), and predictive validity (whether ratings predicted symptom change) using data from a clinical trial of Cognitive Processing Therapy conducted in a military setting ($N = 106$).

Results
The rating system required an average of seven minutes per session (versus 50-60 for video observation). Intra-class correlations indicated good to excellent rater agreement. Adherence and competence ratings were highly correlated with observer ratings for worksheet-related items.

Symptoms did not predict subsequent therapist fidelity, but therapist fidelity in certain sessions predicted subsequent symptom change. Client skill on homework worksheets did not predict subsequent symptom change.

Conclusions

This system of assessing fidelity using routine clinical materials has potential as a reliable, valid, efficient, and scalable fidelity monitoring strategy.

References

1. Schoenwald SK, Garland AF, Chapman JE, Frazier SL, Sheidow AJ, Southam-Gerow MA. Toward the effective and efficient measurement of implementation fidelity. Admn Policy Ment Health. 2011 Jan 1; 38(1):32-43.

Learning Objectives:
1. Identify barriers to fidelity monitoring in large service systems
2. Examine predictors of therapist fidelity to evidence-based practices and client outcomes
3. Discuss feasibility and scalability of assessing fidelity using client charts and psychotherapy materials

Keywords:
Fidelity, methodology, implementation barriers, cognitive processing therapy, VA

Data collection phase: Data analyzed

Project implementation phase: Completed

Presentation type: Oral presentation