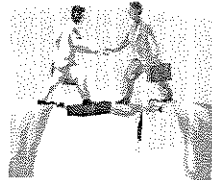


“Bridging the Gap”

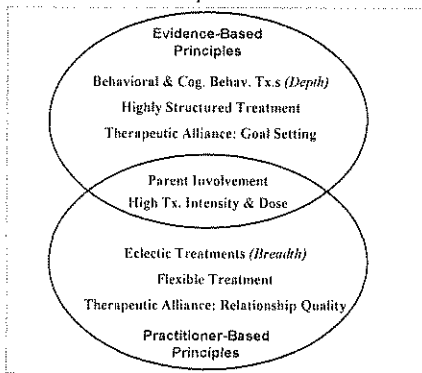
- The gap between researchers and practitioners limits effectiveness of care as well as the clinical utility and social validity of research.
- Bridging the chasm requires improved collaboration with providers and more balanced attention to empirically-derived and practitioner-derived experience/knowledge



Without clinical expertise, practice risks becoming tyrannized by external evidence, for even excellent external evidence may be inapplicable to, or inappropriate for, an individual patient. Without current best external evidence, practice risks becoming rapidly out of date, to the detriment of patients.

David Sackett, 1997

Practice & Research: Advancing Collaboration (PRAC) Conceptual Model



Identifying Core Common Elements of Evidence Based Practice for Children ages 4-13 with Disruptive Behavior Problems

- 8 Treatments with strong evidence of efficacy
 - Behavioral parent training
 - Parent Training (Patterson, Reid, Dishion, & Chamberlain)
 - Parent Training (Forehand & McMahon)
 - Time-Out Signal Seat (Hamilton & MacQuiddy)
 - Delinquency Prevention Program (Vitaro & Tremblay)
 - Incredible Years (Webster-Stratton)
 - Parent-child interaction therapy (Eyberg)
 - Cognitive-behaviorally oriented youth skills training
 - Anger Coping Therapy (Lochman)
 - Problem Solving Skills Training (Kazdin, Shure, Spivak)

Identifying Core Elements

- At least two reviewers identify core elements of the treatment by reading treatment manuals, articles, books, etc.
- Discuss any discrepancies and reach consensus
- Compile a matrix of elements
- Common = Present in at least 3 of 8

Verify Selection of Common Core Elements

- Sent to a Panel of Experts for Review
- All Endorsed the Elements

List of Common Core Elements for Children with Disruptive Behavior Problems

Content:

- Positive reinforcement
- Effective Punishment
- Parent-child relationship building/Positive play
- Appropriate limit-setting
- Problem Solving Skills
- Anger management
- Theoretical foundation/rationale for treatment

Techniques:

- Psychoeducation/Didactic/Video Instruction
- Homework
- Role-playing
- Providing Materials
- Modeling
- Positive Reinforcement
- Review of progress/Providing feedback
- Train for setbacks

List of Common Core Elements for Children with Disruptive Behavior Problems (cont.)

Therapeutic Relationship:

- Mutual/consensual goal setting
- Building rapport/Reinforcing affective bond

Treatment Parameters:

- At least 15 sessions
- Meet for approximately one hour
- Meet at least once a week
- Child and Parent participate

Practice & Research: Advancing Collaboration (PRAC)

- Naturalistic, observational study of psychotherapy for children ages 4-13 with disruptive behavior problems
 - 6 publicly-funded clinics in San Diego
 - Approx. 50 clinicians, 250 children/families
- Funded by N.I.M.H. 2002-2008

PRAC Research Team

Investigators/Post-docs: Caroline Lewczyk, Dena Plemmons, John Landsverk, Kristin Hawley, Lauren Brookman-Frazer, Mary Baker, Michael Hurlburt, Rachel Haine
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 Data Manager: Bill Ganger
 Research Assistants: Elaine Gabayan, Erin Fuda, Katherine Tsai, Rachel Zoffness, Sam Seljan, Alma Bonilla, Mary Marsiglio,

Therapist Advisory Group (TAG): Barry Hill, Dannie Johnson, Julie McPherson, Leita Koontz, Michele Bennet, Nestor Retana, Jan Winn, Candace Wilderbrand
 Consultants: Bryce McLeod, John Weisz, Len Bickman, Louis Castonguay, Robert Gibbons
 Site Admin. Coordinators: Jane Maldonado, Kay Roper, Linda Frick, Lois Harvey, Sue Robson, Antonia Nunez, Sabina Perez

Study Aims

- 1) Identify consistencies and inconsistencies between evidence-based principles and practitioner-based principles of effective psychotherapeutic treatment for children (4-13) with disruptive behavior problems
- 2) Examine the extent to which actual practice in community clinics is consistent with these principles
- 3) Examine how practice consistent and inconsistent with these principles is associated with changes in selected child and family outcomes
 - 3a) Explore how the links between practice and outcomes are moderated by child and family characteristics (e.g., r/e, parental psychopathology)

Design

- Participants = 6 clinics, 55 clinicians, 200 children
- Collect treatment process data via videotape for 16 months re:
 - Therapeutic Strategies – Videotape coded using TPOCS
 - Therapeutic Alliance – Observer, youth, parent and clinician rated
 - Service Use (Dose, Intensity)
- Assess variety of outcomes every 4 months via parent/youth interview
- Use Mixed Effects Modeling to analyze longitudinal data to examine linkages between process and outcome data

Therapy Process Observational Coding System (TPOCS: McLeod, 2001)

27 Therapeutic Strategies

Techniques: Modeling, Validating client, Exploring past

Content: Cognitive restructuring, anger management; family members' roles

Includes Evidence-based elements plus others

Yields Frequency and Extensiveness Ratings

Breadth and Depth of Intervention Strategies

Includes assessment of therapeutic alliance

Early reliability data are encouraging

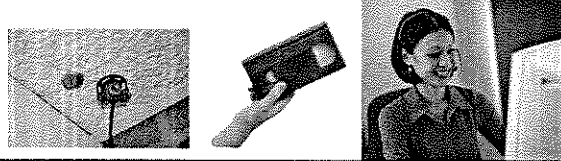
Collecting & Coding Therapy Videotapes

•Consent Process

- Therapists, Children and Caregivers

•Videotaping of sessions

- Camera, microphone, VCR
- Random sampling for coding by Research Asst.'s



Participants to date: 55 Clinicians

- 57% MFT; 28% Psychology; 15% SW
- 45% Staff; 55% Trainees
- 79% Female.
- 57% Caucasian; 13% mixed; 13% Asian Am.; 6% Latino; 4% African Am.; 6% Other.
- 32% Fam sx.; 28% Cog Behav; 19% eclectic; 6% psychodynamic; 6% behavioral; 6% other; 2% humanistic;
- Avg # yrs practiced after training complete: 3 (range 0-25)

Participants: 150 Children

- Mean age = 8.9 (SD= 2.7, range 4-13)
- 72% Male
- 45% Caucasian;
- 31% Latino;
- 8% African American;
- 1% Asian American;
- 6% Other
- 33% Single parent homes

Preliminary Findings

Based on 404 Coded Sessions

Parents present in at least part of 293 (72.5%)

Children present in at least part of 394 (97.5%)

Yellow = EBP	Ranking of Frequency of Use of Therapeutic Strategies with Children: Techniques	
	Assessing problems/events	
	Using positive reinforcement	
	Using play/art	
	Psychoeducation	
	Establishing/reviewing goals	
	Identifying/addressing strengths	
	Using punishment/limit setting	
	Interpreting meaning of behavior	< 50%
	Modeling	
	Role-playing/Practice	
	Exploring client's/family's past	
	Addressing Client-therapist relationship	< 20%
	Addressing client resistance	
	Assigning homework	
	Using genograms	

Yellow = EBP	Ranking of Frequency of Use of Therapeutic Strategies with Parents: Techniques	
	Assessing problems/events	
	Psychoeducation	
	Establishing/reviewing goals	
	Using positive reinforcement	< 50%
	Interpreting meaning of behavior	
	Identifying/addressing strengths	
	Modeling	
	Exploring client's/family's past	
	Using play/art	< 20%
	Assigning homework	
	Using punishment/limit setting	
	Addressing Client-therapist relationship	
	Role-playing/Practice	
	Addressing client resistance	
Using genograms		

Yellow = EBP	Ranking of Frequency of Use of Therapeutic Strategies with Children: Content	
	Affective Education	
	Parent-child relationship	
	Problem solving skills	< 50%
	Addressing child's external care	
	Affect/Anger management	
	Family members' roles	
	Addressing parent/family issues	<20%
	Improved communication	
	Principles of punishment/limit-setting/commands	
	Principles of positive reinforcement	
	Cognitive Restructuring	
	Anticipating setbacks	

Yellow = EBP	Ranking of Frequency of Use of Therapeutic Strategies with Parents: Content	
	Addressing child's external care	
	Addressing parent/family issues	
	Parent-child relationship	< 50%
	Affective Education	
	Principles of punishment/limit-setting/commands	
	Family members' roles	
	Principles of positive reinforcement	
	Improved communication	< 20%
	Problem solving skills	
	Affect/Anger management	
	Anticipating setbacks	
	Cognitive Restructuring	

Preliminary Observations

- Therapists appear to be delivering some common elements of evidence-based practice frequently, but other elements infrequently
- Therapists use many different strategies, but average observed “extensiveness” or intensity is relatively low.
- Virtually all therapists are rated highly on warm and empathy by observers.

Sample Questions to be Addressed

- Is the frequency of therapists' use of specific evidence-based therapeutic strategies associated with improved outcomes, and if so which strategies and which outcomes?
- Is the depth of the intervention approach more influential on outcomes than the breadth or the variety of types of approach? (*Extensiveness ratings vs. Frequency ratings*)
- Is more time with parent as therapy participant associated with better outcomes and is there a moderating effect of severity of parental psychopathology?
- Are the two measured aspects of therapeutic alliance (consensual goal-setting and affective bond) associated differentially with outcomes?
- Is increased frequency and/or intensity of treatment visits associated with better outcomes?

Progress & Challenges

- Strong participation rates and “satisfaction” for clinicians and families
- Challenges:
 - Definition of a new episode of treatment
 - Participants' concerns about taping
 - Clinician turnover in clinics
 - New participants in treatment
 - Taping malfunctions

TAG: "Case Example" of Research – Practice Partnership

- Multidisciplinary team, selected by clinic managers/staff
- Meeting monthly since January 2003
- Goals/Tasks:
 - 1) Consult on general design issues: feasibility, relevance, interpretation
 - 2) Collaborate on measurement of psychotherapy process and outcome
 - 3) Assist with recruitment of clinicians at clinics and serve as liaison with clinic staff
 - 4) Advise/Collaborate on development of new projects

Therapists' Perspectives on TAG Process

- 1) Participation is a unique and valuable experience
- 2) Input has been respected and acted upon
- 3) Achieving common language is a challenge
- 4) Participation influences thinking about practice and about research
- 5) Some researchers surprisingly naïve about practice
- 6) Difficult to achieve full participation
- 7) Roles/agenda-setting somewhat ambiguous
- 8) Project is more collaborative than previous projects, but could be more so.

Researchers' Perspectives on TAG Process

- 1) Gained new respect for what therapists do
- 2) Varying levels of involvement challenging
- 3) Achieving common language is a challenge
- 4) Therapists very interested and more invested in research than expected
- 5) Achieving compromise on study design not so difficult
- 6) Tension between global generalizations and individual differences

Stages in Research Practice Partnerships

- Stage 1) Investigator Initiated Research
- Stage 2) Joint Formulation of Research Questions
- Stage 3) Joint Decision-making on all aspects of research (e.g., Questions, methods, interpretation, and dissemination of information)

(Adapted from Baker, et al., 1999)



Implications/ Future Directions

- Identifying areas of greatest convergence and divergence with evidence-base
 - Developing training interventions on common elements of EBP
- Identifying therapeutic strategies associated with positive or negative outcomes (Practice-based evidence)
- "Benchmarking" outcomes of care
- Procedures and equipment can be used for other purposes
- Research-Practice Partnership can build new projects