Introduction to the Community Development Team Process and Training Protocols

Jeanie Sleigh, MS, LMHP,CADC II
CiMH Consultant
TPS Project Lead

Topics

- Evidence-Practices for Probation Youth
- Effectiveness Research
- Development Team and Training Protocol
- Model Adherence
- Implementation Plan

Evidence-Based Practices

- "…the integration of the best research evidence with clinical expertise and patient values"
- *Based on the definition used in "Crossing the Quality Chasm: A New Health System for the 21st Century" (2001), by the Institute of Medicine*

Levels of Science

- ***Effective/Efficacious***--achieves outcomes, controlled rigorous research (random assignment, matched between-groups comparisons)
- ***Not effective***--significant evidence of a null, *negative, or harmful effect*
- ***Promising***--some positive research evidence, quasi-experimental, of success and/or expert consensus
- ***Emerging practice***--recognizable as a distinct practice with "face" validity or *common sense test*
- ***Unknown***--not clearly articulated nor evaluated

Effective Corrections Programs

- Intensity of service matches level of risk
- Focus on criminogenic factors
  - **Youth**
    - **Antisocial attitudes, values and beliefs**
    - **Impulsive, poor problem solving skills**
  - Peers
    - Antisocial affiliations
  - Family
    - Criminality in family
    - Poor or inconsistent/abusive parenting

Important Characteristics

- TPS allows for flexible application across settings and practitioners
  - Can be implemented in a variety of settings--*juvenile halls, camps, ranches, group homes, court and community schools, and outpatient mental health programs*
  - Can be implemented by a variety of professionals and paraprofessionals--*mental health staff, probation personnel, behavioral aides, and teachers*

Important Characteristics

- TPS needs to be implemented with adherence to the core activities (e.g. description, modeling, role-playing, performance feedback, practice)
- Intended for all three components to be used
  - But may use only one or more of the components for example, anger control or skillstreaming only
  - Components may be offered concurrently or sequentially
- Typically 1 skillstreaming skill or 1 anger control step or 1 vignette per group, but may take more than one group to include all participants and all steps
- Skillstreaming and moral reasoning may be open groups with youth starting at different points in the sequence

Important Characteristics

- Anger control training needs to be a closed group as the steps build upon each other
- Youth may repeat a series of groups
- Two facilitators--one to lead and the other to manage behavior
- Group facilitator characteristics
  - Comfortable working with adolescents with aggression and conduct behavior problems
  - Listen to adolescents with respect, not belittling them
  - Can apply consequences without demeaning youth
  - Prepared to adhere to the curriculum
  - Strong group management skills
  - Interested in learning new skills to enhance competencies of youth

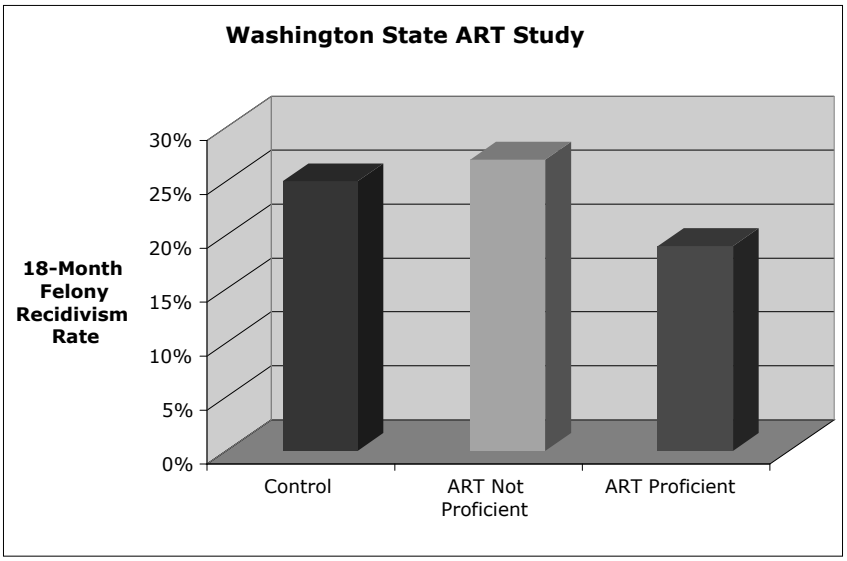
Outcomes

- Reduced criminal behavior
- Reduced conduct problem behaviors
- Increased pro-social behaviors
- Improved anger control
- Numerous quasi-experimental studies with comparison groups
- Skillstreaming has lengthy history of independent evaluations using quasi-experimental designs
- Anger control training was independently found to be effective in a random clinical trial

Outcomes

- Washington State Institute for Public Policy (www.wsipp.wa.gov) study (Outcome Data)
- Pseudo-random waitlist procedure
- 1,229 adjudicated youth assigned to control or treatment groups
  - When groups were full youth were assigned to a waitlist
- 80% 15-year old males
- 18 month follow-up
- Reduces felony recidivism when delivered with proficiency (21 programs)
- Does not reduce recidivism when not proficient (5 programs)
- Average cost savings across all (proficient or not) programs was $6.71 for each $1.00 of cost

Outcomes



Development Team & Training Protocol

- The goal is model adherent and sustainable implementation of TPS programs
- Prepare practitioners to be proficient in the use of TPS

Development Team Features

- Development Teams are a training and technical assistance process to promote adoption of a practice
- Consisting of a team of agencies/counties committed to adopting a practice in common
- Combines four features
  - Clinical training
  - Site specific planning
  - Administrative supports
  - Peer-to-peer assistance

Development Team Features

- Clinical training and consultation provided by Master Trainers
- Site planning and administrative supports provided by CIMH associates
- Channels of communication to support peer-to-peer assistance (conference calls, listserv)

Clinical Training & Consultation

- Practitioner training
  - Initial training 2-days
  - Booster training 1-day
- Consultation
  - 20-group supervision calls over 10 months (5 practitioners per group)
  - Videotape reviews (2 per practitioner)
- Fidelity monitoring tools
  - Completed by practitioners following each group
  - Shared with consultants and for outcome evaluation

Administrative Support

- Individualized technical assistance
  - CIMH associates respond to implementation (system and program level) issues
- Support with outcome evaluation
  - Tracking of model adherence
  - Preparation of database
  - Analysis, interpretation and reporting of outcomes across agencies
- Monthly administrator conference calls
  - Share successes, raise concerns, and offer solutions
- Listserv
  - Support communication between team members

TPS Proficiency Standards

- Comprehensive clinical training and supervision in TPS from an ETA, Inc. master trainers
- Lead (or co-lead) a minimum of 36 TPS groups, with at least 12 groups in each component, in a 12-month period
- Achieves a rating of *competency* (2 or higher on a 0-3 scale) on each item of the *Trainer Competence Rating Scale* on a minimum of one videotape submitted for review in the most recent 12-months
- Annual renewal based on continued use and model adherence

TPS Trainer's Standards

- Comprehensive clinical training and supervision in TPS from an ETA, Inc. master trainers
- Lead (or co-lead) a minimum of 72 TPS groups, with at least 12 groups in each component, in a 12-month period
- Achieves a rating of "competency" (2 or higher on a 0-3 scale) on each item of the *Trainer Competence Rating Scale* on a minimum of one videotape submitted for review in the most recent 12-months
- Annual renewal based on continued use and model adherence

TPS Trainer's Standards

- 2 day training-for-trainers completed by ETA Master Trainer
- Consultation calls (15) with Master Trainer
- Completion of standard training protocol with 2-8 practitioners (initial and booster training, weekly consultation, fidelity checklist reviews, session or videotape reviews)
- Submit videotape excerpts of initial training
- Demonstrates trainer proficiency based on videotape reviews of the practitioners that were trained

Training Fees

- Establishing a New Cluster (group of 5 practitioners) through CiMH training event -- $8,000 per cluster - additional practitioners (8 total - maximum) $950 per/person
  - Initial training 2-day
  - Booster training 1-day
  - 20 weekly consultation calls
  - Text book for each practitioner, 1 training video and 1 skillstreaming box per cluster, CD-Rom with Skillstreaming Checklist, fidelity checklists
  - Videotape review (2 per practitioner)
- Replacement Training--$950 per practitioner
  - Initial training 2-day
  - Booster training 1-day
  - Text book

Training Fees

- Individual County Specific Training Event:
  - $19,500 3 clusters (15 practitioners)
  - $21,250 4 clusters (20 practitioners)
  - $23,000 5 clusters (25 practitioners)
  - Initial training 2-day
  - Booster training 1-day
  - 20 weekly consultation calls
  - Text book for each practitioner, 1 box of skillstreaming cards, 1 - CD-Rom with Skillstreaming Checklist, fidelity checklists per cluster
  - 1 Training DVD
  - Videotape review (2 per practitioner)

Training Fees

- Training AgencyTrainers--(***must meet prerequisites***)-
  - $2,500 for the first practitioner per training event
  - $1,000 for each additional practitioner from the same agency per training event
  - Training-for-trainers 2-day
  - 15 consultation calls
  - Review of initial training videotape excerpts
  - Review of practitioner videotapes (1 per practitioner)
- Discount (25%) on Research Press material ordered through CIMH

Implementing and Sustaining

- Traditional
- Postgraduate training
- Medi-Cal compliance
- Generalist
- Quantity of service

- Evidence-Based
- Practice-specific training
- Model adherence
- Specialist
- Service effectiveness

More Than Training

- Training and supervision is an ongoing process, not a moment in time
- Learning a practice for the first time typically takes about a year and includes:
  - Intensive initial training and booster trainings
  - Periodic (weekly) supervision
  - Fidelity monitoring (checklists, videotape reviews)
- **Continuing training and supervision needs to be routine**
- Need supportive managers, coordination of referrals, monitoring of model adherence and outcomes, replacement training

Preventing Drift

- Staff are not enthusiastic about the practice
- Not enough training and supervision
- Failure to adhere to practice caseload standards and program components

- Select staff with interest based on an understanding of the practice
- Make use of all training and supervision activities
- Understand the practice, commit to caseload standards and program fidelity

Preventing Drift

- Practitioners have competing duties
- Insufficient coordination within and/or between agencies involving referrals and funding
- Mid-managers do not proactively support the practice

- Understand time commitments and staff accordingly
- Plan thoroughly in advance
- Involve mid-managers so they understand and support the practice

Preventing Drift

- Attrition of trained practitioners
- Delays between training and using the practice
- Insufficient attention to fidelity
- Eagerness to expand and adapt the practice before it is well established

- Expect and prepare for replacement training
- Synchronize training and referrals
- Prioritize and monitor fidelity from the outset
- Implement with adherence and demonstrate positive outcomes before making adjustments

Preventing Drift

- Unrealistically high expectations
- Increased scrutiny and accountability
- Numerous agency demands and initiatives

- Do not over sell the practice
- Be sensitive to practitioners' feeling scrutinized
- Evaluate new and existing practices (all programs scrutinized)
- Designate a single responsible administrator--has responsibility and authority

Implementation Plans

- Clients and Services
- Staffing
- Supervision
- Funding
- Assuring Fidelity and outcome evaluation
- Administrative oversight

Clients and Services

- Who will be referred? Will there be inclusion or exclusion criteria?
- Where will TPS fit into the service system?
- Which components will be provided?
- What will be the size of the TPS groups?

Staffing

- Who will be the practitioners?
- Will there be 2 practitioners for each group?
- How will they be selected?
  - Will they have a choice?
- Will they have time to learn the practice?

Supervision

- How will program supervisors be selected?
- Do they understand TPS?
- Are they supportive of TPS?
- Who will be responsible for insuring that the referrals are made?
- Who will be responsible for insuring that TPS groups are scheduled and provided?
- Who will support practitioners in their early efforts to learn the practice?

Funding

- How will TPS be funded?
- Will it be new funding, or re-tooling of existing funding?
- Is the funding on-going?
- Are there billing or other requirements?
  - Are TPS activities and billing standards compatible?
- Are the individuals responsible for billing involved in the planning?

Fidelity and Evaluation

- How will you know if TPS is being used with fidelity?
- Who will coordinate consultation activities?
- Who will coordinate completion and review of fidelity checklists?
- How will you know if TPS is working (achieving youth outcomes)

Administrative Oversight

- Who at the administrative level participated in implementation planning?
- Who at the administrative level is committed to making sure that everything happens?
- Who at the administrative level will review fidelity and outcome reports and oversee any needed corrections?
- How will growing demand for TPS be managed?
- How will staff attrition be managed?