



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

April 5, 2018

MENTAL HEALTH PROVIDER ATTITUDES TOWARD EVIDENCE-BASED PRACTICES

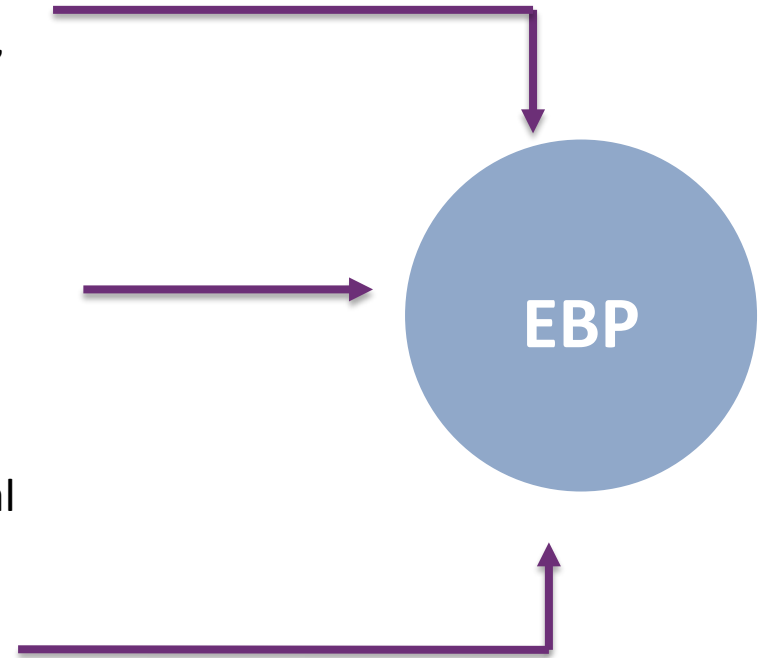
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Agenda

- Background Research
- Study Overview & Findings
- Use of study findings to inform EBP roll-out
- Next Steps

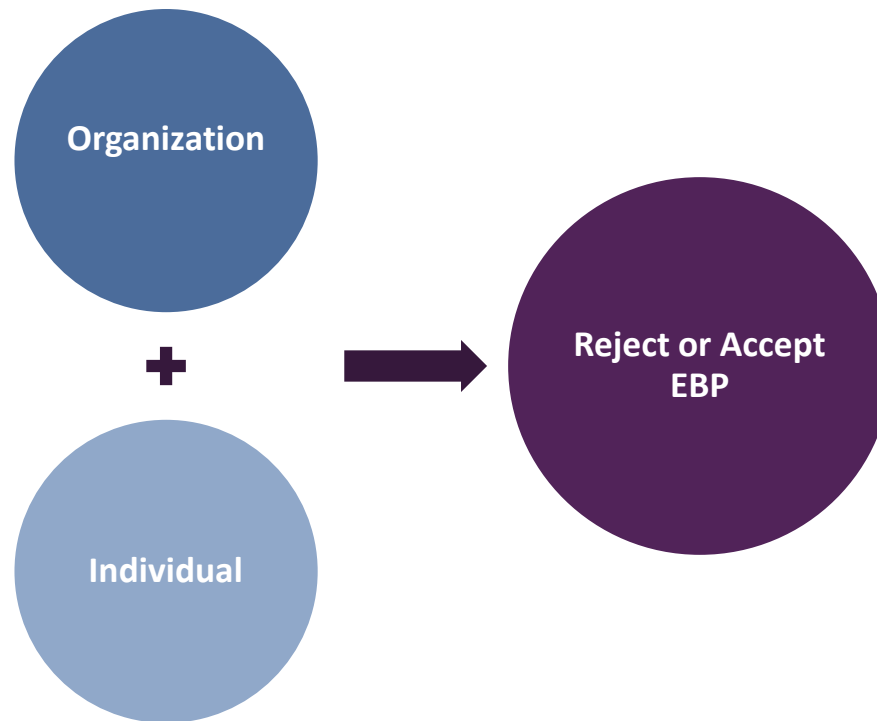
Evidence-Based Practice?

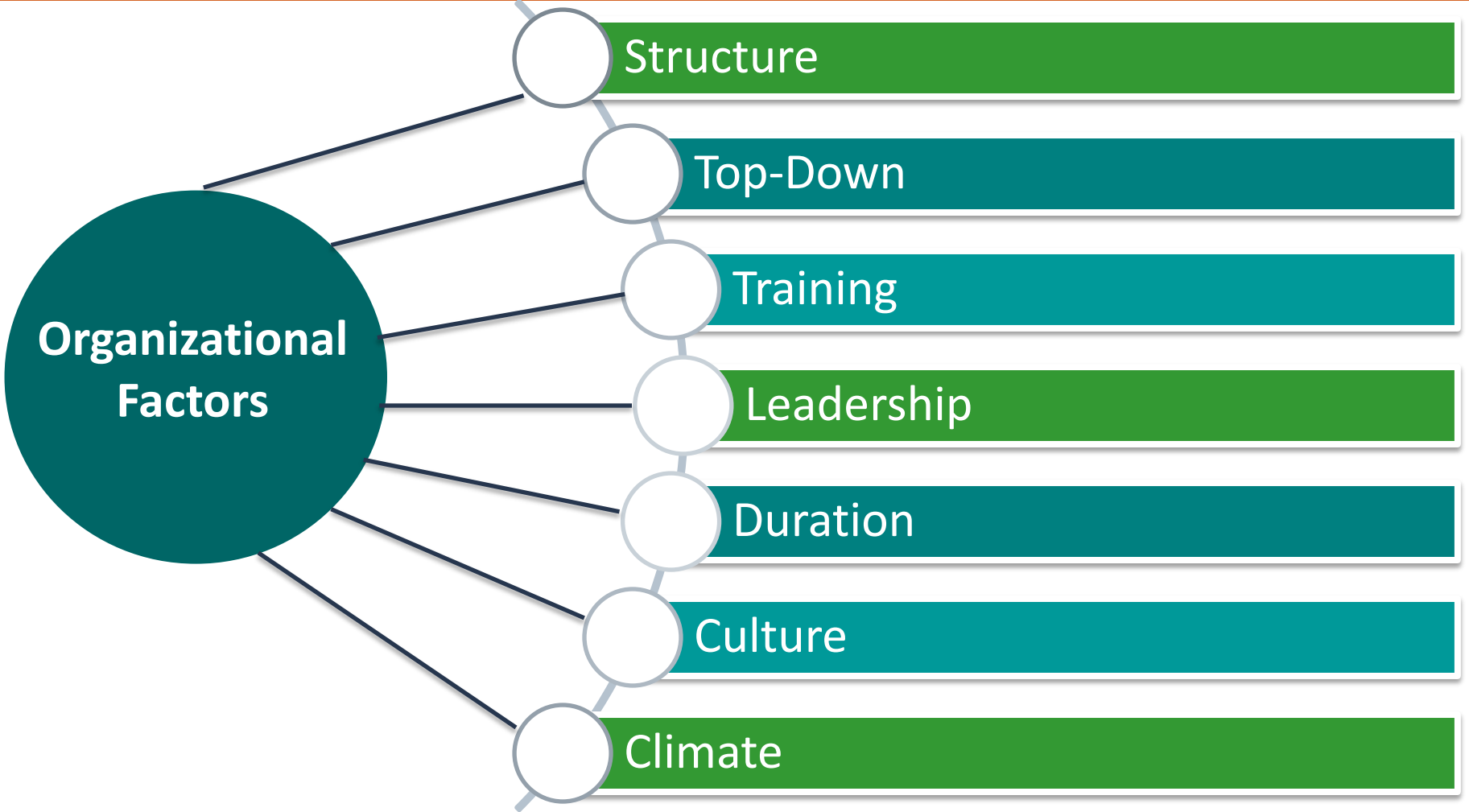
- **Clinical Expertise:** Clinician's cumulated experience, education and clinical skills.
- **Patient Considerations:** The patient brings to the encounter his/her own expectations, values, and unique concerns.
- **The best research evidence:** Usually found in clinical research that has been conducted using sound methodology.

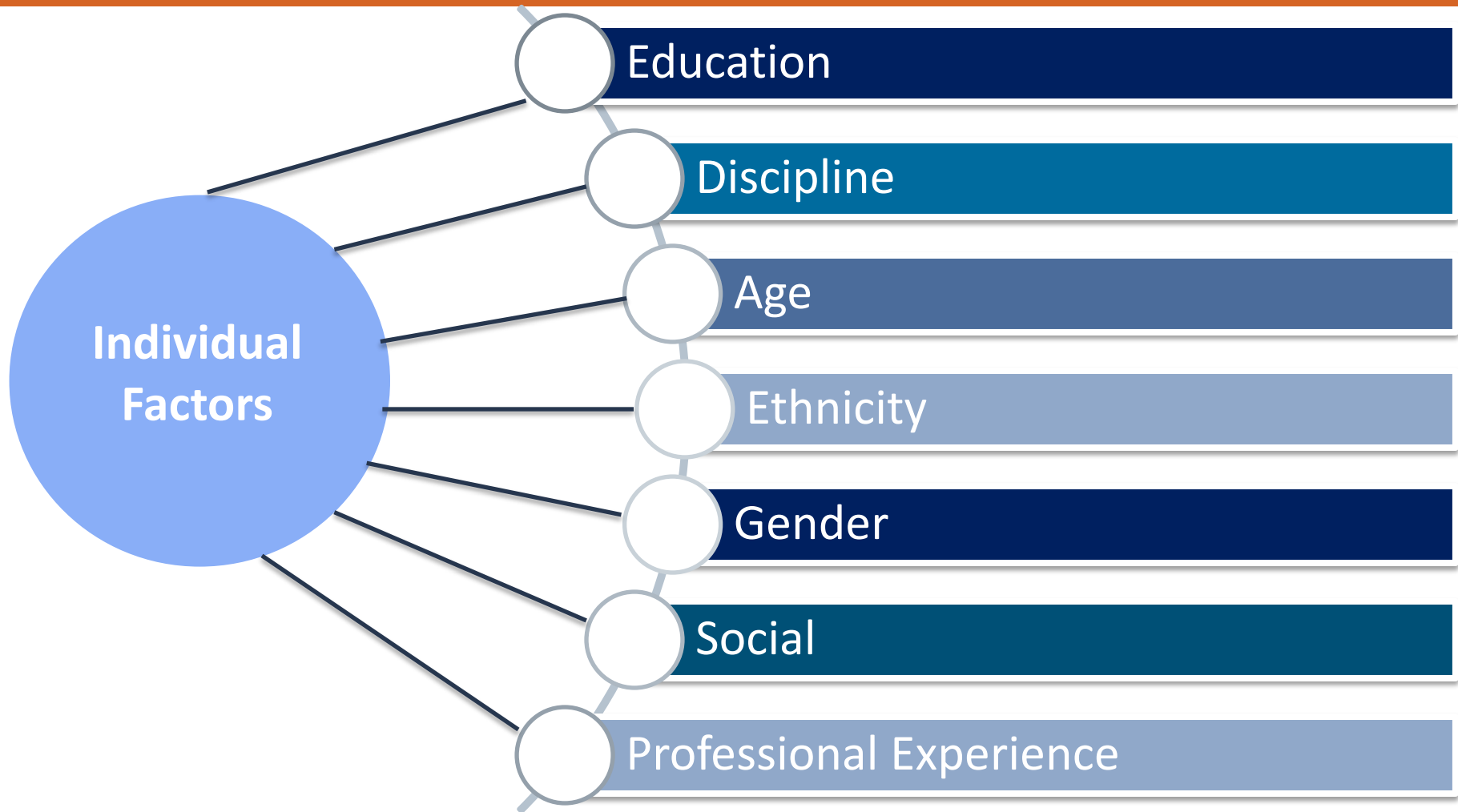


Organizational and Individual Factors

“Attitudes toward innovation can be the precursor to the decision of whether or not to try a new practice and the affective component of attitudes can impact decision processes regarding innovation.” –Gregory A. Aarons







Is it the EBP or is it the Packaging?

Apprehension of Provider to Adopt Treatment Manuals

- Rooted in *perceptions* that treatment manuals are:
 - Overly rigid.
 - Lack emphasis on clinical judgement and rapport.
- Provider Concerns:
 - Impact of standardized manuals on therapeutic rapport.
 - Individualized case conceptualization.



Is it the EBP or is it the Packaging?

- Provider apprehensions with EBPs were NOT consequences of negative attitudes but...
 - Reduced opportunity to exercise clinical judgement.
 - Fear research protocols do not fully address complexity of their cases.
- Providers supportive of EBP but...
 - Concerned about therapeutic alliance/rapport and individualized cases.



Where are we at?

- Evidence-Based Practices (EBPs) are the brink to new therapeutic approaches, without them we are susceptible to stagnation and impede advancement of future innovations.
- There is growing pressure for the adoption of EBPs in community behavioral health service sectors.
- Implementation of EBPs depends on a number of factors.
 - Organizational Factors
 - Mental Health Provider characteristics*

Study Purpose

Objective: To examine mental health provider factors that influence the implementation of EBPs and to focally examine implementation of cognitive-behavioral therapy (CBT).

Research Questions

- 1) Are **provider characteristics** (age, gender, and ethnicity) associated with favorable attitudes toward the adoption of EBPs?
- 2) Is **caseload** associated with degree of favorable attitudes toward the adoption of EBPs?
- 3) Is **time employed** with organization associated with attitudes toward the adoption of EBPs?

Exploratory Questions

- 4) Is **licensure** associated with attitudes toward the adoption of EBPs?
- 5) Is **training** associated with attitudes toward the adoption of EBPs?
- 6) Is **division** (i.e. Adult, Youth) associated with attitudes toward the adoption of EBPs?

Methods

- Providers (N = 181) enrolled in CTRS CBT Training
- Verbal informed consent
- Providers completed the following measures assessing:
 - Demographics
 - Employment and professional training
 - Attitudes toward EBP in general

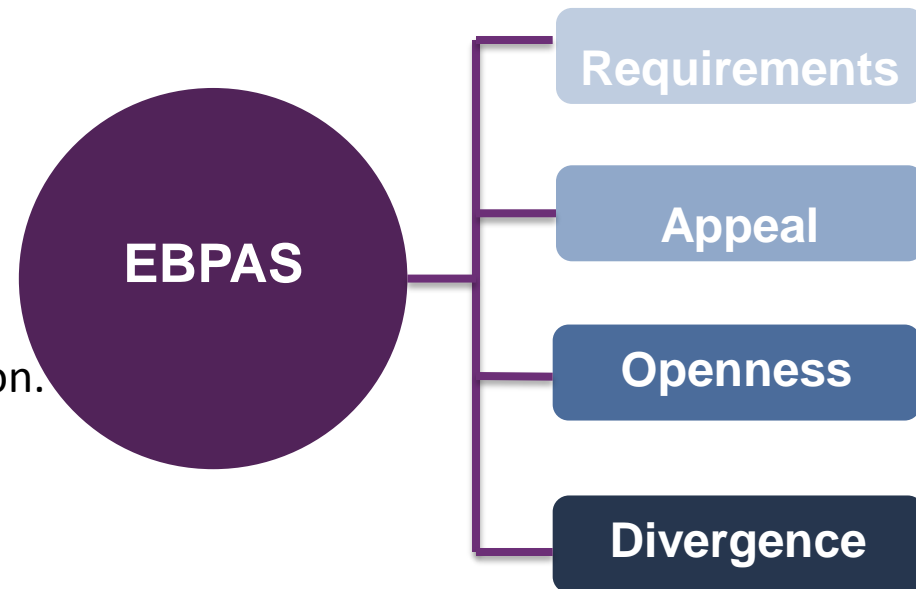
Measures

Evidenced-Based Practice Attitude Scale (EBPAS)

- Provider attitudes to adoption of EBP.

Scales

- **Requirements:** organization, or supervisor requirements for EBPs.
- **Appeal:** willingness/ to adopt EBP.
- **Openness:** degree of openness to innovation.
- **Divergence:** perceived importance of using research-based interventions.



Methods

- **Openness item:**
 - “I like to use new types of therapy/interventions to help my clients.”
- **Requirement item:**
 - “It was required by your agency?”
- **Appeal item:**
 - “It was intuitively appealing?”
- **Divergence item:**
 - “Research based treatments/interventions are not clinically useful?”

Scale

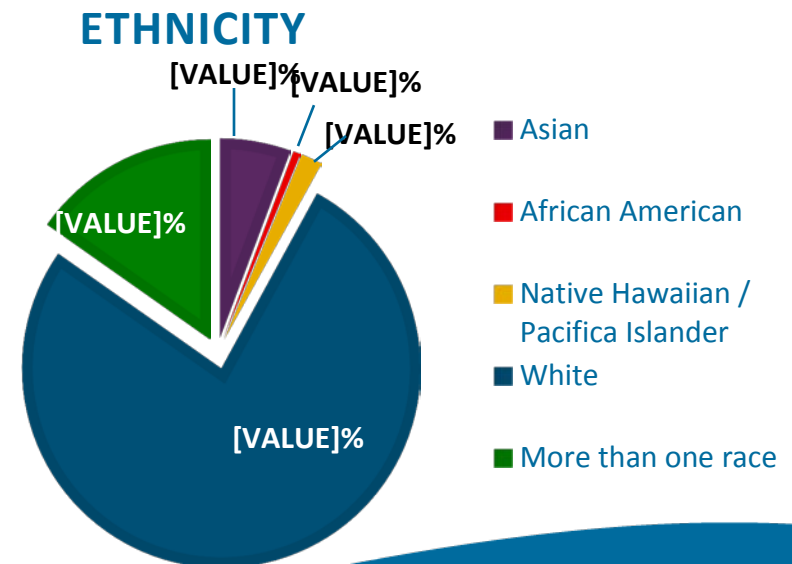
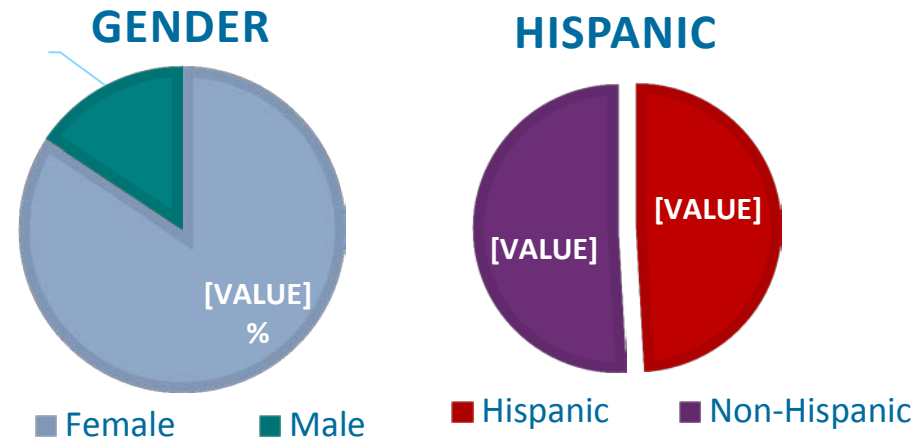
15 item scale

- 0 = Not at All
- 1 = To a Slight Extent
- 2 = To a Moderate Extent
- 3 = To a Great Extent
- 4 = To a Very Great Extent

**Reverse coding was operated for questions where applicable*

Demographic characteristics of Providers

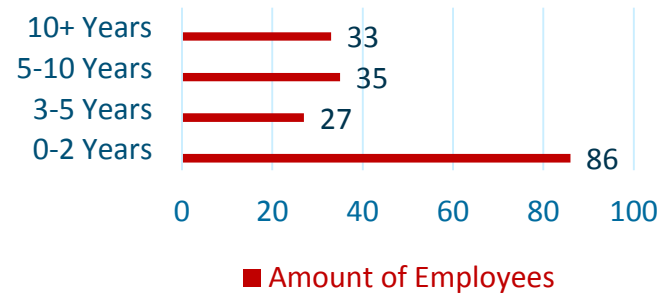
Measure	Total Sample (N= 181)
Mean age (SD)	38 (SD 10.6)
Gender (N, %)	
Female	151 (84.4%)
Male	28 (15.6%)
Hispanic heritage	
Hispanic	86 (49.1%)
Non-Hispanic	89 (50.9%)
Racial/ethnic group (N, %)	
American Indian/Alaskan Native	2 (1.1%)
Asian	10 (5.6%)
Black or African American	1 (0.6%)
Native Hawaiian/Pacific Islander	3 (1.7%)
White	136 (76.0%)
More than one race	27 (15.1%)



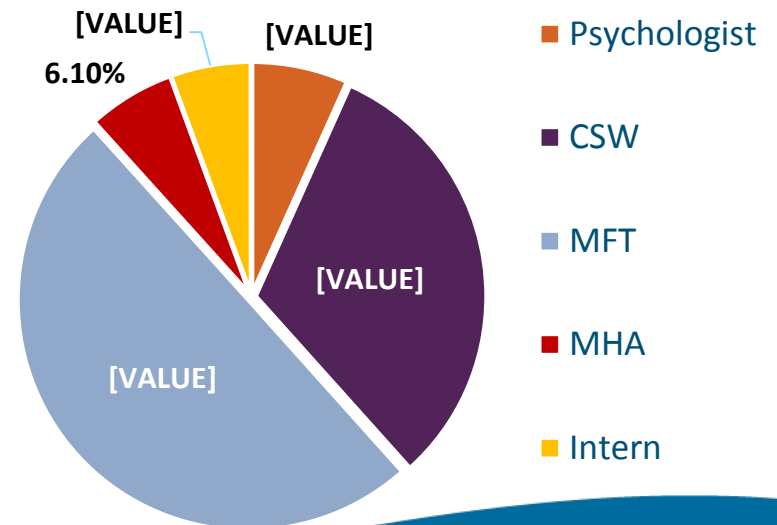
Demographics

Measure	Total Sample (N= 181)
Years employed for Ventura County	
0-2 years	86 (47.5%)
3-5 years	27 (14.9%)
5-10 years	35 (19.3%)
10+ years	33 (18.2%)
Discipline	
Psychologist	12 (6.7%)
CSW	57 (31.7%)
MFT	90 (50.0%)
MHA	11 (6.1%)
Intern	10 (5.6%)

Years Employed For VCBH

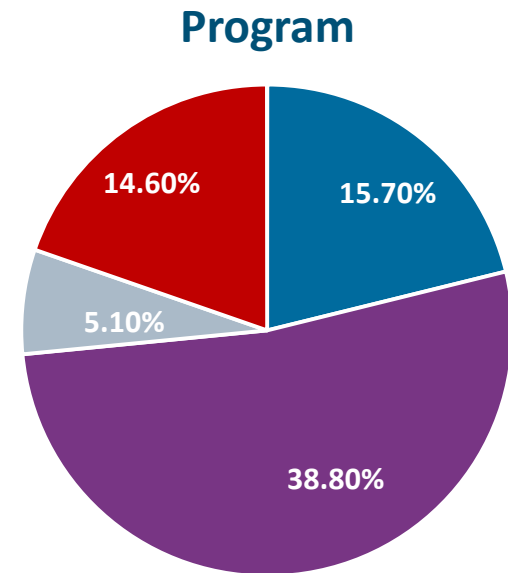


DISCIPLINE



Clinical Program/Division

Measure	Total Sample (N= 181)
Clinical Program	
Adult outpatient	28 (15.7%)
Child outpatient	69 (38.8%)
Full Service Partnership	9 (5.1%)
CalWorks/CWS	26 (14.6%)



■ Adult ■ Child ■ FSP ■ CalWorks/CWS

Question One:

Are demographic factors associated with attitudes toward the adoption of EBPs?

Table 1

Correlations between demographic factors and the Evidence-Based Practice Attitude Scale

	EBPAS Total	Required	Appeal	Openness	Diverge
Age	.009	.002	.022	-.035	-.022
Gender	.029	.077	-.059	-.002	.076
Hispanic/Latino	.118	.175*	.062	.114	.018

Note. * $p < 0.05$.

Question Two:

Is caseload associated with attitudes toward the adoption of EBPs?

Table 2

Correlations between Caseload and the Evidence-Based Practice Attitude Scale

	EBPAS Total	Required	Appeal	Openness	Divergence
Current Caseload	.075	.014	.111	.015	.045

Note. * $p < 0.05$.

Question Three:

Is length of time with VCBH associated with attitudes toward the adoption of EBPs?

Table 3
Correlation between time employed with county and Evidence-Based Practice Attitude Scale

	EBPAS Total	Required	Appeal	Openness	Divergence
Time employed County	-.086	-.002	-.032	-.052	-.190*

Note. * $p < 0.05$. ** $p < .01$.

Question 4:

Is licensure associated with attitudes toward the adoption of EBPs?

Table 4
Sample t-test for licensure and the EBPAS

	Licensed		Unlicensed		<i>t</i> -test
	M	SD	M	SD	
EBPAS Total	3.04	.54	2.76	.30	1.66
Required	2.91	.97	2.30	.82	1.93
Appeal	3.17	.66	2.63	.53	2.56*
Openness	3.04	.72	2.93	.50	.52
Divergence	3.05	.69	3.08	.47	-.09

Note. * $p < 0.05$

Question 5:

Is training associated with attitudes toward the adoption of EBPs?

Table 5

Correlation between training and Evidence-Based Practice Attitude Scale

	EBPAS Total	Required	Appeal	Openness	Divergence
CTRS	-.018	-.079	.004	-.037	.033
Prior CBT	-.011	-.032	.010	-.053	.077

Question Six:

Is division (i.e. Adult, Youth) associated with attitudes toward the adoption of EBPs?

Table 6

Correlation between division and Evidence-Based Practice Attitude Scale

	EBPAS Total	Required	Appeal	Openness	Divergence
Division	.155	.166	.048	.165	.097

Past Approach:

Lack of Adherence and Sustainability Plan

- Training?
 - Delivered from an accredited trainer
- Certified Staff?
 - 4 staff certified in 1 of 3 EBPs
 - 2 left the county
- Fidelity Tools?
 - No fidelity tool
- Supervision?
 - No on-going supervision
- Policy?
 - No policy



Protocol

- Implementation:
 - Rolled out with a **charter**
- Policy and Procedures:
 - Still not implemented

Result?

- This led to the Divisions implementing with 2 different charters

Division of Divisions

❖ *Perception of EBPs differed per division (i.e. adult & child)*

Adult Division Perceptions

- Mandatory
- Competence
- Performance Evaluation

Youth and Family Division

- Learning
- Practicing
- Participating

THE POW! ER OF WORDS



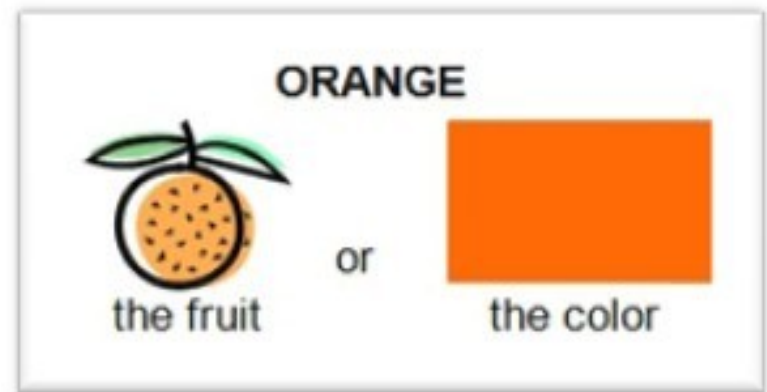
The Power of Words

Type of Wording

- 1) **Denotative Meaning** = literal meaning
 - “Dictionary Meaning”
- 2) **Connotative Meaning** = the definition one conjures up in the mind when hearing / seeing the word

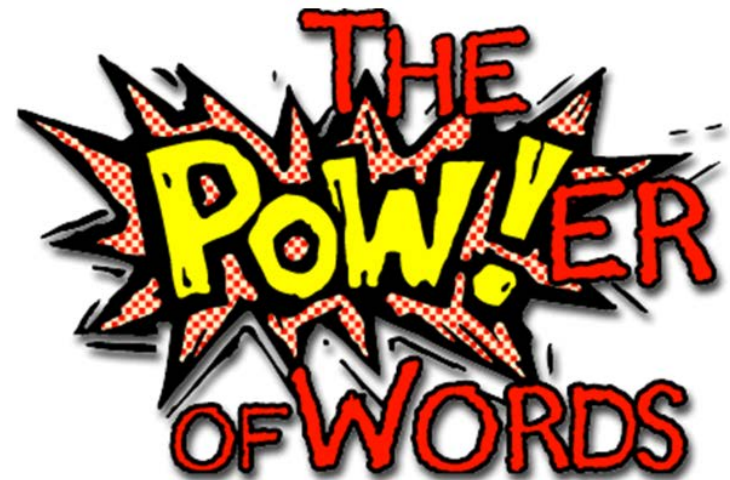
Affected by:

- One’s History
- Experiences
- Professional Perspective
- Culture



Lessons Learned: The Power of Words

- The effect that words have is powerful and have a profound impact on staff buy-in
- Choose your words carefully
 - Say what you mean
 - Mean what you say
- *Be clear of expectations*



Power of Words: Project Description:

What managers see:

The purpose of this project is the implementation of Cognitive-Behavior Therapy as the **primary** evidenced based treatment of individual, family and group therapy in VCBH and the establishment of a system by which outcome measures are used to report client outcomes associated with receiving CBT to established fidelity.

What staff need to see:

- As clinically indicated
- Treatment team decision
- This Policy and Procedure ensures that consumers have access to the highest level of services which integrate clinical expertise, with external scientific evidence, and the perspective, values, needs, choice, and voice of those we serve. Cognitive Behavioral Therapy (CBT) is valued in the behavioral health field to be a highly effective and culturally sound evidence based practice.

Cognitive Therapy Rating Scale (CTRS)

COGNITIVE THERAPY SCALE

RATING MANUAL

Jeffrey Young, Ph.D.
Aaron T. Beck, M.D.

Revised Draft
August 22, 1980

Additional copies may be downloaded from www.beckinstitute.org

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<https://www.beckinstitute.org/wp-content/uploads/2015/10/CTRS-current-10-2011-Cognitive-Therapy-Rating-Scale-2.pdf>

Cognitive Therapy Rating Scale (CTRS)

Therapist: _____ Patient: _____ Date of Session: _____

Tape ID#: _____ Rater: _____ Date of Rating: _____

Session# _____ () Videotape () Audiotape () Transcript () Live Observation

Directions: For each time, assess the therapist on a scale from 0 to 6, and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. If you believe the therapist falls between two of the descriptors, select the intervening odd number (1, 3, 5). For example, if the therapist set a very good agenda but did not establish priorities, assign a rating of a 5 rather than a 4 or 6.

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

Please do not leave any item blank. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be.

Part I. GENERAL THERAPEUTIC SKILLS

___1. AGENDA

- 0 Therapist did not set agenda.
- 2 Therapist set agenda that was vague or incomplete.
- 4 Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage.)
- 6 Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

https://www.beckinstitute.org/wp-content/uploads/2015/10/CTRS-12-2011_portrait-Cognitive-Therapy-Rating-Scale-1.pdf

Academy of Cognitive Therapy (ACT)

ACT Overview



<http://www.academyofct.org/>

“The Academy of Cognitive Therapy™, a non-profit organization founded in 1998, supports continuing education and research in cognitive therapy, provides a valuable resource in cognitive therapy for professionals and the public at large, and actively works towards the identification and certification of clinicians skilled in cognitive therapy. Certification is awarded to those individuals who, based upon an objective evaluation, have demonstrated an advanced level of expertise in cognitive therapy.”

Solutions: Peers as Coaches

Peers as Coaches

- It's working – now have 43 clinicians as Academy Diplomats
 - Reason 1: Peers
 - Reason 2: Clinically indicated not mandatory

Certification

- There is buy in to be a VCBH certified clinician
 - Reason 1: Demonstrate knowledge of the model
 - Reason 2: Have tool to offer to clients

Peers

- Lack of peer support?
 - Organizational barrier toward EBP
 - Salbach; Arnadottir & Gudjonsdott
- Peer support?
 - Gregory A. Aarons



Progress:

- ❖ All Y & F & Adult Clinical staff trained in Basic CBT
- ❖ CBOs trained in Basic CBT starting in 2016
- ❖ Basic CBT training is offered annually
- ❖ Advanced CBT training is offered annually
- ❖ 24 Certified Academy Diplomats/Coaches (19 in process to be complete by June 2018) to ensure adherence to CBT
- ❖ 9 Academy Certified Trainers (5 more in process to be complete June 2018) to ensure training sustainability
- ❖ Fidelity: CTRS, audio recording and monthly supervision groups at all programs since March 2015

Lessons Learned and Next Steps

- Words, be mindful of the packaging.
- Sustainability plan (certification and trainers).
- Not having structure to collect data from the start.
- Need for client specific reports.
- Need to establish clear parameters for data reporting.
- On-going audio-taping (vulnerability issues for staff).
- Need a policy and protocol in place.
- Start slow!!





Contact Us!

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