



## Updating the Textbook: A Novel Approach to Training Graduate Students in Evidence-Based Youth Practices

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*Despite the ever-improving base of evidence-based practices (EBPs) for the treatment of childhood disorders, a gap between EBP research and their use in community settings continues to exist. An exciting opportunity to close this gap exists in the form of graduate student training; however, at present, several roadblocks exist. In this paper, we review the current state of graduate training in delivering EBPs and obstacles involved in training future community clinicians (i.e., graduate students) in EBPs. Next, we describe in detail our initiative to develop a curriculum that addresses these challenges. This innovative course empowered graduate students to receive training in the delivery of youth EBPs in community settings through reviews of the research literature, active learning techniques (e.g., discussions of case conceptualizations, role-playing case studies), and a written, publication-quality review of EBPs. Finally, we offer recommendations for other educators of mental health professionals (e.g., psychologists, social workers, counselors) to improve upon this curriculum in their training of graduate students in the theory and application of EBPs for treating childhood disorders.*

**D**ESPITE the plethora of evidence-based practices (EBPs) that exist for the treatment of childhood disorders (for reviews see Altman & Wilfley, 2015; Chaffin & Friedrich, 2004; David-Ferdon & Kaslow, 2008; Evans, Owens, & Bunford, 2014; Eyberg, Nelson, & Boggs, 2008; Freeman et al., 2014; Fristad & MacPherson, 2014; Higa-McMillan, Francis, Rith-Najarian, & Chorpita, 2015; Hogue, Henderson, Ozechowski, & Robbins, 2014; Kang, McKenna, Arden, & Ciullo, 2016; Lock, 2015; Ougrin, Tranah, Stahl, Moran, & Asarnow, 2015; Silverman et al., 2008; Smith & Iadarola, 2015; Woods & Houghton, 2016) and the American Psychological Association (APA) release of a policy statement in 2005 in support of using EBP (American Psychological Association, 2005), there is still a large gap between science and practice (Shafran et al., 2009; Stewart & Chambless, 2007). Many graduate students in both master's and doctoral mental health programs (e.g., clinical psychology, social work, counseling) receive highly variable training in EBPs (Health Service Psychology Education Collaborative [HSPEC], 2013). This is particularly the case in programs that are shorter in length (i.e., 2-year master's programs; Weissman et al., 2006). As the majority of mental health service provision

is now provided by master's-level clinicians (Heisler & Bagalman, 2013), this means that a large portion of the work force may have limited or inadequate training in EBPs. This problem is not improving over time. In addition to low rates of EBP implementation by community practitioners (New Freedom Commission, 2003), dissemination of training in EBPs to practitioners-in-training is similarly problematic (Edmunds, Beidas, & Kendall, 2013; Herschell, Kolko, Baumann, & Davis, 2010). Thus, it is critical that faculty in graduate training programs determine the most effective and efficient way to train students from a diverse array of mental health fields in EBP. Importantly, such a training model must be transportable across different training modalities and time frames (i.e., applicable in both a 2-year social work or counselor education program and a 5-year clinical psychology doctoral program).

In this paper, we review the current state of graduate training in delivering EBPs and obstacles involved in training future community clinicians (i.e., graduate students) in EBPs. We examine both practical challenges (e.g., logistics) as well as competence concerns (e.g., issues of diversity) involved in graduate training in mental health care. Next, we introduce a novel initiative designed to teach youth-based EBPs to graduate students in order to address the aforementioned concerns. This curriculum was developed at a clinical psychology doctoral program; however, it is appropriate for graduate programs in allied mental health fields (e.g., counseling, social work, psychiatry, etc.; Weissman et al., 2006). Finally, we provide recommendations for future training.

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*Keywords:* evidence-based practice; training; competence; implementation

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## Challenges in Graduate Training Toward Delivering Youth-Based EBPs in Community Settings

Training in the psychological sciences focuses on the connection between science and practice through coursework, clinical training, and faculty modeling (Donohue & Perry, 2014). Graduate training is the ideal time to bridge the clinical practice and research gap (Hershenberg, Drabick, & Vivian, 2012). Several models of competency exist to help graduate programs define and assess competency of graduate students in clinical psychology and allied mental health programs (Fouad et al., 2009; HSPEC, 2013). These models of competency include criteria related to scientific knowledge, communication skills, and awareness of diversity. Blueprints for these models propose substantial changes in typical graduate programs in order to implement coursework and training experiences to ensure graduates obtain the identified competencies. However, many graduate programs lack requirements for both didactic and clinical supervision of EBPs (Weissman et al., 2006). Moreover, mental health graduate programs belong to different theoretical orientations, which may impact how a student is trained and how a student views EBP. For example, cognitive behavioral therapy (CBT)-oriented clinicians report more positive attitudes towards EBP than dynamic, eclectic, and psychodynamic practitioners (Stewart & Chambless, 2007). Furthermore, the degree to which a graduate program is research-focused may impact students' exposure to EBPs. For example, CBT-oriented psychologists reported their graduate school emphasized research more than the training programs for psychodynamic psychologists (Stewart & Chambless, 2007).

There are numerous hurdles to jump when considering how best to train graduate students in EBPs for youth. Clinicians trained in EBPs must be willing to teach and supervise, which can be a time-consuming process, especially given that students require working with numerous clients to gain skills. Furthermore, while lectures on the most efficacious EBPs for youth may be the most efficient use of the *supervisor's* time, ongoing supervision that incorporates active learning techniques (e.g., role-playing) is needed in order to implement EBPs effectively (for a review, see Beidas & Kendall, 2010). As such, training graduate students in EBP is an activity to which educators need to commit considerable time, effort, and innovation in order to execute effectively.

In addition to graduate school challenges, there are further challenges when implementing EBPs in community settings (Herschell et al., 2010; Weissman et al., 2006). Many, if not all, of the currently available EBPs were created in controlled university-based settings where clinicians had access to a wealth of resources, time, and patients. However, as effectiveness (versus efficacy) trials consistently show,

community settings pose unique challenges for the implementation of these treatments in a number of domains (e.g., Hamm et al., 2015; Morrow-Bradley & Elliott, 1986). For example, the current gold-standard for EBP training following degree conferment involves a combination of attending and participating in a workshop, reviewing the treatment manual, and receiving supervision (Herschell et al., 2010; Sholomskas et al., 2005). This can be an expensive and time-consuming process. For private-practice clinicians who are paid per session and who would thus lose money by taking time off to attend such workshops, the cost is particularly high (e.g., Hamm et al.). If a clinician wanted to become proficient in several diagnosis-specific EBPs, the cost, time, and supervision needed could quickly become overwhelming, especially as travel may be required to attend specialized workshops. As such, the more effective and efficient training during graduate school, the lower the burden for clinicians once they are practicing in the community. Therefore, it is critical that training in graduate school be comprehensive because there are substantial challenges to receiving training in EBPs postgraduation.

One particular challenge that community clinicians face is the increasing diversity (e.g., race, ethnicity, religion, sexual orientation, etc.) of the U.S. population. As such, training in providing culturally competent service (CCS) is becoming increasingly important. This might include adaptations of EBPs to address culturally specific stigma related to mental health (Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009), to include metaphors in treatment that resonate with members of a different culture (Fuchs, Lee, Roemer, & Orsillo, 2013), or to utilize wrap-around services (e.g., Bernstein et al., 2015). Specifically, an important recent concern within the field of psychology relates to sexual and gender minorities. Clinicians in the field have reported deficits in their cultural competence training regarding treatment with these populations (Eliason & Hughes, 2004). For example, within the Veterans' Administration, over half of the participating clinicians reported less than one class period of training about sexual orientation issues (Johnson & Federman, 2014). This is problematic when considering the 12-month prevalence of psychiatric disorders is 56.3% among lesbian, gay, bisexual, and transgender individuals (Grant et al., 2005) and the fact that sexual minorities are more likely to seek treatment than heterosexual individuals (Cochran, Sullivan, & Mays, 2003). Thus, it is necessary for clinicians to acquire culture-specific knowledge that can inform their adaptations of existing EBPs to be more culturally sensitive. Indeed, according to a review of 10 meta-analyses, culturally tailored interventions for ethnic minorities are generally effective (Huey Jr, Tilley, Jones, & Smith, 2014). Graduate school is an ideal time to develop the skills necessary to adapt EBPs to be culturally sensitive.

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