



## Effects of workshop trainings on evidence-based practice knowledge and attitudes among youth community mental health providers

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### ABSTRACT

Enhancing the public health impact of evidence-based practices (EBPs) in usual care settings is a key priority of the National Institute of Mental Health. Longitudinal data from community mental health providers ( $N = 268$ ) participating in a series of state-sponsored workshops in modular approaches to EBPs for youth are presented. EBP workshop attendance for youth anxiety resulted in increased knowledge for EBPs for anxiety (and not other conditions) and EBP workshop attendance for youth disruptive behaviors resulted in increased knowledge for EBPs for disruptive behaviors (and not other conditions). Providers' tendencies toward incorrectly classifying non-EBP therapies as evidence-based increased over time, suggesting that providers over-generalize the EBP label as a result of attending these types of workshops. Regarding EBP attitudes, most measures of attitudes improved when providers attended a workshop. Additionally, an overly inclusive view of what constitutes an EBP at intake was related to significant decreases in openness to trying EBPs over time, whereas more positive attitudes at intake was related to achieving a more refined view of what constitutes an EBP over the course of attending trainings. Study limitations and implications for implementation of EBPs in usual care settings are discussed.

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Within the last three decades, significant progress has been made in identifying efficacious psychosocial interventions for treating youth psychopathology (Lonigan, Elbert, & Johnson, 1998; Silverman & Hinshaw, 2008; Society of Clinical Child and Adolescent Psychology & Association for Behavioral and Cognitive Therapies, 2009; Weisz, Hawley, & Doss, 2004). Results across all major childhood problem areas strongly suggest that some treatments outperform others, and there is a growing consensus that a next big step in the broader mental health services movement is to focus on the implementation of such practices in community settings (Institute of Medicine, 2001; New Freedom Commission on Mental Health, 2003; U.S. Public Health Service, 2000). Accordingly, conceptual and empirical issues related to effective implementation are becoming increasingly examined and explored (e.g., Beidas & Kendall, 2010; Damschroder et al., 2009).

### Potential EBP implementation and training innovations

One issue that has recently received increased attention is that of provider training in evidence-based practices (EBPs). Research in this area suggests a large discrepancy between training-as-usual practices and empirically-based training recommendations. For example, the near-universal pattern for continuing education involves attending a brief didactic presentation with little to no follow-up or organizational support (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Institute of Medicine, 2010). On the contrary, empirically-based recommendations call for many hours of multi-modal learning experiences over extended time periods with heavy organizational support (Beidas & Kendall, 2010; Herschell, Kolko, Baumann, & Davis, 2010; Rakovshik & McManus, 2010). As such, large community implementation efforts may benefit from adaptation processes both at the level of EBP identification as well as the training process itself. As highlighted in numerous implementation theories, careful adaption to a local environment appears to be a key component of the overall implementation process (cf. Damschroder et al., 2009; Fixsen et al., 2005; Rogers, 2003). With regard to EBP identification, work by Chorpita,

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Becker, & Daleiden, 2007, Chorpita & Daleiden, 2009 and Chorpita, Daleiden, and Weisz, 2005 have moved away from classification schemes emphasizing brand named protocols to organizing treatments based on their component practice elements. A practice element (or common element) can be defined as a discrete clinical technique or strategy (e.g., exposure) used as part of a larger intervention protocol (Chorpita et al., 2005, 2007; Chorpita & Daleiden, 2009). For example, within the youth treatment outcome literature for anxious problems, most evidence-based protocols utilize the practice elements of exposure and cognitive restructuring (Chorpita & Daleiden, 2009). When such discrete techniques are flexibly arranged and guided by a clinical decision-making algorithm for providing youth therapy, the treatment approach is said to be modular in nature (Chorpita & Weisz, 2009). Empirical investigations into both the practice element approach for understanding the youth treatment literature and modular application of discrete techniques for treatment purposes have been steadily growing (Chorpita & Daleiden, 2009; Weisz et al., 2011).

A second potentially fruitful implementation concept is to begin adapting empirically-based training processes to better fit large community mental health settings. The likely reality is that public sector systems cannot afford such intensive training regimens in their entirety for all of their therapists. One possible idea for beginning this adaptation process is to create a triaged system of training, based upon target individual baseline characteristics. For instance, research into provider level characteristics such as knowledge of and attitudes toward EBPs has slowly been growing over the years, and suggests that these constructs play important roles in product adoption and sustainability (Damschroder et al., 2009; Fixsen et al., 2005). Concerning EBP attitudes, numerous studies have documented providers' concerns that manualized treatments do not allow for flexibility and individualizing interventions for complex everyday patients (Addis & Krasnow, 2000; Addis, Wade, & Hatgis, 1999; Baumann, Kolko, Collins, & Herschell, 2006; Nelson & Steele, 2008; Nelson, Steele, & Mize, 2006; Walrath, Sheehan, Holden, Hernandez, & Blau, 2006). Recent research progress in this area includes standardized instrument development for both standard manualized (Aarons, 2004; Aarons et al., 2010) and modular treatment approaches to EBPs (Borntreger, Chorpita, Higa-McMillan, Weisz, & the Network on Youth Mental Health, 2009). EBP knowledge research is newer, but many researchers have suggested that knowledge is often the biggest barrier to EBP implementation (Dearing, 2009; Higa & Chorpita, 2007; Sanders, Prinz, & Shapiro, 2009; Seng, Prinz, & Sanders, 2006). In fact, Chorpita and Regan (2009) have even commented that the term "dissemination" can itself be defined as the delivery of knowledge and the management of attitudes and intentions for providers. Standardized instrument development in this area is lacking, however, Stumpf, Higa-McMillan, and Chorpita (2009) have recently developed a youth EBP questionnaire (Knowledge of Evidence Based Services Questionnaire; KEBSQ) within the practice element paradigm discussed above that is receiving increased empirical attention (e.g., Nakamura, Higa-McMillan, Okamura, & Shimabukuro, 2011; Weist et al., 2009).

Continuing the description of a hypothetical triaged training system, brief initial trainings could focus specifically on positively influencing EBP knowledge and attitudes among providers performing poorly in those areas. Once having improved their knowledge and attitudes, therapists would then participate in more intensive and empirically-supported learning experiences (i.e., role-play, practice cases, etc.) in order to move toward more important competence and performance goals in real-life settings (Miller, 1990). Interestingly, this hypothetical approach is consistent with Beidas and Kendall's (2010) training review which

suggests that didactic presentation, lectures, and other training-as-usual strategies can positively influence providers' EBP knowledge and attitudes (but not actual behaviors). This is only a cursory example, but highlights the importance of the field's need to develop training systems that balance empirically-supported training recommendations, public sector resources, and current training-as-usual efforts. In other words, on the one hand, training efforts should ultimately focus on therapist competence and performance in real-life scenarios (Miller, 1990) through using tested training techniques. At the same time, it seems a worthwhile preliminary endeavor to increase our scientific understanding of how competence and performance precursors (e.g., knowledge and attitudes) change over time, especially in response to existing training-as-usual efforts.

#### *Present investigation*

The present investigation follows up on Nakamura et al.'s (2011) study that examined the relationships between practitioner background variables and knowledge of and attitudes toward EBPs among youth practitioners. In their initial cross-sectional study, Nakamura et al. (2011) examined therapists' attitudes and knowledge just prior to participating in a series of EBP workshops. Overall, they found that very few provider variables predicted EBP knowledge and attitudes. Also, with regard to the relationship between knowledge and attitudes prior to training, an overly restrictive view for defining EBP techniques (as defined by KEBSQ omission errors; i.e., failing to correctly classify a technique as evidence-based when it actually was) was associated with less favorable EBP attitudes. This investigation builds upon that initial study by longitudinally tracking knowledge and attitudes of Nakamura et al.'s (2011) initial sample of public sector providers as they progressed through a series of state-sponsored workshops emphasizing a modular approach to treatment. This is the first study to examine for such effects using this approach to treatment where training was conducted by full time public sector training staff. This current investigation also capitalized on the latest instrumentation advances in areas of youth EBP knowledge and attitudes, and did not rely on ideographically created study-specific questionnaires. There were three major foci in the current study, all examined to further scientific understanding of how EBP knowledge and attitudes might change over time in response to a large public sector training effort. First, we examined changes in youth providers' EBP knowledge over time as they progressed through several types of trainings. We hypothesized unique increases in knowledge as a function of training participation and type of training attended. Specifically, we predicted differential increases in provider knowledge for a small set of anxiety-based techniques only after providers attended trainings emphasizing those particular techniques; and similar differential increases in provider knowledge for a small set of disruptive behavior-based techniques only after providers attended trainings emphasizing those particular techniques (Beidas & Kendall, 2010). Second, we examined changes in youth providers' EBP attitudes over time. Given that providers have reported different attitudes toward EBPs depending on whether or not manuals were specifically queried (Borntreger et al., 2009; Brookman-Frazee, Garland, Taylor, & Zoffness, 2009), two measures of attitudes were included in this study: one measure that has been well-established in the literature but refers to manuals (i.e., Aarons, 2004) and another measure does not refer to treatment manuals when assessing attitudes toward EBPs (Borntreger et al., 2009). We predicted positive attitudinal changes as providers progressed through trainings (Beidas & Kendall, 2010). The third area of interest for the present study concerned potential between-provider longitudinal

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