



Therapists' Technique
Intentions for School-Age
Youth: Do they Vary by
Presenting Problem and
Align with the Evidence-
base?

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22nd Annual Conference on Advancing
School Mental Health
October 19, 2017

+ Quick Introduction & Quintessential Hawai'i Picture



+ Got access to internet?
Get it Ready!

Help Your Keiki Website:

<https://tinyurl.com/HYK-TBIS>

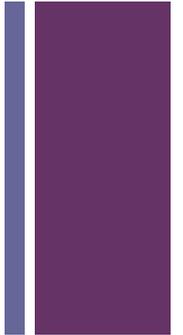
■ Google: Help Your Keiki

- helpyourkeiki.com → Resources → What's New → <scroll to bottom>
- “22nd Annual Conference on Advancing School Mental Health Presentation”

The screenshot shows the website helpyourkeiki.com. The navigation menu includes HOME, ABOUT, CONTACT, and RESOURCES. The RESOURCES link is circled in orange, with an arrow pointing to it from the text 'Resources' in the list on the left. The main banner features the text 'Help Your Keiki' in a large, yellow, stylized font. Below the banner, there are two vertical columns: 'COMMON PROBLEMS' and 'WHAT WORKS', each with a corresponding icon. To the right, there is a table titled 'ADDRESSING Mental Health CONCERNS IN PRIMARY CARE A CLINICIAN'S TOOLKIT'. The table includes a section for 'EVIDENCE-BASED CHILD AND ADOLESCENT BEHAVIORAL TREATMENT' with a table of interventions for 'Anxious or Avoidant Behaviors'.

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, CBT for Child and Family Psychoeducation, Hygiene, Relaxation, Inoculation

+ Agenda

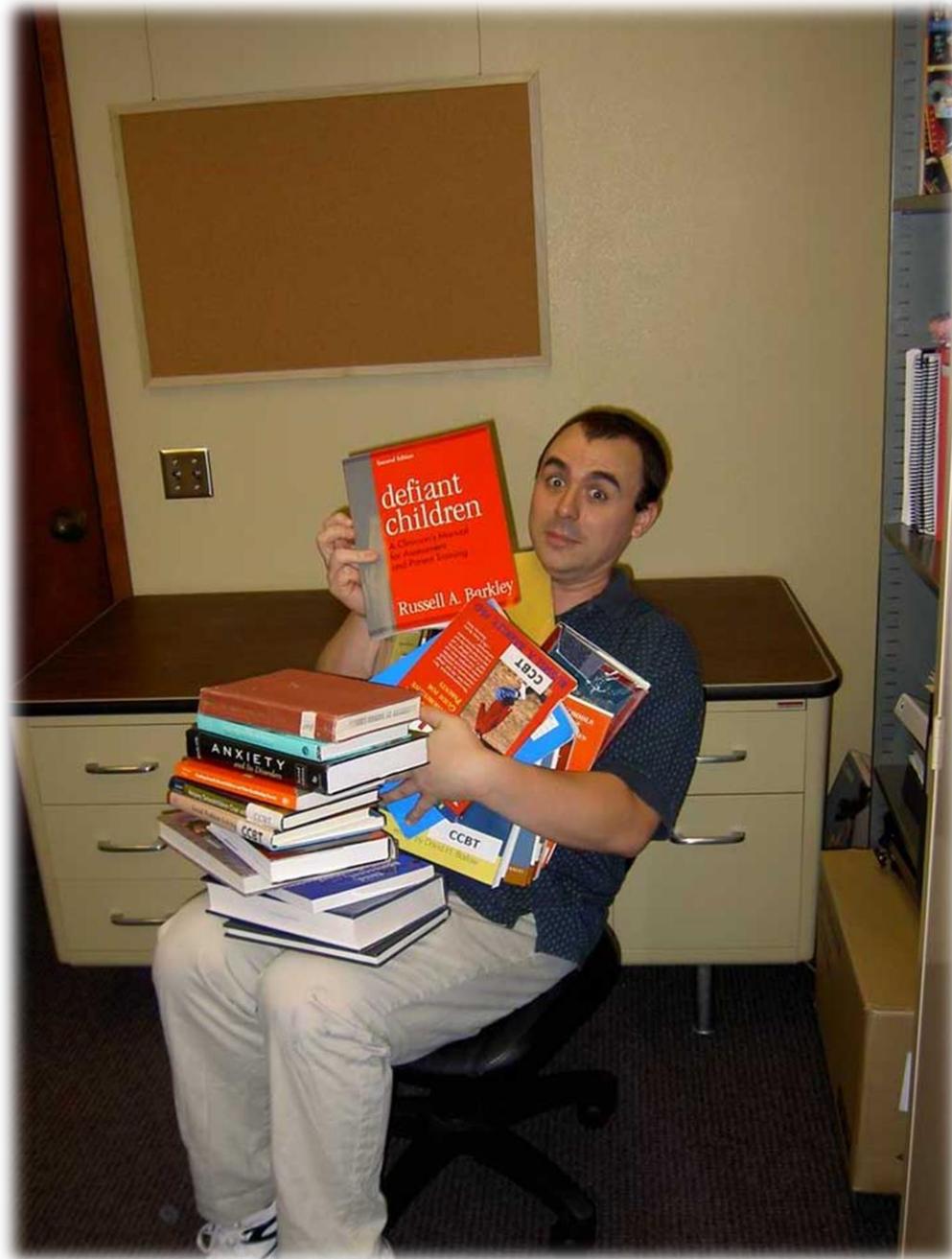


- Introductions
- Help Your Keiki Website Orientation
- Common Language for Discussing Treatment
- Background to Hawai'i System of Care
 - Ongoing Practice Monitoring Efforts
- What do we know about usual care? What are the gaps?
- Current study: What techniques do therapists intend to use with uncomplicated cases?
- Q&A

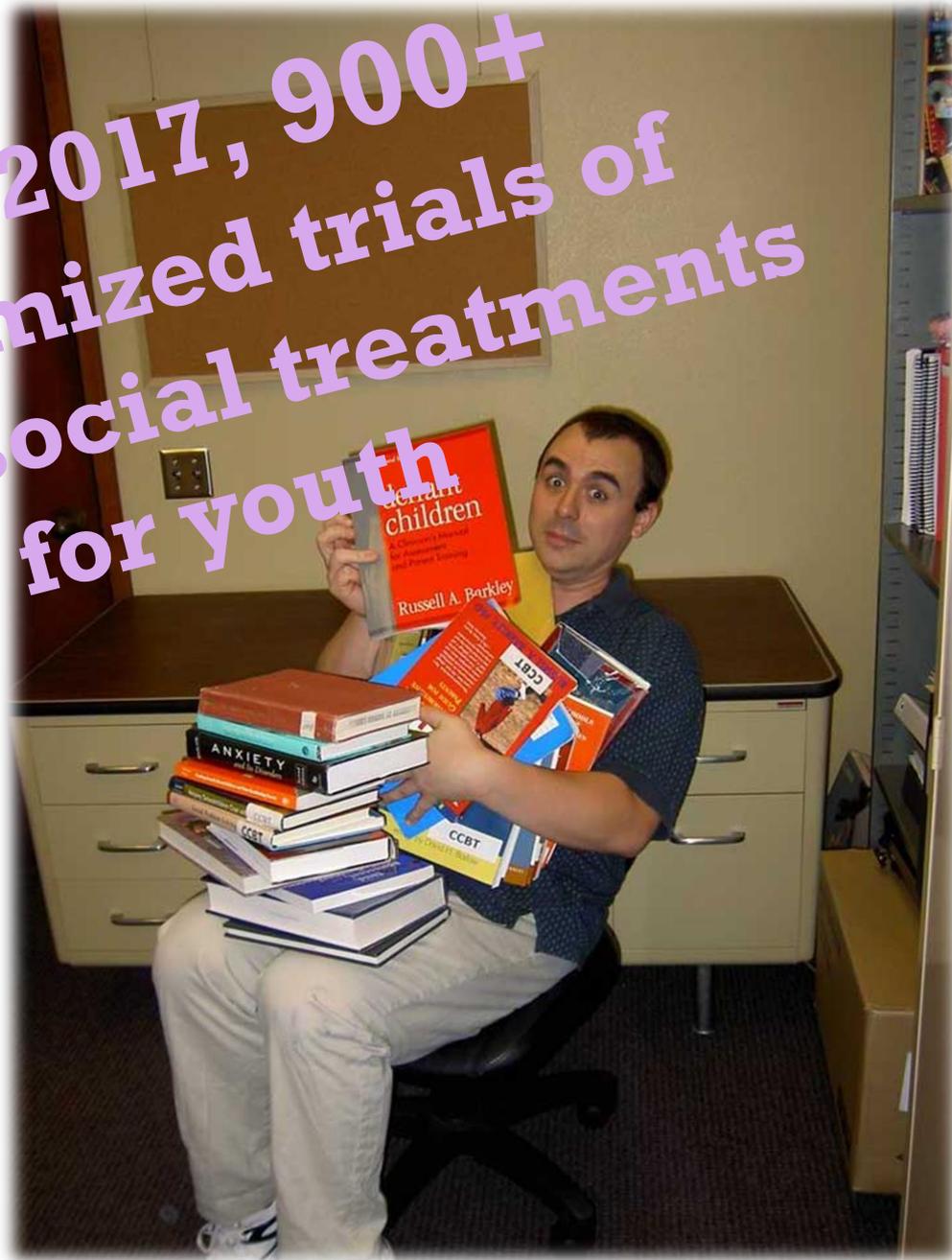


Quick Review

History of EBP Movement and Introduction of
Distillation Approach to Describing Treatment



As of 2017, 900+
randomized trials of
psychosocial treatments
for youth



+ What might this look like for administrators in large systems?



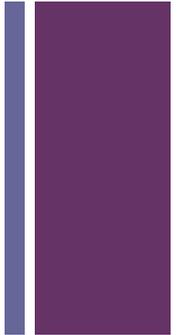
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What might this look like for administrators in large systems?





Common Elements Approach: “Practice Elements”

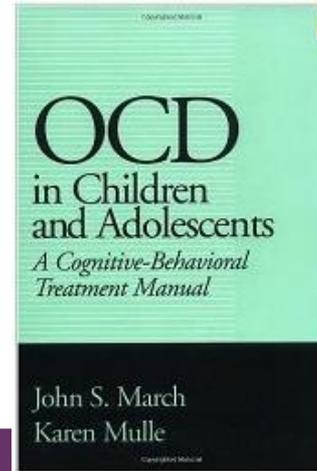
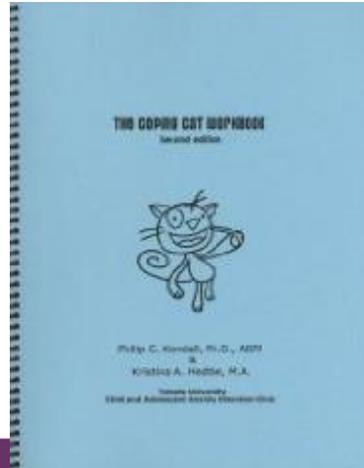


- Began in 1999 with Hawai‘i EBS Committee (Blue Menu; Evidence Based Services Committee, 2009)
 - Currently maintained by American Academy of Pediatrics

How are Practice Elements Identified?

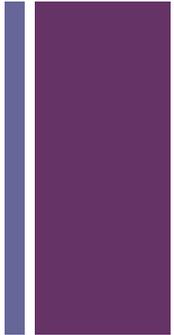
- Identify, Review, Code the literature (*i.e., those 900+ studies*)
 - Code the specific techniques included in each protocol
- Grade strength of the evidence for broad-based approach
 - Best Support (Level 1) to No Support (Level 5)
- Create “Research Support” Percentages based on frequency included in successful protocols

+ Common Elements Approach Anxiety Behavior Example



Exposure	✓	✓	✓
Cognitive	✓	✓	✓
Psychoeducation - C	✓		
Relaxation	✓	✓	
Modeling	✓		✓
Self-Monitoring	✓	✓	✓

+ “Blue Menu” Example



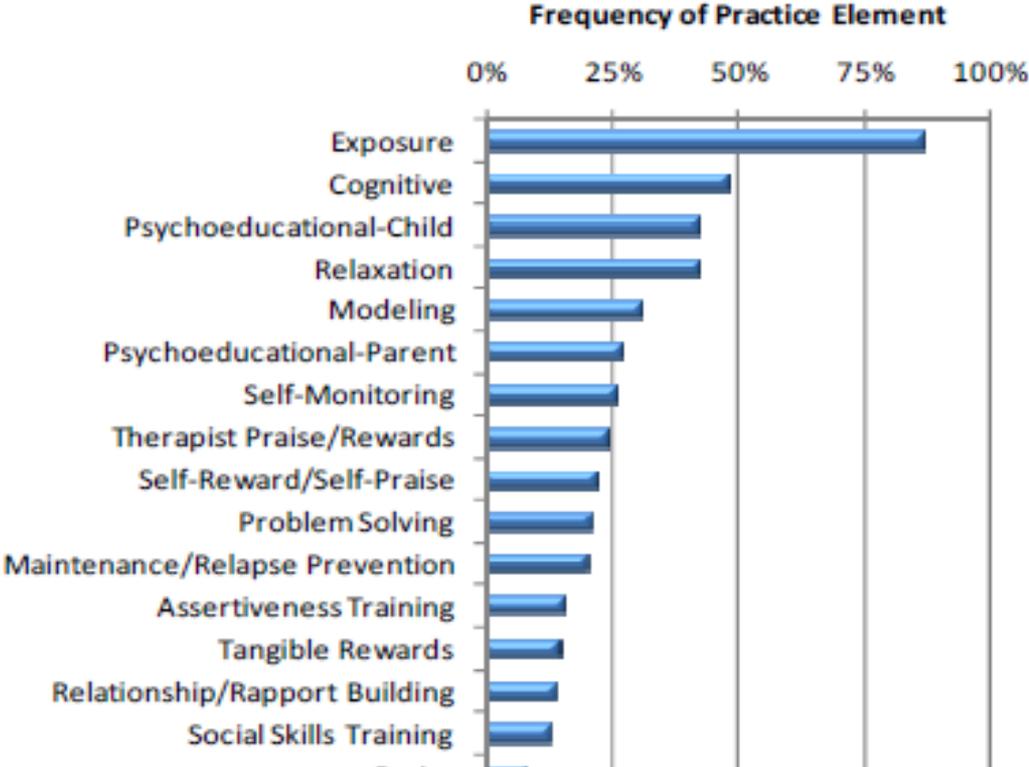
Blue Menu of Evidence-Based Psychosocial Interventions for Youth

This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2017 – April 2018 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. This report updates and replaces the “Blue Menu” originally distributed by the Hawaii Department of Health, Child and Adolescent Mental Health Division, Evidence-Based Services Committee from 2002–2009. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the [AAP website](#).

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention, Attention Training, CBT and Music Therapy, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Mindfulness, Relaxation, Stress Inoculation	Contingency Management, Group Therapy	Behavioral Activation and Exposure, Biofeedback, Play Therapy, PMT, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Client Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Peer Pairing, Psychoeducation, Relationship Counseling, Teacher Psychoeducation



FIGURE 1.1. PRACTICE ELEMENTS FOR ANXIETY AND AVOIDANCE (97 STUDY GROUPS)





The Best Ultimate Chocolate Chip Cookies

Author: Hayley Parker, The Domestic Rebel

Recipe type: Cookies

Prep time: 2 hours 10 mins Cook time: 12 mins Total time: 2 hours 22 mins

Serves: 12

These Ultimate Chocolate Chip Cookies are FABULOUS. Soft, chewy, supremely chocolaty and bursting with buttery goodness. This recipe is a guaranteed success!

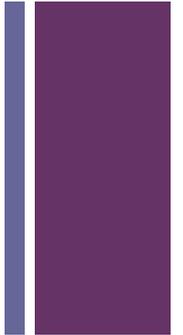
Ingredients

- $\frac{3}{4}$ cup butter, softened to room temperature
- 1 cup brown sugar
- $\frac{1}{2}$ cup white sugar
- 1 egg + 1 egg yolk
- 1 Tbsp vanilla extract
- 1 tsp instant espresso powder
- 1 tsp baking soda
- 2 tsp cornstarch
- $\frac{1}{2}$ tsp salt
- 2 cups all-purpose flour
- $\frac{3}{4}$ cup semi-sweet chocolate chips (splurge for the good stuff - I like Guittard)
- $\frac{1}{2}$ cup dark chocolate chips





Common Elements Approach: “Practice Elements”

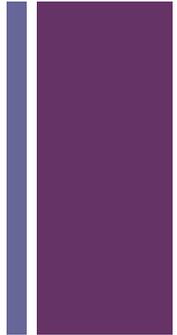


- Beneficial for large-scale distribution:
 - Increased practicality and cost-effectiveness
 - Tool for evidence-based practice decision making

- Common metric across system of care
 - More nuanced analysis
 - Communication across agencies and initiatives
 - Foundation for large variety of quality improvement efforts
 - Evaluation & performance feedback (to agencies)
 - Statewide trainings
 - Fidelity checks



Monthly Treatment Progress Summary (MTPS)



<https://tinyurl.com/HYK-TBIS>

SERVICE PROVIDER MONTHLY TREATMENT & PROGRESS SUMMARY Child and Adolescent Mental Health Division (CAMHD)

Instructions: Please complete and electronically submit this form to CAMHD by the 5th working day of each month (summarizing the time period of 1st to the last day of the previous month). The information will be used in service review, monitoring, planning and coordination in accordance with CAMHD policies and standards. Mahalo!

Client Name:	CR #:	DOB:
Month/Year of Services:	Eligibility Status:	Level of Care (one per form):
Axis I Primary Diagnosis:	Axis I Secondary Diagnosis:	Axis I Tertiary Diagnosis:
Axis II Primary Diagnosis:	Axis II Secondary Diagnosis:	

CR # _____ (please repeat the number here)

Progress Ratings This Month (check appropriate rating for any target numbers endorsed as targets):

#	Deterioration < 0%	No Significant Changes 0%-10%	Minimal Improvement 11%-30%	Some Improvement 31%-50%	Moderate Improvement 51%-70%	Significant Improvement 71%-90%	Complete Improvement 91%-100%	Date (If Complete)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

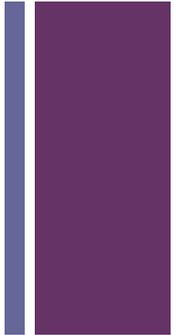
- Ongoing monitoring of practices
- Several domains surveyed
- Check all Practice Elements used out of 63 options + 3 write-in options

Intervention Strategies Used This Month (check all that apply):

Activity Scheduling	Emotional Processing	Line of Sight Supervision	Personal Safety Skills	Stimulus or Antecedent Control
Assertiveness Training	Exposure	Maintenance or Relapse Prevention	Physical Exercise	Supportive Listening
Attending	Eye Movement, Tapping	Marital Therapy	Play Therapy	Tangible Rewards
Behavioral Contracting	Family Engagement	Medication/ Pharmacotherapy	Problem Solving	Therapist Praise/Rewards
Biofeedback, Neurofeedback	Family Therapy	Mentoring	Psychoeducation, Child	Thought Field Therapy

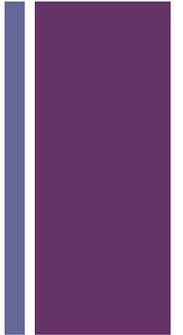


What do we know? A few things...



- Low utilization of practices derived from the evidence-base (PDEB)
- Large diversity of practices used (“kitchen sink”) at relatively low depth
- Disproportionate focus on disruptive behavior with youth who have comorbid internalizing diagnosis
- Less than favorable outcomes when compared to EBP
- Increased number of practices utilized → improved outcomes
 - Even better if more PDEBs

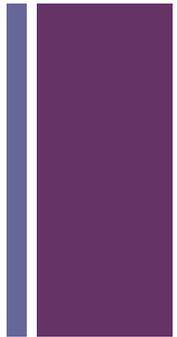
+ Data Feedback Parties



- Important ongoing quality improvement initiative
- Each agency's own data synthesized into a report and given back to them
 - Self-reported practices utilized & how this aligns with the evidence base (separated by problem area)

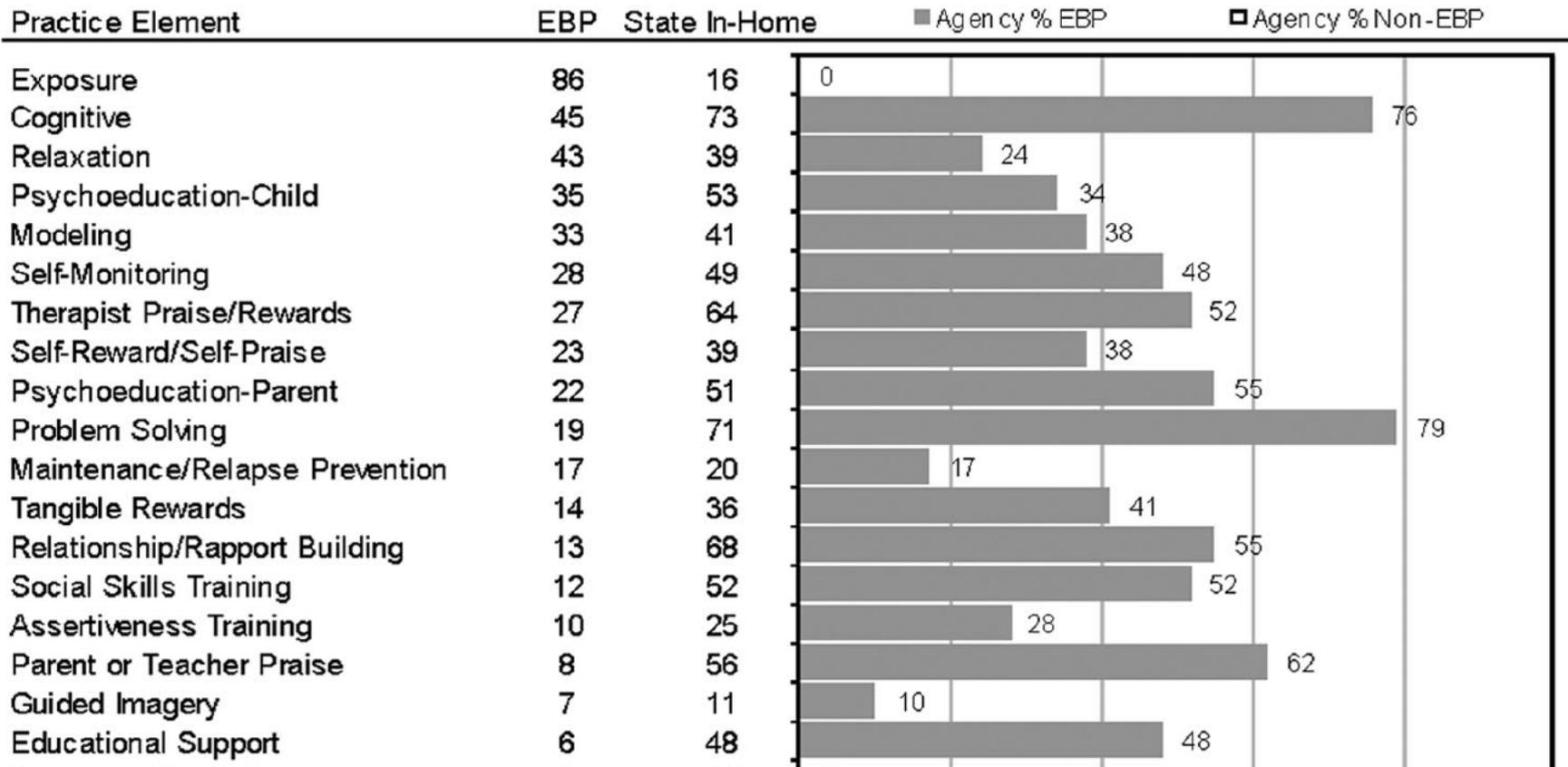


Sample Feedback Report for Practices Utilized...

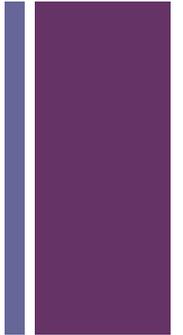


Practice Profile

Anxiety Disorders



+ Why this discrepancy?



MANY hypotheses...

- Do therapists just dislike the PDEBs?
- Lack of training or comfort?
- Are these clients too complex?
- Are therapists accurately responding to comorbidity that is not accounted for on the MTPS?

+ Why this discrepancy?

MANY hypotheses...

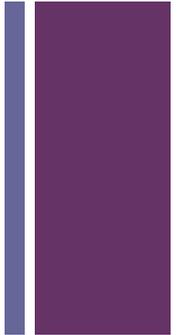
- Do therapists just dislike the PDEBs?
- Lack of training or comfort?
- Are these clients too complex?
- Are therapists accurately responding to comorbidity that is not accounted for on the MTPS?



What are therapists' intentions for treating youth with uncomplicated anxiety or disruptive behavior problems?

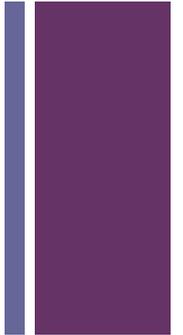


+ Current Study



- Add to understanding of usual care service delivery & decision-making process
- **Primary Question:** What practice elements do therapists report intending to use with an uncomplicated, single diagnosis case of anxiety or disruptive behavior?
 - How much do therapists' intentions align with the evidence-based recommendations for each problem area?
 - What factors predict more evidence-based intentions?

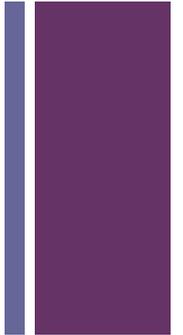
+ Study Sample



- 79 Child and Adolescent Mental Health Division (CAMHD) therapists (DOH)
 - 11 of 15 state contracted agencies represented
- Statewide collection: Big Island, Kaua‘i, Maui, O‘ahu (80%)
- 50% Intensive in-home therapists
- 86% Master’s degrees
- 59% selected 4+ orientations (87% included CBT)



Procedures: Completion of T-BIS Measure

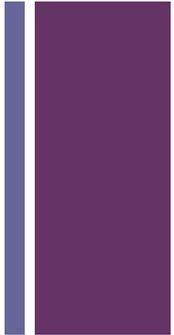


- Complete Therapist Behavioral Intention Survey (T-BIS)
 - 2 Vignettes of hypothetical youth clients
 - Male, Age 16
 - New Referral: intensive in-home therapy with therapist
 - No crises or interfering issues/behaviors
 - No comorbidity
 - Differed mainly by problem area
 - Anxiety: socially anxious
 - Disruptive Behavior: oppositional defiant, no major conduct
 - Respond to 63 different practice elements about intention to use

- Complete survey questionnaires
 - Attitudes toward using EBP
 - Background questionnaire

+ T-BIS Measure

<https://tinyurl.com/HYK-TBIS>



COMPLETE THIS PAGE

Intervention Strategies that YOU Intend to Use Over the First 6 Months of Treatment with I.K.

Instructions: Please respond to **EVERY** intervention strategy below by writing either a “1,” “0,” or “?” in the box to the left of each strategy:

- **1 = I intend to use this strategy as the focus of least one session with this client**
- **0 = I intend NOT to use this strategy as the focus of at least one session with this client**
- **? = I POSSIBLY intend to use this strategy as a focus of at least one session with this client, but am hesitant to state a strong intention**

Please make sure your answers are clearly marked & **do not leave any strategy blank**. Remember, the treatment targets you are addressing include: **Anxiety & Avoidance**.

Activity Scheduling	Emotional Processing	Line of Sight Supervision	Personal Safety Skills	Stimulus or Antecedent Control
Assertiveness Training	Exposure	Maintenance or Relapse Prevention	Physical Exercise	Supportive Listening
Attending	Eye Movement, Tapping	Marital Therapy	Play Therapy	Tangible Rewards
Behavioral Contracting	Family Engagement	Medication/ Pharmacotherapy	Problem Solving	Therapist Praise/Rewards
Biofeedback, Neurofeedback	Family Therapy	Mentoring	Psychoeducation, Child	Thought Field Therapy



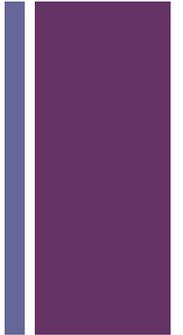
ANXIETY INTENTIONS

Practice Profile			Anxiety Disorders	
Practice Element	EBP	% Endorsed	□ % PMES Endorsed	■ % PDEB Endorsed
Relaxation	34	96	96	96
Supportive Listening	0	95	95	95
Goal Setting	10	92	92	92
Relationship / Rapport Building	10	92	92	92
Skill Building	0	91	91	91
Communication Skills	7	89	89	89
Psychoeducation - Parent	37	87	87	87
Cognitive	70	86	86	86
Self-Reward / Self-Praise	17	85	85	85
Psychoeducation - Child	74	84	84	84
Social Skills Training	14	81	81	81
Therapist Praise / Rewards	14	81	81	81
Mindfulness	0	80	80	80
Exposure	100	78	78	78
Insight Building	7	78	78	78
Self-Monitoring	37	77	77	77
Family Engagement	0	77	77	77
Problem Solving	20	75	75	75
Family Therapy	4	75	75	75
Emotional Processing	0	75	75	75
Parent/ Teacher Praise	7	73	73	73
Activity Scheduling	4	72	72	72
Modeling	7	71	71	71
Assertiveness Training	4	70	70	70
Motivational Interviewing	4	68	68	68
Care Coordination	0	61	61	61
Parent Coping	4	57	57	57
Tangible Rewards	10	53	53	53
Guided Imagery	0	53	53	53
Educational Support	4	49	49	49
Parent / Teacher Monitoring	4	49	49	49
Natural and Logical Consequences	0	44	44	44
Physical Exercise	0	43	43	43
Mentoring	0	39	39	39
Attending	0	38	38	38
Peer Pairing	7	37	37	37
Behavioral Contracting	4	37	37	37
Crisis Management	0	37	37	37
Interpretation	0	35	35	35
Stimulus or Antecedent Control	0	33	33	33
Functional Analysis	0	29	29	29
Response Prevention	17	25	25	25
Personal Safety Skills	0	25	25	25
Maintenance/ Relapse Prevention	47	22	22	22
Ignoring	7	18	18	18
Cultural Training	0	18	18	18
Response Cost	0	16	16	16
Biofeedback/ Neurofeedback	0	15	15	15
Catharsis	0	14	14	14
Free Association	0	14	14	14
Discrete Trial Training	0	13	13	13
Individual Treatment for Caregiver	0	11	11	11
Play Therapy	0	11	11	11
Time Out	0	10	10	10
Commands	0	9	9	9
Eye Movement/ Tapping	0	8	8	8
Thought Field Therapy	0	6	6	6
Milieu Therapy	0	5	5	5
Line of Sight Supervision	0	4	4	4
Hypnosis	0	3	3	3
12 Step	0	0	0	0
Marital Therapy	0	0	0	0

DISRUPTIVE BX INTENTIONS

Practice Profile			Disruptive Behavior Disorders	
Practice Element	EBP	% Endorsed	■ % PDEB Endorsed	□ % PMES Endorsed
Communication Skills	47	92	92	92
Psychoeducation - Parent	30	92	92	92
Family Engagement	27	92	92	92
Supportive Listening	4	92	92	92
Goal Setting	47	90	90	90
Relationship / Rapport Building	30	90	90	90
Family Therapy	44	89	89	89
Natural and Logical Consequences	24	86	86	86
Skill Building	24	85	85	85
Psychoeducation - Child	17	85	85	85
Parent/ Teacher Praise	54	84	84	84
Relaxation	10	84	84	84
Problem Solving	47	82	82	82
Cognitive	37	82	82	82
Parent Coping	24	82	82	82
Therapist Praise / Rewards	37	81	81	81
Modeling	34	77	77	77
Insight Building	17	77	77	77
Motivational Interviewing	0	76	76	76
Self-Monitoring	24	75	75	75
Self-Reward / Self-Praise	17	75	75	75
Educational Support	27	72	72	72
Behavioral Contracting	20	72	72	72
Mindfulness	0	71	71	71
Tangible Rewards	44	70	70	70
Emotional Processing	0	70	70	70
Ignoring	4	68	68	68
Parent / Teacher Monitoring	47	67	67	67
Crisis Management	20	65	65	65
Activity Scheduling	0	63	63	63
Care Coordination	7	62	62	62
Social Skills Training	40	58	58	58
Physical Exercise	0	57	57	57
Mentoring	0	53	53	53
Personal Safety Skills	0	53	53	53
Stimulus or Antecedent Control	4	47	47	47
Assertiveness Training	10	42	42	42
Maintenance/ Relapse Prevention	44	35	35	35
Functional Analysis	30	35	35	35
Attending	7	35	35	35
Response Cost	47	34	34	34
Response Prevention	0	33	33	33
Individual Treatment for Caregiver	20	32	32	32
Commands	7	32	32	32
Time Out	0	27	27	27
Interpretation	7	24	24	24
Guided Imagery	10	20	20	20
Peer Pairing	10	20	20	20
Line of Sight Supervision	7	20	20	20
Exposure	4	14	14	14
Cultural Training	0	13	13	13
Milieu Therapy	4	10	10	10
Play Therapy	0	10	10	10
Biofeedback/ Neurofeedback	0	9	9	9
Catharsis	0	9	9	9
Discrete Trial Training	0	6	6	6
Thought Field Therapy	0	6	6	6
Free Association	0	5	5	5
Marital Therapy	27	4	4	4
Eye Movement/ Tapping	0	3	3	3
Hypnosis	0	1	1	1
12 Step	0	0	0	0

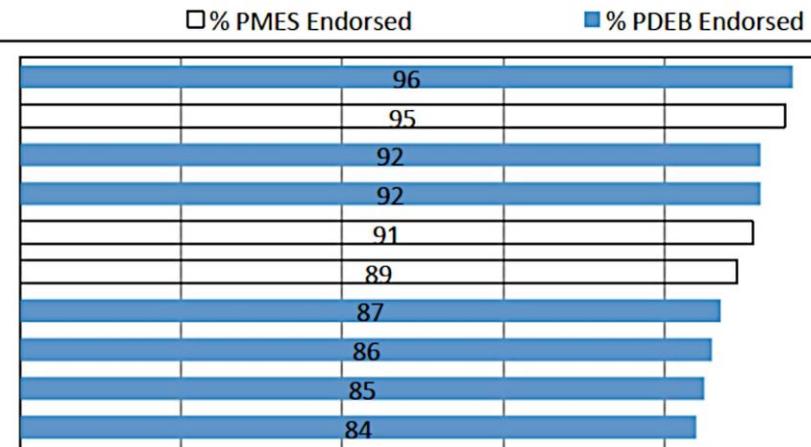
+ Practice Intentions for Anxiety Vignette: Top 10



Practice Profile

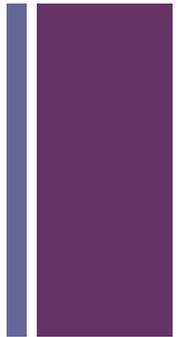
Practice Element	EBP	% Endorsed
Relaxation	34	96
Supportive Listening	0	95
Goal Setting	10	92
Relationship / Rapport Building	10	92
Skill Building	0	91
Communication Skills	7	89
Psychoeducation - Parent	37	87
Cognitive	70	86
Self-Reward / Self-Praise	17	85
Psychoeducation - Child	74	84

Anxiety Disorders



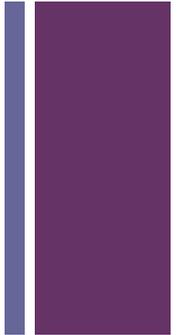


Practice Intentions for Disruptive Behavior Vignette: Top 10



Practice Profile			Disruptive Behavior Disorders	
Practice Element	EBP	% Endorsed	■ % PDEB Endorsed	□ % PMES Endorsed
Communication Skills	47	92	92	
Psychoeducation - Parent	30	92	92	
Family Engagement	27	92	92	
Supportive Listening	4	92	92	
Goal Setting	47	90	90	
Relationship / Rapport Building	30	90	90	
Family Therapy	44	89	89	
Natural and Logical Consequences	24	86	86	
Skill Building	24	85	85	
Psychoeducation - Child	17	85	85	

+ Summary



- Important to establish common language and metric
- In general, discrepancy between therapists' practices and EBP recommendations
- Therapists' intentions appear more aligned with the evidence-based than their behavior, and still show overall "kitchen sink" approach
- Seem to approach Disruptive Behavior with more of a "kitchen sink" approach (order effect) & with more stable responses (not as much variability)

Helpyourkeiki.com



MAHALO!!!

Questions?

Email: khil3@hawaii.edu

A website designed to inform & empower parents at every stage of addressing their child's mental health difficulties

*Please share this resource with your schools and families!



References



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