

THE DISSEMINATION OF EVIDENCE-BASED  
PSYCHOLOGY IN NOVEL SETTINGS

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SYMPOSIUM OUTLINE

- Introduction to EBP
- Training in EBP at the Master's level
- Medical students, residents, and EBP
- Pre- and post-doctoral EBP training
- Disseminating EBP in the community

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EVIDENCE-BASED PRACTICE



“...the conscientious,  
explicit, and judicious use  
of current best evidence in  
making decisions about the  
care of individual  
patients.”

Sacket et al. (1996)

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## OPERATIONAL DEFINITIONS

- EBP is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”
- Purpose of EBP is “to promote effective psychological practice and enhance public by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.”

APA (2006)

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## EBP IN PSYCHOLOGY

- Starting in 1996, updates regarding *empirically supported treatments* (ESTs) were published
- Outlined treatments that had empirical support based on RCTs that used a treatment manual with a specific population
- Goal was to identify treatments with support comparable to medications

Chambless et al. (1996, 1998)

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## EST EXAMPLES

- CBT for panic disorder
- CBT for generalized anxiety
- ERP for obsessive-compulsive disorder
- Cognitive therapy for depression
- IPT for depression
- PMT for child oppositional behavior
- CBT for bulimia
- CBT for chronic pain

Chambless et al. (1996)

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### EBP vs. ESTs

- ESTs start with a treatment and ask if it works for a population
- EBP starts with patient and asks what is the best evidence for what will help to achieve a particular outcome
- ESTs are specific psychological treatments, EBP is a method of decision making

APA (2006)

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### THE BIG PICTURE

- Large body of research on children, adults, and seniors finding that EBP
  - Is safe and effective for these groups
  - Can impact a wide range of problems
  - Is more enduring in impact than medications
  - Pays for itself in terms of medical cost offset, increased productivity, and QoL

Lambert & Ogles (2003)

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### TRAINING IN EBP

- Increasingly, many institutions and agencies are pushing for their students and employees to have training in EBP
- Unfortunately, the majority of training in EBP takes place in doctoral programs
- This symposium will address the challenges of training people in EBP across non-PhD settings, as well as means for effective training in and dissemination of EBP

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TRAINING IN EVIDENCE-BASED  
PSYCHOLOGY AT THE MASTER'S LEVEL

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A PRESSING NEED

- The number of Master's level mental health practitioners is very high
  - 635,000 counselors and 595,000 social workers vs. 152,000 psychologists in the U.S.
- Increasingly, mental health services are being delivered by non-doctoral level practitioners, especially in rural or low-income areas

Bureau of Labor Statistics, U.S. Department of Labor

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A PRESSING NEED

- These mental health practitioners spend a shorter amount of time in school and doing supervised clinical work, but most are able to perform therapy independently
  - A smaller number can also do independent psych evaluations
- Unfortunately, relatively few Master's MHP are trained in evidence-based psychology, despite the evidence for its efficacy

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### A PROPOSED MODEL

- To effectively train Master's students in EBP, particularly the behavioral and cognitive therapies, requires a different, more focused model of training
- The presented model is based on a 60-hour program (the most common in US for obtaining Master's licensure)

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### A PROPOSED MODEL

- There are four key aspects to EBP training at the Master's level
  1. Course content
  2. Course sequence
  3. Clinical experience
  4. Supervision

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### COURSE CONTENT

- The most crucial aspect of EBP training in a short period of time is focusing on empirically backed therapies or assessment extensively
- This can mean that some more traditional, but non-evidence-based methods get left by the wayside (e.g., projective tests, non-CBT therapies)
- This also means a focus on clinical skills in courses where they might not be as emphasized (such as Psychopathology)

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### COURSE CONTENT

- Teaching skills quickly means a need for opportunities to practice those things learned in-class *as they are learned*
  - Using “practice” clients for assessment courses to administer, score, and interpret results
  - Having volunteers be “clients” for early therapy classes to practice interviewing and rapport-building skills
  - Having real clients available during later therapy classes, to implement and get feedback on specific techniques

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### COURSE SEQUENCE

- Proper course sequence is critical when training EBP, as each clinical course should build upon the previous course for optimal efficiency
- This includes preparing students adequately in the classroom for practicum and internship experiences prior to such experiences

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### CLINICAL EXPERIENCE

- Obtaining the *proper* kind of clinical experience while in training is essential
- This means working under supervisors trained in EBP, at facilities supportive and encouraging of EBP
- This can often be the largest struggle, especially when finding external placements

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### SUPERVISION

- Conducting EBP supervision, focusing on skill attainment and demonstration, is another challenging but vital aspect of this model
- While control can be exercised over in-house supervision via having faculty members trained in EBP, external placements or internships need to be carefully screened and chosen

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### YEAR ONE - COURSES

- First semester
  - Psychopathology
  - Experimental design
  - Psychological Tests & Measurements
  - Non-clinical elective (Developmental)
- Second semester
  - Psychotherapy Theories & Techniques
  - Ethics & Professional Development
  - Cognitive Assessment
  - Non-clinical elective (Learning)

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### YEAR ONE - CONTENT

- Psychopath – focus not only on common disorders, but also clinical interviewing skills for those disorders
- Experimental – places emphasis on evaluating literature and how to determine effectiveness of therapy/assessment techniques
- T&M – measures of psychopathology, adaptive functioning, and development

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**YEAR ONE - CONTENT**

- Psychotherapy – Overview of schools of therapy, with emphasis on empirical support (or lack thereof) for their methods
  - Combine with a practice “client” to build interview and rapport skills
- Cognitive assessment – intellectual, academic, memory, and language tests

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**YEAR TWO - COURSES**

- First semester
  - Cognitive & Behavioral Therapies
  - Cultural & Gender Diversity
  - Personality Assessment
  - Non-clinical elective (Biological)
- Second semester
  - Group Therapy
  - Advanced Therapy & Application
  - Elective/seminar (Career counseling, school services)
  - Non-clinical elective (Psychopharmacology)

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**YEAR TWO - CONTENT**

- CBT – overview of C & B theory, case conceptualization, and specific techniques
  - Combine with real client to foster development of therapeutic skills
- Personality assessment – focus on empirically supported measures, such as MMPI, PAI, NEO-PI, and clinical applications

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### YEAR TWO - CONTENT

- Advanced Therapy – application of specific CBT techniques to specific disorders (anxiety, mood, behavioral, etc.)
  - Combine with real client(s) to foster development of therapeutic skills
- Group therapy – focus on evidence-based interventions (e.g, for social skills, anger management, etc.) and their delivery

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### YEAR THREE - COURSES

- First semester
  - Practicum
  - Child & Adolescent Therapy
- Second semester
  - Practicum
  - Couples & Family Therapy

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### YEAR THREE - CONTENT

- Practicum
  - Every effort should be made to have both onsite and institutional supervisors trained in EBP
  - Weekly supervision with both is recommended, as well as open communication between supervisors
  - Early focus on case conceptualization and treatment planning

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### CHALLENGES

- Faculty who are not themselves trained in EBP
- A large amount of material to cover in a short amount of time
- Lack of good external placements that have EBP supervisors

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### PRELIMINARY RESULTS

- The first three graduates of a 45-hour program designed in similar manner are now seeking licensure in Arkansas
- Feedback from their internship supervisors was overwhelmingly positive
  - Seen as more well-prepared than other students at similar training level; having better therapy/assessment skills
- The focus in courses and practicum on specific skills and high levels of feedback on those skills paid off!

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### CONCLUSIONS

- Training in EBP can be done at the Master's level, but requires huge amount of coordination between
  - Faculty members to make sure content is proper
  - Administration to make sure courses are sequenced and available when needed
  - Universities and external placements to ensure empirical onsite supervision
- It will, however, pay off for the students, their clients, and society at large

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FUTURE PHYSICIANS AND KNOWLEDGE  
OF EVIDENCE-BASED PSYCHOLOGY

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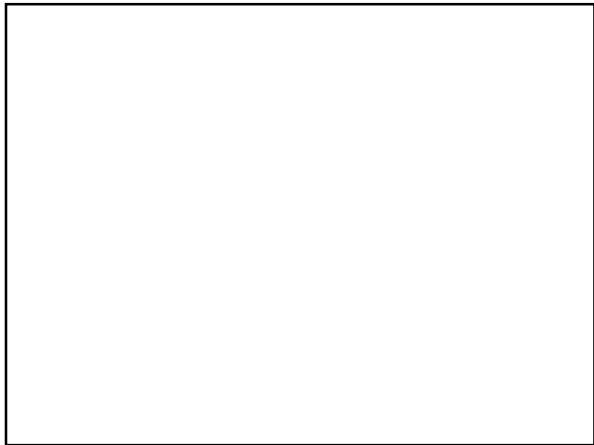
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TRAINING INTERNS AND POSTDOCS  
IN EVIDENCE-BASED PSYCHOLOGY

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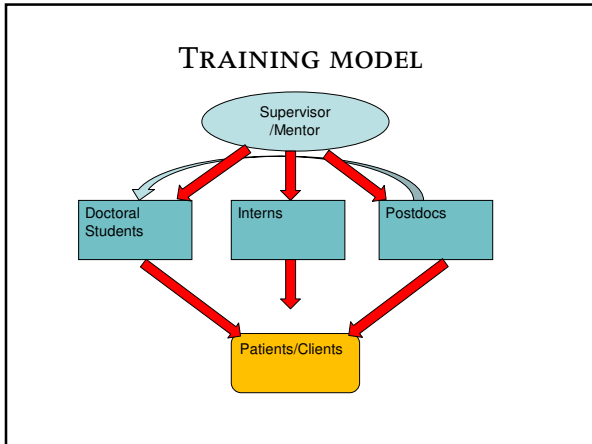
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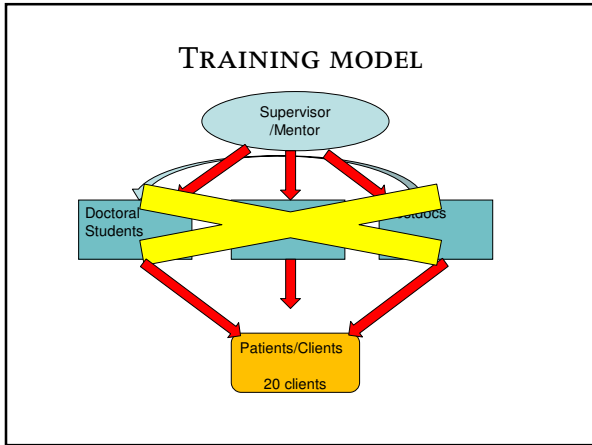
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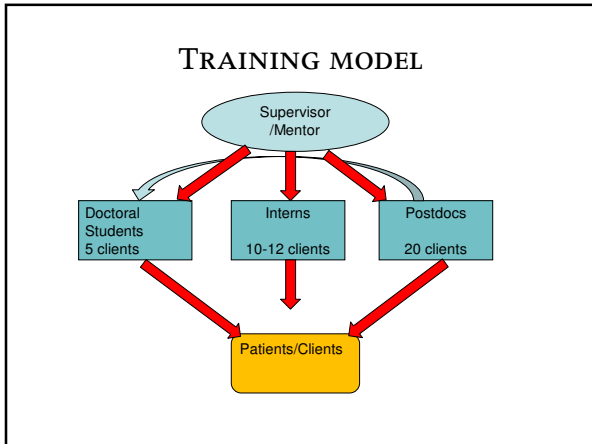
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### A PROPOSED MODEL

- There are four key aspects to EBP training at the Intern and Postdoc level
  1. Clinical experience
  2. Supervision and other learning experiences
  3. Research
  4. Teaching

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### CLINICAL EXPERIENCE

- Takes place under varied supervisors trained in EBP
  - Exposure to different styles
- At our center, involves individual treatment cases for a focused set of problems
  - OCD; Anxiety; Depressive disorders; Tourette; etc.
  - Focused care has benefits (e.g., expertise) relative to generalist model

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### SUPERVISION

- Consists of 30-120 minutes per week (depending on caseload)
- Multiple supervisors involved
- Frequent informal supervision
- In vivo observation used

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## TEACHING

- Coursework in EBP
- Journal club
- Observation of senior clinicians
- Teaching others (e.g., residents)
- Miscellaneous classes – manuscript writing, patient privacy, etc.

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## RESEARCH

- Involves about 25% of time
  - Encourage individual and group efforts
- Focuses on bridging EBP and science
  - Examples
    - HRT for pediatric trichotillomania
    - Telehealth for non-adherence youth with T1D

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## YEAR I OF 2 - OUTLINE

- First half
  - Clinical care (60%)
  - Supervision/education (15%)
  - Research (20%)
  - Teaching (5%)
- Second half
  - Clinical care (60%)
  - Supervision/education (10%)
  - Research (25%)
  - Teaching (5%)

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## YEAR 2 OF 2 - OUTLINE

- Clinical care (60%)
- Supervision/education (10%)
- Research (25%)
- Teaching (5%)

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## COSTS AND BENEFITS

- Trainees
- Mentors
- Patients

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## TRAINEES

### Benefits

- Range of clinical experiences
- Training opportunities not otherwise available
- Research related (dissertations, theses)
- Exposure to 'real world' issues to running a clinic (e.g., insurance)
- Multidisciplinary setting
- Develop areas of expertise
- Licensure

### Issues

- Sometimes hard to 'protect' new trainees
  - Difficult clients
  - 'Real-world' issues

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## MENTORS

### Benefits

- Rewards of teaching
- Research related
- “Many hands make little work”
  - RVU
  - Billing/collections

### Issues

- Time for supervision and administration
- Do not always receive ‘credit’
- Dealing with ‘messes’
- Overhead costs

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## PATIENTS

### Benefits

- Increased access to care
- More people helped
- Quality of care?
- Low cost/pro bono services

### Issues

- Quality of care
- Patient bias (e.g., ageism)

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## BARRIERS TO IMPLEMENTATION

- Insurance reimbursement (Specific to the US)
- The business model
- Point system in many HSCs
- Programs themselves
- Mentors

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## CONCLUSIONS

- Training postdocs and interns in EBP has tremendous potential, including:
  - Helping more people
  - Disseminating EBP
  - Personal fulfillment
- Issues remain to be sorted out:
  - Ensuring students' well-being
  - Quality placements
  - Financial factors

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## PROMOTION OF EBP TO THE PSYCHOLOGICAL COMMUNITY

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## WHY DO IT?

- Most EBP training takes place in clinical psych PhD programs
- Mental health practitioners are *not* just psychologists, but also
  - Counselors
  - Social workers
  - Psychiatrists
  - Psychiatric nurses
  - And more!

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### WHY DO IT?

- Training and exposure to EBP varies widely, with majority of MHP not being trained in it
- Disseminating EBP among established practitioners can have multiple benefits
  - New tools for their use
  - Improved outcome for their patients
  - Improved reputation for the field
  - “Snowball effect” for EBP

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### Why Bother?

- Why would established practitioners want a new way to practice?
- EBP is being increasingly sought after by clients and referral sources
  - More people are becoming aware that psychology works, but only certain kinds of psychology
- Reimbursement issues from third-party sources
  - Governmental payouts and private insurers in the US are moving towards greater accountability before paying for services, both medical and psychological

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### Why Bother?

- Frustration with lack of success with certain populations
  - Anxiety, depressive, and disruptive behavior disorders, as well as numerous health problems, respond much better to certain ESTs than just supportive therapy
- Professional ethics
  - Practitioners should want to give their clients the most effective treatments available

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### YOU CAN TEACH AN OLD DOG

- Even once they understand the benefits of using EBP, few MHP will take a semester long course at a university to gain those skills
- So, how to best train people in EBP in a shorter period of time? And, how to assure that they apply these new skills properly once they leave?

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### YOU CAN TEACH AN OLD DOG

- Those skilled in EBP, whether in general or for a specific population, can assist those wanting to learn it in multiple ways
  - Holding seminars / workshops
  - Doing in-house trainings at agencies
  - Being a supervisor for a novice EBP therapist
  - Making yourself available as a guide to reference sources

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### SEMINARS / WORKSHOPS

- This is one of the most efficient ways to promote EBP to a wide number of practitioners
- All licenses require continuing education, and attending workshops to gain CEs is very popular
- Becoming a certified provider of CEs varies regionally, so be sure to check with local licensing board for details

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### SEMINARS / WORKSHOPS

- Effective presentations to disseminate EBP share several common factors
  - Length of presentation
  - Focus on both theory *and* practice
  - Use of clinical examples / hands-on activities
  - Time for feedback and questions from audience
  - List of references for further learning or supervision

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### PRESENTATION LENGTH

- In general, most will run for ½ day (four hours) or a full day (eight hours)
- Shorter presentations will not usually allow a long enough time period to cover all needed components
- Longer times allow for a more thorough covering of the material, plus plenty of time for questions

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### THEORY & PRACTICE

- When teaching EBP, it is imperative to focus not only the what (practice), but also on the why (theory)
- An understanding of theory behind practice allows practitioners to become more flexible in their application of techniques, tailoring it to the individual client

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### EXAMPLES & ACTIVITIES

- Presentation of how techniques were tailored to specific clients that you worked with helps to drive home their use
  - Adults vs. children
  - Low-functioning vs. high-functioning
- Hands-on demonstrations of techniques will provide observational learning opportunities
  - Exposures
  - Relaxation techniques

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### Q & A

- An essential part of any training is allow the learners to have a feedback opportunity
- Answering questions about how to conceptualize certain cases with the EBP of cognitive or behavioral therapies helps them to better understand concepts and apply them
- This will also allow for further examples of tailoring techniques discussed, clarifying misconceptions, etc.

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### FURTHER READING

- Having handouts with books or article references is essential, as further review of and learning about the EBP discussed will be needed for the practitioners
- This could also include a reference list of providers in the area who would be available for consultation or supervision as they put the EBP techniques into practice

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### IN HOUSE TRAININGS

- Sponsored by an agency or university, these are very similar to doing a seminar or workshop
- Primary difference may be the ability to have people prepare some ahead of time by giving them readings prior to the date of the training
- These could also include follow-up presentations or contracting with the agency to provide group supervision of cases for novice EBP practitioners

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### SUPERVISING

- An essential element to becoming competent in providing EBP is having supervision from an expert
- Consider trying to set up supervision groups for persons interested in learning how to do EBP, recruiting them from workshops or trainings
  - This will make it less expensive for them, as well as provide more case examples of how to do EBP

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### SUPERVISING

- With proper supervision, learners are able to take knowledge from books/workshops and integrate them into real-world practice
- Just as with therapy, there are EBP models of supervision, which are designed to reinforce particular skills (e.g., Sudak et al., 2001)

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### BEING A GUIDE

- Those currently practicing EBP should consider themselves guides, willing to help those who are not adjust and learn to deliver EBP
- This encompasses all the previously mentioned ways to disseminate
  - Providing workshops or trainings, supervising novice EBP therapists

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### CONCLUSIONS

- Learning EBP, even after formal schooling, is a very doable task *if* currently trained EBP therapists are willing to facilitate it
- Putting yourself out there as a EBP professional can have great benefits to others in the mental health community, as well as their clients

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### DISCUSSION & QUESTIONS



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