Common Elements of Evidence-Based Mental Health Practice in Schools

This webinar was hosted by the Quality and Evidence-Based Practice Group of the Community of Practice on School Behavioral Health (sponsored by the Center for School Mental Health and IDEA Partnership)

March 26, 2012
The Common Elements of Evidence-Based Mental Health Practice in Schools

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Co-Director, Center for School Mental Health
Overview/Objectives

1) to familiarize participants with the common elements approach

2) to present some of the resources available to support the use the common elements

3) to share some current efforts to infuse the common elements in school mental health teaching and practice
Acknowledgements

Our Team
The Common Elements approach to children’s mental health treatment
There is no shortage of evidence to show us what works!

• Effect size difference in head to head tests (32 studies):
  – $ES = .30$ (moderate)
  – A youth treated with EBT was better off than 62% of youth treated with “usual care”

  (Weisz et al., 2006)

• Chorpita et al. identified 395 evidence-based protocols in a recent review of over 750 non-pharmacological treatments tested in controlled clinical trials.

  (Chorpita, 2011)
• **Guiding themes of common elements:**
  – How can we get more from the evidence we already have?
  – We’ve already invested in creating knowledge, so let’s put it to better use
  – Let evidence help us, not get in the way

  (Chorpita, 2011)

• **Distillation and matching method**
  (AKA “Common Elements”)
  – Distillation: separating treatment manuals into specific techniques, tools and procedures
  – Matching: pairing the technique to the client characteristics
How were the common elements identified?

- Trained coders reviewed 500 randomized clinical trials for major mental health disorders for children and teens;
  - Over $500 million invested in these research studies
  - Studies conducted over a span of 40 years
  - More than 30,000 youth cumulatively in the study samples

- Approach: What features characterize successful treatments? What strategies are common across effective interventions?
  
  *(Chorpita & Daleiden, 2009)*
Illustration of Common Elements Terminology

From Chorpita & Marder, 2009. UCLA Common Elements Summer Social Work Workshop
Different Approaches:

**EBP Manual Approach**
- Select a treatment manual
- Use the same techniques at the same level of intensity with each client
- Clinician must maintain fidelity to the treatment manual

**Common Elements Approach**
- Select practice elements known to be effective from manualized treatments
- Common elements vary based on client needs, response, current presenting issues
- Clinician must maintain fidelity to the steps of the common element

**Do whatever seems right**
- Select practice based on experience
- Practice based on client needs, response, current presenting issues
- No fidelity monitoring
- Often limited external evidence to think it’ll work
Cautions about the Common Elements Approach:

- Not every youth or problem area has an evidence base.

- Sequence, pace, and style that are specified in treatment manuals are not irrelevant (MATCH approach addresses).

- Flexibility is not mandated. In some situations, following the treatment manual precisely may be best.

- Common elements are not in themselves evidence-based. They may not be the (only) active ingredients.

- What works for whom is still just a “best guess”- may not work for all youth with specific characteristics or even work best for this slice of a study sample.
Why use common elements??
What is happening on the front lines? “Some Good Stuff”

• Increasing emphasis on:
  – Evidence-based (research-supported) Practice (EBP)
  – Outcomes
  – Consideration of cultural context in development, implementation and evaluation of EBP
  – Recognition of the importance of meaningfully partnering with families
  – Increased emphasis on workforce development of mental health providers and educators
“Some Not-So-Good Stuff”

- Limited control/accountability of providers and services provided
- Gaps in training, particularly related to schools and evidence-based practice
- “C.O.W. Therapy” – Crisis of the Week
Origins of the “Common Elements” Approach

Step 1: Emphasis on evidenced-based treatments

Step 2: Development of treatment manuals

Step 3: Information overload: Too many treatment manuals to learn and manuals change as new knowledge is gained
Focus on Evidence-Based Practice – “Manualized” and “Modularized”

**Intervention/Indicated:**
Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A)

**Prevention/Selected:**
Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEFEL and DECA Strategies and Tools, Strengthening Families Coping Resources Workshops

**Promotion/Universal:**
Good Behavior Game, PATHS to PAX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Toward No Tobacco Use
Origins of the Common Elements approach

Step 1: Emphasis on evidence-based treatments

Step 2: Development of treatment manuals

Step 3: Information overload: too many treatment manuals. Manuals change as new knowledge is gained
How will I ever master all these treatment manuals ???
Problems with manuals

- **Limited Access** to manuals....and training
  - Time
  - Funding
- Implementation in real-world settings (manual efficacy is usually tested in the “lab”)
- **Student/Manual Mismatch**
  - Intensity and length of treatment
  - Not every child disorder has a manual
  - Complex presentation (comorbidity, family or neighborhood stressors)
- *Inflexible*
Common Elements outperform manuals in the “real world” of practice...

More acceptable to providers

- 55 clinic- and school-based therapists randomly assigned to:
  - 1) manualized EBPs
  - 2) common elements
  - 3) usual care
- 6 days of training in Boston and Honolulu
- Tested attitudes toward EBPs before and after training

RESULTS:

- Therapists in the common elements training group reported significant increases in attitudes toward EBPs from pre to post training ($p<.001$)
- Therapists in the other groups did not report significant attitude change

(Borntrager et al., 2009)
Common Elements outperform manuals in the “real world” of practice...

- **Better client outcomes!**
  - 84 clinic- and school-based therapists (serving 174 youth) randomly assigned to:
    1) manualized EBPs 2) common elements (CE) 3) usual care
  - 6 days of training + ongoing consultation in Boston and Honolulu
  - Tested # of client diagnoses, duration of treatment, and 3 outcome measures
  - **RESULTS:**
    - Clients in usual care had longer treatment duration (vs. clients in EBP or CE)
    - Clients in CE had fewer diagnoses than those in usual care
    - All clients got better, but...
      - CE clients had better overall outcomes on the Brief Problems Checklist and Top Problems Assessment (effect sizes range from .54 to .71)
      - CE clients showed improvements as a faster rate

(Weisz et al., 2012)
Using a common elements approach in community settings

• Common elements as an approach to maintain QUALITY and EFFECTIVENESS of mental health services for youth in the community
• Raising the bar on usual care
• Instead of forcing clinicians to choose between EBPs and common elements, a “both/and” approach should be taken
• Systematic approach to engaging with clients using specific techniques
• “Common elements may represent the next level of EBP precision.” (pp.7)

(Barth et al., 2011; Stephan, Wissow & Pichler, 2010)
Options for Materials and Resources
Using Common Elements: Materials and Resources

• PracticeWise (2005)
  – www.practicewise.com
  – Many options to combine or select products:
    • Clinical Dashboards
    • PracticeWise Evidence Based Service (PWEBS) Database
    • Practitioner Guides

• Modular Approach to Therapy for Children with Anxiety, Depression, or Conduct Problems (MATCH, Chorpita & Weisz, 2005)
PracticeWise
What Works in Children’s Mental Health

PracticeWise offers innovative tools and services to help clinicians and organizations improve the care of children and adolescents. We strive to bring science and evidence seamlessly into the process of clinical care, with the best available research studies, clinical dashboards for visualization of clinical progress and history, and the most common components of evidence-based practices.

At present, you are subscribed to the following services:

PracticeWise Clinical Dashboards

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

PracticeWise Evidence-Based Services (PWEBS) Database

PracticeWise Practitioner Guides (2008)

PracticeWise Practitioner Guides
Welcome

Evidence-Based Youth Mental Health Services Literature Database

Welcome! This application was created to help improve the lives of youth and families by providing information about mental health treatments for youth. This site allows you to search a database that contains treatment summaries based on an expert review of published research that meets specific standards for scientific quality.

Welcome to the Evidence-Based Youth Mental Health Services Literature Database

Below is a brief description of this database to help you find what you need.

Search Youth Treatments
Enter specific youth characteristics in order to find matching treatment protocols, treatment practices and research papers specific to your search criteria.

Treatment Protocols
Search for treatment protocols by author, title, or type of treatment to find out what practices are used and which studies tested the protocol.

Treatment Practice
View practice descriptions, find treatment protocols that use a specific practice and studies that test a specific practice.

Research Papers
Search for specific research papers by author, title, or source to find the protocols and practices that were studied.

By using this site you agree to the Terms of Use.
Search by Youth Characteristics

Enter Youth Characteristics

The treatment summary that you will see is based on research including all the characteristics that you select below. After selecting criteria, click on the View Results button and the system will summarize relevant Treatment Protocols and Research Papers. As you choose more characteristics, your search results are likely to decrease because less research is available that meets all of your criteria.
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Strength of Evidence:

Level: Level 1 Best Support

Problem Type:
- Anxiety
- Attention Problems
- Autism Spectrum
- Depression
- Disruptive Behavior
- Eating
- Mania
- Substance Use
- Suicidality
- Traumatic Stress

Age or Grade:
- Birthdate (mm/dd/yyyy): 
- Age: 8
- Grade: -- Select Grade --

Race or Ethnicity:
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Multiethnic
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other:

Gender:
- Either
- Male
- Female
### Summary of Youth Treatments

**Your current search criteria are:**
- **Problem Type:** Disruptive Behavior
- **Age:** 8
- **Gender:** Male
- **Strength of Evidence:** 1 Best Support

**Your search returned:**
- **Number of Study Groups:** 27 [View Protocols]
- **Number of Papers:** 20 [View Papers]

#### Treatment Families

<table>
<thead>
<tr>
<th>Treatment Families</th>
<th>Percent of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Management Training</td>
<td>78</td>
</tr>
<tr>
<td>Parent Management Training and Problem Solving</td>
<td>11</td>
</tr>
<tr>
<td>Social Skills</td>
<td>11</td>
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</table>

#### Practice Element

<table>
<thead>
<tr>
<th>Practice Element</th>
<th>Percent of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Praise</td>
<td>89</td>
</tr>
<tr>
<td>Tangible Rewards</td>
<td>89</td>
</tr>
<tr>
<td>Time Out</td>
<td>89</td>
</tr>
<tr>
<td>Differential Reinforcement of Other Behavior</td>
<td>78</td>
</tr>
<tr>
<td>Commands</td>
<td>74</td>
</tr>
<tr>
<td>Psychoeducational-Parent</td>
<td>70</td>
</tr>
</tbody>
</table>

#### Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>79</td>
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<tr>
<td>Hospital</td>
<td>8</td>
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<tr>
<td>School</td>
<td>8</td>
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<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Format

<table>
<thead>
<tr>
<th>Format</th>
<th>Percent of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Parent</td>
<td>32</td>
</tr>
<tr>
<td>Individual Parent</td>
<td>32</td>
</tr>
<tr>
<td>Group Client</td>
<td>24</td>
</tr>
<tr>
<td>Parent Child</td>
<td>20</td>
</tr>
<tr>
<td>Self</td>
<td>20</td>
</tr>
</tbody>
</table>
Practitioner Guides

• Summarize the common elements of evidence-based treatments for youth

• Handouts guide clinician in performing the main steps of the technique

• Currently 41 Practice elements, including:
  – Response cost
  – Modeling
  – Social Skills
  – Time out
  – Engagement with caregiver

• Guide is searchable by: practice, audience (child, caregiver, family), purpose, objectives
PracticeWise
What Works in Children’s Mental Health

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At present, you are subscribed to the following services:

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- **PracticeWise Practitioner Guides (2008)**
- **PracticeWise Practitioner Guides**
Welcome to the Practitioner Guides

Practitioner Guides
The Practitioner Guides are a set of treatment materials that summarize the most common elements of evidence-based treatments for youth. Each practice is summarized in a convenient handout format to guide therapists in performing the main steps.

Get Started

- Search for practices and materials in the Table of Contents

Key:
- Open a pdf file for convenient printing or navigate to the linked content.
- Print only the content you have selected for display on the screen.
- Open the current content in a new browser window outside the context of the current protocol.
- Designed for use with a Child
- Designed for use with a Caregiver
- Designed for use with a Family

Download (6 MB) a full version of this site to use without an Internet connection.

Download (1 MB) a pdf of the full print version of all Practitioner Guides.

The table below lists all of the practices and materials contained in the Practitioner Guides. This page is designed to help you find what you are looking for as quickly as possible.

**Instructions:**
- Select columns to show or hide using the control panel on the left.
- Enter terms in the search box to display only those rows with matching text. For example, to only view the practices with a Caregiver audience, enter 'Caregiver' in the search box.
- Click a practice or protocol name to open the practice or protocol in a new browser window.
- Click an icon or material link for convenient printing.
- Click a column title or shift-click multiple column titles to sort the table by your selection(s).

<table>
<thead>
<tr>
<th>Practice</th>
<th>Audience</th>
<th>Use</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring</td>
<td>Caregiver</td>
<td>To illuminate areas of concern and provide important information about treatment progress.</td>
<td>To identify target behaviors to monitor To develop a rating scale to increase the accuracy of observation To create a recording procedure</td>
</tr>
<tr>
<td>Praise</td>
<td>Caregiver</td>
<td>To increase child's appropriate behavior.</td>
<td>To inform the caregiver about the value of praise To provide the caregiver with strategies to increase the child's appropriate behavior To encourage participation in treatment</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Child</td>
<td>To provide children with a systematic way to negotiate problems and to consider alternative solutions to situations.</td>
<td>To teach a method of problem solving that involves clearly defining the problem, generating possible solutions, examining the solutions, implementing a solution and evaluating its effectiveness</td>
</tr>
<tr>
<td>Relaxation</td>
<td>Child</td>
<td>To introduce relaxation training and its use in controlling tension.</td>
<td>To present the idea that staying calm and relaxing is a good way to affect the way we feel To demonstrate what relaxation feels like to children who have difficulty relaxing To increase a child's awareness about his or her own tension so that relaxation skills can be applied at the proper time To teach the child to relax on demand in certain situations (e.g., bedtime, before a test)</td>
</tr>
<tr>
<td>Response Cost</td>
<td>Caregiver</td>
<td>In conjunction with rewards, to decrease the likelihood of undesirable behavior.</td>
<td>To provide the caregiver with a convenient, systematic, immediate, and powerful consequence for misbehavior</td>
</tr>
<tr>
<td>Rewards</td>
<td>Caregiver</td>
<td>To increase the likelihood of a desired behavior.</td>
<td>To provide the caregiver with a strategy designed to increase desired behavior To teach the caregiver how to maximize the effectiveness of rewards</td>
</tr>
</tbody>
</table>
Praise

Objectives

- to inform the caregiver about the value of praise
- to provide the caregiver with strategies to increase the child's appropriate behavior
- to encourage participation in treatment

Steps

☐ Provide rationale
Elicit the caregiver's opinion regarding the value of praise. Explain that praise has many benefits, including:
- leads to increased appropriate behavior and decreased inappropriate behavior,
- contributes to the child's positive self-image, and
- motivates the child to persevere through steps to master new skills or accomplish difficult tasks.

☐ How to praise: Labeled praise
Instruct caregiver to provide labeled praise that describes a specific behavior to teach the child what behaviors are valued by the caregiver. For example, "I like the way you put your toys away" conveys more information than "Good job."

☐ How to praise: Enthusiasm
Instruct caregiver to provide praise using a sincere and enthusiastic tone, to vary phrases used to convey praise (e.g., "I like it when you...", "You did a nice job..."), and to use nonverbal rewards (e.g., high-fives, smiles, hugs, etc.).

☐ How to praise: Avoid criticism
Instruct caregiver to provide praise without criticism. The caregiver of a noncompliant child might say "Good job putting the toys away!" Why can't you always do that?" but this would be better stated as "Good job putting the toys away!" The caregiver of an anxious child who approaches a feared stimulus might say “See! That’s not so scary!” in an attempt to praise, but this statement minimizes the child’s bravery. This sentiment would be better phrased as "I am so proud that you slept without your nightlight."

☐ How to praise: Contingent on good behavior
Instruct caregiver to provide praise immediately following the desired behavior. Praise is for appropriate behavior on its own, not for when a child is demonstrating appropriate behavior within the context of inappropriate behavior (e.g., playing independently while breaking toys).

☐ Find opportunities to praise
The caregiver can create opportunities to praise, such as by issuing commands and praising compliance, or he/she can "catch the child being good"—when the child demonstrates appropriate behavior on his/ her own or follows a rule. It is especially important to provide praise in the instance when a child behaves appropriately or carries out a chore without being asked to do so in order to increase the likelihood of such behavior in the future.

☐ Address concerns
Address concerns if the caregiver expresses reluctance towards using praise or has questions about the effects of praise.

- A child should know how to behave without praise. A child who receives praise will learn to cooperate only to receive praise or rewards. Children learn good behavior through positive reinforcement. (Adults, too, work for reinforcement in the form of paychecks, for example). Behaviors that are praised/rewarded are likely to increase and behaviors that are ignored are likely to decrease. Children who receive little praise tend to be the ones who are most motivated by external rewards. However, children who receive frequent praise internalize their caregivers’ values regarding appropriate behavior and behave because they have learned it is the right thing to do.

- There are ways to make a child behave without using praise. Caregivers who do not use praise frequently rely on opportunities to praise when the child behaves appropriately.
## Activity Selection

### Use This When:
To introduce mood-elevating activities into the child’s day.

### Audience

### Goals of this practice element:
- to emphasize the link between positive activities and feeling good
- to note that doing more things with someone we like is a good way to enjoy activities
- to explain that we can make ourselves busy so that we don’t have time to worry or feel bad
- to discuss helping other people; it makes them and us feel good

### Steps:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate in types of mood-lifting activities</td>
<td>Discuss with the child that today you will focus on activities that can all help get our minds off of bad feelings and make us feel better. These are activities that: 1) we enjoy, 2) are done with someone we like, 3) keep us busy, or 4) help someone else.</td>
</tr>
<tr>
<td>Illustrate connection between activities and feelings</td>
<td>Help the child to grasp that: • doing activities we enjoy can make us feel good • doing activities we do not enjoy (or doing nothing) can make us feel bad You may start by telling the child about a time when doing things you (or a boy or girl you know) did not like made you feel bad, and then doing something you liked made you feel better.</td>
</tr>
<tr>
<td>Illustrate how activities can be mood-enhancing for the child</td>
<td>Demonstrate that activities, feelings and actions are connected for the child personally. To help make this point: • Ask the child to identify 2-3 examples of times when he/she felt bad, then did something enjoyable, then felt better. • Discuss these experiences with the child.</td>
</tr>
<tr>
<td>Generate simple pleasant activities</td>
<td>1) Ask the child to list 10 (or less, depending on time) easy-to-do activities that he/she can do to elevate his/her mood. 2) Encourage the child to come up with as many as he/she can 3) Make suggestions if the child has trouble thinking of activities. 4) The activities must be: • simple, • free, • do-able almost any time, and • virtually guaranteed to make the child feel good. The list might include such activities as calling a friend, throwing a ball outside, spending time with a pet, remembering a fun experience, or stretching.</td>
</tr>
</tbody>
</table>
Clinical Dashboards

• Microsoft Excel based monitoring tool
  – Tracks achievement of treatment goals or other progress measures on a weekly/session basis
  – Documents which practice elements were used when
• Dashboard can be customized:
  – Display up to 5 progress measures;
  – Write-in additional practice elements
• Potential uses:
  – Documenting session activities
  – Tracking client progress
  – Clinical supervision
Progress and Practice Monitoring Tool

Progress Measures:
- Left Scale
- Youth CDI Score

Right Scale
- Days Attended School

Activity Selection
- Antecedent/Stimulus Control
- Attending
- Caregiver Psychoed: Anxiety
- Caregiver Psychoed: Depression
- Caregiver Psychoed: Disruptive
- Child Psychoed: Anxiety
- Child Psychoed: Depression
- Cognitive: Anxiety
- Cognitive: Anxiety (STOP)
- Cognitive: Depression
- Commands/Effective Instruction
- Communication Skills: Advanced
- Communication Skills: Early Dev
- Dif. Reinforce/Active Ignoring
- Engagement with Caregiver
- Exposure
- Maintenance
- Modeling
- Monitoring
- Praise
- Problem Solving

Display Measure:
- Yes Youth CDI Score
- Yes Days Attended School
- No Tx Goal #1
- No Treatment Goal #2
- No Treatment Goal #3

Display Time:
- To Last Event

Document which practice element was used when
MATCH Example: Putting together practice elements into a treatment plan

Depression

Getting Acquainted - Depression
Learning Depression - Child
Learning Depression - Parent

Able to proceed
Yes
No
Interference

Problem Solving
Activity Selection
Learning to Relax
Quick Calming

Presenting a Positive Self
Cognitive: BLUE
Cognitive: TLC

Plans for Coping

Gains Complete?
Yes
No
Wrap Up
Return to Main Flowchart

Conduct Related
Serious Behavior
Time Out
Rewards
Active Ignoring
Making a Plan
Instructions

Anxiety Related
Low Motivation
Attention Seeking
Specific Triggers
Non-compliance

Trauma Related
Threats Present
Trauma Symptoms
Anxious Thoughts
Avoidance

Other
Safety Planning
Trauma Narrative
Cognitive: STOP
Practicing

Complete next in sequence, unless client’s needs suggest adjustments are appropriate.
Conduct Flow Chart Example:

MATCH Protocol: Conduct

Current Step
Next Step
Next Practice: Engaging Parents

Conduct Flow Chart

Engaging Parents
Learning about Behavior
Able to proceed
Yes
Interference
No

One-on-One Time
Praise
Active ignoring
Instructions
Rewards
Time Out
Making a Plan
Daily Report Card

Gains Complete?
No
Looking Ahead
Yes
Booster

Complete next in sequence, unless client’s needs suggest that adjustments are appropriate.
If interference occurs, adjust practice elements
Big picture of working with conduct issues

**Conduct Flow Chart**

- Engaging Parents
- Learning about Behavior
- Able to proceed
  - Yes
    - Interference
  - No
    - Interference
- Anxiety Related
  - Cognitive: STOP
  - Anxiety Thoughts
- Practicing
- Avoidance
- Safety Planning
- Trauma Narrative
- Trauma Symptoms
- Threats Present
- Mood Related
- Trauma Related
- One-on-One Time
  - Praise
  - Active Ignoring
  - Instructions
- Rewards
  - Time Out
  - Making a Plan
  - Daily Report Card
- Gains Complete?
  - No
    - Looking Ahead
    - Booster
  - Yes
    - Return to Main Flowchart
- Other
- Depressive Thoughts
  - Cognitive: BLUE
  - Still a problem
  - Cognitive: TLC
- Somatic Arousal
  - Learning to Relax
  - Quick Calming
  - Still a problem
  - Activity Selection
  - Presenting a Positive Self
- Social Skills
- Problem Solving
  - Still a problem
  - Social Skills
Costs to access materials:

• Varies by resource: from $150 for annual subscription to the database to $50 to download the practitioner guides

• Sample videos and trial subscriptions available; discounts for groups/systems;

• More info available at: http://www.practicewise.com/web/
Additional “Common Elements” resources – PUBLIC DOMAIN

- www.schoolmentalhealth.org
  - Quick Guide to Clinical Techniques for Common Child and Adolescent Mental Health Problems
  - PowerPoint Presentations:
    - Anxiety Practice Elements
    - Disruptive Behavior Disorder Practice Elements
    - Depression Practice Elements
Common elements in school mental health
Pediatric Primary Care Settings in Schools

• Mental Health Education and Training (MHET) Initiative (PI: Stephan)
  – Trained School-Based Health Center primary care and mental health providers in Common Elements approach
  – Documented increase in use of EBP
    (Stephan, Mulloy & Brey, 2011)

• Center for Mental Health in Pediatric Primary Care (PI: Wissow, Johns Hopkins University)
  – Developing models of implementing EBP into pediatric settings using Common Elements
School Mental Health (SMH)

- Developed Practice Elements Behavioral Observation System (PEBOS) to assess competence
  - SMH clinicians role played different clinical scenarios and were rated using PEBOS

- Currently training SMH clinicians in 4 programs (Anne Arundel County, Prince Georges County, 2 in Baltimore City) in Common Elements
Implementing Common Elements Among School Mental Health Trainees

• Common elements training provided to approximately 30 graduate students who completed year-long internship and externship with the UMSOM School Mental Health Program in Baltimore City
• Three, two-hour trainings
• Pre and post surveys (knowledge of the evidence-base, attitudes toward EBPs, and self-reported use of common elements skills)
• Results pending!
Randomized Trial of Common Elements Training in School Mental Health Care: Clinician Knowledge, Attitudes, and Practice

• Data collection before + after training + end of the school year
• Knowledge and attitudes increased after the initial training for both groups ($p<.001$)
• Final end of year assessment results pending!
• Qualitative interviews planned to understand “active” ingredients of training and materials
Thank you!

Contact Information:

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Division of Child and Adolescent Psychiatry
University of Maryland School of Medicine
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sstephan@psych.umaryland.edu
Implementing Common Elements of EBP in Schools – Waccamaw’s Experience

SAMANTHA PAGGEOT, LPC
SCHOOL BASED SERVICES COORDINATOR

LATOYA SIMMONS, LPC
SCHOOL MENTAL HEALTH THERAPIST
What are the goals of your EBPs initiative?

- Improving skills of staff to better meet the needs of families we serve
- Providing training to help staff grow professionally
- Providing clinical support to staff in a different way
What EBPs approach are you using?

- PracticeWise
  - Access to Conduct, Anxiety, Depression and Trauma tracts
    - Focus on Disruptive Behavior Disorders
How do you do the training?

- Meet with staff for twice monthly meetings
  - Skills taught/reviewed
  - Demonstrations and/or role plays to practice use of skills
  - Feedback and coaching
How do you do the supervision and coaching?

- Monthly observations of family sessions on site at school
  - Feedback and coaching provided following those sessions
How have clinicians responded?

- **Observations**
  - Most challenging
  - Uncertain of expectations of process (worried about affect on job performance evaluation)
  - Observations vs. co-therapy
  - Supervisor, both clinical and administrative

- **Trainings**
  - Skills are not new
  - Role plays are not embraced
  - Utilizing “super users” to assist in trainings and support team
  - Limited time to address both work and grant related concerns, issues, and successes

- **General Acceptance**
  - Level of experience had limited impact
Do you use any standardized measures? If so, how frequently?

- PEBOS (Practice Elements Behavioral Observational System) and FEEOS (Family Engagement/Empowerment Observational System)
  - Completed and reviewed during each observation
Do you use the clinical dashboards?

- Clinicians have access to the dashboards but we are not currently using them
  - Time commitment required for training and tracking
Have you had to make any adaptations to the EBPs to use them in SMH?

- Language of handouts
- Flow chart adjusted to meet current needs
  - i.e. Communication and Problem Solving earlier in training with clinicians working with adolescents
Is this implementation of EBPs sustainable in your program?

- Training and coaching essential early
- Less training/coaching required during second year with some staff
- Flexibility of using skills with a wide population
- Training for new staff
If you have questions about this webinar please feel free to contact the presenters
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This webinar and the powerpoints will be available on the Center for School Mental Health website at http://csmh.umaryland.edu/ (under Resources and Archived Webinars)
If you have questions about joining the Quality and Evidence Based Practice Group please contact one of the co-facilitators

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