

## MENTAL HEALTH CONNECTION

### Bridging the Gap – Moving Toward Evidence-Based Practice

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## INTERNALIZING DISORDERS

### **Recommended Pilot Program:**

The Internalizing Disorders Learning Community recommends a countywide **Cognitive Behavioral Therapy Certification (CBT)/Training Program** as its pilot project.

### **Executive Summary**

The Internalizing Disorders Learning Community engaged in a six-month effort to review the research on evidence-based practice related to treatments for children and adolescents with internalizing disorders, particularly depression, anxiety and bipolar disorder.

The focus on these three primary internalizing diagnoses was chosen due to the prevalence of depression, anxiety and bipolar disorder among the child and adolescent mental health population. The Internalizing Disorder Learning Community chose to narrow its focus to Depression and Anxiety Disorder after a review of literature from SAMHSA that revealed 9% of adolescents aged 12 to 17 experience at least one episode of major depression; and 13 out of every 100 children and adolescents aged 9 to 17 experience some kind of anxiety disorder. These children are at risk for suicide, drug use and other risk behaviors.

The Learning Community selected its recommended pilot program for three reasons:

- ◆ After the literature review, the Learning Community believes that *Cognitive Behavioral Therapy* is the best treatment option for children with Internalizing Disorders.
- ◆ Based on the findings of the Community Solutions survey completed for the “Bridging the Gap” Symposium (June 2007), the Learning Community identified a gap regarding the evidence-based practice of *CBT*.
- ◆ The Learning Community believes that training, certifying and implementing *CBT* consistently across Tarrant County would give more children affected by internalizing disorders an opportunity to participate in evidence-based treatment. It would also offer parents options for treatment that would be convenient and accessible according to their specific family needs.

### **Learning Community Members:**

Rikki Harris, MHMR Tarrant County - Champion  
Carlela Vogel - Facilitator

- Joan Barcellona, Parent
- Kay Barkin, Parent
- Kathryn Brown, MHMR Tarrant County

- Sherri Chapel-Pratt, The Women's Center
- Kristin Connor, Excel Center
- Pamela Davis, Parent
- Dr. Jennifer Farnum, Psychologist, Tarrant County Juvenile Services
- Dena Hart, Catholic Charities
- Tammy Heinz, Mental Health Association
- Mike Herndon, All Church Home
- Stacey Lewis, Lena Pope Home, Inc.
- Molly Lopez, Department of State Health Services
- Barbara McElroy, Brite Seminary
- Scott McKinney, Child Protective Services
- Shami Ramos, MHMR Tarrant County
- Debbie Spoons, Tarrant County Juvenile Services
- Jannell Taylor, MHMR Tarrant County
- Bill Thrash, Fort Worth Talks
- Kathy Jo Ziegler, Lena Pope Home, Inc.

### **Summary of Research on Internalizing Disorders**

*Children and Evidence-Based Practice*, Barbara J. Burns, Ph.D. (2003)

This article summarized interventions to identify exemplary child initiatives for the launch of EBT. It also identified models for narrowing the gap between research and practice. Key models identified were Parent-Child Interaction Treatment (PCIT), Cognitive-Behavioral Therapy (CBT), Multisystemic Therapy (MST)

*Evidence-Based Psychotherapies for Depressed Adolescents: A Review and Clinical Guidelines*, Richard Gallagher, Ph.D.

This article outlined and described Cognitive-Behavioral Therapy (CBT), Primary and Secondary Control Enhancement Therapy (PASCET), Interpersonal Psychotherapy for Adolescents (IPT-A) and Systemic-Behavioral Family Therapy (SBFT). It indicated that all of these models except SBFT contributed to improvements in depressive symptoms for adolescents with all forms of depression.

*Identifying and Developing Empirically Supported Child and Adolescent Treatments*, Alan E. Kazdin & John R. Weisz (1998)

This article identified two treatments that are fairly well developed and have achieved marked and enduring changes through the follow-up periods: CBT for child anxiety and coping skills training for children with depression.

*Cognitive-Behavioral Therapy for Adolescent Depression: Comparative Efficacy, Mediation, Moderation, and Effectiveness*, V. Robin Weersing & David A. Brent (2003)

This article researched the treatment of depression and suicidality in adolescents using data from Brent et al. (1997), specifically the efficacy of CBT, mechanisms of CBT action and treatment effects.

*Primary and Secondary Control Enhancement Training for Youth Depression: Applying the Deployment-Focused Model of Treatment Development and Testing*, John R. Weisz, Michael A. Southam-Gerow, Elana B. Gordis & Jennifer Connor-Smith (2003)

This article focused on combining a skills-and-thoughts depression framework with the PASCET. This program grew out of the cognitive-behavioral tradition and builds on the primary-secondary control model of change.

*Cognitive Behavioral Group Treatment for Adolescent Depression*, G. N. Clark, L. L. DeBar & P. M. Lewinsohn, (2003)

This article utilized the Adolescent Coping with Depression (CWDA) program to treat adolescent depression. The skill module includes cognitive restructuring, behavioral therapy, problem solving, communication, negotiation, relaxation training and goal setting

### **Specific Areas of Need in Tarrant County Related to Internalizing Disorders**

The Internalizing Disorders Learning Community (IDLC) agrees that the areas of need within Tarrant County for treating children with depression are varied. The professionals agreed that the broadest area of concern for Tarrant County is the need to provide evidence-based treatment and access to psychiatric treatment for all Tarrant County youth who struggle with depressive symptoms. The learning community believes that the use of research-driven program implementation is an area in which Tarrant County could strengthen its services for consumers of mental health treatment.

Further analysis led the IDLC to identify a need for an evidence-based practice in Cognitive Behavioral Therapy (CBT) that would be consistent among all the providers of mental health treatment in the county. Because the research reviewed by the IDLC almost exclusively supported CBT as a best practice for treating child and adolescent depression, the IDLC agreed the community needs to improve the use of CBT among providers in Tarrant County. The IDLC also learned that few local training opportunities are available in Tarrant County that offer certifications for evidence-based programs.

In June 2007, the Bridging the Gap Symposium for mental health treatment providers in Tarrant County was held, and a local survey was presented by Community Solutions. Noted in the survey was a matrix of evidence-based programs that were being utilized by mental health providers in Tarrant County. Community Solutions reported that while many providers identify the use of CBT in treating depressed youth, most providers did not identify an evidence-based CBT program.

The aforementioned needs identified by the IDLC are the reasons for choosing a pilot project directed toward countywide training and certification in CBT for providers.

## **Recommended Evidence-Based Practice or Program for Internalizing Disorders**

Pilot Project:

The IDLS recommends implementation of comprehensive, ongoing training and consultation in Cognitive-Based Treatment for Youth with Depression to representatives of the Mental Health Connection agencies

Outcome:

Tarrant County becomes a Center of Excellence in Cognitive-Based Therapy for Youth with Depression

Intent of the Pilot:

To train and certify enough professionals in Tarrant County to offer families expertise in CBT, utilizing a certification program for CBT. The long-term goal would be to successfully treat more children and adolescents with internalizing disorders in Tarrant County. An ongoing training and consultation plan will be important criteria for the certification program.

Countywide Training Program for Cognitive-Behavioral Therapy:

Evidence-Based Program	Cognitive Behavioral Therapy
Target Population	Tarrant County children and adolescents, age 6 to 17 years, who have symptoms or are diagnosed with depression or anxiety
Need Addressed	Depression and anxiety
Delivery Setting	Home, school, office, community (wherever child and parent feel comfortable)
Duration of Intervention	Flexible, 12-16 sessions as determined by clinician, follow-up booster sessions
Strengths of the Model	<p>Flexible program (pick and choose which session to do) to meet client needs</p> <p>Individuality of program (modules to fit symptoms going on right now)</p> <p>Family involvement</p> <p>Well-researched (most researched model)</p> <p>Training would create local experts</p> <p>Can be utilized and generalized across Tarrant County</p> <p>Will impact more children and families with a</p>

	county wide implementation plan Improves outcomes for depression
Weaknesses of Model	Don't know the long-term benefit Don't know how effective this plan is with co-morbidity Manualized, step-by-step process Clinicians may be resistant Lack of trained clinicians Language/culture barriers No existing way to measure a training program's impact and outcome for clients

Benefits of Project:

- Creates a stronger workforce
- Establishes a sustainable source of CBT clinicians
- Brings evidence-based treatment to families
- Enhances the reputation of the mental health community in Tarrant County
- Enhances collaboration between agencies
- Contributes to 'no wrong door' mentality

**Barriers to Effective Implementation**

The IDLC identified the following barriers to implementing the recommended pilot program:

- Limited space
- Cost in dollars and time
- Selection of people to participate
- Agency buy-in
- Language
- Culture
- Resistance to evidence-based training

## Recommended Solutions

- Make use of multiple dates and times to offer training, which will allow more attendees to participate as well as limit the space needed each time training is offered
- Request the use of community partners' sites without expense
- Identify possible grant funds to cover expenses
- Utilize a planning committee that will commit to meeting the goals and monitoring costs of the training program
- Market through the use of the Mental Health Connection website as well as in monthly MHC membership meetings to gain agency buy in and participation
- Announce the training opportunity at the next Bridging the Gap symposium

### **Needed Policies to Support this Recommendation**

No specific local or state policies were identified as barriers to the training project. The IDLC believes that local agencies already widely support the use of CBT. Offering certified training is a benefit to local agencies by strengthening the Tarrant County workforce. Because CBT is so broadly known as one of the most effective treatments of depression and anxiety in both children and adults, the state currently supports the use of CBT in its mental health centers.

### **Implementation and Action Plan**

The IDLC recommends creation of a task force to implement the pilot project. The role of the Task Force will be:

- Identify the CBT Training Program that will be used for the Tarrant County training
- Determine the best way to implement the pilot project
- Develop a timeline and a budget

### Next Steps:

1. Solicit members for the CBT Training Task Force at MHC December 10<sup>th</sup> meeting
2. Task Force Chairs (Rikki Harris and Jennifer Farnum) will develop and organize the Task Force to implement the countywide CBT Training Program. It will be composed of:
  - Current members of the IDLC who are interested and have the time to work on implementing the CBT pilot project
  - Agencies practicing CBT
  - Volunteers interested in CBT who are recruited at the Mental Health Connection December 10<sup>th</sup> meeting
3. Meet with member agencies to discuss representation
4. Hold organizational meeting and develop a work plan
5. Review CBT training options available
6. Select CBT Training Program for Pilot

7. Establish a time line
8. Develop a budget
9. Bring in expert
10. Implement program (champion agency implements pilot project)
11. Have a stakeholder meeting that includes parents in order to educate community about the pilot project
12. Solicit funds to accommodate the project

### **Strategies for Keeping the Knowledge Current and Widely Shared**

The IDLC is committed to identifying a training program that offers ongoing consultation and continuing education. It is the belief of the IDLC that training of this nature not only provides support for clinicians, but also continuity of care for clients.

The Task Force of the IDLC will seek permission from Mental Health Connection and Mental Health Association of Tarrant County to post CBT training opportunities on their Web sites. The IDLC recommends a two-phase implementation plan that will allow the Task Force to present the training to an initial group and then allow the first group to help market the second phase.