Enhancing Evidence Based Practice Implementation: Defining, Training and Evaluating Therapist Competence at Treating Youth Psychiatric Disorders

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Abstract: While policy makers demand that mental health care professionals implement empirically supported treatments (ESTs) for youth psychiatric disorders, research indicates that mental health care professionals do not possess the required competence for the implementation of these ESTs, due to less than optimal EST training. This paper discusses the need for: 1) the clear articulation of therapist competencies required for the effective treatment of youth psychiatric disorders, 2) the development of effective training aimed at instilling these competencies in mental health care professionals, and 3) accurate, reliable, and cost efficient assessment of therapist competencies. Current initiatives and future directions related to the definition, training and assessment of therapist competencies for the treatment of clinical disorders in youth are discussed in this paper.

Keywords: Competencies, training, dissemination, implementation, children and adolescents.

BACKGROUND

Health care policy makers require mental health care professionals to practice in an evidence based manner by making use of empirically supported treatments (ESTs) as appropriate to the client’s disorder presentation and with consideration of clinical expertise, and client characteristics, needs and preferences (Institute of Medicine, 2001; Spring, 2007). While there are many ESTs available for a large range of highly prevalent psychiatric disorders in youth (Costello, Erkanli, & Angold, 2006; Ferdon & Kaslow, 2008; Rapee, Schniering, & Hudson, 2009; Silverman, Pina, & Viswesvaran, 2008), research has shown that they are not often implemented by mental health professionals in routine clinical practice (RCP; Goisman, Warsaw, & Keller, 1999). Furthermore, when these ESTs are implemented, youth outcomes are inferior to those seen in the randomized controlled trials (RCTs) in which they were initially evaluated (e.g. Ishikawa, Okajima, Matsuoka, & Sakano, 2007; Weisz, et al., 2009).

Mounting evidence suggests that the EST training offered to therapists in RCP is inadequate to produce the level of therapist competence necessary to effectively implement ESTs for youth psychiatric disorders (Beidas, Barmish, & Kendall, 2009; Herschell, Kolko, Baumann, & Davis, 2010). While it has been recommended that more effective EST training be developed for therapists treating youth in RCP, a clear understanding of the specific therapist competencies required for the implementation of ESTs is necessary prior to the development of such training (Beidas, et al., 2009). Further, a method for evaluating therapist competence in a reliable, valid and cost efficient manner is necessary to assess the efficacy of training and monitor therapist competence over time, so as to ensure high standards of practice are established and maintained.

DEFINING THERAPIST COMPETENCE

According to the recently established competencies-based movement, therapist competence is broadly defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002, p. 227). Furthermore, therapist competence is made up of elements, known as competencies (Kaslow, 2004). These competencies include relevant therapist knowledge, skills, and attitudes; and the integration of these (Kaslow, 2004; Kaslow, et al., 2004). Since this definition was coined, the competencies-based movement has generated a model of therapist competencies for implementing psychotherapy of any theoretical orientation in adults (Rodolfa et al., 2005). While this is useful for understanding general therapist competencies, it does not articulate therapist competencies necessary for implementing the particular procedures and techniques that characterize specific EST approaches for targeted client populations (Rector & Cassin, 2010). For more effective EST training to be developed, it is critical to define models of therapist competencies that include reference to both general therapeutic competencies, as well as EST specific competencies (Rector & Cassin, 2010).

Drawing upon the pioneering work of Roth and Pilling (2008), who developed a model of EST-specific competencies for treating adult internalizing disorders using cognitive behavioral therapy (CBT), Sburlati, Schniering, Lyneham, and Rapee (2011) recently developed a model of therapist competencies for the empirically supported cognitive behavioral treatment of child and adolescent
Defining Therapist Competencies

Once therapist competencies are identified, effective training programs aimed at instilling these competencies in trainees can be developed within the context of large scale dissemination and implementation programs (e.g. Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Landsverk, Brown, Rolls Reutz, Palinkas, & Horwitz, 2011; Proctor, et al., 2011; Schoenwald, et al., 2011). The nationwide dissemination and implementation program, Improving Access to Psychological Therapies (IAPT), in the United Kingdom has developed such a training program based on the Roth and Pilling (2008) adult therapist competencies model and preliminary results are promising. More specifically, data indicates that therapist competence increased following training (McManus, Westbrook, Vazquez-Montes, Fennell, & Kennerley, 2010) and that adult client outcomes are comparable to those seen in RCTs (Clark, et al., 2009; Richards & Suckling, 2009). Such results highlight the importance of defining therapist competencies required for the use of ESTs with specified populations, and using these to inform training within the context of large scale dissemination and implementation programs. The IAPT program provides an excellent rubric for designing and undertaking future dissemination and implementation programs. Unfortunately, at present, there are no similar training programs for therapists treating child and adolescent disorders, and this is clearly a valuable and necessary initiative.

When generating therapist training programs, consideration must not only be given to what competencies are taught, but also how these competencies are taught (Rakovshik & McManus, 2010). Following a large review of the research literature and consideration of adult learning theories, Rakovshik and McManus (2010) suggest that a combination of didactic training (e.g. lectures), problem-based learning and therapeutic technique practice (e.g. role playing therapeutic techniques), as well as ongoing supervision are necessary for the most effective training of mental health care professionals. Recent research has shown that a combination of these training methods is effective at increasing therapist competence at treating adult anxiety and depressive disorders over a six to 12 month period (McManus, et al., 2010). There is little research, however, regarding the optimal dosage of the above training methods. It is possible that therapists do not require six to 12 months of training to obtain the same level of competence seen in the McManus et al. (2010) trial, but, at present, this is an empirical question that is open for investigation. Furthermore, the results of the McManus et al. (2010) trial do not extend to the training of therapists treating youth using ESTs. Therefore, future research is required to determine whether the same combined training methods are as effective at increasing youth therapist competence.

Finally, given that access to training is a significant barrier to the uptake of ESTs in RCP (Nelson & Steele, 2007), competence-based training resources need to be made readily available and easy to update. A recent suggestion has been to provide therapist training online (Weingardt, 2004), and initial findings from this approach have shown that online training is equivalent to face-to-face training methods (Dimeff, et al., 2009; Granpeesheh, et al., 2010; Sholomskas & Carroll, 2006; Sholomskas, et al., 2005; Weingardt, Cucciare, Bellotti, & Lai, 2009).

ASSESSING THERAPIST COMPETENCE

In order to assess therapist competence post-training, and to monitor therapists’ ongoing implementation of ESTs, the development of EST specific therapist competence assessment measures is required (Beidas, Koerner, Weingardt, & Kendall, in press). While there are a number of reliable and valid observational competence assessment measures for the empirically supported treatment of adult psychiatric disorders such as depression and anxiety (Blackburn, James, Milne, & Richelt, 2001) and substance abuse (Barber, Liese, & Abrams, 2003; Carroll, et al., 2000), there are no similar measures for treating psychiatric disorders in youth. Our team is currently developing an observational measure suitable for assessing therapist competencies required for the empirically supported cognitive behavioral treatment of child and adolescent anxiety and depressive disorders, based on the Sburlati et al. (2011) model.

While the above observational therapist competence measures evaluate therapist skills via assessment of therapist...
in-session behaviors, they do not assess all elements of competence as defined by the competencies based movement (i.e. therapist skills, knowledge and attitudes, and their integration). Based on recent conceptualizations of EST specific therapist competencies, it is essential that therapist competencies measures include assessment of all three elements of competence relating to the implementation of ESTs and their integration. However, at present, effective methods for developing and evaluating such comprehensive assessment batteries are largely unknown.

A further limitation of current observational competencies assessments is the requirement that an expert supervisor watches and rates a number of therapy sessions conducted by trainee therapists. As this is time and cost intensive it has been suggested that therapists perform self-assessments of competence, recognize their strengths and weaknesses and subsequently seek further training and supervision in those areas requiring improvement (Bellande, Winicur, & Cox, 2010). While self assessments of competence would be an ideal alternative to observational measures, therapists tend to be poor at assessing their own competence and rate themselves as more competent than objective observers (e.g., Davis, et al., 2006). Therefore, if self assessments of competence are to be widely used, it is paramount that therapists receive training to improve the accuracy of their own self assessment prior to using these measures to guide their professional development (Kaslow, et al., 2007). However, it remains unclear as to how this self assessment of competence training would be conducted most effectively.

CONCLUSION

While some preliminary efforts have been made to empirically articulate, train and assess therapist competencies for the effective implementation of ESTs for adult psychiatric disorders, this field is still in its infancy. Moreover, very little competencies-based work has been conducted for the treatment of youth psychiatric disorders, and further developments are essential in order to close the science to practice gap in youth psychiatry. In order to begin to extend the competencies based movement within the field of youth psychiatry, we recommend that the Sburlati et al. (2011) methodology and model framework be used to identify and articulate therapist competencies for treating each of the distinct youth psychiatric populations. Such therapist competencies models can then be used in conjunction with up-to-date training and assessment based research to develop more effective RCP therapist training, and comprehensive, cost efficient therapist competencies assessment batteries. In summary, by articulating, training and evaluating therapist competencies for treating youth psychiatric disorders using ESTs, the field can move closer to ensuring that competently administered evidence based practice is delivered to youth seeking psychiatric treatment in RCP.

REFERENCES


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