

A Hybrid Implementation-Effectiveness Trial of Group CBT for Anxiety in Urban Schools – Training the Workforce in Community Settings

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Introduction

- Low-income urban children and youth with mental health problems are frequently under-served.
- Anxiety disorders** are highly prevalent in children; if untreated, these disorders can lead to problems with **social interactions, academic performance, & maladjustment**.
- Therapists in community mental health agencies often lack knowledge and resources for proper adherence of **evidence-based practices (EBP)**.
- Cognitive-behavioral therapy (CBT) has been shown to be an **efficacious** EBP for **treatment of anxiety**.
 - A **culturally sensitive** and **feasible** CBT protocol that can be effectively implemented in the context of existing structures **is needed**.
- Uptake of CBT with traditional training methods (e.g. workshops, seminars, conferences) and treatment manuals has been limited. Questions exist regarding training the workforce and supervision required for implementation of EBPs.

Aims of the Study

- The need to focus on training mental health professionals in non-traditional settings on EBPs has increased in recent years (Hershell et al., 2010; Southam-Gerow et al., 2010).
 - Traditional training methods (e.g., workshops, seminars) have not resulted in broad uptake or improved practice quality (Cartreine et al., 2010).
- Few studies exist comparing training methods making it difficult to establish best practices.
- This study will address this gap to improve quality of training methods by:
 - Demonstrating that community mental health (CMH) therapists and supervisors - who lack exposure to EBPs - can implement an **anxiety EBP with fidelity**.
 - Determining which implementation strategy for therapists (**supervision with or without expert consultation for supervisors**) will lead to better outcomes.
 - Evaluating whether a **shorter, more culturally sensitive version** of an anxiety treatment is at least as effective as the original version.

Group Treatment Protocols for Anxiety

Friends for Life (FRIENDS) – 12 Sessions

- A group-based CBT program implemented in several countries.
- Protocol consists of 10 weekly sessions and 2 incorporated booster sessions.

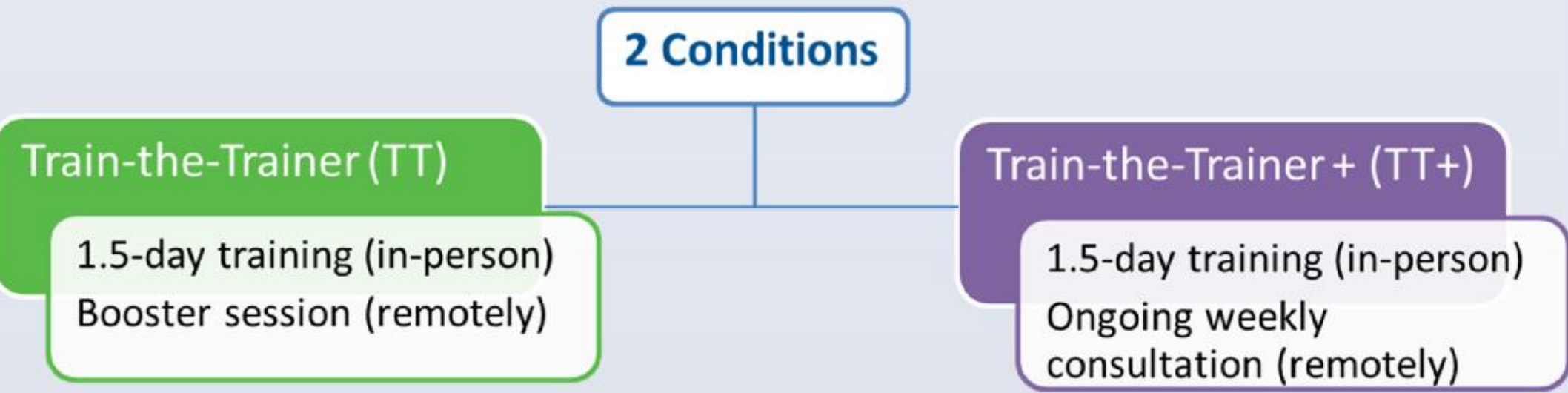


CBT for Anxiety Treatment in Schools (CATS) – 8 Sessions

- CATS is based on the Coping Cat Therapist Manual (Kendall & Hedtke, 2006) and follows school-based group CBT format of FRIENDS.
- Maintained 5 essential components: psychoeducation, somatic management skills training, cognitive restructuring, exposure methods, and contingency management.

Methods and Implementation Strategies

- This study is a NIMH-funded 3-arm parallel group, Type 2 hybrid effectiveness and implementation RCT evaluating implementation of CBT for child anxiety in schools.
 - The first aim compares the effectiveness of CATS to FRIENDS in urban public schools.
- Simultaneously, our team is testing the effectiveness two implementation approaches:
 - Train-the-trainer (TT) approach** = CMH supervisors are trained by experts to conduct effective supervision, and then go on to train therapists.
 - Pilot studies in adult populations report improved therapist knowledge and improved client behavior.
 - A **modified train-the-trainer (TT+) approach** = CMH supervisors receive training plus extended consultation from experts to conduct effective supervision.
- Implementation outcomes are implementation fidelity and cost-effectiveness.

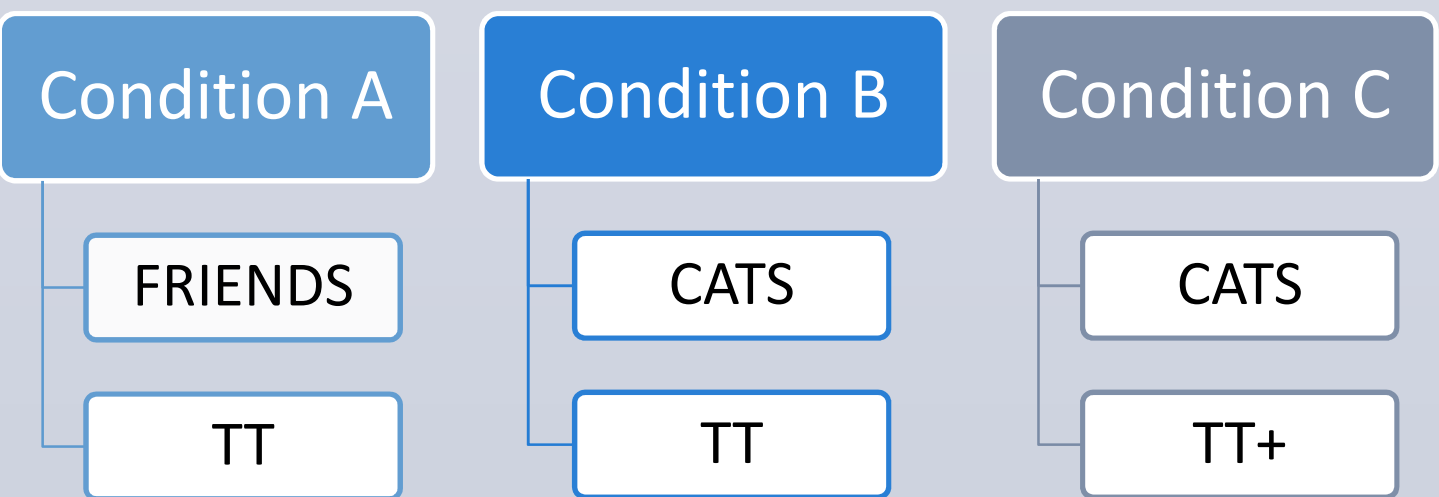


- Consultation** provided weekly following supervision with therapists
- Sessions include (a) providing performance feedback, (b) problem solving implementation barriers, and (c) monitoring whether supervision occurs regularly for expected time length and whether therapists implement CATS with fidelity
- Remote training and consultation via **AdobeConnect®**

Investigational Plan

Setting & Participants:

- 36 K-8 schools with School Therapeutic Services (STS) programs in Philadelphia.
- 90 therapists and 36 supervisors from CMH agencies implementing STS programs, and 360 youth (grades 4-8) referred to STS with anxiety problems.
- Schools will be randomly assigned to condition.



Procedures

Intervention Implementation:

- Therapists screen youth in STS for anxiety. Caregivers of referred youth complete diagnostic assessment to determine eligibility (primary diagnosis of an anxiety disorder).
- Eligible students who consent participate for 12 (FRIENDS) or 8 (CATS) group intervention sessions – implemented by therapists – during the school day.

Implementation of Training Strategies:

- Therapists and supervisors receive initial training in youth anxiety, CBT, specific treatment protocols (FRIENDS or CATS).
- Researchers support supervisors via TT (Condition A & B) or TT+ (Condition C).
- Supervisors conduct one 50-min supervision session with therapists for each treatment session the therapist conducts.
- Each treatment and supervision session is **video-recorded** for consultation (e.g., performance feedback) and research (e.g., fidelity) purposes.
- Data on child **anxiety symptoms** and **school engagement** (pre-post), **treatment fidelity**, and supervision/consultation **content and process fidelity** are collected.

Implications

- This study aims to demonstrate that (a) CMH therapists and supervisors can **implement an anxiety treatment with fidelity**; and (b) use of a briefer, culturally-sensitive group CBT treatment (CATS) can **lead to improved outcomes for children with anxiety** similar to other evidenced-based treatments (FRIENDS).
- Results concerning the use of technology to provide remote support could contribute to the **dissemination and implementation of EBPs in schools and CMH centers**; therefore increasing the training of therapists in MH EBPs.
- This study will generate data on implementation of effective practices that **optimize mental health service delivery to traditionally underserved communities** – a central goal of the Affordable Care Act

References

- Cartreine, J. A., Ahern, D. K., & Locke, S. E. (2010). A roadmap to computer-based psychotherapy in the United States. *Harvard Review of Psychiatry*, 18, 80–95. doi:10.3109/10673221003707702
- Herschell, A., Kolko D, Baumann, B., & Davis, A. (2010). The role of therapist training in the implementation of psychosocial treatments: A review and critique with recommendations. *Clinical Psychology Review*, 30(4), 448–466. doi:10.1016/j.cpr.2010.02.005.
- Kendall, P. C., & Hedtke, K. (2006). *Coping Cat workbook*. (2nd ed). Ardmore, PA: Workbook Publishing.
- Southam-Gerow, M. A., Weisz, J. R., Chu, B. C., McLeod, B. D., Gordis, E. B., & Connor-Smith, J. K. (2010). Does cognitive behavioral therapy for youth anxiety outperform usual care in community clinics? An initial effectiveness test. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49, 1043–1052. doi:10.1016/j.jaac.2010.06.009

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