An Analysis of Therapist Practice Patterns from the Clinical Pathways for Depression Project

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ABSTRACT
Preliminary results will be presented from a needs assessment of therapist background and organizational readiness to change. Therapist background variables, readiness to change, and reported evidence-based practice (EBP) fit with clients were examined. Results were evaluated using exploratory factor analysis to identify patterns of practice element usage. These patterns were used to develop a list of evidence-based practice elements not frequently used as reported by community therapists. Therapist practice patterns were estimated using latent class analysis (LCA) to identify classes of therapists with varying endorsement of evidence-based practice elements. These results from Stage I informed the identification of evidence-based practice (EBP) elements for Stage II of the evidence-based community partnership model (EBCPM). These results from Stage I informed the identification of EBPs and implementation design to be employed in Stage II of the EBCPM.

RESULTS (cont.)

Table 4. Most frequently used evidence-based practice elements as reported by community therapists.

<table>
<thead>
<tr>
<th>Practice Element</th>
<th>% Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Restructuring</td>
<td>82.80%</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>76.40%</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>73.91%</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>72.67%</td>
</tr>
</tbody>
</table>

Table 5. Evidence-based practice elements not frequently used as reported by community therapists.

<table>
<thead>
<tr>
<th>Practice Element</th>
<th>% Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Case Conceptualization</td>
<td>11.80%</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>23.60%</td>
</tr>
<tr>
<td>Structure Elements</td>
<td>39.54%</td>
</tr>
</tbody>
</table>

Table 6. Survey results suggesting frequent use of EBP elements including cognitive restructuring and problem solving techniques. However, case conceptualization and outcome monitoring were reportedly used minimally in community practice.

RESULTS (cont.)

Table 2. Therapist initial readiness to change subscales measured by the TCU ORC-5.

<table>
<thead>
<tr>
<th>Training Method</th>
<th>Preference Rating (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop</td>
<td>4.33</td>
</tr>
<tr>
<td>Supervision</td>
<td>4.12</td>
</tr>
<tr>
<td>Consultation</td>
<td>3.93</td>
</tr>
<tr>
<td>Lectures</td>
<td>3.77</td>
</tr>
<tr>
<td>Workbook</td>
<td>3.56</td>
</tr>
<tr>
<td>Computer Study Guide</td>
<td>3.22</td>
</tr>
</tbody>
</table>

Table 3. Therapist training method preferences. Ratings made on a scale of 1-5 with 5 indicating higher preference.

METHOD
165 therapists practicing at Centerstone completed a survey that evaluated professional background, organizational readiness to change, currently applied EBP elements, degree of EBP client fit with clients, and preference for EBP training. Qualitative analyses were completed to examine therapist background variables, readiness to change, and reported EBP client fit. Results were evaluated using exploratory factor analysis to analyze practice elements actively being implemented by community therapists. Latent class analyses were then run to identify classes of therapists with unique levels of practice element usage, and the EFA and LCA were combined to look at overall practice pattern differences among community therapists.

LIMITATIONS
Survey data collected was obtained from a limited number of therapists practicing at Centerstone community mental health center. These results may not be generalizable across therapist populations. Data collected was also based on self-report data that required therapists to self-identify their training preferences and current practice patterns.

REFERENCES

ACKNOWLEDGMENTS
The authors thank the Centerstone staff who participated in the research and assisted with data collection. This research was supported by a grant from the National Institute of Mental Health (K01 MH070884). The evidence based community partnership model (EBCPM) proposed by Wells, Miranda, Bruce, Alegria and Wallerstein (2004) is a two-stage approach to enhance mental health care practices using evidence-based strategies while taking into account the priorities and resources of community practitioners. The Centerstone Clinical Pathways for Depression Project represents a first effort to implement and evaluate the EBCPM in a behavioral health setting with the goal of improving client care by matching the needs of the organization with evidence-based practices (EBPs).

BACKGROUND
- The evidence based community partnership model (EBCPM) proposed by Wells, Miranda, Bruce, Alegria and Wallerstein (2004) is a two-stage approach to enhance mental health care practices using evidence-based strategies while taking into account the priorities and resources of community practitioners.
- The Centerstone Clinical Pathways for Depression Project represents a first effort to implement and evaluate the EBCPM in a behavioral health setting with the goal of improving client care by matching the needs of the organization with evidence-based practices (EBPs).

RESULTS
- Therapists demonstrated higher mean scores on the TCU ORC-5 subscales of readiness to change, efficacy, growth, and adaptability when compared to national averages. These preliminary results suggest that therapists show a practice pattern difference among community therapists.

DISCUSSION
These preliminary results suggest that therapists show a willingness to adapt and use EBP elements in their practice, but also that they are not systematically approaching practice element delivery or monitoring progress to inform their work.

- Survey results suggesting frequent use of EBP elements including cognitive restructuring and problem solving techniques. However, case conceptualization and outcome monitoring were reportedly used minimally in community practice.

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