

—John Weisz, Jeanne Miranda,
Kimberly Hoagwood, Sonja Schoenwald,
Bruce Chorpita and Charles Glisson

FROM LAB TO CLINIC: EXPANDING EVIDENCE-BASED PRACTICE IN CHILD MENTAL HEALTH

One in five U.S. youth has a diagnosable mental disorder. Rates of youth mental disorders are higher than rates of pediatric diabetes, asthma, scoliosis, anemia, and all forms of cancer combined. The United States spends about \$12 billion each year to treat children and adolescents who have a mental disorder, and the government and private foundations invest more than \$350 million annually in research on the issue.

Unfortunately, an odd insularity has developed in the field. For decades, researchers have identified beneficial treatments through clinical trials, and for decades, practitioners have provided treatment for children. But the connection between research and practice has been weak, and the gap between science and practice wide.

Although all agree that this gulf should be bridged, several barriers exist to implementing evidence-based care in mental health clinics. In their paper “From Lab to Clinic: Expanding Evidence-Based Practice in Child Mental Health” for the *Fundamental Policy – Spotlight on Mental Health Conference*, John Weisz and coauthors review the work of the Child STEPS team, a part of the MacArthur Network on Youth Mental Health focused on bridging research and practice, and offer next steps to advancing evidence-based treatment in public-sector mental health services.

Expanding Evidence-based Treatment in Practice Moving care that has been proven to work for children from laboratory settings into the community is difficult. For example, the clinicians who learn and deliver the new treatments in

community settings may not have time to learn the evidence-based treatments or strong incentives to use those treatments in practice. Furthermore, the pressures and constraints in the clinicians’ work setting are quite different from those in a research lab. Finally, the children and families referred to community mental health clinics are often quite different from those who responded to ads and volunteered for a clinical trial.

Child STEPS identified organizational challenges, family engagement, and therapists’ skills and preferences as potential barriers in expanding evidence-based treatment in practice.

An organizational barrier might involve a decision by a clinic’s business manager that Medicaid families can no longer receive behavioral parent training—one of the three practices therapists have learned—because Medicaid will not reimburse for sessions with a parent if the child is the “identified patient.”

A family engagement barrier might find a child missing appointments for three consecutive weeks. After repeated phone calls, the therapist reaches the father, who explains that his wife, who had been driving the child to the clinic, has been in a drug rehab program. No one in the clinic had known about this.

Therapists’ skill sets may slow adoption because therapists have not yet learned to do evidence-based practices; therapists’ preferences may slow adoption because the therapists believe the behavioral training they are using is not working

because “it just doesn’t feel natural to me.” Or, a therapist may have been trained to use a particular evidence-based treatment but chooses not to because she feels that it is “not appropriate for this case.”

To address these challenges and increase evidence-based treatment in practice, Weisz and coauthors propose a practice model with four key components:

- Organizational assessment and intervention
- Family engagement and empowerment
- Training and weekly case consultation in the use of the specific practices
- Clinical management information system to monitor progress and outcomes

Looking Toward the Future

The authors suggest three areas for future research, including:

Developing incentives for state, county, and local mental health systems to provide evidence-based care for children, as well as gaining a better understanding of how to eliminate current barriers to financial reimbursement for such care.

Developing incentives for agencies to increase their use of valid and reliable patient assessment tools, and tools for tracking outcomes of treatment in a reliable and consistent way. This would enable payers to better assess quality and outcomes of care.

Identifying steps necessary to enrich and broaden the provider pool for children’s mental health, including increasing the availability of ethnically diverse providers trained in evidence-based interventions.

Through existing work and future research, Child STEPS has built a useful foundation for improving mental health for children and adolescents throughout the country. However, there is still much more work to be done.

John Weisz, PhD,
Judge Baker Children’s Center,
Harvard University

Jeanne Miranda, PhD,
Health Services Research Center,
University of California, Los Angeles

Kimberly Hoagwood, PhD,
Research on Child and Adolescent Services,
Clinical Psychology in Psychiatry,
Columbia University

Sonja Schoenwald, PhD,
Department of Psychiatry
and Behavioral Sciences,
Medical University of South Carolina

Bruce Chorpita, PhD,
Department of Psychology,
University of Hawaii at Manoa

Charles Glisson, PhD,
Children’s Mental Health
Services Research Center,
University of Tennessee at Knoxville

The MacArthur Foundation Network on Mental Health Policy Research has worked to develop a knowledge base linking mental health policies, financing, and organization to their effects on access to quality care. www.macfound.org

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