

The disparity between therapist report of clinical orientation and delivered services in community mental health care practices

Courtney L. Benjamin, Torrey A. Creed, Kristin Pontoski
Taylor, & Aaron T. Beck
University of Pennsylvania



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Usual care in CMHCs not well understood

- Community mental health centers (CMHCs) an integral part of the treatment landscape
- Little research describes services they provide
- Therapist self-report of practice may not be reliable

Aims

- Describe treatment in CMHCs prior to training and consultation in CBT
- Examine relationships between
 - Therapist report and expert observer ratings
 - Therapist report and achievement of competency in CBT

The Beck Initiative training model

- Objectives^{1,2}
 - Incorporate CBT as a standard EBP
 - Facilitate consumer recovery and outcomes
 - Improve clinicians' professional lives
 - Conduct program evaluation
 - Facilitate large-scale implementation of CBT
 - Serve as a model for behavioral health systems
- Training Structure
 - 22 hours didactics, 6 months consultation

¹Creed, Stirman, Evans, & Beck (2014); ²Stirman, Buchhofer, McLaulin, Evans, & Beck (2009)

Participants

- Nominated by participating agency
- N = 201 (baseline), 141 completed program
 - 77.7% female
 - 88.3% master's-level, 6.2% PhD/PsyD, 5.5% physicians
 - $M = 8.25$ ($SD = 8.27$) years since degree
 - 48.7% licensed
 - 55.7% primarily adult caseloads, 44.3% child

Measures

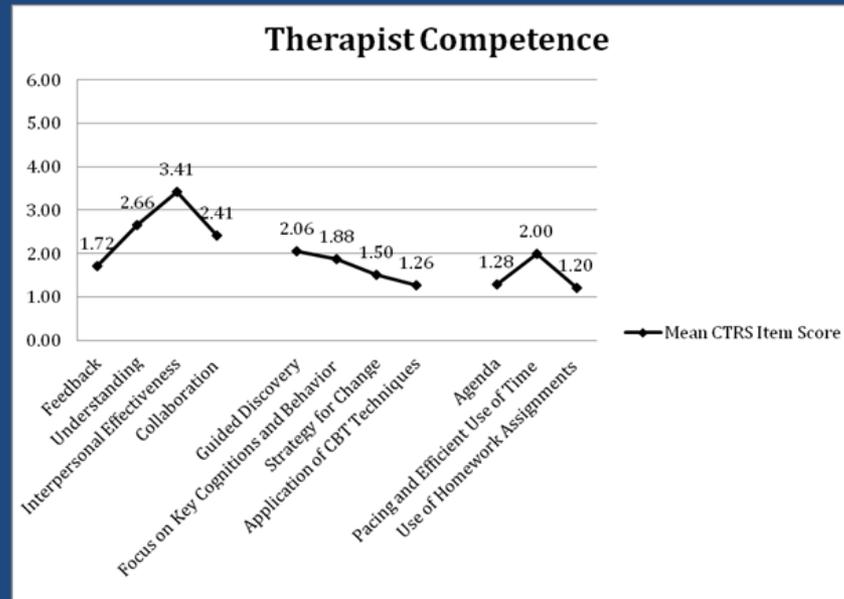
- Beck Initiative Questionnaire
- Cognitive Therapy Rating Scale (CTRS³)
 - Baseline, 3-month, and 6-month
 - 11 items assess general therapy skills, CBT structure, and CBT skills

³Young and Beck (1980)

Therapist report of orientation

- n = 103
 - 21.4% identify as exclusively CBT
 - 51.5% as eclectic (including some CBT)
 - 27.2% identify with exclusively non-CBT orientations

Baseline therapist CTRS scores



- General Therapy Skills ($M = 2.55$, $SD = .82$) correlated with
 - CBT Skills ($M = 1.68$, $SD = .97$), $r = .72^*$
 - Structure ($M = 1.50$, $SD = .96$), $r = .63^*$
- CBT Skills correlated with Structure, $r = .62^*$

* $p < .001$

Orientation not associated with baseline CTRS scores

- One-way ANOVA examined association between orientation and baseline CTRS scores
 - Effect of theoretical orientation on mean CTRS total scores at baseline non-significant, $F(3, 197) = .30, p = .83$.

Linear regression predicting baseline CTRS mean subscale scores by orientation

	B	SE B	β	p-value
General Therapy Skills¹				
Constant	2.36	.175		
CBT vs. eclectic CBT	.16	.21	.09	.44
CBT vs. non-CBT	.23	.23	.10	.34
CBT vs. no orientation reported	.23	.19	.14	.24
CBT Skills²				
Constant	1.57	.21		
CBT vs. eclectic CBT	.15	.25	.07	.54
CBT vs. non-CBT	.00	.28	.00	.99
CBT vs. no orientation reported	.14	.23	.07	.55
Structure³				
Constant	1.53	.20		
CBT vs. eclectic CBT	-.07	.24	-.03	.77
CBT vs. non-CBT	-.23	.27	-.09	.40
CBT vs. no orientation reported	.04	.23	.02	.87

Note. $N = 201$. CBT = therapist described orientation as exclusively CBT. Eclectic CBT = Therapist described incorporating CBT strategies with non-CBT approaches). Non-CBT = therapist described their practice using solely non-CBT orientations.

¹ $R^2 = .01$; ² $R^2 = .00$; ³ $R^2 = .01$

Skills increase with training

- Significant increase in mean CTRS total scores from baseline ($M = 22.16$, $SE = .78$) to 6 months ($M = 39.21$, $SE = .78$), $t(140) = 18.81$, $p < .001$, $r = .85$
- Paired-samples t-tests: significant increases in mean CTRS subscale scores across subscales from baseline to 6 months
 - General Therapy Skills, $t(140) = 14.27$, $p < .001$, $r = .77$
 - CBT Skills, $t(140) = 18.18$, $p < .001$, $r = .84$
 - Structure, $t(140) = 17.06$, $p < .001$, $r = .82$

Orientation does not predict changes in CTRS scores

- One-way ANOVA examined association between orientation and CTRS scores
 - Effect of theoretical orientation on mean CTRS total scores non-significant after 6 months of consultation, $F(3, 137) = .35, p = .79$
- In a series of linear regression analyses, theoretical orientation did not significantly predict change in General Therapy Skills, CBT Skills, or Structure

Discussion

- Self-identification with CBT orientation not associated with CBT skills
- Therapists who identified a CBT orientation showed no difference in competency scores after 6-months consultation
- General therapy skills improved along with CBT specific skills

Conclusions

- Therapist report of the services they deliver may be inaccurate, overestimating EBP
- To ensure EBPs are delivered with fidelity, methods other than therapist report should be implemented
- Objective measures of therapist's services may be more useful
- Achievement of competency in CBT may not be hindered by profession of another orientation

Limitations and Future Directions

- Limitations
 - CTRS is designed for CBT
 - Most clinicians masters' level and in outpatient CMHCs from same metropolitan area
 - Missing data
 - Caution in interpreting null findings
- Future Directions
 - Include data regarding treatment outcome
 - Objective markers of previous CBT training



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