

Source: Hoagwood, H., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*, 52(9), 1179-89.

Schoenwald, S. K., & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services*, 52(9), 1190-96.

These two articles, part of a series in *Psychiatric Services*, address the important issues of evidence-based practice, and transportability of interventions. In the first article, Hoagwood et al. discuss and define the concept of “evidence-based practice,” emphasizing that there is no agreed upon set of criteria for determining that a particular intervention is “evidence-based.” They suggest that most interventions have been developed and tested under research conditions which differ in many ways from standard practice. In fact, they indicate that, “Much of what passes for research on evidence-based practice in the field of child and adolescent mental health might more aptly be described as clinical treatment efficacy research” (p. 1179).

Hoagwood et al. point out that the emphasis in the 1980s and 1990s on the development of community-based systems of care represented a major step forward in the children’s mental health field, a field that had been greatly neglected until that time. They further indicate, based primarily on the Fort Bragg study, that while systems of care have been demonstrated to improve access to services, to increase satisfaction with service, and to reduce use of restrictive forms of care, “clinical outcomes for children—for example, alleviation of symptoms, functioning, or reduction of impairments—were the same whether children were receiving coordinated services through systems of care or were receiving usual services” (p. 1182). A similar comment about systems of care is made in the second article by Schoenwald and Hoagwood.

Hoagwood et al. point out that one appropriate criticism of much of the research on empirically supported interventions is that they do not take into account the heterogeneity of the problems that children have who are seen at mental health clinics. However, they indicate that community-based interventions such as therapeutic foster care, intensive case management, and multi-systemic therapy address these concerns and have strong research support for their effectiveness.

Such demonstrations of effectiveness are unusual. For example, it is also reported that, “the evidence for the effectiveness of either clinical treatments or services within practice settings as opposed to research settings is still weak” (p. 1185). The authors note that there are great differences between the conditions under which efficacy trials are conducted, and those under which clinical services are typically provided, and this serves as an important barrier to the usefulness of efficacy research for clinical practice.

In the article on effectiveness, transportability, and dissemination of interventions, Schoenwald and Hoagwood indicate that most of the literature focuses on the naturalistic spread of innovations rather than on proactive dissemination efforts. As a result there is a weak evidence base on the question of how to embed effective treatments in service systems. The authors advocate for proactive dissemination of efficacious treatments as “a compelling next step” in efforts to increase the use of evidence-based practices.

Schoenwald and Hoagwood further call for “transportability” research before dissemination efforts are undertaken. “Transportability” research is defined as research that examines the movement of efficacious interventions to usual-care settings. They point out that most research studies include treatment manuals, special training for clinicians, and ongoing clinical support and monitoring of treatment implementation—conditions which exist in few community-based treatment settings. Unless transportability issues can be addressed, Schoenwald and Hoagwood say that the literature on the diffusion of innovation suggests that the risk either of outright rejection of a new treatment, or dilution of it, is high.

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In addition, the authors discuss new treatment development models that are designed to speed the progression to effective deployment in service systems. These models essentially involve development of new treatments either directly in community settings, or under circumstances that resemble usual practice as much as possible. This is an important departure from the traditional treatment development model in which interventions are developed under well-controlled research conditions, and where it is only after efficacy has been demonstrated that are efforts made to transport the program for use under regular conditions in community settings.

These two articles do an excellent job of conceptualizing and summarizing the issues involved in trying to increase the use of evidence-based practices in community settings. The articles illustrate the formidable challenges involved in doing this, and help demonstrate the reasons that progress has not been made more rapidly in this area. Perhaps most important, they offer suggestions for addressing the challenges in a more thoughtful and rapid manner than has been used before, through such mechanisms as conducting transportability and dissemination research, and developing interventions directly in the settings in which they are ultimately to be used. The articles also point to the continued need to clarify the concept of system of care. Until it is understood that the concept of system of care involves changes at the practice level as well as at the policy level, conclusions about the effectiveness of systems of care will continue to be drawn based on studies that have not demonstrated the effective application of system principles at the practice level.