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
Disclosure

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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\textsuperscript{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

\textsuperscript{1}Creed, Stirman, Evans, & Beck (2014); \textsuperscript{2}Stirman, 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 (CTRS$^3$)
  – Baseline, 3-month, and 6-month
  – 11 items assess general therapy skills, CBT structure, and CBT skills

$^3$Young 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

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<th>SE B</th>
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*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.  
<sup>1</sup>R<sup>2</sup> = .01;  <sup>2</sup>R<sup>2</sup> = .00;  <sup>3</sup>R<sup>2</sup> = .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
Acknowledgements

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