

Building Sustainable Evidence Based Practice (EBP) Training through the Embedded Clinical Coach training framework

Brian Allender, MD

Sean Wright, LMHC

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Speakers

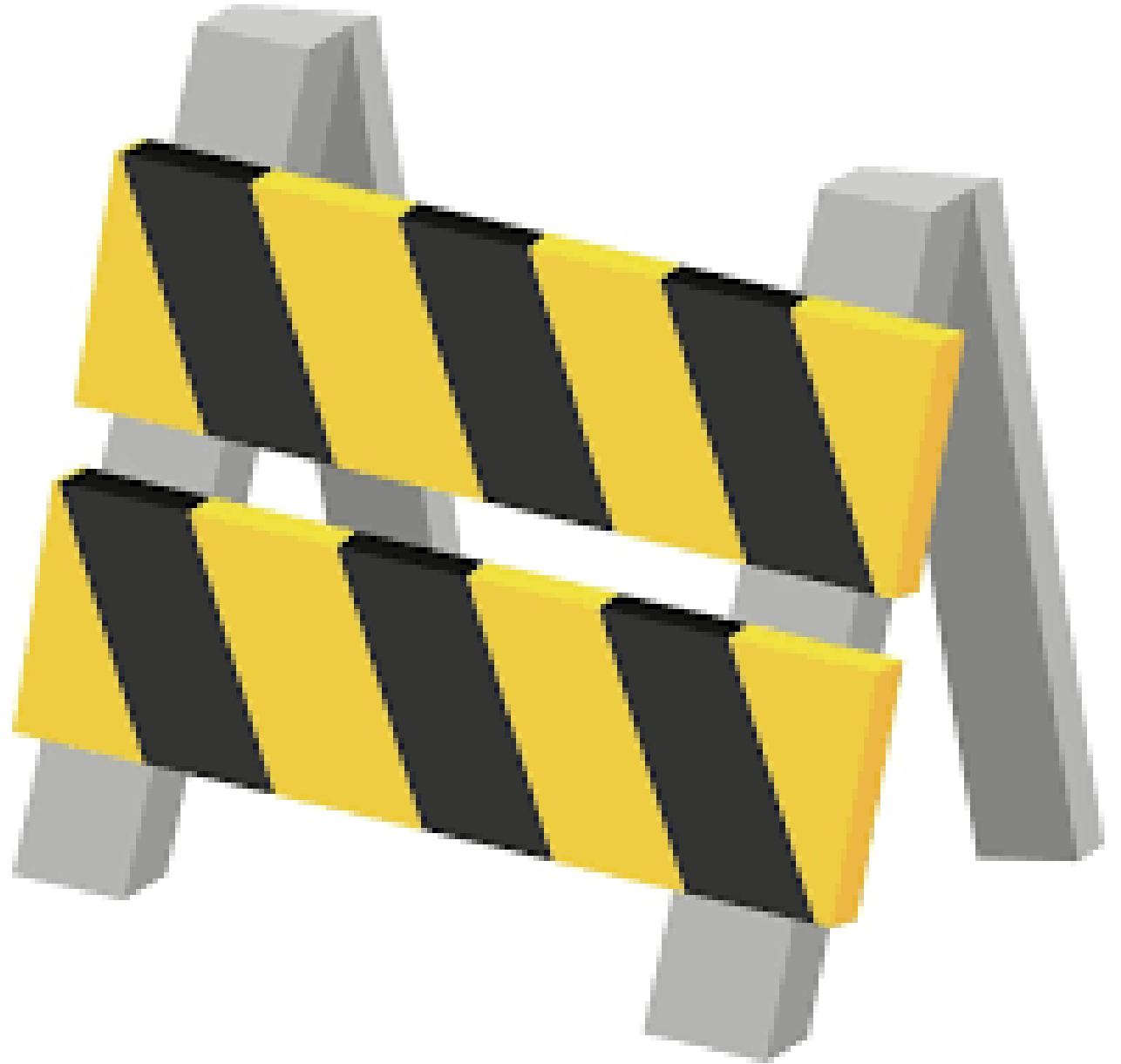
- Brian Allender – Chief Medical Officer, King County Behavioral Health and Recovery Division
- Sean Wright – Clinical Program Director, Lutheran Community Services Northwest. Spokane, WA.
- Mel LaBelle III

The Challenge – bringing EBP's into the real world

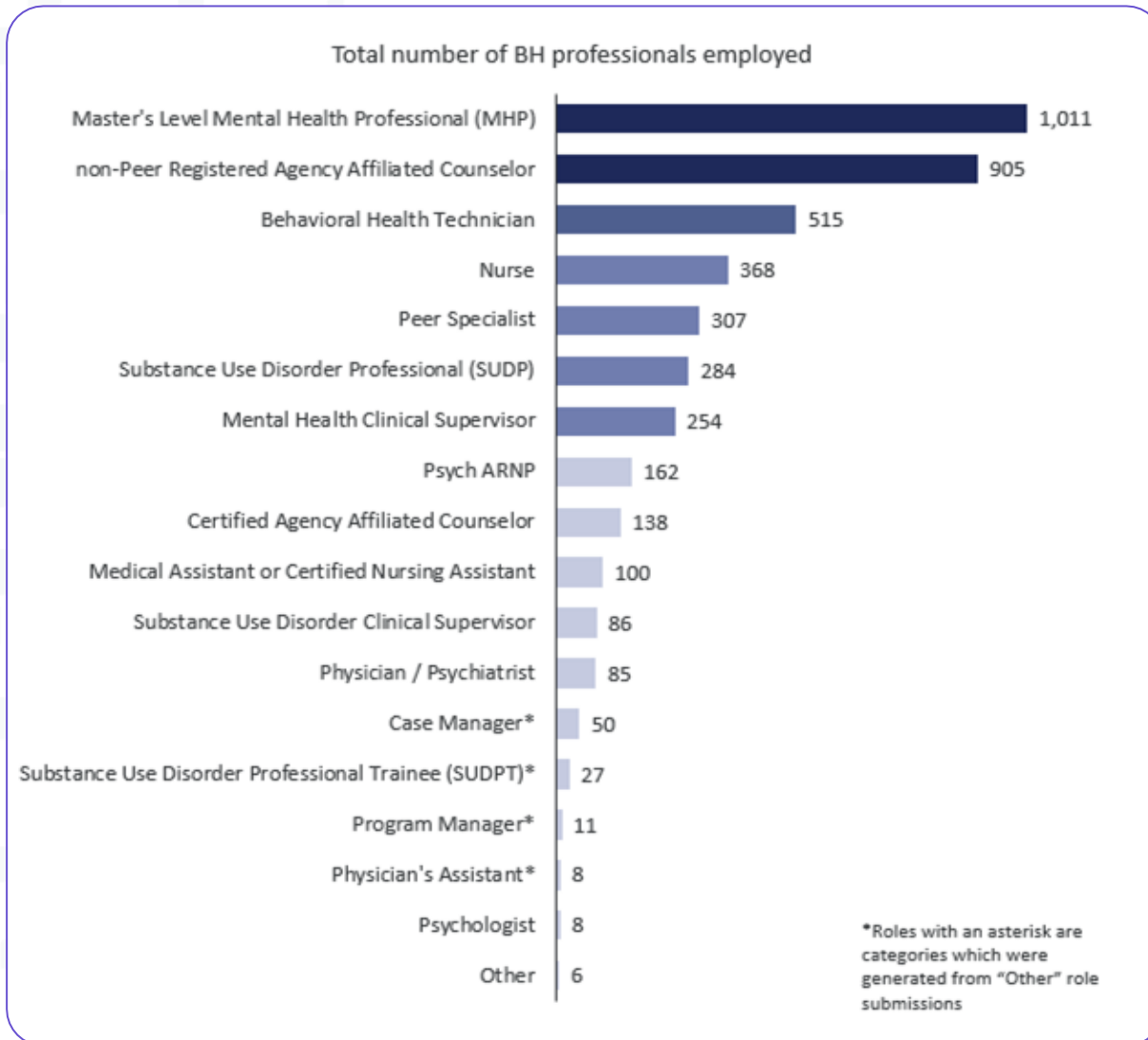
- Depression and anxiety – Cognitive Behavioral Therapy (cognitive modification, exposure and desensitization, operant conditioning), Behavioral Activation, Acceptance and Commitment Therapy
- Suicidality and other high-risk behaviors – Dialectical Behavior Therapy
- Psychosis – CBT for psychosis
- Trauma – Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure Therapy
- Disruptive Behaviors – Parent Child Interaction Therapy, Functional Family Therapy

The Barriers

- The Scale of Need
- Turnover
- Cost
- Implementation
- Evaluation



Scale of the training need in King County



4,325
Client-facing providers

Nearly $\frac{1}{4}$ of staff are MHPs (n = 1011)

Over $\frac{1}{4}$ of staff are non-MHP RAAC's (n = 1212)

King County CBHC's are training grounds for early career professionals

70%

of KCICN agencies host internship programs

Associate's working towards licensure

Majority of MHPs hold "associates" licenses, working toward independent licensure

EBP's can only be learned in a practice environment

Burnout and Turnover

- Annual industry turnover of about 30%
- Factors Influencing Turnover and Attrition in the Public Behavioral Health System Workforce: Qualitative Study, Hallett et al
 - Low wages
 - Documentation burden
 - Poor administrative and physical infrastructure
 - **Lack of opportunities for career development**
 - Training opportunities, skill development, growth
 - **Chronically Traumatic Work Environment**
 - High acuity, high stress, lack of client improvement

Proposed solution

- Low cost, high quality, and **annual** training in core EBP's
- Training available to **all** staff that have not been trained
- Staff feel they have the **skills and support** to provide effective care
- Future where EBP's are **core competencies** for working with particular populations



Wait a sec... training alone is not enough

- More challenges for actual *implementation*
 - Operational support
 - Consultation groups
 - Referral pathways
 - Agency/leadership buy-in
 - Individual coaching/skill development
 - Outcomes



Evidence base for internal “champions”

- The role of clinical champions in facilitating the use of evidence-based practice in drug and alcohol and mental health settings: A systematic review, Wood et al, Implementation Research and Practice
- The effectiveness of champions in implementing innovations in health care: a systematic review, Santos et al, Implementation Science Communications
- Understanding the Role of Clinical Champions and Their Impact on Clinician Behavior Change: The Need for Causal Pathway Mechanisms, Morena et al, Frontiers in Health Services

Evidence base for internal “champions”

- Internal “champions” associated with increased implementation of new strategies/innovations
- Internal “champions” may help through behavior modeling, peer buy-in, skill building, and peer mentorship

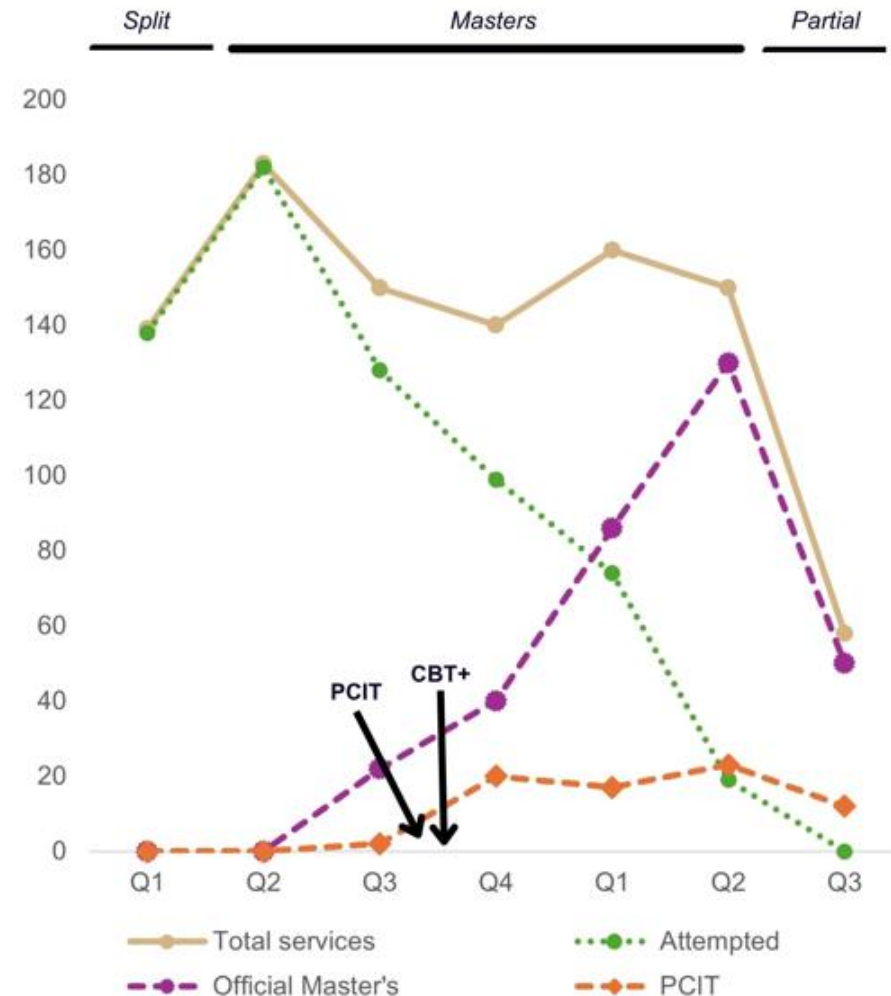
Partnership grounds CBT+ ECC

- CBT+ has nurtured community partnerships across the state for ~20 years
- Community organizations like ours rely on CBT+ to provide consistent, foundational training to clinicians
- CBT+ has a participatory model of development where innovations in format, resources, and training needs are guided by feedback of partner orgs
- CBT+ supports the development of local expertise with a train-the-trainer model for regional consultants and trainers (who come from the local orgs)
- UW CoLab for Community and Behavioral Health Policy and the Evidence-Based Practice Institute provide technical support EBP training and reporting, particularly the development of CBT+ through ECC
- State funding and institutional support sustains CBT+ activities and promotes access to CBT+ trained clinicians by subsidizing training costs for orgs

Our Agency's Experience



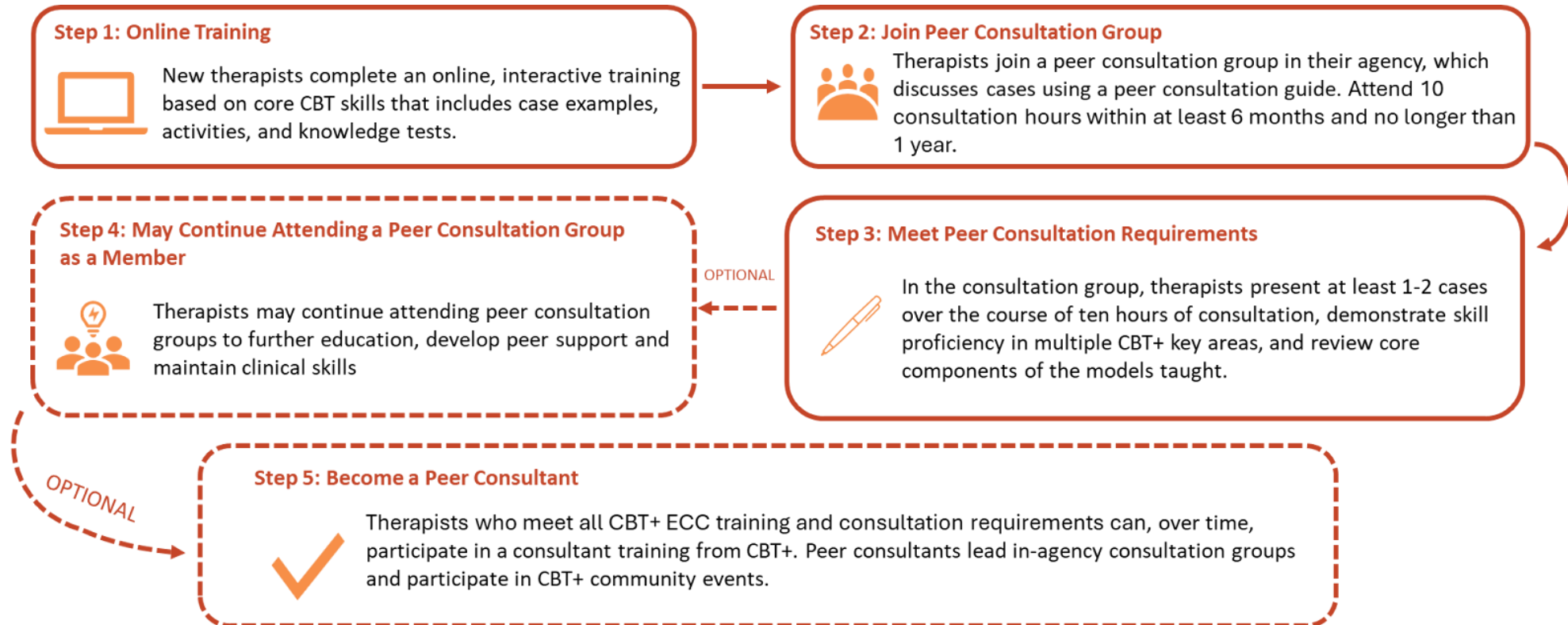
- Small community mental health agency
- Good culture
- Turnover is lower, but still routine
- Mostly hire interns out of grad school
- Strong organizational support for evidence-based practices



Data from a representative clinician prior to ECC

The CBT+ ECC Model

Embedded Clinical Coaching (ECC) is an innovative approach to clinical training that empowers behavioral health provider agencies to flexibly train their own workforce in evidence-based practices (EBPs).



Standard CBT+ vs. CBT+ through ECC

Training Activity	Standard	ECC
Initial training	3 hour asynchronous AND 4 half days of virtual training with Core and Regional CBT+ Trainers.	8 hours of interactive asynchronous training designed specifically for ECC.
Skills Practice (e.g., completing a trauma narrative)	Completed during virtual training.	Completed with ECC consultant. Format was flexible.
Group consultation	Must attend 8 of 10 calls over 6 months.	Must attend 10 calls. 12 or more calls scheduled over 6-12 months.
Case presentations	Must complete 1-2 case presentations.	Must complete 1-2 case presentations.

Standard CBT+ vs. CBT+ through ECC

Training Activity	Standard	ECC
Case requirements	Must complete 1 Trauma case and 1 of the other models. Take baseline symptom measure and at least 2 follow-up measures on clinical target. At least 6 sessions with at least 2 sessions using the “essential treatment element” for the clinical target.	Must complete 1 Trauma case and 1 of the other models. Take baseline symptom measure and at least 2 follow-up measures on clinical target. At least 6 sessions with at least 2 sessions using the “essential treatment element” for the clinical target.
Didactic info	At consultant’s discretion. Usually a review or special topic.	Refresher presentations of key points from the asynchronous modules.
Case Tracking	Track sessions and measures in EBPToolkit.	Track sessions and measures in EBPToolkit.

Project Timeline

2021-2022

ECC model co-designed & partnership with CBT+ established

2023-2024

Development of training materials & refining of model

2024-2025

Training Pilot

- 7 pilot agencies
- 64 clinical staff trained
- Evaluation completed

2025-2026

Continued Expansion

- 46 clinical staff enrolled from 5 agencies (so far)

Evaluation Questions

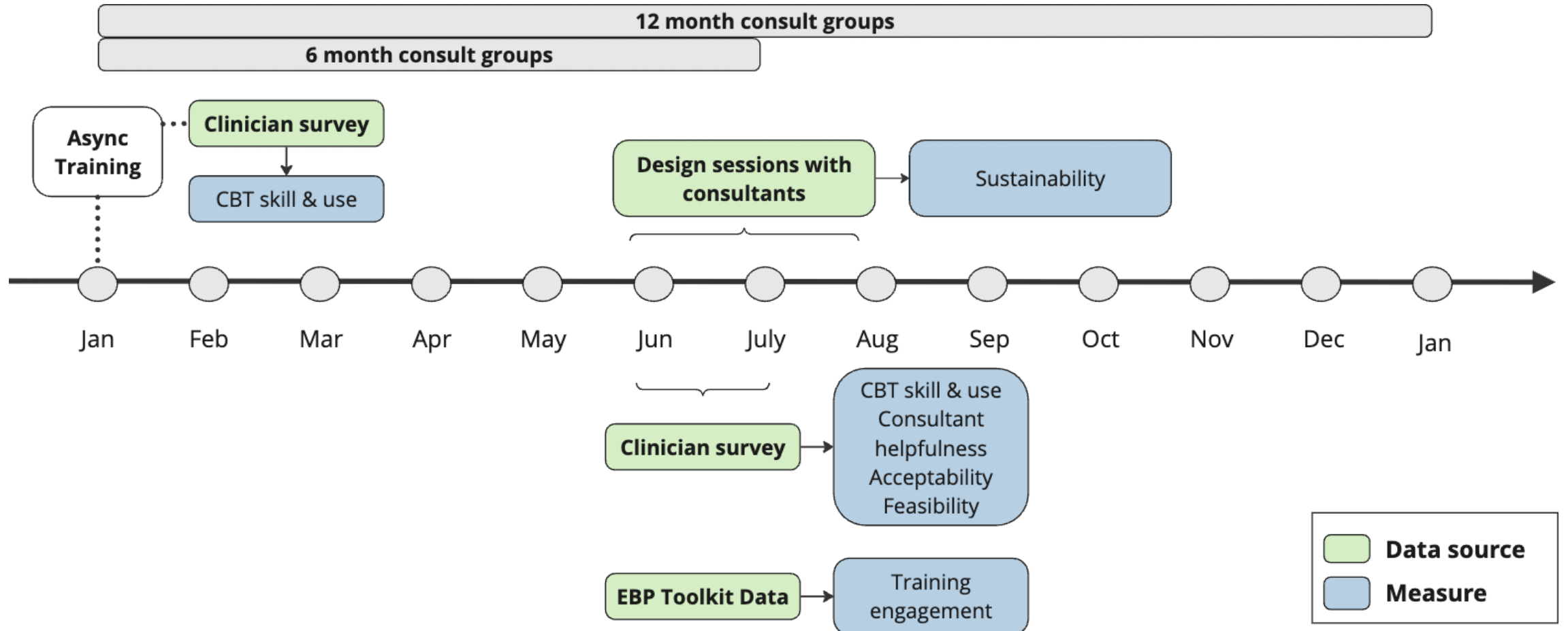
Standard CBT+ =
external training
and consultation

Do we see similar skill,
engagement, and consultant
quality across the standard CBT+
and CBT+ via ECC?

Is CBT+ via ECC acceptable and
feasible?

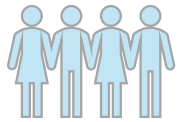
How can we support the
sustainability of CBT+ via ECC?

Evaluation Activities



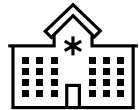
Data in this evaluation

Standard CBT+



39 EBP Toolkit

24 surveys



17 organizations

CBT+ through ECC



50 EBP Toolkit

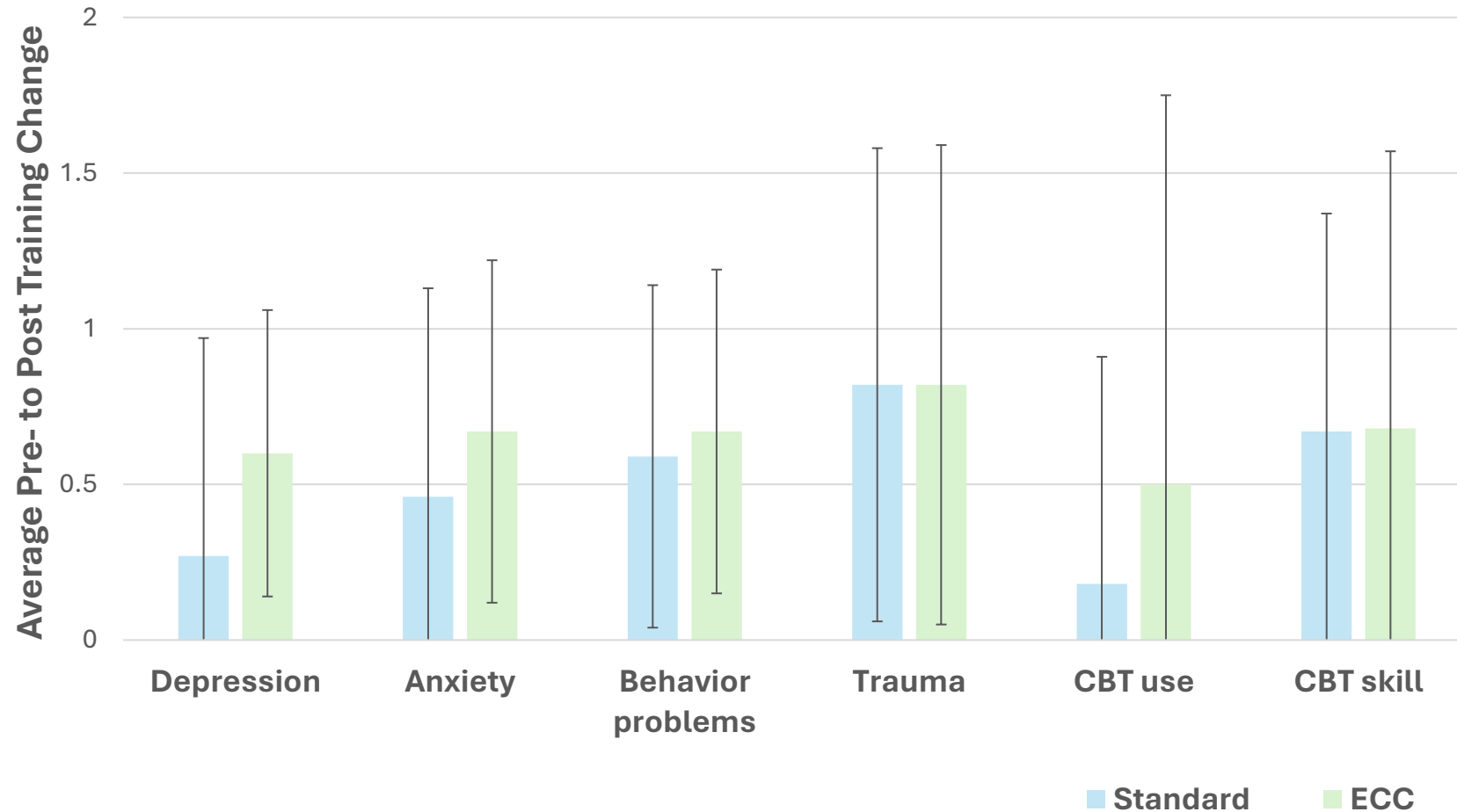
43 surveys



7 organizations

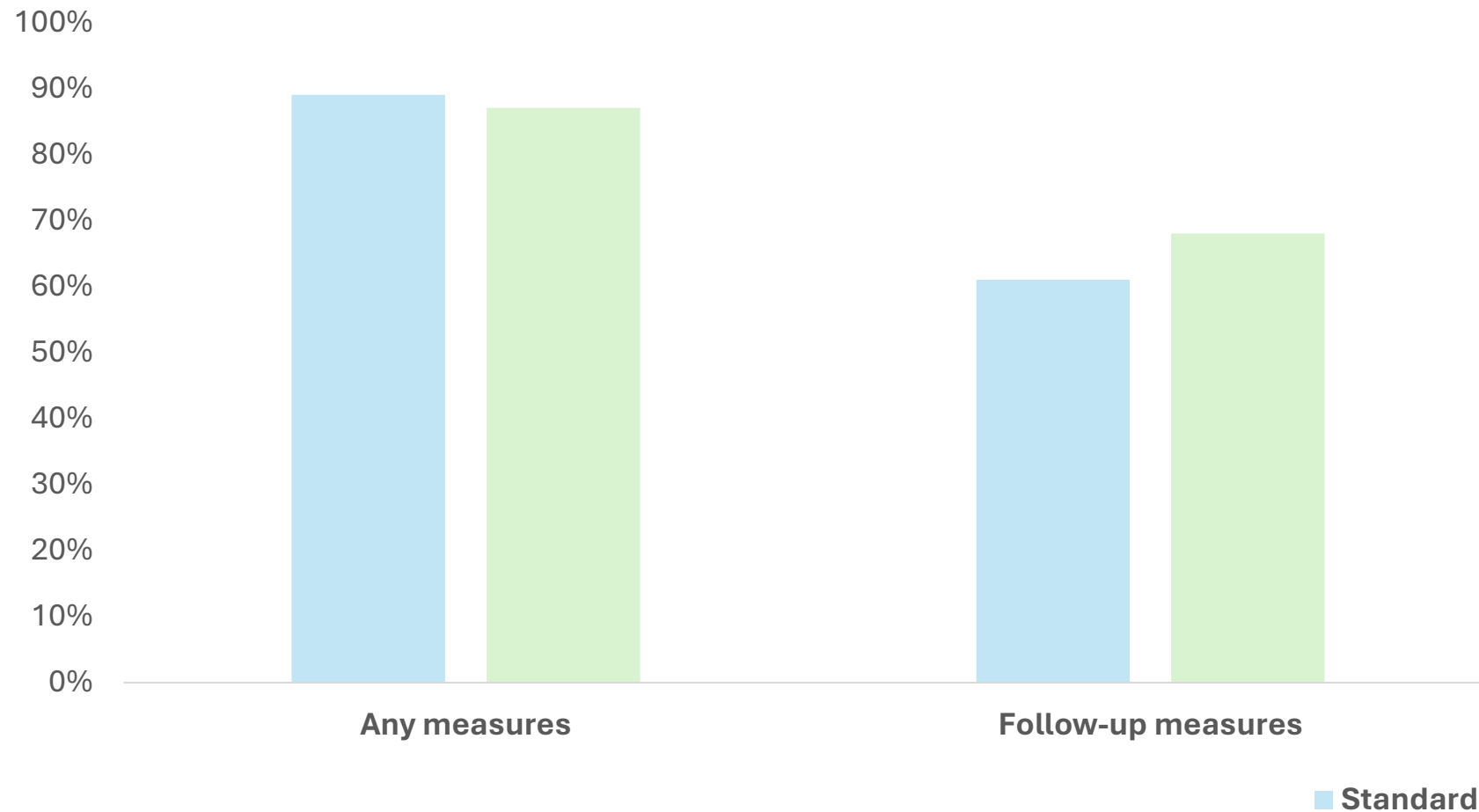
Groups were similar in roles, experience, and clinical orientation

ECC shows similar or greater improvements in CBT skills and use



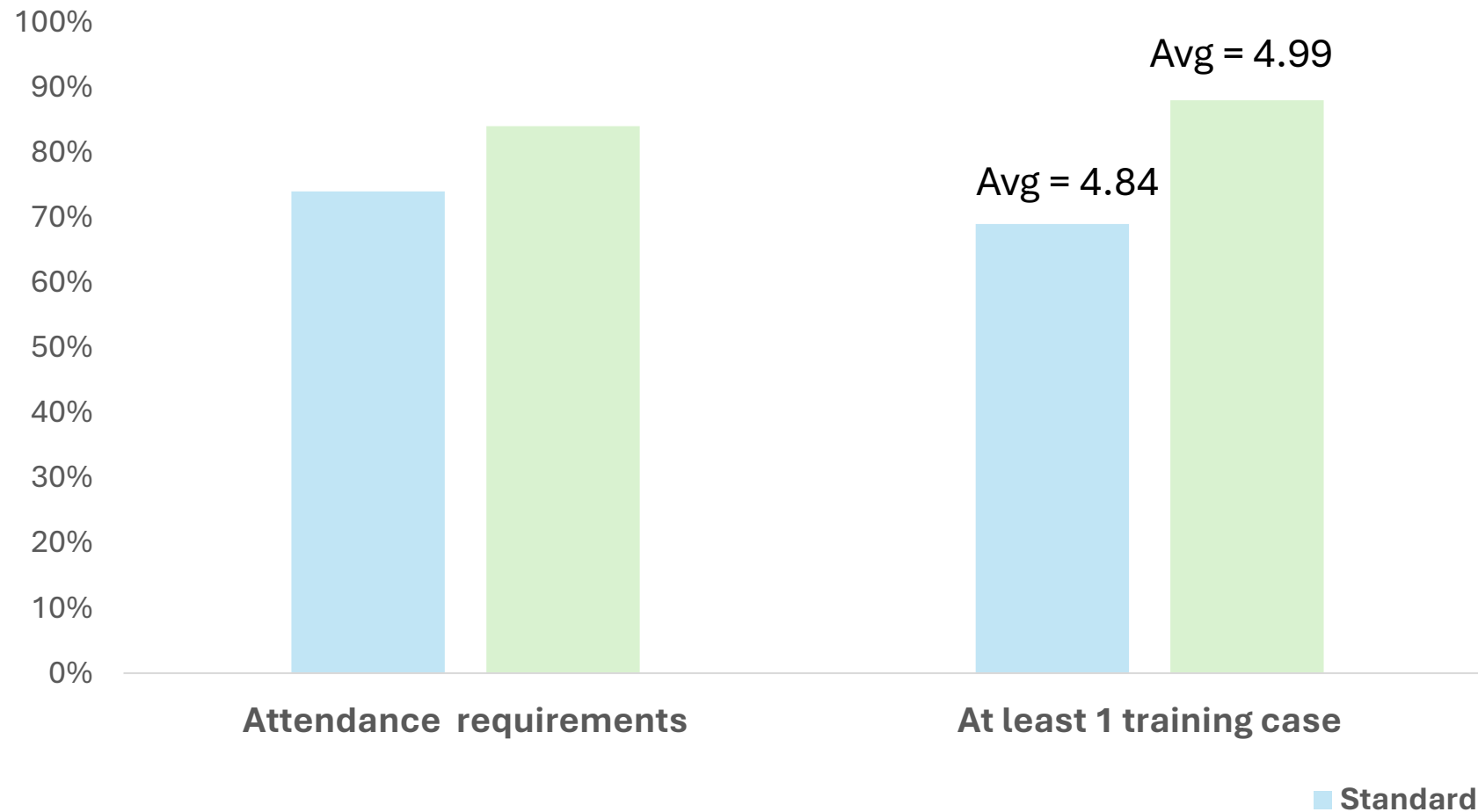
Data from Rosemary Meza, PhD.

Clinicians in ECC conducted assessment at rates comparable to standard CBT+



Data from Rosemary Meza, PhD.

Clinicians in ECC show comparable levels of engagement



Data from Rosemary Meza, PhD.

Consultants
were rated
highly across
both models

Ratings focused on
charisma (e.g., empathy,
engaging, warm)

and **credibility** (e.g.,
experienced, prepared, skillful)

Average ratings across items
ranged from ~4.3–4.9 out of 5

Acceptability and Feasibility

ECC rated as **acceptable** (mean ~3.8) and **feasible** (mean ~3.9) on a 5-point Likert scale

Ratings approached a Likert score of 4 ('agree') on standardized measures

Conclusion: Clinicians viewed ECC as workable in routine practice

Qualitative Feedback: What Clinicians Asked For

More
protected
time and
workload
support

Clearer
pacing,
structure,
and
expectations

More
opportunities
for practice
and skill
feedback

Flexible
training and
consultation
formats

Recommendations from design sessions

Key Sustainability Challenges Identified by Consultants	Consultant-Generated Approaches to Address Challenges	Proposed Supports to Enable Ongoing Implementation
<p>Time constraints and competing demands for staff and consultants</p> <p>Challenges maintaining CBT+ fidelity when training is embedded within organizations</p> <p>Limited capacity to sustain a pool of consultants over time</p>	<p>Task-sharing and administrative support to reduce consultant burden</p> <p>Adjustments to training and consultation structure, pacing, and format</p> <p>Increased supervisors involvement in supporting CBT+ delivery and quality</p>	<p>Apprenticeship-based preparation pathways for new consultants</p> <p>Clear organizational guidelines for ECC roles and expectations</p> <p>Centralized tools and resources to support consultation delivery and tracking</p>



Lessons learned

CBT+ through ECC performs at least as well as standard CBT+

CBT+ through ECC is acceptable and feasible but requires structural supports to sustain.

There was limited interest to date in having peer direct service providers become consultants. Consultants were mainly existing CBT+ supervisors or internal supervisors. Extra support may be needed for non-supervisory staff to train as consultants (but our n=1 provider consultant did great!)

Organizations embraced the flexibility afforded by ECC to deliver training to best fit the local context

There is a pull to do “more” in ECC, and it is not clear if this is feasible for organizations. Ongoing focus on sustainment is needed, particularly having continuous access to experienced internal consultants.

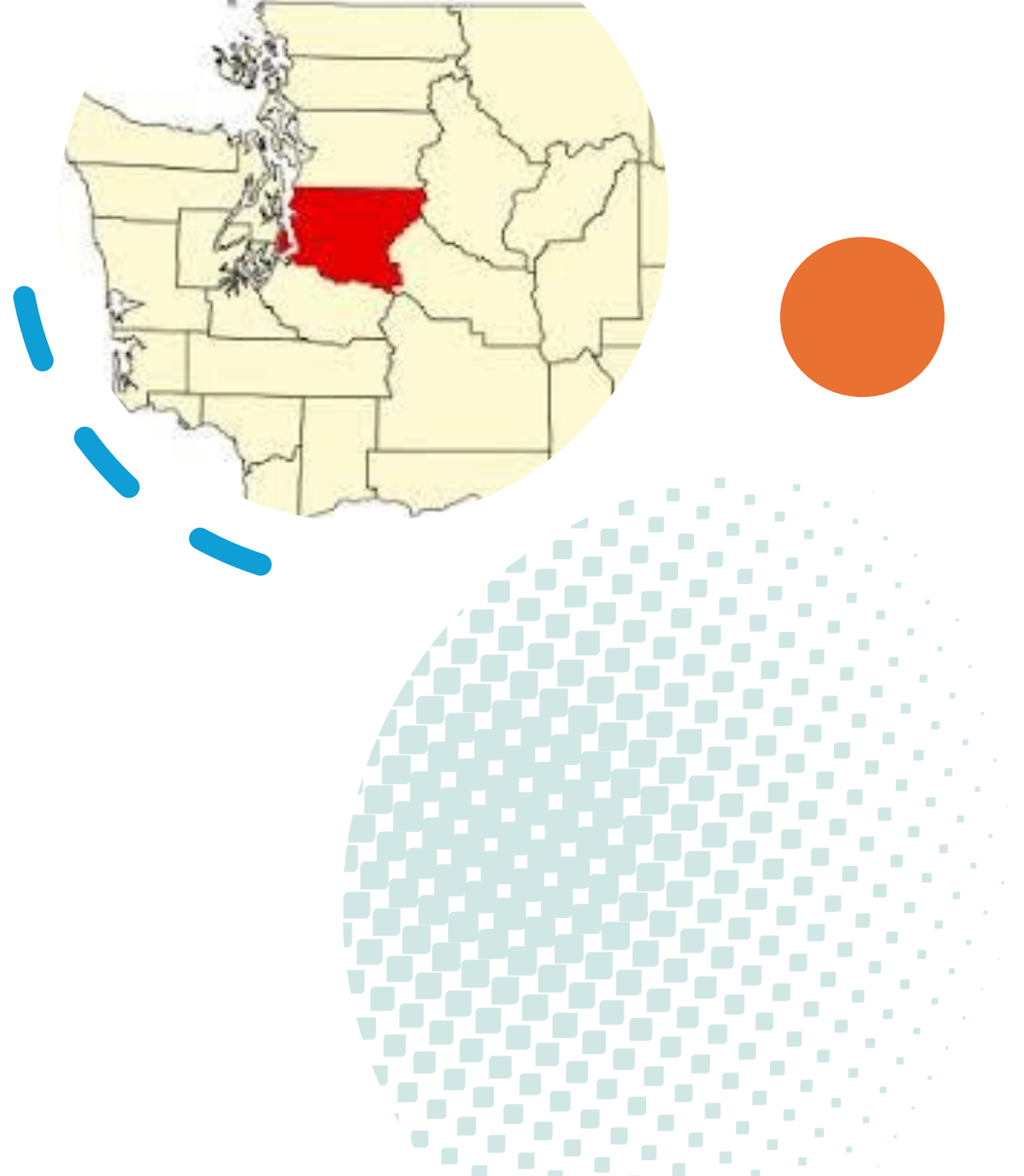
King County Integrated Care Network (KCICN)

- **Overview & Context**

- Partnership between King County government and 50+ local Behavioral Health Medicaid providers.
- Operates similarly to an Independent Provider Association (IPA).
- Serving a **local population of 2.4 million**, including 527k Medicaid recipients.

- **King County Strategic Supports**

- Administrative & Technical Assistance
- Quality Improvement & Technology
- ***Training & Workforce Development***



DBT and CBTp Training Academies

- In 2023, DBT and CBTp chosen as initial areas of focus for the KCICN Training Academy
 - To provide training and support to care for two populations that can present with the highest acuity/highest risk (and most stress for staff)
 - Individuals with suicidality or other high-risk behaviors (aggression, bulimia, substance use, etc)
 - Individuals with psychosis
- Initial use of one-time ARPA funds, then transitioned to local sales tax funds
 -

Building an ECC model from scratch

Round 1

Train initial cohort
Start providing EBP
Identify EBP Champions

Round 2

Train 2nd cohort
Round 1 Champions work with TIC to develop competencies
Round 2 Champions identified

Round 3 +

Champions facilitate training!
Recorded didactics and detailed lesson plans provided
Training organization provides ongoing consultation and development of new Champions

Incentives for implementation

- \$2k for each trainee in rounds 1 & 2 that meets requirements for implementation (paid to agency)
- \$2k for each Champion that meets requirements for participating in Champion development (paid to agency)
- Starting in round 3, \$2k for each Champion that facilitates a new round of training (paid to agency)

DBT round 1

- Treatment Implementation Collaborative selected as training organization
- Request for Application – 8 KCICN agencies selected for participation
- Full day orientation meeting with leadership
- Initiate multi-disciplinary, comprehensive DBT treatment
 - Spots for 75+ staff in 32 hour DBT skills training (peers, case managers, SUDP's, MHP's)
 - Roughly 50 spots for 44 hour Individual DBT training (MHP's or licensed SUDP's)

DBT round 1

- Internal DBT consultation meeting (once a week or bi-weekly) required
- Once a month consultation meeting with TIC (required for Individual DBT trainees)
- Once a month operational Technical Assistance meeting with King County (CMO and workforce specialist), focused on helping agencies/trainees qualify for incentive payment

DBT round 1

- Trainee requirements for incentive payment
 - Attend training
 - Attend 75% of TIC consult meetings
 - If attended DBT skills training, facilitate at least one DBT skills group
 - If attended Individual DBT training, provide individual DBT to at least one client
 - If attended Individual DBT training, utilize the Difficulties in Emotion Regulation Scale – 8 item (DERS-8) on at least one client

DBT round 1

- 10 Individual DBT trainees volunteered to proceed to participate in DBT Champion Training
- Champion requirements for incentive payment
 - Attend 75% of twice a month consultation meeting with TIC for Champions
 - 16 hour, round robin series practicing teaching with TIC
 - Internal practice of teaching/coaching internally at agency
 - Demonstration of DBT competencies
 - Provide at least 2 Individual Therapy recordings
 - Provide at least 1 Skills Training class recording
 - Provide at least 1 consultation meeting recording
 - Complete at least 2 written case conceptualizations
 - Participate in at least 1 skills coaching role play exercise with TIC
 - Take a written DBT knowledge test
- 7 Champions met all requirements – completed all assignments but did not have to “pass”

DBT round 2

- 2 agencies did not continue in round 2, 6 agencies have continued and 3 more agencies joined (now 9 total)
- Similar numbers of trainees, same requirements and incentive payments
- 10 additional Champions identified (from Round 1 and Round 2) and currently working with TIC (now 17 total)

DBT round 3 – coming this fall!

- Skills Training to be facilitated by Champions!
 - Champions required to “pass” skills training recording and skills-focused knowledge test
 - 32 hours of content being shortened to 22 hours
 - Training supports being provided to Champions, DBT Skills Training on “easy mode”
 - 12 hours of recorded didactics being provided by TIC
 - Teaching guide with 10 hours of live activities to be paired with videos
 - Champions teaming up to facilitate training

DBT round 3 – coming this fall!

- Planned requirement for incentive payment
 - At minimum 10 trainees
 - Facilitate all 22 hours of content
 - Keep attendance
 - Post-training survey of trainees

Individual DBT round 3 – coming in 2027

- Individual DBT Training to be facilitated by Champions!
 - Champions need to “pass” other requirements (individual recordings, case conceptualizations, more comprehensive DBT knowledge test)
 - Similar supports to be provided (recorded didactics and teaching guides)

Key learnings so far

- Champions need time to gain experience, practice the intervention, and develop their DBT knowledge/competencies
 - No DBT Champions have “passed” all of the assignments thus far
 - Strategies to address
 - Meet Champions where they are at
 - Allow for Champions to progress at different speeds
 - Have bars to pass as they take on more complex coaching roles (e.g. initial bar for skills training, 2nd bar for individual)

Key learnings so far

- The Champion role needs to be recognized and supported
 - Protected time
 - Compensation (Lead or Supervisor role)
- Beyond clinical coaching and training facilitation, implementing DBT needs leadership buy-in and operational support
 - Organizing trainings, signing up trainees, creating referral pathways, supporting implementation
 - Strategy to address – Operational support role can be separated from the clinical role and filled by other leadership (often may be senior leadership role, still needs at least basic orientation to the EBP)

SPIRIT Center Implementation Team



**Sarah Kopelovich,
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**Shannon Stewart,
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**Samantha Reznik,
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UW SPIRIT Center
Program Coordinator

CBT for psychosis is the Prescribed Standard of Care

“Consistent with SAMHSA’s ‘no wrong door’ policy, CBTp should be implemented within our mental health systems, and CBTp-informed care at a minimum should be implemented in primary care, correctional, forensic, and educational settings.” (p. 6)

Routine Administration of Cognitive Behavioral Therapy for Psychosis as the Standard of Care for Individuals Seeking Treatment for Psychosis: State of the Science and Implementation Considerations for Key Stakeholders

Read the full statement here:





Champions Encompass both EBP Lead and Embedded Clinical Coach

EBP Lead: A professional responsible for guiding the implementation, quality improvement, and sustainability of evidence-based practices (EBP) within an organization or system of care.

Embedded Clinical Coach (ECC): A clinician or supervisor who provides ongoing, practice-based support to staff delivering the EBP.

Champion (EBP Lead)

- ❑ Promotes awareness and understanding of CBTp among staff and leadership;
- ❑ Reinforces core CBTp principles among new and existing CBTp learners;
- ❑ Supports long-term sustainment by:
 - ❑ promoting accountability to delivering CBTp,
 - ❑ developing institutional aids to facilitate CBTp delivery,
 - ❑ providing regular opportunities to staff for CBTp deliberate practice,
 - ❑ identifying new staff to be trained in CBTp,
 - ❑ supporting the development of CBTp referral pathways within your agency.
- ❑ Supports integration of measurement-based care;
- ❑ Identifies, calls attention to, and problem-solves CBTp implementation challenges;

Embedded Clinical Coach

- Facilitating CBTp Workshops
- Facilitating deliberate practice of CBTp skills and principles
- Provide feedback to shape learner skillsets
- Use Lyssn AI tool to facilitate continued practice
- Monitor Lyssn training data for CQI
- Encourage integration of skills in sessions

How the UW SPIRIT Center Approaches Psychosis EBP Training

Who we are
training

All members of the clinical
AND natural support team

What we
are training
them in

CBTp therapy
OR
CBTp-informed care

How we are
training them

Distance learning + Live
workshops + Longitudinal
consultation + AI-enhanced
Deliberate Practice +
Champion training

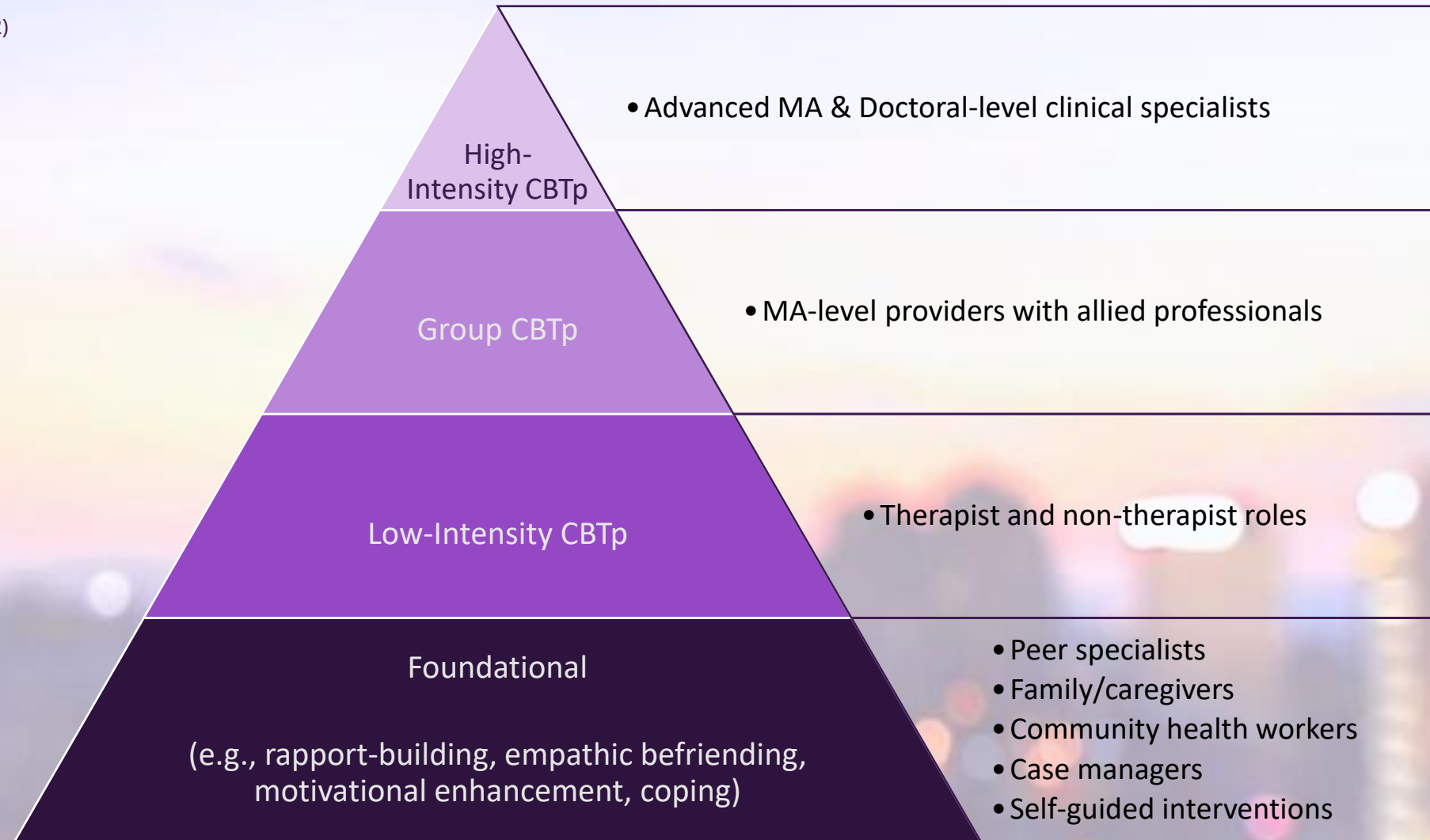
Who we are training



What we are
training them in

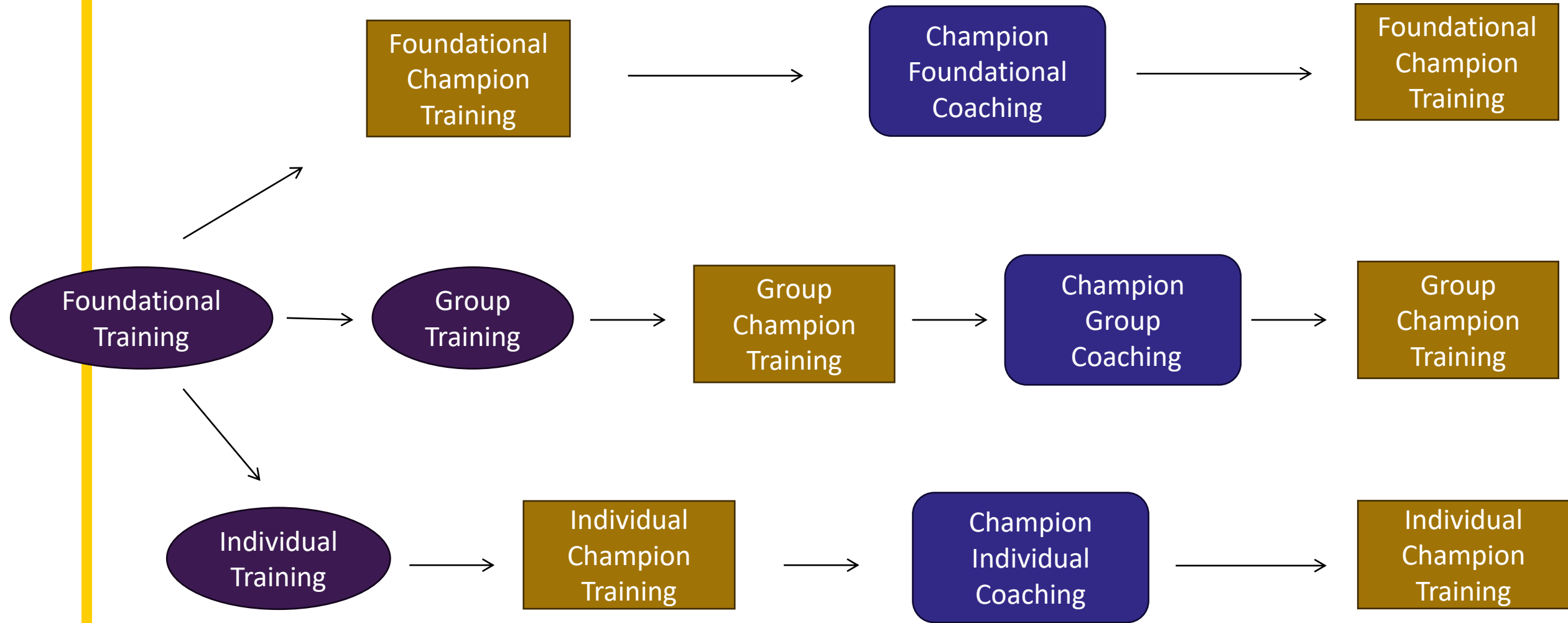
CBTp Stepped Care Implementation Model

(Kopelovich et al., 2018; Kopelovich et al., 2022)



How we approach training

CBTp Training Overview



Round 1 of Champion Training

- **Round One: In progress**
 - Clinicians are trained in foundational, group, and individual CBTp by SPIRIT Trainers
 - SPIRIT Trainers choose clinicians from training cohorts for champion training
 - SPIRIT Trainers train selected clinicians in champion training
 - Trained Champions begin to plan and implement coaching sessions with learners

Round 2 of Champion Training

- **Round Two: In progress**

- Clinicians are trained in foundational, group, and individual CBTp by SPIRIT Trainers
 - SPIRIT Trainers choose clinicians from training cohorts for champion training
 - SPIRIT Trainers train selected clinicians in champion training
- Trained Champions will link with prior Champions to plan and implement coaching sessions with learners

Round 3 of Champion Training

- **Round Three: TBD**

- Clinicians are coached in foundational, group, and individual CBTp by Champions
 - Champions choose clinicians from coaching cohorts for champion training
 - SPIRIT Trainers train selected clinicians in champion training
- Trained Champions will link with prior Champions to plan and implement coaching sessions with learners

Champion Training Elements

- Following successful completion of their CBTp training, ECCs will:
 - Attend 6 consultation calls
 - Complete home practice between calls
 - Observe, rehearse, and facilitate a coaching session of a UW SPIRIT Center intensive workshop
 - Continue to facilitate internal and county CBTp workshops

Group CBTp Champion Training

[Assign To](#) [Edit](#) [⋮](#)



[Click Here to Get Started!](#)

UW SPIRIT Center | Supporting Psychosis Innovation through Research, Implementation, & Training

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ECC Coaching Aids

- ECCs are given coaching aids:
 - Facilitator tips
 - Coaching prompts with tips for skill shaping
 - Recorded videos
- All ECCs and their trainees rehearse with the Lyssn AI training tool
- All ECCs are coaching to material SPIRIT Center has provided to them in the LMS

UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES



Group CBTp Champion Coaching Aid

This aid will provide an outline of how to navigate coaching new providers in learning to facilitate Dr. Tania Lecomte's *Group CBT for Psychosis* manual. Dr. Lecomte's manual was carefully selected by the University of Washington SPIRIT Center's CBTP Implementation Team for several reasons. It is based on sound CBTP theory, targets key mechanisms of change, and was rigorously tested in a range of settings. This group can be adapted for inpatient, outpatient, or specialty care settings as well as for different patient characteristics (e.g., adolescents, adults). In addition to using the UW SPIRIT Center's training material to help providers learn the protocol, you will provide feedback on learners' rehearsal of the sessions and monitor their progress.

The feedback will adhere to a **"praise and polish"** format. This is where we point out and underline what they have done well (praise)—being as behaviorally specific as possible—and then suggest adjustments to improve in one or more specific areas (polish). For example, *"I really liked how you modeled being curious about alternative beliefs by using open-ended questions to probe for new potential explanations. I also appreciated your use of humor to facilitate the group process. It would be helpful to give the client more time to respond to a question before giving them suggestions."*

We recommend devoting a minimum of 12 hours to coaching new learners in the Group CBTP protocol. As the Group Champion, you will decide how to chunk this learning. We recommend that coaching is delivered over the course of 4 days (3 hours per day). This schedule helps prevent learning loss from long gaps between sessions while balancing training with ongoing job responsibilities. Follow-up skills coaching is also recommended for two reasons. First, follow-up meetings significantly increase the likelihood of learners delivering the intervention they are learning to clients. You will provide much needed accountability to your learners and help troubleshoot challenges. Second, follow-up coaching sessions provide an important opportunity for learners to engage in **deliberate practice**, where they practice a specific skill (e.g., agenda setting among a group with thought disorder) and get structured feedback on their rehearsal from you, their embedded clinical coach.

C B T P R O

THE FUTURE OF TRAINING
FOR PROVIDERS OF THOSE WITH
PSYCHOSIS

Demonstration



Programs | Log Out

CBTpro Orientation



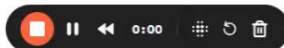
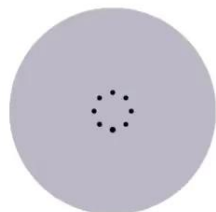
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Welcome to CBTpro!

CBTpro is a training tool designed to teach skills and concepts that are fundamental to Cognitive Behavioral Therapy for psychosis (CBTp). As you navigate through CBTpro, you'll be exposed to key CBT principles, have the opportunity to put new learning immediately into practice, and you'll receive prompt feedback that you can use to hone your CBTp skillset.

There are several sections to CBTpro that we'd like you to check out. You can visit these sections of CBTpro as often as you'd like.



Training the workforce is just as much about workforce *retention* as it is about workforce *development*.





Reflections

• Implementation is hard!

- Learning new EBPs and changing old behaviors is difficult
- Clinicians have high caseloads, little extra time, & increasing burnout
- System changes are the most difficult to make, yet need to be the first place of shift for individuals to be successful long term

• Successful Champions...

- Had agency & managerial support
- Had time to learn the EBP
- Had prior experience and success in delivering the EBP

Kudos to our Training Academy Agencies

- DBT agencies – Asian Counseling and Referral Services, Catholic Community Services, Friends of Youth, Ryther, Sound, Therapeutic Health Services, Valley Cities Behavioral Health, Vashon Youth and Family Services, YMCA
- CBTp agencies – Asian Counseling and Referral Services, Community House Mental Health, Downtown Emergency Services Center, Friends of Youth, Harborview Mental Health and Addiction Services, Transitional Resources, Valley Cities Behavioral Health

Progress to Date

*CBTp data is only through RD 1, DBT is through RD 2

Outcomes	DBT	CBTp
Total # of Agencies	9	7
Total # of Clinical Staff Trained	110	114
Total # of Clients Receiving Services	203 / 277	37* / 36*
Total # of Champions In Development	17	7*

King County Plans for the Future

- Recommendation to have 2-4 internal Champions for each EBP
- Annual trainings for Training Academy Agencies in DBT and CBTp, facilitated by Champions
 - For new staff
 - For new Champions
- Opportunities for new agencies
- King County incentive for providing an EBP?
 - Delivered by a trained clinician
 - Attestation as to what was delivered
 - **Pre- and post- outcomes measures** (DERS-8, CHOICE)
- Additional EBP's?

Questions?

- Brian Allender, ballender@kingcounty.gov
- Sean Wright, swright@lcsnw.org
- Mel LaBelle III, mlabelle@uw.edu