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Including transition-age youth using evidence-based mental health treatments

Peter Szto

Susan Reay

Sarah Preston

Claire Rynearson

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The inclusion of transition-age young people into community, work and cultural activities is a challenge when young people struggle with mental health issues. Young people who experience depression, anxiety, eating disorders and other issues are at risk for marginalisation and inadequate services, particularly in rural areas. The best response to these young people is to provide access to high quality, evidence-based mental health treatment, regardless of location. Project NETWORK is a $1.3 million three-year federal initiative – awarded to the Grace Abbott School of Social Work, University of Nebraska Omaha – to address these disparities. The award grants graduate social work students special training using evidenced-based web modules to treat and support young people and their families. The training is important to support today's youth and prepare the future generation of social work practitioners. In addition, each participating Masters in Social Work student receives a $10,000 stipend and agency-based clinical supervision as a career incentive to work in rural areas with the most vulnerable young people. This article describes in detail how Project NETWORK improves youth inclusion in Nebraska.

Nebraska is the seventh most rural state in America. According to the 2013 census, the population was 1.8 million, with about 46% of the population living in two urban areas – Omaha and Lincoln – both on the eastern side of the state. The other 54% are spread over 77,421 square miles (125,000 sq. km) of rural terrain (US Census 2016). The state's uneven population distribution has unfortunately skewed behavioural health workers to favour urban over rural areas. The result is a critical shortage of qualified behavioural health workers in rural regions of the state to work with vulnerable young people, especially those transitioning into adulthood. According to the Health Professions Tracking Service (HPTS) at the University of Nebraska's College of Public

Health, in 2011, 88 of 93 Nebraska counties were federally designated as mental health professional shortage areas. Nebraska not only has a critical shortage of behavioural health workers for young people with complex multi-morbid conditions, but most likely this adverse trend will continue unless preventive action is taken.

Project NETWORK (Nebraska's Education Targeting Workforce Organization, Resources, and Knowledge) is an innovative strategy designed to respond to two unmet challenges: 1) the lack of access to evidence-based interventions for young people experiencing multi- morbid conditions, and 2) a career-oriented system to recruit and retain masters-level social workers to work with vulnerable young people in rural areas. The project believes timely action is necessary to meet these challenges in order to advance the social wellbeing of all Nebraskans. The aim of Project NETWORK is to develop a cadre of behavioural health workers specially trained to intervene with Nebraska's most vulnerable young people. The project has two main targets: 1) to graduate 85 masters-level social workers skilled in integrated behavioural health care, and 2) to increase the number of evidence-based trained behavioural health workers in rural Nebraska. A key outcome is the development of a training-to-career model to sustain a behavioural health workforce in Nebraska. The current training programs that do focus on prevention and treatment for transition-age young people and their families, unfortunately, have not always kept pace with trends in the field. These trends have been shifting towards strengths-based and resilience-oriented models, a systems-of-care approach and the use of evidence-based practices (Curie 2004).

Nebraska's behavioural health workforce encompasses multiple disciplines, but at present is not designed to work collaboratively toward common goals. Moreover, professional roles are somewhat ill-defined and lack distinction regarding their scopes of practice (Western 2010).

Students were recruited from the University of Nebraska at Omaha (UNO), Grace Abbott School of Social Work (GASSW). All students participated on a voluntary basis and received training in evidence-based approaches to common childhood emotional and behavioural problems. Practicum supervisors were paired with students interested in providing therapy upon graduation. Orientation sessions were held for Project NETWORK participants, and demographic information was collected on each student to

include sex, age and ethnic background. Demographic information was also collected on participating supervisors including sex, age, ethnic background and supervision experience. Each participant received a copy of the Institutional Review Board (IRB) form and was collectively informed of any risks associated with evaluation. Administrative data and payment verification methods were also collected during the orientation process.

The project

Project NETWORK is housed at the Grace Abbott School of Social Work (GASSW), University of Nebraska at Omaha. The GASSW offers the only Masters of Social Work (MSW) degree in the state of Nebraska, placing it in a unique position to address the problems young people face as described above. The Project NETWORK model is based on a diffusion process known as the knowledge, attitude, practice process (Stumpf, Higa-McMillan & Chorpita 2009). The goal is to access evidence-based knowledge to inform students so they can improve service delivery to young people and families in rural areas. Critical to the successful implementation of Project NETWORK is inclusion of a comprehensive and independent evaluation. The Center for Public Affairs Research (CPAR) was hired to collect data, conduct analysis and organise findings. CPAR is a research and community outreach unit of the UNO and is located in the College of Public Affairs and Community Service (CPACS).

The extensive Project NETWORK team is comprised of the Program Director, Project Coordinator, Practicum Liaison, Data Coordinator, Information Design & Technical Assistant, Graduate Student Assistants, Practicum Supervisors and Practicum Students. Each role has distinct functions that contribute to the overall performance of Project NETWORK. The Program Director is responsible for all the administrative tasks such as coordinating stipend payments for practicum students and supervisors, completing annual performance reports, budget renewal and updating Institutional Review Board (IRB) approval. The Project Coordinator and Practicum Liaison work directly with students and supervisors to field questions regarding practicum placement and insure all materials and documents are integrated into Project NETWORK. Two designated graduate students are also responsible for data collection

and project tasks assigned to them by the Program Director. Over the first two years of Project NETWORK, the visibility of GASSW has significantly increased through social media platforms and presentations at practicum orientations and various other GASSW-sponsored community events.

Students enrolled at the GASSW must complete an Advanced Practicum in order to receive their MSW degree. The practicum experience (non-paid internship) requires 512 hours of supervised work within a community agency. A portion of this work involves direct service with clients in addition to indirect services. After students complete a preliminary practicum application, Practicum staff select appropriate students to participate in Project NETWORK. Priority is given to students whose Advanced Clinical Practicum involves: 1) working with young people under the age of 26, and 2) working in rural Nebraska. Once selected, students attend a two-hour orientation to learn about the different components of Project NETWORK, i.e. introduction to web-based modules, PracticeWise, stipend payments, and other administrative protocols. PracticeWise is a software curriculum designed to deliver such evidence-based knowledge and is employed by Project NETWORK to train social work students and their supervisors. Students are expected to complete web-based training modules that include videos, PowerPoints, journal readings and other materials to deepen their understanding of evidence- based practices for young people. There are 30 web-based modules and each has an accompanying quiz. The estimated time to complete each module is approximately 15 minutes to one hour. Each quiz must be completed with 100% accuracy before advancing to the next module. Participants have an unlimited number of attempts to complete each quiz so they can achieve 100% accuracy. In addition, each individual quiz attempt is recorded, including the time of day and the score. After they complete the quiz an email is immediately sent to Project NETWORK staff and to the participant. These procedures enhance the capacity of Project NETWORK to provide real-time feedback to students to increase learning and retention.

Project NETWORK recognises that the best strategic response to vulnerable young people is interventions rooted in sound evidence. The authors believe evidence-based practice involves the conscientious and judicious use of the best available

evidence to make informed decisions for the wellbeing of others. This assumes that self-directed and career-long learning will guide social workers to seek the best possible outcomes based on current research. Such research reflects verifiable and replicable facts that have been exposed to stringent scientific scrutiny. The goal is to reduce bias and a myopic view of care and intervention. PracticeWise is a software curriculum designed to deliver such evidence-based knowledge and is employed by Project NETWORK to train social work students and their supervisors.

A final component of Project NETWORK was the organisation of an advisory group called a Competency Collaborative. The Competency Collaborative included community leaders, practitioners, students, supervisors and university representatives to provide consultation and accountability. The group met virtually through an online forum called GotoMeeting. The agenda at these meetings focused on updates, solving problems and exploring next step options. Competency Collaborative members were also available outside of scheduled meeting times for ad hoc consultations. Examples of how Competency Collaborative members assisted Project NETWORK were securing practicum placements in rural and underserved areas and providing technical assistance with various software used to support the program.

PracticeWise

PracticeWise is an online database that stores a large collection of evidence-based practices for clinical social work with young people under the age of 26. It aggregates data from a general services research database that includes research articles, handouts and other practitioner guides. After entering user-selected demographic and clinical data for a particular client of interest (i.e. presenting problem, age, sex, ethnicity), the user retrieves an aggregated report from all randomised trials matching the client's characteristics. The report includes a rank-ordered frequency count of the relevant practice elements that can be used for treatment. Students have access to PracticeWise to search detailed demographics and diagnoses on specific populations.

Students were able to track client data in real time using Clinical Dashboards – visual tools used to determine how a young person is progressing and what treatments

can be used in the mental health care of the individual. Clinical Dashboards were created using an Excel spreadsheet to display the relevant clinical information in a clear visual format. Client information such as client demographics, progress measures, current status and treatment objectives were stored in the Dashboards. These events were also recorded to track techniques used by the practitioner, for example, caregiver education, goal setting and specific evidence-based practice interventions. Another unique feature of the Dashboards was that they tracked treatment over time, an invaluable tool for the students to monitor interventions. Tracking was definitely important for students to establish how specific interventions may or may not have positively impacted client behavior. Indeed, the authors found that effective monitoring did positively contribute to care and treatment outcomes.

Finally, PracticeWise was designed to self-update and to automatically expand in order to have the latest evidence-based research information. To take advantage of this last feature, supervisors and students were granted access to PracticeWise even after they completed their practicum but not beyond 2018. (PracticeWise was made available through the generosity of OMNI Behavioral Health, a local non-profit private mental health agency and community partner of Project NETWORK.)

Clinical supervision

All Project NETWORK students were paired with a licensed clinical social worker (LCSW) to supervise their practicum experience. The students received at least one hour of one-on-one supervision from the LCSW on a weekly basis throughout the eight-month practicum. Supervisors had the option of also accessing PracticeWise to keep pace with their student and to stay current with evidence-based treatments. Supervision was important to provide real-time feedback to the students with a seasoned practitioner with whom they could discuss what ideas worked and why. The expectation was for students and supervisors to review together their Clinical Dashboards and to make adjustments accordingly in their work with young people.

The GASSW practicum process involved careful matching of students with licensed social workers with at least three years post-MSW experience (see Chart 1.0). The first step in the process requires supervisors to complete a Practicum Instructor

Application and be approved to supervise students. Next, practicum supervisors attended a four- hour class explaining all the Practicum requirements regarding supervision. Finally, supervisors and students had at least two on-site and in-person meetings with Project NETWORK staff at the agency to monitor the student's progress in relation to the Learning Contract. The Learning Contract is a detailed agreement of goals and objectives that each practicum student develops, indicating what they specifically plan to learn about social work practice while under supervision. Project NETWORK believes in the importance of accountability and feedback to improve our training and promotion of competent MSWs in rural areas.

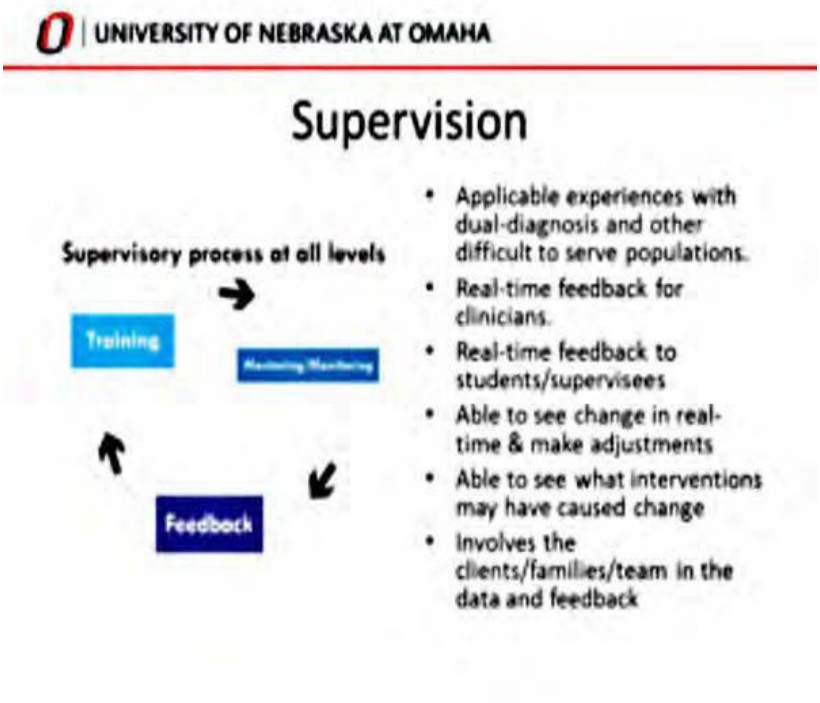

Chart 1: Practicum supervision process

Stipends

Students participating in Project NETWORK received a tax-free $10,000 stipend. The stipends, distributed on a monthly basis over an eight-month period, are a benefit to students unable to continue working while completing their Advanced Practicum. They are also a source of income to pay for many school-related expenses such as lab fees and tuition. Participating supervisors, who also completed all the web-based modules,

received a $250 stipend at the end of the eight-month practicum. Most importantly, the stipends were an explicit incentive to attract students to do a practicum in a rural setting with the hope that they would likewise be open to relocating and eventually working in rural Nebraska. The positive impact of the incentive will not be fully known until after the life of this three-year project in 2018.

Career ladder

Project NETWORK is serious about creating a career ladder that supports students and community social workers. The goal of a career ladder is to instill an attitude of life- long learning that will advance one's career potential (see Chart 2.0). The notion of a career ladder recognises that the MSW degree is only a starting point and that further enrichment and growth is critical for both the individual and the profession. Professional practice assumes that learning is an ongoing process necessary in order to work more effectively with clients and client systems. Ongoing learning requires keeping abreast of the latest in social work research, that is, innovations and insights into social service delivery, novel interventions, and being open to alternative practices.

Chart 2: Career ladder

Perhaps the prime benefit of a career ladder system is that it prevents students and practitioners from becoming "stagnant" – there *is* a next step or more responsibility to take on. Project NETWORK encourages career growth by exposing participants to on-going and self-improving information at high access but very low cost. The implicit

message – that keeping one's practice skills fresh and relevant is possible – is clearly demonstrated through the PracticeWise experience.

Evaluation: web-based modules and KEBSQ

Collecting data was comprehensive from the beginning to obtain a critical understanding of Project NETWORK. CPAR, the independent evaluator, gathered, organised and analysed all data to distill best practices for Nebraska's most vulnerable young people. At the time of the June 2016 workshop presentation in Hong Kong, data had been collected for Year 1 and partially through Year 2. Institutional Review Board (IRB) approval was also granted for Project NETWORK to conduct evaluation research.

The first step of the evaluation process involved participants completing a Knowledge of Evidence-Based Services Questionnaire (KEBSQ) pre-test prior to beginning the training modules. The KEBSQ is a 40-item self-report measure to evaluate mental health practitioners' knowledge of evidence-based practices for treating young people. The pre- test data is a baseline source of knowledge to evaluate what effect the training modules have on improving student knowledge and skills. The second step was administration of a post-test of the KEBSQ after the participants completed the training modules. The response scale of the KEBSQ required that each item be classified as either included or not included in efficacious treatment protocols. Responses were recorded as either partially or fully correct.

The training modules were available on the online platform with instructions on how to use PracticeWise and Clinical Dashboards. The modules included homework worksheets for parents and young people to track treatment over time. Supervisors monitored student progress on understanding and how to contextualise practice interventions. Students completed the modules in a set time and then implemented their learning into treatment planning and the practicum experience.

For evaluation purposes, participating students were randomised into two research groups with accommodations made in cases of scheduling or travel constraints. One group completed 23 web-based modules, took the KEBSQ post-test and then completed additional online training on evidence-based practices. The second group completed 23 online modules, took additional online training on evidence-based

practices and then completed the KEBSQ post-test. The additional online modules were developed by Claudette Grinnell- Davis, a national child welfare scholar and faculty colleague. The modules covered relevant evidence-based materials for transition-age young people dealing with mental health issues such as anxiety, depression and other differential diagnoses.

The purpose of the evaluation is to articulate and understand any potential differences between the two research groups. After students were randomly assigned to Group 1 and compared to those randomly assigned to Group 2, t-tests were conducted with continuous measures (i.e. age, baseline KEBSQ) and X2 tests for discrete measures (i.e. gender, ethnicity). Participants not randomly assigned to a group were excluded from the comparison analysis. Participants who did not complete the modules and requirements set forth by Project NETWORK were excluded from the analysis. A full and formal analysis of the data will be performed at the completion of Year Three when all the data has been collected. The next and final section of this article is a preliminary assessment and tentative inferences based on the collected data at the time of the Hong Kong conference.

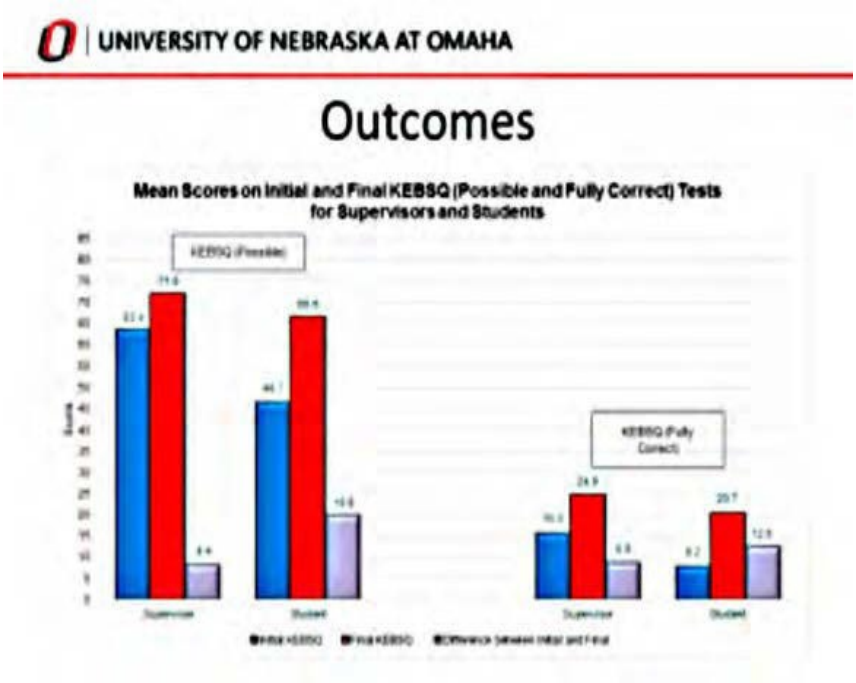

Chart 3: Means scores on initial and final KEBSQ Tests

Outcomes

Project NETWORK is a three-year project, and, as of this writing, it is still in the beginning of Year Three. Observations made here about the data should therefore be understood as provisional and preliminary at best. The preliminary findings, however, are telling and reveal trends that are worthy of consideration and sharing. For example, both students and supervisors increased their KEBSQ scores in the possible and fully-correct categories (see Table 1).

Table 1: Mean scores on Initial and Final KEBSQ tests for students and supervisors

Individual role	Initial KEBSQ (possible)	Final KEBSQ (possible)	Difference between Initial and Final	Initial KEBSQ (fully correct)	Final KEBSQ (fully correct)	Difference between Initial and Final	Number of responses
Supervisor	63.4	71.9	8.4	16.0	24.9	8.9	7
Student	46.7	66.6	19.8	8.2	20.7	12.6	18

The above scores are significant regarding the impact of the training modules on the participants' knowledge in working with vulnerable young people. The scores indicate a positive influence the training had on helping young people.

As expected, due to the supervisors' experience and practice wisdom within the field, they had higher initial scores (63.4) compared to the practicum students (46.7). Despite the practice advantage of the supervisors – and that their initial and final scores were higher, 63.4 and 71.9, respectively – both scores still increased. It is postulated here that the clear improvement in the scores is attributable to the training rather than an intrinsic knowledge or random guessing. Also revealing at this point is the apparent positive impact the training modules had on improving the student scores. The data indicates that the students did improve their average scores on both tests – and more than the supervisors did. Student scores improved by 19.8 points, against the supervisors' improved scores of 8.4.

At the time of this writing, data was only collected for two cohorts, labeled A and B. Each cohort had nine participants for a total of 18 students. The mean scores on the KEBSQ tests for Cohort A and B are listed in Table 2.

Table 2: Mean scores on Initial and Final KEBSQ tests by student categories

	Initial KEBSQ (possible)	Final KEBSQ (possible)	Difference between Initial and Final	Initial KEBSQ (fully correct)	Final KEBSQ (fully correct)	Difference between Initial and Final	Number of responses
Student cohort							
A	49.4	67.4	18.0	8.9	21.0	12.1	9
B	44.0	65.7	21.7	7.4	20.4	13.0	9
Student race							
White	47.7	66.1	18.4	8.9	20.2	11.3	15
African American	42.0	69.0	27.0	4.3	23.3	19.0	3
Student gender							
Female	46.1	65.4	19.3	8.8	20.2	11.4	14
Male	49.0	70.8	21.8	6.0	22.5	16.5	4
Total student	46.7	66.6	19.8	8.2	20.7	12.6	18

Also included in the table are the gender and race of both cohorts. The mean scores on both tests show a significant improvement. Cohort A gained 18 points between the initial and final KEBSQ scores, and Cohort B had a gain of 21.7 points. The gain for fully correct was 12.1 for Cohort A; and a gain of 13.0 points for Cohort B. The improvement in scores was also indicated in the gender and race categories. In fact, all scores, so far, show a consistency towards improvement due to the training. In particular, total scores for possible and fully corrected show a marked improved from 19.8 to 12.6, respectively. Most significant, albeit tentative, is the fact that none of the cohorts and categories indicates any decline in learning and knowledge. Quite the opposite – the preliminary findings suggest that the evidence-based training modules are having a positive influence on learning and intervention with vulnerable young people. The findings are an encouraging sign that we hope will be fully affirmed when Year Three data is collected, tabulated and analysed.

Conclusion

Project NETWORK was developed to increase the number of masters-level social workers in rural areas trained in evidence-based practices to help vulnerable young people. The project is on target towards achieving its goal as we anticipate graduating 85 MSWs by 2018 destined for rural areas. The preliminary evidence we shared in Hong Kong for advancing social services in rural areas was affirming because our model

demonstrated the strategic value of evidence-based interventions – in Nebraska and around the world. Into the third and final year of Project NETWORK, the model will continue to instill evidence- based practices to help vulnerable young people in rural areas.

Finally, we now know that when young people receive evidence-based treatment for mental health issues they experience more meaningful and long-lasting improvements (Hetrick 2008). Tentative insights from Project NETWORK lead us to conclude that further research is still needed to align evidence-based research with youth treatment planning. Linking our findings with more MSW practitioners, we believe, is necessary to bring attention to the value of a career in rural areas. Knowledge regarding attributes and conditions to sustain a career in rural areas is vital. For example, after three years of post-MSW practice, social workers in Nebraska are able to practice without supervision. Many social workers naturally advance into supervisory roles or begin working with young people with fewer chronic issues; however, this creates an unfortunate, unintended service gap leaving vulnerable young people with less experienced social workers just starting their career. The long-term career pattern of Project NETWORK participants is important to study in order to provide sustainable career support.

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Authors

Peter Szto is the Director of Project NETWORK and Professor of Social Work at the Grace Abbott School of Social Work, University of Nebraska at Omaha.

Susan Feyen-Reay is a Licensed Independent Clinical Social Worker and currently manages a federal grant for social work education as well as working with community agencies on integration of students into practice settings.

Claire Rynearson is a graduate assistant with the Grace Abbott School of Social Work, University of Nebraska at Omaha and has been working with Project NETWORK for two years.

Sarah Preston is a graduate student at the University of Nebraska at Omaha and at the University of Nebraska Medical Center working in the Academic & Career Development Center at UNO and with Project NETWORK.

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