



**Consensus Panel Report:**

**The Development of the Children's Mental Health Implementation Resource  
Kit: Evidence-Based Interventions for Children and Adolescents with  
Disruptive Behavior Disorders**

**Key Bridge Marriott  
Arlington, Virginia  
April 24-25, 2006**

## **Purpose & Background of Consensus Panel**

The NASMHPD Research Institute, (NRI), in coordination with Abt Associates, is developing the Children's Mental Health Implementation Resource Kit (IRK) as part of SAMHSA's next generation of "toolkits." The development of IRKs is one of SAMHSA's Center for Mental Health Services' strategies to promote and facilitate the implementation and dissemination of evidence-based practices. IRKs are presently in development for two practices (consumer operated services and supported housing), and two populations (older adults and children).

The purpose of the Consensus Panel is to offer expert guidance on the objectives, treatment focus, targeted users, content, and format/medium of the Children's IRK. Members of the panel represent areas of academia, research, policy, practice, and advocacy. They were selected on the basis of their expertise in children's mental health and experience related to evidence-based practices. Attached to this report is the entire listing of the Consensus Panel members and affiliation information.

Leading up to the Consensus Panel meeting, a core planning team composed of NRI staff, Dr. Barbara J. Burns (Task Leader of the Children's Mental Health IRK Project), and Dr. Sylvia Fisher (CMHS Project Officer), met at least twice monthly by teleconference beginning in December 2005. The goal of these planning meetings was to lay the foundation for the project and to develop options to submit for consideration by the Consensus Panel. Prior to the Consensus Panel Meeting, the planning team conducted a brief survey of stakeholders in the field to assess their support for disruptive behavior disorders (DBDs) as the focus of the IRK, conducted an extensive review of evidence-based practices that address DBDs, and contacted the developers of these EBPs to gather more information about the interventions, training resources, and cost.

### **Identification of Target Population for Children's Mental Health IRK**

A major aspect in planning for the development of a population-based IRK was to narrow the scope of the target population from "children" in general to a specific subset of children. After reviewing the prevalence of major disorders of children and adolescents, the core planning team proposed that the IRK focus on Disruptive Behavior Disorders (DBDs). This treatment-focus meets a specific need that cuts across many settings and cultures. Mental health problems in children and adolescents affect 14-20% of the total pediatric population (Williams et al., 2004). Among the most common and frequently diagnosed pediatric mental health problems are Disruptive Behavior Disorders. This diagnostic category includes a constellation of several other disorders as classified in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) (APA, 1994), including: Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), and Conduct Disorder (CD).

The planning team recommended that the focus of the IRK be on interventions for ODD and CD because their symptomatology and treatments are very closely related, and vary primarily in the level of severity. While the symptoms of ADHD may include disruptive-type behaviors, children with ADHD also manifest attention deficit, a symptom not necessarily associated with ODD and CD.

## Goal and Objectives of the Consensus Panel Meeting

The NASMHPD Research Institute, along with representatives of SAMHSA's Center for Mental Health Services (CMHS) and Abt Associates, convened a one and a half day Consensus Panel meeting in Arlington, Virginia for the Children's Implementation Resource Kit project (see attached agenda). The major goal of the Children's Mental Health Implementation Resource Kit is to provide a resource for the field that promotes the adoption, implementation, and dissemination of evidence-based practices in children's mental health service systems. The purpose of the first meeting of the Consensus Panel was to propose and refine key aspects of the IRK development related to design, content, format, and dissemination.

The objectives of this meeting were as follows:

- To obtain expert input and guidance in IRK development
- To review proposed evidence-based interventions for children with disruptive disorders and to develop guidance for inclusion/exclusion in the IRK
- To identify target populations, and propose the content and format of the IRK
- To develop strategies for IRK development including identification of experts, content developers, and review process for draft materials.

## Meeting Proceedings

The Children's IRK Consensus Panel meeting achieved many of the objectives outlined above. The panel discussed the results of the stakeholder surveys, the Federal perspective of what the toolkit should accomplish, potential evidence-based programs related to DBDs for inclusion in the toolkit, the target audiences and possible settings, as well as the format the toolkit should follow.

### Lessons Learned from Prior Toolkit Development and Future Directions

Prior to discussing the new generation of toolkits, representatives from NRI and CMHS discussed in detail lessons learned from the previously developed toolkits for adults. Dr. Vijay Ganju of NRI reviewed the strengths and weaknesses of the first round of adult EBP toolkits. The users found the videos to be quite effective, but the written toolkits were intimidating due to their size and academic format; and implementation and infrastructure issues were not covered. The previous round of toolkits also assumed that the user was already knowledgeable regarding EBPs. This overview was presented to provide a foundation for the panel members, as well as a guide to avoid pitfalls in the new generation of toolkits.

Through these lessons learned, the Children's IRK needs to utilize multiple mediums, employ a simpler writing style, target specific users, and contain less pedantic content. Jacqueline Yannacci of NRI reviewed adult learning principles and their relevance and importance to the development of the new generation of toolkits. It is critical to create and devise materials that engage specific audiences. Purpose, outcomes, and learning objectives must be outlined in order to facilitate learning effectively. This process is termed *knowledge formatting*.

### Results of Stakeholder Survey

Dr. Jeanne Rivard of NRI presented the results of a survey of key stakeholders in children's mental health, including practitioners, families, researchers, and clinicians, to assess their support for focusing the toolkit on DBDs. The results overwhelmingly supported this focus; only three of

the 19 respondents suggested a different focus. The panel members also agreed that this is a very important and unmet need for the Children's IRK to fill.

#### Federal Perspective of Children's IRK:

Dr. Gary Blau, CMHS Branch Chief, discussed the federal perspective related to the development of the Children's IRK. He explained that this project is one of several in children's mental health, such as the Resource Guide for Promoting an Evidence-Base Culture, an IRK that is being developed for wraparound, and others that are being planned for respite care and peer-to-peer support. Dr. Blau outlined three important principles related to the present Children's IRK project: the toolkit is not a treatment manual; it is not federal approval for proprietary interventions; and it is not a replacement for NREPP, Blueprints, etc. This toolkit should be a solid piece of information where children and families, practitioners, and administrators can become knowledgeable about evidence-based interventions for DBDs.

Dr. Sylvia Fisher, CMHS Project Officer, underscored the importance of the toolkit providing families with the information they need to become better-informed users and greater advocates for their children needing treatment services for DBDs.

#### Evidence-Based Programs for DBDs:

Nineteen evidence-based programs were profiled for the panel members in the meeting notebook. A brief discussion occurred regarding the selection of the evidence-based interventions for treatment of DBDs from various sources, including NREPP, Blueprints, OJJDP, and the work of Shelia Eyberg. Several members of the team suggested other evidence-based programs to examine. The new interventions suggested were Positive Behavioral Intervention and Supports (PBIS), Tom Dishion's Adolescent Transition Project (ATP), Multidimensional Treatment Foster Care for preschool-aged children (MTFC-Preschool), and medication management.

It was also recommended that Hawaii's "component approach" be integrated into the IRK. Hawaii's EBP Subcommittee has reviewed the research literature on interventions and found that there are many common components that are included across interventions (e.g., Cognitive Behavioral Therapy, Parent Training). Using the component approach calls for less complex integration of a new therapeutic strategy, rather than installing an entirely new program. There is limited evidence at this point regarding the relative effectiveness of using the component approach; however, research is in progress, such as in the MacArthur cross-site study testing the use of modular clinical approaches.

#### Proposed Direction of Evidence-Based Programs for DBDs

Through preliminary contacts with developers of the EBPs that address DBDs, the planning team learned that most of these EBPs have sufficiently developed training materials and resources. This led to the conclusion that an IRK which compiles in-depth information on the range of EBPs for DBDs would assist in promoting awareness and knowledge about EBPs for DBDs, which may lead to greater rates of adoption. Rather than training a particular clinician how to deliver a specific intervention, as was the objective of the original toolkits for adult EBPs, the proposed IRK for children will contain information that assists families in understanding the EBPs, and to assist practitioners and administrators in deciding which EBPs to adopt and implement. Currently, potential users must search multiple sources and ferret out the specific information about EBPs for DBDs. The proposed IRK will consolidate this information and the

content will address specific questions that users have about the various EBPs, as well as the challenges and barriers that may inhibit uptake.

The panel agreed with the proposed direction and suggested that more information was needed from the developers in order to determine the inclusion of specific EBPs into the toolkit. It was proposed that a more in-depth developer survey be administered to address several questions such as the effect size between control group and treatment group; outcomes expected, and if possible, broken down by race and ethnicity; the actual cost of training programs, materials, and technical assistance; availability of the developer or purveyor organizations to respond to individual needs of providers implementing the EBP; information about how the intervention has been funded in various locations; availability of fidelity measurements; information about the acceptability of the intervention to families and practitioners; and information about barriers to implementation and how these have been overcome.

After gathering more information from the developers of these interventions, the list of interventions to be included in the toolkit will be refined and submitted to the Consensus Panel and CMHS for their review. These determinations will be made by reviewing criteria such as: developer/purveyor training capacity, continuity in relationship with the developers/purveyors and timeliness of responses, characteristics and costs of the training manual and package, outcome/fidelity measurement structure, and specific questions of various end users.

In addition to surveying the developers, several members proposed surveying the users of the selected interventions. Dr. Mark Weist, of the University of Maryland School of Medicine, suggested that this information would be useful for the team in selecting the final EBP list for DBDs. The survey format was not discussed in detail, but Dr. Weist volunteered to assist the team with this endeavor.

#### Target Audiences/Setting:

There was much debate regarding the targeted user groups for the Children's IRK. As was mentioned by Dr. Ben Saunders, the process of narrowing the focus of the toolkit to particular audiences is a necessary task. The Consensus Panel agreed that it is always a challenge to say "no" for any user group nominated, as the panel members would like all groups to become educated users on evidence-based treatment for DBDs.

The Consensus Panel agreed that families are an essential group that this toolkit must target. Secondly, clinicians and practitioners, which include supervisors, should also be a targeted user group in order to provide them with a selection of interventions for DBDs for which they could consult when treating this population. Finally, administrators should also be included as a user group; however, it was still unclear which type of administrators should be targeted, such as local versus state, or both. The inclusion of other groups, such as primary care physicians, policymakers, and purchasers was also discussed. It was concluded that to develop a useful, succinct tool the three main users should be families, practitioners/supervisors, and administrators.

It was also noted that the Resource Guide for Promoting an Evidence-Based Culture in Children's Mental Health would be a good complement to the Children's IRK. The Resource Guide will provide information that is more detailed about the elements of system and organizational cultures that support the implementation of EBPs. The Children's IRK could

reference the Resource Guide as a supplement to provide more detailed information related to building the infrastructure that supports EBPs for DBDs.

Since a consensus has not yet been reached regarding which interventions to include in the toolkit, the panel seemed to agree that a setting-specific toolkit was not necessarily useful to the process at this time. However, many of the interventions have multiple settings, such as home-based and clinic-based components.

#### Toolkit Format:

One of the lessons learned from the older generation of toolkits is that "textbook like" manuals are not the ideal medium. A discussion occurred regarding how to effectively present the information to meet users' varying learning styles and needs. This issue directly relates to the principles of knowledge formatting regarding how materials are developed and what is the best way to achieve the objectives set forth for the toolkit and its users.

Dr. Burns briefly presented on a toolkit that was developed through the National Child Traumatic Stress Network (NCTSN) on medical trauma and children. She highlighted the simplicity, medium, and overall goals of the toolkit. In addition, Dr. Ben Saunders of MUSC, presented a web-based training module for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) that was also developed through the NCTSN. He discussed the supportive implementation model and collaborative learning models that were used in the development of his model. The website is targeted to practitioners and it is free for them to use. The web-based format has proven to be effective.

It was agreed that a dynamic medium, such as a web site, would be useful to update and change material as the research on the selected interventions for DBDs changes. If it can be easily updated, a CD-ROM based format might also prove useful. One formatting model was not necessarily agreed upon, but strong consensus was voiced for a toolkit that could be easily revised. Other successful toolkits were also briefly discussed such as the Suicide Prevention toolkit by the University of South Florida.

#### Time Frame

The project time frame was presented to the Consensus Panel. The following Gantt chart shows that development will start this year and continue into next fiscal year. A brief pilot is included within the two year time frame.

## Gantt Chart for Children's IRK Development

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
	Oct. 1- Dec. 31, 2005	Jan 1-Mar 31, 2006	Apr 1-Jun 30, 2006	July 1- Sep 30, 2006	Oct. 1- Dec. 31, 2006	Jan 1-Mar 31, 2007	Apr 1-Jun 30, 2007	July 1- Sep 30, 2007
<b>Draft Plan</b>								
<b>Literature Review</b>								
<b>Nominate Panel</b>								
<b>Convene Panel</b>								
<b>Clearance Documents</b>								
<b>Toolkit Development</b>								
<b>Toolkit Pilot</b>								
<b>Toolkit Finalization</b>								
<b>Toolkit Briefings</b>								

### Summary of Recommendations of the Consensus Panel

Target Disorder - The Consensus Panel agreed that the IRK should focus on evidence-based practices for children and adolescents with DBDs, as was recommended by the core leadership team.

Interventions and Content – There was a high degree of consensus that the IRK should provide content to inform users about the range of EBPs for DBDs and in-depth information about the specific EBPs, with emphasis on aspects related to adoption and implementation. Examples of the type of information to be provided include:

- Effect size and outcomes broken down by race and ethnicity
- Costs of starting and sustaining the intervention
- Availability of the developer or purveyor organizations for training, supervision/consultation
- Information about how the intervention has been funded in various locations
- Availability of fidelity measures
- Information about the acceptability and uptake of the intervention to families and practitioners
- Information about barriers to implementation and how these have been overcome.

The EBPs to be included will be decided after surveying developers and deciding whether they meet criteria for inclusion.

Target Audience - The IRK will be tailored for families, practitioners/supervisors, and administrators.

Overall Goal - The overall goals of the IRK are to:

- increase awareness and knowledge of families, practitioner/supervisors, and administrators about EBPs for DBDs, addressing the various cultural needs and expectations
- facilitate selection of EBPs into service systems, provider organizations, and individual practices
- increase the likelihood of states and communities adopting the selected evidence-based practices.

Format - New principles related to knowledge formatting, as well as web or CD-ROM formats should be considered.

### **Next Steps**

In order to move the development of the Children's IRK forward, several steps are proposed for the team to address within the next several weeks:

1. NRI will develop a strategy for gathering more detailed information about the proposed interventions from the developers. Dr. Karen Blase volunteered to assist with this task, as she is currently in the process of contacting many of these developers for a related project in which in-depth phone interviews are being conducted. More collaboration between NRI and Dr. Blase needs to occur to explore this opportunity.
2. After results of the developer surveys are compiled and analyzed, the team will make recommendations to CMHS and the Consensus Panel regarding which interventions to include in the Children's IRK.
3. NRI will explore the possibility of also collecting information from users of the evidence-based interventions to assess their experience with the training, the presence and usefulness of ongoing supervision/consultation, and the uptake of the intervention in their agency.
4. NRI will develop an outline of the IRK and solicit feedback from the Consensus Panel.
5. NRI will seek expert guidance from Dr. Mareasa Isaacs, Dr. Holly Echo-Hawk and the National Alliance of Multi-Ethnic Behavioral Health Association on integrating cultural competence into the toolkit.
6. Expert guidance from Dr. Kenneth Rogers of the University of Maryland will be sought to address the medication management needs of children diagnosed with DBD.
7. NRI will outline specific activities for workgroups and organize the workgroups based on the areas of interest that were provided by the panel members at the end of the meeting (See attached tentative workgroup listing).

## References

American Psychological Association (1994). *Diagnostic and statistical manual of mental disorders (4th edition)*. Washington, DC: Author.

Williams, J., Klinepeter, K., Palmes, G., Pulley, A., & Foy, J.M. (2004). Diagnosis and treatment of behavioral health disorders in pediatric practice. *Pediatrics*, *114* (3), 601-606.

## **Workgroup/Tasks in which Consensus Panel Members Expressed Interest**

### Reviewing drafts, considering the perspectives of various groups, and possibly getting input/feedback from these groups

- Mary McBride (perspectives of practitioners and families)
- Darcy Gruttadaro (perspectives of families)
- Danna Mauch
- Rachele Espiritu (perspectives of Georgetown TA Center and systems of care)
- Sylvia Fisher (perspectives of underrepresented groups)
- Mark Weist (perspectives of school mental health providers, Center for School Mental Health Analysis and Action\*. Possible focus groups)
- Luanne Southern (perspectives of families/advocates)
- Mary Hargrave (perspectives of providers--possible focus groups)
- Uma Ahluwalia (perspectives of organization and system administrator in Child Welfare)
- Tina Donkervoert (perspectives of State Directors of Child and Family Mental Health Services)
- Terry Kramer (perspectives of Outcomes Roundtable)
- Mareasa Isaacs (expertise on cultural competence and perspectives of NAMBHA)

### Dissemination Planning

- Darcy Gruttadaro (especially related to schools via the National Parents and Teachers as Allies program)
- Rachele Espiritu (via Georgetown)
- Danna Mauch (social marketing)

### Materials Testing/Research

- Sylvia Fisher
- Mareasa Isaacs
- Terry Kramer (Recommendations for outcome measures)

\* Meeting of school mental health providers in Baltimore at the end of September

## CONSENSUS PANEL MEETING AGENDA

Children's Mental Health Implementation Resource Kit for Evidence-Based Practices

April 24-25, 2006

Key Bridge Marriott

Arlington, Virginia

The major goal of the Children's Mental Health Implementation Resource Kit (IRK) is to provide a resource for the field that will promote the adoption, implementation, and dissemination of evidence-based practices in children's mental health service systems. The Consensus Panel will provide input and expert guidance in the planning, development, and dissemination of the IRK. The purpose of this first meeting of the Consensus Panel is to propose/refine key aspects of the IRK development that relate to design, content, and format, and dissemination.

### AGENDA: DAY 1

TIME	AGENDA ITEM	FACILITATORS/PRESENTERS	EXPECTED OUTCOME
9:00am – 9:30 am	<ul style="list-style-type: none"> <li>• Introductions/Welcome</li> <li>• Expertise of Consensus Panel members</li> </ul>	Vijay Ganju	<ul style="list-style-type: none"> <li>• Identification of Consensus Panel members and individual expertise</li> <li>• Common understanding of meeting objectives</li> </ul>
9:30 am – 11:00 am	<ul style="list-style-type: none"> <li>• Parameters and opportunities for IRK development</li> <li>• Lessons learned from previous toolkits/approach to development of other toolkits</li> <li>• Adult learning literature review</li> </ul>	Gary Blau Vijay Ganju Jacqueline Yannacci Benjamin Saunders	<ul style="list-style-type: none"> <li>• Information-sharing to inform toolkit content/design</li> </ul>
11:00 am – 11:15 am	<b>BREAK</b>		
11:15 am – 12:30 pm	<ul style="list-style-type: none"> <li>• Proposed focus of IRK on EBPs for Disruptive Behavior Disorders (DBDs)</li> <li>• Interventions identified to address DBDs</li> </ul>	Jeanne Rivard & Barbara Burns	<ul style="list-style-type: none"> <li>• Consensus panel approval of IRK focus</li> <li>• Identification of additional interventions</li> <li>• Decision on approach to specific interventions</li> </ul>
12:30 pm – 2:00 pm	<b>LUNCH</b>		
			<ul style="list-style-type: none"> <li>• Level of evidence to be used for</li> </ul>

2:00 pm –3:30 pm	<ul style="list-style-type: none"> <li>• How to use EBPs in the IRK (e.g., IRK focused on 1 or a set of specific interventions vs. more generalized approach)</li> </ul>		determining EBPs for inclusion in IRK
3:30 pm –5:00 pm	<ul style="list-style-type: none"> <li>• IRK Design Issues: <ul style="list-style-type: none"> <li>○ Target population in relation to setting/sector</li> <li>○ Target audiences</li> <li>○ Content areas</li> <li>○ Ensuring cultural competence</li> <li>○ Quality improvement: measurement of fidelity/outcomes</li> <li>○ Format</li> <li>○ Implementation issues</li> </ul> </li> </ul>	Jeanne Rivard & Vijay Ganju	<ul style="list-style-type: none"> <li>• Identification of target populations and audiences</li> <li>• Identification of broad content areas to be covered in IRK</li> <li>• Identification of strategies for ensuring the cultural sensitivity and competence of the IRK</li> <li>• Identification of strategies for addressing measurement of fidelity and outcomes</li> <li>• Recommendations re: format</li> <li>• Outline of implementation issues to be addressed in IRK and how</li> </ul>

## AGENDA: DAY 2

TIME	AGENDA ITEM	FACILITATORS/PRESENTERS	EXPECTED OUTCOME
8:30am – 10:00 am	<ul style="list-style-type: none"> <li>• Continue IRK Design Issues</li> </ul>	Jeanne Rivard & Vijay Ganju	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
10:00 am – 10:15 am	<b>BREAK</b>		
10:15 am – 12:15 pm	<ul style="list-style-type: none"> <li>• Tailoring content for target audiences - breakout groups (i.e., families, practitioners, administrators, other service sectors, etc.)</li> </ul>	Jeanne Rivard Vijay Ganju Jacqueline Yannacci Michael Lane	<ul style="list-style-type: none"> <li>• Review of existing content/elaboration of content/recommendations</li> </ul>
12:15 pm – 1:30 pm	<b>LUNCH</b>		

1:30 pm –3:00 pm	<ul style="list-style-type: none"><li>• Review of breakout group</li><li>• Refine content</li><li>• Recommendations/Next steps for development</li><li>• Specify development process</li></ul>	Jeanne Rivard Vijay Ganju	<ul style="list-style-type: none"><li>• Refined recommendations regarding content and format</li><li>• Decisions on next steps</li></ul>
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