

NCCTS Leadership:

Evidence-Based Practices

The National Child Traumatic Stress Network (NCTSN) is committed to promoting the highest standard of care for children with traumatic stress reactions across the many settings in which children and families receive care. Evidence-based practice is an approach to clinical decision-making in which the practitioner, in consultation with the client, uses the best available evidence to choose intervention options that are best suited to the needs of the client.

Evidence-based practice draws upon and integrates information from multiple sources, including empirical evidence derived from systematic research, individual clinical expertise, and informed patient choice. It differs from approaches based on tradition, convention, rules of thumb, anecdotal evidence, or speculation. Practitioners who choose to implement evidence-based practices with their clients or patients have the advantage of using strategies that carry the strongest evidence for working effectively with specific populations. Ideally, evidence-based interventions are approaches to prevention or treatment that are based in theory, repeatedly subjected to rigorous scientific evaluation, and demonstrate significant benefit across populations.

The broader field of child and adolescent mental health has made considerable progress in the development, implementation, evaluation, and dissemination of evidence-based intervention programs for a range of childhood disorders, including depression and generalized anxiety disorder. NCTSN has been successful in developing, implementing, and/or evaluating a number of trauma-focused interventions for specific trauma-exposed populations, three of which are listed in the National Registry of Evidence-Based Programs and Practices. Evaluation of other NCTSN-sponsored interventions is currently underway.

The National Center for Child Traumatic Stress (NCCTS) is committed to assisting Network efforts to:

- Discover which interventions are effective for specific problems, populations, and settings
- Identify the best ways in which to disseminate evidence-based practices
- Identify the most efficient and effective ways for training front-line practitioners

- Address barriers to implementation at the consumer, practitioner, supervisor, administrator, institutional, and community level
- Promote development of interventions and assessment instruments for traumatized children and their families that achieve evidence-based status in nationally recognized rating systems
- Identify interventions that may be ineffective or potentially harmful in some populations

Accomplishments and Results

Since the inception of NCTSN, the field of child traumatic stress has changed greatly. Previously, development and dissemination of an evidence-based treatment for child traumatic stress lagged significantly behind other areas in child mental health. Now, the breadth and robustness of evidence-based treatments for child trauma has grown tremendously. The number of trained community providers and the availability of access to quality services for children has increased as a result of innovative dissemination and implementation strategies in our field. NCTSN has been a pioneer in this arena.

NCCTS has been a pioneer in the dissemination and implementation of evidence-based practices.

In collaboration with Network Centers, NCCTS has:

- Conducted a meta-analysis review of the research base for trauma interventions for children meeting stringent criteria for evidence-based treatment. This review was then published in the *Journal of Clinical Child and Adolescent Psychology* (37: 156–183, 2008).
- Created a pilot set of fact-sheets on the five interventions most often requested by Network Centers. These fact sheets offer a description of each treatment, the evidence base, training requirements, and contact information.
- Developed and implemented a process to identify newly developed and/or unpublished “promising practices” (interventions not fully empirically tested) created by NCTSN sites. This helped identify practices utilized by NCTSN members that might better address diversity in trauma type, client characteristics, setting, and needs than the current evidence base allowed.
- Selected the Office of Victims of Crime’s Guidelines classification system (for assessing level of evidence on psychosocial treatments for child maltreatment) to rank NCTSN interventions. Utilizing at least two independent raters, NCTSN representatives systematically ranked each NCTSN empirically supported treatment and promising practice on its “level of evidence.”

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- Created a transparent process for listing and describing Network practices, a descriptive table, and individual fact sheets on NCTSN’s 32 empirically supported treatments and promising practices. A “culture-specific information fact sheet” outlines each treatment’s culture-specific components and effectiveness with diverse cultural groups. The fact sheets are available on the NCTSN website, as well as the NCTSN Learning Center, to aid in selection of treatments and their implementation. Fact sheets can be downloaded individually or purchased in book form.
- Provided partial funding for the replication of several promising practices to “incentivize” collaborations between Network Centers that focused on research and treatment delivery. This effort facilitated the gathering of real-world feedback about manualized interventions that were developed in academic settings, the collection of evaluation data to assist in moving the promising practices up “the evidence-based ladder,” identification of gaps in treatment and interventions, and early identification of implementation strategies necessary for success in Network Centers. As a result, at least nine NCTSN Promising Practices have become well recognized and disseminated.
- Organized a “Learning from Research and Practice” consensus meeting on how to identify trauma interventions ready for rapid dissemination, to identify gaps in evidence-based intervention by trauma type and developmental age, and devise strategies to move the field forward in terms of “research-based practice” and “practice-based research” with leaders from NCTSN, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration.
- Outlined core components of trauma-focused and parent training interventions already developed, to prevent Network Centers from “reinventing the wheel” and to allow the unique aspects of key interventions to be highlighted.
- With other national leaders, reviewed and reported on barriers to implementation of evidence-based interventions identified as best practices in treating maltreated children. This analysis was instrumental in supporting the Breakthrough Series methodology as an educational and dissemination strategy for use by the Network.
- Organized a Manual Development Workshop at an NCTSN All-Network Meeting to assist developers in creating more user-friendly treatment manuals for clinicians.
- Created an Organizational Capacity and Readiness Assessment that has become a useful tool for Network sites and Learning Collaboratives.

Together, these activities have leveraged the efforts of NCTSN Treatment and Services Adaptation Centers around the questions of what is best practice, how to use the evidence base, how to adopt and adapt evidence-based treatments for target populations, and what the critical core components of these trauma treatments

include. This has spawned additional work on Core Concepts/Core Components, how to critically appraise interventions for what patients/clients need, and how community clinicians can successfully use evidence-based treatment in real world settings.

Vision for the Future

The rate of progress will continue as “evidence-based practice” and “practice-based evidence” continues to grow and evolve. NCCTS, the NCTSN treatment development and dissemination centers, and the NCTSN treatment adoption and adaptation centers together provide a unique platform to address important challenges and develop models to integrate evidence-based treatments into practice.

NCTSN sites are eager to adopt and adapt evidence-based treatments, apply them to diverse populations, share successes and challenges, and offer developers the ability to revise and adapt their protocols based on clinician and consumer feedback. Implementers across the Network have the opportunity to further tackle critical questions about community-based approaches to model fidelity and organizational readiness, and to operationalize critical appraisal methods for assessment of client needs and the appropriateness of applying a given evidence-based treatment in an individual clinical situation.

Lastly, NCTSN is well poised, with its consumer and cultural guidelines, to assist in the careful consideration of policy implications as states consider the balance between how to best promote the use of evidence-based treatments while allowing sufficient flexibility in consideration of each client’s unique clinical circumstances and preferences.