

Evidence Based Practices for Dual Diagnosis

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BACKGROUND

Individuals with dual diagnoses of developmental disability and psychiatric disorder(s) (hereinafter, “dual diagnosis”) often have difficulty coping with distress, regulating their emotions, and effectively self-soothing when upset. They also have a much higher likelihood of being the victims of trauma than the general population and are less likely to be resilient to the effects of trauma. Therefore, it is not surprising that individuals with dual diagnosis exhibit a range of difficulties related to trauma exposure and have a relatively low incidence of recovery from traumatic incidents without comprehensive and developmentally appropriate therapeutic interventions.¹

The majority of individuals with dual diagnosis receiving services from Westside Regional Center (“WRC”) seek mental health help through the Los Angeles County Department of Mental Health (“LAC DMH”).² Yet, LAC DMH providers receive limited training opportunities on how to provide comprehensive and developmentally appropriate therapeutic interventions to clients with dual diagnosis.² Thus, many clinicians struggle to find effective and consistent therapeutic approaches to use with these clients. Additionally, LAC DMH providers are funded to provide Prevention and Early Intervention (PEI) therapies but are restricted to offering only specific and approved evidence-based practices (EBPs). These clinicians may benefit from interventions aimed at increasing clinical knowledge and improving understanding of how to adapt selected EBPs to provide mental health services to individuals with dual diagnosis.

To address the obstacles to developmentally appropriate mental health care for individuals with dual diagnosis through LAC DMH, WRC developed a plan to implement trainings for community mental health providers on how EBPs approved by LAC DMH can be adapted and used to more effectively to treat mental health issues in individuals with dual diagnosis. Utilizing funding from the Mental Health and Services Act (MHSA) in partnership with the Department of Developmental Services (DDS), WRC developed and implemented the EBPs for Dual Diagnosis Project (the “Project”) during fiscal years 2014 through 2017.

This manual provides an overview of the Project, including a timeline of the implementation steps (see Attachment 1), information about the EBP trainings, methods for outreach and recruitment, as well as a discussion of outcomes. We hope that the information contained in this manual will provide a useful model for anyone interested in promoting and enhancing the wellbeing of individuals with dual diagnosis.

¹ Burke T. Dual diagnosis: overview of therapeutic approaches for individuals with co-occurring intellectual/developmental disabilities and mental illness for direct support staff & professionals working in the developmental disability system. <http://mha.ohio.gov/Portals/0/assets/Initiatives/CentersOfExcellence/201312-dual-diagnosi-white-paper.pdf> Accessed on December 21, 2016.

² Unpublished needs assessment data.

PROJECT DEVELOPMENT AND IMPLEMENTATION

The development of the Project included the following steps:

1. Establish Project's leading team
2. Develop partnership with LAC DMH
3. Conduct EBPs needs assessments
4. Implement EBP trainings

Establish Project's Leading Team

WRC selected a Project team to plan, develop and execute the components of EBP Project. The project team was comprised of staff and vendors from WRC (e.g. department directors from Clinical Services, Community Services, and Client Services; psychologists; social workers; education and autism specialists; therapists and other allied health professionals) as well as parent representatives from the Westside Family Resource and Empowerment Center. All aspects of the Project were developed by the leading team with the research and administrative support of the project coordinator.

Develop Partnership with Los Angeles County Department of Mental Health (LAC DMH)

Project staff identified and met with the key LAC DMH administrators at their headquarters to discuss the Project's goals and collaborate on the development and delivery of trainings to LAC DMH clinicians for adapting EBPs to meet the needs of individuals with dual diagnosis. The administrators included the District Chief of the Prevention and Early Intervention (PEI) Administration, the Mental Health Clinical Program Head of the PEI Administration and the Mental Health Clinical Program Head of the Child, Youth and Family Program Administration. Through this meeting, project staff were able to gather crucial information regarding which EBPs are approved for use/billing by LAC DMH clinicians and for which client age groups. The administrators also shared with the leading team the LAC DMH training protocols for various EBPs and protocols for gathering needs assessment data from LAC DMH clinicians from the different Service Areas. Further, the administrators provided feedback on how to effectively incorporate training materials specifically addressing treatment of clients with dual diagnosis into the EBP trainings.

Conduct EBPs Needs Assessment

Project staff conducted a two-part needs assessment to determine, first, which EBPs were most suitable to be adapted for individuals with dual diagnosis and, second, in which of those EBPs did LAC DMH clinicians most need training. For the first part of the needs assessment, Project staff utilized previously collected survey data of local mental health

and behavioral health providers. This data was collected during Cycle II of MHSA grant funding (please contact Project staff for a copy of the questionnaire).

Next, Project staff developed a new survey for LAC DMH clinicians to determine the level of demand for training in each of the EBPs identified in the first part of the needs assessment, identify any additional EBPs that could be helpful for working with clients with dual diagnosis and to address the scheduling and location of the trainings (see Attachment 3 for Mental Health Provider Questionnaire). Following the protocol established during the meeting with LAC DMH administration, Project staff contacted the individual LAC DMH District Chiefs and Regional Center Liaisons from the three LAC DMH Service Areas (SA 5, 8, and 6) that overlap with WRC's geographic catchment area. Project staff explained the goals of the Project and enlisted support from the Chiefs and Liaisons in both gathering needs assessment data from agencies/clinicians and recruiting clinicians to participate in the upcoming EBP trainings in their corresponding Service Areas. The LAC DMH Regional Center Liaisons assisted in the needs assessment process by inviting Project staff to present the Project and distribute surveys at various LAC DMH staff meetings as well as emailing surveys to agencies/clinicians in their Service Areas through their list serves. The LAC DMH Regional Center Liaisons also provided Project staff with data on which EBPs were utilized by each agency within each Service Area.

The results from needs assessments indicated the following EBPs as being most needed and effective in treating clients with dual diagnosis:

- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Positive Parenting Program (Triple P)
- Seeking Safety (SS)
- Individual Cognitive Behavior Therapy (Ind CBT)
- Child-Parent Psychotherapy (CPP)
- Managing and Adapting Practice (MAP)

In addition, Project staff learned through the needs assessment process that many LAC DMH clinicians had little or no familiarity with the regional center system but were interested in learning more about how the system works. It was, therefore, important to incorporate detailed information about the regional center system into the EBP training events.

Implement EBPs Trainings

Project staff collected and analyzed information about training costs (including costs for providing continuing education credits to licensed clinicians) and the duration of complete trainings for the various EBPs identified in the needs assessment. They also developed a training timeline for all three fiscal years of the Project based on budgeted costs.

As requested by the LAC DMH administrators working in partnership on the Project, Project staff adhered to all training protocols developed by the LAC DMH Prevention and Early Intervention (PEI) Division. The training protocols included information on all approved EBPs, training coordinators and authorized trainers, training materials, minimum training requirements before agencies are allowed to bill for their services under PEI, certification, and specific EBP training protocols and costs. A copy of the training protocols is available at http://file.lacounty.gov/SDSInter/dmh/201947_PEITrainingProtocolsrevised4-1-16.pdf.

Next, Project staff contacted and collaborated with implementation consultants from each EBP organization identified in the training protocols (i.e., TF-CBT, Triple P, SS, DBT, MAP, CPP, etc.) to find the most appropriate trainers for the needs of this Project and to determine logistics and costs for implementing trainings for different clinical cohorts. The project coordinator also identified and contacted potential trainers for each EBP training to discuss logistics, including fees, training curriculum, case studies pertaining to dual diagnosis, role playing, and training evaluations (pre, post, and three to six month follow up). Case studies and role-playing exercises specific to clients with dual diagnosis were added to the curricula where appropriate. (No part of the original EBP training material was substituted or eliminated to accommodate such case studies and role-playing exercises). Project staff also created training flyers, online registration pages through *Eventbrite.com*, and evaluations. LAC DMH Liaisons for each Service Area in WRC's catchment area assisted Project staff in recruitment by sharing flyers and registration information via their email list serves. In addition, Project staff was able to coordinate the provision of Continuing Education Units ("CEUs") to licensed clinicians participating in the trainings. EBP trainings including free CEUs are difficult to find in the community, so Project staff was able to use the CEUs as incentives to increase enrollment in the trainings.

EVIDENCE-BASED PRACTICE TRAINING SERIES³

1. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic events. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies focusing on enhancing interpersonal trust and client empowerment. LAC DMH authorizes this EBP for treating children ages 3-18. Through this Project, a certified TF-CBT trainer administered the following protocols to training participants:

- 2-Day Initial TF-CBT Training (2-days for clinicians and an extra ½ day for TF-CBT supervisors).
- 16 consultation calls (up to eight clinicians per call including a TF-CBT supervisor).
- Booster Training (1 day for clinicians and an extra ½ day for TF-CBT supervisors) six months after the initial training.
- Participants complete and submit up to two audio taped sessions for review by trainer.

Training participants who completed all of the above-listed protocols obtained national certification in the TF-CBT EBP through the Project. The 2-day initial training portion of the protocol was made available to a wider group of participants, some of whom only intended to complete the 2-day initial training and did not go on to become certified in TF-CBT through this Project.

Training Objectives Included:

- Identify important assessment and engagement strategies for working with families utilizing the TF-CBT modality.
- Understand what constitutes complex trauma and how it differs from isolated traumatic events, with implications for assessment and treatment.
- Review the 'PRACTICE' components of TF-CBT and ensure the application of components in a structured, gradual exposure manner.
- Identify and share creative applications of the 'PRACTICE' components. Focus on the Trauma Narrative and Cognitive Component, through case examples and role-plays.

2. Adapted Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Individuals with dual diagnosis experience high rates of abuse and neglect. In this one-day training (geared toward participants with previous background and knowledge of TF-CBT), the trainer examined factors contributing to this population's vulnerability, clinical

³ Please visit <http://reachacrossla.org/programs/ebps/> to see copies of the training flyers, curricula, handouts and other materials for this training. You may also contact Aga Spatzier, MPH, Wellness Manager, at agas@westsiderc.org to request additional Project materials such as training surveys, pre and posttests, etc.

symptoms of traumatic stress, assessment techniques and cultural competencies. The trainer presented an in-depth, phase oriented trauma treatment model based on TF-CBT with adaptations for individuals with dual diagnosis. The training also included consideration of caregivers and other systems of care as well as therapists' vicarious traumas.

Training Objectives Included:

- Examine high rates of abuse and neglect among people with disabilities and factors contributing to this vulnerability.
- Discuss trauma assessment techniques to help clinicians with diagnostic overshadowing and differential diagnosis.
- Practice components of phase oriented trauma treatment and the adaptations to the model for individuals with intellectual and developmental disabilities.
- Explore techniques to incorporate therapist and caregiver resilience into trauma treatment in the presence of vicarious trauma.

3. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) with Intellectual and Developmental Disabilities Workshop

This 3-hour workshop was available to community mental health providers to strengthen their knowledge of regional center eligibility and services, familiarize them with profiles of clients with dual diagnosis and demonstrate the application of TF-CBT with to clients with dual diagnosis. The workshop also provided participants with an increased understanding of the clinical challenges and adaptive application of EBPs in the mental health treatment of individuals with dual diagnosis. Participants had the opportunity to review vignette materials and discuss case challenges using TF-CBT.

Training Objectives Included:

- Demonstrate knowledge of the regional center system (i.e., eligibility and services).
- Demonstrate understanding of developmental differences, including intellectual disabilities.
- Apply the TF-CBT model with populations presenting with intellectual and developmental disabilities.
- Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practices.

4. Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment developed to treat chronically suicidal individuals diagnosed with borderline personality disorder, and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that DBT is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder, and eating disorders. This EBP is authorized for individuals 18 and older. Through this Project, a certified DBT trainer administered the following protocols to training participants:

- 2-Day Introductory DBT Training.
- 1-Day “Nuts and Bolts” Training.
- Weekly DBT Consultation Team meeting (1.5 hours per week)
- 1 year of monthly in-person consultation with DBT trainer at weekly DBT team Consultation Team Meeting.

Training Objectives Included:

- Explain the model of emotion dysregulation and the bio-social theory.
- Conceptualize suicidal ideation, self-harm, and other problem behaviors from the bio-social model using behavioral therapy.
- Utilize principles of DBT in therapy sessions including a dialectical stance and a nonjudgmental, validating approach toward the client.

5. Dialectical Behavior Therapy for Special Populations (DBT-SP) – Clinician Training

Dialectical Behavior Therapy for Special Populations (DBT-SP) is an adapted treatment approach designed to assist clinicians and care providers working with dual diagnosis. The treatment approach addresses inability to tolerate distress, emotional instability and dysregulation, and interpersonal difficulties. This day and a half training was developed for clinicians interested in learning how to adapt their clinical DBT skills to working with clients with dual diagnosis and their family members.

Training Objectives Included:

- Become familiar with core terms and principles of DBT-SP.
- Learn characteristics of dysregulation and ways of supporting clients in using distress tolerance, emotion regulation, and relationship skills.
- Become familiar with group dynamics and increase group skills.
- Become skillful at leading therapeutic groups for individuals with developmental disabilities and behavioral/mental health needs.

6. Dialectical Behavior Therapy: New Skills for Parents and Providers to Decrease Stress and Improve Cooperation and Relationships with Children and Adults with Developmental Disabilities and Mental Health Needs – Workshop for Parents and Providers

This four-hour workshop was designed to help parents improve relationships with their young and adult children through the use of DBT strategies. The workshop also offered an introduction to DBT and interventions that providers could use when working with individuals with dual diagnosis.

Training Objectives Included:

- Learn ways to decrease conflict.
- Increase cooperation and tolerance for distress.
- Improve communication and relationship skills.

7. Triple P – Positive Parenting Program (Standard Stepping Stones – Level 4)

Standard Stepping Stones Triple P is designed to treat behavioral and emotional problems specifically in children (up to age 12) with a developmental disability. It provides parents with comprehensive support in managing their child's behavior across settings (i.e. disobedience, fighting and aggression, and temper tantrums). The training offered through this Project aimed to help clinicians provide parents with a variety of parenting skills that will promote their child's development and potential. A certified Triple P trainer administered the following protocols for training participants:

- 3-day Initial Training.
- 1-day pre-accreditation workshop.
- 1-day accreditation workshop.

Training Objectives Included:

- Detect and effectively manage child behavior problems.
- Recognize risk and protective factors operating within families.
- Describe core principles of positive parenting and behavior change.
- Perform advanced assessment of child and family functioning.
- Apply key parenting strategies to a broad range of target behaviors.
- Identify strategies for promoting generalization and maintenance of behavior change.
- Recognize indicators that suggest the presence of additional family risk factors.

8. Triple P – Positive Parenting Program (Standard Stepping Stones – Level 4 EXTENSION Course)

All clinicians who attended this 1-day Extension course were already accredited in Level 4 Standard Triple P (which is *not* designed specifically for children with developmental disabilities) and took this shorter course to increase their clinical Triple P knowledge and learn how to assist parents of children with developmental disabilities and challenging behaviors.

Training Objectives Included:

- Early detection and effective management of child behavior problems.
- Risk and protective factors operating within families.
- Core principles of positive parenting and behavior change.
- Advanced assessment of child and family functioning.
- Application of key parenting strategies to a broad range of target behaviors.
- Strategies for promoting generalization and maintenance of behavior change.
- Identification of indicators suggesting the presence of additional family risk factors.

9. Seeking Safety (SS)

Seeking Safety (SS) is a present-focused counseling model to help people attain safety from trauma and/or substance abuse. The model was designed for flexible use. It can be conducted in a group or individual format; for men and women; adults or adolescents; for any length of treatment; any level of care (i.e. outpatient, inpatient, residential); for any type of trauma and any type of substance. This EBP is authorized for ages 13 and up. A certified SS trainer administered the following protocols:

- 1-day or 2-day Training (WRC organized both one and two day trainings for three different cohorts of clinicians) with access to the SS manual during and after training.
- Developer highly recommends participation in Theme Based Calls (TBCs).

Training Objectives Included:

- Understand evidence-based treatment of trauma and substance abuse.
- Increase empathy and understanding of trauma and substance use.
- Describe SS, an evidence-based model for trauma and/or substance abuse.
- Provide assessment and treatment resources.
Identify how to apply SS for specific populations, such as homeless, adolescents, criminal justice, HIV, military/veteran, individuals with developmental disabilities, etc.

10. Seeking Safety (SS) with Intellectual and Developmental Disabilities Workshop

This 3-hour workshop was available to community mental health providers to strengthen their knowledge of regional center eligibility and services, familiarize them with profiles of clients with dual diagnosis and demonstrate the application of SS with clients with dual diagnosis. The workshop also provided participants with an increased understanding of the clinical challenges and adaptive application of EBPs in the mental health treatment of individuals with dual diagnosis. Participants had the opportunity to review vignette materials and discuss case challenges using SS.

Training Objectives Included:

- Demonstrate knowledge of the regional center system (i.e., eligibility and services).
- Demonstrate understanding of developmental differences, including intellectual disabilities.
- Apply the SS model with populations presenting with intellectual and developmental disabilities.
- Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practices.

11. Individual Cognitive Behavioral Therapy (Ind CBT)

Cognitive Therapy was developed by Dr. Aaron T. Beck to treat depression, and it has been shown to be an effective treatment for a range of mental health problems. Ind CBT is a practical, empirically based, present-focused approach to treatment that focuses on

interconnections between our thoughts, behaviors, and moods. Ind CBT helps people identify their distressing thoughts and evaluate how realistic those thoughts are. The emphasis in Ind CBT is on solving problems and initiating behavior change. This EBP is authorized for individuals 18 and older. A certified CBT trainer administered the following protocols:

- 3-day Initial Training (18 hours).
- 16 weekly 55 minutes Consultation Calls (no more than 8 clinicians per call).
- Submission of 1 audiotape and 1 case conceptualization on 3 current CBT clients reviewed by CBT trainer or designated consultant.
- 1-Day Booster Training (6 hours).

Training Objectives Included:

- The three primary components of the CBT model for the treatment of anxiety and depressive disorders.
- Two adjustments to CBT for the treatment of anxiety and depression in adults with developmental disabilities.
- The primary steps to build a case conceptualization and treatment plan for anxiety and depressive disorders in adults with developmental disabilities.
- The primary features of structuring a CBT session with adults with developmental disabilities.
- Two typical cognitive interventions in the treatment of anxiety and depressive disorders in adults with developmental disabilities.
- Two typical behavioral interventions in the treatment of anxiety and depressive disorders in adults with developmental disabilities.

12. Integrating Mental Health EBPs with Co-Occurring Intellectual Disabilities: Child Parent Psychotherapy (CPP)

This 3-hour workshop was available to community mental health providers to strengthen their knowledge of regional center eligibility and services, familiarize them with profiles of clients with dual diagnosis and demonstrate the application of CPP with to clients with dual diagnosis. Training participants explored the core concepts of evidence-based practices in special needs infant-preschooler populations, evaluated mental health treatment issues specific to special needs populations and trauma, and discussed integration of the CPP model. Participants also had the opportunity to share and explore treatment concerns and challenges.

Training Objectives Included:

- Demonstrate knowledge of the Regional Center system (i.e., eligibility and services).
- Demonstrate knowledge of trauma and special needs population.
- Demonstrate understanding of developmental differences impact on trauma treatment.
- Apply the CPP model with case study of intellectual and developmental disabilities.

- Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practice, CPP.

13. Mindful Practice: Tools to Reduce Stress and Burnout, and Promote Effective Communication

Two separate four-hour trainings were offered to WRC service coordinators and other support staff directly working with individuals with or at risk for dual diagnosis and their family members. Since we cannot always control what is outside of ourselves, we can use tools, like Mindfulness, to help reduce stress, create calm, promote effective communication, and cultivate a greater sense of fulfillment. This training allowed participants to explore the foundations of mindfulness through awareness of the body, emotions, and thoughts through both formal and informal on-the-spot practices.

Training Objectives Included:

- Learn the benefits of mindfulness.
- Learn how to increase awareness.
- Demonstrate understanding of emotion regulation.
- Apply mindful communication in daily interactions with others.

14. Problem Solving Therapy (PST)

Problem Solving Therapy (PST) is an evidence-based treatment intended to break the cycle between overwhelming life stressors and symptoms of depression, anxiety, or distress. PST has been found to be effective for a wide range of difficulties, including major depressive disorder, generalized anxiety disorder, emotional distress, suicidal ideation, relationship difficulties, certain personality disorders, poor quality of life and emotional distress related to medical illnesses. This training provided participants with a solid foundation in the rationale, research support, and clinical application of PST through a combination of didactic instruction, audiovisual demonstration, and role play practice.

Training Objectives Included:

- List and describe each of the seven steps of PST.
- Assess an individual client's suitability for PST.
- Explain the rationale and structure of PST to clients.
- Utilize the PST steps and action-planning worksheet to break down a life problem and develop an action plan to address it.

15. Cultural Competency Development – Promoting Engagement with Black Consumers and Families

This 3-hour workshop was available to community mental health providers to facilitate cultural competency in clinicians and therapists who provide psychosocial support to clients identifying as Black-/African- Americans. Content provided information on the common experiences of African Americans within the U.S. context. Content also

addressed the research on racial disparities and its application to the field of mental and behavioral health. The course particularly addressed the experiences of dually diagnosed African Americans and examined the factors involved in effective treatment engagement. The workshop also highlighted the key skills necessary to developing cross-cultural proficiency.

Training Objectives Included:

- List the factors that lend to racial disparity in mental health service utilization for African Americans.
- Describe the factors that are associated with mental health in African Americans.
- Convey an understanding of the intersectionality of developmental disability, mental health conditions and culture and how this influences one's experience and treatment.
- Identify the clinical skills associated with the development of cultural proficiency in work with African Americans and African American families.

16. Promoting Resilience against Burnout Workshop

Two separate 3-hour trainings were offered to WRC service coordinators and other support staff to learn about content incorporating the latest research findings in stress and psychological resilience as applied to care providers, as well as participate in group activities to practice using a psychological burnout assessment tool. The workshop addressed the stress hazards and psychological demands associated with the provision of psychosocial supportive services to vulnerable populations. It also addressed the hazards of compassion fatigue, burnout, and vicarious traumatization that can diminish a staff member's capacities for therapeutic effectiveness over time and lead to decreased wellbeing, exhaustion, and lack of purpose in their professional and/or paraprofessional roles.

Training Objectives Included:

- Define burnout, compassion fatigue and vicarious traumatization.
- Describe how stress and trauma affect key brain structures and the body.
- List 3 behaviors associated with psychological resilience in people who work with vulnerable populations.
- Describe 4 stress coping styles and how to facilitate healthy coping in light of each style.

17. Mindfulness-Based Practice with Children and Youth Exposed to Trauma Workshop

This 4-hour workshop was designed to teach community mental health providers how to provide mindfulness skills and techniques to clients who have experienced trauma, with special attention given to simple and complex trauma. The workshop incorporated an intersectionality perspective when working with children with various levels of abilities and

identities. It also highlighted the unique challenges for those who are dually diagnosed with both a mental disorder and developmental disability. Participants were able to practice mindfulness techniques and activities with each other as well as individually.

Training Objectives Included:

- Provide a common definition of trauma and its impact on child/adolescent mental health.
- Identify the impact of trauma on adolescent/child development from a bio-psycho-social lens.
- Engage in experiential activities to learn mindfulness interventions with children and youth.
- Describe mindfulness practice & Mindfulness-Based Cognitive Behavioral Therapy (MBCT).
- Explain how to utilize/implement MBCT when working with adolescent survivors of trauma.

18. The Utilization of Motivational Interviewing with Clients of Color Workshop

This 4-hour workshop was designed to teach community mental health providers about the basic principles of Motivational Interviewing (MI). Training participants also had an opportunity to practice some of the key skills of MI when working with clients of color. In addition, the workshop provided tools for working with clients with dual diagnosis. Participants were able to practice and role play MI techniques in small groups.

Training Objectives Included:

- Understand the concept of motivation.
- Relate motivation to a model of behavior change when working with clients of color.
- Improve skills in assessing motivation among clients of color.
- Recognize resistance and develop skills to work with ambivalence among clients of color.
- Understand the principles and explore some of the strategies of Motivational Interviewing with clients of color.

OUTCOMES

Between May 2015 and March 2017, Project staff organized 17 EBP trainings and adapted-EBP workshops for over 650 clinicians from 70 plus mental health agencies.⁴ In addition, we were able to offer workshops to over 30 parents and other care providers of individuals with or at risk for dual diagnosis.

The goal of this project was to increase clinical knowledge and improve understanding of adaptive applications of EPBs in the mental health assessment and treatment of individuals with dual diagnosis. Based on the responses gathered from the training evaluations, participants reported that the EBP trainings offered through this Project contributed to an increase in their:

- Knowledge, comfort level, and professional expertise that may, in turn, increase the quality of life of patients/clients.
- Understanding of how to apply different EBPs to their work with specific populations such as homeless, adolescents, criminal justice, HIV, military/veteran, and individuals with developmental disabilities.
- Understanding of how developmental differences and cognitive deficits impact the adaptation of EBPs and that many of the EBPs are effective when working with clients with dual diagnosis, though they may need to be modified to ensure learning and new skill acquisition.
- Ability to make a diagnosis, develop treatment goals, and apply therapeutic models appropriate to treating people with dual diagnosis.

Training participants treated over 2,000 clients, including over 500 clients with dual diagnosis, using the EBP protocol knowledge gained at the trainings. Participants also offered the following comments about the trainings and the value the information added to their clinical skill sets:

- “I learned a lot of qualitative skills I can use with different clients.”
- “I appreciated the information provided about people with intellectual disabilities and regional centers. Many of my clients have developmental symptoms and need more help.”
- “The training was extremely informative and helpful. I feel I can utilize the model more effectively now.”
- “Very good! I’m a DMH [Department of Mental Health] Social Worker and it applies to adults with DD [developmental disabilities] plus with other disorders. I’m much

⁴ Because there were many training participants who attended more than one of the EBP trainings and workshops offered, the total number of unique clinicians and care providers who received training through this Project is around 370.

better equipped to recognize DD.”

- “How to discuss the needs of children with disabilities with parents.”
- “Learned to adapt the skills to children with disabilities.”
- “Important skills learned for special needs population- students learned that wording/simple language is important in the communication process with parents. Also, the pacing of treatment is important to understand with this population (slower process may be therapeutically beneficial).”

Overall, this project allowed WRC to offer much needed EBP trainings to community mental health providers in order to increase their clinical knowledge and improve understanding of various adaptations that can be used while working with dually diagnosed clients. It also allowed WRC to build relationships with therapists from local mental health agencies so we can refer clients with emerging mental health conditions to their agencies. We organized the trainings at WRC rather than a community-training venue. The goal was to introduce the training participants to regional centers. We also provided additional workshops about the regional centers and resources for participants to take back to their agencies. Some of the participants also invited Project staff to provide additional in-service trainings at their agencies on regional centers’ eligibility and services.

Please visit <http://reachacrossla.org/programs/ebps/> to access copies of the training flyers, curricula, handouts and other materials for all the trainings offered through this Project. You may also contact Aga Spatzier, MPH, Wellness Manager, at agas@westsiderc.org for more information regarding this Project and/or to request additional Project materials such as training surveys, pre and post-tests, etc.

LESSONS LEARNED

There are many steps that need to be taken when developing and implementing EBP trainings for professionals in the community. Based on our training implementation experience and feedback from training evaluations, Project staff would like to share the following lessons with others who may be interested in repeating our training series and creating successful collaborative care models:

1. Establish partnerships with local mental health providers (e.g. LAC DMH) before organizing trainings and preferably even before applying for funding to implement trainings.
2. Conduct needs assessment regarding EBP trainings in demand among community mental health care providers before applying for funding/submitting grant proposal to implement trainings. Based on the needs assessment, reach out to implementation consultants for identified EBPs to inquire about training protocols and costs. We found that training costs for certain EBPs were substantially higher than estimated in our grant proposal for this Project.
3. Include additional community mental health organizations (e.g. Kaiser, UCLA, private clinics and practitioners) in your partnership and outreach efforts.
4. Continue communicating with your partners (e.g. LAC DMH) about your training development and implementation plans throughout the project.
5. Consider the time-frame for completion of a particular EBP training protocol. Certain EBPs such as DBT and CPP have particularly long time-frames for completing training (one – two years) and come with a higher attrition rate among training participants as well as require more administrative oversight work for project staff.
6. Find an effective mechanism for follow-up with training attendees to establish a network of providers and continue developing collaborative care models for dually diagnosed clients. The collaborative care models should include teams of providers at various mental health agencies, in each Service Area, to meet regularly to discuss cases and to work on completion of all training protocols. The collaborative care models should also include supervisors at various mental health agencies supporting clinicians during and after the completion of training protocols.
7. Consider requesting personal email contact information from training participants (in addition to work emails) in order to improve follow-up survey response rates and outcome data collection. We found that many clinicians (especially pre-licensed clinicians) left or switched agencies before we could collect follow-up survey and outcome data from them using the work contact information they supplied during training.

