Lessons Learned: How Programs and Clinicians can Conduct & Publish Research

Ellen Behrens, Ph.D.
ebehrens@westminstercollege.edu
Chief Editor of the JTSP
-Member of NATSAP Research Committee
-Research Scientist for the Outdoor Behavioral Healthcare Center at UNH
-Faculty at Westminster College, SLC, UT
-Psychologist
Papers in the 2016 issue

Outdoor Behavioral Healthcare
- "For All You Do, This Article is For You: Thoughts on Optimizing and Evolving Treatment Evaluation"
- "Outdoor Behavioral Healthcare: Its Impact on Family Functioning"
- "Pushing Beyond Outcome: What Else Changes in Wilderness Therapy"
- "What Does It Take to Get Post-Discharge Data"

Residential Treatment
- "Family Matters: Engaging Parents in Youth Treatment"
- "For All You Do, This Article is For You: Thoughts on ...Treatment Evaluation"
- "Pushing Beyond Outcome: What Else Changes in Wilderness Therapy"
- "What Does It Take to Get Post-Discharge Data"

Public Residential Treatment
- "Coping Styles and Secondary Traumatic Stress in Direct Care Staff Working in Residential Treatment Centers"
- "Working with Traumatized Students: A Preliminary Study of Measures to Assess School Staff Perceptions"
Member programs

- 175 Residential treatment programs & outdoor behavioral healthcare (OBH) programs for adolescents & young adults
- Services often delivered in a continuum of care (OBH ≥ RTC ≥ Aftercare)
- Independently operated and owned
- Licensed/Accredited with licensed clinicians
- Funded via private pay, insurance, and district/state contracts
• Discuss experience & interests of attendees
• NATSAP Practice Research Network (PRN) history, status, & products
• Lessons learned about research from the NATSAP PRN
• How to produce publishable research while still doing your day job
• Discussion
Discuss experience & interests of attendees
NATSAP Practice Research Network (PRN): How we began

8 years ago
- Meeting of 10 clueless but curious and capable people met in Montana.
- Canoeing, hiking, diners, socializing.....and brainstorming.
Issues we considered when designing the PRN: Nine year Life cycle of an “normal” research project

1981-1983 – Pilot test program & research tools

1984-1985 – Conduct effective program

1984 - 1986 – Collect initial data

1986 – Analyze data, write-up results, and submit for review

1987 – Accepted, revised, and published initial one year findings¹

1990 - Accepted, revised, and published three year findings²
Issues we considered when designing the PRN: Two year Life cycle of an “NATSAP” research project

1981-1983 – Pilot test program & research tools

1984-1985 – Conduct effective program

1984-1986 – Collect initial data

2011 – Analyze data, write-up results, and submit for review

2012 – Accepted, revised, and published initial one year findings

1990 - Accepted, revised, and published three year findings
Issues we considered when designing the PRN: Time, Expertise, Costs, Supplies

Independent research

PRN research
Issues we considered when designing the PRN:
Research costs: Sustainability, Data quality

Independent research

PRN research
The NATSAP Practice Research Network: Our Goals

- Provide an affordable, sustainable, and user-friendly data collection tool for all NATSAP programs to utilize
- Create a research data base that could be used to improve NATSAP program practices
- Publically disseminate research (publish)
- Attract university faculty
NATSAP’s PRN: What we decided to do

• Automated, respondent keyed, online data collection system
• Managed by NATSAP

• Our Data
• Who: Parents, Providers, Residents
• When: Admit, Discharge, 12 months post
• What:
  – Outcome Questionnaire measures (self and parent report)
  – Family Assessment Device
  – Background Survey
NATSAP PRN Status

- Involvement of UNH
- 7 research Scientists, Active NATSAP research committee, 7 universities
- N > 6500, Programs = 65, Publications = 15-20 publications/year
- $29,000 annual cost paid by NATSAP, free to member programs
NATSAP PRN Status: Research Designated Program

• 29 programs have RDP status

  – >80% of admission data for >60 mo
  – Commitment to collect 50% of discharge data
  – Commitment to collect post discharge data at recommended levels
### Peer reviewed journals articles in print:

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<th>Author(s)</th>
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### Peer reviewed journal articles (in press):

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<tbody>
<tr>
<td>Behrens, E.</td>
<td>Journal of Therapeutic Schools and Programs</td>
<td>Preface: A case for case studies</td>
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<tr>
<td>Christianson, N.</td>
<td>Journal of Therapeutic Schools and Programs</td>
<td>Healing Sexual Trauma in the Wilderness; A Case Study. Differences between adopted and non-adopted adolescents in wilderness and residential treatment.</td>
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<tr>
<td>DeMille, S. M. &amp; Burdikt, M.</td>
<td>Journal of Therapeutic Schools and Programs</td>
<td>The impact of wilderness therapy on physical and emotional health: Utilizing an integrated approach in Outdoor Behavioral Healthcare.</td>
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### Peer reviewed journal articles in preparation:

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<tr>
<td>Bettmann, J., Tucker, A., &amp; Behrens, E.</td>
<td>in preparation</td>
<td>The impact of wilderness therapy on attachment, separation and mental health functioning in young adults</td>
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<tr>
<td>Zeveloff, S., Tucker, A., &amp; Gass, M</td>
<td>in preparation</td>
<td>Supporting the social justice in adolescent adventure therapy.</td>
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<tr>
<td>Peng, H., Tucker, A., &amp; Gass, M.</td>
<td>in preparation</td>
<td>Supporting the social justice in adventure therapy: A social work perspective.</td>
</tr>
<tr>
<td>Simmons, M., Tucker, A., &amp; Gass, M.</td>
<td>data collection</td>
<td>The impact of wilderness therapy on physical and emotional health: Utilizing an integrated approach in Outdoor Behavioral Healthcare.</td>
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### Books/Book chapters

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<tr>
<td>Norton, C.L.</td>
<td>Institute for Violence and Trauma</td>
<td>March 2014</td>
<td>Individualized instruction on how to make your research more productive</td>
</tr>
<tr>
<td>DeMille, S.M.</td>
<td>American Counseling Association</td>
<td>March 2014</td>
<td>Trauma informed adventure therapy</td>
</tr>
<tr>
<td>Roberts, S. &amp; DeMille, S.M.</td>
<td>International Association of Counselling</td>
<td>May 2014</td>
<td>“Intervening” in adventure programming &amp; adventure therapy</td>
</tr>
<tr>
<td>DeMille, S.M.</td>
<td>American Psychological Association</td>
<td>August 2014</td>
<td>Does Change Last? Outcomes for Adolescents in Outdoor Behavioral Health Care Treatment Outcomes for Struggling Adolescents in an Outdoor Behavioral Health Care Program</td>
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Publications
Questions we have asked with PRN data: Does it “work” & does it last?

Y-OQ at Intake, Discharge and 6 Months Post according to youth, mother & father
Questions we are starting to ask: What else changes during treatment?

FAD GF at Intake, Discharge and 6 Months Post according to youth, mother and father
Questions we are starting to ask: What are the mechanisms of change & when do they “kick in”? 

- Symptoms Decrease
- Hope begins to increase
- Belief in Life effectiveness increases
Questions we starting to ask: Does amount or frequency of IT, GT, FTs, and/or Academics predict outcomes?
Methodology

9 OBH and 17 RTC programs
  ➢ All participate in the NATSAP PRN

15-20 minute phone survey with management team
  ➢ Typical amount (dose) & frequency of each service in the program

Merged that data with client data in the NATSAP database
Our Hierarchical Model

Controlling for Gender

WT
RTC

Dose of:
- IT
- GT
- Remote FT
- In-Person FT
- Physical Activity
- Academics

YOQ SR 2.0
Change from Admit to Discharge
Lessons Learned

• It works
• It isn’t as hard as we thought
• Yet, there are on-going problems, most notably attrition
Level of Effort Required for Parent Responses
N=452

- First Email: 49%
- Second Email: 28%
- 2+ Emails and/or calls: 23%
Level of Effort Required for Adolescent Responses N=363

- AC high effort: 40%
- AC moderate effort: 30%
- Parent/adoles. Moderate effort: 11%
- Parent low effort: 19%
Top Ways to Fail and Succeed

• Act Simultaneously as Clinician and Researcher
  – Hire or appoint someone with the time, resources, and skills

• Don’t Communicate with Stakeholders
  – Permeate the culture with research talk/values

• Think your Data Collection is “Out of Sight Out of Mind”
  – Monitor progress and do Quality Assurance
  – Schedule quarterly checks on your data
Top Ways to Fail and Succeed

• Work Alone
  – Involve collaborator programs, faculty, services

• Leave It on the Shelf
  – Clinicians do research-informed progress-monitoring with clients
How to do research while still doing your day job

• Form a PRN
• Automate your data collection
• Campaign for release time
• Partner with other programs
• Partner with university faculty
Discussion
Thank you