



Implementing *Incredible Years*: Reflections on Changes in the Clinician's Role in an Evidence-Based Practice

In 2007, Morrison Child and Family Services received a Science to Service Award from the Substance Abuse and Mental Health Administration (SAMHSA). The award, in the "Mental Health Promotion" category, recognized Morrison's successful implementation of an evidence-based practice, Incredible Years Parent and Child Groups. The Science to Service awards are part of SAMHSA's efforts to encourage the successful application of research at the practice level.

The emergence and spread of new modes of practice in the field of children's mental health has had a significant impact on many clinicians' roles. Our agency, Morrison Child and Family Services, in Portland, Oregon chose to implement *Incredible Years*, an evidence-based practice (EBP), as part of a federal grant. *Incredible Years (IY)* is a series of programs designed to work together to reduce conduct problems and promote social, academic, and emotional competence in

young children. Morrison has implemented the *IY* Parent and Child Training programs, and is in the process of implementing the *IY* Teacher Training program. Clinicians implementing *IY* programs at Morrison have had the opportunity for several years now to compare and contrast a more traditional outpatient mental health role with one that incorporates an EBP as a primary mode of practice.

Clinicians have a range of responses to the prospect of working within a manualized treatment program. Often, there is fear that use of an EBP will stifle the clinician's creativity, or that it will force them to abandon skills they already possess. Some worry that they will be "micro-managed," or that EBP will feel too rigid. By contrast, others often appreciate that an EBP has a body of evidence to support its efficacy and feel confident that they are using a model that will allow them to consistently replicate these positive outcomes with their clients. Many clinicians find they enjoy having a solid framework within which they can make comprehensive

use of their knowledge and skills.

Shifting Roles for Clinicians

Implementing an EBP brings with it a series of requirements that have typically not been found in agency outpatient settings. In *IY*, clinicians collect both pre- and post-data on client behavior. These data are tracked and submitted for evaluation. In traditional practice, clinicians tend not to be this involved with obtaining data from clients on a systematic basis. However, thorough collection of client data is indispensable in determining effectiveness of the program. This knowledge is essential for internal program assessment and, frequently, for reporting to funders.

Another aspect of working within the *IY* framework that differs from more traditional clinical work is the process of practitioner certification. Practitioners are oriented to an *IY* program during a three-day training, but in order to be certified as group leaders, they must complete a video-taped supervision process wherein



This is likely a new experience for clinicians. Researchers affiliated with the developers of *IY* have analyzed data showing that agencies with practicing certified group leaders are most likely to have the best outcomes from the program.

Clinicians are also introduced to the idea of implementing EBP “with fidelity,” meaning that they must demonstrate that their practice complies with the guidelines of the model. In the *IY* programs, clinicians complete a Group Leader Checklist each week, indicating whether or not they have presented each element of the curriculum for that week’s session. Additionally, at the fourth and eighth weeks, co-leaders complete a Peer- and Self-Evaluation form, reviewing both their own and their partner’s delivery of the curriculum. At Morrison, we have also instituted an *IY* peer review group, where clinicians meet in a supportive setting to share strategies, problem-solve challenges, and present videotape reviews of classes to gather specific feedback. These practices, in addition to ensuring fidelity to the model, can also lead to a more sustained and thoughtful reflection on one’s own progression toward mastery of the curriculum.

Finally, because an EBP is usually

a manualized treatment, clinicians may assume that it is simplistic—that “anyone can do this.” In fact, what we have discovered with the *IY* programs is that this EBP requires both skill and creativity to implement. Clinicians must bring their existing group therapy skills, and parenting and child development knowledge to bear during their work with *IY*. They will also need to learn new skills, such as how to facilitate videotape reviews of new tools during class, how to conduct role plays to support clients’ rehearsal of new behaviors, and how to problem-solve the challenges clients encounter with their weekly home activities. Group leaders will be managing these clinical tasks while also tracking the weekly checklists, phone calls, client feedback, and homework reviews required between classes. Integrating the entire repertoire of skills creates new learning challenges and growth opportunities for clinicians.

Clinician and Client Benefits

Benefits for both clients and clinicians are clearly emerging from Morrison’s implementation of this particular EBP. Our client data show significant improvement after completion of the program. Parents consistently report a decrease in feelings of isolation and increases in support, skills, and feelings of community. This is illustrated by the story of one client family that was mandated to participate because of their involvement with child welfare services. While the family was participating in the *IY* program, the Morrison group leader called child welfare twice with concerns about child safety. The family, while aware of the calls, continued to participate in the entire 14-week series. In fact, the family called the group leader several times after the close of the series to report their progress with the child.

Clinicians also report success with and enjoyment of the *IY* curriculum. Many relate that, particularly after becoming certified group leaders, they are encouraged to consider how to tailor and enrich the program, within the essential framework, to further meet the individual needs of each client. The programs require as one

of their central elements of practice that group leaders take a collaborative, non-expert-based stance toward clients. Many clinicians find that this dovetails with their own preferences for a client-centered or strengths-based approach to families. Finally, Morrison’s implementation of the *IY* programs has created a shared language and practice. Using a common model generates an atmosphere of collective thought and work. In sum, it seems that we as clinicians have a parallel learning experience to the families with whom we work—supporting each other as a community in the use of new tools and skills for the benefit of those in our care.

Author

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PARENT AND CLINICIAN COMMENTS

“... the things I learned in the Incredible Years class helped me to create a more peaceful home. I am enjoying my children more because of it.”

—*IY parent*

“In using Incredible Years, I can state with confidence to a parent that ‘this has been researched and found effective as a way to treat the problems you are experiencing with your child.’

In one sense, it backs me up.”

—*Morrison IY group leader*

“I had several families who took the class as a prevention class. Through the weeks, they became treatment-ready for outpatient family therapy. Each of the three families, whom I subsequently treated, reported fewer behavior problems and greater satisfaction with parenting their child. As a clinician, it was very satisfying to work with them.”

—*Morrison IY group leader and family therapist*