

Module 8

Evidence-Based Psychosocial Interventions for Childhood Problems

Learning Goals

1. Describe evidence-based practice (EBP) as a process and a philosophy of closing gaps between research and practice and minimizing harm.
2. Deconstruct diagnoses of childhood psychiatric “disorders,” and propose alternative ways to view childhood problems.
3. Describe effects of traumatic experiences on children’s development and self-regulation.
4. Evaluate appropriate psychosocial interventions for various childhood problems based on research evidence.

Questions for Practice, Supervision and Administration

1. Select a case from your current practice and “deconstruct” the DSM psychiatric diagnosis:
 - a. What feelings and behaviors led to the diagnosis?
 - b. Are any of those feelings and behaviors common to other diagnoses?
 - c. Summarize the evidence bearing on the *validity* and *reliability* of this diagnosis.
 - d. Independently of the symptoms, how would one identify the condition named by the diagnosis? In other words, is there any objective test to determine the presence of the “disorder,” independent of the DSM criteria? How does this bear on the validity of the diagnosis?
 - e. Does the diagnosis add to your understanding of the client’s problem, or is it merely another way to name the problem? If the former, state precisely how. If the latter, is it incorrectly used as etiological explanation?
 - f. Choose three (3) cases from your caseload, and attempt the following thought experiment: Imagine that there were no diagnostic systems in existence, and you had to describe your client’s problem(s) to another practitioner, and to another layperson, in three sentences or less. Reviewing each of your descriptions, identify whether and how they differ from the list of symptoms making up the criteria for the client’s DSM diagnosis.

- g. Identify a child client from your caseload whose present situation seems heavily associated with experiencing previous traumas. Is the current drug treatment (if any) in fact treating the consequences of trauma? If so, is it appropriate? Is there a caring, protective adult involved in this child's life? Is the caregiver attuned to the child's needs?
2. Outline the steps involved in searching for, identifying, and selecting an evidence-based intervention.
 - a. Based on what you have learned, describe how psychotropic medications may be, and may not be, considered "evidence-based"?
3. Evaluate your own agency or practice setting and assess if it is evidence-based according to Gambrill's model sketched in this module?
 - a. Are there processes in place at the agency level to apply evidence-based practice? Do they take into account client preferences and needs?
 - b. Is knowledge, as well as ignorance, about treatment effects shared transparently with clients?
 - c. Have there been instances when one of your colleagues, attempting to share "unfavorable" information about psychotropic drugs with either colleagues or clients, were reprimanded?
 - d. Overall, is your agency "biased" toward or against the use of psychotropic medications with clients? Provide several observations for your answer, keeping in mind your *own* possible biases.
 - e. What immediate (within the next month), medium-term (1-12 months), and long-term (1-2 years) steps could you and your colleagues take to bring your agency's practices in line with this model of evidence-based practice?