

The paper for
professionals who work
with troubled youth



STARR POINTS

Practice-Based Evidence: Back to the Future

Larry K. Brendtro, Martin L. Mitchell and James Doncaster

Researchers are shifting from the medical model of studying treatments to a practice-based model focusing on the nature and needs of a person in a therapeutic relationship. The following excerpts are from an article in a special issue of *Reclaiming Children and Youth* (Winter 2011) that discusses this central tenet of Re-ED which was founded by Nicholas Hobbs 50 years ago.

Principles of Re-ED*

Trust between a child and adult is essential, the foundation on which all other principles rest.

Life is to be lived now, not in the past, and lived in the future only as a present challenge.

Competence makes a difference, and children should be good at something, especially at school.

Time is an ally, working on the side of growth in a period of development.

Self-control can be taught and children and adolescents help to manage their behavior.

Intelligence can be taught to cope with challenges of family, school and community.

Feelings should be nurtured, controlled when necessary, explored with trusted others.

The group is very important to young people, and it can be a major source of instruction in growing up.

Ceremony and ritual give order, stability, and confidence to troubled children and adolescents.

The body is the armature of the self, around which the psychological self is constructed.

Communities are important so youth can participate and learn to serve.

A child should know some joy in each day.

Confusion abounds about what qualifies as “evidence” of effective interventions. The president of the American Psychology Association (APA) notes that “much of the research that guides evidence-based practice is too inaccessible, overwhelming, and removed from practice” (Goodheart, 2010, p. 9). Yet lists of evidence-based treatments are being used to control funding in treatment, human services and education. Stated simply, such policies are based on shaky science. Certainly there is no shortage of evidence that some methods are destructive, like withholding treatment or placing traumatized kids in toxic environments. But a wide variety of therapeutic interventions can have a positive impact if conducted within a trusting alliance.

Julia Littell (2010) of the Campbell Coalition documents dozens of ways that sloppy science is being used to elevate specific treatments to evidence-based status. Here are just a few of these research flaws:

Allegiance Effect: Studies produced by advocates of a particular method are positively biased.

File Cabinet Effect: Studies showing failure or no effects are tucked away and not submitted for publication.

Pollyanna Publishing Effect: Professional journals are much more likely to publish studies that show positive effects and reject those that do not.

Replication by Repetition Effect: Reviewers rely heavily on recycling findings cited by others, confusing rumor and repetition with replication.

Silencing the Messenger Effect: Those who raise questions about the scientific base of studies are met with hostility and ad hominem attacks.

When researchers account for such biases, a clear pattern emerges. Widely talented evidence-based treatments turn out to be no better or no worse than other approaches. Solid science speaks – success does not lie in the specific methods but in common roots factors, the most important being the helping relationship.

Re-ED uses human relationships to change the world one child at a time.

Our field is in ferment as the focus of research is shifting. Instead of the study of treatments, the child now takes center stage. The practice-based model focuses on the nature and needs of an individual in an ecology (Brendtro & Mitchell, 2010). Effective interventions use research and practice expertise to target client characteristics including problems, strengths, culture, and motivation (APA, 2006). Research and evaluation measure progress and provide feedback on the quality of the therapeutic alliance (Duncan, Miller, Wampold, & Hubble, 2010). *(continued on back)*

Gary Q. Tester joins the Starr Commonwealth family

Gary Q. Tester, a recognized regional leader in providing services and programs for youth, joined Starr Commonwealth in late January as Executive Vice President and Chief Development Officer.

Tester most recently served as Chief Advocacy Officer at Holy Cross Children’s Services where he was responsible for marketing, communications, government relations and fund development with a focus on government grants and contracts. He holds a similar role at Starr as Chief Development Officer.

“Gary Tester has an extensive background of working with youth and families and possesses the executive management and advocacy experience that fit perfectly with our organization’s strategic direction,” says Martin L. Mitchell, President and CEO of Starr Commonwealth. “We are thrilled to welcome Gary to Starr Commonwealth and look forward to his leadership and passion as Starr Commonwealth approaches its 100th anniversary.”

THERE'S NO
SUCH THING
AS A CHILD
YOU CAN'T
REACH.

ONLY A
FAILURE
TO GRASP
THE REAL
PROBLEM.



It takes a special approach and a different set of tools to successfully reach children who have experienced trauma. Starr’s National Institute for Trauma and Loss in Children (TLC) pioneered the evidence- and practice-based approach that has become the national model for identifying and treating children whose behaviors are linked to trauma-related experiences. To become certified in the use of TLC’s school and agency-based SITCAP® programs or, if already certified, to learn additional strategies presented by practitioners in a variety of 3-hour workshops, don’t miss this year’s Childhood Trauma Practitioner’s Assembly July 12-15 at the Macomb ISD Education Center in Clinton Township, Michigan. To register, call TLC toll-free at 877.306.5256 or visit starrtraining.org/tlc.



THE NATIONAL INSTITUTE
FOR TRAUMA AND LOSS
IN CHILDREN

THE LONG VIEW

Dr. James Longhurst is a licensed psychologist for Starr Commonwealth. In his role as Senior Vice President of Clinical and Psychological Services, Jim is involved in all case planning and clinical services for the organization. He is a member of the American Psychological Association and is a charter member of the International Positive Psychology Association. Jim is a certified lead facilitator and trainer for Starr's Healing of Racism and Glasswing® facilitator training initiative.



EBPs (Evidence-Based Pies)

I have been closely following the issue of evidence-based practice (EBP) for the past several years. Also known as empirically supported treatment (EST), it has far-reaching implications for those of us who work with kids and families. I have read countless articles, attended numerous presentations, and engaged in many discussions about EBPs and ESTs, mostly with the question: "Where do our Starr treatment programs fit in?"

The process by which certain treatments come to be called and EBP or EST seems to have worked okay for the field of medicine and for pharmaceutical companies who conduct Randomly Controlled Treatment (RCT) trials to determine treatment effects. But how do you translate that method into our field of working with youth? How does that model measure what actually takes place in a relationship between a child and an adult, or the impact one youth has on another in a group process, or the effect of a patient and empathic teacher on a student? In the last instance, how much of the progress made by the student is due to the curriculum and how much is a result of the connection with a caring adult?

John J. Murphy, a professor of psychology and counseling at the University of Central Arkansas and author of the award-winning book *Solution-Focused Counseling in Schools* (American Counseling Association, 2008), coined the phrase "The Change Pie" and I think it is helpful as the field of helping others grapples with what passes as "evidence."

He cites the well-known empirical work of M.J. Lambert and others that concludes that effective outcomes in counseling and psychotherapy primarily come from four factors of change.

- **Client factors** (40% of change): All that the client brings to counseling – the strengths, skills, interests, family and community supports, etc.
- **Relationship factors** (30% of change): These measure how much the client experiences respect, acceptance, understanding, and validation from the counselor.
- **Hope factors** (15% of change): The client's own positive expectancy of change.
- **Model/technique factors** (15% of change): The counselor's theoretical model and intervention techniques.



Murphy states (2008): "These factors can be viewed as the ingredients of a home-baked pie. In the 'change pie' metaphor, client factors represent the main ingredient: the filling. Ignoring the strengths and resources of clients is like baking a pie without the filling. Relationship factors, the second most powerful ingredient, serve as the crust or container that holds other ingredients together in the change pie. Continuing with the pie metaphor, hope factors can be thought of as the positive anticipation and motivation for eating one's favorite pie. Although model/technique factors are important, their 15% contribution to outcomes is modest compared to the collective 85% contribution of client, relationship and hope factors. Models and methods are like the pie's topping, which are important to the appearance and taste of the pie but do not stand up well on their own. Without the other ingredients to support them, counseling theories and interventions fall flat and are nothing but fluff."

The issue of EBPs is here to stay, and programs should be able to demonstrate their effectiveness. I am encouraged by the latest edition of *Reclaiming Children and Youth* which signals a "shift from the medical model of studying treatments to a practice-based model focusing on the nature and needs of a person in a therapeutic relationship" (Brendtro, Mitchell, & Doncaster, 2011). As my good friend and colleague Tom Tate says, "Programs don't change people, people change people."

I think I will have some pie.

(continued from Practice-Based Evidence: Back to the Future)

References:

- APA Presidential Task Force on Evidence-based Practice. (2006). Evidence-based practice and psychology. *American Psychologist*, 61(4), 271 – 285.
- Brendtro, L. & Mitchell, M. (2010). Weighing the evidence: From chaos to consilience. *Reclaiming Children and Youth*, 19(2), 3-9.
- Duncan, B., Miller, S., Walpole, B., & Hubble, M. (Eds.). (2010). *The heart and soul of change, second edition: Delivering what works in therapy*. Washington, DC: American Psychological Association.
- Goodheart, C. (2010). The education you need to know. *Monitor on Psychology*, 41(7), 9.
- Littell, J. (2010). Evidence-based practice: Evidence or orthodoxy. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (Eds.), *The heart and soul of change, second edition: Delivering what works in therapy*. Washington, DC: American Psychological Association.
- *Principles of Re-ED – Hobbs, N. (1982). *The troubled and troubling child*. San Francisco, CA: Jossey-Bass.

Starr Commonwealth Programs

Albion, Michigan

Juvenile Justice (residential)
Sexually Reactive Youth (residential)
Abuse/Neglect (residential)
Alternatives (substance abuse, residential)
Montcalm School for Boys and Girls

Battle Creek, Michigan

Day Treatment
Intensive In-Home
Starr Life Skills
(supervised independent living)
Foster Care
Starr Suspension Center
Credit Enhancement Program
Juvenile Diversion Program

Columbus, Ohio

Sexual Offender Program (residential)
Transitions (supervised transitional living)
MyPlace Independent Living
Treatment Foster Care
Community-Based Treatment Center
New Paths (delinquent residential)

Detroit, Michigan

Alternatives
(substance abuse, community-based)
New Boundaries (residential transition and reintegration support)
Starr Life Skills
(supervised independent living)
Foster Care

Starr Institute for Training

The National Institute for Trauma and Loss in Children (TLC)
Circle of Courage
Glasswing
No Disposable Kids

For Michigan referrals, please call toll-free 800-837-5591 or e-mail michintake@starr.org

For Ohio referrals, please call toll-free 866-289-9202 or e-mail ohiointake@starr.org

Cyber-Starr

Whether you're showing your support or looking for ours, you'll find valuable information, resources and the latest news online when you visit us on:

Websites:

www.starr.org / www.starrtraining.org

YouTube:

www.youtube.com/starrcommonwealth

Facebook:

www.facebook.com/starr.commonwealth

Starr Points is a quarterly newsletter published by Starr Commonwealth, an internationally recognized leader in transformational programs for children, families, schools and communities. Founded in 1913, Starr's treatment philosophy is rooted in seeing something good in every child, which serves as the guiding principle in its strength-based approach. Starr offers a full spectrum of community-based early intervention and prevention services along with specialized residential programs. Through the Starr Institute for Training, parents, clinicians, educators and childcare professionals now have access to Starr's highly successful and innovative techniques aimed at bringing out the best in every child. For more information, visit www.starr.org.

13725 Starr Commonwealth Rd. Albion, Michigan 49224

