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BRIDGING THE RESEARCH-PRACTICE GAP IN CHILD AND ADOLESCENT
PSYCHOTHERAPY: A SURVEY OF NEW ZEALAND PRACTITIONERS.

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ABSTRACT

The conditions and characteristics of child and adolescent psychotherapy in clinical practice are known to differ from those found in research settings. This is a concern for psychologists who aim to provide evidence-based practice within the scientist-practitioner model. In partial replication of a previous North American survey (Kazdin, Siegel & Bass, 1990), this study drew on New Zealand mental health practitioners' experience in order to identify clinically relevant future research directions. Two hundred and three mental health practitioners from a variety of professional backgrounds reported on their assessment and treatment practices, perception of typical outcomes, beliefs about factors affecting outcome, and adherence to aspects of the scientist-practitioner model. Apart from the types of therapies used, the conditions and characteristics of practice reported here differed from those typically found in research. A number of research imperatives were identified including issues related to: developing clinically representative outcome studies; transporting empirically supported therapies to the clinic setting; and continuing the search for common factors to guide practice. The need to continually review and critique the research underlying empirical support for therapies was highlighted, as were the possible pitfalls of failing to do so.

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Introduction

Foreword

Children and adolescents suffering mental health problems pose a special challenge to professionals, requiring prompt, specialised assessment and assistance (Kazdin, 1994). The presence of disorder during the developmental years from birth to young adulthood can interfere with normative maturation and impact the individual in multiple functional domains, with consequences for later life (Kantor, 1995; Kazdin, 1997; Simeonsson & Rosenthal, 1992; Weisz & Weersing, 1999).

The rate of mental illness in New Zealand children increases steadily until age 18 years (Disley, 1997) and is proportionally high compared to other demographic groups (Mental Health Commission, 1998). There is evidence that the rate of mental health problems in this population is increasing both in New Zealand and internationally (Burns, Hoagwood & Mrazek, 1999; Fergusson, Horwood & Lynskey, 1997; Pfeiffer & Strzelecki, 1990).

Early, appropriate therapeutic intervention may reduce the severity and development of further problems (Fergusson, Horwood & Lynskey, 1997; Fergusson, & Lynskey, 1998; Feehan, McGee & Stanton, 1993). Despite the increasing prevalence rates, significant risks, and wide-reaching functional implications that are associated with early-life psychological disturbance, progress in understanding problems and treatments for children and adolescents lags behind parallel developments in the adult arena (Hoagwood, Hibbs, Brent & Jensen, 1995; Kazdin, Siegel & Bass, 1990). Although considerable advancement has been made in the last decade (Kazdin & Weisz, 1998), this discrepancy remains apparent in the lack of evidence supporting the effectiveness of therapies in ecologically valid settings and in the limited range of questions and therapies that are studied (Hoagwood et al, 1995; Kazdin, 1994; Kazdin, 1997). In short, although outcome research provides general support for the use of psychosocial treatments with children and adolescents (Casey & Berman, 1985), it generally fails to address the depth and breadth of the real life problems and possible solutions that are found in practice.

In 1990, Kazdin, Siegel and Bass (1990) surveyed over 1000 psychologists and psychiatrists in North America to determine priorities for research on psychotherapy with children and adolescents. They found that on the whole, psychotherapy as it occurs in clinical practice had infrequently been studied empirically. They also identified a number

of research imperatives to address this limitation. Although outcome research with this population has continued to develop, the problem of questionable external validity persists (Kazdin & Weisz, 1998). There has been no follow up survey of practitioners.

No similar investigation whether by survey or through the use of current data-stores, as is now typical in North America (Norcross, personal communication, August, 2001), has ever taken place in New Zealand. Of the few similar New Zealand-based therapist practitioner surveys available, none pertain specifically to the treatment of children and adolescents and most include the activities of just one or two professional groups (e.g. Kazantzis & Deane, 1998; Patchett-Anderson & Ronan, 2002). Consequently, we can claim neither knowledge of the general nature of therapy with children and adolescents in this country, nor of the extent to which psychotherapeutic practices are empirically supported or considered effective.

To this end, the current study surveyed a wide range of mental health professionals regarding their professional activities; assessment and treatment practices; perception of treatment outcomes; and beliefs about factors affecting outcome. In addition, they were asked to report on their adherence to various aspects of the scientist-practitioner model. The survey partially replicated and extended Kazdin, Siegel and Basss' (1990) survey and aimed to build on information derived through two previous New Zealand surveys (Kazantzis & Deane, 1998; Patchett-Anderson & Ronan, 2002). The sample used here was extended to include many different professional groups to obtain a more thorough picture of the nature of therapy as practised with children and adolescents in New Zealand. It is hoped that the findings will help to serve the overriding goal of this study: to reduce the gap between research and practice in the area of child and adolescent psychotherapy.

The following review outlines a number of issues relevant to the gap between psychotherapy research and practice with children and adolescents. These are presented in the following order and include: an overview of diagnostic, assessment and treatment considerations for children and adolescents suffering mental health problems; an outline of prevalence rates for major mental health problems in this population; a review of major developments and findings in child and adolescent psychotherapy outcome research to date; a description of the gap between research and practice in this area; and finally, an

introduction to the scientist-practitioner model including possible remedies for improving science-practice integration.

For brevity, except where a distinction between the two groups is required, children and adolescents will be referred to collectively as children. In this context, as is consistent with previous similar surveys (Kazdin, Siegel & Bass, 1990; Silver & Silver, 1983), the term children refers to individuals from birth to age 17 years old. However, throughout the text, reference may be made to prevalence rates concerning children up to the age of 18 years as this is the cut off age for youth as cited in the New Zealand Public Mental Health literature (e.g. Ellis & Collings, 1997; Mental Health Commission, 1998).

Special considerations in the assessment and treatment of children and adolescents suffering mental health problems are now reviewed.