Clinical Dissemination and Implementation of EBTs From the Ground Up: How to Develop a Multi-Site CBT “Clinical Dissemination Practice”
The Case Example of the Child & Family Institute

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The recent proliferation of empirically-supported treatments (ESTs) into the private sector has led to more U.S. children and families receiving high quality treatments and improved treatment outcomes. However, there remains a significant dearth of evidence-based clinics, service providers, and training programs nationally, particularly in more remote communities. The Child & Family Institute (CFI) was founded in 2011 as the world’s first Clinical Dissemination Practice and training institute, comprising five core unifying stages and initiatives: (1) Dissemination Through Training, (2) Dissemination Through Community Partnership, (3) Dissemination Through Integrated Behavioral Health, (4) Dissemination Through Technology, and (5) Dissemination Through Multi-State, Multi-Site Program Development and Implementation, all with a common goal of raising awareness and leveraging local and national resources to disseminate and implement accessible, affordable, evidence-based care to children, families, and communities across the United States, and beyond. Perhaps most central and unique to CFI’s five initiatives, and its overall core values and mission, is the accessibility and affordability of services for each and every child. Preliminary feedback from patients, students, collaborators, local politicians and stakeholders, partner organizations, and the broader communities in the regions served has been enthusiastic, and several grant submissions and research partnerships are underway, to test the effectiveness of CFI programming and evidence-based treatments in “real-world” clinics nationwide.

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**Introduction**

The proliferation of empirically-supported behavioral health treatments into “real world” practice settings (e.g., community health clinics, private practices, schools, hospitals) over the past several decades has led to more U.S. children and families receiving high quality treatments and improved treatment outcomes (Reddy, Weissman, & Hale, 2013; Mohlman, Deckersbach, & Weissman, 2015; Weissman, Antinoro, & Chu, 2008; Adam S. Weissman, Ph.D., The Child & Family Institute, Weissman Children’s Foundation; Teacher’s College, Columbia University, New York, USA.)
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Weissman et al., 2019; Weissman, 2020; Weisz et al., 2018; Weisz et al., 2019). However, there remains a significant dearth of evidence-based clinics, service providers, and training programs nationally, particularly in more remote communities.

The Child & Family Institute (CFI) was founded in 2011 as the world’s first Clinical Dissemination Practice (CDP; Weissman, 2019) and training institute, comprising five core unifying stages and initiatives: (1) Dissemination Through Training, (2) Dissemination Through Community Partnership, (3) Dissemination Through Integrated Behavioral Health, (4) Dissemination Through Technology, and (5) Dissemination Through Multi-State, Multi-Site Program Development and Implementation, all with a common goal of raising awareness and leveraging local and national resources to disseminate and implement accessible, affordable, evidence-based care to children, families, and communities across the United States, and beyond.

As such, CFI’s innovative “Clinical Practice Dissemination and Implementation” (CPDI) model is rooted in the below five missions.

Dissemination Through Training (DTT, Weissman, 2019)

Stage one of CFI’s CPDI model was to comprehensively train student clinicians in evidence-based treatments (EBTs) for youth emotional, behavior, attention, and habit disorders to help increase the number of evidence-based providers pursuing licensure, as well as the provision of affordable EBTs more broadly. To accomplish this, clinical psychology and social work training programs were first developed in-house, based on a modular-based CBT approach (e.g., MATCH-ADTC; Chorpita & Weisz, 2009; as well as evidence-based protocols for Selective Mutism; Kotrba, 2014; Obsessive-Compulsive Disorder; March, 2006; Tic and Habit Disorders; Woods, 2008, Dialectical Behavior Therapy; Rathus & Miller, 2014; and the full array of youth psychiatric disorders and related issues). All CFI trainees receive funding for external EBT training opportunities (e.g., workshops, conferences, CE’s) through CFI’s “Scholarship Training Initiative” (STI, Weissman et al., 2019), including stipends to attend conferences and workshops on cutting edge evidence-based practices, and in turn, the trainees present relevant updates back to the group.

In addition, external collaborations were subsequently developed with local clinical psychology and social work training programs, fostering further access to high quality evidence-based care through a growing collective of pro bono and low-fee student clinics, including a collaboration with Columbia University Teacher’s College PhD program and student clinic in the works, servicing Harlem, the Bronx, and surrounding neighborhoods, some of the most highly COVID-19-afflicted, under-resourced communities in the nation. These students, in turn, receive expert EBT training and supervision from CFI’s renowned training team.

Finally, CFI directors are also encouraged to apply for pro bono supervisory positions at local mental health training programs to help train students more broadly in EBTs, and further scale affordable evidence-based service delivery to children and families in need. Indeed, many CFI-trained students have gone on to start their own clinical practice and training institutes throughout the country.

Dissemination Through Community Partnership

The second stage of CFI’s CPDI model was to develop a community partnership model, promoting outreach, consultation, advocacy, and community education/engagement around EBTs. As part of this initiative, CFI staff present and consult frequently to schools, parents/families, clinicians, and community organizations throughout the U.S., including many currently in crisis, partnering with community stakeholders and renowned experts in the field to expand the scope of EBT community education and access (recent speakers from the CFI
Master Clinician Series included Drs. Bob Leahy, Leslie Sokol, Dennis Tirch, Shannon Wiltsey Stirman, and Dean McKay). In addition, CFI’s directors reside on city, county, state, and national CBT and psychological association governance boards, and utilize these platforms to forge collaborative efforts and local crisis relief initiatives, host community-wide events, and advocate for best practices with youth from both a clinical and public policy standpoint. Finally, CFI is in the process of launching a school-based initiative, partnering with local schools (e.g., the Ella Baker School, Lang School, Dwight School, and several Westchester County-based school districts to start) to increase direct EBT access to children and families, who otherwise, might not have the knowledge and/or resources to access evidence-based mental health services on their own.

Dissemination Through Integrated Behavioral Health

The third stage of CFI’s CPDI model was to develop local partnerships among expert evidence-based providers across a wide range of behavioral health disciplines, to foster an integrated behavioral health platform promoting best practices for youth, not only within the field of clinical psychology, but also pediatrics, psychiatry, neuropsychology, occupational therapy, speech therapy, holistic health and nutrition, educational consulting, academic remediation, and more. In doing so, CFI’s two-pronged goal was to create an ongoing dialog with, and educate, one another, about evidence-based therapies, as well as to provide more integrated behavioral health programming and coordinated care for families requiring multiple ongoing services.

Dissemination Through Technology (D-TECH; Weissman, 2020)

The fourth stage of CFI’s CPDI model leverages innovative evidence-based technologies and tracking systems to enhance treatments, assessment of treatment outcomes, and overall program evaluation. Central to the D-TECH initiative, CFI is currently piloting a new evidence-based tracking EHR software (Fuller, 2019), designed to facilitate within and across-session EBT fidelity tracking, data collection, and program evaluation, including global assessment of treatment outcomes, with the hope of replicating CPDI efforts more widely to scale funding and site development efforts and overall access to treatments that work. Several grant submissions are underway featuring this D-TECH partnership, to test the effectiveness of CFI programming and evidence-based treatments in “real-world” clinics nationwide.

In addition, CFI’s D-TECH initiative utilizes innovative technology-based alternative and/or supplemental EBTs to optimize hard-to-access symptoms and/or treatment content (e.g., virtual reality-enhanced exposure therapy paired with biofeedback for anxiety and phobias, Barton & Weissman, 2019), contributing putative models for enhanced EBT outcomes, particularly while families are in social isolation due to COVID-19 and are unable to access and engage in typical EBT protocols (e.g., social anxiety exposures, as well as OCD, trauma, selective mutism, separation, panic, and phobia exposures that may typically occur in a public forum).

Finally, CFI employs innovative video- and telehealth technology platforms to reach geographically remote families in need, as well as families currently adhering to social distancing and “stay-at-home” orders throughout the country, and abroad.

Dissemination Through Multi-State, Multi-Site Program Development and Implementation

The fifth and final stage of CFI’s CPDI model, currently underway, is a multi-state, multi-site program development initiative to promote greater geographic dissemination and implementation of EBTs, in an effort to reach the needs of more geographically and socioeconomically diverse communities, with an emphasis on those with limited means and/or access to EBTs. To accomplish this, CFI leaders have collaborated with local practitioners, organizations, and stakeholders, community by community throughout the U.S. (NY, NJ, CT, FL,
MI, CA, PA, DC, WA, AK to start) to assess the mental health landscape, barriers to EBTs, and the impact of COVID-19, for the full range of youth mental health conditions, developing 16 sites to date, 12 in the Northeast—midtown Manhattan, Park Slope, Prospect Heights, Downtown Brooklyn/Boerum Hill, and Carroll Gardens, Brooklyn, Queens/Long Island, Bergen County, NJ, Philadelphia, PA, Greenwich, CT, Scarsdale, NY, Harrison, NY, and Mt. Kisco, NY, one Southern site—Aventura/South Florida, two Midwestern sites outside of Ann Arbor, Michigan, and one West Coast satellite office in San Diego, CA, with prospective plans on the horizon to service the San Francisco Bay Area, Washington D.C., Washington State, and Alaska. Central to this initiative, WCF strategically engages in specialized niche program development based on the unique mental health needs of each community (e.g., developing a “Brave Voices” Selective Mutism Program, Center for Chronic Medical Conditions, IOP for OCD, Tics, Trich, & Habit Disorders Program, Adoption/Attachment Service, Maternal and Infant Mental Health Service, LGBTQ+ Program, Virtual Reality Therapy & Biofeedback Program, etc. in communities where no such services previously exist).

As mentioned prior, in addition to its on-site programming, WCF offers virtual EBTs broadly throughout the world, employing innovative video- and telehealth technology to reach more geographically remote families in need.

**Implications for Public Health, Policy, and Practice**

Perhaps most central and unique to CFI’s five initiatives, and its overall core values and mission, is the accessibility and affordability of services for each and every child. Preliminary feedback from patients, students, collaborators, local politicians and stakeholders, partner organizations, and the broader communities in the regions served has been enthusiastic. As CFI continues to build upon its five core missions, disseminating EBTs to communities across the U.S.—many now in crisis, its leaders recently launched a sixth initiative at the 2019 World Congress of Behavioral and Cognitive Therapies in Berlin—teaching international EBT practitioners and students how to develop their own dissemination-based behavioral health organizations using the CPDI model, to further disseminate EBTs for youth and increase access to evidence-based programming on a global scale (Weissman et al., 2019).

**References**


Award for Distinguished Contributions to Independent Practice. *American Psychologist.*


