

Practice Based Evidence as Evidence Based Practice

Barry Duncan, Psy.D.

Please check www.ubhonline.com for expiration date of CE credit

Instructions for Receiving Your Continuing Education Certificate

To obtain your CE Certificate, please complete and submit the four documents required by the credentialing boards:

1. Attendance Verification Form
2. Course Evaluation
3. Post Test
4. Sign-in Sheet

Please submit the four completed documents to UBH via one of the following methods:

Fax

1-801-926-3090

Attn: UBH Clinical Learning Programs

Mail

IAHB

Attn: UBH Clinical Learning Programs

4370 Alpine Road, Suite 209

Portola Valley, CA 94028

Upon receipt and documentation of your successful completion of the course, a CE Certificate will be mailed to you within 6-8 weeks.

ATTENDANCE VERIFICATION FORM

UBH Clinical Learning Department--Continuing Education Course

Course Title: Practice Based Evidence as Evidence Based Practice

Faculty Name: Barry Duncan, Psy.D.

Date: 11/5/07 11/12/07 Other _____

CE instructions:

1. Fill out this form completely. **PLEASE PRINT LEGIBLY.** We must include your license number in our permanent records. If you cannot provide your number now, please provide your social security number.
2. Turn in this form along with your Post-Test, Course Evaluation form and Sign In Sheet.
3. Please follow the directions for submitting these forms to UBH to obtain your CE certificate.

Name and Degree _____ LPC/LMHC Social Worker

_____ Psychologist RN

Address _____ CEAP Physician

_____ NCC MFCC/MFT

City/State/Zip _____ Other _____

Phone # _____ Prof. License Number(s) & State(s):

e-mail: _____

Signature _____

_____ To which board(s) do you plan to submit these credits?

Continuing Education Provider Signature

Marie Iddings

Marie Iddings, Director of Clinical Network Education

One credit hour of CE

- Psychologists
- United Behavioral Health is approved by the American Psychological Association to offer continuing education for psychologists. United Behavioral Health maintains responsibility for the program.
- Social Workers
- This program was approved by the National Association of Social Workers (provider # 886366512) for one continuing education contact hour.
- This course meets the qualifications for continuing education for MFT's and LCSW's as required by the CA Board of Behavioral Sciences (Provider # PCE 327).
- Certified Counselors
- This course meets the qualifications for continuing education for MFT's and LCSW's as required by the CA Board of Behavioral Sciences (Provider # PCE 327).
- United Behavioral Health is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to the NBCC continuing education guidelines. United Behavioral Health maintains responsibility for the program. (Provider #5922)
- Registered Nurses
- Provider approved by the California Board of Registered Nursing (Provider # CEP 10225).
- UBH is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

UBH Clinical Learning - Course Evaluation

Course Title: Practice Based Evidence as Evidence Based Practice

Faculty: Barry Duncan, Psy.D.

Name: _____ 11/5/07 11/12/07 Other: _____

Your current professional status:

- Licensed Psychologist MFT LCSW MD/DO
 Unlicensed Masters/Doctoral level RN LPC Other (specify):

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Overall, I was satisfied with this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training Content (Check one choice for each item below):				
I am able to identify the following concepts and/or skills:				
A. The meaning of the most robust finding of all psychotherapy research – the dodo bird verdict.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. What evidence based practice really means and identify three arguments against evidenced based practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Evidence based practice research and how to consider the validity of EBP arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The empirical rationale for practice based evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The benefits of practice based evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Training Format (Check one choice for each item below):				
A. Learning materials were effective (lecture, slide presentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Learning method (teleconference) was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Learning program was easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructor (Check one choice for each item below):				
A. Overall, the instructor effectively facilitated my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The instructor demonstrated expertise in the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The instructor presented the subject matter clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The instructor was responsive to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Course Relevance (Check one choice for the item below):				
A. The course provided new information useful to me in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I will use specific information from this course in the following ways (check all that apply):				
<input type="checkbox"/> Improving clinical assessment skills	<input type="checkbox"/> Effective involvement of family or other's support to enhance treatment outcome			
<input type="checkbox"/> Improving treatment techniques and outcomes	<input type="checkbox"/> Effective use of adjunctive client-focused resources to enhance treatment outcomes			
<input type="checkbox"/> Use of validated tools/process to improve assessment and monitoring of treatment	<input type="checkbox"/> Enhance medication co-management (e.g. techniques to identify a need to start medication therapy, how to monitor for side effects, how to determine medication effectiveness and/or when to request medication change due to ineffectiveness)			
<input type="checkbox"/> Knowing when to collaborate with or refer to other clinicians	<input type="checkbox"/> Other (specify):			
6. Tell us what UBH can do to make this course better (Check all that apply):				
<input type="checkbox"/> Make it shorter	<input type="checkbox"/> Make it longer	<input type="checkbox"/> Find more effective instructor		
<input type="checkbox"/> Include more detail on subject matter (specify):				
<input type="checkbox"/> Include less detail on subject matter (specify):				
<input type="checkbox"/> Other (specify):				

POST TEST

UBH Clinical Learning Department--Continuing Education Course

Course Title: Practice Based Evidence as Evidence Based Practice

Presenter: Barry Duncan, Psy.D.

Name: _____

Date: 11/5/07 11/12/07 Other: _____

SCORE: _____

Please choose the correct answer:

1. The dodo bird verdict refers to the idea that some models are superior to others.
True False

2. Evidence Based Practice is a dangerous idea that deserves critical scrutiny because it ignores the contributions of the client and the alliance to change.
True False

3. An implication of the dodo bird verdict is that other factors, common to all approaches, account for how people change in therapy.
True False

4. The relationship, according to Michael Lambert, accounts for about 30% of the variance of change, and according to Bruce Wampold accounts for 54%.
True False

5. Models provide structure and focus to the therapeutic process, but only account for a small portion of how people change in therapy.
True False

6. Change tends to happen later in therapy after the real issues are allowed to surface.
True False

7. The effectiveness of any given method can only be measured one client at a time.
True False

8. The bulk of change in *successful* therapy occurs earlier rather than later.
True False

9. The data regarding early change suggests that we do not need to know what treatment to use for a given diagnosis as much as whether the current relationship is a good fit and providing benefit.
True False

10. Using client based measures of outcome and the alliance has been shown to double treatment effectiveness in real clinical settings.
True False

SIGN IN AND SIGN OUT SHEET FOR CONTINUING EDUCATION APPROVAL

Name of Sponsoring Organization: UNITED BEHAVIORAL HEALTH																			
Name of Continuing Education Program: Practice Based Evidence as Evidence Based Practice																			
Name of CE Staff Person Totaling Hours for Participants: Marie Iddings, LCSW		Signature of CE Staff Person Totaling Participant Hours: <i>Marie Iddings</i>																	
Location of Program: Teleconference offered to national network with registration on www.ubhonline.com . Materials developed by Dr. Duncan		Instructor: Barry Duncan, Psy.D.	Date:																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Participant's Signature</th> <th style="width: 30%;">Participant's Name and Address (Please print clearly)</th> <th style="width: 15%;">Type of License State NASW Member? Yes/No</th> <th style="width: 15%;">License Number</th> <th style="width: 20%;">Sign In Time/ Sign Out Time</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;">1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 100px; vertical-align: top;">2.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Participant's Signature	Participant's Name and Address (Please print clearly)	Type of License State NASW Member? Yes/No	License Number	Sign In Time/ Sign Out Time	1.					2.				
Participant's Signature	Participant's Name and Address (Please print clearly)	Type of License State NASW Member? Yes/No	License Number	Sign In Time/ Sign Out Time															
1.																			
2.																			