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**Improving Outcomes and Transporting  
 Evidence-Based Treatments for Youth and Families  
 with Serious Clinical Problems**

*Guest Editors  
 Lisa Saldana  
 Scott W. Henggeler*

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*This study examined the substance use and delinquency outcomes for the nearest age siblings of substance abusing and delinquent adolescents that participated in a randomized clinical trial evaluating the effectiveness of integrating evidence-based*

practices into juvenile drug court. The sample of 70 siblings averaged 14.4 years of age, 50% were male, 71% were African-American, and 27% were white. Measures of sibling substance use and delinquency were collected at four points in time (i.e., pretreatment, 4 months, 12 months, 18 months). Multilevel Longitudinal Models were used to evaluate whether changes in sibling substance use and delinquency paralleled the treatment effects observed for their substance abusing delinquent brothers and sisters in the juvenile drug court study. Parallel sibling outcomes were obtained for substance use but not for criminal behavior, and possible reasons for the divergence in these results were discussed. The findings add meaningfully to the literature on the effects of evidence- and family-based treatments on siblings.

**KEYWORDS.** Siblings, multisystemic therapy, contingency management, juvenile drug court, adolescent substance use

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*Cindy M. Schaeffer*  
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*Melisa D. Rowland*  
*Scott W. Henggeler*  
*Cynthia Cupit Swenson*

*This article describes three community-based research projects that are designed to enhance the effectiveness of real-world adolescent substance abuse treatment and prevention, and presents preliminary study results from each. The first project is examining statewide public sector practitioner interest in and implementation of contingency management in treating adolescent substance abuse. The second project is integrating the Community Reinforcement Approach for adults into Multisystemic Therapy (MST) programs for use with substance-abusing caregivers. The third project is integrating Reinforcement-Based Therapy for adults with MST for child abuse and neglect in the treatment of families with co-occurring child maltreatment and caregiver substance abuse. Each project highlights the complexity of using the evidence base in the treatment of substance abuse, and the potential to improve outcomes for challenging clinical populations in real world practice settings.*

**KEYWORDS.** Drug abuse, child abuse, Community Reinforcement Approach, Multisystemic Therapy, contingency management, Reinforcement-based Therapy

**Developing a Measure of Therapist Adherence  
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*Jason E. Chapman*  
*Ashli J. Sheidow*  
*Scott W. Henggeler*  
*Colleen A. Halliday-Boykins*  
*Phillippe B. Cunningham*

*A unique application of the Many-Facet Rasch Model (MFRM) is introduced as the preferred method for evaluating the psychometric properties of a measure*

*of therapist adherence to Contingency Management (CM) treatment of adolescent substance use. The utility of psychometric methods based in Classical Test Theory was limited by complexities of the data, including: (1) ratings provided by multiple informants (i.e., youth, caregivers, and therapists), (2) data from separate research studies, (3) repeated measurements, (4) multiple versions of the questionnaire, and (5) missing data. Two dimensions of CM adherence were supported: adherence to Cognitive Behavioral components and adherence to Monitoring components. The rating scale performed differently for items in these subscales, and of 11 items evaluated, eight were found to perform well. The MFRM is presented as a highly flexible approach that can be used to overcome the limitations of traditional methods in the development of adherence measures for evidence-based practices.*

**KEYWORDS.** Contingency Management, therapist adherence, Rasch model

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*Sonja K. Schoenwald*

*This article describes the journey toward evidence-based transport and implementation in usual care settings of Multisystemic Therapy (MST) for youth with drug abuse and behavioral problems (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). Research and experience informing the design of the MST transport strategy, progress in evaluating its viability and validity, and implications for future research are described. Findings from transportability research indicate that the MST transport strategy supports the cultivation of therapist, supervisor, and consultant adherence in usual care settings; that such adherence is a consistent predictor of short- and long-term outcomes in such settings; and that clinician and organizational factors also affect adherence and outcomes. These findings have important implications for the transport of other evidence-based practices to usual care settings.*

**KEYWORDS.** Transportability, evidence-based practice, organizational factors, fidelity

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of MST Programs in Norway** 93  
*Terje Ogden*  
*Bernadette Christensen*  
*Ashli J. Sheidow*  
*Per Holth*

*The successful nationwide transport and evaluation of Multisystemic Therapy (MST) programs in Norway is described. This description is provided within the context of the nation's movement towards the adoption of evidence-based practices (EBPs) during the past decade, the conduct of a multisite randomized clinical trial to examine the effectiveness of MST in Norway, and the development of a center for effectively implementing and researching EBPs for child and adolescent problems. Data on Norwegian adolescent substance use, treatment, and research*

is summarized. Finally, challenges that have been addressed and overcome in achieving the large-scale adoption and implementation of MST are presented from the context of innovation diffusion. System level barriers and strategies regarding funding, practice norms, local ownership, engaging stakeholders, geography, referral gatekeepers, and risk assessment are noted, as are practitioner level barriers and strategies regarding language, cultural appropriateness, caseload and compensation issues, and background and skill deficits. The Norwegian approach, in many ways, serves as an excellent model for importing and sustaining EBP's on a large-scale basis.

**KEYWORDS.** Innovation diffusion, evidence-based practices, international transport

## Implementation of Evidence-Based Models in Social Work Practice: Practitioners' Perspectives on an MST Trial in Sweden

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*Lars-Henry Gustle*  
*Kjell Hansson*  
*Knut Sundell*  
*Cecilia Andree-Löfholm*

*The implementation of new treatment methods in social work practice is warranted. Moreover, little is known about professionals' attitudes toward the introduction of evidence-based practices into their communities. Therefore, this article reports on the implementation of a Swedish research project that evaluated Multisystemic Therapy (MST). All investigating social workers in a community-based social work practice and their supervisors completed a questionnaire concerning attitudes toward the research project, as well as attitudes toward MST as a treatment method. A large majority of participants were positive toward the research project, felt sufficiently informed, and thought that the implementation occurred at an appropriate pace. Likewise, participants felt positively toward the adoption of MST as a treatment method, toward evidence-based research in general, and in their affinity toward community-family-based services. On the other hand, investigating social workers differed in their practice attitudes. Potential reasons for these discrepancies, including the influence of top-down implementation, differences in experience, and differences due to the position held are discussed.*

**KEYWORDS.** Antisocial behavior, conduct disorder, implementation, Multi-systemic Therapy, social research