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Do haphazard reviews provide sound directions for dissemination efforts?

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American Psychologist, 65 (9): 927.

The lead article in the Feb/March issue of the *American Psychologist* by McHugh and Barlow (2010) emphasizes the need for "dissemination and implementation of evidence-based psychological treatments." The authors identify a number of intervention programs as evidence-based and in need of dissemination. One is Multi-systemic Therapy (MST). They claim that this program is among "the most successful dissemination efforts...pursued by treatment developers" (p.79). One randomized-controlled trial (RCTs) is cited in support of the effectiveness of MST (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997). The remaining citations are to non-experimental or weak quasi-experimental studies and non-systematic reviews, including a 1998 review by Kazdin and Weisz. The systematic review of RCTs on the effects of MST by Littell, Popa, and Forsythe (2005) is not mentioned. This review in the Cochrane Library and the Campbell Library of systematic reviews reported that MST is no more effective than are other treatments. This review found a number of concerning lapses in methodology and data analysis in related RCTs, including failure in all but a few studies to conduct an intention-to-treat analysis. An analysis of previously published reviews of MST trials showed that, like the McHugh and Barlow article, most published reviews provided information that was incomplete and potentially misleading (Littell, 2008).

The author's discussion of the implementation of MST in Hawaii is troubling, because it neglects to mention concerns about the perceived lack of cultural sensitivity of the MST program in that state. "Clearly, the use of MST in Hawaii has been controversial and resulted in reports that strongly questioned the appropriateness of using MST in the state" (Rosenblatt, Deuel, Mak, Thornton, Baize, Morea, et al., 2001, p. 2). McHugh and Barlow do not mention the fact that a controlled trial of the MST-based Continuum of Care was stopped early in Hawaii in the wake of "bad press" (Rosenblatt et al., 2001). The "open trial" cited by McHugh and Barlow had no parallel comparison or control groups.

Also troubling are repeated claims that fidelity to MST predicts better outcomes. The MST Therapist Adherence Measure (TAM) and related instruments tap common factors, client satisfaction, and early outcomes (Littell, 2006). It is not surprising that such measures predict outcomes, but that does not make them valid measures of fidelity.

The Cochrane Collaboration and the Campbell Collaboration provide syntheses of evidence related to specific practice and policy questions. Cochrane and Campbell reviews are based on an exhaustive search for and rigorous appraisal of all research related to a question. Why would we base recommendations for dissemination on a haphazard review of research, such as the one provided by McHugh and Barlow, when such haphazard reviews provide misleading information?

References

Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*,

65, 821-33. doi: 10/1037/0022-006X.65.5.821

Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology, 66*(1), 19-36.

Littell, J. H. (2006). The case for Multisystemic Therapy: Evidence or orthodoxy? *Children and Youth Services Review, 28*, 458-472.

Littell, J. H. (2008). Evidence-based or biased? The quality of published reviews of evidence-based practices. *Children and Youth Services Review, 30*, 1299-1317.

Littell, J. H., Popa, M., & Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17 (Cochrane Review). *Cochrane Database of Systematic Reviews*, Issue 4, 2005. doi: 10.1002/14651858.CD004797.pub4. Also available in the

McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments. *American Psychologist, 65*, 73-84. doi: 10.1037/a0018121.

Rosenblatt, A., Deuel, L., Mak, W., Thornton, P., Baize, H., Morea, J., et al. (2001). *Evaluation of two therapeutic programs for children with serious mental health problems and their families: Home-based multisystemic therapy (MST) and the MST continuum of care*. San Francisco.