IMPLEMENTING EVIDENCE-BASED PRACTICES

2005 Leadership Symposium on Evidence-Based Practice in Human Services

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CIMH EBP Dissemination

- 20 Counties & 10 Private Provider Agencies
- 5 New Projects for FY 2005/2006
- Featured Practices:
  - Incredible Years (IY)
  - Aggression Replacement Training (ART)
  - Functional Family Therapy (FFT)
  - Multidimensional Treatment Foster Care (MTFC)
  - SAMHSA Toolkits – **(Adult MH/AOD)**
    - CalMAP (Medication Algorithm)
    - IDDT (Integrated Dual Diagnosis Treatment)

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IMPLEMENTING EVIDENCE-BASED PRACTICES

Section 1: Selecting a Practice

Section 2: Stakeholder Concerns

Section 3: Implementation & Maintenance

Section 4: The Irresistible Urge to Drift

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Section 1

Selecting a Practice

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Selecting a Practice

- Specific to local needs and goals
- Consistent with client/family (cultural) beliefs and values
- Endorsed, supported or valued by agency staff
- Cost to use
- Cost to learn
- Level of science

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Definitions

- **No Consensus Definition of EBP**
- **Every Practice Wants to be an EBP**
- **Be Skeptical**
- **Become a Knowledgeable Consumer of EBP Information**

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Levels of Evidence

- ***Effective***-achieves child/family outcomes, based on controlled research (random assignment), with independent replication in *usual care settings*
- ***Efficacious***-achieves child/family outcomes, based on controlled research (random assignment), independent replication in *controlled settings*
- ***Not effective***- significant evidence of a null, *negative, or harmful effect*
- ***Promising***-some positive research evidence, quasi-experimental, of success and/or expert consensus
- **Emerging** -recognizable as a distinct practice with "face" validity or *common sense test*

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Finding EBPs

- Office of the Surgeon General
  - ➢ http://www.surgeongeneral.gov/index.html
- Strengthening America's Families (OJJDP & CSAT)
  - ➢ http://www.strengtheningfamilies.org
- SAMHSA Model Programs
  - ➢ http://www.modelprograms.samhsa.gov

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Finding EBPs

- *Evidence-Based Practices in Mental Health Services for Foster Youth* – California Institute for Mental Health
  - **http://www.cimh.org/downloads/Fostercaremanual.pdf**
- National Clearinghouse on Child Abuse and Neglect Information
  - **http://nccanch.acf.hhs.gov/**
- The California Child Welfare Clearinghouse for Evidence-based Practice
  - **http://www.chadwickcenter.org/Clearinghouse.htm**

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Finding EBPs

- SAMHSA's National Mental Health Information Center (Adult MH Toolkits)
  - http://www.mentalhealth.org/cmhs/communitysupport/toolkits/
- *A Roadmap to Mental Health Services for Transition Age Young Women: A Research Review* – California Women's Mental Health Policy Council
  - http://www.cimh.org/downloads/TAY_Final_Report_4-21-05.pdf/
- National Institute of Mental Health
  - http://www.nimh.nih.gov/publicat

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Finding EBPs

- *The Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations* *(Public Health Resources)*
  - **http://www.the communityguide.org/**
- Promising Practices Network on Children, Families and Communities
  - **http://www.promisingpractices.net**
- CIMH MHSA Matrix – In Hand Outs

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Finding Practices

- Look past the label or the "pitch"
- What is the strength of the research?
  - Is there a comparison group?
  - Is there random assignment?
- What was the setting?
  - Usual care setting? Every day clients and practitioners?
  - Restrictive inclusion criteria and practitioners?
- Has it been independently replicated?
- Has it been implemented successfully in other places?

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Fidelity

- **Adopting**-Implementing with fidelity to the program principles and practices
  - Most likely to result in outcomes similar to those reported in research
- **Adapting**-Applying the practice with adjustments from the prescribed program
- **Adopt—Validate—Adapt—Evaluate**

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Section 2

Stakeholder Concerns
Or
101 Reasons to Hate EBPs

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Practitioner Challenges to EBP

- **That may work for them but not us.**
- **How do you know that what we are doing isn't working?**
- **We already do that.**
- **They are too prescribed, manualized and inflexible**
- **What we do is an ART not a SCIENCE.**
- **It is just a fad.**

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Top 4 Concerns

- Limits Consumer/Practitioner Choice
- Devalues Professional Expertise
- Inconsistent with Consumer-Driven, Recovery Oriented, Family-Driven, Strengths-based Services
- Are Not Culturally Competent

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Limits Consumer/Practitioner Choice Devalues Professional Expertise

- Do evidence-based practices limit consumer and family choice?
- Do evidence-based practices limit practitioner choice?
- Do evidence-based practices devalue professional expertise?

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Limits Consumer/Practitioner Choice
Devalues Professional Expertise.

Points for Consideration . . .

- What is our experience in other health care fields, when evidence-based practices are implemented well?

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- Defining Evidence Based Practices

  …the integration of the best research evidence with clinical expertise and patient values (*Institute of Medicine*)

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Inconsistent with Consumer-Driven Services or Recovery?

- What if Evidence-based Practices. . .
  - Shame and Blame?
  - Separate Families?
  - Are punitive?
  - Promote Hopelessness/Helplessness?
  - Are incompatible with what Consumers and Families want?

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Inconsistent with Consumer-Driven Services

Points for Consideration . . .

- **EBPs for Consumers:**
  - **Are Family and Community Based**
  - **Identify Engagement as a Critical Phase**
  - **Create Hope**
  - **Identify Engagement as the responsibility of the Interventionist, not the Consumer**
  - **Focus upon Skills Building**
  - **Structured Flexibility / Individually Tailored**

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Are Not Culturally Competent

- "Ethnic minority" populations have been abused in scientific experiments
- Most research includes the limited cultural, ethnic, gender populations
- There is concern that practices researched only with the majority population, will be forced upon diverse communities to their detriment

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Are Not Culturally Competent

Points for Consideration . . .

- Advocate for a Culturally Competent research agenda.
- Examine research supporting an EBP carefully re: culture/ethnicity/etc.
- Evidence-based practices should be available, as an option, for all individuals regardless of ethnicity or culture, unless there is evidence to the contrary. (CIMH Draft Recommendation)

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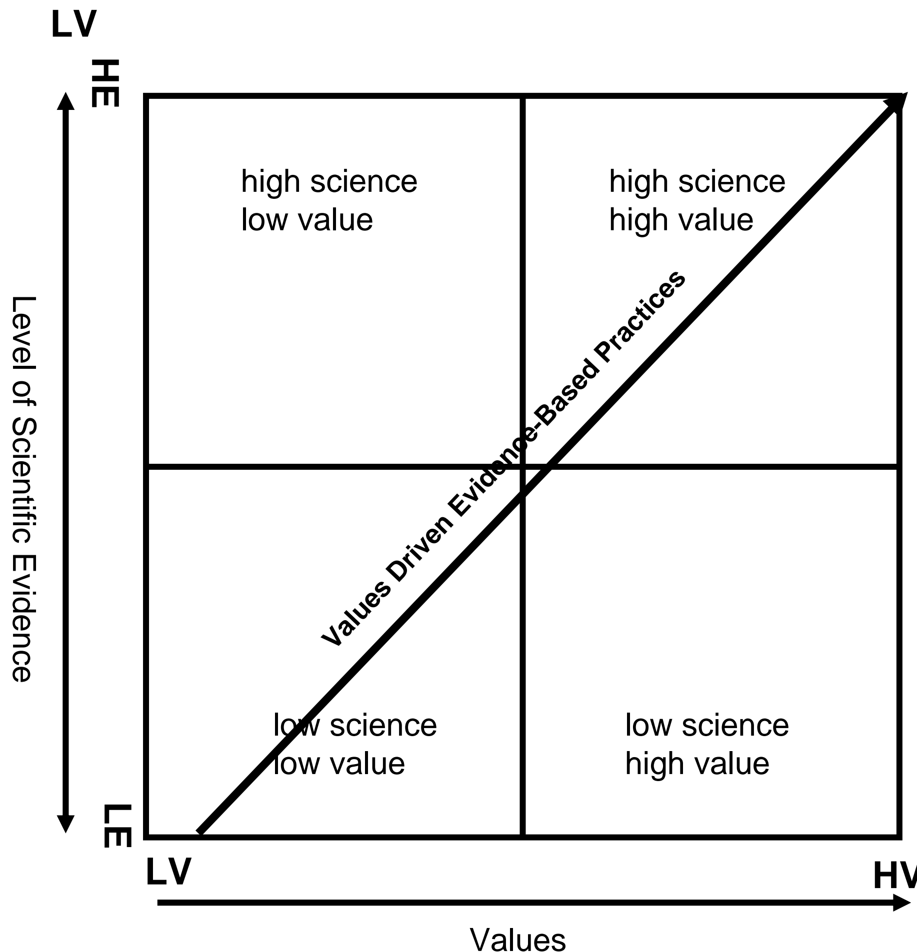
Values Driven Evidence-Based Practices



Legend:

x = Level of Evidence [high evidence (HE)…low evidence (LE)]

y = CIMH Values [high values (HV)…low values (LV)] including cultural competence and recovery/ resilience

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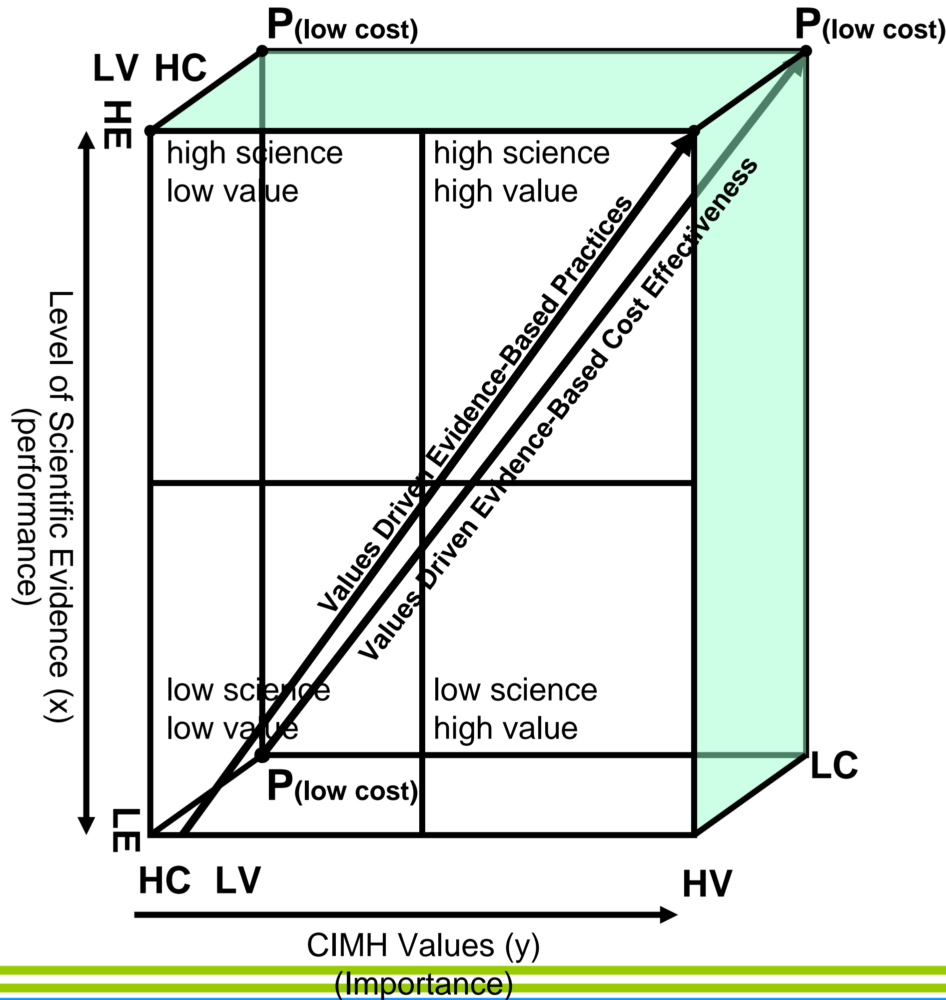
California Institute for Mental Health

Values Driven Evidence-Based MH Practices



Legend:

p = Efficient use of resources [high costs (HC)…low costs (LC)]

x = Level of Evidence [high evidence (HE)…low evidence (LE)]

y = CIMH Values [high values (HV)…low values (LV)] including cultural competence and recovery/resilience

Z = Actual costs (AC)

AE = Actual evidence

AV = Actual values

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Section 3

Implementation and Maintenance

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Funding

- How will the training be funded?
- How will the practice be funded?
- Will it be new funding, or re-tooling of existing funding?
- Is the funding on-going?
- Are there billing or other requirements?
- Are the individuals responsible for billing involved in the planning?

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Integrating Into the Local Service System

- Where will the practice fit into the service system?
- Who will be referred?
- Who will be responsible for making referrals, and under what circumstances?
- Who will provide the service?
- Will the service be provided independently of, in addition to, or instead of other services?

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Staffing

- Who will be the practitioners?
- How will they be selected?
- Will they have a choice?
- Will they have time to learn the practice?
- Will they have model adherent workloads?

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Learning the Practice

- Who will provide the training and consultation?
- How much training and consultation is needed?
- How will you know if the practice has been learned?
- How will the capacity to train to the practice be maintained?

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Training & Fidelity

- Training alone does not result in high fidelity implementation.
- The level of training varies by practice but typically involves:
  - Intensive training (2-3 days)
  - Booster trainings
  - Daily/every contact data & weekly supervision
  - Evaluation of fidelity
  - Evaluation of outcomes

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Supervision

- Who will be responsible for insuring that the referrals are made?
- Who will be responsible for insuring that the practices are used?
- Who will support practitioners in their early efforts to learn the practice?
- How will they be selected?
- Will they have a choice?
- Will they be involved, given sufficient time, and be supportive of the practice?

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Monitoring and Evaluation

- How will you know if the practice is being used with fidelity?
- How will you know if the practice is working (achieving child and family outcomes)

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Administrative Oversight

- Who at the administrative level participated in implementation planning?
- Who at the administrative level is committed to making sure that everything happens?
- Who at the administrative level will review fidelity and outcome reports and oversee any needed corrections?
- How will growing demand for the practice be managed?
- How will staff attrition be managed?

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Section 4

The Irresistible Urge to Drift

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Drift

- Insufficient training or supervision
- Practitioners have multiple or competing duties
- Little or no attention to fidelity monitoring
- Failure to adhere to practice specific caseload standards

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Drift

- **Insufficient intra- and inter-agency coordination around referrals, funding, and so forth**
- **The mid-managers/supervisors are wary, too busy, or not supportive of the practice**
- **Staff are not interested in/oppose the practice**

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Drift

- **Increased scrutiny and accountability ("*if it does not work then….*")**
- **Attrition of practice specific practitioners**
- **Delays between training and service provision**

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Drift

- **The service system is involved in multiple demanding reform efforts or initiatives**
- **Competing initiatives**
- **Demand to use the practice before it is well-established**
- **Interest in adapting the practice**

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Considerations

- **Select a practice that is needed and wanted**
- **Do not over-sell the practice**
- **Align agency support, at all levels, for the practice**
- **Value involvement; involvement leads to ownership**

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Considerations

- Set reasonable time frames for implementation
- Designate an administrative lead
- Involve administrative lead and managers/supervisors in planning
- Select staff with interest, based on an understanding of the practice

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Considerations

- Focus on fidelity from the outset
- Start strategically to build skill, confidence, capacity and success
- Be sensitive to the increased scrutiny on involved practitioners
- Develop strong training and consultation plans –Plan for funding them

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Considerations

- Be sensitive to other change initiatives impacting consumers and staff
- Document results (positive results are empowering and support system capacity for change)
- Evaluate new practices and existing practices, then share and discuss results

Bonus Section

Child Welfare

Evidence-Based Practices

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Child Welfare EBPs

- Family connections
- Nurse family partnership
- Parent-child interaction therapy
- The incredible years
- Early intervention foster care
- Triple P parenting
- Project 12 ways
- Functional family therapy
- Multidimensional treatment foster care

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Family Connections

- In-home intervention for the prevention of child neglect
- www.family.umaryland.edu/community-services/fc.htm
- Decrease in caregiver depression
- Decrease in caregiver drug use
- Increase in appropriate parenting attitudes
- Increase in social support
- Improved caregiver coping strategies
- Promotes spirituality, cultural roots, and economic stability

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Nurse Family Partnership

- Intensive home visitation to promote health and welfare of parents and children
- www.nursefamilypartnership.org
- Improved pregnancy outcomes
- Improved child health and well being
- Increases economic self-sufficiency

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Parent-Child Interaction Therapy

- Parent-child guided intervention
- www.pcit.org
- Decrease child behavior problems
- Increases parenting competencies

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The Incredible Years

- Multi-component parenting, child, teacher skills development programs
- www.incredibleyears.org
- Decreases child behavior problems
- Increases parenting competencies
- Decreases maternal stress
- Strengthens parent-teacher and parent-caregiver relationships

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Early Intervention Foster Care

- Therapeutic foster care program
- Contact: pfisher@oslc.org
- Increases foster parent competencies
- Strong support for foster parents
- Decrease in child behavior problems
- Develops age appropriate child competencies
- Improves parenting competencies
- Decreases parental stress and depression
- Increase in social support
- Promotes reunification

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Triple P Parenting

- Parenting program
- www1.triplep.net
- Improves parenting skills
- Decrease in parental stress and depression
- Improves coping skills
- Decrease in child behavior problems
- Improves partner support
- Improves parent anger management skills
- Decreases social isolation

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Project 12 Ways

- In home program for prevention and treatment of child maltreatment
- Increase parent-child bond
- Improved child health
- Improvements in home safety and cleanliness
- Improves coping strategies of caregivers
- Increases economic self-sufficiency
- Reduces foster care re-entry
- www.ccan.ouhsc.edu

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Functional Family Therapy

- Decreases family negativity and hostility
- Decreases child behavior problems
- Decreases the need for out of home placement
- Increases parenting competencies
- www.fftinc.com

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Multidimensional Treatment Foster Care

- Increases foster parent competencies
- Decreases in child behavioral problems
- Increases in parenting competencies
- Low rate of re-entry into foster care or the juvenile justice system
- www.mtfc.com

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VALUES-DRIVEN EVIDENCE-BASED PRACTICE MATRIX

PRACTICE CHARACTERISTICS

SELECTED PRACTICES	Parent Training	Family Therapy	Individual	Group	Clinic-based	School-based	Home/Community-based	Hospital/Goup Home-based	Rural	Urban
Effective[1]										
Adolescent Transitions Program	x	x			x	x			x	
Brief Strategic Family Therapy	x	x	x		x		x		x	x
CBT for Child Sexual Abuse		x	x	x	x				x	x
Family Connections							x			x
Functional Family Therapy		x			x		x		x	x
Incredible Years	x			x		x			x	x
Multidimensional Family Therapy		x	x		x				x	x
Multidimensional Treatment Foster Care	x	x	x		x		x		x	x
Multisystemic Therapy	x	x					x		x	x
Nurse Family Partnership	x						x		x	x
Positive Parenting Progam	x	x			x	x	x			x
Parent-Child Interaction Therapy	x	x			x		x			x
Parenting Wisely	x				x	x	x		x	x
Strengthening Families 6-12	x	x	x		x	x	x		x	x
Strengthening Families Prog. 10-14	x	x	x			x			x	x
Efficacious[2]										
UCLA Trauma/Grief Program for Adolescents			x	x	x	x			x	x
Promising[3]										
Aggression Replacement Training				x	x	x		x	x	x
Trauma Adaptive Recovery Group Education and Training (TARGET)			x	x	x					
Wraparound Process (acc. to the National Wraparound Initiative)							x		x	x