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
- 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)
IMPLEMENTING EVIDENCE-BASED PRACTICES

Section 1: Selecting a Practice

Section 2: Stakeholder Concerns

Section 3: Implementation & Maintenance

Section 4: The Irresistible Urge to Drift
Section 1

Selecting a Practice
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
Definitions

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

• Evidence-Based Practices in Mental Health Services for Foster Youth – California Institute for Mental Health

• 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
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
Finding EBPs

- The Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations (Public Health Resources)
- Promising Practices Network on Children, Families and Communities
  - [http://www.promisingpractices.net](http://www.promisingpractices.net)
- CIMH MHSA Matrix – In Hand Outs
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?
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**
Section 2

Stakeholder Concerns

Or

101 Reasons to Hate EBPs
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.
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
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?
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?
• Defining Evidence Based Practices

…the integration of the best research evidence with clinical expertise and patient values (Institute of Medicine)
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?
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
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
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)
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
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
Section 3

Implementation and Maintenance
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?
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?
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?
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?
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
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?
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)
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?
Section 4

The Irresistible Urge to Drift
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
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
Drift

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

• In-home intervention for the prevention of child neglect
• [website](http://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
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
Parent-Child Interaction Therapy

- Parent-child guided intervention
- [www.pcit.org](http://www.pcit.org)
- Decrease child behavior problems
- Increases parenting competencies
The Incredible Years

- Multi-component parenting, child, teacher skills development programs
- [www.incredibleyears.org](http://www.incredibleyears.org)
- Decreases child behavior problems
- Increases parenting competencies
- Decreases maternal stress
- Strengthens parent-teacher and parent-caregiver relationships
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
Triple P Parenting

- Parenting program
- [www1.triplep.net](http://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
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
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
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
# VALUES-DRIVEN EVIDENCE-BASED PRACTICE MATRIX

## SELECTED PRACTICES

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<td>Group</td>
<td>Clinic-based</td>
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## Efficacious²

| UCLA Trauma/Grief Program for Adolescents | x | x | x | x | x | | | |

## Promising³

| 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 | | | | | |

¹ Effective practices are those that have evidence of effectiveness in reducing mental health symptoms and improving outcomes for children and families.
² Efficacious practices are those that have evidence of efficacy, but may not have as robust evidence as effective practices.
³ Promising practices are those that show promise and may be worthy of further investigation, but have not yet been extensively studied.