

Using Transdisciplinary Knowledge to Implement Evidence-Based Practices with Support from Client-Level Outcome Measures

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Introduction

- Social work researchers, used to complex systems with focus on change (Brekke, 2012), are well positioned to link research and practice (Nurius & Kemp, 2012).
- Partnering with allied professions strengthens translational research (Nurius & Kemp) to improve lives of individuals.



Need for Transdisciplinary Research & Practice

- The gap between evidence-based practice (EBP) and usual community mental health services exemplifies need for transdisciplinary theory and research to improve practice (Beidas, et al., 2013; Commission on Mental Health, 2003).

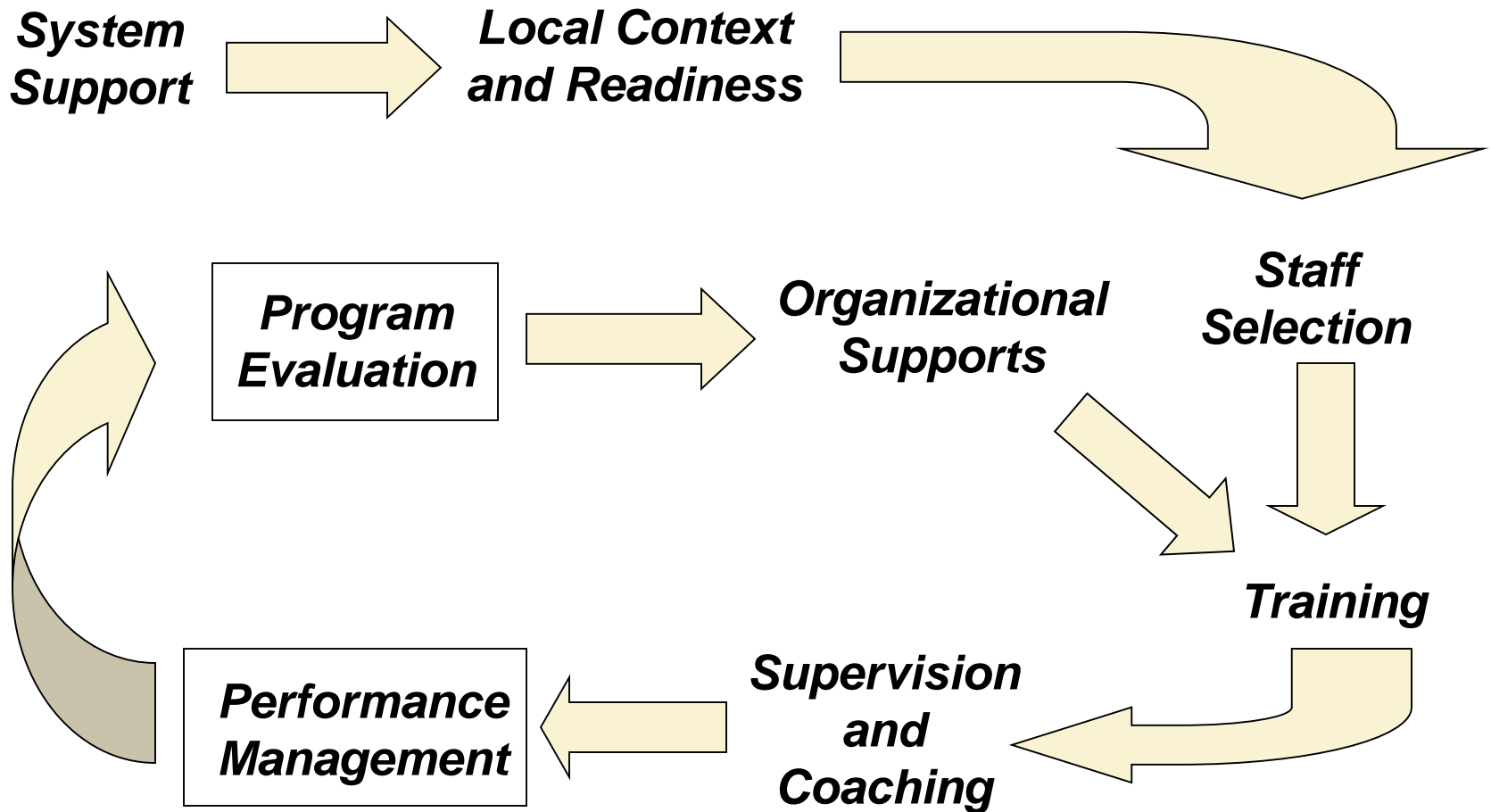


Implementation Science

- Implementation of an EBP is a complex, incremental process (Fixsen, 2005).
- After fitting an innovation (EBP) to an identified need, the innovation is modified to fit the organization; structures are altered (Rogers, 2003).
- Implementation theory and research support using client-level outcomes in public settings as a strategy to implement EBPs (Raghavan, Bright, and Shadoin, 2008; Torrey, Bond, McHugo, & Swain, 2012).
- To be effective, EBPs and outcome measures must be integrated into public system requirements, agency protocols, and every-day practice.



Implementation of an EBP High Fidelity Requires...





System-wide Outcome Measures Support Implementation of EBPs

- Child and Adolescent Needs and Strengths (**CANS**, Lyons, 2009) and the Adult Needs and Strength Assessment (**ANSA**, Lyons) outcome measures
- Client-level outcome measures support decisions, monitor progress, and help improve services (Lyons).



Communitric Tools (Lyons, 2009)

CANS & ANSA:

- Functional Assessments
- 0-3 points rating scale
- Common Language across service systems
- Total Clinical Outcome Management (TCOM) Processes
- Copyright: Praed Foundation, 1999

Domains:

- Life Functioning
- Strengths
- Behavioral Health
- Risks
- Caretaker Strengths & Needs
- Acculturation



Using Assessment Information

“DCS is still working on the service mapping process but that we plan to use the CANS in combination with other assessment tools and information gathered from the DCS case management system.”

(IN Department of Child Services, 2/2014)

- Map identified needs to EBPS to support referral decisions
- Partnership with state child welfare agency to map CANS information to EBPS.



Example: Mapping Plan

Child Parent Psychotherapy

(CPP, Liberman, Van Horn, & Ippen, 2005)



| CANS Screening Items | Exclusions | Other Considerations |
|--|--|---|
| Adjustment to Trauma (2,3) AND Sexual Abuse OR Domestic Violence OR Traumatic Grief OR Disaster OR Terrorism OR Complex Trauma | Older Youth Parents not available | <u>Caregiver</u> Parents Involved Depression Trauma History Trauma Symptoms <u>Child</u> Ages Birth to 6 Trauma Exposure Developmental Functioning |



“Mapping” Process

- For whom was service intended? Who benefits?
(Literature Review)
- Talk to purveyor of practice & experts.
- Cross walk identified CANS or ANSA needs, strengths, and relevant information (age, etc.) with EBP
- Create decision model (algorithm)
- Trial with clinical review
- Implement with support of technology
- Monitor and use information to improve practice
- Refine algorithm

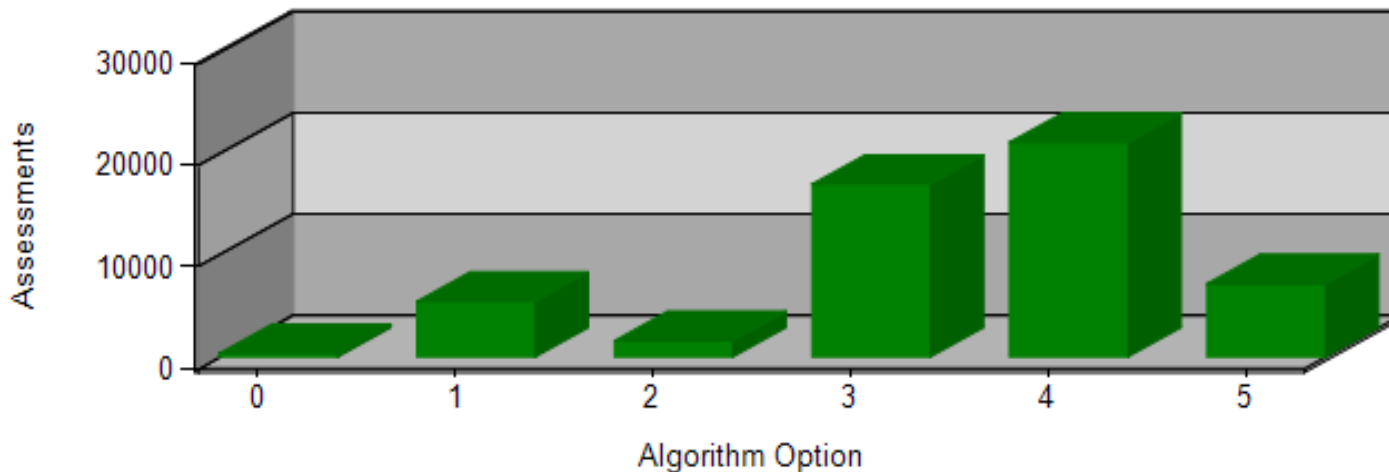
Behavioral Health Decision Model Recommendations

7/1/2013 and 3/31/2014

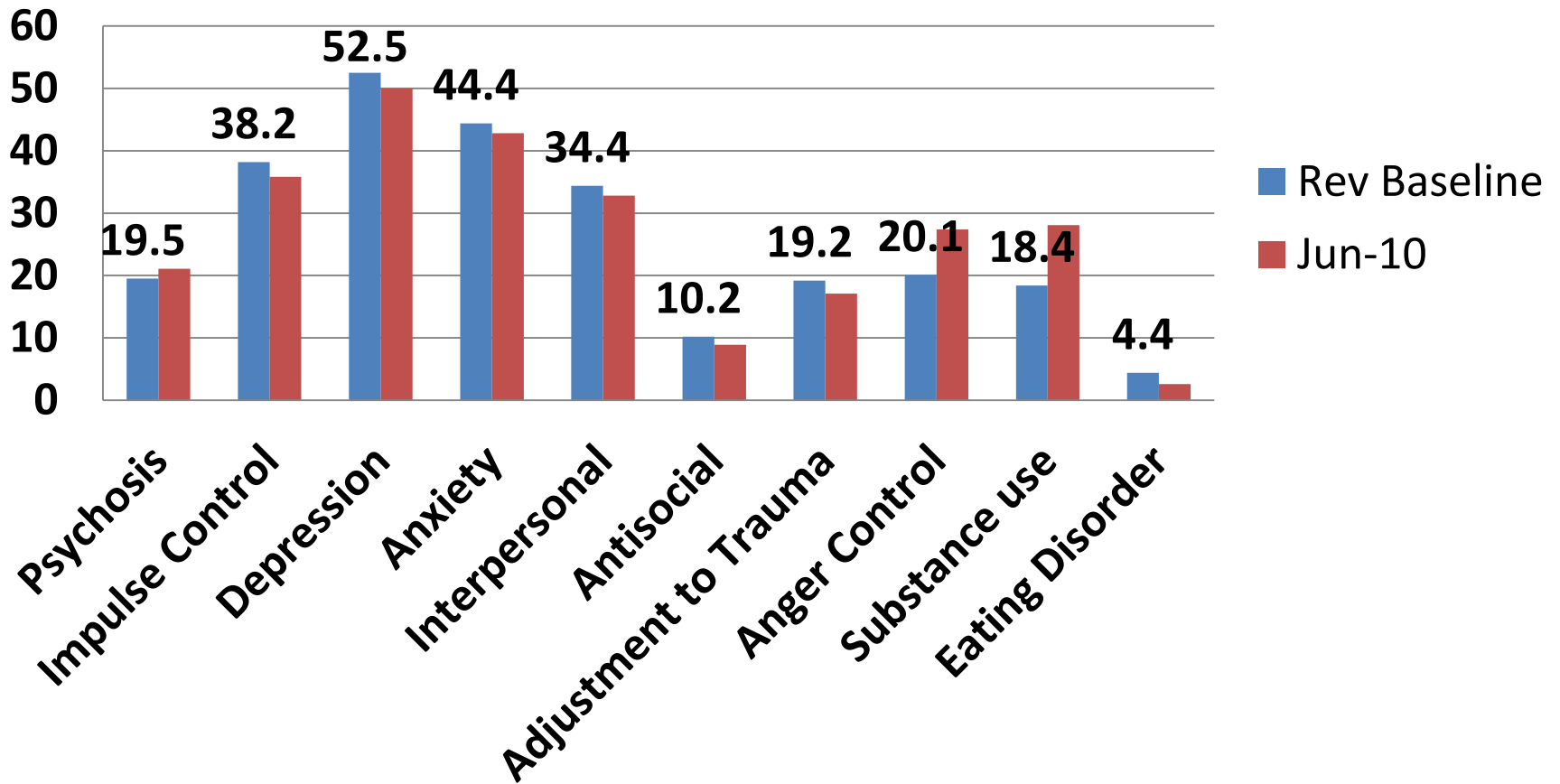
Initial Assessments Only (n=52,777)

| | | | |
|----------|--|---------------|----------------|
| 0 | No Recommendation | 332 | < 1% |
| 1 | Outpatient | 5,460 | 10% |
| 2 | Outpatient with Occasional Case Management | 1,576 | 3% |
| 3 | Supportive Community Based Services | 17,029 | 32% |
| 4 | Intensive Community Based Treatment and Support | 21,168 | 40% |
| 5 | Intensive Community Based: Assertive Community Treatment (ACT, Mancini, et al., 2009) | 7,212 | 14% |

ANSA Comprehensive - ANSA Behavioral Health

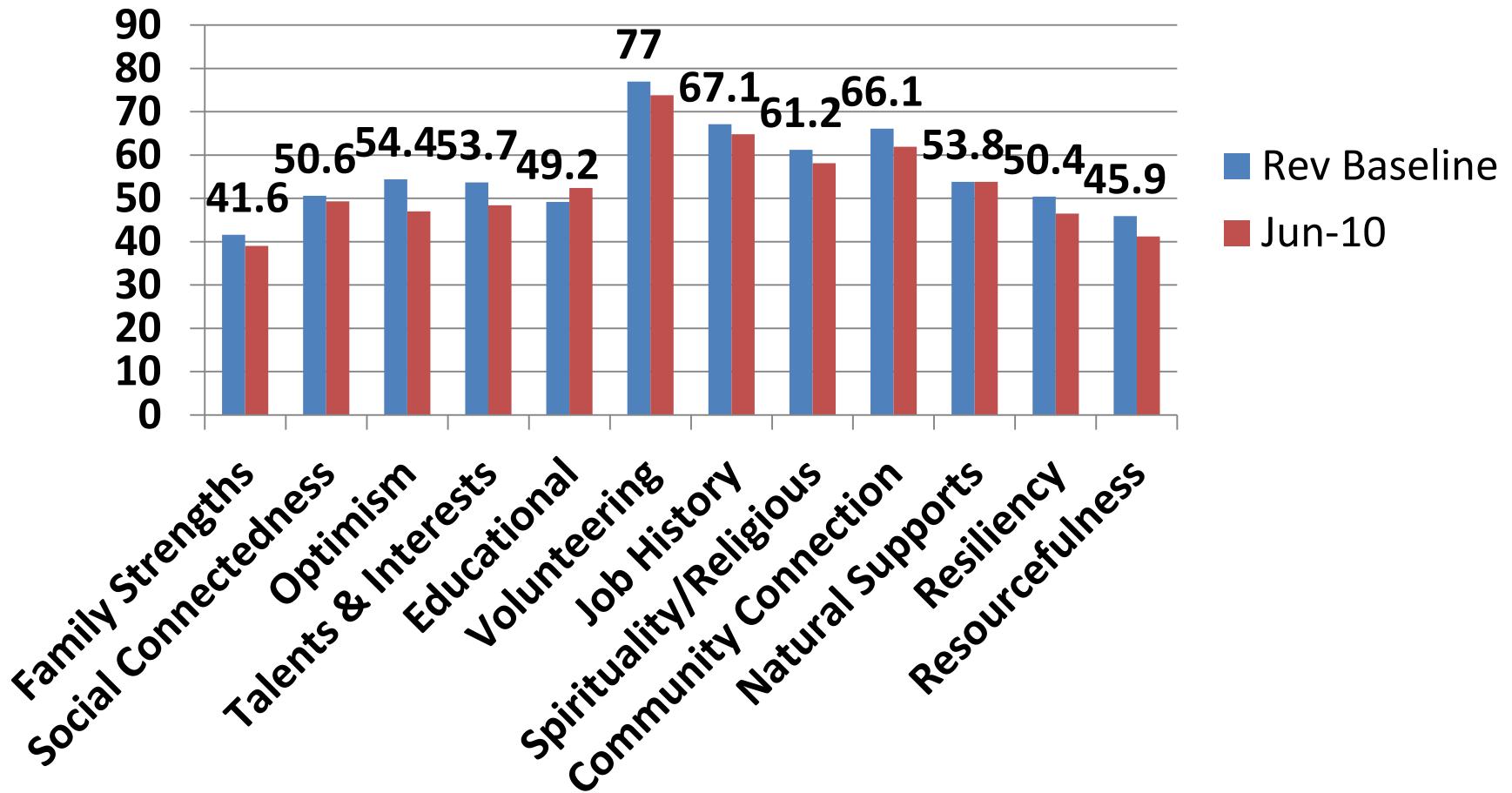


Percentage of Actionable Behavioral Health Symptoms for Young Adults (n = 1164, duration = 12 months)



(Israel, Lyons, Walton, & Friedman, 2013; Walton, Clark, Kim, & Haber, 2013)

Percentage Buildable/Identifiable Strengths for Young Adults (n=1164, duration = 12 months)



(Walton, Clark, Kim, & Haber, 2013)



Challenges

- Purveyors often claim EBPs are effective for wide range of needs.
- Algorithm may be linked to policy; need resources to monitor and adjust.
- Workforce Development
- Technology Development

Lessons Learned

- Transdisciplinary and cross-system partnerships enrich knowledge, quality of research and application in practice.
- Translational research to improve human services is enriched through such partnerships.



References

- Beidas, R., Aaron, G., Barg, F., Evans, A., Hadley, T., Hoagwood, K. ... Mandell, D.S. (2013). Policy to implementation: evidence-based in community mental health—study protocol. *Implementation Science*, 8(38), <http://www.implementationscience.com/content/8/1/38>.
- Brekke, J. S. (2012). Shaping a science of social work. *Research on Social Work Practice*, 22(5), 455-464.
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, Florida: University of South Florida.
- Israel, N., Lyons, J. S., Walton, B. A., & Friedman, R. M. (2013, March). *Taking Systems Change to Scale: Building Replicable Processes*. Symposium at the Child Mental Health Research and Policy Conference, Tampa, FL: University of South Florida.
- Liberman, A.F., Van Horn, P., & Ippen, C.G. (2005). Toward evidence-based treatment: Child-Parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child Psychiatry*, 44(12), 1241-1248.
- Lyons, J.S. (2009). *Communimetrics: A Communication theory of measurement in human service settings*. New York: Springer.
- Mancini, A.D., Moser, L.L., Whitley, R., McHugo, G. J., Bond, G., Finnerty, M.T. Burns, B. J. (2009). Assertive community treatment: Facilitators and barriers to implementation in routine mental health settings. *Psychiatric Services*, 60(2), 189-195.
- New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.
- Nurius, P. S. & Kemp, S. P. (2012). Social work, science, social impact: Crafting an integrative conversation. *Research on Social Work Practice*, 22(5), 548-552.
- Raghaven, R., Bright, C. L., & Shadoin, A. L. (2008). Toward a policy ecology of implementation of evidence-based practices in public mental health settings. *Implementation Science*, 3(26), doi: 10.1186/1748-5908-3-26
- Rogers, E. M. *Diffusion of Innovation*. (5th Ed.) New York: Free Press.
- Torrey, W. C., Bond, G.R., McHugo, G.J. and Swain, K. (2012). Evidence-based practice implementation in community mental health settings: The relative importance of key domains of implementation activity. *Administration and Policy in Mental Health and Mental Health Services Research*, 39, 353-364.
- Walton, B. A., Clark, H., Kim, H., & Haber, M. (2013, November). *Using Communimetric Tools with Transition-Age Youth & Young Adults*. Presentation at the 9th Annual CANS Conference, San Francisco, CA.



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