



*“Ask us what we think”
Moving toward practice
change on the frontline*

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SICK CHILDREN

CIHR Emerging Team in Knowledge Translation for
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Who We Are...



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Purpose

To strengthen the knowledge base in implementation science, child and youth mental health (CYMH), and knowledge translation (KT)

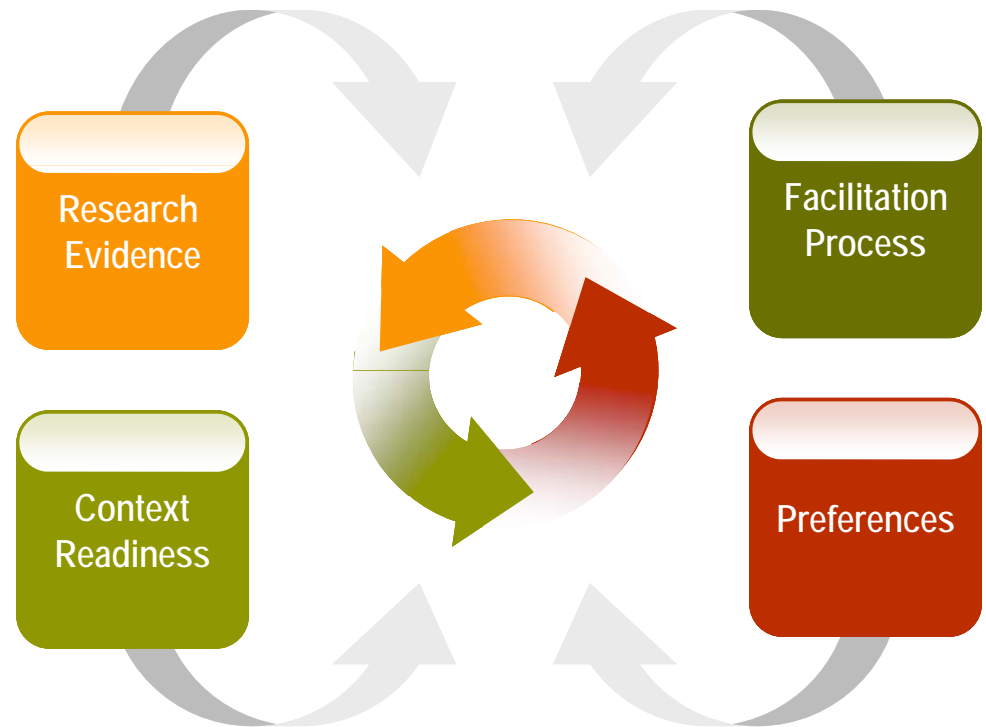
Develop and evaluate an innovative model of evidence-based practice (EBP) implementation in both the children's mental health and education sectors.

(i)practitioner/educator **preferences** for practice change

(ii)organizational and individual **readiness for change**

(iii)the attributes of the EBP to be implemented (i.e., **quality of the evidence**, feasibility, ease of use).

(iv)plan **facilitation** through the NIRN framework



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Program of Research 2009-2013

Project 1: Establishing the Evidence Base

Motivational Interviewing selected as the evidence-based practice by our 5 Child & Youth Mental Health (CYMH) partners. *Systematic review* of the literature on “MI training of practitioners” and exploring training options.

Project 2: Consumer Preference Modeling

16 focus groups (**8 in CYMH** and 8 in education) where frontline and management from both sectors provided rich information.

Qualitative data will form the basis of attributes for conjoint analysis surveys that will explore educator and clinician preferences related to practice change.

Project 3: Evaluating the EBP Implementation – CYMH SECTOR

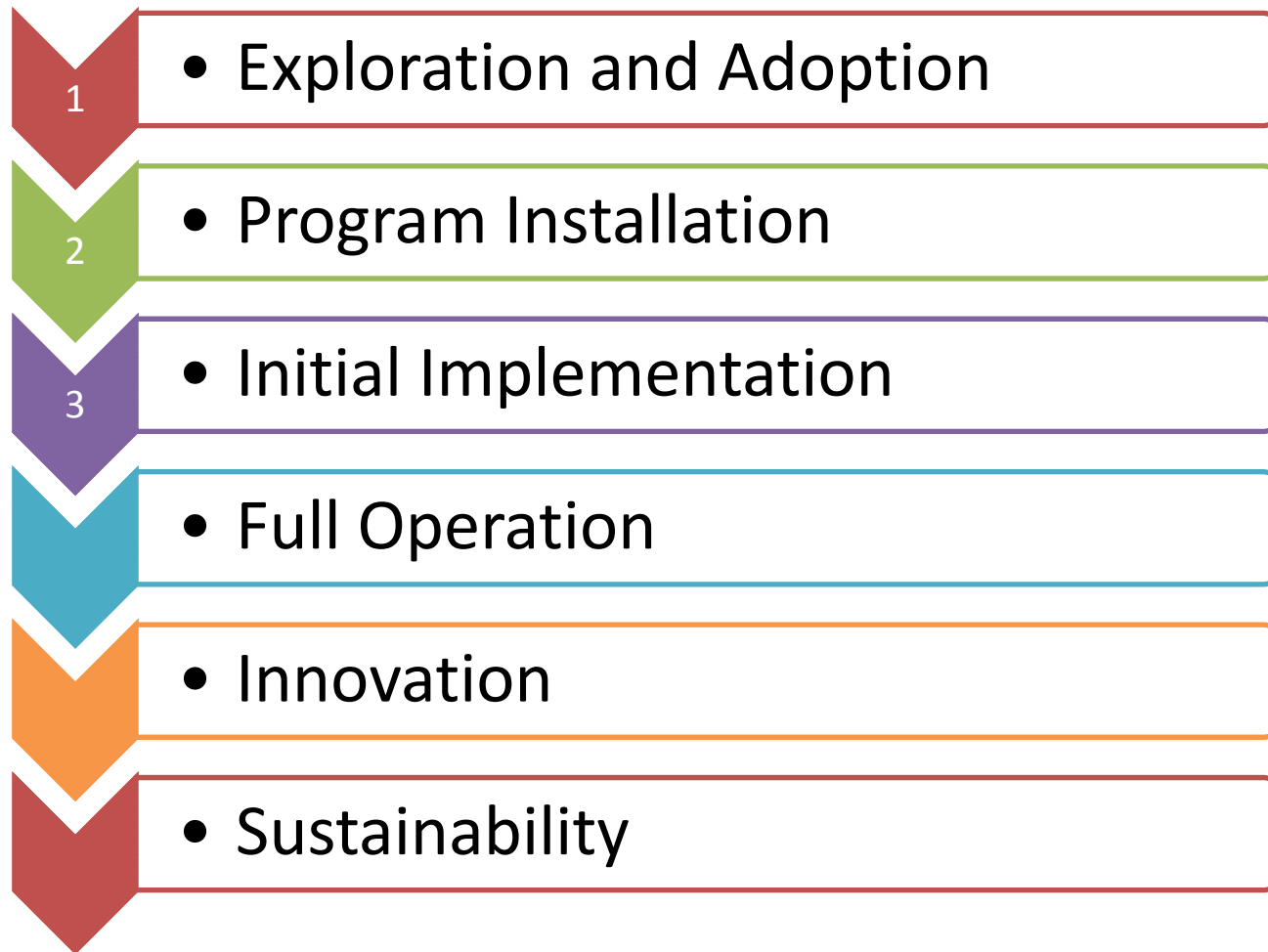
EBP implementation in the **CYMH provider organizations** and schools. The evidence base (Project 1) as well as the information about clinician’s preferences for changing their practice (Project 2) will come together with readiness data (Questionnaires) and the facilitation - NIRN framework - to develop an implementation plan.

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NIRN Framework for Scaling Up

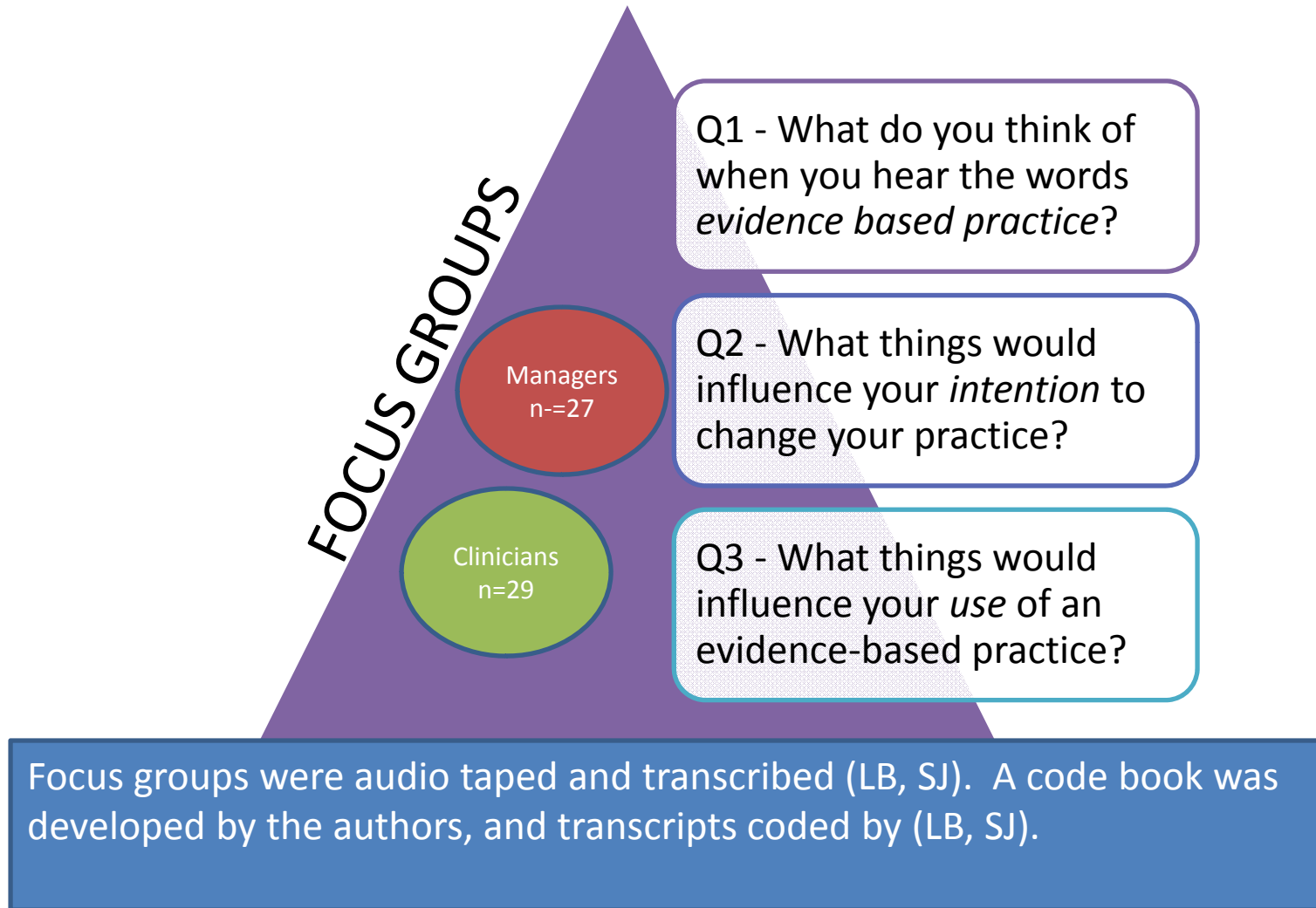
<http://www.fpg.unc.edu/~nirn/resources/detail.cfm?resourceID=229>



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Methods



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Emerging Themes

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Q1 - What do you think of when you hear the words *evidence based practice*? **DEFINITIONS**

Growing evidence to support a certain approach.

Evidence based practice is not just seeing it as ...approaches that are backed up by the literature but seeing (it) more as a fulsome model that's **informed by the clinician's own assessment**, informed by **environmental factors**, or by what the **clients themselves say in the therapeutic setting** in terms of what works for them and what doesn't.

A way of doing treatment or clinical work that's been **proven through research and data** and that it **makes a difference in the child or the family's life**. So it's evaluated and documented.

The fact that the model was ...developed...through the research where it was tested and **shown to be effective with the populations that we're using it for**.

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Q1 - What do you think of when you hear the words *evidence based practice*?



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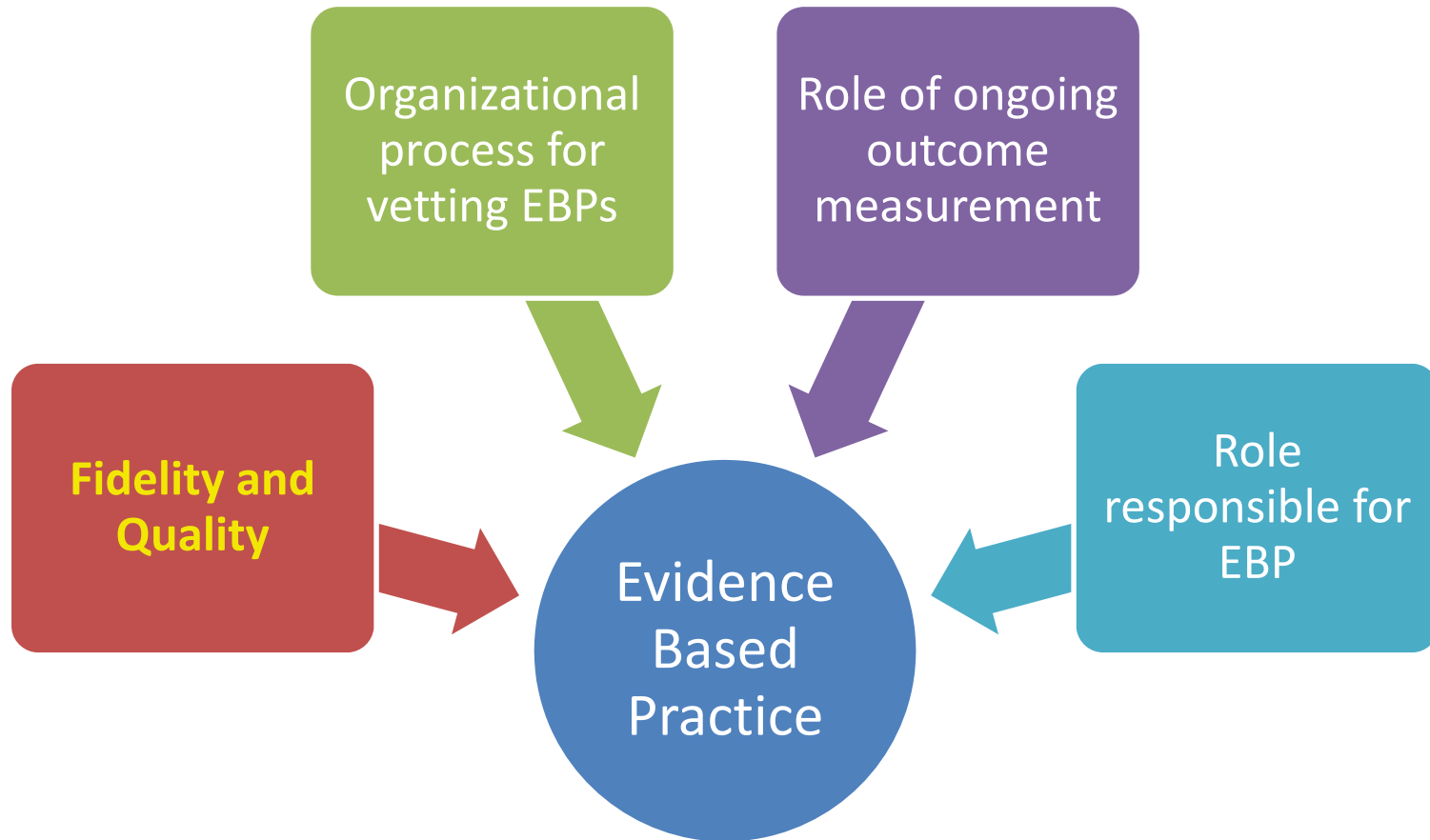
Fidelity and Quality

“(We use a) therapist adherence measure questionnaire that clients have to respond to once a month... And that gives us kind of an idea of whether or not we’re following the principles (of) MST.. (that it) is effective if the therapist meets these criteria.”

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Q1 - What do you think of when you hear the words *evidence based practice*?



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Organizational Process for Vetting EBPs

“One of the things we’ve developed as a practice here is that whenever there is a proposal, either formal or informal, to go in a different direction, there is a system for vetting it. It’s not just that a couple of people can decide that they went to a conference and heard of something and would like to try it in a classroom...they have to pitch why it is that they think it would be something that we might want to consider, and then it’s looked at ... [If] whatever it is that’s coming forward (has) been shown to be useful, that we want to try out, how does that fit in the larger scheme of things? Cause there’s only so much energy, so much knowledge base... do it properly.”

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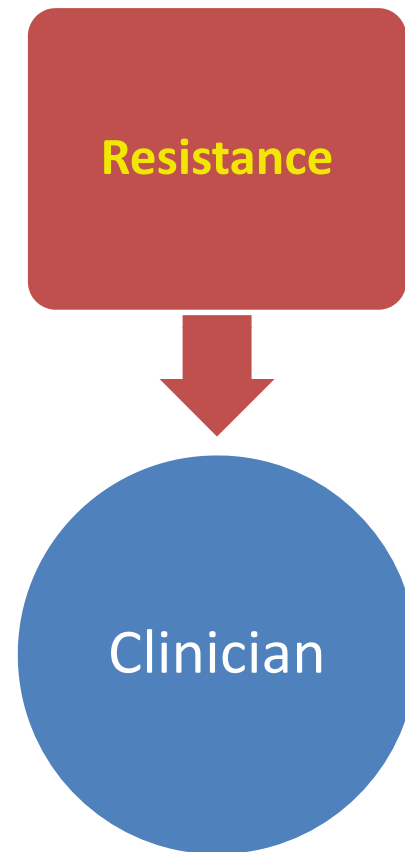
Role Responsible for EBPs

“I think collectively we all have a responsibility to partake in that. I think it would be our Clinical Director as well as our manager of onsite services who really work collaboratively. And we’re, sort of in a bit of a change right now too, where our program evaluation is something that we’re really starting to look at and build some more structure around that.”

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Q2 - What things would influence your *intention* to change your practice?



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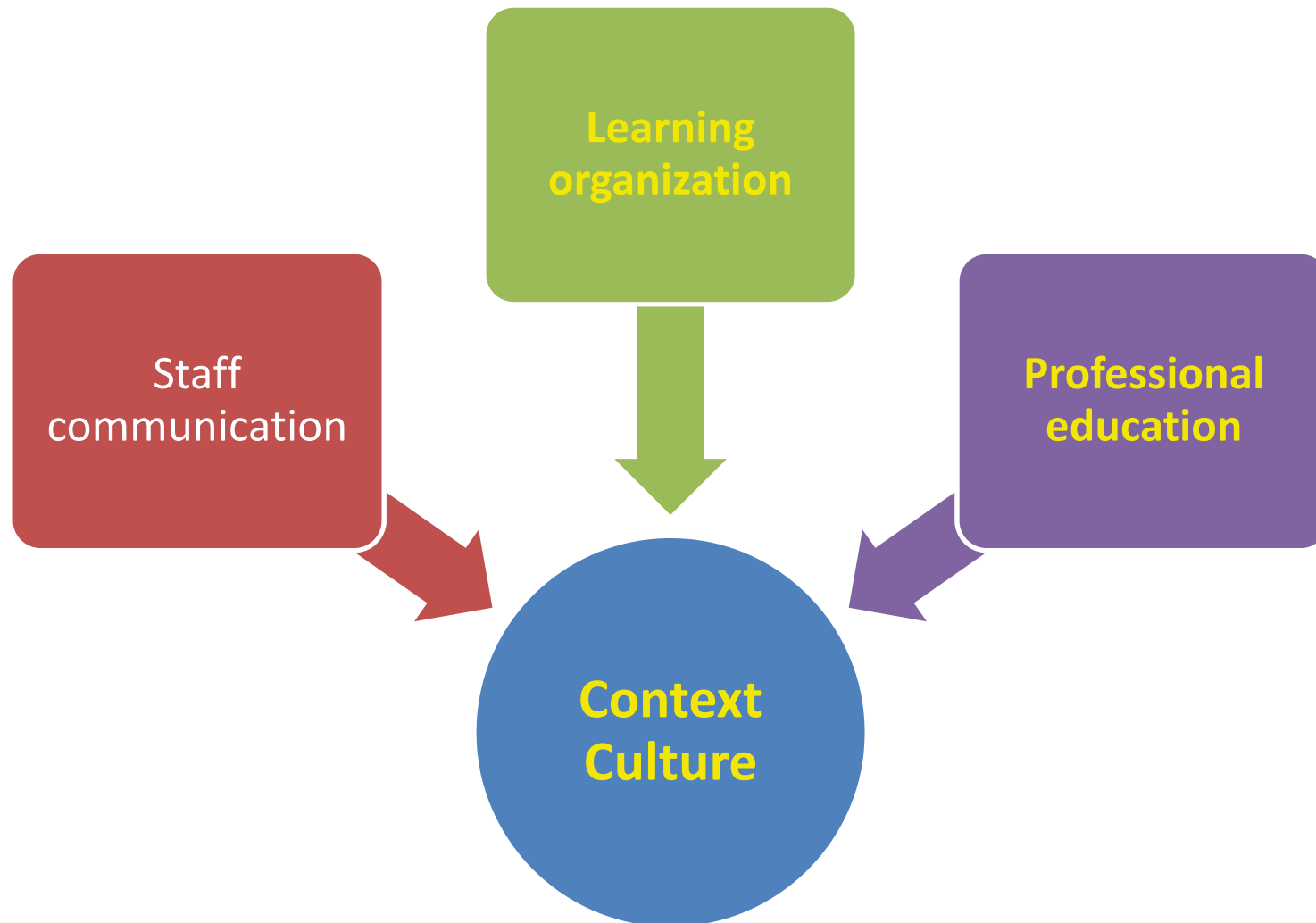
Clinician Resistance

“We had a lot of, like I said, seasoned clinicians that have been doing this kind of work for a very long time, so I guess I got the sense that there was a little bit of resentment ...‘what is this new flavor of the month coming through, telling us how to do what we’ve been doing for, like, 20 years.”

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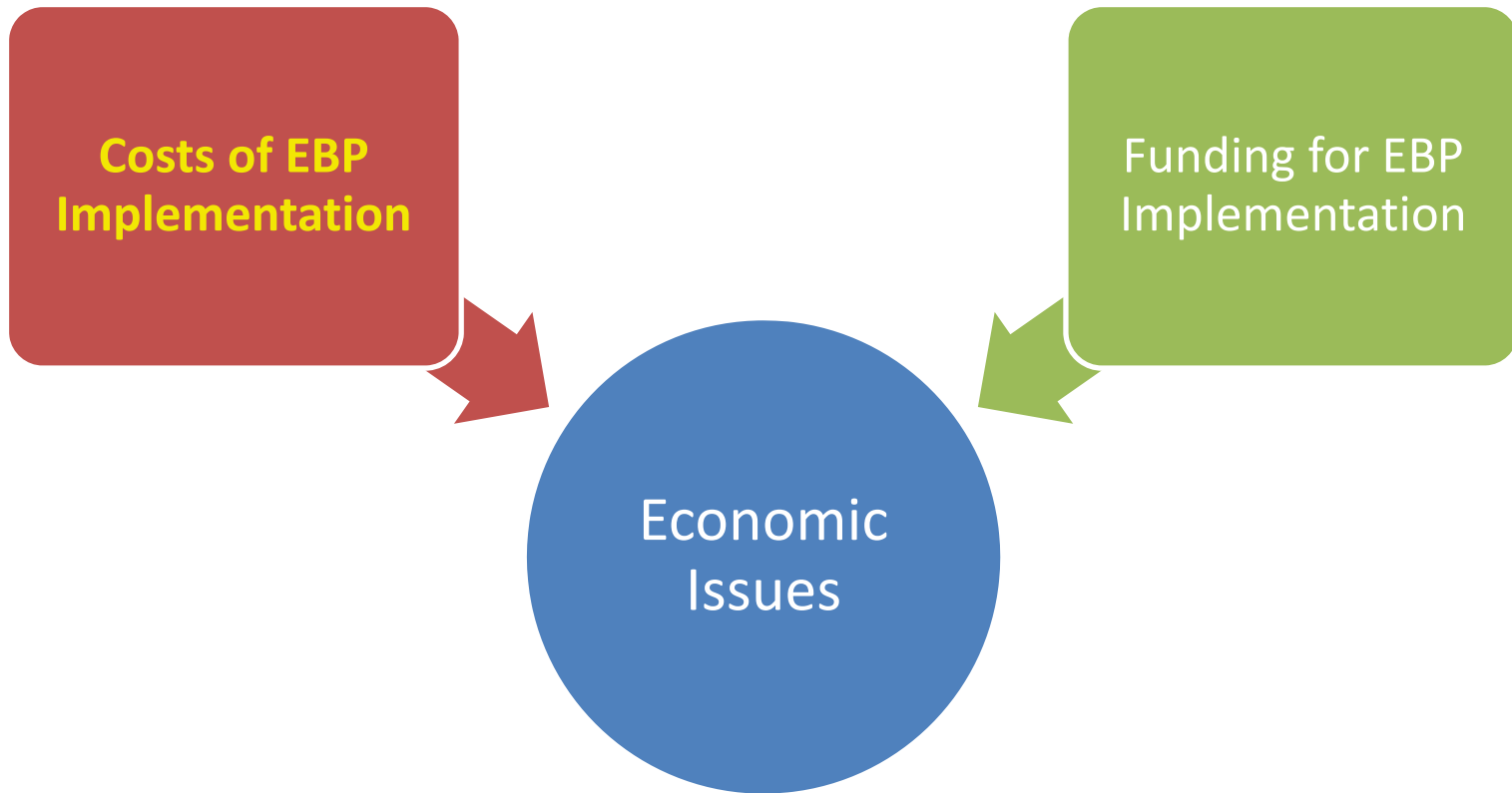
Learning Organization

“...and I think that and the learning culture is key because you’re getting that feedback, you’re getting that prompt, you’re getting that support and it keeps you on track.”

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Costs of EBP Implementation

“I think the negative side ...are the ongoing costs built into doing this practice. And not just financial dollars, but resourcing dollars, right? ...for me, finances (is about) how many staff hours, how much paperwork is required, how much ongoing time energy and financial cost is it going to be to do this practice versus another? Some of the requirements of MST might be a good example of that - the financial requirements on an ongoing basis may lead you not to choose it. Even though it may have very good outcomes with a particular population, then it isn't sustainable or isn't as realistic to do, even if you would like to do it.”

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Costs of EBP Implementation

“We do pre- and post - again there’s difficulty, there’s a lot of cost and manpower to stick to the fidelity of the models. So, we do pre- and post-, we do the evaluations, and the psychologist that is within the program that’s overseeing it reviews the results. But again ..that’s a challenge in terms of keeping to the fidelity and evaluating and researching that piece ongoingly.”

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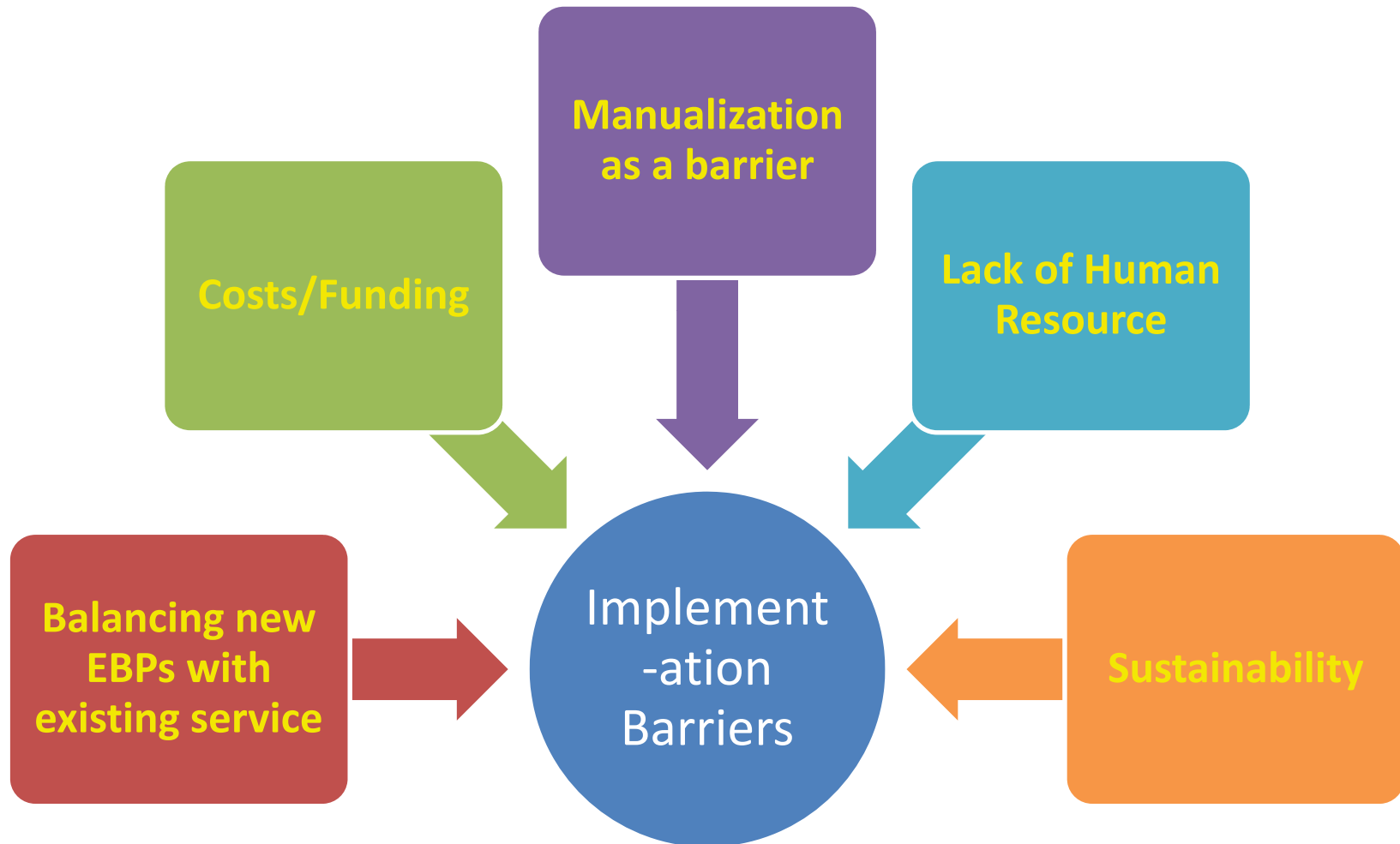
New Staff Preparation

“Well 5 or 6 years ago ..I did a bulk of interviewing in the Maritimes, .. but you could (ask): “what do you know about evidence based practice, what are you familiar with?” and they’d look at you blank! Now at least people will say, ‘Oh, CBT,’ they kind of prop out with that one (laughs)...”

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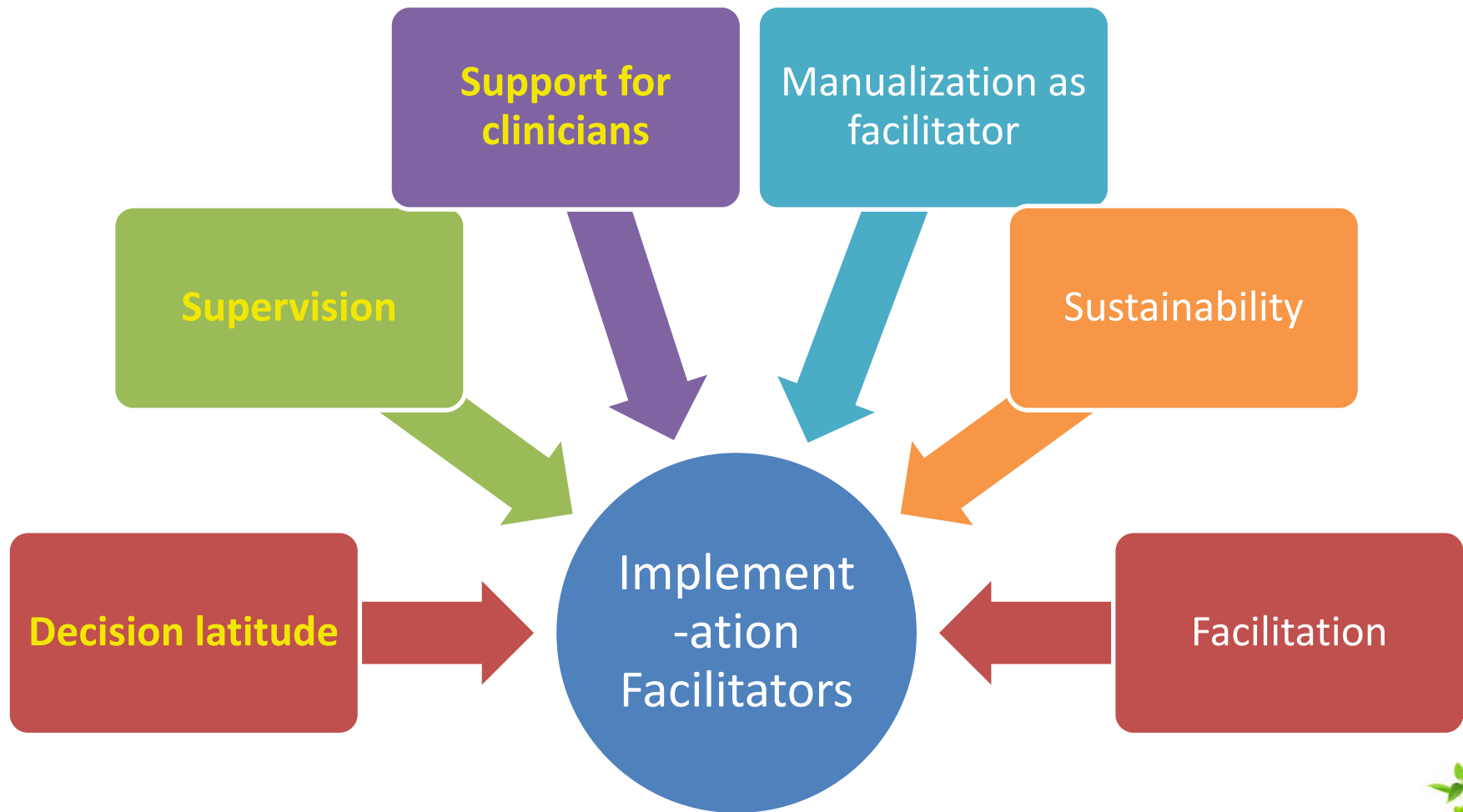
Balancing EBPs With Existing Service

“I just think a key thing is time ...but ...with evidence based (practice), we say we’re gonna try to do it but ...it’s hard to actually do the training to make it successful and do it properly. So time is a huge-, especially when you’ve got clients at the door, you need to provide the service ...Some programs have more luxury of time (they can) kind of slow it down or whatever, whereas, say for instance the day treatment program or residential, you always have clients there all the time. So it’s a huge..struggle.”

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Q2 - What things would influence your *intention* to change your practice?



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Decision Latitude

“...having the flexibility in your clinical work to implement different things that you may have picked up at different trainings and not be confined. Like, our groups are confined by a manual but our clinical work is pretty much up to our own personal practice. So having that flexibility and having that autonomy to incorporate different things that you’re learning and, you know, bringing it to the team and saying, ‘I learned this, I went to this training, I think this would be good for our clients,’ and then have it incorporated on a larger scale ...”

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Q2 - What things would influence your *intention* to change your practice?



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Clinician Ownership and Buy-In

“...when you see the changes in your client...then you think, ‘ok, this really works’ and that increases your buy in!”

“I think what also doesn’t work (is) if it’s imposed ... if you come in and say ‘great news guys, there’s a whole new practice, you’re gonna love it, you’re gonna start Monday’ and so, you have to spend some time.”

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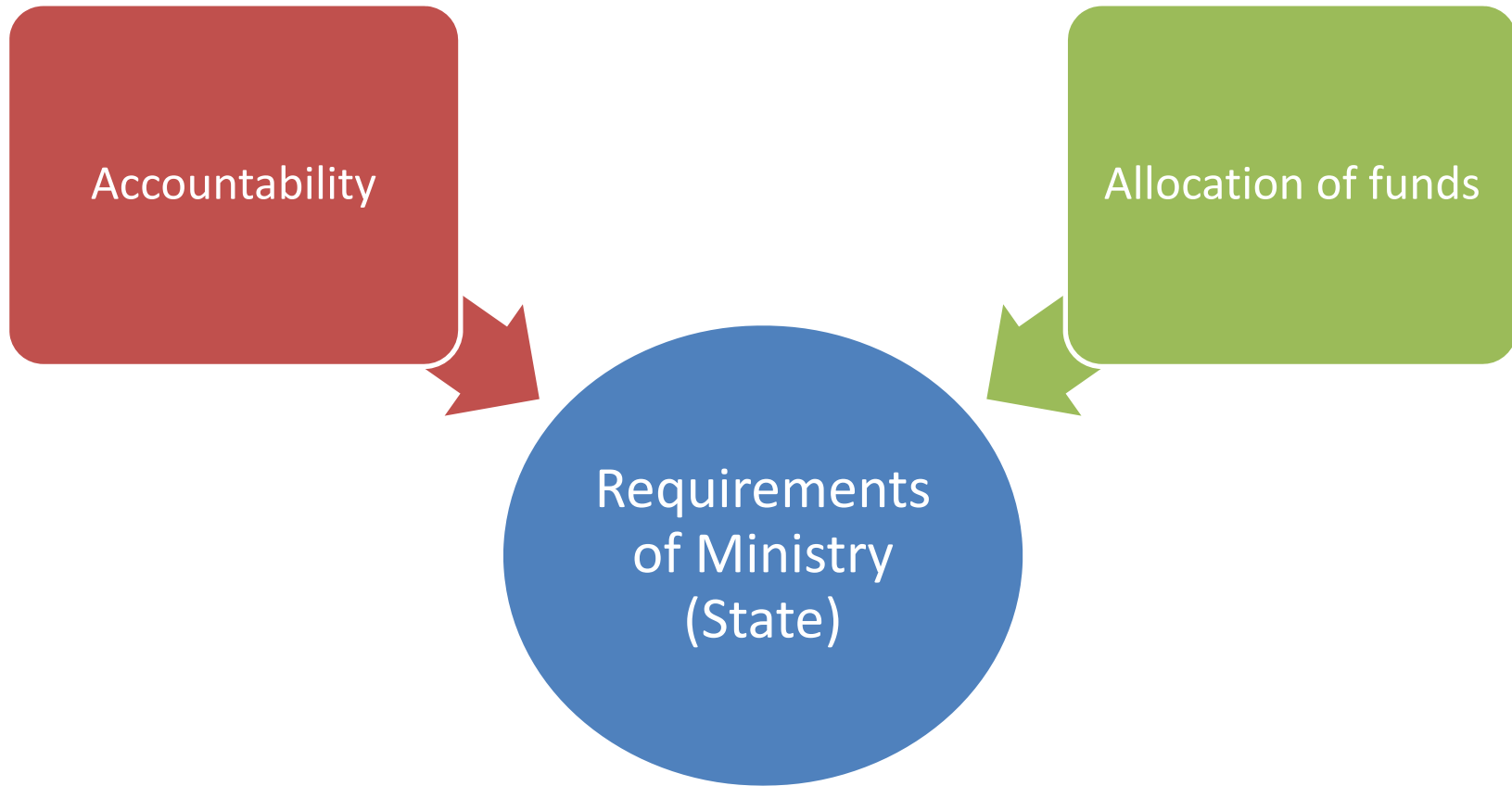
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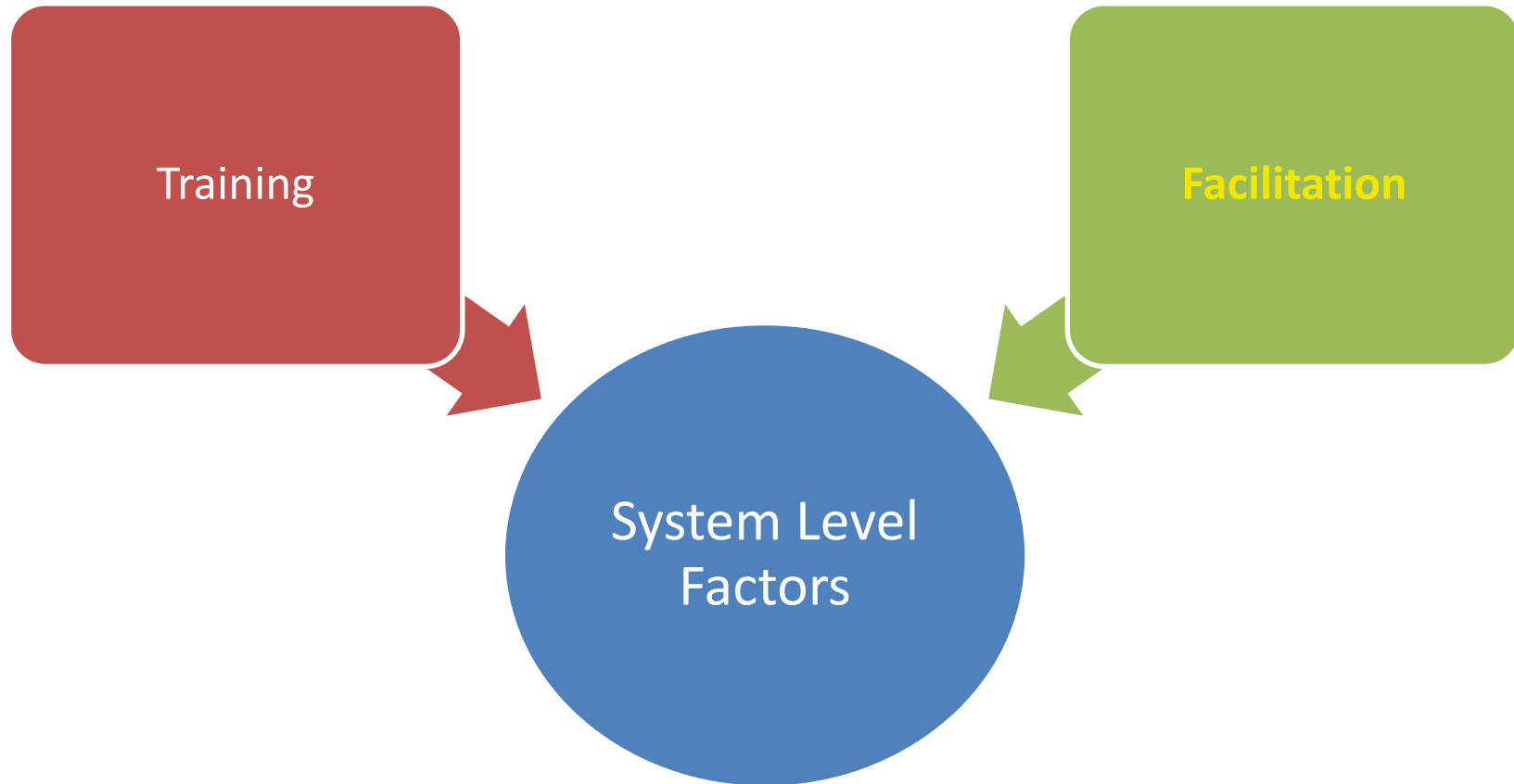
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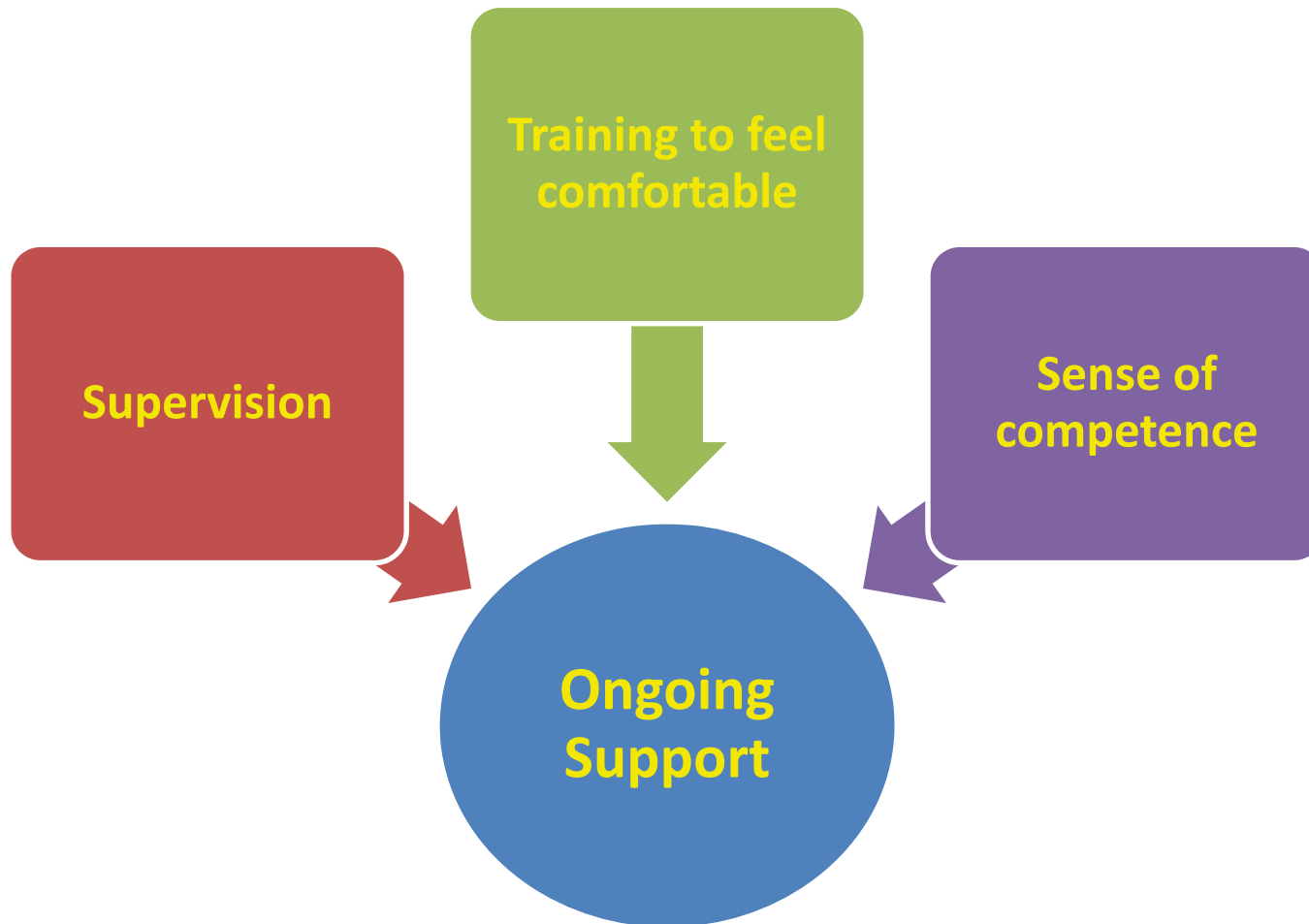
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Q3 - What things would influence your *use* of an evidence-based practice?



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Ongoing Support

“...for me, I think it’s more the follow up ... it’s nice to be trained, but are you gonna be there to help me? Are you gonna be there to, you know, do supervision after if I have questions? Are you gonna be around for me?”

“ I can say I’m trained in CBT, I’m trained in ‘this’, I’m trained in ‘that’ but in my practice, who’s supporting me to be able to implement this properly on an ongoing basis? That’s what I see is missing and that’s what needs to be the bigger focus, is sustainability.”

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Training to Feel Comfortable

“Good training and close supervision.”

“...what motivates us to adapt practices, I think is training, how the information is presented, support available in and around implementation, follow up or somewhere to go when you’re struggling, and an understanding of why this is viewed to be the best idea at the moment. And, if those pieces are in place, then you’re motivated because you know you’re not going to mess up, fall on your face, be put in a corner, those types of things. ...if those things are not available, then you tend to be a little bit more hesitant to take the leap from what you have been doing to something new, if you don’t know that you’ve got a safety net.”

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Conclusions Thus Far

Nascent culture change and the emergence of new business practices emerged in both managers' and clinicians' perspectives on EBPs and practice change.

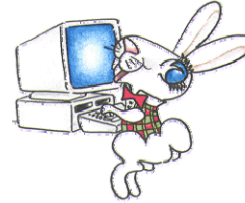
There is a sense that more supports are needed, both at system and organizational levels, and that new roles are required to manage the change process within provider organizations.

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Next Steps

1. Creation of consumer preference surveys



2. Typologies of practitioners depending on their preferences



3. Assessment of organizational readiness for change



4. Collaboration with implementation plan development (NIRN)



5. Implementation and assessment



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Questions?



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