

Current Research on Implementation of Evidence-Based Practice in Social Work

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Problem

- One in five children 9-17 years of age living in the United States has a diagnosable mental or addictive disorder (Shaffer et al., 1996).
- Each year, about 6% of America's children and adolescents receive some form of mental health care, at an annual cost of more than \$11 billion (Office of Surgeon General, 2001).
- Each year, NIMH and various foundations devote more than \$300 million to research on youth mental health, much of it devoted to testing the effects of various treatments (National Advisory Mental Health Council Workgroup, 2001).

Background

- There exist numerous forms of evidence-based practice (EBP) with respect to many of the direct services provided by child welfare agencies.
 - screening and assessment tools such as the Child Abuse Potential Inventory (Ondersma et al., 2005) and Child Behavior Checklist (Achenbach, 1991)
 - parent-mediated approaches like Multidimensional Treatment Foster Care (Chamberlain, 1998)
 - abuse prevention interventions like Project SafeCare (Gershater-Molko et al., 2002).
- These practices improve access to needed mental health services and reduce rates of child problem behaviors and out of home placements.

Background

- These evidence-based practices are not being implemented in child welfare settings (Casey Family Programs 2002; Usher & Wildfire 2003; Leslie et al., 2004).
- 90% of publicly-funded child welfare, mental health and juvenile justice systems do not use evidence-based practices (Hoagwood & Olin, 2002).



Background

- Little is known regarding what factors enhance or impede EBPs implementation efforts.



Mixed Methods Study of a Statewide EBP Implementation

- Background
 - In collaboration with investigators at the University of Oklahoma Health Sciences Center (Mark Chaffin, PI) Oklahoma Child Services is implementing an evidence-based protocol, the SafeCare (SC) model, with ongoing technical assistance and training support provided by the CDC Division of Violence Prevention.
 - The effectiveness of the model in reducing out-of-home placements is being experimentally tested with the SC model being implemented in 3 of 6 regions statewide, while the other 3 regions continue to provide a customary case-management services as usual (SAU).

The Intervention: SafeCare®

- Three parent training modules (5 sessions each)
 - Parent-Child/Parent-Infant Interactions
 - Home Safety
 - Infant and Child Health Care
- Core components within all training modules:
 - Communication
 - Problem Solving
- All SafeCare® services are provided *in the home* by social worker case managers

Mixed Methods Study of a Statewide EBP Implementation

- Funding
 - National Institute of Mental Health (G.A. Aarons, P.I.; R01MH072961)
- Study Objectives
 - Identify factors that impede or facilitate the real-world implementation of an EBP intended to reduce child abuse and neglect.
 - Examine the impact of implementation on organizations and staff.
 - Examine the effect of organizational factors on working alliance and client outcomes.

Cascading Diffusion of an Evidence-Based Child Maltreatment Intervention

- Funding
 - Centers for Disease Control (M. Chaffin, P.I.; R18 CE001334)
- Study Objectives
 - Test if the cascading diffusion model is able to achieve and *sustain* high levels of SafeCare model competency and fidelity across successive implementations.
 - Contrast child welfare recidivism outcomes between usual care and SafeCare conditions, using an interrupted time series approach and explore how variations in model fidelity impact client outcomes.
 - Examine and describe the relationship between individual provider staff, system, and organizational factors, and their impact on the implementation process.

Research Network on Youth Mental Health Dissemination and Implementation Study

- Background
 - The Research Network is conducting an effectiveness trial of two approaches to implementing evidence-based psychotherapy practices for treatment of conduct disorders, depression and anxiety in an ethnically diverse sample of 8-13 year olds in community public health settings.
 - standard manual treatment (SMT), using full treatment manuals, one at a time, exactly as they have been tested in clinical trials.
 - modular manual treatment (MMT) in which therapists learn all the component practices of the standard manuals but individualize the use of the components for each child using a guiding clinical algorithm.
 - Both SMT and MMT are supported by training and supervision procedures designed to fit providers and their clinic context.
 - Random assignment of clinic-referred children in Boston and Honolulu to three treatment conditions: UC, SMT, and MMT.

Research Network on Youth Mental Health Dissemination and Implementation Study

- Funding
 - John D. and Catherine T. MacArthur Foundation (J. Weisz P.I.)
- Study Objectives
 - Conduct a process and implementation evaluation of SMT and MMT in the Clinic Treatment Project.
 - Identify characteristics of community-based mental health clinics that facilitate or impede the dissemination and implementation of evidence-based practice.

Social Networks and EBP Implementation in Public Youth-Serving Systems

- Background
 - Using Community Development Teams to Scale-up MTFC in California (R01MH076158; “CAL-40”) is a NIMH-funded \$5.5 million grant to inform translation of scientific evidence into health practice (P. Chamberlain; P.I.).
 - The youth-centered EBP being implemented is Multidimensional Treatment Foster Care (MTFC), an evidence-based program for out of home youth aged 8-18 with emotional or behavioral problems.
 - The implementation method that is being tested is the use of Community Development Teams (CDT).
 - The effectiveness of CDTs to scale up MTFC is being tested in a randomized controlled trial in 40 counties in California; control sites will obtain technical assistance for implement MTFC without the use of CDTs.

Social Networks and EBP Implementation in Public Youth-Serving Systems

- Funding
 - W.T. Grant Foundation (L. Palinkas P.I.)
- Study Objectives
 - Describe the structure and operation of influence networks of public-youth-serving systems participating in the first cohort of the CAL-40 Study.
 - Determine the influence of these networks on decisions related to participation in the CAL-40 Study during the pre-implementation and implementation phases.
 - Identify the personal and contextual factors that influenced the operation of these networks within the context of the CAL-40 Study.

Methods

- Embedded within effectiveness trials of either EBP (e.g., SafeCare®) or means for implementing EBP (e.g., MMT, cascading diffusion, CDTs)
- Mixed method designs
 - Quantitative methods focusing on clinical outcomes, EBP fidelity, impacts on organizational culture and therapeutic alliance, and structure of social networks.
 - Qualitative methods (participant observation, interviews, focus groups) focusing on implementation process.

Case manager and agency director/clinical supervisor predictors of EBP implementation and sustainability

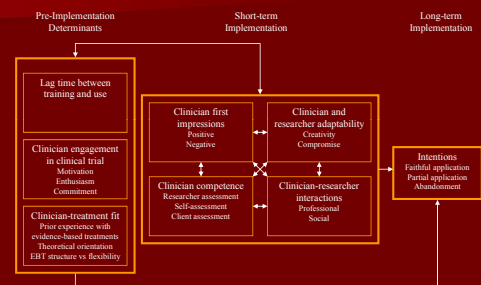
Case managers

- Acceptability of EBP to the caseworker and to the family
- Relevance of EBP to the needs of the family
- Caseworker motivations for using the EBP
- Experiences with being trained in EBP
- Extent of support for EBP from organization
- Impact of EBP on process and outcome of case management

Agency directors/clinical supervisors

- Availability of resources
- Positive external relations
- Support of agency leadership for EBPs.
- Creating high motivation/low resistance in staff
- Tangible benefits for staff
- Perceived benefits outweigh perceived costs

Model of Implementation of Evidence-Based Treatment in Randomized Clinical Effectiveness Trials



EBP Agent – End User Interactions

- Five sets of themes relating to the interactions among researchers and trainers and agency administrators and clinicians:
 - Interaction types
 - Formal
 - Informal
 - Quality
 - Positive
 - negative
 - Content
 - Access to resources
 - Exchange of knowledge
 - Outcomes
 - Success
 - Resistance
 - adaptation
 - Requirements.
 - Accessibility of each group to the other
 - Mutual respect
 - Shared language
 - Willingness to compromise and accommodate to needs of others

Interaction content

- Access to resources
 - Propagators provide short-term funding for services and personnel
 - Clinicians provide access to study participants.
- Exchange of knowledge
 - Propagators provided a global evidence-based approach to services found to be effective with other populations in other settings, thereby enhancing its generalizability to the target populations of the two projects.
 - Clinicians provided a local knowledge of the specific needs of clients in the research sites as well as experience addressing these needs through long-established treatment strategies.

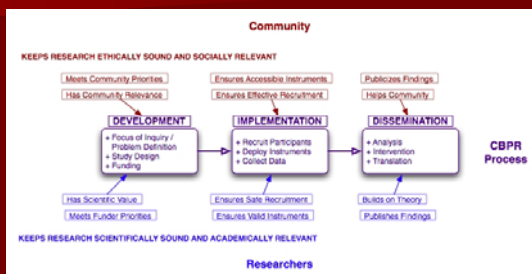
Role of Social Workers in EBP Implementation

- More than study "subjects"
- Engagement through Community Based Participatory Research (CBPR)
 - a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities." (W.K. Kellogg Community Scholars Program, 2001)

Principles of CPBR

1. Recognizes community as a unit of identity.
2. Builds on strengths and resources within the community.
3. Facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities.
4. Promotes co-learning and capacity building among all partners.
5. Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners.
6. Focuses on the local relevance of public health problems and ecological perspectives that attend to the multiple determinants of health.
7. Involves systems development through a cyclical and iterative process.
8. Disseminates results to all partners and involves them in the wider dissemination process.
9. Involves a long-term process and commitment to sustainability.

CPBR Process



Source: <http://aaspireproject.org/about/cbpr.html>

Benefits of CPBR

- Helps social workers and the communities they serve get their needs met through research that is actually relevant to those needs;
- Helps the research and academic community to do more valid, quality research;
- Helps to bridge gaps in understanding, trust, and knowledge between academic and practice based organizations and between the social work profession and the community it serves;
- Gets higher quality and more useful results by taking into account the full context of individuals, rather than seeing people in isolation from their environment, culture, or identity;
- Provides the ability for empowerment of and equal control by people who historically have had little say in the research performed upon them or about them

Source: <http://aaspireproject.org/about/cbpr.html>

Thank you!