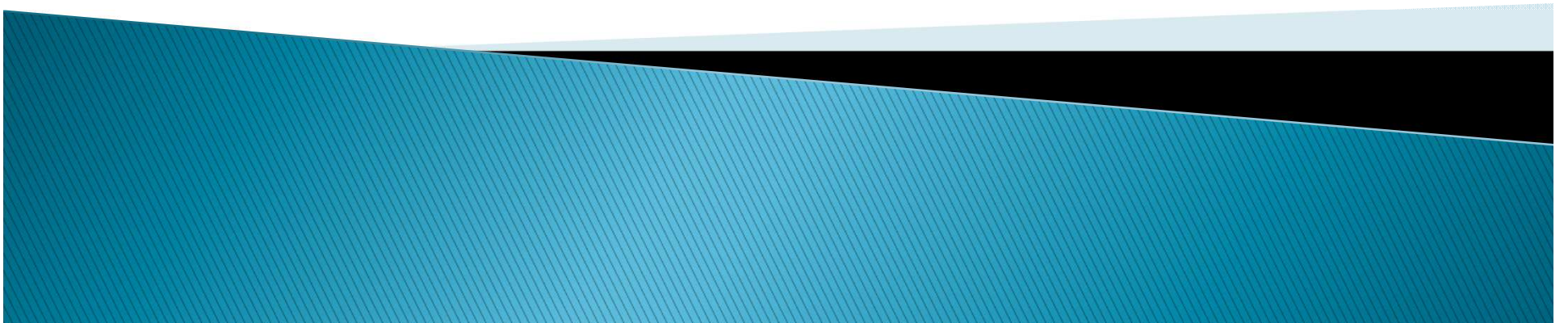


PACE Grant

Children's Centre Thunder Bay
Sister Margaret Smith Centre
Thunder Bay Counselling Centre



Agenda –

- ▶ Purpose of Today 10
- ▶ Video – Why 20
- ▶ Triple P Story 15
- ▶ Lessons Learned 15
- ▶ Why EIP and Implementation Science 30
- ▶ Why DBT 10
- ▶ Why PACE 10
- ▶ Why NOW 10



Purpose of Today

- ▶ Cause
 - We were told to
 - We want to
 - We believe it is part of effective process
- ▶ To educate
- ▶ To engage
- ▶ To gather input and feedback



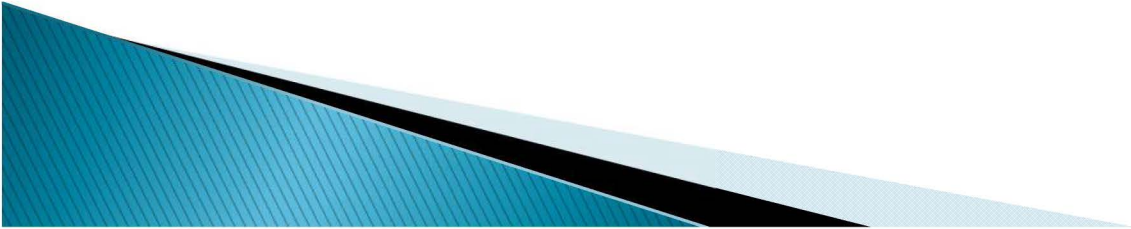


Video
Why Do We
Care

Triple P Story



Lessons Learned



EIPS



Current Trends in Mental Health Tx

“A pessimist sees the difficulty in every opportunity, but the optimist sees the opportunity in every difficulty”

Sir Winston Churchill

- ▶ Good innovations don't sell themselves?
 - e.g., qwerty keyboard



Current Trends in Mental Health Tx

- ▶ Field is currently grappling with 2 main challenges:
 1. How to use Evidence-Informed Practices (EIP) in the field
 2. How to implement EIPs in an effective/ sustaining manner
- ▶ How to “marry” the science of EIPs with implementation science (also called knowledge translation)
- ▶ Need both components to enhance mental health service



Why Have EIPs Gained Prominence?

▶ Effectiveness of Usual Treatment

- Historical studies which looked at Treatment as Usual (TAU):
 - Bickman's Fort Bragg project
 - meta-analyses by Weiss and Weisz in 1990s
- Garland et al (2006)
 - practicing clinicians = eclectic
 - value therapeutic relationship, less therapy techniques
 - clinicians interested in research, but sceptical about utility
 - currently a "black box" regarding the content of services



Why Have EIPs Gained Prominence?

▶ Effectiveness of Usual Treatment

- Usual child Care Tx (Garland, Bickman, & Chorpita, 2010):
 - Children received lots of service
 - treatment lacked depth and specificity
 - Therapists were supportive and empathic
 - Client's ratings of therapeutic alliance were positive
 - Therapists not delivering active, directive, intensive intervention strategies common to EIP



Why Have EIPs Gained Prominence?

- ▶ **ESTs: Initial Solution to the treatment problem**
 - manualized treatment program with efficacy (2 RCTs + independent researcher)
 - Between 1990 and 1995, there were no citations in PsychInfo for EBP
 - Eg., Triple P, Coping Cat, or SNAP



Why Have EIPs Gained Prominence?

- ▶ Psychology definition of EBP:
 - “Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”
- ▶ Other disciplines have relatively similar definitions



Why Have EIPs Gained Prominence?

▶ Are EIPs really an improvement?

- Weisz, Jensen-Doss, & Hawley (2006)
 - Found 32 studies comparing ESTs and TAU (effectiveness study)
 - Effect size of .30 in favour of ESTs following treatment
 - 16 studies had 1-year follow-up and found ES= .38
 - Out of the 32 studies, the following pattern was observed
 - 6 had TAU > EST
 - 4 had TAU = EST
 - 22 had TAU < EST



Barriers to implementing EIP

► Implementation Science

- Majority of research monies goes to Tx models
 - 1% of Tx research monies looks at implementation
 - 99% on Tx models
- EIP + sound implementation = effectiveness
- EIP – sound implementation = ineffectiveness



Barriers to implementing EIP

Implementation Science

- Implementation is not an event
- currently no consensus around a single conceptual implementation model
- Several stage models of implementation used
 - Fixsen et al (2009)
 - Rogers (2003)
 - Aarons, Hurlburt, Horwitz (2011)



Barriers to implementing EIP

- 11 common implementation factors (Durlak & Dupre, 2008):
 - Funding
 - Positive work climate
 - Shared decision-making
 - Co-ordination with other agencies
 - Formulation of tasks
 - Leadership
 - Program champions
 - Administrative support
 - Provider's skill proficiency
 - Training
 - Technical assistance



Barriers to implementing EIP

▶ Implementing EIP: Important considerations

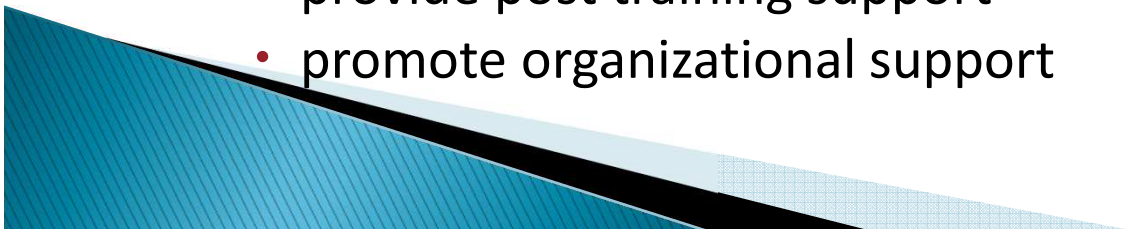
- Flexibility vs. Fidelity
 - Generalist settings: Practitioners feel EIP modification/flexibility is preferred and necessary
 - Some question the need for adaptation – high fidelity leads to better outcomes (Elliot & Mihalic, 2004; McHugo et al., 2007)
 - Flexibility within fidelity?
 - Mazzucchelli & Sanders (2010)
 - Beidas, Benjamin, Puleo, Edmunds, & Kendall (2010).



Barriers to implementing EIP

► Implementing EIP: Important Considerations

- Adapt EIP to meet client needs, but don't go beyond evidence base (Mazzucchelli & Sanders, 2010)
 - provide high quality training (80% proficiency)
 - educate regarding evidence base
 - provide population specific variants
 - program for process issues
 - provide comprehensive program materials
 - encourage the collection of clinical outcome data
 - promote self and peer evaluation and support
 - provide post training support
 - promote organizational support



Barriers to implementing EIP

- ▶ **Implementing EIP: Important considerations**
 - Training/Supervision Methods
 - Training without addressing contextual/ system variables is insufficient
 - Effective implementation occurs when therapists are trained + when the context supports behaviour change
 - Current gold standard of training in EIP includes a workshop, manual, and supervision



Barriers to implementing EIP

▶ Implementing EIP: Important considerations

- Training/supervision methods
 - passive learning
 - active learning
 - Modelling
 - practice opportunities
 - building self-efficacy
 - self-monitoring
 - self-regulation
 - interaction among learners



Barriers to implementing EIP

▶ Implementing EIP: Important considerations

- Training/supervision methods
 - proficiency in therapist skill ranged **from 54% to 67% at post-training and at 42% for follow-up**
 - After training, none of the participants reached proficiency in adherence
 - Therapist over rated their skill level in the EIP
 - Therapist self-report - high levels of confidence in their skill after training



Why DBT



Why DBT?

- ▶ Targeting most complex youth who present with:
 - Poor self-regulation
 - Anger/ aggression
 - Depression/ Suicide
 - addictions
- ▶ DBT provides a coherent and established model to address these youth
- ▶ DBT has considerable research behind it
- ▶ Ability to incorporate parents into treatment

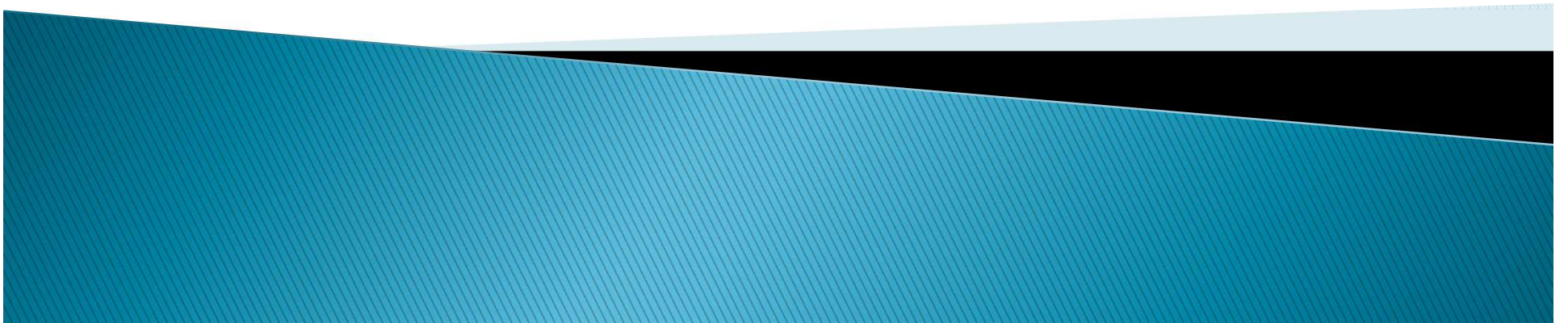




Why
PACE



People
Advancing
Change
through
Evidence



PACE

- ▶ PACE is a new program from Centre of Excellence for Child and Youth Mental Health (Ottawa)
- ▶ PACE in first year of existence
- ▶ PACE designed to increase organizational capacity to implement EIPs
- ▶ PACE provides intensive training and support to organizations/ groups, not individuals



PACE

- ▶ Thunder Bay core implementation team
 - Children's Centre Thunder Bay members
 - Sister Margaret Smith Centre members
 - Thunder Bay Counselling Centre members
- ▶ Submitted proposal to implement DBT as an inter-agency collaborative service model in October, 2011



PACE

- ▶ 13 Ontario agencies applied to PACE, 6 were successful
- ▶ PACE provides training/support over a 3-year time period
 - Year 1 = planning/getting people ready
 - Year 2 = training/ implementing/evaluating
 - Year 3 = maintaining/sustaining service to improve care
- ▶ Thunder Bay Core team began in January, 2012
- ▶ Core team training in Ottawa (February, 2012)



Why Now



Benefits of Working Together

- ▶ Accountability to clients, funders, boards
- ▶ Responsibility to deliver the best possible service
- ▶ More fact-based decision making
- ▶ Increasing complexity of clients needs
- ▶ Technology can be supportive
- ▶ Improved system coordination
- ▶ Clinicians – feel better, more effective, more supported,
- ▶ Takes pressure off supervisors to know everything

