



# **Aisling Discoveries**

## Child and Family Centre

***FACING YOUR FEARS: IMPLEMENTING A NEW EVIDENCE-  
INFORMED PRACTICE TO IMPROVE OUTCOMES FOR CHILDREN  
WITH ANXIETY (AND THEIR PARENTS)***

**PACE APPLICATION-Senior Management Charter  
October 1, 2012**

## **EXECUTIVE SUMMARY**

### **FACING YOUR FEARS: IMPLEMENTING AN EVIDENCE INFORMED PRACTICE FOR LATENCY AGE CHILDREN WITH ANXIETY AND THEIR PARENTS**

Aisling Discoveries Child and Family Centre would like to implement an Evidence-Informed Practice (EIP) that is better able to help latency-aged children and families manage child anxiety. According to our agency intake assessment measurement tool, the Brief Child and Family Phone Interview (BCFPI), approximately 430 families over the last 3 years have indicated that their child is having clinically significant issues with managing anxiety. This represents about 37% of all families requesting service. Our agency needs a proven effective practice to help these families.

#### **Goals and Objectives:**

- 1) To learn from the Centre of Excellence about the factors that affect the successful implementation of an EIP in order to properly lay the appropriate groundwork with staff and management;
- 2) To introduce processes (e.g. implementation and evaluation committee) early on that will support buy-in, ownership and sustainability among staff and managers;
- 3) To ensure appropriate implementation drivers (e.g. logic model, protocols, measurement tools, clinical supervision) are in place and well-documented prior to implementation
- 4) To identify and train 10 staff and 4 supervisors in a new EIP model targeting childhood anxiety;
- 5) To implement the new EIP within Family Treatment Services (minimum 2 groups per year on-going) and to pilot test it in the Day Treatment program;
- 6) To implement effective monitoring and evaluating protocols that ensure that the EIP is being properly delivered and that outcomes are being measured;
- 7) To use the data collected through evaluation (including client outcome measures and qualitative feedback from both staff and clients) to continually improve the services; and
- 8) Also, with the help of the Centre of Excellence and through lessons learned along the way, we will thoroughly document our processes and develop written guidelines for the agency in order to better implement EIPs in the future (and better monitor the ones currently in use).

At the end of the three-year PACE program, we intend to have a smooth-running, staff-supported intervention that is effective at improving the lives of children who present with anxiety (and their parents). If the EIP proves to be effective, we have the internal resources to train new/additional staff in this intervention.

The agency will ensure that critical success factors are achieved, including staff buy-in, fidelity to the model, and on-going program evaluation and knowledge exchange. The agency has several strengths that will support this process, including our strong evaluation capacity, history of being a learning organization, experience implementing EIPs, and strong leadership and commitment from supervisors and senior management.

**PACE APPLICATION (SENIOR MANAGEMENT CHARTER):**  
**FACING YOUR FEARS - IMPLEMENTING A NEW EVIDENCE-INFORMED PRACTICE TO**  
**IMPROVE OUTCOMES FOR CHILDREN WITH ANXIETY (AND THEIR PARENTS)**

Aisling Discoveries Child and Family Centre is a multi-service child and family agency that provides children's mental health services and programs that support the healthy development of children in the diverse communities of Scarborough and East York. All services are offered free of charge.

**A. PURPOSE**

Aisling Discoveries would like to implement an evidence-informed intervention that is better able to help children and families manage child anxiety.

According to our agency intake assessment measurement tool, the Brief Child and Family Phone Interview (BCFPI), approximately 430 families over the last three years have indicated that their latency-aged (age 6-12) child is having clinically significant issues with managing anxiety. This represents about 37% of all families requesting service. Our agency needs a proven effective practice to help these families.

For six years, we have been providing and evaluating Kendall's "*Coping Cat*" program for anxious children. Our evidence shows that the program is effective, but only for certain families. Some of the findings from our evaluation include:

- *Coping Cat* does not have enough of a parent component; children in this age group do better in treatment with parent support and buy in;
- The intervention needs to include a more explicit motivational component at the beginning of treatment: Children who were motivated at the beginning of treatment made the most gains; and
- Families prefer more easily understandable, less literacy-dependent but dynamic session content.

Staff also commented on the gaps in the *Coping Cat* program, saying that there was limited parent involvement, limited child readiness for change, and lack of understanding why they were referred.

**Our experience with using Evidence-Informed Practices**

Aisling Discoveries has a history of successfully implementing Evidence-Based and Evidence-Informed Practices, including the formal training and supervision of staff and use of outcome measures. Some examples of this include:

- The Incredible Years Program (currently using the child group in Day Treatment): since 2006;
- Coping Cat group for child anxiety: since 2006;
- Trauma-Focused, Cognitive Behaviour Therapy (TF-CBT) for children and their parents: since 2006;
- Stop Now and Plan (SNAP) child and parent groups: since 2004; and

- Positive Parenting Program (Triple P), Levels 2, 4, and 5 plus Stepping Stones: since 2008.

Although we have experience training our staff and rolling out evidence-based interventions, we have found that the process often did not go smoothly, and it was sometimes rushed, with little time spent on laying the groundwork for change within the agency. Front-line staff was seldom involved in the beginning stages, and buy-in suffered as a result. Also, we rarely had the resources to spend looking at program fidelity, and we focused our evaluation dollars on other programs (ones that did not have recent evidence of effectiveness), so for many of our implementations, we do not have evidence that it was being delivered as intended or is effective as delivered. We are very excited that the PACE program would provide us with the resources and guidance to more effectively implement, monitor, and evaluate an Evidence Informed Practice at our agency.

## **B. GOALS AND OBJECTIVES**

In order to better meet the needs of children with anxiety, we would like to change our service model in our Family Treatment Services (FTS) program. We would also like to introduce an Evidence Informed Practice targeting anxiety in our Day Treatment (DT) Program. There has been a significant turnover of direct workers recently that makes the timing ideal for change.

The agency has been looking at alternative EIPs to bridge the gaps identified by our staff and in our evaluation of *Coping Cat* and to improve the outcomes for children with anxiety and their parents. Our preliminary review of alternatives showed that a new evidence-based approach, *Facing Your Fears* (Reaven, Blakeley-Smith, Nichols & Hepburn, 2011) might be better suited to address the needs of anxious children ages 8-14 and their parents. The *Facing Your Fears* model is an innovative, family-focused (joint parent and child) group therapy program that uses cognitive behavioural principles and is 15 sessions in length (90 minute sessions).

### **Overall goals and expected results**

#### **Year 1: Planning**

- 1) To learn from the Centre of Excellence about the factors that affect the successful implementation of an EIP in order to properly lay the appropriate groundwork with staff and management;
- 2) To introduce processes (e.g. implementation and evaluation committee) early on that will support buy-in, ownership and sustainability among staff and managers; and
- 3) To ensure appropriate implementation drivers (e.g. logic model, protocols, measurement tools, clinical supervision) are in place and well-documented prior to implementation

#### **Year 2: Doing**

- 4) To identify and train 10 staff and 4 supervisors in a new EIP model targeting childhood anxiety;
- 5) To implement the new EIP within Family Treatment Services (minimum 2 groups per year on-going) and to pilot test it in the Day Treatment program (1 group per year on-going); and
- 6) To implement effective monitoring and evaluating protocols that ensure that the EIP is being properly delivered and that outcomes are being measured.

### Year 3: Sustaining

- 7) To use the data collected through evaluation (including client outcome measures and qualitative feedback from both staff and clients) to continually improve the services.
- 8) Also, with the help of the Centre of Excellence and through lessons learned along the way, we will thoroughly document our processes and develop written guidelines for the agency in order to better implement EIPs in the future (and better monitor the ones currently in use).

At the end of the 3 year PACE program, we intend to have a smooth-running, staff-supported intervention that is effective at improving the lives of children who present with anxiety (and their parents). If the EIP proves to be effective, we have the internal resources to train new/additional staff in this intervention.

## PROJECT STRUCTURE

### Core team members and their roles and responsibilities

- **Zel Fellegi**, Director of Clinical Services: overseeing the PACE planning and EIP implementation
- **Yvonne Bohr**, Manager of Infant and Child Treatment: liaison to York University and supporting the staff on her team in the implementation of the new EIP
- **Chris Bouchard**, Manager of Day Treatment and Student Support Services: developing processes, implementing and clinical supervision, evaluating the new EIP in Day Treatment
- **Jennifer Puddicombe**, Manager of Research & Evaluation: overseeing evaluation
- **Diane Evans**, Manager of Family Treatment Services: developing processes, implementing and evaluating the new EIP in Family Counselling
- **Cassie Barber**, Clinical Supervisor of Family Treatment Services: implementing the new EIP and clinical supervision

Please see attached Organizational Chart for details of organizational structure, reporting, etc.

**Establishing a committee:** We intend to establish an EIP committee to facilitate and monitor implementation and fidelity, and to ensure ongoing evaluation and knowledge exchange. This committee will be comprised of the core team as well as front-line staff and managers from across the agency, including representation from various programs including Day Treatment, Family Treatment Services, Community Support, and from Research & Evaluation and Senior Management. The representatives will be able to disseminate knowledge to their respective teams so that all staff is up-to-date.

### C. PROJECT SCOPE AND PARAMETERS

| ACTIVITIES  | PLAN OF COMMUNICATION  |
|---|--|
| <b>Phase 1: Planning</b><br><b>Feb-March 2013</b><br>-Establish committee.<br><b>Feb 2013-Dec 2013</b><br>-Set groundwork for change through staff consultation and assessing the Facing Your Fears model through the | <ul style="list-style-type: none"><li>• Agency Press release to announce the Project</li><li>• Use of team meetings and individual supervision to discuss rationales and plans</li></ul> |

|   |   |
|---|---|
| <p>EIP committee<br/> <b>Feb 2013-Feb 2014</b><br/> - Core team attends 5 training modules<br/> - Ensure appropriate implementation drivers (e.g. logic model, protocols, measurement tools) are in place;<br/> - Establish supervision and evaluation protocols<br/> - Ongoing knowledge exchange among staff and teams</p>  | <ul style="list-style-type: none"> <li>• Emails from Committee to all staff with updates</li> <li>• Monthly joint team meetings (FTS and other family workers)</li> <li>• Update the Checklist to Assess Readiness Implementation (CARI) survey and share with management and staff</li> <li>• All-staff meetings held approximately twice a year</li> <li>• Evaluation report after first year of implementation</li> <li>• Bi-annual review of implementation with Core Team and trained staff</li> <li>• Final evaluation report and dissemination of findings to all stakeholders (through e-mail, newsletters to families, executive summary on website and sent to other agencies, etc.)</li> </ul> |
| <p style="text-align: center;"><b>Phase 2: Doing</b></p> <p><b>Feb-June 2014</b><br/> - Plan and ensure <i>Facing Your Fears</i> training for identified staff and supervisors (to be provided at our centre)<br/> <b>Feb-Sept 2014</b><br/> - Implement model in FTS and DT pilot site according to timelines<br/> - Provide regular clinical supervision on the EIP<br/> - Ensure ongoing fidelity to model<br/> <b>Sept 2014-Jan 2016</b><br/> - Implement evaluation<br/> - Ongoing knowledge exchange with all relevant stakeholders<sup>1</sup></p> |   |
| <p style="text-align: center;"><b>Phase 3: Sustaining</b></p> <p><b>Sept 2014-Jan 2016</b><br/> - Ensure ongoing fidelity to model<br/> - Provide regular clinical supervision on the EIP<br/> - Regular re-assessment of training/supervision needs (bring in model developers for refresher training, if needed)<br/> - Ongoing evaluation, including developing and testing out recommendations resulting from data accumulated to date<br/> - Ongoing knowledge exchange</p>  |   |

**The project scope matches well with the PACE focus of implementation processes and activities in a number of ways, including:**

- 1) The **three-year timeline** corresponds well to the projected need for planning and implementation around the school year schedule;
- 2) The focus on taking the time needed to lay the groundwork in order to ensure **stakeholder involvement and staff buy-in** is relevant to implementing a new model that will apply across multiple services;
- 3) The focus on ensuring program fidelity and ongoing clinical supervision in the new model is key to success;
- 4) It is expected that the **new EIP will have outcome measures** that lend themselves to ongoing evaluation of the EIP and allow us to continually update the evidence on what works for our clients;
- 5) The agency has **existing processes and experience** in implementing EIPs that complement and will be developed by the PACE processes and activities; and

<sup>1</sup> Stakeholders include: Agency staff and management, Local families (East York and Scarborough neighbourhoods), York University Psychology Department, Primary funding source (Ministry of Child and Youth Services), Other latency age children mental health centres that can benefit from our findings

- 6) The PACE processes and activities will allow for **future consideration and implementation** of EIP's by establishing policies, structures, and activities that are sustainable in the long-term regardless of staff or management turnover.

#### **D. CRITICAL SUCCESS FACTORS**

**The following are considered factors and strengths critical to the project's success:**

- 1) **Success factor: Agency buy-in and ownership.** Agency staff at all levels must buy in and own the adoption of the new model and its relevance and usefulness.  
**Agency strengths:** Leadership encourages staff to have input and ask questions about current and new practices. Agency staff has identified the gaps in the current model being used to treat anxiety, so should be open to implementing an EIP that addresses these gaps. The agency has a history as a learning organization. All levels of the agency are process-oriented, outcome-oriented, and committed to the implementation and evaluation of EIPs, as per the Agency Strategic Plan and Continuous Quality Improvement program.
- 2) **Success factor: On-going clinical supervision.** Supervisors will need to be trained in the model in order to provide quality supervision and ensure fidelity to the model.  
**Agency Strengths:** The agency currently has Masters-level managers that have experience in providing clinical supervision in other EIP models.
- 3) **Success factor: Fidelity to the new EIP model.** The new model must be practiced with the degree of fidelity expected by its developers. Consultation with the model developers will help ensure fidelity and allow for proper modification as necessary.  
**Agency Strengths:** The agency has experience in implementing Evidence Informed Practices (e.g. Triple P, Cognitive Behaviour Therapy) and has the internal supervisory and evaluative capacity to monitor program fidelity after implementation. We also have a proven record of ongoing consultation EIP developers such as Robert Muller at York University regarding the Trauma Focussed CBT (Healthy Coping Project), as well as Phillip Kendall (Coping Cat) and David Kolko (Abuse-Focused CBT).
- 4) **Success factor: Fit of model for the existing population.** The new EIP will be successful if is properly targeting our clients in terms of age, cognitive ability, academic level, etc.  
**Agency Strengths:** We have a history of consulting stakeholders and assessing needs before we implement new practices. Our FTS program has identified gaps with the current model and has recommended a change to address the age needs of our population.
- 5) **Success factor: Ongoing evaluation.** The EIP will need to be evaluated for effectiveness, and the results should inform future program delivery.  
**Agency Strengths:** the agency has strong leadership and staff experience in evaluation. We have an on-site Manager of Research and Evaluation and a Research Analyst who have completed numerous evaluations at the agency and continually work to improve the evaluation capacity of staff and management. Staff is experienced with measuring outcomes: the majority of staff completes the Child and Adolescent Functional Assessment Scale (CAFAS) for every eligible client. In addition, staff in DT and FTS has all participated in program evaluation that used a number of program-targeted outcome measures.

- 6) **Success factor: Ongoing knowledge exchange.** We will need to keep staff, supervisors, senior management, and all relevant stakeholders regularly informed of our progress and lessons learned.

**Agency Strengths:** We will develop a committee that has representation from all levels of the agency and includes staff from a variety of programs from across the agency. This committee will share knowledge with their respective teams as well as disseminate it outside of the agency to clients and community partners/other children’s mental health centres.

**E. CRITICAL SUCCESS MEASURES**

**We will know that the project is successful in meeting its goals if:**

- Implementation drivers will be in place, including clear protocols to implement, monitor, and evaluate this new EIP (a program logic model will be developed in the first year);
- Training model has certification process built in to ensure competence and we will monitor fidelity to the model through a group supervision format;
- Staff and supervisors from two program areas (Family Treatment and Day Treatment) will have received training on a new treatment protocol targeting childhood anxiety; and
- Evaluation of the program will show demonstrated improvement in children with anxiety and their parents.

**Indicators and measures to assess success for the project will include:**

- A new EIP Committee will have clear terms of reference established;
- Ongoing monitoring will show that staff have been able to achieve program fidelity;
- Staff will report being better-equipped to work with children requiring help for anxiety;
- Front line staff who were not trained will express interest in being trained in the new EIP;
- Outcome evaluation will demonstrate effectiveness; and
- A report will tell the story of our implementation process and the lessons learned, and will include guidelines for implementation of future EIPs.

**F. AVAILABLE AND NEEDED RESOURCES**

| <b>Resources Available</b>   | <b>Resources Needed</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>- Physical space in agency</li> <li>- Clinical staff</li> <li>- Research &amp; Evaluation team</li> <li>- Administrative support</li> <li>- Experienced supervisors and managers</li> <li>- Local community networks</li> <li>- Partnerships and good reputation with partners (especially York University)</li> <li>- Funding for long-term sustainability of EIP (training budget exists and priority is given to the introduction of new EIP/EBP)</li> </ul> | <ul style="list-style-type: none"> <li>- Funding for immediate needs (planning, training, start-up costs, software, manuals, evaluation)</li> </ul> |



|  |  |
|--|--|
| <b>Commitment Available</b>  | <b>Commitment Needed</b>   |
| - Board, Management and leadership support for implementation and PACE project | - Staff understanding of PACE project, rationale and need for new EIP<br>- Staff buy-in, including clinical and administrative support |
| <b>Time Available/Needed:</b> No existing time constraints                     |  |

**H. RISKS AND CONSTRAINTS**

**Some barriers that exist in successfully developing this new initiative include:**

- The existing model (*Coping Cat*) has support from some staff and they may find change difficult. In order to overcome this barrier we plan to develop an EIP committee with front line staff representation so that we can thoroughly discuss the value of this new proposed model (*Facing Your Fears*) and how this new model addresses the current gaps in helping children with anxiety.
- We are a community of diversity with a variety of ethnicities and newcomers which presents a challenge when the EIP is only available in English. We will need to use translators and interpreters as we do with other treatment interventions.
- We are building the accountability for quality service and we need to ensure that we are not adding unnecessary measures that take time and do not add value to the outcome information we seek.

**Potential impacts on the organization and ongoing service delivery include:**

- Staff time designated to additional training in the short term takes away from direct service hours; however we believe that this will benefit children and families in the long term.
- Prior to occupying staff (clinical, evaluation and administrative) with being trained, implementing and delivering a new model, we first will need to ensure that resources are allocated to essential programs (and some groups/programs may be temporarily reduced if staffing is unavailable).

In conclusion, we are committed to exploring Evidence-Informed Practices in our work to ensure the best outcomes for families and children. We are keen to develop solid, effective, well-documented implementation and monitoring processes that will become the blueprint for this agency to implement EIPs in the future. In addition we want staff to be involved and engaged from the beginning of the process in order to expand their competence and confidence in delivering an EIP. Sharing our lessons learned as well as the evidence of the effectiveness of this new EIP will also benefit other children’s mental health centres.

Thank you for providing us with the opportunity to apply to the PACE program.