Translating Evidence to Practice: Involving Clients in Evidence-Based Practice Based Evidence

Jennifer Harrison, LMSW, CAADC
Jennifer.harrison@wmich.edu
Need for Evidence-Based Practices
Science to Service Gap

• 20 years in mental health between empirical evidence of effective treatment, and routine use of that treatment
  • Institute of Medicine
  • President’s New Freedom Commission
  • Department of Health and Human Services
The case of Integrated Dual Disorder Treatment

Clinician IDs a pattern

Researcher studies relationship in lab

Researcher releases to field

Clinician implements in real life

Clinician discovers new patterns
Process for implementing EBP

1. Convert the need for information into an answerable question;

2. Track down the maximum efficiency the best evidence with which to answer that question;

3. Critically appraise that evidence for its maximum validity and usefulness;

4. Integrated the critical appraisal with practitioner clinical expertise, client values, preferences, and clinical circumstances and apply the results to practice; and

5. Evaluate the outcome. (McCracken & March, 2008, p. 302)
Barriers to EBP implementation

- Time
- Access
- Readiness
Transtheoretical Change Process

HOW PEOPLE CHANGE

Precontemplation

Contemplation

Action

Preparation/Planning

Maintenance
GOAL: Identify Stage of Change

ASSESS
Attitude, Intention, Past Efforts
re: Change

Pre-Contemplation
Raise doubt.

Contemplation
Explore ambivalence.

Determination / Preparation
Tip the balance.
Remove obstacles.
Initiate steps to change.

Action
Begin the change process.

Maintenance
Develop skills to maintain behavior.

Relapse
What have we learned?
Where are we now?
Start again based on stage of readiness.

“The Process Is the Message”

ASSESS

AGREE

EXPLORE
## Decision Balance

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<th>NOT CHANGING</th>
<th>CHANGING</th>
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<td><strong>Good things</strong></td>
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Success in lessening the gap

• Agency/university partnerships
• Field placement involving research
• Toolkits

• ....but how to access these resources
5 step process

1) The “I wonder” question
2) The key word find
3) One hour literature review
4) Refined PICO question
5) Discussion and implementation
STEP ONE: “I wonder” question

• Useful for general musings about what works and why, or specific client presentation
• Set-up is with clients and/or community stakeholders as partners from start

“I’m just a bill”
Examples of “I wonder”

• I wonder why mental health clients with jobs seem to be in the hospital less,
• I wonder what the impact is of working with a peer who shares clients experience with illness and recovery,
• I wonder if college students who are hungry do worse in school,
STEP TWO: Key word find

- Helps with need to define terms more specifically
  - “food insecurity” not hunger
- Consider phrases in quotes for exact results
  - “social work children” instead of social work with children
- Use of asterick for suffixes
  - Academ* to catch academics, academia, academy
Examples of key word find

• “mental health”, “employment”, and “hospital*”
• “peer” and “lived experience” and “fidelity”
• “hunger” and “college students” and “academ*”
STEP THREE: One hour literature review

- The Cochrane Library
  (http://www.thecochranelibrary.com/view/0/index.html)

- Campbell Collaboration Library
  (http://www.campbellcollaboration.org/library/php)

- National Registry of Evidence-based Programs and Practices
  (www.nrepp.samhsa.gov)

- Databases including: SCOPUS, Social Work Abstracts, and PsycInfo

- ...issue of access
Levels of evidence (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000)

1. Systematic review of multiple RCTs
2. Cohort studies, single RCT
3. Expert opinion, case studies
STEP FOUR: Refined question (PICO)

- P (patient or population),
- I (intervention),
- C (comparison), and
- O (outcome)
Examples of PICO question

• Among adults with a serious mental illness treated in a community case management program (P), does having competitive employment (I), as compared to non-competitive employment or no employment (C) effect psychiatric hospitalization rates over a three year period (O)?

• For teams implementing IDDT (P), does having a peer specialist as part of the team (I), as compared to not having a peer specialist on the team (C), impact the fidelity score of the evidence based practice for that team (O)?

• In students in college enrolled full-time (P), does self-reported food insecurity (I) or lack thereof (C) correlate to GPA (O)?
STEP FIVE: Discussion and implementation (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000).
Treatment planning

• Agreed upon problem (P)
• Agreed upon intervention (I)
• Agreed upon outcomes (O) to measure

• Feedback loop for discussion...how do we know it’s working
The case of IDDT...revisited

- Implementation and fidelity
- Sustainability and fidelity
- Alteration and fidelity
References


References, Cont.


