

Implementing Evidence Based Practices in Community Settings

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Overview of Presentation

- Literature review of the essential elements of conducting Evidence Based Practices (EBPs) in the community setting
- Case study of actual implementation of four EBPs by a collaboration in a rural setting
- Suggestions for moving forward with utilization of EBPs in the field

Learning Objectives

1. Understand what is an Evidence Based Practice
2. Recognize essential elements for implementing and Evidence Based Practice in the community setting
3. Discuss barriers to implementing Evidence Based Practices in a real world setting
4. Identify solutions for addressing barriers to implementation of Evidence Based Practices

Learning Objective 1: What is an EBP?

- An Evidence-Based Practice (EBP) is defined as, “a practice which, based on research findings and expert or consensus opinion about available *evidence*, is expected to produce a specific clinical outcome (measurable change in client status)”¹

1. Center for Substance Abuse Treatment. *Understanding Evidence-Based Practices for Co-Occurring Disorders*. COCE Overview Paper 5. DHHHS Publication No. (SMA) 07-4278. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2007.

Learning Objective 2: Essential Elements for Implementing EBPs

- Which organizations are ready for an EBP?
- Literature suggests two main types of predictors:
 - internal organizational characteristics
 - external factors

Learning Objective 2: Essential Elements for Implementing EBPs

Internal Factors

- Innovation reflects values
- Favorable attitudes
- Perceived low cost
- Acceptable risk level

Learning Objective 2: Essential Elements for Implementing EBPs

Internal Factors

- Organizational size and flexibility
- Engaged leadership ***
- Training

Learning Objective 2: Essential Elements for Implementing EBPs

External Factors

- Funding
- Having a champion
- Social networks

Bridges – 4 EBPs

- Providers received training on four separate EBPs
 1. Seeking Safety
 2. Strengthening Families Program
 3. Matrix Intensive Outpatient Treatment (Matrix)
 4. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Seeking Safety

- Purpose – Psychotherapy for PTSD and substance abuse
- Population – Adolescents or adults with co-occurring substance use disorders and PTSD (or persons with a trauma history)
- How it has been practiced through Bridges
 - Group format with persons who have been identified as having a trauma history or diagnosis of PTSD during the initial intake assessments
- Benefits of program
 - Addresses both trauma and substance abuse, which most clients in the program have experienced
 - Curriculum is flexible
 - May be facilitated by licensed or non-licensed professionals
- **Barriers to implementation**
 - Billing constraints have kept practitioners from closing the group after two sessions, which may affect the effectiveness of the program as measured in controlled trials
 - Difficult to schedule appropriate meeting time for entire group
 - Staff turnover and need for continuous training in the model

Strengthening Families Program

- Purpose – protect children from long-term impact of parental substance abuse through parenting skills training and child and family life-skill building
- Population – High risk families for children in one of three groups: 3-5 years of age, 6-11 years of age, and 12-16 years of age
- How it has been practiced through Bridges
 - Allow parents to work with more than one child at a time
 - Allow children to participate if between 5 and 12 years of age in one group instead of creating different age groups
- Benefits of program
 - Adaptable for diverse settings and participants
 - Been shown to improve family relationships and decrease children's substance abuse and aggression
- **Barriers to implementation**
 - Difficulty getting referrals from other agencies
 - Obtaining incentives for families
 - Obtaining funding for food provided during sessions
 - Transportation to the sessions

Matrix IOP

- Purpose – treatment of stimulant, opioid, and alcohol abuse and dependence
- Population – adults and adolescents of varying races/ethnicities
- How it has been practiced through Bridges
 - All clients in the substance abuse treatment setting receive this intervention
- Benefits of program
 - Open group – clients may start at any point in the program
 - Clinician's manual and clients' workbooks are helpful for implementation
- **Barriers to implementation**
 - Program is not extensive enough for this population so requires supplementation of additional activities and interventions to meet the needs of the population
 - Does not allow for clients to discuss current crises, which often arise during sessions

TF-CBT

- Purpose – treatment of post-traumatic stress and related problems among children and adolescents
- Population – children and adolescents who have been exposed to trauma or experienced traumatic grief
- How it has been practiced through Bridges
 - Provided treatment to few clients due to barriers listed below
- Benefits of program
 - Treatment informs the child as well as the parent regarding the trauma and ways to improve problems/behaviors related to the trauma
- **Barriers to implementation**
 - Difficulty finding qualified professional who works with children and is interested in providing this treatment
 - TFCBT is an individual treatment approach whereas many children in this program would benefit from group treatment
 - Difficulty getting staff buy-in who are accustomed to focusing efforts on the adults/parents instead of their children

EBP implementation – what works

- Initial training of clinical staff and clinical supervisors who can continue to train new staff
- Utilization of alternative forms of training for new clinical staff
 - Internet-based or manuals and DVDs

Barriers to EBP implementation

- Staff turnover and maintaining staff who are trained in the EBPs
- Transportation for clients to different treatments
- Clinical supervision to maintain fidelity
- Capacity to collect data and evaluate effectiveness of programs
- Child care

Barriers to EBP implementation

- Funding for booster trainings throughout program
- Maintaining fidelity of program
 - Billing constraints
 - Seeking Safety – closing the group after 2 sessions
 - Clinical population different from study population
 - More complexities and different needs