Evidence-based practice for youth with complex psychosocial needs: an innovative approach to program design and implementation in youth-focused service settings

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Outline

1. The setting and the client population
2. Traditional approach to EBP development and dissemination
3. Practice context issues for youth AOD settings
4. The Modular Practice Elements approach
5. Benefits of a Practice Elements approach
6. Implementation plan for YSAS

1. The setting and the client population

The Youth Support and Advocacy Service

- Formerly the Youth Substance Abuse Service
- Largest specialist youth AOD service provider in Victoria & Australia
- 167 permanent staff and 40 casual positions
- 15 service sites across inner city, suburban, rural locations
- Main modalities are outreach, day programs, residential withdrawal, residential rehabilitation, supported housing, primary health care
- Only a little clinic-based counseling
- Auspice 2 headspace centres

1. The setting and the client population

YSAS clients (Census, Sept 2012)

Method

Over 2 days in September YSAS workers completed an on-line survey on all open episodes for current clients.

N=371

Male : Female	64 : 36
Ever involved with child protection	45%
Ever involved in the criminal justice system	72%
Both child protection and justice involvement	33%
Current formal mental health diagnosis	35%
Ever had a formal mental health diagnosis	45%
Ever self-harmed	43%
Ever attempted suicide	28%
Experiencing conflict with family	57%
Disconnected from family	36%
Not at school or work / Lack of meaningful activity	60%

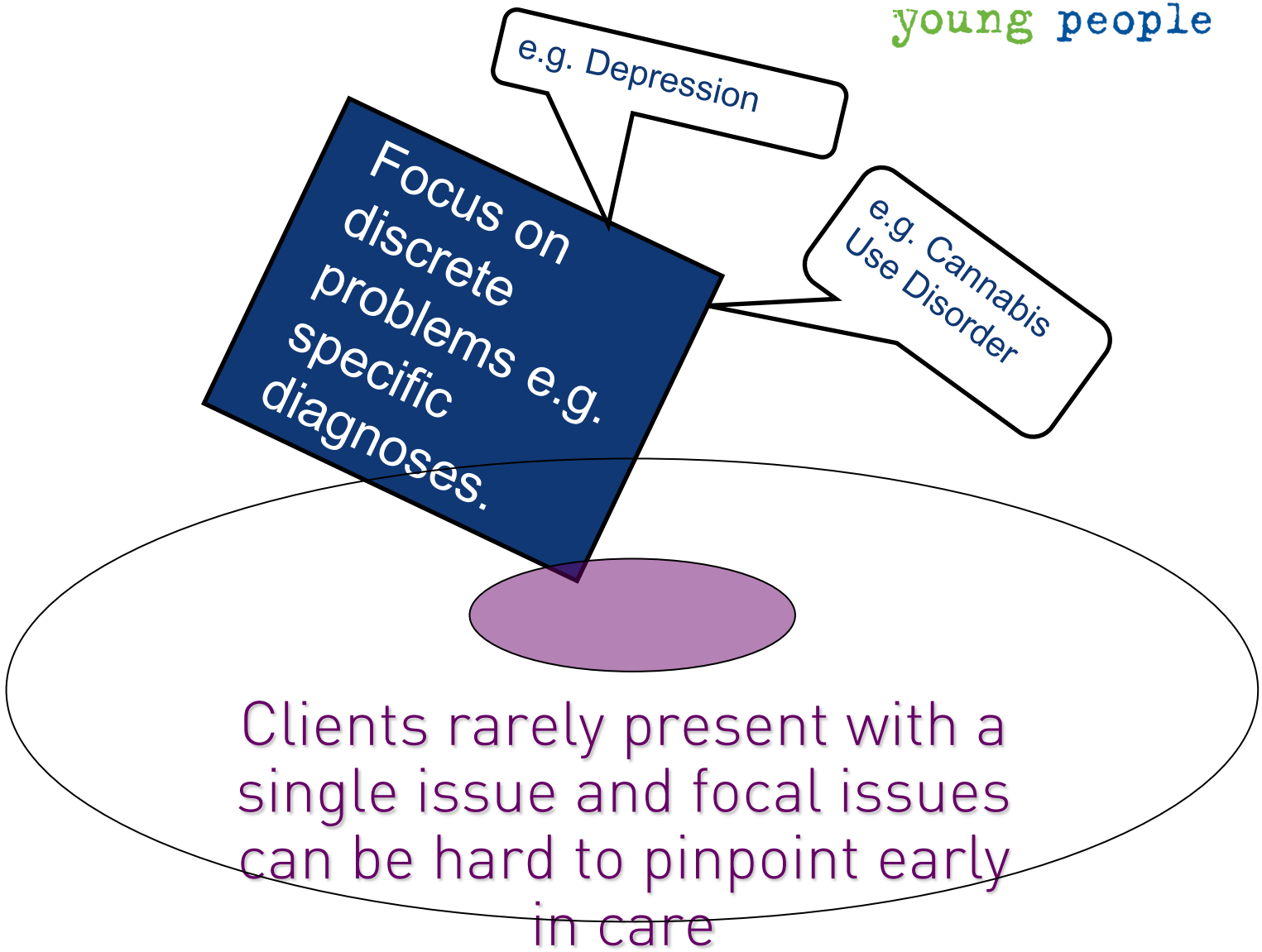
2. Traditional approach to EBP

20 years of implementation science has shown that:

- 'Formal' adoption and implementation of 'empirically supported treatments' (ESTs) is very slow in child, youth & family services
- Provider attitudes are powerful & often negative
- Negative attitudes often centre on problems with flexibility in response to clients with complex needs
- High fidelity demands extensive training & ongoing support (e.g. supervision)
- Very high costs of sustained implementation
- Practitioners will inevitably modify the intervention

3. Practice context issues for youth AOD service settings

Most empirically supported treatments (ESTs)



Youth aod services

3. Practice context issues for youth AOD service settings

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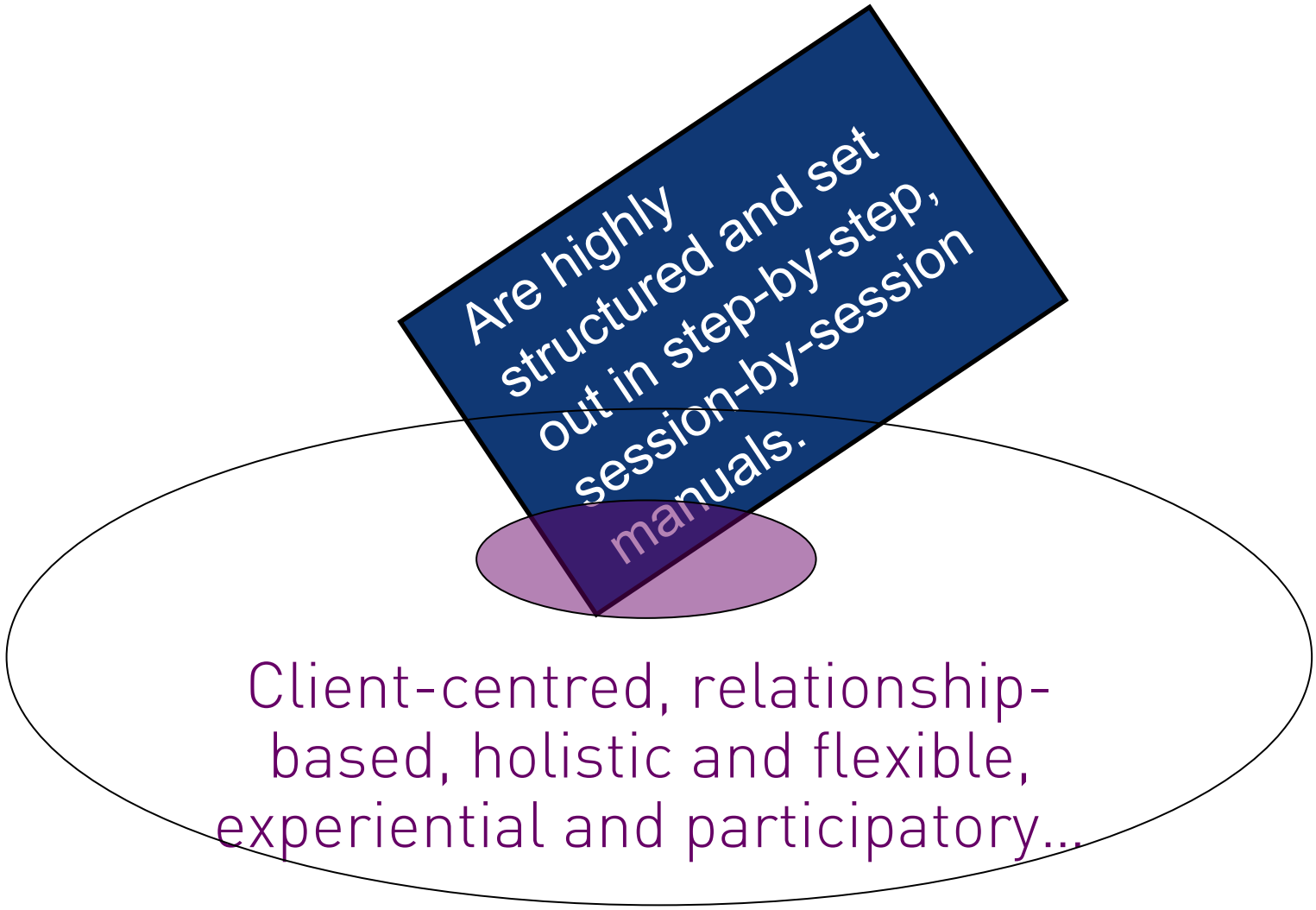
Most empirically supported treatments (ESTs)

Youth aod services



3. Practice context issues for youth AOD service settings

Additional client factors

- Young people are often difficult to engage & motivate (need to revisit motivational strategies regularly)
- Need for high levels of flexibility and responsivity to crises, emerging needs and changing priorities
- Many young people lack the resources to maximally utilise therapeutic inputs (e.g. unstable living situations, low levels of literacy)

3. Practice context issues for youth AOD service settings

Diverse range of underlying risk factors

- Exposure to abuse and neglect
- Family conflict, disorganisation, poor cohesion
- Lack of supportive competent adults
- Drug using and / or criminally involved peers
- Poor social / communication skills
- Emotional dysregulation
- Disconnection from school / low literacy and numeracy
- Low involvement in structured recreational activity

3. Practice context issues for youth AOD service settings

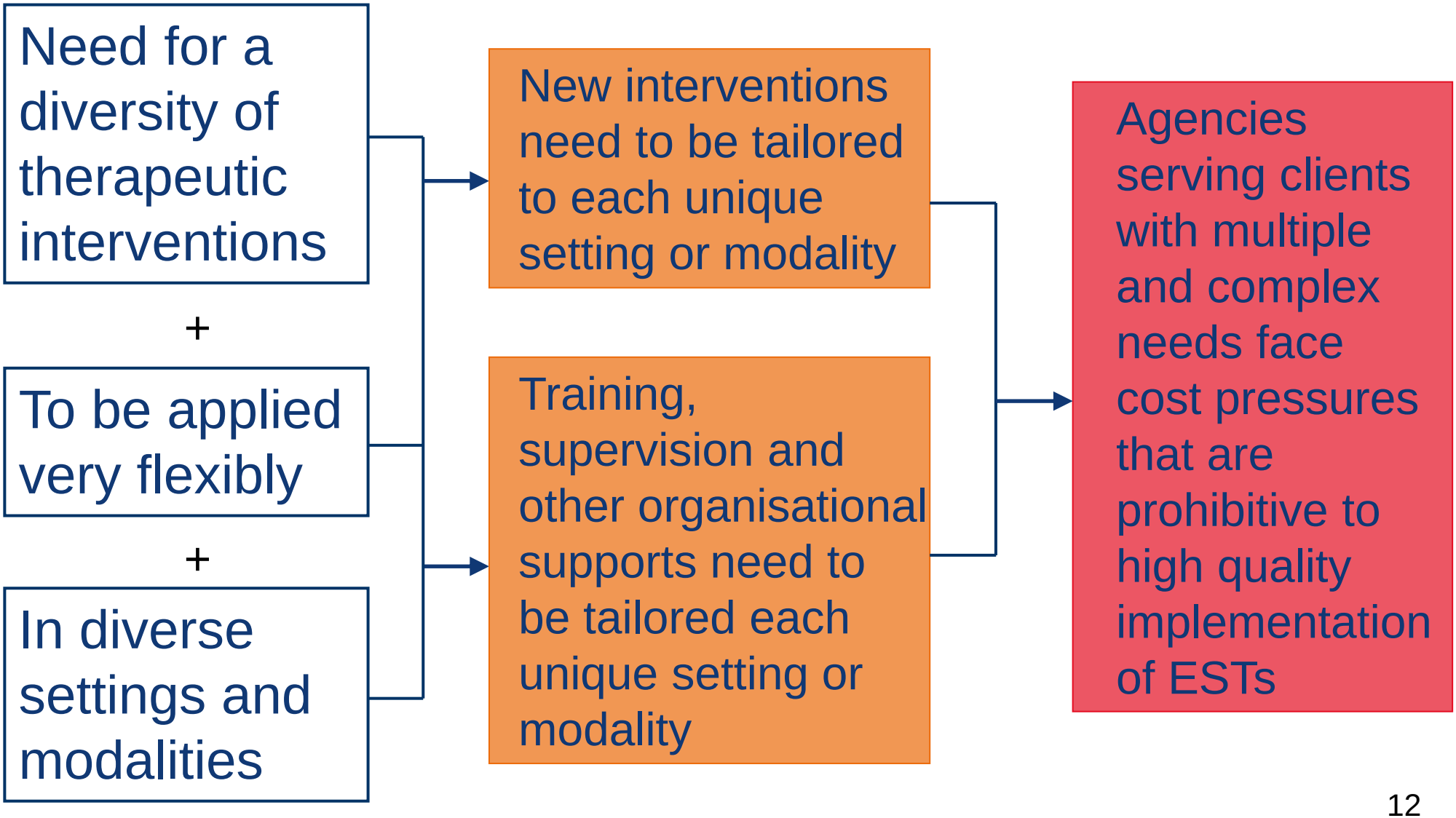
Evidence-based therapeutic models

- Motivational Interviewing (MI)
- Cognitive Behaviour Therapy (CBT)
- Adolescent Community Reinforcement Approach (A-CRA)
- Multidimensional Family Therapy (MDFT)
- Dialectical Behaviour Therapy (DBT)* And other 3rd wave CBT e.g. ACT

Two models strongly endorsed by practitioners

- Solution Focused Therapy (SFT) (Emerging evidence-base)
- Narrative Therapy (NT)

3. Practice context issues for youth AOD service settings

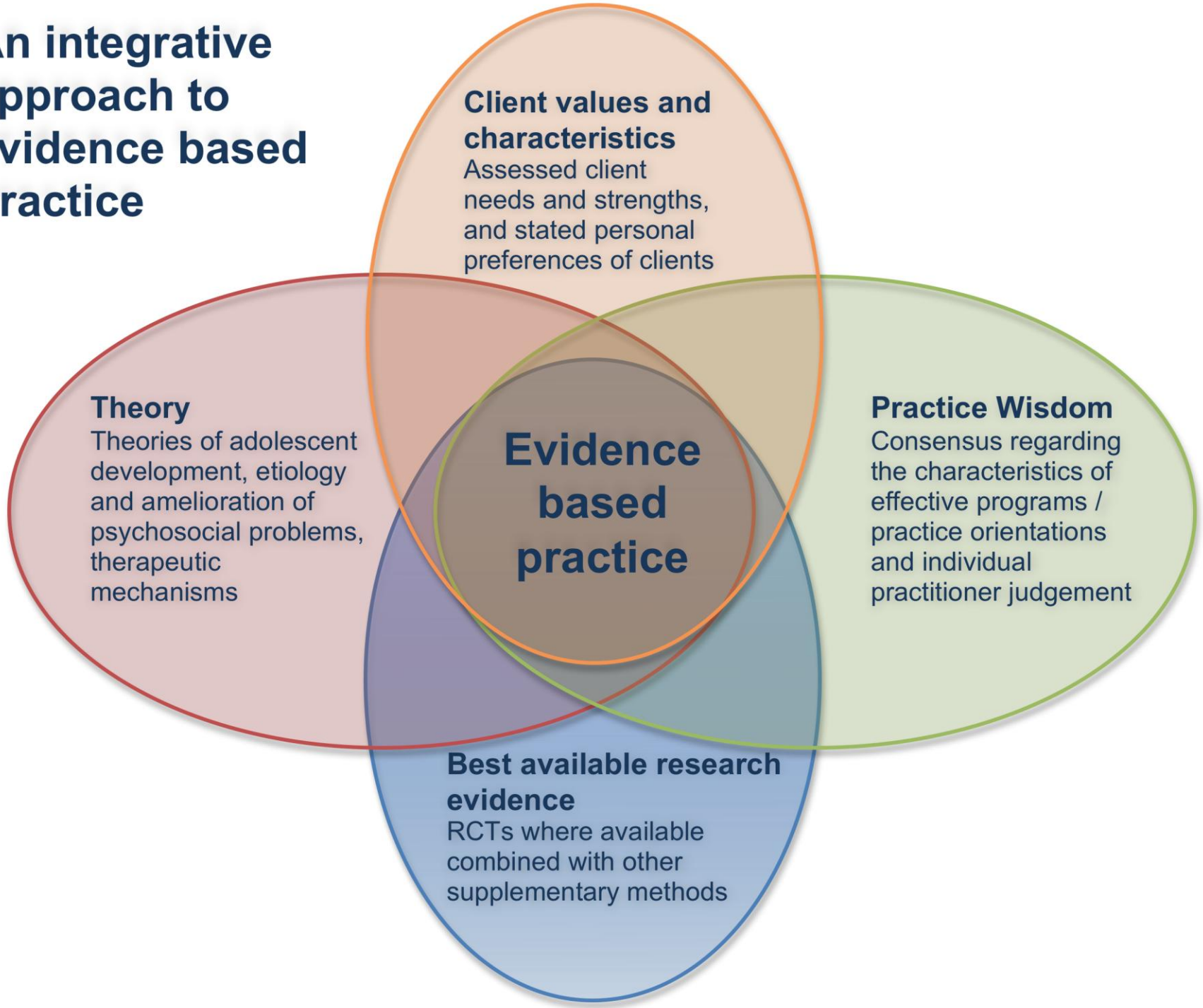


3. Practice context issues for youth AOD service settings

Key challenges for YSAS

- Which and how many evidence-based interventions do we choose or prioritise? They all have essential content, but none is sufficient on its own.
- How can we ensure that staff receive adequate training, supervision and support to (i) select and (ii) deliver the most appropriate EB intervention at the right time?
- How do we accommodate the diverse procedural requirements associated with different models (e.g. different approaches to assessment, case formulation, care planning, case notes, supervision).
- How much expertise can we realistically expect our workforce to achieve across multiple models?

An integrative approach to evidence based practice



4. The Modular Practice Elements Approach

Early conceptual work

- Chorpita BF, Daleiden EL & Weisz JR (2005) Modularity in the design and application of therapeutic interventions. *Applied and Preventive Psychology, 11*, 141-156.
- Chorpita BF, Daleiden EL & Weisz JR (2005) Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7*(1), 5-20.
- Garland et al (2008) Identifying common elements of evidence-based psychosocial treatments for children's disruptive behavior problems *Journal of the American Academy of Child&Adolescent Psychiatry, 47(5),* 505-514.
- Moos RH (2007). Theory-based active ingredients of effective treatments for substance use disorders. *Drug and Alcohol Dependence, 88*, 109-121.
- Murphy R, Cooper Z, Hollon SD & Fairburn CG (2009). How do psychological treatments work? Investigating mediators of change. *Behaviour Research and Therapy, 47*, 1-5.

Implementation studies

- Lyon, A. R., Charlesworth-Attie, S., Vander Stoep, A., & McCauley, E. (2011). Modular psychotherapy for youth with internalizing problems: implementation with therapists in school-based health centers. *School Psychology Review, 40*(4), 569-581.
- Nakamura, B. J., Chorpita, B. F., Hirsch, M., Slavin, L., Amundson, M. J., Rocco, S., et al. (2011). Large-scale implementation of evidence-based treatments for children 10 years later: Hawaii's evidence-based services initiative in children's mental health. *Clinical Psychology: Science and Practice, 18*, 24-35.
- Southam-Gerow, M. A., Hourigan, S. E., & Allin, R. B. (2009). Adapting evidence-based mental health treatments in community settings. *Behaviour Modification, 33*(1), 82-103.
- Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., et al. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety and conduct problems. *Archives of General Psychiatry, 69*(3), 274-282.

4. The Modular Practice Elements Approach

Practice elements

- Therapeutic interventions are comprised of numerous discrete & separable elements
- Defined by content and technique; not by duration, location or periodicity within a manual (Chorpita et al, 2007)
- Similar to ‘active’ or ‘critical’ ingredients (Moos, 2007)
- Many therapeutic models share practice elements or refer to very similar constructs e.g.
    - ‘challenge maladaptive schemas’ from CBT
    - ‘deconstruct problem-saturated narratives’ from NT

4. The Modular Practice Elements Approach

Modularity

- Approach to design based on self-contained functional units that can connect with other units
- A module is best thought of as a structured container that can contain one or more practice elements
- Modules are distinguished on the basis of **functionality**
- Modules are not dependent on each other, but combination with other modules can improve results
- Contrast with integral designs

4. The Modular Practice Elements Approach

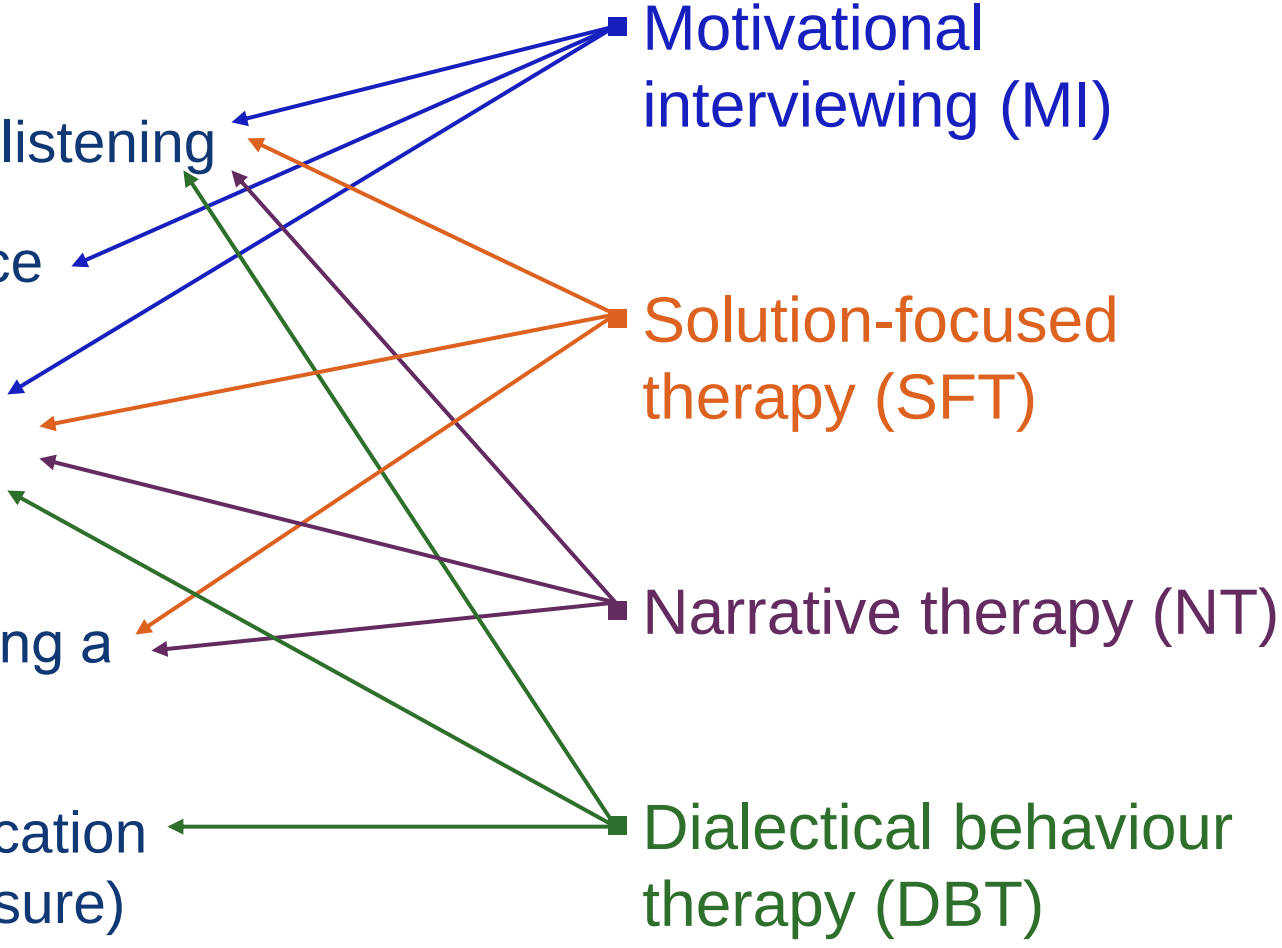
Modules within a single treatment model

- Problem solving skills training
  - Define the problem
  - Generate several alternative solutions
  - Decide on one solution
  - Try out the chosen solution
  - Evaluate the outcome
- Cognitive restructuring
  - Identify unhelpful thinking styles
  - Detective work / examine evidence
  - Logical disputation
  - Explore core beliefs underlying unhelpful thinking
  - Challenge core beliefs

4. The Modular Practice Elements Approach

Module drawn from several treatment models

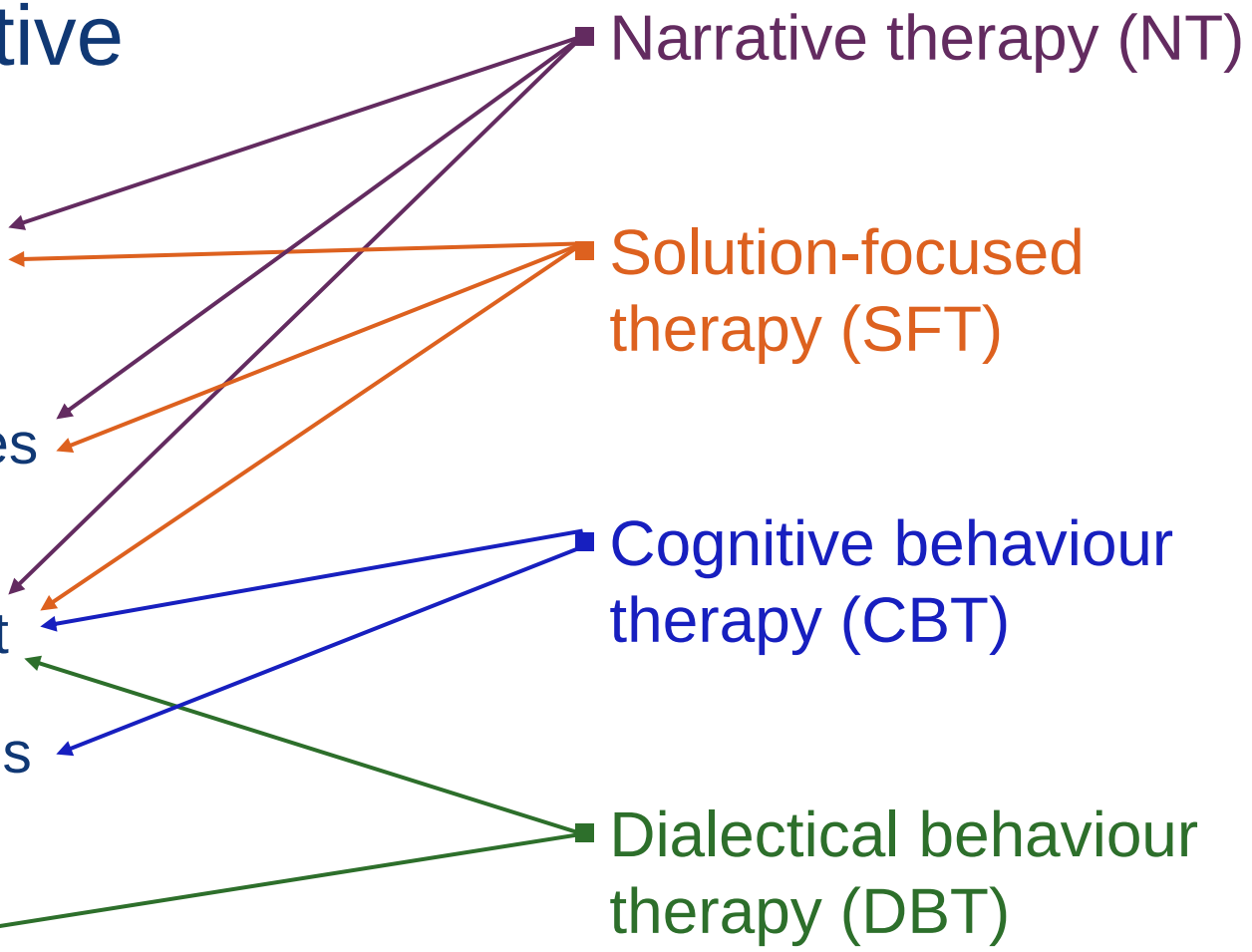
- Engagement
  - Active and reflective listening
  - Rolling with resistance
  - Providing affirmative statements / positive reinforcement
  - ‘Joining’ or establishing a common language
  - Reciprocal communication style (e.g. self-disclosure)



4. The Modular Practice Elements Approach

Module drawn from several treatment models

- Build a more positive self-concept
  - Identify exceptions to problems
  - Seek out competencies and strengths
  - Positive reinforcement
  - Construct opportunities for achievement
  - Validation strategies



5. Benefits of a practice elements approach

a. Individual tailoring
   - Elements can be readily selected and arranged to suit the needs of individual clients

b. Sensitivity to practice context
   - Service units can select / prioritise modules that are particularly suited to their client population

c. Amenable to varied modalities
   - Elements can be used whenever opportunities arise and interspersed with varied activities

d. Ready integration into existing practice
   - Does not attempt to replace existing practice, builds on strengths and fills gaps

5. Benefits of a practice elements approach

d. Cost efficiencies in training and support
   - Training can focus on elements or modules that are missing from or underdeveloped within staff skill sets

e. Communication between staff
   - Workers in youth AOD settings often lack a technical language to describe their work

e. Evaluation and quality assurance
   - Defining and describing current practice is foundational

g. Interagency collaboration
   - A common language around practice elements can be used to build a shared understanding

6. Implementation plan for YSAS

5 stages of work

1.	Developing a comprehensive therapeutic practice framework that 'holds' the work conceptually	→ Completed in April 2012
2.	Defining and describing a core set of practice elements that will be supported in the service	→ Completed in July 2012
3.	Defining a set of modules for organising practice elements into discrete functional groupings that are aligned to key therapeutic challenges and intentions of the service	→ 3 complete; 10 more planned for this financial year
4.	Developing a set of web-based resources and tools for supporting the use of practice elements throughout the service	→ Project Officer employed in October 2012
5.	Defining a set of clinical governance processes (e.g. case formulation, case notes, supervision)	→ Ongoing

6. Implementation plan for YSAS

5 principles

- **Embeddedness** – Practice elements are embedded upon a foundation of: (i) casework and basic counselling skills; (ii) the values and principles that run through all of our work, (iii) the common elements of all effective therapeutic models (e.g. relationship factors and client factors).
- **Respect for practice wisdom** – Both services and individual practitioners choose which elements or modules to use, based on their professional judgement. Procedures need to be developed to ensure choices are made carefully and systematically.
- **Realism** – Practitioners do not need to be experts in any particular therapeutic models. Workers with varying levels of expertise can engage with new practice elements incrementally according to their existing strengths, interests, and comfort zone.
- **Flexibility** – The modular practice elements approach is designed to maximise flexibility in responding to the needs of individual clients, individual practitioners, teams and organisations.
- **Support** – Practitioners need to be adequately supported to make appropriate choices about the use of practice elements. A comprehensive set of resources will be developed, training and supervision will be provided, and a wide variety of tools will be made available.

6. Implementation plan for YSAS

5 challenges

- Engaging managers and staff at all levels in a sustained effort of continuous practice improvement
- Ensuring that a range of support resources are available and appropriate to need and readiness
- Providing sufficient supervision subsequent to training
- Generating support from the authorising environment (e.g. DoH and DHS)
- Evaluation – Does practice change and do we achieve better outcomes for young people?