Using Transdisciplinary Knowledge to Implement Evidence-Based Practices with Support from Client-Level Outcome Measures

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Introduction

• Social work researchers, used to complex systems with focus on change (Brekke, 2012), are well positioned to link research and practice (Nurius & Kemp, 2012).

• Partnering with allied professions strengthens translational research (Nurius & Kemp) to improve lives of individuals.
Need for Transdisciplinary Research & Practice

• The gap between evidence-based practice (EBP) and usual community mental health services exemplifies need for transdisciplinary theory and research to improve practice (Beidas, et al., 2013; Commission on Mental Health, 2003).
Implementation of an EBP is a complex, incremental process (Fixsen, 2005).
After fitting an innovation (EBP) to an identified need, the innovation is modified to fit the organization; structures are altered (Rogers, 2003).
Implementation theory and research support using client-level outcomes in public settings as a strategy to implement EBPs (Raghavan, Bright, and Shadoin, 2008; Torrey, Bond, McHugo, & Swain, 2012).
To be effective, EBPs and outcome measures must be integrated into public system requirements, agency protocols, and every-day practice.
Implementation of an EBP
High Fidelity Requires…

System Support → Local Context and Readiness → Staff Selection → Training → Performance Management → Program Evaluation → System Support

Organizational Supports → Supervision and Coaching

National Implementation Research Network (NIRN, Fixsen et al., 2005)
System-wide Outcome Measures Support Implementation of EBPs

- Child and Adolescent Needs and Strengths (CANS, Lyons, 2009) and the Adult Needs and Strength Assessment (ANSA, Lyons) outcome measures

- Client-level outcome measures support decisions, monitor progress, and help improve services (Lyons).
Communimetric Tools (Lyons, 2009)

**CANS & ANSA:**
- Functional Assessments
- 0-3 points rating scale
- Common Language across service systems
- Total Clinical Outcome Management (TCOM) Processes
- Copyright: Praed Foundation, 1999

**Domains:**
- Life Functioning
- Strengths
- Behavioral Health
- Risks
- Caretaker Strengths & Needs
- Acculturation
Using Assessment Information

“DCS is still working on the service mapping process but that we plan to use the CANS in combination with other assessment tools and information gathered from the DCS case management system.”

(IN Department of Child Services, 2/2014)

- Map identified needs to EBPS to support referral decisions
- Partnership with state child welfare agency to map CANS information to EBPS.
## Example: Mapping Plan

### Child Parent Psychotherapy
*(CPP, Liberman, Van Horn, & Ippen, 2005)*

<table>
<thead>
<tr>
<th>CANS Screening Items</th>
<th>Exclusions</th>
<th>Other Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment to Trauma (2,3) AND Sexual Abuse</td>
<td>Older Youth</td>
<td>Caregiver</td>
</tr>
<tr>
<td>Domestic Violence OR</td>
<td>Parents not available</td>
<td>Parents Involved Depression</td>
</tr>
<tr>
<td>Traumatic Grief OR</td>
<td></td>
<td>Trauma History</td>
</tr>
<tr>
<td>OR trauma Exposure OR</td>
<td></td>
<td>Trauma Symptoms</td>
</tr>
<tr>
<td>Terrorism OR</td>
<td></td>
<td>Child</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>Ages Birth to 6</td>
</tr>
<tr>
<td>Complex Trauma</td>
<td></td>
<td>Trauma Exposure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developmental Functioning</td>
</tr>
</tbody>
</table>
“Mapping” Process

• For whom was service intended? Who benefits? (Literature Review)
• Talk to purveyor of practice & experts.
• Cross walk identified CANS or ANSA needs, strengths, and relevant information (age, etc.) with EBP
• Create decision model (algorithm)
• Trial with clinical review
• Implement with support of technology
• Monitor and use information to improve practice
• Refine algorithm
# Behavioral Health Decision Model Recommendations

**7/1/2013 and 3/31/2014**

*Initial Assessments Only (n=52,777)*

<table>
<thead>
<tr>
<th>Algorithm Option</th>
<th>Description</th>
<th>Assessments</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>No Recommendation</td>
<td>332</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient</td>
<td>5,460</td>
</tr>
<tr>
<td>2</td>
<td>Outpatient with Occasional Case Management</td>
<td>1,576</td>
</tr>
<tr>
<td>3</td>
<td>Supportive Community Based Services</td>
<td>17,029</td>
</tr>
<tr>
<td>4</td>
<td>Intensive Community Based Treatment and Support</td>
<td>21,168</td>
</tr>
<tr>
<td>5</td>
<td>Intensive Community Based: Assertive Community Treatment (ACT, Mancini, et al., 2009)</td>
<td>7,212</td>
</tr>
</tbody>
</table>

Report from DMHA’s DARMHA 4/22/2014
Percentage of Actionable Behavioral Health Symptoms for Young Adults
(n = 1164, duration = 12 months)

(Israel, Lyons, Walton, & Friedman, 2013; Walton, Clark, Kim, & Haber, 2013)
Percentage Buildable/Identifiable Strengths for Young Adults

\( n=1164, \text{ duration } = 12 \text{ months} \)

(Walton, Clark, Kim, & Haber, 2013)
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Lessons Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purveyors often claim EBPs are effective for wide range of needs.</td>
<td>Transdisciplinary and cross-system partnerships enrich knowledge, quality of research and application in practice.</td>
</tr>
<tr>
<td>Algorithm may be linked to policy; need resources to monitor and adjust.</td>
<td>Translational research to improve human services is enriched through such partnerships.</td>
</tr>
<tr>
<td>Workforce Development</td>
<td></td>
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<td>Technology Development</td>
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References


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