

Promoting educational practice change to improve children's mental health outcomes

What do educators recommend?

Melanie Barwick, Ph.D., C.Psych

Associate Scientist, Learning Institute
Scientific Director Knowledge Translation, Research Institute
The Hospital for Sick Children
Associate Professor, Psychiatry & Dalla Lana School of Public Health
University of Toronto

Charles E. Cunningham, Ph.D.

Psychologist, McMaster Children's Hospital,
Professor of Psychiatry and Behavioural Neurosciences
Jack Laidlaw Chair in Patient-Centred Health Care at McMaster University



CMHO Annual Conference
Monday November 21st 2011 Toronto



The Problem

Schools and CYMH provider organizations often fail to adopt evidence-based approaches.

Implementation of evidence-based practices is of growing concern to communities, policy makers, and researchers.

We are funded by CIHR to study EBP implementation in the CYMH and education sectors.

This presentation summarizes the findings of 3 projects related to EBP implementation and the practice change preferences of practitioners in these two sectors.

Our intention is to learn how best to bring evidence based approaches to the field and to develop more effective practice change strategies.

Who We Are...



© Melanie Barwick, 2011

Research Team

Melanie Barwick, Sickkids / U Toronto
Charles E. Cunningham, McMaster
Rosemary Tannock, Sickkids / OISE
Rhonda Martinussen, OISE
Peter Chaban, Sickkids
Kathryn Bennett, McMaster
Don Buchanan, Hamilton Wentworth District School Board
Bruce Ferguson, Sickkids
Dean Fergusson, Ottawa Health Research Institute

Institutional Partners

Children's Mental Health Ontario
Ontario Ministry of Children and Youth Services
Ontario Ministry of Education
Ontario Centre of Excellence for Child and Youth Mental Health

Community Based Research Partners

Associated Youth Services of Peel
Lynwood Hall
Child Development Institute
Craigwood Youth Services

Funder: Canadian Institutes of Health Research (CIHR)

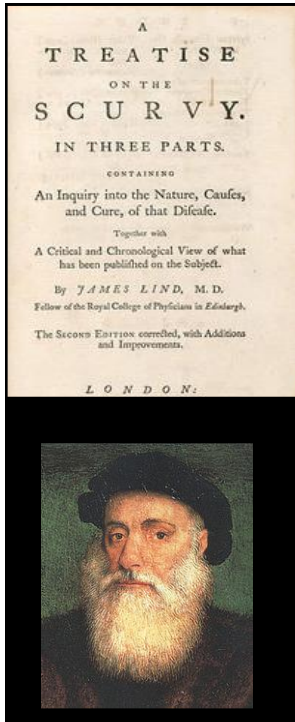
© Melanie Barwick, 2011

Implementation Science – *Learning how to bring evidence to practice*

'Implementation Research is the scientific study of methods to promote the systematic uptake of [clinical] research findings and other evidence-based practices into routine practice, and hence to improve the quality (effectiveness, reliability, safety, appropriateness, equity, efficiency) of health care or well-being. It includes the study of influences on healthcare professional and organizational behaviour.'

Source: Adapted from An implementation research agenda, *Implementation Science* 2009, 4:18 Martin P Eccles¹, et al.

© Melanie Barwick, 2011



1497
104

Vasco da Gama and a crew of 160, of which 100 die of scurvy; citrus suspected as cure

1601
146

Capt. James Lancaster sails with four ships, with crew of one vessel given 3 tsps lemon juice daily having 0% mortality compared to 40% mortality on other 3 ships

1747
48

British Navy physician James Lind conducts random trial of 6 treatments for scorbutic sailors; citrus again proves effective

1795
70

British Navy declares citrus to be part of diet on all navy ships

1865
368

British Board of Trade adopts this 'innovation' at the 'policy level' due to adherence from the 'ground -up'

5

The 368 year gap is now a 17 year gap

> 17 years to translate evidence from discovery into health care practice (1)

But, only 14 % of it is believed to enter day-to-day clinical practice (2)

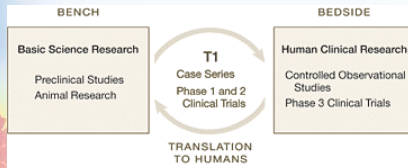
(1) Balas EA, Boren SA. Managing clinical knowledge for health care improvement. In: Bemmel J, McCray AT, eds. *Yearbook of Medical Informatics*. Stuttgart, Germany: Schattauer Publishing; 2000:65-70.

(2) Westfall JM, Mold J, Fagan L. Practice-based research: "Blue. Highways" on the NIH roadmap. *JAMA*. 2007;297:403-6. 22

6

© Melanie Barwick, 2011

Levels of Knowledge Translation



SOURCE: Westfall, J, Mold, J, Fagnan, L. Practice-Based Research – “Blue Highways” on the NIH Roadmap. JAMA 2007; 297 (4): 403-406

© Melanie Barwick, 2011

Implementation Science

Intervention	Implementation Team	No Implementation Team
Effectiveness	80% 3 years	14% 17 years
	Application of implementation science and practice Fixsen et al., 2001	Diffusion and dissemination Balas & Boren 2000

		IMPLEMENTATION	
INTERVENTION		Effective	Not Effective
	Effective	ACTUAL BENEFITS	Inconsistent Non Sustainable Poor Outcomes
	Not Effective	Poor Outcomes	Poor Outcomes Sometimes Harmful

Source: Fixsen, Blase, Timbers & Wolf (2007). In search of program implementation – 792 replications of the teaching-family model. The Behavior Analyst Today, 8(1), 96-110.
Balas EA, Boren SA. In: Yearbook of Medical Informatics 2000: Patient-Centered Systems. Stuttgart: Schattauer; 2000:65-70.

Dean Fixsen [Institute of Medicine 2000,2001..2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education, 1983; Dept of Health and Human Services, 1999]

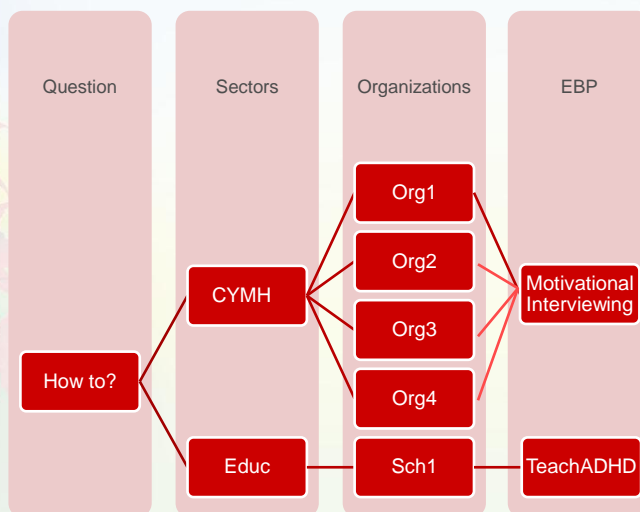
© Melanie Barwick, 2011

Why implementation is important



© Melanie Barwick, 2011

Our Approach



© Melanie Barwick, 2011

Our Studies



Establishing the evidence base for MI training – systematic review

Focus Groups with educators and practitioners

Discrete conjoint experiments & consumer preference modeling with educators & practitioners

EBP Implementation case studies

© Melanie Barwick, 2011

What we learned from focus groups with CYMH Practitioners



The term ‘evidence-based practice’ refers to the use of research and scientific studies as a base for determining the best practices in fields such as CYMH and education.

Here’s what managers and frontline staff said when we asked, “*What do you think of when you hear the words “evidence-based practice?”*”

Shown to be effective with particular populations

Proven through research and data

Positive outcomes for children and families

Informed by aspects of the therapeutic setting

Fidelity and quality

What things would influence your intention to change your practice?



- Getting buy-in from those working on the frontline is essential for the success of any new initiative.
 - It is important to include staff in the change process and to engage them over the long-term.
- Change isn't easy! Many people are hesitant to try something new.
- Frontline workers embrace the ability to make some decisions about how EBP's are applied.

Frontline Factors

What things would influence your intention to change your practice?



- Client outcome is a huge motivator for frontline staff – they want to know that what they are doing is helping the children they're working with!

Client Outcomes

What things would influence your intention to change your practice?



- Organizations grapple with the costs of EBP implementation which can include money, time, materials, staff, training, etc.
- There is often a lack of funding to support EBP implementation activities.

Economic Considerations

What things would influence your intention to change your practice?



- An organizational culture which supports continuous learning creates a safe environment for professional development.
- It is important for professional education to be available and valued within an organization.
- There is a need for clear communication between managers and staff about EBPs and their use.

Organizational Culture

What things would influence your intention to change your practice?



- The pressure to provide direct service often conflicts with the time demands required to implement a new EBP.

Balancing Competing Priorities

What things would influence your intention to change your practice?



- In most organizations, there is no single position responsible for EBP; it is often an "add-on" to people's work.
- Supervisors must be leaders and champions of EBP implementation and use.
 - Staff turnover presents a challenge to the sustainability of a new practice.
 - Recent graduates often enter the field lacking knowledge about EBP which speaks to a need for curriculum change in post-secondary institutions.

Human Resources

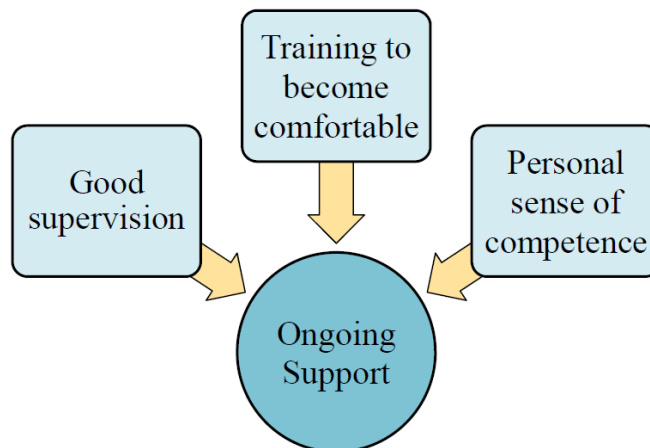
What things would influence your intention to change your practice?

SUPPORT

- Organizational and leadership support, including good supervision are essential in facilitating change.
- Those on the frontline want good training by charismatic trainers and plenty of support afterwards.

Support

What would influence your use of an evidence-based practice?



What we learned from focus groups with Educators



The term 'evidence-based practice' refers to the use of research and scientific studies as a base for determining the best practices in fields such as CYMH and education.

Here's what managers and frontline staff said when we asked, "What do you think of when you hear the words "evidence-based practice?"

Successful in the classroom

Proof that it works

Research based - measurable/evaluated

Data

Initiatives coming from the Ministry or Board level

What things would influence your intention to change your practice?



- Getting buy-in from teachers is essential for the success of any new initiative.
- It is important to include staff in the change process and to engage them over the long-term.
- Change isn't easy! Many people are hesitant to try something new.
- Frontline workers embrace the ability to make some decisions about how EBP's are applied.

Frontline Factors

What things would influence your intention to change your practice?



- Student improvement is a huge motivator for teachers – they want to know that what they are doing is helping the children they're working with!

Student Success

What things would influence your intention to change your practice?



- The pressure of day-to-day teaching responsibilities often conflicts with the time demands required to implement a new EBP.

**Balancing Competing
Priorities**

What things would influence your intention to change your practice?



- To be embraced, a new practice has to be relevant to teachers and children within the context of the classroom.
- Teachers want to know how a new practice will help them in their classroom immediately!

Relevance

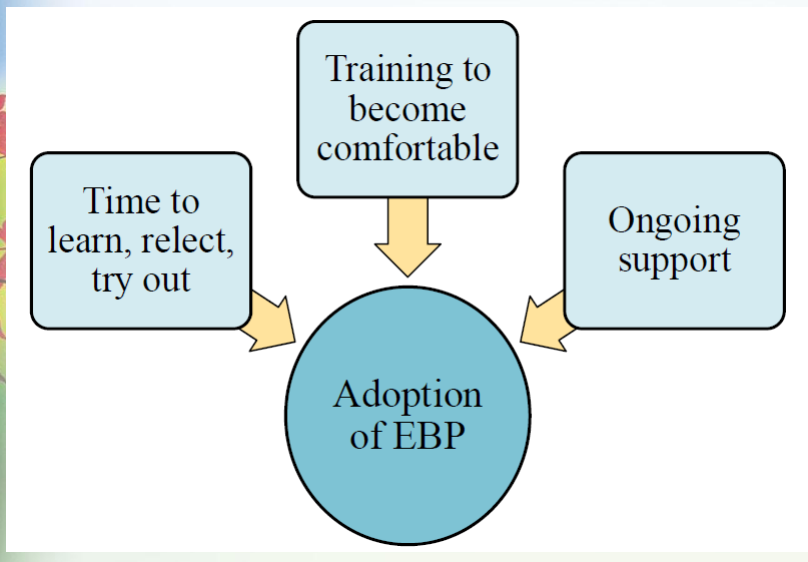
What things would influence your intention to change your practice?



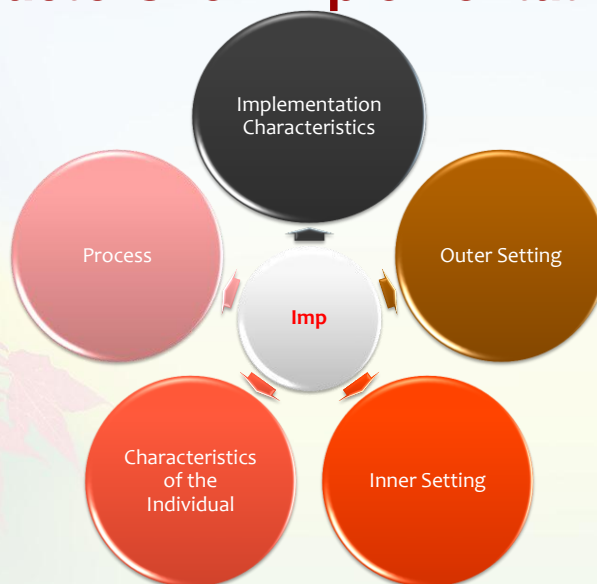
- Both administrators and teachers grapple with the many roles that they must assume on a daily basis (e.g., nurse, doctor, counselor, psychologist) within the school

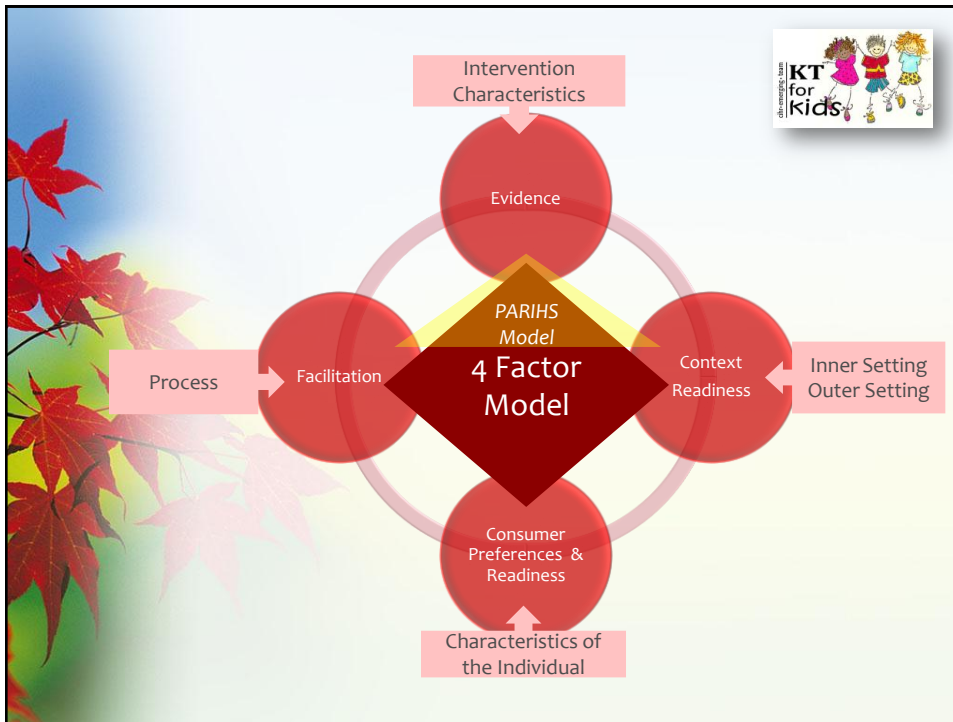
Wearing Many Hats

What would influence your use of an evidence-based practice?



Key Factors for Implementation





Current work

- (Summer 2011 – Summer 2012) Case studies of EBP implementation in 4 CYMH organizations and one school
- Focus group and consumer preferences data (Cunningham), along with the data collected using the Checklist for Assessing Readiness for Implementation (CARI; Barwick, 2011), Organizational Readiness for Change (ORC, Lehman W, Greener JM, Simpson D, 2002, Assessing organizational readiness for change. *Journal of Substance Abuse Treatment*, 22, 197-209), and individual readiness for change (Goldman, G. D., 2009, Initial validation of a Brief Individual Readiness for Change Scale (BIRCS) for use with addiction program staff practitioners. *Journal of Social Work Practice in the Addictions*, 9, 184-203), have informed our implementation plan for each organization.
- Organizations were also provided with a copy of the Centre of Excellence for Child and Youth Mental Health curriculum for implementing EIPs
 - Barwick M, Bennett L, Boydell KM, Wotring J, Parker K, Van Dyke M & Darling J. (2011). *Setting the pace: Curriculum for implementing evidence-informed practices*. Ontario, Canada: Ontario Centre of Excellence for Child and Youth Mental Health.

