What does it take to change practice? Training, Consultation & Learning Collaborative Models

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Center for Evidence to Practice
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As you join the Zoom: Please enter you name, email, organization into the chat.
Are you part of the: Synthesis & Translation System, Support System or Delivery System?
(discussed in the last learning session)

Learning Series and Featured Articles

Today! Implementation and Intermediary Organizations: Interactive System Framework (ISF) and Implementation Support Practitioners

- Bridging the Gap Between Prevention Research and Practice: The Interactive Systems Framework for Dissemination and Implementation. Wandersman et al., 2008
- Implementation Support Practitioners – A proposal for consolidating a diverse evidence base. Albers, Metz & Burke, 2020

May 12: What does it take to change practice? Training, Consultation & Learning Collaborative Models

- Training & Consultation in Evidence-based Psychosocial Treatments in Public Mental Health Settings: The ACCESS Model. Stirman et al., 2010
- Pilot to policy: statewide dissemination and implementation of evidence-based treatment for traumatized youth. Amaya-Jackson et al. 2018

May 19: Key concepts in implementation: Fidelity, Sustainability, Quality and Outcomes

- Assessing the sustainability capacity of evidence-based programs in community and health settings. Bacon et al., 2022
- A practical implementation science heuristic for organizational readiness: $R=MC^2$ Scaccia et al., 2015
- ASPE White Paper: Strategies for Measuring the Quality of Psychotherapy. May 2014

Articles available: Impact Reach Google Drive Literature

References & Resources

- Stirman, S. W., Bhar, S. S., Spokas, M., Brown, G. K., Creed, T. A., Perivoliotis, D., Farabaugh, D. T., Grant, P. M., & Beck, A. T. (2010). **Training and consultation in evidence-based psychosocial treatments in public mental health settings: The access model**. Professional Psychology: Research and Practice, 41(1), 48–56. https://doi.org/10.1037/a0018099

Penn Collaborative for CBT and Implementation Science
https://www.med.upenn.edu/penncollaborative/

- Amaya-Jackson, L., Hagele, D., Sideris, J. et al. **Pilot to policy: statewide dissemination and implementation of evidence-based treatment for traumatized youth.** BMC Health Serv Res 18, 589 (2018). https://doi.org/10.1186/s12913-018-3395-0

NCTSN Learning Collaborative ToolCIT Curriculum
https://www.nctsn.org/resources/improving-implementation-evidence-based-treatments-and-practices

Goals

- Explore the difference between training, consultation and a learning collaborative
- Trade offs between training intensity and feasibility
- What opportunities do we have to shift from supporting learning to supporting practice change (new behavior)?

Example:

IN THE CHAT: *Think of a time when you learned how to do something OR taught someone how to do something outside of a class or didactic workshop.*

What kinds of activities helped you learn or teach that skill?

Steps to learning new skill

- New information , knowledge
- See examples, demonstration
- Try
- Coaching
- Practice
- Direct Feedback
- Review / More advanced skill
- Address barriers / context

Getting EBPs into community mental health settings . . .

- Growing body of evidence that psychotherapeutic treatments work
- Developed in academic research settings. Reported in academic journals.
- Not regularly delivered in community settings
- Complex, multifaceted interventions
- Systems began funding training opportunities

Research shows

- Guidelines and policies
- Manuals or educational materials
- Didactics or workshops

. . . . . alone

May increase knowledge but rarely change behavior

2 Examples: ACCESS Models & NCTSN Learning Collaborative Model

For training to change behavior – needs to be multifaceted

- Didactic: Manual, workshop, booster
- Carry into practice - consultation, session reviews, supervisor training, coaching
- Competency based – behavioral rehearsal, feedback
- Engages administrative, organization and system supports, in addition to the clinician

Dulak & Dupre, 2008; Fixen et al., 2005; Nadeem, Gleacher & Beidas, 2013; Meyers, Durlak & Wandersman. 2012; Powell et al., 2014;

In addition to clinical training, need to address:

- Attitudes toward EBPs and manualized treatment
- Day-to-day challenges of assessment and service delivery
- Barriers to client engagement
- Agency and practitioner implementation readiness
- Organizational culture and processes
- Model fidelity
- Access to expert consultation
- Application of quality improvement methods
- Consideration of adult learning

(Amaya-Jackson et al 2018)

The ACCESS Model

Stirman et al (2010)

Assess & Adapt

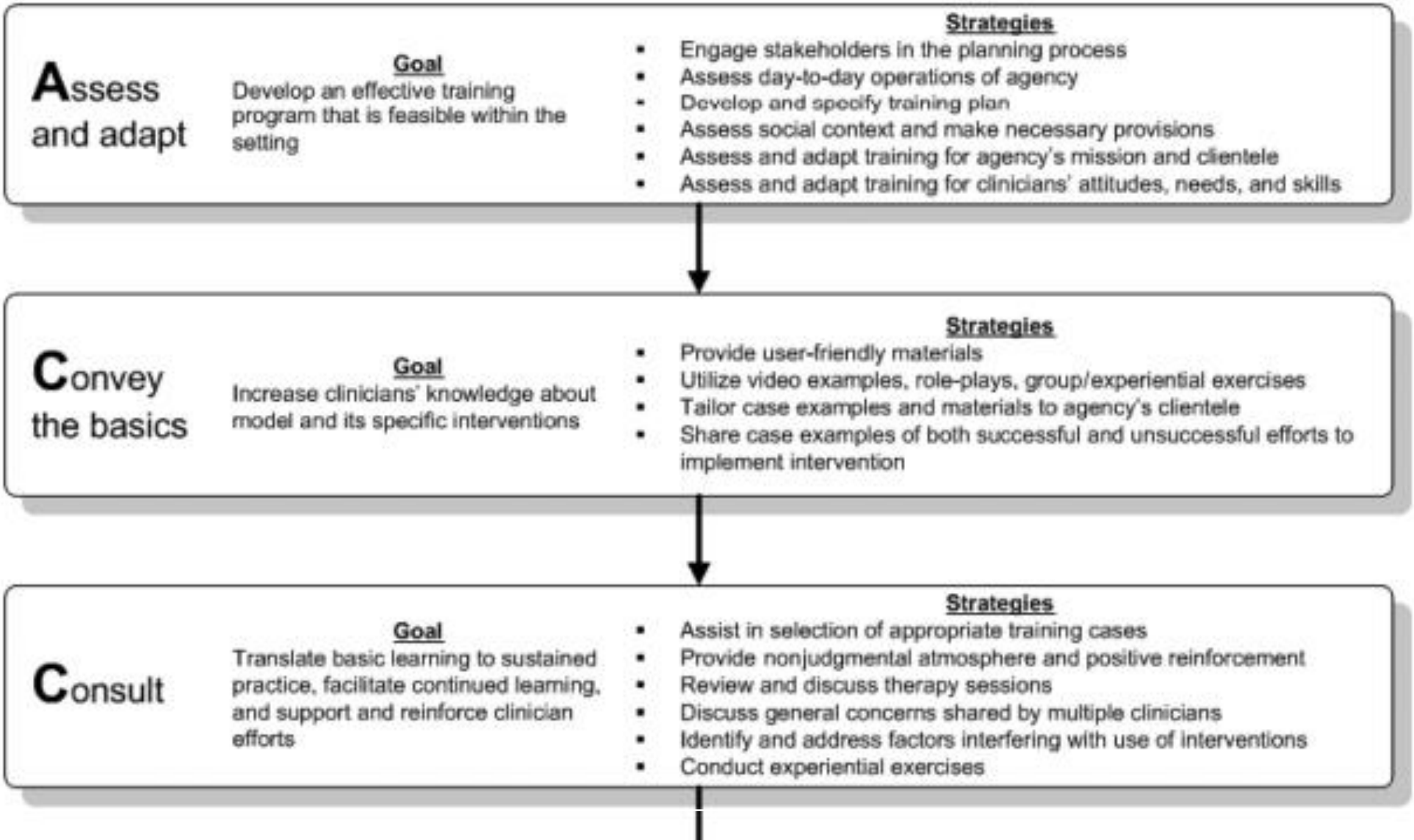
Convey the basics

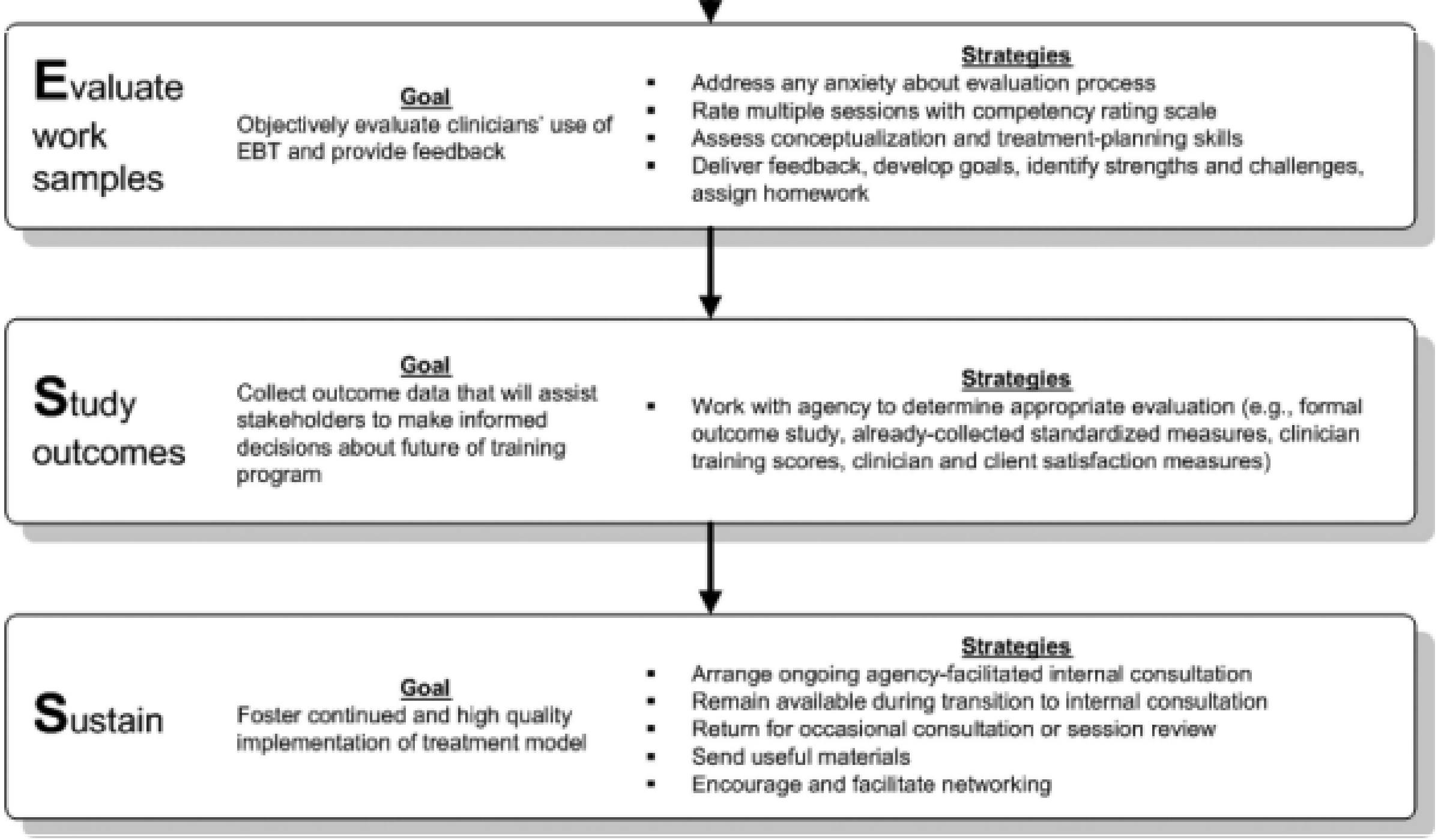
Consult

Evaluate work samples

Study outcomes

Sustain


Assess and adapt
Goal
Develop an effective training program that is feasible within the setting
Strategies
Engage stakeholders in the planning process
Assess day-to-day operations of agency
Develop and specify training plan
Assess social context and make necessary provisions
Assess and adapt training for agency's mission and clientele
Assess and adapt training for clinicians' attitudes, needs, and skills
Convey the basics
Goal
Increase clinicians' knowledge about model and its specific interventions
Strategies
Provide user-friendly materials
Utilize video examples, role-plays, group/experiential exercises
Tailor case examples and materials to agency's clientele
Share case examples of both successful and unsuccessful efforts to implement intervention
Consult
Goal
Translate basic learning to sustained practice, facilitate continued learning, and support and reinforce clinician efforts
Strategies
Assist in selection of appropriate training cases
Provide nonjudgmental atmosphere and positive reinforcement
Review and discuss therapy sessions
Discuss general concerns shared by multiple clinicians
Identify and address factors interfering with use of interventions
Conduct experiential exercises


Evaluate work samples
Goal
Objectively evaluate clinicians' use of EBT and provide feedback
Strategies
Address any anxiety about evaluation process
Rate multiple sessions with competency rating scale
Assess conceptualization and treatment-planning skills
Deliver feedback, develop goals, identify strengths and challenges, assign homework
Study outcomes
Goal
Collect outcome data that will assist stakeholders to make informed decisions about future of training program
Strategies
Work with agency to determine appropriate evaluation (e.g., formal outcome study, already-collected standardized measures, clinician training scores, clinician and client satisfaction measures)
Sustain
Goal
Foster continued and high quality implementation of treatment model
Strategies
Arrange ongoing agency-facilitated internal consultation
Remain available during transition to internal consultation
Return for occasional consultation or session review
Send useful materials
Encourage and facilitate networking

National Center for Child Traumatic Stress Learning Collaborative

- Adapted from Institute for Healthcare Improvement Breakthrough Series Collaborative
- Improvement collaboratives – healthcare, engage multiple organizations to apply quality improvement process to a new practice or innovation
- Clinical Training PLUS intensive and experiential skill building PLUS
  - Implementation through improvement processes
  - Addressing organizational barriers
- Key Features
  - Multiple Agencies - Collaborative community of learners
  - Teams
    - Clinicians - Clinical training and skill building
    - Supervisors – Clinical training to support clinicians & collaborate with senior leaders
    - Senior Leaders - Implementation & sustainability focus, organizational structures & processes
  - Learning sessions, action periods, and improvement cycles

Learning Collaborative Components

North Carolina Child Treatment Program (NC CTP) Learning Collaborative

In Person Learning Sessions	• 3 – 2 day sessions over 9 months • Clinical training, case-based learning, skill building
Action Periods	• 2 – 3 months long • After each Learning Session. Application of skills with clients
Play Do Study Act Cycles	• 12 calls • Addressing organization and system barriers & using data
Fidelity Consultation Calls	• Group calls • 1:1 consultation with fidelity monitoring and feedback (no video or audio review)
Senior Leader Track	• Supporting implementation and agency change
Monthly metrics	• # clients, # sessions per client, # clinicians
Sustainability planning	• Model specific supervision or peer supervision

What can we take from these "gold standard" models?

- How do we balance feasibility / time demands with adequate intensity to achieve model delivery?
- Which elements of the ACCESS model or LC Model do we want to add?
- How do we supplement the training models we have?
- Who is best positioned to offer these trainings / support?

Thank you for listening!

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