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
YSAS clients (Census, Sept 2012)

<table>
<thead>
<tr>
<th>Male : Female</th>
<th>64 : 36</th>
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<tbody>
<tr>
<td>Ever involved with child protection</td>
<td>45%</td>
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<tr>
<td>Ever involved in the criminal justice system</td>
<td>72%</td>
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<tr>
<td>Both child protection and justice involvement</td>
<td>33%</td>
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<tr>
<td>Current formal mental health diagnosis</td>
<td>35%</td>
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<tr>
<td>Ever had a formal mental health diagnosis</td>
<td>45%</td>
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<tr>
<td>Ever self-harmed</td>
<td>43%</td>
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<tr>
<td>Ever attempted suicide</td>
<td>28%</td>
</tr>
<tr>
<td>Experiencing conflict with family</td>
<td>57%</td>
</tr>
<tr>
<td>Disconnected from family</td>
<td>36%</td>
</tr>
<tr>
<td>Not at school or work / Lack of meaningful activity</td>
<td>60%</td>
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Method
Over 2 days in September YSAS workers completed an online survey on all open episodes for current clients.
N=371
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

Clients rarely present with a single issue and focal issues can be hard to pinpoint early in care.

Focus on discrete problems e.g. specific diagnoses.

e.g. Depression

e.g. Cannabis Use Disorder
3. Practice context issues for youth AOD service settings

Most empirically supported treatments (ESTs)

Youth AOD services

- Services are delivered in diverse modalities and many young people do not want counselling.

- Are formatted for delivery in regular 50 minute sessions.
3. Practice context issues for youth AOD service settings

Most empirically supported treatments (ESTs)

Youth aod services

Client-centred, relationship-based, holistic and flexible, experiential and participatory...

Are highly structured and set out in step-by-step, session-by-session manuals.
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)
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

- Need for a diversity of therapeutic interventions
  - To be applied very flexibly
  - In diverse settings and modalities

New interventions need to be tailored to each unique setting or modality

Training, supervision and other organisational supports need to be tailored each unique setting or modality

Agencies serving clients with multiple and complex needs face cost pressures that are prohibitive to high quality implementation of ESTs
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

Client values and characteristics
Assessed client needs and strengths, and stated personal preferences of clients

Theory
Theories of adolescent development, etiology and amelioration of psychosocial problems, therapeutic mechanisms

Evidence based practice

Practice Wisdom
Consensus regarding the characteristics of effective programs / practice orientations and individual practitioner judgement

Best available research evidence
RCTs where available combined with other supplementary methods
4. The Modular Practice Elements Approach

Early conceptual work


Implementation studies


Practise 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)

Motivational interviewing (MI)
Solution-focused therapy (SFT)
Narrative therapy (NT)
Dialectical behaviour therapy (DBT)
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

- Narrative therapy (NT)
- Solution-focused therapy (SFT)
- Cognitive behaviour therapy (CBT)
- Dialectical behaviour therapy (DBT)
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
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?