Research and System Change: Making it Real

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- Purpose to consider future of children's mental health services
- Brought together researchers and system change leaders
- Organized around a series of papers summarizing research
- Discussion of issues and potential solutions
- Identification of action steps

Working Groups

- Focus shifted from research to practice
- Working groups developed action steps in four major areas: :
  - Linkages between the research and system change communities
  - Effective practice (EBP implementation)
  - Public health approach
  - Measurement and practice change
- Developed "action papers" in each area

Dissemination of Recommendations

- Special journal issue in process
- Includes revised versions of the papers, along with action papers by the work groups
- Invited commentaries

Improving the Link Between Research and System Change:
An Open and Honest Dialogue

- Linkages between the some segments of the research and system change communities in the children's mental health field have been tenuous at best
- Improved relationship is essential to ensure that research better informs policy and practice in the future
- "System change" community defined as policy and service system leaders, service providers, service system and applied researchers, families, youth, and advocates

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What is the Problem?

- "Disconnect" between research on practice and the world of policy and service systems
- System Change Community contends:
  - Research has little focus on the pressing problems and issues of the day – the "imperatives of the moment" that are relevant to policy and practice in public mental health systems
  - Research results are not disseminated to them, and if so, are not translated into in a policy-relevant, useful form
  - Results generally have little impact on system change

What is the Problem?

- Researchers contend:
  - Their efforts to conduct policy-relevant research are ignored
  - They are "punished" when findings do not match system change community's agenda
  - Any negative findings are ignored or rejected

Systemic Barriers

- Different values/agendas hinder ability to work collaboratively to improve systems and practice
- Researchers consider system leaders to be advocates who do not agree with research findings and dismiss the potential contribution of research thinking it's irrelevant
- Operate in "parallel universes" and speak different languages, limiting meaningful exchange and opportunities for research to account for real world complexities and diversity
- Researchers rarely invited to the table to provide input to system change efforts or to participate in joint endeavors
- System leaders, families, and youth generally not engaged in defining a relevant research agenda or interpreting results

Systemic Barriers

- Academia devalues policy and system-relevant training and research
- Funders of research do not support this type of research
- Researchers conduct long-term studies that don't produce timely findings to inform system change
- Scans and applied research that can inform leaders not considered "hard science" by the research community
- No well-established funding streams for policy-focused research
- Academia incentivizes "rigorous" research designs, not alternative methods with shorter timeframes that may be more useful for system change leaders

Useful Perspective

- Which improves outcomes at child and family level?
  - System Change Alone
  - System Change + Effective Practice
  - Effective Practice Alone
- Better to use term "effective practice" rather than more narrow term of "evidence-based practice?

Needed Action Steps

- Explore strategies to link research community with national policy and system change groups, e.g., meetings of CYFD/NASMHPD and Institutes to the involve research community and work towards better collaboration
- Create a network – Research-Practice Interface Network – to serve as a quick-response source of information for the system change community and a structure for improved dissemination of research findings
- Explore potential "intermediary organizations" to support the network, such as universities with centers focusing on children's mental health
- Bring academic researchers together with other stakeholders to make research relevant to the policy and system worlds

Needed Action Steps

- Enhance federal funding for collaborative policy- and system-relevant research
- Develop and disseminate a "template" to translate research findings into a useful form for policy, system, and practices (build on FFCMH work) and continue "Data Trends"
- Train researchers to include families and youth as part of research teams, and train families and youth to conduct their own research (build on FFCMH curriculum)
- Develop federal funding for training a new generation of researchers to conduct policy- and system-relevant research
- Develop a program of "sabbaticals" involving exchanged roles between researchers and system change leaders

Next Steps: Making it Real

◉ Barriers that prevent collaboration do a disservice to children's mental health field
◉ Potential for all types of scientific research to inform policy and service systems and for research to be more aligned with the complexities, priorities, and challenges confronting children's mental health systems
◉ Need and open and honest dialogue – USF Research Meeting continues the process
◉ Problem cannot be solved with a few actions undertaken by a few individuals, these strategies offer first steps to improve the linkage to achieve shared goal of improving outcomes for children and youth

A Public Health Model for Children's Mental Health: Taking Settings Seriously

"It is the pervading law of all things organic and inorganic,
Of all things physical and metaphysical,
Of all things human and all things super-human,
Of all true manifestations of the head,
Of the heart, of the soul,
That the life is recognizable in its expression,
That form ever follows function.
This is the law."
Louis Sullivan (1896)

Current State of Affairs

◉ 1994 IOM Report has had little effect and 2009 report likely no different
◉ Lack of infrastructure to support public health goals for mental health services
◉ Prevention programs tangential to key setting goals
   › SEL in schools
   › MH screening in primary care
◉ Key idea:
   › Need to promote sustainability by supporting adaptive functioning within key ecological settings

Public Health Model
Building a Base

Mental health services

Intensive

Targeted

Universal

Implications of Public Health Model for Mental Health

◉ Accessible to families who do not normally receive services
◉ Changes the context for effectiveness away from single programs to multi-tiered program models
◉ Challenges for settings to manage multiple programs and levels of need

Ecological Theory

◉ Interacting nature of natural contexts and their impact on growth and development
◉ Reciprocal relations among natural elements in an environment

Sustainability

- Able to be maintained at a certain rate or level
- Conserving an ecological balance by avoiding depletion of natural resources
- Able to be upheld or defended

Idea #1
Who are the MH providers?

- Expand mental health workforce from limited number of trained professionals to incorporate the range of persons and settings important to children's development

Schoenwald et al. *Workforce development and the organization of work: The science we need.*

Idea #2
Setting Goals Are MH Goals

- Acknowledging the importance of key ecological settings would encourage an alignment of mental health research, programs, and resources to the key predictors that promote successful adaptation.

Stiffman et al. *A public health approach to children's mental health services: Possible solutions to current service inadequacies.*

Idea # 3
Social Network Theory

- Program response should be understood as unfolding over time. If programs not adopted throughout a social system it could be an indication that the program is not meeting the setting goals.

Alegria et al. *One size does not fit all: Taking diversity, culture, and context seriously.*

Idea #4
Prevention and Intervention

- A natural extension from prevention to intervention could emerge with prevention being defined by programs to enhance natural setting goals, and intervention directed to factors that interfere with positive adaptation.

Atkins et al. *Toward the integration of mental health and education in schools.*

Conclusion: A New Direction for Children's Mental Health Services

- National dialogue on mental health calls for renewed focus on public health models for children's mental health
- Ecological principles can guide the development of accessible, effective, and sustainable mental health services
- Overall goal is for a new model that integrates mental health services into the ongoing context of children's lives

Implementing Effective Practices

- There has been an increased interest in recent years in understanding how to implement evidence-based practices/treatments (EBP/Ts) in community settings
- However, a considerable gap between the real practice of community mental health and the use of these effective programs.
- Over time, the studies and experiences of transporting will yield invaluable information, which in turn will increase our understanding and improve the implementation of effective practices into the community setting.

- These studies are unlikely to overcome the philosophical barriers to the implementation of effective programs.
- If effective practices are to reach the children, adolescents, and families who struggle with mental health problems, it is important that the field find a way to build bridges across the gap between researchers and practitioners in such a way that we improve the implementation and use of EBPs in community settings.

Goal:
- › **What is the problem?**
- › **Identify the barriers to successful implementation**
- › **Identify action steps**

From:
- › Action Brief: Future Directions in the Implementation of Evidence Based Treatment and Practices in Child and Adolescent Mental Health (Sexton, Chamberlin, Landsverk, Shoenwald, & Ortiz, 2010. *Administration in Mental Health and Mental Health Services Research*)
- › Finding the Common Core: Evidence-Based Practices, Clinically Relevant Evidence, and Core Mechanisms of Change. (Sexton, & Kelley, 2010. *Administration in Mental Health and Mental Health Services Research*

Note

- *Effective Practices*
  - › Evidence-based Treatments
  - › Evidence-based Practices
  - › Evidence-informed practices/treatments

- *Practice*
  - › Children and adolescent mental health treatment

The Problems in Implementing Effective Practices

- Implementation of any systematic treatment protocol in community settings is complex
  - › Early stage of understanding the complexity of interactions between the many factors involved in moving EBP to real practice communities
- Additional challenges that go beyond current studies of community based transportation
  - › Philosophical struggles that have become barriers in the implementation
  - › Current debate centers on different perspectives regarding the definition, the value, and even the clinical utility of EBP
  - › The terms themselves have become their very own barrier, obscuring the common goals, objectives, and intentions of both traditional and evidence-based practice

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The Problem

- Knowledge of how to "build bridges" between the practice and research worlds is still underdeveloped
- Improving implementation of EBP will also require us to challenge and overcome the philosophical divide between the different traditions so that the important contributions of both can be acknowledged and built upon, with the common goal of improving children's mental health at the core.

Main Obstacles

1. Language
2. Different Traditions
3. Suspicion and perceived "moral superority"

Potential Solutions

1. Refocus the debate by "Finding the Common Core"
2. Merge the two traditions of treatment development
3. Create a "both and" framework

Implementing Measurement Systems

Improving Clinical Practice with a Measurement Feedback System (MFS): A Bridge from Research to Practice and Back

The Problem: A Quality Chasm Exists for Mental Health Services

We Need Fundamental Change

"You can't cross a chasm in two small jumps."

David Lloyd George, (1863-1945), former British Prime Minister

Are We Systematically Learning From the Clients We Treat?

A Relevant Model: Treatment of Childhood Cancer

- Cure rate for some childhood cancers went from 20% to 80% in 30 years
- Most enter a randomized clinical trial
- Almost every child treated adds to knowledge
- Few children treated in human services are systematically monitored to add to systematic knowledge
- Every child treated should be an opportunity to learn

Lack of Systematic Feedback to Clinicians is Part of the Problem

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"The greatest obstacle to discovery is not ignorance - it is the illusion of knowledge"

Daniel Boorstin, 1984 Librarian of Congress

Clinical Intuition is not Sufficient

- Forty years of research does not support the assumption of high accuracy of clinical judgments
- Depending only on clinical insight and experience is inadequate
- This dependency contributes to the poor outcomes of treatment in community settings
- Reliance on other standards of putative quality such as licensing and accreditation also retard development of effective services

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What is Needed: A Concurrent, Systematic Monitoring and Formative Feedback Practice Improvement Tool

Practice Without Feedback Does Not Lead To Improvement

A MFS is Designed to:

- Improve outcomes
  - Create accountability for results
- Improve management
  - Reduce cost of regulatory environment
  - Reduce length of treatment
  - Profile and compare interventions
- Improve practice behavior
  - of clinicians
  - of supervisors
  - of agencies and agency leaders
- Sustain a learning environment
  - Identify training needs
  - Identify best practices
- Provide a voice for clients and caregivers

Strong Support for Feedback Concept Outside of Mental Health

- Measurement and feedback are the core of all management and learning theories.
- Thousands of studies outside of mental health show that improvement is minimal without measuring performance and providing feedback.
- Direct feedback occupations show improvement with experience. However, clinician experience is not a good predictor of client outcomes.

Growing Body of Research Supports Effectiveness of a MFS in Mental Health

- Anker, M.G., Duncan, B.L. Sparks, J.A. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 77*(4), 693–704.

- Lambert, M.J. (2010). Yes, it is time for clinicians to routinely monitor treatment outcome. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 239-266). Washington, DC: American Psychological Association

- Reese, R.J., Norsworthy, L.A., & Rowlands, S.R. (2009). Does a continuous feedback system improve psychotherapy outcome? *Psychotherapy: Theory, Research, Practice, Training, 46*, 418-431.

- Krause, M.S. & Lutz, W. (2009). Process transforms inputs to determine outcomes: Therapists are responsible for managing process. *Clinical Psychology: Science and Practice, 16*, 73-81.

- Kelley, S.D. & Bickman, L. (2009). Beyond outcomes monitoring: Measurement feedback systems (MFS) in child and adolescent clinical practice. *Current Opinion in Psychiatry, 22*(4), 363-68.

- Bickman, L. (2008). A measurement feedback system (MFS) is necessary to improve mental health outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*(10), 1-6

A MFS can be Difficult to Implement in the Current Environment

Barriers to implementation include the following factors:

- Financial
- Organizational & Psychological
- Existing EBTs & Practice Guidelines
- Accreditation & Licensing
- Clinical Experience & Judgment

Improving Outcomes Has No Obvious Financial Value

- Payment is by hours or days, and the location of the services
- More experienced or educated paid more but no link to outcomes
- No measures of quality
- It's a commodity; one unit of MH service is equal to another
- Commoditization – competition based primarily on price
- Disincentive for improving services

Psychological Barriers to Feedback

MFSs in Early Stage of Development