Evidence-Based Practice: Selection and Fidelity Resources

December 8, 2020
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Presenter Information

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US HHS ACF FVPSA-Funded Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness
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Our work is informed by...

- Human Rights and Social Justice
- Physical and Emotional Safety
- Hope and Resilience
- Cultural, Historical, and Community Context
- Domestic Violence and Sexual Violence Advocacy
- Survivor-Defined Approach
- Relationship and Connection
- A Trauma-Informed Approach
Learning Objectives

As a result of participating in this session, attendees will be able to:

- Describe the steps involved in using evidence-based practice (EBP)
- Use bottom-up and top-down approaches to measuring fidelity
- Articulate a framework for evidence-informed adaptation of EBPs
EBP: Definitions and Steps
EBP as a Noun or Product

An evidence-based intervention (EBI) is a practice that has been established as effective through scientific research according to a set of explicit criteria.

(Drake et al, 2001)
What kinds of evidence-based interventions are used in your setting?
Examples of EBIs

- Helping Women Recover and Beyond Trauma
- Motivational Enhancement Therapy
- Seeking Safety
- Matrix Model
- Relapse Prevention Therapy
- Multi-Systemic Family Therapy
- Multi-Dimensional Family Therapy
- Adolescent Community Reinforcement Approach
- Dialectical Behavioral Therapy
- Integrated Dual Disorder Treatment
- Parents as Teachers
- Trauma-Focused Cognitive Behavioral Therapy
EBP as a Verb or Process

Image source: [https://ebbp.org/training/ebbpprocess](https://ebbp.org/training/ebbpprocess) (Spring et al., N.D.)
Steps in EBP

1. Initial contact and assessment
2. Formulate practice question(s)
3. Locate best available evidence
   1. Bottom-up and top-down approaches
4. Analyze the validity and usefulness of available evidence
5. Collaboratively select intervention(s)
6. Apply to practice
7. Evaluate (and adjust, as needed)
   1. Individual outcomes (effectiveness)
   2. Process (fidelity)
Bottom-Up vs. Top-Down Approaches to Locating EBIs

Form a practice question and conduct an electronic search

Go directly to a registry or clearinghouse of EBI’s
Resources: EBI Registries

- Cochrane: [www.cochranelibrary.com](http://www.cochranelibrary.com)
- Campbell: [https://campbellcollaboration.org/](https://campbellcollaboration.org/)
- Specialized resource centers:
  - NCDVTMH’s Online Repository of Trauma-Interventions for Survivors of IPV
  - National Child Traumatic Stress Network
  - VA’s National Center on PTSD
  - California Evidence-Based Clearinghouse for Child Welfare
Florida EBI Guidelines:

- The Office of Substance Abuse and Mental Health (SAMH) has published EBI Guidelines, found here:

- Additional resources recognized by SAMH:
  - [Blueprints for Healthy Youth Development](http://www.myflfamilies.com/service-programs/samh/managing-entities/2020/IncDocs/Guidance%20EBP.pdf)
  - [Suicide Prevention Resource Center (SPRC)](http://www.myflfamilies.com/service-programs/samh/managing-entities/2020/IncDocs/Guidance%20EBP.pdf)
How do you currently use EBP?

- Noun or Product
- Verb or Process
- Both
- Neither
- I’m not sure
EBP: Fidelity
Why concern ourselves with fidelity?
Bottom-Up vs. Top-Down Approaches to Fidelity

Bottom-Up

- Creates a tool based on the core components of the program

Top-Down

- Uses an existing (often evidence-supported) tool
Fidelity: Top-Down

- Using a standard tool to measure a practitioner or program’s implementation of an evidence-based intervention
- Data can be used in supervision and training for ongoing quality improvement
- Program-level tools can be used in program development and quality improvement
Top-Down Fidelity Tool Example: Motivational Interviewing Treatment Integrity (MITI) code 4.2

Motivational Interviewing has a large evidence base in both effectiveness and implementation science.

MITI Purposes:

1. Treatment integrity measure for clinical trials of MI
2. Means of providing structured, formal feedback and coaching to improve practice in non-research settings
3. Component of selection criteria for training and hiring

Measures Behavior Counts and Global Scores within a 20-min segment of an audio recorded session.

(Moyers et al., 2014)
# Fidelity Tool Spotlight: MITI 4.2 - Global Scores

- Cultivating Change Talk
- Softening Sustain Talk
- Partnership
- Empathy

<table>
<thead>
<tr>
<th>Empathy</th>
<th>Low</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Low</td>
<td>Clinician gives little or no attention to the client’s perspective.</td>
<td>Clinician makes sporadic efforts to explore the client’s perspective. Clinician’s understanding may be inaccurate or may detract from the client’s true meaning.</td>
<td>Clinician is actively trying to understand the client’s perspective, with modest success.</td>
<td>Clinician makes active and repeated efforts to understand the client’s point of view. Shows evidence of accurate understanding of the client’s worldview, although mostly limited to explicit content.</td>
<td>Clinician shows evidence of deep understanding of client’s point of view, not just for what has been explicitly stated but what the client means but has not yet said.</td>
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<td>High</td>
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Figure: Moyers et al., 2014
Fidelity Tool Spotlight: MITI 4.2 – Behavior Counts

Figure: Moyers et al., 2014
Follow Along MITI 4.2

An MI-inconsistent example

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>High</th>
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<tbody>
<tr>
<td>1</td>
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Follow Along MITI 4.2 Again

A highly MI-adherent example

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Program-Level Fidelity Tool Example: Dual Disorder Capability in Addiction Treatment (DDCAT) Toolkit, 4.0

Image source: SAMHSA, 2011, p.2
IVB. Assess and monitor interactive courses of both disorders.

**Definition:** In the treatment of persons with co-occurring disorders, the continued assessment and monitoring of substance use and mental health disorders as well as the interactive course of the disorders is necessary.

**Source:** Medical records.

**Item Response Coding:** Coding for this item requires an understanding of the program’s process and procedures for monitoring co-occurring disorders.

- **Addiction Only Services = (SCORE-1):** No attention or documentation of progress with mental health problems. Within the program, treatment monitoring and documentation reflect a focus on substance use disorders only.

- **(SCORE-2):** Variable reports of progress on mental health problems by individual clinicians. Within the program, treatment monitoring of co-occurring mental health problems is conducted inconsistently, largely depending on clinician preference/competence as well as staff resources.

- **Dual Diagnosis Capable = (SCORE-3):** Routine clinical focus in narrative (treatment plan review or progress note) on mental health problem change; description tends to be generic. Treatment monitoring for individuals with co-occurring disorders routinely (at least 80 percent of the time) reflects a clinical focus on changes in mental health symptoms, but this monitoring tends to be a basic, generic, or qualitative description within the record.

- **(SCORE-4):** Treatment monitoring and documentation reflecting equivalent in-depth focus on both disorders is available but variably used. Treatment monitoring and documentation sometimes reflect a more systematic and equally in-depth focus on changes in the symptoms of both mental health and substance use disorders, although this is done variably (less than 80 percent of the time).

- **Dual Diagnosis Enhanced = (SCORE-5):** Treatment monitoring and documentation routinely reflects clear, detailed, and systematic focus on change in both substance use and mental health disorders. Treatment monitoring and documentation routinely (at least 80 percent of the time) reflect a systematic and in-depth focus on changes in the symptoms of both mental health and substance use disorders.
Pause -
please return in 5 min
Fidelity: Bottom-Up

1. Specify intervention components
2. Monitor whether intervention is implemented as specified

Data can be used in supervision, training, and for ongoing quality improvement activities.
Elements in Fidelity Tools

- **Method(s)** of assessing intervention components
  - Examples: checklists, rating scales, coded videotapes or tape recordings, process recordings

- **Source(s)** of information
  - Examples: staff, persons served, third party observer such as a supervisor, chart or other records
Example: SBIRT Program

Josie works at a hospital in a brand new SBIRT program, where she receives referrals from social work and nursing staff to implement bedside Screening, Brief Intervention, and Referral to Treatment to patients.

Program Components:
1) Screen patients for risky alcohol and substance use using a standardized screening tool.
2) Deliver brief interventions to those who screen positive.
3) Link those who are screened at ‘moderate-high risk’ to needed treatment resources.

What might you include in a fidelity tool?
What data sources might you use?
How is fidelity currently approached in your setting?

- Top-Down
- Bottom-Up
- Both
- Neither
- I’m not sure
Methods in Evidence-Informed Adaptation

Image source: https://nationallatinonetwork.org/exploring-community-evidence/what-is-community-centered-ebp
Why would an intervention be adapted?
Many reasons, including when people have been historically excluded from research samples
Based on our systematic review, the following can enhance existing evidence-based practices:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects

2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts

3. Attention to ongoing safety

4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals

5. A focus on survivors’ strengths as well as cultural strengths on which they can draw

(Warshaw et al., 2013)
Defining Elements of Interventions

- Core Elements
- Key Characteristics
- Internal Logic
Defining Core Elements

**Required** elements that embody the theory and internal logic of the intervention and produce the main effects. These essentially define the intervention and must be kept intact in order to produce desired outcomes.

(McKleroy et al., 2006)
Housing First: Core Elements

- Housing is a basic human right.
- Only requirement for housing is lack of housing (no other “readiness” indicators)
- Rapid housing access with focus on housing retention
- Fostering a sense of home
- Social and community integration
- Self-determination
- Harm reduction approaches
- Individualized, person-driven services that promote recovery

Stefancic et al. 2013
Defining Key Characteristics

Important but not essential attributes of an intervention’s recommended activities and delivery methods. They may be modified to fit the practice context and the needs of the people being served.

(McKleroy et al., 2006)
Housing First: Some Key Characteristics

- Team approach to support services
- Multidisciplinary team; ability to directly provide nursing and behavioral health services
- Housing integrated into community
- Representative Payeeship services
- Low participant/staff ratio (10:1)
- Weekly face-to-face meetings with staff
- Separation of property and clinical staff

Stefancic et al. 2013
Defining Internal Logic

**Explanation** of the relationships among intervention activities, behavioral determinants, and the intended outcome(s) of the intervention.

(McKleroy et al., 2006)
Housing First Internal Logic

Housing is the foundation of safety, health, and wellness.
If you decide to adapt...

Adaptation is the norm - if you decide to adapt:

- Document the circumstances that led to adaptation.
- Document the specific adaptation.
- Evaluate the results of the adaptation.
  - Compare your outcomes to those of full fidelity.
- Share the data (at least) locally.
Common Elements

- Many evidence supported approaches share common elements.

- Importance of the parallel process
  - Build on existing strengths
  - What elements are you and your team already practicing?
  - Which are you especially proficient within?
  - How can your strengths be leveraged for growth?
What common elements do you notice in evidence-based approaches to supporting people living with substance use disorders?
Common Elements 3

- Relationship
- Safety
- Empathy
- Unconditional positive regard
- Outreach and engagement
- Resource advocacy
- Motivational
- Strengths-based
- Partnership
- Self-determination
- Individualized
- Person-centered
- Continuity of care
- Health promotion
- Information sharing
- Long-term perspective
- Skill building
- Recovery-oriented
The Manual is Not a Substitute

Manuals only work when combined with our skills:

- Engagement skills
- Relational skills
- Culturally humility
- ...and many more
Question and Answer
Additional Resources

Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

The information that follows is intended to support mental health and substance use disorder treatment and recovery support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found below under:

www.NationalCenterDVTraumaMH.org
NCDVTMH’s Online Repository of IPV-Specific Interventions

COMMITTED TO SAFETY FOR ALL SURVIVORS:

GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES

GABRIELA A. ZAPATA-ALMA, LCSW, CADC
UNDERSTANDING SUBSTANCE USE COERCION IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR POLICY AND PRACTICE
SUMMARY OF FINDINGS

SUMMARY AND REPORT: SUBSTANCE USE COERCION AS A BARRIER TO SAFETY, RECOVERY, AND ECONOMIC STABILITY: IMPLICATIONS FOR POLICY, RESEARCH, AND PRACTICE
OCTOBER 24-25, 2019 | TECHNICAL EXPERT MEETING

Carole Warshaw, MD
Heather Phillips, MA
Elaine Alpert, MD
Jasmin Brandow, MA
Crystal Brandow, PhD
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence:
A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings

Carole Warshaw, MD and Erin Tinnon, MSW, LSW
March 2018

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A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors

Carole Warshaw, MD
National Center on Domestic Violence, Trauma & Mental Health

Cris M. Sullivan, PhD
Echo A. Rivera, MA
Michigan State University

February 2013

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SAVING LIVES: Meeting the Needs of Intimate Partner Violence Survivors Who Use Opioids

RESEARCH AND POLICY BRIEF | MAY 2019

IN:
Heather Phillips, MA
Sally Schaeffer, MPA
Rachel White-Domain, JD
Carole Warshaw MD

Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations
An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnitus, MSW, LSW, and Cathy Cave
April 2018

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References 1


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Thank You!