

# Integrating Core Skills from Evidence-Based Practices into Your Work

*A Learning Collaborative*

*Today with: Michelle Salyers and Sandy Resnick*

Hosted by

The Southeast Mental Health Technology Transfer Center

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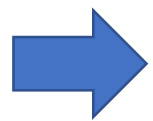


# Today's Roadmap

- Overview of the series
- Getting to know each other and creating our community guidelines
- Getting on the same page – defining key terms
- Role of fidelity in evidence-based practice
- Doing more with less; working in under-resourced communities

# The series

- Learning collaborative – learn from each other and some experts in the field (*Michelle Salyers, Sandy Resnick, Emily Treichler, Marina Kukla*)
- Focus on core skills applicable to many evidence-based practices
- Recognize that resources and contexts vary
- Support practical application in your setting



Short presentations, small group discussion, field experimentation, follow-up

# The Series: Topics

1. Introductory session on doing more with less -- Core skills from Evidence-based practices in under-resourced communities (Michelle and Sandy)
2. Client-directed goal setting and collaborative decision-making (Emily)
3. Using measurement-based care principles to guide your practice (Sandy)
4. Coaching clients to work with providers/advocating for themselves (Emily)
5. Working with community members (Marina)
6. Recovery in challenging situations and wrapping it up (Michelle and Emily)



# Getting to know each other and creating community

Some reflections (pen & paper/open word document)

1. What's your favorite thing to do outside of work?
2. How many pets do you have?
3. Have you been part of a learning collaborative? On-line zoom "class"? \*
  - a) Think about the best experience. What happened? Jot down a few things that made the collaborative/class work so well.
  - b) Think about the worst experience. What happened? Jot down a few things that went wrong.



## Next Step

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You will be invited to join a break-out room. In those rooms, the person with the most pets is the “leader” and note taker for today

- 1) Introduce yourselves, your pets if you have any, and your favorite thing to do outside of work.
- 2) Discuss ideas to make group discussions most productive and helpful
- 3) Write down 3-4 ideas of things we should do (“Guidelines” for the community)

# Community Guidelines

# Getting on the same page

What is recovery-oriented, evidence-based, psychiatric rehabilitation?



# Psychiatric Rehabilitation

“...promotes recovery, **full community integration, and improved quality of life** for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.

Psychiatric rehabilitation services are **collaborative, person-directed and individualized**.

These services are an essential element of the health care and human services spectrum, and should be **evidence-based**.

They focus on helping individuals **develop skills and access resources** needed to increase their capacity to be **successful and satisfied in the living, working, learning, and social environments of their choice.**”

*-Psychiatric Rehabilitation Association-*

<https://www.psychrehabassociation.org/about/who-we-are/about-pra>

# Recovery-Oriented

Services are oriented towards **recovery**

"a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."

- **Health:** overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being
- **Home:** having a stable and safe place to live
- **Purpose:** conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community:** having relationships and social networks that provide support, friendship, love, and hope

# Evidence-based practices “EPBs”

Interventions with “consistent scientific evidence showing that they improve client outcomes”

- Assertive Community Treatment
- Illness Management and Recovery
- Supported Employment
- Etc...

<https://mhttcnetwork.org/centers/southeast-mhttc/keeping-it-practical-core-skills-evidence-based-practices>

Each with toolkit, training materials, fidelity scale.

\* Consensus by a group of people that a practice has enough evidence

## Role of fidelity in evidence-based practice

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- Sandy and I (and Marina too) are academic children of The King of Fidelity – Gary Bond
- “if you can’t see it, you can’t measure it” (it might not even exist)
- Toolkits to develop fidelity scales
- Toolkits to implement EBPS with fidelity
- Fidelity for states/systems to support implementation
- Measurement is also a process – changes practice



## Adapting Evidence-Based Practices for Under-Resourced Populations



# Working with under-resourced communities

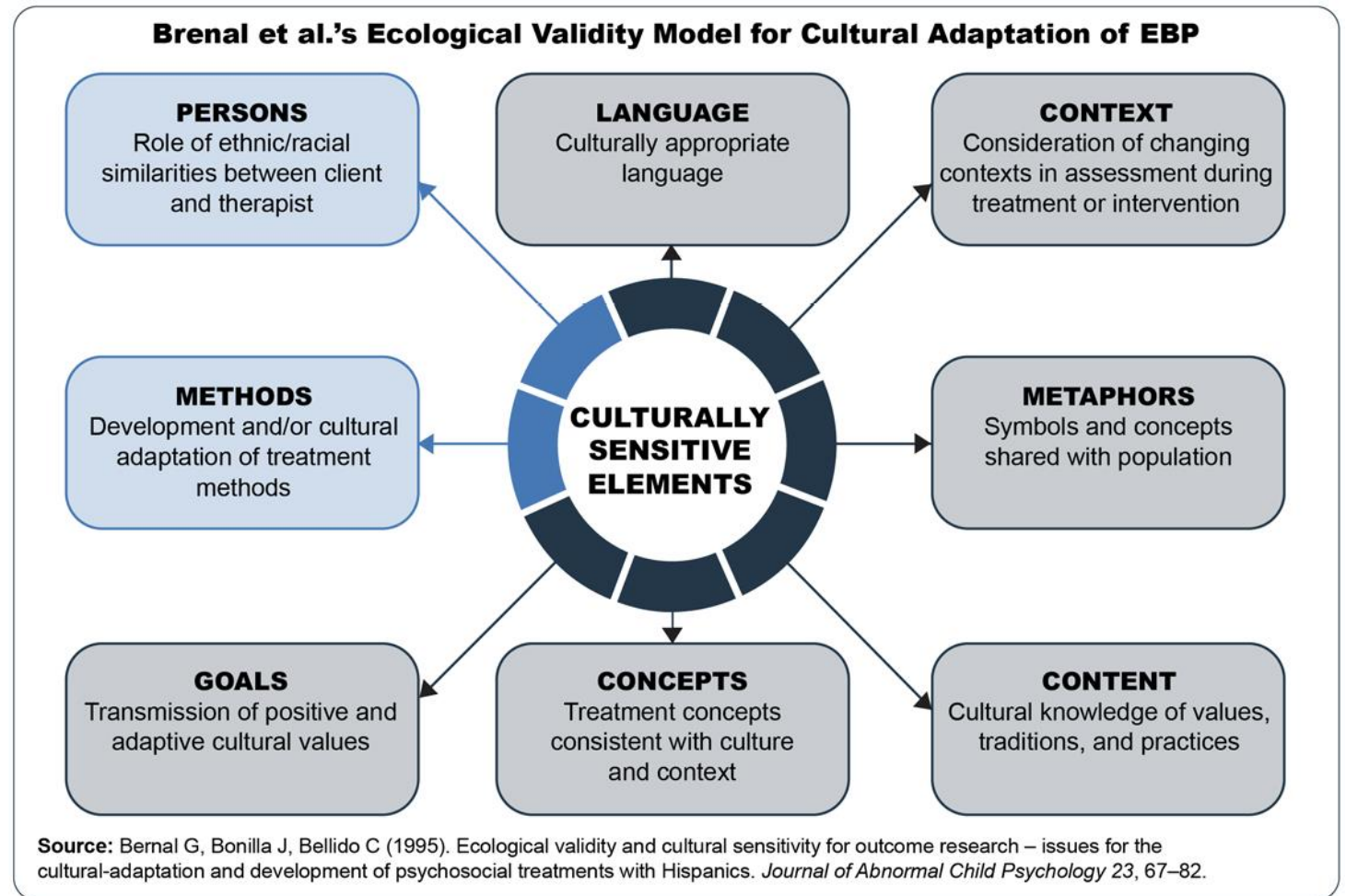
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**Under-resourced communities:** population groups that experience greater obstacles to health, based on characteristics such as, but not limited to, race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability.

Need to balance fidelity to a model and fit with the community.

# SAMHSA Guide

- Helpful at a system or organizational level – how do we adapt specific evidence-based practices
- Takes a lot of resources!



# Steps in adapting whole EBP programs

1. Engage the community and define the issue
2. Assess organizational capacity and readiness
3. Review EBPs, choose one, and re-assess the organizational capacity
4. Select non-core components that can be modified and adapt the EBP
5. Train staff and test adapted materials
6. Implement the adapted EBP and evaluate implementation and outcomes
7. Assess and make further adaptation





# Adapting IMR in Kenya

Series of meetings with stakeholders, groups and individuals

Observing multiple intervention sites

Only got to step 4!

Example of “Concepts”



- Treatment concepts may vary primarily because of stigma and local understanding of the cause of mental illness. For example, “Cerebral Malaria” or “Big Malaria” is sometimes used instead of mental illness.
- Treatment needs to address interdependence of community, as one resident noted: “We are who we are because we belong” – in Kenya, people are defined by their community (compared to western values emphasizing self-esteem and self-acceptance), and it is the family and community that needs to know about mental illness to make a difference.
- Frequently, consumers may be ready to be discharged, but remain in the hospital because the family does not pick them up (stigma, perceived burden, costs).

- Will need to add content to cover concepts of spirituality, witchcraft, demon possession, and more explicitly address stigma concerns.
- IMR will need to more explicitly involve family members.



But what can we do as individual practitioners?

# A broader view of evidence-based practice

SAMHSA Guides narrow definition, limited to specific practices (EBPs)

In contrast, “evidence-based medicine\*” (and evidence-based practice in psychology) is the intersection of:

Assumes that we have the resources and clinical expertise to do what the research shows is effective!



\*Sacket, 1996



Cooking analogy

When you want to cook a successful meal, what do you do?



What if you are  
missing some key  
ingredients?!

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# A practical approach to EBPs (and cooking)



We want the best outcomes



We look to evidence-based practices: research and expertise (ours and our clients')



Do the best we can with what we have!



Learn from what we try (i.e., measure, evaluate) and adapt

# Small Group Activity

- What does recovery-oriented, evidence-based, psychiatric rehabilitation look like in your setting?
- Examples of successful adaptation? What did you do?
- Same leader/note taker jot down a few ideas for successful adaptation

# Big Group Sharing

- What were a few highlights?
- Group leader can you email me notes? [mpsalyer@iu.edu](mailto:mpsalyer@iu.edu)

# Reflection

- What is one thing you plan to try differently this week?
- Write it down for yourself

Remember SMART goals are: specific, measurable, attainable, realistic, timely

- Then write it in chat



# Next Week

- Check in with how it is going
- Talk more deeply about **client-directed goal setting and collaborative decision-making**
- More small-group sharing