# Workshop 14 – 2018 Nordic Implementation Conference

## Implementing Common Elements in Children's Services

*Presenters: Thomas Engell (Regional Centre for Child and Youth Mental Health, Norway); Robert Franks (Judge Baker Children's Center, U.S.)*

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## Presentation 1: Facilitating uptake of evidence using common elements-methodology: enhancing implementability (Thomas Engell)

### Background

Lack of uptake, use and sustainment of evidence based interventions (EBI) in health, welfare and education is missed opportunities for better outcomes. Many interventions are criticised for not being implementable in real practice settings. Together with advancements in implementation evidence, this might call for alternative approaches to how we synthesize, disseminate and implement evidence.

### Project aim

The last decade has seen advances in the conceptualization, identification and application of common elements (or core components) of EBIs, theorized to represent mechanisms of change and improve implementability of research evidence. In a project aimed at improving the educational attainment of children in child welfare, we applied a common elements-methodology to synthesize evidence from EBIs to be implemented in child welfare services. Our aim was to facilitate the development and implementation of locally tailored flexible evidence based measures suited for child welfare settings.

### Project methods

As part of the project's knowledge translation model, we applied a common elements-methodology to identify common practice-, process-, and implementation elements (N=121 elements) of interventions to improve educational attainment for children at risk of school dropout. We did search, selection, and risk of bias assessment as a high quality systematic review, and coded all available information about effective interventions included (N=31) in a matrix. We applied a frequency-based algorithm to identify common elements of both effective interventions and combinations of elements.

### Project results

The results provided common elements-profiles of practice elements most frequently included in effective interventions to improve educational attainment, and which process- and implementation elements that were most frequently associated with specific practice elements when they were used in effective interventions. We then used the top five profiles (chosen after calculating effectiveness-ratio) to locally tailor academic support measures in child welfare using a co-creation model with stakeholders. The profiles also informed tailoring of implementation strategies.

### Preliminary or final conclusions/discussion

The common elements based academic support is currently being evaluated in a pragmatic RCT. During co-creation, the elements seemed well suited for local tailoring. During implementation, our impression is that the elements approach has resonated well with practitioners. They especially seem to appreciate the flexibility, allowing them to incorporate evidence supported practice elements in dynamic settings where program rigour is challenging and sometimes perceived as unsuited.

# Presentation 2: Implementing an Evidence-based Program in a statewide system of care (Robert Franks)

## Background

Robert Franks, President and CEO of the Judge Baker Children's Center (JBCC) will present and overview of a three-year initiative to implement an evidence-based model, the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH) to community mental health centres within a bounded geographical region, the State of New Hampshire in the United States.

## Project aim

Training in the MATCH intervention alone is not sufficient to drive high quality implementation; a variety of barriers at the systems and organizational levels can impact the implementation process. For this reason, JBCC couples clinical training with a learning collaborative approach. This approach, originally developed by the Institute for Healthcare Improvement (IHI, 2003), cultivates collaboration among groups of implementing organizations to address implementation barriers and drive necessary organizational and system-wide changes and successful install evidence-based practices.

## Project methods

A variety of tools and mechanisms used during the learning collaborative will be described including: readiness assessment, the enhanced change package, affinity groups, learning sessions, action periods, plan-do-study-act cycles, fidelity monitoring, data collection, continuous quality improvement strategies and sustainability planning. The overall goals are to: (1) build CMHCs' readiness and capacity to implement MATCH; (2) develop the MATCH clinical competencies of MATCH clinicians; and (3) support the active engagement of families.

## Project results

Results of the learning collaborative will be described at the client, agency and systems levels. Metric data will be presented that summarizes active engagement of community mental health agencies in the learning collaborative process, demographic data, utilisation and fidelity data. Readiness assessment and implementation data will be summarized and presented for the yearlong initiative. Further, client level outcomes will be presented identifying top problem and symptom level reductions from intake to discharge.

## Preliminary or final conclusions/discussion

Four key conclusions will be discussed: #1: The benefits of a collaborative approach to training and learning. #2 Engagement of multiple staff and stakeholders (and clinical supervisors, administrative and support staff, senior leaders, family partners, and community members. #3 Benefits of structured implementation approaches and continuous quality improvement. #4 Use of data at multiple levels.