Increasing the Impact of Modular Therapy with Structured Implementation Support

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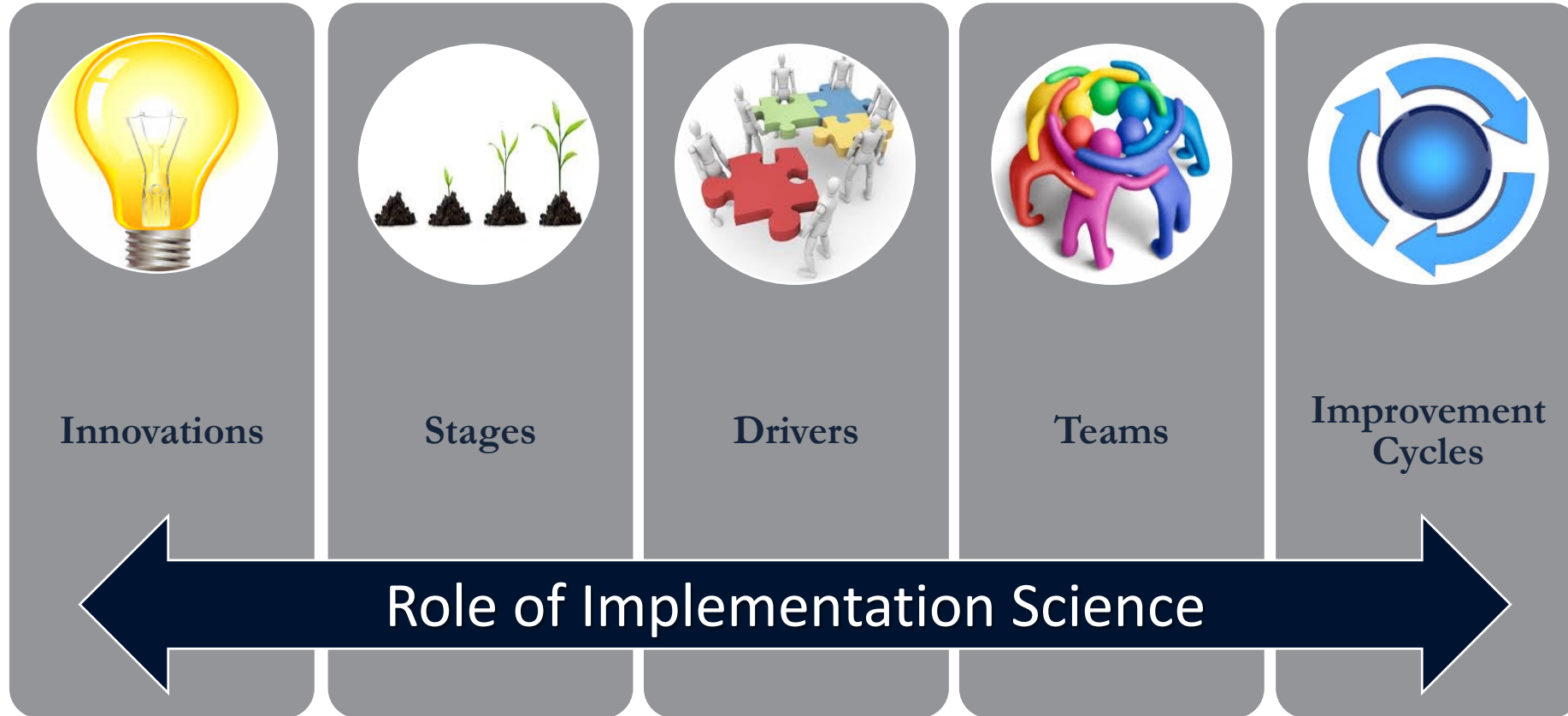
[1] Judge Baker Children's Center
[2]TEAM UP for Children, Boston Medical Center

What *Should* Work vs. What *Does* Work

Active Implementation Frameworks
## National Implementation Research Network

Innovations   Stages   Drivers   Teams   Improvement Cycles

Role of Implementation Science

(Blase, Van Dyke, & Fixsen, 2014; Fixsen, Blase, Metz, & Van Dyke, 2013; Fixsen et al., 2010; Metz & Bartley, 2015)

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The Modular Approach to Therapy for Children with Anxiety, Depression, Traumatic Stress and Conduct Problems (MATCH)

Innovation
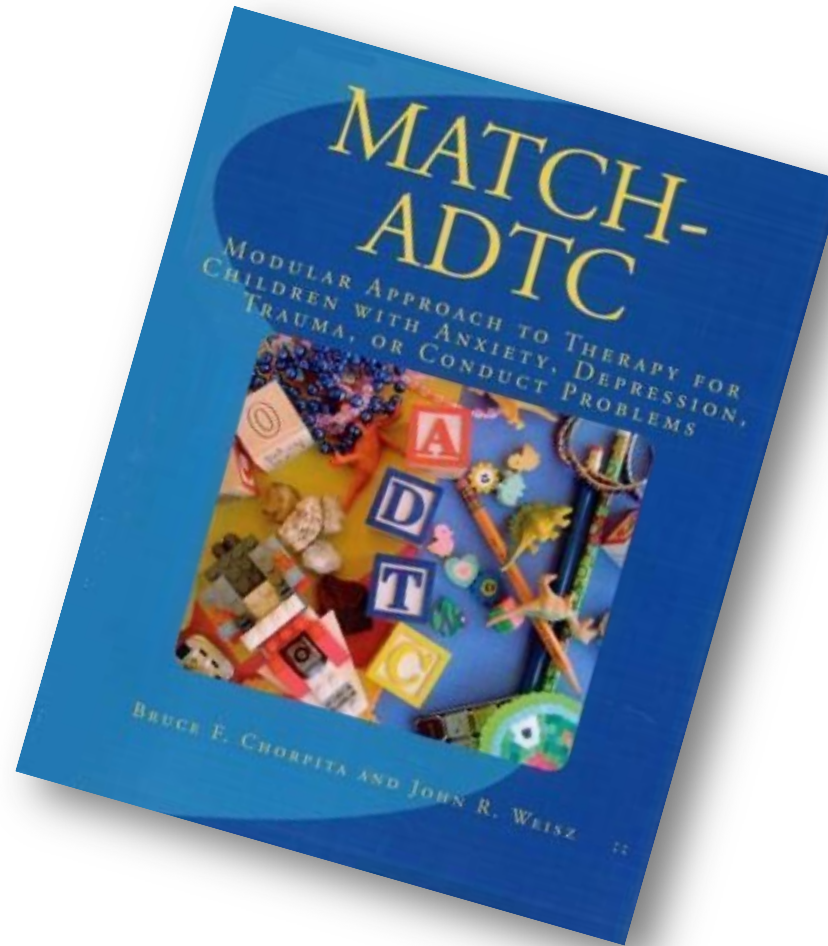
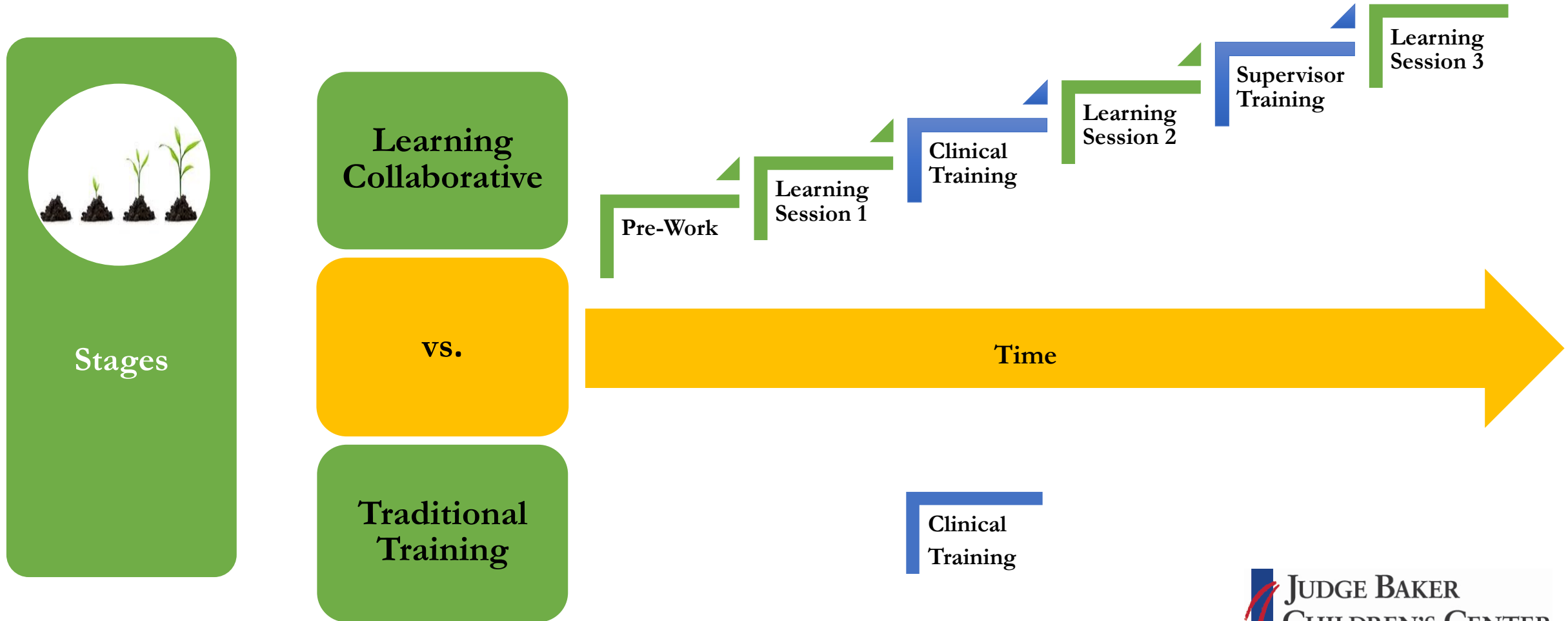(Chorpita & Weisz, 2009; Chorpita et al., 2017; Weisz et al., 2012)
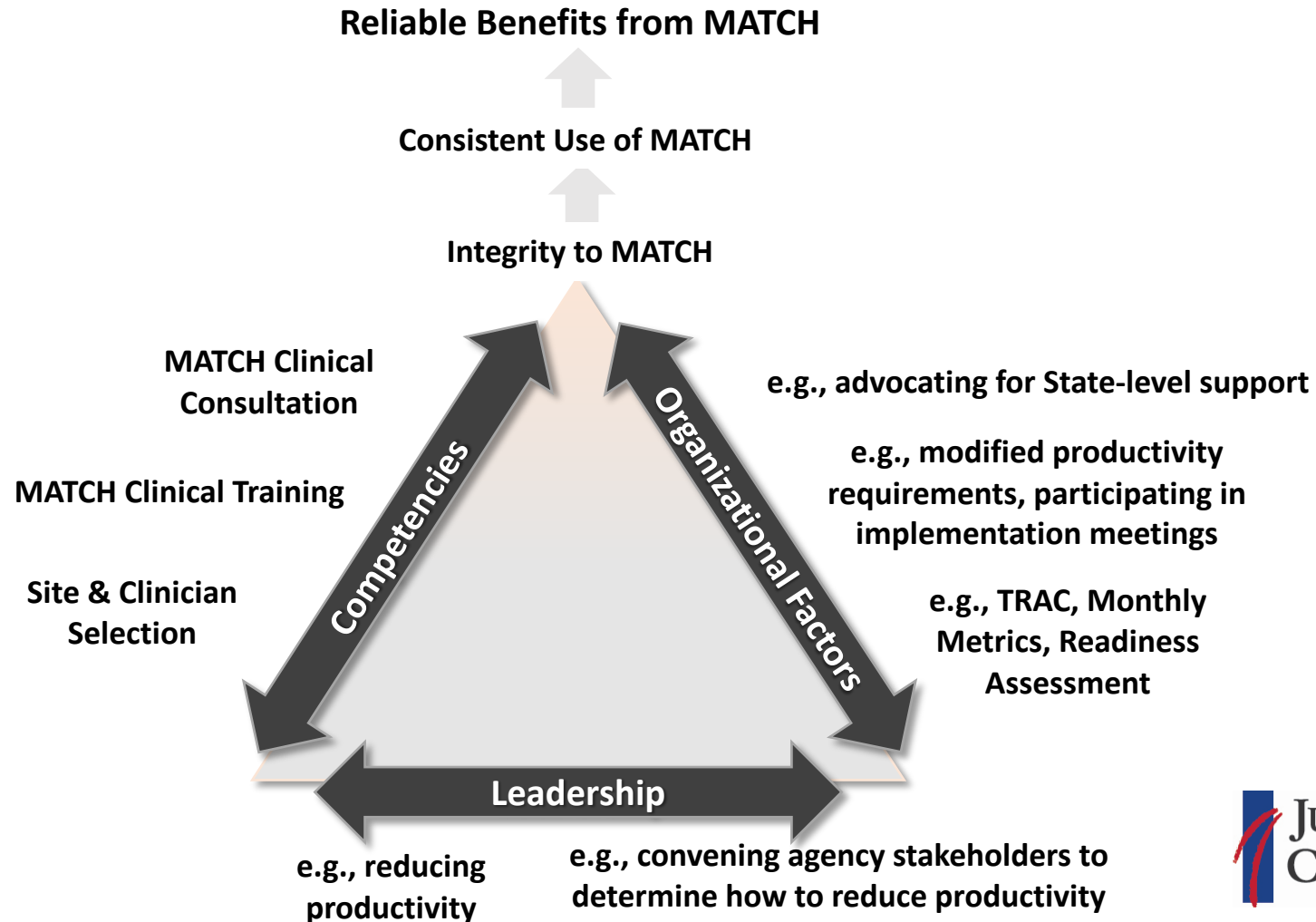
The Learning Collaborative

Stages

Learning Collaborative

vs.

Traditional Training

Pre-Work

Learning Session 1

Clinical Training

Learning Session 2

Supervisor Training

Learning Session 3

Time

Clinical Training

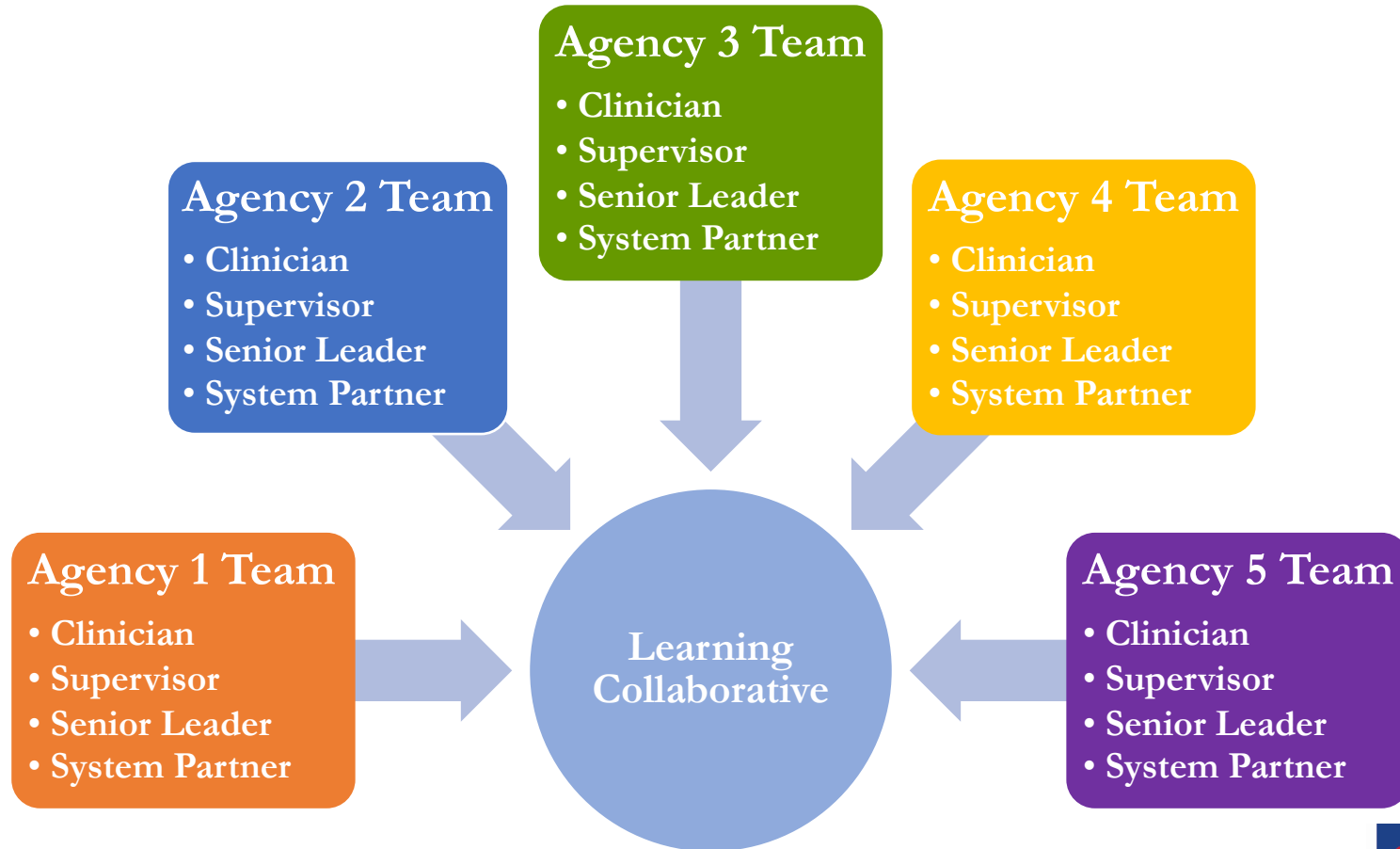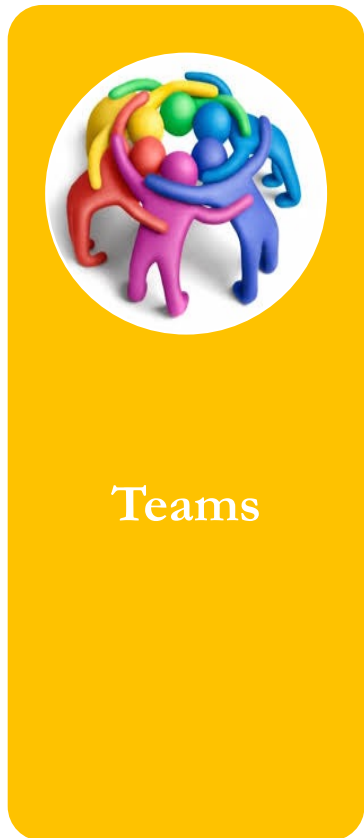(Institute for Healthcare Improvement, 2003)

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Competency, Organizational, and Leadership Drivers

Drivers

Reliable Benefits from MATCH

Consistent Use of MATCH

Integrity to MATCH

Competencies

Organizational Factors

Leadership

MATCH Clinical Consultation

MATCH Clinical Training

Site & Clinician Selection

e.g., advocating for State-level support

e.g., modified productivity requirements, participating in implementation meetings

e.g., TRAC, Monthly Metrics, Readiness Assessment

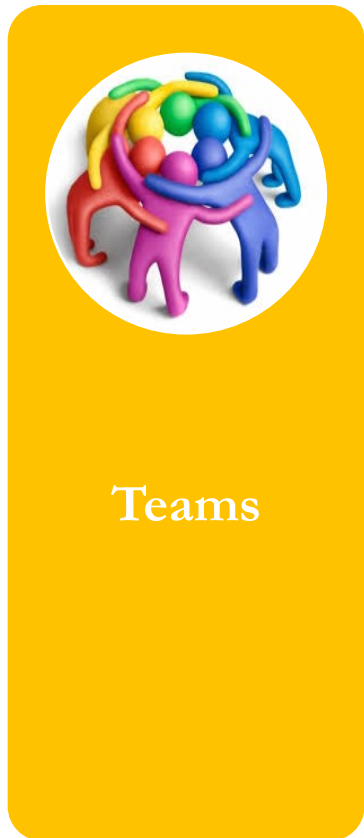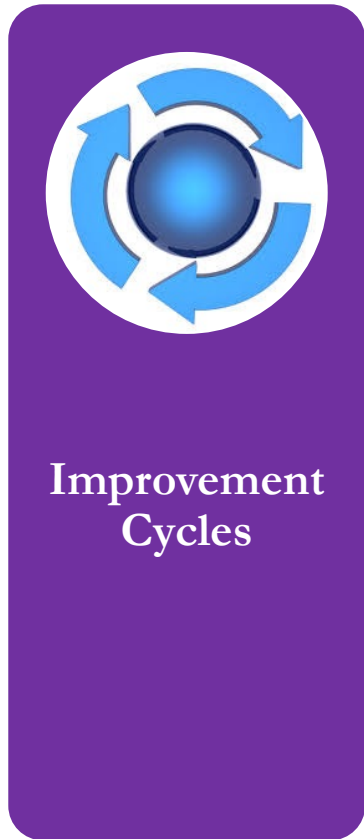e.g., reducing productivity

e.g., convening agency stakeholders to determine how to reduce productivity

Multilevel Implementation Teams

Teams

Agency 3 Team
- Clinician
- Supervisor
- Senior Leader
- System Partner

Agency 2 Team
- Clinician
- Supervisor
- Senior Leader
- System Partner

Agency 4 Team
- Clinician
- Supervisor
- Senior Leader
- System Partner

Agency 1 Team
- Clinician
- Supervisor
- Senior Leader
- System Partner

Agency 5 Team
- Clinician
- Supervisor
- Senior Leader
- System Partner

Learning Collaborative

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Affinity Groups

Improvement Cycles

Aims

Reliable Benefits from MATCH

↑

Consistent Use of MATCH

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Integrity to MATCH

Competencies

Organizational Factors

Leadership

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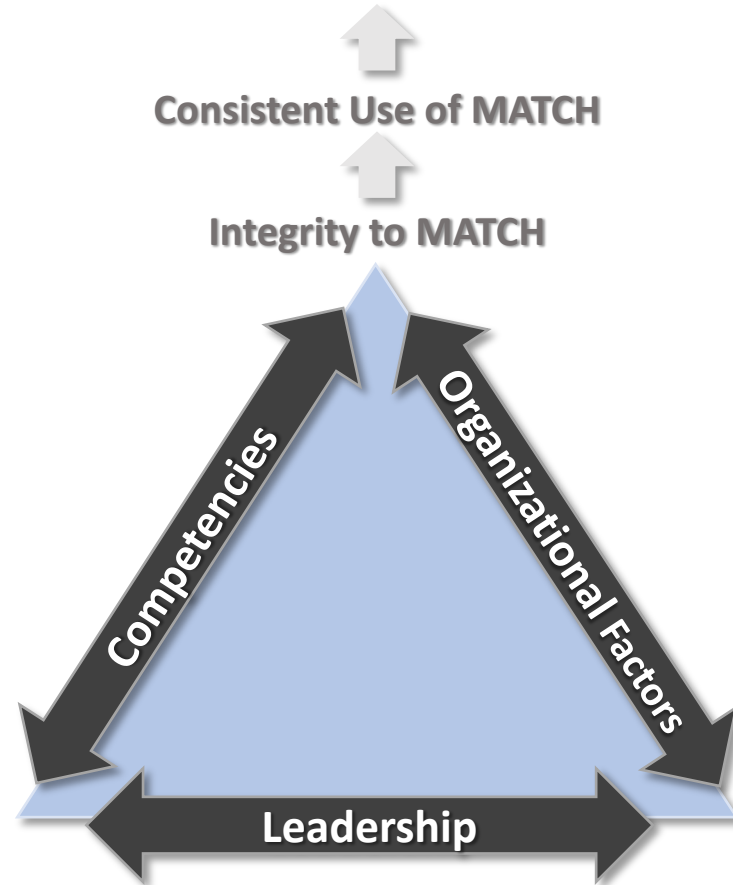
The Current Study

	MATCH Clinical Training & Consultation	MATCH Learning Collaborative
Funding	Donation to JBCC	State DHHS
Agencies	4 Community Mental Health Agencies	6 Community Mental Health Agencies
Clinicians	22 Clinicians	32 Clinicians
Other Participants	Supervisors, Directors	Supervisors, Directors, QA/QI, IT, Executives. Family & Community Liaisons
Type of Consultation	Clinical, Coordinator	Clinical, Coordinator, Senior Leader, Supervisor
# Clinical Consultations	26	26
Reporting	TRAC	TRAC, Monthly Metrics, Readiness and Capacity. Enhanced Change Package
Length of Engagement	9 months	18 months

Clinical Outcomes

- Brief Problem Monitor
  - Internalizing
  - Externalizing
  - Attention
- Top Problems

Process and Integrity Outcomes

- Use of MATCH modules
- Clinical survey completion frequency
- Frequency of sessions
- # sessions per client

PROCESS & INTEGRITY METRICS		Agency A
1	% of clients being seen at least once every 10 days	64%
2	% of caregivers completing surveys at least every 14 days	86%
3	% of children completing surveys at least every 14 days	33%
4	% of sessions that utilized at least one MATCH component	89%
5	% of sessions where interference was present	5%

Implementation Outcomes

- # sessions per client
- Clinician attrition
- Client enrollment
  - # of clients per clinician

CLIENT METRICS		Agency A
1	# new clients enrolled in TRAC	8
2	# total clients enrolled	42
3	Average # clients per clinician	7.00
4	# completed sessions	223
5	Average # sessions completed per client	5.31
6	# inactive clients	3

Data Analyses
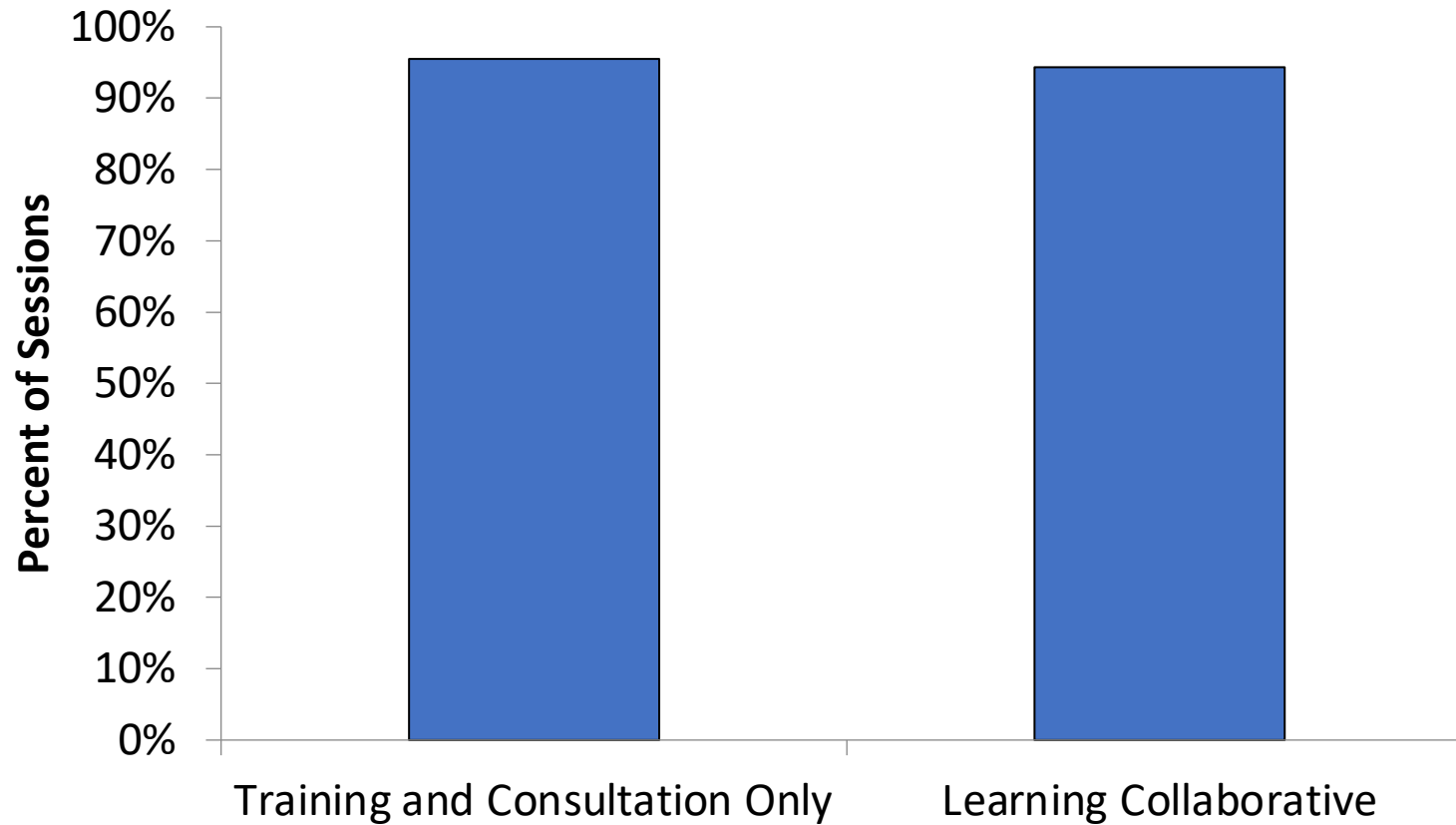
- Multilevel Model
  - Time x Implementation Group
- X^2
- t-tests

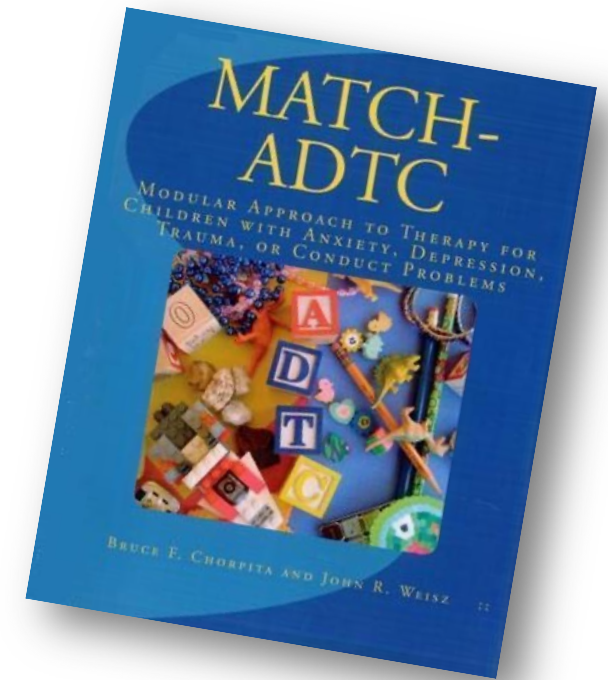*Accounted for the difference in length of engagement (9 vs. 18 months)

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Clinical Outcomes – Group x Time

	Youth			Caregiver		
	b	*SE*	*t*	*b*	*SE*	*t*
BPM						
Internalizing	0.001850	0.001867	0.99	0.00001047	0.001112	0.009
Externalizing	0.000240	0.001578	0.15	-0.000406	0.001260	-0.32
Attention	0.000291	0.001589	0.18	0.001569	0.000992	1.58
Top Problems						
Top Problem 1	0.002951	0.002062	1.43	-0.001150	0.001150	-1.00
Top Problem 2	-0.002552	0.002137	-1.19	0.001316	0.001195	1.10
Top Problem 3	0.006523	0.002330	2.80**	0.002488	0.001185	2.10*

MATCH Module Use

Percent of Sessions by group:
- Training and Consultation Only: ~96%
- Learning Collaborative: ~94%

$X^2(df) = 1.24(1), p > .05$
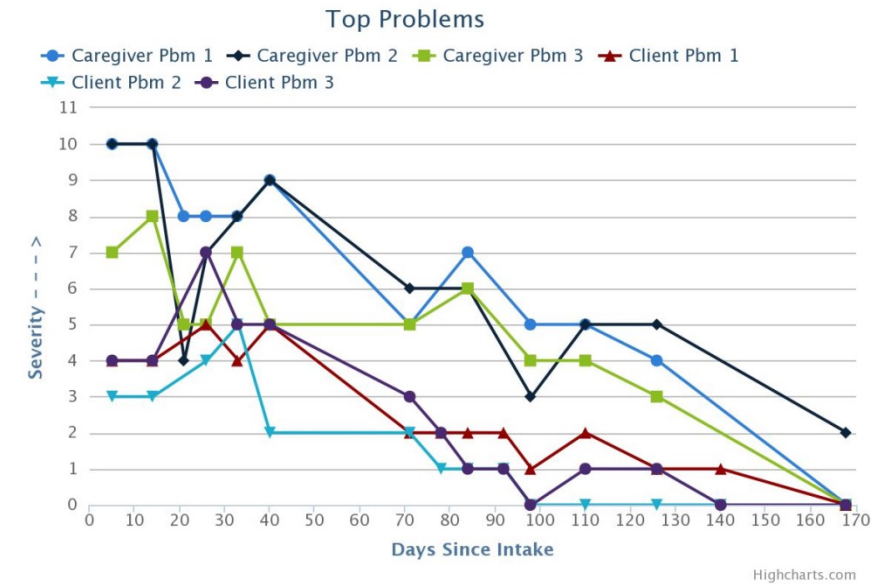
Judge Baker Children's Center
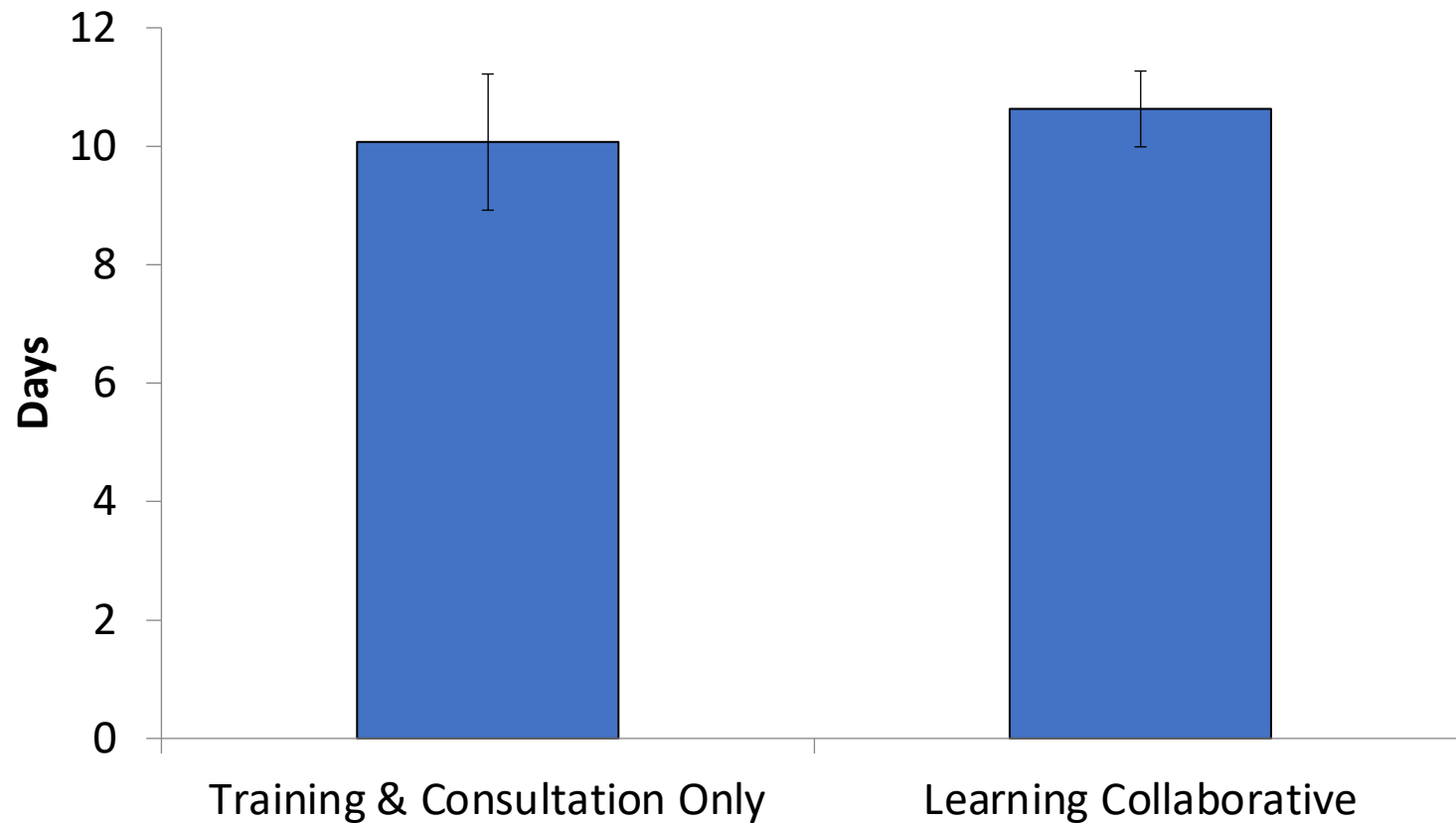
Survey Completion Frequency
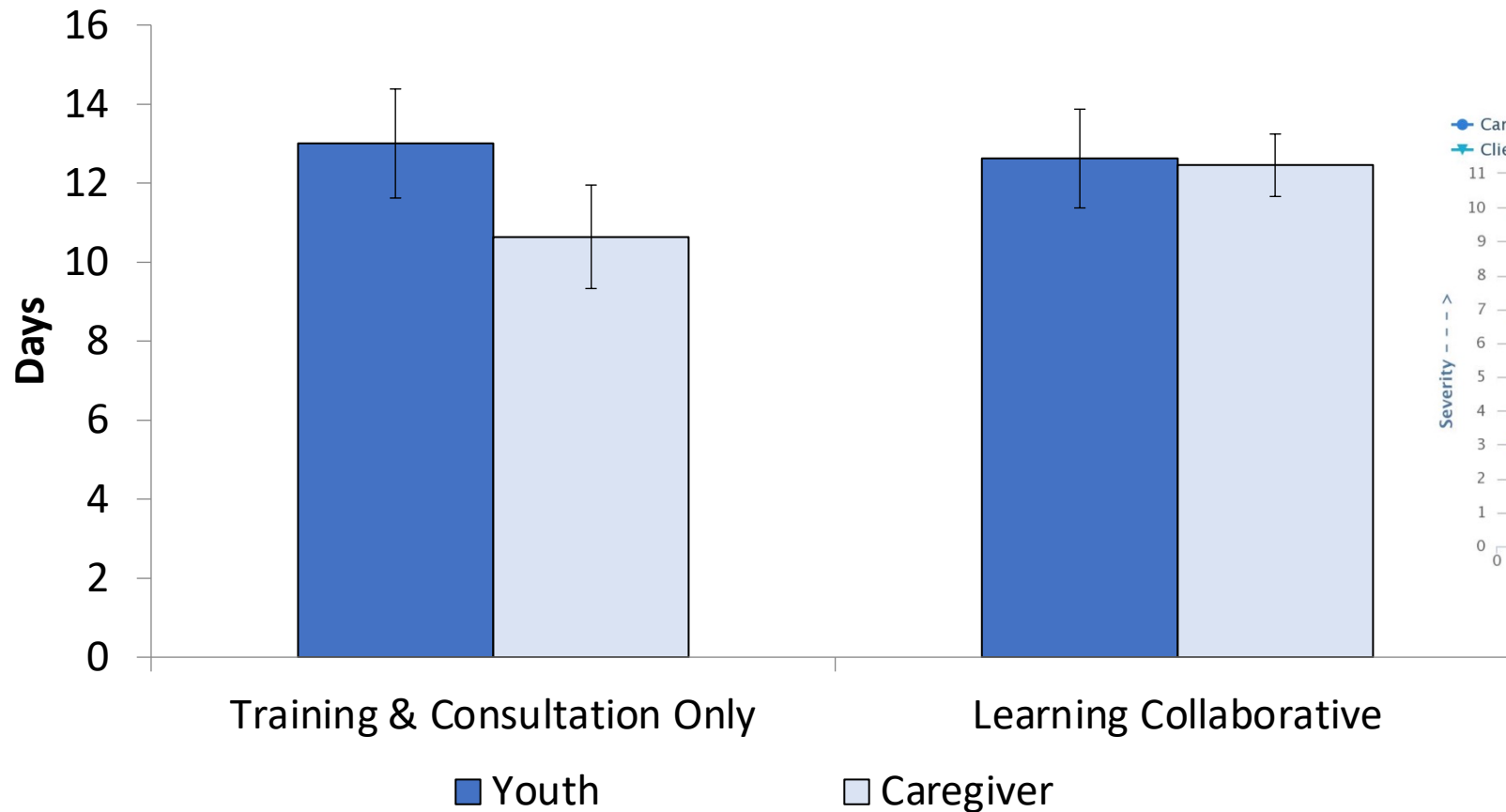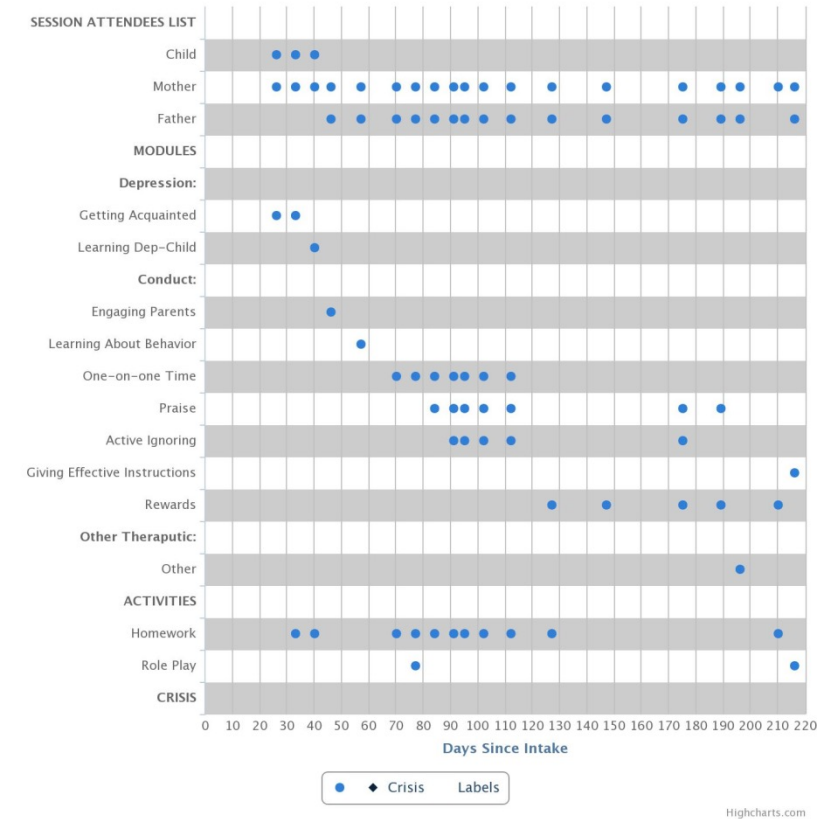

$t(df) = -.19(45), p > .05$ $t(df) = -1.26(48), p > .05$

Session Frequency

$t(df) = .457(48)$, $p > .05$

Sessions Per Client
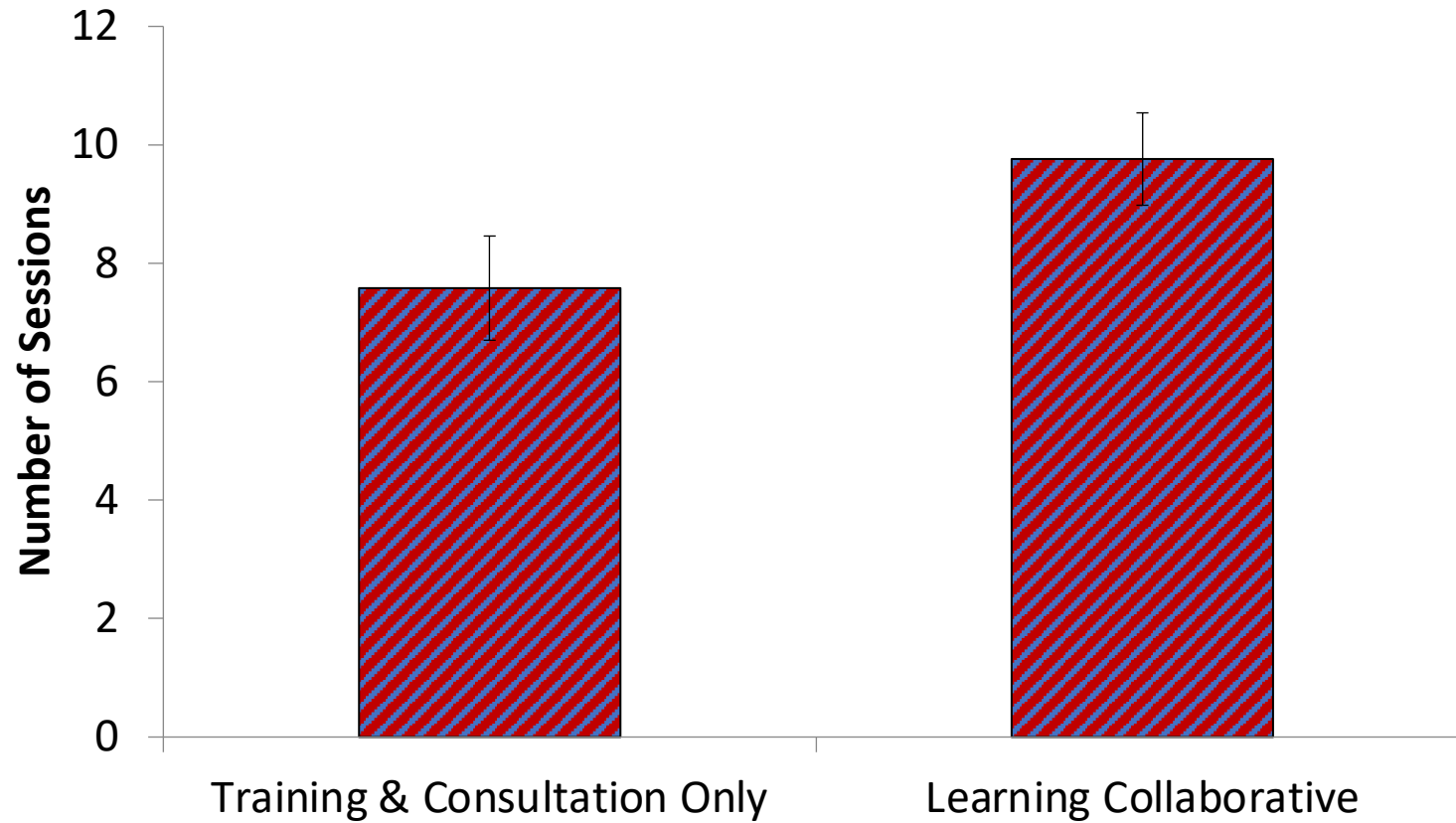
$t(df) = 1.82(48), p = .075$

Clinician Attrition
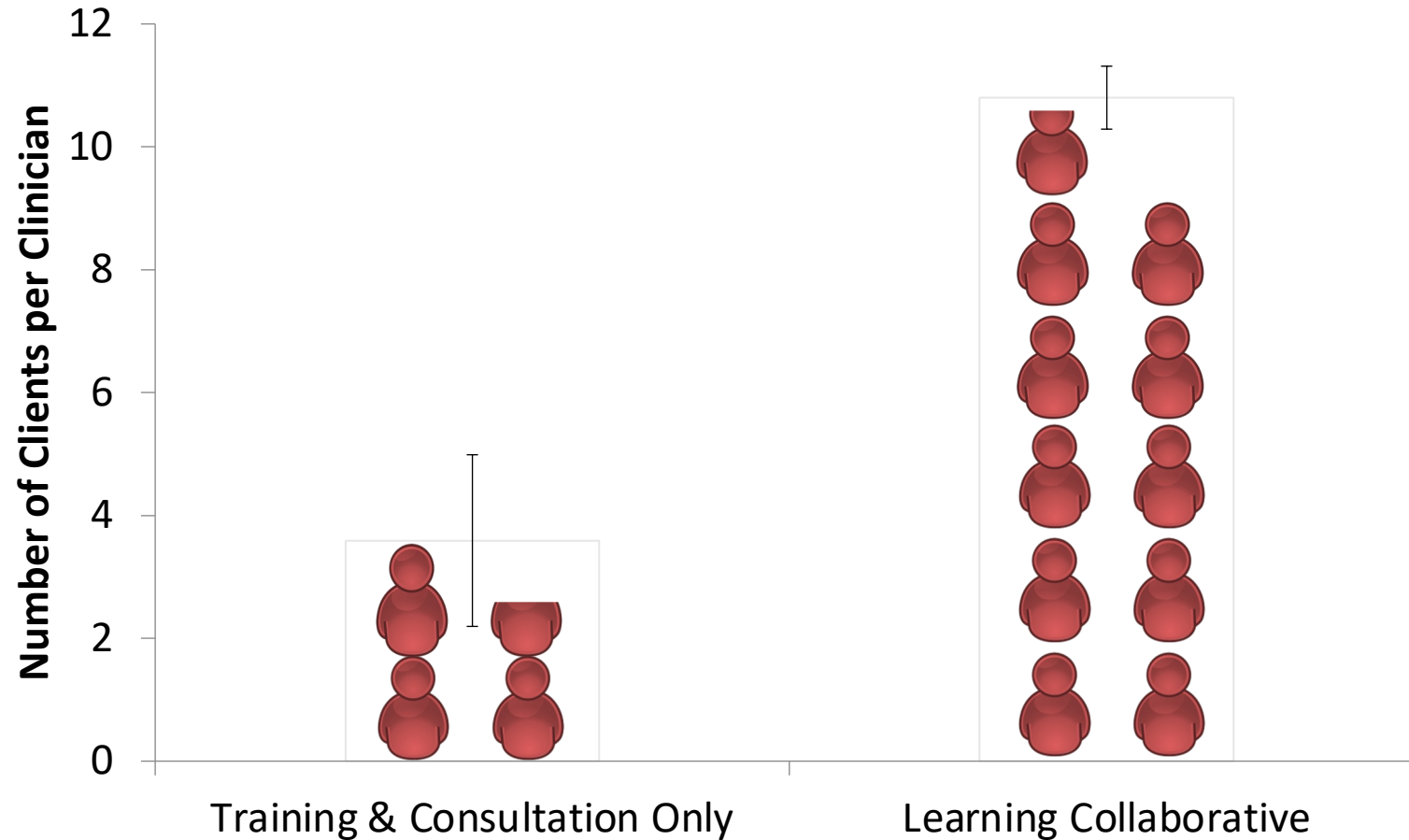

Bar chart titled "Attrition" comparing two conditions. Y-axis "Attrition" ranges from 0% to 30%. "Training & Consult Only" bar is at approximately 27%. "Learning Collaborative" bar is at approximately 7%.
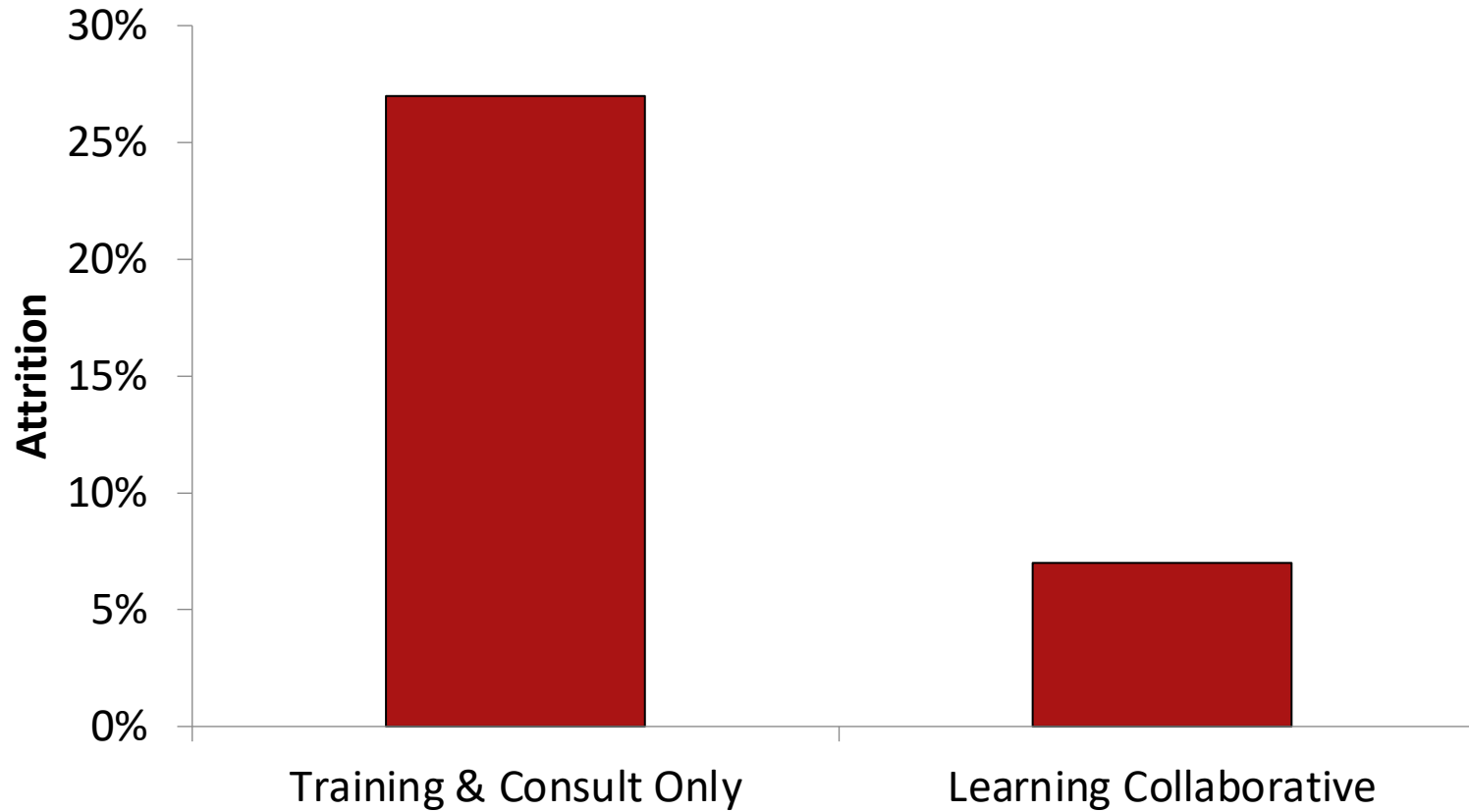
$X^2(df) = 4.14(1)$, $p = .042$

Client Enrollment

| Training & Consultation Only | 3.59 |
| Learning Collaborative | 10.80 |

t(*df*) = 4.26(5), *p* < .0001

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Discussion

Limitations

- Not a randomized controlled trial

- Results could be impacted by the fact that non-LC people knew that they were not going to be using TRAC moving forward

- No information about of long-term outcomes of clinicians who participated in the training and consultation only

Implications

- It's not about proving EBPs work...it's about proving it works for more people

- The implementation supports in the Learning Collaborative help MATCH work for more people.

Discussion

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