FACTORS AFFECTING IMPLEMENTATION

Staff-Level Impacts of Best Practice

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Agenda

• Introduction and Overview
• Review of the Current Literature & Scope of the Problem
• Hathaway-Sycamores Implementation and Evaluation
• Clinical Implications
• Discussion
Learning Objectives

1. Identity at least 3 constructs relevant to staff-level outcomes impacting successful evidence-based practice implementation

2. Recognize a feasible data collection method for a large, non-profit mental health organization with limited resources

3. Specify at least two ‘lessons learned’ for formulating funding objectives/aims and measurable hypotheses in community settings
Meet the Team
Hathaway-Sycamores Child & Family Services

Community-based mental health & child welfare organization serving roughly 6,858 youth & families/year in Los Angeles County, CA.

Large MediCal contract with LACDMH (~50 million/year)

Wide Array of Mental Health Services include:
- Outpatient
- Community-Based
- School-Based
- Residential (STRTP)
- WrapAround
- Prevention and Early Intervention (PEI)
- Full Service Partnership (FSP)
- Therapeutic Behavioral Services (TBS)
Rationale

Increased Demand to Address Community Needs

Limited Resources

Burn Out and/or Compassion Fatigue

Compassion Fatigued and/or Ineffective Mental Health Provider
What are we going to do about it?

What does the literature say?

Establish need and leadership buy-in

Seek out resources in alternative/creative ways (e.g. private grant funding)

Create evaluation process

Implement!
Scope of the Problem

Traumatic Stress has an impact on those we serve.

Traumatized youth make up a substantial portion of consumers in our mental health and child welfare system, with rates as high as 71% in residential programs (Jaycox, 2004).

216 consumers had been enrolled in a trauma focused EBP at Hathaway-Sycamores during our needs assessment period, between July 2015 and June 2016. How does this impact our workplace?
Burnout

Burnout is characterized by emotional exhaustion, hopelessness, and difficulties dealing with work or in doing your job effectively.

It’s a reduced feeling of personal accomplishment.

It develops as a result of general occupational stress.
Secondary Traumatic Stress or VT

The impact of repeated empathic engagement with trauma survivors.

**Symptoms** include being afraid, having difficulty sleeping, having images of the upsetting event(s) pop into your mind, or avoiding things that remind you of it.

Also includes **alterations** in one’s self-efficacy, and **disruptions** of one’s perception of safety, trust, power, esteem, control and independence.
Compassion Fatigue

A combination of secondary traumatization and burnout that stems from emotional engagement and intensity of our relationships that accompany tragedy and trauma in the workplace.

“The loss of one’s ability to nurture.”

- Joan Borysenko, Ph.D.
SIGN AND SYMPTOMS

- Cognitive
- Emotional
- Behavioral
- Spiritual
- Inter-Personal
- Somatic
- Work Performance
The Cost of Caring

Lack of safety
Lack of trust
Poor communication
Confused sense of justice
Problems with authority
Inability to grieve

Organizations, like individuals, are living, complex, adaptive systems that are also vulnerable to repeated & chronic stress.
“As a result, our systems frequently replicate the very experiences that have proven to be so toxic for the people we are supposed to help.”

– The Joint Commission

- Difficulty meeting service delivery targets
- Difficulty empathizing with families
- Supervision themes were prominent/patterned
- Leadership concerns
- Increased requests from supervisors
- Some impact with workplace resiliency training, but little focus on integration with Evidence-Based Practices and other practice models.
Compassion Satisfaction

The positive feelings derived from competent performance as a trauma professional.

Characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.

Results from the practice of “self-compassion”: taking time for yourself and valuing yourself.
Figley’s Causal Compassion Stress & Fatigue Model

**PROTECTIVE FACTORS**
- Sense of achievement
- Emotional disengagement
- Competency and Confidence

_EBP Training?_

**RISKS:**
- Prolonged trauma exposure
- Traumatic recollections
- Life disruption
- Lack of training
Current Research

Specific worker and exposure characteristics are identified as possible predictors of forms of occupational distress.

The higher the case-load of PTSD clients, the higher the level of compassion fatigue and burnout. (Sprang, Clark, & Whitt-Woosley, 2007).

“Continuous and prolonged exposure to the stress of working with the myriad of trauma-related stressors experienced by clients can lead to various responses including burnout, compassion fatigue, and compassion satisfaction” (Craig & Sprang, 2010)
Age and years of experience proved to be powerful predictors:

- Younger professionals reported higher levels of burnout
- More experienced providers endorsed higher levels of compassion satisfaction. (Craig & Sprang, 2010)

“The beliefs of therapists (e.g., “There is a solution to every client’s problem”) toward the general therapeutic procedure was identified as predictive of whether or not a worker was susceptible to Compassion Fatigue and Burnout (McLean, Wade, & Encel, 2003).

“The utilization of evidence-based practices predict statistically significant decreases in compassion fatigue and burnout, and increases in compassion satisfaction.” (Craig & Sprang, 2010)
The Training Pathway to Resiliency

Step 4: Making a commitment to change
Step 3: Develop resiliency skills
Step 2: Enhance self-care/work-life balance
Step 1: Take Stock
IMPLEMENTATION & EVALUATION
Outcome Model

**Training Areas**

- Workplace Resiliency
- EBP for Trauma & Trauma-Related Issues
- Suicide Risk: ASIST & CAMS
- Mental Health Stigma

**Staff Outcomes**

- Increased knowledge
- Retained knowledge/More confidence
- Applied knowledge & skills
- • Maintenance/Reduction of compassion fatigue & burnout
- • Maintenance/Increased in compassion satisfaction

**Consumer Outcomes**

- Reduced Effects of Trauma
- Improved functioning
- Reduced suicide attempts

Increased Satisfaction with Job & Agency
Measures

Post-Training Evaluations
- Self-report of knowledge and confidence
- Satisfaction with training quality/logistics

3-Month Follow Up Survey
- Retention knowledge
- Application of skills and confidence

Professional Quality of Life scale
- Measures the positive and negative aspects of helping
ProQOL: CS-CF Model

Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma
The results are in!

Training Helps!
Overall Training Numbers

Workplace Resiliency and Trauma Informed EBPs

<table>
<thead>
<tr>
<th>Goal Per Year</th>
<th>Current</th>
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<tbody>
<tr>
<td>362</td>
<td>306</td>
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Reducing mental health sigma and suicide risk

<table>
<thead>
<tr>
<th>Goal Per Year</th>
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*Trainings conducted between 2/1/2016 and 1/18/17*
Data Collection Sample Size

Post Training Evaluations: 243

3-Month Follow Up Survey: 56
Short-Term Outcomes: Knowledge

**Short-term outcome 1:**
- 90% of attendees will increase their knowledge across all four training focus areas.

Measured by post training evaluations
Staff agreed that they possessed the knowledge at the end of all the trainings a vast majority of the time.

- ASIST: 100%
- Trauma-Related: 99%
- Workplace Resiliency: 97%
- Mental Health Fist Aid: 95%

Proposed target 90%
Short-Term Outcomes: Wellness

*Short-term outcome 2:*

at 3 month follow-up,

- **80%** of attendees will indicate increased ability to protect wellness
- **80%** will indicate reduction of compassion fatigue and burnout
- **80%** of staff will indicate an increase in compassion satisfaction

Measured by PROQOL
Short-Term Outcomes: Wellness

In Trauma-Informed EBPs, attendees maintained their ability to protect their own wellness, level of burnout and compassion satisfaction from post-training to 3-month follow-up.

- **Protecting One's Wellness**: 70%
  - Maintained a low to average level of secondary traumatic stress (positive indicator of protective wellness)

- **Burnout**: 90%
  - Maintained a low to average level of burnout

- **Compassion Satisfaction**: 100%
  - Maintained an average level of compassion satisfaction

*Proposed target 80%*
Trauma Informed EBPs
PROQOL Subscales
Comparison between post and follow up

Secondary Traumatic Stress
- 18.9 (Low)

Burnout
- 21.7 (Low)
- 21.9 (Low)

Compassion Satisfaction
- 39.9 (Average)
- 38.4 (Average)
Workplace Resiliency
PROQOL Subscales

Comparison between post and follow up

Secondary Traumatic Stress: 19.3 (Low)
Burnout: 20.9 (Low)
Compassion Satisfaction: 40.2 (Average), 42.3 (High)
Short-Term Outcomes: Retention & Confidence

Short-term outcome 3:

- **80%** of staff will have *retained knowledge* from training and will *indicate applying intervention skills* related to suicidal behavior, and

- **85%** of attendees will indicate *more confidence* in demonstrating intervention skills related to suicidal behavior.

Measured by 3-month follow up survey
Short-Term Outcomes: Retention

- **Retained knowledge**: 3 months after the training, a majority of staff still agreed they possessed the knowledge from the training

![Bar chart showing retention rates for ASIST and Mental Health Fist Aid training](chart.png)

- ASIST: 100%
- Mental Health Fist Aid: 97%

*Proposed target 80%*
Short-Term Outcomes: Confidence

- **Confidence:** Three months after the training, 88% of staff who attended ASIST still felt confident in their ability to help a person at-risk of suicide.
Short-Term Outcomes: Application

- **Applying skills**: 62% of participants reported they have shared and applied skills learned from the trainings
Training Impact Thus Far

“I was able to present and share my experience of the training during group supervision with my fellow colleagues.” – ASIST Direct Service Staff attendee

“Personally, it helped me be aware of the common signs to look out for when a young person is in distress, especially with my son and nieces who are in middle school.” – MHFA Operations Staff attendee

“I had a friend who was very depressed and displaying some concerning symptoms… I did reflect back on my experience with ASIST and knew that the most important thing was to ensure she was ‘safe for now.’” – ASIST Operations Staff attendee
Summary

• On track:
  • Knowledge goals for all four focus areas
  • Knowledge retention for reducing mental health stigma and suicide risk
  • Confidence in applying skills related to suicidal behavior

• Needs revision:
  • Increased compassion satisfaction and decrease burnout and secondary traumatic stress
  • Utilization of intervention skills for reducing mental health stigma and suicide risk
Lessons Learned

• What now? When you see that burnout is a problem, how can you use this data to make an impact?

• Consideration of other factors:
  • Years of experience (new vs. seasoned clinician)
  • Cultural/Systemic Factors

• Maintenance of data can be a good thing

• Improve the methods for data clinician to improve actions
  • View programs notes to determine application of skills
  • Use validated knowledge-based tests

• Strategies for increasing data collection due to low number of matched PROQOL scores
Resources

• Speak with your agency leadership and fund development staff about including training needs in grant writing

• Consider using an Impact Model to shape Implementation

• Find the ProQOL at [www.proqol.org/](http://www.proqol.org/)