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**FROM INNOVATIVE TO EVIDENCE-BASED: Strategies for  
Manualizing Promising, Community-Based Programs for  
Intervention Research**



THE UNIVERSITY  
*of* NORTH CAROLINA  
*at* CHAPEL HILL

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# WORKSHOP OVERVIEW

- Introduction: The Treatment Manual Development Process & The MOVE Project
- Project History: Developing A Collaborative Partnership
- Approaches & Strategies for Manualizing Community-Based Programs
- Case Example: A Practice-Research Challenge
- Question & Answer
  
- *Please note: treatment = intervention = practice = program*

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# **Introduction:**

**MANUALIZING PROMISING, COMMUNITY-  
BASED PROGRAMS FOR INTERVENTION  
RESEARCH**

# Intervention Research & Developing Evidence-Based Treatment Manuals

- A program of intervention research & development of an evidence-based practice begins with a treatment manual...
- Controversy about treatment manuals' utility for practice is ongoing; however, manuals are needed in intervention research
- Mounting research & guidance to inform treatment manual development
- For example, Carroll & Nuro (2002) as well as Fraser, Richman, Galinsky & Day (2009)
- Corresponding to intervention research stages, treatment manual development also occurs in stages

# Fraser & Colleagues' Stage Model

(Fraser et al. 2009, p. 70)



## Challenge of Disseminating & Sustaining EBPs

- Manualized evidence-based practices not always robust to challenges found in “real world” settings (Chorpita, 2002)
  - Effective & realistic training strategies for service providers?
  - Client diversity?
  - Treatment protocol flexibility in complex practice settings?
  - How to implement an intervention in the context of: limited funding, high caseloads, staff turnover?
- Pilot & efficacy studies of manualized interventions in research trials may not fully “elucidate mechanisms of change” (p. 432)
- **“If we want to build manuals *for* the real world, we should build them *in* the real world” (p. 433)**

# Complexity of Early Stage Intervention Research

- In addition to a well-specified treatment manual, intervention researchers *also* need a complex set of study tools to successfully seek funding for & to conduct efficacy randomized controlled trials (Rounsaville, Carroll & Onken, 2001)
  - Process measures to assess providers' treatment competence & treatment adherence
  - Preliminary findings of treatment acceptability, treatment feasibility & treatment promise
  - Training program & strategies for treatment providers
- Ideally, *all* such study tools are developed in the “real world”

# Community-Based Intervention Research Challenges: Resources

- With all that is required, early-stage intervention research in a community-based setting becomes a time- & resource-intensive endeavor for both researchers & community-based service providers
- These collaborations often require external funding & thus funders who are interested in supporting these research-practice collaborations
- More on funding later...



# Additional Community-Based Intervention Research Challenges

- How do intervention researchers successfully collaborate with community partners to develop a well-specified treatment manual?
- Even with the best of intentions, inherent challenges to such partnerships; there may be...
  - Goal differences (knowledge production vs. service provision)
  - Difference in researchers' & practitioners' conceptualizations of treatment process, as well as research process
  - Differences in researchers' & practitioners' mindsets, jargon & preferred styles of communication
  - Others????

# The Problem: Legally/CPS-Involved IPV Survivors

- Interact & SAFEchild: a growing number of female intimate partner violence survivors mandated to parenting services
- Some women who are victims of partner violence become involved with the legal and/or CPS system(s)
  - Mandated arrest policies
  - Women fight back to protect themselves or their children
  - Abusive partner reports violence to retaliate
- Women who are charged with domestic/partner violence are often mandated to services
  - Parenting & child abuse prevention services

# The MOVE Program

- **M**others **O**vercoming **V**iolence through **E**ducation and **E**mpowerment
- Developed by 2 community-based partner agencies: Interact & SAFEchild (Raleigh, NC)
- Collaborative 13-week therapeutic parenting program for court and/or CPS-involved women
  - Coordinated with therapeutic support group services for children
- Based on a manualized curriculum, *Growing Beyond Conflict*
  - Developed by the Chadwick Center for Children and Families at Children's Hospital and Health Center in San Diego, California

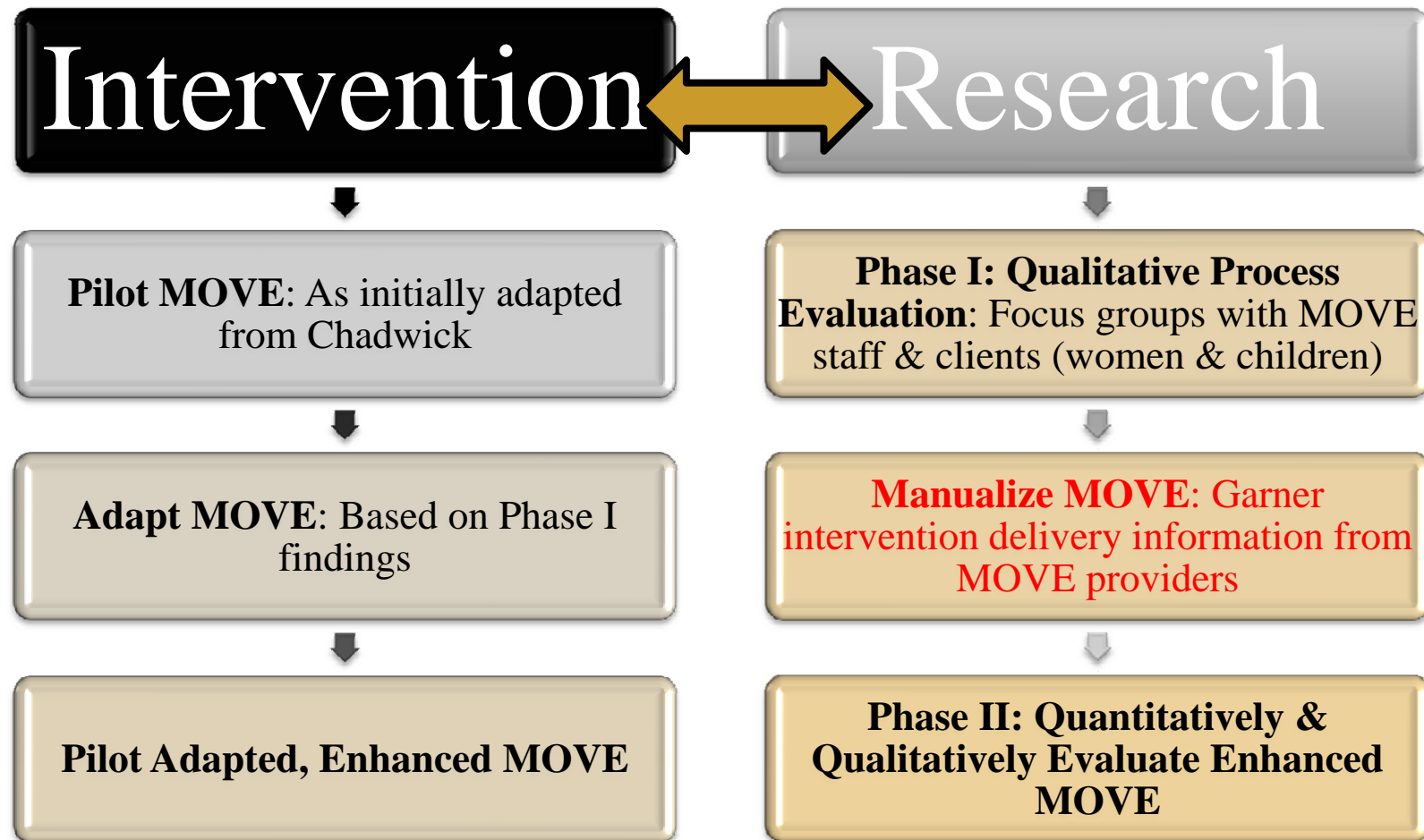
# Potential Importance of MOVE

- Meta-analytic review: association between childhood exposure to domestic violence with internalizing & externalizing behavior problems & trauma symptoms (Evans, Davies, & DiLillo 2008)
- Partner violence & child maltreatment co-occurrence: 30-60% (Edelson, 1995, 1999)
- Dearth of evidence-based practices for partner violence survivors & their children
- Limited research about legally-involved partner violence survivors
- Limited evidence about interventions to promote positive parenting during & after partner violence

# Overall Research Goals

- Establish a protocol for implementing & evaluating the MOVE program in a community setting to facilitate dissemination & replication of MOVE with fidelity if program shows promise
- Garner data about the MOVE program to inform development of a randomized treatment-control study
- Long-term research goals: develop an evidence-based practice for legally/CPS-involved partner violence survivors

# MOVE Program & Research: Four Year Feasibility & Pilot Study (2008-2012)



# Current MOVE Intervention Components

## Structure

- Biopsychosocial intake by lead facilitator & group orientation (week 1)
- Weekly 2.5 hour groups with therapeutic & educational aims
- Co-facilitation by partner agencies
- Children are placed in groups based on age & level of development
- On-site child care, meals, & transportation are provided

## Mothers' Group Content

- Underlying theory: social learning
- Key strategy: social support
- Topics: child development, communication, discipline, self-esteem, domestic violence, anger management, safety plans

## Children's Group Content

- Children's needs & participation drive weekly lesson choice
- Topics: communication, listening, anger, safety

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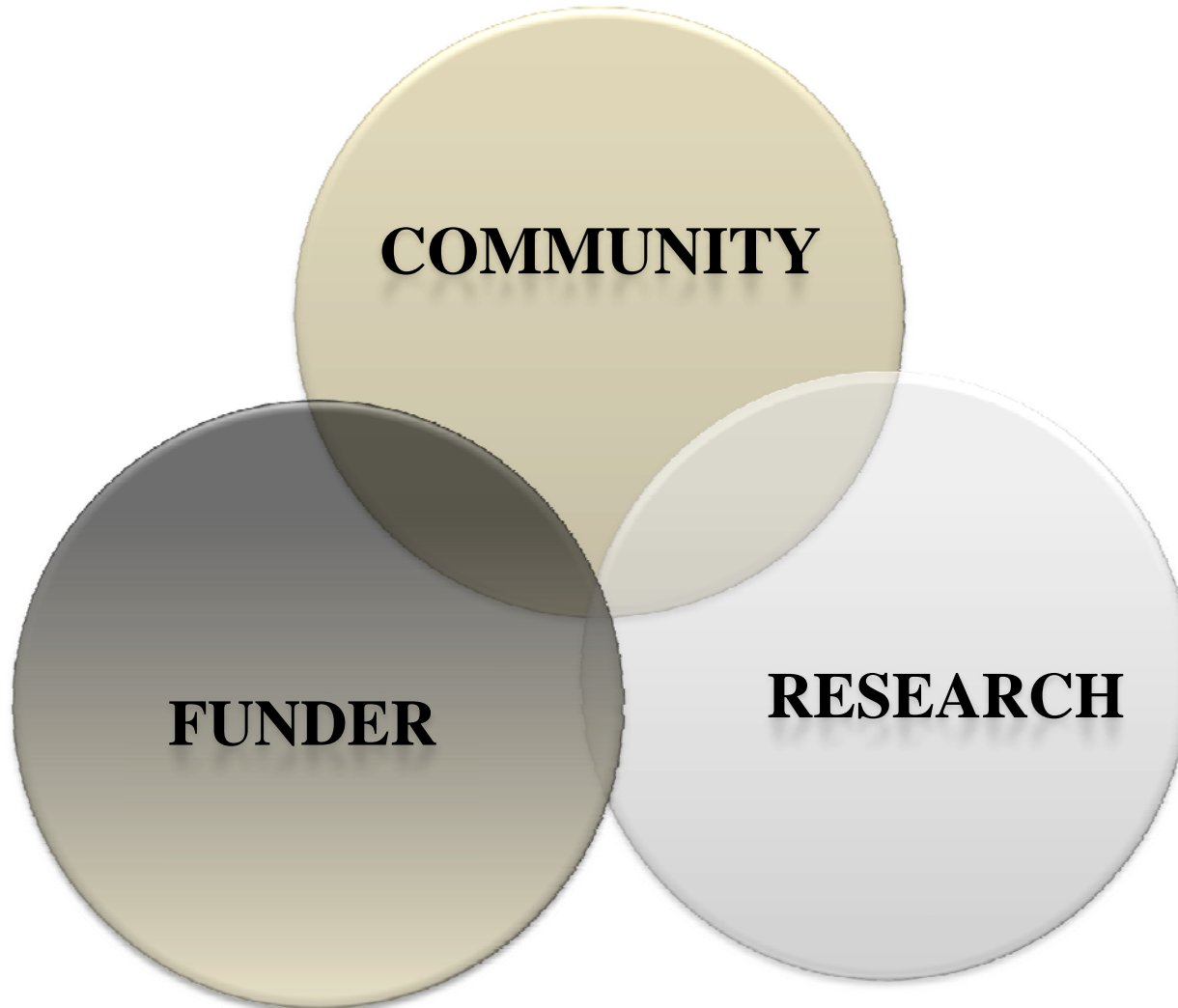
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**Project History:  
DEVELOPING A  
COLLABORATIVE  
PARTNERSHIP**

# The Collaborative Partnership

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James Buchanan Duke

# ENRICHING LIVES AND COMMUNITIES

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PROMOTING  
HEALTH



ENRICHING  
SPIRITS



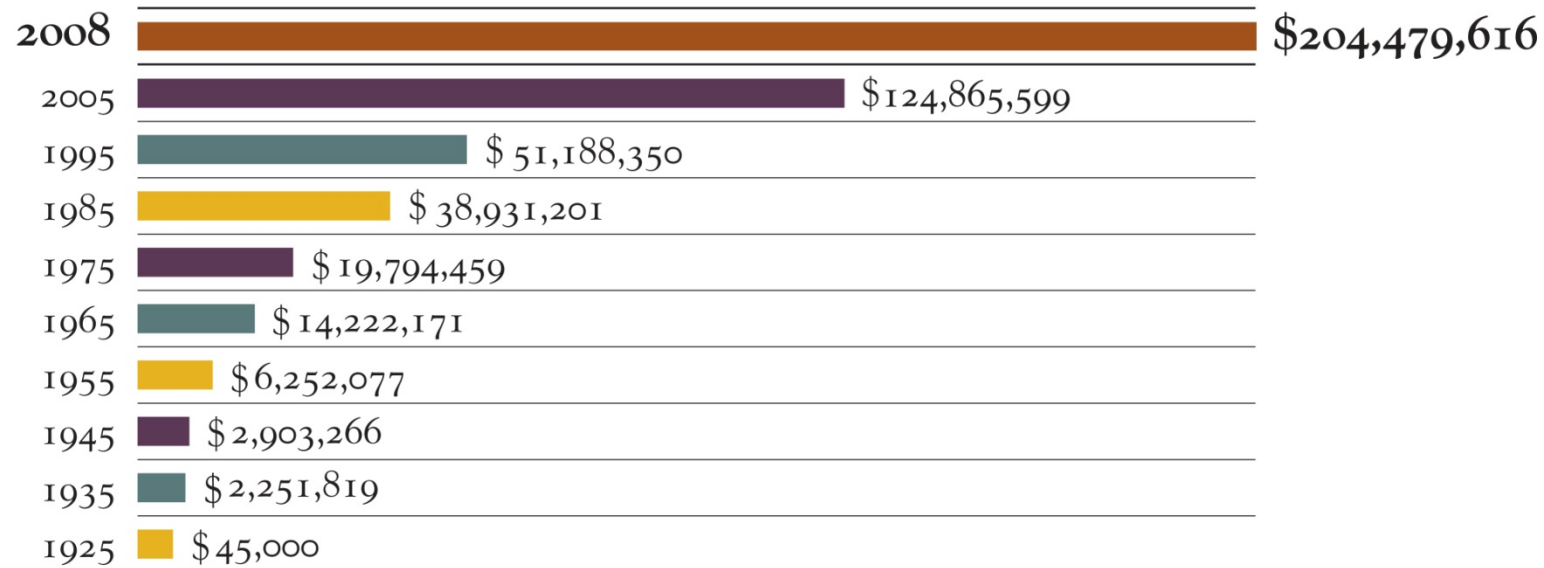
NURTURING  
CHILDREN

EDUCATING  
MINDS

# A GROWING INVESTMENT IN COMMUNITY

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\$2.6 billion in grants since 1925

# NURTURING CHILDREN

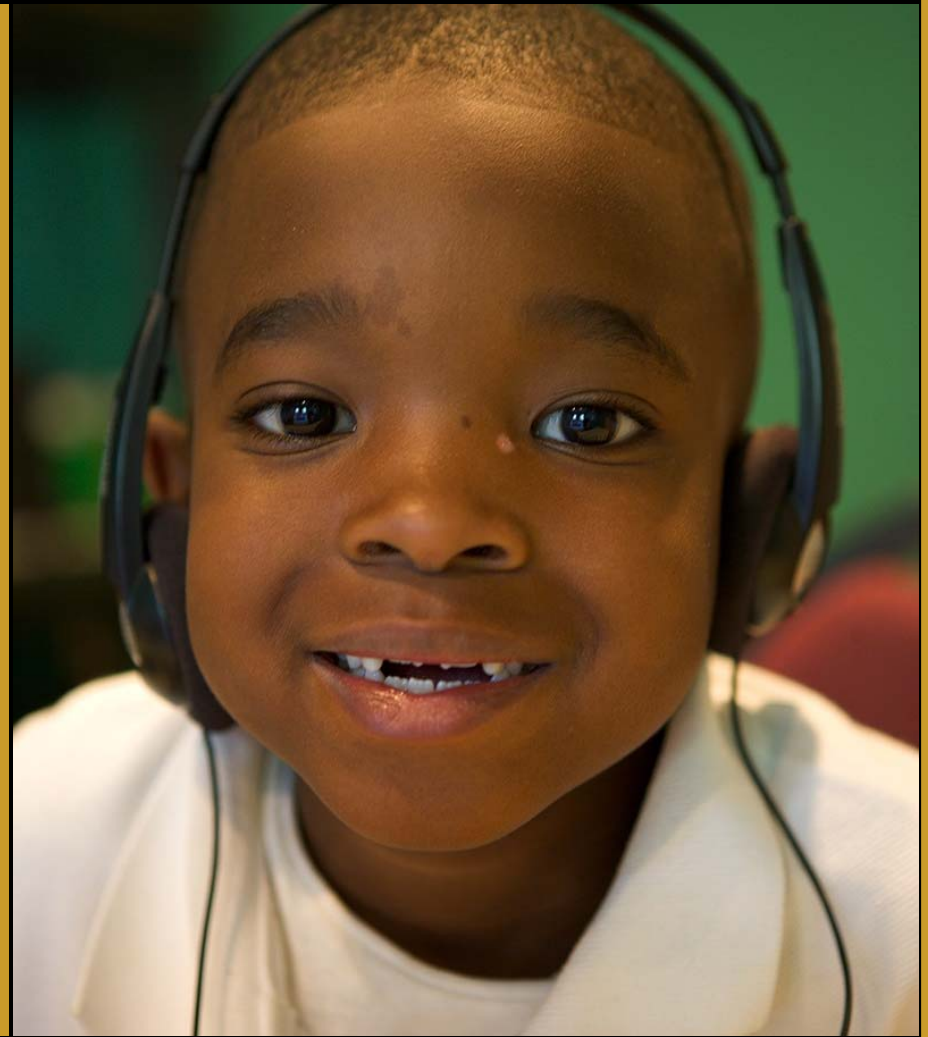
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Help vulnerable children  
reach developmental  
milestones

Prepare teens for successful  
transition to adulthood

Equip families to stay  
together



# THREE STRATEGIES

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Replicating **success**

Strengthening **organizations**

Advancing **innovation**

# Why Fund MOVE Program & Evaluation?

- Risk Factors
- Collaborative Relationship
- Funding Strategies
- Little Evidence
- Shorten the gap between theory & practice

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# **APPROACHES & STRATEGIES FOR MANUALIZING COMMUNITY-BASED PROGRAMS**

# Approaches to Collaboration: Paradigms & Frameworks

- Generally, literature to guide treatment manual development is atheoretical
- However, in practice-research collaborative manual development, it is useful to have frameworks to guide work (Begun et al., 2010) such as:
  - **Community-Based Participatory Research** (O’Fallon & Dearry, 2002; Zimmerman, Tilly, Cohen, & Love, n.d.)
  - **Community-Engaged Scholarship** (Barker, 2004; Commission on Community-Engaged Scholarship in the Health Professions, 2005)

# Overarching Strategies for Effective Collaborations

- Developing effective social work university-community research collaborations involves (Begun et al. 2010):
  - Adopting a technology exchange perspective
  - Adopting a longitudinal perspective on the collaborative relationship
  - Knowing your partners
  - Contracts & budgets

# The MOVE Collaboration: Overall Framework

- When we asked our community partners for feedback in preparation for this presentation...
  - MOVE collaboration: *An Evaluative Learning Model*
- Ongoing, consistent feedback among all members of the MOVE Team (researchers, providers, agency leaders, funder) is used to inform:
  - Research methods
  - Development of intervention model
  - Development of intervention manual
  - MOVE implementation

# The MOVE Collaboration: Overall Strategies

Our approach to the collaborative process as well as our data collection strategy is defined by the following organizing principles:

- **Adaptive:** Multi-method documentation individualized to diverse styles of communication & learning
- **Flexible:** Constant, supportive research presence that is sympathetic to the demands in the work of community non-profits & seeks to minimize the burden imposed by data collection
- **Multi-purpose:** Restrained use of documentation materials: how can existing program evaluations be edited to serve both program & research interests?

# The MOVE Collaboration: Overall Strategies

- **Jargon-free:** Development of study materials in collaboration with facilitators & participants increases precision & accuracy of data
- **Respectful:** Demonstrated commitment to the field under study & respect for the contributions & expertise of all team members is critical to the success of the collaboration

# The MOVE Collaboration: Overall Strategies

*In addition to these principles, we have found that the collaboration has benefited significantly from several factors:*

- **Prior history of collaboration** between researchers, funder & community agencies
- **Time investment** in monthly meetings with agency leadership & staff, researchers & funder
- **Low attrition & stability** of team members

# Specific Strategies for Treatment Manual Development

The four-step documentation process employed to assemble the MOVE Program treatment manual utilizes the following overarching strategies:

## 1) **Individual & collective idea generation**

- Free association of ideas following each MOVE group session using voice recording
- Detailed, written post-group session feedback by MOVE facilitators & participants
- Process evaluation focus groups for MOVE facilitators & participants

# Specific Strategies for Treatment Manual Development

## 2) Monitoring the Implementation: Fidelity tracking, group comparison & member-checking

- Fidelity forms for tracking adherence to the *Growing Beyond Conflict* curricula
- Fidelity forms for documenting use of curricular enhancements created by MOVE facilitators
- MOVE facilitators' review of feedback summaries for the MOVE Manual
- Focus groups (composed of partner agency staff) tasked to member-check key findings from earlier focus groups

# Specific Strategies for Treatment Manual Development

## 3) Triangulation

- Feedback from MOVE participant evaluations
- Key findings from MOVE participant focus groups

## 4) Debriefing

- Monthly team strategy & planning meetings
- Full team debriefing of lessons learned following the 13-week MOVE group cycle

# Ethical Collaborative Community-Based Research

**University/research collaborators should maintain an awareness of:**

- Contact with group participants who have chosen not to participate in the evaluation
- Participant confusion between researchers & clinical facilitators & their unique roles
- Participant misunderstanding around information-sharing between researchers & clinicians
- Boundaries with participant information between collaborators
- Sensitivity to the clinical issues being addressed

# Our Contact Information



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