FROM INNOVATIVE TO EVIDENCE-BASED: Strategies for Manualizing Promising, Community-Based Programs for Intervention Research
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Rebecca J. Macy, PhD, ACSW, LCSW
Dania M. Ermentrout, MPH, MSW
Phillip H. Redmond, Jr.
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• Interact: David Farrell, Kathryn Johnson & Jo Lawson

• SAFEchild: Marjorie Menestres & Stacey Sullivan
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
Introduction:
MANUALIZING PROMISING, COMMUNITY-BASED PROGRAMS FOR INTERVENTION RESEARCH
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)

Intervention Research
- Specify Problem/Develop Program Theory
- Create & Revise Program Materials
- Refine & Confirm Program Materials
- Assess Effectiveness Across Settings
- Dissemination

Manual Development
- Formulate Materials
- Revise Materials
- Differentiate Materials
- Adapt Materials
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)
In addition to a well-specified treatment manual, intervention researchers also need a complex set of study tools to successfully seek funding for and to conduct efficacy randomized controlled trials (Rounsaville, Carroll & Onken, 2001)

- Process measures to assess providers’ treatment competence and treatment adherence
- Preliminary findings of treatment acceptability, treatment feasibility and treatment promise
- Training program and 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

- Mothers Overcoming Violence through Education and Empowerment
- Developed by 2 community-based partner agencies: Interact & SAFECheild (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)

**Intervention**

- Pilot MOVE: As initially adapted from Chadwick
- Adapt MOVE: Based on Phase I findings
- Pilot Adapted, Enhanced MOVE

**Research**

- Phase I: Qualitative Process Evaluation: Focus groups with MOVE staff & clients (women & children)
- Manualize MOVE: Garner intervention delivery information from MOVE providers
- Phase II: Quantitatively & Qualitatively Evaluate Enhanced MOVE
<table>
<thead>
<tr>
<th><strong>Current MOVE Intervention Components</strong></th>
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<tbody>
<tr>
<td><strong>Structure</strong></td>
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<tr>
<td>• Biopsychosocial intake by lead facilitator &amp; group orientation (week 1)</td>
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<tr>
<td>• Weekly 2.5 hour groups with therapeutic &amp; educational aims</td>
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<tr>
<td>• Co-facilitation by partner agencies</td>
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<tr>
<td>• Children are placed in groups based on age &amp; level of development</td>
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<tr>
<td>• On-site child care, meals, &amp; transportation are provided</td>
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<tr>
<td><strong>Mothers’ Group Content</strong></td>
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<tr>
<td>• Underlying theory: social learning</td>
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<tr>
<td>• Key strategy: social support</td>
</tr>
<tr>
<td>• Topics: child development, communication, discipline, self-esteem, domestic violence, anger management, safety plans</td>
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<tr>
<td><strong>Children’s Group Content</strong></td>
</tr>
<tr>
<td>• Children’s needs &amp; participation drive weekly lesson choice</td>
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<tr>
<td>• Topics: communication, listening, anger, safety</td>
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Project History:
DEVELOPING A COLLABORATIVE PARTNERSHIP
The Collaborative Partnership

COMMUNITY

FUNDER

RESEARCH
THE DUKE ENDOWMENT

SPIRIT of GENIUS. LEGACY of HOPE.

James Buchanan Duke
ENRICHING LIVES AND COMMUNITIES

PROMOTING HEALTH

ENRICHING SPIRITS

NURTURING CHILDREN

EDUCATING MINDS
<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2008</td>
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<td>1935</td>
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$2.6 billion in grants since 1925
NURTURING CHILDREN

Help vulnerable children reach developmental milestones

Prepare teens for successful transition to adulthood

Equip families to stay together
THREE STRATEGIES

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
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 & Darry, 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?
TheMOVE 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
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
Acknowledgements

- **Interact**: David Farrell, Kathryn Johnson & Jo Lawson
- **SAFEchild**: Marjorie Menestres & Stacey Sullivan
- All of the MOVE staff & service providers
- All of the members of our research team
- **ALL of the families who have participated in MOVE & in this research**