Research Implementation within a Clinical Practice:

Resolving the Science-Practice Dialectic

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The Research-Practice Gap

(e.g., Kazdin, 2008)

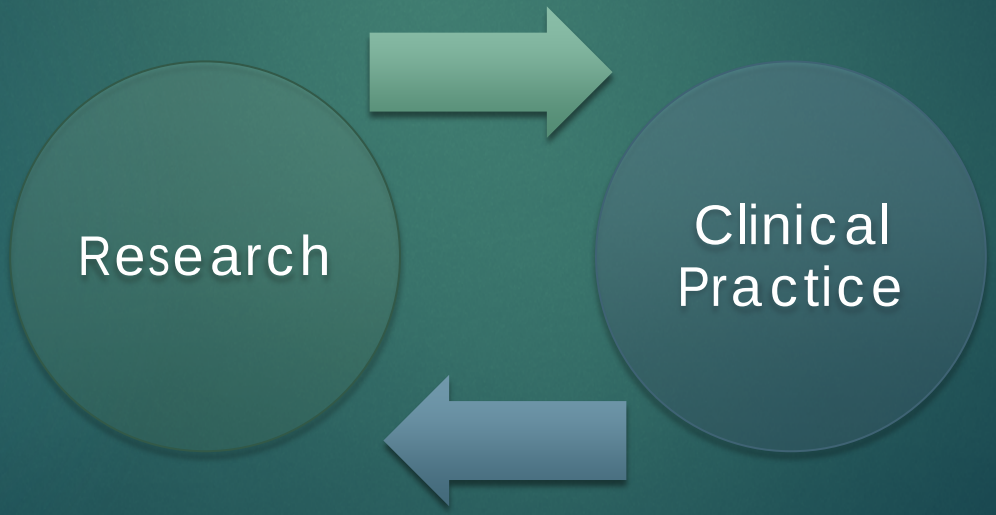
- Clinicians: Are research findings applicable to practice?
- Researchers: Are clinicians listening?

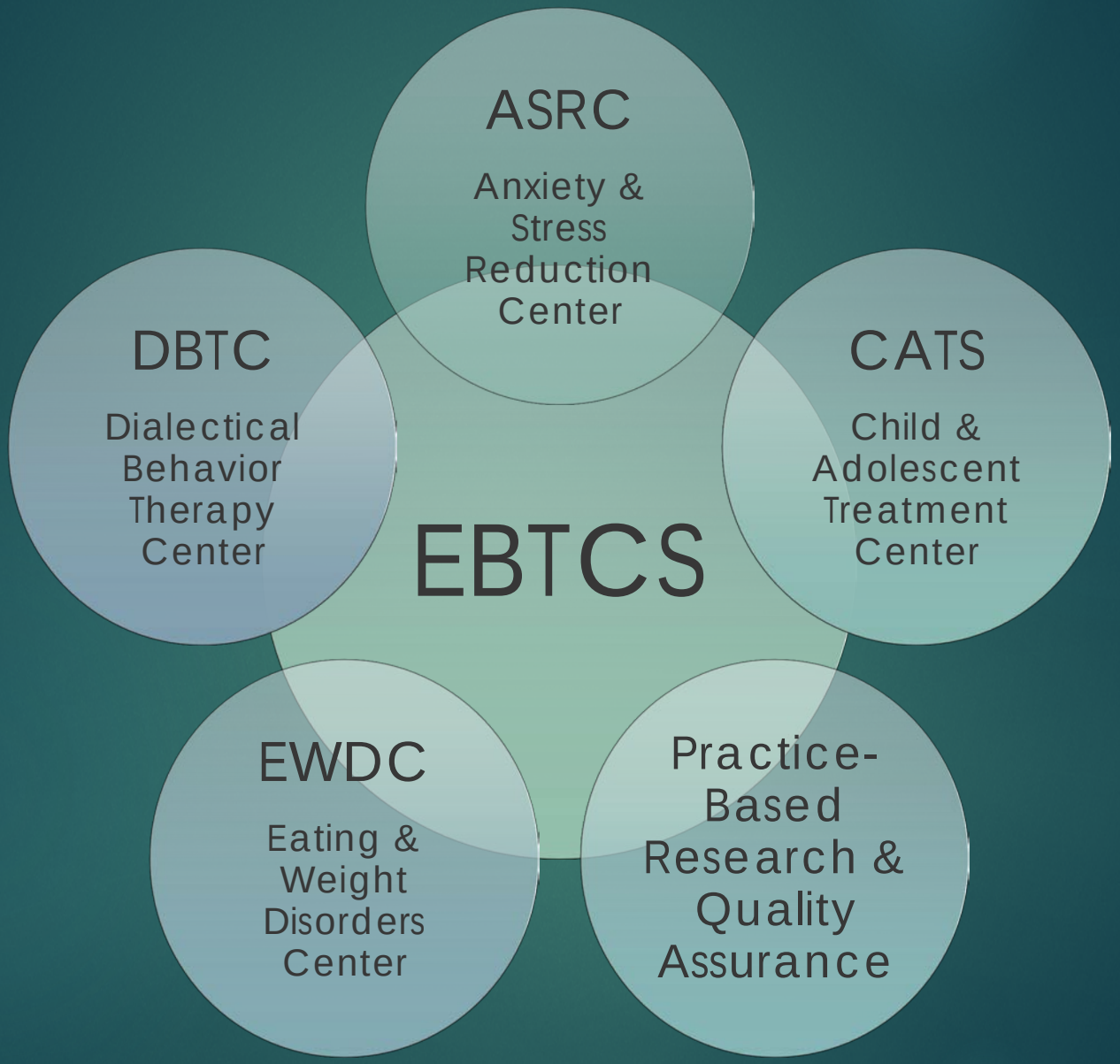
The challenge of clinical decision making can be conveyed by the effort to "tailor treatment to meet the needs of individual patients." This statement is one we make and accept routinely in our clinical work, but researchers have yet to help us do that.

Practice-Based Research

A lamentable feature of our field is the knowledge lost in clinical practice.

Kazdin, 2008




ASRC
Anxiety & Stress Reduction Center
DBTC
Dialectical Behavior Therapy Center
CATS
Child & Adolescent Treatment Center
EBTCS
EWDC
Eating & Weight Disorders Center
Practice-Based Research & Quality Assurance

Quality Assurance Program

- Scientist-practitioner model
- Are we effective?
  - …with this client?
  - …using this treatment?
  - …as a center?
- Measurement improves care (e.g., Lambert & Shimokawa, 2011; Shimokawa et al., 2010; Simon et al., 2012)

Quality Assurance Program

- Measures selected based on program and diagnoses
  - Hybrid of cross-diagnostic and problem-specific measures
  - Identified validated measures for virtually all of our common diagnoses
- Clinicians assign measures at intake (up to 6)
- Same measures are repeated every 3 months and at termination

Quality Assurance Program - Adults

Program	Core Measures	Citation
ASRC	Overall Anxiety Severity and Impairment Scale (OASIS)	Norman et al., 2006
	Outcome Questionnaire (OQ-45.2)	Lambert et al., 2004
DBTC	Difficulty in Emotion Regulation Scale (DERS)	Gratz & Roemer, 2004
	Borderline Evaluation of Severity over Time (BEST)	Pfohl & Blum, 1997
	Outcome Questionnaire (OQ-45.2)	Lambert et al., 2004
	Suicidal Behaviors Questionnaire (if relevant) (SBQ)	Linehan, 1996
EWDC	Eating Disorder Examination Questionnaire (EDE-Q)	Fairburn & Beglin, 1994
	Clinical Impairment Assessment (CIA)	Bohn & Fairburn, 2008
	Outcome Questionnaire (OQ-45.2)	Lambert et al., 2004

Quality Assurance Program

Example:

- Client in ASRC with OCD and depression
  - ASRC: OQ and OASIS
  - Client-specific: self-report version of Y-BOCS (Steketee et al., 1996), PHQ-9

The Evolution of Research at EBTCS

Clients come first

Phase One:

- Emphasis on quality, evidence-based clinical care
- Clinically-guided quality assurance program
- Research on the backburner

Moving Research Forward

- Director of Research (me)
- Director of QA (Travis Osborne, Ph.D.)
- Postdocs with protected research/admin time
- Other clinicians can opt to join the research team
- Lots of data

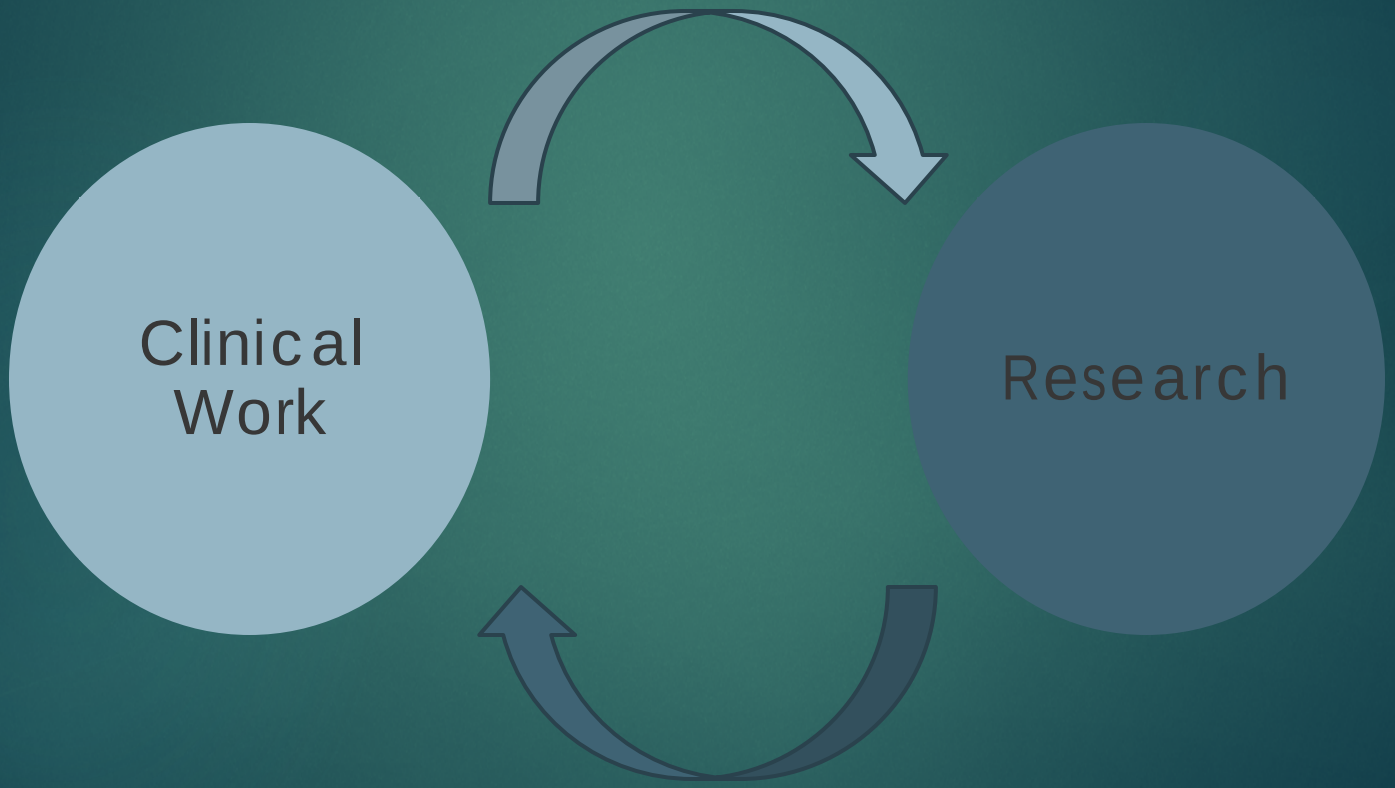
Dilemma: Conduct quality research without sacrificing quality treatment

- Fear: Research detracts from treatment

The oppositional model

The oppositional model

The complementary model



Dilemma: Conduct quality research without sacrificing quality treatment

- Fear: Research detracts from treatment
- Vision: Research *enhances* treatment
  - Enhanced fidelity to EBTs
  - Apprised of new developments in the field
  - Outcome information on specific programs/treatments
  - Refinement of procedures
  - Marketing
  - Attract/retain research-minded staff

Solutions

- Research mission

EBTCS Research Mission

- …to foster a **bidirectional relationship** between psychological science and practice: We aim to not only use the best available science to inform our clinical practice, but to also ensure that knowledge gained in clinical practice informs psychological science.
- We view research as a way for our clients' gains in treatment to have the **furthest possible reach**, helping clients themselves and their families, as well as others with similar difficulties.
- …what interventions work, how, for whom, and under what conditions, and how best to evaluate clinical change
- …we hope to provide a model that **inspires others** to conduct practice-based research.
- …benefits our clients by **fostering a scientific approach** to each client's treatment within a clinical setting that aims to provide effective, compassionate care based on the best available evidence.

Solutions

- Research mission
- EMR as data collection tool
  - Adding weekly measures
- Notes as data collection tools
  - Structured intake note
  - Structured progress note

Structured Intake Note

- Current diagnoses
- Specific symptoms endorsed for current diagnoses
- Detailed demographics
- Treatment history

Structured Progress Note

ASRC Adult Progress Note

Client ID: «Patient.PatientId»
Patient: «Patient.FirstName» «Patient.MiddleInitial». «Patient.LastName»
Patient Birth Date: «Patient.BirthDate»
Provider: «Provider.DisplayName»
Service date: «Session.Start»
CPT code: «TransactionCode.Code» «TransactionCode.Description»
Persons present:

This session would best be considered *(please select one)*:

- ☐ Assessment
- ☐ Treatment planning
- ☐ Intervention Targeting Specific Problem(s)
- ☐ Maintenance/Support (targeting improvement or maintenance of overall functioning)
- ☐ Booster Session
- ☐ Termination Session
- ☐ Other:

If you selected Intervention Targeting Specific Problem(s) above, please complete the following. Otherwise, this section is optional.

Primary problem targeted in this session:

Treatment approach:

- ☐ Manualized and/or protocol-driven treatment intended for use with a specific diagnosis or problem (utilized with reasonable flexibility):
- ☐ Principle-driven, multi-diagnostic therapy approach (no diagnosis-specific manual or protocol followed):

Are you utilizing a modular approach? (i.e., specific sections of manuals/protocols utilized, but ordered and applied based on client factors rather than according to a single manual/protocol)

☐ Yes ☐ No

Homework from last session done? (optional text)

☐ Not assigned: (optional text)

☐ No: <10%	☐ Minimal: 10-25%	☐ Partly: 26-50%	☐ Mostly: 51-75%	☐ Yes: 76-100%

Interventions Utilized: (*Please select one main intervention and any additional interventions. An intervention is considered utilized if significant session time was spent on the acquisition, management, or generalization of that intervention. All text is optional.*)

Main	Additional	
☐	☐	Psychoeducation:
☐	☐	Self-monitoring:
☐	☐	Breathing/Relaxation/Other physiological management:
☐	☐	Cognitive modification strategies (direct work on thinking, behavioral experiments to modify thinking):
☐	☐	Hierarchy:
☐	☐	Exposure (please check that all that apply)
		☐ In vivo (within session): ☐ In vivo (outside session):
		☐ Imaginal (within session): ☐ Imaginal (outside session):
		☐ Interoceptive (within session): ☐ Interoceptive (outside session):
☐	☐	Mindfulness-based strategy:
☐	☐	Acceptance-based strategy:
☐	☐	Response prevention and/or safety behaviors:
☐	☐	Stimulus control strategies:
☐	☐	Habit reversal strategies:
☐	☐	Contingency management (within session or outside session):
☐	☐	Problem solving:
☐	☐	Validation:
☐	☐	Skill training (specific skill):
☐	☐	Behavioral activation strategies:
☐	☐	Emotion identification/regulation strategies:
☐	☐	Functional analysis:
☐	☐	Relapse prevention:
☐	☐	Motivation enhancement:
☐	☐	FAP-based strategies:
☐	☐	Other:

Suicidal ideation: Was there current communication (explicit or implicit) of suicide ideation or urges to self injure (suicidal, nonsuicidal, or ambivalent) that represents an increase in previously documented risk? ☐ No ☐ Yes (*If yes, please update the risk assessment)*

Narrative *(optional)*:

Homework *(optional)*:

Treatment Plan

☐ Continue established treatment plan *(optional text)*:

☐ Other:

Solutions

- Research mission
- EMR as data collection tool
  - Adding weekly measures
- Notes as data collection tools
  - Structured intake note
  - Structured progress note
- Refine research protocol/procedures
- Postdoc roles
- Grant funding

Future Research Questions

- Treatment outcome: Benchmarking studies
- Modular treatment of adult anxiety disorders
  - Do we (sometimes) follow a modular(-ish) format?
  - If so, is it effective?
  - If so, can we operationalize it?
- Mechanisms of change – use intervention data from notes
  - Does use of exposure predict improvement in anxiety disorders?
    - Role of in-session exposure in OCD outcomes
  - Does use of particular interventions predict outcome in DBT?

Ongoing dilemmas

- Time!
- Funding
- Details

Questions?

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