Implementation Strategy Development: Clinical Case Consultation for Probation Officers

School of Social Work, University of North Carolina at Chapel Hill
Tonya B. Van Deinse, PhD; Marilyn Ghezzi, LCSW; Gary S. Cuddeback, PhD

Department of Social Medicine, University of North Carolina at Chapel Hill
Lauren Brinkley-Rubinstein, PhD
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Specialty mental health probation is a transdisciplinary and complex intervention intended to increase mental health treatment engagement and improve criminal justice outcomes.

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<th>Five Components of Specialty Mental Health Probation</th>
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<td>1. Exclusive caseloads of probationers with mental illness</td>
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<td>2. Reduced caseload size (around 40 probationers)</td>
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<td>3. Ongoing mental health training for officers</td>
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<td>4. Interfacing with external resources to connect probationers to supports</td>
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<td>5. Problem-solving supervision orientation</td>
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Council of State Governments, 2002; Manchak, Skeem, Kennealy & Eno Louden, 2014; Skeem, Emke-Francis & Eno Louden, 2006; Skeem & Eno Louden, 2006; Wolff, Epperson, Huening, Schumann & Sullivan, 2014
State of the SMHP Research

**Efficacy/Effectiveness**

- Results of SMHP are promising for both mental health and criminal justice outcomes
- No RCTs of prototypical model
- Most rigorous studies were longitudinal observation studies using group matching techniques
- Need experimental research designs because even advanced statistical analyses cannot control for all threats to internal validity

**Intervention Implementation**

- Implemented in more than 130 probation agencies across the country
- Variation in implementation across studies
- No studies that examine the implementation of SMHP (e.g., implementation challenges) which contributes to variation in model fidelity
- No information about implementation strategies to enhance the uptake of the intervention's core components

Alexandra, 2011; Gendreau, Goggin & Smith, 1999; Manchak, Skeem, Kennealy & Enolouden, 2014; Skeem & Eno Louden, 2006; Skeem, Manchak & Montoya, 2017; Wolff, Epperson, Huening, Schumann & Sullivan, 2014
Science to service gap: what is discovered in research is slow to translate into real world outcomes.

In general, implementation research aims to address these barriers in order to enhance implementation.

But the lag isn’t just about organizational issues, individual knowledge, lack of time to implement changes, etc., it’s also a design challenge.

Hybrid Effectiveness/Efficacy-Implementation Designs

- The science to service gap is also impacted by the stepwise progression from feasibility to effectiveness to real-world implementation
- Glasgow et al. (2003) suggests that researchers can blend efficacy and effectiveness designs (increasing speed of knowledge generation and addressing external validity)
- Curran et al. (2012) suggest blending effectiveness and implementation studies (i.e., hybrid designs) to:
  - Rapidly generate knowledge about an intervention to aid in decision-making
  - Design more effective implementation strategies
  - Speed up the uptake of the intervention

- Hybrid type I: test effectiveness (primary), understand implementation context (e.g., barriers)
- Hybrid type II: test effectiveness AND implementation strategies (co-primary)
- Hybrid type III: test implementation strategies (primary), assess clinical outcomes in the implementation study

Curran, Bauer, Mittman, Pyne, Stetler, 2013; Glasgow, Lichenstein & Marcus, 2003
SMHP initiated by NC Department of Public Safety (DPS)

Planned by DPS, NC Department of Health and Human Services, Treatment Accountability for Safer Communities (TASC), and the UNC Chapel Hill School of Social Work (UNC-CH)

Implemented the five elements of prototypical SMHP in one urban and one rural county, each with two officers

DPS short term plans for expansion
Using Implementation Strategies to Enhance Uptake of Core SMHP Components

Although SMHP is situated within probation, implementation spans MH and CJ systems and requires: (a) enhanced skills in working with people with MI and substance use disorders; (b) knowledge of the local MH system and resources; and (c) a network of local service contacts.

**Implementation Strategies**

- Provide interactive assistance via clinical case consultation
- Develop stakeholder interrelationships

**Core Components of SMHP**

- Reduced caseloads
- Exclusive MH caseload
- Ongoing training
- Problem-solving orientation
- Interface with external resources

Powell et al., 2015; Waltz et al., 2015
Use of Consultation as an Implementation Strategy

• Teaching EBPs and changing provider behavior after a training workshop is typically difficult
• Providers can be resistant to change, may have difficulty implementing an EBP in their existing systems and may have difficulty applying the new skill to actual cases
• Ongoing consultation after training has been shown to improve provider skill and adherence to EBPs as compared to workshop-type training alone
• Consultation allows trainees to clarify concepts, problem-solve barriers to implementation, practice the skills and apply the skills to actual cases

Beidas, Edmunds, Marcus & Kendall, 2012; Miller, et.al., 2004; Sholomskas, et.al, 2005
This study aims to advance the development of a SMHP implementation strategy – providing interactive assistance through clinical case consultation – by using empirical data to specify the implementation strategy per the guidelines defined by Proctor et al. (2013; e.g., temporality, dose)

Objective 1: Describe the content and process of clinical case consultation as a strategy for providing interactive assistance

Objective 2: Specify clinical case consultation in terms of Proctor et al.’s (2013) specification guidelines
## Methods

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<th>DESIGN &amp; SAMPLE</th>
<th>MEASURES</th>
<th>ANALYSIS</th>
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| A random sample of 40 case notes from 80 consultation sessions between clinical consultant and SMHP officers | Case consultation narratives written by clinical case consultant | Two research assistants used the following analysis process:  
**Step 1:** General inductive coding methods (Thomas, 2006) were used to develop an initial set of codes  
**Step 2:** Confirm codebook  
**Step 3:** Deductive coding of clinical case consultation notes using codebook; then, review each coded item for consensus coding (i.e., 100% agreement) to resolve any coding discrepancies  
**Step 4:** Summarize the themes and results, which were applied to the strategy specification framework from Proctor et al. (2013) |
| Two officers per rural and urban county (n=4) | | |
The analysis yielded four categories that described the content and process of clinical case consultation with SMHP officers:

- SMHP officer successes
- Officer report of behaviors and challenges of individuals on their caseloads
- Officer self-report of supervision challenges within the SMHP context
- Strategies and recommendations from the consultant
Officers reported success in building rapport with providers and making resource referrals.
SMHP officers most often reported that individuals on their caseload presented with: substance use, mental health stability, lack of adherence to treatment, and lack of compliance with the conditions of their supervision.
The top challenges expressed by SMHP officers concerned personal, agency, and cross-system issues.
The analysis yielded a number of discrete consultant recommendations aimed to help SMHP officers problem-solve challenges faced while supervising their mental health caseloads.

- Encourage referral
- Encourage use of MI
- Encourage community support
- Encourage contact
- Support wellbeing
- Support role balance
- Education about medication
- Education about resources
- Education about MH/SA symptoms
- Education about MH/SA treatment
Results from this study informed the development of a clinical case consultation tracking tool.

The LCSW uses this tool during case consultation with the officers and their chief.

The backside of the form is a space for the LCSW to indicate how CJ responsibilities and a mental health response were integrated into problem-solving.
Limitations

• Unit of analysis was the officer, not the person on probation
  • In the expanded study, the case consultation form is completed for each individual the officer discussing during consultation

• Small sample of four officers
  • Expanded SMHP into six additional counties and have an additional 13 officers
Implications

• Exploratory study lays the groundwork for future research on the impact of this strategy on intervention fidelity
  • Examine whether use of clinical case consultation helps SMHP officers sustain the knowledge gained through other ongoing training activities
  • Examine whether clinical case consultation enhances SMHP officers’ ability to problem-solve supervision issues with individuals

• The specification of this clinical case consultation strategy offers criminal justice and mental health researchers and administrators a replicable mechanism for the dissemination and uptake of SMHP

• Examination of implementation strategies within the context of a hybrid type I design can enhance the expansion of SMHP, and perhaps other cross-system interventions
Conclusions about the Use of Hybrid Designs

• Hybrid designs allow us to:
  • examine effectiveness while preparing for implementation and dissemination
  • use an iterative approach to implementation strategy development
  • tailor approach to the local context, e.g., rural vs urban
  • leverage what we know about facilitators and the development of implementation strategies to target known or anticipated barriers

• Future research will focus on testing the efficacy of clinical case consultation on implementation outcomes (e.g., fidelity)
Discussion Questions

- Do you think this type of clinical case consultation model would be helpful in your setting?
- What challenges do you see implementing this type of strategy?
- How might those challenges be addressed?
- Do you have any other thoughts or recommendations about clinical case consultation?
References


References (cont’d)


Thank you!

Contact information:
tbv@email.unc.edu