Research to Practice in the NIDILRR Community

Presenters:
Mark Harniss
Lynn Worobey
Marsha Langer Ellison

Hosted by Kathleen Murphy
KTER Center’s Mission

Promote the use of employment research findings to improve practices and policies that support improved employment outcomes of individuals with disabilities.
Goals of the KTER Center:

- Increased understanding of practices that will lead to successful KT in the field of employment for individuals with disabilities

- Increased adoption and use of relevant research findings funded by NIDILRR and other entities, to improve employment of individuals with disabilities

- Increased capacity of NIDILRR's employment-focused grantees to plan and engage in KT activities
How we aim to achieve our mission:

- Work with employment-focused NIDILRR grantees to identify research findings that can be used to improve employment outcomes for individuals with disabilities

- Identify areas in which stakeholders' needs for research-based knowledge are most pressing

- Investigate and promote effective strategies to increase the appropriate use of the best available knowledge in the field
Disability and Rehabilitation Research Projects (DRRP): Projects for Translating Disability and Rehabilitation Research into Practice

- Translating Evidence about TBI to Practice within Washington State Department of Corrections - Mark Harniss
- Translating Transfer Training and Wheelchair Maintenance into Practice - Lynn Worobey
- TEST - Translating Evidence to Support Transitions: Improving Outcomes of Youth in Transition with Psychiatric Disabilities by Use and Adoption of Best Practice Transition Planning - Marsha Langer Ellison
Translating Evidence about TBI to Practice within Washington State Department of Corrections

Mark Harniss, Becky Matter, Sherrie Brown, Kurt Johnson, and Eva Larrauri
TBI

- At least 1.7 million people sustain a TBI annually in the United States.

- Approximately 12% of adults in the general population have a history of TBI with loss of consciousness. Men have twice the odds of having a TBI compared to women.

- People with TBI as a result of intentional injuries (e.g., crime-related injuries such as assault) are more likely to be male, younger, unemployed, living alone, with greater alcohol/drug abuse. They also show poorer functional gains at discharge from the hospital and are less likely to be discharged home.
TBI

- TBI may have an impact on all major areas of functioning, including cognitive executive functions.

- Deficits in executive function are often a barrier to participation in all areas of life, including employment and education.

- TBI is associated with mood and anxiety disorders.

- Individuals with TBI may also have an increased probability of social isolation.
The prevalence of TBI is significantly higher in the population of incarcerated offenders than in the general adult population.

A recent study conducted by Washington Department of Corrections (DOC) estimated that 35.6% of Washington State offenders have a history of TBI, and of those, 7.6% have moderate to severe TBI.

Two recent meta-analyses estimate higher rates—their findings suggest 51%-60.25% of the incarcerated population had experienced a TBI.
TBI and Corrections

- General risk factors for arrest are similar between people with TBI and those without—in particular, young, single, less educated males are more likely to be arrested.

- A history of offending prior to the TBI is also associated with post-TBI arrest. In contrast, researchers have noted a stronger relationship between TBI and substance abuse for offenders with TBI than for those without.

- In the DOC study, they found that 95.2% of offenders with TBI had a history of chemical dependency issues in comparison to 60.5% of the general population of offenders.

- In addition, it may be more common for offenders to have experienced multiple TBIs.
TBI and Corrections

- Research on the effect of TBI on offenders in correctional settings is limited, but suggests that:
  - they have higher rates of recidivism (i.e., prior incarcerations) than offenders without TBI,
  - are heavier users of medical/psychological services,
  - are less able to maintain rule-abiding behavior,
  - and are less likely to complete chemical dependency programs.

- Front line correctional staff have limited understanding of these challenges and how best to interact with people with TBI.
Our Project

- We will collaborate closely with the Washington State Department of Corrections (DOC) to translate research findings and products on the topic of traumatic brain injury (TBI) into practice.

- We will focus on the front line staff (i.e., prison staff, community corrections officers) who work regularly with offenders with TBI.
Our NIDILRR Products

- TBI Consumer Factsheets developed as part of the UW Model System Knowledge Translation Center [http://uwmsktc.washington.edu/](http://uwmsktc.washington.edu/).

- For example:
  - Understanding Traumatic Brain Injury: Four Part Series
  - Sleep and TBI
  - Driving after TBI
  - Cognitive Problems after TBI
  - Emotional Problems after TBI
  - Fatigue and TBI
  - Seizures after TBI
  - Returning to School After TBI
  - Headaches after TBI
  - Depression after TBI
  - Balance Problems after TBI
  - Alcohol Use after TBI
Goals & Objectives

- **Goal:** To improve management of offenders with TBI by front line staff.

- **Objectives:** To help front line staff understand...
  - what a TBI is,
  - how offenders might be affected by TBI,
  - what they could do that would help in day-to-day management of problems faced by offenders with TBI (e.g., memory, communication, mood, impulsivity),
  - how TBI might affect engagement in treatment programs,
  - how TBI affects compliance with DOC rules and regulations, and
  - how TBI might affect transition from corrections to community living.
Overview of Project

Phases

I: Matching evidence to gaps
II: Development & implementation of KT plan
III: Project Evaluation
IV: Process Evaluation
V: Dissemination

Goals

1) Use and adoption of research-based findings or products on TBI from a NIDILRR-funded grants within DOC.
2) Changes in policy, practice, or systems that are intended to improve the lives of offenders with TBI within DOC, as a result of the use or adoption of NIDILRR-sponsored findings or products on TBI.
3) Increased understanding of promising KT practices within the criminal justice community that target individuals with disabilities (i.e., TBI).

Outcomes

Washington State DOC
Increased TBI knowledge of frontline staff system-wide (Track 1).
Increased TBI knowledge and skills among frontline staff at pilot site to address day-to-day management of common problems experienced by offenders with (Track 2).

Criminal Justice Community
Increased knowledge and adoption of best KT practices within criminal justice community.
Tracks and Timeline

Track 1: System wide KT intervention to increase TBI knowledge of front line staff.

Track 1 will roll out in two stages across Years 1 and 2:
- First to integrate *Introductory* TBI evidence into existing curriculum and programming that will reach all front line staff members within prisons and community corrections.
- Second to tailor *Intermediate* TBI evidence by setting and key characteristics of TBI population (severity level, custody level, prison vs. community) and disseminate to appropriate front line staff.

Track 2: Intensive KT pilot intervention to translate TBI knowledge to practice.

Track 2 involves an intensive KT intervention to translate TBI knowledge to practice within a subgroup at DOC in Years 3-5.
- Veterans
- Women
- Cedar Hall

The target population and setting will be identified for the intensive KT intervention by the advisory team. Intensive KT interventions will include a range of strategies that serve to change practice and sustain these changes.
Project Contact

Traumatic Brain Injury in Corrections
University of Washington
Box 357920
Seattle, WA 98195-7920
206-685-4181 (Voice)
866-866-0162 or 206-616-1396 (TTY)
206-543-4779 (FAX)
Email: tbicorr@uw.edu
Project Website:
http://tbicorrections.washington.edu/
Translating Transfer Training and Wheelchair Maintenance into Practice

Lynn Worobey and Cindy Cai
Limiting Factors: Arm Pain and Wheelchair Failures

- **Transfers**
  - Rehabilitation milestone
  - Necessary for daily life
    - 15-20 transfers daily
    - Overuse injuries
  - Lack skills and training

- **Wheelchair Failures**
  - Rising frequency
  - Adverse consequences
  - Maintenance
Bridging the Gap

- In-person training
  - Benefits
  - Barriers

- Web based training materials
  - Accessible
  - Self-paced
  - Impact
    - Awareness
    - Understanding
    - Behavior change
Specific Aims

- High quality training products
- Stakeholder feedback
- Self-assessment versions of outcome measure as educational tools
- Material dissemination and utilization
- Utilization evaluation
Study Team

- **University of Pittsburgh**
  - Lynn Worobey (co-PI), Mike Boninger (PI)

- **American Institutes of Research**
  - Cindy Cai (co-PI)

- **Community Partners/Stakeholders**
  - United Spinal Association of Western PA
  - Spina Bifida Association of Western PA
  - University of Pittsburgh Medical Center
Stakeholder Input

Study Activities → Output → Outcomes

Stakeholder Input → Study Activities
Course Development

Training Course Development

Outcome Measures Converted to Self-Administered Questionnaires

Training Course and Closed Social Media Pilot Testing

Fact Sheet Development

Material Revision
Self Determination Model

- Individual goal setting
- Participate in designing intervention
- Behavior modification
- Track progress
- Goal modification
Reaching Our Audience

- Community partners
- Conferences
- Electronic Distribution
- Social Media
Strategies to Ensure Adoption

- Reminder Emails
- Print materials
- User Satisfaction Surveys
- User Self Assessment
- Public Social Media Sites
  - Facilitator
  - Discussion Boards
Data collection methods

- Usage tracking
  - Google Analytics
- Web based surveys
  - Stakeholders knowledge and opinions
- Individual interviews
- Self administered outcome measures
- User satisfaction surveys
Knowledge Translation Plan

- Evidence based content
- Outcome measure dissemination
- Educational self-assessment tools
- User feedback
- Training material dissemination
- Evaluation

Better maintained wheelchairs
Improved transfer techniques
TEST - Translating Evidence to Support Transitions: Improving Outcomes of Youth in Transition with Psychiatric Disabilities by Use and Adoption of Best Practice Transition Planning

Marsha Langer Ellison
Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.
Visit us at:  
http://www.umassmed.edu/TransitionsRTC

The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, 90DP0080-01-00, United States Department of Health and Human Services (ACL GRANT # 90RT5031,). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Additional funding provided by UMass Medical School’s Commonwealth Medicine division. The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.
TEST Overview

1) **Develop** research informed knowledge translation materials and procedures tailored to youth with emotional behavioral disturbance (EBD) in transition to adulthood.

2) **Pilot-test** procedures and materials in one school district with an implementation stakeholder team.

3) **Implement** and provide technical assistance to a “targeted” state to adopt TEST

4) **Disseminate** TEST at NTACT Capacity Building Institute
TEST Partners

- **UMass team**: Marsha Ellison (PI), Kate Biebel (co-PI), Sloan Huckabee, and Laura Golden
- Mary Wagner, SRI
- Transition Alliance of South Carolina
- NTACT – Deanne Unruh, Catherine Fowler, David Test
- Joann Starks – KTER/AIR
TEST’s Targeted Transition Practices

1. Concentrated general education Career and Technical Education (CTE) courses

2. Student-led transition teams

3. Adult agency representative participation in transition teams
Promoting Successful Transitions for Youth with Serious Mental Health Conditions: Findings from the National Longitudinal Transition Study-2 (NLTS2)

Mary Wagner, Ph.D.
Transition planning impacts on post-school employment

- Students who had received instruction in high school on the purpose and processes of transition planning and how to actively participate in them were significantly more likely to obtain full-time employment after high school.

  - Odds ratio = 0.21**
  - 78% of youth with ED had received such instruction in high school
Effects of taking any general education and CTE concentration on full-time employment

<table>
<thead>
<tr>
<th>Full time employment, by time period</th>
<th>Odds Ratios</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any general education CTE</td>
<td>Concentration* of gen. ed. CTE</td>
</tr>
<tr>
<td>Up to 2 years post high school</td>
<td>1.95</td>
<td>4.07**</td>
</tr>
<tr>
<td>2 up to 8 years post high school</td>
<td>2.04</td>
<td>1.80</td>
</tr>
<tr>
<td>Any time since leaving high school</td>
<td>2.49*</td>
<td>4.04*</td>
</tr>
</tbody>
</table>

CTE = Career and technical education
Concentration = earning 4 or more credits in an occupationally specific CTE subject
*p < .05
NIRN Stage-Based Implementation Framework

- **Implementation Component**
  - Form teams; develop ways of work and communication protocol
  - Conduct needs assessment; determine fit and feasibility of approach; assess staff readiness
  - Identify necessary infrastructure elements to support practice, organizational, and system change

- **Exploration**
  - Develop team competencies; assure resources to support innovation
  - Assess infrastructure gaps; institute policy practice feedback loops; assess team competencies
  - Develop necessary infrastructure elements to support practice, organizational, and system change

- **Installation**
  - Troubleshoot and problem-solve; use data at each team meeting to promote improvement
  - Assess usability testing data to stabilize approach; track and improve fidelity scores
  - Improve necessary infrastructure elements to support practice, organizational, and system change

- **Initial Implementation**
  - Use improvement cycles; develop and test enhancements
  - Assess outcomes; collect data to support fidelity monitoring and improvement
  - Maintain skillful practice; produce more efficient and/or effective infrastructure to support outcomes
<table>
<thead>
<tr>
<th>Objective 1: Develop research informed knowledge translation materials and procedures tailored to youth with Emotional Behavioral Disturbance in transition</th>
<th>Objective 2: Pilot-test procedures and materials in one school district with an implementation stakeholder team</th>
<th>Objective 3: Provide implementation support and intensive technical assistance to a “targeted” state to adopt TEST.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convene meetings of the Transition Alliance of South Carolina</td>
<td>Identify and recruit 3 schools to participate</td>
<td>Selection of targeted state for intensive technical assistance.</td>
</tr>
</tbody>
</table>
| Develop TEST products and procedures  
  III. Test Guide for Adult Services Agency/Organization Involvement in Transition Planning | Provide training in TEST to 3 transition teams | Involve stakeholder implementation team. |
| | Use TEST materials in 3 transition teams | Provide technical assistance on TEST products and procedures, use and adaptations |
| | Ongoing feedback on use of TEST materials | Collect iterative feedback on use of TEST products and procedures. |
| | Review and revise TEST products. | Evaluate TEST full implementation. |
| Conduct iterative review and modifications of initial TEST products and procedures. | Evaluate pilot process. | Prepare TEST implementation guidance |
## TEST Project Objectives (Cont’d)

<table>
<thead>
<tr>
<th>Objective 4: Present TEST content session at NTACT Capacity Building Institute</th>
<th>Objective 5: Dissemination by the Transitions Research and Training Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and deliver content session at CBI and Cadre meetings</td>
<td>Translate TEST products, procedures &amp; implementation guidance via RTC mechanisms (e.g. tip sheets, webinars, social media, discussion boards)</td>
</tr>
<tr>
<td>Evaluate TEST content sessions and cadre meetings</td>
<td>Evaluate reach and impact of TEST products.</td>
</tr>
</tbody>
</table>
South Carolina Partners

- Center for Disability Resources
- Transition Alliance of South Carolina (TASC)
Transition Alliance of South Carolina (TASC)

- Housed at the Center for Disabilities Resources
- Developed infrastructure to create and support local interagency transition teams
- Provide resources to increase capacity for serving transition age youth with disabilities
- Builds capacity for transition programming at state and local levels
NTACT Resources for TEST
NTACT’s Activities

Technical Assistance at All Levels

Evidence Based Practices

Outcomes
NTACT’s TA Levels: Intersections with TEST (over time)

<table>
<thead>
<tr>
<th>Universal</th>
<th>Targeted</th>
<th>Intensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible to All</td>
<td>Time-limited and Task specific</td>
<td>15 Selected States</td>
</tr>
<tr>
<td>• Accessible website</td>
<td>• Support for SEA/VR review of data and development of strategic improvement plans</td>
<td>• Sustained support for examination of data, analysis of policies, programs, and practices</td>
</tr>
<tr>
<td>• Practical briefs &amp; toolkits</td>
<td>• Topical CoPs</td>
<td>• Recommended practices for integrated, inter-departmental service provision</td>
</tr>
<tr>
<td>• Access to self-directed online learning</td>
<td>• Time limited coaching</td>
<td>• Coaching during exploration to installation with State and Local</td>
</tr>
<tr>
<td>• Webinars for priority content areas</td>
<td>• CBI and Targeted Regional Cadre Meetings</td>
<td>• Initial implementation including evaluation to inform research and practice</td>
</tr>
<tr>
<td>• General SSIP guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Response to inquiries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you!

Please answer 5 questions about this webcast:


Get in Touch:

kter@air.org

Follow us on Twitter @KTER_Center and on Facebook
Disclaimer

The contents of this presentation were developed under grant number 90DP0077 from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.