FROM KNOWLEDGE TO ACTION: KNOWLEDGE TRANSLATION IN THE “REAL WORLD” OF COMMUNITY PSYCHIATRY

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The Problem

- Knowledge translation is a messy and complicated business

- KT theories describe the phases of the process; but give little guidance as to what to do “on the ground”.
Presentation Overview

- Knowledge translation: KTA process
- Overview of the CACTUS project
- Appreciative Inquiry
- Motivational Interviewing
Terms for “Knowledge to Practice”

- Evidence into practice/ translating scientific knowledge (N = 15)
- Implementation (n = 12)
- Evidence/research based (n = 8)
- Knowledge/research/evidence utilization/uptake (n = 6)
- Diffusion (n = 5)
- Dissemination (n = 3)
- Technology transfer (n = 3)
- Knowledge exchange/mobilization (n = 2)
- Organizational change (n = 2)
- Assimilate (n = 1)
- Behaviour change (n = 1)
- Integrate (n = 1)
- Change management (n = 1)
- Scaling up (n = 1)
- Improvement (n = 1)
- Adoption (n = 1)
(Graham & Tetroe, 2007)
The Cactus II Project

- A knowledge to action project focused on addressing smoking cessation in community psychiatric settings
- Six community case study locations
- Design integrated clinical tobacco reduction interventions, determine effectiveness and evaluate uptake
- PLAN, DO, STUDY, ACT

*Funded by CIHR*
Principles of Appreciative Inquiry

*Inquiry into the social innovation potential of a social system* (Cooperrider & Srivastva, 1987)

- Change happens over conversations
- Change can be transitional or transformational
- *Improvisation* vs. Implementation
- What do you want more of?
Motivational Interviewing

- Client centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002)
Guiding Principles (RULE)

- Resisting the righting reflex
- Understand your patients/organizations motivations
- Listen to your patient/organization
- Empower your patient/organization
General Principles

- **Express Empathy**
  (acceptance, reflective listening, ambivalence is normal)

- **Develop discrepancy**
  (client/organization should voice the arguments for change)

- **Roll with Resistance**
  (avoid arguing for change, resistance is not directly opposed, resistance is a signal to respond differently)

- **Support Self-efficacy**
  (important motivator, client/organization responsible for the change, counsellor/researcher must believe in the change)
Conclusion

- Supplementary theories are required to supplement KT models

- Reconsider deficit-based approaches; build on strengths (from push to pull)

- MI principals are a helpful guide to meaningful knowledge to action engagement
Questions