

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

Katie Baines MSc RN, Syd Malchy BA MSc &
Joy Johnson PhD RN FCAHS

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



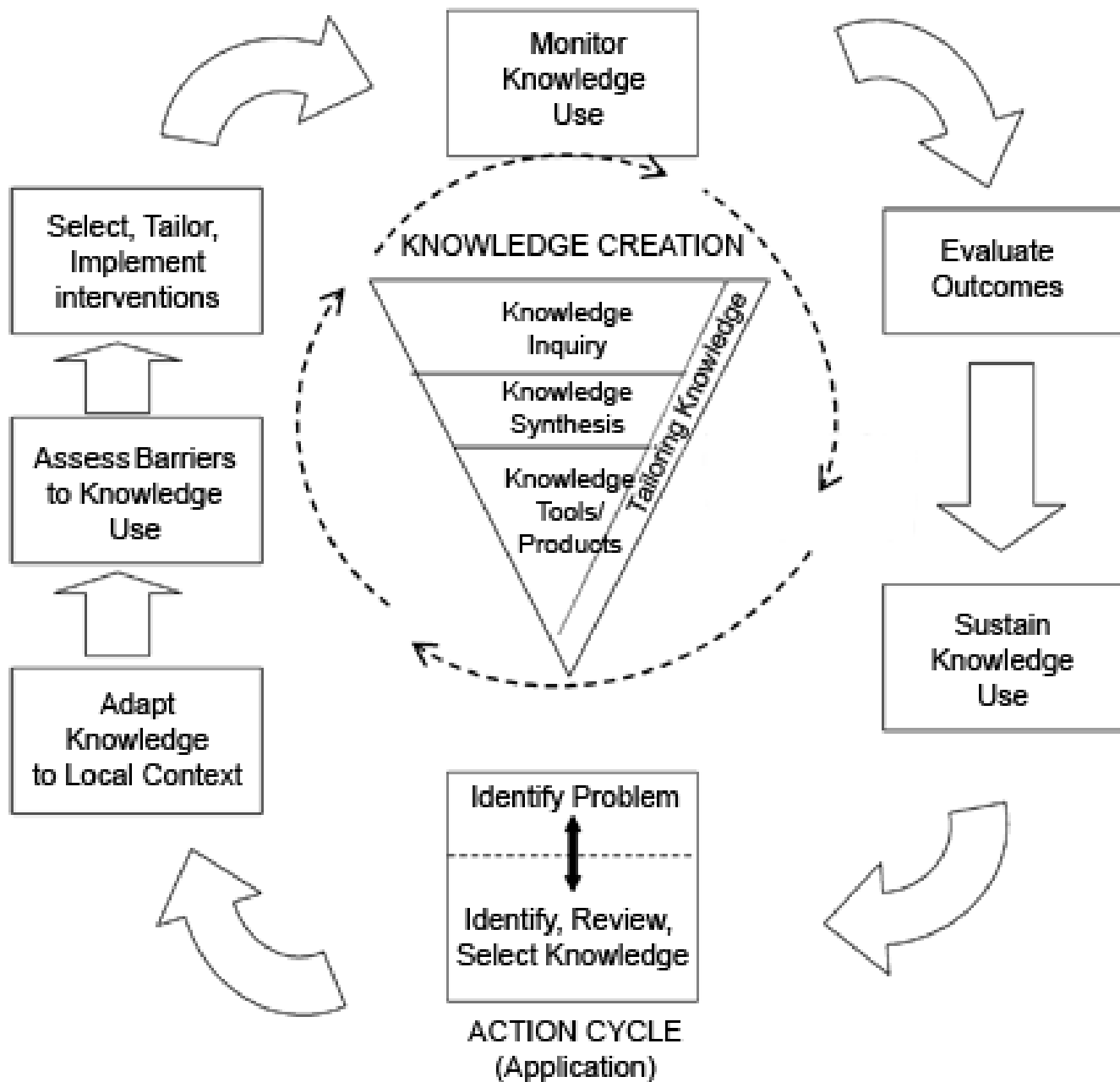
- Knowledge translation: KTA process
- Overview of the CACTUS project
- Appreciative Inquiry
- Motivational Interviewing

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)

KNOWLEDGE TO ACTION PROCESS



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

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