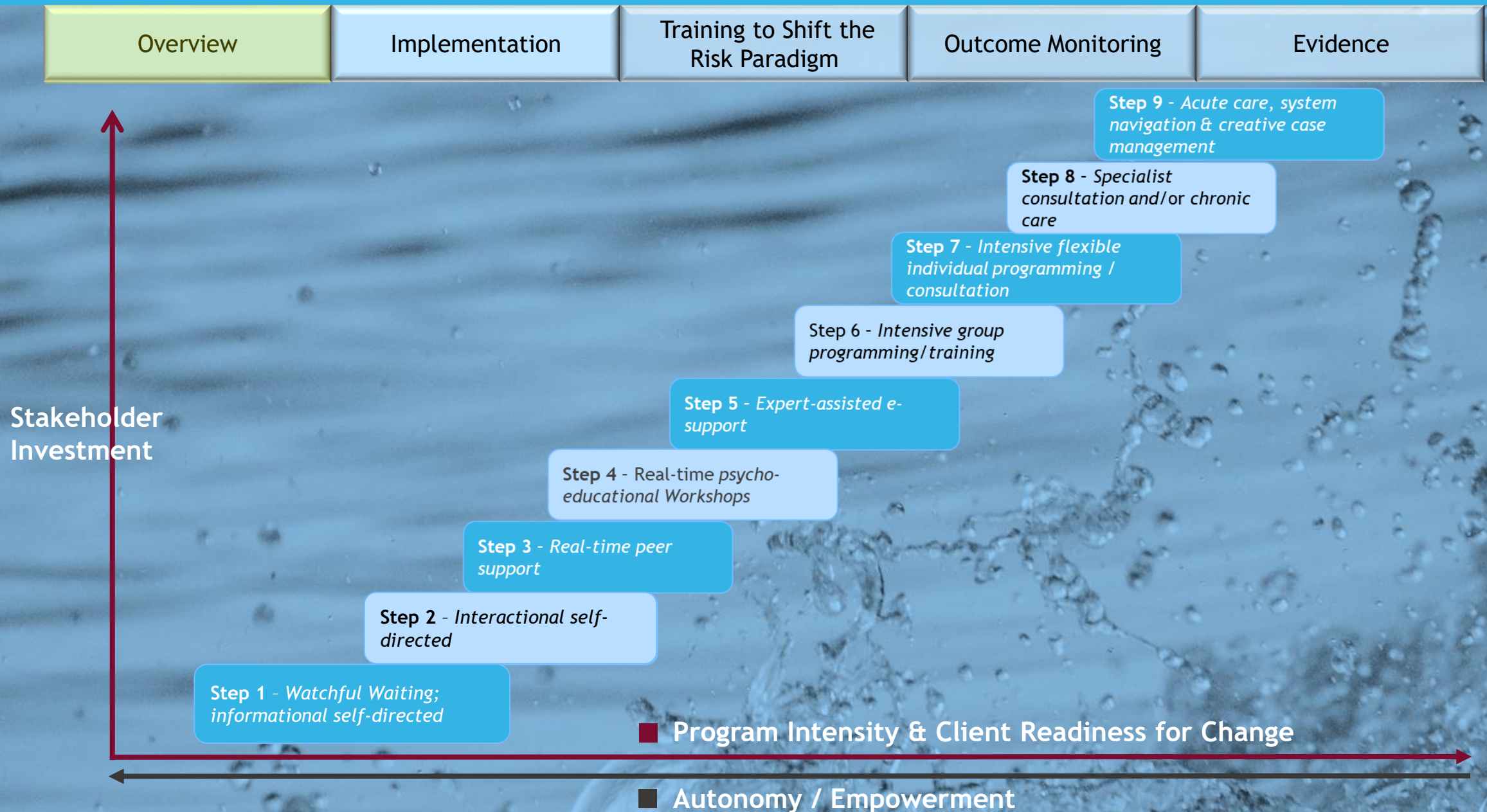
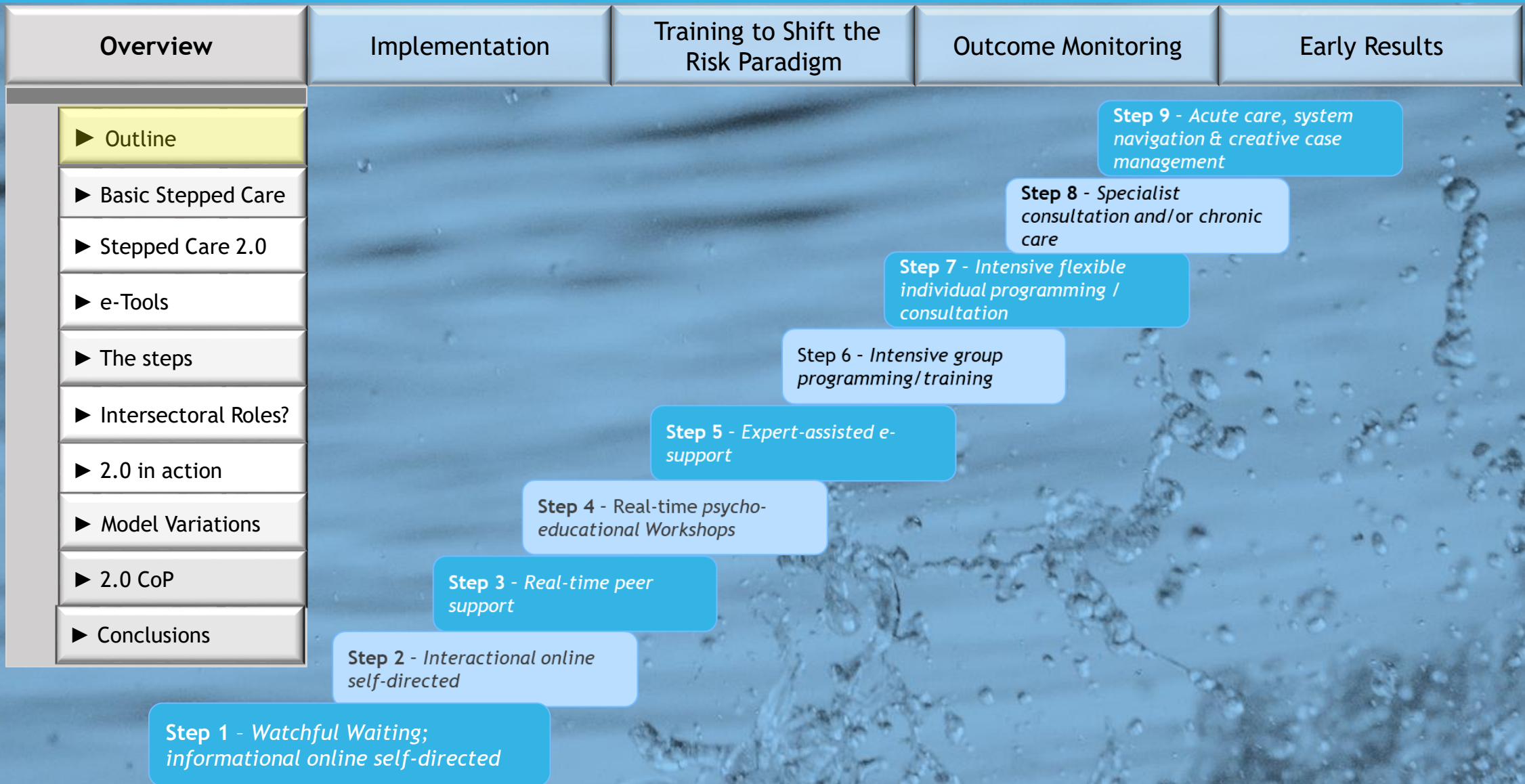


Stepped Care 2.0 (www.steppedcaretwopoint0.ca)



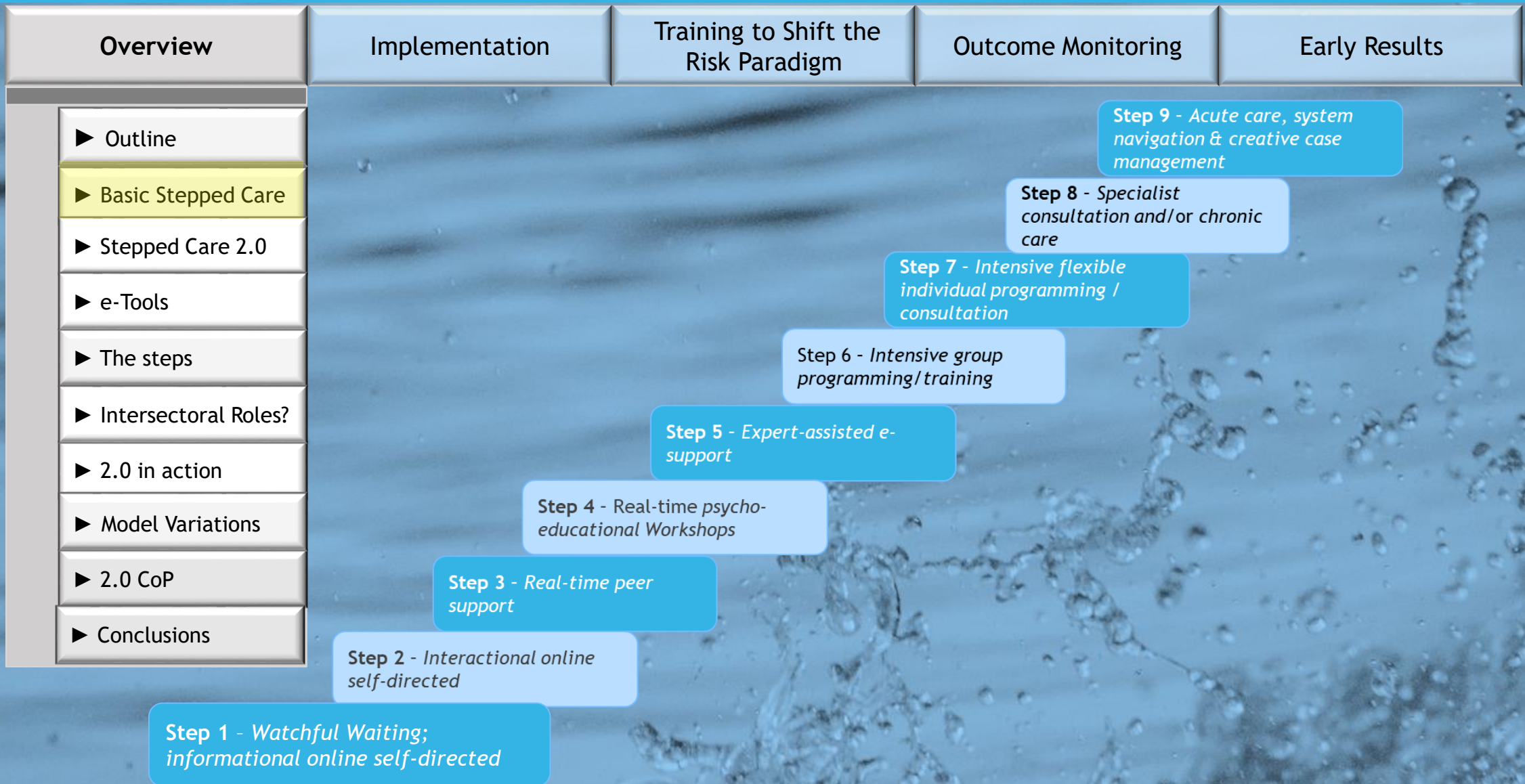
Stepped Care 2.0 ©



SC2.0

- Learning Objectives
 - I. List three features of SC2.0 that improve access & outcomes
 - II. Identify three applications for single session principles within SC2.0
 - III. Distinguish between *evidence-based practice* and *practice-based evidence*
- Medical model versus recovery model versions of stepped care
- Principles of SC2.0
- The Steps
- The evidence at a glance
- Variations on SC2.0
- Implementation Science
- Implementation Checklist
- Learning outcomes revisited

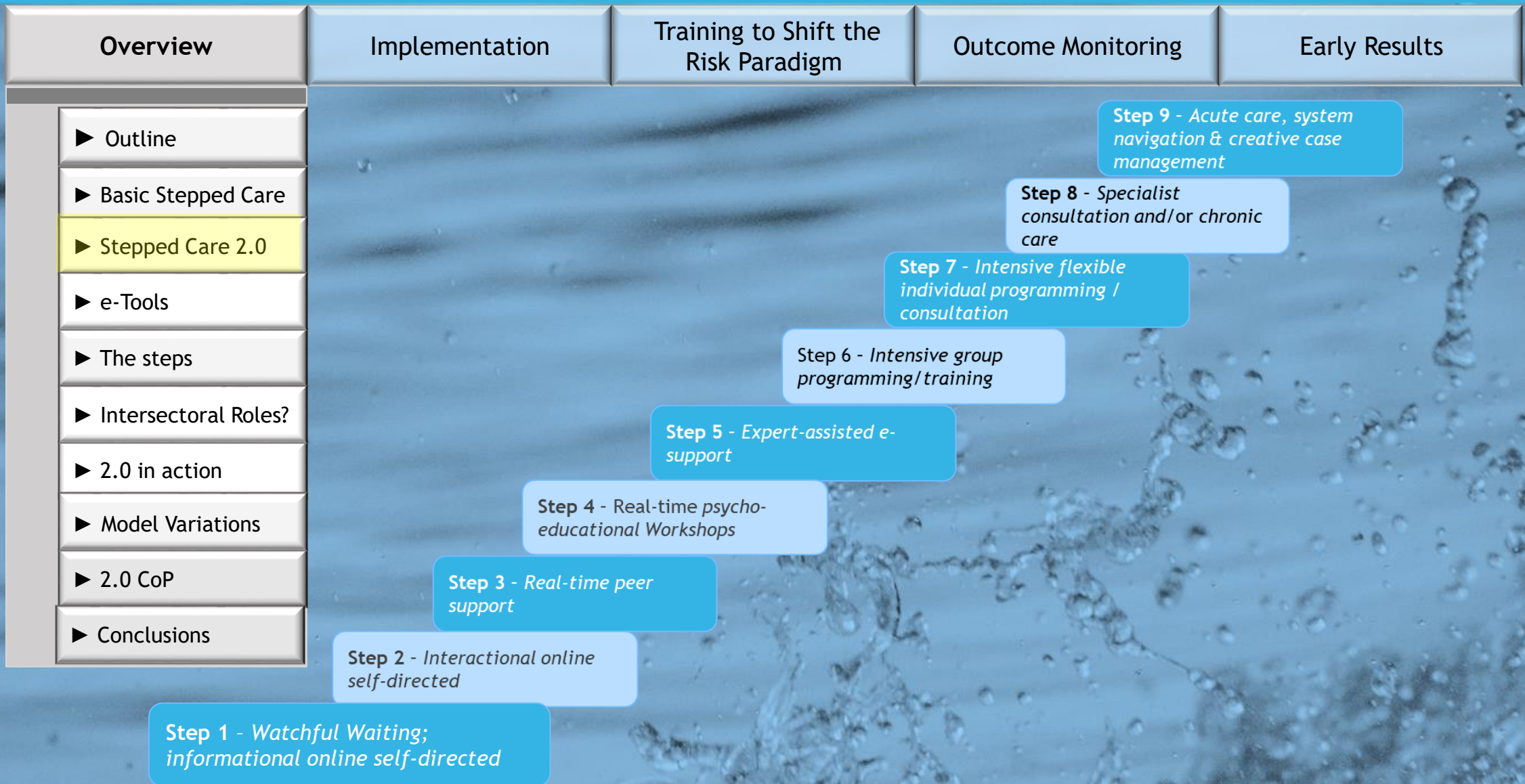
Stepped Care 2.0 ©



Western European Model

- Led by UK
- Goals: 1. Reduce the burden of mental illness in society; 2. Care system is self-corrective
- Most effective yet least resource intensive programming offered first
- Programming Intensity only stepped up to the next level with evidence or prediction of failure
- Pathways determined by symptom severity
- Better outcomes and more sustainable

Stepped Care 2.0 ©



Stepped Care 2.0 ©

What's New About 2.0? *(Click for details below)*

► Principles of SC2.0

- More rapid access to care
- Recovery oriented
- Assess both strengths & deficits
- Single session principles
- Based on readiness for change
- Maximizing outcomes
- Collaborative in 4 ways

What's New About 2.0?

- No wait times
- Not a pathways or staging model
- More client-centric (shares responsibility with clients)
- More flexible and organic
- Incorporates natural community supports
- More attentive to patient engagement

What is Stepped Care 2.0?

- Collaborative system of delivering & monitoring recovery-oriented programs, while promoting client responsibility, autonomy & resilience.
- Steps based in part on readiness for change.
- Includes face-to-face and/or online components to meet clients “where they are.”



What is Stepped Care 2.0?



- Solution-focused, strengths-based interventions applied first.
- Trial and error approach is transparent so that clients and providers can fail forward together.
- Traditional 50-minute therapy is only offered mainly to those who are ready to engage in challenging work.

START STRONG
START SIMPLE



What is Stepped Care 2.0?



- Shares responsibility for wellness with entire community
- Not a pathways or staging model; minimal assessment unless necessary; instead flexible, adaptive / self-corrective.



Stepped Care 2.0 ©

What's New About 2.0? *(Click for details below)*

- ▶ Principles of SC2.0
- ▶ **More rapid access to care**
- ▶ Recovery oriented
- ▶ Assess both strengths & deficits
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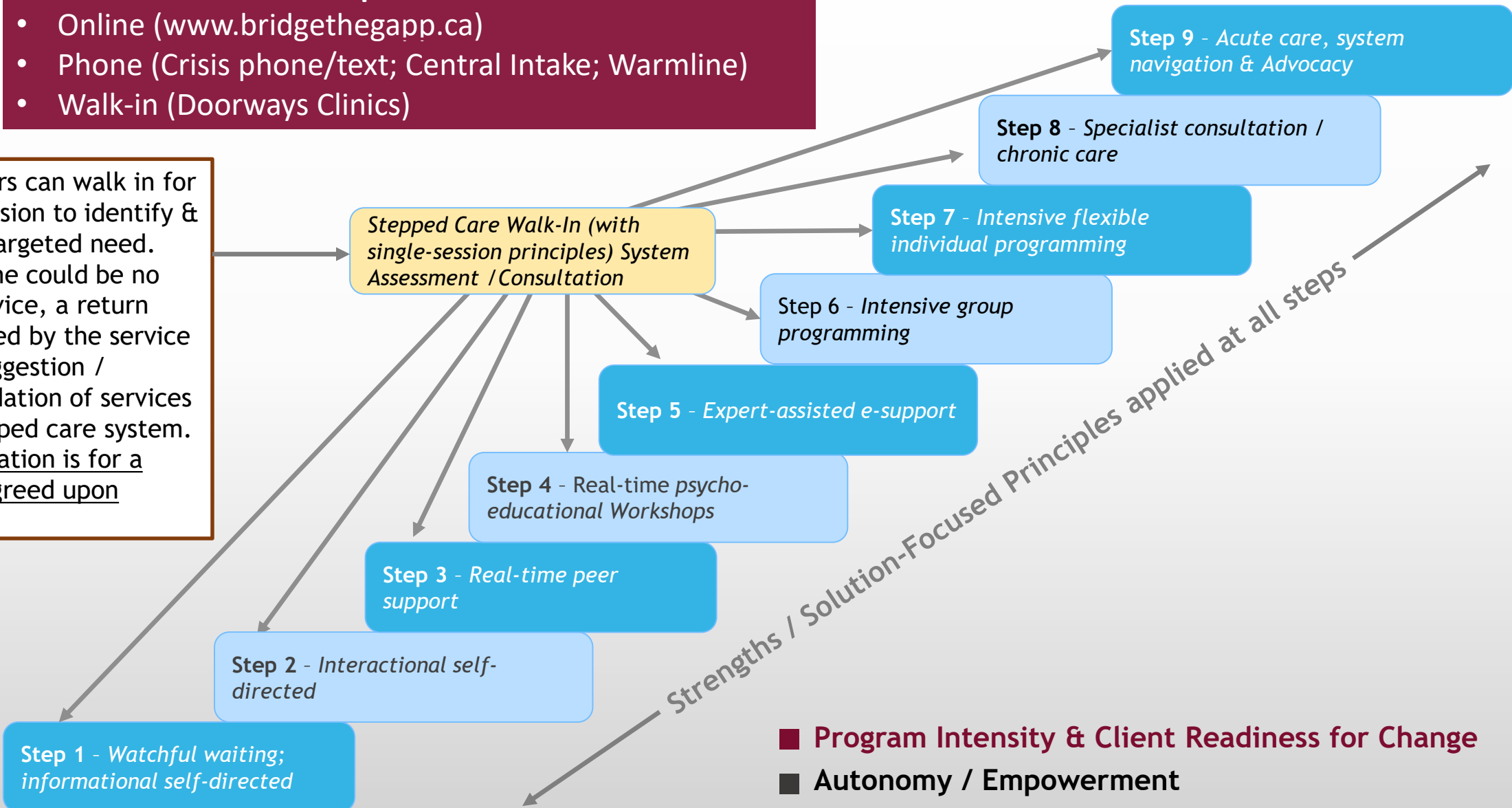
Rapid access through Stepped Care 2.0

Immediate Care Access Options in NL:

- Online (www.bridgethegapp.ca)
- Phone (Crisis phone/text; Central Intake; Warmline)
- Walk-in (Doorways Clinics)

Service users can walk in for a single-session to identify & address a targeted need. The outcome could be no further service, a return visit initiated by the service user, or suggestion / recommendation of services within stepped care system. The expectation is for a mutually agreed upon outcome.

Stakeholder Investment



Stepped Care 2.0 ©

What's New About 2.0? *(Click for details below)*

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- ▶ Single session principles
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Mental Health Recovery

► Recovery Principles

► Clinical Staging vs. Recovery

Recovery Values (APA, 2012)

► Self-direction

► Individualized and person-centered

► Empowerment

► Holistic

► Nonlinear

► Strengths-based

► Peer Support

► Respect

► Responsibility

► Hope



Recovery Values (APA, 2012)

► Self-direction

**Consumers determine
their own path to
recovery**

► Individualized and person-centered

► Empowerment

► Holistic

► Nonlinear

► Strengths-based

► Peer Support

► Respect

► Responsibility

► Hope



Recovery Values (APA, 2012)

▶ Self-direction

▶ **Individualized and person-centered**

▶ Empowerment

▶ Holistic

▶ Nonlinear

▶ Strengths-based

▶ Peer Support

▶ Respect

▶ Responsibility

▶ Hope

There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds.



Recovery Values (APA, 2012)

▶ Self-direction

▶ Individualized and person-centered

▶ **Empowerment**

▶ Holistic

▶ Nonlinear

▶ Strengths-based

▶ Peer Support

▶ Respect

▶ Responsibility

▶ Hope

Consumers can choose among options and participate in all decisions that affect them.





Mental Health Recovery

► Recovery Principles

► Clinical Staging vs. Recovery

Stepped Care Versions

Some tension exists
between these versions

Pathways/Staging Version

- UK, Europe, Australia
- Screening and thorough assessment upfront - purpose is to detect / address risk and conduct triage
- Decision tree - clear pathways
- Focus more on illness with priority to severe pathology
- Monitor symptoms
- Prescriptive, *evidence-based*, manualized treatments
- Fits in medically-based clinics and primary care fee-for service context

Recovery Version

- Stepped Care 2.0 (Canada, US)
- Minimal upfront assessment, solution-focus + “fail forward” initially
- Deep assessment only when there is “a mystery”
- Flexible - no pre-determined pathways
- Population focus: prevention & treatment for all regardless of severity
- Monitor readiness, relationship capacities/recovery
- Collaborative, trial-and-error solutions based on *practice-based evidence*
- Fits multiple sectors - e.g., community clinics, educational settings, integrated service hubs, including when dx not required

Stepped Care 2.0 ©

What's New About 2.0? *(Click for details below)*

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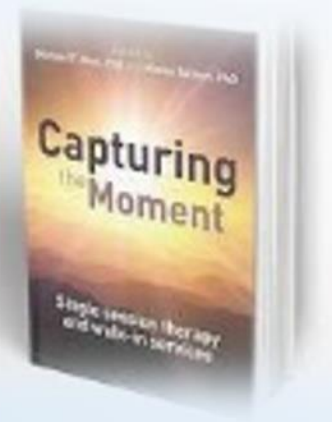
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Single Session Principles

Click on hyperlinks for details:

- [What is single-session therapy?](#)
- [30 year history](#); [research is promising](#)
- Hoyt & Talmon (2014)
- Narrative & solution focused [assumptions](#), [goals](#) & [interviewing style](#)
- [Walk-in access](#)
- [Strengths-based](#)
- Capture the moment of opportunity afforded by client's current hope-oriented inertia



What is Single-Session Therapy?

- [Walk-in access](#)
- *One-at-a-time* therapy
- Each session is self-contained
- Just like a visit to a physician
- [Rapid assessment](#)
- Targets a single issue
- A solution is generated
- Follow-up is an option but not the default
- Therapist works very hard to create an immediate success
- Client experiences it as their own solution
- [More on how SS fits in context of SC2.0...](#)



*Moshe Talmon, PhD
Psychologist*



*Michael Hoyt, PhD
Psychologist*

Stepped Care 2.0 ©

What's New About 2.0? *(Click for details below)*

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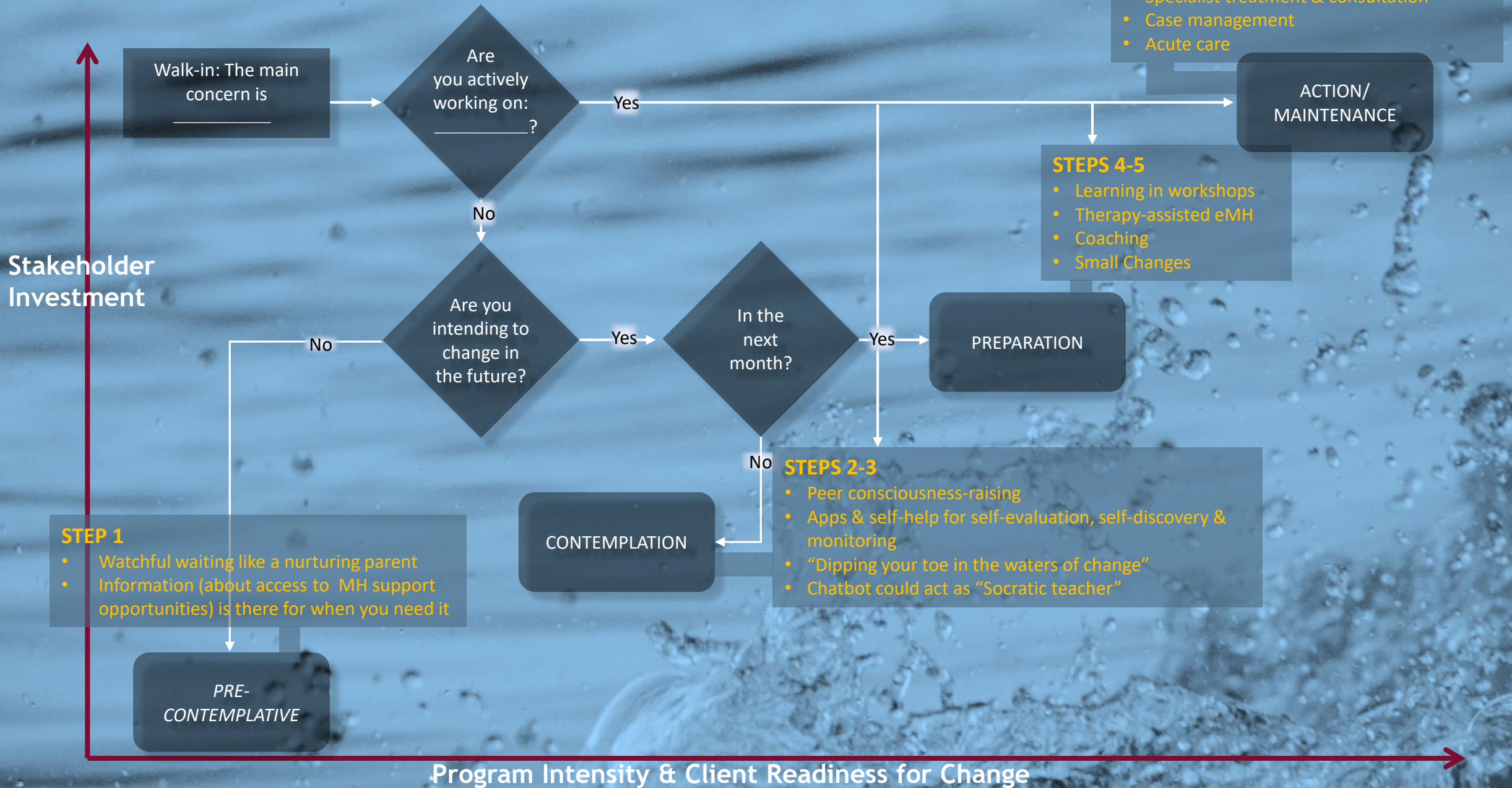


Readiness for Change

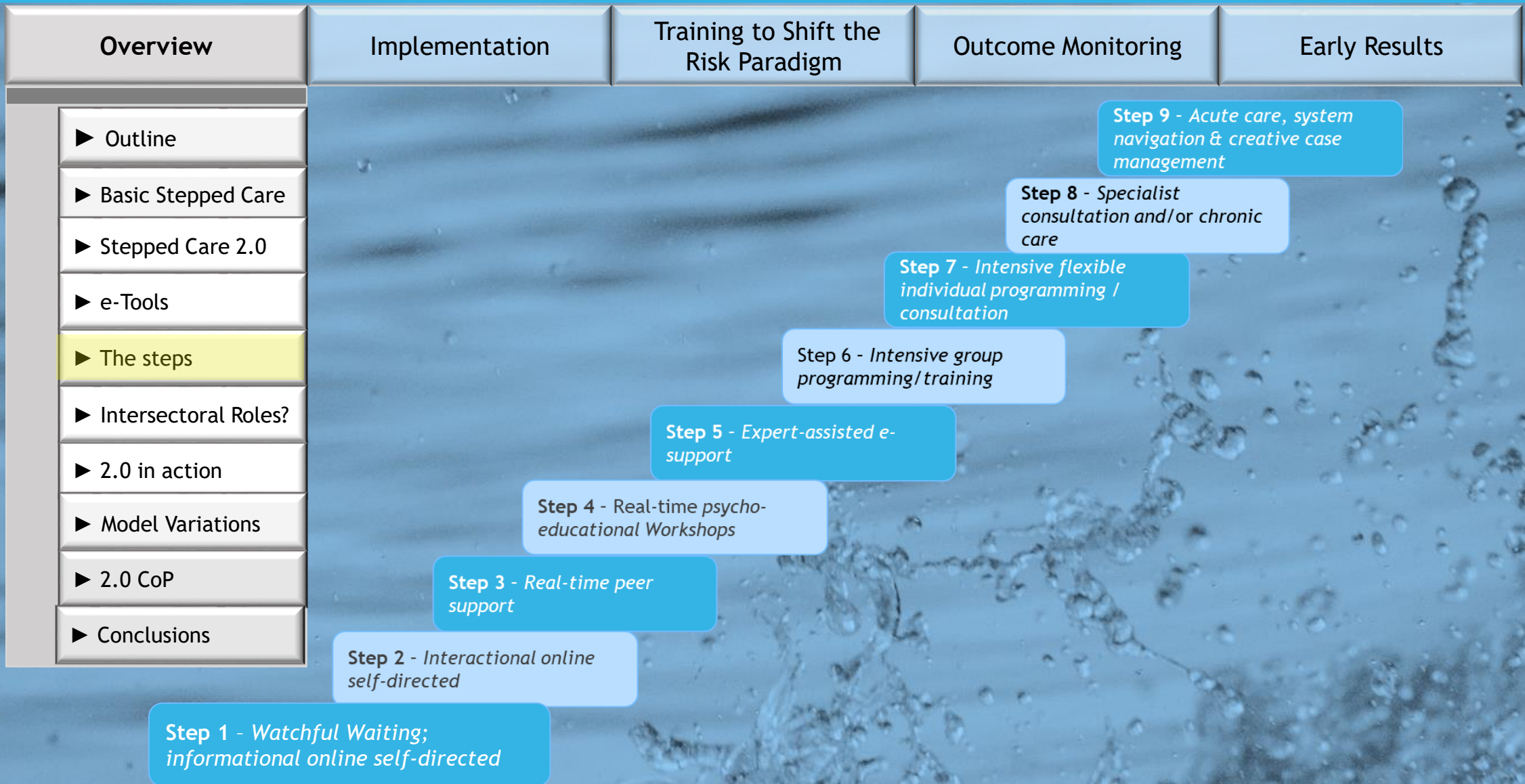
- ▶ Screening for severity?
- ▶ Stepping for readiness?
- ▶ Measures

Stages of Change Stepping Protocol*

* Based in part on Prochaska, Norcross & Diclemente (2013)



Stepped Care 2.0 ©



Stepped Care 2.0 ©



Explore the steps!

- Click on a step for details

STEP 1: Informational Self-Directed



Bridge the gAPP:

- Whole population
- Gov NL *mental health literacy* app
- Self help content
- Access to Province's e-mental health tools
- Access to local resources

TIP:

Step 1, with its emphasis on mental health literacy, is appropriate for those at the precontemplation stage of change



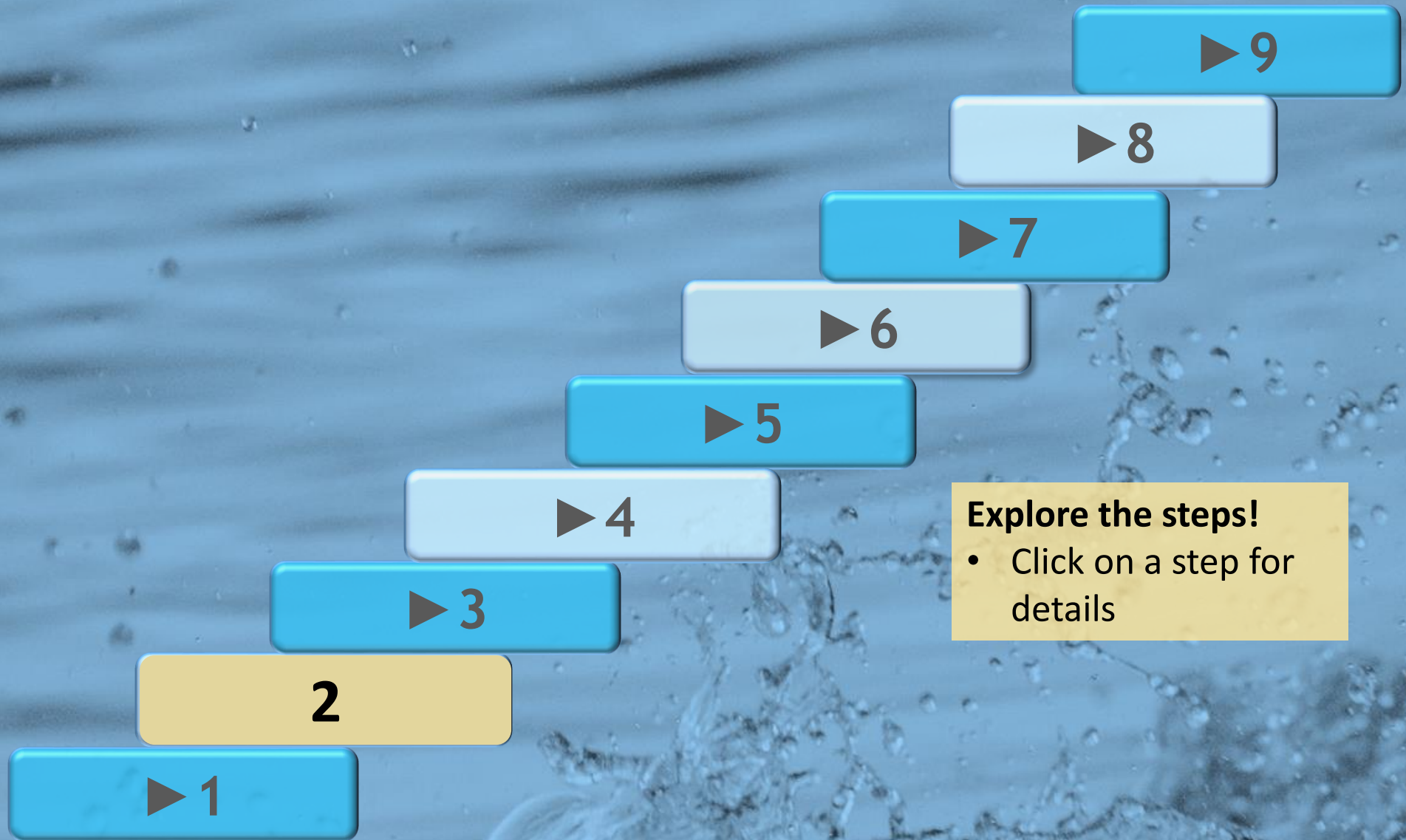
Step 1 - Watchful waiting; informational self-directed

Also:

- Clinicians can prescribe other mental health literacy sites, as well as apps, YouTube videos and Ted talks.



Stepped Care 2.0 ©



Explore the steps!

- Click on a step for details

STEP 2: Interactional Self-Directed



- Anxiety, depression, stress, substance abuse, anger, communication
- ACT, CBT, Behavioural Activation
- Online workbooks



Melanie – "your guide for BR"



- 8 module self-help program
- Ages 12-24
- Stress, depression, anxiety
- Positive psychology approach



- iCBT
- Relaxation
- Mood tracking

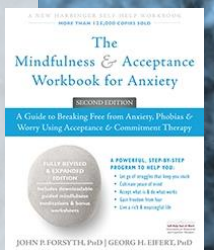


- Anxiety, depression, stress, phobias
- Online workbooks



- Lifestyle coaching modules
- Based on stages of change

Also:
Clinicians can prescribe other self-help treatment programs in app or workbook form



Stepped Care 2.0 ©



STEP 3: Real Time Peer Support



MUN only: Campus-based face-to-face peer support – volunteers provide bulk of 7 Cups peer support

Step 3 - Real-time peer support



7 Cups:

- Online peer chat
- For non-crisis
- Brief training for global “listeners”
- Some questions on quality of global listeners
- Extensive training for local listeners

CHANNAL

- Community-based peer support by phone



CelestHealth Solutions
BHM-20/43



MindWell

- 30-day online program
- 5-10 minutes per day
- Can choose a “buddy” to complete program together



Pacifica

- Peer support communities

Big White Wall®



STEP 4: Real-Time Psychoeducational Workshops

Transdiagnostic Workshops - Distress

- Base psycho-education on Barlow's Unified Protocol
- Dx is not relevant
- Focused on skills for coping with distress

Emotions
101
Workshop

CelestHealth Solutions™
BHM-20/43

Workshops –real-time

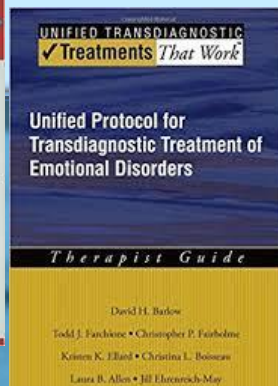
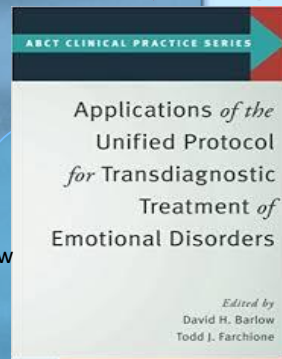
- Open to public or referred clients
- Drop-in classes
- Professionally led
- Mental health literacy
- ***E-mental health tool advice provided***
- To increase viability of these workshops (i.e., ensure cost-effectiveness by maximizing attendance), these could be simulcast

Distress 101
Workshop

Step 4 - Real-time psycho-educational Workshops



David Barlow



Stepped Care 2.0 ©



University of Central Florida (UCF)



TAO Calming Your Worry, Group Counseling

Christopher Nault, LMHC ►



Step 5 - Expert-assisted e-support



- Anxiety, depression, stress, substance abuse, anger, communication
- ACT, CBT, Behavioural Activation
- Online workbooks

- 15-30 minute weekly expert coaching (*not provided by TAO*) online, phone, or in- person
- Like flipped classroom (content and work online; consults live)
- High ROI
- Best in-class customer support

TAO coaching can be done individually or in groups.



- Beacon
- iCBT content
 - Email coaching
 - Staging model: More assessment than other tools

Stepped Care 2.0 ©



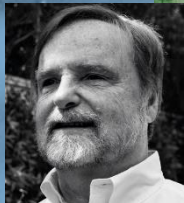
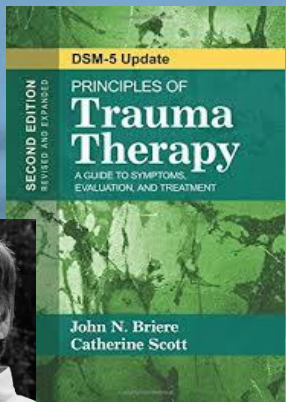


Step 6 - *Intensive group programming/training*

DBT Skills Training Manual



Marsha Linehan



John Briere

Specialized Groups

- Only if demand warrants (urban centres; large PSEs)
- High disclosure & exposure
- e.g., Eating Disorder, DBT or PTSD skills groups
- Professionally led
- Clinician referral required
- Lower than step 7 in terms of cost, but may higher than step 7 in terms of intensity and client readiness

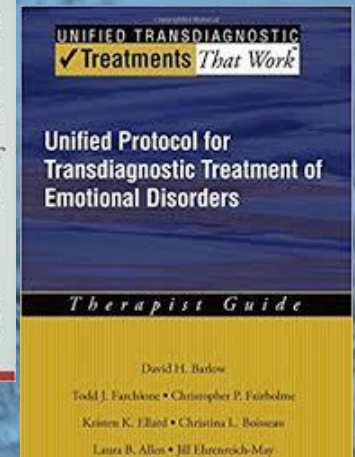
CelestHealth Solutions™
BHM-20/43

Transdiagnostic Groups

- Barlow's Unified Protocol
- When population density is lower
- Dx is not relevant
- Focused on skills for coping with distress



David Barlow



Stepped Care 2.0 ©



Counseling Center Village

Created by and for college counseling center professionals



- Only offer individual psychotherapy when clients are ready to be challenged
- Session length can be adjusted to fit with energy and pace
- 10 minutes
- 25 minutes
- 50 minutes

Examples: Online tools used as adjunct to therapy

► See "Lisa" Video

Anxiety
CANADA

Hover your mouse over highlighted text to see how the Legend below your entry.

I am an **idiot**.

I **will** **screw** up.

I **should never** have agreed to go to McGill.

thought
helper.com



New Entry Cancel

Legend

| | |
|----------------------------|---|
| Plain text - No coding. | Plain black-and-white text indicates a relatively realistic use of language. That's your goal! |
| 'Drama' language | These statements are usually more general or universal than what is really true, often with emphasis. Try challenging the absoluteness of these. Can you change the statement to something more specific and realistic? |
| 'Should' language | These statements express obligations. Are you truly required to do this? Is it really a "must", a "need", or even a "should"? |
| 'Fortune-Telling' language | You have predicted negative outcomes with certainty! Maybe they will happen, maybe not. Are these negative outcomes truly certain? |
| 'Mind-Reading' language | Do you really know what others think, what they feel? Can you describe what they actually did or said? |

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Step 7 - Intensive flexible
individual programming /
consultation

CelestHealth Solutions™
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Centre for
Clinical
Interventions

Stepped Care 2.0 ©



- In NL: 811 Health Line
- Medeo; Zoom
- Clinical psychology assessment, consultation for physicians or counsellors
- Psychiatric remote consult for physicians
- Residential or day-treatment



Step 8 - *Specialist consultation and/or chronic care*



a meeting
discussion at
consultation. n
advice is giv
a meeting to
living

Stepped Care 2.0 ©





Step 9 - *Acute care, system navigation & creative case management*



All ages

► See "Scott" Videos



Clinic-based

- Emergency Dept.
- Short Stay & Psychiatric Assessment Unit
- Case Management
- Peer support as O.T.
- Client Design Team (like O.T. with consumer input on design of services)

Stepped Care 2.0 ©



Stepped Care 2.0 ©

What is SC2.0?

Implementation

Training to Shift the
Risk Paradigm

Outcome Monitoring

Evidence

**Step 1 - Watchful Waiting;
informational self-directed**

**Step 2 - Interactional self-
directed**

**Step 3 - Real-time peer
support**

**Step 4 - Real-time psycho-
educational Workshops**

**Step 5 - Expert-assisted e-
support**

**Step 6 - Intensive group
programming/training**

**Step 7 - Intensive flexible
individual programming /
consultation**

**Step 8 - Specialist
consultation and/or ch
care**

**Step 9 - Accu
navigation &
management**

- ▶ Proj. Provider data
- ▶ Proj. Site visit data
- ▶ Proj. Client data
- ▶ Proj. Focus Groups
- ▶ NL Project Report
- ▶ SC2.0 Publication
- ▶ Related Literature

SC Literature Reviews & Meta-Analyses

- ▶ European SC & e-MH
- ▶ Recovery Principles
- ▶ Low Intensity
- ▶ Single Session
- ▶ Collaborative Care
- ▶ Common Factors & FIT
- ▶ Duration of Treatment
- ▶ Session Length

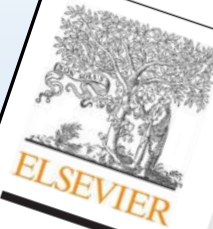


William T. O'Donohue
Crissa Draper
Editors

Stepped Care and e-Health

Practical Applications to
Behavioral Disorders

 Springer



Journal

Contents lists available at ScienceDirect

Journal of Affective Disorders
journal homepage: www.elsevier.com/locate/jad

Review

The clinical effectiveness of stepped care systems for depression in working age adults: A systematic review

Nick Firth [a,n](#), Michael Barkham [b](#), Stephen Kellett [b](#)

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^b Centre for Psychological Services Research, University of Sheffield, Western Bank, Sheffield S10 2TN, UK

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Keywords:

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"Stepped Care"
"Stepped-Care"
Intervention
Effectiveness

abstract

Background: Stepped care service delivery models involve treatments that become increasingly intense through successive steps, with patients re-assigned via pre-defined decision criteria. This article reviews the clinical effectiveness of stepped care systems for depression in working age adults.

Methods: Systematic literature review of quantitative clinical outcome evidence comprising 14 controlled and uncontrolled studies meeting specified criteria. Principal outcomes were (a) recovery rates, defined as patients no longer meeting clinical cut-off criteria for the specific outcome measure and (b) treatment response rates, defined as a 50% decrease in outcome measure score.

Results: Stepped care systems had recovery rates ranging predominantly between 60% and 80% (interquartile intervals of 1.05 and 1.66; $k = 7$ studies). The median response rate was 0.41 (interquartile intervals 0.25 and 0.47).

Limitations: The inclusion of uncontrolled studies and a meta-analysis was not included.

Conclusions: Evidence suggests that stepped care systems are more effective than usual care. However, this finding requires verification. Discrepancies in findings between studies may be due to differences in study design, population, and intervention.

"Studies comparing stepped care with usual / enhanced care tended to find significant differences favouring stepped care"



Stepped Care Outcomes are Positive



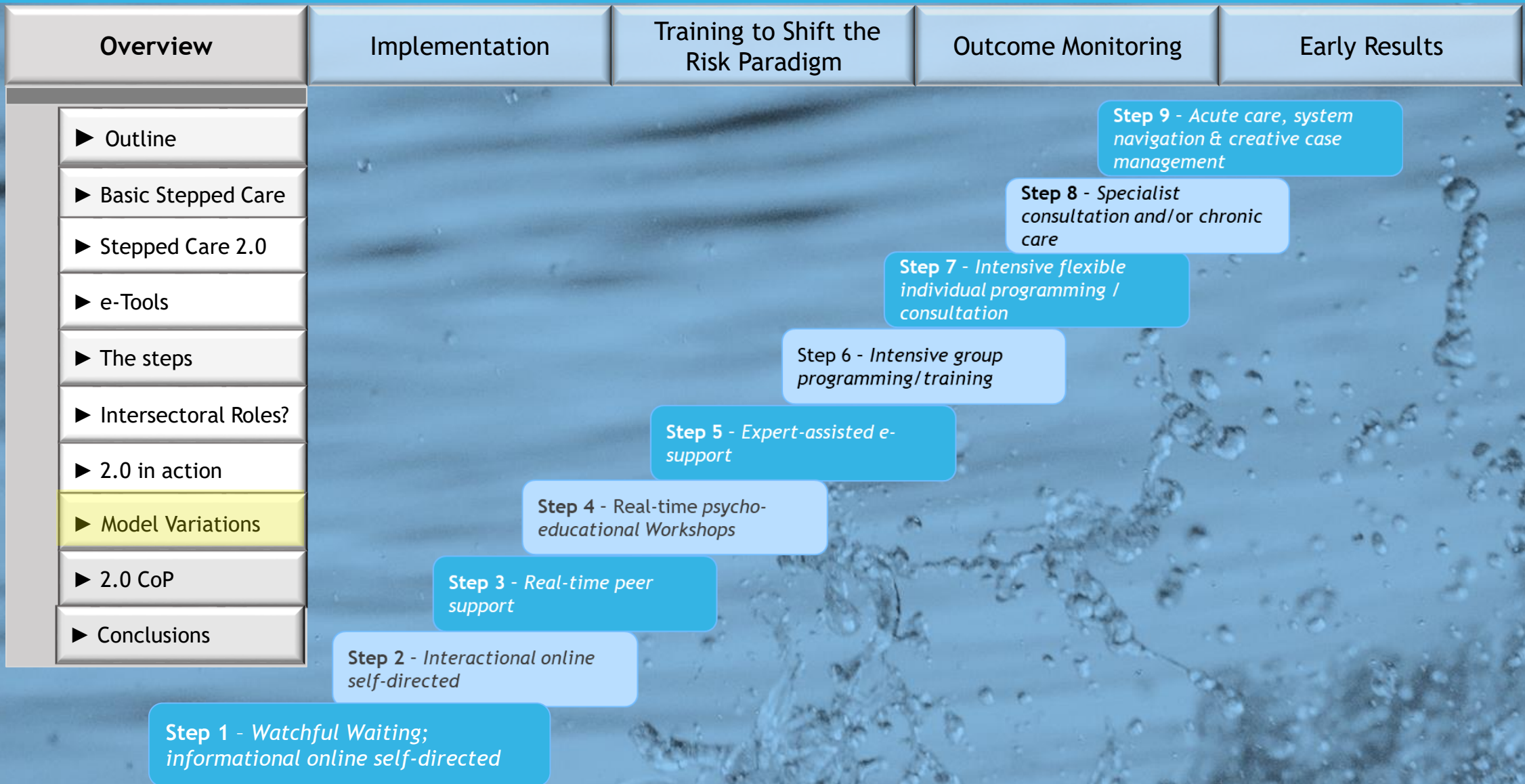
More Effective & Efficient: Benchmarking studies suggest that the model is effective and cost-efficient in routine care but variability in performance across sites (Chatterton et al, 2019; Firth, Barkham & Kellett, 2014; Gyani, et al., 2011; Richards & Suckling, 2009; Gyani et al, 2011; Delgadillo et al, 2012; Ho, Feung, Ng & 2016)

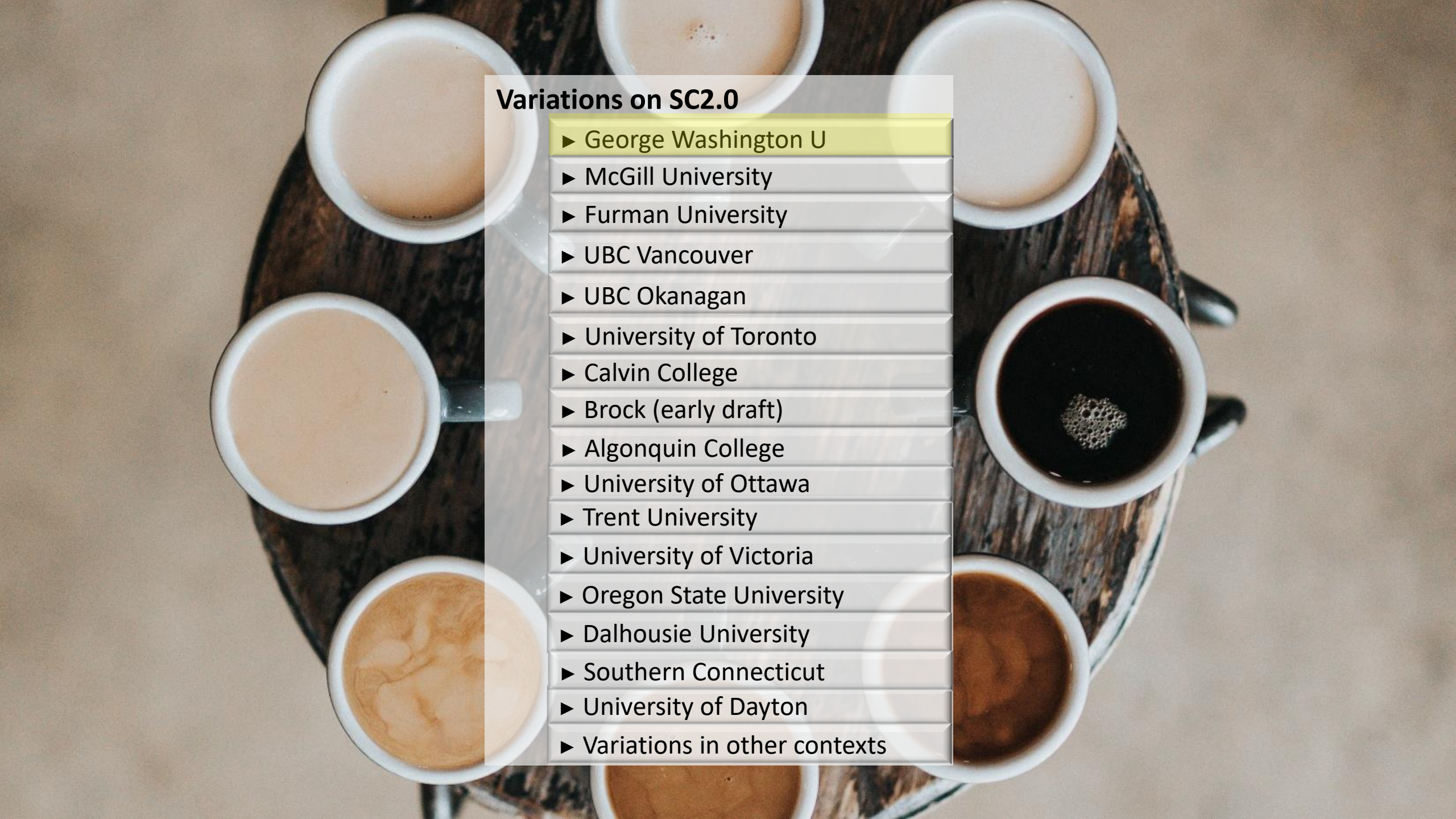
Increased Recovery: An observational cohort study in the UK analyzed retrospective data (n = 16,723) over a 4 year period- patients in a progressive treatment stepped care context were 1.5 times more likely to reach recovery (Boyd, Baker, Rielly, 2019)

Client Satisfaction: Clients report satisfaction with stepped care greater or on par with treatment as usual (Brooks et al., 2007; Cornish et al., 2017; Hedrick et al., 2003; Katon et al., 1999)

Stepping Process is Key: 'Holding' non-improving clients in treatment may undermine stepped-care efficiency (Gellatly, 2011). Adherence to empirically supported treatments, adequate dose of therapy and proportions of patients stepped-up lead to better outcomes (Gyani et al, 2011)

Stepped Care 2.0 ©



A top-down view of a wooden tray holding several white coffee cups. The cups contain various coffee drinks, including lattes with foam and dark espresso. The tray is set against a neutral, light-colored background.

Variations on SC2.0

- ▶ George Washington U
- ▶ McGill University
- ▶ Furman University
- ▶ UBC Vancouver
- ▶ UBC Okanagan
- ▶ University of Toronto
- ▶ Calvin College
- ▶ Brock (early draft)
- ▶ Algonquin College
- ▶ University of Ottawa
- ▶ Trent University
- ▶ University of Victoria
- ▶ Oregon State University
- ▶ Dalhousie University
- ▶ Southern Connecticut
- ▶ University of Dayton
- ▶ Variations in other contexts



Annual 1.5
day
workshops
on SC2.0
since 2015

Stepped Care Counseling

Accessing Counseling

Brief Individual Counseling

Let's Talk

Group Counseling

Specialized Skills Group Series

Mental Health Discussion
Series

Self Help Library

Suicide Prevention

Crisis Hotlines and Resources

Mental Health Assessments

Off-Campus Counseling
Referrals

Train With Us

Stepped Care Counseling

Our Stepped Care Model is designed to be personalized and relevant for each individual student.

We offer a wide array of services that take into account the type of concern, research evidence on best practices, student personality and preferences, and readiness for making difficult changes or engaging in complex therapeutic processes. By taking a personalized, stepped care approach we hope to provide rapid and flexible access to wellness and mental health resources. This approach is aimed at empowering you to maximize and manage your own mental health to the best of your ability.

To access counseling, come in to the Colonial Health Center, during business hours, and ask to speak with a counselor. **No appointment is required.**

The Stepped Care Model

A flexible, multi-faceted approach to addressing student mental health needs



▼ Down

required.

If you are in crisis, or concerned about a GW student in crisis, please call us 24 hours a day, seven days a week at 202-994-5300 (option 2). Counselors are available 24 hours a day, everyday to speak with you. We also encourage concerned GW students, faculty, staff, or family members to call when needed.



Colonial Health Center

Marvin Center Ground Floor
800 21st Street, NW
Washington, DC 20052
Phone: 202-994-5300 (24/7)
Fax: 202-912-8488

Hours of Operation

Life-Threatening Emergencies

On Campus: Call GWPD at 202-994-6111.

Off Campus: Call 911, or go to the nearest emergency room.

A top-down view of a wooden tray holding several white coffee cups. The cups contain various types of coffee, including lattes with foam, a dark espresso shot, and a brownie. The tray is set against a neutral, light-colored background.

Variations on SC2.0

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- ▶ Oregon State University
- ▶ Dalhousie University
- ▶ Southern Connecticut
- ▶ University of Dayton
- ▶ Variations in other contexts

UBC Collaborative Stepped Care

▶ Next

Direct Access Resources
Students can access these resources directly

Self-Directed Tools
www.students.ubc.ca

Life Coaching
Empower Me

Wellness Workshops

Personal Counselling
Empower Me

Medical Care
UBC SHS
Family Physician
Walk-in Clinic

Emergency Care
911, AAC, VGH, Urgent
Care, CrisisLine

Referral Resources
For students who are not sure where to start

3 PM Workshop
I'm Worried About My Mental
Health – What Can I Do?

On-Line Assessment
<http://www.mindhealthbc.ca/>

Wellness Advising

Embedded Counsellors

Stepped Care

On-site full-day SC2.0 workshop 2017

Self-directed Programs and Tools

Wellness Workshops

Life Coaching

Group Programs

Therapist-Assisted Online Programs

Personal Counselling

Medical / Psychiatric Care

Complex Case Management

Crisis / Emergency Response

- Embedded Counsellors
- Empower Me
- UBC Counselling Services
- Community Mental Health

Health Promotion Specialists

Counsellors and Psychologists

Physicians
Psychiatrists

Managers
Student Support

VGH / AAC /
Urgent Care

Learning Strategists

Accessibility Advisors

Campus Resources



A top-down view of a wooden tray holding several white coffee cups. The cups contain various coffee drinks, including lattes, cappuccinos, and a dark espresso shot. The tray is set against a neutral, light-colored background.

Variations on SC2.0

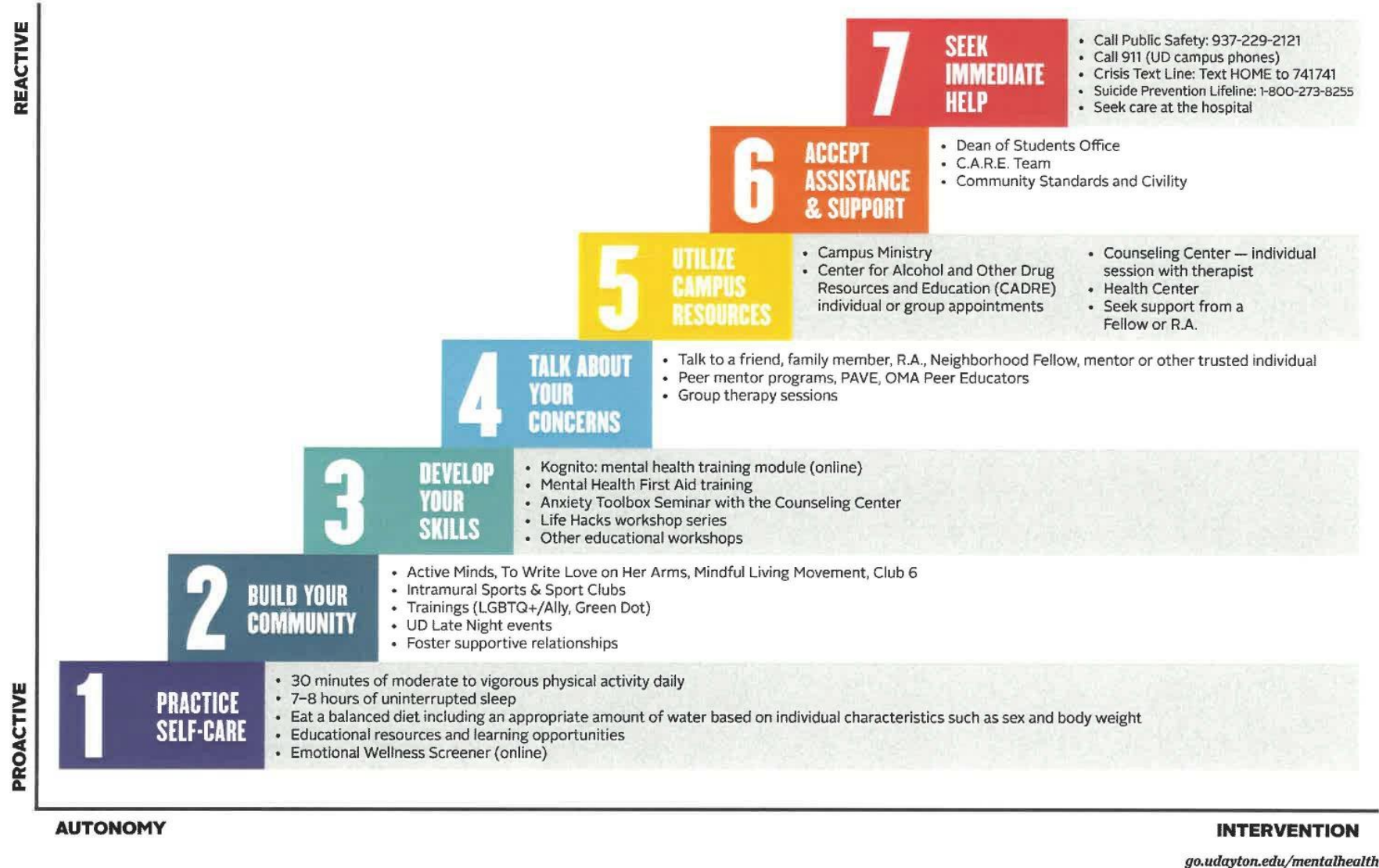
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- ▶ UBC Vancouver
- ▶ UBC Okanagan
- ▶ University of Toronto
- ▶ Calvin College
- ▶ Brock (early draft)
- ▶ Algonquin College
- ▶ University of Ottawa
- ▶ Trent University
- ▶ University of Victoria
- ▶ Oregon State University
- ▶ Dalhousie University
- ▶ Southern Connecticut
- ▶ University of Dayton
- ▶ Variations in other contexts

A HOLISTIC APPROACH TO MENTAL HEALTH

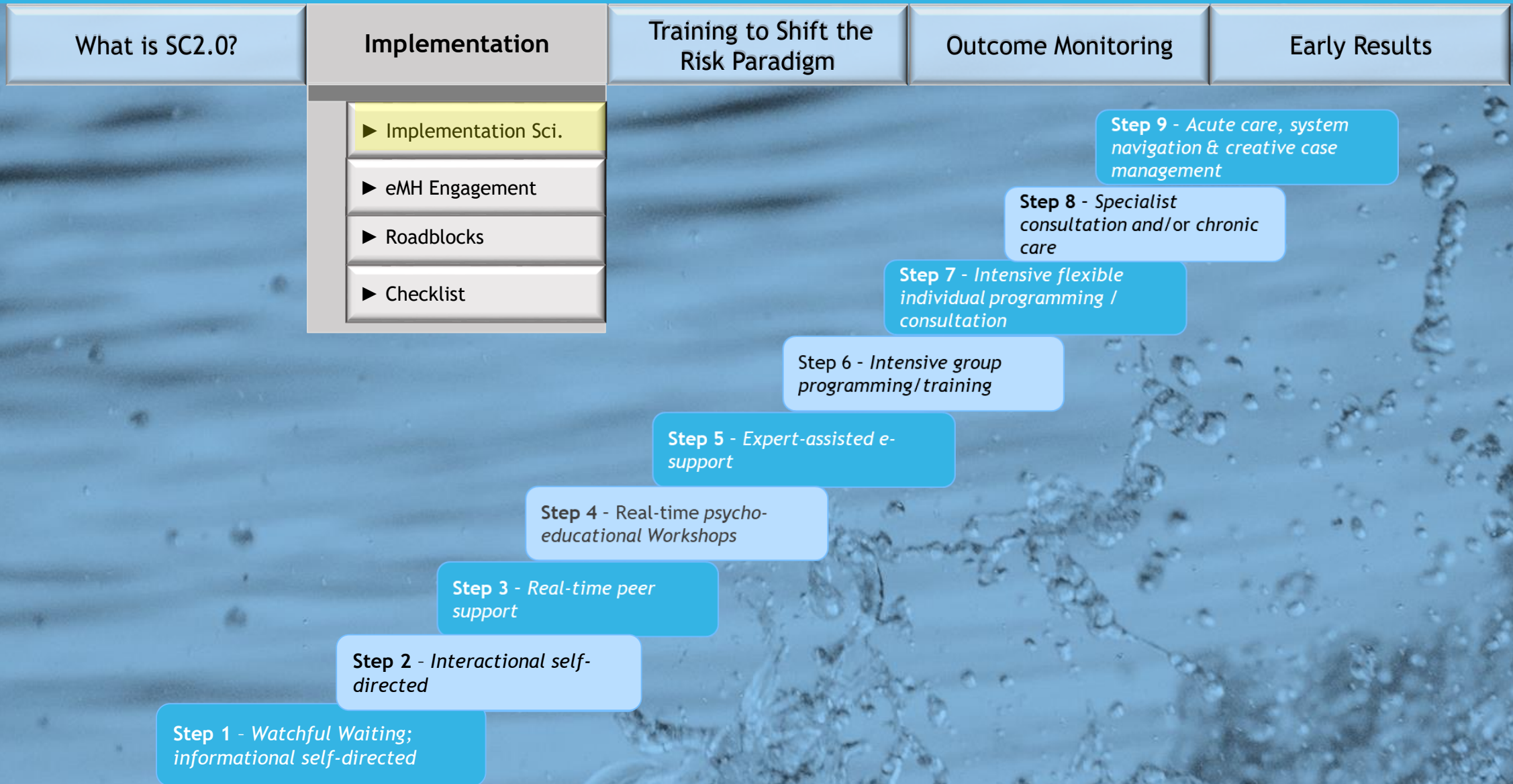
The University of Dayton provides a variety of resources and support for individuals to build resilience and thrive at the University and beyond. Positive mental health requires on-going commitment and work. Therefore, the elements outlined below build upon each other so individuals can create a foundation for resilience, demonstrate self-awareness, and seek out appropriate resources.



**University
of Dayton**



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IMPLEMENTATION SCIENCE (I.S.)

Implementation science can be defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services” (Eccles & Mittman, 2006)

A word cloud featuring various terms related to innovation and problem-solving. The most prominent words include "solutions", "brainstorming", "creativity", "ideas", "partnership", "problem", "management", "think tank", "vision", "performance", "innovation", "eureka", "teamwork", "expertise", "success", "idea", "team", "intelligence", "genius", "management", "help", "light bulb", "talent", "smart", "thinking", "new", "answers", "engineering", "advice", "projects", "design", "internet solutions", "website", "collaboration", "project", "problem-solving", "online", "IQ tips", "fresh", "answers", "mind", "intelect", "brilliant", "questions", "brain power", "now", "SOS", "consultancy", "invention", "reative".

Formula For Success

Effective Innovations

×

Effective Implementation

×

Enabling Contexts

=

Socially Significant Outcomes

Implementation

- ▶ Implementation Science
- ▶ Implementation Experiences

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Formula For Success



Implementation

- ▶ Implementation Science
- ▶ Implementation Experiences

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A word cloud featuring terms related to innovation and problem-solving, including: vision, solutions, performance, brainstorming, creativity, ideas, partnership, problem, management, think tank, innovation, success, teamwork, expertise, intelligence, genius, management, help, light bulb, smart thinking, talent, new, thinking, answers, engineering, advice, projects, design, idea, team, intellect, mind, eureka, brilliant, website, internet solutions, questions, brain power, now, collaboration, problem-solving, project, answers, fresh, online, IQ tips, SOS consultancy, invention, creative, and web.

Formula For Success

Effective Innovations

×

Effective Implementation

×

Enabling Contexts

=

Socially Significant Outcomes

IS Frameworks (Jaouich, 2019) CAMH

- ▶ Implementation Gap
- ▶ IS Impact
- ▶ Approaches to Change
- ▶ Active Implementation Framework

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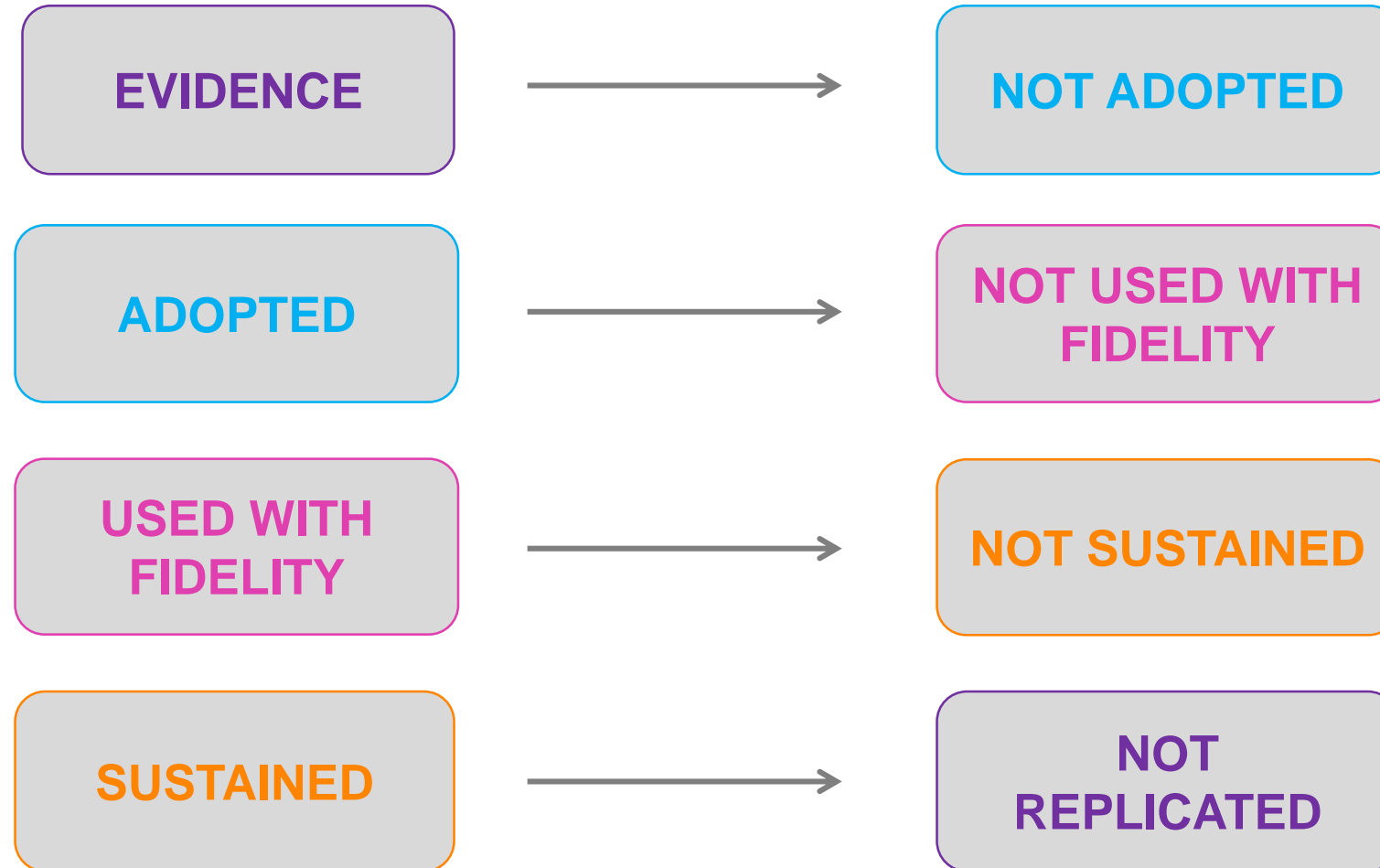
Formula For Success



IS Frameworks (Jaouich, 2019) CAMH

- ▶ Implementation Gap
- ▶ IS Impact
- ▶ Approaches to Change
- ▶ Active Implementation Framework

The Implementation Gap



Alexia Jaouich, Ph.D. (Feb, 2019). Director of Innovation and Implementation, Provincial System Support Program, CAMH, Presentation for Collaborative. 8th Annual eMental Health Conference: New Generations, New Services.

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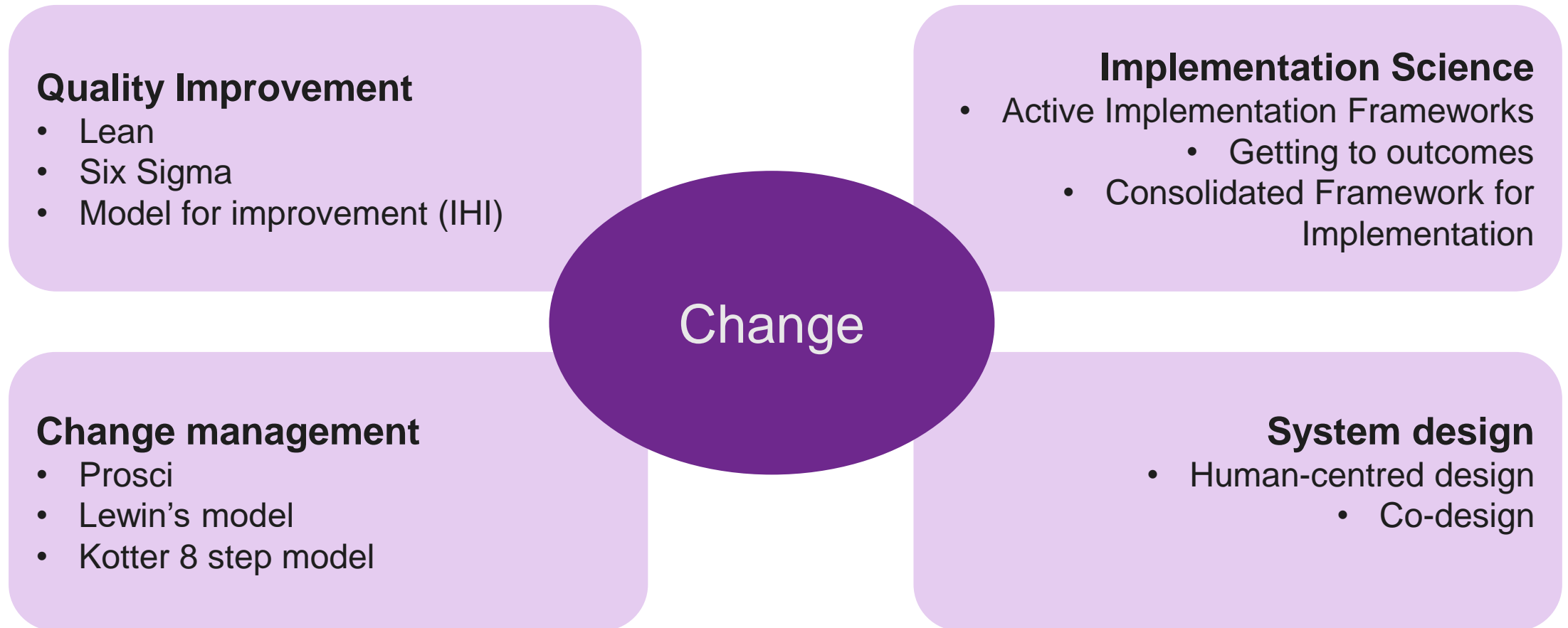
Formula For Success



IS Frameworks (Jaouich, 2019) CAMH

- ▶ Implementation Gap
- ▶ IS Impact
- ▶ Approaches to Change
- ▶ Active Implementation Framework

Many Approaches to Change



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What is SC2.0?

Implementation

Training to Shift the
Risk Paradigm

Outcome Monitoring

Early Results

► Implementation Sci.

► eMH Engagement

► Roadblocks

► Checklist

Step 9 - Acute care, system navigation & creative case management

Step 8 - Specialist consultation and/or chronic care

Step 7 - Intensive flexible individual programming / consultation

Step 6 - Intensive group programming / training

Step 5 - Expert-assisted e-support

Step 4 - Real-time psycho-educational Workshops

Step 3 - Real-time peer support

Step 2 - Interactional self-directed

Step 1 - Watchful Waiting; informational self-directed

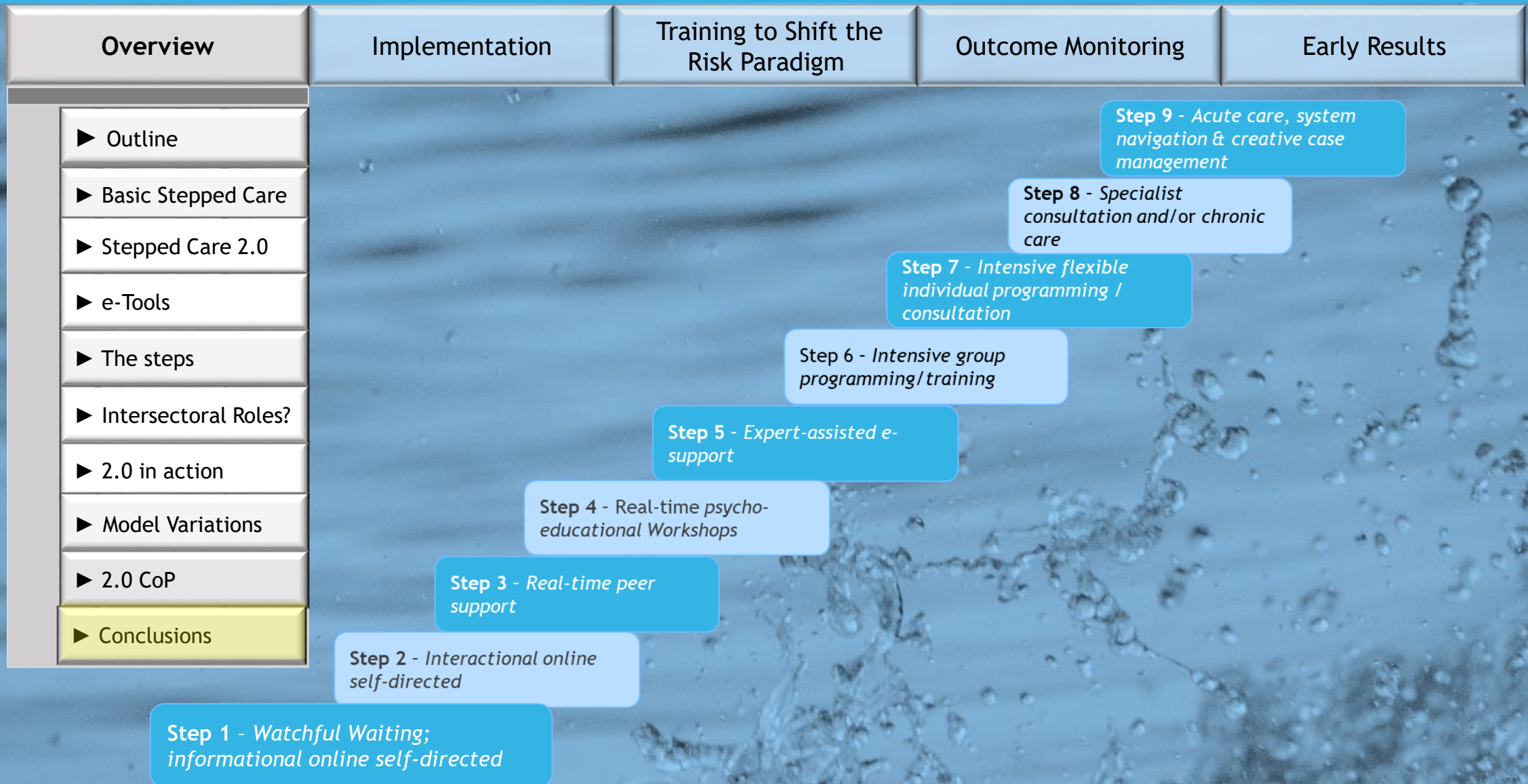
SC2.0 Implementation Checklist

These are the gold standard requirements for SC2.0

- ☐ Same-day access
- ☐ One-at-a-time sessions
- ☐ Care first, assessment later
- ☐ Fail forward together (clients and clinicians)
- ☐ Therapeutic monitoring on every encounter
- ☐ Graphic representation of model
- ☐ Implementation science



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Conclusions

List three features of SC2.0 that improve access & outcomes

1. Rapid access
2. Broader range of options
3. Stepping is collaborative & and based on monitoring

Identify three applications for single session principles within SC2.0

1. Walk-in
2. Strengths-based assessment & monitoring
3. Shifts beyond client-centered to *client-centric*

Distinguish between *evidence-based practice* and *practice-based evidence*

- EBP: derived from clinical trials, fidelity to model

- PBE: derived from practice, fidelity to relationship & context
- Not entirely independent

Conclusion: SC Checklist

- Same-day access
- One-at-a-time sessions
- Care first, assessment later
- Fail forward together (clients and clinicians)\
- Therapeutic monitoring on every encounter
- Graphic representation of model
- Implementation science

Stepped Care 2.0 (www.steppedcaretwp0int0.ca)

