

ESTER AND WHY IT'S IMPORTANT TO FOCUS ON RISK AND PROTECTIVE FACTORS

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ESTER

BRIEFLY ABOUT ME

- Researcher and teacher at Örebro University, in criminology and psychology. Head of criminology department.
- Research on risk and protective factors, assessment instrument development, and their role in making interventions more effective
- Author of more than 100 scientific papers, book chapters and volumes
- Developer of several instruments/checklists with focus on risk and protective factors
- Scientific advisor to the National Board of Health and Welfare, The Swedish National Board of Institutional Care, and Swedish agency for health technology assessment and assessment of social services.
 - Co-developer of the new version of BBIC (Barns Behov i Centrum)
- Trained staff in more than 200 of the Swedish municipalities in risk-protection and assessment
- Head of CAPS – Center for Criminological and Psychosocial Research
 - www.oru.se/jps/caps

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WHY IS IT IMPORTANT TO FOCUS ON RISK AND PROTECTIVE FACTORS?

- Interventions that focus on research based risk and protective factors are more effective than interventions that do not (Farrington & Welsh, 2007; Andershed et al., 2010).
- There is a lot of knowledge from research on risk and protective factors (e.g., Andershed & Andershed, 2015).
- The practical use of this knowledge in health care, preschool, social services and psychiatry is so far very limited.

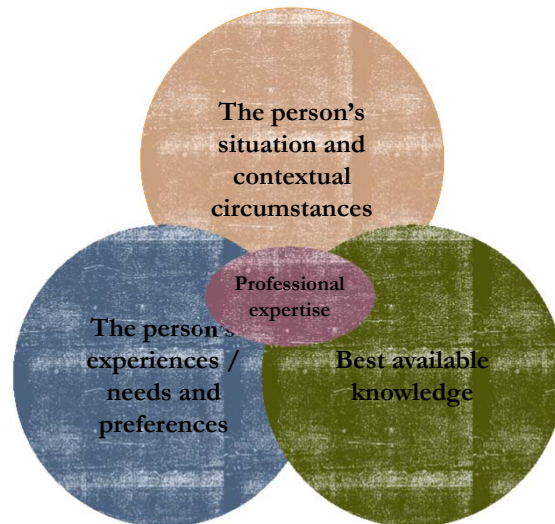
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WHY IS IT IMPORTANT TO FOCUS ON RISK AND PROTECTIVE FACTORS? (CONT.)

- There is a long tradition of using this kind of knowledge/research in medical practice.
- Important to increase use, since it is likely to lead to more effective interventions!
 - Purpose to identify and help, not to stigmatize or label
- A concrete way of practicing evidence based practice!

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EVIDENCE BASED PRACTICE



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PRACTICE FROM A RISK-PROTECTION PERSPECTIVE – RISK FOCUSED PREVENTION

- 
1. ■ Identify and rate risk factors
 - Risk factors that we know from research really are risk factors.
 - Identify and rate protective factors
 - Protective factors that we know from research really are protective factors.
 2. ■ Through interventions, aim toward:
 - Reduce/remove/exterminate risk factors
 - Strengthen protective factors

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SO, HOW CAN WE ASSESS RISK AND PROTECTIVE FACTORS?



3-17% LEAD TO COMPLICATIONS OR DEATH

- It is not uncommon that simple errors in handling or lack of planning of the procedure is the cause (WHO)



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SURGICAL SAFETY CHECKLIST

Surgical Safety Checklist



Patient Safety
A World Alliance for Safe Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IV/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has identity (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

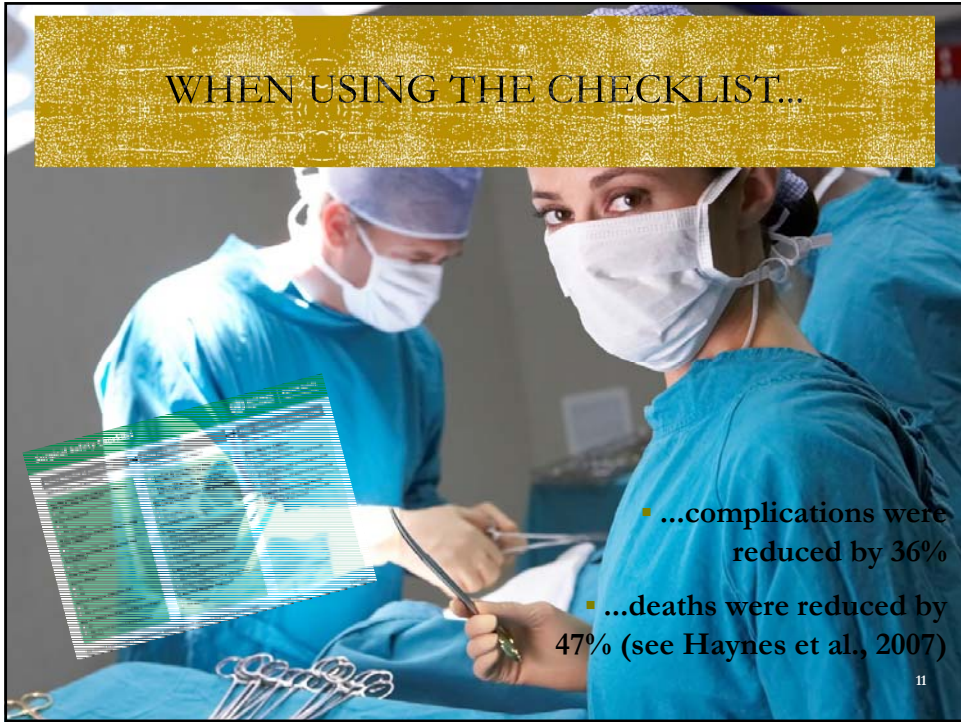
This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1/2009

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WHEN USING THE CHECKLIST...

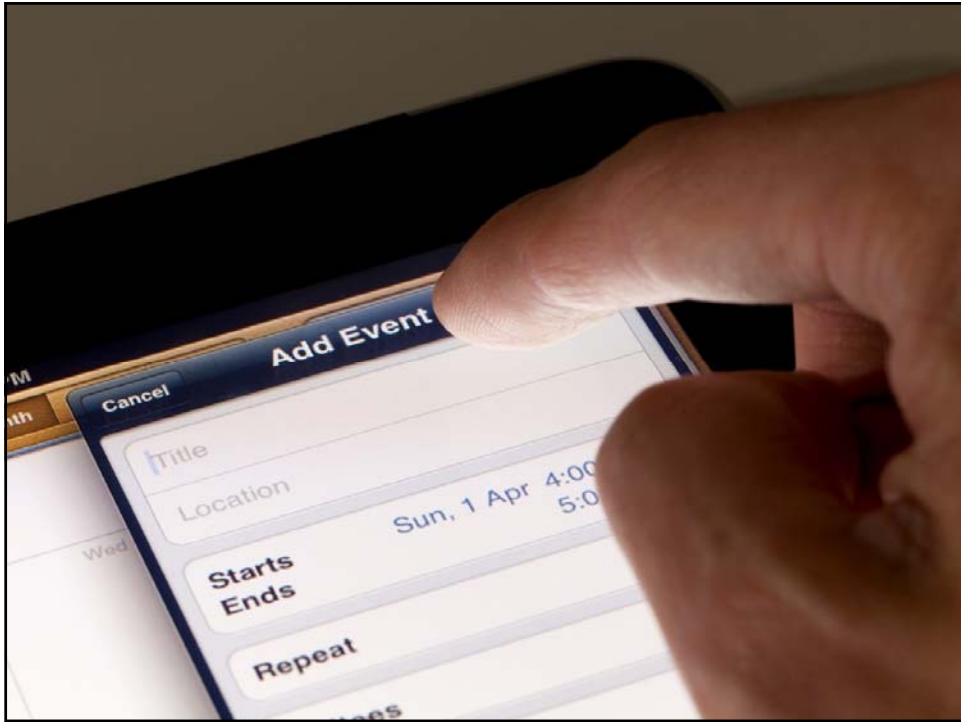


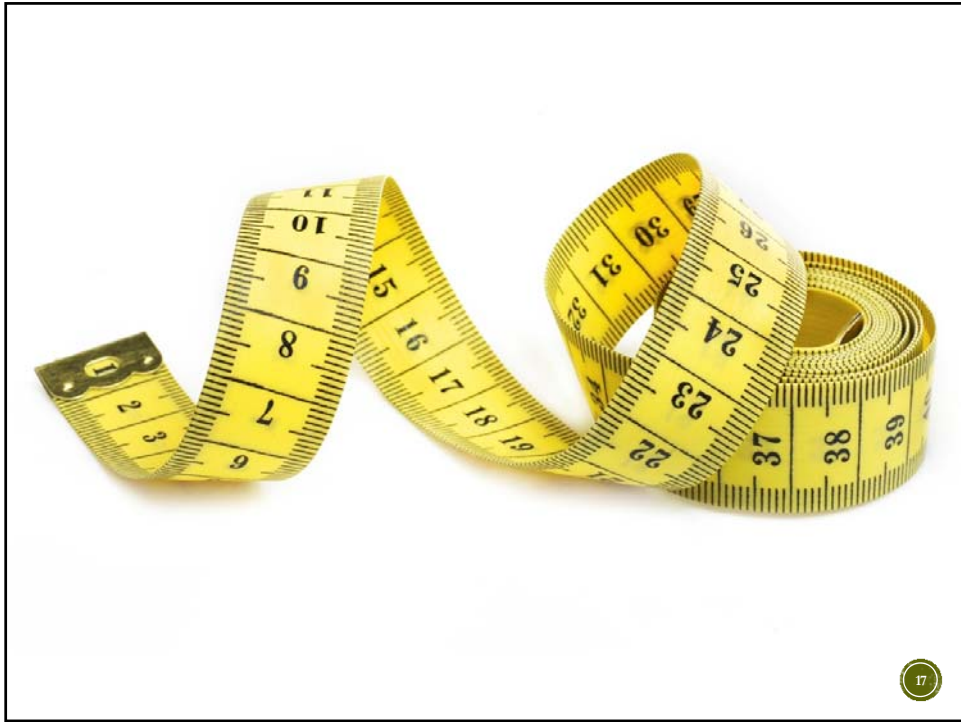
- ...complications were reduced by 36%
- ...deaths were reduced by 47% (see Haynes et al., 2007)

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ESTER ASSESSMENT

ESTER

- Research based, structured risk-need assessment instrument of risk and protective factors for normbreaking behavior among youth between 0-18 years of age
- 19 risk and protective factors
- Supports decision making concerning interventions
- Incites repeated assessments (e.g., before and after interventions)
 - Computerized system that facilitates interpretation, presentation, and collaboration

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RISK FACTORS ASSESSED IN ESTER-ASSESSMENT

ESTER

Youth

- Defiant behavior, anger or fearlessness.
- Overactivity, impulsiveness or concentration difficulties.
- Difficulties with empathy, feelings of guilt or regret.
- Insufficient verbal abilities or school performance.
- Negative problem solving, interpretations or attitudes.
- Depressive mood or self harming behavior.
- Conduct problems.
- Alcohol- or drug abuse.
- Problematic peer relations.

Family

- Parents' own difficulties.
- Difficulties in parent-youth relations.
- Parents' difficulties with parenting strategies.

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PROTECTIVE FACTORS ASSESSED IN ESTER-ASSESSMENT

ESTER

Youth

- Positive school attachment and performance.
- Positive attitudes and problem solving strategies.
- Positive relations and activities.
- The youth's awareness and motivation.

Family

- Parents' energy, engagement and support.
- Parents' positive attitudes and parenting strategies.
- Parents' awareness and motivation.

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IS STRUCTURE (INSTRUMENT) BETTER THAN LACK OF STRUCTURE (NO INSTRUMENT)?

- A common hypothesis among researchers:
 - Assessments that are conducted with a structured assessment instrument leads not only to coherent and adequate assessments, but also...
 - MORE coherent and adequate assessments than when an instrument is NOT used.
- But, is that **really** true?

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SOCIAL WORKERS USING AN INSTRUMENT VS. SOCIAL WORKERS NOT USING AN INSTRUMENT

(Andershed & Andershed, 2015)

- 30 social workers trained in a structured instrument/checklist (ESTER-Assessment) were given the task to assess a written /fictitious case concerning Charlie, age 14.
- 30 other social workers were given the same task, but had no training in and were not using a structured instrument/checklist.
- Task: What is important to focus on in Charlie, to be able to help him?

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RESULTS: HOW MANY RISK FACTORS WERE IDENTIFIED?

Number of risk factors identified	With ESTER-Assessment (n=30)	Without instrument (n=30)
All 8	37%	0%
7	20%	10%
6	30%	20%
5	13%	17%
4	0%	23%
3	0%	17%
2	0%	3%
1	0%	7%
0	0%	3%

(Andershed & Andershed, 2015)

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RESULTS: HOW MANY PROTECTIVE FACTORS WERE IDENTIFIED?

Number of protective factors identified	With ESTER- Assessment (n=30)	Without instrument (n=30)
All 4	10%	0%
3	20%	0%
2	20%	3%
1	17%	3%
0	33%	94%

(Andershed & Andershed, 2015)



WHEN PROFESSIONALS CONDUCT ESTER- ASSESSMENTS ON REAL CASES

(Andershed & Andershed, 2017)

- ESTER-Assessments in regular practice in comparison to children who are not assessed with ESTER-Assessment
 - Collaborative teams in social services and preschool/school

- 65 ESTER-Assessed children and adolescents
 - 85% boys – age: 1-17 yrs. $M = 10.29$ ($SD = 3.96$)
- 30 children and adolescents in a comparison group
 - 80% boys – age: 1-18 yrs. $M = 10.25$ ($SD = 4.38$)

- Followed 1 year after initial assessment.



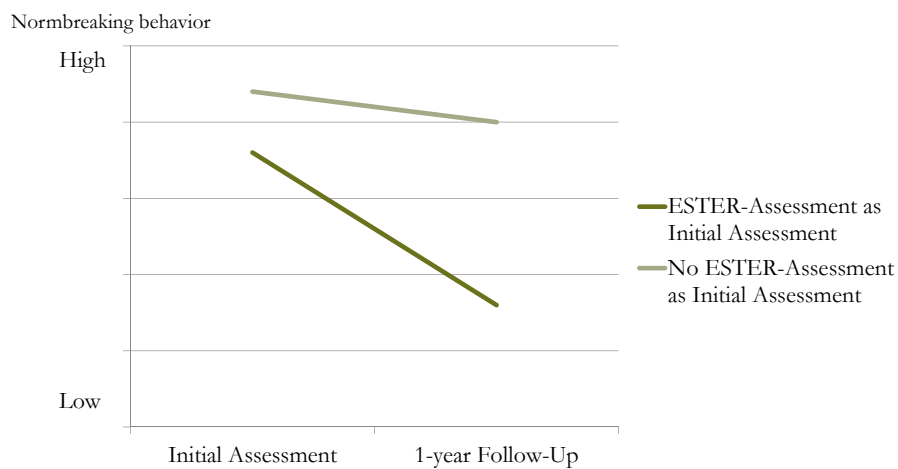
THE SOCIAL WORKER'S DESCRIPTIONS OF THE INTERVENTIONS

	ESTER-assessment at initial assessment N=65	No ESTER-assessment at initial assessment N=30
Interventions focused on changing research based risk- and protective factors	81%	17%
Interventions have been tailored to fit the needs of the specific youth	67%	73%

(Andershed & Andershed, 2017)

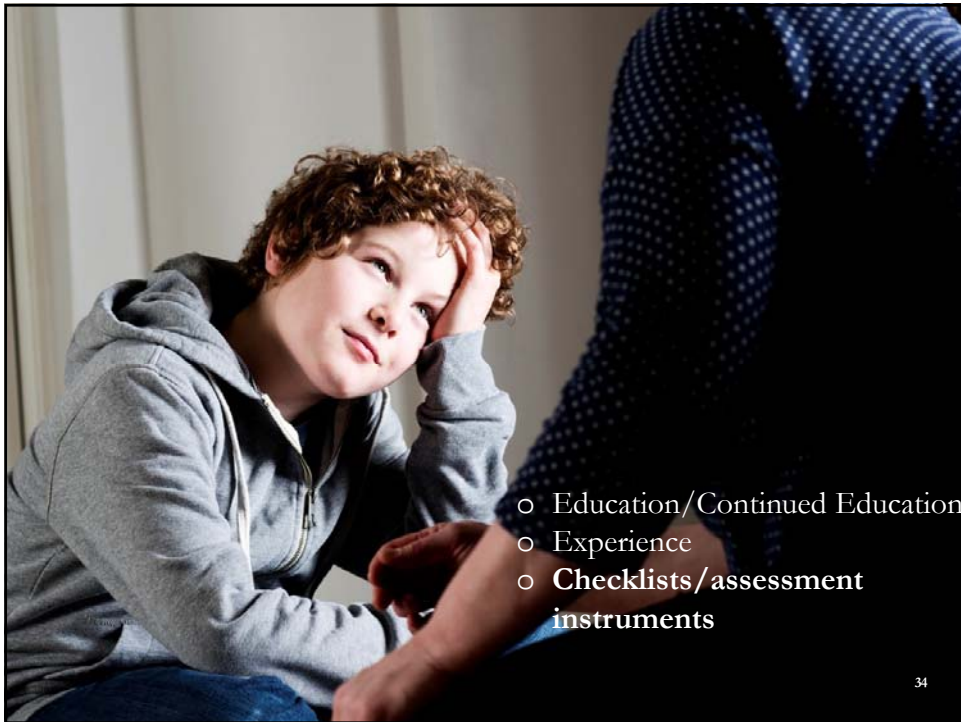
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USE OF ESTER ASSESSMENT ASSOCIATED WITH DECREASES IN PROBLEM BEHAVIOR



(Andershed & Andershed, 2017)

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SUMMARY / CONCLUSIONS

- The practical use of knowledge on risk and protective factors in preschool/school, social services, and psychiatry are – thus far – very limited.
 - This seems true internationally.
- There is a long tradition of using this kind of knowledge/research in medical practice, i.e., there are experiences to learn from
- A concrete way of working in an evidence based way – to use knowledge from research! The purpose is to achieve more effective interventions!

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SUMMARY / CONCLUSIONS (CONT.)

- With structured assessment instruments/checklists assessments become more coherent and adequate/evidence based, and there is a greater focus on risk and protection → more effective interventions

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ESTER IN ICELAND

- Implementation takes persistence and patience
- Implementation takes time – Be worried when it completely stops!
- See the evident fast effects of using ESTER!
 - Always ask what you would do instead?
- The municipalities in Sweden that have succeeded:
 - Leaders who believe in it and make clear that important – continuously and regularly
 - Use in real practice and demands it
 - Talk about and discuss the use of ESTER – the manual!
 - Repetition and boosts regularly!

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THANK YOU.