Research on Evidence-Based Practice Implementation in Child Welfare Systems and Organizations

Gregory A. Aarons, Ph.D.
University of California, San Diego
Department of Psychiatry
Child & Adolescent Services Research Center
at Rady Children’s Hospital San Diego

gaarons@ucsd.edu

http://psychiatry.ucsd.edu/faculty/gaarons.html

A Few Definitions for Dissemination and Implementation Research

- **Goal of DI Research**
  - Determine effective ways to move evidence-based practices (EBP, EBT, EBI) into usual care

- **Dissemination**
  - Targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions

- **Implementation**
  - The use of strategies to introduce or change evidence-based health interventions within specific settings

- **Scale-up**
  - Type of implementation with goal of spreading EBP broadly across a service system

- **Sustainment**
  - The continued use of an evidence-based practice
    - Should be with fidelity and with sufficient spread for public health impact

- **This presentation will:**
  - Illustrate a conceptual model of implementation
  - Describe some studies that are examples of implementation approaches being used in child welfare and related systems

Source for some definitions: NIH PAR-10-038
EXPLORATION
OUTER CONTEXT
Sociopolitical Context
- Legislation
- Policies
- Monitoring and review
- Funding
- Service grants
- Research grants
- Foundation grants
- Continuity of funding
Client Advocacy
- Consumer organizations
- Interorganizational networks
  Direct networking
  Indirect networking
  Professional organizations
  Clearinghouses
  Technical assistance centers

INNER CONTEXT
Organizational characteristics
- Absorptive capacity
  Knowledge/skills
  Readiness for change
  Receptive context
- Culture
- Climate
- Leadership
Individual adopter characteristics
- Values
- Goals
- Social Networks
- Perceived need for change

ADOPTION DECISION / PREPARATION
OUTER CONTEXT
Sociopolitical
- Federal legislation
- Local enactment
- Definitions of “evidence”
Funding
- Support tied to federal and state policies
Client advocacy
- National advocacy
- Class action lawsuits
Interorganizational networks
- Organizational linkages
- Leadership ties
- Information transmission
  Formal
  Informal

INNER CONTEXT
Organizational characteristics
Size
Role specialization
Knowledge/skills/expertise
Values
Leadership
- Culture embedding
- Championing adoption

ACTIVE IMPLEMENTATION
OUTER CONTEXT
Sociopolitical
- Legislative priorities
- Administrative costs
Funding
- Training
- Sustained fiscal support
- Contracting arrangements
- Community based organizations
Interorganizational networks
- Professional associations
- Cross-sector
- Contractor associations
- Information sharing
- Cross discipline translation
- Intervention developers
- Engagement in implementation
Leadership
- Cross level congruence
- Effective leadership practices

INNER CONTEXT
Organizational Characteristics
- Structure
- Priorities/goals
- Readiness for change
- Receptive context
- Culture/climate
- Innovation-values fit
  EBP structural fit
  EBP ideological fit
- Individual adopter characteristics
  Demographics
  Adaptability
  Attitudes toward EBP

SUSTAINMENT
OUTER CONTEXT
Sociopolitical
- Leadership
- Policies
- Federal initiatives
- State initiatives
- Local service system
- Consent decrees
Funding
- Fit with existing service funds
- Cost absorptive capacity
- Workforce stability impacts
Public-academic collaboration
- Ongoing positive relationships
- Valuing multiple perspectives

INNER CONTEXT
Organizational characteristics
- Leadership
  Embedded EBP culture
  Critical mass of EBP provision
  Social network support
- Fidelity monitoring/support
  EBP Role clarity
  Fidelity support system
- Supportive coaching
- Staffing
  Staff selection criteria
  Validated selection procedures

Mixed-Methods Study of a Statewide EBP Implementation, NIMH R01MH072961 PI: Aarons


Implementation Outcomes
Effect of EBP Implementation on Staff Retention

Figure 1. Kaplan-Meier Survival (Retention Probability) by Study Condition. N=153.


- Reductions in staff emotional exhaustion in EBP condition (Aarons, Fettes, et al., 2009)
- Team stability predicts to team climate stability (Dlugosz, Ehrhart, & Aarons, 2012)
Testing an EBP and Organization Effects in Rural Appalachia (R01MH066905 PI: Glisson)

- ARC (Availability, Responsiveness, Continuity) organizational Intervention
  - Three phases (Collaboration, Participation, Innovation)

- MST (Multi systemic therapy)

Randomized to control, ARC, MST, or ARC+MST

- ARC alone decreased placement changes

- MST alone decreased placement change

- MST plus ARC condition youth entered out-of-home placements at a significantly lower rate (16%) than youth in the control condition (34%) and had better 6-month behavior problem outcomes

Cascading Dissemination of a Foster Parent Intervention
(NIMH Services Research Branch R01 MH60195)

Phase 1
Development of the intervention
Oregon 3 County Study (N = 70)

Phase 2
Original developers train and supervise
Cohort 1 Interventionists in San Diego (n = 508).

Phase 3
Cohort 1 Interventionists from San Diego train
Cohort 2 Interventionists (n = 192).

Developers supervise Cohort 1’s supervision of Cohort 2, but have no direct contact with Cohort 2 Interventionists.

Community Development Teams to Scale up MTFC in California (R01MH076158 PI: Chamberlain)

- Implementing Multidimensional Treatment Foster Care

- Randomizes 40 counties into 2 conditions:
  - Community Development Teams (CDT) vs. standard implementation

- 40 Counties matched into 3 equivalent cohorts to deal with feasibility (6 equivalent groups)

- Outcomes measured by the Stages of Implementation Completion


Interagency Collaborative Teams to Scale-Up Evidence-Based Practice (NIMH R01MH092950 Aarons & Hurlburt)
Interagency Collaborative Teams to Scale-Up Evidence-Based Practice (NIMH R01MH092950 Aarons & Hurlburt)

(1) Cross-agency investment: Multiple local agencies committed to ICT seed team expertise, regional ICTs, and SC success.

(2) Local Expertise: ICT seed team carries out successive trainings. ICT structure reduces risk of expertise loss.

(3) Human Resources: ICT composition allows new staff and replacement staff to be drawn from multiple organizations, improving values and training fit with SC.

(4) Local Quality Assurance: Ongoing quality assurance responsibility resides with ICT seed team rather than NSTRC, creating additional career pathways for local SC staff, reducing QA costs, and improving attention to local context.

(5) Workload Balance: ICTs improve cross-region collaboration and provide workload balancing function.

Table:

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<thead>
<tr>
<th>Region 1</th>
<th>SC Implementation 1</th>
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<tbody>
<tr>
<td>Region 2</td>
<td>SC Implementation 2</td>
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<td>Region 5</td>
<td>Re-referral rates drop consistently across each iteration?</td>
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<tr>
<td>Region 6</td>
<td>SC Impl. 6</td>
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Seed Team Results in Maintenance of SC Fidelity?
Dynamic Adaptation to Implement an Evidence-Based Child Maltreatment Intervention (CDC R01CE001556 PI: Aarons)

**System Level Assessment**
- Funding/Resources
- Internal or Contracted Services
- Politics
- Policies

**Organization Level Assessment**
- Training Space and Resources
- Senior Leadership Buy-in
- Team Level Leadership
- Culture/Climate

**Provider Assessment**
- Education Level
- Primary Discipline
- Experience
- Dispositional Innovativeness
- Attitudes toward EBP

**Client Characteristics**
- Age/Gender
- Culture
- Previous Treatment
- Substance Abuse
- Mental Health

**Implementation Resource Team**
- Academic Researchers
- Intervention Developers
- Trainers/Coaches
- Administrators
- Clinicians
- Peer-Leaders

**Ad-Hoc Adaptation**
- Client Emergent Issues
- Provider knowledge, skills, abilities
- Available resources

**Outcomes**
- Fidelity
- Client Satisfaction
- Patient Retention
- Patient Compliance
- Provider retention
- Provider Satisfaction
- Initiating treatment
- Completing treatment

**Note**: Adapted from Aarons, Hurlburt and Horwitz (2011), Aarons and Green (2010), and Aarons, Green, Palinkas, Self-Brown, Whitaker, and Lutzker (In revision). The contents of boxes do not capture every contingency or issue, but contents are exemplars. The Implementation Resource Team and stakeholders collaborate to make system, organization, and intervention delivery adaptations without compromising core elements of an EBP.
Leadership Development for Evidence Based Practice Implementation
(R21MH082731 Aarons)

TEAM LEADERSHIP

ORGANIZATIONAL STRATEGY

IMPLEMENTATION CLIMATE

Work Attitudes

Staff Retention

Attitudes Toward EBP

EBP Quality

Staff Support of EBP

EBP Fidelity

Demonstrated initial feasibility, acceptability, and utility (Aarons et al., in preparation)


Future Directions

- Improve system and organizational context for receptivity to EBP
  - Implementation approaches to impact policy and funding to support EBP as a preferred service model
  - Increase outer context (system level) and inner context (organizational, provider, and client level) understanding of and acceptance of EBP

- Maximize ways to foster stakeholder collaboration and partnerships to support EBP implementation (e.g., Kellam, 2012)

- Develop effective leadership coordinated across outer and inner context

- Methodological innovation in research design, implementation methods and measures
  - e.g. roll-out designs, system dynamics, network analysis; decision science, Implementation climate

- Develop technological innovations as implementation methods
  - Ondersma, Grekin, Svikis (2011)

- Develop and test models of sustainment
  - Wiltsey Stirman, Kimberly, et al., (In press)