

Changes in Attitudes: New Research on Evidence-Based Practice Implementation

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Funding: NIMH K01MH01695, R24MH067377 Presented at the 18th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL, March, 2005

Acknowledgements

- NIMH
 - Support
 - K01MH01695 Organizational Factors in Youth Mental Health Services (PI: Aarons)
 - R24MH067377 Improving Care for Children in Child Welfare (PI: Landsverk)
 - R01MH065667 Effectiveness Trial Project SafeCare for Child Neglect (PI: Chaffin)
- CASRC
 - John Landsverk, Lawrence Palinkas, Dena Plemmons
- Univ. Oklahoma Health Sciences Center
 - Mark Chaffin, Debra Hecht, Jane Silovsky
- OK Children's Services
 - Kathy Simms
- Oklahoma Service Agencies

What we'll cover...

- A Recent Model of Innovation Implementation
 - 1) The Organizational Adoption Decision
 - 2) Individual Acceptance of Innovation
- The Role of Attitudes in EBP Implementation
 - The Evidence-Based Practice Attitude Scale (EBPAS)
 - Organizational Factors and Attitudes
 - Provider Factors and Attitudes
- Pilot Study of Statewide EBP Implementation
 - Individual Factors and Attitudes
 - Organizational Factors and Attitudes

Why Examine Organizational Issues?

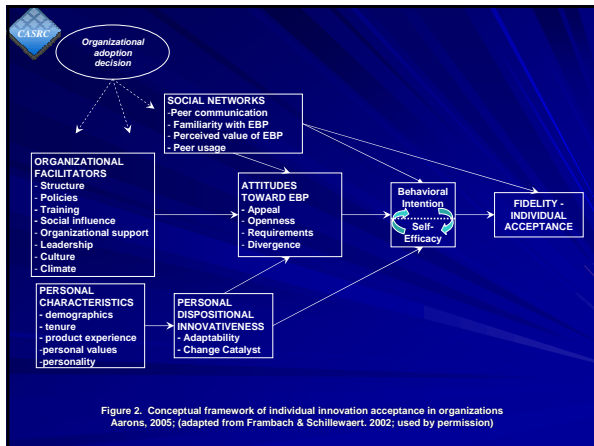
- Quality of services and outcomes affected by the organizational context of the workplace
- Organizational structure, culture, climate, worker attitudes, client outcomes
 - Glisson & Hemmelgarn, 1999
 - Schoenwald et al. 2003
- Organizational factors and worker characteristics:
 - Staff Turnover and Culture, Climate, Work Attitudes
 - (Aarons & Carmazzi, in prep; Glisson & James, 2002)
 - Leadership, Climate, Working Alliance
 - (Aarons et al. 2002)
 - Attitudes toward innovation (organizational adoption decision, individual acceptance)
 - (Aarons, 2004; Damanpour, 1991; Frambach & Schillewaert, 2002)
 - Attitudes Toward EBP
 - Aarons (2004)
 - Culture/Climate and Attitudes Toward EBP
 - Aarons & Carmazzi (In review)
 - Leadership and Attitudes Toward EBP
 - (Aarons, in review)

Why Examine Individual Differences?

- The dissemination of evidence-based practices (EBP) may be limited or facilitated by clinician attitudes toward adoption of new or manualized treatments, procedures, or processes.
- Individual and workplace characteristics may be related to individual and organizational willingness to change practices
- These issues have received little attention in public sector mental health service settings

Why Examine Mental Health Provider Attitudes Toward EBP

- Mental Health Provider Attitudes Toward EBP
 - Evidence-Based Practice Attitude Scale Development (Aarons, 2004)
- Organizational Culture and Climate and Attitudes Toward EBP (Aarons & Carmazzi, in review)
- Transformational and Transactional Leadership and Attitudes Toward EBP (Aarons, in review)
- Organizational Factors and Staff Turnover (Aarons, in preparation)



Summary

- A number of organizational and individual provider factors are likely to be important in implementation of EBP
- It is important to test hypotheses in a real-world EBP implementation

"Mixed-Methods Study of a Statewide EBP Implementation"

- Build on NIMH funded effectiveness trial (PI: Mark Chaffin):
 - Goal of EBP is to reduce abuse & neglect
 - Evidence-based intervention (SafeCare) vs. control
 - Monitored and non-monitored conditions
 - Primary outcomes of MMSS-EBPI study:
 - Organizational factors, provider attitudes and Implementation fidelity
 - Implementation on staff turnover intentions and retention
 - Organizational factors and working alliance
- State provides stable program funding
 - Urban and rural programs
- Design = Longitudinal mixed methods
 - Quantitative surveys (Web-based)
 - Proposed assessments at 9 time points (0, 6, 12, 18, 24, 30, 36, 42, & 48 months)
 - 94.2% response rate on first wave of pilot data collection
 - Qualitative interviews, in-vivo observation
 - Proposed quarterly
 - semi-structured interviews
 - observation
- Sample
 - 20 Case Management teams
 - 120 Case Managers & Supervisors
 - > 3,000 families (SafeCare study)

SafeCare Effectiveness Study

PI: Mark Chaffin, Funding NIMH

	Monitored	Non-Monitored
EBP = SC-12	1) EBP Protocol + Ongoing Consultation	3) EBP Protocol
Services as Usual	2) SAU + Ongoing Consultation	4) SAU

Participants

- 114 public sector clinical and case management service workers from programs providing comprehensive home-based services (CHBS) to families at risk for child neglect/abuse
- Study Condition
 - EBP - Monitored 27.7%
 - EBP - Unmonitored 29.5%
 - SAU - Monitored 18.8%
 - SAU - Unmonitored 24.1%
- Full-time employees 94.6%
- Primary Discipline
 - Social work 45.4%
 - Psychology 25.8%
 - Human Relations 12.4%
 - Marriage/Family Therapy 8.2%
 - Child Development 6.2%
 - Drug/Alcohol Counseling 2.1%

Case Manager Participants (k=20; N=114)

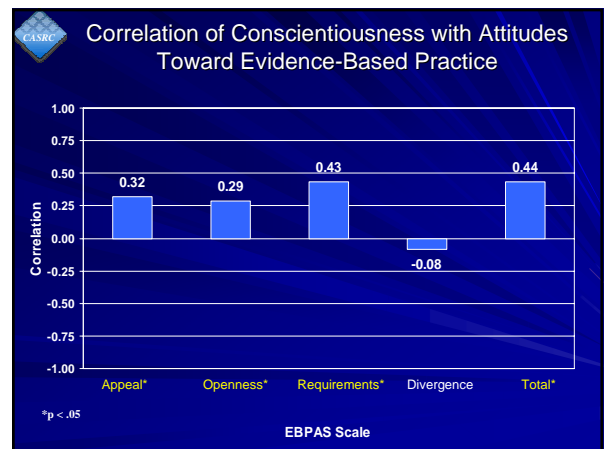
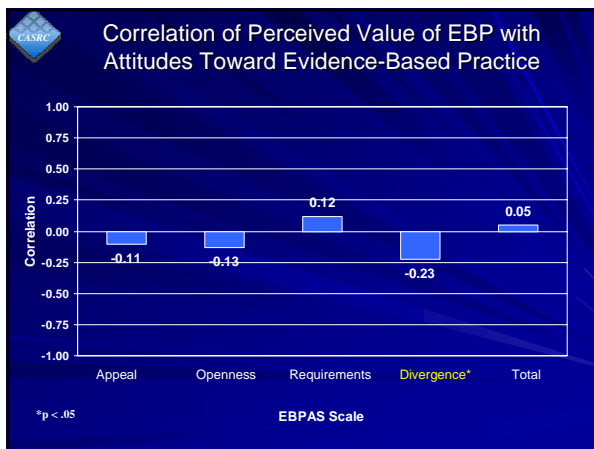
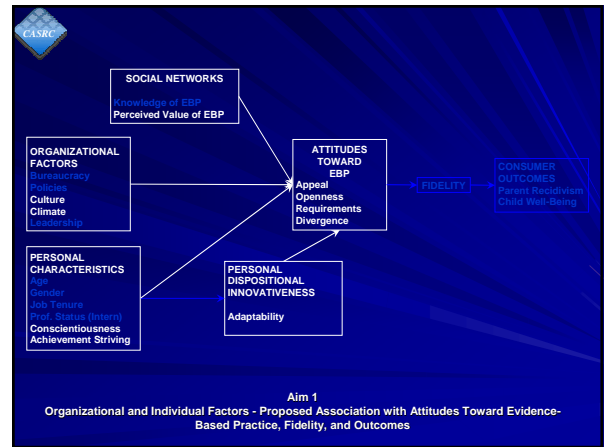
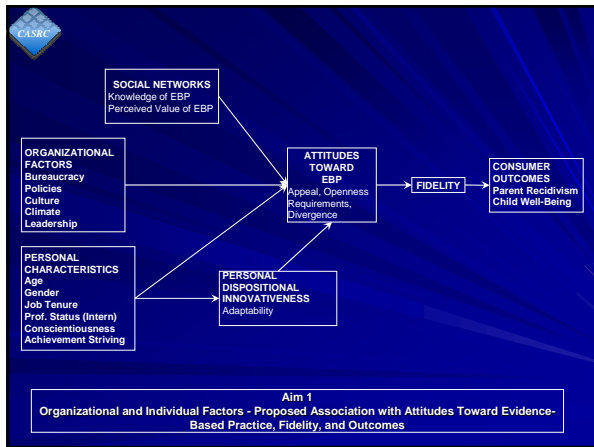
- Gender
 - Female 84.2%
 - Male 15.8%
- Race
 - Caucasian 70.2%
 - Native American 12.3%
 - African American 11.4%
 - Hispanic 3.5%
 - Other 2.5%
- Education
 - High School 1.0%
 - College Grad 42.0%
 - Some Grad Work 17.0%
 - Masters Degree 40.2%

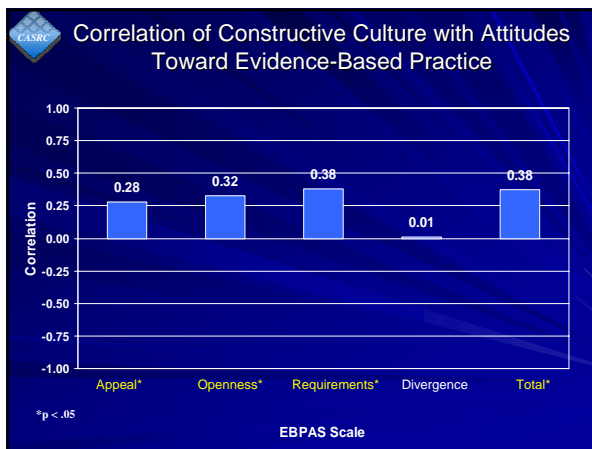
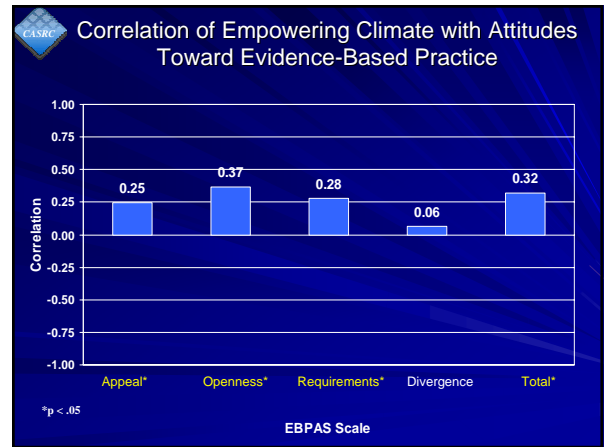
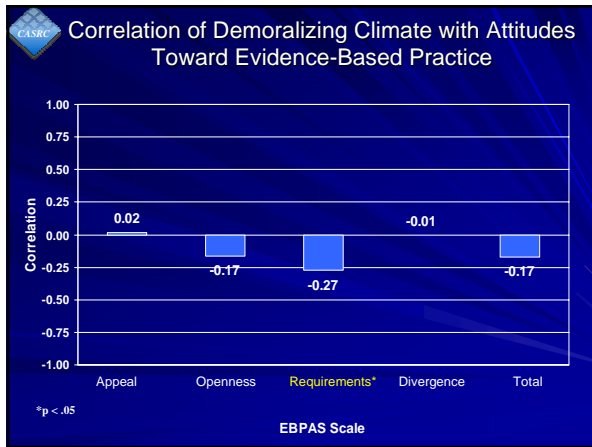
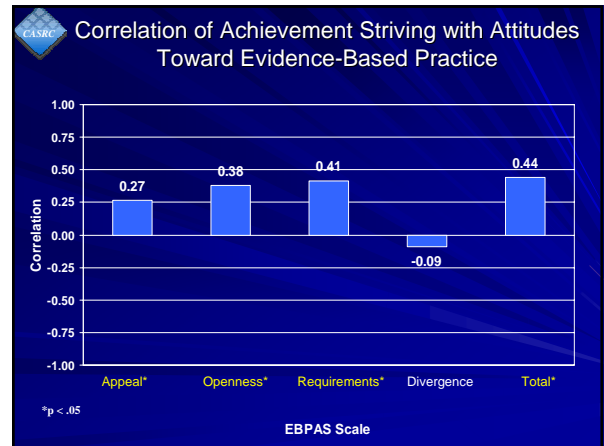
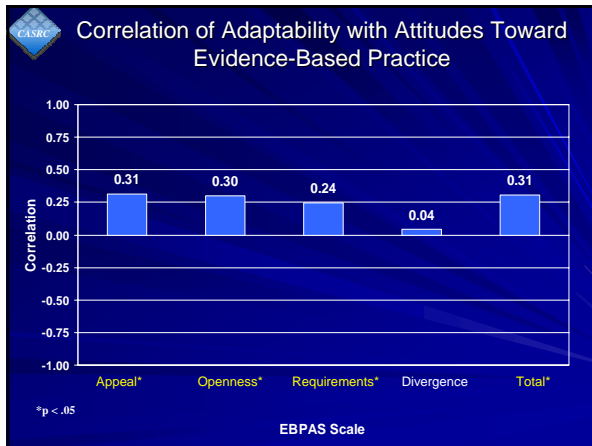
Measures

- Evaluation of the EBP
 - Perceived Value of EBP (5-items; $\alpha = .87$)
- Individual Characteristics
 - Achievement Striving (4-items; $\alpha = .84$)
 - Conscientiousness (5-items; $\alpha = .89$)
 - Adaptability (5-items; $\alpha = .86$)
- Organizational Characteristics
 - Demoralizing Climate
 - Depersonalization (5-items; $\alpha = .69$)
 - Emotional Exhaustion (6-items; $\alpha = .92$)
 - Role Conflict (9-items; $\alpha = .94$)
 - Empowering Climate
 - Fairness (6-items; $\alpha = .68$)
 - Growth/Advancement (5-items; $\alpha = .80$)
 - Role Clarity (6-items; $\alpha = .83$)
 - Constructive Culture
 - Motivation (7-items; $\alpha = .84$)
 - Individualism (10-items; $\alpha = .86$)
 - Supportiveness (7-items; $\alpha = .87$)

Evidence-Based Practice Attitude Scale (EBPAS) (Aarons, 2004)

- Appeal (4-items; $\alpha = .77$)
 - The extent to which an EBP would be adopted if it is intuitively appealing, makes sense, could be used correctly, or is being used by colleagues who are happy with it
- Requirements (3-items; $\alpha = .90$)
 - The extent to which an EBP would be adopted if it is required by his/her supervisor, agency, or state
- Openness (4-items; $\alpha = .76$)
 - The extent to which an EBP would be adopted if it involved following a treatment manual, was developed by researchers or is very different from what they are used to doing
- Divergence (4-items; $\alpha = .59$)
 - The extent to which there is perceived divergence between EBP and usual care.





Discussion

- Attitudes toward adoption of EBP are related to:
 - Individual provider characteristics
 - Organizational characteristics
- How do we increase receptivity to EBP?
 - Individual provider level
 - Organizational level
- How do we build support for EBP at multiple levels?
- Can we select providers who are more open to EBP?
- How can organizational factors be improved?



Conclusions & Future Steps

- EBP implementation plans should consider mental health service provider individual differences
- EBP implementation plans should include consideration of organizational factors
- Consideration of these factors should improve the process and effectiveness of EBP implementation efforts.
- Future Directions
 - Examine EBP dissemination and implementation efforts in regard to:
 - Financing structures, competition, organizational stability
 - Organizational structure
 - Contractual constraints
 - Reciprocal effects of implementation on culture, climate, staff retention
 - Working alliance
 - Effects of EBP implementation on the workplace