

Implementing Evidence-Based Practices in Publicly-Funded Clinics

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Initial Assessment of Adoption Barriers to EBP Treatment for Adolescents with Co-occurring Psychiatric and Substance Abuse Disorders

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Background & Significance

- Gap between research & practice
 - Institute of Medicine, 1998 & 2001
 - U.S. Surgeon General, 1999
 - New Freedom Commission on Mental Health, 2003
- University-practitioner collaboration – greater collaboration between providers of services and university-based researchers has been proposed as one strategy to help bridge the gap (IOM, 1998; NAMHC, 1999)

Background & Significance (cont'd)

- Role of university-practitioner collaboration in moving research into practice
 - Translate research into new interventions to be tested in community settings
 - Dissemination of EBPs
 - Practice “guides” future research
- Lack of an evidence base on effective researcher-practitioner collaboration

“before the beginning” Sarason, 2003

--Interventions may succeed or fail depending on the planning, organizing, relationship building, etc. that leads up to the intervention, yet we rarely report on this and it is not often the focus of study

Purpose

- Increase the use of EBPs in Virginia's public behavioral health care system
 - Broad focus on MH, MR and SA Services
 - Begin with focus on adolescents with co-occurring psychiatric and substance use disorders

Approach

- “Research partnership”
 - Actions are research based/data driven
 - Participatory/Collaborative
- Influenced by several models
 - Experimental Social Innovation and Dissemination (Fairweather, 1972; Fairweather, Sanders & Tornatsky, 1974)
 - Participatory Research (Park, 1992)
 - Empowerment Evaluation (Fetterman, 1994)
 - Community Based Research (Strand, et al., 2003; Marullo, et al., 2003)
 - Community Science (Wandersman, 2003)

Partnership

- The Partners
 - Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
 - Community services boards
 - Consumers/Family members
 - Virginia Commonwealth University
 - Institute for Drug and Alcohol Studies
 - Commonwealth Institute for Child and Family Studies

Initial Efforts

- Survey of provider agencies
- Focus group with key stakeholders

Community Survey on Services for Adolescents with Co-occurring Disorders

- Developed by the partnership
- Purpose
 - Determine treated prevalence of adol. with co-occurring disorders
 - Determine types of treatment available for these youth
 - Identify obstacles to implementation of EBPs
 - Assess current research infrastructure
- Method
 - Survey of 40 CSBs
 - Survey typically completed by child and family services coordinators
- Response rate
 - Completed surveys from 39 (97.5%) CSBs; no fewer than 35 valid responses

EBP Focus Group

- Purpose
 - Identify factors that will facilitate and hinder implementing EBPs in Virginia
- Participants
 - Providers – MH/SA/C&F/MR
 - Consumers
 - Advocates

Conclusions and Implications

- Need for better tracking of consumer substance use
- Over-estimation of EBP implementation
- Managers very receptive to EBPs
- Resources are major barrier
 - Training and services
 - Lack of funding—EBPs not reimbursable
 - Link outcomes to funding
- Need to increase consumer involvement -- requires accommodation and education

Conclusions and Implications (cont'd)

- Must obtain clinician buy-in
 - Not typically involved in decision to adopt
 - EBP needs to be compatible with values and treatment philosophy
 - Must be sensitive to workload
 - Must provide ongoing support/consultation
- Consistent message from management
- Organizational structure & processes support the EBP
 - Performance standards
 - Program performance measures
 - Hiring & Training
- Research capacity is uneven—limits potential for research partnership

Next Step—Identify Intervention/Research Focus

- Focus: Consumer and clinician factors related to the appraisal and decision to adopt stages
- Proposed research questions (a sample):
 - What clinician characteristics are related to the decision to adopt and choice of EBPs?
 - Discipline
 - Level of training (e.g., doctoral vs. masters)
 - Years in practice

Research Questions (cont'd)

- What is the impact of parent education and advocacy?
 - To what extent are parents familiar with EBPs?
 - Are parent members of state or local advocacy organizations more likely to request EBPs?
- How can clinicians be encouraged to adopt EBPs?
 - What level of training and what support is needed?
 - Is adoption increased by participation in planning/decision making?
 - Does providing a choice of EBPs increase adoption?

Lessons Learned

- It's about relationships
- Partnerships evolve -- rules governing the partnership are developed as we conduct specific tasks
- Requires a lot of time
- Reciprocal education -- partners must educate each other in the ways of their individual "worlds"
- Need to create "interactive accountability system with a results focus" (Yost & Wandersman, 2000)

References

- Fairweather, G. W. (1972). *Social change: The challenge to survival*. Morristown, NJ: General Learning Press.
- Fairweather, G. W., Sanders, D. H., & Tormatzky, L. G. (1974). *Creating change in mental health organizations*. New York: Pergamon Press.
- Fetterman, D.M. (1994). Empowerment Evaluation. Presidential Address. *Evaluation Practice*, 15(1):1-15.
- Green, L. W., Mercer, S.L. (2001). Participatory research: can public health agencies reconcile the push from funding bodies and the pull from communities? *American Journal of Public Health*, 91(12), 1926-1929.
- Institute of Medicine. (1998). *Bridging the gap between practice and research: Forging Partnerships with community-based drug and alcohol treatment*. Washington, DC: National Academy Press.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Marullo, S., Cooke, D., Willis, J., Rollins, A., Burke, J., Bonilla, P., & Waldref, V. (2003). Community-based research assessments: Some principles and practice. *Michigan Journal of Community Services Learning, Summer*, 57-68.

References (cont'd)

- National Advisory Mental Health Council's (NAMHC) report, Bridging Science and Service (<http://www.nimh.nih.gov/research/bridge.htm>).
- New Freedom Commission on Mental Health. (2003). *Advising the Promise: Transforming mental health care in America. Final report*. Rockville, MD. DHHS Pub. No. SMA-03-3832.
- Sarason, S. B. (2003). The obligations of the Moral-Scientific Stance. *American Journal of Community Psychology*, 31(3/4), 209-211.
- Strand, D., Marullo, S., Cutforth, N., Stoecker, R., & Donohue, P. (2003). Principles of best practice for community-based research. *Michigan Journal of Community Services Learning, Summer*, 5-15.
- United States Public Health Service Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.
- Wandersman, A. (2003). Community science: Bridging the gap between science and practice with community-centered models. *American Journal of Community Psychology*, 31(3/4), 227-242.
- Yost, J., & Wandersman, A. (2000). Results-oriented grantsmaking. In W. K. Kellogg Foundation (Ed.), *Empowerment evaluation and foundations: A matter of perspectives*. Battle Creek, MI: W. K. Kellogg Foundation.