Multiple Stakeholder Perspectives on Evidence-Based Practice Implementation

Gregory A. Aarons, Ph.D. 1,2,3
Karen Zagursky, B.A. 1,3
Larry Palinkas, Ph.D. 1,4

1Child and Adolescent Services Research Center (CASRC)
2Children’s Hospital San Diego, CA
3San Diego State University
4University of California, San Diego
5University of Southern California

http://casrc.org 3020 Children’s Way, MC 5033
San Diego, CA 92123
practitioner@ucsd.edu
(858) 822-7933 ext. 3386

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Agenda

- The need for effective implementation
- Barriers and Facilitators to Implementing EBP
- Study methods
- Results
- What does it all mean?

We are Learning about Implementation

- Some barriers to implementation have been identified
  - e.g., lack of funds for continuing education (Simpson, 2002).
- We know little about the most effective manner in which to implement EBPs
  - (Henggeler, Lee, & Burns, 2002; Morgenstern, 2000)
- New models of implementation have been developed
  - (Aarons, 2005; Frambach & Schillewaert, 2002; Klein, Conn., & Sorra, 2002)

Implementation is Complex

- Implementation should be evidence-based
- Implementation is a multilevel issue (Dixon et al., 2001).
  - Policies
  - Agencies
  - Programs
  - Administrative staff
  - Clinicians
  - Consumers
- Clear, comprehensive, measurable, and testable implementation models are needed to guide research on organizational change
- There are few empirical studies addressing these issues in youth mental health services
Goals of the Study

- To identify barriers and facilitators of adoption of EBPs for organizations serving youth with Mental Health disorders
- Examine what various stakeholder groups identify as most important and most changeable.

Methods I

Programs within agencies selected based on:

- Types of Services Provided
  - Outpatient
  - Day Treatment
  - Case Management
  - Residential/IP
- Size of Agency
  - Large and Small
- Size of Program
  - Large and Small
- Location
  - Urban vs. Rural

Participant Selection

- Selected programs were either operated by the County or provided contract services to the county.
- Organizational structures varied by level of bureaucracy and fiscal constraints on services (Aarons, 2004)
- Individual participants selected by snowball sampling

Sample Selection

Participants drawn from 6 organizational levels:

- Policy: County Mental Health Officials (n = 6)
- Agency: Organization/Agency directors (n = 5)
- Program: Program managers (n = 6)
- Clinical: Clinicians (n = 7)
- Administrative: Administrative staff (n = 3)
- Consumers: Consumers of MH services (n = 5)

Demographics (N=31)

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Demographics Mental Health

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Procedure

- **Concept Mapping** *(Trochim, Cook, & Setze, 1994)*
  - Mixed qualitative-quantitative method
  - Qualitative methods used to generate data
  - Data analyzed using quantitative methods

- Begin with structured brainstorming
  - Participants generate and then use a focus statement to guide identifying barriers and facilitators to implementation

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Analysis

- Multidimensional scaling (MDS) and cluster analysis
  - MDS analysis results in a “map” of the conceptual space with similar issues closer together

- Solution represents psychological “distance” or similarity between concepts

- Statements more similar in meaning are closer together

- Statements grouped into non-overlapping categories called clusters

- Clusters closer together are more conceptually related

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Results

- Fourteen overall clusters best fit data

- One overall solution for all participants
  - Participants reconvene to “make sense” of solution
  - Cluster naming

- Importance ratings overlaid on solution

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14 Clusters

- Clinical Perceptions
- Staff Development & Support
- Staffing Resources
- Agency Compatibility
- EBP Limitations
- Consumer Concerns
- Impact on Clinical Practice
- Beneficial Features (of EBP)
- Consumer Values & Marketing
- System Readiness & Compatibility
- Research & Outcomes
- Political Dynamics
- Funding
- Costs of EBP
**Results**

- For the overall group, Funding was rated the most important factor and rated the least changeable.
- Staffing Resources and Staff Development and Support were rated most important after funding.
- Clinical Perceptions and Consumer Values and Marketing were rated most changeable.
- Staff Development and Support ranked third in importance and fourth in changeability.

**Conclusion**

- Found a common solution that represents multiple stakeholder perspectives.
- There are a number of multiple stakeholder concerns that may impact implementation of EBP in real world service settings.
- Groups varied on Importance and Changeability ratings.
- It is important to consider the concerns of multiple stakeholders in EBP implementation.

**Conclusions**

- Processes for egalitarian multiple stakeholders input can facilitate cultural exchange.
- Stakeholder perspectives can inform implementation process.
- Examples:
  - Optimizing message content may promote more positive attitudes toward implementation of change in service models
  - Staff issues need to be addressed up front to promote implementation effectiveness
- Further research is needed to better understand how factors identified in the present study impact actual EBP implementation efforts.
Reference List


