

Implementation of Evidence-Based Practice: The Role of Leadership and Provider Attitudes

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Agenda

- Why study leadership in mental health services?
- Qualitative study: Implementation factors
- Quantitative study: Leadership and provider attitudes to EBP
- Discussion, Implications, Future Directions

Need for Leadership Research

- American Psychologist
 - Special issue: Leadership (Jan, '07)
 - Situational Context (Vroom & Jago)
 - Theory Driven models (Avolio)
 - Leader Challenges (Bennis)
 - Leader Traits (Zaccaro)
 - WICS (Sternberg)
 - Wisdom, Intelligence, Creativity



Leadership & EBP Implementation: Local, National, International Concern



- EBP Implementation in four countries
 - (Brazil, Israel, Lebanon, Egypt)
 - World Psychiatric Association
 - Hoagwood, Kelleher, Murray, et al.
 - (Integrated Services Task Force) 2006
- Identified leadership as important
 - Leadership support
 - Support by management staff (also see Klein et al.)
- "There was agreement across the sites on several items, including the importance of leadership support"
- "Directors were able to exert high quality leadership and guidance to the project, even when formidable obstacles ...occurred"
- "Early adoption and guidance by innovative leaders"

Why Examine Leadership and EBPs

- Growing (mature?) momentum to implement EBPs into real world practice
- Determine what factors can support implementation that serves all stakeholders
- Provider attitudes and preferences have not been well studied

Concept Mapping of Readiness for Evidence-Based Practice

- Identify barriers and facilitators of EBP implementation in public mental health
- Youth and Family mental health programs operated by the county or provided contract services
- Participants selected by snowball sampling

Participants

- Participants represent important stakeholders:
 - 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: Parents/Families using MH services (n = 5)

Participant Demographics (n = 31)

Gender	
Male	38.7%
Female	61.3%
Race	
Caucasian	74.2 %
Hispanic	9.7 %
African-American	3.2 %
Asian/PI	3.2 %
Other	9.7 %
Experience w/ EBPs	
Not at all	30.8 %
To a slight extent	30.8 %
To a moderate extent	30.8 %
To a great extent	7.7 %

Procedure

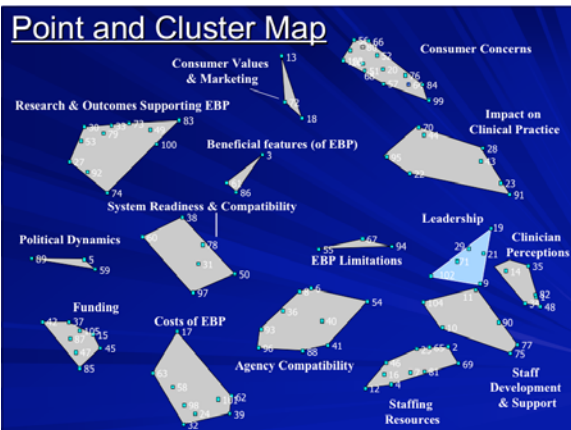
- Concept Mapping (Trochim, Cook, & Setze, 1994)
 - Mixed qualitative-quantitative method
 - Qualitative methods used to generate data
 - Data analyzed using quantitative methods
- Begin with structured brainstorming
 - Participants **generate** and then **use** a focus statement to guide identifying barriers and facilitators to implementation
- Focus statement
 - "What are the factors that influence the acceptance and use of evidence-based practices in publicly funded mental health programs for families and children?"
- Independent stakeholder group brainstorming
- Statements individually sorted and rated on importance changeability

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

Results

- Fourteen overall clusters identified
- Reassessed data to identify leadership statements
 - 105 statements evaluated by research team
- Leadership cluster identified
 - Six items derived from two clusters
 - staff development & support
 - clinician perspectives



- ### Leadership Impacts on Implementation
- Level of support and supervision for clinicians
 - Staff "champion" or "local opinion leader" for EBP
 - Enhance openness and adaptability of staff, clinicians, and managers
 - Increase buy-in and commitment of staff and trainees
 - Increase staff desire/motivation for better client outcomes
 - Enhance interest, openness, curiosity of clinicians and managers

Overall Rank of Implementation Factors

Importance	Changeability
1. Leadership	1. Leadership
2. Funding	2. Clinical perceptions
3. Staff Dev/Support	3. Consumer values
4. Staff resources	4. Staff Dev/Support
5. Costs	5. Impact on clinical practice
6. Research/Outcomes	6. Research/Outcomes
7. Beneficial EBP features	7. Consumer concerns
8. Political dynamics	8. Agency compatibility
9. Clinical perceptions	9. System readiness/compatibility
10. Consumer values	10. Staff resources
11. Consumer concerns	11. Beneficial EBP features
12. System readiness/compatibility	12. Political dynamics
13. Impact on clinical practice	13. EBP limitations
14. EBP limitations	14. Costs
15. Agency compatibility	15. Funding

“They always say time changes things, but you actually have to change them yourself.”

Andy Warhol

- ### Leadership and Provider Attitudes to EBP
- Study of organizational issues, delivery of mental health services, and attitudes toward EBP
 - Question: Is mental health program leadership related to clinician attitudes toward adopting evidence based practices?

- ### Leadership
- Multifactor Leadership Questionnaire (Bass & Avolio)
 - Excellent reliability and validity
 - Transformational
 - Similar to charismatic leadership (inspirational motivation, intellectual stimulation, idealized influence)
 - Increases intrinsic motivation
 - Garner buy-in
 - Creates vision
 - Inspires hard work
 - Transactional
 - Based on rewards/sanctions (contingent reward, management by exception, laissez-faire)
 - Extrinsic motivation
 - Specific goals
 - Performance criteria
 - Supports adherence to practice standards

Attitudes Toward Evidence Based Practice

- Evidence-Based Practice Attitudes Scale (Aarons, 2004)
 - Four subscales and total scale
 - 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.

Hypotheses

- Transformational leadership will be:
 - Positively associated with openness to EBPs
 - Negatively associated with perceived divergence
- Transactional leadership will be:
 - Positively associated with openness to EBPs

Methods

- Participant Organizations
 - 49 programs in San Diego County
 - 94.4% participation rate
 - Services provided

■ Outpatient treatment	49.0%
■ Day treatment	19.6%
■ Assessment and evaluation	9.8%
■ Case management	7.8%
■ Residential treatment	5.9%
■ Other	7.9%
- Participant providers
 - 303 public sector clinical and case management service workers from programs providing mental health services to children and adolescents and their families
 - 96% participation rate
 - 80% Full-time employees
 - 32% Marriage and family therapy
 - 31% Social work
 - 23% Psychology
 - 2% Psychiatry
 - 12% Other

Participant Demographics (n = 303)

Gender	
Male	23.3%
Female	76.7%
Race	
Caucasian	64.8%
Hispanic	15.0%
African-American	7.2%
Asian/PI	5.9%
Other	7.1%
Education	
Some college	3.2%
B.A., B.S.	19.9%
Some grad	10.1%
MSW, MA, MFT	56.2%
Ph.D. M.D.	10.1%

Procedure

- Contacted a program manager at each site and explained the study
 - Organizational feedback offered as incentive
- Scheduled clinician survey sessions at the program or agency
 - Surveys were presented and questions answered for groups of respondents

Analyses

- Descriptive statistics and distributional characteristics assessed
 - No significant departures from normality
- Multilevel Modeling
 - Analysis accounted for clustering of providers in programs
- All results reported here were statistically significant $p < .05$

Results

- Transactional leadership positively associated with provider Openness
- Transformational leadership positively associated with Requirements Scale
- Transformational leadership negatively associated with perceived Divergence of usual care and EBP
- Transformational and transactional leadership both positively associated with more overall openness to EBP.

Limitations

- Not an experimental study
 - Can't assume causality
- Effects are significant but effect sizes are not large
- No behavioral criterion
- Other factors also impact provider attitudes:
 - Organizational culture and climate
 - Level of bureaucracy
 - Formal policies regarding use of EBPs

Summary of Two Studies

- Leadership cluster identified
 - Rated most important and most changeable
- More positive leadership associated with more positive staff attitudes toward adopting EBPs

Conclusions

- Leadership is an important area for empirical study in mental health
- Supervisor-supervisee relationship is a potential important point of influence
- Leader development for all stakeholders needs to be evidence-based

Discussion

- EBP Leadership likely important in:
 - Setting direction, Strategy
 - Organizational decision making and process
 - Decision to adopt (or not) overt/covert
 - Staffing issues
 - Culture
 - Climate
 - Consumer satisfaction
 - Patient outcomes (quality of life)
 - Organizational change

"Leadership should be born out of the understanding of the needs of those who would be affected by it."

Marian Anderson