MINDING THE IMPLEMENTATION GAP:

VARIABILITY IN FIDELITY MEASUREMENT AND PRE-IMPLEMENTATION SUPPORTS WITHIN EVIDENCE-BASED PSYCHOSOCIAL TREATMENTS

A Webinar Hosted by the California Evidence-Based Clearinghouse for Child Welfare (CEBC)

May 14th, 2020

Cricket Mitchell, Jennifer Rolls Reutz, Suzanne Kerns, Molly Duenow, Jennifer Sedivy

CHILD & FAMILY EVIDENCE BASED PRACTICE CONSORTIUM

Supporting effective implementation through workforce & program development

Contributors

Director
Rosalyn Bertram, Ph.D.
Professor
University of Missouri-Kansas City
School of Social Work

George (Tripp). Ake Ph.D.
Associate Professor
Duke University Medical Center
Director of Training and Implementation
National Center for Child Traumatic Stress

Jacquie Brown, MES, RSW
Head of International Development, Triple P International

Elisabeth Cannata, Ph.D.
Vice President
Community-Based Family Services
and Practice Innovation
Wheeler Clinic

Dan Edwards, Ph.D.
Sr. Director, Evidence-Based Associates
Alexandria, VA

Robert P. Franks, Ph.D.
President and CEO
Judge Baker Children's Center
Assistant Clinical Professor at Yale University SoM and University of Connecticut Health Center

Jennifer A. Sedivy, MSW
PhD Student, Graduate Research Assistant
University of Denver, Graduate School of Social Work

Sue Kerns, Ph.D
Research Associate Professor
University of Denver
Graduate School of Social Work
Director
The Center for Effective Interventions

Cricket Mitchell, Ph.D
Cricket Mitchell Consulting, LLC

Jennifer Rolls-Reutz
Co-Director
California Evidence-Based Clearinghouse
For Child Welfare
Chadwick Center for Children and Families
Rady Children's Hospital-San Diego

Molly Duenow, BA
Content Specialist
California Evidence-Based Clearinghouse
For Child Welfare
Chadwick Center for Children and Families
Rady Children's Hospital San Diego

Virginia C. Strand, DSW, Professor
Fordham University
Graduate School of Social Services

Jessie Watrous
Director, Evidence-Based Practice
The Institute for Innovation and Implementation
School of Social Work
University of Maryland

BACKGROUND | OVERVIEW OF THE CEBC

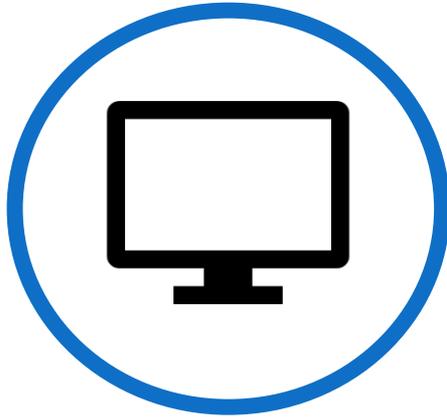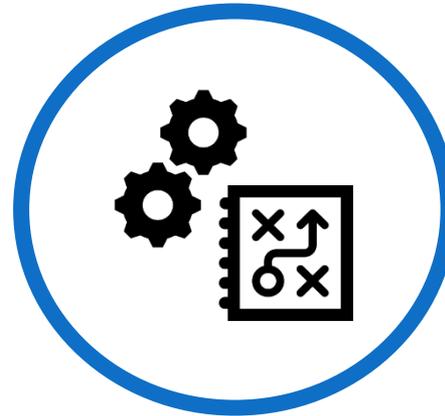| Web-Based Repository of EBPs | Reviews Published Peer-Review Research ---- Applies CEBC Ratings | Works w/ Program Developers to Articulate Critical Components for Delivery | Provides Guidance re: Selection and Implementation |

OVER 400 PROGRAMS HAVE BEEN REVIEWED BY CEBC TO-DATE

BACKGROUND | THE CEBC SCIENTIFIC RATING SCALE

WELL-SUPPORTED ⟷ CONCERNING

Supported   **Promising**   **No Effect**

1   2   3   4   5

NR
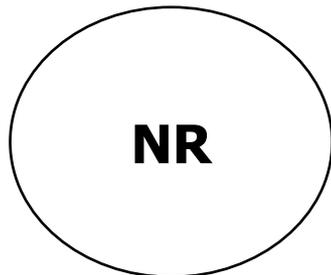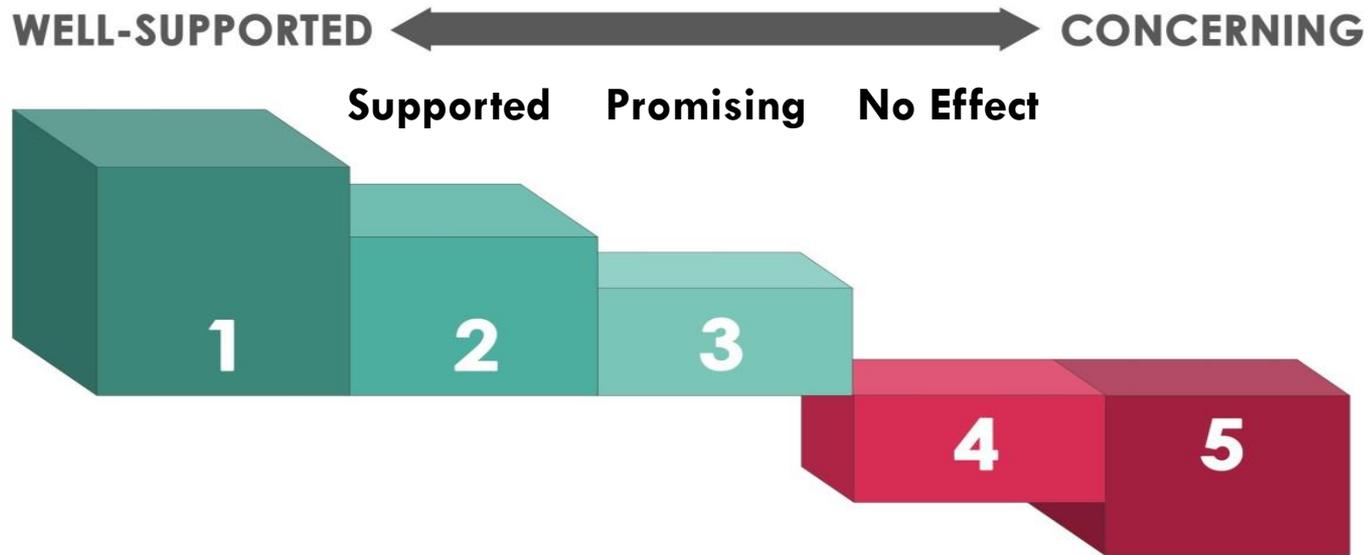
Not Able To Be Rated
- Has no research, or
- Research doesn't fit scale criteria

Resources Provided to Support Implementation

- Pre-Implementation Materials
- Formal Support for Implementation
- Fidelity Measures
- Implementation Guides or Manuals
- Other Implementation Materials or Resources
- Research on Implementation of Your Program

AIMS | PART I: FOCUS ON FIDELITY

> Examine available fidelity measures from developers of established, CEBC-rated programs

> Understand their characteristics

> Identify strengths and weaknesses

*Are there any **available fidelity measures?***

If yes, please provide a brief description of the measure(s) and any required training to use it, as well as a copy, if possible.

RESULTS | SUMMARY OF FIDELITY FINDINGS

IMPLEMENTATION GAP

32% of rated programs said "no" to having a fidelity measure

VARIABILITY

Utilization of **live observations, therapist report,** and **video tapes** were most common sources and were represented equally (32% each)**; occurrence** (presence or absence) and **ratings** (verbal or written) were most common data types and were represented equally (58% each)

INFREQUENT

Fewer than 10% of rated programs provided **training** on fidelity measures, **required** use of fidelity measures, or reported established **psychometrics**
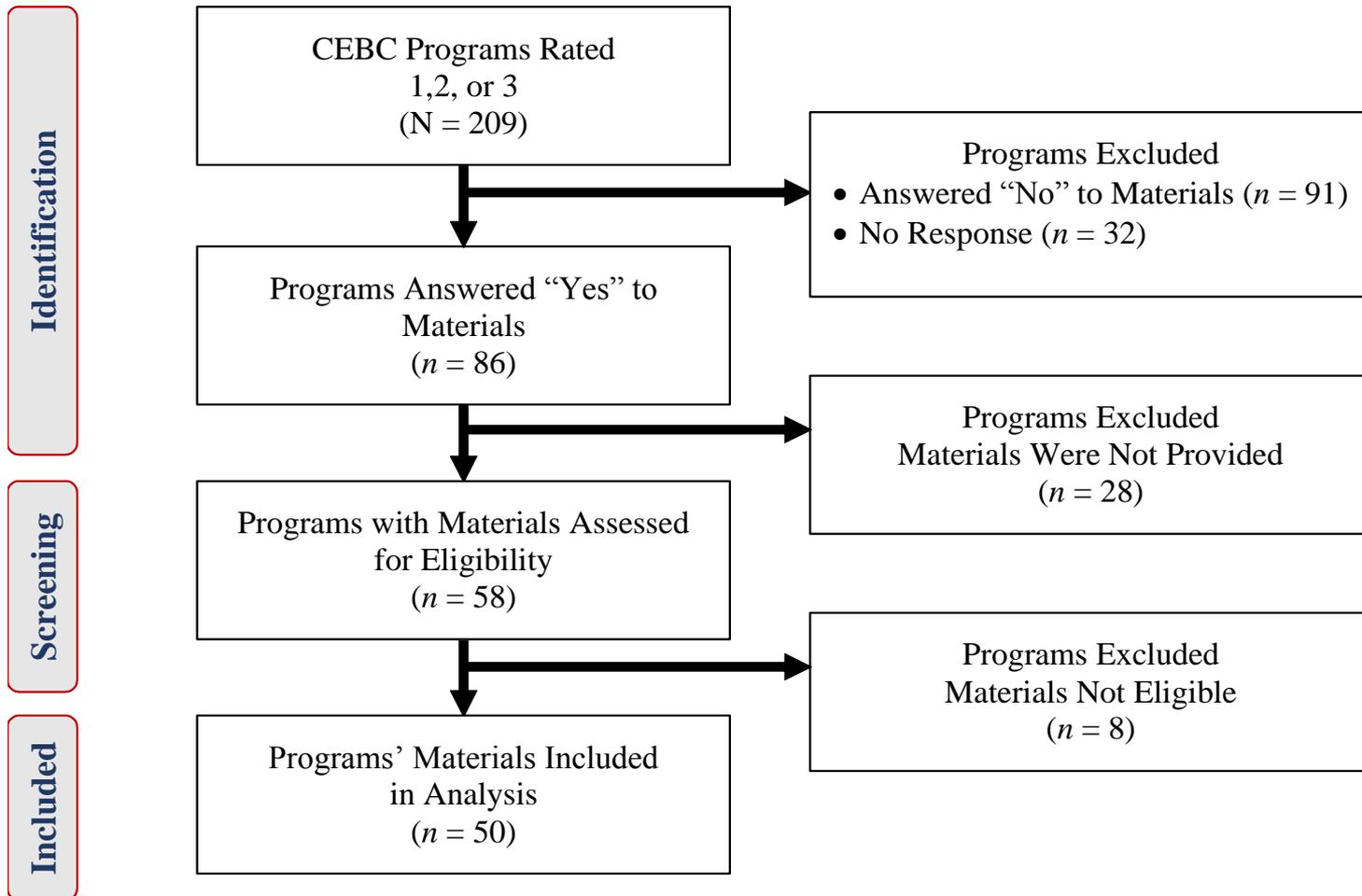
AIMS | PART II: FOCUS ON PRE-IMPLEMENTATION

➢ Examine available pre-implementation materials from developers of established, CEBC-rated programs

➢ Understand their characteristics

➢ Identify strengths and weaknesses

*Are there any **pre-implementation materials** (e.g., tools, assessments, or other resources) to be given to organizations or providers in order to measure organizational or provider readiness?*

If yes, please provide a brief description and, if the material(s) is publicly available, please provide either a link to it or a contact person who can assist in obtaining it.

METHODS | SCREENING FOR INCLUSION

Identification

CEBC Programs Rated
1,2, or 3
(N = 209)

Programs Excluded
- Answered "No" to Materials ($n = 91$)
- No Response ($n = 32$)

Programs Answered "Yes" to
Materials
($n = 86$)

Programs Excluded
Materials Were Not Provided
($n = 28$)

Screening

Programs with Materials Assessed
for Eligibility
($n = 58$)

Programs Excluded
Materials Not Eligible
($n = 8$)

Included

Programs' Materials Included
in Analysis
($n = 50$)

Scaccia et al (2015)
A practical implementation science heuristic for organizational readiness: R=MC^2

Minimum of 3 Coders
Consensus Obtained
Discrepancies Resolved via Meetings

READINESS THINKING TOOL ®

This tool can help you think about your organization's readiness to implement a program, policy, practice or process. While reflecting on the subcomponents below, think about the current level of readiness your organization has for this innovation. Determine your level of agreement with each subcomponent's statement for your organization. Discuss with your implementation team the rationale and reasoning behind your determination and then check the column that best indicates your current level of agreement.

Motivation	Degree to which an organization wants the innovation to happen.	Disagree	Partially Agree	Strongly Agree	Unsure
Relative Advantage	This innovation seems better than what we are currently doing.				
Compatibility	This innovation fits with how we do things.				
Simplicity	This innovation seems simple to use.				
Ability to Pilot	This innovation can be tested and experimented with.				
Observability	We have the ability to see that this innovation is leading to outcomes.				
Priority	This innovation has a high level of importance compared to other things we do.				
Innovation-specific Capacity	**What is needed to make this particular innovation happen.**				
Innovation-specific Knowledge & Skills	We have sufficient abilities to do the innovation.				
Champion	There is a well-connected person who supports and models this innovation.				
Supportive Climate	We have the necessary supports, processes, and resources to enable this innovation.				
Inter-organizational Relationships	We have the necessary relationships between organizations that support this innovation.				
Intra-organizational Relationships	We have the necessary relationships within organization that support this innovation.				
General Capacity	**The organization's overall functioning.**				
Culture	We have clear norms and values of how we do things here.				
Climate	People have a strong sense/feeling of being part of this organization.				
Innovativeness	Our organization is open to change in general.				
Resource Utilization	Our organization has the ability to acquire and allocate resources including time, money, effort, and technology.				
Leadership	Our organization has effective leaders.				
Internal Operations	Our organization has effective communication and teamwork.				
Staff Capacities	Our organization has enough of the right people to get things done.				
Process Capacities	Our organization has the ability to plan, implement, and evaluate.				

Which subcomponent(s) of readiness did you rate as "disagree"? Which did you rate as "strongly agree"? What evidence is there to support your ratings? Who needs to be at the table to build your team's level of readiness? Where do you have differences in opinion with your colleagues? What sort of support or coaching would be needed to further build your readiness in these subcomponents?

For more information, please contact Dr. Abraham Wandersman at wandersman@sc.edu or check out the Wandersman Center at Wandersmancenter.org.

LEVEL OF READINESS AND FOCUS OF AVAILABLE PRE-IMPLEMENTATION MATERIALS

Table 1

Level of Readiness and Focus of Available Pre-Implementation Materials

Available Pre-Implementation Materials	*n*	*%*
Level of Readiness		
Organizational Readiness	119	92.2
Individual Provider Readiness	12	9.3
Logistics for Professional Education	15	11.6
Focus of Measure		
Readiness for Professional Education	21	16.3
Readiness for Implementation	117	90.7

Notes. Categories are not mutually exclusive; 129 documents reviewed.

PURPOSE OF AVAILABLE PRE-IMPLEMENTATION MATERIALS

Guidance
48.1%

13.2%

4.6%

1.5%

0.8%

Assessment
19.4%

Tool
11.6%
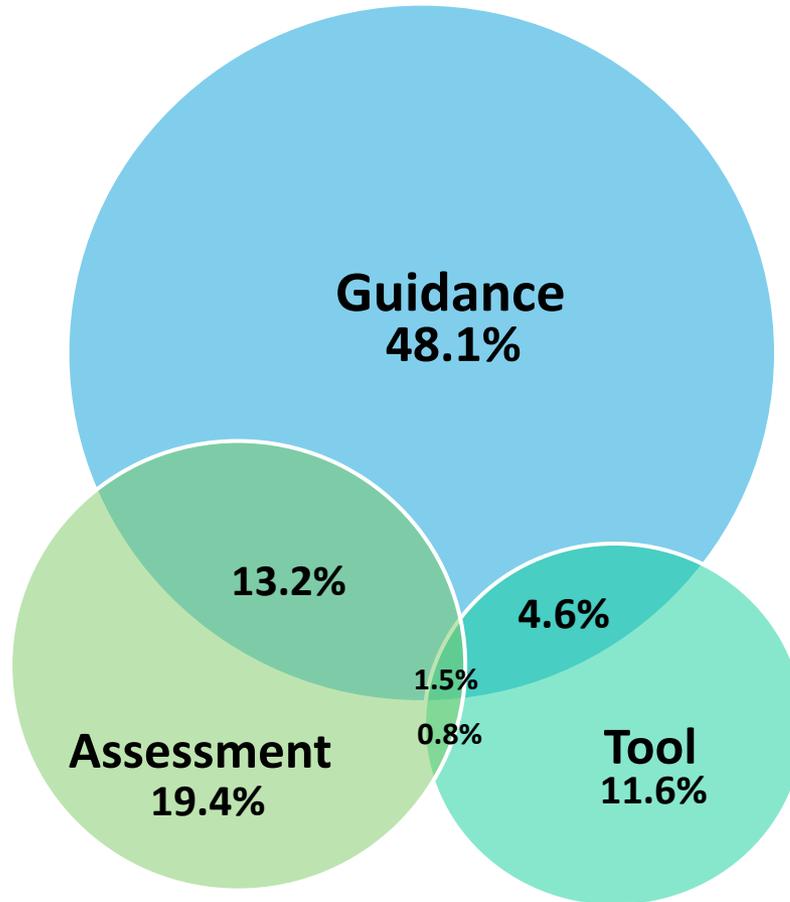
Other, 0.8%, clinical population exclusion criteria

RESULTS | SUMMARY OF FINDINGS

IMPLEMENTATION GAP

44% of rated programs said "no" to having pre-implementation materials

VARIABILITY

67% provided pre-implementation **guidance,** with a great deal of **variability in length, comprehensiveness,** and **composition** of available materials

INFREQUENT

General Capacity domains/subcomponents rarely identified

DISCUSSION
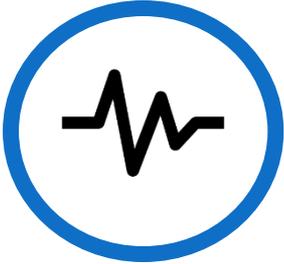
Variability in Implementation Supports
(Pre-Implementation and Fidelity Assessment)

Importance of Implementation Supports: Science to Practice

Many Unknowns in the Use of Available Implementation Supports

Pre-Implementation Materials and Fidelity Assessment to Inform Action

Balance between Rigor and Pragmatism

Link between Available Implementation Supports and Treatment Outcomes

REFERENCES

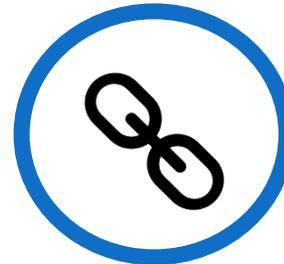- Austin, M.J. & Classeen, J., (2008). Impact of organizational change on organizational culture: Implications for introducing evidence-based practice. *Journal of Evidence-Based Social Work,* 321-359. doi:10.1300/J394v05n01_12

- Barth, R. P., Landsverk, J., Chamberlain, P., Reid, J. B., Rolls, J. A., Hurlburt, M. S., ... & Kohl, P. L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice*, *15*(5), 353-371.

- Biglan, A. (2018). The ultimate goal of prevention and the larger context for translation. *Prevention Science*, *19*(3), 328-336.

- Bruns, E. J., Kerns, S. E., Pullmann, M. D., Hensley, S. W., Lutterman, T., & Hoagwood, K. E. (2015). Research, data, and evidence-based treatment use in state behavioral health systems, 2001–2012. *Psychiatric Services*, *67*(5), 496-503.

- Capacity Building Center for States. (2019). Change and implementation readiness assessment tool. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

- Durlak, J. (2013). The importance of quality implementation for research, practice, and policy. *ASPE Research Brief*.

- Gagnon, M., Attieh, R., Ghandour, E.K., Legare, F., Ouimet, M., Estabrooks, C.A., & Grimshaw, J., (2014). A systematic review of instruments to assess organizational readiness for knowledge translation in health care. PLOS ONE, doi:10.1371/journal.pone.0114338

- Kilbourne, A. M., Neumann, M. S., Pincus, H. A., Bauer, M. S., & Stall, R. (2007). Implementing evidence-based interventions in health care: application of the replicating effective programs framework. *Implementation Science*, 2(1), 42.

REFERENCES

- Landsverk, J., Garland, A., Rolls-Reutz, J., & Davis, I. (2010). Bridging science and practice in child welfare and children's mental health service systems through a two-decade research center trajectory. *Journal of Social Work, 11(1),* 80-98.

- McLeod, B. D., Southam-Gerow, M. A., Tully, C. B., Rodriguez, A., & Smith, M. M. (2013). Making a case for treatment integrity as a psychosocial treatment quality indicator for youth mental health care. *Clinical Psychology: Science and Practice*, 20(1), 14-32.

- Mildon, R., & Shlonsky, A. (2011). Bridge over troubled water: Using implementation science to facilitate effective services in child welfare. *Child abuse & neglect*, 35(9), 753-756.

- National Collaborating Centre for Methods and Tools (2014). Pre-implementation organizational readiness assessment tool. Hamilton, ON: McMaster University. (Updated 05 September 2017) Retrieved from http://www.nccmt.ca/resources/search/215.

- Odom, S. L. (2009). The tie that binds: Evidence-based practice, implementation science, and outcomes for children. *Topics in Early Childhood Special Education*, 29(1), 53-61.

- Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1), 24-34.

- Ringeisen, H., Henderson, K., & Hoagwood, K. (2003). Context matters: Schools and the "research to practice gap" in children's mental health. *School Psychology Review*, 32(2), 153.

REFERENCES

- Rolls Reutz, J.A., Kerns, S.E.U., Sedivy, J.A., & Mitchell, C. (2020). Documenting the Implementation Gap, Part I: Use of fidelity supports in programs indexed in the California Evidence-Based Clearinghouse. *Journal of Family Social Work, 23*(2),*114-132*, DOI: 10.1080/10522158.2019.1694342

- Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M, Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal, 312, 71-72.*

- Scaccia, J.P., Cook, B.S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R.S., (2015). A practical implementation science heuristic for organizational readiness: R=MC^2. *Journal of Community Psychology, 43*(4), 484-501. doi:10.1002/jcop.21698.

- Schoenwald, S. K., & Garland, A. F. (2013). A review of treatment adherence measurement methods. Psychological assessment, 25(1), 146.

- Schoenwald, S. K., Garland, A. F., Chapman, J. E., Frazier, S. L., Sheidow, A. J., & Southam-Gerow, M. A. (2011). Toward the effective and efficient measurement of implementation fidelity. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 32-43.

- Schoenwald & Garland Coding Manual v1-4_050109

- Walsh, C., Rolls Reutz, J., & Williams, R. (2015). *Selecting and implementing evidence-based practices: A guide for child and family serving systems* (2nd ed.). San Diego, CA: California Evidence-Based Clearinghouse for Child Welfare.

CONTACT INFORMATION

- Cricket Mitchell, CricketMitchell@outlook.com
- Jennifer Rolls Reutz, JRolls-Reutz@rchsd.org
- Suzanne Kerns, Suzanne.Kerns@du.edu
- Molly Duenow, MDuenow@rchsd.org
- Jennifer Sedivy, Jen.Sedivy@du.edu