



**SBIRT Meeting  
September 2011**

# Implementation of EBPs

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FPG CHILD DEVELOPMENT INSTITUTE

# Challenges

-  **Clients cannot benefit from interventions they do not experience** (NIRN, 2006)
-  **Practitioners and staff have to actually use evidence-based programs skillfully if clients are to benefit** (Dobson & Cook, 1980)
-  **Verbal advocacy • • • • •**

# Evidence-based

## Implementation Research: A Synthesis of the Literature



Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

*Download all or part of the monograph at:*

<http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/>



Global  
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*The Science and Practice of Using Science in Practice*

**2013**

[www.implementationconference.org](http://www.implementationconference.org)

# Implementation Gap

## ➤ Implementation Gap

- Interventions are not used as intended and with good outcomes
- Interventions are not sustained for a useful period of time
- Interventions are not used on a scale sufficient to impact social problems

# Implementation Science

## Longitudinal Studies of a Variety of Comprehensive School Reforms

**Evidence-based**

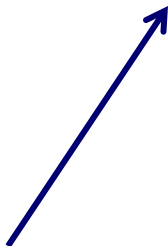
**Actual Supports  
Years 1-3**

**Outcomes  
Years 4-5**

Every Teacher Trained



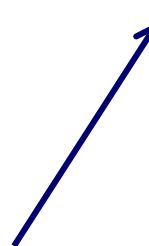
Every Teacher Continually Supported



Fewer than 50% of the teachers received some training



Fewer than 25% of those teachers received support



Fewer than 10% of the schools used the CSR as intended



**Vast majority of students did not benefit**

Aladjem & Borman, 2006; Vernez, Karam, Mariano, & DeMartini, 2006

# Implementation Science

**Best Data Show These Methods, When Used Alone, Do Not Result In Uses of Innovations As Intended:**

- **Diffusion/ Dissemination of information**
- **Training**
- **Passing laws/ mandates/ regulations**
- **Providing funding/ incentives**
- **Organization change/ reorganization**

**About 5% to 20% Return on Investment**

# Formula for Success

Effective intervention practices

**X**

Effective implementation practices

---

**=**

**Good outcomes**

A blue arrow points from the text box below to the underlined word "implementation" in the line above.

**Disproportional Impact: Clients benefit 8 to 12 times more**



# Implementation Science

## IMPLEMENTATION

		IMPLEMENTATION	
		Effective	NOT Effective
INTERVENTION	Effective	<b>Actual Benefits</b>	Inconsistent; Not Sustainable; Poor outcomes
	NOT Effective	Poor outcomes	Poor outcomes; Sometimes harmful

(Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education, 1983; Department of Health and Human Services, 1999)

# Implementation Science

- An intervention is one thing
- Implementation is something else altogether
- Like serum and a syringe
  - Each is necessary
  - Neither one is useful without the other

# Implementation Science

 **Letting it happen**

 **Recipients are accountable**

 **Helping it happen**

 **Recipients are accountable**

 **Making it happen**

 **Implementation Teams are accountable**

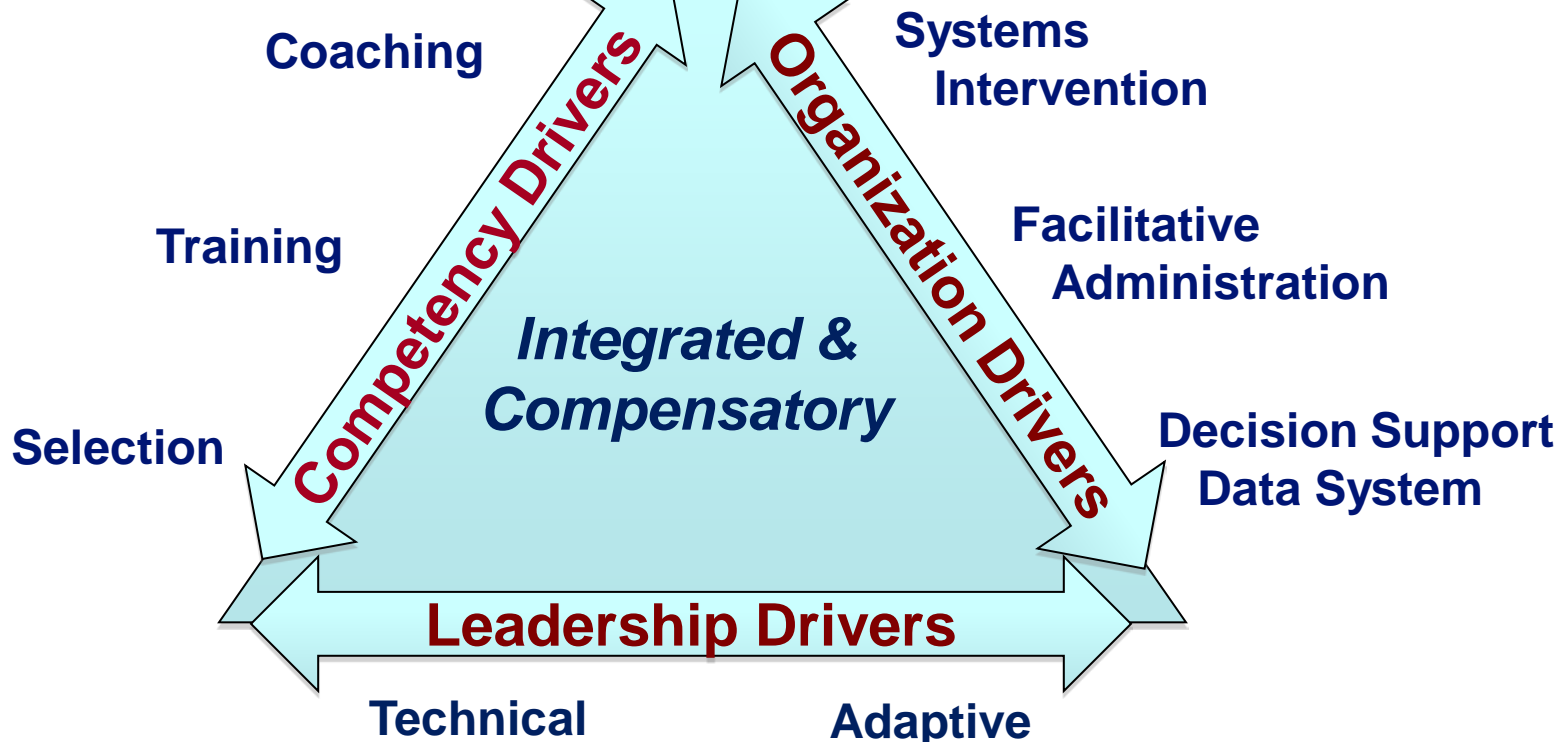
Based on Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004

**Implementation Drivers**

**Reliable Benefits**  
**Consistent uses of**  
**Innovations**

**Innovations meet Implementation**

**Performance Assessment**



# Use of SBIRT: 47 Articles

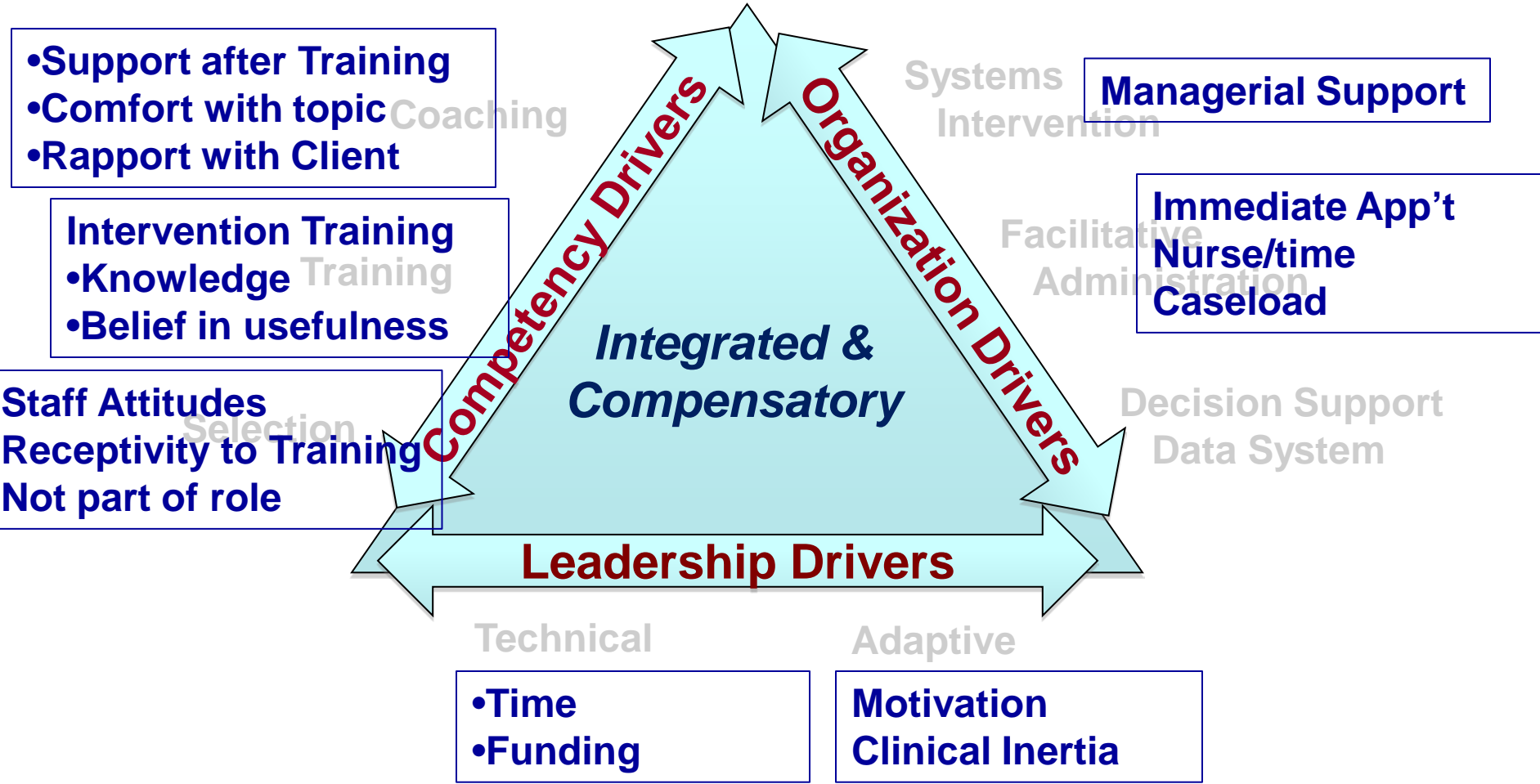
<u>Facilitators</u>	<u>Barriers</u>
<p>Clinics Nurse/time Intervention Training Staff Attitudes Receptivity to Training Rapport with Client Immediate Appointment</p>	<p>Specialist/visibility Clinical Inertia Not part of role Caseload <i>Lack of:</i> •Funding •Knowledge •Time •Belief in usefulness •Comfort with topic •Motivation •Support after Training •Managerial Support</p>

Johnson, M., Jackson, R., Guillaume, L., Meier, P., & Goyder, E. (2010). Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: a systematic review of qualitative evidence. *Journal of Public Health*.

# Reliable Benefits



Performance Assessment



# Stages of Implementation

Implementation occurs in stages:

 **Exploration**

 **Installation**

 **Initial Implementation**

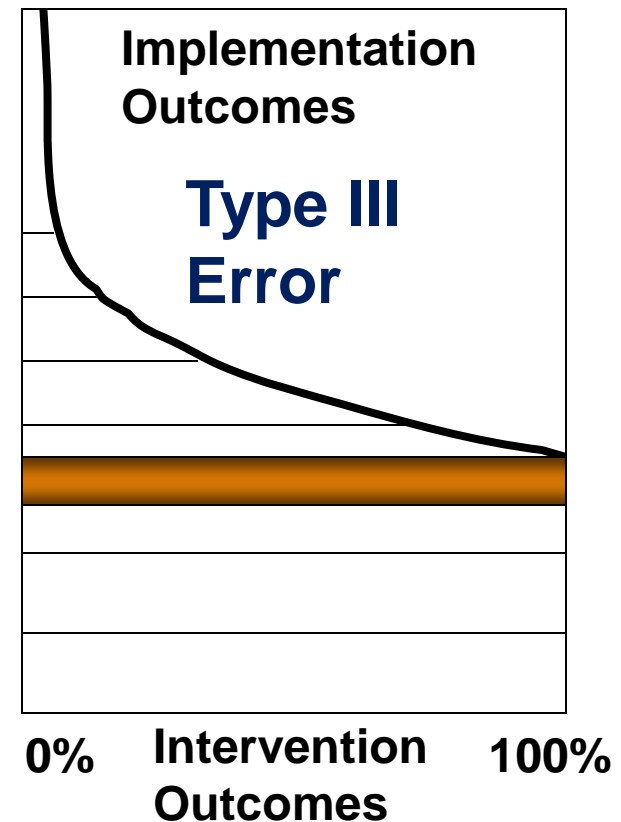
 **Full Implementation**

2 – 4 Years

# Stages of Implementation

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- **Full Implementation**

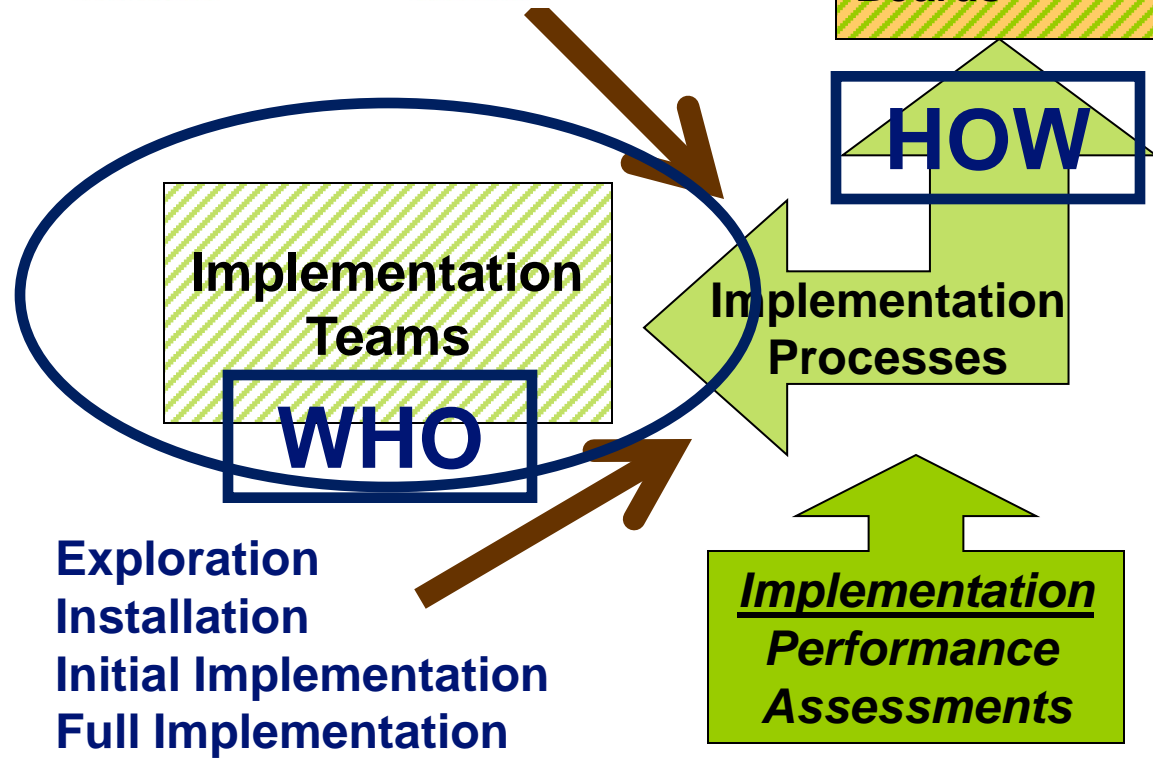
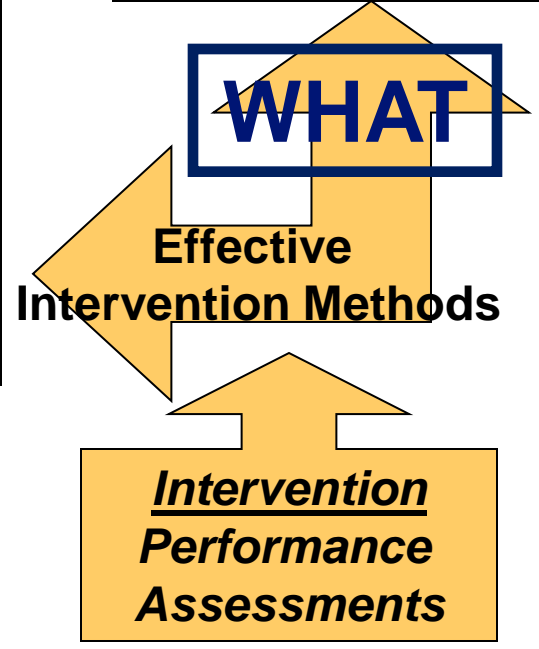
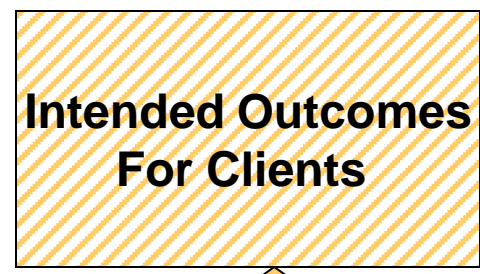
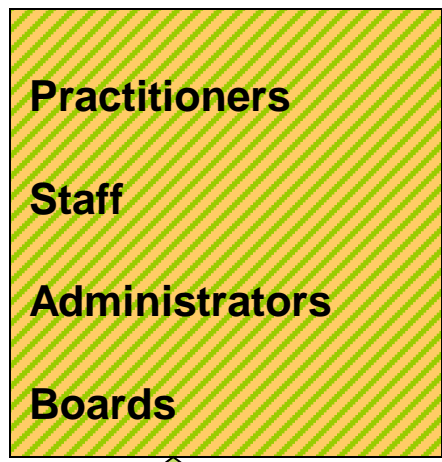
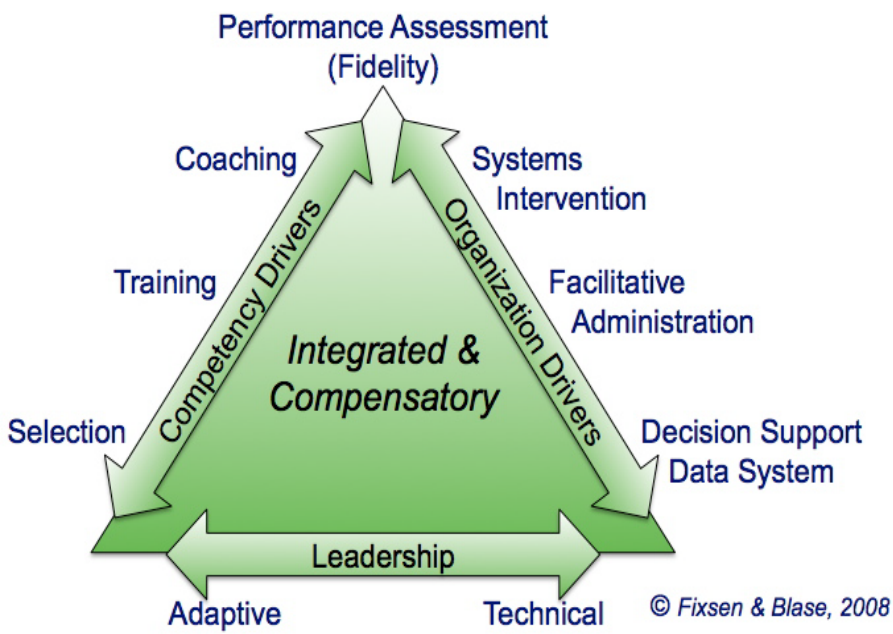


Fixsen, Naom, Blase, Friedman, & Wallace, 2005



# System Change

- **Supply side: Innovations go where they are most welcome**
  - Islands of excellence
- **Demand side: Innovations go where they are most needed**
  - A sea of change



Exploration  
 Installation  
 Initial Implementation  
 Full Implementation

# Implementation Team

➤ Minimum of three people (four or five preferred) to promote effective, efficient, and sustainable implementation, organization change, and system transformation work

➤ Tolerate turnover; teams are sustainable even when the players come and go

# Implementation Team

- A group that knows the innovations very well (formal and craft knowledge)
- A group that knows implementation very well (formal and craft knowledge)
- A group that knows improvement cycles to make intervention and implementation methods more effective and efficient over time

# Implementation Team

## Simultaneous, Multi-Level Interventions

**Implementation Team**

- ↔ **Practitioner/Staff Competence**
- ↔ **Unit/Organization Supports**
- ↔ **Management (leadership, policy)**
- ↔ **Administration (HR, structure)**
- ↔ **Supervision (nature, content)**
- ↔ **Regional Authority Supports**
- ↔ **State System Supports**

# Implementation Team



# Implementation Science

## IMPLEMENTATION

		Impl. Team	NO Impl. Team
INTERVENTION	Effective	<b>80%, 3 Yrs</b>	<b>14%, 17 Yrs</b>
		Effective use of Implementation Science & Practice	Letting it Happen Helping it Happen

Fixsen, Blase,  
Timbers, & Wolf, 2001

Balas & Boren, 2000

**3X to 12X Return on Investment**

# Capacity Building

- **Invest in implementation capacity (competent Implementation Teams)**
- **This year's success pays for next years increase in capacity – a “virtuous circle”**

**Barber & Fullan (2005)**

**Fox & Gershman (2000)**

**Putnam (1993)**



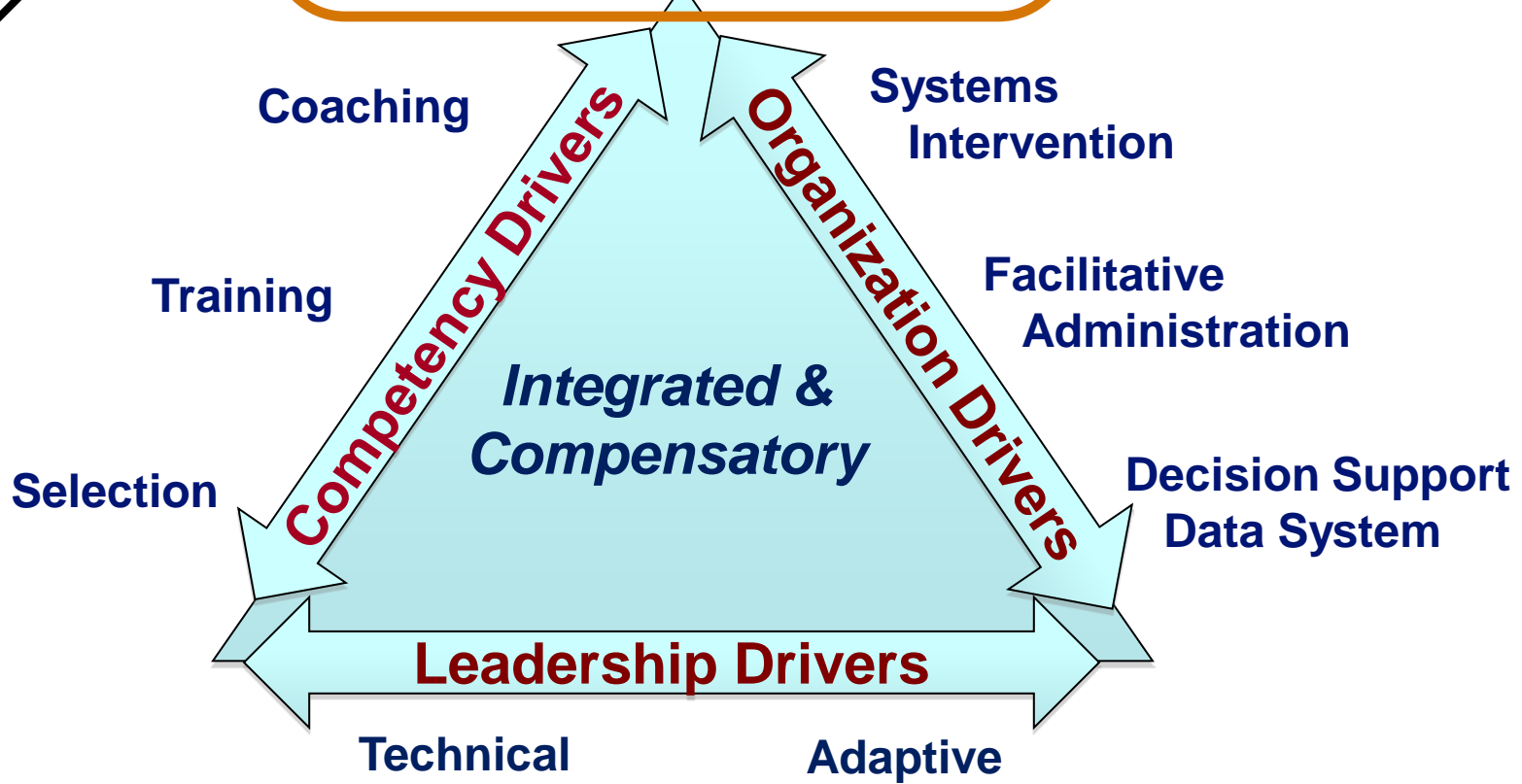
**Implementation Drivers**

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**Performance Assessment**



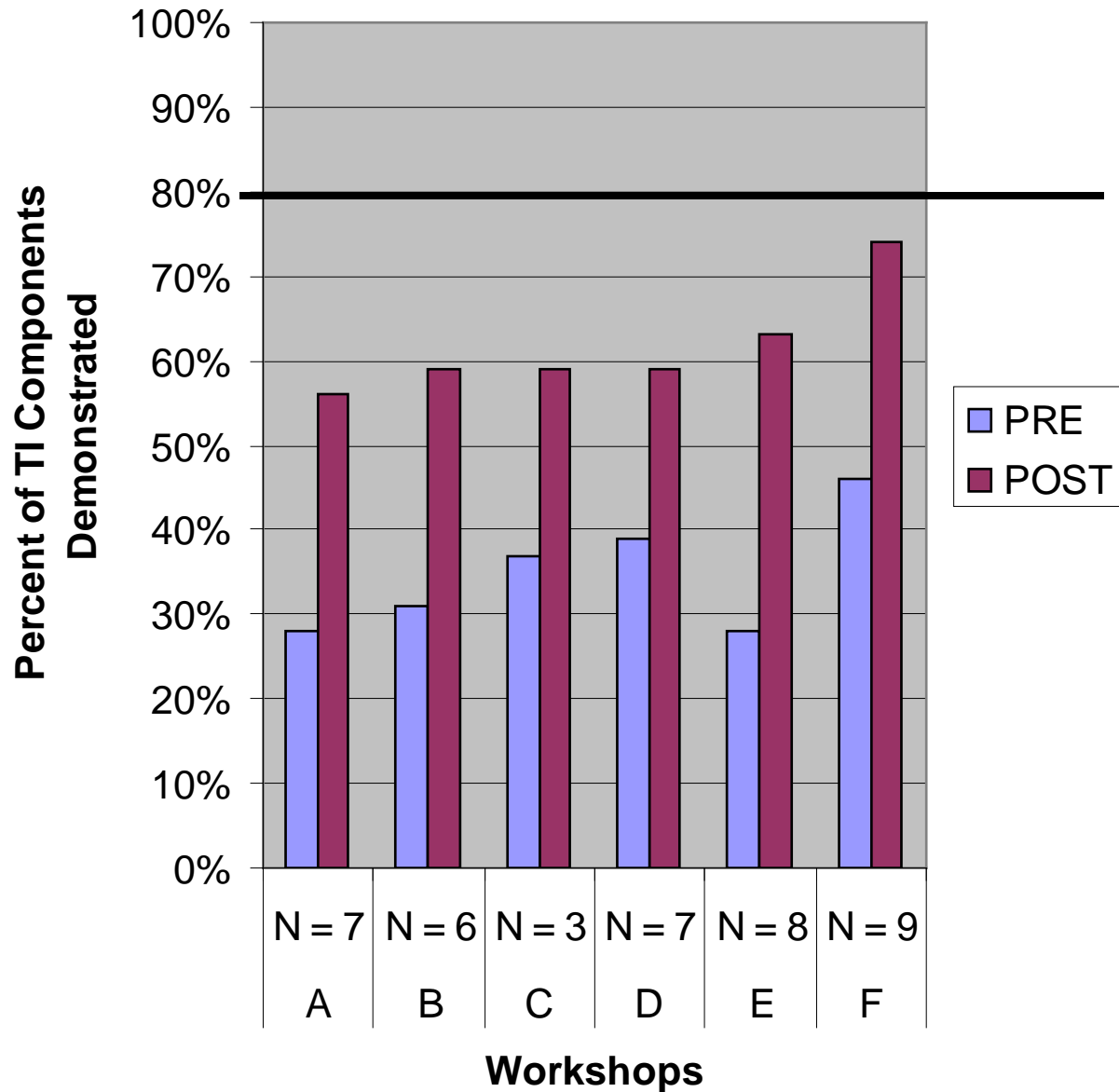
# Selection

- 🚩 **Job descriptions modified to include EBP competencies**
- 🚩 **Hire on the basis of willingness to do the work as prescribed**
- 🚩 **Interview done by those who know the program well, and who will work with the new person (e.g. manager, coach, co-worker)**
  - 🚩 **Interview includes role play – 3 of 10 applicants might make it to the role play part of the interview; 1 is selected**

# Training






- **Training available immediately**
  - For new practitioners, supervisors, managers, directors
- **Pre-post assessment of EBP-related knowledge and skill**
- **Also train on data collection and use; recordkeeping; related knowledge, skills, and abilities**
- **Training done by trainers with practitioner/coaching experience**

# Staff Training



**Collins, S. R.,  
Brooks, L.E.,  
Daly, D.L.,  
Fixsen, D.L.,  
Maloney, D.M., &  
Blase, K. A.  
(1976)**

# Coaching

-  **Follow up coaching for each new practitioner; continuing coaching for each practitioner (less frequent with skill development)**
-  **Coaching for supervisors and managers**
-  **Coaching based on direct observation, record reviews, conversations with others**
-  **Coaching for competency**
  -  **Outcome = High fidelity and intended client benefits**

# Training, Coaching, Performance

TRAINING COMPONENTS	OUTCOMES (% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+ Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

# Performance Assessment






- **The hardest part!**
- **Specific assessments for specific interventions (e.g. SBIRT)**
- **Assessments based on direct observation, record reviews, interviews with others**
- **Data used to improve practitioner performance, coaching, training, selection, organization supports, and interventions**

# Organization Supports

- **Organization teams meet monthly**
- **Decision support data system: Lots of data collection on a regular schedule with data reviews and action planning as a result (standing agenda items)**
- **Managers take any corrective action deemed necessary by any of the trainers or coaches (“to do = ta-done!”)**
- **“We cannot provide support if we don’t know what they are supposed to be doing.”**



# Organization Supports

- 
**“Three is the magic number” (Sihu Klest, 2011)**
- 
**One or two therapists in a unit reach fidelity but often do not continue using the EBP**
- 
**Three or more (five or more even better) reach fidelity and continue using the EBP**
  - 
**Critical mass = disturbs the organization = encourages organization supports**
  - 
**Critical mass = mutual support for using the EBP as intended**

# Leadership

- **Managers exercise leadership for outcomes (intervention and implementation outcomes)**
  - **All eyes on the data**
  - **Creators of common methods across units (more efficient)**
  - **Implementation Teams in place to assure common practices (more effective)**
  - **Create a culture to support effective implementation of effective interventions; continual improvement**

**THANK YOU!**

# For More Information

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**National Implementation Research Network**

**State Implementation and Scaling up of  
Evidence-based Practices**

**[www.scalingup.org](http://www.scalingup.org)**

**<http://nirn.fpg.unc.edu>**