Facilitating factors in implementing four evidence-based practices: Reports from addiction treatment staff

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Overview

National study of CSAT/SAMHSA funded community-based addiction-treatment organizations

Specifically, their implementation of evidence-based practices

Focus: Staff reports of facilitating factors in implementing four evidence-based practices (EBPs):
  Motivational Interviewing (MI), Adolescent Community Reinforcement Approach (A-CRA), Assertive Community Treatment (ACT), and Cognitive-behavioral Therapy (CBT)
Research questions

(1) What factors were identified as facilitating implementation of the four EBPs?
(2) Do facilitating factors vary by EBP and if so, how?

- Qualitative study design
- Highlighting the experiences of front-line staff who implemented one or more of the following EBPs: Motivational Interviewing (MI), Adolescent Community Reinforcement Approach (A-CRA), Assertive Community Treatment (ACT), and Cognitive-behavioral Therapy (CBT).
Successful implementation of EBPs in community settings requires that the addiction and mental health fields understand practitioner experiences in implementation and practitioners’ perceptions of methods that facilitated this implementation.

When practitioners perceive that many facilitating factors are present, they are likely to be more optimistic and have a greater sense of self-efficacy about EBP implementation which may provide synergy with organizational factors to produce better quality treatment and client outcomes.
Methods

- Sample identified through publicly available SAMHSA web-lists of funded projects
- Received awards between 2003 and 2008
- Web-based surveys conducted with Program Directors and staff.
- 93% response rate
Analysis

What factors were identified as facilitating implementation of the four EBPs?

1. We grouped all facilitating factors by EBP.

2. We listed the 10 most common facilitating factors for each of the four EBPs and noted similarities and differences.

- All facilitating factors (n=518) named by respondents (n=178) were included in the analysis.
Analysis

*Do facilitating factors vary for MI, A-CRA, ACT and CBT, and if so, how?*

1. We developed a 6-category schema that included facilitating factors related to (1) EBP characteristics, (2) clients, (3) staff, (4) organization, (5) community, and (6) funders or policy makers.

2. Four coders classified facilitating factors using this schema.

3. We then compared the primary categories for each EBP.
Schema

- This schema presents opportunities for future refinement/analysis.
- We sought a schema that was comprehensive yet focused and parsimonious (without extraneous categories).
  - The schema grew out of the data – we feel that it encompasses all 518 FF’s.
- The schema illustrates several contexts in which facilitating activities occur. It includes micro and macro domains that need to be negotiated for EBP implementation.
### Facilitating Factors – Six-category Schema

<table>
<thead>
<tr>
<th>Facilitating Factors – Six-category Schema</th>
<th>Examples of Facilitating Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EBP</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Requirements</td>
<td>➢ Training materials</td>
</tr>
<tr>
<td>➢ Content/structure</td>
<td>➢ Appropriate for the client population</td>
</tr>
<tr>
<td>➢ Delivery format</td>
<td>➢ Prescribed training process</td>
</tr>
<tr>
<td>➢ Theory</td>
<td>➢ Ease of implementation</td>
</tr>
<tr>
<td><strong>Clients</strong></td>
<td></td>
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<tr>
<td>➢ Attributes</td>
<td>➢ Attendance</td>
</tr>
<tr>
<td>➢ Attitudes</td>
<td>➢ Cognitive capacity</td>
</tr>
<tr>
<td>➢ Behavior</td>
<td>➢ Willingness</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Attributes</td>
<td>➢ Prior experience with EBP</td>
</tr>
<tr>
<td>➢ Attitudes</td>
<td>➢ In recovery</td>
</tr>
<tr>
<td>➢ Behavior</td>
<td>➢ Works as a team</td>
</tr>
<tr>
<td></td>
<td>➢ Openness to new practices</td>
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<tr>
<td><strong>Organization</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Attributes</td>
<td>➢ Location</td>
</tr>
<tr>
<td>➢ Leadership</td>
<td>➢ Good management</td>
</tr>
<tr>
<td>➢ Climate</td>
<td>➢ Supervision</td>
</tr>
<tr>
<td>➢ Attitudes</td>
<td>➢ Support of innovation</td>
</tr>
<tr>
<td>➢ Activities</td>
<td>➢ Training as a priority</td>
</tr>
<tr>
<td></td>
<td>➢ Experience in providing services</td>
</tr>
<tr>
<td></td>
<td>➢ Interface and collaborative work with community</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Attributes</td>
<td>➢ Resources</td>
</tr>
<tr>
<td>➢ Resources</td>
<td>➢ Referral for employment, housing, treatment</td>
</tr>
<tr>
<td>➢ Attitudes</td>
<td>➢ Collaboration</td>
</tr>
<tr>
<td>➢ Activities</td>
<td>➢ Interface with organizations</td>
</tr>
<tr>
<td>➢ Relationships</td>
<td>➢ Flow of referrals</td>
</tr>
<tr>
<td>➢ Communication</td>
<td></td>
</tr>
<tr>
<td><strong>Federal/state/local funders and policy makers</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Leadership</td>
<td>➢ Support for organizational activities and innovation</td>
</tr>
<tr>
<td>➢ Resources</td>
<td>➢ Financial support</td>
</tr>
<tr>
<td>➢ Requirements</td>
<td>➢ Technical assistance</td>
</tr>
</tbody>
</table>
### Results: 10 most common themes

<table>
<thead>
<tr>
<th>MI (n=237)</th>
<th>A-CRA (n=136)</th>
<th>ACT (n=85)</th>
<th>CBT (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainings (47)</td>
<td>Training/Certification (16)</td>
<td>Collaboration with other agencies/grantees (10)</td>
<td>EBP is simple/effective (7)</td>
</tr>
<tr>
<td>EBP is effective/helpful (18)</td>
<td>Strong relationship with community collaborators (10)</td>
<td>Qualified, experienced clinical staff (10)</td>
<td>Trainings (7)</td>
</tr>
<tr>
<td>Ongoing/high quality clinical supervision (15)</td>
<td>Effective/Routine Supervision (9)</td>
<td>Trainings (9)</td>
<td>EBP materials and resources (5)</td>
</tr>
<tr>
<td>Organizational/Administrative support (13)</td>
<td>Coaching Calls (7)</td>
<td>EBP is effective/helpful (8)</td>
<td>EBP is appropriate for most clients (5)</td>
</tr>
<tr>
<td>Staff buy-in and openness to EBP (12)</td>
<td>Support from Chestnut [EBP developers] (6)</td>
<td>Organizational/Administrative support (5)</td>
<td>Clinical Supervision (5)</td>
</tr>
<tr>
<td>Team meetings/Group supervision (11)</td>
<td>Funding (5)</td>
<td>Community support and relationships (4)</td>
<td>Collaboration with community agencies (3)</td>
</tr>
<tr>
<td>Good teamwork among staff (8)</td>
<td>Collaborator buy-in (4)</td>
<td>Human/financial resources in organization (4)</td>
<td>Diverse staff [culture, education] (3)</td>
</tr>
<tr>
<td>Collaboration with community agencies (7)</td>
<td>Referrals from community (4)</td>
<td>Organization’s location (3)</td>
<td>Staff work well with clients (3)</td>
</tr>
<tr>
<td>Staff clinical skills/experience with EBP (7)</td>
<td>Organizational/Administrative support (4)</td>
<td>Organization’s prior experience using EBP (3)</td>
<td>Good teamwork among staff (2)</td>
</tr>
<tr>
<td>EBP buy-in/use among collaborators (5)</td>
<td>Staff buy-in/willingness (4)</td>
<td>Program Evaluation (3)</td>
<td>Staff are knowledgeable about EBP and population (2)</td>
</tr>
<tr>
<td>EBP materials (5)</td>
<td></td>
<td></td>
<td>Staff buy-in/openness to EBP (2)</td>
</tr>
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</table>
Summary results

Overall, two key themes were identified for all four EBPs:

1. Staff viewed “collaboration” as a crucial factor that helps facilitate EBP implementation:
   - between staff collaboration, supervisor-staff collaboration, an overall collaborative organizational climate, collaboration with other programs and collaboration with trainers of EBPs were all highly important.

2. Having skilled staff and/or receiving training to improve skills were both critical facilitating factors.
Summary results - collaboration

- **ACT Example:** “The university provided support to make sure that we were following the fidelity scales. I did a consultation with somebody in Tampa. That team (a SAMHSA grantee) working with homeless, and that team leader ….were very helpful, because I haven’t done a federal grant before. So they ….helped me to think about different ways…they’ve allowed me, as our experience broadened, to do some documentation that would really demonstrate our clinical work and {show} that we aren’t just doing case management…that we’re doing really good clinical work. So the documentation could reflect that….. So there was a lot of support to make sure that this happened.

- **ACT Example:** “…The other thing that I would say is helpful is that we do have subsidies available to us—housing subsidies—which meant that once we started to outreach and find clients we were able to put them in housing, which provided a lot of stability for them and also made it easier for us to follow through with our services. So having that collaboration with housing services was a positive thing.”
Summary results – skilled staff and training

- **CBT example**: “…our clinicians were well-trained and … they made this a safe place for clients and so clients felt comfortable coming to us for services….we had a variety of clinicians to choose from…we had men, women, people of color…. and I think that helped us with being able to link clients to a {therapist who was a} good fit for them…. I really think that the clinicians made it work very well.”

- **ACT example**: “…the director of our agency has done a lot of work over the years with research on ACT and its effectiveness, and….several of us got more training and we had quite a bit compared to other people because our director was so knowledgeable and a leader in the field. ….But we also got to shadow other teams in [other major cities in the region] so that training and seeing another team at work and how they put things in the manual into practice, and how they organize their staff around the daily things that you have to do, was really helpful…..our agency’s commitment to providing ACT and patience…..with our team, it’s been helpful.
Summary results – skilled staff and training continued

- **MI example:** “I think part of it is SAMHSA is absolutely outstanding about providing *technical assistance and training* opportunities for staff, I mean… this team here has had a lot of outstanding trainers, not just on motivational interviewing but other topics as well so I think that is a strength with having this SAMHSA grant and that hasn’t always been the case with … the last agency I worked with, we would have state funding and one barrier was… well to some degree I think it is here too but not as much---a lack of resources. I mean we never had the staff to do the job so there wasn’t time or resources to provide staff with training whether it was motivational interviewing or other topics ….so I think this team has been blessed with a lot of trainings on motivational interviewing or other models or information that is consistent with what we need to be doing with this grant. So I think that has helped a lot….”
Summary results – collaboration and training

- **ACRA example**: “Getting rated and getting feedback on how you are providing a procedure and suggestions was very helpful. Also the coaching calls; we would have a coaching call once a month where we could ask questions to someone who knew if something wasn’t working right or if you didn’t know how to implement a certain procedure, you could get not only the expert on the call but also people from other sites-- they would give suggestions on how they made it work, or maybe how they adapted it, still using that procedure but how they made it work for our clients. So that phone call was very helpful….”
Recommendations

When encouraging the use of EBPs, EBP designers, policy makers and funders should include explicit strategies to help organizations employ and/or increase facilitating factors. This is likely to lead to more successful implementation outcomes, for example, it could reduce the proliferation of ad hoc modifications to EBPs.
Limitations

- This project only sampled community-based CSAT-funded substance abuse treatment organizations.
  - Did not include treatment organizations solely funded by states or by private insurance.
- Given that this is an exploratory cross-sectional study, it is only able to identify associations rather than causal connections between selected study factors.
- A possible concern is sample bias; since organizations that are the least successful with implementation of EBPs probably never apply for government funding, the director and staff perspectives from those organizations are not included in our study.