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Client-Focused: Choosing an Evidence-Based Practice Suited to Organizational, Staff, and Client Needs

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Proven Quality Practices

Thank you for joining us

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➤ 35+ years experience working with nonprofit organizations in healthcare and behavioral health

➤ Attorney specializing in nonprofit organizational law, government/advocacy support, implementation & accreditation processes

➤ Strategic planning expertise for national and international organizations with memberships from 50 to 8,000+ members

➤ Data enthusiast – "*Measure what is measurable, and make measurable what is not so.*" – Galileo Galilei

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Why are we here today?

► Short answer: To help us more effectively evaluate potential EBPs for implementation *against organizational goals/priorities*

► Long(er) answer:

  ► To reinforce and articulate the precise **value of evidence-based practice** *generally*

  ► To understand the **impediments to EBP adoption** in Human Services, and how they might be overcome

  ► To formulate organizational goals with an eye towards their **success indicators**

  ► To assess **culture, climate** in the context of an organization, and understand how these two constructs will impact the EBP implementation process

  ► To **evaluate EBPs** in terms of their alignment with current organizational practice, goals for the future, and feasibility (i.e. EBP cost, organizational capacity, and implementation timeline)

Why are we here today?

▶ In truth, we are here today because we inherently recognize and understand the value and importance of the use of evidence and incorporation of Evidence Based Practices

▶ Interestingly, we are not in person today because of Coronavirus…Covid-19. Through this global pandemic, it is being reinforced daily how important science and evidence are to our individual and collective wellbeing.

  ▶ We know that implementation of EBPs provide a foundation of preparedness.

  ▶ We now understand how very important (in fact, crucial) preparedness really is.

  ▶ Implementation of EBPs also creates a foundation that invites flexibility and adaptability (within a framework). Again, we are reinforced how very important flexibility is in a time of uncertainty.

▶ We do know we will get back to a new normal – because something everyone in social welfare/human services understands: once you have been traumatized, you can't go back to where you were – you have to incorporate the experience and you will be at a new place altogether

  ▶ Let's make sure our new place includes incorporation of EBPs and best practices preparing us for any eventuality.

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Before we get started…

Exercise #1

- Please write down **one to three goals** for your organization.
  - These goals can be large and ambitious **organization-wide initiatives** (ex. *increase organizational funding, improve organization's reputation in the community*)
  - These goals can be more specifically tied to **staff-client interactions**, or a **particular group of clients in care** (ex. *teach more successfully to clients with social skill deficits, reduce incidence of substance abuse*)
  - These goals can be more concrete and **connected to achieving a specific outcome** (ex. *build an additional wing onto a residential building, hire three more therapists to be retained as staff or even something as specific as: make sure nobody on staff or client we serve contracts COVID-19*)

Towards the end of our discussion we will return to these goals to demonstrate how EBPs can be assessed through the lens of their potential impact on these predetermined goals/priorities.

EBP Selection

Step 1: Understanding Goals & Motivations

► EBP selection and implementation is a complex change-process, which requires changes to organizational structure, protocols, and perspective

► Our task is to **minimize the potential negative impact** that these changes have on our organizations in terms of staff morale, organizational functioning, and client outcomes

► We accomplish this goal by seeking to align potential EBPs with our **current organizational practices**.

    ► In order we will examine...

Goals & Motivations ▶ **Current Practices** ▶ **EBP Requirements** ▶

...and how they impact the implementation process.

Motivations for EBP Adoption and Implementation

Organizational motivations and goals are not necessarily a 1:1 comparison, though they are certainly connected.

Like your organizational goals, your motivations for pursuing EBP implementation will have a direct impact on what **EBP characteristics** are most important to consider.

- What reasons does your organization have for pursuing EBP implementation?
    - Is the EBP **required for funding**?
    - Does your organization need to address **higher than average employee turnover rates**?
    - Do you want to **enhance your organization's reputation** in order to **increase referrals**?
    - Has your organization recently grown, requiring you to **streamline operational protocols**?

There are many valid reasons to implement evidence-based practices, and more likely than not, your organization is interested in all of the above to some degree.

What's important to understand is which motivating factor(s) is/are *most* relevant to your organization's future development.

Examples of using motivations to contextualize EBP implementation

Example #1

▶ If an EBP is **required for funding**, your organization should prioritize EBPs with stronger evidence-based reputations and more rigorous evidence-based backgrounds (i.e. "well supported" evidence-based practices).

  ▶ This is due to the *current funding environment* of the United States, which is increasingly tying government funding to the use of specific EBPs.

  ▶ This trend is borne out in legislation like The Family First Prevention Services Act (FFPSA), which makes Title IV-E funding contingent on the use of identified evidence-based practices.

This example illustrates the fact that organizations need to consider the **outside environment** in which an organization's EBP implementation will take place.

Adopting a more global perspective is critical in order to understand which EBP(s) are best suited for a particular organization, at a particular moment in time.

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Examples of using motivations to contextualize EBP implementation

Example #2

- If your organization is pursuing EBP implementation in an effort to **enhance organizational reputation** and/or **increase referrals**, you may want to consider <u>EBPs with a connected network</u> of organizations/professionals.

  - EBPs with connected professional networks have been shown to <u>improve EBP retention & practice fidelity</u>, and <u>facilitate the implementation process</u> by involving the energy and perspectives of more community stakeholders.

  - While these practices may only be "promising" or "supported," rather than *well-supported*, they can still provide numerous tangible benefits to your organization

This example underscores the nuance of ***inter-organizational community***.

Leveraging the expertise and mutual interests of others in your community opens the door to collaboration and support, and increases your chance of success.

Key takeaways:

Motivations are a measuring stick

▶ Motivations are more than just intended outcomes. They are a lens through which EBPs should be considered, as they clarify an EBP's *value*.

　▶ Agree upon and clearly articulate motivations prior to investigating *specific* EBPs.

Your organization does not exist in a vacuum

▶ EBP implementation is a change-process within a *greater social context*.

　▶ Social layers can either facilitate or impede an organization's progress.

*Evidence-based rating doesn't guarantee applicability **organizational goals***

▶ Currently, there isn't consensus in human services about what counts as "evidence-based."

　▶ Evaluate EBPs using other criteria that shed light on the *implementation process*.

EBP Selection

Step 2: Accounting for Current Organizational Practice

▶ It can be helpful to think of organizational functioning as a living thing.

  ▶ Feelings of loss, anger, bargaining, depression often accompany change.

  ▶ Depending on the **communications surrounding organizational change**, the previous form of practice may be viewed as devalued, which can translate to feelings of resentment and resistance to change from staff.

▶ Changes that _promote the perceived values of the majority of the organization_ are more likely to be efficiently implemented, and are typically met with less resistance.

  ▶ It is important to thoroughly understand the environment, behaviors, expectations, beliefs, and culture of your organization in order to properly align with an EBP.

| Goals & Motivations | Current Practices | EBP Requirements |

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Organizational Realities

First, we must identify and thoroughly outline organizational characteristics *as demonstrated by* _organizational practice_, _employee expectation_, *and* _circumstance_.

Second, we need to bounce this information against the EBP "marketplace" and the requirements of specific EBPs to determine best fit.

Organizational Realities

"Increasing efforts [should] be made to consider the context at the provider, patient, system and community levels… during the implementation of evidence in practice settings." - Gonzales, Junius J., Heather L. Ringeisen, and David A. Chambers (2002)

➤ The **science-to-practice gap** continues to characterize EBP implementation efforts across human services organizations

➤ The laboratory conditions of a research environment do not reflect the myriad variables present at community organizations

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Organizational Realities

The use of EBP is further complicated by the fact that organizations have obligations to three distinct groups of "consumers."
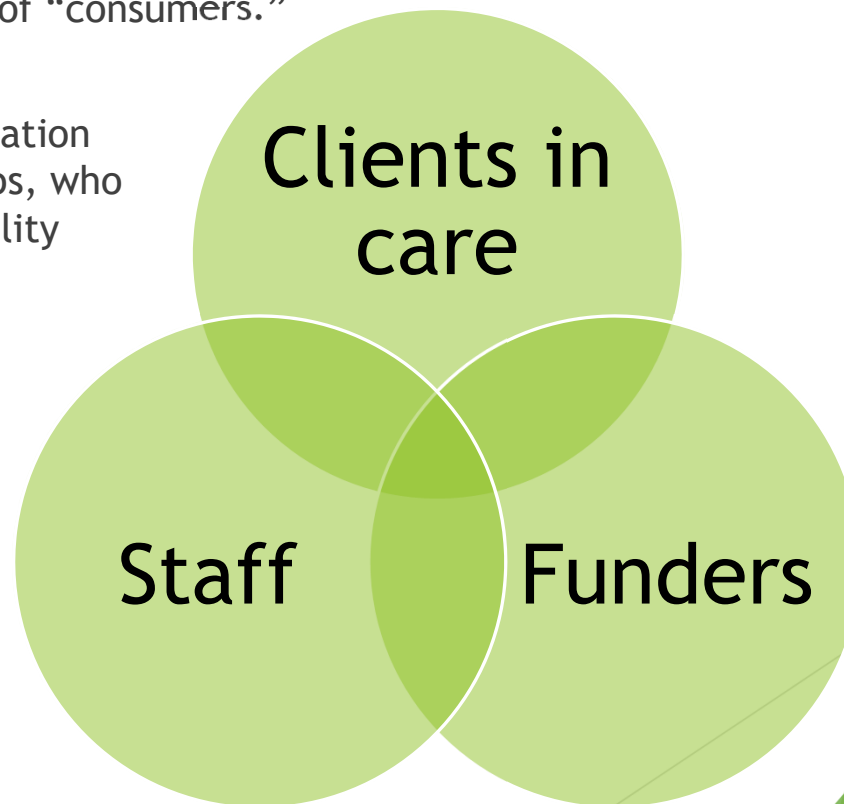
Any EBP implemented by an organization must meet the needs of these groups, who each approach the question of "quality care" from a unique angle.

Clients → quality of life and relative success of treatment

Staff → ease of use and impact on work experience

Funders → return on investment as demonstrated by outcomes

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Clients in care

Staff

Funders

There is no "Holy Grail" of Evidence-Based Practice

Evidence-based practices are continually developed and disseminated in human services, *precisely because* there is no "one-size-fits-all" approach to EBP use.

▶ This demonstrates a few defining characteristics of the EBP "marketplace" as it exists today.

  ▶ Supply-side (vs. demand-side) incentives for EBP development

  ▶ "Ground zero" approach to EBP implementation

  ▶ Reimbursement rates aren't tied to use of best practices, so organizations are encouraged to reverse engineer, or use milieu approaches, rather than commit to an EBP

▶ However, many EBPs in human services have elements in common, and require organizations to adopt the same **basic practices** into their workflow.

There is no "Holy Grail" of Evidence-Based Practice

One of the key benefits of EBPs is that they are a *consensus-building* framework.

As a **management tool**, they provide guidance to leadership about how to respond to both expected and unexpected challenges.

As a **behavioral technology**, they give direct care practitioners the necessary skills to deliver high quality, scientifically tested & validated care to clients.

▶ Adopting some of the **basic practices** which EBPs require into workflow can ease the burden of EBP implementation

- ▶ Outcomes/data collection
- ▶ User feedback (staff response)
- ▶ User feedback (client response)
- ▶ Client group-specific techniques
- ▶ Behavioral rehearsal

- ▶ Facility specifications (ex. room sizes, one way mirrors, recording equipment, etc.)
- ▶ Manualized learning
- ▶ Ongoing training/consultation
- ▶ Treatment reports (documentation)

Technique: *Organizational Inventory*

"New practices are more easily implemented when they are compatible with the existing organizational infrastructure." - Chorpita, Bruce & Becker, Kimberly & Daleiden, Eric. (2007)

▶ Knowing the precise characteristics -- *capacity, strengths, limitations, beliefs, expectations, and patterns of work* -- at your organization allow you to better understand which EBPs will be easier to implement.

▶ Also, this will shed light on *exactly where you will have to adapt.*

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Technique: *Organizational Inventory*

Our essential task is to take a look at the "demand-side" of EBP implementation (i.e. your organization's goals, context, and capacity).

- Delivery environment
- Target population
- Current services offered
- Funding and Referral networks
- Budget & Resource Perception
- Treatment outcomes

- Organizational structure/leadership
- Scale & Capacity
- Staff Characteristics
- Feedback & Communication loops
- Implementation timeline
- Organizational culture

Similar to your organization's *goals & motivations* regarding EBP implementation, this information will further contextualize which EBPs are a best fit.

Basically, we want to pare down the EBP "marketplace" by looking at which EBP characteristics are most desirable given current organizational practice.

Technique: *Organizational Inventory*

Exercise #2

Please briefly answer the questions below:

▶ Target population

  ▶ *Who are the target population(s) for your organization's services?* Demographic considerations, necessary treatments/approaches to care (i.e. dual diagnoses), placement criteria, etc. are all relevant in respect to this question.

▶ Organizational structure/leadership

  ▶ *Does your organization have a "flat" or "vertical" hierarchy? Are responsibilities <u>shared equally across staff</u>, or are leadership roles and responsibilities <u>tightly defined</u>?*

  ▶ *How large is your organization/how many staff do you have?*

▶ Organizational culture & climate

  ▶ *What are employee expectations of <u>how work gets done</u> at your organization?*

  ▶ *Are employees better characterized as <u>stressed</u> or <u>engaged</u> by their work?*

  ▶ *Do a majority of staff believe in the <u>necessity/value of evidence-based practice</u>, or do they view evidence-based requirements as an <u>additional hurdle</u> which impedes their work with clients?*

Technique: *Organizational Inventory*

Example #1

Target population

▶ *"Pregnant women or mothers with young children who have lost custody of their children or who have tested positive for drugs and face losing custody of their child."* – answer taken from PQP Navigation Guide Survey Respondent

  ▶ Emphasizes the need for the EBP to be proven to be effective for **substance abuse treatment** with **adults**

  ▶ Allows us to prioritize EBPs that have been developed with **both parents and children in mind**

▶ *"Severely emotionally disturbed students." "Children, youth and adults with disabilities." "Individuals with disruptive behavior, sexually and emotionally disturbed."* – answer taken from PQP Navigation Guide Survey Respondent

  ▶ This answer prioritizes evidence-based practices with programmatic **behavioral interventions,** and those which have been replicated and studied **in school/classroom environments.**

Technique: *Organizational Inventory*

Example #2

Organizational Structure/Leadership

▶ Flat organizational structure

  ▶ Look for programs that are **manualized.**

  ▶ Manuals offer leaders a ready reference resource to support staff implementation.

  ▶ Also, programs that offer **strong communications and evaluations tools** across professional domains may be suited to a "flat" organization.

▶ Vertical organizational structure/Tightly defined roles & responsibilities

  ▶ *Leadership itself* serves as a key resource to staff for EBP implementation, look for programs that incorporate the leadership team's own technical expertise.

  ▶ Alternatively, any EBP where leaders' expertise can be further developed to train and evaluate front-line staff through **"train the trainer"** implementation structures would be a good fit.

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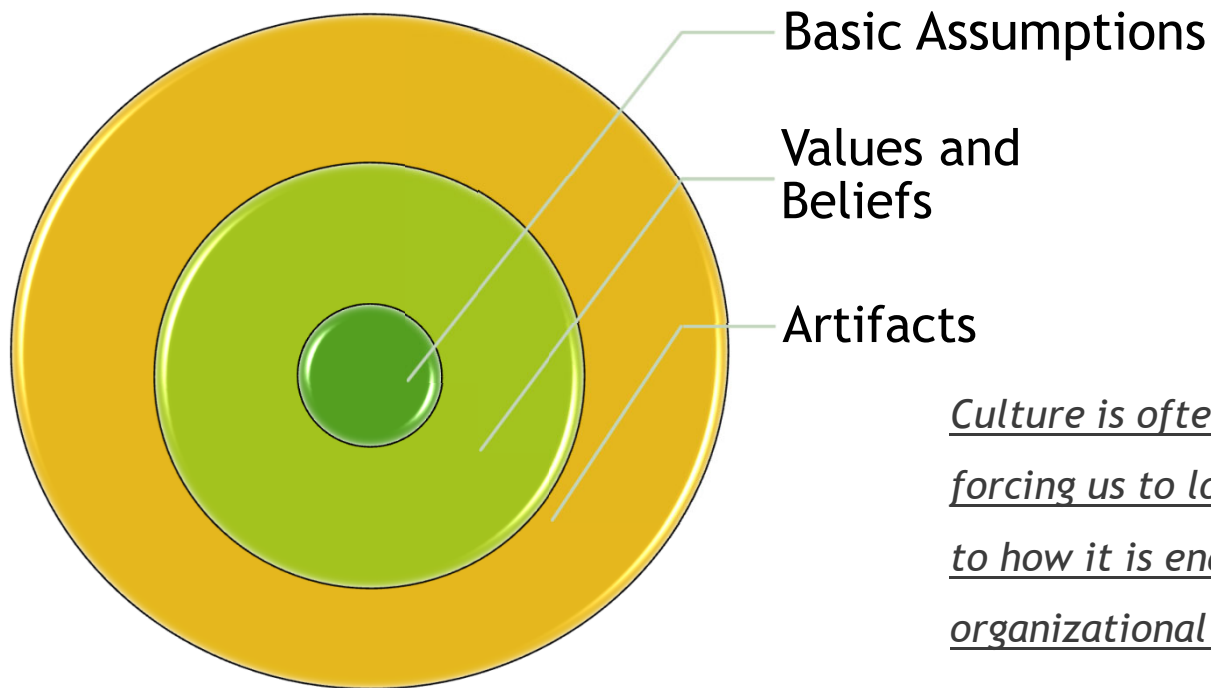# Technique: *Organizational Inventory*

Example #3

Organizational Culture

This is perhaps the most important aspect of the organizational inventory.

Culture pervades *every aspect of the organization*, from direct-care interactions, to leadership communications, to the perceptions of the organization in the greater community.

▶ If an organization **encourages peer support**, as demonstrated by **caregivers seeking advice and support from more experienced peers…**

  ▶ This *could* create an ecosystem of **strong programmatic competency** & **better outcomes**.

    ▶ Individuals who stand out as mentors should be leveraged as "champions" of a new EBP

  ▶ This *could also* be a culture that is **particularly resistant to change**, especially if making decisions and guiding organizational change from the top-down.

    ▶ Get around this by involving "champions," and a sample of peers at all levels, in the EBP exploration and decision-making process.

Levels of Organizational Culture

Basic Assumptions

Values and
Beliefs

Artifacts

Culture is often inscrutable, forcing us to look for "cues" as to how it is enacted in the organizational setting.

"It is clear that understanding the culture of the organization is a key element in any organizational change process." - Austin, Michael J., and Jennette Ciaassen (2008)

EBP Selection

Step 3: Analyzing EBP-Specific Characteristics

"[Changes] need to be assessed in terms of their <u>implementation requirements</u>.

Changes implemented in small stages... may involve lower risk...

Changes involving substantial shifts... are considered high-risk, radical changes."

- Austin, Michael J., and Jennette Ciaassen (2008)

Goals & Motivations   Current Practices   EBP Requirements

Self-Assessment & EBP Alignment is Difficult …and Time-Consuming

▶ EBP methods & processes vary widely, so knowing what questions to ask is critical.

  ▶ The more specific, the better.

  ▶ "What communication supports does this practice offer for leadership discussing the impending protocol changes with staff" vs. "Does this practice have a manual?"

▶ EBPs are often "sold" like in a marketplace – processes, obstacles, common impediments and difficulties are frequently not highlighted.

▶ Sunk-costs lead to greater investment in EBPs that might not be the best fit for organizations.

Financial Requirements

Remember…

▶ Community organizations have three consumers:

▶ Clients

▶ Funders

▶ Staff

▶ Cost of implementation is variable

▶ Includes costs above and beyond service delivery

▶ Financial risk involved

▶ This risk can be minimized by approaching implementation *incrementally,* and coming to the table of implementation with a firm grasp on *current organizational practice.*

"Buy-in" and perceived EBP Efficacy

▶ Replicating research in practice environments can be difficult

▶ You need to know exactly what *reporting requirements*, for example, a given EBP carries, in order to assess whether or not it aligns with your current organizational data protocols.

▶ Meeting community needs is more complex than a focused intervention

    ▶ If staff feel overwhelmed, or like they don't have adequate support, then they will resist the change. → <u>Incorporate their input from the outset and identify champions</u>.

▶ Off-the-shelf implementation protocol won't work for everyone.

    ▶ Where do staff want *additional support*?

    ▶ Where does staff feel *especially proficient*?

    ▶ What EBP experience does *current staff hold*?

Practice Requirements

Try to *hone* skills, rather than start from scratch...

▶ Data collection

   ▶ *Does the EBP's data collection protocols line up with your organization's current outcomes and feedback reporting?*

▶ Ongoing training

   ▶ Does your organization have the capacity to facilitate *in-house experts*?

▶ Specific techniques

   ▶ Do staff fully understand the *underlying behavioral principles* at play?

▶ Facility

   ▶ Can the EBP be implemented with current *physical space*?

Examples of Effective EBP Consideration

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– Supported

A classroom-based social emotional learning program for elementary school students to reduce aggression and behavior problems.

Pros:

(BASIC) Evidence-based for **disruptive behavior treatment** for adolescents.

(BASIC) (RESOURCES) "Well-supported" **evidence-based** reputation.

(BASIC) (RESOURCES) A **curriculum-based program** which can be plug & play in a school environment.

(BASIC) (COMMUNITY) (CULTURE) While designed for classroom use, ▮▮▮ **includes information and materials for use with parents**, incorporating additional supports outside of the staff at your organization.

(COMMUNITY) **Skill-building** is part of ▮▮▮, which can help clients build **coping and problem-solving skills**.

(LEADERSHIP) ▮▮▮ is a **manualized** practice.

(LEADERSHIP) (STAFFING & TRAINING) (CULTURE) **Coaching and technical assistance** are available via phone, email, or on-site "booster visits," giving you flexibility in the level of support you choose to pursue.

(RESOURCES) (STAFFING & TRAINING) Implementation is highly **flexible**. Training workshops are **optional**, accommodating up to 30 individuals for **two training days**, which can either be **consecutive or conducted with** 4-8 week follow-up training after implementation has started. Each workshop is **individually tailored**, and **available for preferable dates**. Cost for the two-day workshop is **$5,000 ($2,500/day)**, plus reimbursement for trainer expenses.

(RESOURCES) WSIPP has done a **cost-benefit analysis** of ▮▮▮ which offers detailed cost and ROI information per client.[15] This analysis suggests that benefits are likely to exceed costs.

(RESOURCES) As a largely training-based implementation process, this program is quick to implement—which may be a priority of yours, as you indicated you'd like to implement "ASAP."

(STAFFING & TRAINING) ▮▮▮ can be used with your current staff makeup and does not require post-graduate education.

Cons:

(SERVICES & FUNDING) The weight of evidence in support of ▮▮▮ suggests a small effect size (~0.2).[16]

(SERVICES & FUNDING) (RESOURCES) Not *yet* identified by the **Title IV-E Prevention Services Clearinghouse** established by the Family First Preservation Services Act (FFPSA).

(LEADERSHIP) (STAFFING & TRAINING) (CULTURE) The fact that additional training, fidelity, and implementation supports are **optional** leaves a greater margin of error for **drift** in delivery of the program, potentially impacting its efficacy.

(RESOURCES) (CULTURE) The recommended group size for sessions is **between 6-12 children**, which may not mesh fluidly with your current classroom arrangements, potentially reducing the efficacy of the program.

(CULTURE) A **common barrier to integration** of a behavioral curriculum into pre-existing organizational/ school curricula is "**finding time outside of 'core' academic subjects**," which may be seen as burdensome in the context of your organization.

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In this example...

1. The organization included a **school**, requiring us to consider EBPs which could be **applied in classroom settings**.

2. There was a **limited EBP implementation budget**, which forced us to prioritize EBPs that could be **implemented incrementally.**

3. The **implementation timeline** was rushed due to funding constraints, forcing us to consider EBPs that were more "ready for use."

Examples of Effective EBP Consideration

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– Well Supported

has been extensively evaluated and has resulted in solid support as treatment for substance abuse. It provides strategies based on the theory that in the development of maladaptive behavioral patterns, learning processes play a critical role. Individuals learn to identify and correct behaviors by applying a range of different skills. It is a short-term, flexible approach that is highly adaptive with other treatments.

Pros

- BASIC — Evidence-based for **substance abuse treatment** in adults.
- BASIC RESOURCES — "Well-supported" **evidence-based** reputation.
- BASIC RESOURCES — Individualized and **versatile** — can be used by itself or in combination with other treatments, in a variety of different delivery environments.
- SERVICES & FUNDING LEADERSHIP RESOURCES STAFFING & TRAINING — As a commonly-used treatment modality by therapists, it may be relatively easier to **recruit professionals** proficient in its use.
- SERVICES & FUNDING LEADERSHIP RESOURCES STAFFING & TRAINING — As a professionalized practice, ▮ may help with **professional retention** coinciding with a higher degree of compensation.
- COMMUNITY CULTURE — ▮ is **client-centered, empowering practice** including **client psychoeducation**.
- COMMUNITY — **Skill-building** is part of ▮, which can help clients build **coping and problem-solving skills**.
- LEADERSHIP — ▮ is a **manualized** practice with a wide range of informational resources.
- LEADERSHIP STAFFING & TRAINING — ▮ is a **scale-able** practice with a large number of replications.
- RESOURCES — WSIPP has done a **cost-benefit analysis** of ▮, which offers detailed cost and ROI information per client. This analysis suggests that benefits are likely to exceed costs.
- RESOURCES STAFFING & TRAINING — There is a **network** of professionals associated with this practice, which may present opportunities for **referrals** and support adherence to the practice through **social supports.**
- CULTURE — As far as we know, implementation of ▮ doesn't require burdensome data reporting by staff.

Cons

- SERVICES & FUNDING RESOURCES — Not *yet* identified by the Title IV-E Prevention Services Clearinghouse established by FFPSA. Note, Trauma-focused ▮, a similar discipline based on ▮, is listed as a promising practice.
- SERVICES & FUNDING — Meta-analysis has indicated that ▮ has a generally small **effect size** (~0.2) on endpoints of alcohol and illicit drug abuse, though it is in the medium range (~0.5) for marijuana abuse.[7] Note, this is still a significant finding—meaning that it is highly likely that there will be a benefit, though that benefit may be smaller than another practice on these specific endpoints.
- SERVICES & FUNDING RESOURCES — ▮ may be unlikely to have a direct impact on referrals due to its common use as a treatment modality across organizations.
- LEADERSHIP STAFFING & TRAINING CULTURE — Perhaps due to its professionalized nature, ▮ does not seem to have readily available supervisory or evaluation tools to promote proficiency in service delivery or provide a similar support and implementation structure as your current practice.
- STAFFING & TRAINING — ▮ cannot be used across your current staff makeup as it requires post-graduate educational attainment and training.

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In this example...

1. The EBP was being sought against **funding requirements**, which emphasized "well-supported" practices

2. The EBP was for a **large organization**, which emphasized practices that were easily scale-able.

3. The organization provided a **wide offering of services**, requiring us to find an EBP that had **multiple treatment applications**.

Lack of External Impetus for Effective EBP Implementation

Here's the truth... no one is going to *force* your organization to implement an EBP tomorrow.

▶ State licensing requirements differ state-to-state

▶ The federal legislation trending towards EBP-use is slow to be implemented

▶ There is no substantial *funding incentive* to mandate EBPs at the moment

Your organization is still doing *good work*, and that work is *difficult*.

▶ The impetus to use EBPs should be *directed by* the parties most affected by their use!

  ▶ *EBP "consumers" need to be better informed*

But as our current experience is demonstrating: EBPs provide a framework for sustainability and adaptability leading to improved outcomes and long-term success

PROBLEM: Organizations struggle to identify EBPs *suited to them*.

PQP's "5 Cs of EBP selection"

▶ CULTURE

▶ CLIMATE

▶ CLIENTS

▶ COMMUNITY

▶ CAPITAL

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Understanding the Problem leads you to a solution

▶ If you can define your 5 C's, you can find a practice that works for you.

▶ You don't have to start at "ground zero" – you can identify a practice that you are already using parts of in your current work.

▶ This also positions you to negotiate more effectively with the developer/purveyor. You are driving the determination and ultimately, the success of adoption.

▶ Implementation science states that readiness is most difficult barrier in EBP adoption…by defining your own stage of preparedness and readiness, you have essentially overcome this barrier

    ▶ This ultimately will advance scaling of EBPs – by making it easier for you to adopt and implement, the administrative frameworks of EBP reinforce your commitment to quality care.

    ▶ With more organizations implementing EBPs, outcomes are certain to improve and science is certain to advance. The marketplace response is to reinforce use of these EBPs because outcomes improve. [a current example of this phenomenon: social distancing…]

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