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## Implementation in a Changing Landscape: Provider Experiences During Rapid Scaling of Use of Evidence-Based Treatments

Michael E.J. Reding, *Weill Cornell Medical College*Karen Guan and Jennifer Regan, *University of California, Los Angeles*Lawrence A. Palinkas, *University of Southern California*Anna S. Lau and Bruce F. Chorpita, *University of California, Los Angeles*

*This study examined 133 service providers' perspectives on a rapid shift to mandated evidence-based treatment delivery, utilizing an inductive coding process to capture themes present in their qualitative feedback. The majority of provider comments were negatively valenced, but attitudes varied considerably across response categories: comments regarding practice context and support were nearly uniformly negative, while comments regarding treatment fit and therapeutic consequences were more balanced. Treatment fit was the most commonly cited category; the fit to therapist (e.g., ease of use) subcategory was predominantly positive in contrast with the fit to client (e.g., flexibility) subcategory, which was predominantly negative. Results illustrate the intended and unintended consequences of large-scale implementation efforts on community providers, and may aid implementation researchers and system decision makers optimize the conditions under which community providers are asked to implement evidence-based treatment.*

**M**ENTAL health researchers have developed and demonstrated efficacy for a vast array of treatments for youth psychopathology, and the list of evidence-based treatments (EBTs) grows continually (e.g., Chorpita et al., 2011). Despite these advances in the development of EBTs, the vast majority of youth in everyday mental health care settings do not receive these treatments (Kataoka, Zhang, & Wells, 2002; Kazdin & Blase, 2011; Merikangas, Nakamura, & Kessler, 2009). Even when EBTs are implemented into community practice settings, they demonstrate diminished outcomes as compared with their performance in efficacy trials (e.g., Southam-Gerow et al., 2010). The current study analyzes provider feedback on the EBT implementation process during a fiscally mandated rapid scaling of services in Los Angeles County (LAC).

### Context for the Current Study

Multiple state and county mental health systems have recently made large-scale efforts to implement and increase the availability of EBTs in children's mental health services, including Hawaii, Washington, and New York (Chorpita

et al., 2002; Dorsey, Berliner, Lyon, Pullmann, & Murray, 2014; Hoagwood et al., 2014). Whereas many such efforts require years of preparation and staging for scale-up, LAC provides a case study of a rapid reform toward EBT implementation (Regan et al., 2017). In 2008, a major budget crisis in the state of California threatened a discontinuation of funding for county mental health services. However, a new revenue source had come online following the 2004 passage of the Mental Health Services Act (MHSA; CA Proposition 63) ballot initiative, which earmarked funding specifically for innovative mental health interventions. These funds could only be accessed for new interventions and programs. Leveraging MHSA dollars to maintain existing levels of service in LAC thus necessitated a transformation of local service selection, delivery, and billing practices. The prevention and early intervention (PEI) transformation met these objectives to use MHSA funding to support the adoption of EBTs while averting lapses in service delivery that would have resulted from a collapse of the contracted service provider network. To achieve this, all aspects of the PEI transformation had to be executed expeditiously.

The PEI transformation launched in August 2009, enacting immediate amendments to approximately 120 agency contracts allowing reimbursement for delivery of 52 approved interventions. In addition, six interventions (e.g., Trauma-Focused Cognitive-Behavioral Therapy [TF-CBT], Seeking Safety) were selected for supported implementation in the form of county-funded training and

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consultation beginning in 2010. In the 2010–2011 fiscal year, over 27,000 children were served as part of PEI. The current study presents provider perspectives on this rapid scale-up of multiple EBTs in response to a fiscal crisis in a public mental health service system.

### The Interplay of Research and Practice

Provider perspectives can offer invaluable insights, particularly in intensive implementation contexts that involve significant adaptation of work routines and clinical practice. These perspectives are an important part of the “research–practice gap,” a state of tension in mental health service delivery in dire need of synthesis (i.e., transformation into a research–practice partnership). On the one hand, researchers encounter significant provider resistance to utilizing research-supported treatments and interpret this resistance as a barrier to achieving proper client care (Teachman et al., 2012). On the other, providers express frustration that their concerns and clinical priorities are not sufficiently addressed via the EBTs being developed and introduced (Castonguay et al., 2010). Chorpita and Daleiden (2014) note that the next generation of EBT design may well involve a structured collaboration that includes both researchers and providers. In that collaboration, provider experiences not only illuminate new research directions but also encourage treatment models that are responsive to the demands of everyday clinical practice.

In order to foster partnerships, it is important to consider that providers do not operate as individual agents but are embedded within larger, complex systems. A number of conceptual models have characterized children’s mental health systems as intricate environments with concentric levels or contexts (e.g., government agencies, organizations, organizational staff, interventions, clients) having bidirectional influences on their adjacent levels (Aarons, Hurlburt, & Horwitz, 2011; Proctor et al., 2009; Schoenwald, Kelleher, & Weisz, 2008; Southam-Gerow, Ringeisen, & Sherrill, 2006). For example, Proctor and colleagues (2009) delineate two types of strategies—intervention strategies and implementation strategies—that influence the various outcomes of interest in the implementation process (implementation outcomes, service outcomes, and client outcomes). In the LAC context, PEI has defined its list of accepted and supported “evidence-based practices” (intervention strategies) and also set in place guidelines for implementing these strategies into their service system via policy mandates, training incentives, and ongoing support (implementation strategies). Observing which aspects of this ambitious endeavor community providers identify as most salient, as well as the perceived impacts (e.g., positive or negative) of each implementation factor, were of primary interest in this study. Understanding these providers’ concerns, especially

in a novel and leading edge context such as LAC, is a crucial first step to addressing them. In the absence of such exploration, we expect that providers are modifying EBT to fit their needs (e.g., Palinkas et al., 2013).

As demonstrated by Green and Aarons (2011), policy-oriented stakeholders (e.g., county officials, agency directors, program managers) may hold discrepant views from direct service stakeholders (e.g., clinicians, consumers, administrative support staff) regarding the importance and changeability of barriers to implementing EBT in publicly funded mental health programs for families and children. In order for large-scale implementation efforts to succeed, it is desirable to identify and synthesize these various stakeholder perspectives. While other studies have explored provider perceptions of barriers and facilitators to EBT delivery (e.g., Green & Aarons, 2011; Ringle et al., 2015), we believe LAC providers’ exposure to diverse treatment populations, training in multiple EBTs, and a context of rapid system change offers a unique window into what was in many ways an extreme implementation environment. As such, the current study focused its investigation on LAC community mental health providers during a systemwide transformation in evidence-based service delivery.

Providers are on the front lines, often having to balance changes at the organizational level that may stem from larger statewide or federal mandates with their individual practice and client needs. These various influences impact provider attitudes and behaviors and may even impact the quality of services. For example, organizational climate and leadership behaviors have been shown to account for considerable variance in provider burnout (Green, Albanese, Shapiro, & Aarons, 2014), and greater burnout has been shown to predict increased staff turnover (Beidas et al., 2016). Therapists may represent only one component of the larger, multifaceted environment of children’s mental health systems, but they are an integral component and, as direct service providers, are uniquely situated to offer an on-the-ground perspective of implementation in practice.

### The Current Study

The current study took place in the context of the aforementioned PEI transformation, providing a unique perspective on how service providers were affected by the rapid reform requiring EBT implementation. Participants provided feedback during a training event for one of the EBTs selected for PEI implementation support, providing an opportunity to assess providers’ experiences during a period of rapid change and heavy systemic demands. A previous study on provider attitudes toward the six implementation-supported PEI interventions demonstrated that practitioners trained in multiple EBTs held divergent attitudes toward the various EBTs (Reding,

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