

# Creating Organizational Contexts for Implementing Evidence- Based Treatments

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# What we want

- Improved engagement
- Improved behavioral health and health outcomes
- Improved quality of services
- Improved client satisfaction
- Improved provider satisfaction and employee retention
- Improved service-delivery

How do we get there?



Figure 1. EBP Model

“the integration of best research evidence with clinical expertise and patient values” ( [Institute of Medicine, 2001](#) )

Where do we  
start?

EBPs are the SOLUTIONS to a problem...

What problem are we attempting to solve?

## Dialectical Behavior Therapy Implementation

Setting:  
Youth Residential Facilities

Problem:  
Suicidal behavior, non-suicidal  
self-injury, emotion dysregulation,  
effects of abuse and neglect,  
egregious behaviors

EBP Solution:  
Dialectical Behavior Therapy

## Prolonged Exposure Therapy Implementation

Setting:  
State Forensic Hospital

Problem:  
High rates of PTSD, trauma-  
responses/reactivity functionally  
relate to egregious behaviors,  
emotion dysregulation

EBP Solution:  
Prolonged Exposure Therapy

## Motivational Interviewing Implementation

Setting:  
Home-visitation nursing program  
for newborns

Problem:  
Engagement, motivation,  
commitment, compliance,  
response rate post-1<sup>st</sup> session,  
behavior change

EBP Solution:  
Motivational Interviewing

# Problems

Most likely problems preventing successful implementation

## Problem 1:

The problem isn't defined

- There isn't a specific problem to be solved
- Solution is selected because we "should" use EBPs
- Adequate assessment hasn't occurred
- Miss-match between the solution and the problem
- Miss-match between the solution and the providers

## Problem 2:

Solution is selected without input from stakeholders

- Solution doesn't fit the staff theory of change
- Solution doesn't fit the organizational theory of change
- Solution doesn't fit the staff/organizational capabilities
- Solution doesn't fit with the program structure
- Solution doesn't fit staff bandwidth
- Solution doesn't fit the values of the organization
- Solution doesn't fit the values of the providers



## Problem 3:

Implementation lacks planning, organization, & leadership

- Timeframe is unreasonable
- Complexity is over-simplified
- Goals and tasks aren't clearly defined
- Implementation steps lack clarity, precision, & organization
- Implementation team roles not clearly defined
- Leadership fails to empower team members
- Leadership fails to provide decision making authority
- Leadership fails to engage staff
- Evaluation is conducted too soon and leadership fails to troubleshoot (taking the temp. and course correcting vs. concluding too hard or doesn't work)

## Problem 4: Implementation lacks resources

- Estimated costs are significantly under-budget
- Training \$\$\$ isn't adequate
- Cost-savings is sought through engaging less qualified or ineffective training programs
- Training, consultation, and teams are not supported
- Implementers not provided bandwidth to learn/adopt/implement
- Underestimate the time necessary to implement and measure success

## Problem 5:

Organization and key stakeholders lack readiness and motivation

- Top down
- Lack of assessment of readiness to “learn” something new
- Lack of assessment of willingness to “learn” something new
- Lack of assessment of capabilities of “learning” something new
- Leaders fail to assess the complexity of requirements
- Leaders fail to assess the appeal of the solution
- Leaders fail to assess the openness to the solution
- Leaders fail to assess how much the solution diverges from current practices

## Problem 6: Fails to adapt (controversial)

- Adaptation should not be attempted unless structural barriers or other significant barriers exist that prohibit fidelity
- Adaptation is often necessary as we move an EBT from one setting to another or population to another
- Most EBTs are based on principles of theory with corresponding protocols that range from guidance to explicit step-by-step processes
- In-house staff lack adequate depth and knowledge (because it is new) to effectively problem solve adaptations

# solutions

Creating an organizational context that increases the likelihood of success

## Solution 1:

Develop a culture of excellence and curiosity

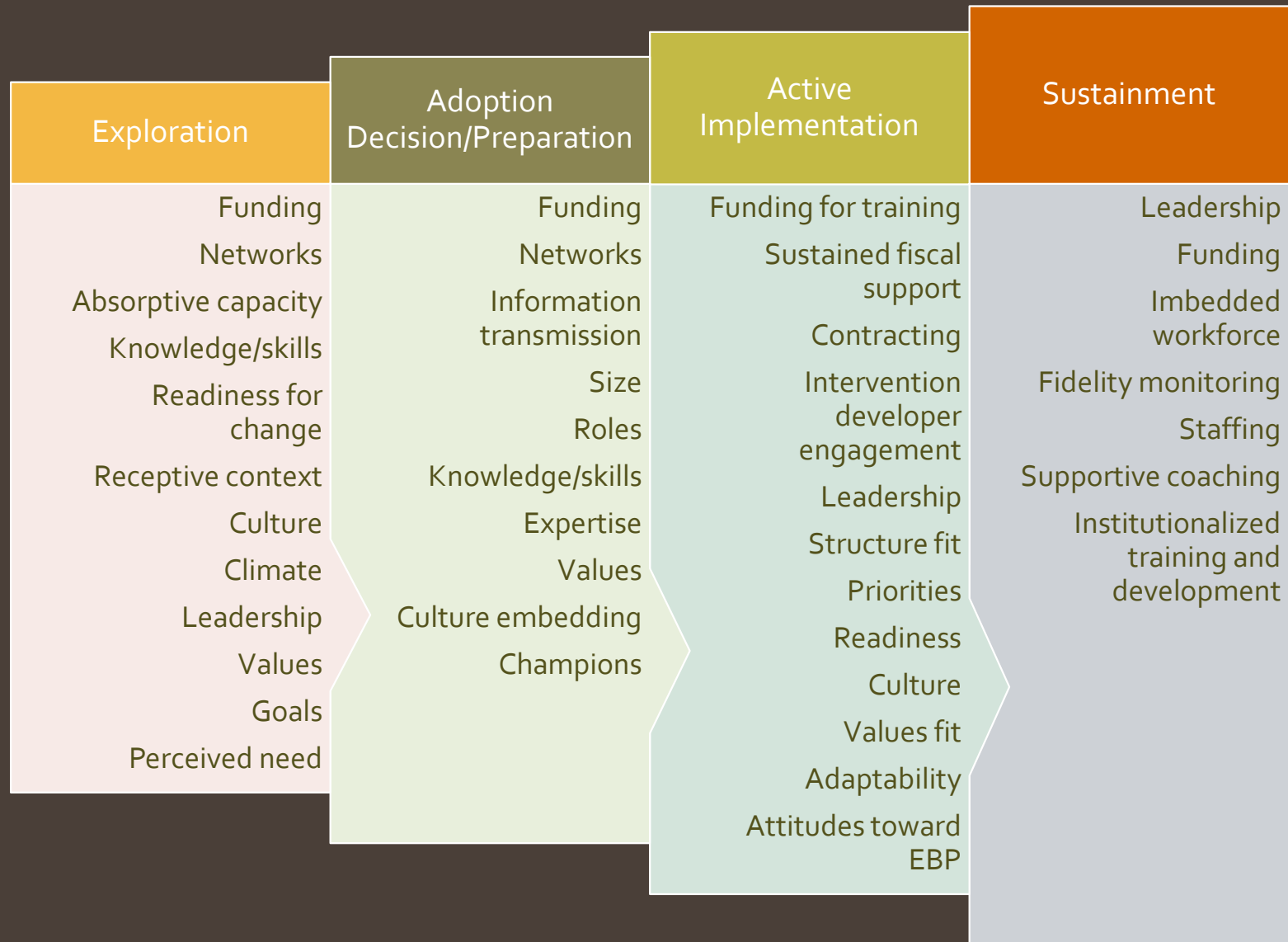
- EBPs are not the enemy- EBPs enhance what everyone is already doing well. These approaches strengthen an already strong approach.
- A culture that values excellence needs to have this built into the mission, built into the values, built into leadership principles, built into every process. This must permeate
- A culture that is curious is a culture that is open to new ideas
- Excellence is not about elitism; excellence is about helping in the most effective ways
- Barbara Van Patter Gale & Marjorie Schaffer (2009) refer to cultivating a culture of inquisitiveness, openness, and continual emphasis on life long learning

# Solution 2:

Use a framework

## EPIS Model

- Planning
- Organization
- Assessment
- Resource Allocation
- Training Team
- Implementation Team
- Strategic Solutions



Note. Adapted with permission from Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research, 38*(1), 4-23.

## Solution 3:

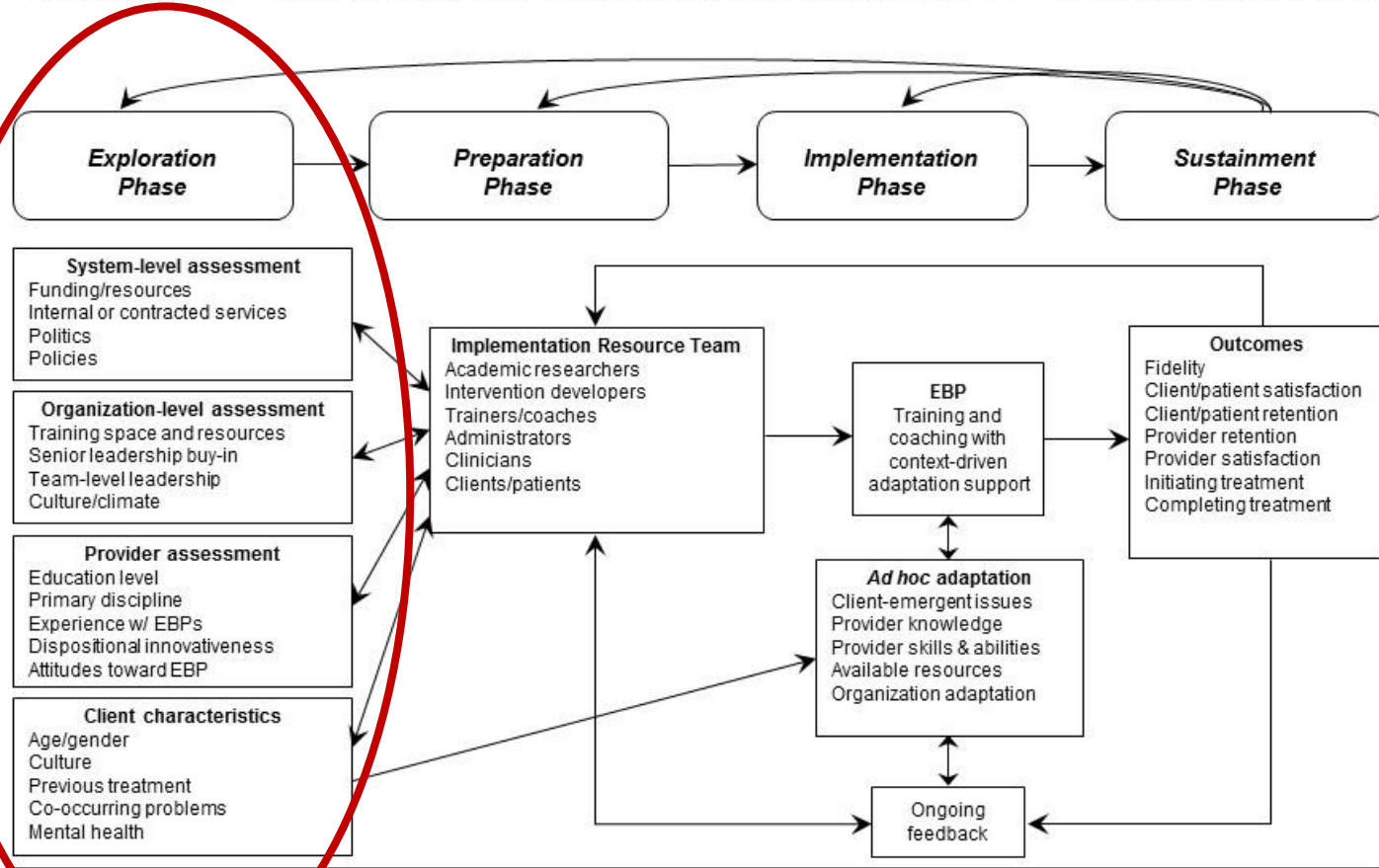
Know the organization's and employees' values

- What values drive the organization that would fit with utilizing evidence-based programs, treatments, and practices?
- What values drive employees that fit with utilizing EBPs?
- Identify the values in each employee that brought them to a helping profession and link these to the EBP process



# Solution 4: Assess adequately

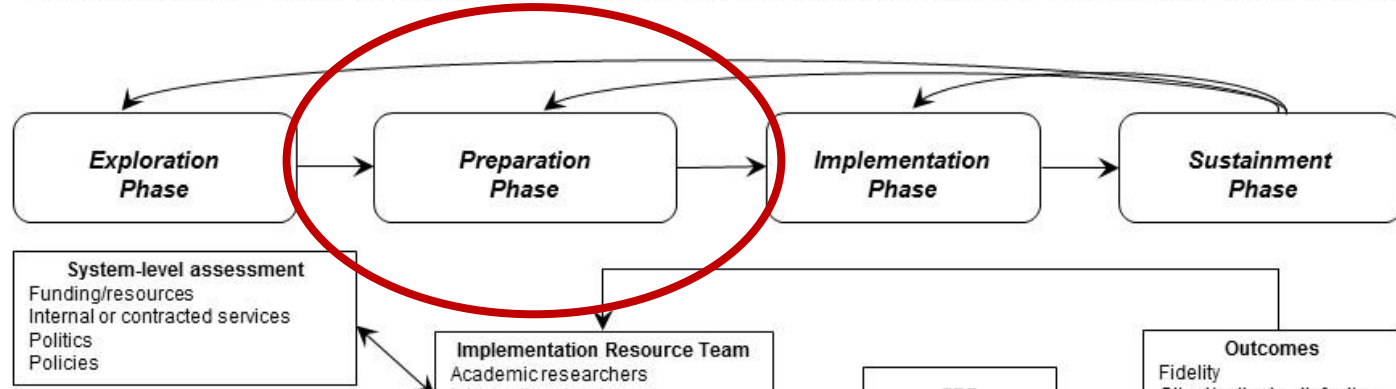
Figure 1: Conceptual model guiding the Dynamic Adaptation Process to support effective evidence-based practice implementation



Note: Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., Silovsky, J., Hecht, D., & Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7(1), 32.

## Solution 5: Prepare and Plan

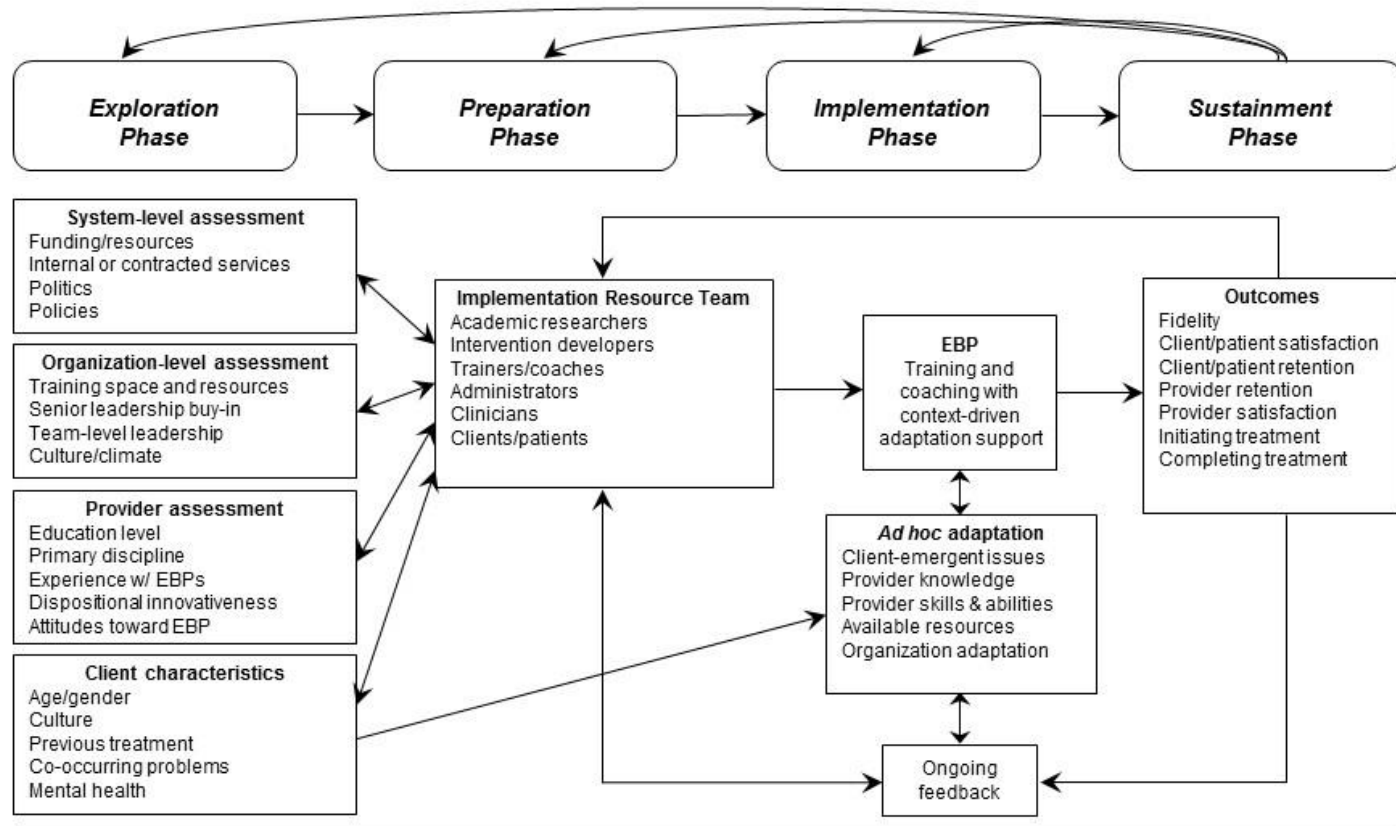
Figure 1: Conceptual model guiding the Dynamic Adaptation Process to support effective evidence-based practice implementation



1. Identify the team
  - Decision makers
  - Supervisors
  - Direct service
  - Client
2. Develop a reasonable timeline
  - Doesn't overload staff
  - Can be accomplished within current context
3. Plan for release of time
  - Learning takes significant effort; build into cost
4. Generate clear plan and identify all who need to be involved
5. Develop phases that are reasonable

# Solution 6: Learn to adapt & prevent drift

**Figure 1: Conceptual model guiding the Dynamic Adaptation Process to support effective evidence-based practice implementation**



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## Dialectical Behavior Therapy Implementation

Setting:  
Youth Residential Facilities (6 facilities)

Problem:  
Suicidal behavior, non-suicidal self-injury, emotion dysregulation, effects of abuse and neglect, egregious behaviors

EBP Solution:  
Dialectical Behavior Therapy

Barriers: Planning, bandwidth, organization, capabilities

Outcome:  
stopped, started over, beginning implementation

## Prolonged Exposure Therapy Implementation

Setting:  
State Forensic Hospital

Problem:  
High rates of PTSD, trauma-responses/reactivity functionally relate to egregious behaviors, emotion dysregulation

EBP Solution:  
Prolonged Exposure Therapy

Barriers: System changes, policy challenges, staff belief

Outcome:  
successful implementation, on-going support provided

## Motivational Interviewing Implementation

Setting:  
Home-visitation nursing program for newborns

Problem:  
Engagement, motivation, commitment, compliance, response rate post-1<sup>st</sup> session, behavior change

EBP Solution:  
Motivational Interviewing

Barriers: receptiveness, values fit, structural fit

Outcome:  
imbedded through Train the Trainer, successful implementation in two states

# References

Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., ... & Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science, 7*(1), 32.

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research, 38*(1), 4-23.

Van Patter Gale, B., & Schaffer, M.A. (2009). Organizational readiness for evidence-based practice. *The Journal of Nursing Administration, 39*(2), 91-97.