Data Trends
Summaries of research on mental health services for children and adolescents and their families
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Goldman, H. H., Ganju, V., Drake, R. E., Gorman, P., Hogan, M., Hyde, P. S., & Morgan, O. (2001). Policy implications for implementing evidence-based practices. *Psychiatric Services, 52*(12), 1591-1597.

Corrigan, P. W., Steiner, L., McCracken, S. G., Blaser, B., & Barr, M. (2001). Strategies for disseminating evidence-based practices to staff who treat people with serious mental illness. *Psychiatric Services, 52*(12), 1598-1606

Rosenheck, R. A. (2001). Organizational process: A missing link between research and practice. *Psychiatric Services, 52*(12), 1607-1612.

Carpinello, S. E., Rosenberg, L., Stone, J., Schwager, M., & Felton, C. J. (2002). New York State's campaign to implement evidence-based practices for people with serious mental disorders. *Psychiatric Services, 53*(2), 153-155.

The authors of these articles agree that the successful implementation of evidence-based practices in the community setting is a complex process that must address practical, systemic, and organizational issues. While this awareness runs throughout all of the articles, each piece focuses on a specific set of barriers and challenges to implementation. Taken together, the articles make a helpful "primer" on the state of knowledge about dissemination. The first two articles discuss policy and dissemination issues that are relatively well known, and the third article offers a model of organizational change that is especially instructive. The final, brief article introduces the New York State campaign to implement evidence-based practices.

Eight courses of action for encouraging the use of effective mental health services:
These actions "constitute necessary first steps toward overcoming the gaps in what is known and removing the barriers that keep people from seeking and obtaining mental health treatment."

- Continue to build the science base
- Overcome stigma
- Improve public awareness of effective treatments
- Ensure the supply of mental health services and providers
- Ensure delivery of state-of-the-art treatments
- Tailor treatment to age, gender, race, and culture
- Facilitate entry into treatment
- Reduce financial barriers to treatment

From chapter eight of theSurgeon General's Report on Mental Health, 1999. Retrieved from: http://www.surgeongeneral.gov/library/mentalhealth/home.html

In the first article, Goldman et al. review lessons learned from a year of publications in this journal on evidence-based practice in mental health. Framing their discussion around the Surgeon General's eight courses of action for encouraging the use of effective mental health services (see sidebar), the authors stress that administrative practices and policy itself can impede or facilitate the use of evidence-based practices. The authors link the concepts of quality improvement, accountability through performance measurement, and evidence-based practices by making the point that, "Implementing evidence-based practices is a quality-improvement process that provides accountability through the monitoring of the fidelity of practices to models that have been demonstrated by research to be effective" (p. 1592).

Goldman et al. also suggest that fidelity to a model is a means to an end and not an end in and of itself, and that fidelity to a model should not be "regulated in a way that prevents client choice, clinical judgement,or continuing change as new evidence emerges" (p. 1592).

The authors also note, as do those of the second article, that no empirical base exists for the dissemination and implementation of evidence-based practices. That is, we know that a program "works" at the clinical level because we have studied it; but we have not yet studied the implementation process itself. However, research on what happens to a practice once it gets to the community level is beginning to accumulate, and that research is the focus of the second article.

According to Corrigan et al., the two reasons why practitioners and service providers fail to implement a program with fidelity (i.e., the way it was designed to be implemented) are that they lack the knowledge and skills necessary to do so, and that the organizational structure or culture under which they work makes it difficult to implement new practices. For example, an organizational structure may leave no time in a service provider's schedule to attend a training session for a new program.

The authors list three strategies that can help overcome these barriers. The first strategy involves the way a program is packaged, and addresses issues of concern to the potential provider of the program, e.g., the accessabililty of the instruction manual, or how much time it will take to learn the program and to implement it. The second strategy stresses

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Prepared by the Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd. Tampa, FL 33612, (813) 974-4661
For more information, contact kutash@mirage.fmhi.usf.edu; Website: http://rtckids.fmhi.usf.edu
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the need for a "broad range of knowledge to be able to assimilate evidence-based practices" (p. 1599), which includes training in interpersonal support, instrumental support, goal setting, and general skills training (p. 1599). The third strategy takes a closer look at the leadership in an organization; research has shown that effective leaders encourage the intellectual development of their staff, promote inspiration, encourage feedback and "reinforcement strategies that help team members maintain effective programs" (p. 1599).

In the third article, Rosenheck examines the structure and culture of large organizations. He uses the model of the Veteran's Administration to show how an organization can, within a relatively short period of time, successfully adopt and implement new programs. Organizations are often guided by multiple competing goals, are often users of new, uncertain technologies and instruments and, in the field of health care, experience rapid turnover of providers. Furthermore, large organizational structures frequently create an echelon of managers who have little daily contact with their staff. "Leaders typically do not have enough time to devote their full attention to even a fraction of the issues for which they are responsible. Managerial attention has been described as the most limited resource in large organizations" (p. 1608).

To counter these barriers, Rosenheck suggests that leaders create decision making coalitions, and that they identify new initiatives within the context of the legitimate goals of the organization (such as cost savings). Organizations must also be able to qualitatively monitor fidelity to the practice and must develop "self-sustaining subcultures or communities of practice that both perpetuate and modify program procedures and values" (p. 1610), so that "with less and less shaping from central staff, program guidance comes increasingly from the teams themselves" (p. 1611).

Finally, Carpinello et al. report on the New York State campaign to deliver evidence-based practices to those in need of mental health services. This article complements the first three by revisiting emerging themes in the implementation of such practices, and by drawing attention to the role of the consumer in the implementation of evidence-based practices. They state, "a high quality system must be based on research evidence and must also be consumer-centric, representing the shift in goals from community-based systems of care that treat and shelter or support consumers to community-integrated systems that deliver high-quality services to customers who want to design and manage their own recovery" (p. 153). They also suggest that state mental health authorities will need a multi-pronged and longitudinal strategy to promote services that have proven effectiveness.

In conclusion, as systems slowly change to accommodate the new demand for quality and accountability, and as evidence-based programs make their way into the community, Carpinello et al.'s focus on a particular region of the country reminds us that some practices may need to be "fine tuned" to their immediate environment. Practitioners and providers must be excited about the program itself, and be willing to work out all the "kinks" that may arise as practices, while remaining faithful to their design, develop within their respective communities. With this expectation in mind, and with regard to the barriers and challenges identified in these articles, Goldman et al.'s description of the policy challenge is especially salient. They state, "policies create incentives and disincentives that shape the mental health service system. A major challenge is to identify policy interventions that facilitate implementation of evidence-based practices but also minimize barriers to implementation" (p. 1592).

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