



Research article

The what, when, and why of implementation frameworks for evidence-based practices in child welfare and child mental health service systems[☆]



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ABSTRACT

It is widely recognized that children in the child welfare system are particularly vulnerable to the adverse health and mental effects associated with exposure to abuse and neglect, making it imperative to have broad-based availability of evidence-based practices (EBPs) that can prevent child maltreatment and reduce the negative mental health outcomes for youth who are victims. A variety of EBPs exist for reducing child maltreatment risk and addressing the associated negative mental health outcomes, but the reach of these practices is limited. An emerging literature documents factors that can enhance or inhibit the success of EBP implementation in community service agencies, including how the selection of a theory-driven conceptual framework, or model, might facilitate implementation planning by providing guidance for best practices during implementation phases. However, limited research is available to guide decision makers in the selection of implementation frameworks that can boost implementation success for EBPs that focus on preventing child welfare recidivism and serving the mental health needs of maltreated youth. The aims of this conceptual paper are to (1) provide an overview of existing implementation frameworks, beginning with a discussion of definitional issues and the selection criteria for frameworks included in the review; and (2) offer recommendations for practice and policy as applicable for professionals and systems serving victims of child maltreatment and their families.

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Introduction

Child maltreatment is a prevalent (e.g., Finkelhor, Turner, Shattuck, & Hamby, 2015), significant and costly public health problem in the United States (Corso, Edwards, Fang, & Mercy, 2008; Fang, Brown, Florence, & Mercy, 2012; Hammond, Whitaker, Lutzker, Mercy, & Chin, 2006) and worldwide (Butchart & Mikton, 2014), with extensive data indicating its

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association with myriad adverse short-term and long-term physical and mental health consequences (Anda et al., 2006; Hanson et al., 2008; McLaughlin et al., 2012; Walsh et al., 2012). There is a dire need for the widespread use of evidence-based practices (EBPs) that can prevent child maltreatment in families at-risk and improve the outcomes for youth who have experienced maltreatment. To date EBP access is limited (Costello, Egger, & Angold, 2005; Hurlburt et al., 2004; Merikangas et al., 2010), and the limited reach is particularly pronounced among traditionally underserved racial/ethnic minority children, who are overrepresented in the child welfare system (Smedley, Stith, & Nelson, 2003; U.S. DHHS, 2013).

A review of the extant research literature identifies several factors that may enhance successful implementation of an EBP. These include increased attention to EBP selection, both in terms of innovation-organizational fit (Meyers, Durlak, & Wandersman, 2012), as well as systemic fit related to availability of funding and whether the EBP meets the needs of the identified community, participating agencies and targeted consumers (Aarons, Hurlburt, & Horowitz, 2011); thoughtful identification of agencies and providers for EBP training (Fixsen, Blasé, Naoom, & Wallace, 2009); extensive initial training and ongoing support for sustained delivery of an EBP with fidelity (e.g., Beidas, Edmunds, Marcus, & Kendall, 2012; Durlak & DuPre, 2008; Sholomskas et al., 2005); and an emphasis on senior leadership (e.g., Aarons & Sommerfeld, 2012; Fixsen et al., 2009) to promote a supportive organizational culture and climate (Aarons & Sawitzky, 2006; Glisson et al., 2010; Glisson & Green, 2011; Meyers et al., 2012). Most researchers and community stakeholders recognize the need for ongoing monitoring and evaluation throughout implementation to promote sustained use of EBPs with fidelity (e.g., Herschell, 2010; Meyers et al., 2012). Relatedly, studies highlight the importance of sustainability planning during the initial phases of implementation to increase the likelihood of implementation success (Beidas, Mehta, Atkins, Solomon, & Merz, 2013; Peterson et al., 2014; Pluye, Potvin, & Denis, 2004; Shediak-Rizkallah & Bone, 1998; Wiltsey-Stirman et al., 2012).

Perhaps one of the most overlooked factors is how a theory-driven conceptual framework, or model, might facilitate implementation planning by providing guidance for best practices during implementation phases (Aarons et al., 2012; Metz et al., 2014). Emerging research provides support that approaching implementation with a conceptual framework for EBPs targeting child maltreatment prevention (Aarons et al., 2012), child mental health interventions (Glisson et al., 2010) and other community-based EBPs (Brodowski, Counts, Gillam, Baker, & Collins, 2013; Gopalan et al., 2014; Metz et al., 2014) can enhance the process and ultimately increase overall implementation success. The purpose of this paper is to offer a structured review of the scientific literature documenting the application of existing implementation frameworks to EBP implementation in child welfare and child mental health, specifically with EBPs that can reduce child maltreatment perpetration or recidivism, and those that address the mental health needs of maltreated youth.

While other reviews have been conducted (Damschroder et al., 2009; Proctor, Powell, & McMillen, 2013; Rabin et al., 2008; Tabak, Khoong, Chambers, & Brownson, 2012; Wandersman, Chien, & Katz, 2012), these primarily discussed the use of frameworks for dissemination and/or implementation *research* and did not specify an implementation *context*. The most inclusive review to date by Tabak et al. (2012) identified 61 models and provided guidance for implementation science researchers on how to select from and apply frameworks to research studies. In contrast, rather than provide an exhaustive review with a focus on research exclusively, we highlight frameworks most relevant for use in child welfare and child mental health, with an emphasis on service and policy implications for children and families impacted by abuse or trauma. Below, we explicate the terms utilized for purposes of this review, as well as the inclusion criteria for the selection of implementation frameworks.

Defining Terms

For the purposes of this review, it was critical to select terms for the treatments or interventions being implemented, as well as the frameworks and models to be discussed in relation to the implementation processes. The term *evidence-based practice* (EBP) was selected to refer to a treatment or intervention that has been demonstrated, typically through randomized controlled trials, to be safe and effective when delivered with fidelity (Chaffin & Friedrich, 2004; Rabin et al., 2008). Additionally, consistent with prior reviews (e.g., Tabak et al., 2012; Walsh et al., 2014), we elected to use the term *framework*, defined as “strategic or action-planning models that provide a systematic way to develop, manage, and evaluate interventions” (p. 337).

Guidance for Framework Selection

A variety of conceptual frameworks and models have been proposed as heuristics to guide successful dissemination/implementation (D/I) efforts (for reviews, see Beidas et al., 2013; Meyers et al., 2012; Tabak et al., 2012), with research indicating that longer-term, multilevel implementation strategies are needed to ensure penetration and sustained use of efficacious treatments across child welfare and community-based mental health settings (e.g., Damschroder et al., 2009; Fixsen et al., 2005). Conceptual frameworks are important to the extent that they help to guide implementation; however, decisions about which are most useful within a given setting can present significant challenges to stakeholders embarking on an implementation effort. To further compound these challenges, there is no single framework identified by extant research to guide implementation specifically within the child welfare or child mental health settings. This paper provides an overview of several models that have been applied to the implementation of EBPs within the context of child welfare and children's mental health. While this focus on child welfare and children's mental health initially may seem somewhat diffuse, given the overlap of children receiving services in these two service systems, it is important to include EBPs with

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