Children and Youth Services Review 46 (2014) 285–293

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Implementation of an evidence-based intervention to reduce long-term foster care: Practitioner perceptions of key challenges and supports

Becci A. Akin [a,*,1], Susana E. Mariscal [a,1], Linda Bass [b,2], Vickie Burgess McArthur [c,3], Jackie Bhattarai [a,1], Kimberly Bruns [a,1]

[a] University of Kansas School of Social Welfare, Twente Hall, 1545 Lilac Lane, Lawrence, KS 66044, USA
[b] KVC Behavioral HealthCare, Inc., 7940 Marshall Drive, Lenexa, KS 66215, USA
[c] Saint Francis Community Services, Inc., 4155 E. Harry Street, Wichita, KS 67215, USA

ARTICLE INFO

Article history:
Received 27 June 2014
Received in revised form 11 September 2014
Accepted 12 September 2014
Available online 22 September 2014

Keywords:
Child welfare
Foster care
Evidence-based intervention
Implementation

ABSTRACT

Although a growing literature defines significant components of systematic and effective implementation of evidence-based interventions (EBIs), little information exists about real-world successes and setbacks from child welfare practitioners' perspectives. This study sought to identify key challenges and supports during implementation of an EBI to reduce long-term foster care. Semi-structured, individual interviews were conducted with 28 child welfare practitioners implementing an EBI–Parent Management Training, Oregon Model (PMTO). Transcripts were coded and analyzed using theoretical thematic analysis. Member checking was used to confirm identified themes across interviews. Using six implementation factors to organize the results, multiple facilitators and barriers were identified. Study findings suggest that implementation of EBIs in child welfare should consider promoting and ensuring: (a) a learning culture with effective communication, rapid improvement cycles, and timely feedback loops; (b) frequent, direct, supportive, and high-quality coaching and supervision; (c) strong leadership and organizational fit; and, (d) strategies for tailoring the EBI to the child welfare setting, including responses to families' multiple and complex needs and practices for effective client engagement.

1. Introduction

Knowledge of evidence-based interventions (EBIs) has proliferated in recent years to the point that "evidence-based practice has flooded our lexicon" (Wilson, 2012, p. 103). On the funding and policy front, the federal government, state governments, and private foundations have shifted resources toward supporting the most effective interventions available. Child welfare opinion leaders also have urged the field to expand research evidence that measures which practices are most effective (e.g., Barth, 2008; Wilson & Walsh, 2012).

Yet, even when evidence-based interventions (EBIs) promise better outcomes, there remains a shortage of knowledge about how to effectively implement them (Aarons & Palinkas, 2007; Proctor et al., 2007). Simply choosing an EBI from a web-based registry does not guarantee success. As eloquently described by Greenhalgh et al: "…[T]he move from considering an innovation to successfully routinizing it is generally a nonlinear process characterized by multiple shocks, setbacks, and unanticipated events" (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004, p. 610). A growing literature suggests that systematic implementation is necessary to realize the full benefits of EBIs (Aarons, Hurlburt, & Horwitz, 2011; Fixsen, Blase, Naoom, & Wallace, 2009). Indeed, policy-makers, administrators, and practitioners alike are troubled by heavy investments into an EBI which fails to produce the desired results. Without sufficient knowledge of the implementation, it is unknown whether the failure was due to the lack of implementation integrity or intervention validity (Testa & White, 2014). Besides understanding why an implementation failed, knowledge is also needed on the key supports that will proactively promote effective implementation. Better knowledge of the facilitators and barriers will assist other implementers to avoid the pitfalls of implementation and to replicate those factors that enable favorable outcomes (Proctor & Rosen, 2008).

Improving EBI implementation and outcomes in child welfare is fraught with several idiosyncrasies which are unique to this setting. The system is heavily influenced by a bureaucracy with strict timelines, multiple regulations, numerous stakeholders, and revolving contracts. Child welfare is further distinguished by its focus on safety and its inherent and necessary involvement of multiple caregivers, foster and biological caregivers. Moreover, parent participation is largely involuntary; clients' characteristics are diverse in terms of age, race, education level and income; and their needs are often multi-layered and

* Corresponding author.
E-mail addresses: beccia@ku.edu (B.A. Akin), mariscal@ku.edu (S.E. Mariscal), lbbass@kvc.org (L. Bass), Vickie.mcarthur@st-francis.org (V.B. McArthur), jbhattarai@ku.edu (J. Bhattarai), kbruns@ku.edu (K. Bruns).
[1] Tel.: +1 785 864 2647; fax: +1 785 864 1912.
[2] Tel.: +1 913 956 5212.
[3] Tel.: +1 316 831 0330.

http://dx.doi.org/10.1016/j.childyouth.2014.09.006
0190-7409/

extremely complex (Aarons & Palinkas, 2007). Needed is more knowledge on how to implement EBIs in this complicated setting.

1.1 . Implementation frameworks

Increasing attention to implementation science has produced numerous implementation models and frameworks. Early scholars of implementation science reviewed hundreds of studies across multiple disciplines and industries to begin illuminating critical implementation factors (e.g., Durlak & DuPre, 2008; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Greenhalgh et al., 2004). In contrast, recent literature has focused less on specific factors and more on identifying broad, multi-level frameworks. Scholars have advanced the field by articulating comprehensive conceptualizations of implementation including important concepts such as implementation stages, teams, and improvement cycles (Aarons et al., 2011; Metz & Bartley, 2012). In their review of implementation frameworks, Century, Cassata, Rudnick, and Freeman (2012) identify six independently derived comprehensive models of the implementation process, which they describe as consistently comprising four categories of factors: (1) characteristics of the innovation; (2) characteristics of individual users; (3) characteristics of the organization (aka, inner setting); and (4) elements of the environment outside the organization (aka, outer setting or structural factors) (Century et al., 2012). Chaudoir and colleagues expanded beyond the four-factor model by delineating two types of users: (1) the provider/practitioner and (2) the patient (Chaudoir, Dugan, & Barr, 2013). Still, other models incorporate process as a key factor for effective implementation (Damschroder et al., 2009). The Implementation Drivers framework of the National Implementation Research Network (NIRN) outlines several process-related factors among the competency drivers, to include: staff selection, training, coaching, and fidelity assessment. In sum, we conducted a literature review on six implementation factors relevant to this study: (1) process, (2) provider, (3) innovation, (4) consumer, (5) organizational, and (6) structural.

1.1.1 . Process factors

Process factors are those aspects of implementation that affect competent adherence to the EBI. NIRN refers to these as competency drivers and they include staff selection, training, coaching, and performance (fidelity) assessment (Fixsen et al., 2009). The literature suggests that mandated training may be relevant to successful implementation (Crea, Crampton, Abramson-Madden, & Usher, 2008; Kaye, DePanfilis, Bright, & Fisher, 2012), but didactic training alone is not likely to have a lasting effect and facilitate implementation with fidelity (Aarons & Palinkas, 2007). Researchers suggest, instead, the use of applied learning, clinical supervision, and high-quality coaching (Kaye et al., 2012). Coaching must be sufficiently intense (Barth, 2008), ongoing, and supportive to measurably and favorably affect practitioner attitudes and staff turnover (Aarons & Palinkas, 2007; Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009).

1.1.2 . Provider factors

Researchers have also looked toward individual providers to understand the key ingredients of successful implementation. Since implementing EBIs requires behavioral change on the part of practitioners, their attitudes about adopting and using EBIs have been examined (Aarons, 2004; Aarons, Cafri, Lugo, & Sawitzky, 2012; Aarons, Glisson, et al., 2012; Aarons, McDonald, Sheehan, & Walrath-Greene, 2007; Gray, Joy, Plath, & Webb, 2013). Aarons (2004) developed the Evidence-Based Practice Attitude Scale (EBPAS) in order to measure mental health provider attitudes toward adopting EBPs. In later studies, researchers provided data regarding the twelve subscales of the EPBAS, involving Appeal, Organizational Support, Openness and more (Aarons, Cafri, et al., 2012; Aarons, Glisson, et al., 2012; Aarons et al., 2007).

In a review of empirical studies examining EBP implementation, Gray et al. (2013) found that practitioners' skill, knowledge, and attitudes acted as potential barriers to implementation. Furthermore, Aarons (2004) found that public sector clinical service workers' attitudes toward adoption of EBIs varied depending on their education level, level of experience, and organizational context. Positive clinician attitudes toward adopting EBPs were associated with more proficient and engaging organizational cultures with less stressful organizational climates (Aarons, Cafri, 2012; Aarons, Glisson, et al., 2012). This indicates that organizations' efforts to improve the organizational social context could positively influence clinician attitudes and assist in the process of EBI implementation and dissemination.

1.1.3 . Innovation factors

Implementation has been studied in relation to aspects of the innovation itself, such as its complexity, adaptability, and cost (Damschroder et al., 2009). Innovations must be congruent with the approach, values, and methods of the organizations that adopt it (Maher et al., 2009; Michalopoulos, Ahn, Shaw, & O'Connor, 2012; Wharton & Bolland, 2012). Proctor et al. (2007) studied agency director perspectives on implementing EBPs and found that concern whether the EBPs were applicable to the clients was a common theme. Researchers have shown that logistical issues, such as scheduling and transportation barriers, can also hinder effective implementation of an innovation (Maher et al., 2009; Wharton & Bolland, 2012).

1.1.4 . Client factors

Client factors have arisen as potentially significant challenges for implementation. The diversity and complexity of client problems have been noted as influential (Wharton & Bolland, 2012), as has client acceptance or resistance to the intervention (Michalopoulos et al., 2012).

1.1.5 . Organizational factors

Extant studies demonstrate that characteristics of organizations impact adoption and implementation of EBIs. The literature describes a complex relationship between practitioners' and administrators' attitudes, leadership, organizational culture and climate, and implementation climate (Aarons, 2006; Aarons & Palinkas, 2007; Aarons & Sawitzky, 2006; Gray et al., 2013; Kimber, Barwick, & Fearing, 2012; Proctor et al., 2007). Besides ensuring conducive policies and procedures, agencies must have approaches, values, and methods that are well-aligned with those of the EBI (Aarons & Palinkas, 2007).

1.1.6 . Structural factors

The outer setting, or structural factors, may create major obstacles for implementation. Workforce issues are one example of structural factors that can side-track the implementation of an EBI. For example, if the innovation requires specific skill sets or educational training, these qualified professionals must be readily available in the workforce (Kaye et al., 2012). Courts, also, have been identified as critical to implementation in child welfare settings (Maher et al., 2009). Implementation may also be affected by system challenges related to collaboration between systems and policies on information-sharing (Maher et al., 2009).

Overall, the empirical literature on implementation has made significant strides in defining domains of implementation and expanding knowledge on their impact. Studies have pointed to a variety of factors as potential contributors to successful and sustainable implementation. Nonetheless, the literature review revealed several gaps. First, few studies have documented the real-world successes and setbacks of implementation in child welfare settings. Even rarer are studies that explore the perceptions of frontline child welfare practitioners. This study seeks to address these gaps in the literature by addressing the following research question: What are the key supports and challenges of implementing an EBI in a child welfare setting as perceived by frontline practitioners?