Comprehensive Implementation Strategies
Implementing and Sustaining Evidence-Based Practice Use with Success

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Agenda

- Implementation process and outcomes
- Barriers to implementation
- Brief overview of comprehensive implementation strategies
- ACT SMART Toolkit
- Preliminary feasibility, acceptability, utility data
Show of Hands

- Researchers
- Policy Makers
- Agency Leader
- Community Stakeholders
What is Implementation?

- Implementation
  - The process of putting to use or integrating evidence-based practices within a specific setting (National Institutes of Health, 2011)

- Applied outcomes of implementation (Proctor et al., 2009; Proctor et al., 2011)
  - Intent to use or actual use when indicated
  - Fidelity to practice
  - Provider and consumer satisfaction
  - Improved organizational and service system outcomes
  - Changes in important patient outcomes
Treatment Implementation

“If you build it... they will come.”
Barriers to Implementation

- Implementation barriers in autism community organizations (Drahota et al., 2015)
  - No existing systematic implementation process fits the autism care setting
  - Lack of structure and consistency with implementation efforts
  - Agency leaders are uncertain about what specific implementation strategies would be helpful
  - Organizational and provider characteristics impact implementation
  - Research-based treatment characteristics impact implementation

“Agency-wide we’ve tried implementing [EBP], and that has been tough and there’s been a lot of resistance. Umm, I think that people didn’t feel that the resources were available at the time, and the value.”

more quickly.”
Facilitating Implementation

- **Implementation Strategies**
  - “Methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice” (Proctor et al., 2013)

  - **Evidence-Based Practice**
    - Integrate EBP into Organizations
      - Knowledge and use when appropriate
      - Fidelity
      - Satisfaction
      - Improved patient outcomes
      - Improved organizational outcomes

  - **Implementation Strategies**
Tabak found 61 implementation models, theories, and frameworks (Tabak et al., 2012)

- Critiques of current D&I models
  - Mostly are theoretical models
    - Few studies have conducted applied research to assess the efficacy and effectiveness of these models
  - Limited agreement about implementation “success”
  - Limited study of predictors of implementation outcomes
  - Few comparative effectiveness studies of implementation strategies
Implementation Strategies

- Of the few studies investigating the application of implementation models, key elements have emerged
  - Using distinct phases to guide implementation
  - Involving direct service providers and community members as collaborative partners to provide input on the uptake of EBPs
  - Providing comprehensive training with ongoing support prior to and during the early uptake of EBPs
Implementation Strategies

- RE-AIM (Glasgow, 2000)
- Getting to Outcomes (Chinman, Imm & Wandersman, 2004)
- Arc Organizational and Community Intervention Strategy (Glisson & Schoenwald, 2005)
- California Evidence-Based Clearinghouse (Walsh, Rolls Reutz, & Williams, 2014)
- ACT SMART Toolkit (Drahota, Meza & Martinez, 2014)
- PCORI Dissemination and Implementation Framework and Toolkit (Esposito et al., 2015)
Overview of ACT SMART Toolkit

- **ACT SMART Toolkit**
  - Developed for community-based organizations (CBOs) providing services to individuals with autism spectrum disorder (ASD)
  - Comprehensive, systematic and flexible implementation strategy
  - Research-based
  - Developed to assist ASD CBOs to efficiently and effectively implement new evidence-based practices
Overview of ACT SMART

- **ACT SMART Toolkit**
  - **Assists** with identifying training and service delivery gaps, and selecting research-based treatments to meet agency needs
  - **Facilitates** treatment adoption decisions
  - **Guides** the design of effective adaptation, training, and implementation strategies
  - **Supports** efforts that will sustain use of research-based treatments
Autism Model of Implementation

Phase 1
Identify Practice & Delivery Gaps

Phase 2
Treatment Selection & Adoption Decision

Phase 3
Planning for Implementation

Phase 4
Implementation & Sustainment
# ACT SMART Phases and Activities

<table>
<thead>
<tr>
<th>Phase</th>
<th>Step</th>
<th>Website Activity</th>
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<tbody>
<tr>
<td><strong>Phase 1: Identify Practice &amp; Delivery Gaps</strong></td>
<td>Step 1: Agency assessment</td>
<td>Reading materials; forming implementation team if applicable, no formal activities</td>
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<td></td>
<td>Step 2: Receptivity to new treatment</td>
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<tr>
<td><strong>Phase 2: Treatment Selection &amp; Adoption Decision</strong></td>
<td>Step 1: Identify an appropriate treatment</td>
<td>Activity 1: Select treatment</td>
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<td>Step 2: Evaluate treatment and provider factors</td>
<td>Activity 1: Treatment fit</td>
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<tr>
<td></td>
<td></td>
<td>Activity 2: Treatment feasibility</td>
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<tr>
<td></td>
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<td>Activity 3: Clinical value and research validity</td>
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<tr>
<td></td>
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<td>Activity 4: Training requirements</td>
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<td></td>
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<td>Activity 5: Funding source checklist</td>
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<td>Activity 6: Benefit-cost estimator</td>
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<tr>
<td></td>
<td>Step 3: Adoption decision</td>
<td>Activity 1: Adoption decision</td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Phase 3: Planning for Implementation &amp; Sustainment</td>
<td>Step 1: Develop an adaptation plan</td>
<td>Activity 1: Gathering treatment materials</td>
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<tr>
<td></td>
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<td>Activity 2: Evaluating prospective adaptations to the treatment</td>
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<tr>
<td></td>
<td></td>
<td>Activity 3: Treatment adaptation plan</td>
</tr>
<tr>
<td></td>
<td>Step 2: Develop the training plan</td>
<td>Activity 1: Training plan</td>
</tr>
<tr>
<td></td>
<td>Step 3: Develop the implementation and sustainment plan</td>
<td>Activity 1: Implementation and sustainment plan</td>
</tr>
<tr>
<td>Phase 4: Implementation &amp; Sustainment</td>
<td>Step 1: Conduct adaptation plan</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Step 2: Conduct training plan</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Step 3: Conduct implementation</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Step 4: Evaluation</td>
<td>Activity 1: Evaluate progress</td>
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Agency Implementation Team

- Identify a specific person or team of people within the agency to complete the ACT SMART activities
  - **Agency leader**
    - Decision-maker with the agency
    - Has the opportunity and independence to decide the specific treatments to implement within your agency
  - **Implementation Team**
    - An Agency leader (see above)
    - Additional agency staff
    - Often teams of 2-6 work very well
ACT SMART Facilitation Meetings

- **Facilitation** is a consultation method that emphasizes change through *encouragement and action promotion* (Kitson et al., 1998)
  - Helps staff change work practices and behaviors successfully (Rycroft-Malone et al., 2002; Stetler et al., 2006)
  - Effectively improves the capacity of community-based agencies to plan, implement and evaluate new treatments (Hunter et al., 2009)

- **ACT SMART facilitation meetings**
  - Agency implementation team
  - Once monthly
  - Review progress, collaborate, problem-solve and plan
Welcome to ACT SMART

The ACT SMART Toolkit (Autism-Community Toolkit: Systems to Measure and Adopt Research-Based Treatments) is a comprehensive toolkit developed for agencies that provide services to individuals with autism spectrum disorder (ASD). ACT SMART assists agencies successfully implement new research-based treatments.

Specifically, ACT SMART:

- Assists in identifying training and service delivery gaps and selecting effective treatments to meet agency-wide needs.
- Facilitates treatment adoption decisions.
- Guides designing effective training and implementation strategies.
- Supports efforts that will sustain use of effective treatments.

Contact us!

If you are interested in more information about the ACT SMART toolkit, please contact us by email at adrahota@mail.sdsu.edu or by phone at (858) 966-7703 extension 3266.

“Regard no practice as immutable. Change and be ready to change again. Accept no eternal verity. Experiment.” – B. F. Skinner, Walden Two
### ACT SMART: Preliminary Results

| Cohort 1  
<table>
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<th>(n = 4 agencies)</th>
<th><strong>ACT SMART Toolkit / Activities</strong></th>
<th><strong>Website</strong></th>
<th><strong>Facilitation Meetings</strong></th>
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</thead>
</table>
| **Feasibility**  | $x = 4.5 \ (sd = .577)$ | • Feasible  
• Organized  
• “Walks you through the steps”  
• Time | • Flexible scheduling  
• Preparedness of facilitators  
• Time |
| **Acceptability** | $x = 4.5 \ (sd = 1.0)$ | • Satisfied  
• Logical | • Well structured  
• Thorough, detailed meetings  
• Facilitators nice and friendly; responsive  
• Designed to meet agency needs  
• Scheduling |
| **Utility**      | $x = 4.75 \ (sd = .5)$ | • Extremely useful | • In person helpful  
• Useful, content-rich  
• Collaborative |
Thank you!

Feel free to contact us:

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