Organizational and Provider Readiness for Implementing Trauma-Focused Cognitive Behavioral Therapy

Molly Lopez[1], Ph.D., Han Ren[1], M.Ed., Richard Spence[1], Ph.D., and Sherri Hammack[2]
[1]University of Texas at Austin, Center for Social Work Research
[2]Texas Health and Human Services Commission

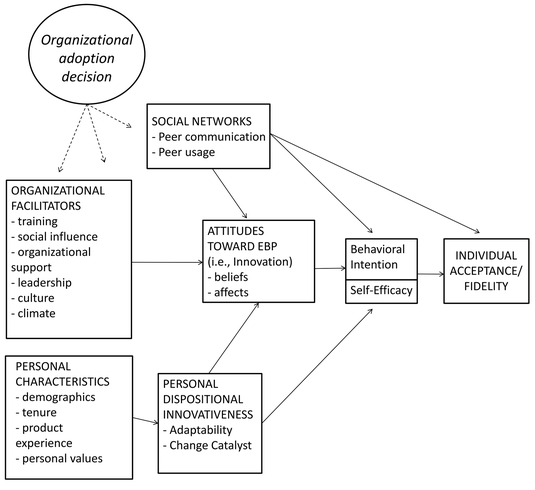
BACKGROUND

Several experts in implementation research have highlighted the importance of "readiness" in the successful adoption of evidence-based practices (Austin & Classen, 2008; Fixsen, Naoom, Blasé, et al., 2005). In the past decade, several measures have been designed to assess readiness at the community (Edwards, Jumper-Thurman, Plested, et al., 2000), organizational (Lehman, Greener, & Simpson, 2002; Simpson, 2002; Glisson, 2002), and practitioner level (Aarons, 2004).

Aarons (2005) presents a theoretical framework for factors that influence the implementation of EBPs, highlighting the role of organizational factors and individual differences on provider attitudes about EBPs. Provider attitudes serve as a mediator of implementation success. Preliminary support for this model has been shown in recent studies, identifying some aspects of organizational readiness or provider characteristics that are associated with therapists' attitudes (Saldana, Chapman, Henggeler, & Rowland, 2007; Carmazzi & Aarons, 2003; Aaron, 2004). However, many questions remain about the relationship between organizations and providers and their impact on the uptake of EBPs.

MODEL

Conceptual Framework of Individual Innovation Acceptance in Organizations



Conceptual framework of individual innovation acceptance in organizations (Aarons, 2005 --adapted from Frambach & Schillewaert. 2002)

METHODS

Forty-six child therapists, representing 18 agencies, were recruited to participate in a project to implement and evaluate Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Prior to the study initiation, agency leaders completed the Organizational Readiness and Capacity Survey (Allred, Markiewicz, et al., 2005), which measures organizational factors (e.g., screenings for trauma, staff support for change) thought to be important to successful implementation of TF-CBT.

Therapists completed a questionnaire measuring demographic and experiential characteristics and the Evidence-Based Practices Attitude Scale (EBPAS; Aarons, 2004), which measures an individual's openness to using EBPs. Therapists also completed the Therapy Procedures Checklist (Weersing, Weisz, & Donenberg, 2002), a measure identifying the current practices that the therapist is most likely to use with a child with trauma-related symptoms. Findings related to providers' readiness for implementation across these domains are presented, including the relationship between provider and organizational factors. Because the research is exploratory in nature, an alpha of .10 was used to identify significance.

RESULTS

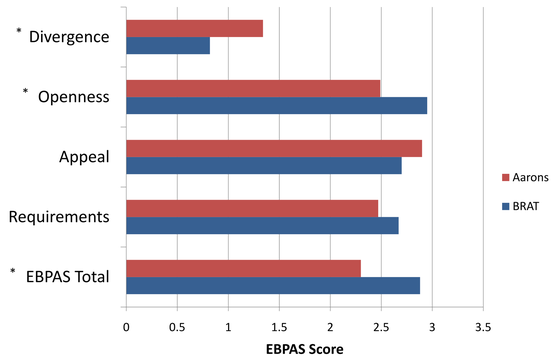
Therapist Demographics

Variable	n = 46
Age, mean ± sd	36.43 ± 10.23
Race:	
Hispanic	6 (13%)
African American	5 (11%)
Asian	4 (9%)
Caucasian	31 (67%)
Years experience	8.47 ± 7.31
Licensure:	
LCSW, LMSW	20 (43.5%)
LPC	20 (43.5%)
LMFT	4 (9%)
PsyD	2 (4%)

Therapist's overall attitudes towards EBPs were more positive than those reported by Aarons (2004) in a survey of 322 child and adolescent providers (t=8.22, df=366, p<.001). The EBPAS subscales measuring Openness to EBPs (t=3.98, df=366, p<.001) and Divergence from practice (t=5.02, df=366, p<.001) also showed study participants had significantly more positive attitudes. The participant's ratings indicating the importance of the Appeal of EBPs (t=1.95, df=366, p=.052) was somewhat lower than that in the published sample. Therapist age, years of experience, gender and ethnicity were not significant predictors of attitudes toward EBPs. Previous experience with CBT was found to be positively correlated with the Appeal of EBPs (r=.29; p=.05) as well as the overall EBPAS scores (r=.25, p=.10).

RESULTS

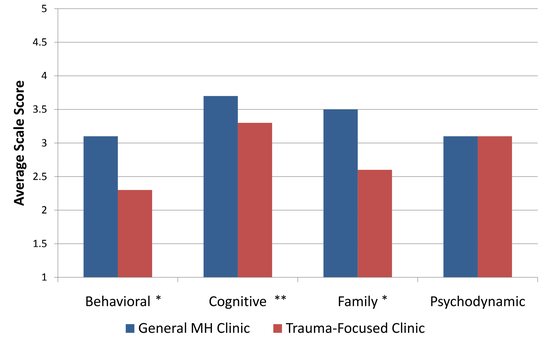
Attitudes about EBPs Compared to Large Child Provider Sample



* Denotes statistically significant at p < 0.01

Therapists' ratings of current practice behaviors suggest that they utilize Cognitive techniques most frequently, followed by Family Systems techniques and Psychodynamic techniques. Behavioral techniques were least likely to be endorsed. Therapists in agencies focused on trauma were less likely to report using Cognitive techniques (t=1.97, df=43, p=.055), Behavioral techniques (t=3.96, df=43, p<.001), and Family techniques (t=3.74, df=43, p<.001) than therapists in general mental health agencies. There was no significant difference in the use of Psychodynamic strategies.

Provider Ratings of Likelihood of Using Specific Therapeutic Techniques with Youth with Trauma Symptoms



* p ≤ .01
** p ≤ .10

Therapeutic Procedures Checklist
1=Rarely; 2=Seldom; 3=Sometimes; 4=Often; 5=Most of the time

RESULTS

Several aspects of organizational readiness were also found to be predictive of therapist attitudes about EBPs. Greater readiness of staff and agency leadership was related to more positive beliefs that Requirements would lead to the adoption of EBPs (r=.422, p=.005) and reports of less Divergence from EBPs (r=.33, p=.03). Infrastructure for providing quality supervision within the agency was also related to the Requirements subscale (r=.32, p=.04), as was organizational culture and program readiness (r=.34, p=.03).

Correlations between Organizational Readiness for TF-CBT and Provider Attitudes about EBPs

Organizational Factors		Therapist Attitudes				
		EBPAS Total	Openness	Divergence	Appeal	Requirement
	Clients	r=.27	r=.17	r=-.23	r=.12	r=.23
		p=.08	p=.29	p=.14	p=.46	p=.15
	Leadership/Staff	r=-.03	r=.00	r=.33	r=-.12	r=.42
		p=.84	p=.99	p=.03	p=.46	p=.01
	Supervision	r=.12	r=.11	r=.15	r=-.01	r=.32
		p=.46	p=.50	p=.33	p=.95	p=.04
	Internal/External Stakeholders	r=.22	r=.19	r=-.16	r=.20	r=.11
		p=.16	p=.24	p=.33	p=.22	p=.49
	Culture/Services	r=.18	r=.07	r=-.02	r=.07	r=.34
		p=.27	p=.67	p=.87	p=.65	p=.03
	Finance/Admin	r=.18	r=.21	r=-.01	r=.09	r=.24
		p=.29	p=.20	p=.94	p=.59	p=.16
	Education	r=.12	r=-.06	r=.13	r=-.23	r=.11
		p=.46	p=.71	p=.42	p=.14	p=.51
	Technology	r=-.12	r=.10	r=.20	r=-.07	r=-.11
		p=.46	p=.53	p=.21	p=.66	p=.46

DISCUSSION

The current study provides additional support for Aaron's model, suggesting that EBP implementation may be impacted by the complex relationship between organizational factors and provider attitudes and behaviors. The sample generally had more positive attitudes regarding EBPs than similar providers, likely due to their willingness to participate in a voluntary implementation study. Most reported a wide variety of treatment techniques across various theoretical frameworks in their treatment of children with trauma symptoms, with few reporting that they used systematic desensitization, a core feature of TF-CBT. Further research should explore the impact of organizational and provider readiness on treatment fidelity.

ACKNOWLEDGEMENTS

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