

Title of Presentation: From Policy to Practice: A multi-level examination of Factors Impacting Evidence-Based Practice Implementation

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Introduction: The dissemination and implementation (DI) of evidence-based practices (EBPs) into mental health (MH) service settings for youths is important to improving the quality of services and outcomes. However, for youth MH services, little is known regarding what factors enhance or impede DI efforts, at what organizational and individual levels such factors operate, and how such factors interact. The goal of the present study was to identify barriers and facilitators of adoption of EBPs for organizations serving youth with MH disorders and related problems.

Methods: Because multiple organizational levels are important in understanding organizational change, participants were 31 stakeholders representing 6 organizational levels: the policy/county level, and agency director, program manager, clinical staff, administrative staff, and family/consumer levels. Participants were selected from San Diego County child MH and public child and adolescent mental health service agencies.

Participant Demographics: The mean age of participants was 44.4 years and (61.3%) were female. The race/ethnicity of the sample was 74% Caucasian, 9.7% Hispanic, 3.2% African American, 3.2% Asian American, and 9.7% "other." Almost three-quarters of the sample had direct experience with an evidence-based practice.

Procedures: The project used concept mapping (CM), a mixed methods approach with qualitative procedures used to generate data that can then be analyzed using quantitative methods. CM is a process that allows a group of stakeholders to express their ideas on a given topic and then, as a group, examine how all of these ideas relate to one another. We began CM with a structured brainstorming process in which participants were given a focus for generating statements. Next, each participant was provided with a complete set of the statements and asked to sort them into piles based on similarity. In addition to sorting the statements, each participant was given a list of all statements and asked to rate them (on "Importance" and "Changeability"). Similar statements were grouped together

in non-overlapping categories called clusters based on their proximity to one another. Maps were then produced to represent this data. Interpretation of the maps involves an interactive feedback session with participants.

Results: Solutions demonstrated variability across stakeholder groups. In addition, stakeholder groups varied on “Importance” and “Changeability” ratings for barriers and facilitators for evidence-based practice implementation. Implications and recommendation for evidence-based practice implementation will be discussed.