



CASE

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**Staff Selection as a Core Component
of EBP Implementation:
Findings from Ohio's study of IDDT Program
Development**

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Practitioner selection for successful IDDT implementation:

*What we have learned in Ohio
from Implementation Research*

The National Implementing Evidence Based Practices Project (2002 – 2005)

- Funded by SAMHSA
- Coordinated by Dartmouth Psychiatric Research Center
- Ohio one of 8 states to participate
- Toolkits developed and tested for 5 EBPs

Ohio's Toolkit Project Sites

- 4 Mental Health Centers implemented IDDT
- 4 Mental Health Centers implemented IMR
- Overarching goals:
 - To test the utility of the Toolkits
 - To extend knowledge of EBP implementation processes in real-world settings

Integrated Dual Disorders Treatment (IDDT)

Evidence-Based Practice (EBP) based on guiding principles or core components:

- multidisciplinary team
- comprehensive range of services
- integrated mental health and substance use services
- assertive community outreach
- time-unlimited services
- stage-wise treatment
- multiple psychotherapeutic modalities
- optimistic focus on individual client choices about recovery

Integrated Dual Disorders Treatment (IDDT)

- Developed for persons with co-occurring severe and persistent mental illness and substance use disorders
- Emphasis is on treatment of both disorders by the same team of clinicians in the same location at the same time
- Treatment is most often delivered in mental health centers or integrated mental health and SA treatment centers

Integrated Dual Disorders Treatment (IDDT)

The Multi-Disciplinary team consists of:

- Team Leader
- Case Manager(s)
- Mental health and substance abuse specialist(s)
- Psychiatrist
- Nurse
- Specialists in employment, housing, criminal justice

IDDT Implementation Methods

- All sites used the IDDT Toolkit
- All sites received intensive and ongoing technical support from an expert Consultant/Trainer
- Success of the implementation at each site was measured using the General Organizational Index and the IDDT Fidelity Scale

IDDT Case study Methods

Qualitative data were gathered by a trained qualitative researcher

- Treatment Team Meetings
- Client Treatment Groups
- Practitioner Training Sessions
- In Vivo Practitioner activities
- Semi-structured interviews with:
Practitioners, Team Leaders, Administrators,
Consultant/Trainers, Clients, Family Members

Case study methods, cont'd

- All data, including observation notes, fidelity review narratives, and verbatim interview transcripts were entered into an Atlas.ti database
- All data were subjected to preliminary coding using a range of broad thematic categories determined by national project protocol

Case study methods, cont'd

To examine data relevant to staff selection, the database was queried for quotations pertaining to:

- Staff hiring or re-assignment
- Agency personnel policies
- Staff skills and understanding
- Staff attitudes
- Aspects of job responsibilities

Case study methods, cont'd

- **From these categories, quotations relevant to team member and team leader selection were extracted**
- **Data across all 4 sites were subjected to further thematic analysis:**
 - Major topic areas and themes evident in the literature were utilized as organizing constructs
 - Additional themes and constructs were suggested by the data

IDDT Case study findings

Two major topic areas suggested by the literature resonate with the themes emergent for IDDT:

- Specific professional and personal characteristics that appear to impact practitioner uptake of IDDT in CMHC settings
 - Professional abilities
 - Professional and personal attitudes and beliefs
- Methods for identifying professional and personal practitioner characteristics likely to facilitate IDDT uptake

Desirable Practitioner Characteristics

- The IDDT Toolkit draft version (SAMHSA, 2003) offered no specific team member or team leader profile
- In general, a well-developed IDDT practitioner profile had not been developed at the sites prior to staffing the positions
 - More explicit criteria were in evidence where new staff were hired
- Because of ubiquitous turnover, staff selection was an iterative process and lessons were learned along the way

Professional abilities: Team Member

Credentials, educational backgrounds, knowledge about and exposure to the IDDT population varied widely

“We’re working with a lot of staff, with residential staff with no degrees, no background... case managers with no degrees, some with degrees, certainly not a background in this perspective.”

Agency B’s Program Leader

Professional abilities: Team Member

Level of experience and exposure varied widely

“The whole gamut of experience, from rookies to real experienced folks...for case managers, everything was new.”

Agency C’s Team Leader

“This group had not only no background in substance abuse, they had no background in anything...it was...their first job out of school...so they needed as much mental health background and SA...[as they could get].”

IDDT Consultant/Trainer

Professional abilities: Team Member

Experience seemed to be more important than familiarity with the model

When Agency D's strongest CM left the agency
“...it left a large void because [the CM] had such an excellent grasp of the model.”

Program Leader

But the replacement CM who had 15 years experience in the mental health field, albeit with an entirely different population and approach, turned into a strong IDDT practitioner.

Professional abilities: Team Member

Team members' lack of credentials, skills, and experience appeared to be ameliorated by intelligence, enthusiasm, and strong supervision

“[Agency B Team Leader]’s structure for team meetings and supervision are such that anyone just starting in that environment is going to be immersed in the language and technology from the onset.”

Fidelity Review Report narrative

Professional abilities: Team Leader

Excellent clinical supervisory skills were pivotal, especially where team members' levels of skills and experience were low.

“[Agency A]’s Team Leader was particularly...good at figuring out...how to best work with the people that were there...because...some people are there for the long haul and may or may not have the capacity to really get all of the nuances of IDDT.”

IDDT Consultant/Trainer

Professional abilities: Team Leader

Capacities for promoting team cohesiveness and engaging important community stakeholders in the implementation were important

“[Agency D]’s TL has been the glue for this team, who all enjoy working for her. [The TL] is responsible for getting NAMI to the table despite [the agency]’s negative track record with them. She has also been a diplomatic bridge with the local SA treatment provider...” IDDT Consultant/Trainer

Professional abilities: Team Leader

Managerial and leadership capabilities played an important part in Team Leaders' real and perceived effectiveness although in general, those skills had not been adequately considered during the selection process

“[Agency D] Administration’s dissatisfaction with their Team Leader’s ability to grasp mandates, productivity expectations, outcomes tracking, etc., outweighed the other strengths and led to dismissal after less than a year.”

Fidelity Review Report narrative

Professional abilities: Team Leader

Strong administrative support/supervision and expert coaching from the C/T combined to compensate for missing managerial skills

“I’ve been in the field a really long time...so I’m very comfortable on the client end [but] when it comes to matters of billing, working with other funding sources, etc...that’s where I lack experience and the knowledge base. So I’m always on the steep learning curve...”

Agency B’s Team Leader/Program Leader

Professional Attitudes

The degree to which practitioners were motivated, enthusiastic, open to change, and otherwise receptive to the practice changes asked of them had a notable influence on the uptake of the training.

Although experience and skills were important for implementation success, a willingness to take on IDDT was primary.

Professional Attitudes

After 6 months, Agency C scrapped its originally designated team and recruited internally for new team members

“They all share a desire to be working with this population...there was more discussion among them and with me in the first 3.5 hour training than there had been in nearly the entire course of training (20+ hours) with the old team.”

IDDT Consultant/Trainer

“I was sucked into it.”

Agency C Practitioner

Case study findings: Elements of the Selection Process

- The IDDT Toolkit (draft version) did not contain practitioner job descriptions or methods for successfully selecting appropriate staff
- In general, Toolkit developers' estimation of the education, background, and skills level of practitioners was overly optimistic
- Managerial capabilities for Team Leaders were not emphasized in the Toolkit

Elements of the Selection Process

- **There was considerable variation across sites in all aspects of the staff selection process**
- **Explicit and detailed methods for selecting IDDT practitioners that included both criterion- and behavior-based approaches were not observed at any of the sites**
- **The use of role plays, behavioral vignettes, etc., to assess staff-model compatibility were conspicuous in their absence**
- **Criteria for team member selection were better defined than those for team leader selection**

Elements of the Selection Process

- **Characteristics relevant to IDDT were not initially well understood**
- **Hirers with a greater understanding of IDDT tended to select practitioners whose clinical skills “fit” the model**
- **Despite an understanding of IDDT, hirers tended to overlook the “hidden” characteristics that would be required for implementing the model**

Elements of the Selection Process

Identifying the pool of prospective practitioners was the most salient aspect of the selection process

- **Two of the sites were able to advertise for and recruit external applicants for their new IDDT teams**
- **At the other two sites, there was little to no discretion afforded for staff selection and existing practitioners and/or team configurations were “volunteered” for the implementation by agency administration**

Elements of the Selection Process

Where existing staff comprised the pool of prospective IDDT practitioners, recruitment was superior to assignment

“What’s most important is hiring the right people and finding the right people or getting the right people through the right means...that is, not making them be on the team but drawing them to the team.”

IDDT Consultant/Trainer

Elements of the Selection Process

Internal recruitment presented its own challenges, including the agency's political climate and perceptions of favoritism

“You’d be seen as a traitor if you came onto this team...some programs were de-funded in order for this team to be built and they think that [IDDT] staff are getting all this special training, lower caseloads, attention...”

Agency B's Team Leader/Program Leader

Elements of the Selection Process

Early or pre-training for the purpose of screening prospective practitioners was demonstrated as useful

“I did a half-day training session up front ...I feel really bound to address the issues of ‘who am I doing this work?’ and ‘do you know what you’re choosing to do?’ One therapist identified after that module ‘...it occurred to me this is not what I want to do...’ which was good for her and good for the consumers who would have been served by her.”

IDDT Consultant/Trainer

Elements of the Selection Process

The wisdom of training for depth and transferability with an eye to inevitable staff turnover was clear

“Selecting” additional staff to attend training emerged as a cost-effective means of providing a cushion against turnover

Elements of the Selection Process

- **Selection of skilled and talented practitioners for the Team Leader position was not sufficient without provision of adequate supports for the role**

- **The stresses of an implementation vs. practice as usual were not initially well understood**

“You could have the right person for the job...being asked to do seventeen other jobs...and not able to do it well.”

IDDT Consultant/Trainer

Interaction of Staff Selection, Staff Training, and Staff Supervision

- The selection process was observed to be functionally intertwined with other core implementation components
- Elements of selection could impact other components either negatively or positively
- Elements of staff training and supervision were observed to compensate for deficits in staff selection process

Interaction of Staff Selection, Staff Training, and Staff Supervision

- Training staff with fewer skills required more intensive sessions initially from the C/T and left no room for anything but ongoing and expert supervision from the TL
- Failing to accurately assess practitioners' attitudes about the model and the population as well as their openness to change proved even more costly

Interaction of Staff Selection and Core IDDT Components

- Elements of staff selection, including both practitioner characteristics and selection methods, were observed to facilitate and/or compromise IDDT implementation success

Interaction of Staff Selection and Core IDDT Components

Effect of Professional Attitudes on Stage-wise Treatment & Motivational Interventions

“Team members have failed to master IDDT principles...some seem to be less than excited about the new way of doing things and qualifications of the Team Leader do not appear adequate to the task of helping the team master these new and difficult skills.”

Six-month Fidelity Review Report

Interaction of Staff Selection and Core IDDT Components

Effect of selecting for depth and transferability on
IDDT Supervision

“By virtue of switching Team Leaders, they rectified a lot of their issues there...it’s huge...it’s changed the way supervision occurs, has changed the tone of the work, the focus of the work, the quality of the work...”

IDDT Consultant/Trainer

Interaction of Staff Selection and Core IDDT Components

Effect of Professional/Personal Attitudes on IDDT Assertive Outreach

“Actually, I was not really surprised at his resignation...I was surprised he had stayed here as long as he did, but he came from...sitting behind a desk kind of work...didn’t think that he could continue to work the type of case management in and out of your car, constantly busy, constantly being interrupted, being around clients that pose some difficulties...”

Agency D Program Leader

Interaction of Staff Selection and Core IDDT Components

Effect of professional attitudes on

Individualized Treatment Plan and Treatment

“ They’re not doing the things that we’ve asked them to do...if you have a dually diagnosed client, you must identify the treatment stage...not want wanting to talk about the client in terms of some of the principles...we can kind of tell that they’re not really with you with that...that they’re still doing the same old treatment that they’ve always done and they’re not trying to incorporate some of the new stuff.”

IDDT Consultant/Trainer

Conclusions from Case Study

Findings

- Practitioner characteristics are variably salient
- Professional experience and skills did not compensate for unwillingness to change
- Expert supervision and training appeared to compensate for deficits in experience and skill level where motivation to change was present

Conclusions from the Case Study

Findings

- Methods of selecting staff for IDDT implementation were not standardized or even well defined, however a process of trial and error led some providers to make better selections over time
- Certain pre-conditions, e.g., whether only existing employees vs. the external market made up the practitioner pool, were noteworthy for both initial and replacement staffing

Conclusions from the Case Study

Findings

- The superiority of recruiting willing staff volunteers over assigning staff to the new team was salient
- The interaction of staff selection and other core implementation components was observed

Directions for Future Research

- Develop a well-defined and standardized IDDT practitioner characteristics profile
- Test the relationships among practitioner characteristics and implementation outcomes at the individual practitioner and program levels
- Test the relationships among practitioner characteristics and intervention outcomes at the individual practitioner and program levels

Directions for Future Research

- Develop well-defined criterion- and behavior-based methods for assessing the presence or absence of desirable characteristics
- Test specific staff selection methods for their effectiveness with regard to identifying practitioners associated with excellent implementation and intervention outcomes
- Measure the relative importance of practitioner characteristics, selection methods, and preconditions impacting the staff selection process

Implications of Findings for Purveyor Activities

- Exploration
- Installation
- Implementation
- CCOE Structure and Process

Exploration Stage - Organizational Contemplation

- Conduct thorough readiness assessment to:
 - Learn about philosophical, structural, and staffing strengths & limitations
 - Better guide an organization for next steps
- Why?
 - Many organizations not as ready as they think – staffing needs and process issues
 - Helps chart the course

Exploration Stage - Organizational Contemplation

- Provide overview of the EBP to:
 - Top management team
 - Clinical managers
 - Front line staff - lunch session(s)
 - to generate interest based on accurate information for all staff
- Why?
 - Set the tone for culture change
 - Get “pulse” on agency interest of the EBP at all levels
 - Cut through usual customs of communication
 - Help establish a broad organizational vision for EBP implementation

Installation Stage

Staff – Knowledge, skills, values

- Interview guide encouraged specific to EBP
- Assess for optimism – necessary yet absent
- EBP specific job descriptions helpful
- Competency requirements for annual performance reviews encouraged
- Many staff do not know basics of addictions issues nor mental health symptoms and medications
- Next steps often delayed till “right stuff/staff” is found

Initial Implementation

- Basics of addictions issues and mental health symptoms and medications needed to augment EBP specific training
- Succession planning – from the beginning
 - Train other managers in EBP basics

Ongoing Implementation

- Staff training & shadowing
 - Revealing
- Mentoring Program & Team Leaders
 - 2 day training 2x annually – national participation
 - Monthly consultation
 - Peer sites visits encouraged
 - Website Message Board
http://www.ohiosamiccoe.case.edu/training/messageboard_fr.html
 - Issues of Turnover

Purveyor Staff – Ohio SAMI CCOE

- Weekly “team meeting” – 1 hour
 - Hot issues & Heads up
 - Staff needs
 - issues of training coordination
 - CCOE MUIs (major unusual incidents)
 - issues of coverage
- Bi-monthly meeting – 2 hours
 - Staging accounts – realigning intervention
 - Review annual “metrics” – goals/targets
- Quarterly – all day
 - Implementation strategies, protocol, procedures
 - Account selection

Purveyor Staff – Center for EBPs

- Integrated a second EBP - SE
 - Overlapping monthly and quarterly meetings with SAMI CCOE staff on relevant issues
- Monthly ALL Director meetings
 - State-wide initiatives
 - Decision making
- Quarterly ALL staff meetings

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