



Predicting Implementation Outcomes from Organizational Contextual Factors

Joshua Patras & Sihu Klest



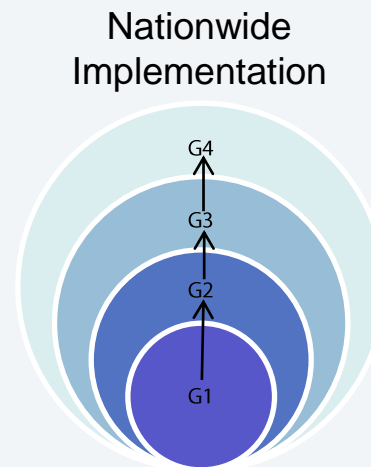
Overview

- Results of five studies from the implementation of Parent Management Training Oregon model (PMTO)
- Brief summary of pilot study examining implementation of Incredible Years parenting programs in Norway



Parent Management Training Oregon model (PMTO): Implementation in Norway

- Nationwide implementation
- Adopted in Child Welfare and Child and Youth Psychiatric agencies
- Phased implementation –

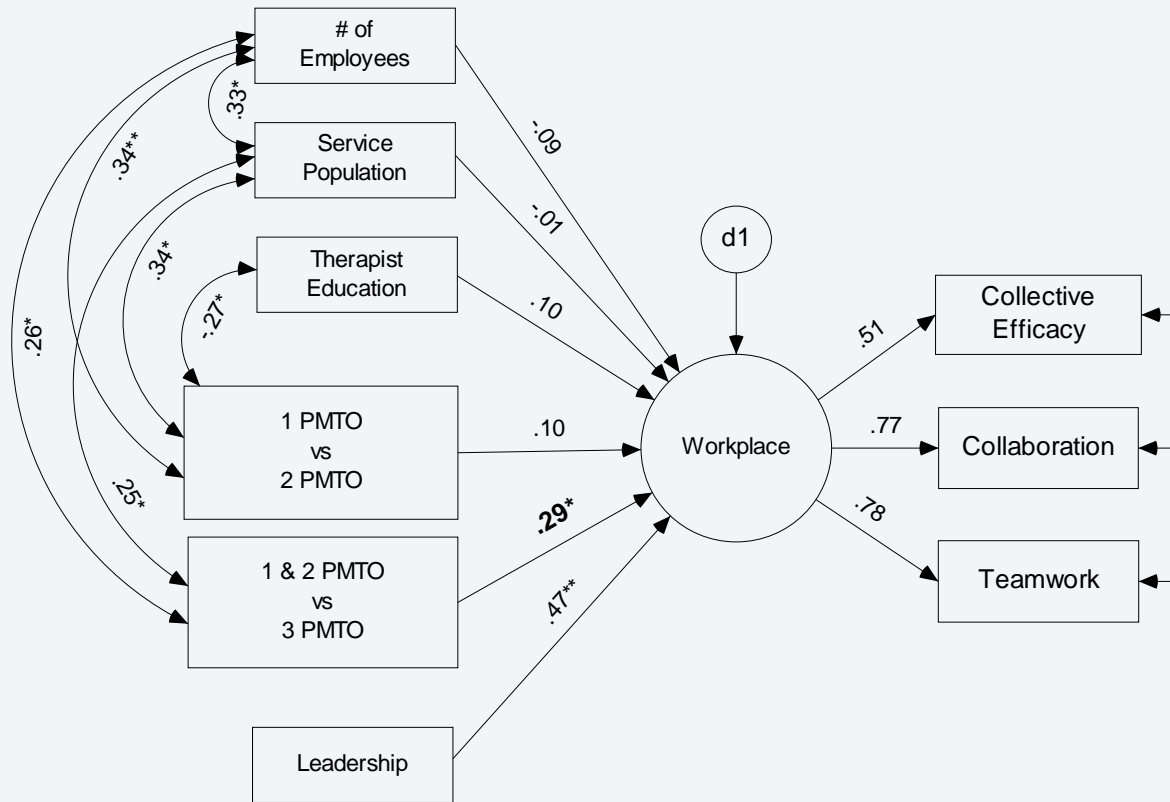


Group Size and Therapists' Workplace Ratings: Three is the Magic Number

Patras & Klest, 2011, *Journal of Social Work*

Collective Efficacy
Collaboration
Teamwork





$\chi^2(13) = 6.37, p = .93, CFI = 1.00, RMSEA = .00. *p < .05, **p < .01$

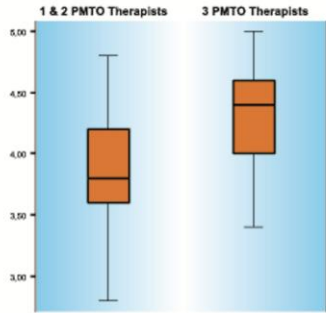
Results independent of:

- Leadership quality
- Number of people employed at the agency
- Size of the agency's service population
- Therapist education level



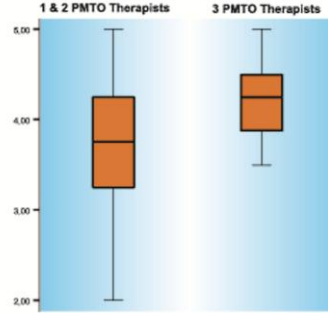


Collective Efficacy



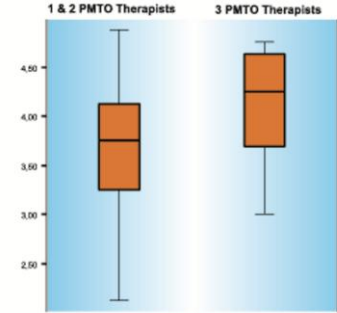
Collective Efficacy

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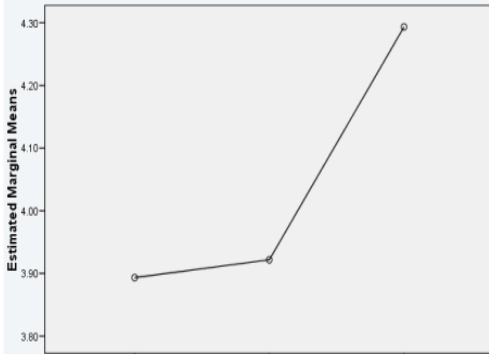


Collaboration

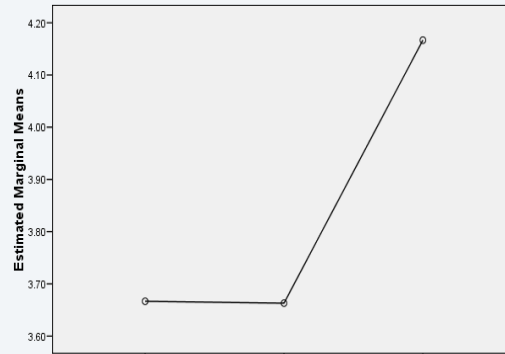
Teamwork



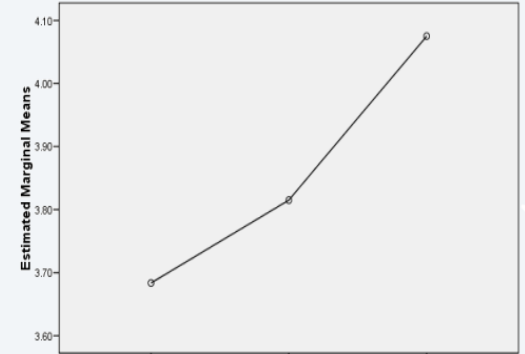
Teamwork



No. of Therapists



No. of Therapists



No. of Therapists

Conclusions and future directions

- Clustering at least three PMTO therapists in the same agency may foster a more positive work environment and be one component that facilitates successful implementation
- What happens when there are more than 3 PMTO therapists?
- How does this relate to program outcomes: more successful treatment or implementation?



Social Support in the Workplace and Implementation Outcomes of an Evidence-Based Program

Klest & Patras, 2011



Research aim is to examine the relationship between the number of PMTO practitioners working in an organization and implementation outcomes.

Sample

- PMTO therapists ($n = 83$) responded to a survey (unknown how many therapists participated in previous implementation study).
- Respondents had worked as a therapist from 1 to 10 years ($M = 4.17, SD = 2.40$).
- Number PMTO therapists in an agency ranged from 1 to 17 ($M = 2.16, SD = 2.62$).
- Organization size ranged from 1 to 71 employees ($M = 21.32, SD = 14.36$).



Measures

- **Seven implementation items**
 - (e.g., “How many families have you treated with PMTO in the last six months?”)
- **Three control variables**
 - Agency size; Leadership; Time working with PMTO
- **Two items detailing EBP colleagues**
 - How many of your colleagues are working with PMTO?
 - How many of your colleagues are working with other evidence-based programs?

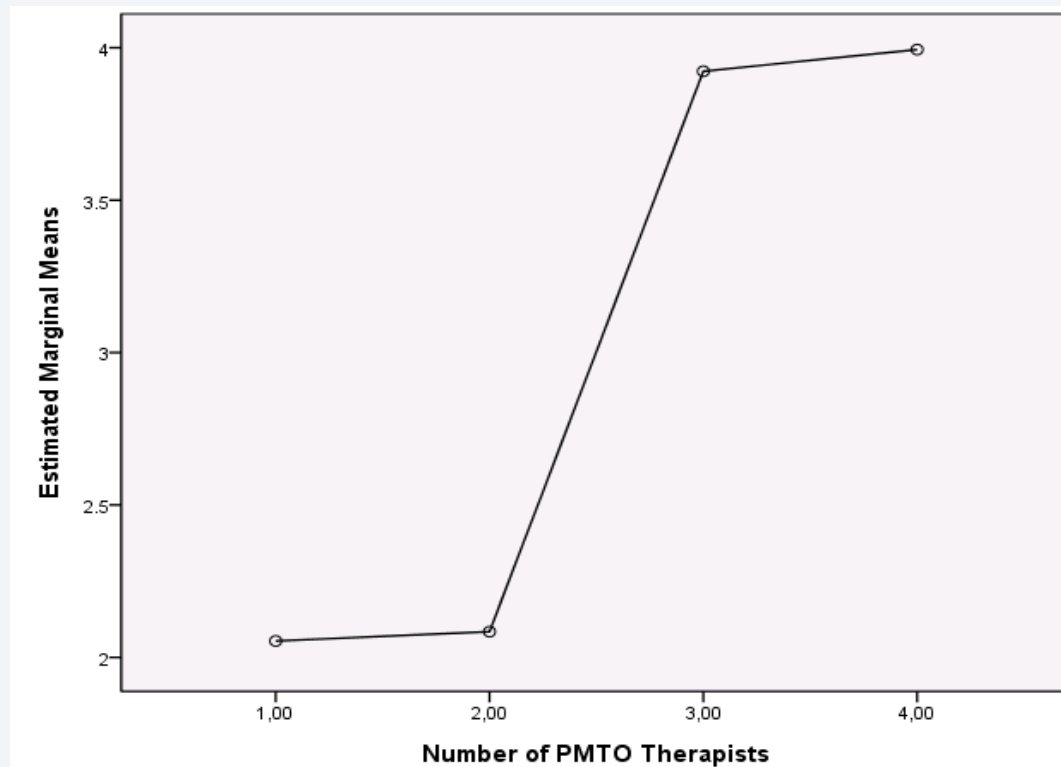


Results

- Number of therapists was significantly correlated with:
 - “How many families have you treated with PMTO in the last 6 months?”, $pr = .34$
 - “PMTO is well integrated in my organization.”, $pr = .33$
 - “How much time do you have to practice PMTO (as a % of full time)?”, $pr = .37$
 - “Sooner or later I'm going to stop using PMTO.”, $pr = -.25$
 - “Do you receive a sufficient number of cases as a PMTO therapist?”, $pr = .21, p = .056$.



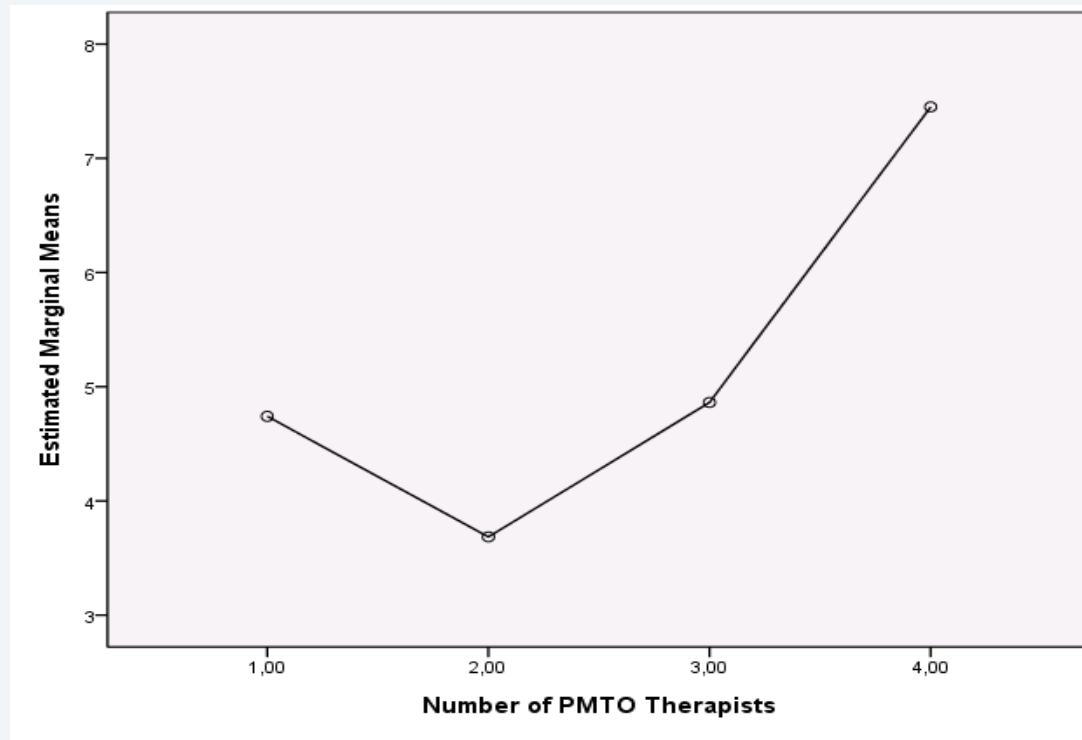
How much time do you have to practice PMTO (as a percentage of full time)?



*Covariates appearing in the model are evaluated at the following values: How long have you worked with PMTO? = 4.20,
How many colleagues do you have at your workplace? = 21.34,
The management has a leadership style that is fair, respectful, considerate and inclusive = 1.57*



How many families have you treated with PMTO in the last 6 months?



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Conclusions

- Clustering therapists may have a positive influence on EBP outcomes.
- Three EBP therapists may be the minimum requirement for this effect, with diminishing return for more therapists.
- The optimal number of practitioners may vary for different outcome variables.





Practitioner Ratings of Organizational Social Context and Observed Fidelity to an Evidenced Based Program

Klest, Patras, & DeGarmo, 2010



“Organizational culture may wield the greatest influence on acceptance of empirically supported treatments and the willingness and capacity of a provider organization to implement such treatments in actual care.”

Enola Proctor et al. (2009)

Positive organizational context measured by:

Leadership

Participation

Risk taking

Collaborative problem solving



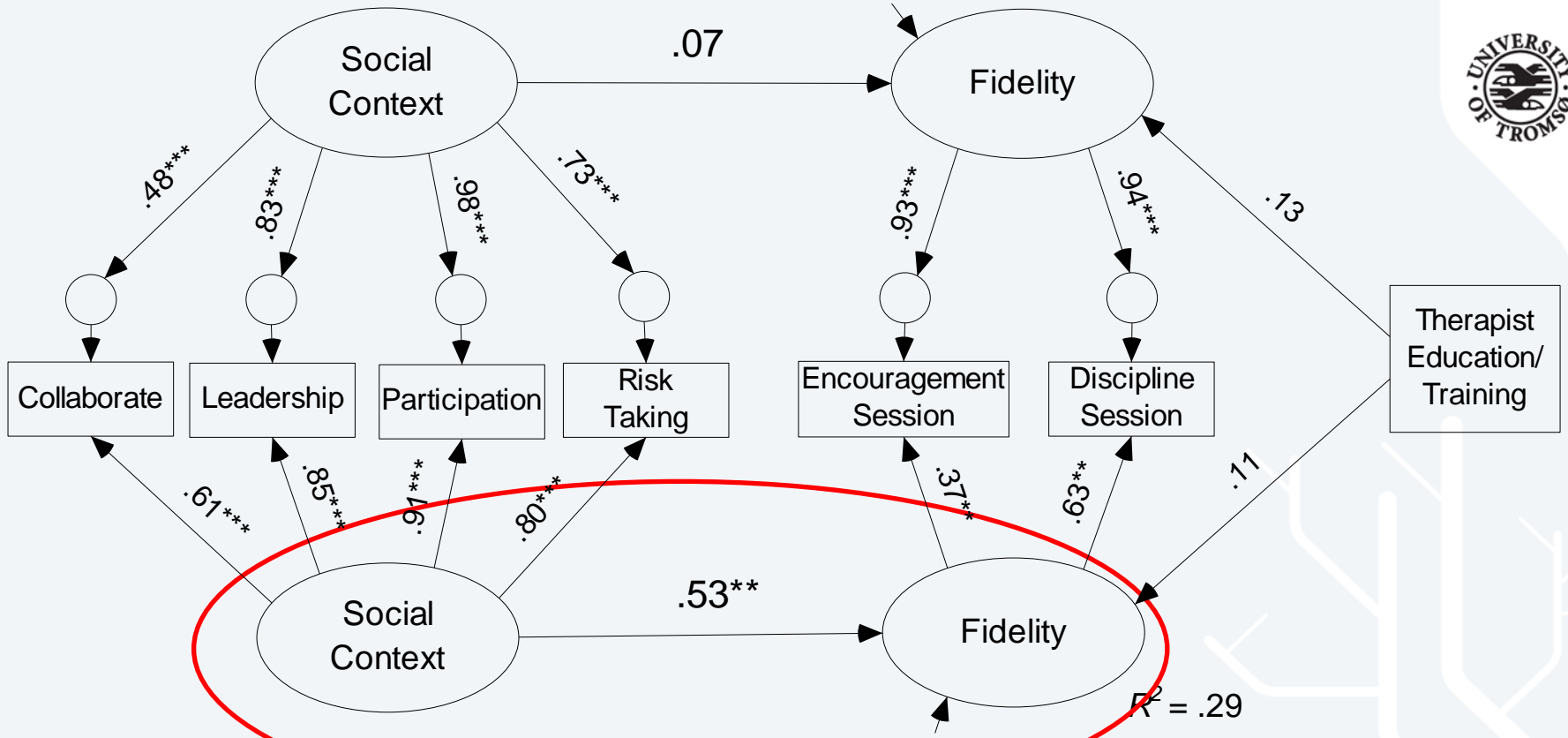
FIMP Dimensions Rating Form (Knutson, Forgatch & Rains, 2003)

Interventionist	Family #	Session #	Session Date	Rater									
				Good Work			Acceptable			Needs Work			
PMTO Knowledge				9	8	7	6	5	4	3	2	1	
<ul style="list-style-type: none"> • Applies principles and model • Understands core/supporting parenting practices 		<ul style="list-style-type: none"> • Uses correct technical details/procedures • Demonstrates integration of PMTO tools 											
Structure				9	8	7	6	5	4	3	2	1	
<ul style="list-style-type: none"> • Follows an agenda • Includes appropriate sections • Manages orderly flow • Gives appropriate attention to relevant dimensions 		<ul style="list-style-type: none"> • Is responsive to family • Maintains leadership • Leads without dominating 		<ul style="list-style-type: none"> • Makes good transitions • Uses sensitive pacing and timing • Sums up 									
Teaching				9	8	7	6	5	4	3	2	1	
Verbal <ul style="list-style-type: none"> • Gives information/ instructions • Provides rationales • Uses good PMTO raps • Pinpoints 		Uses variety of activities <ul style="list-style-type: none"> • Balances verbal teach/active teaching • Elicits goal behavior • Engages family • Integrates/weaves information • Reviews material • Assesses skills and fills in gaps • Pre-corrects • Breaks into teachable units • Balances encouragement/correction • Predicts problems • Provides enough information • Adjusts PMTO tools to family • Punctuates 		Use of Role Play <u>Sets up:</u> <ul style="list-style-type: none"> • Provides enough information • Models/demonstrates <u>Capitalizes on opportunities:</u> <ul style="list-style-type: none"> • Conducts sufficient number/range 									
Process Skills				9	8	7	6	5	4	3	2	1	
Uses questioning process <ul style="list-style-type: none"> • Prevents/manages resistance • Prevents/manages conflict • Maintains balance • Promotes united approach • Encourages/supports • Connects with storyline 		Uses variety of tools <ul style="list-style-type: none"> • Normalizes • Interpret/reframes • Metaphors • Mirrors/matches • Strategic warning • Takes responsibility • Paraphrases/summarizes • Humor • Paradox • Reflects • Supportive interrupts • Keeps contact • Movement 		Use of Role Play <u>Sets up:</u> <ul style="list-style-type: none"> • Directs what to do <u>Conducts:</u> <ul style="list-style-type: none"> • Engages family • Models/prompts/coaches/Theatrical • Breaks into small steps/chunks • Uses movement <u>Debriefs:</u> <ul style="list-style-type: none"> • Balances encouragement/ correction • Weaves instructional material <u>Capitalizes on opportunities:</u> <ul style="list-style-type: none"> • Moves smoothly/timing/pacing 									
Overall Quality				9	8	7	6	5	4	3	2	1	
<ul style="list-style-type: none"> • Demonstrates knowledge of PMTO • Performance on PMTO dimensions 		<ul style="list-style-type: none"> • Accomplishment of goals • Likelihood family will use 		<ul style="list-style-type: none"> • Family's satisfaction, will come back • Difficulty of family/situation • Growth occurred 									



Multi level analysis

Between Agency: Social Context to Fidelity Factor Model ($n = 67$ Agencies)



Individual Level: Social Context to Fidelity Factor Model ($n = 162$ Families)

$\chi^2(29) = 46.07, p = .02$; CFI = .96; RMSEA = .06; SRMR Within = .11; SRMR Between = .14; *** $p < .001$; ** $p < .01$

Conclusion

- Practitioners who rated their organizational social context more positively had better scores of observed fidelity to the PMTO program.
- The large effect size indicates a significant contribution of agency social context to practitioner program fidelity.

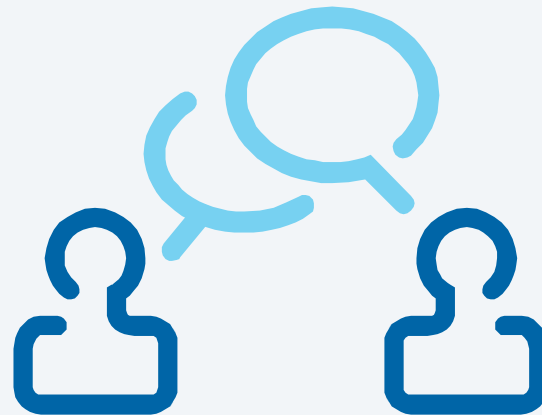


Practitioner Perspectives of the Implementation of an Evidence-Based Program in Norwegian Child Welfare and Child Psychiatric Organizations

Klest & Patras, 2010



Qualitative Study of PMTO Implementation



KPIC	SWOT					Total
	Strength	Weakness	Opportunity	Threat	Residual	
Program design	34	27	8	10	17	96
Collegial support	34	2	3	6	14	59
Organizational context	12	8	6	9	18	53
Program adaptability	20	6	9	2	10	47
Training support	21	1	6	7	7	42
Program efficacy	28	0	11	0	2	41
Therapist compatibility		4	3	1	4	24
Program match	2	7	1	10	2	22
Community integration	0	2	3	6	6	17
Family characteristics	0	2	0	7	6	15
Competence building	6	0	6	0	2	14
Outside support	3	2	1	1	5	12
Outside criticism	0	0	0	10	1	11
Therapist alliance	3	1	1	1	0	6
Collegial compatibility	1	0	3	1	0	5
Outside collegial support		0	1	1	0	2
KPIC residual	9	4	2	12	64	91
Total	185	66	64	83	159	557

- Program design – 96 statements
- Collegial support – 59 statements
- Organizational context – 53 statements
- Program adaptability – 47 statements
- Training support – 42 statements
- Program efficacy – 41 statements



Collegial Support

- “Difficulties? I think one is being alone at my workplace.”
- “My colleagues will know exactly what we are going to work with because of this method and the structure ... I think if you work with other [methods], it’s not the same because you are on your own,... and that’s what’s special here actually. That you can be together.”
- “One of my colleagues where I work is a PMTO therapist, so if I’m stuck in a case or something, I just knock at [this person’s] door and I can raise the problems and get them solved very quickly.”
- “If I couldn’t talk to anyone [about PMTO] in the corridor where I’m working, I need just a comment, or just somebody listening...I couldn’t have this work alone.”



Organizational Context

- “I don’t think there are so many challenges because I actually think I have the trust that is needed in the system to do my work, and that’s good. Both how much capacity I have to work with families and for how long I can work with them.”
- “We have to work with all types of cases, so often it is difficult to give priority to PMTO. Last year I had few PMTO cases.”
- “[therapists] were not allowed to, or they had limitations on how much time they could spend on working with PMTO.”
- “There is not a good enough system for recruiting cases to PMTO therapists [within the agency].”



Adaptability, Training Support, & Efficacy

- “[we have a] manual of how to work with people, but we have to adapt it to each and every family, and that’s very, very important.”
- “[in post-training meetings] we make sure that we are still working with PMTO, not anything else, because otherwise I’m sure I would be drifting.”
- “How could I believe in these tools, in PMTO, if the parents come back ... and say to me ‘It doesn’t work, it doesn’t function, my child is worse’ ... how could I? So it’s, of course, it gives me nourishment to see that it’s meaningful, what we are teaching them.”



Incredible Years Attentive Parenting Pilot

- Four measures to examine the implementation process
 1. Information about the families
 2. Documentation of the family recruitment efforts
 3. Information about IY practitioners and their experiences of their agency environment in relation to the implementation
 4. Families' assessments of the group sessions as a satisfaction and fidelity measure

The implementation questionnaire will be used with all Incredible Years programs on a regular schedule to track implementation quality and needs.





Thank you!

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