

Workshop 10 – 2018 Nordic Implementation Conference

Implementing Evidence-Based Programs in Northern Europe

Presenters: Tom Jefford (Family Psychology Mutual, U.K.); Elisabeth Husabo (Uni Research, Norway); Edda Vikar Guðmundsdóttir (Government Agency for Child Protection, Iceland); Anette Arnesen Grønlie & Anett Apeland (NUBU – The Norwegian Centre for Child Behavioural Development, Norway)

Presentation 1: A conceptual and comparative analysis of implementation in three UK MST sites (Tom Jefford)

Background

In 2007 10 new UK MST sites were established but each site had different long term outcomes. Three were examined in 2015, one was an early maturity failure, one a late maturity failure and one was sustained and expanded. This qualitative research forms the thesis for a professional doctorate and uses a grounded theory approach to develop a conceptual analysis focussing on leadership and context.

Project aim

To understand how organisations do or do not facilitate and sustain evidence based interventions with clear lessons for implementation practice. To develop concepts and categories, building upon implementation research and frameworks, that can describe and explain the messy reality and context of implementation into practice settings which are dynamic and subject to shifting contextual events and changes in strategy and leadership.

Project methods

The starting point was Damschroder's CFIR but draws upon detailed analysis of qualitative interviews across the three sites to determine how subjects dealt with implementation in difficult and imperfect contexts. Coding of interviews followed Charmaz grounded theory approach to develop abstracted categories grounded in the data.

Project results

The result is a conceptual analysis with evidence to support leadership for implementation and a high collaborative environment. The relationship to values and adoption echoes normalisation process theory. The research also demonstrates how implementation requires long term system leadership, organisational support and vigilance in the face of a hostile environment with risks of single or undistributed leadership or of a system unable to refresh itself over time leading to a weakening of support.

Preliminary or final conclusions/discussion

As prof Doc research the core aim is to integrate theory into practice and to make recommendations for practical steps to develop the skills and abilities of practitioners and leaders to improve implementation practice. The theory building aspect of the research draws upon both contemporary implementation research and applies this to the material generated to elicit lessons for practice in implementation.



Presentation 2: Barriers and facilitators in implementing cognitive behavior therapy in the school health setting (Elisabeth Husabo)

Background

Anxiety is one of the most prevalent mental health challenges for youth. Cognitive behavioural therapy (CBT) has a well-established evidence-base as effective treatment. The Low-intensity Versus Standard cognitive behaviour therapy for Anxious Youth study evaluate two CBT programs implemented in school setting in Norway. School health nurses were trained and supervised to deliver the intervention.

Project aim

Identify factors that group leaders (predominantly school health nurses) consider of importance for implementation of the interventions. The research project was grounded in Fixsen's Active Implementation Framework.

Project methods

We conducted three focus group interviews with 18 group leaders. The participants were invited to share their experiences illustrating barriers and facilitators to the implementation process. Two interventions were discussed and the differences between the two were explored. The texts were analysed with Systematic Text Condensation, a method for thematic cross-case analysis.

Project results

The group leaders pointed to the training program, supervision and receiving positive feedback from the youth and their parents as key factors to making them feel comfortable and safe delivering the interventions. The manual based treatment programs they followed were helpful in providing anxious youth with evident help. The participants highlighted having the treatments as a part of the normal activity at the schools as pivotal to recruitment success. As soon as youth and teachers experienced positive effects of the treatments, the recruitment process became easier.

Preliminary or final conclusions/discussion

Our results show that less specialized health professionals than those who traditionally deliver CBT, thrive and experience mastery in treatment delivery when receiving sufficient materials, training, supervision. The results provide important guidelines for further implementation of low intensity interventions in the school health setting, and can be of importance to other system wide implementation efforts.



Presentation 3: Implementation of Parent Management Training (PMTO) in Iceland (Edda Vikar Guðmundsdóttir)

Background

PMTO (newly rebranded as GenerationPMTO in the USA) is an Evidence Based Intervention (EBI), developed in the mid 1960's (Patterson & Gullion, 1968) and widely recognized as an effective program to prevent and treat behavior problems with children. The implementation of the program in Iceland began in 2000, and is today directed from a Centre at the Government Agency for Child Protection.

Project aim

The project's aim is to implement the Generation PMTO program to governmental and community agencies where families are able to receive services. The Centre motivates professionals at agencies to participate in specialist trainings to become therapists and then ensures continuing coaching and support as well as monitoring fidelity to the method.

Project methods

The Full Transfer approach has been used in the implementation process in Iceland, in which the purveyor trains a first generation (G1) of practitioners to certification. From this group, selected practitioners are trained to train subsequent generations (e.g., G2, G3...). Regular measurement of program fidelity and core implementation outcomes, including evaluating practitioners' fidelity during standard practice is carried out systematically with an observational based measurement tool that has shown high predictive validity for pre/post changes in parenting practices and child outcomes.

Project results

Today, PMTO services are offered with high fidelity in all larger municipalities and different government organizations in Iceland. Seven generations of therapists have been trained since the year 2000. Governmental support has increased through the implementation process, starting with non to little to modest, where relocating the intervention's Centre under the Government Agency for Child Protection was a stepping stone in the desirable direction.

Preliminary or final conclusions/discussion

Experience from Iceland indicates that EBIs can travel safely in community sites with high fidelity to the method, even when resources are small. There is a need for community infrastructure, existing of factors like a team of therapists and a site leader, as well as systematic support from leaders and the National PMTO Centre.



Presentation 4: Two decades of implementation of PMTO and TIBIR – building national, regional and local capacity (Anette Arnesen Grønlie & Anett Apeland)

Background

After nearly two decades of implementing and sustaining the treatment and prevention programs for behavioral problems in children, PMTO and TIBIR, we have identified several important facilitators and barriers to success through research and practice. Building capacity and engagement at national, regional and municipal level has proved to be crucial in scaling up and sustaining implementation.

Project aim

Our programs now have over 1400 practitioners and are implemented in nearly 700 sites at all system levels in Norway, including preventive and treatment services in municipalities, and treatment services in out-patient clinics and state child welfare agencies. Vital facilitators include engagement, capacity building, clusters of practitioners, getting politicians, leaders, decision makers, partners and practitioners at all system levels on board, and most importantly the implementation teams at national, regional and community level.

Project methods

We will give an introduction and background of the programs, how they are implemented across services at all system levels within municipalities, child mental health and child welfare system. Then the main focus will be on the implementation infrastructure at national, regional and local levels, including facilitators and barriers we have identified, and how we have resolved or plan to resolve them.

Project results

Research and practice of PMTO and TIBIR in Norway have found that the intervention and implementation outcomes are good, even after nearly two decades of implementation and a considerable scale-up (Tømmeraas & Ogden, 2015). On a Governmental initiative, our centre's implementation strategy and results were recently externally evaluated, and the results of this evaluation were overall very good. One common factor for implementation success is our implementation strategy of building intervention and implementation capacity at national, regional and local levels.

Preliminary or final conclusions/discussion

Through nearly two decades of experience with implementing a complex and comprehensive program into services at several system levels, we have found that our centre's implementation infrastructure and strategies are our key factors of success. Of particular importance is the role of dedicated and competent implementation teams at several levels, and we would like to share and discuss their role in this presentation.