

Bridging barriers to implementation of evidence-based programs and practices in community mental health agencies

School of Graduate Psychology

A qualitative investigation of clinicians' perspectives of barriers and of solutions to increase adherence to evidence-based programs and practices (EBPPs).

LITERATURE REVIEW

- According to APA (2005), Evidence-based practices and programs (EBPPs) refer to “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”.
- Past research suggests that barriers to implementing evidence-based practices include time and staffing constraints, as well as lack of organizational support (McArthur et al., 2021).
- Research conducted with providers also suggests that providers perceive a lack of training during their graduate degree as a barrier to implementing EBPPs (e.g., Hicks et al., 2014)
- Research also suggests that time, cost, and training are significant barriers to being able to increase the use of EBPPs in clinical services (Meyer et al., 2020).

PURPOSE OF PROJECT

- #1: To identify what providers in community-based organizations (CBOs) identify as the most prevalent and impactful barriers to the implementation of EBPPs
- #2: To identify providers' impressions of potential solutions to these barriers.

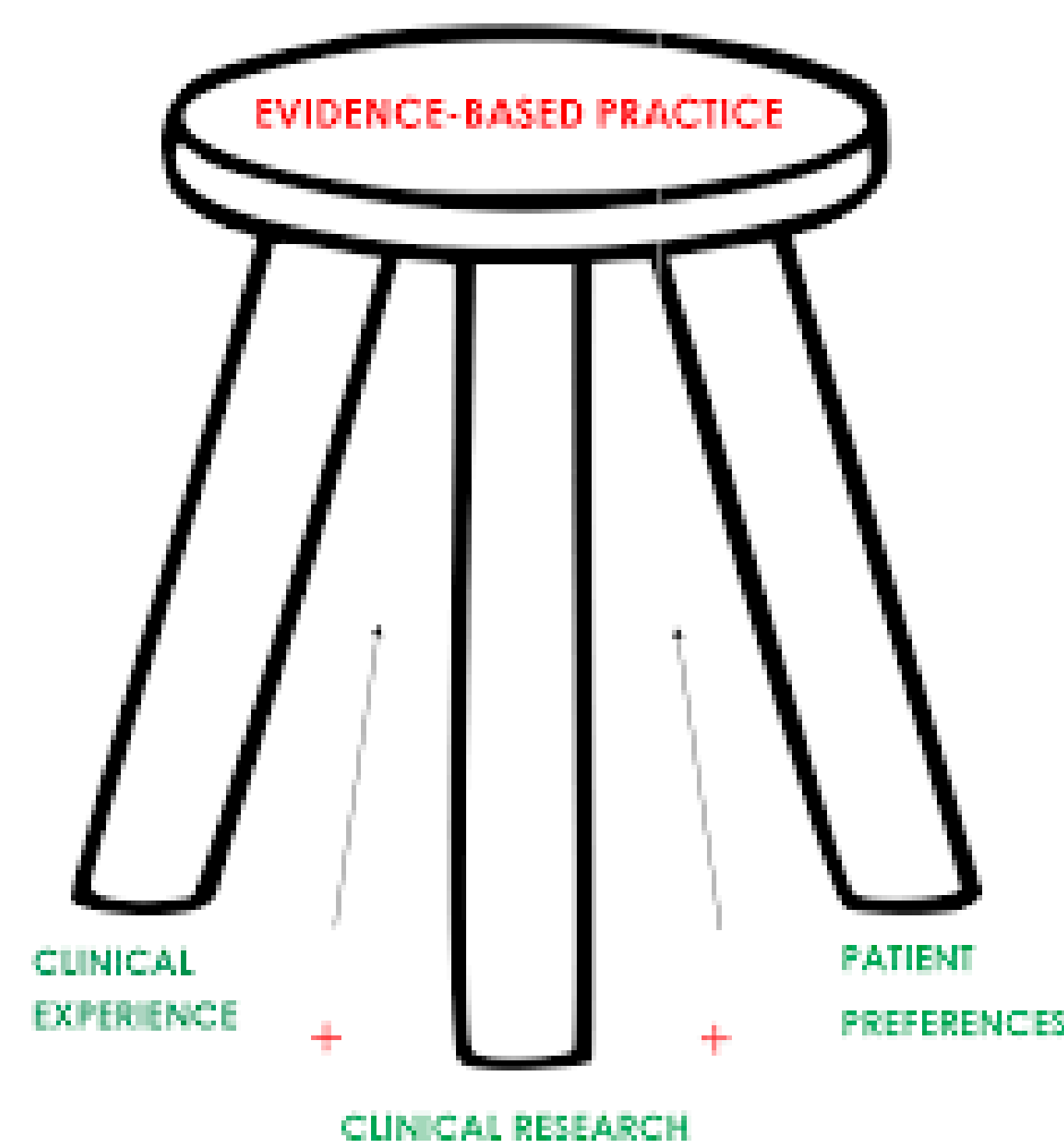
PARTICIPANTS

- N = 18 (11 clinicians, 4 supervisors, and 3 administrators)
- Recruited from 3 CBOs in Oregon and Washington
- 15 female, 3 male
- 72.2% White, 27.8% Hispanic/Latinx, 5.6% Asian
- Average years in profession M = 9.11, SD = 6.75
- 67% of participants had Master's Degree
- All participants worked in CBOs that served children and families

METHODS AND PROCEDURES

RECRUITMENT

- Participants received invitations to participate in the study from the research team
- Volunteers participated in a ~45 minute virtual interview and receive a \$35 Amazon gift card as incentive
- Examined community mental health organization worker's perspectives of EBPP through structured interviews (N=12) and focus groups (N=2)



• Questioned participants on their perceptions of the use of EBPPs in their organization, including barriers to the implementation of EBPPs and potential solutions to these barriers.

• Specific questions asked regarding barriers to using EBPPs were:

- What barriers to using EBPP do you or your organization experience?
- - Of these barriers, which are the most challenging? Why?
- - What possible solutions do you feel would address these barriers?

RESULTS

- Most common barriers identified by participants were funding, caseload, and access to training/educational resources
- Participants identified a number of potential solutions for these barriers:
 - Lower caseloads
 - Increased funding
 - More access to training and educational resources
- Participants also discussed a need for more flexibility, and for better integrating patient/client feedback into the provision of services.

PARTICIPANT QUOTATIONS

“As well as have it kind of being a combo of the high caseload kind of lead us to wanting to just of like almost like kind of like bury our heads and our work and making sure that we're trying to give as much time to each of our clients as possible and trying to see them as frequently as we're able to, and that doesn't give us a lot of time to connect with like other programs or really trying to see like what other resources might be available to our client.”

-Corresponded with the need for lower caseloads

“We need staff to get paid more and to have lower caseloads and for our teams to be larger to spread the workload.”

-Corresponded with the need for lower caseloads and more funding

“I think the biggest things like offering access like stop charging people ridiculous amounts of money to be able to access articles. things like that's going to be super helpful for everybody.”

-Corresponded with increased accessibility of services

“I think training too, I'm thinking of not necessarily in this role, but in previous clinician roles that I've had, I, there was so much. So much of my practice was figuring out how to do my job or how to do this evidence base.”

-Corresponded with the need for more access to training

“I think that my hope would be is that the managed care organizations also allow us at intermediate levels of care, such as intensive outpatient, partial hospitalization, to allow us to be able to continue to use telehealth mediums to continue to serve our customers and our patients right, because if we can do that and they're flexible in in the mediums that we use, then we can improve access to care as well right. So, my hope, and I don't know, I'm...I don't know that I'll hold my breath on this, but my hope is that the managed care organizations don't go back to everything has to be implemented in a face to face format, in terms of intermediate levels of care and allows us to continue to be able to implement this via telehealth platforms, I think that that would be a great service for the community.”

-Corresponded with a need for flexibility and accessibility

DISCUSSION AND IMPLICATIONS

- “Mixed bag” of responses demonstrates the wide array in community mental health practice

Key findings:

- Administrators, clinicians, and supervisors alike are overwhelmed.
- Need for better funding and reimbursement.
- Need for more clinicians.

Clinical implications:

- Increase ease of access to training and continuing education.
- Need to improve communication between researchers and clinicians.
- Supervisors and clinicians should speak openly about both the successes and challenges of continually employing EBPPs in their clinical services.
- Clinicians, administrators, and supervisors should work to recognize these barriers and discuss them openly among staff.

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