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RESEARCH REPORTS FROM IBR

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Moving Innovations into Treatment

By Dwayne Simpson and Pat Flynn

Much of our research attention at the IBR in recent years has focused on the process of *technology transfer*, especially by examining the role played by organizational readiness and functioning. It is being driven in large part by the growing pressures for behavioral health programs to adopt "evidence-based practices." Equally important is the recognition that innovations are not implemented and sustained without deliberate efforts. Indeed, evidence is evolving for the complex stages of preparation, decision making, and actions that are involved in this process.

This research theme is being addressed as part of the long-term TCU DATAR and TCOM projects funded by NIDA. A new series of studies based on this work is now published as a special issue of the Journal of Substance Abuse Treatment, entitled "Organizational Readiness for Change." A preview of these Innovation adoption and implementation studies is given in this newsletter.

SPECIAL ISSUE:
Organizational readiness for change.
Simpson, D. D., & Flynn, P. M. (Guest Editors).

"The introductory paper (Simpson & Flynn) for this JSAT volume presents conceptual refinements to the original TCU Program Change Model."

In 2002, *JSAT* published a special volume (edited by Simpson & Brown) on technology transfer, and it included papers that discussed organizational attributes seemingly important to consider as programs try to implement innovations (Simpson, 2002) and some assessment tools that capture these conceptual domains. In the years since then, the work has continued as explained below.

The introductory paper (Simpson & Flynn) for this new volume presents conceptual refinements to the original *TCU Program Change Model* (see page 2). The framework is then used to organize and integrate new findings according to implementation influences related to organizational considerations and qualities of the innovations. Collectively, perceptions of staff about program needs, organizational readiness for change, quality of workshop training, subsequent utilization of training materials, and client self-report of treatment engagement were examined in approximately 800 treatment programs nationwide.

The assessments

The TCU Organizational Readiness for Change (ORC) assessment (Lehman et al., 2002, which includes 18 scales focused on motivational pressures, resources, staff attributes, and organizational climate) was used in all studies to capture attributes of organizational functioning. The findings are interpreted in the context of a stage-based approach to measuring and evaluating program changes. Other assessments of program staff and clients are also used selectively, depending on the goals of each study.

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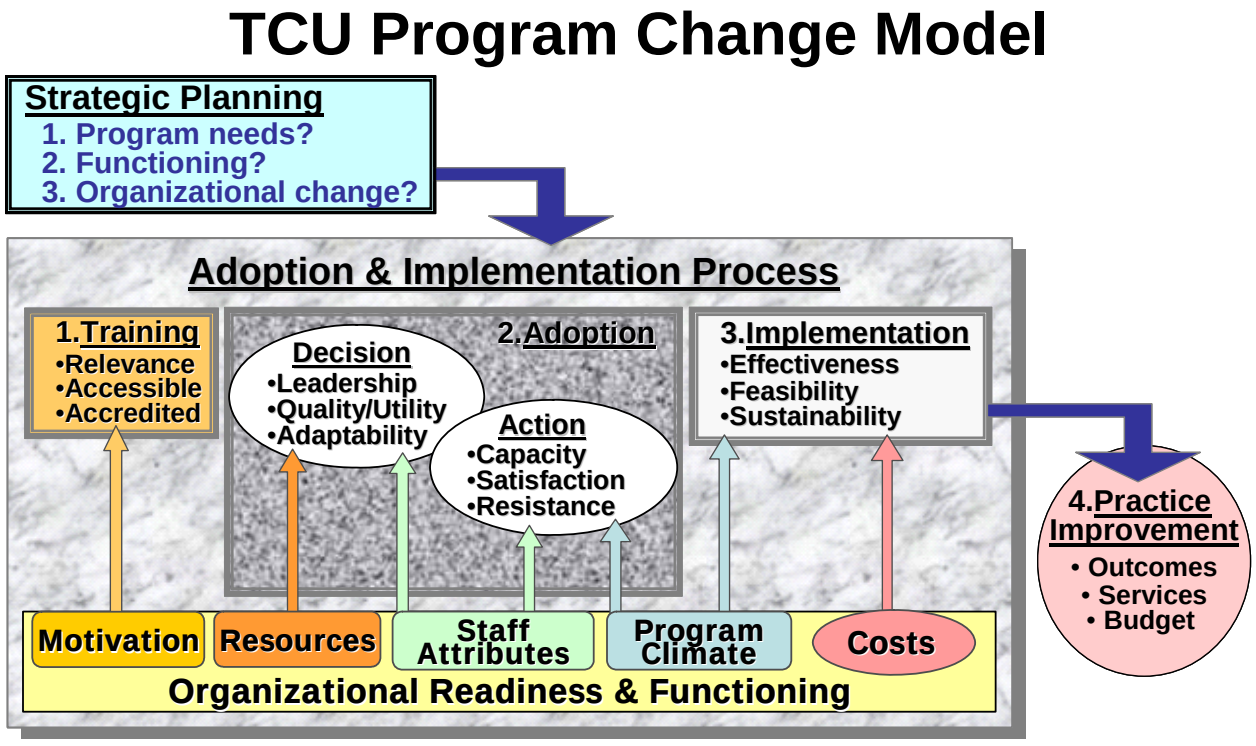
Planning organizational change

Rowan-Szal et al. examined the 15-minute assessment of *Program Training Needs (PTN)* and found that this information effectively represents seven important domains of program needs and related issues (e.g., facilities, resources, staff training needs and preferences, and barriers for innovation adoption decisions). Comparisons with data collected using the ORC at the same programs also indicated the PTN offers a preview of what programs can expect to find when using the more extensive ORC assessment. The PTN therefore can be used as an efficient planning tool for programs beginning to explore organizational openness to innovations and how to begin the process. It also helps staff feel they have been consulted about program needs and planning for treatment innovations, including the types of training needed.

Courtney et al. show that when programs have evidence of their own organizational deficits based on feedback from ORC survey results, they can respond strategically with plans for taking corrective actions. For instance, high-need treatment programs with relatively poor scores on their institutional resources, staff attributes, and climate were the ones that became most engaged in a deliberate change process. As discussed by Simpson and Dansereau (2007), a new mapping-based guide for planning organizational change is now available on our Web site.

Client engagement represents one of the key ingredients of effective therapeutic process, so it was important to confirm previous findings (Lehman et al., 2002) that client and program performance are interrelated. **Greener et al.** found client-level measures of counseling, rapport, satisfaction, and participation in treatment indeed are positively correlated with staff-level perceptions of their program resources, professional skills and attributes, and organizational climate. Similar findings also are reported by **Broome et al.** who used a multi-level (hierarchical linear) modeling procedure to include features of program structure (such as size and accreditation) as well as staff perceptions as predictors of client functioning. Both of these studies indicate that organizational structure and functioning are important when it comes to engaging clients in treatment services.



Staff readiness for innovation

Being able to identify early adopters of innovations – and those who are not – can lead to more strategic approaches for increasing interest in new interventions. **Saldana et al.** studied attitudes of staff about adoption of evidence-based practice and treatment manuals in a statewide network of mental health and substance abuse sectors serving adolescents. After establishing psychometric generalizability of the ORC assessment to these programs, the authors showed that motivational readiness and training needs scales (both at the therapist and agency levels) were associated with higher appeal and openness to innovations. There were interesting organizational climate differences between substance abuse and mental health settings, with the mental health sector reporting more stress from higher caseloads and potentially greater barriers to innovation.

"The authors showed that motivational readiness and training needs scales were associated with higher appeal and openness to innovations."

Joe et al. explored a counselor typology in relation to innovation adoption. They classified drug treatment counselors into subgroups (using latent profile analysis) according to their ratings on the ORC and attitudes about adopting innovations. Three types of counselors emerged – Isolated, Integrated, and Exceptional – on the basis of individual-level perceptions of their own professional attributes and of the organizations in which they worked. It was not surprising that "isolated" counselors as a group gave poorer ratings to their program climate, professional growth, and influence within their own treatment program. In addition, they were found to be less likely than the other two groups of counselors to attend innovation training and be willing to commit to adopting workshop training ideas.

Fuller et al. similarly found many of these same traits predicted willingness expressed by counselors to use evidence-based practices (manualized treatments, medication, integrated mental health services, and motivational incentives). ORC information collected from the large sample of treatment programs participating in the NIDA-funded Clinical Trials Network (CTN) showed that greater needs for program improvement, more Internet access, higher influence on peer, better opportunities for professional growth, a clearer sense of organizational mission, and higher organizational stress were related to stronger support for evidence-based practices. Furthermore, lack of professional growth, weaker peer influence, low Internet access, and lower organizational stress were associated with heavier use of therapeutic confrontation and discharge due to noncompliance.

"Higher ratings for relevance to client needs as well as adequacy of program resource allocations were predictive of endorsement and applications of materials following training."

Quality of training also is important in preparing counselors for change. **Bartholomew et al.** examined counselor assessments of relevance and quality of training for specific innovations in relation to its subsequent "trial use." They showed that higher ratings for relevance to client needs as well as adequacy of program resource allocations were predictive of endorsement and applications of materials following training. Major barriers counselors faced in making changes in their clinical practice (such as lack of time and redundancy with current practices) also were addressed.

An integrative view …

Finally, **Simpson et al.** assembled a long-range, cross-linked subset of program records for exploring relationships between stages of training, adoption, and implementation across time. The findings fit within the overall TCU Program Change Model and demonstrate that it is both feasible and informative to conduct longitudinal, observational research. For instance, the original program training needs (obtained from the PTN survey a year before training) were related to subsequent staff responsiveness to workshop training. Next, it was shown that favorable organizational functioning scores from the ORC (collected 4 months before training) were related to more positive staff responses to training activities. Finally, and most importantly, positive staff-level responses to workshop training as well as their progress in implementation were related to better client-level reports of their counseling participation, rapport, and satisfaction assessed 9 months after the counselor training.

The consistency and significance of the predicted relationships over time involving staff perceptions and attitudes about organizational needs, the process of innovation training and implementation, and client-engagement in treatment suggests progress is being made in assembling key elements of the innovation implementation process.

"The findings fit within the overall TCU Program Change Model and demonstrate that it is both feasible and informative to conduct longitudinal, observational research."

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