



# Dissemination Research Needs

# Three Dissemination Themes

- Natural Diffusion
  - ◆ How interventions come to be adopted
- Directed Adoption
  - ◆ How to help people learn particular EBTs
- Systemic Dissemination
  - ◆ How to foster and engineer the adoption of EBTs within organizations and systems

# 1. Natural Diffusion



# Natural Diffusion Questions

- What causes clinicians to *attend to* an EBT?
- What magnitude of difference in outcome do clinicians regard to be *significant*?
- What magnitude of improvement in outcome do clinicians regard as *reason to learn an EBT*?
- *Why* do some individuals, programs, geographic regions, and nations adopt innovations earlier than others?
- What does it take to change practice behavior?

## 2. Directed Adoption



# Directed Adoption Questions

- When a practitioner wants to learn an EBT, what does it take?
- How to prevent false confidence at individual or agency level: “We do that”?
- Could a “county extension agent” model work in behavioral health?

## For specific EBTs

- What should we teach? Which components are crucial?
- Is there an optimal order for skill learning?
- Are there proximal markers of client outcome to use as immediate feedback?

# Levels of Mastery

- Capability - *able* to demonstrate the skill when asked to do so
- Competence – experienced in providing the method; practiced, *consistent*
- Proficiency – able to *adapt* and *re-invent* the method without losing fidelity

# Training Challenges

- Manuals very limited in effect
- Turnover of skilled personnel
  - ◆ A disincentive for training?
- Need to displace existing practices
- Need for cultural adaptation, re-invention
- Trade-off between re-invention and fidelity

# Reinvention vs. Fidelity

- Reinvention is normative
- Reinvention favors adoption/diffusion
- Reinvention threatens fidelity
- Reinvention threatens scientific integrity
- Quality control vs. quality promotion in the dissemination of an innovation
- Need to understand the key aspects of treatment fidelity

# 3. Systemic Dissemination



# System Dissemination Questions

- What promotes reaching “critical mass” in adoption of an EBT within a system?
- What hiring practices promote system change?
- How do “top down” (business model) and “bottom up” (innovation) strategies compare?
- What impact do specific policy changes have?
- When contingencies change (e.g., selective reimbursement of EBTs), how best to do it?
- How to do quality assurance?

# System Change

- Encouraging innovation versus requiring adherence to specific innovations
- Top-down change: The business model
- Changing belief systems, attitudes, values
- Selective hiring and retention
- Performance standards
- “Learning” organizations

# Performance Standards

- Goals specific to stages of treatment
  - 0 Palliative care    1 Fore-care (detox)
  - 2 Rehabilitation    3 Aftercare
- The right windows and measures
- What goals? Abstinence, moderation, and harm reduction
- Who is the client?
- What do *clients* want?
- Public health perspective

# Incentives for Adherence

- Performance-based criteria
- Permissive funding
  - ◆ E.g., allowing payment for service X
- Adherence-based funding
  - ◆ E.g., paying only for service that adheres
- Outcome-based funding
  - ◆ E.g., paying selectively for desired outcomes

# Systemic Maintenance of Change

- Collaborative development (e.g., CTN)
- Enforcement: Licensing and QA services
- Political support for an innovation
- Role of mass media in innovation adoption

