Improving Technical Assistance and Improving Readiness to Implement Evidence-based Interventions:  
*Stepping Over the Gap Between Research and Practice!*

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Problem

“*My impression is that there is a normal curve of program success in multi-site interventions with some sites doing very well, most sites doing mediocre, and some sites that apparently wasted time and money*”

Laura Leviton, Senior Evaluator, Robert Wood Johnson Foundation (Retired) personal communication.
Possible Solutions

- Use Evidence-Based Interventions
- Implementation Science (Readiness)
- Build Capacity of Organization and Communities to implement Evidence-Based Interventions (Technical Assistance)
Improving Technical Assistance and Improving Readiness to Implement Evidence-based Interventions: Stepping Over the Gap Between Research and Practice

Readiness to implement evidence-based interventions and readiness to change course are essential for effective implementation and outcomes. Technical assistance to build capacity to do so is often necessary. In this presentation, Wandersman will present on 1) a new evidence-informed TA engagement framework and 2) the R=MC$^2$ organizational readiness Readiness Building System. Our goal is to step over the gap between research and practice so that researchers, practitioners, funders, and “the real world” can benefit. He will describe our approaches to TA and to readiness and provide an example combining them in a multi-site project to implement evidence-based interventions.
Brief Story of Implementing EBIs in 2020

• Leviton suggests—even in “normal times”, change through interventions is tough.
• Opioid Crisis
• January 2020 - Training and TA on Two EBIs in 10 Substance Abuse Treatment Centers in a state
• COVID-19 hits, Virtual services start
• How can TA build the readiness of organizations to implement something new in a way that relates to their context?
Opioids and other Substance Use Disorders

- Increase in drug use
- Need for an Evidence-Based Practice
  - Building practitioner skills requires training, coaching and environmental (work) changes

Figure 1. Number of drug and opioid-involved overdose deaths in New Jersey. *Circumstances in New Jersey for the
Interactive Systems Framework
READINESS IS...

The extent to which a person, organization, community, or state is **willing** (motivation) and **able** (capacity) to implement an innovation.

*An innovation is a program, practice, or policy that is being implemented in a setting.*

Readiness is critical for quality implementation
READINESS IS...

\[ R = M \times C^2 \]

Readiness

= 

Motivation

X

Capacity (Innovation-Specific)

X

Capacity (General)
Motivation
- Relative Advantage
- Compatibility/Alignment
- Simplicity
- Observability
- Ability to Pilot
- Priority

![Diagram](image.png)

Innovation-Specific Capacity
- Innovation-Specific Knowledge and Skills
- Program Champion
- Supportive Climate
- Inter-organizational Relationships
- Intra-organizational relationships

General Capacity
- Culture
- Climate
- Innovativeness
- Structure/Internal Operations
- Leadership
- Resource Utilization
- Staff Capacity
Support: Technical Assistance & Readiness
1. Tools

2. Training

3. Technical Assistance

4. Quality Assurance/Quality Improvement
Support
EBSIS: Evidence-Based System for Innovation Support

1. MI & CBT Manual
2. MI & CBT Training Sessions & Follow-Up Coaching Calls
3. TA on Readiness with Leadership to Integrate MI & CBT into Big 6
4. Continuous Feedback System and Evaluation Plan
Readiness Building System

1. Initial Engagement
2. Readiness Assessment
3. Feedback and Prioritization
4. CMOR (Change Management of Readiness)
   - Planning & Implementation
   - Process Evaluation and CQI
5. Implementation Outcomes

Revisiting earlier steps
How will readiness be used?

• Assess each individual site’s readiness to implement Cognitive Behavioral Therapy and Motivational Interviewing
• Receive readiness report
• Follow up TA (via phone and in-person)
Technical Assistance

• Technical Assistance (TA) is a key approach for supporting the implementation of EBIs in community-based settings, and a strategic priority of the Wandersman Center.

• Four Areas of Development
  • Planning and Implementation
    Engagement TA framework
    Examining readiness for TA
  • Evaluation
    TA Tracker
    TA Engagement Questionnaire
Rationale: The “Why” Fueling Our Spirit

• TA is a ubiquitous approach in the private and public sector.

• Substantial national and international investment in TA initiatives.

• Recent literature reviews and research indicate:
  • Little consensus about the essential features of TA\(^1\),
  • Explicit model/framework is rarely used \(^3\) – limited systematic implementation of TA
  • Quality evaluations of TA are minimal – difficult to discern TA effectiveness\(^4\)

Relationship-focused Guiding Principles
(Katz & Wandersman, 2016)

- **Trust**: TA recipient’s faith or confidence in the TA provider.
- **Respect**: Quality or state of being esteemed (holding in high regard).
- **Collaboration**: TA providers and recipients work together in the direction of a shared purpose.
- **Adjusting to readiness**: TA provider structures the TA process to match the recipient’s perception of how important change was at that moment.
- **Strengths-based**: TA provider focuses on current assets and/or inspires the recipient with courage or hope.
- **Autonomy-supportive**: TA provider promotes self-governance on the part of the TA recipient.
- **Rapport**: Collegiality and/or a cooperative interpersonal climate.
Recipient Readiness for TA

• Research literature and practice-based experience is increasingly recognizing the importance of attending to readiness for TA

• Recipient readiness for TA is reflected in the Initial Engagement stage of the Engagement Framework

• **Two methods of assessments:**
  • **Readiness for TA Scale** (survey format)
    • Assess all domains of $R=MC^2$
  • $R=MC^2$ – **informed open-ended questions** (interview format)
    • Tailor and delve more deeply into select domains
TA Engagement Questionnaire

- **Aim:**
  - To assess the quality of engagement between the recipient and their provider

- **Broad Construct:** Relationship x Technique

- **Scale:**
  - 5-point: frequency of practice
    - 1-never, 2-rarely, 3-sometimes, 4-often, 5-always

- **Multidisciplinary Literature Search:**
  - Technical assistance lit. – Public Health
  - **Education & Business:** e.g., Knoff et al 1995 – Consultant Effectiveness Scale; Tooth et al 2013 – Coaching Effectiveness Survey
  - **Psychology (Clinical):** The Helping Alliance Questionnaire
TA Engagement Questionnaire

- Example constructs:
  - **Interpersonal skills (Relationship):**
    - Collaboration
    - Communication
    - Empathy
    - Encouraging
    - Shows Respect
    - Trustworthy
  - **Technical skills (Technique):**
    - Client-centric
    - Strengths-based
    - Skilled at questioning
    - Summarizes
    - Responsiveness
    - Provider preparedness
    - Maintains confidentiality
    - Practices ethically

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
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<tbody>
<tr>
<td><strong>Global Measures</strong></td>
<td></td>
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<tr>
<td>Satisfaction</td>
<td>I am satisfied with the services provided by my TA provider</td>
</tr>
<tr>
<td>Value/Utility</td>
<td>The time I spend with my TA provider is valuable.</td>
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<tr>
<td></td>
<td>The services provided by my TA provider are helpful to my work.</td>
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<tr>
<td></td>
<td>The insights and resources provided by my TA provider are relevant and timely.</td>
</tr>
<tr>
<td><strong>Interpersonal Skills</strong></td>
<td></td>
</tr>
<tr>
<td>Collaboration (CES1.)</td>
<td>I feel I am working together with my TA Provider in a joint effort.</td>
</tr>
<tr>
<td></td>
<td>My TA provider and I work together to generate solutions to questions.</td>
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<td></td>
<td>I have a strong relationship with my TA provider.</td>
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<td></td>
<td>I work with my TA provider toward a shared goal or purpose</td>
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<tr>
<td>Communication</td>
<td>My TA provider offers suggestions in a constructive manner.</td>
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<tr>
<td>(CES1 x - tactful)</td>
<td>(CES 1 x. Attentive Or CES2 x active listener)</td>
</tr>
<tr>
<td></td>
<td>My TA provider listens attentively.</td>
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<td></td>
<td>I feel heard and understood during TA sessions.</td>
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<td></td>
<td>Enough time is allocated during conversations for me to share my thoughts.</td>
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Think about January 2020 and an initiative you were involved in
Using the Readiness, Resilience and Recovery Tool: An Emerging Approach to Enhance Readiness Thinking in Times of Disruption
STEP OVER THE GAP
Between Research & Practice
<table>
<thead>
<tr>
<th>Subcomponent</th>
<th>Definition</th>
<th>Questions</th>
<th>Notes (Has this increased, decreased, stayed the same?) How (be specific)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>The initiative would have a high-level of importance compared to other things we do.</td>
<td>a) How have priorities shifted b) Is the initiative a priority at your organization?</td>
<td>How do you know it’s a priority? Compared to other initiatives started before COVID-19? Compared to changes that resulted from COVID-19? Priority for your team? Priority for the target audience? Priority for leadership?</td>
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Readiness for Recovery and Resilience

• How is COVID-19 slowing the progress and what needs to be done about it (Recovery)?

• What conditions are allowing certain sites to maintain momentum? (Resiliency)

Priority
Compatibility
Staff Capacity
Leadership
Simplicity
Interactive Systems Framework
Wandersman Center Staff & Affiliates

- Jack Baker
- Moss Blachman
- Brittany Cook
- Paul Flaspohler
- Maria Fernandez
- Debbie Hamm
- Belinda Hernandez
- Pam Imm
- Jenny Kolodny-Goetz
- Amy Kerr
- Andrea Lamont
- Laura Leviton
- Adele Malpert
- Rohit Ramaswamy
- Rumana Rabbini
- Victoria Scott
- Randy Schwartz
- Abe Wandersman
- Amber Watson
- Aimee White
- Kate Wargel
Selected References


Willingness x Ability = Readiness

≠ DOES NOT EQUAL

Ready to Roll or Ready, Set, Go