

Preface

Evidence-Based Practice, Part II: Effecting Change



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Guest Editors

This is the second installment of a two-part issue of the *Child and Adolescent Psychiatric Clinics of North America* focusing on evidence-based practices in child and adolescent mental health. The first issue provided a comprehensive update of the status of research findings for a range of treatment and service modalities, including psychotherapies, psychopharmacologies, home, school, and community interventions, and strategies for engaging families in mental health services. In addition, it drew attention to the constraints within the evidence base, especially with respect to understanding mechanisms of change. This second issue extends discussion about evidence-based practices for children by focusing on the challenges involved in implementing, disseminating, and sustaining these interventions in children's service delivery systems.

These issues together constitute the 5-year anniversary of the 1999 release of the Surgeon General's Report on Mental Health. That report represented an important turning point for children's mental health services by documenting the extensive evidence about the effectiveness of a range of mental health interventions for persons suffering from mental illness.

This second issue deepens the discussion by turning attention to the issues of context that out of necessity affect the implementation of evidence-based practices (EBPs). Context includes the attitudes, beliefs, and behaviors of multiple

stakeholders who are touched by or involved in the adoption of new treatments or services. These stakeholders include families and their children, practitioners, clinicians, and administrators. Context also involves more macro-level organizational structures and their influence, including academic training centers, mental health agencies, and federal, state, and foundation agencies that set policies. Together these contextual factors influence the likelihood that EBPs—no matter how rigorously examined or effective—will be successfully incorporated into routine practice.

The articles in this issue address the range of context issues at both the stakeholder and organizational levels that affect implementation of EBPs. Because the majority of routine services delivered to children and adolescents with mental health problems have no evidence to support positive improvement for children, attention to ways of improving delivery through implementation of effective practices is arguably the most critical public health issue facing the mental health system.

In the first issue, we identified three social and scientific movements that lent support to the timeliness of this endeavor: research priority-setting by federal agencies targeted at strengthening the evidence base; federal and state policy initiatives focused on translating science to service; and increasing demand by advocates to improve access and quality of mental health care for children. The second issue delves deeply into the issues of what it takes to put these EBPs into place and how to effect sustained change.

The articles describing the views of stakeholders—especially families and practitioners—about evidence-based practices highlight the differences between the research-driven pursuit of increasingly nuanced questions versus the advocacy and practitioner-driven desire for answers and action. As the articles in this issue attest, these two pursuits are not mutually exclusive. The complexities involved in effecting change that touches the lives of families, advocates, and clinicians necessitates identification of a common ground.

Progress in bringing constructs from social, cognitive, and learning theories to bear on issues of clinician practice and provider attitudes offer important new directions for bridging basic and applied science. As the articles in this issue suggest, these advances are likely to lead to a better understanding of the processes of change that affect practitioners as well as organizations and systems.

Among the organizational structures that exert significant influence on clinician training are the academic training centers located throughout the country. New strategies for incorporating evidence-based medicine into ongoing physician training offer a model for promoting flexible, state-of-the-art training in EBPs. In addition, extensive efforts to disseminate specific EBPs in adult mental health through the National Implementing EBP Project offer important lessons for children's mental health about ways to incorporate multiple stakeholder perspectives, strengthen formal training, and incorporate outcome monitoring into all phases of the dissemination process. Finally, because a series of major federal, state, and foundation initiatives are shaping in profound ways the policy context for implementation of EBPs, a review of those major efforts is pro-

vided by federal science leaders on children's mental health and organizational research.

The issue ends with a description of two specific EBP implementation projects being undertaken in several states and systems. These projects are addressing the same issues—how to implement EBPs within systems—but from very different vantages. Both are pioneering efforts that are elucidating the challenges involved in these system-change efforts. The lessons learned from these projects offer importance guidance about the critical steps that must be taken to create effective and sustainable quality improvement efforts.

In conclusion, the articles in both issues represent a critical turning point in the evolution of children's mental health services. They document the significant scientific progress that has been achieved since the release of the Surgeon General's report. Even more importantly, they describe the challenges, strategies, and efforts of many committed individuals—from policymakers to advocates to researchers—to improve delivery of services to children and adolescents. The challenges are formidable; however, the goals are principled, and the potential impact of the changes is profound.

Having a scientifically validated knowledge base upon which to refocus treatment and service decisions is a necessary first step. However, as the articles in this issue demonstrate, the public health issues now facing families, practitioners, scientists, and policymakers are how best to incorporate new practices into systems and use the opportunity afforded by these changes to reform those systems. To do so requires a science on EBP implementation effectiveness that is grounded in practical wisdom. The articles in this issue reflect that melding.

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