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A28

Pebbles, rocks, and boulders: The implementation of a school-based social engagement intervention for children with autism

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Background
Few evidence-based practices for children with autism have been successfully implemented and sustained in schools [1]. This study examined the perspectives of school personnel on implementing a social engagement intervention for elementary-aged children with autism.
Materials and methods
Semi-structured interviews were conducted with administrators ($N = 15$), teachers ($N = 10$), and other school personnel ($N = 14$) who participated in a randomized controlled trial of a school-based social engagement intervention for children with autism. Participants were asked about: 1) school factors that affect the general implementation of evidence-based practices; 2) their specific experiences implementing the social engagement intervention; and 3) barriers to and facilitators of implementing the social engagement intervention.
Results
Data were analyzed using a modified grounded theory approach. General (e.g., implementation process, leadership, support, staff) and intervention-specific (e.g., staff, barriers, facilitators) implementation themes were identified. Common intervention-specific barriers included limited recess time, resources, and autism-specific training. Common facilitators included support (e.g., provision of materials or space, extra time for recess), communication between staff members and administrators about the intervention (e.g., planning meetings), receiving positive feedback about the intervention from colleagues, and directly observing student progress.
Conclusions
These findings suggest that a variety of factors should be considered when implementing evidence-based practices in schools and that implementing social engagement interventions for children with autism may require additional specific support for implementation. With complex autism evidence-based practices, successful implementation may be related to the implementation process and supports at the school setting rather than the core components of the intervention.

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A29

Problem Solving Teletherapy (PST.Net): A stakeholder analysis examining the feasibility and acceptability of teletherapy in community based aging services

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Background
Effective psychosocial depression treatments exist for older-adults, yet individual and organizational barriers impact use [1]. Teletherapy services are a cost-savings approach to ease access for older-adults with limited mobility [2,3]. In this study, factors framed by Diffusion of Innovation Theory [4,5] were examined to understand perceived feasibility and acceptability considerations by staff and clients in using Problem Solving Teletherapy (PST.net) in urban community-based aging services.
Materials and methods
We conducted semi-structured interviews and focus groups with a purposive sample of stakeholders from an older-adult social service agency that included management staff ($N = 4$), clinicians ($N = 5$), and older-adult clients ($N = 14$). Questions were asked around perceived viability and effectiveness of a PST.net approach to support client needs and interests, while maximizing clinician capacity to provide care.
Results
Using methods informed by grounded theory, themes emerged around norms and attitudes on comfort with technology that impacted openness to use by providers and clients, clinical considerations that optimized interactions and client outcomes, and organizational limitations around infrastructure to manage technology use in daily operations. Participants recommended an adapted version of PST.net that centered on using the technology to provide supportive counseling and case-management with a mix of in-person and teletherapy contact.
Conclusions
Findings present implications of teletherapy in providing services to homebound urban dwelling older-adults and increasing capacity of providers in managing ongoing client needs [2,3].
Though PST.net as a singular modality was not viable, an adaptive version did appear feasible while meeting the varying levels of readiness of use and current trends of teletherapy in community-based care.

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A30

A case of collaborative intervention design eventuating in behavior therapy sustainment and diffusion

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Background
Collaborative intervention design, a process that pools a therapy purveyor's conceptual expertise and setting leaders' contextual insights to tailor sustainable therapeutic programming, was applied to contingency management in a type III implementation-effectiveness hybrid trial at an opiate treatment setting. Prior reports [1,2] detail the collaborative intervention design process, and document successful staff

training, intervention effectiveness, and leadership support for its sustainment. Current work summarizes post-trial reports of intervention sustainment efforts.

Materials and methods

To examine intervention sustainment efforts, a purposeful sampling approach targeted the two setting staff who served as local implementation leaders during the trial. The therapy purveyor contacted each via telephone biannually over a 24-month post-trial period, using open-ended probes to elicit information about intervention sustainment in the setting.

Results

Local implementation leaders outlined several encouraging developments. Collectively, their reports: 1) confirmed continuous intervention sustainment for 24 months, 2) attributed perpetual staff enthusiasm for the intervention to setting director involvement in its design, 3) revealed diffusion of the intervention to two affiliated opiate treatment settings amidst expansion of the parent organization, 4) noted creation of a dedicated position for multisite coordination of the intervention, and 5) indicated setting plans to apply collaborative intervention design in future development of additional contingency management programming.

Conclusions

This work expands on previously published accounts of trial success after collaborative design of a contingency management intervention at this opiate treatment setting. Given reports of continual sustainment and eventual diffusion, collaborative intervention design may merit application to other empirically supported behavior therapies and health settings.

Acknowledgements

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A31

Implementation of suicide risk prevention in an integrated delivery system: Mental health specialty services

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Background

Suicide is the major safety concern for patients who are seen in behavioral health specialty settings. The National Action Alliance for Suicide Prevention [1] has identified essential dimensions of suicide prevention: zero suicide culture, screening for suicide at every visit, structured suicide assessment for patients identified as at risk, and crisis response plan including lethal means removal. Yet, this has been found to not consistently occur in usual practice.

Materials and methods

Suicide risk assessment was identified as key strategic business initiative. A continuous improvement process engaged front line staff in designing a safe and efficient work flow. Tools were developed to evaluate implementation at clinic and provider level.

Results

Screening for suicide risk (Patient Health Questionnaire; PHQ-9) [2] increased from 15 % to 90 % of all adult outpatient mental health visits. For those patients identified as at risk for suicide, structured suicide risk assessment (i.e., Columbia Suicide Severity Scale) [3] increased from 20 % of visits to 90 % of visits.

Conclusions

Systematic use of screening and assessment tools was successful in increasing suicide risk assessment in mental health specialty clinics. Issues that emerged were that lethal means protocols were not consistently implemented, there was uncertainty regarding what impact process improvement had on actual suicide rate, and management of patients with chronic suicidality continued to be a challenge.

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A32

Implementation team, checklist, evaluation, and feedback (ICED): A step-by-step approach to Dialectical Behavior Therapy program implementation

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Background

Organizational support has been identified as a key facilitator of Dialectical Behavior Therapy (DBT) implementation [1,2]. DBT is a psychosocial treatment that effectively reduces symptoms of borderline personality disorder, suicidality, non-suicidal self-injury, and severe emotional and behavioral dyscontrol [3]. While organizational barriers and facilitators for DBT implementation have been identified, specific behavioral strategies remain unknown.

Materials and methods

This research was conducted in two phases. In Phase 1, a secondary thematic analysis of qualitative data from Ditty et al. [1] was conducted to locate behavioral strategies associated with known facilitators of DBT program implementation. In Phase 2, the strategies were refined and piloted in an iterative process of implementing a free standing DBT program, and case material was collected.

Results

Phase 1 results were organized as a step-by-step approach per the acronym ICED – implementation team, checklist, evaluation and feedback, and DBT skills. Phase 2 results illustrate examples of each step of ICED in action (e.g. behavioral strategies describing the formation of an actual implementation team were recorded, including emailing interested parties and meeting informally at a coffee shop).

Conclusions

ICED is a series of strategies identified by the present research and successfully utilized to implement an actual DBT program. Applied case material illustrates the steps in action, increasing the utility of ICED for those seeking to implement a DBT program. Future research is recommended for refining and testing ICED across organizations and settings.

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