

Building Workforce Capacity through a Community-Based System of Care Model: The Challenges of Balancing Fidelity and Adaptability

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ABSTRACT

Implementation of evidence-based programs often requires adaptation. After training adult providers in Recovery-Oriented Cognitive Therapy (CT-R), the Georgia CT-R Initiative expanded the state's capacity to include youth providers. Adaptation of the CT-R training was necessary for use by these providers. Implementation challenges — including programmatic and financial sustainability — were addressed by engaging partners and balancing fidelity with adaptability. Lessons learned from the training's adaptation provide implementation strategies for evidence-based models within a system of care model.

GEORGIA RECOVERY-ORIENTED COGNITIVE THERAPY (CT-R) INITIATIVE

CT-R:

- Is an evidence-based practice
- Uses Cognitive Behavioral Therapy (CBT) to operationalize recovery and resiliency
- Focuses on meeting individuals where they are in recovery
- Helps individuals develop more adaptive beliefs about self, others, and the world through successful experiences and meaningful life aspirations

Recognizing CT-R's value, early trainings in Georgia focused on professionals providing mental health services for adults experiencing psychosis. To increase the service delivery and workforce capacity within Georgia's system of care, the Georgia CT-R initiative grew to include community providers who work with youth and emerging adults. This expansion included training providers with the Listening, Inspiring, and Guiding Healthy Transitions Early Treatment Program (LIGHT-ETP) and the Psychiatric Residential Treatment Facilities (PRTFs). Expanding the training's reach to these provider populations necessitated adapting the CT-R training model. Our research provides a description of these adaptation efforts in order to develop an effective framework for workforce and program sustainability within a system of care model.

BALANCING FIDELITY AND ADAPTATION

It is imperative to find a balance between fidelity and adaptation, as defined below in Figure 1. The Georgia CT-R Initiative stakeholders played a vital role in both adaptation and fidelity, as detailed in Figure 2. The figure also displays the framework used to engage partners with differing expertise on CT-R and the target provider populations. The involvement of CT-R content experts was important to maintain the balance of fidelity and adaptation.

Figure 1. Fidelity and Adaptation Scale

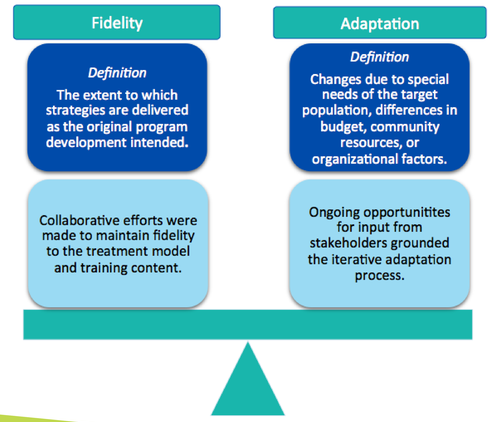


Figure 2. Partnership Framework

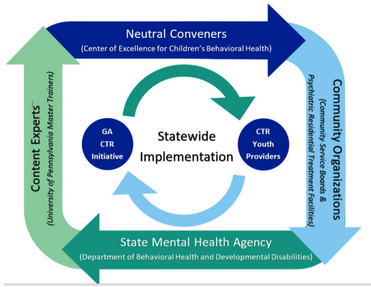
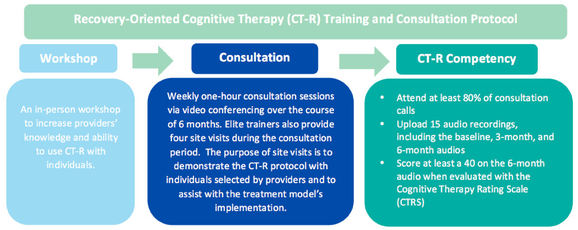


Figure 3. CT-R Training and Consultation Protocol



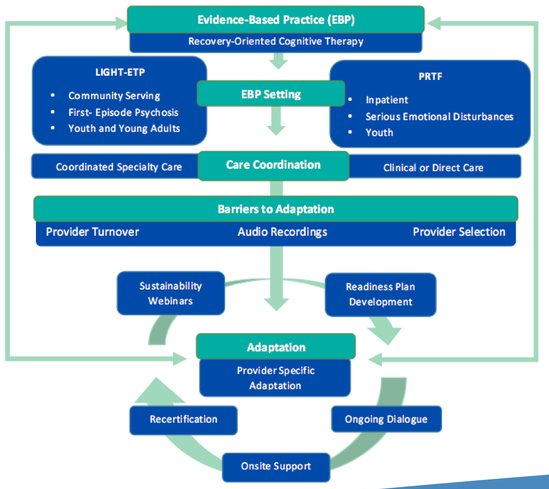
TRAINING ADAPTATION

Provider turnover was shown to be a barrier to completing the CT-R training and consultation protocol outlined in Figure 3. However, those who completed the full training process demonstrated high levels of competence and adherence to the CT-R treatment model by obtaining satisfactory scores on the Cognitive Therapy Rating Scale (CTRS). Ongoing technical support was found to be a critical part of the training process. Sustainability webinars and a recertification training curriculum were developed to address workforce sustainability challenges.

The PRTF cohort initially consisted of both clinical and direct care professionals. Direct care staff found attending weekly consultation calls challenging and were inconsistent. Other identified barriers were related to additional training components, specifically the required audio recordings. Discussions with partners informed the development of strategies to overcome these barriers. The feedback nature of the adaptation process, shown in Figure 4, supported these discussions and contributed to the larger research base of CT-R. Themes from stakeholder discussions which outlined strategies for further adaptations included:

- Focusing on provider selection
- Assessing barriers and facilitators to provider participation
- Frequent engagement with organization administrators and staff
- Assessing client-level outcomes

Figure 4. Adaptation Feedback Loop



CONCLUSION

Research has noted the importance of flexibility in the implementation process, along with an emphasis on level of provider competence and fidelity, when implementing an evidence-based practice in a community setting (Chang, Grant, Luther, & Beck, 2014). Findings from the CT-R training expansion can inform implementation strategies for other evidence-based practice models in systems of care, including future efforts to adapt CT-R for various types of providers. Findings from the current work include:

- An emphasis on the importance of flexibility in dealing with implementation challenges of workforce sustainability.
- Adaptations to the training model should be strategically developed and implemented to avoid a negative effect on provider outcomes.

Future research will include focus groups and interviews with providers to obtain more detailed data on important factors related to successful adaptation and implementation of CT-R with various populations. This addition will contribute to the current CT-R research on adapting the model for different client populations and professionals.

REFERENCES

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