

Memorandum for the Cross-site Evaluation of the National Child Traumatic Stress Initiative

I. Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS) is requesting approval for additional instrumentation associated with the Cross-site Evaluation of the National Child Traumatic Stress Initiative (NCTSI). The cross-site evaluation has been funded through CMHS since 2004 and has received OMB clearance for the majority of proposed data collection efforts (OMB No.: 0930-0276, Approval Date: 04/26/06, Expiration Date: 04/30/2009). As indicated on page 34 of the original Supporting Statement for the cross-site evaluation submitted to OMB, additional instrumentation for the Adoption of Methods and Practices Study component would be submitted by memorandum during the initial 3-year clearance period. The reference from page 34 is included as Attachment 1 and refers to instrumentation that had not yet been developed at the time of the original submission. Consistent with the original submission, this memorandum includes the additional instrumentation and the proposed methodology for its administration. This additional instrumentation (named below) constitutes the remainder of the instrumentation for the Adoption of Methods and Practices Study component.

- The Adoption Implementation Factors Interview (AIFI), a telephone interview, is included as Attachment 2 in the following formats:
 - 1) Interview Guide for Clinical Interventions – Provider & Administrator Versions
 - 2) Interview Guide for Assessment Measures – Provider & Administrator Versions
 - 3) Interview Guide for Training or Technical Assistance Materials

The AIFI telephone interview is the new instrumentation being submitted for review and approval.

II. Adoption of Methods and Practices Study Component

Following is a brief description of the Adoption of Methods and Practices study design and methodology abstracted from the original submission as well as a description of the new instrumentation (the AIFI telephone interview).

Purpose and Design

In achieving its mission of improving access to high-quality services for children and adolescents exposed to traumatic events, the National Child Traumatic Stress Network (NCTSN or "Network") strives to promote the adoption and implementation of trauma-informed, evidence-based practices, clinical interventions, training materials, assessment instruments, information resources and other products among NCTSN centers and affiliated partners. Given the significance of this activity to the Network's success, this study component is designed to evaluate the extent to which such practices and products generated or supported by the NCTSN are adopted by NCTSN centers and affiliated partners. (For simplicity, practices and products are hereafter referred to as "products.") This study component involves a two-stage data collection effort, which includes an annual Web-based survey of all NCTSN centers to determine the degree to which specific products are in the process of being adopted (this survey was approved in original submission and has been administered) and subsequent telephone interviews with a

subset of centers to collect additional in-depth qualitative information about the factors that hinder or support the process of adoption and implementation. The information obtained through this study will enhance understanding of the pathways through which adoption and implementation occur, common barriers, and best practices leading to successful adoption and implementation.

Description of Instrumentation

The AIFI telephone interview has been developed for use beginning in fiscal year 2007 and builds on data collected previously through the Web-based General Adoption Assessment Survey (GAAS). The AIFI is designed to collect in-depth, qualitative information about the factors that hinder or support the process of adoption and implementation of products identified through the GAAS. The AIFI telephone interview is the new instrumentation being submitted for review and approval.

The AIFI focuses on products that fall into three broad categories:

- 1) Clinical Interventions
- 2) Assessment Measures
- 3) Training or Technical Assistance Materials

Three specific products, one from each broad category, will be selected as the subject of the AIFI interview each year, and the products will be identified annually through GAAS data. To address the need for slightly different questions and phrasing across product categories and respondent types, five versions of the AIFI interview have been developed, including:

- 1) Interview Guide for Clinical Interventions – Provider & Administrator Versions
- 2) Interview Guide for Assessment Measures – Provider & Administrator Versions
- 3) Interview Guide for Training or Technical Assistance Materials

Consistency in questions has been maintained to the extent possible across the guides to facilitate analysis of data across products and respondent types. While specific questions within the guides are tailored as needed, the primary domains are also consistent and focus on: engagement processes used in adopting and implementing the product, factors that facilitate or present barriers to adoption and implementation, degree of implementation, adaptation, and approaches to evaluation of implementation processes and related client outcomes. Each interview guide follows a semi-structured and flexible format. Based on pilot testing, the interviews focused on clinical interventions and assessment measures are estimated to last 45 minutes, and the interview focused on training or technical assistance materials is estimated to last 30 minutes.

Respondent Universe and Sampling Method

The target population for the AIFI telephone interview includes providers and administrators employed by NCTSN centers or affiliated through training or outreach activities. In each year of the evaluation, a maximum of 75 respondents will be recruited to participate in the AIFI interviews overall, including approximately 25 respondents per AIFI interview type [1) clinical interventions, 2) assessment measures, and 3) training or technical assistance materials]. In the case of each of the three types of AIFI interviews, up to 5 individuals who are in an

administrative role at the centers will be recruited to participate. Administrators may include the center’s project director (PD), principle investigator (PI), clinical supervisor or another administrator with direct involvement in the implementation of the product of interest and knowledge about center resources and processes related to the implementation (a detailed description of respondent selection criteria is included as Attachment 4). In addition, for each of the three types of interviews, up to 20 service providers will be recruited to participate. The total number of individual AIFI respondents would not exceed 75 (i.e., the sum of 15 administrators and 60 providers) in any given year of the evaluation (Table 1).

TABLE 1
Respondent Participation by Interview Type

Adoption Implementation Factors Interview						
	Clinical Interventions		Assessment Measures		Training/TA Materials	
NCTSN Centers Represented by Respondents	5		5		5	
Respondent Types	PDs/PI's and/or Other Admin	Providers	PDs/PI's or Other Admin	Providers	PDs/PI's or Other Admin	Human Service Providers
# of Network Staff Participating in the AIFI	5	20	5	20	5	20
Total Individual Respondents	25		25		25	
Total Interviews	75					

A purposive sample will be developed based on data collected through the GAAS survey determining the products in process of being adopted most frequently and the centers and individuals that are involved in adopting them. The sample will include respondents representing approximately 33% of NCTSN centers, or 15 of the 45 NCTSN centers, which should provide adequate representation of centers with various characteristics, while minimizing burden to complete the survey. Among the centers involved in relevant adoption activities, a diverse sample will be created with respect to following criteria:

- Center category (i.e., Category I, II, or III)
- Center’s length of time in the Network (i.e., funded Network member since 2001/2002, since 2003, or since 2005)
- Center setting (i.e., urban, rural, suburban)
- Center’s clinical/service populations

A maximum variation sampling approach will be undertaken to capture and describe the central themes and principal outcomes that cut across diverse individual- and center-level experiences. Data collection and analysis for this type of approach will yield two types of information:

- Detailed descriptions of the characteristics of each center and respondent, which are useful for documenting uniqueness, and

- Important shared patterns that cut across centers and respondents despite having emerged from diverse points of view and circumstances.

This sampling approach will provide contextual information about adoption and implementation in a wide variety of settings. Coupled with descriptive information about the respondents and centers in the sample, the data will be useful in allowing SAMHSA and other Network stakeholders to assess the context of the findings and the relevance of the information to other situations and circumstances. The diversity in the sample enhances the likelihood that the findings can be widely transferred and will be relevant to the broadest audience.

Information Collection Procedures

As described, a sample of service providers and administrators employed by NCTSN centers or affiliated with the NCTSN through training and outreach activities will be invited to participate in the interview. The process for inviting and recruiting individual respondents for AIFI participation will vary as a function of the product type that is the focus of each interview.

Clinical Interventions or Assessment Measures

Clinical interventions and assessment measures are often adopted and implemented by centers in the National Child Traumatic Stress Network, becoming part of the centers' routine clinical protocols. Separate interview guides have been developed for each of these two product types (clinical interventions and assessment measures) to address the need for slightly different questions and phrasing across these distinct product categories. The guides are further tailored for administrators and providers as administrators are more likely to be familiar with organizational factors associated with adoption and implementation while service providers have insight into factors impacting implementation at the service level, such as characteristics of the service population or the product itself.

Because clinical interventions and assessment measures are often adopted and implemented at the center level, when recruiting respondents for participation in the AIFI interviews focused on these product types, the cross-site evaluator will make telephone calls to the project directors of centers targeted for AIFI participation to 1) explain the AIFI interview purpose and procedures, 2) invite the project director's participation, and 3) ask that the project director identify individual center staff members who should participate. Following these telephone calls, an email will be sent to the project director providing background information about the purpose of the Adoption of Methods and Practices study, the purpose of the AIFI telephone survey, the risks and benefits of participating, confidentiality and consent information, and respondent selection criteria (Attachments 3 and 4).

If possible, the interview with the project director will be scheduled at that time. If the project director agrees to identify additional staff members who are appropriate to participate, he or she will be asked for contact information (telephone and e-mail addresses) for the individuals identified. A contact list of the potential AIFI interview respondents will be developed. Telephone calls will then be made to each of the potential respondents to 1) explain the AIFI interview purpose and procedures, and 2) invite the potential respondent's participation. Following these telephone calls, an email will be sent to each of the potential respondents providing background information about the purpose of the Adoption of Methods and Practices

study, the purpose of the AIFI telephone survey, the risks and benefits of participating, and confidentiality and consent information (Attachment 5). For those agreeing to participate, the interview will then be scheduled.

Training or Technical Assistance Materials

In comparison to clinical interventions and assessment measures, training and technical assistance materials may be adopted by an individual or several individuals at a center but are less likely to be adopted at the center level as part of the center's clinical protocols or routine service delivery. In the case of this product category, if the product selected as the focus of the AIFI interview is adopted at the center level, the process for individual respondent recruitment will follow the protocol described above for clinical interventions and assessment measures. However, if the product selected is typically adopted on an individual basis, potential respondents for the AIFI interview will be identified through their participation as respondents in the GAAS survey (i.e., these individuals will be GAAS respondents who are adopters of the training material selected as the focus of the AIFI). An email will be sent to each of the potential respondents to 1) explain the AIFI interview purpose and procedures, and 2) invite the potential respondent's participation. This email provides background information about the purpose of the Adoption of Methods and Practices study, the purpose of the AIFI telephone survey, the risks and benefits of participating, and confidentiality and consent information (Attachment 5). For those agreeing to participate, the interview will then be scheduled. Regardless of the modified approach for recruitment that may be used in the case of training or technical assistance materials, the sample of individuals selected for the interviews will be developed with the objective of accomplishing maximum diversity in center representation.

Each of the AIFI interviews will be conducted by telephone by a representative of the cross-site evaluation team at the scheduled time. The interviewer will take written notes and will also audiotape the interview to provide an accurate record for subsequent review, analysis, and summary of the information gathered. Before conducting the survey, the interviewer will review the informed consent form sent to the respondent in advance of the interview. The interviewer will remind the respondent that completing the interview indicates consent.

Payment to Respondents

Remuneration will not be provided to AIFI respondents as many of the respondents work in an NCTSN center and receive wages through the NCTSI grant, which is Federally-funded. Therefore, these respondents are not eligible to receive additional remuneration for participating in the cross-site evaluation.

Assurance of Confidentiality

As described, in advance of the interview, an email will be sent to potential participants explaining the Adoption of Methods and Practices Study and the AIFI interview. This email also describes the voluntary nature of survey completion, confidentiality of responses, and the risks, benefits, and rights of participating respondents. A consent form is attached to the document describing these points (Attachments 4 and 5). Before conducting the survey, the interviewer will review the informed consent form with the respondent, verify that the respondent agrees to consent to the interview, and advise that by completing the interview, the respondent is indicating consent.

III. Burden Estimate for the Adoption Implementation Factors Interview

The burden estimate for the AIFI survey is included in Table 2.

TABLE 2
Annualized Estimate of Respondent Burden
 Note: Total burden is annualized over the 3-year clearance period

Adoption Implementation Factors Interview (AIFI)	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours	Hourly wage rate (\$)	Total cost per year (\$)
Administrative Staff						
Adoption and Implementation Factors Interview (AIFI) - Clinical Interventions	5	1	0.75	3.75	19.25 ¹	72.19
Adoption and Implementation Factors Interview (AIFI) - Assessment Instruments	5	1	0.75	3.75	19.25 ¹	72.19
Adoption and Implementation Factors Interview (AIFI) – Training and Technical Assistance Resources	5	1	0.5	2.5	19.25 ¹	48.13
Service Providers						
Adoption and Implementation Factors Interview (AIFI) - Clinical Interventions	20	1	0.75	15	18.51 ²	277.65
Adoption and Implementation Factors Interview (AIFI) - Assessment Instruments	20	1	0.75	15	18.51 ²	277.65
Adoption and Implementation Factors Interview (AIFI) – Training and Technical Assistance Resources	20	1	0.5	10	18.51 ²	185.10
TOTAL	75	N/A	N/A	50	N/A	932.91

1. Assuming the average annual income for administrators is \$40,000, the wage rate was estimated using the following formula: \$40,000 (annual income)/2080 (hours worked per year) = \$19.25 (dollars per hour).
2. The hourly wage rate is based on the National Compensation Survey, Bureau of Labor Statistics (BLS), United States Department of Labor, Social Worker, July 2004.

List of Appendices

1. Attachment 1: Excerpt From Page 34 of the Original OMB Supporting Statement
2. Attachment 2: Adoption Implementation Factors Interview
 - 1) Interview Guide for Clinical Interventions – Provider & Administrator Versions
 - 2) Interview Guide for Assessment Measures – Provider & Administrator Version
 - 3) Interview Guide for Training or Technical Assistance
3. Attachment 3: Study Purpose and Procedures – Information for Project Directors
4. Attachment 4: Respondent Selection Criteria and Nomination Form
5. Attachment 5: Study Purpose and Procedures – Information for Respondents Other than the Project Director

Attachments

Attachment 1

Excerpt from Page 34 of the Original OMB Supporting Statement

Attachment 2

Adoption Implementation Factors Telephone Interview

- 1) Interview Guide for Clinical Interventions – Provider & Administrator Versions
- 2) Interview Guide for Assessment Measures – Provider & Administrator Versions
- 3) Interview Guide for Training or Technical Assistance

Attachment 3

Study Purpose and Procedures: Information for Project Directors

Attachment 4

Respondent Selection Criteria and Nomination Form

Attachment 5

Study Purpose and Procedures: Information for Respondents Other than the Project Director

Attachment 1

Excerpt from Page 34 of the Original OMB Supporting Statement

Original OMB Supporting Statement (section A. Justification), Excerpt from Page 34:

Adoption of Methods and Practices. Data analysis of the GAAS will be largely descriptive and consist of tabular displays of information. As data are collected over time it will be possible to use the information to formulate models of adoption penetration rates for certain population segments, centers, or specific innovations.

Initial data analysis for the AIFI will be descriptive. In addition, qualitative analysis that utilizes evaluative coding categories, organizational features, or classifies groups of implementation experiences or trajectories will be derived and used as a basis for analysis. The specific questions will be developed based in part on feedback obtained from the administration of the GAAS and will be submitted to OMB by memorandum during the second year of the evaluation.

Attachment 2

Adoption Implementation Factors Telephone Interview

- 1) Interview Guide for Clinical Interventions – Provider & Administrator Versions
- 2) Interview Guide for Assessment Measures – Provider & Administrator Versions
- 3) Interview Guide for Training or Technical Assistance

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Cross-Site Evaluation of the National Child Traumatic Stress Initiative

ADOPTION IMPLEMENTATION FACTORS INTERVIEW FOR CLINICAL INTERVENTIONS – PROVIDER VERSION

Name: _____

Phone #: _____

Date of Interview: _____

Interviewer: _____

Center name: _____

Center ID: _____

Interview Guide

Introduction

(Introduce self and any other Macro International Inc. staff present on the call). Thank you for taking the time to talk with me today. As you may know, we are conducting the cross-site evaluation of the National Child Traumatic Stress Initiative and wanted an opportunity to speak with you about your experiences adopting **or** implementing *(name clinical intervention)*.

Before we begin, let me ask: Did you receive a packet of information about this interview? *(If the respondent has not received the material, pause the call and email the material. Offer the respondent an opportunity to postpone the call if needed to review the material.)* That material included a description of the purpose of this call, and more detailed information about how the information you provide will be used and the confidentiality of your responses. I want to emphasize that your name will not be used in any reports about the interviews and no quotes will be attributed to you. These same questions are being asked of other providers and administrators, and the information gathered will be used for the sole purpose of improving understanding about adoption and implementation of practices and products disseminated through the Network. To that end, your input is critical, and this is an opportunity for you to *candidly* share your views and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Let's review the material you received together now *(interviewer directs attention to the interview packet and reviews consent form)*. Do you have any questions or concerns about your participation in this interview? As described in that material, continuing with this interview implies that you understand the purpose of this interview and consent to participate—Are you willing to continue?

Yes *(Proceed with the interview)*

No (*Thank the individual and terminate the call*)

[IF YES]

Great, so let's get started. To help us understand a little more about your background, I will begin with a few brief questions related to your education and experience as a mental health service provider.

Part I. Background

1. Are you a licensed mental health services provider?

2. What is your highest level of education?

3. In what field did you receive your highest degree?

4. How long have you been working as a mental health services provider?

Month(s)___

Year(s)___

5. How long have you been working with clients aged 0-21 who have experienced trauma?

Month(s)___

Year(s)___

6. How long have you been working in your current position?

Month(s)___

Year(s)___

7. Which of the following best describes your current professional position?

- Case manager/care coordinator
- Clinician/therapist
- Clinical social worker
- Counselor
- Psychologist
- Psychiatrist
- Mental health nurse
- Supervisor
- Professional intern
- Other (please describe: _____)

8. What are the clinical characteristics of the clients to whom you personally provide services most frequently? By clinical characteristics, I mean types of traumas experienced and clinical diagnoses.

9. What are the demographic characteristics of these clients? (*Interviewers: allow the respondent to answer, and then probe if necessary on the following topics: race, ethnicity, nationality, age, gender, sexual orientation, native/primary language, rural or urban, and socioeconomic status*)

10. What is your workplace setting? (*Inpatient, outpatient, home, school, etc.*)

Part II. Adoption and Implementation

Next, we will move on to the questions related to the adoption and implementation of (*name clinical intervention*). For the purpose of this interview, “adoption” is defined as an agency or individual’s act of choosing a clinical intervention of potential value and deciding to implement it. “Implementation” is the process of incorporating a clinical intervention as a part of the normal operation of an organization or community, such as into routine service delivery.

Adoption

11. When did you first learn about (*name clinical intervention*)?

Month___

Year___

12. To your knowledge, when did your center first adopt (*name clinical intervention*)? By “adopt,” I mean decide to include (*name clinical intervention*) as a part of your clinical practices.

Month___

Year___

13. Were you involved in your center’s decision to adopt (*name clinical intervention*)? Please explain.

- A. Did you anticipate that there would be benefits or advantages associated with your center adopting (*name clinical intervention*)?
- B. Did you anticipate that there would be risks or disadvantages?

Engagement Methods

14. What resources, if any, introduced this intervention to you, enhancing your awareness or understanding of it, providing an opportunity to adopt it?

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent)

- A. Training provided by an NCTSN center (or centers)? In-person? Web-based?
- B. Training provided by a **non-NCTSN** center or agency?
- C. NCTSN Learning Collaboratives or Breakthrough Series trainings?
- D. Consultation with the National Center for Child Traumatic Stress?
- E. NCTSN meetings?
- F. NCTSN collaborative groups?
- G. Conferences or published literature?

Implementation

15. When did you first begin implementing (*name clinical intervention*)? By “implementing,” I mean incorporating (*name clinical intervention*) into your clinical practices with clients.

Month___

Year___

16. Were you required to implement (*name clinical intervention*)? If so, was this requirement from your supervisor? Center or agency? State?

17. How would you describe the steps involved in incorporating (*name clinical intervention*) into the provision of services, in your experience?

A. What resources, if any, are needed? (Staff – internal or external? Funding -- sources? Partnerships?)

B. What does “implementation” mean to you?

18. Viewing “implementation” as a process that occurs over time rather than an event, and recognizing that it may not happen all at once or smoothly, would you say that the process of implementing (*name clinical intervention*) into your practices is complete or ongoing? What makes you say that?

19. How many clients aged 0-21 that have experienced trauma are you currently treating in your caseload?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 30+

20. Of those cases, approximately what percentage do you think could benefit from receiving (*name clinical intervention*)?

Percentage that could benefit_____

A. What percentage are receiving (*name clinical intervention*)?

Percentage receiving_____

21. When you administer (*name clinical intervention*), how often do you follow the full intervention protocol?

22. Would you say that following the full protocol for (*name clinical intervention*) has been easy or challenging or both? Why?

23. Have you been supported in your efforts to implement (*name clinical intervention*) by supervisors, trainers, coaches, mentors or management? Please explain.

[IF YES]

A. Was this support provided from within your center or agency or through external resources?

B. Was this support provided at one point in time or continually over time?

- C. Did the support enhance your knowledge and use of (*name clinical intervention*)?
- D. Have developers or experts been active in helping your center or agency with implementation?
- (a) If so, have these individuals or groups remained available over time?
- E. Would you say that over time, your perspectives about the effectiveness of (*name clinical intervention*) have changed or remained the same?

24. Has the opportunity to participate in the Network as part of a funded center or a trainee of the Network impacted the process of implementing (*name clinical intervention*) into your practices in any way? If so, how?

25. In your experiences implementing (*name clinical intervention*), has your center or agency collected any information to measure the extent to which you follow the intervention guidelines or protocol in the delivery of services? (*Examples may include clinical session monitoring by supervisors or coaches, use of adherence checks or measures, fidelity checks or measures, technical assistance from experts, taping of clinical sessions, electronic data recording/tracking systems, etc.*)

[IF YES]

- A. What types of tools have been used?
- B. How frequently has such information been collected?

Adaptation

26. Has the protocol been **adapted at your center** in practice? By “adapted,” I mean modified for a particular purpose, such as to meet community needs, to make the intervention more culturally relevant, or as a result of resources available to your agency or center.

[IF YES]

- A. Why has the intervention been adapted?
- B. In what ways has the intervention been adapted?
- C. Has adaptation been necessary to accomplish implementation?
- D. What are your thoughts about whether the adaptation impacted the intervention’s effectiveness with the populations served?
- E. To your knowledge, has fidelity been evaluated as part of the adaptation process? By “fidelity,” I mean the degree to which providers follow the core elements, protocols, procedures, and content set by the research study that determined the intervention’s effectiveness.

27. In your own experience delivering services, to what extent has (*name clinical intervention*) been adapted or modified over time at the center? (*Interviewers: this question is designed to assess whether the adaptation occurred once at the center and the adapted intervention was then delivered consistently over time, or whether adaptation has occurred several times in stages and the intervention has been delivered in more than one adapted form.*)

Facilitators

28. What factors, if any, facilitated the implementation of (*name clinical intervention*), making it easier to use it? Such “factors” could be any variety of things, such as the availability of training or personnel available to implement (*name clinical intervention*), or how it is viewed by members of the community.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Was this intervention easier to implement because of factors related to –

- A. The intervention itself? (e.g., ease of use of the model)
- B. Individuals? (e.g., clinical staff, clinical population, your own clinical training or clinical experiences)
- C. Your center, agency or program? (e.g., administrative policies, standard procedures or protocols, stage of your program’s development, program focus or setting, management support or resources, etc.)
- D. Community setting or environment? (e.g., relationships between programs and people involved in the adoption process, the referral process, communication between key individuals or agencies, geography, etc.)
- E. State, Local, or Federal government policies or funding?

29. Of all of the factors that facilitated implementation, which are the top two most important?

1. _____
2. _____

Barriers to Implementation

30. Next, in contrast to facilitating factors, please tell me about any barriers that you may have encountered as part of the implementation process. By “barriers,” I mean anything that made (*name clinical intervention*) more difficult to implement, such as the amount or type of training required, the personnel required, or how it is viewed by members of the community.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Did you experience any challenges related to:

- A. The intervention itself? (e.g., complexity or intensity of the model)
- B. Individuals? (e.g., clinical staff, clinical population, your own clinical training which may have emphasized a contrasting approach, your own clinical experiences)
- C. Your center, agency or program? (e.g., administrative policies, standard procedures or protocols, stage of your program’s development, program focus or setting, resources, etc.)
- D. Community setting or environment? (e.g., relationships between programs and people involved in the adoption process, the referral process, communication between key individuals or agencies, geography, etc.)

E. State, Local, or Federal government policies or funding?

31. Of all of the barriers to implementation that you experienced, which are the top two most significant?

1. _____
2. _____

Clinical Effectiveness

32. What is your opinion about whether (*name clinical intervention*) is working as implemented (or as adapted, if applicable)? How do you know?

A. How does your center or agency measure the outcomes of clients who receive (*name intervention*)?

B. How and in what format is your center maintaining and reporting client outcomes data?

Recommendations

33. Finally, what advice or recommendations would you give to a clinician or an agency that is just beginning to implement (*name clinical intervention*), in light of your experiences implementing (*name clinical intervention*), and the knowledge you have gained?

Final Comments

34. Do you have any other information or opinions you would like to share regarding the adoption and implementation of clinical interventions in general or about (*name clinical intervention*) specifically?

Closure

Thank you very much for participating in this interview. Again, your participation is critical to improving understanding of what works and does not work in adopting and implementing (*name clinical intervention*). If you have any additional information for us to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (*refer respondent to the consent form in the interview packet*).

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Cross-Site Evaluation of the National Child Traumatic Stress Initiative

ADOPTION IMPLEMENTATION FACTORS INTERVIEW FOR CLINICAL INTERVENTIONS – ADMINISTRATOR VERSION

Name: _____

Phone #: _____

Date of Interview: _____

Interviewer: _____

Center name: _____

Center ID: _____

Interview Guide

Introduction

(Introduce self and any other Macro International Inc. staff present on the call). Thank you for taking the time to talk with me today. As you may know, we are conducting the cross-site evaluation of the National Child Traumatic Stress Initiative and wanted an opportunity to speak with you about your experiences adopting or implementing *(name clinical intervention)*.

Before we begin, let me ask: Did you receive a packet of information about this interview? *(If the respondent has not received the material, pause the call and email the material. Offer the respondent an opportunity to postpone the call if needed to review the material.)* That material included a description of the purpose of this call, and more detailed information about how the information you provide will be used and the confidentiality of your responses. I want to emphasize that your name will not be used in any reports about the interviews and no quotes will be attributed to you. These same questions are being asked of other providers and administrators, and the information gathered will be used for the sole purpose of improving understanding about adoption and implementation of practices and products disseminated through the Network. To that end, your input is critical, and this is an opportunity for you to *candidly* share your views and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Let's review the material you received together now *(interviewer directs attention to the interview packet and reviews consent form)*. Do you have any questions or concerns about your participation in this interview? As described in that material, continuing with this interview implies that you understand the purpose of the interview and consent to participate—Are you willing to continue?

- Yes *(Proceed with the interview)*
- No *(Thank the individual and terminate the call)*

[IF YES]

Great, so let's get started. To help us understand a little more about your background, I will begin with a few brief questions related to your education, training and experience.

Part I. Background

1. Are you a licensed mental health service provider as well as an administrator?
2. What is your highest level of education?
3. In what field did you receive your highest degree?
4. How long have you been working in an administrative position?
Month(s)____
Year(s)____
5. How long have you been working with programs that serve clients aged 0-21 who have experienced trauma?
Month(s)____
Year(s)____
6. How long have you been working in your current position?
Month(s)____
Year(s)____
7. Which of the following best describes your current professional position?
 - Clinical supervisor/manager
 - Project/program director
 - Agency director
 - Principle investigator
 - Other (please describe: _____)

Part II. Adoption and Implementation

Next, we will move on to the questions related to the adoption and implementation of (*name clinical intervention*). For the purpose of this interview, "adoption" is defined as an agency or individual's act of choosing a clinical intervention of potential value and deciding to implement it. "Implementation" is the process of incorporating a clinical intervention as a part of the normal operation of an organization or community, such as into routine service delivery.

Adoption

8. When did you first learn about (*name clinical intervention*)?
Month____
Year____
9. To your knowledge, when did your center first adopt (*name clinical intervention*)? By "adopt," I mean decide to include (*name clinical intervention*) as a part of the center's clinical practices.

Month____
Year____

10. Why was this particular clinical intervention selected for adoption at your center? (*Probe regarding whether a needs assessment was conducted or other formal or informal assessment*)

11. Were you personally involved in your center's decision to adopt this clinical intervention? Please explain.

- A. At the time, what was your opinion about the match between your service population and the clinical intervention?
- B. Did you anticipate that there would be benefits or advantages associated with your center adopting (*name clinical intervention*)?
- C. Did you anticipate that there would be risks or disadvantages?

12. To your knowledge, were other stakeholders or partners involved in the adoption process? By "stakeholders," I mean any variety of individuals such as program funders, clients, families, community members, agency partners, etc.

Engagement Methods

13. What resources, if any, introduced this intervention to your center, enhancing awareness or understanding of it, providing an opportunity to adopt it?

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent)

- A. Training provided by an NCTSN center (or centers)? In-person? Web-based?
- B. Training provided by a **non-NCTSN** center or agency?
- C. NCTSN Learning Collaboratives or Breakthrough Series trainings?
- D. Consultation with the National Center for Child Traumatic Stress?
- E. NCTSN meetings?
- F. NCTSN collaborative groups?
- G. Conferences or published literature?

Implementation

14. When did your center first become involved in implementing (*name clinical intervention*)? By "implementing," I mean incorporating (*name clinical intervention*) into the normal operation of your service delivery practices.

Month____
Year____

15. Was your center required to implement (*name clinical intervention*)? If so, was this requirement from your agency? State?

16. How would you describe the steps involved in incorporating (*name clinical intervention*) into the provision of services at your center, in your experiences?

A. What resources, if any, are needed? (Staff – internal or external? Funding -- sources? Partnerships?)

B. What does “implementation” mean to you?

17. Viewing “implementation” as a process that occurs over time rather than an event, and recognizing that it may not happen all at once or smoothly, would you say that the process of implementing (*name clinical intervention*) into your center’s practices is complete or ongoing? What makes you say that?

18. Viewing “implementation” as occurring not only over time, but in various stages, which of the following 4 stages best describes the status of your center’s implementation of (*name clinical intervention*)?

- 1) Exploration and adoption: characterized by gathering information, exploring options, assessing the potential match to service population needs and program resources, and *making a decision to proceed or not proceed with implementation.*
- 2) Program installation: after a decision is made, this stage is characterized by *tasks that need to be accomplished before the first client is seen.* Active preparation and resources are devoted toward doing things differently in keeping with the core components of the intervention (and may involve ensuring needed funding, staff, etc.).
- 3) Initial implementation: often characterized by the challenges associated with change and the complex work of implementing something new, which may demand changes in training and program capacity or culture that require time to accomplish. *Implementation of the intervention is just beginning* and confidence in the new approach may or may not be tested.
- 4) Full operation: the new operating procedures have become fully integrated from the perspective of the clinician, organization and/or community involved in the implementation. *The implemented program becomes a routine aspect of practice*, fully operational in all of its facets, including appropriate staffing structures, caseloads, referral structures, and so on.

19. According to the NCTSN service utilization form completed at your center for the last quarter, the total number of clients between the ages of 0 and 21 for whom your center provided direct clinical services under the auspices of the NCTSI grant in the last quarter is _____. (*Interviewers: this data should be inserted based on the center’s service utilization form*) Does this sound accurate?

20. Of those cases, to your knowledge, approximately what percentage do you think could benefit from receiving (*name clinical intervention*)?

Percentage that could benefit_____

A. To your knowledge, what percentage are receiving (*name clinical intervention*)?

Percentage receiving_____

21. How many clinicians at your center that provide services to clients aged 0-21 who have experienced trauma are trained to provide (*name clinical intervention*)?

A. Of those, how many are providing (*name clinical intervention*)?

22. In your experiences implementing (*name clinical intervention*) at your center, has the process been easy or challenging or both? Why?

23. Would you say that your center has a system in place (i.e., resources, staffing, management, etc.) to address potential challenges related to implementing (*name clinical intervention*)? Please explain.

24. Have clinicians at your center or agency received training or technical assistance to support the implementation of (*name clinical intervention*)? Please explain.

[IF YES]

A. Was this support provided from within your center or agency or through external resources?

B. Was this support provided at one point in time or continually over time?

C. Do you feel that this support enhanced the knowledge and use of (*name clinical intervention*) among the mental health service providers at your center?

D. Have developers or experts been active in helping your center or agency with implementation?

(a) If so, have these developers or experts remained available over time?

E. Would you say that over time, your perspectives about the effectiveness of (*name clinical intervention*) have changed or remained the same?

25. Has the opportunity to participate in the Network as part of a funded center impacted the process of implementing (*name clinical intervention*) at your center in any way? Please explain.

26. In your experiences implementing (*name clinical intervention*) at your center, has any information been collected to measure the extent to which service providers follow the intervention guidelines or protocol in the delivery of services? (*Examples may include clinical session monitoring by supervisors or coaches, use of adherence checks or measures, fidelity checks or measures, technical assistance from experts, taping of clinical sessions, electronic data recording/tracking systems, etc.*)

[IF YES]

A. What types of tools have been used?

B. How frequently has such information been collected?

Adaptation

27. Has (*name clinical intervention*) been **adapted** at your center in practice? By “adapted,” I mean modified for a particular purpose, such as to meet community needs, to make the intervention more culturally relevant, or as a result of resources available to your agency or center.

[IF YES]

A. Why has the intervention been adapted?

B. In what ways has the intervention been adapted?

C. Has adaptation been necessary to accomplish implementation?

D. What are your thoughts about whether the adaptation impacted the intervention's effectiveness with the populations served?

E. Has fidelity been evaluated as part of the adaptation process? By "fidelity," I mean the degree to which providers follow the core elements, protocols, procedures, and content set by the research study that determined the intervention's effectiveness.

28. As part of the process of implementing (*name clinical intervention*) at your center, to what extent has the protocol been adapted or modified over time at your center? (*Interviewers: this question is designed to assess whether the adaptation occurred once at the center and the adapted intervention was then delivered consistently over time, or whether adaptation has occurred several times in stages and the intervention has been delivered in more than one adapted form*).

Facilitators

29. What factors, if any, facilitated the implementation of (*name clinical intervention*) at your center, making it easier to implement at your center? Such "factors" could be any variety of things, such as the availability of training or personnel available to implement (*name clinical intervention*), or how it is viewed by members of the community.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Was this intervention easier to implement at your center because of factors related to –

A. The intervention itself? (e.g., ease of use of the model)

B. Individuals? (e.g., clinical staff, clinical population, your own clinical training or clinical experiences)

C. Your center, agency or program? (e.g., administrative policies, standard procedures or protocols, stage of your program's development, program focus or setting, management support or resources, etc.)

D. Community setting or environment? (e.g., relationships between programs and people involved in the adoption process, the referral process, communication between key individuals or agencies, geography, etc.)

E. State, Local, or Federal government policies or funding?

30. Of all of the factors that facilitated implementation, which are the top two most important?

1. _____
2. _____

Barriers to Implementation

31. Next, in contrast to facilitating factors, please tell me about any barriers that you may have encountered as part of the implementation process at your center. By "barriers," I mean anything that made (*name clinical intervention*) more difficult to implement, such as the amount or type of training required, the personnel required, or how it is viewed by members of the community.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Did you experience any challenges to implementation at your center related to:

- A. The intervention itself? (e.g., complexity or intensity of the model)
- B. Individuals? (e.g., clinical staff, clinical population, your own clinical training which may have emphasized a contrasting approach, your own clinical experiences)
- C. Your center, agency or program? (e.g., administrative policies, standard procedures or protocols, stage of your program’s development, program focus or setting, resources, etc.)
- D. Community setting or environment? (e.g., relationships between programs and people involved in the adoption process, the referral process, communication between key individuals or agencies, geography, etc.)
- E. State, Local, or Federal government policies or funding?

32. Of all of the barriers to implementation that you experienced, which are the top two most significant?
- 1. _____
 - 2. _____

Clinical Effectiveness

33. What is your opinion about whether this clinical intervention is working as implemented (or as adapted, if applicable) at your center? How do you know?

- A. How does your center or agency measure the outcomes of clients who receive (*name intervention*)?
- B. How and in what format is your center maintaining and reporting client outcomes data?

Sustainability

34. (Note to interviewers: ask the respondent question A. or B. below as appropriate, but not both. For the question that is not selected, indicate “N/A”)

- A. (If the intervention has been fully implemented based on question #18) How has the routine use of (*name clinical intervention*) been sustained over time?
- B. (If the intervention is still in process of being implemented based on question #18) How has the process of implementing (*name clinical intervention*) been sustained over time?

By “sustained,” I mean continued despite changes in leadership, funding streams, program requirements, availability of skilled practitioners, and other factors that may jeopardize the long-term survival and continued effectiveness of the intervention or its implementation process.

Recommendations

35. Finally, in light of your experiences implementing (*name clinical intervention*), and the knowledge you have gained, what advice or recommendations would you give to someone in your position that is just beginning to implement this intervention?

Final Comments

36. Do you have any other information or opinions you would like to share regarding the adoption and implementation of clinical interventions in general or about (*name clinical intervention*) specifically?

Closure

Thank you very much for participating in this interview. Again, your participation is critical to improving understanding of what works and does not work in adopting and implementing (*name clinical intervention*). If you have any additional information for us to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (*refer respondent to the consent form in the interview packet*).

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Cross-Site Evaluation of the National Child Traumatic Stress Initiative

ADOPTION IMPLEMENTATION FACTORS INTERVIEW FOR ASSESSMENT MEASURES – PROVIDER VERSION

Name: _____

Phone #: _____

Date of Interview: _____

Interviewer: _____

Center name: _____

Center ID: _____

Interview Guide

Introduction

(Introduce self and any other Macro International Inc. staff present on the call). Thank you for taking the time to talk with me today. As you may know, we are conducting the cross-site evaluation of the National Child Traumatic Stress Initiative and wanted an opportunity to speak with you about your experiences adopting **or** implementing *(name assessment measure)*.

Before we begin, let me ask: Did you receive a packet of information about this interview? *(If the respondent has not received the material, pause the call and email the material. Offer the respondent an opportunity to postpone the call if needed to review the material.)* That material included a description of the purpose of this call, and more detailed information about how the information you provide will be used and the confidentiality of your responses. I want to emphasize that your name will not be used in any reports about the interviews and no quotes will be attributed to you. These same questions are being asked of other providers and administrators, and the information gathered will be used for the sole purpose of improving understanding about adoption and implementation of practices and products disseminated through the Network. To that end, your input is critical, and this is an opportunity for you to *candidly* share your views and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Let's review the material you received together now *(interviewer directs attention to the interview packet and reviews consent form)*. Do you have any questions or concerns about your participation in this interview? As described in that material, continuing with this interview implies that you understand the purpose of this interview and consent to participate—Are you willing to continue?

- Yes (*Proceed with the interview*)
- No (*Thank the individual and terminate the call*)

[IF YES]

Great, so let's get started. To help us understand a little more about your background, I will begin with a few brief questions related to your education and experience as a mental health service provider.

Part I. Background

1. Are you a licensed mental health services provider?
2. What is your highest level of education?
3. In what field did you receive your highest degree?
4. How long have you been working as a mental health services provider?
Month(s)____
Year(s)____
5. How long have you been working with clients aged 0-21 who have experienced trauma?
Month(s)____
Year(s)____
6. How long have you been working in your current position?
Month(s)____
Year(s)____
7. Which of the following best describes your current professional position?
 - Case manager/care coordinator
 - Clinician/therapist
 - Clinical social worker
 - Counselor
 - Psychologist
 - Psychiatrist
 - Mental health nurse
 - Supervisor
 - Professional intern
 - Other (please describe: _____)
8. What are the clinical characteristics of the clients to whom you personally provide services most frequently? By clinical characteristics, I mean types of traumas experienced and clinical diagnoses.
9. What are the demographic characteristics of these clients? (*Interviewers: allow the respondent to answer, and then probe if necessary on the following topics: race, ethnicity, nationality, age, gender, sexual orientation, native/primary language, rural or urban, and socioeconomic status*)
10. What is your workplace setting? (*Inpatient, outpatient, home, school, etc.*)

Part II. Adoption and Implementation

Next, we will move on to the questions related to the adoption, implementation and routine administration of (*name assessment measure*). For the purpose of this interview, “adoption” is defined as an agency or individual’s act of choosing an assessment measure of potential value and deciding to implement it. “Implementation” is the process of incorporating an assessment measure as a part of the normal operation of an organization or community, such as into routine service delivery.

Adoption

11. When did you first learn about (*name assessment measure*)?

Month___

Year___

12. To your knowledge, when did your center first adopt (*name assessment measure*)? By “adopt,” I mean decide to administer (*name assessment measure*) as a part of the center’s routine clinical practices.

Month___

Year___

13. Were you involved in your center’s decision to adopt (*name assessment measure*)? Please explain.

- A. Did you anticipate that there would be benefits or advantages associated with your center adopting (*name assessment measure*)?
- B. Did you anticipate that there would be risks or disadvantages?

Engagement Methods

14. What resources, if any, introduced this assessment measure to you, enhancing your awareness or understanding of it, providing an opportunity to begin using it?

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent)

- A. Training provided by an NCTSN center (or centers)? In-person? Web-based?
- B. Training provided by a **non-NCTSN** center or agency?
- C. NCTSN Learning Collaboratives or Breakthrough Series trainings?
- D. Consultation with the National Center for Child Traumatic Stress?
- E. NCTSN meetings?
- F. NCTSN collaborative groups?
- G. Conferences or published literature?

Implementation

15. When did you first begin administering (*name assessment measure*) with your clients?

Month___

Year___

16. Were you required to administer (*name assessment measure*) for any reason? If so, was this requirement from your supervisor? Center or agency?

17. For what purpose(s) do you administer (*name assessment measure*)? For example, do you administer it to screen clients for particular services, to plan treatment, to perform diagnostic assessment or for other purposes?

18. What resources, if any, are needed to support your routine use of (*name assessment measure*)? (Staff – internal or external? Funding -- sources? Partnerships?)

19. Viewing “implementation” of an assessment measure as a process that occurs over time rather than an event, and recognizing that it may not happen all at once or smoothly, would you say that the process of implementing (*name assessment measure*) into your practices is complete or ongoing? What makes you say that?

20. How many clients aged 0-21 that have experienced trauma are you currently treating in your caseload?

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 30+

21. Of those cases, for approximately what percentage do you think the administration of (*name assessment measure*) is appropriate?

Percentage_____

22. For approximately what percentage are you administering (*name assessment measure*) in practice?

Percentage_____

23. Would you say that the process of implementing (*name assessment measure*) or incorporating it into routine practice has been easy or challenging or both? Why?

24. Have you been supported in your efforts to administer (*name assessment measure*) on a routine basis by supervisors, trainers or management?

[IF YES]

A. Was this support provided from within your center or agency or through external resources?

B. Did the support enhance your knowledge and use of (*name assessment measure*)?

25. What is your opinion about the utility of (*name assessment measure*)?

- A. What do you consider to be the strengths of (*name assessment measure*)? Which components do you find most useful?
- B. What do you consider to be the weaknesses of (*name assessment measure*)? Which components do you find the least useful?
- C. Have your perspectives about the utility of (*name assessment measure*) changed or remained the same over time?

26. Has the opportunity to participate in the Network as part of a funded center or a trainee of the Network impacted the process of implementing (*name assessment measure*) or incorporating it into your routine practices in any way? If so, how?

Adaptation

27. When you administer (*name assessment measure*), do you always administer it in its entirety or do you abbreviate or adapt it for any reason? Please explain.

28. Do you follow the clinical guidelines or recommended protocol for its administration? Please explain.

29. In your experiences administering (*name assessment measure*), has your center or agency collected any information to measure the extent to which you follow the clinical guidelines or recommended protocol for its administration? (*Examples may include use of adherence checks or measures, technical assistance from experts, taping of clinical sessions, etc.*)

[IF YES]

- A. What types of tools have been used?
- B. How frequently has such information been collected?

Facilitators

30. What factors, if any, facilitated the incorporation of (*name assessment measure*) into your routine practices, making it easier to administer? Such “factors” could be any variety of things, such as the length of time it takes to administer (*name assessment measure*), the way it is scored, or the training that you may have received regarding its purpose and administration.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Has this assessment measure been easier to administer because of factors related to –

- A. The assessment measure itself? (e.g., the length of time it takes to administer it, scoring)
- B. Individuals? (e.g., support you have received from clinical staff or your own clinical training or clinical experiences)
- C. Your center, agency or program? (e.g., administrative policies, management support or resources, time available to spend with clients, etc.)
- D. Community setting or environment? (e.g., partnerships or relationships with individuals or agencies that may have facilitated training on the administration of the assessment measure, etc.)

E. State, Local, or Federal government policies or funding?

31. Of all of the factors that facilitated the incorporation of (*name assessment measure*) into routine practices, making it easier to administer, which are the top two most important?

1. _____
2. _____

Barriers to Implementation

32. Next, in contrast to facilitating factors, please tell me about any barriers that may have made it more difficult to incorporate (*name assessment measure*) into your routine practices. By “barriers,” I mean anything that made it more difficult to administer (*name assessment measure*), such as the amount or type of training required, the length of time it takes to administer it, or the way it is scored, and so on.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Did you experience any challenges related to:

- A. The assessment measure itself? (e.g., length of time required to administer, scoring)
- B. Individuals? (e.g., lack of support among clinical staff, your own clinical training which may have emphasized a contrasting approach, etc.)
- C. Your center, agency or program? (e.g., administrative policies, lack of management support or resources, time available to spend with clients, etc.)
- D. Community setting or environment? (e.g., partnerships or relationships with individuals or agencies that may have hindered training on the administration of the assessment measure, etc.)
- E. State, Local, or Federal government policies or funding?

33. Of all of the barriers that you experienced, which are the top two most significant?

1. _____
2. _____

Evaluation

34. What is your opinion about whether this assessment measure is working as intended? How do you know?

- A. How and in what format is your center maintaining and reporting client outcomes data?

Recommendations

35. Finally, what advice or recommendations would you give to a clinician or an agency that is just beginning to incorporate (*name assessment measure*) into routine practices, in light of your experiences, and the knowledge you have gained?

Final Comments

36. Do you have any other information or opinions you would like to share regarding the adoption, implementation or administration of assessment measures in general or about (*name assessment measure*) specifically?

Closure

Thank you very much for participating in this interview. Again, your participation is critical to improving understanding of what works and does not work in adopting and implementing (*name assessment measure*). If you have any additional information for us to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (*refer respondent to the consent form in the interview packet*).

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Cross-Site Evaluation of the National Child Traumatic Stress Initiative

**ADOPTION IMPLEMENTATION FACTORS INTERVIEW FOR
ASSESSMENT MEASURES – ADMINISTRATOR VERSION**

Name: _____

Phone #: _____

Date of Interview: _____

Interviewer: _____

Center name: _____

Center ID: _____

Interview Guide

Introduction

(Introduce self and any other Macro International Inc. staff present on the call). Thank you for taking the time to talk with me today. As you may know, we are conducting the cross-site evaluation of the National Child Traumatic Stress Initiative and wanted an opportunity to speak with you about your experiences adopting **or** implementing *(name assessment measure)*.

Before we begin, let me ask: Did you receive a packet of information about this interview? *(If the respondent has not received the material, pause the call and email the material. Offer the respondent an opportunity to postpone the call if needed to review the material.)* That material included a description of the purpose of this call, and more detailed information about how the information you provide will be used and the confidentiality of your responses. I want to emphasize that your name will not be used in any reports about the interviews and no quotes will be attributed to you. These same questions are being asked of other providers and administrators, and the information gathered will be used for the sole purpose of improving understanding about adoption and implementation of practices and products disseminated through the Network. To that end, your input is critical, and this is an opportunity for you to *candidly* share your views and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Let's review the material you received together now *(interviewer directs attention to the interview packet and reviews consent form)*. Do you have any questions or concerns about your participation in this interview? As described in that material, continuing with this interview implies that you understand the purpose of the interview and consent to participate—Are you willing to continue?

- Yes *(Proceed with the interview)*
- No *(Thank the individual and terminate the call)*

[IF YES]

Great, so let's get started. To help us understand a little more about your background, I will begin with a few brief questions related to your education, training and experience.

Part I. Background

1. Are you a licensed mental health service provider as well as an administrator?
2. What is your highest level of education?
3. In what field did you receive your highest degree?
4. How long have you been working in an administrative position?
Month(s)____
Year(s)____
5. How long have you been working with programs that serve clients aged 0-21 who have experienced trauma?
Month(s)____
Year(s)____
6. How long have you been working in your current position?
Month(s)____
Year(s)____
7. Which of the following best describes your current professional position?
 - Clinical supervisor/manager
 - Project/program director
 - Agency director
 - Principle investigator
 - Other (please describe: _____)

Part II. Adoption and Implementation

Next, we will move on to the questions related to the adoption, implementation or routine administration of (*name assessment measure*). For the purpose of this interview, "adoption" is defined as an agency or individual's act of choosing an assessment measure of potential value and deciding to implement it. "Implementation" is the process of incorporating an assessment measure as a part of the normal operation of an organization or community, such as into routine service delivery.

Adoption

8. When did you first learn about (*name assessment measure*)?
Month____
Year____
9. To your knowledge, when did your center first adopt (*name assessment measure*)? By "adopt," I mean decide to include (*name assessment measure*) as a part of the center's clinical practices.

Month____
Year____

10. Why was this particular assessment measure selected for adoption at your center? (*Probe regarding whether a needs assessment was conducted or other formal or informal assessment*)

11. Were you personally involved in your center's decision to adopt this assessment measure? Please explain.

[IF YES]

- A. Did you anticipate that there would be benefits or advantages associated with your center adopting (*name assessment measure*)?
- B. Did you anticipate that there would be risks or disadvantages?

12. To your knowledge, were other stakeholders or partners involved in the adoption process? By "stakeholders," I mean any variety of individuals such as program funders, clients, families, community members, agency partners, etc.

Engagement Methods

13. What resources, if any, introduced this assessment measure to your center, enhancing awareness or understanding of it, providing an opportunity to adopt it?

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent)

- A. Training provided by an NCTSN center (or centers)? In-person? Web-based?
- B. Training provided by a **non-NCTSN** center or agency?
- C. NCTSN Learning Collaboratives or Breakthrough Series trainings?
- D. Consultation with the National Center for Child Traumatic Stress?
- E. NCTSN meetings?
- F. NCTSN collaborative groups?
- G. Conferences or published literature?

Implementation

14. When did your center first become involved in implementing (*name assessment measure*)? By "implementing," I mean incorporating (*name assessment measure*) into the normal operation of your service delivery practices.

Month____
Year____

15. Was your center required to implement (*name assessment measure*)? If so, by whom?

16. How would you describe the steps involved in incorporating (*name assessment measure*) into the provision of services at your center, in your experiences?

A. What resources, if any, are needed to support routine use of (*name assessment measure*)? (Staff – internal or external? Funding -- sources? Partnerships?)

B. For what purposes is (*name assessment measure*) administered at your center? For example, to screen clients, to plan treatment, to perform diagnostic assessment or for other purposes?

17. Viewing “implementation” of an assessment measure as a process that occurs over time rather than an event, and recognizing that it may not happen all at once or smoothly, would you say that the process of implementing (*name assessment measure*) into your center’s practices is complete or ongoing? What makes you say that?

18. Viewing “implementation” as occurring not only over time, but in various stages, which of the following 4 stages best describes the status of your center’s implementation of (*name assessment measure*)?

1) Exploration and adoption: characterized by gathering information, exploring options, assessing the potential match to service population needs and program resources, and *making a decision to proceed or not proceed with implementation*.

2) Program installation: after a decision is made, this stage is characterized by *tasks that need to be accomplished before the first client is seen*. Active preparation and resources are devoted to doing things differently if necessary (and may involve ensuring needed funding, staff, etc.).

3) Initial implementation: often characterized by the challenges associated with change and the complex work of implementing something new, which may demand changes in training and program capacity or culture that require time to accomplish. *Implementation may be just beginning* and confidence in the new approach may or may not be tested.

4) Full operation: the new operating procedures have become fully integrated from the perspective of the clinician, organization and/or community involved in the implementation. *The use of the assessment measure becomes a routine aspect of practice*.

19. According to the NCTSN service utilization form completed at your center for the last quarter, the total number of clients between the ages of 0 and 21 for whom your center provided direct clinical services under the auspices of the NCTSI grant in the last quarter is _____. (*Interviewers: this data should be inserted based on the center’s service utilization form*) Does this sound accurate?

20. Of those cases, to your knowledge, for approximately what percentage do you think the administration of (*name assessment measure*) is appropriate?

Percentage _____

A. To your knowledge, for approximately what percentage is (*name assessment measure*) administered in practice?

Percentage _____

21. How many clinicians at your center that provide services to clients aged 0-21 who have experienced trauma are trained to administer (*name assessment measure*)?

A. Of those, how many are administering (*name assessment measure*)?

22. In your experiences supporting the administration of *(name assessment measure)* at your center, has the process been easy or challenging or both? Why?

23. Would you say that your center has a system in place (i.e., resources, staffing, management, etc.) to address any challenges related to the routine use of *(name assessment measure)*? Please explain.

24. Have clinicians at your agency received training or technical assistance to support their routine use of *(name assessment measure)*?

[IF YES]

A. Was this support provided from within your center or agency, or through external resources?

B. Was this support provided at one point in time or over time?

25. What is your opinion about the utility of *(name assessment measure)*?

A. What do you consider to be the strengths of *(name assessment measure)*? Which components do you find most useful?

B. What do you consider to be the weaknesses of *(name assessment measure)*? Which components do you find the least useful?

C. Have your perspectives about the utility of *(name assessment measure)* changed or remained the same over time?

26. Has the opportunity to participate in the Network as part of a funded center impacted the process of implementing *(name assessment measure)* or incorporating it into routine practices at your center in any way? Please explain.

Adaptation

27. At your center, is *(name assessment measure)* always used in its entirety or is it abbreviated for any reason? Please explain.

28. Has your center or agency collected any information to measure the extent to which providers follow the clinical guidelines or recommended protocol for the routine administration of *(name assessment measure)*? (Examples may include use of adherence checks or measures, technical assistance from experts, taping of clinical sessions, etc.)

[IF YES]

A. What types of tools have been used?

B. How frequently has such information been collected?

Facilitators

29. What factors, if any, facilitated the implementation of *(name assessment measure)* into routine practices, making it easier to administer at your center? Such “factors” could be any variety of things, such as the length of time it takes to administer *(name assessment measure)*, the way it is scored, or the training that service providers may have received regarding its purpose and administration.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Has it been easier to support the routine use of (*name assessment measure*) because of factors related to--

- A. The assessment measure itself? (e.g., the length of time it takes to administer it, scoring)
- B. Individuals? (e.g., support among clinical staff or the clinical training or clinical experiences of staff)
- C. Your center, agency or program? (e.g., available resources, program structure, etc.)
- D. Community setting or environment? (e.g., partnerships or relationships with individuals or agencies that may have facilitated training on the administration of the assessment measure, etc.)
- E. State, Local, or Federal government policies or funding?

30. Of all of the factors that facilitated the incorporation of (*name assessment measure*) into routine practices, making it easier to administer, which are the top two most important?

- 1. _____
- 2. _____

Barriers to Implementation

31. Next, in contrast to facilitating factors, please tell me about any barriers that you may have encountered related to the implementation of (*name assessment measure*) or the incorporation of (*name assessment measure*) into routine practices at your center. By “barriers,” I mean anything that has made it more difficult to implement (*name assessment measure*), such as the amount or type of training required, the length of time it takes to administer, or the way it is scored, and so on.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Did you experience any challenges related to:

- A. The assessment measure itself? (e.g., length of time required to administer, scoring)
- B. Individuals? (e.g., lack of support among clinical staff, clinical training of providers which may have emphasized a contrasting approach, etc.)
- C. Your center, agency or program? (e.g., lack of management resources, program structure, etc.)
- D. Community setting or environment? (e.g., partnerships or relationships with individuals or agencies that may have hindered training on the administration of the assessment measure, etc.)
- E. State, Local, or Federal government policies or funding?

32. Of all of the barriers that you experienced, which are the top two most significant?

- 1. _____
- 2. _____

Evaluation

33. What is your opinion about whether this assessment measure is working as intended? How do you know?

A. How and in what format is your center maintaining and reporting client outcomes data?

Sustainability

34. How has the routine administration of (*name assessment measure*) been sustained over time? By “sustained,” I mean continued despite changes in leadership, funding streams, program requirements, availability of skilled practitioners, and other factors that may jeopardize the long-term survival and continued effectiveness of the intervention or its implementation process.

Recommendations

35. Finally, in light of your experiences and the knowledge you have gained in supporting the administration of (*name assessment measure*) what advice or recommendations would you give to someone that is just beginning to implement (*name assessment measure*)?

Final Comments

36. Do you have any other information or opinions you would like to share regarding the adoption, implementation, or administration of assessment measures in general or about (*name assessment measure*) specifically?

Closure

Thank you very much for participating in this interview. Again, your participation is critical to improving understanding of what works and does not work in adopting and implementing (*name assessment measure*). If you have any additional information for us to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (*refer respondent to the consent form in the interview packet*).

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 30 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (XXXX-XXXX); OAS; 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Cross-Site Evaluation of the National Child Traumatic Stress Initiative

ADOPTION IMPLEMENTATION FACTORS INTERVIEW FOR TRAINING/TECHNICAL ASSISTANCE MATERIALS

Name: _____

Phone #: _____

Date of Interview: _____

Interviewer: _____

Center name: _____

Center ID: _____

Interview Guide

Introduction

(Introduce self and any other Macro International Inc. staff present on the call). Thank you for taking the time to talk with me today. As you may know, we are conducting the cross-site evaluation of the National Child Traumatic Stress Initiative and wanted an opportunity to speak with you about your experiences adopting **or** implementing *(name product)*.

Before we begin, let me ask: Did you receive a packet of information about this interview? *(If the respondent has not received the material, pause the call and email the material. Offer the respondent an opportunity to postpone the call if needed to review the material.)* That material included a description of the purpose of this call, and more detailed information about how the information you provide will be used and the confidentiality of your responses. I want to emphasize that your name will not be used in any reports about the interviews and no quotes will be attributed to you. These same questions are being asked of other providers and administrators, and the information gathered will be used for the sole purpose of improving understanding about the adoption, implementation and use of practices and products disseminated throughout the Network and beyond. To that end, your input is critical, and this is an opportunity for you to *candidly* share your views and recommendations about things that have worked well and not worked well related to the adoption, implementation and use of *(name product)*.

Let's review the material you received together now *(interviewer directs attention to the interview packet and reviews consent form)*. Do you have any questions or concerns about your participation in this interview? As described in that material, continuing with this interview implies that you understand the purpose of this interview and consent to participate—Are you willing to continue?

- Yes *(Proceed with the interview)*
- No *(Thank the individual and terminate the call)*

[IF YES]

Great, so let's get started. To help us understand a little more about your background, I will begin with a few brief questions related to your education and experience.

Part I. Background

1. Please tell me about your professional position.

(Interviewers: allow the individual to respond, and then use the following probes if necessary)

- Mental health services provider
 What type of clinical services do you provide?
- Teacher or other primary/secondary school staff
- Primary care provider (i.e., doctor, nurse)
- Police officer or other law enforcement staff
- First responder other than police (e.g., firefighter, emergency medical technicians (EMTs), etc.)
- Child welfare staff
- Interacting with other centers on collaborative projects
- Outreach, education, and training
- Program Administration or supervision

2. What is your highest level of education?

3. In what field did you receive your education and training?

4. Please tell me about any degrees or training certifications, if applicable.

5. How did you become involved in activities supported by the National Child Traumatic Stress Network?

6. How long have you been working in a capacity that impacts children or adolescents who have experienced trauma?

Month(s)___

Year(s)___

7. How long have you been working in your current position?

Month(s)___

Year(s)___

8. *(Interviewers: ask this question if applicable to the respondent)* What are the clinical characteristics of the clients to whom you personally provide services most frequently? By clinical characteristics, I mean types of traumas experienced and clinical diagnoses.

9. *(Interviewers: ask this question if applicable to the respondent)* What are the demographic characteristics of these clients? *(Interviewers: allow the respondent to answer, and then probe if necessary on the following topics: race, ethnicity, nationality, age, gender, sexual orientation, native/primary language, rural or urban, and socioeconomic status)*

10. What is your workplace setting?

Part II. Adoption and Implementation

Next, we will move on to the questions related to the adoption, implementation and use of (*name product*). For the purpose of this interview, “adoption” is defined as an agency or individual’s act of choosing a training or technical assistance resource of potential value and deciding to implement it. “Implementation” is the process of incorporating a training or technical assistance resource as a part of the normal operation of an organization or community, such as into routine service delivery.

Adoption

11. When did you first learn about (*name product*)?

Month___

Year___

12. When did you first adopt (*name product*)? By “adopt,” I mean identify this resource and decide to implement it or incorporate it into your work in some way.

Month___

Year___

Engagement Methods

13. What resources, if any, introduced you to (*name product*), enhancing your awareness and understanding of it, providing an opportunity to adopt it or begin using it?

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent)

A. Training provided by an NCTSN center (or centers)? In-person? Web-based?

B. Training provided by a **non-NCTSN** center or agency? In-person? Web-based?

C. NCTSN Learning Collaboratives or Breakthrough Series trainings?

D. Consultation with the National Center for Child Traumatic Stress?

E. NCTSN meetings?

F. NCTSN collaborative groups?

G. Conferences or published literature?

H. NCTSN Web site or newsletter?

Implementation

14. Please describe the ways in which you have implemented (*name product*) in your work or used this product in any way? By “implement,” I mean incorporate (*name product*) into your routine work or practices.

15. Were you required to implement or use (*name product*) for any reason? If so, why and by whom?

16. Have you implemented or used (*name product*) in its entirety or only certain parts of it? Please explain.

17. Have you implemented or used (*name product*) in the way it was intended or in other ways?

18. How often do you use (*name product*)?

A. How often do you think you will use this product in the future?

19. Did you find (*name product*) helpful? How?

20. Please describe whether and to what extent (*name product*) enhanced your knowledge and use of a trauma-informed practice, approach, or perspective? Tell me about this.

A. Do you think that your work has changed as a result of (*name product*) or remained about the same?

B. What specific types of activities related to your work do you think have been most impacted by the implementation or use of (*name product*)? (*Interviewers: depending on the respondent's professional role, such activities may include: screening for traumatic exposure, child traumatic stress assessment, referral of trauma-exposed child for services, delivery of crisis response services, provision of clinical services or support services to trauma-exposed children and families, etc.*)

C. Who are the primary beneficiaries of the information you have gained? (*Interviewers: probe on the following topics: Colleagues or partners? Agencies? Children? Adolescents? Families?*)

D. Please describe your thoughts about the impact of your implementation of (*name product*) on these beneficiaries.

21. Have you implemented or used (*name product*) on your own or in collaboration with colleagues, partners or others?

A. Have you used (*name product*) to train others? If yes, what types of audiences?

22. Has the opportunity to participate in the Network as part of a funded center or a trainee of the Network had any impact on the adoption and implementation or use of (*name product*) for you? If so, how?

Facilitators

23. What factors, if any, facilitated the implementation or use of (*name product*) for you? Such "factors" could be any variety of things, such as the availability of training or personnel available to implement (*name training material*), or how it is viewed by members of the community.

(*Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent*) Was this product easier to implement or use because of factors related to –

A. The product itself? (e.g., ease of use of the product)

- B. Individuals? (e.g., training background or perspectives of individuals)
- C. Your center, agency or program? (e.g., program focus or setting, management support or resources, etc.)
- D. Community setting or environment? (e.g., relationships between programs or individuals with access to this product, communication networks in the community, geography, etc.)
- E. State, Local, or Federal government policies or funding?

24. Of all of the facilitating factors, which are the top two most important?

1. _____
2. _____

Barriers to Implementation

25. Next, in contrast to facilitating factors, please tell me about any barriers that made it more difficult for you to implement or use (*name product*). By “barriers,” I mean anything that made (*name training material*) more difficult to implement, such as the personnel required or how it is viewed by members of the community.

(Interviewers: allow the respondent to answer, and then probe on the following topics if not already mentioned by the respondent) Did you experience any challenges related to:

- A. The product itself? (e.g., product is difficult to use)
- B. Individuals? (e.g., contrasting perspectives regarding utility of product)
- C. Your center, agency or program? (e.g., program focus or setting, lack of management support or resources, etc.)
- D. Community setting or environment? (e.g., relationships between programs or individuals with access to this product, lack of communication networks in the community, geography, etc.)
- E. State, Local, or Federal government policies or funding?

26. Of all of the barriers that you experienced, which are the top two most significant?

1. _____
2. _____

Recommendations

- 27. Would you recommend (*name product*) to other professionals?
- 28. What advice or recommendations would you give to improve the adoption, implementation or use of (*name product*)?

Final Comments

29. Do you have any other information or opinions you would like to share regarding NCTSN products in general or about (*name product*) specifically?

Closure

Thank you very much for participating in this interview. Again, your participation is critical to improving understanding of what works and does not work in disseminating NCTSN products, particularly (*name product*). If you have any additional information for us to consider or if you have questions about the progress of this study or the information that was gathered, please do not hesitate to contact us. We have provided contact information in the materials you were forwarded before this call (*refer respondent to the consent form in the interview packet*).

Attachment 3

Study Purpose and Procedures: Information for Project Directors

Adoption and Implementation Factors Interview Information for NCTSN Project Directors/Administrators

Adoption of Methods and Practices: Study Purpose and Procedures

The cross-site evaluation team at Macro International Inc. is in the process of collecting data from providers, evaluators and administrators to assess the extent to which trauma-related practices, interventions, information resources and other products that are generated or supported by the National Child Traumatic Stress Network (NCTSN) are in the process of being adopted and implemented by NCTSN centers and affiliated partners. (For simplicity, practices and products will be referred to as “products” in this document.) Specifically, the Adoption of Methods and Practices study includes a two-stage data collection effort that begins with the General Adoption Assessment Survey (GAAS), an annual Web-based survey of all centers to identify specific practices and products in process of being adopted, and continues with the Adoption and Implementation Factors Interview (AIFI), telephone interviews with a subset of centers to collect additional in-depth qualitative information about factors affecting adoption and implementation. The first annual GAAS survey was conducted in August 2006, and the current focus of the study is the AIFI interview.

You have been asked to participate in the AIFI interview because you serve in an administrative role at a Federally-funded NCTSN center that is in process of adopting products that are the focus of this year’s AIFI interview. The interview presents an opportunity for you to provide insight into the ways in which you have learned about such products, the factors that have supported or hindered learning about them, and the factors that have supported or hindered the process of adopting and implementing the products into your practices.

In addition, we invite you to identify clinicians or direct service staff that either work at or are affiliated with your center who may be willing to participate in the interview (please see attached guidance regarding respondent selection criteria). If you are willing to nominate potential respondent(s), please complete the attached form providing the name and contact information of the individual(s), and return the form to us by fax or email. Nominated individuals will be contacted and provided background information about the study and interview, including consent form, and will be invited to participate at that time.

The interview will be conducted by telephone by a representative of the cross-site evaluation team. The interview should take approximately 45 minutes. The interviewer will take written notes and will also audiotape the interview to provide an accurate record for subsequent review, analysis, and summary of the information gathered.

Your name and contact information will not be stored in conjunction with the information you provide and all data will be stored in a locked file cabinet at the Macro International Inc. office in Atlanta, GA. Your name will not be used in any reports about the interviews and no quotes will be attributed to you. No one in the Network or at SAMHSA will receive any information about individual responses from this data collection activity. The information being gathered will be summarized in aggregate form and is being used for the sole purpose of enhancing

understanding about the pathways through which trauma-informed practices, interventions and products that are disseminated throughout the Network are being adopted and implemented. The information that you and others provide will be summarized and provided back to NCTSN centers as a resource identifying methods of accomplishing successful adoption and implementation, as well as common challenges, and will provide recommendations for avoiding and overcoming barriers and enhancing supports. To that end, this is an important opportunity for you to candidly share your views, experiences, ideas and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Participation in the interview is completely voluntary and you may choose to terminate the interview at any time for any reason. Your participation in the interview implies consent to participate in the study. If at the start of the telephone interview, after reviewing this document with the interviewer, you do not want to participate in the AIFI interview, the telephone conversation will be terminated before the question and answer portion of the interview begins.

Useful Definitions

The following terms are used as part of the AIFI interview and have been defined below as reference for those participating in the interview.

- **Adaptation.** Modifying research-based interventions to meet community needs and priorities and resources available to an agency or center.
- **Adoption.** Agency or individual's act of choosing a practice or product of potential value and deciding to implement it.
- **Barriers.** Factors that present obstacles to the implementation of a product or practice over time.
- **Core elements.** Components that are critical features of an intervention's intent and design that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure the effectiveness of service delivery.
- **Degree of Implementation.** The extent to which a practice or product is used by the intended audience.
- **Diffusion.** Incidental spreading of information or technology from one area, agency or group of people by word of mouth or observation.
- **Dissemination.** Deliberate spreading of information or technology from the originators to the intended users of the information or technology.
- **Engagement Methods.** Resources that introduce a practice or product to an individual or organization and provide an opportunity to adopt it.
- **Facilitators.** Factors that support the implementation of a product or practice over time.
- **Fidelity.** Conducting and continuing an intervention by following exactly the core elements, protocols, procedures, and content set by the research study that determined its effectiveness.

- **Implementation.** The process of incorporating a practice or product as a part of the normal operation of an organization or community, and routine service delivery.
- **Products and Practices.** NCTSN generated or supported products and practices fall into the following four broad categories:
 - Assessment Instruments:** Instruments supplying information that services providers need in order to (a) plan treatment for individual children and their families and (b) evaluate the outcomes of care
 - Clinical Interventions:** Clinical interventions and/or treatments designed to meet the needs of children and adolescents that are exposed to traumatic events.
 - Information Resources:** Diverse trauma-related materials designed for multiple audiences, including but not limited to providers, evaluators, administrators, families and caregivers.
 - Training/Technical Assistance Materials:** Trauma-informed curricula for professionals and others.

Four Key Stages of Implementation for Clinical Interventions:

- 1) **Exploration and adoption:** characterized by gathering information, exploring options, assessing the potential match to service population needs and program resources, and *making a decision to proceed or not proceed with implementation.*
- 2) **Program installation:** after a decision is made, this stage is characterized by *tasks that need to be accomplished before the first client is seen.* Active preparation and resources are devoted toward doing things differently in keeping with the core components of the intervention (and may involve ensuring needed funding, staff, etc.).
- 3) **Initial implementation:** often characterized by the challenges associated with change and the complex work of implementing something new, which may demand changes in training and program capacity or culture that require time to accomplish. *Implementation of the intervention may be struggling to begin* and confidence in the new approach may be tested.
- 4) **Full operation:** the new operating procedures have become fully integrated from the perspective of the clinician, organization and/or community involved in the implementation. *The implemented program becomes a routine aspect of practice,* fully operational in all of its facets, including appropriate staffing structures, caseloads, referral structures, and so on.

Adoption and Implementation Factors Interview Informed Consent

The Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services is sponsoring a national evaluation of the National Child Traumatic Stress Initiative (NCTSI), which includes the National Child Traumatic Stress Network (NCTSN). The primary purpose of the evaluation is to assess the extent to which the NCTSI, through the NCTSN, has served as a national resource for improving children's access to high-quality mental health services. Macro International Inc. and partners began conducting the cross-site evaluation in 2004, and staff from the cross-site evaluation team will be conducting the Adoption Implementation Factors Interview (AIFI).

You are invited to participate in this evaluation because you work with or recently received training from a Federally-funded NCTSN center. Your input is important in improving understanding about what has worked and what has not worked well related to the adoption and implementation of trauma-related products and practices supported or disseminated through the NCTSN.

As part of this interview, the interviewer will ask you to respond to a set of questions regarding the adoption and implementation of products that are disseminated by the Network. The same questions will be asked of other interview participants who perform similar functions in other centers. An assistant may be present with the interviewer to take written notes and the interview will also be audiotaped to provide an accurate record for subsequent review, analyses, and summary of the information gathered.

Here are some other things we want you to know about completing the survey:

- Whether you choose to complete the survey or not is completely up to you.
- You may stop answering questions at any time, for any reason, and you may choose not to respond to any items that you do not want to respond to.
- Completing the survey will take about 45 minutes.
- The survey is confidential and your responses cannot be linked back to you. Your name and contact information will not be stored in conjunction with the information you provide to the interviewer, and all of the information gathered will be stored in a locked file cabinet in the Macro International Inc. office in Atlanta, GA.
- There will be no direct benefit to you from participating in this evaluation. There are no foreseeable risks associated with participation in this survey.
- A report that combines what is learned from all of the completed surveys will be sent to the children's mental health services program director at the center that provided training to you and other program partners. They may share that report with others at their discretion.

- Any questions you have about the study can be answered by Elizabeth Douglas of Macro International Inc. in Atlanta, Georgia. Contact at (404) 321-3211 or by emailing: Elizabeth.B.Douglas@orcmacro.com.
- By continuing with this telephone interview, you certify that we have discussed the points on this page, that you understand them, and that you freely agree to participate.

Attachment 4

Respondent Selection Criteria and Nomination Form

**Adoption Implementation Factors Interview (AIFI)
Respondent Selection Criteria**

AIFI INTERVIEW: CLINICAL INTERVENTIONS AND ASSESSMENT INSTRUMENTS

Criteria for Program Director/Administrators:

Project director or principle investigator at a funded National Child Traumatic Stress Network center for at least 6 months AND currently involved (at least for the past 6 months) in adopting and implementing products or practices at the center that are the focus of the annual Adoption Implementation Factors Interview (AIFI);

OR

Others in a supervisory or administrative role at a funded National Child Traumatic Stress Network center for at least 6 months AND currently involved (at least for the past 6 months) in managing or overseeing the adoption and implementation of products or practices at the center that are the focus of the annual Adoption Implementation Factors Interview (AIFI).

Criteria for Service Provider:

Direct mental health service provider (clinician, therapist, etc.) employed by a funded National Child Traumatic Stress Network center during the last year, for at least 6 months AND currently involved (at least for the past 6 months) in adopting or implementing products or practices that are the focus of the annual Adoption Implementation Factors Interview (AIFI);

OR

Direct mental health service provider (clinician, therapist, etc.) trained by a funded National Child Traumatic Stress Network center during the last year, for at least 6 months AND currently involved (at least for the past 6 months) in adopting or implementing products or practices that are the focus of the annual Adoption Implementation Factors Interview (AIFI).

AIFI INTERVIEW: TRAINING, TECHNICAL ASSISTANCE MATERIALS OR INFORMATION RESOURCES

Criteria for Program Director/Administrators:

Project director or principle investigator at a funded National Child Traumatic Stress Network center for at least 6 months AND currently involved (at least for the past 6 months) in adopting and implementing products or practices at the center that are the focus of the annual Adoption Implementation Factors Interview (AIFI);

OR

Others in a supervisory or administrative role at a funded National Child Traumatic Stress

Network center for at least 6 months AND currently involved (at least for the past 6 months) in managing or overseeing the adoption and implementation of products or practices at the center that are the focus of the annual Adoption Implementation Factors Interview (AIFI);

Criteria for Service Provider:

Human service provider¹ (e.g., mental health professionals, teacher, child welfare staff, juvenile justice staff, health care provider, first responders) employed by a funded National Child Traumatic Stress Network center during the last year, for at least 6 months AND currently involved (at least for the past 6 months) in adopting or implementing products or practices that are the focus of the annual Adoption Implementation Factors Interview (AIFI);

OR

Human service provider (e.g., mental health professionals, teacher, child welfare staff, juvenile justice staff, health care provider, first responders) trained by or affiliated with a funded National Child Traumatic Stress Network center during the last year, for at least 6 months AND currently involved (at least for the past 6 months) in adopting or implementing products or practices that are the focus of the annual Adoption Implementation Factors Interview (AIFI).

¹ Human service providers include a wide range of community-based professionals who interact frequently with children and engage in a spectrum of activities, from prevention to screening to the provision of clinical interventions.

**Adoption Implementation Factors Interview (AIFI)
Respondent Nomination Form**

AIFI Interview for Clinical Interventions or Assessment Instruments

NCTSN Center: _____

Project Director or Principle Investigator Participating in the AIFI Interview:

Phone: _____

Email: _____

Supervisors or others in an administrative role nominated for the AIFI Interview:

1. Name: _____

Phone: _____

Email: _____

2. Name: _____

Phone: _____

Email: _____

Individual service providers nominated for AIFI interview:

1. Name: _____

Phone: _____

Email: _____

2. Name: _____

Phone: _____

Email: _____

3. Name: _____

Phone: _____

Email: _____

4. Name: _____

Phone: _____

Email: _____

5. Name: _____

Phone: _____

Email: _____

Please return this form to: Elizabeth Douglas at Elizabeth.B.Douglas@orcmacro.com or (404) 321-3688 (FAX). Thank you very much for your assistance!

Attachment 5

Study Purpose and Procedures – Information for Respondents Other than the Project Director

Adoption and Implementation Factors Interview Information for Potential Respondents

Adoption of Methods and Practices: Study Purpose and Procedures

The cross-site evaluation team at Macro International Inc. is in the process of collecting data from providers, evaluators and administrators to assess the extent to which trauma-related practices, interventions, information resources and other products that are generated or supported by the National Child Traumatic Stress Network (NCTSN) are in the process of being adopted and implemented by NCTSN centers and affiliated partners. (For simplicity, practices and products will be referred to as “products” in this document.) Specifically, the Adoption of Methods and Practices study includes a two-stage data collection effort that begins with the General Adoption Assessment Survey (GAAS), an annual Web-based survey of all centers to identify specific practices and products in process of being adopted, and continues with the Adoption and Implementation Factors Interview (AIFI), telephone interviews with a subset of centers to collect additional in-depth qualitative information about factors affecting adoption and implementation. The first annual GAAS survey was conducted in August 2006, and the current focus of the study is the AIFI interview.

You have been asked to participate in the AIFI interview because you work with or recently received training from a Federally-funded NCTSN center that is in process of adopting products that are the focus of this year’s AIFI interview. The interview presents an opportunity for you to provide insight into the ways in which you have learned about such products, the factors that have supported or hindered learning about them, and the factors that have supported or hindered the process of adopting and implementing the products into your practices.

The interview will be conducted by telephone by a representative of the cross-site evaluation team. The interview should take approximately 45 minutes. The interviewer will take written notes and will also audiotape the interview to provide an accurate record for subsequent review, analysis, and summary of the information gathered.

Your name and contact information will not be stored in conjunction with the information you provide and all data will be stored in a locked file cabinet at the Macro International Inc. office in Atlanta, GA. Your name will not be used in any reports about the interviews and no quotes will be attributed to you. No one in the Network or at SAMHSA will receive any information about individual responses from this data collection activity. The information being gathered will be summarized in aggregate form and is being used for the sole purpose of enhancing understanding about the pathways through which trauma-informed practices, interventions and products that are disseminated throughout the Network are being adopted and implemented. The information that you and others provide will be summarized and provided back to NCTSN centers as a resource identifying methods of accomplishing successful adoption and implementation, as well as common challenges, and will provide recommendations for avoiding and overcoming barriers and enhancing supports. To that end, this is an important opportunity for you to candidly share your views, experiences, ideas and recommendations about things that have worked well and things that have not worked well to help inform improvements around adoption and implementation processes.

Participation in the interview is completely voluntary and you may choose to terminate the interview at any time for any reason. Your participation in the interview implies consent to participate in the study. If at the start of the telephone interview, after reviewing this document with the interviewer, you do not want to participate in the AIFI interview, the telephone conversation will be terminated before the question and answer portion of the interview begins.

Useful Definitions

The following terms are used as part of the AIFI interview and have been defined below as reference for those participating in the interview.

- **Adaptation.** Modifying research-based interventions to meet community needs and priorities and resources available to an agency or center.
- **Adoption.** Agency or individual's act of choosing a practice or product of potential value and deciding to implement it.
- **Barriers.** Factors that present obstacles to the implementation of a product or practice over time.
- **Core elements.** Components that are critical features of an intervention's intent and design that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure the effectiveness of service delivery.
- **Degree of Implementation.** The extent to which a practice or product is used by the intended audience.
- **Diffusion.** Incidental spreading of information or technology from one area, agency or group of people by word of mouth or observation.
- **Dissemination.** Deliberate spreading of information or technology from the originators to the intended users of the information or technology.
- **Engagement Methods.** Resources that introduce a practice or product to an individual or organization and provide an opportunity to adopt it.
- **Facilitators.** Factors that support the implementation of a product or practice over time.
- **Fidelity.** Conducting and continuing an intervention by following exactly the core elements, protocols, procedures, and content set by the research study that determined its effectiveness.
- **Implementation.** The process of incorporating a practice or product as a part of the normal operation of an organization or community, and routine service delivery.
- **Products and Practices.** NCTSN generated or supported products and practices fall into the following four broad categories:
 - Assessment Instruments:** Instruments supplying information that services providers need in order to (a) plan treatment for individual children and their families and (b) evaluate the outcomes of care

- Clinical Interventions:*** Clinical interventions and/or treatments designed to meet the needs of children and adolescents that are exposed to traumatic events.
- Information Resources:*** Diverse trauma-related materials designed for multiple audiences, including but not limited to providers, evaluators, administrators, families and caregivers.
- Training/Technical Assistance Materials:*** Trauma-informed curricula for professionals and others.

Adoption and Implementation Factors Interview Informed Consent

The Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services is sponsoring a national evaluation of the National Child Traumatic Stress Initiative (NCTSI), which includes the National Child Traumatic Stress Network (NCTSN). The primary purpose of the evaluation is to assess the extent to which the NCTSI, through the NCTSN, has served as a national resource for improving children's access to high-quality mental health services. Macro International Inc. and partners began conducting the cross-site evaluation in 2004, and staff from the cross-site evaluation team will be conducting the Adoption Implementation Factors Interview (AIFI).

You are invited to participate in this evaluation because you work with or recently received training from a Federally-funded NCTSN center. Your input is important in improving understanding about what has worked and what has not worked well related to the adoption and implementation of trauma-related products and practices supported or disseminated through the NCTSN.

As part of this interview, the interviewer will ask you to respond to a set of questions regarding the adoption and implementation of products that are disseminated by the Network. The same questions will be asked of other interview participants who perform similar functions in other centers. An assistant may be present with the interviewer to take written notes and the interview will also be audiotaped to provide an accurate record for subsequent review, analyses, and summary of the information gathered.

Here are some other things we want you to know about completing the survey:

- Whether you choose to complete the survey or not is completely up to you.
- You may stop answering questions at any time, for any reason, and you may choose not to respond to any items that you do not want to respond to.
- Completing the survey will take about 45 minutes.
- The survey is confidential and your responses cannot be linked back to you. Your name and contact information will not be stored in conjunction with the information you provide to the interviewer, and all of the information gathered will be stored in a locked file cabinet in the Macro International Inc. office in Atlanta, GA.
- There will be no direct benefit to you from participating in this evaluation. There are no foreseeable risks associated with participation in this survey.
- A report that combines what is learned from all of the completed surveys will be sent to the children's mental health services program director at the center that provided training to you and other program partners. They may share that report with others at their discretion.

- Any questions you have about the study can be answered by Elizabeth Douglas of Macro International Inc. in Atlanta, Georgia. Contact at (404) 321-3211 or by emailing: Elizabeth.B.Douglas@orcmacro.com.
- By continuing with this telephone interview, you certify that we have discussed the points on this page, that you understand them, and that you freely agree to participate.