

Implementing *Incredible Years*: Implications for Supervisors and Administrators Working with an Evidence-Based Practice

In our experience working with the *Incredible Years (IY)* programs at Morrison Child and Family Services, implementing an evidence-based practice (EBP) requires not only a shift in clinical practice, but also shifts in supervisory and administrative practices. For an EBP to be successful, it is crucial that the supervisory and administrative staff understand and support the implementation at multiple levels. First and foremost, this requires being informed about the clinical and logistical requirements of implementing the EBP with fidelity. For instance, it is common for staff roles to change, for initial and ongoing training to be required, and for time commitments for implementation to differ from past practice.

Recruiting and Hiring Clinical Staff

As we gained experience with *IY*, we honed our approach to recruiting staff. We found we could not depend on hiring staff with previous experience using *IY*, since experience using the model is still relatively rare. Instead, we identified the core skills required by clinicians to be successful



with *IY*. For instance, because *IY* is a group model, applicants with solid group treatment skills or experience leading parenting groups are often strong candidates. Also, Morrison implements *IY* parent classes in community childcare centers. Group leaders market and recruit for the *IY* program from these centers. Therefore, hiring staff experienced in marketing and promoting groups has been a key to our success. Finally, staff members experienced in providing services in community settings (versus office-based services) are assets to the program.

When interviewing candidates, we found it vital to clearly describe the expectations of the EBP. The candidate must understand the training requirements, fidelity monitoring, and credentialing expectations. Candidates are often unprepared for this type of practice. Many candidates are accustomed to practicing in a manner that is driven only by clinician choice. While some candidates are enthusiastic about using an EBP model, others will not find this to be a good fit.

Training and Ongoing Consultation

Implementing *Incredible Years* has also meant that supervisors and managers at Morrison take an active role in planning initial EBP training for the staff, as well as arranging and assuring follow-up consultation. Since the initiation of *IY* implementation, Morrison has sponsored yearly trainings and consultation days. This accommodates the initial training needs of new Morrison staff and allows us to share training opportunities with community partners.

Following the initial training, Morrison provides expert consulta-

tion at several levels. First, we have established an ongoing dialogue with the developer of *IY*, Carolyn Webster-Stratton. This dialogue occurs in a variety of ways, but has included phone consultation, on-site consultation by the developer's staff, e-mail exchanges, and attendance at consultation days sponsored by the developer. Additionally, *IY* offers a certification process for group leaders to receive direct supervision from Dr. Webster-Stratton or her staff through the review of video-taped group sessions. At the completion of the process, group leaders receive a certification that indicates that they are implementing the model as the developer intended and can expect to achieve similar results.

Consultation with the developer has been a useful strategy for solving questions about implementing with fidelity. Initially, this approach allowed the team to avoid disagreements about how to define fidelity to the model and what sorts of adaptations were allowable. The suggestion to "talk to Carolyn" was a common refrain when we encountered implementation puzzles. Typically, talking to Dr. Webster-Stratton allowed us to see possibilities for resolving the difficulties using the curriculum as it was written. If needed, she and her staff would assist us in making an adaptation.

In addition, *IY* offers an advanced certification called a "Mentor Certificate." This permits a mentor to train and support staff in the agency. A Morrison *IY* group leader has completed this process. Subsequently, Morrison created a position for the mentor role. The mentor will train staff and provide coaching for experienced and beginning *IY* group leaders. This will enhance tremendously Morrison's ability to maintain and further improve *IY* implementation locally.

Finally, Morrison employed a local expert on group therapy to consult regularly with the *IY* team. As a group model, *IY* assumes a level of group facilitation skill. Augmenting clinical skills with training from a group therapy expert has been valuable. In addition, this expert assisted us on other aspects of implementa-

tion, such as recruitment and retention of group members.

New Roles

In addition to the mentor position discussed above, the implementation of *IY* on a large scale also prompted Morrison to create new staff roles to manage logistics related to offering the groups. For example, in order to decrease barriers to attendance, Morrison holds many parenting classes in local childcare and education sites throughout the metropolitan area. Dinner and childcare are provided for each group. It was necessary to hire people to organize these essential, supportive components. The hiring, training, and supervision of a large

childcare staff is an ongoing responsibility.

In summary, embracing an EBP has spurred the development of new roles and responsibilities for supervisors and administrators, as well as clinicians. Recruiting and hiring practices have shifted, and there has been an increased supervisory focus on assuring initial and ongoing training, monitoring fidelity, and promoting certification.

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CONFERENCE ANNOUNCEMENT

TRAINING INSTITUTES 2008:
July 16-20, 2008, Nashville, TN.

Developing Local Systems of Care for Children and Adolescents with Mental Health Needs and Their Families: New Directions to Improve Outcomes

Event Description

In-depth, practical information on how to develop and operate systems of care and how to provide high-quality, effective, clinical interventions and supports within them. Special focus on three "new directions" to strengthen systems of care and improve outcomes, each comprising a distinct track: Implementing a Public Health Approach, Partnering With Schools, and Partnering With Child Welfare.

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