Minding the Gap

Attending to New Practice Needs When Implementation is Taking Something Away

Often during efforts to implement a new program or practice, organizations are introducing an innovation with the best intentions to improve existing workflows, client outcomes, or to simply get better than "the way it has always been done." Sometimes, when a new program is part of taking something else away, it is not a clean replacement and can result in more and even new unmet needs. Just as successful implementation takes intentional planning and supports along the way, sometimes de-implementation of a previously existing practice also requires careful forethought and ongoing attention to nurture staff and system readiness for change.

What This Can Look Like in Practice:

Psychiatric residential treatment facilities (PRFTs) participating in the BBI-Six Core pilot project navigated a number of challenges and considerations as they worked to implement core principles and practices of the Building Bridges Initiative© and Six Core Strategies© into their service delivery framework. While this transformation moved agencies towards enhanced trauma-informed practices and an ultimate reduction in seclusion and restraint techniques, a key issue surfaced in early implementation stages from those expected to put these changes into practice: "When new techniques (e.g., de-escalation strategies, comfort/calming rooms) are not yet ready for use or problem behaviors risking harm to patient or others are still happening, what can we as supervisors and workers do? This feels like a tool has been removed from our toolbox and we do not have what we need to address the problem."

Implementation is a process that takes time, resources, and other practical supports. What can we do when the practice we seek involves the absence of something else and it is butting up against staff shortages, heavy and complex caseloads, and now staff not feeling prepared or supported to change? There was no way to "solve" these problems right away. What helped?

Sites with active Implementation and Leadership Teams recognized the need to create ways for this and other feedback to go somewhere to be heard and addressed. When supervisors were members of the agency's Implementation Team, they were encouraged to gather and bring feedback about what was and was not working from those responsible for

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What Else Might Help ⓘ

➢ Activity: Communication Protocols Worksheet (Active Implementation Hub, SISEP/NIRN)

➢ Handout: Agency Implementation Teams: What to Consider as You Lead (or Co-Lead) BBI-Six Core Implementation

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the practice changes. In the absence of such direct connections, Implementation Teams created new feedback loops with staff to bring practice feedback into their team activities and then connect with leadership about trouble-shooting problems. Recognizing and lifting more voices into the process for supporting change may not have immediately fixed the problems but opened a flow of communication about real-time issues.

Connect With Us

The Impact Center's Build Up project at Frank Porter Graham Child Development Institute believes improving outcomes requires a deliberate focus on *how* we support change. Our team works with State agencies, LME/MCOs, and other community and system partners within children's behavioral health to facilitate use of effective implementation practices in support of improving children, youth, and family outcomes. To learn more, contact us at build_up@unc.edu

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