Organizational Context and Readiness for Change: A Study of Community-Based Parenting Programs in One Midwestern City

JENNIFER SCHURER and PATRICIA L. KOHL
Center for Mental Health Services Research, Brown School of Social Work, Washington University, St. Louis, Missouri, USA

JENNIFER L. BELLAMY
The School of Social Service Administration, The University of Chicago, Chicago, Illinois, USA

Efficacious parent training programs are available, yet the gap between research and practice persists. Organizational factors influence the adoption and implementation of new treatments; however, little is known about social service agencies’ organizational context and readiness for change. Twenty-one program directors (PDs) and 25 practitioners employed by 19 agencies providing parent training in a moderate-sized Midwestern city were surveyed to begin to fill this gap. PDs and practitioners had similar perceptions of agency culture and climate, and little interagency variation was evident. The atmosphere for adopting and implementing efficacious parent programs appeared favorable, although agencies may not feel sufficient pressure to change. Potential barriers to change and areas for future research are discussed.

KEYWORDS readiness for change, evidence-based practice, parent training programs

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Address correspondence to Jennifer Schurer, George Warren Brown School of Social Work, Washington University in Saint Louis, Campus Box 1196, One Brookings Drive, Saint Louis, MO 63130–4899, USA. E-mail: jschurer@gwbmail.wustl.edu
INTRODUCTION

There is growing empirical support regarding the efficacy of several parent training interventions to improve parenting skills and family and child well-being. Parent-child interaction therapy (PCIT), multi-systemic therapy (MST), and The Incredible Years are among those with the strongest support (Barth et al., 2005; Hurlburt, Barth, Leslie, Landsverk, & McCrae, 2007). In the wake of this evidence, external pressures on agencies to adopt empirically supported interventions (ESIs) is mounting through changes in grant and contract requirements, and shifts in consumer and professional expectations (Essock et al., 2003). Despite consensus that organizational factors strongly influence the success of implementing new treatments (Fixsen, Naoom, Blase, & Friedman, 2005; Glisson, Schoenwald et al., 2008; Massatti, Sweeney, Panzano, & Roth, 2008), little is known about community-based social service agencies’ organizational context and readiness for change. This lack of knowledge could leave change agents blind to the organization-level interventions necessary to facilitate the adoption and implementation of ESIs, risking wasted energy and funds, and potentially casting unwarranted doubt on the ESIs themselves. To begin to fill this gap, the current pilot study describes the services, staff, and organizational climate of community-based parent training programs in a moderate-sized Midwestern city.

LITERATURE REVIEW

Data from the current study reported elsewhere (Kohl, Schurer, & Bellamy, 2009) suggests that most community-based social service agencies are not implementing ESIs. Only 3 of the 19 agencies in the sample were providing well-established empirically supported parent training interventions, representing a scant 11% of the 35 programs for which data were gathered (agencies in the study could provide data on up to three programs each). Most (68.6%) of the parent programs identified in this study had been designed independently by the organization and did not appear to have been rigorously designed or evaluated; therefore, their ability to achieve outcomes is unknown.

Why, in the current environment of apparent increased emphasis on accountability and evidence-based practice, are these agencies not implementing well-known ESIs for improving parenting skills? The literature leads to three different hypotheses: 1) the ESIs are not attractive (Bellamy, Bledsoe, & Traube, 2006; Proctor et al., 2007); 2) the organizations are resistant to changing current practices by adopting ESIs (Aarons, 2004; Backer, Liberman, & Kuehnel, 1986; Simpson, 2002); or 3) characteristics of the organizations, such as their climate and capacity, hinder the implementation of ESIs
(Glisson, 2002; Massatti et al., 2008; Schoenwald, Sheidow, Letourneau, & Liao, 2003).

These possibilities have been explored in the innovation uptake literature, namely work on the diffusion and implementation processes (e.g., Klein & Sorra, 1996; Rogers & Rogers, 2003), a literature that has recently received increased attention by social service researchers (Chambers, 2008; Mullen, Bledsoe, & Bellamy, 2008; Proctor, 2004). In the context of social service agencies, an ESI is analogous to a technological innovation (Backer, 1993). While the first hypothesis directs research on the match between individual ESIs and services providers, we chose instead to focus on the characteristics of the organization itself. We argue that these characteristics have received relatively less attention in research, but are central to any effort to shift organizational characteristics to improve the implementation and sustainability of ESIs in community-based social service agencies.

In addition to having access to well-designed ESIs, organizations have to be willing and able to change in order to be ready to adopt and implement an ESI. Organizational willingness to change is mainly a function of an organizational climate that encourages and supports change and individual workers’ propensity to innovate (Frambach & Schillewaert, 2002). These organizational and individual-level factors are inextricably linked in a dynamic and reciprocal relationship that can create virtuous or vicious cycles (Repennig, 2002). Providers’ positive attitudes toward ESIs are related to constructive organizational cultures and strong climates, as well as transformational leadership and supervisory practices that support learning and growth (Aarons, 2006; Aarons & Sawitzky, 2006).

Even if willing to adopt an ESI, some organizations may not be able to implement the change due to limited resources and capacity. Organizations need a myriad of institutional resources to implement an ESI, such as an adequate information technology infrastructure to collect fidelity and outcome data, training and supervision mechanisms to teach and reinforce new skills, and enough qualified staff to allow manageable workloads (Lehman, Greener, & Simpson, 2002; Proctor et al., 2007; Simpson, 2002). Consistent and high-quality supervision is an especially key component to the faithful implementation of any ESI. It is needed to ensure intervention fidelity (Henggeler, Schoenwald, Liao, Letourneau, & Edwards, 2002) and to provide incentives and communicate ongoing administrative support for change (Gotham, 2004; Repennig, 2002). In the end, the organizations must have the appropriate atmosphere and sufficient capacity to increase user commitment and facilitate effective implementation of the technological innovation (i.e., an ESI) to fully achieve expected intervention outcomes.

However, even with a willingness to change and a supportive climate with adequate resources to implement the change, organizations need a
catalyst to convert their readiness into action. They must be motivated to change and adopt an ESI (Simpson, 2002). Therefore, it is possible that agencies ready to change still may not innovate without a force strong enough to overcome inertial and homeostatic pressures maintaining the status quo.

RESEARCH QUESTIONS

This study examined the organizational context of community-based agencies providing parent training. The contextual factors considered were limited to those with some empirical or theoretical association with an agency’s willingness to adopt and/or ability to implement ESIs. Specifically, the following research questions were answered:

- What type of supervision and training is provided within these agencies?
- What specific attitudes do agency staff members have about evidence-based practice?
- What are the general climate, culture, and capacity of these agencies, especially with respect to their readiness and ability to change?

METHODS

Sample

Participants were recruited from community-based agencies identified as parent training providers via a preexisting database of local family service agencies compiled for the IMPROVE project (Interventions for Multi-sector Provider Enhancement; Dr. Arlene Stiffman, PI), a list of contract service providers furnished by the local child protective services agency, and an Internet search. The agencies were predominately nonprofit family service agencies, but also included a hospital, mental health clinic, and church (Kohl, Schurer, & Bellamy, 2009). A three-stage recruitment process was used to protect the employment status of the participants and respect the hierarchy of the organizations. Respondents were only contacted once approval was given by their superior; therefore, executive directors had to initially agree to their organization’s involvement with the study and consent to the research team contacting the agency’s program director(s) (PDs). Upon being interviewed, the PDs then provided contact information for their direct supervisees. The final sample included 25 practitioners and 21 program directors (PDs), for a total of 46 participants representing 19 agencies. The agency response rate was 87.5%.

Please see Kohl, Schurer, & Bellamy (2009) for detailed information regarding the recruitment processes, response rate, agencies and parent
training programs, as well as study procedures, which are summarized below.

**Participant demographics**

The majority of the participants were female (91.3%) and Caucasian (73.9%). Respondents were typically in their mid-to-late 30s or 40s. The average age of the entire sample was 42.7 years old; PDs were slightly older than practitioners, although not statistically significantly so.

**Description of parent training programs**

PDs within the 19 agencies provided information about 35 parenting programs. The modal program length was 6 sessions (range: 3 to 48 sessions), and a group format of service delivery predominated. Most programs provided services to parents that likely require additional guidance, such as neglectful (65.7%) and physically abusive (62.9%) parents, as well as parents of children with behavior problems (57.1%). The vast majority (77%, n = 27) also targeted parents of children within a particular age range; most commonly (66.7%) the programs had curriculum specific to parenting preschool-aged children (2–4 year olds), while parents of adolescents were the least likely to be targeted, with only 22.8% of the programs containing curriculum about effectively parenting 12–18 year olds. Programs could target more than one age group. All of the programs included content elements common to parent programs with strong empirical support—use of praise and rewards, how to set limits—and had the goal of increasing parent-child engagement.

As mentioned above, more than two-thirds (68.6%, n = 24) of the programs offered by the community agencies did not appear to have been rigorously designed or evaluated and had been developed internally by the agency. One-fifth (n = 7) of the programs were not developed by the individual agency and had some hallmarks of empirically supported parenting interventions, meaning they required external training and monitoring and included age-specific curriculum and individual family assessments. Only four programs, within three agencies, were empirically supported interventions, including parent-child interaction therapy, multi-systemic treatment, and the Incredible Years curriculum.

**Procedures**

The study protocol was approved by the Human Research Protection Office at Washington University in Saint Louis. Participants were assured of their confidentiality and the voluntary nature of their participation, and were
provided with the principal investigator’s contact information. Respondents were also paid $10 for their time.

DATA COLLECTION

Surveys were administered via telephone interviews by trained master's-level research assistants and the project coordinator. Study protocol included two structured interview modules with primarily close-ended questions: one tailored to PDs and one tailored to practitioners.

MEASURES

The surveys included selected items from three standardized scales; some questions were modified slightly with permission of the developers to better reflect the sample being studied. Additional survey questions were developed by the research team and inquired about the content of the parent training program(s), with particular emphasis on the hallmarks of empirically supported programs, and obtained additional detail about training and supervision and organizational structure and context.

An adapted version of the Evidence-Based Practice Attitude Scale (EBPAS) (Aarons, 2004) was used to assess service providers' attitudes toward the adoption of ESIs. Respondents rated the scale’s 15 items on a 5-point Likert scale ranging from 0 (not at all) to 4 (to a very great extent). A total scale score and scores for four subscales were then computed by summing appropriate items. A recent study utilizing a sample of 221 children’s mental health service providers from 17 states confirmed the EBPAS' four-factor structure and yielded Cronbach’s alphas of .79 for the total scale score and subscale reliability scores ranging from .66 to .93 (Aarons, McDonald, Sheehan, & Walrath-Greene, 2007). Scale reliability statistics on the current study’s sample were similar (total scale $\alpha = .78$; subscale $\alpha$ range = .70 to .82).

Both modules also included selected subscales from the Organizational Readiness for Change (ORC) and the Survey of Organizational Functioning (SOF), each developed by Texas Christian University to measure dimensions of organizational culture, climate, and resources believed to be related to successful innovation implementation and outcome attainment (Lehman et al., 2002). In a sample of 500 staff from more than 100 programs, Lehman and colleagues (2002) reported program-level coefficient alpha levels for the various ORC subscales used in the present study of between .68 (Pressures for Change and Efficacy scales) to .88 (Immediate Training Needs). The SOF consists of all the ORC subscales and an additional nine subscales. Further psychometric analyses are being conducted on the SOF-specific subscales, with most of them achieving preliminary alphas of .70 or better (E-mail communication with Dr. Kirk M. Broome, May 6, 2008).
TABLE 1 Administered SOF and ORC Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Number of items</th>
<th>PD</th>
<th>Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF-specific Subscales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director Leadership</td>
<td>10</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Exposure</td>
<td>4</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Utilization-Individual</td>
<td>4</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Utilization-Program</td>
<td>3</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ORC Subscales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influence</td>
<td>6</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Program Needs for Improvement</td>
<td>8</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Immediate Training Needs</td>
<td>8</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pressures for Change</td>
<td>7</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>6</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>E-Communications</td>
<td>4</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mission</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Communication</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Change</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Growth</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Efficacy</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adaptability</td>
<td>4</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

A total of 16 ORC/SOF subscales were used in this study, each consisting of between three and 10 items. Table 1 details which subscales were administered. Respondents rated their agreement with each statement using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with a midpoint of 3 (uncertain). The training utilization subscales had anchor wordings of 1 (never) and 5 (almost always) as responses to questions regarding how often participants put to use knowledge gained from trainings. As detailed in the developer’s scoring protocol (http://www.ibr.tcu.edu/pubs/datacoll/commtrt.html), scale scores were computed by multiplying the mean of the item responses by 10. The administered subscales yielded study-specific Cronbach’s alphas of between .96 and .50 (average $\alpha = 69$; median $\alpha = .72$).

Data Analysis

All analyses were conducted using SPSS 15.0. Frequencies and descriptive statistics were calculated for respondent and program-level variables. ORC/SOF and EBPAS subscale scores were computed following the developers’ guidelines (Aarons, 2004; Lehman et al., 2002). Associations between respondent characteristics and subscale scores were analyzed using bivariate correlations, chi-square tests, and t-tests. Lehman and colleagues (2002) reported little difference in ORC subscale scores between directors and staff. Similar, non-significant differences based on position were found in the current sample.
Aggregation was necessary to test the association between the ORC/SOF subscale scores and agency-level characteristics. Unfortunately, doing this can potentially result in biased estimates because aggregation changes the variance and co-variance (Rousseau, 1985; Scullen, 1997). There is growing consensus that aggregation is appropriate if the within group variation is sufficiently low (Glisson, Landsverk et al., 2008; Lehman et al., 2002; Scullen, 1997). Given critiques of James’ \( r_{wg} \) measure of agreement (James, Demaree, & Wolf, 1993), to assess homogeneity among respondents’ perceptions of climate within their agencies (each a primary sampling unit, or psu), interclass correlations (ICC) were calculated and between and within-group variance were compared. ICCs were calculated by conducting random effects one-way ANOVAS to determine the within psu variability (\( \sigma^2 \)), the between psu variability (\( \tau_{00} \)), and the ratio of \( \tau_{00} \) to the total variance (which is the ICC) (Raudenbush & Bryk, 2002). While there is no clearly defined specific cutoff point, generally, if the ICC is greater than .20, aggregation to the group level is considered to be acceptable.

RESULTS

ICCs for the current sample were above .20 (range: .23–.95; mean = .51) for all ORC/SOF and EBPAS subscales. This is an indication that the proportion of variance attributed to within group was small, and that respondents within the same agency shared perceptions of their organization’s climate. Hence, when taken together, the high ICCs and the low within-group variance suggest that aggregation of the individual workers’ perception of climate is appropriate when testing for between-agency differences (see below).

Staff Education and Experience

The vast majority of respondents (73.9%, n = 34) held a master’s degree or higher. Most commonly, respondents held degrees (bachelor’s or higher) in the area of social work (50.0%), education (17.4%), or psychology (13.0%); however, one-fifth of respondents held a degree from another discipline, including counseling (6.5%), nursing (4.3%), medicine (2.2%), business (2.2%), and “other” (4.3%).

Both PDs and practitioners had been at their present job for over five years, on average (range: one month to 15 years); in addition, they had an average of over 10 years of experience in the field of parent education (range: 10 months to 41 years) (see Table 2). Neither level of education, nor amount of experience significantly differed by position.
<table>
<thead>
<tr>
<th>Number of years in present job</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Directors</td>
<td>5.1</td>
<td>5.0</td>
<td>N/A</td>
<td>0.1–15</td>
</tr>
<tr>
<td>Practitioners</td>
<td>6.2</td>
<td>5.5</td>
<td>N/A</td>
<td>0.3–15</td>
</tr>
<tr>
<td>All</td>
<td>5.7</td>
<td>5.3</td>
<td>2a</td>
<td>0.1–15</td>
</tr>
<tr>
<td>Number of years in parent education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Directors</td>
<td>13.5</td>
<td>10.0</td>
<td>N/A</td>
<td>1–35</td>
</tr>
<tr>
<td>Practitioners</td>
<td>9.8</td>
<td>8.0</td>
<td>N/A</td>
<td>0.8–41</td>
</tr>
<tr>
<td>All</td>
<td>11.4</td>
<td>10.0</td>
<td>10</td>
<td>0.8–41</td>
</tr>
<tr>
<td>Number of staff supervised by PDs</td>
<td>9.48</td>
<td>5.0</td>
<td>1.0</td>
<td>0–40</td>
</tr>
</tbody>
</table>

aMultiple modes exist, smallest one reported.

Supervision Patterns

The modal number of practitioners a PD supervised was one, indicating that most of the programs were small. The number of supervisees per PD ranged from zero, meaning the PD also ran the parent program, to 40 practitioners within several programs (mean = 9.48, median = 5) (see Table 2).

Weekly supervision is associated with increased fidelity to the treatment model (Lieberman, Van Horn, & Ippen, 2005; Schoenwald, Henggeler, Brondino, & Rowland, 2000); therefore, individual, group, and observational supervision formats were considered. Overall, practitioners received somewhat infrequent supervision. While three-fourths (76.0%, n = 19) reported receiving individual supervision, only half of those (50.0%, n = 9) reported sitting down one-on-one with a supervisor on a weekly basis. Similarly, 16 practitioners (64.0%) reported receiving supervision within a group setting with other colleagues, but only about half (46.7%, n = 6) had this type of supervision weekly. Of the 11 (44.0%) practitioners who also occasionally had their work observed for the purposes of feedback, six (60%) were observed at least monthly.

Leadership Quality

The SOF’s “director leadership” subscale was administered to practitioners to assess the quality of their supervision and interactions with their supervisor. On average, it appeared that practitioners had fairly positive interactions with their supervisors and reported that their supervisors used many transformational leadership techniques. The mean subscale score was 38.96, translating to an average rating of 3.9 out of 5.0 on each subscale item (median & mode = 40) (see Table 3). However, responses ranged widely, from subscale scores of 17 to 50.
TABLE 3 Leadership Quality and Training

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program directors (n=21)</th>
<th>Practitioners (n=25)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF Director Leadership Subscale</td>
<td>N/A</td>
<td>38.96</td>
<td>9.63</td>
</tr>
<tr>
<td>ORC Influence Subscale</td>
<td>39.76</td>
<td>N/A</td>
<td>3.70</td>
</tr>
<tr>
<td>Practitioners' Average Annual Training Hours (SOR Training Exposure)</td>
<td>N/A</td>
<td>36.88</td>
<td>19.99</td>
</tr>
<tr>
<td>SOF Training Utilization Subscale&lt;sup&gt;a&lt;/sup&gt;</td>
<td>N/A</td>
<td>36.90</td>
<td>3.43</td>
</tr>
</tbody>
</table>

<sup>a</sup>Combined individual and program-level Training Utilization subscales.

These findings were echoed in PDs opinions of how well they were able to influence their supervisees and colleagues, as measured by the ORC's "influence" subscale. PDs generally felt that they had a high degree of influence, yielding a mean subscale score of 39.76 (median & mode = 40) (see Table 3).

Training

Practitioners attended frequent trainings, most often provided within their agencies. Three-fourths (76.0%, n = 19) had attended four or more trainings within their agency in the past year, estimating, on average, that they had attended 36.88 hours of training within the past 12 months (mode = 20; range: 4–96 hours; see Table 3). Additionally, 80.0% (n = 20) expected to attend four or more trainings in the coming year. Practitioners were trained on a wide variety of topics relevant to parenting, including mental health (84.0%, n = 21), sexual abuse (80.0%, n = 20), domestic violence (76.0%, n=19), trauma (68.0%, n = 17), physical abuse (64.0%, n = 16), and substance abuse (54.2%, n = 13).

When asked how often they or their program actually put the knowledge gained from trainings to use, practitioners, on average, responded "sometimes" or "a lot," corresponding to an average subscale rating of 39.0 on SOF's "training utilization" subscale (range: 21.4–50) (see Table 3).

Differences Based on Agency Characteristics

The hypothesis that organizational culture and climate variables (i.e., the ORC/SOF and EBPAS subscales) would significantly vary across agencies providing different levels of empirically supported interventions and with different structural characteristics was not supported. In general, respondents' views and experiences were remarkably similar across agencies and not significantly different; therefore, only descriptive statistics of the entire sample are reported below. As described above, there was adequate evidence to demonstrate that aggregating responses to the agency level was
### TABLE 4 Evidence-Based Practice Attitude Scale

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean (n)</th>
<th>SD</th>
<th>Norm a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>3.36 (46)</td>
<td>.52</td>
<td>2.99</td>
</tr>
<tr>
<td>Openness</td>
<td>3.00 (46)</td>
<td>.56</td>
<td>2.66</td>
</tr>
<tr>
<td>Divergence b</td>
<td>1.63 (46)</td>
<td>.79</td>
<td>1.22</td>
</tr>
<tr>
<td>Requirements</td>
<td>3.37 (45)</td>
<td>.63</td>
<td>2.66</td>
</tr>
<tr>
<td>EBPAS Total</td>
<td>3.01 (46)</td>
<td>.40</td>
<td>2.77</td>
</tr>
</tbody>
</table>

*Norm means from a geographically-diverse sample of 221 practitioners reported in Aarons et al. (2007).

bSubscale scores were reversed coded before being included in the EBPAS Total score.

Appropriate, and aggregated scores were used to perform statistical tests for between-agency differences; however, given the lack of variability, results are presented as sample means for consistency.

### Attitudes Toward Evidence-Based Practice

The EBPAS was administered to all respondents to gain insight into their specific attitudes regarding the legitimacy and use of empirically supported interventions. Even though the vast majority of agencies were not delivering an ESI to their parent clients (see details in the sample description), respondents had generally favorable views of evidence-based practice, endorsing most items on the EBPAS “to a great extent” (see Table 4). Respondents felt to a great extent that ESIs were appealing (“appeal” average = 3.36), were open to using them with their clients (“openness” average = 3.00; “divergence” average = 1.63), and were willing to comply with demands to do so from a variety of sources (“requirements” average = 3.37).

### Organizational Readiness for Change

Findings from four domains related to readiness to change (i.e., climate, adequacy of resources, staff attributes, and motivation to change) are presented in Table 5.

### CLIMATE

Mean scores across all three climate-related ORC subscales (mission, communication, and change) indicated that sample agencies generally had organizational climates with attributes that could support change. Respondents strongly endorsed statements indicating that their agencies’ missions and goals were clear and well known amongst the staff (“mission” average = 39.78). In addition, there was moderate agreement that communication at their
TABLE 5 Organizational Readiness for Change (ORC) Mean Subscale Scores

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean (n)</th>
<th>SD</th>
<th>Norma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy of Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td>32.71 (46)</td>
<td>6.42</td>
<td>31.4</td>
</tr>
<tr>
<td>E-Communications</td>
<td>39.46 (46)</td>
<td>8.76</td>
<td>28.4</td>
</tr>
<tr>
<td>Organizational Climate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission</td>
<td>39.78 (46)</td>
<td>4.63</td>
<td>35.3</td>
</tr>
<tr>
<td>Communication</td>
<td>36.09 (46)</td>
<td>6.10</td>
<td>32.5</td>
</tr>
<tr>
<td>Change</td>
<td>38.17 (46)</td>
<td>5.92</td>
<td>33.4</td>
</tr>
<tr>
<td>Staff Attitudes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>38.61 (46)</td>
<td>5.38</td>
<td>35.6</td>
</tr>
<tr>
<td>Efficacy</td>
<td>41.77 (46)</td>
<td>5.17</td>
<td>40.1</td>
</tr>
<tr>
<td>Adaptability</td>
<td>40.60 (46)</td>
<td>4.63</td>
<td>38.2</td>
</tr>
<tr>
<td>Motivation for Change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Needs for Improvementb</td>
<td>28.57 (21)</td>
<td>6.53</td>
<td>30.9</td>
</tr>
<tr>
<td>Immediate Training Needs</td>
<td>30.96 (46)</td>
<td>6.60</td>
<td>29.6</td>
</tr>
<tr>
<td>Pressures for Change</td>
<td>28.03 (46)</td>
<td>7.07</td>
<td>30.3</td>
</tr>
</tbody>
</table>

aNSubscale norms calculated on a sample of 2,031 directors and treatment staff in 2004 are available at www.jbr.tc.edu.
bThis subscale contains management-related items; therefore, only PDs were administered this subscale from the ORC-D (Director's version).

agencies was open and that management was receptive to new ideas and transparent with decisions ("communication" average = 36.09). Respondents also felt that, in general, their agencies' management was fairly open to change and worked toward being current with treatment standards ("change" average = 38.17).

ADEQUACY OF RESOURCES.

The ORC encompasses five subscales under the domain of resource adequacy, two of which were administered to respondents. These subscales assessed the adequacy of e-communication and staffing resources, two resources considered especially relevant to implementing ESIs. Respondents agreed with items indicating that they had somewhat reliable and frequent Internet access and the use of e-communications ("E-Communications" average = 39.46). Yet, most were somewhat uncertain whether their programs were adequately staffed with qualified practitioners and support staff ("staffing" average=32.7).

STAFF ATTRIBUTES.

Similar to organizational climate, respondents' attitudes and levels of functioning appeared to indicate a readiness for and ability to cope with change. In general, both PDs and practitioners readily endorsed ORC subscale items
that indicated they highly valued and sought out opportunities for professional growth ("growth" average = 38.61), felt confident in their professional abilities ("efficacy" average = 41.77), and felt ready and able to adapt to organizational changes ("adaptability" = 40.60).

Motivation for change

The ORC includes three subscales to assess the strength of various factors that may motivate agencies to change. Across these three subscales, responses indicated that agencies felt little motivation for change. Respondents were uncertain about or slightly disagreed with items signifying that their agencies needed improvements in administrative processes ("program needs for improvement" average = 28.57; administered only to PDs), could benefit from training in a variety of clinical activities ("immediate training needs" average = 30.96), or felt pressures to change from staff, clients, or oversight bodies ("pressures for change" average = 28.03).

Discussion

The aim of this pilot study was to begin to fill the gap in knowledge about community-based social service agencies' organizational context and readiness for change. A better understanding of the current state of organizations' readiness to absorb ESIs could serve to increase the responsiveness of research, policy, and treatment development to barriers and resources needed to increase adoption and implementation of ESIs. The good news is that the agencies in our small pilot sample appeared to have a favorable climate and culture for adopting and implementing ESIs. They had generally positive attitudes toward evidence-based practice, as measured by the EBPAS, and scored above the norm on ORC subscales assessing institutional resources and organizational climate for change. These findings may suggest that there is relatively little need for organizational interventions to increase practitioners' positive attitudes toward evidence-based practice to prepare these organizations to take up ESIs. However, having a positive attitude toward adopting ESIs and actually implementing this change is quite different.

Our findings suggest that, despite being generally willing and able to change, agencies are currently not being motivated to change by internal and external sources, such as staff, funders, and consumers. Change, even when highly desired and beneficial, takes significant resource commitment, and a strong motivating force is necessary to change the course of inertia. Agencies, on average, scored slightly below the norm on the ORC subscales measuring motivation to change. While the small sample size of the current pilot precludes us from making conclusive statements, this result suggests
that organizations providing parent training within the sampled community may not feel sufficient pressure to change their current treatment as usual. In other words, a business case for innovation has not yet been made for these agencies. Given the remarkable lack of interagency variation, this pressure appears absent across the entire parent training service network in the community studied.

Other barriers, such as a lack of consistent and frequent supervisory practices, may also be weakening agencies' ability to change. ESIs require considerable time spent on learning and reinforcing new skills and monitoring fidelity and client outcomes. Our sample agencies appeared to vary as to the frequency of supervision and practice feedback; only about a third of the practitioners interviewed received weekly individual supervision. Group supervision and practice observation were even less common. Although the participants reported relatively frequent training experiences, much of the training was internal, and the content and quality of the supervision and training is unknown. Even if agencies in the sample decided to adopt more ESIs, they may find that they do not have sufficient training and supervision infrastructure to ensure fidelity.

Limitations

A limitation of the current investigation is the small sample size of participating agencies. Power to detect meaningful differences may have been insufficient. In addition, the protocol did not assess all of the possible barriers or factors of innovation uptake, such as features of the available ESIs or the agencies' administrative processes and procedures. There are myriad other non-measured factors that may be able to explain why some agencies have implemented ESIs while their peers have not. Additional hypotheses should be explored. It is possible that the ESIs available to parent training programs are too costly or difficult to implement, or perhaps they do not fit well with the agencies' client population, values, or operational procedures. While the current study assessed respondents' views about evidence-based practice and change in general, it did not focus on the acceptability of any one particular intervention. Despite these limitations, this study does begin to address an important research need and provide direction for future investigation.

IMPLICATIONS

Taken together, the study's findings suggest that while parent training providers may be generally willing and able to change, they may not feel enough pressure to discontinue their current practices in favor of ESIs, and likely lack the training and supervision resources to implement and
maintain ESIs. Contrary to some opinion, the sluggish adoption of ESIs does not appear to be the result of agency or worker resistance or inability to change. Additional research is needed to understand why organizations with high readiness to change and acceptance of evidence-based practice are not adopting and implementing ESIs. This knowledge will aid in the identification of ways to facilitate the changes necessary to do so. Likely there are many factors at play, all of which deserve attention. Possible levers to help move organizations from being ready to change to actually adopting and implementing ESIs may include increasing perceived need or pressure, either through mandates or incentives, or improving the availability of appropriate and feasible ESIs that have a clear relative advantage over usual care.

Whether an actual barrier to adoption and implementation of ESIs or not, more attention should also be paid to the apparent lack of frequent and high-quality supervision found in our sample. Formal supervision may be an activity pushed out of the normal workday due to competing demands for time, but it is an integral part of faithful implementation of structured interventions. It can also serve to increase workers’ job satisfaction (Cole, Panchanadeswaran, & Daining, 2004) and potentially preserve morale and positive client relationships, both of which are essential to program sustainability and client outcomes.

In addition, the existence of very little interagency variation suggests that organizations within the same sector may share similar organizational and staff characteristics. Given this lack of variability, ESIs may only need to be tailored to a sector of care, rather than to specific agencies. One caveat presented in this study, however, is the variability in responses among participants on some measures. This individual variation may necessitate tailored responses on a personal level to support the implementation of ESIs. Further research is needed to explore these similarities and the possibility that organization-level dissemination and implementation strategies may also be generalizable across agencies providing similar services. This would be especially useful to treatment developers and funders who may be able to influence the costs and benefits of implementing ESIs and therefore further motivate agencies to provide innovative treatments with proven effectiveness.

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