



EVIDENCE-BASED  
PRACTICES

**KIT**

Knowledge Informing Transformation

Guide to EBPs

# Guide

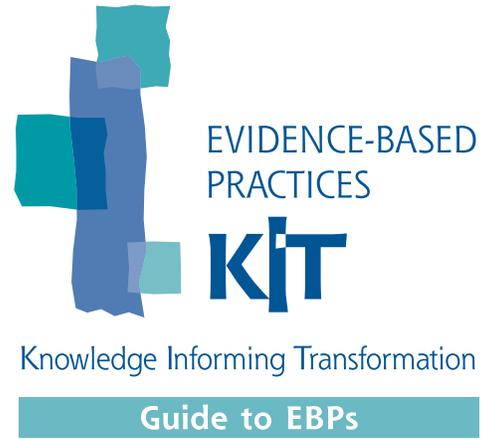
For Agency  
Administrators and  
Program Leaders

## The Treatment of Depression in Older Adults



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
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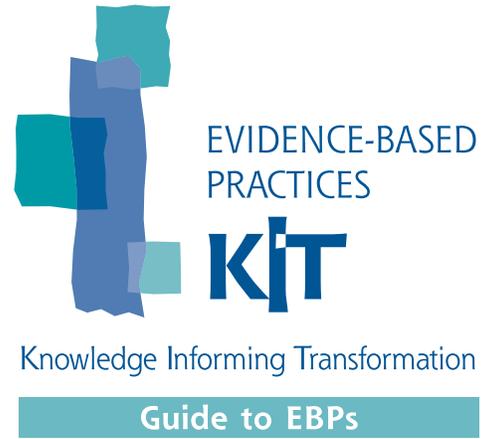
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## **Guide for Agency Administrators and Program Leaders**

This workbook provides strategies for implementing evidence-based practices (EBPs) for older adults with depression.

# **The Treatment of Depression in Older Adults**

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For references, see the booklet, *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of The Treatment of Depression in Older Adults Evidence-based Practices KIT, which includes 10 booklets:

**How to Use the Treatment of Depression in Older Adults  
Evidence-Based Practices KIT**

**Depression and Older Adults: Key Issues**

**Selecting Evidence-Based Practices for Treatment  
of Depression in Older Adults**

**Evidence-Based Practices Implementation Guides:**

**Older Adult, Family, and Caregiver Guide  
on Depression**

**Practitioners' Guide for Working with Older Adults  
with Depression**

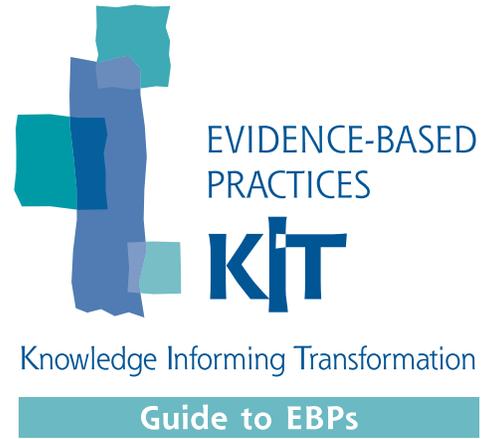
**Guide for Agency Administrators and Program Leaders**

**Leadership Guide for Mental Health, Aging,  
and General Medical Health Authorities**

**Evaluating Your Program**

**The Evidence**

**Using Multimedia to Introduce Your EBP**



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# **The Treatment of Depression in Older Adults**



## Guide for Agency Administrators and Program Leaders

*The Guide for Agency Administrators and Program Leaders* provides strategies for implementing evidence-based practices (EBPs) for older adults with depression.

The first section, *Leading the Implementation*, provides strategies for developing your rationale for implementing an EBP, identifying a program leader, and developing an EBP advisory committee.

*Building Momentum for Change* provides strategies for assessing community needs and organizational readiness to begin implementation, building consensus among stakeholders, and setting up a collaborative team.

*Making the Change* provides strategies for examining policies and procedures, setting up practitioner training and supervision, addressing cultural competence, providing support for implementation, developing a plan for long-term financing, and using the implementation leader to guide program changes.

Finally, *Maintaining and Sustaining the Change* provides strategies for monitoring service delivery, providing information to stakeholders, evaluating the need for program adaptations, and celebrating success.



## Why You Should Care About EBPs for Older Adults with Depression

Mental health, aging, and general medical health organizations that care for older adults with depression are under increasing pressure from payers and older adult recipients of services to provide treatments that have been scientifically proven to work. Sources of pressure include the following:

- Financial limitations;
- Quality improvement efforts; and
- Demands from older adults, families, and caregivers.

EBPs are important because they have been scientifically proven to be effective in improving the health and functioning of older adults with depression. More specifically, they can help you provide the most effective treatments for reducing the symptoms of depression and achieving recovery in older adults. Several effective treatments are available to treat depression in older adults.

### EBPs for Depression in Older Adults

- Psychotherapy interventions
  - Cognitive behavioral therapy
  - Behavioral therapy
  - Problem-solving treatment
  - Interpersonal psychotherapy
  - Reminiscence therapy
  - Cognitive bibliotherapy
- Antidepressant medications
- Multidisciplinary geriatric mental health outreach services
- Collaborative and integrated mental and physical health care

For a description of EBPs, see *Selecting Evidence-Based Practices for Treatment of Depression in Older Adults*.

For implementation of EBPs to be successful, you must identify a leader and devote dedicated resources to the project. You may need to change the way that your organization delivers care to older adults, and address the following concerns:

- Social or political issues; and
- Ageism or stereotypes about older adults from administrative leadership, practitioners, and other staff.

Extensive literature exists about the process of leading change in health care. For example, Fixsen, Naoom, Blase, Friedman, and Wallace (2005) provide a clear synthesis of strategies that you can apply to implementing EBPs.

The task of implementing EBPs for treating depression in older adults can be broken into the following several phases:

- Leading the implementation;
- Building momentum for change;
- Making the change; and
- Maintaining and sustaining the change.

## Leading the Implementation

You play a pivotal role in implementing EBPs. You will signal your organization that this initiative is a priority and that it has your commitment and support. In this sense, leading the implementation involves *marketing* EBPs, supporting the next tier of leadership in this effort, and collaborating with other agencies.

At the same time, after initial momentum is developed, financial support, recognition and rewards, and the removal of procedural and other barriers also will depend on your support. Without your support, the EBP initiative is likely to fail.

Implementing a new practice requires planning and oversight. Be prepared to take on these tasks:

- Explain why you have chosen to provide a new practice;
- Identify a leader who will oversee and support EBP implementation; and
- Develop an EBP advisory committee.

### Develop an implementation rationale

The first step in the process is to provide a clear rationale for implementing EBPs for treating depression in older adults. Implementing EBPs can help you address a number of issues that present unique challenges to organizations that care for older adults with depression. You also can use EBP implementation as a mechanism to drive a quality and accountability agenda.

Key questions that you should be prepared to answer as they relate to your organization include the following:

- Why focus on older adults?
- Why focus on depression?
- What is not working in the current system that will be addressed by introducing EBPs for older adults with depression?
- What amount of time, staff, finances, and resources will be required to move implementation forward and sustain the EBP?

*Depression and Older Adults: Key Issues* in this KIT provides information that will help you develop your responses to these questions.

Some important facts for addressing these issues are as follows:

- Older adults are a rapidly growing part of the American population.
- Depression is one of the most common mental health problems in older adults.
- Untreated depression in older adults is associated with poor functioning, high health care costs, high mortality, and an increased risk for suicide.
- EBPs can reduce the symptoms of depression in 60 to 80 percent of older adults.
- Older adults rarely receive effective treatment for depression.
- Most health and social service organizations lack practitioners with appropriate training in geriatric care, and most practitioners are not trained to provide EBPs for depression.
- Effective treatment can be provided at modest cost.



Your rationale for implementation should clearly convey the benefits of the program to your stakeholders. It should describe the treatment components and the expected outcomes, as well as other benefits of the program. Stakeholders are more likely to support the EBP if the benefits to older adults, practitioners, and the organization are clearly stated.

### Identify a leader

EBPs for depression in older adults are more likely to be successfully implemented if you identify a specific person who will be responsible for leading the implementation. The leader can be an expert in a specific practice or a local administrator and should be fully acquainted with the rationale and importance of EBP implementation.

The identified leader is more likely to succeed if he or she has the backing of senior agency administrators and the respect of online staff.

The implementation leader's job is to help the organization identify and overcome obstacles to successful implementation. This may be done in the following ways:

- Advocating for funding;
- Rallying the support of senior administrators or other key leaders; and
- Bringing in consultants when needed.

### Develop an EBP advisory committee

EBPs have little hope for success if the community doesn't recognize that they are needed, affordable, worth the effort, and congruent with community values and the organization's practice philosophy. While at first you may feel that creating an advisory committee slows the process, any amount of time used to build stakeholder support is worth the effort. The program must convey to key community stakeholders a clear vision and a commitment to implementing the EBP.

By forming or using an existing advisory committee of potential champions from each stakeholder group, you will be able to broadly disseminate information in the community. After training committee members in the basic principles of the EBP, ask them to hold informational meetings or to regularly disseminate information to their stakeholder groups.

### Steps You Can Take

- Find an implementation leader who is trained in geriatrics or is passionate about working with older adults. This program champion should have developed specialized skills and have the ability to teach these skills to others. This person is often an advocate for older adults who communicates his or her experience and interest to others.
- Place the EBP in the context of the larger recovery paradigm across the organization. Articulate how the EBPs will help you fulfill your mission to assist older adults with depression in their recovery process.

## Building Momentum for Change

Once you have identified the leadership for implementing a new practice, it is time to identify the available and necessary resources for implementation. You can begin this process with these steps:

- Assess community needs;
- Assess organizational readiness;
- Build consensus; and
- Build a collaborative team.

### Assess community needs

A formal needs assessment can help you establish the importance of implementing an EBP. During this process you must identify the characteristics of the older adults that you serve. For example, you may identify a need for improved quality of care or improved access to services for older adults. You also should estimate the number of older adult recipients of care who have depression and might be eligible to receive the new service.

It is important that you match the needs of your older adults with the appropriate EBP. *Selecting Evidence-Based Practices for Treatment of Depression in Older Adults* in this KIT provides suggestions on how to match EBPs with the characteristics of your older adult population and your organization.

You also may find it useful to meet with other organizations that care for older adults to discuss unmet needs. This can help you begin discussions around collaboration and can identify the need for training in different areas. For example, mental health organizations may need training that addresses knowledge of aging services. In contrast, aging service organizations may need specific training in mental health services.

### Assess organizational readiness

You must also assess the readiness of your organization to adopt and implement EBPs. An assessment of organizational readiness will address the following factors:

- Commitment from the administrative leadership;
- Understanding of the organization's capacity and limitations; and
- Financial readiness.

It also includes taking an inventory of the challenges and capacities that your organization brings to the table in developing an EBP implementation strategy. For example, a statement from senior leadership defining EBPs as a priority is helpful in leading the effort toward a full-scale adoption. In contrast, organizations that view EBP implementation as one of many program priorities may be less ready to embark on a significant implementation process.

Critical components of readiness include a commitment to staffing the new program with adequate numbers of practitioners, as well as supporting the time and necessary resources for training and supervising these practitioners. Your assessment of readiness should include an inventory of the number of staff who will need training in the specific EBP.

Establishing a culture of readiness to adopt EBPs also includes a commitment of financial and administrative resources for a clearly planned implementation process.

A number of resources and tools can help you assess organizational readiness. The following resources are addressed later in this booklet:

- State Health Authority Yardstick;
- Organizational Readiness for Change instrument; and
- Evidence-Based Practice Attitude Scale.



Conducting a readiness assessment can help you select the most appropriate EBP to fit with your organization's mission, values, needs, and capacities.

To some extent, readiness factors may shape the selection of EBPs. At the same time, the EBPs selected may determine the next steps that must occur to prepare the organization for EBP implementation.

### Build consensus

It is important that you have support and buy-in from agency administrators, practitioners, older adults and their family members or caregivers, community members, and other stakeholders. Activities that can help build consensus include the following:

- Introductory workshops and conferences that describe the characteristics, rationale, and benefits of EBPs;
- Individual training sessions; and
- Dissemination of promotional materials such as Web sites, videos, or written documents.

### Build a collaborative team

Implementing an EBP requires collaboration and buy-in from many different stakeholders. You should involve a multidisciplinary team in this process.

The effectiveness of this multidisciplinary team can be improved in several ways:

- Selecting a cross-section of members from different backgrounds and disciplines;
- Supporting collaboration;

- Establishing roles and policy guidelines;
- Developing an implementation plan;
- Communicating through formal and informal channels; and
- Ensuring sufficient resources.

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### Select a cross-section of members from different backgrounds and disciplines

When serving older adults with depression, it is important that you incorporate the skills and capacities of stakeholders from different backgrounds and disciplines. Your collaborative team could include practitioners with expertise in psychiatry, psychology, social work, nursing, primary care, substance abuse, aging services, or protective services, as well as community advocates, older adults, and family members or caregivers.

The delivery of some EBPs also requires practitioners from different disciplines. For example, collaborative and integrated mental health care relies on the expertise of a depression care manager, a consulting psychiatrist, and a primary care physician. Similarly, multidisciplinary geriatric mental health outreach services may include mental health, aging, and general medical health practitioners, as well as residential or housing staff.

Having stakeholders from different backgrounds and disciplines can prevent the omission of important details that will be necessary to support the implementation and use of the EBP.

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## Collaborate

Collaborative relationships can help you benefit from the expertise, skills, and access to older adults that are available through different organizations and practitioners.

In developing an implementation plan, you should consider the various needs and incentives of the participating stakeholders. For example, an area agency on aging (AAA) may have direct federal funding but must provide services within the constraints of the specific directive's mission and state and federal guidelines. In contrast, a community mental health center (CMHC) may need to consider how the service can be reimbursed through private insurance, Medicare, Medicaid, or other sources. A shared view of the mutual benefits of collaboration must be clearly articulated to incorporate each of these constraints.

An example of such collaboration can be found in a jointly provided outreach program delivered by an AAA and a local CMHC. Aging service practitioners operating under AAAs (for example, older adult service case managers, congregate and home-based meal providers, adult protective service workers, senior citizen center staff, etc.) can be trained to use standardized screening questions to identify people who are at risk for depression or suicide.

These older adults can then be referred to mental health practitioners who deliver outreach services or to specialty mental health clinics for appropriate treatment. This model takes advantage of practitioners who work in community settings and who are not limited to billable clinical services to identify people at risk for depression. It includes the expertise of mental health practitioners in providing specific treatments for depression.

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## Establish roles and policy guidelines

It is vital that you clearly define roles in an integrated service delivery model or a partnership between organizations. Similarly, the implementation of outreach services must describe how referrals are made between the aging service practitioners and mental health practitioners.

Policies must describe the responsibilities of these shared service models to prevent a gap between the intended services and those that are actually provided. You should also develop a clear understanding of how the services will be financed and reimbursed and who will take the lead in guiding, supervising, and financing this service.

Developing a Memorandum of Understanding (MOU) among agencies is often helpful in clearly delineating each agency's responsibilities.

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## Develop an implementation plan

Establishing goals and objectives that are matched with clear and explicit timelines and a description of who is responsible for each task will help your implementation process.

A shared vision of the general goals is important for establishing a clear plan and process. For example, the aims of an outreach program that includes mental health and aging service organizations may include enhancing access and referrals to older adults who are most at risk for depression.

The various procedures and processes that must occur should be clearly mapped out, including interconnecting pieces and sequential steps that must occur for each stage of the implementation process. Goals and objectives should be concrete and attainable with associated timelines.

You should monitor to ensure that predetermined benchmarks for the implementation and training process are met. Timelines should identify several periods for assessing process and outcome measures.

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## Communicate through formal and informal channels

It is important to establish clear communication between and among different organizations and practitioners.

You can improve communication in these ways:

- Establish routine conference calls or periodic meetings;
- Identify a point person within collaborating organizations who is responsible for communicating critical information; and
- Use informal e-mail or phone-based contact when questions arise.

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## Ensure sufficient resources

In completing the planning process, it is essential that you dedicate adequate and appropriate resources to implement and deliver the EBP. Sufficient financing must be allocated for staff time, including direct services, supervision, training, and assessing process and outcome data.

Implementation leaders can play an important role in promoting continued support for the EBP. They can work to ensure that sufficient resources are available for EBP implementation.

### Steps You Can Take

- **Evaluate the needs of older adults and their families or caregivers, as well as the capacity of your organization to meet these needs.** This will involve identifying the characteristics of your older adults and community (for example, racial or ethnic background, gender, age range, health status, depression severity, and residential setting).
- **Identify the readiness of your organization and the community to support EBPs for treatment of depression in older adults.** Determine whether any practitioners have expertise or interest in issues of depression in older adults. You can use this information to plan for future trainings.
- **As you build consensus among stakeholders, think about potential people or organizations with whom you will partner.** These are likely to include groups that have expertise in aging and mental health care.
- **Involve older adults and their families or caregivers in active roles.** For example, older adults can become group leaders, assistants, and advisers. Family members or caregivers can similarly contribute in many ways.
- **Work to get early buy-in from key leaders at all clinical sites.** Titled leaders and informal leaders are both important. They can help you with all aspects of the implementation process.
- **Bring in outside speakers to inspire the staff.** Speakers tend to be more successful if they have credibility for the practitioners. Practitioners indicate that presenter credibility is increased if the presenter is a practitioner, demonstrates that he or she understands the population, expresses an acceptable value set, and is well known in the field.
- **Bring in older adults who have experienced depression to talk about their experiences with learning to manage their illness and how it has helped them to move forward in recovery.** This strategy works best if the older adults have received services from programs similar to your own.

## Making the Change

As you begin to make changes in your organization, you must do the following:

- Examine policies and procedures;
- Establish practitioner training and supervision;
- Address cultural competence;
- Provide support for implementation;
- Develop a plan for long-term financing; and
- Use the implementation leader to guide change.

### Examine policies and procedures

Mental health, aging, and general medical health organizations that have successfully implemented EBPs highlight the importance of integrating the EBP into policies and procedures. For example, you will immediately face decisions about staffing the EBP program. You should select an EBP program leader and practitioners based on regulations and qualifications that the EBP requires. New EBP position descriptions should be integrated into your organization's human resource policies.

You should also review administrative policies and procedures to ensure that they are compatible with EBP principles. For example, you may need to modify assessment, treatment planning, and service-delivery procedures. Make sure policies and procedures include information about how to identify older adults who are most likely to benefit from the EBP and how to integrate inclusion and exclusion criteria into referral mechanisms.

Examine policies and procedures early in the process. Integrating EBP principles into policies and procedures will build the foundation of the EBP program and will ensure that the program is sustainable.

## EBP integration assessment tools

Assessment instruments can help you identify strengths and areas of infrastructure that you may need to reinforce to support implementing an EBP. Assessment instruments also can help you integrate the EBP into policies and procedures.

Some helpful tools include the following:

- *State Health Authority Yardstick*;
- *Organizational Readiness for Change instrument*; and
- *Evidence-Based Practice Attitude Scale*.

**The State Health Authority Yardstick (SHAY)** (Finnerty, Lynde, & Goldman, 2005) will help you assess state infrastructure to support EBPs. This tool is used to measure infrastructure for the following activities:

- Planning for EBP implementation;
- Financing (adequacy, startup, conversion);
- Training (ongoing consultation and technical support, quality, infrastructure/sustainability, penetration);
- Leadership (state commissioner and EBP leader);
- Policy and regulations (health and aging authorities, EBP program standards); and
- Quality improvement (outcomes, stakeholder support).

**The Organizational Readiness for Change Instrument** (Lehman, Greener, & Simpson, 2002) can be used to assess the readiness of an organization to implement EBPs. Program directors and agency staff can use versions of this scale to assess 18 domains in the following areas:

- Motivational readiness (perceived need for improvement, training needs, and pressure for change);
- Institutional resources (office, staffing, training, resources, computer access, and electronic communication);

- Staff attributes (value placed on professional growth, efficacy, willingness and ability to influence co-workers, and adaptability); and
- Organizational climate (clarity of mission and goals, staff cohesiveness, staff autonomy, openness of communication, level of stress, and openness to change).

### **The Evidence-Based Practice Attitude Scale**

(Aarons, 2004) is used to assess practitioner attitudes toward adopting EBPs. This measure assesses four dimensions related to EBPs:

- Appeal of EBPs;
- Likelihood of adopting, given requirements to do so;
- Openness to new practices; and
- Perceived divergence of EBPs from usual practices.

## **Establish practitioner training and supervision**

Program administrators often take the lead in organizing training to teach their staff how to provide the new EBP. Key issues in organizing training for EBP implementation include the following:

- Identifying internal and external stakeholders who will receive basic training;
- Determining how often basic training will be offered;
- Identifying who will provide the training;
- Identifying EBP staff and advisory group members who will receive comprehensive skills training;
- Determining the training format for ongoing consultation, coaching, and supervision to EBP staff; and
- Determining whether EBP staff may visit a model EBP program.

While staff at all levels in the agency should receive basic EBP training, the EBP program leader and practitioners will require more intensive training. To help practitioners integrate EBP principles into their daily practice, offer comprehensive skills training to those who provide EBP services.

Although most skills that practitioners need may be introduced through formal training, research and experience show that the most effective way to teach EBP skills is through on-the-job consultation, coaching, and supervision (Fixsen et al., 2005).

Developers for several of the psychotherapy interventions described in this KIT recommend that practitioners should receive close supervision with treating two to three older adults with depression before providing the intervention on their own.

When available, program developers or consultants may provide comprehensive training and case consultation to EBP practitioners, including the following:

- Providing basic information to key stakeholders;
- Assessing the community's readiness for change;
- Assisting in integrating EBP principles into policies and procedures; and
- Designing ongoing training plans.

Several types of training can be provided within the organization or community structure. Options include seminars, skill-based learning, and train-the-trainer models. These techniques should be used to develop a comprehensive training program for the EBP.

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## Didactic seminars, conferences, and workshops

Seminars, conferences, and workshops can be helpful in setting the stage for training and technical assistance; but one-time events are insufficient for training practitioners or other staff in the chosen EBP. Skill-based learning and ongoing monitoring of fidelity and supervision are necessary to develop skills for effectively delivering EBPs.

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## Skill-based learning

Skill-based learning involves active demonstrations of the EBP, combined with experience-based learning. Effective training includes the following:

- Presenting information;
- Demonstrating skills for delivering the intervention; and
- Practicing the intervention and receiving immediate feedback.

Case presentations that illustrate the specific challenges and strategies for using the selected EBP are an effective approach to consolidating skills and providing ongoing supervision. Case-based learning can be particularly effective when the cases come from participating practitioners.

This approach incorporates a valuable opportunity for the practitioner to receive specific consultation on optimizing the effectiveness of the EBP, while also ensuring active participatory learning based on a real example.

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## Train the trainer

Practitioner turnover is high in many agencies that care for older adults with depression. This means that the EBP will not be sustained unless the new expectations are incorporated into ongoing training efforts for new employees. Many agencies have found it useful for EBP program leaders and practitioners to become familiar with the structure and processes of the practice by visiting agencies that have successfully implemented the EBP.

Your ability to train new staff in the EBP can be improved by adopting the train-the-trainer model. This model consists of identifying and developing an internal expert who has in-depth knowledge of the EBP and becomes a local trainer.

Developing a local trainer has these benefits:

- Addresses high turnover of frontline staff (by not having to constantly send practitioners to outside workshops or training sessions); and
- Provides a mechanism for ongoing supervision and assurance of fidelity to the EBP model.

Individuals selected for this role must have leadership and teaching skills, and then engage in advanced training in implementing, delivering, and supervising the chosen EBP.

Depending on the selected EBP, different types of training materials are available. The quality and amount of training support varies across the different EBPs. The availability of training resources is described in *Selecting Evidence-Based Practices for Treatment of Depression in Older Adults* in this KIT.

Regardless of the EBP you select, it is important that you view training as a process, and not a one-time event. After initial training is complete, you must provide time for supervision and ongoing training.



## Address cultural competence

*Cultural competence* is an approach to delivering care that assumes that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

You can improve the quality of your EBP program by ensuring that it is culturally competent, meaning that it adapts to meet the needs of older adults from diverse cultures.

Training in cultural competence is an important part of delivering any treatment. It is important to be aware of different cultures, including those related to race, ethnicity, age, gender, or sexual orientation. For example, racial and ethnic minority groups account for one of the fastest growing groups of older adults. Older adults from various cultures have different ways of identifying depression and different preferences for treatment.

Knowing how to identify, communicate, and provide services to people from different cultures is a critical component of providing effective services. It also is important to understand the role of family members and communities in supporting older people in their own culture. For instance, an outreach service in one setting may be seen as a welcome part of care, while in a different cultural context it might be viewed as unwelcome and stigmatizing.

It is often possible to make an EBP more appropriate to specific racial or ethnic minority groups, while maintaining treatment fidelity. To make an EBP more appropriate to diverse cultures, try the following:

- Modify the appearance of program materials and curriculum, including language, setting, music, and type of food;
- Have older adults or other people who are knowledgeable about the specific culture review program materials and plans for program events; and
- Ensure that the core components of the intervention are delivered with fidelity and monitor treatment outcomes.

You can respond more effectively to the older adults you serve by applying the following guidelines to all facets of your program. These guidelines are not restricted to the EBP program and are meant to be illustrative, not prescriptive.

## Suggested Guidelines for Providing Culturally Appropriate Services

- Understand the racial, ethnic, and cultural demographics of the older adults you serve.
- Become most familiar with one or two of the groups you most commonly encounter.
- Create a cultural competence advisory committee consisting of older adults and their family members or caregivers, and community organizations.
- Translate your forms and brochures.
- Hire culturally competent staff and provide training in cultural competence to existing personnel.
- Offer to match an older adult with a practitioner who has a similar background.
- Have ready access to trained mental health interpreters.
- Ask older adults about their cultural backgrounds and identities.
- Incorporate cultural awareness into the assessment and treatment of older adults.
- Tap into natural networks of support, such as the extended family and community groups that represent an older adult's culture.
- Reach out to religious and spiritual organizations to encourage referrals or as another network of support.
- Offer training to staff in culturally responsive communication or interviewing skills.
- Understand that some behaviors that one culture may consider to be signs of psychopathology are acceptable in a different culture.
- Be aware that older adults from other cultures may hold different beliefs about causes and treatment of illness.
- Offer treatment services at times that are convenient to older adults.
- Work with older adults to ensure that they have transportation to services.
- Emphasize to staff the importance of reaching out to the family members and caregivers of the older adult in treatment.



## Provide support for implementation

Implementing an EBP requires that you make resources available to support your staff in acquiring new skills, as well as develop a plan to support the long-term financing of the practice.

The setup and training for an EBP requires dedicated resources. Upfront implementation costs are important to consider. You must set aside space and appropriate resources for your new practice. You also must allocate enough time and resources for practitioner supervision. One way to support ongoing supervision for practitioners is to have trained practitioners who also are supervisors.

You also can support your organization in implementing the new practice by building supports, funding streams, referral mechanisms, outcome expectations, and other activities that will prepare your practitioners and other staff to begin using the EBP. You will want to streamline the components of the new practice with existing organization structures and services, and prevent duplicate tasks or paperwork.

## Plan for long-term financing

Understanding the long-term financing of an EBP is critical to successful implementation and sustainability. All organizations and states present different challenges with respect to this essential component.

In developing a plan for sustainability, it is important to talk to similar organizations or programs to learn successful approaches to financing. A critical step in long-term planning is to identify and address financial barriers, as specific costs are associated with starting new EBP programs and sustaining them.

To begin, identify short- and long-term funding mechanisms for EBP services, including federal, state, and private foundation funds. You can work with your EBP advisory committee to project startup costs by identifying these costs:

- Time for meeting with stakeholders that is not reimbursed;
- Time for staff while in training;
- Time for staff to participate in strategic planning;
- Travel to visit other model EBP programs; and
- Costs for needed technology (cell phones and computers) or other one-time expenses accrued during the initial implementation effort.

You also should identify funding mechanisms to support ongoing EBP services and continuous quality improvement efforts, such as ongoing training, supervision, technical assistance, and process and outcome monitoring.

You may need to revise rules for reimbursement that are driven by service definitions and criteria. This may require interagency meetings on the federal, state, and local levels. Financing EBPs for older adults with depression can be complicated and can require a variety of approaches. Potential strategies include the following:

- Insurance companies have different policies for covering psychotherapy interventions. Older adults must cover a 50 percent co-payment under fee-for-service Medicare, and some health maintenance organizations require prior authorization for these services. However, other insurance plans may provide greater coverage for psychotherapy.

- Financing is a challenge under a fee-for-service mechanism for mental health outreach services, particularly when the service includes screening people at high-risk for depression. Successfully financed models of outreach services include partnerships between mental health and state units on aging that fund community senior services, social services, home health care, and adult protective services. In these arrangements, the case identification is covered by the aging network activities under the Older Americans Act, and treatment is provided under fee-for-service Medicare, Medicaid, or both.
- Fee-for-service Medicare makes it difficult to provide a physical health visit and a separate mental health visit on the same day in the same provider setting. Collaborative and integrated mental and physical health care EBPs are most easily financed in health maintenance organizations or Department of Veterans Affairs services with capitated financing arrangements.

Some actions that may help you secure financing include the following:

- Learn about various financing mechanisms.
- Identify sources such as Medicare, the state Medicaid agency, other health care funders, or managed care organizations.
- In preparing to work with potential funders,
  - Clearly define the EBP being considered;
  - Identify components of the EBP that may be reimbursed through existing mechanisms;
  - Describe qualifications of practitioners;
  - Describe the intensity and duration of the service; and
  - Present cost effectiveness data, if you can.

## Using the implementation leader to guide change

The goal of the implementation leader is to redesign the process of care so that it becomes natural and easy for practitioners to regularly provide EBPs for older adults with depression. It will help to anticipate the following issues:

- **Timeframe.** Generally, it takes about a year for practitioners to feel comfortable and confident providing an EBP.
- **Staff qualifications.** Staff who can develop a collaborative relationship with older adults with depressive symptoms are a tremendous asset. Practitioners who are flexible and optimistic about the recovery process tend to be very good at treating older adults.
- **Training.** Practitioners must know about the symptoms and treatment of depression in older adults. They will need training in the core components of the EBPs, as well as principles for working with older adults.
- **Supervision and support.** Weekly group supervision is recommended. Supervision should include regular validation of older adult strengths and practitioner strengths. In supervision, practitioners will benefit from discussing possible solutions for difficulties they may encounter.
- **Tracking older adults' goals.** Practitioners will help older adults identify goals. Together they will regularly assess progress toward these goals.
- **Policies and procedures.** Relevant policies and procedures should be reviewed and revised to support implementing EBPs for treating depression in older adults.



## Steps You Can Take

- Educate practitioners about studies that demonstrate the effectiveness of the EBP in treating depression in older adults.
- Organize retreats, meetings, or in-services to predispose practitioners to implement EBPs for depression in older adults. Retreats can be used to educate practitioners, help them appreciate the importance of the EBPs, and engage them in planning the implementation.
- Provide supervision. Practitioners use new skills when they are addressed within the context of good supervision. Individual and team supervision structures are critical in reinforcing the use of new skills and helping practitioners continually learn and develop effective depression treatments.
- Make small changes to your program to make it appropriate to older adults from different cultural backgrounds. Be aware of how these changes may affect fidelity to your model.
- Review organizational policies and procedures. Programs are sustained over time by structural mechanisms, such as financing, regulations, training and supervision, roles and responsibilities, recordkeeping, involvement of all stakeholders, and program reviews, rather than by charismatic individuals or champions. As your EBP program develops, review all of these mechanisms regularly.
- Anticipate the impact of the change on operations and other programming.
- Develop a strategy for financing both the implementation process and the long-term use of the program.

## Maintaining and Sustaining the Change

Once you have implemented the EBP and have developed and collected process and outcome measures, you must develop a mechanism to maintain and sustain the change in your program. Key components for managing changes include the following:

- Monitoring the service delivery through evaluation;
- Considering adaptations based on evaluation results;
- Disseminating results; and
- Celebrating success with collaborators.

### Monitoring service delivery

Monitoring the delivery of a new practice is important on several levels. It can let you know whether the practice is implemented as it was originally designed, and effective for older adults.

To effectively collect, analyze, and use process and outcome data, do the following:

- Identify people who will be responsible to collect data;
- Build a database or other system to track and monitor outcomes;
- Develop a template for reporting data; and
- Disseminate the findings.

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## Collecting and using process data

A critical component of implementing and delivering an EBP is to collect process data. These data can be used to describe the intervention and to measure fidelity to the model to ensure that the EBP is being implemented as originally designed.

Process measures can help you assess whether the core elements of the EBP were put into place in your agency. Process measures give staff an objective, structured way to gain feedback about program development and about how services are provided. Process measures can help you ensure these results:

- Engagement of older adults in the practice;
- Effective referrals and linkages with other organizations;
- Timeliness of services; and
- Use of data to improve the implementation and enhance the practice.

Effectiveness and favorable outcomes are directly correlated to the extent to which an EBP is implemented with fidelity. In general, good outcomes can be expected when an EBP is implemented with good fidelity. When only parts of the EBP are implemented, there is no guarantee it will be effective or have the same outcomes as originally found through research studies.

Fidelity is adherence to the key elements of an EBP that were shown to be critical to achieving the positive results found in a controlled trial. Fidelity measurements evaluate characteristics of service delivery (for example, frequency, duration, location, and focus of the intervention), characteristics of the overall program operation (for example, staff selection, training, coaching, and administrative support), and the application of principles and practices specific to the EBP.

Fidelity should be measured periodically (for example, every 6 months) by an evaluator who is independent from the service provider. Results should be provided regularly to the treatment team to improve and enhance the implementation and delivery of the EBP.

Most EBPs for older adults with depression lack well-defined fidelity scales. When these are not available, it is critical that you adhere to treatment manuals and faithfully deliver the core components of treatment. More complete information about collecting and using process measures is included in *Evaluating Your Program* in this KIT.

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## Collecting and using outcome data

In addition to collecting process data, it is important to assess whether the desired outcomes are obtained. Common outcome measures for depression in older adults include the following:

- Engagement in services;
- Ability to live in the least restrictive setting;
- Hospitalizations or emergency room visits;
- Suicidal behavior or risk;
- Depressive symptoms;
- Rates of full remission or recovery; and
- Daily functioning.

Use age-appropriate measures that accommodate common issues in older adults, such as sensory limitations, cognitive impairment, social isolation, and stigma. *Evaluating Your Program* in this KIT provides more information about assessment measures for older adults with depression.



Outcome measures should be practical and easy to implement within the context of the service delivery. When available, use validated and reliable measures. For example, the PHQ-9 and the Geriatric Depression Scale are frequently used to track symptoms of depression over time. These and other instruments are included in *Evaluating Your Program* in this KIT.

Ensure that the outcomes you measure align with the goals and objectives of the specific EBP. These data will allow you to monitor outcomes for the organization and for older adults. More complete information about collecting and using outcome data is included in *Evaluating Your Program* in this KIT.

### Providing information to stakeholders

Process and outcome data can be used as feedback to your practitioners, organization, and mental health, aging, and general medical health authorities. Providing feedback to stakeholders, funders, and partners will help you maintain their continued interest and support and inform them of your successes and barriers.

Outcome measures also can help your practitioners improve their skills in delivering treatment. They can use data to identify the need to modify treatment for an older adult who may not be responding favorably.

### Consider whether to adapt an EBP

Adaptation may be necessary in implementing an EBP in your organization. For example, the use of cognitive behavioral therapy has been shown to be effective in older adults in group and individual settings. However, it may not have been fully tested in a setting such as an adult day care or a senior housing facility.

Considering the specific needs and differences with respect to different settings and practitioners is important in adapting a selected EBP. At the same time, it is critical to understand that any adaptations should be minor and very carefully considered. Ideally, an EBP should be delivered with full fidelity to the treatment model that was proven to be effective in scientific evaluations. If a significant change is made, the likelihood of effectiveness may decrease.

Before considering possible adaptations, review the core components of EBPs that must be maintained to ensure effectiveness. It also may be helpful to contact the original authors or developers of the EBP to discuss the special needs of your setting, population, or practitioner characteristics. In summary, carefully consider any adaptations to ensure fidelity to the core elements of the model.

Ideally, adaptations can be considered after your EBP program reaches high fidelity. Ongoing process and outcomes monitoring will allow you to test local innovations while ensuring that the EBP does not drift from its core elements.

## Celebrate success

Celebrating the success of your program can help you maintain the support and enthusiasm of your stakeholders and collaborators. Demonstrating improved outcomes for older adults can help you sustain the EBP during difficult financial decisions to prioritize or cut the service.

Other mechanisms to sustain your program might include the following:

- Develop advocacy efforts through your EBP Advisory Council to disseminate results and promote its success to funding agencies, local community agencies, and local legislators.
- Develop local networks with community partners to share information and resources.
- Identify new collaborators and maintain existing collaborations to ensure ongoing program resources.
- Develop collaborations and cross linkages with other programs within the community.
- Develop community partnerships with other social service agencies. This can help you blend funding and develop synergies that can sustain programs that are mutually valued.

## Steps You Can Take

- Develop systems for evaluating whether you are implementing the program as designed and whether the program is working.
- Regularly provide all staff with outcome statistics for the organization, and individual practitioners with outcomes for their older adults. Line graphs show trends especially well. Some organizations prominently post relevant outcome statistics. This clearly reinforces the goal of improving outcomes for older adults with depression.
- Recognize staff who have made EBPs a success in your program. Celebrations are particularly helpful when all stakeholders attend. You also can provide recognition at staff meetings or through appreciation cards. Consider revising job performance reviews to include an assessment of skills in providing EBPs for depression in older adults.
- Find ways to share older adults' success stories among stakeholders, practitioners, older adult recipients of care, and family members or caregivers when appropriate. Devote meetings to good news. This could include feedback and anecdotes from older adults and their family members or caregivers.







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