Implementation Science:

What Do We Know and Where Do We Go from Here?

Robert P. Franks, Ph.D. Director Connecticut Center for Effective Practice

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Overview of Implementation Science



Background

- Clinical child psychologist
- Director of Center for Effective Practice, a research and policy institute
- Focus on implementing a range of mental health evidencebased practices
 - MST qualitative process of large-scale dissemination
 - TF-CBT learning collaboratives and costs of implementation
 - EMPS practice-informed policy, quality improvement, data-driven practice, staff selection driven by model
 - Child FIRST implementation of a best practice early childhood model within a state system of care
 - Wraparound utilization of system collaboratives to help support implementation



Implementation Defined

-noun

1.any article used in some activity, esp. an instrument, tool, or utensil: agricultural implements.

- 2.an article of equipment, as household furniture, clothing, ecclesiastical vestments, or the like.
- 3.a means; agent: human beings as an implement of divine plan.

–verb (used with object)

- 4.to fulfill; perform; carry out: Once in office, he failed to implement his campaign promises.
- 5. to put into effect according to or by means of a definite plan or procedure.
- 6. to fill out or supplement.
- 7. to provide with implements.



What is Implementation Science?

- The study of the process of implementing evidence-based programs and practices
- Implementation is NOT the validation of evidence-based programs
- Effective implementation bridges the gap between science and practice by helping to ensure that EBP's validated in the "laboratory" produce similar outcomes in the "real world"



Why bother?

 Mostly importantly, because even if the intervention or practice has been demonstrated to be effective by research, if it is not implemented properly or without sufficient fidelity to the established model...

IT WILL LIKELY FAIL.

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Why does implementation matter?





Implementation Science

- Developing effective interventions is only first step
- Transferring and maintaining these programs in real world settings is a long and complex process
- Understanding how and if these programs are successfully implemented is one form of research
- Can also examine how implementation phase relates to outcomes



Some common terms

- Evidence-based practice
- Replicate
- Disseminate
- Implementation
- Readiness
- Capacity
- Fidelity
- Scalability
- Stakeholders
- Purveyor
- Sustainability



Questions for the group

 To what extent are these terms familiar or unfamiliar to you?

 In your experience, have the terms been used to mean different things?

 How do we know the difference between evidence-based programs and evidence-based implementation?



Why is it important to have an implementation framework?

- Provides a conceptual guide to utilizing effective implementation practices
- Differentiates stages of implementation that occur at the beginning of an organization's or system's practice that may be very different than implementation that occurs once the practice is well established
- Provides both a linear concept of implementation framework as well as allowing for feedback loops that integrate data-driven decision making in an ongoing way to improve practice over time



NIRN

- National Implementation Research Network, Frank Porter Graham Institute, UNC-Chapel Hill
- Synthesized research across different fields to identify stages of implementation that were reported to be effective in implementing programs/services and producing positive outcomes



Implementation Frameworks

Fixsen, Naoom, Blasé, Friedman, and Wallace (2005):

"Letting it happen" – researchers publish results; it is up to the providers to make it happen

"Helping it happen" – research findings result in toolkits designed for providers

"Making it happen" – implementation teams directly help providers to effectively implement programs



Core Implementation Components (integrated & compensatory)

- Recruitment & selection
- Preservice & inservice training
- Ongoing coaching & consultation
- Staff performance assessment
- Decision support data systems
- Facilitative administration
- Systems intervention

(Fixsen, et al, 2009)





Making it happen: Implementation Drivers

Competency, Organization supports, and Leadership



Roles of purveyor & intermediary organizations

Purveyor organizations defined as:

"an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect" (Fixsen, et al, 2005)

Intermediary organizations are defined as:

"the specific agency that houses, supports, and funds the implementation of a program or practice...that will in turn help to develop, support and sustain one or more replication programs"



Six Stages of Implementation (Fixsen et al, 2005)

- Exploration
- Installation
- Initial implementation
- Full implementation
- Innovation

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Sustainability



Exploration & adoption stages

- Identify the need for an intervention or practice considering the information available
- Acquire information via interactions with others or best practice resources
- Assess the fit between the intervention program and community needs

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Prepare the organization, staff, and resources
 connecticut by mobilizing information and support
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Installation stage

 Preparing for the delivery of the new practice before the first consumer is seen

 Resources being consumed in active preparation

 Attention to funding, human resources, policies & procedures

Initial implementation

- Change must occur at multiple levels (e.g., practice level, supervisory level, adminstrative level)
- Typically this change is met with much anxiety and at times, resistance
- Missteps may occur

Connecticut Center for Effective Practice A supportive organizational environment key to success

Full implementation

- New learning is integrated into practitioner, organizational, and community practices, policies, and procedures.
- Full staffing, full client loads, all realties of "doing business".
- The destination (new program) should approximate that of the source (original program) with fidelity.

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• Typically takes 2-4 years.



Innovation

- Some adaptation occurs at destination site
- Not to be confused with model drift
- Innovation maintains sufficient fidelity to the model, but adapts to ecology of destination site in order to achieve successful implementation
- Must be monitored to ensure that drift does not occur

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Sustainability

- After initial implementation new program must be maintained with sufficient fidelity to the model
- Turnover of staff must be successfully addressed
- Policies must support sustainability of program including governance and funding

Connecticut Must be adaptable to shifting ecology of the Center for Effective environment Child Hea Practice Practice

Other Implementation Frameworks

Simpson (2002)

"Technology transfer"

- Theory of research to practice identifies four "Stages of Transfer" at the organizational and practitioner level including:
- 1) exposure to the new technology
- 2) decision for adoption
- 3) implementation on the ground
- 4) incorporation into ongoing practice



Other Implementation Frameworks

Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004) describe:

- An evidence-based conceptual model delineating the process by which innovation is transferred in health service organizations
- A "robust" and replicable methodology for the systematic review of policy and management
- The identification of gaps, in theory and in research, which indicate a need for further analyses and study.



Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004)

- Diffusion- the passive spread of innovation in an organization
- Dissemination- active and planned efforts to specific groups in order to adopt innovation
- Implementation- actions and efforts undertaken to spread innovation within an organization
- Sustainability- the shift during which an innovation becomes "routine" until that innovation is no longer needed



Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004)

The key attributes of successful innovation :

- Relative Advantage clear benefits and cost-effectiveness are apparent;
- Compatibility in sync with adopters' values and perceived needs;
- Low Complexity perceived simplicity of use bodes well for adoption;
- Trialability ability for trial experimentation;

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- **Observability** benefits need to be easily discernible by adopters;
- Reinvention ease of modification, adaptation makes adoption easier;
- Fuzzy Boundaries similar to reinvention in that a softer periphery (as opposed to a "hard core" with more strict components as seen in more complex innovations of service groups) often promises more adaptiveness;
- Risk less risk or uncertainty of outcome favor more certainty of adoption;
- Task Issues clear potential for work-performance improvement;
- Knowledge Requirements ease of knowledge transfer within various contexts;

• Augmentation/Support - additional support components (i.e., training Connecticut and support staff) favor ease of adoption.

CI-D

Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004)

The authors suggest future research on diffusion of innovation should focus on:

- Theory driven research
- Process rather than "package"
- Ecological analyses
- A common language, measures, and tools
- Collaboration and coordination
- Multidisciplinary and multimethods research
- Meticulous details
- Participation between practitioners and researchers.



Other Implementation Frameworks

Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville, and Saul (2008)

"Strategic Prevention Framework" Steps:

- 1) Assessment
- 2) Capacity Building
- 3) Planning
- 4) Implementation
- Connection) Evaluation

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Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville, and Saul (2008)

Strategic Prevention Framework Stages of Implementation

- Assessment
- Capacity Building
- Planning
- Program Implementation
- Evaluation
- Cultural Competency



Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville, and Saul (2008)

		Implementing Prevention—Prevention Delivery System General Capacity Use Innovation-Specific Capacity Use	
	Macro Policy	Supporting the Work—Prevention Support System General Capacity Building Clin Capacity Building	nate
		Distilling the Information—Prevention Synthesis & Translation System Synthesis Translation	
Connecticut Center for Effective Practice		Existing Research and Theory	Child Health and Development Institute of Connecticut, Inc.

Conducting research in the context of implementation science



Opportunities for research

- All of the preceding frameworks can be explored and documented throughout the implementation process
- Opportunities for examining metrics and outcomes throughout the various stages of implementation
- Factors which facilitate or inhibit successful implementation can be explored
- Factors which facilitate or threaten fidelity to the model and treatment outcomes can be explored



Aligning research design with stages of implementation

- Researcher must consider methods used and how they will capture processes and outcomes at each stage of implementation
- Variables may need be examined differently at different stages
- Variables may change at different stages



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Research dimensions and variables to be examined (Schoenwald & Hoagwood, 2001)

- Intervention characteristics
 - E.g., theoretical bases, foci of treatment, clarity of model, etc.
- Practitioner characteristics
 - E.g., training, fidelity to model, supervisory practice, etc.
- Client characteristics
 - E.g., referral problems, source of referral, demographics, etc.
- Service delivery characteristics
 - E.g., frequency of sessions, length of sessions, setting, etc.
- Organizational characteristics
 - E.g., organizational structure and hierarchy, culture, climate
- Connecticut Service system characteristics
- Center for E.g., governance, policies, financing, etc.





Operationalizing implementation science in research

- Traditional research tends to examine changes in time from point A to point B
- Implementation factors often need to be assessed continuously and repeatedly
- Often much emphasis on the process of implementation
- There are inherent challenges with operationalizing and measuring implementation factors





Some challenges associated with operationalizing implementation factors

- Good measures do not exist and have not be sufficiently validated
- Self-report measures often unreliable
- Difficult to obtain objective measures or ratings of implementation
- Stages may vary depending on type and nature of intervention or practice
- Researchers not adequately prepared to conduct such research

• Implementation research does not easily fit Center for existing paradigms

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Assessing readiness for change

- Critical first step in conducting implementation research is assessing readiness for change
- Ideally an assessment of baseline readiness should be observed and then repeated over time
- Scales or structured instruments can be used (Aarons- EBP Attitude Scale, 2004) (Edwards et al-Community Readiness Model, 2000)





Readiness factors to assess

- Motivation for change
- Institutional resources/capacity
- Staff attributes
- Organizational climate



The "change package": An example of readiness assessment

- Assessed at selection to establish baseline
- Used as mechanism for self-assessment and reflection of readiness
- Re-assessed periodically during implementation process
- Used to help identify needs, set goals and measure progress

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ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT, "MODEL FOR CHANGE"



Benefits of using implementation frameworks to guide research

Research conducted in absence of awareness of stage of implementation can be static and misinformed

Researcher can draw erroneously conclusions if research not conducted in the context of implementation

Possible to examine change over time

Possible to identify drivers of change and factors that influence outcomes



Connecticut Center for Effective Practice Research can have real value for "real world" application of best practices



Challenges to using implementation frameworks

- Theoretical base for implementation is relatively new; needs to be tested and operationalized in real world settings
- Frameworks may be better as guides for organizing results rather than driving research
- Implementation frameworks may not neatly fit real world ecology
- Implementation frameworks may not be sufficiently articulated to identify and measure change

Connecticut Researchers unfamiliar with implementation Effective theory and applications

Importance of timing

- Research that is too cumbersome or unrealistic for provider organizations can backfire and impede successful implementation
- Buy-in of community is highly important
- Demands of research must not be too high and expectations should coincide with stage of implementation
- When learning a new practice practitioners can already be overwhelmed and adding research demands can be overly burdensome

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Examples from Connecticut

Trauma-focused Cognitive-Behavior Therapy (TF-CBT)

- Mental health EBP widely supported by 5 RCTS
- SAMHSA model program
- Disseminated to 15 agencies across Connecticut using learning collaborative methodology by Center for Effective Practice
- Implementation and outcome data collected and analyzed as part of dissemination

Child FIRST

- Early childhood home-based intervention for caregivers and children developed in Connecticut by developmental pediatrician
- Randomly controlled study shows significant gains in multiple areas
- Statewide dissemination supported by Robert Wood Johnson Foundation Grant
- Center for Effective Practice supporting dissemination using Learning Collaborative methodology

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Examples of tools used in implementation research

- Web-based data collection, scoring and reporting
- Collection and reporting of monthly metrics
- Surveys
- Fidelity measures
- Observation
- Objective measures







Metrics

- Used to measure site progress
- Completed by clinicians monthly
- Supervision/Consultation
- Number cases •
- Fidelity •

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Must be easy and quick to complete & useful • Connecticut Center for





Data Management

To promote successful implementation:

- Primary use of data is for improvement
 - Clinicians improve quality of treatment
 - Supervisors improve supervision quality
 - Agencies improve implementation
- Secondary use is for program evaluation
- Resistance to data
 - Time
 - Don't understand
 - Historically goes into a "Black Hole"





Samples

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Google Groups

CT TF-CBT Learning Collaborative

jalang@uchc.edu | My Groups 💌 | Favorites | Profile | Help | My Account |

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Home

Welcome to the Connecticut TF-CBT Learning Collaborative online forum! Information about the Collaborative will be posted here. It is also a place to discuss, share successes, and problem solve the challenges involved with implementing TF-CBT. If you are struggling with a problem – whether it is with a client, supervisory, or organizational issue – there are probably others in the Collaborative who have experienced similar challenges and would be willing to help you problem solve.

Upcoming Conference Calls (Please note changes to the typical schedule due to holidays):

Date	Type of Call	Case Presentation
November 13	Supervisor	
November 20	Senior Leader	
December 11 (2 nd Tuesday)	ACC	Wheeler Clinic
December 18 (3 rd Tuesday)	Supervisor	
January 8 (2 nd Tuesday)	ACC	Clifford Beers
January 15 (3 rd Tuesday)	Supervisor	
January 22 (4 th Tuesday)	Senior Leader	

11/8/07: Learning Objectives for Clinicians & Supervisors were posted on the "CT TF-CBT Materials" page.

10/14/07: Learning Session #2 Dates Announced: February 6-7, 2008 in North Haven

NOTE: while this group is only available to the CT TF-CBT Learning Collaborative members, please keep HIPAA in mind and do not post ANY identifiable patient/client information.

+ new post Discussions 6 of 52 messages view all » psychoeducational materials By Beth Stenger - Nov 5 - 4 authors - 3 replies Trauma Narrative Questions By Jennifer - Oct 30 - 1 author - 0 replies Congratulations, Red Sox fans!! By Carrie - Oct 29 - 1 author - 0 replies A reaction to the contra-indication discussion in vesterday's phone call By Beth Stenger - Oct 22 - 6 authors - 5 replies Comment on PSB population By bka...@wheelerclinic.org - Oct 18 - 1 author - 0 replies Senior Leader/ Case assignement By Dr Bob Franks - Oct 13 - 2 authors - 1 reply Members 63 members view all » + invite members Paige ape...@cliffordbeers.org bcard...@ucfs.org btess...@ucfs.org cro...@cliffordbeers.org Member Member Member Member Member The second secon + add page CT TF-CBT Learning Collaborative Materials & Measures Last updated by Jason Lang - Sep 4 - 1 author - 1 page long Materials that were Shared Relentlessly or Stolen Shamefully Last updated by Jason Lang - Nov 5 - 1 author - 1 page long TF-CBT Resources Last updated by jal...@uchc.edu - Aug 9 - 1 author - 1 page long

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Parent Report:	7		Score	Severity	cutoff=2	Score	Severity	cutoff=2
		Overall Severity	41	Severe	NA	18	Mild	NA
		Re-Experiencing	17	Severe	YES	4	Minimal	YES
		Avoidance	13	Moderate	YES	6	Minimal	YES
		Arousal	11	Moderate	YES	8	Mild	No
		Meets DSM-IV Crit	eria for					
		PTSD? (baseline o	only)	Ý	ES		NO)
Children	s Depressio	n Inventory (CDI)						
	epression sy	ymptoms			TEast	o Intorn	etation	
					(T-Scor	e interpi e has M	ean=50.	
Child Report		Parent Rep	oort		(SD=10)	carr co,	
	T-Score		T-Score		T-Score	R	lange	
Total Score	55	Total Score	55		<30	Ve	ery low	
Negative Mood	68	Emotional	54		30-39		Low	
Interpersonal Problems	52	Functional	51		40-59	A	/erage	
Ineffectiveness	50				60-69		High	
Anhedonia	53				70+	Ve	ry High	
Negative Self-Esteem	47							
		Notes ab	out measu	res				
Trauma History (Child):								
Trauma History (Parent):								
UCLA PTSD (Child):								
UCLA PTSD (Parent:)								
CDI (Child):								
CDI (Parent):								

10. Please choose the response that best describes your skill and understanding in implementing each of the specified components of TF-CBT this month.

	Did not use	Minimal	Minimal to Moderate	Moderate	Moderate to Advanced	Advanced
Psychoeducation	C	0	0	0	0	0
Parenting Skills	C	0	0	0	0	0
Relaxation	C	0	0	0	0	0
Affective Expression & Regulation	0	0	0	0	0	C
Cognitive Coping & Processing	0	0	0	0	0	0
Trauma Narrative	C	0	0	0	0	0
In Vivo Exposure	0	0	0	0	0	0
Conjoint Parent-Child Treatment	0	0	0	0	0	C
Enhanced Safety Skills	$^{\circ}$	0	C	C	0	0
Using standardized measures for assessment & measuring progress	0	C	0	0	0	0
Sharing results of assessment measures with child/caregiver	0	0	0	0	0	C

19. Please choose the response that best describes your skill and understanding in implementing each of the specified components of TF-CBT this month.

ITEM	0	1	2	3	4	5	Total
Psychoeducation	18.8% 3	-	18.8% 3	37.5% 6	25.0% 4	-	16
Parenting Skills	31.3% 5	0-0	12.5% 2	25.0% 4	25.0% 4	6.3% 1	16
Relaxation	50.0% 8	6.3% 1	12.5% 2	18.8% 3	12.5% 2		16
Affective Expression & Regulation	50.0% 8	6.3% 1	18.8% 3	25.0% 4	. His	(-)/	16
Cognitive Coping & Processing	50.0% 8	6.3% 1	12.5% 2	12.5% 2	18.8% 3	-	16
Trauma Narrative	56.3% 9	12.5% 2	18.8% 3	6.3% 1	6.3% 1	120	16
In Vivo Exposure	62.5% 10	12.5% 2	12.5% 2	12.5% 2	285		16
Conjoint Parent-Child Treatment	43.8% 7	12.5% 2	18.8% 3	18.8% 3	6.3% 1	(-)	16
Enhanced Safety Skills	43.8% 7	6.3% 1	18.8% 3	25.0% 4	6.3% 1		16
Using standardized measures for assessment & measuring progress	25.0% 4	6.3% 1	31.3% 5	18.8% 3	6.3% 1	12.5% 2	16
Sharing results of assessment measures with child/caregiver	31.3% 5	18.8% 3	12.5% 2	31.3% 5	6.3% 1	-	16
	74	14	30	37	18	3	

Challenges

- Conducting implementation research requires new methodologies and competencies
- Must challenge existing research practices and procedure
- Not enough to examine intervention outcomes if implementation is not successful
- May require additional time and costs
- Need to transcend research to practice gap





Child Health and Development Institute of Connecticut, Inc.

Questions & Discussion



Robert P. Franks, Ph.D. rfranks@uchc.edu Connecticut Center for Effective Practice (CCEP) Child Health and Development Institute

