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IMPLEMENTING EVIDENCE-BASED PRACTICES: SIX "DRIVERS" OF SUCCESS

Part 3 in a Series on Fostering the Adoption of Evidence-Based Practices in Out-Of-School Time Programs

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BACKGROUND

One of the biggest challenges for practitioners is implementing a new program or a new practice. This challenge is due, in large part, to a lack of information on strategies that promote effective and efficient program implementation. In most cases, implementation strategies have been limited to paper-based manuals that focus on describing interventions without providing complementary information on necessary implementation resources and activities. Because of this, they do not facilitate the real-world application of innovative, research-based practice.

Recently, researchers have begun to study implementation in an effort to understand the key ingredients for successful program implementation. This brief will define implementation, highlight why the effective implementation of evidence-based practices is critical to achieving outcomes, and outline six core components that drive successful program implementation, referred to as "drivers."[1]

WHAT IS IMPLEMENTATION?

Implementation is a "specified set of activities designed to put into practice an activity or program of known dimensions."[2] A synthesis of the research in the field describes implementation as "a mission-oriented process involving multiple decisions, actions, and corrections."[3]

Implementation involves six stages that typically take place over two to four years:[4]

- **Stage 1: Exploration Stage** – Programs begin to consider the idea of adopting or replicating an evidence-based program or practice, searching various options, examining the "fit" of various programs and practices with their target population, assessing the feasibility of implementing a new program or practice, and investigating whether technical assistance is available from program developers or other sources.
- **Stage 2: Preparation Stage** – Once a decision to adopt a certain program or practice is made, preparation for implementation begins. This includes securing funding; hiring staff; arranging space, equipment, and organizational supports; and creating new operating policies and procedures.
- **Stage 3: Early Implementation Stage** – At this stage, staff members have been hired, participants recruited or referred for program services, and organizational supports put in

place. This stage of implementation is often characterized by frequent problem-solving at practice and program levels.

- **Stage 4: Full Implementation Stage** – A program or practice is considered fully implemented when new staff members have become skillful in their service delivery, new processes and procedures have become routine, and the new program or practice is fully integrated into the agency or organization.
- **Stage 5: Sustainability Stage** – When a program is no longer new, the focus of implementation becomes sustaining the program through continuous training for practitioners and other staff members and seeking new funding to support the program in future years. However, sustainability should not be thought of only as a sequential stage that only follows full implementation, but should be an active part of each stage above. For example, it is important to identify and maintain funding and other start-up resources during the early stages of implementation as well.
- **Stage 6: Innovation Stage** – Once a program has been implemented effectively and adheres to the original model, an organization may choose to test innovations or improvements. This step often involves consultation with the original program developer or expert consultants to ensure that essential elements of the program or practice are not lost when changes are made.

WHY IS IMPLEMENTATION IMPORTANT?

Effective implementation is as important as components of the intervention itself. For example, it is possible to implement an ineffective program well, or an effective program poorly. Neither of these approaches would lead to good outcomes for children and youth. Desirable outcomes are more likely to happen when effective interventions are implemented well.[5]

Effective intervention practices + Effective implementation practices = Increased likelihood for positive youth outcomes

WHAT ARE THE MAJOR OUTCOMES ASSOCIATED WITH SUCCESSFUL IMPLEMENTATION?

Successful implementation involves activities and outcomes at the practice level, organizational level, and systems level. Practice-level changes are important because, in out-of-school time programs, practitioners are the ones who actually carry out the intervention. Simply put, there is no such thing as an "administrative"; all decisions and changes need to affect frontline practices with children and youth participating in out-of-school time programs. The successful and sustainable implementation of evidence-based practices and programs always requires organizational and systems change to support practice changes on the front line.[6] It is, therefore, critical to align the following implementation activities on these three levels to ensure that programs will be able to achieve intervention outcomes:

- **Change the behavior of practitioners and other key staff members** – In order to adopt a new program or practice, practitioners and other key staff members, such as supervisors and program managers, will need to increase their knowledge and learn new skills related to the new program or practice.
- **Change the organizational structures, cultures, and climates** – Changes in both formal and informal organizational structures and cultures (i.e., values, philosophies,

policies, procedures, and decision-making) are needed to bring about and support the changes in staff.

- **Change systems and policies, as well as relationships with external partners** – Changes in policies, management, and relationships with external partners are needed to support the implementation of the new practice or program. System-level partners may include organizations or agencies that can help support the actual delivery of services or can provide financial or human resources to support a program.

When implementation activities are not aligned on these three levels, the result is failed or fragmented implementation.

How Is Successful Implementation Different From "Implementation as Usual?"

Just as evidence-based programs are designed to change "service as usual," attention to sound implementation strategies are designed to change "implementation as usual." Below is a description of three different attempts at implementing an evidence-based practice or program. "Implementation as usual" often is characterized by *paper* or *fragmented* implementation, while "implementation for impact" demonstrates how the application of high-quality implementation strategies can ensure that a newly implemented program or practice has the intended benefits for program participants.

- **Paper implementation** – A program develops new policies and procedures to support the implementation of an evidence-based practice. Unfortunately, research indicates that the vast majority of implementation attempts stop here. In other words, the program is implemented "on paper," but no meaningful changes take place at the practice level to support the adoption of the program and the delivery of new services to program participants.
- **Fragmented implementation** – A program puts new operating structures in place (such as staff training sessions, workshops, and supervision) to support the implementation of a new program or practice directly. However, most of these new operating structures do not support the implementation of the new practice. For example, staff members may be expected to run a life-skills group for adolescents but the training involves lectures. Staff members do not get to practice new skills, and the supervision provided to staff is unrelated to and uninformed by the training staff receives. In this stage of implementation, programs hope that implementation will take place, but in reality little or nothing changes at the practice level.
- **Implementation for impact** – A program puts new procedures and operating structures in place in such a way that they directly support the adoption of the new practice and benefit program participants. In this case, implementation strategies are aligned at all levels (organizational and practice). For example, training on the new program or practice is provided *for all levels of staff,* including frontline staff, supervisors, and program directors, and frontline staff members are provided with ongoing coaching and consultation to ensure that they are implementing their new skills in ways that directly benefit the youth they serve.

"Implementation for impact" is the goal for all programs implementing an evidence-based practice.

"What Works" in Program Implementation?

Recent implementation research has begun to identify "what works" in implementation, as well as what does not work. For example, studies show that successful implementation processes appear to be independent of the content of the practice or program being implemented. Therefore, even though great variation exists in out-of-school time programs, these programs will most likely experience similar implementation problems and similar implementation solutions.

Six Drivers of Successful Implementation

Below we list six basic components of implementation—or *implementation drivers*—that can be used by a program to carry out an evidence-based practice successfully. These drivers are not "stages" of implementation, but simply represent six components demonstrated by research to be critical for successful implementation. Therefore, when implementing a new program or practice, program directors may want to pay particular attention to these six core components. These drivers are based on a list of core implementation components developed by the National Implementation Research Network, based at the Louis de la Parte Florida Mental Health Institute at the University of South Florida.

Driver 1: Staff recruitment and selection – Staff recruitment and selection involve recruiting, interviewing, and hiring new staff or redeploying existing staff within the program. Staff selection is a key component of implementation at every level, including selecting practitioners who will actually deliver the services, and selecting the organizational staff members (trainers, coaches, supervisors) who will carry out the organizational changes needed to support practitioners in delivering the evidence-based practices. Whether an organization is planning to use existing staff or hire new staff, similar questions should be asked, including:

- Who is qualified to carry out the evidence-based practice or program that a program wants to implement?
- What methods will be used for recruiting and selecting those practitioners?
- Beyond academic qualifications or experience factors, what practitioner characteristics are essential for carrying out the evidence-based practice "on the ground?" What characteristics or abilities will not or cannot be addressed through training and coaching?
- Do organizational staff members have a comprehensive understanding of the practices being implemented?
- Are organizational staff members prepared to support practitioners in carrying out the evidence-based practices that are slated to be implemented?

Driver 2: Pre-service or in-service training – Training includes activities related to providing specialized information, instruction, or skill development in an organized way to practitioners and other key staff members within the program. It is important to remember that *staff members at all levels* require training when a new practice is implemented. The content of training will vary across out-of-school time programs, depending upon their priorities and the evidence-based practices that they have selected to implement. However, effective methods of training are less variable. Regardless of the content area, some specific training methods seem to work better than do others. Research indicates that effective training involves:

- Providing practitioners with the background information, theory, philosophy, and values of the new program or practice;
- Introducing and demonstrating the components and rationales of key practices;

- Providing opportunities to practice specific skills related to the new way of work and receive feedback in a safe training environment;[7] and
- Providing staff with opportunities for quality interaction.[8]

Driver 3: Coaching, mentoring, and supervision – Coaching and mentoring include activities for either individuals or groups, on-the-job observation, instruction, modeling, feedback, or debriefing of practitioners and other key staff in the program. Implementation research has shown that these activities are particularly critical because, whereas the skills that successful practitioners need can be introduced in training, many of these skills really can only be learned on the job with the help of a consultant or coach. Training practitioners without providing follow-up coaching on the job is sometimes referred to as the "train and hope" approach, and research has shown this approach to be ineffective in achieving practice change.[9]

When trying to change practice, researchers look for three types of evidence at the staff level: 1) knowledge development; 2) skill demonstration; and 3) actual use "in the field." Implementation research has demonstrated that training that involves the components for effective training (theory and discussion; demonstration in training; and practice and feedback in training)—along with the additional component of ongoing coaching and mentoring in the field—is much more likely to result in actual practice changes than are other methods.

For example, an analysis of studies in education found that training that lacked coaching in the classroom setting resulted in no use or very limited use of the new skills in the classroom (0 to 5 percent of participants demonstrated the use of new skills in the classroom). However, when an additional driver, coaching and mentoring, was included as part of training process, almost all of the participants (95 percent) demonstrated the use of new skills in the classroom. These results indicate that coaching and supervision "in the field" are critical components of successful implementation of evidence-based practices.[10]

Driver 4: Internal management support – Internal management support refers to activities related to establishing structures and processes *within a program* that facilitate implementing a new evidence-based practice or program by staff. Internal management activities that support implementation will "provide leadership, and make use of a range of data inputs to inform decision making, support the overall processes, and keep staff organized and focused on desired outcomes," as stated in the aforementioned synthesis of implementation research.[11] Examples of internal management supports include the allocation of resources and the formation of organizational structures and processes to support the following:

- Recruitment and selection of appropriate staff;
- Administrative support for effective training (e.g., time, equipment, training for trainers);
- Administrative support for coaching and mentoring of practitioners (e.g., time, skill-development for new supervisors and coaches);
- Administrative support to provide time for quality interactions among staff;
- Use of data to inform program improvement;
- Activities that continue to keep the staff focused on desired outcomes, such as staff meetings where staff members are asked to report on how they perceive the new practice affecting participant outcomes; and

- An ongoing willingness to identify barriers to high-fidelity service (i.e., service with integrity to the planned model) and make the necessary changes in policy, regulation, funding, and support.

Driver 5: Systems-level partnerships – Systems-level partnerships refer to the development of partnerships *within the immediate and broader systems* to ensure the availability of the financial, organizational, and human resources that are required to support practitioners' work. Partnerships *within the immediate system* refer to individuals or organizations that have a direct impact on service delivery (e.g., service providers), while partners *in the broader system* may include funders, policy makers, or other community organizations that support a program, but are not directly involved in service delivery. Examples of activities related to the development of systems-level partnerships to support implementation and frontline practice include:

- Conducting fundraising activities to support the ongoing implementation of the evidence-based practice or program;
- Collaborating with other out-of-school time programs to enhance program participation and ensure the seamless delivery of services;
- Promoting meaningful engagement of parents and family members to identify barriers and spurs to participation, as well to garner support and receive feedback;
- Conducting community outreach to garner support and awareness of the program;
- Using outside consultants and coaches to assist with ongoing training, mentoring, and technical assistance; and
- Reporting to funders and policy makers on program activities and outcomes.

Driver 6: Staff and program evaluation – Evaluation includes the assessment of practitioner performance, as well as the adherence to the program model or intervention and the achievement of desired outcomes. Through evaluation, programs use measures of practitioner performance, compliance with the new practice or program model, and expected outcomes to help assess and improve overall program performance.

CONCLUSION

The implementation of high-quality evidence-based practices cannot occur without well-trained, well-prepared practitioners who are supported by informed and competent supervisors, coaches, and program managers. We believe that understanding "what works" in program *implementation* is just as important as understanding "what works" in a program *model*. Knowledge of both these factors will minimize the research-to-practice gap and facilitate the application of innovative, evidence-based practices throughout out-of-school time programs. In this brief, we have outlined the six core components or "drivers" of successful implementation. While the services that out-of-school time programs provide and the outcomes that these programs want to achieve vary greatly, research indicates that these core implementation drivers are important across programs. Programs are encouraged to consider these drivers when trying to implement sustainable programs or practices and seeking to tailor them to meet the needs and resources of their organization.

REMEMBER THE 6 DRIVERS OF SUCCESSFUL IMPLEMENTATION

Staff Selection: Staff recruitment and selection are key components of implementation at practitioner and organizational levels.
Staff Training: Staff members at all levels require training when a new practice is implemented. Effective training involves theory and discussion; demonstration of skills; and opportunities for practice and feedback.
Coaching, Mentoring, and Supervision: Whereas skills needed by successful practitioners can be introduced in training, many skills can only really be learned on the job with the help of a consultant or coach.
Internal Management Support: Internal management support provides leadership to support implementation, makes use of a range of information to shape decision making, and provides structures and processes for implementing new practices and keeping staff focused on desired outcomes.
Systems-Level Partnerships: Systems-level partnerships involve working with external partners to support program implementation and the frontline work of practitioners.
Staff and Program Evaluation: Evaluation entails using measures of practitioner performance and adherence to the program model, along with program outcome measures, to assess overall program performance and develop quality improvement plans.

Source: Adapted from the National Implementation Research Network
University of South Florida, Louis de La Parte Florida Mental Health Institute
http://nirn.fmhi.usf.edu/

[1] This brief examines in greater depth the process of implementation, which was briefly described in Part 2 of this series: Metz, A.J.R., Espiritu, R., & Moore, K.A. (2007). A 10-step guide to adopting and sustaining evidence-based practices in out-of-school time programs (*Research-to-Results* brief).Washington, DC: Child Trends. Available online at www.childtrends.org/Files//Child_Trends-2007_06_04_RB_EBP2.pdf

[2] Fixsen, D. L., Naoom, S. F., Blase, K., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. Page 5. National Implementation Research Network, University of South Florida, Louis de la Parta Florida Mental Health Institute. Available online at http://nirn.fmhi.usf.edu/resources/publications/Monograph/

[3] Fixsen, D. L., & Blase, K. A. (2006). "What works" for implementing "what works" to achieve consumer benefits. National Implementation Research Network, University of South Florida, Louis de la Parte Florida Mental Health Institute. Presentation at the Treatment for the Homeless TA Workshop.

[4] Stages of implementation were adapted from Fixsen, D. L., Naoom, S. F., Blase, K., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. National Implementation Research Network, University of South Florida, Louis de la Parta Florida Mental Health Institute. Available online at http://nirn.fmhi.usf.edu/resources/publications/Monograph/

[5] Ibid.

[6] Fixsen, D. L. & Blase, K. (2006). "What works" for implementing "what works" to achieve consumer benefits. National Implementation Research Network, University of South Florida, Louis de la Parte Florida Mental Health Institute. Presentation at the Treatment for the Homeless TA Workshop.

[7] Joyce, B. & Showers, B. (2002). Student achievement through staff development (3rd Ed.). Alexandria, VA: Association for Supervision and Curriculum Development.

[8] See Stroebel, C. K., McDaniel, R. R., Crabtree, B. F., Miller, W. L., Nutting, P. A., & Stange, K. C. (2005). How complexity science can inform a reflective process for improvement in primary care practices. *Journal on Quality and Patient Safety*, *31*(8), 438-446.

[9] Ibid.

[10] Ibid.

[11] Fixsen, D. L., Naoom, S. F., Blase, K., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. Page 5. National Implementation Research Network, University of South Florida, Louis de la Parte Florida Mental Health Institute. Available online at http://nirn.fmhi.usf.edu/resources/publications/Monograph/

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