

TOPIC:

"It Can't Be Done"

Overcoming the Myths of Implementation



FALL 2006

Welcome to the ImpleNet!

The ImpleNet newsletter provides interested parties with information about the **National Implementation Research Network (NIRN)** and the science of implementation. The mission of the NIRN is to close the gap between science and service by advancing the science and practice of implementation.

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IMPLEMENTATION INSIGHT:

The 10 Myths of Implementation

NIRN information dissemination activities create many opportunities for face-to-face and email communication about implementation. In part, the discussions have been stimulated by the publication of the monograph, "Implementation Research: A Synthesis of the Literature". In the 16 months since the publication of the monograph (<http://nirn.fmhi.usf.edu/resources/publications/Monograph/index.cfm>) all 2,500 printed copies have been given away, another 3,500 full copies have been downloaded from the website, a few thousand more individual chapters of the monograph have been downloaded, and hundreds of CDs have been distributed. In addition, over 60 presentations of the findings have been made to a wide variety of professional and community audiences from coast to coast. The resulting opportunities to discuss, debate, and explore implementation concepts and issues have helped us understand more about prevalent beliefs related to implementation. This brief article explores the Top Ten Myths about Implementation (roughly in order of the frequency with which they are brought up).

1. **The successful implementation of any innovation always requires adapting the innovation to fit local circumstances.**
 - o The perception is that innovations are developed in settings and under circumstances that bear little resemblance to the "real world". And therefore they must be altered to fit the real world conditions and constraints. This view may be based on the notions that efficacy research is the primary basis of the 'evidence'.
 - o While the research base for each evidence-based program or practice warrants scrutiny, many evidence-based programs and other innovations in human services have been tested in applied research environments and are firmly rooted in the "real world." The data from these "real world" settings are quite consistent: implementation with fidelity to the original program conception seems to be necessary to produce benefits to consumers. A weak

Catch the NIRN

Karen Blase, PhD will be presenting at the following conferences:

- **California Institute of Mental Health, Rose Jenkins Conference**
October 3-4, 2006
Sacramento, CA
"Implementing Evidence-Based Practices: Early Lessons Learned"
- **Policy Maker's Summit, Center for Evidence-Based Practice: Young Children with Challenging Behavior**
November 17, 2006
Washington, DC
Presentation entitled "Scaling Up: From Research to National Implementation"

Dean Fixsen, PhD will be presenting at the following conferences:

- **NIDA, Blending Addiction Science and Practice: Bridges to the Future**
October 16-17, 2006
Seattle, Washington
- **Center on Evidence-based Interventions for Crime and Addiction**
December 6-7, 2006
Philadelphia, PA
"Implementing and Sustaining Evidence-based Drug Treatment in Criminal Justice Settings"

Upcoming Events & Training Opportunities

These events represent national efforts to improve implementation of human services across domains.

- **NIDA, Blending Addiction Science and Practice: Bridges to the Future**
October 16-17, 2006
Seattle, Washington
- **Johns Hopkins University, NMHA**
Translating Science to Practice and Policy: An Academic/Advocacy Partnership
October 27-28, 2006
Baltimore, MD
- **The American Public Health Association 134th Annual Meeting and Exposition**
November 4-8, 2006

program implemented with fidelity produces greater consumer benefit than a strong program implemented poorly.

2. To be successful, innovations must be implemented in provider organizations and human service systems as they currently exist.

- There is the notion that innovations are like "plug and play" options for your computer. If there is a "poor fit" between the innovation and treatment/bureaucracy as usual, the innovation must be changed to fit the current organizations and systems.
- Innovations such as evidence-based practices and programs are just that, they are innovative new ways of doing business in order to achieve greater benefits to consumers. Current practices have been soundly criticized as being (by and large) inconsistent, ineffective, and sometimes harmful (according to the Surgeon General, President's New Freedom Commission, Institute of Medicine, and others). Thus, if it comes down to a poor fit between a program with demonstrated benefits to consumers (e.g. an evidence-based program) and a provider organization or human service system that needs to be changed/transformed, we probably should not choose to change the evidence-based program to improve the fit.

3. Successful implementation of innovations is too costly.

- Human service policy makers and provider organizations often describe the lack of funding for current services and despair at the thought of finding another penny to pay for anything. There is no doubt that human services are woefully underfunded and often overwhelmed by the task before them.
- Right now, society pays a lot for services that have been found to be inconsistent, ineffective, and sometimes harmful. In any cost/benefit ratio the costs are astronomical (large costs divided by small or negative benefit). Thus, those who argue that implementation of innovations is too costly are looking at only one part of the equation: cost. Society pays for costs and benefits (or the lack thereof). The failure to successfully implement programs that are known to produce consumer benefits (errors of omission) costs more each year in increased continuing service demands and human misery. Investing in implementation with fidelity and good outcomes for consumers costs less in a cost/benefit calculation.

4. Successful implementation takes too long to be of any use to us.

- The view is that we have huge problems right now and we need solutions right now. Anything that takes longer than a few months to have "fully operational" will not be useful.
- It is true that successful implementation takes time. Across many programs in many domains, we have found that a typical time frame is two to four years. As we have seen across human services, quick fixes are seldom effective and have resulted in a patchwork of services with generally poor outcomes for consumers. Going through the stages of implementation (e.g. Exploration, Installation, Initial Implementation, Full Implementation, Innovation, and Sustainability) does take time but the product is programs with improved benefits to consumers.

5. Successful implementation is too complicated to work here.

- This statement reflects the notion that implementation seems to require attention to practitioner selection, training, coaching, fidelity assessments, and facilitative administrative support that are not typical of most provider organizations or service systems.
- As we have worked with a variety of provider organizations over the years we have found that they already are doing something to recruit and select staff, they have some form of orientation or training required to be licensed, they have supervisors, they have some kind of evaluation, and they have administrators and middle managers operating within some kind of organizational structure. Often, it is not the availability of the resources for these activities that is lacking; it is the how well these activities are integrated within the organization and focused on providing high quality supports that enable practitioners to provide services with high fidelity and good outcomes.

6. There is too much resistance to change for any innovation to have a chance here.

- Provider organizations and human service system managers have

Boston, Massachusetts
Theme: "Public Health and Human Rights"

- **The 18th Annual Conference for The Federation of Families for Children's Mental Health December 1-3, 2006**
St. Louis, Missouri
Theme: "Improving Outcomes through Practice-Based Evidence: Youth and Families"

Next edition

NIRN Goes to School Scaling-up Evidence Based Practices

Previous edition

Initiating and Managing Change at State and Organizational Levels

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tried to make changes with little success. Managers often complain about staff who are not interested in change and don't engage in the change process. The attitude, at best, is "wait and see." Thus, evidence-based practices and programs and other innovations do not stand a chance in this environment.

- Change is difficult under the best of circumstances, and implementation almost always requires organizational and system change. In business, manufacturing, and human services, change is led most effectively by a team with special authority working outside the day to day management structure. Many evidence-based practices and programs have a purveyor group that helps implementation teams make use of those programs. Purveyors gain experience and become more and more proficient at helping practitioners and organizations change. No doubt, there is resistance to change among policy makers, directors, practitioners, and administrators. Purveyors can help by providing vision, practical steps to accomplish the vision, and leadership to move individuals, organizations, and systems to new and better way of being. Implementation teams can help by working closely with purveyors and analyzing facilitators and barriers to implementation and effectively managing change.

7. Evidence-based programs are just another flash in the pan, so why bother with all this implementation stuff.

- There are many people who do not buy into the idea of research based programs. They prefer home grown programs that are "ideally suited to us because it was developed right here." These often are the same people who talk about "practice-based evidence" that is thoroughly grounded in the real world.
- There are many ways of "knowing" something and different people have different criteria for believing in something enough to make use of it. Based on research and experience so far, implementation science and technology is useful when there is a clear description of the thing we want to do over and over again (i.e. the core intervention components are known). The "thing" may be a program that has no evidence or a lot of evidence to support it. At this point, it looks like the same implementation efforts need to be present to be successful regardless of the weight of the evidence. The more we learn about implementation, the more we can make use of a range of innovations to benefit consumers.

8. We reviewed the information on implementation and we have decided not to use it in our state.

- This is one of the more interesting views we have encountered. These individuals seem to think that implementation is something that exists outside of real experience and, therefore, is optional.
- One could say that, "I have studied gravity and have decided not to use it." In either case, implementation factors (like gravity) continue to exist and exert their influence whether we have "decided" to use them or not. Purposeful use of what is known may be more productive than relying on inconsistent, poorly operationalized or uninformed implementation strategies.

9. Why bother? Funding decisions and policy decisions do not support doing things differently so nothing we do will last.

- This view is based on seeing things as they are and trying to fit innovative programs or implementation efforts into that current reality.
- Another view is that programs, policies, and funding are changing all the time based on the experience and success of early adopters, leadership by families, consumers, providers, and state and federal departments. If innovative programs are implemented with fidelity and demonstrated benefits to consumers, the policy makers and directors will have a new source of information on which to base the next set of decisions. System alignment is essential to sustainability but it is unlikely to occur in a vacuum. So far, experience suggests that well implemented innovations are the leading edge of system change.

10. We provide services to a wide range of consumers with a broad range of needs. It is impossible for us to carefully implement so many different programs with fidelity to provide effective services to all these people. Therefore, we will not be able to make use of

any of them.

- Service providers are often overwhelmed by the unfunded mandates to implement evidence-based programs and practices in their organizations. And, indeed, we certainly have not figured out how to effectively install the implementation infrastructure needed to support a broad array of evidence-based programs and practices.
- However, the real question may not be, “How do we use evidence-based programs for everyone?” but rather “Which populations in our community are not getting better?” and “Is there an evidence-based approach that can help?” Selectively implementing needed services can teach communities, providers and states about the implementation strategies and structures that may be needed for broad-scale use of evidence-based programs and innovations.

NETWORK NEWS

Update on the NIRN's Model Program Study

Currently we have very little cumulative, formal information about the processes, products, and procedures utilized by program developers as they take responsibility for helping others adopt and implement their evidence-based practice or program. If evidence-based practices and programs are to achieve their promise: a) they must be accessible, b) there must be a capacity to assist new sites, c) we must understand the current capacity in relation to need and demand, and d) we need to know their current impact on service provision (e.g. number of sites, reach).

In October of 2005, with the objective of identifying implementation best practices and program developer/purveyor capacity, NIRN began interviewing a random sample of program developers and purveyors of evidence-based programs and practices listed on the National Registry of Effective Programs and Practices, as well as other national registries and resources on evidence based programs and practices (OJJDP, Blueprints, Helping America's Youth, etc.). Almost one year later, we have completed the interview phase of the study (approximately 65 interviews of a wide range of EBP's) and are just beginning qualitative data analysis. Stay tuned, we hope to have study results available in early spring 2007. For more information about the Model Program Study, contact Sandra Naom (snaoom@fmhi.usf.edu).

NETWORK NEWS

Federal Leaders and Policy Makers Learn from CFS Staff

By Storie Miller

Karen Blase and Dean Fixsen were asked to share their expertise recently when Kevin Hennessy, Science to Service Coordinator from the Substance Abuse and Mental Health Services Administration (SAMHSA) invited them to present to important federal leaders and policy makers on effective implementation strategies needed to make evidence based services more routinely available. They shared research and lessons learned regarding implementation approaches to install innovative programs and practices in order to improve a broad range of child, family, and adult outcomes.

http://cfs.fmhi.usf.edu/cfsnews/2006news/science_to_ServiceBriefing.html

Articles/Reports of Interest

Ginex, E. M., Hilton, T.F. (2006). What's next for translation research? *Evaluation and the Health Professions*, 29(3), 334-347.

<http://ehp.sagepub.com/cgi/content/abstract/29/3/334>

Rohrbach, L. A., Grana, R., Sussman, S., Valente, T.W. (2006). Type II translation: Transporting prevention intervention from research to real-world settings.

Evaluation and the Health Professions, 29(3), 302-333.

<http://ehp.sagepub.com/cgi/content/abstract/29/3/302>

Bernfeld, G. A., Blase, K.A., Fixsen, D.L. (2006). Towards a unified perspective on human service delivery systems. *The Behavior Analyst Today*, 7(2), 168-185.

<http://www.behavior-analyst-today.com/VOL-7/BAT-7-2.PDF>

Web Sites of Interest

International Journal of Evidence Based Coaching and Mentoring
<http://www.brookes.ac.uk/schools/education/ijebcm/home.html>!

From the website:

"The International Journal of Evidence Based Coaching and Mentoring is a free access, international peer reviewed journal, which is published bi-annually online in February and August. The aim of the journal is twofold: firstly, to provide evidence-based, well-researched resources for students, professionals, corporate clients, managers and academic specialists who need to be at the forefront of developments in the field; and secondly to offer an accessible yet powerful discussion platform for the growing number of coaching and mentoring practitioners seeking to validate their practice."



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FPG Child Development Institute

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