Raising the Bar & Latino MFG Projects

IMPLEMENTING AND SUSTAINING EBP’S: AN OVERVIEW

Many people think that using evidence-based practices (EBPs) in fields like mental health will almost automatically improve outcomes. But the truth is that EBPs aren’t likely to improve outcomes unless they are implemented properly! In all too many cases, implementation in new settings is done poorly, with predictably poor results (Backer, 2005, 2000, Drake et al, 2001).

Today questions about quality of implementation for EBPs are getting serious attention, partly because of the increasing number of well-validated interventions, and partly because of increasing pressures to use them. In this overview, challenges of high-quality implementation and ways to address them are discussed briefly.

What are the challenges in implementing EBPs? Following are a few of the most important:

* **Inadequate resources** Good implementation frequently requires more financial and human resources than an organization is able to provide.

* **Poor planning** Good implementation starts with planning, usually including a written plan.

* **Insufficient documentation** To be able to improve implementation (and to evaluate the EBP’s effectiveness later on), all the steps taken to implement the EBP must be carefully documented, and too often they aren’t.

* **Human dynamics** People often are afraid of change, don’t really understand why they’re changing, and aren’t involved in the change effort - and as a result they resist making the change. Sometimes it’s just a matter of “not invented here”! This is true for service providers as much as it is for clients or families.

* **Poor selection** Not all EBPs are of equal quality, and even the best don’t work in every location, with every client. There needs to be a good fit between the EBP and the purposes it is supposed to serve.

* **Poor attention to fidelity and adaptation** EBPs must be implemented with good fidelity to the original program model, or they won’t work; but they also must be responsive to the changing environments they’re implemented in.

In addition to the above, some people argue against using EBPs to begin with. Their arguments include: (1) currently there is no common standard to determine what constitutes an evidence-based practice, (2) scientific research on the efficacy of EBPs needs to better represent the values and goals of consumers and their families, (3) research findings need to be published in language understandable to both clinicians and consumers/family members, (4) EBPs need to address the unique cultural perspectives of diverse populations, and (5) EBPs are seen as a cost-containment tool with the potential to stifle the growth of new technologies, therapies and practices (Mental Health America, 2007). Implementers need to be prepared to deal with these arguments.
How is high quality implementation achieved? Good outcomes require implementing practices with a high degree of fidelity to their original design, but it’s also necessary to talk about making some adaptations when necessary. Adaptations happen for a variety of reasons; some are small, some are not. Even the most rigorously developed programs and practices usually are implemented in new settings with at least some variations, often in response to local needs.

High quality implementation requires **documenting** what happens in program implementation, including how program fidelity and adaptation issues are addressed. Systematic planning for how implementation will occur also leads to better results, all other things being equal.

When implementing an EBP it may be especially helpful to prepare a **brief written statement** (a paragraph may be enough) that summarizes what the EBP is, what results may be expected, how the implementation will be carried out (including attention to fidelity and adaptation concerns) and how implementation will reflect the setting in which the EBP is going to be used.

All those involved with the EBP’s implementation can review this statement, and either endorse it or present their concerns. The rigorous scientists who don’t want even minor variations, and the practitioners or community leaders who might be just as happy if you invented an intervention to fit what they see as the local problems, need to find some common ground!

The initial definition may serve some other purposes as well. For instance, if there are some minor changes that don’t seem to be meaningful adaptations – such as changing the name of a program, that can be made clear. Also, if there are elements about the EBP are “off limits” for change due to legal concerns or funding requirements, these can be stated up front.

In general, materials about EBPs provide more substantial direction on how to implement with fidelity, so a bit more attention is given to adaptation than to fidelity challenges in these considerations. However, the overarching principle is that **BOTH fidelity and adaptation** are important parts of successful implementation, and actions concerning them need to be coordinated. Local implementers have to use a combination of common sense and good planning to wrestle with the challenges of fidelity and adaptation.

There are several models and guides available to help agencies and organizations achieve high quality implementation. In addition to the approaches summarized here, the New York State Office of Mental Health has outlined its implementation planning guide at [www.omh.state.ny.us/omhweb.epb/implementing.htm](http://www.omh.state.ny.us/omhweb.epb/implementing.htm). OMH uses a three-phase implementation strategy (Consensus Building, Enacting and Sustaining) that begins with identifying and recruiting a network of local champions, and building consensus for the proposed evidence-based practice.

**Why are both fidelity and adaptation important?** As stressed above, attention is needed to both program fidelity and adaptation when implementing an EBP. Change the practice too much or in certain ways, and it won’t work. There’s a great deal of science to prove this. But keep a practice from being changed at all and it may not be responsive to the local environment – or to the needs and values of the community that must support the practice for it to survive.

Most implementers now know that implementing a practice that has not been through rigorous evaluation isn’t as likely to work as implementing an evidence-based practice that’s been tested for effectiveness through research. Such practices are aimed at changing people’s behavior, and that’s hard to do. Every advantage science has to offer is essential, along with every advantage of implementer and community support.
Most implementers also know that implementing a practice with fidelity is important to its ultimate success. However, complex practices have many components, and there are many ways they can be implemented, making a precise definition of fidelity essential.

Also, we have only one word, “adaptation,” to define a range of activities, from a small name change to the removal of whole components. When interpreting the common observation that some adaptation is virtually inevitable for EBPs, it is critical to recognize that this does not give license to “do whatever you want” in adapting them. Adaptation of language and the mechanics of administration are usually not threatening to the program’s core components, but changes in content and dosage may be.

At present, because of limits in the scientific information available on these practices, there is no way to know what constitutes a crippling adaptation that reduces program impact, and what doesn’t. So, while adaptation may be common, it must be done very carefully if it is not to threaten program impact.

What other considerations are relevant to those implementing an EBP? The following additional considerations are critical to effective implementation:

- **Confirm commitment to high-quality implementation**

All those involved with implementation need to commit to doing what it takes to achieve high-quality implementation of that practice, or its chances for success will be greatly compromised. This commitment means finding the resources to install the practice correctly (including dealing with fidelity and adaptation challenges, covered separately below). And it means committing to addressing the larger context of community action and other goals for change that may affect how the practice will be implemented.

- **Define the reason for any possible adaptation before undertaking it**

While some adaptations are inevitable, without careful planning and without some determination that an adaptation won’t cause a serious disruption of the evidence-based practice’s implementation, these changes can cause serious, sometimes irreversible harm to desired effects. These first several considerations for implementers are all intended to guide actions that take place BEFORE a given adaptation actually occurs.

First, it is important to define clearly what any proposed adaptation is intended to accomplish. There is some evidence from the field that adaptations sometimes happen because implementers simply decide to undertake them, without any clearly defined rationale. Such adaptations are more likely to cause damage to fidelity and therefore to intended outcomes.

In other cases, the reason behind a suggested adaptation is simple necessity: There isn’t enough time to present all sessions of a curriculum-based program, or there isn’t enough money to provide certain participant incentives that are part of the practice design. Finally, sometimes the community in which a practice will be implemented desires to have some other topic covered when the practice is put into place, and the practice or program might be more likely to succeed if this additional need is met with a program enhancement.
• **Assess any possible adaptation for goodness of fit with the EBPs theory of change and logic model**

Besides the practice manual and curriculum, and whatever information may be available on a website, EBPs also have some scientific literature (journal articles, research reports – and sometimes summaries of these are in the manual as well) that will help further refine understanding of the fidelity/adaptation issues that need to be addressed. The first step is to look at the practice’s theory of change to see what (if anything) is addressed by the developer about program fidelity and local adaptation. This information can be found in program manuals or other literature available from developers or their publishers. Information about the EBPs logic model may also be available. In addition, developers of an EBP sometimes can be consulted directly.

• **Get input on any possible adaptation from the program developer or other implementers**

“Due diligence” is a legal term that private companies and investors, as well as their attorneys, know about. For implementers, some of that “due diligence” research takes place before selecting an EBP, and some while determining the fidelity/adaptation issues of a particular practice, as implemented in a particular setting. A brief telephone or e-mail exchange with the developer of the practice (or, in some cases, someone recognized by the developer as expert in program implementation) can help clarify or resolve the initial issues that come up in a due diligence review.

In other cases, the best information resource may be another implementer of the same practice, who can speak candidly about how fidelity/adaptation issues were addressed. Implementers from organizations or communities somewhat like the environment where the EBP will be implemented may provide the most useful input.

• **Assess any possible adaptation for adherence to funding guidelines**

Increasingly funders are requiring selection of EBPs in order to receive financial support, and in some cases these regulations are coupled with guidance about fidelity and adaptation. Funding agencies are acknowledging that requiring high-quality implementation can sometimes mean fewer programs implemented and fewer clients served, but that this represents a necessary compromise. Thus, before any adaptation is made to an EBP, implementers need to know whether their funding may be jeopardized if they make such an adaptation.

• **Reconfirm selection of program before making any possible adaptation**

Once these initial steps have been taken, implementers can then return to each adaptation proposed for inclusion and make a determination about whether to eliminate the adaptation, embrace it within understanding that there may be risks involved in doing so (and manage the risks by clear discussion of what is hoped for in return), or consider selecting another practice. In the worst case scenario, an agency might decide simply not to implement a new practice at all, because the practice, as it exists, doesn’t seem likely to be effective, but changing it could also endanger its chances for success.

• **Fit any adaptation into procedures for ensuring high-quality implementation**

If woven into a concisely stated plan for how fidelity/adaptation issues will be addressed, the information gathered can then become part of the overall plan used by the agency to implement a particular practice. In some cases, the program developer may have strategic advice on planning
for implementation. For instance, several developers may suggest that the “first run” of the practice may be done with as high a level of fidelity as is possible. Then, with this initial implementation as a baseline, desirable adaptations can be considered.

The single best-validated principle in the extensive science literature on how to create change in organizations and communities is: “Everybody who will have to live with the results of change must be involved in creating it.” Meaningful involvement builds a sense of ownership, and also helps to surface issues specific to fidelity/adaptation that need more focused problem-solving. Moreover, potential users know things about the environment in which a practice will be implemented that nobody else does, so their input has a potential technical benefit as well as a psychological one. Sometimes this input can be critical to dealing with certain aspects of fidelity/adaptation, and may not surface in the more general drive for involvement.

• Get financial resources to address fidelity and adaptation issues, and convince funders to provide these resources

Handling fidelity/adaptation issues for any evidence-based practice is going to require specifically dedicated resources – human, organizational and financial. Resources are needed to measure fidelity of implementation, and to undertake whatever modifications are found to be desirable by the implementing community and its prevention leaders. And you will need resources to pay for a training or technical assistance program that includes a fidelity/adaptation component, or for consultation by a program developer or other technical expert to help with this process.

• Address community concerns related to fidelity and adaptation

Figuring out what might need to be changed about an EBP, and figuring out some of the challenges in implementing it faithfully, are actually part of the overall process of measuring community needs and assets with respect to the substance abuse prevention problem in a community. Sometimes community leaders may have specific concerns about fidelity and adaptation based upon prior experience – for instance, a previous effort to implement a program which foundered because there was insufficient attention to fidelity, and the program thus never had a chance to succeed because too much change made it no longer effective. Or there may be elements of a proposed evidence-based practice which on the surface appear offensive, inappropriate or otherwise unwelcome. An honest dialogue about these problems can help enormously in setting forth current concerns, and perhaps also what to do about them.

• Document how any adaptation is made, and how program fidelity is ensured

One way to document program fidelity/adaptation activities is to record how changes have occurred and what efforts have been made to promote high fidelity as part of overall planning and outcome measurement. Two other choices are (a) to use a fidelity instrument created by the developer of the practice, or (b) to create a fidelity instrument specific to a particular practice that doesn’t already have one (and which may also be tailored to a particular implementation environment).

• Address fidelity and adaptation at the practical level of implementation

In the actual work of implementation, there are practical considerations that can greatly affect the course of fidelity and the success of any adaptations that seem to have a good chance for success. First and foremost, individual staff, community members or volunteers need good training and orientation for the work they’ll be doing. Secondly, re-training needs to be thought of in advance
(this is also an issue related to program sustainability), because agencies and related institutions may have a high level of turnover.

- **Include fidelity and adaptation in the program’s evaluation strategy**

The long-term success of plans for addressing fidelity and adaptation concerns can be addressed by an overall evaluation strategy. The results of evaluation may be useful for several purposes: (a) to build the capacity of an organization to undertake the challenges of fidelity and adaptation with other EBPs in the future; (b) to justify the resources invested in addressing fidelity and adaptation issues, and perhaps encourage allocation of future resources to this element of operation (might these activities need to change in the future because of changing population or community circumstances?); and (c) to facilitate sharing with other agencies of an adapted program, or the process by which fidelity and adaptation issues were achieved – if warranted by good outcomes.

- **Address fidelity/adaptation issues that come up in efforts to sustain the program**

An initial plan for addressing adaptations, and for measuring fidelity of implementation, also needs to include suggested structure for how to return periodically to the living program, to see where it stands on these issues. Some practices will require further adaptation as circumstances in the community shift, or initial projections about elements for success prove to be inaccurate. Sustainability over time will depend to a considerable extent on such strategic re-visits, and they ideally need to be planned as the initial implementation is being planned. Sustainability considerations are addressed in detail in the next section.

**How can EBPs be implemented so they’ll last over time?** Even the most rigorous implementation can be considered a failure if the intervention does not last over time - assuming that it is still needed and nothing better has come along. In mental health and other fields, the cycle of systems change begins with development of an evidence-based intervention, moves to its effective dissemination and rigorous implementation in new settings, and then to strategic efforts to promote longer-term sustainability. Sustainability requires deliberate effort and the allocation of resources, but as importantly, it requires a shift in mind-set on the part of implementers in mental health organizations and communities. The shift is simple: sustainability doesn’t happen automatically or for free!

Research on sustainability in mental health and related fields goes back at least to the 1970s (Glaser & Backer, 1977, 1980; Backer, 1979; Cornerstone Consulting Group, 2000; Cutler, 2002; David 2002). Taken together, the works just cited briefly lead to the following generalizations about promoting the sustainability of evidence-based interventions as they are implemented more widely in mental health service organizations and communities:

1 - **early planning for sustainability** Early in their operation, long-surviving successful projects typically plan ahead for the long run, including developing plans for leadership transition and for long-term funding support. Often these plans are in writing, and have the support of the key stakeholders supporting the organization in which the project lives.

2 - **technical assistance** Training and TA offered by the intervention’s developers, or by consultants skilled in the process of promoting sustainability, is critical to increase the chances of long-term sustainability.
3 - integration - Interventions that are well-integrated into their host organizations (become “part of the organization’s DNA”) are more likely to survive, as are those having high congruence with staff or community values.

4 - early and continued involvement by key community leaders - Community leaders need to have legitimate voice in the original effort to implement the EBP, and active engagement in these activities, ideally as part of a comprehensive plan that was embraced by those who live and work in the community.

5 - program re-invention or adaptation - Even during its initial period of operation, a program may face changes in the environment where it is operating (changes in policy, community circumstances, target populations, etc.). That means the program must be flexible, able to adapt itself to the changes occurring. This is even more true for long-lasting programs, for which some degree of adaptation is imperative.

6 - continued funding support - The single most common cause of a program’s failure to survive (assuming it is worthwhile and doesn’t end due to poor quality) is simple...the money runs out. Periodic re-assessments of what funding options are available and how new ones could be developed requires an investment of energy by the project's leadership - which must not make the assumption that the original funder will be around later.

Some implementers will have internal resources to tap into for this purpose – colleagues who’ve previously addressed sustainability with some other intervention, or family or consumer organizations or others with experience in this domain, for instance. External resources also are increasingly available. For instance, state and regional nonprofit associations, management assistance centers with training programs, and community foundations increasingly are offering training courses on fundraising for nonprofit managers (continued funding being one of the four keys identified above), and some of these programs now are addressing the more general issues of program sustainability as well. Technical assistance from nonprofit capacity-building entities in communities may also be of value in this regard.
References Cited


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