Dr. Blase, thanks for joining us. Please tell us what are evidence-based programs and why are they important?

Dr. Blase: I’m glad to be here. Evidence-based programs are interventions, prevention programs, for which there has been research or solid evaluation work done to demonstrate that these programs are effective when put into practice. I think the reasons they are important are somewhat obvious in that we want to do what works for the children, families, and adults that we serve to better meet their needs. If we have evidence it means we are more likely to meet those outcomes. We have also learned that not all programs work well. The science can help us select and invest in those things that work best.

Thinking about program providers, what are the benefits of these programs and practices for them? And then, what are some of the challenges?

Dr. Blase: Evidence-based programs and practices offer practitioners a number of wonderful opportunities. First of all, it’s the opportunity to learn new approaches. And to learn new approaches that have been demonstrated to be effective. That is at the heart of what every practitioner wants to do: provide effective services and make a difference in the world. It also provides the opportunity for practitioners to get the support they need to be effective. Because developers of evidence-based programs know that to use the programs well, practitioners need to be supported. They need additional training, they need coaching, and they often use data systems to see how their clients are doing. There are also some challenges in implementing evidence-based programs related to meeting the needs of the people that we serve. One obvious challenge is that there is not a rigorously evaluated, rigorously researched evidence-based program for every need that is out there in a community. However, we can still rely on evidence-informed interventions. What does that mean? That means that when we have a population for whom we don’t have an evidence-based program, we can still go to the research
literature and figure out what works and what pieces and parts can be put together to make an evidence-informed intervention. The second challenge is the weight of the evidence: how much evidence we have, how many research trials have been done, how good is the evidence? It tells us what we ought to do in typical service settings. But how much evidence we have has very little to do with if a program can be used and sustained in a typical service setting. So how do we make the translation from very carefully controlled research trials where a lot of emphasis is placed on the practitioner—their ability to do the work and the population is very well-defined—to a typical service setting. That’s a real challenge. We know what to do, but we have to know now how to get the intervention placed in typical service settings. And the third challenge is that funding for the infrastructure that we need to improve practice is not always available. What does that mean? It means that you need to have funding services not only for the face-to-face service that we are providing, but we need to have funding services for the training, coaching and the data systems, so that evidence-based programs can be implemented as intended so that we get results for children and families. I think the final challenge is this challenge of moving from small pilots, if you will, boutique of service that are available to a few people to getting wide-spread scaled-up use of an intervention. We have come nowhere close to being able to do that in any sense. That is a big challenge for the field. Once we know it can be implemented well in typical service settings how do we then scale it up and give access to those who could benefit from it?

We know that one of your areas of expertise is implementation science. Can you please tell us what that is and how it interacts with evidence-based programming and practices?

Dr. Blase: What is implementation science? Well, it is the scientific study of the conditions and the variables that are going to impact changes in practice organizations and systems, changes that are required to get evidence-based practices to live in the real world: practices that impact sustainability and practices that impact the ability to do the evidence-based program as intended. More simply stated, this means that when we are doing implementation science we are not as concerned with the outcomes for kids and families. We still want to measure those but we are more concerned with the variables that create changes in the practitioners’ behavior. We are concerned about the variables and process that make the organization a more hospitable environment in which that evidence-based practice can be used to benefit clients. There is a saying we like, that “purposely or not, every agency and system is currently designed to get exactly the results that it is currently getting.” So if we are going to change the evidence we are getting by using evidence-based practices, then we are going to have to figure out the variables and conditions that are going to have to change at the organization, system, and practitioner level. Simply put, evidence-based science is concerned with the best evidence and best practices needed to change practitioner behavior, improve agency supports, and create systems that are supported by evidence-based practices.

Can you tell us why program providers should care about implementation science? So in other words, what does it mean to them?
Dr. Blase: Service providers can benefit from implementation science because it provides a pathway so that you don’t waste time and money by engaging in professional development activities that don’t produce changes in practice. So we now know, for example, that spray and stay training doesn’t work, one-shop training doesn’t work; we know that simply demanding and holding people accountable for results alone does not work. We now know a set of best practices for changing the behavior of the interventionists, the front line workers, and the practitioners. And as agency providers, we can build that infrastructure into the organization so that we have good selection in the interviewing process, training processes that are in fact effective, and coaching processes that help people use the practice in real life with families and kids that need the services. And data systems that are both practical and helpful in 1. Are we doing what we are saying we would do? Do we have fidelity of the practice? And 2. Are we being effective? The second way it is helpful to providers is that you get results. So I think increasingly accountability is important for all of us. We have scarce resources and we want those resources to be used to get outcomes. And third it helps the agency build the structure for good practice. If you understand how implementing science works to make changes in practice and to create a hospitable environment, you can use those same processes over and over again for any evidence-based practice you want to install in your organization.

What are some of the challenges that program providers face as they strive to effectively implement programs, and what are some of the strategies to overcome those challenges?

Dr. Blase: One of the challenges to implementing programs that are evidence-based is the fact that people misjudge how long it takes to get something implemented well. In the world of implementation science we talk about stages of implementation: exploration, installation, initial implementation and fully implemented. And very often those first stages of “should we do it” and “can we do it” exploration is overlooked. We are very quickly into trying to do the practice without adequate preparation, and without an adequate analysis of our we capable of doing it. What are the resources that we have and what do we need, and what experts can we bring to the table to help us do it? So first is lack of attention to stages of implementation. The second one is at the federal level: lack of attention to providing planning time. So very often when grants and projects are rolled out, very quickly results are expected. We are seeing some real changes at the federal and state level in terms of allowing for planning time and having people submit an implementation plan at the end of the planning period and a reassessment about whether or not the project should go forward based on that implementation plan. It is a much better use of time and resources and thoughtful planning. Very often we are evaluating programs that are not yet well implemented. They are just beginning to be implemented well; practitioners are just getting comfortable and proficient with the new way of work. Very few families’ outcomes have been measured at this good quality of implementation level. So we stop them very quickly. If we have measures of fidelity, and measures of how robust our implementation is, then we are better able to assess what does this mean in terms of our outcomes. The final challenges are overreliance on a couple of leaders and individual champions when we are implementing something new. Champions are important and leaders are
important but individuals come and go. So in implementation sciences what we want to see for the development of leadership and implantation teams is a team of people that can survive changes in one or two people and a group that feels accountable for seeing the process through to full implementation outcomes. These are not committees. These are not people that show up once a month to give advice. These are not advisory boards. These are people who are willing to take on work assignments between meetings, follow implementation best practices, follow an infrastructure, measure fidelity, and analyze outcomes. The final challenge is that too often innovations get changed to fit the system. And what does that mean? It means that there are existing guiding documents, policies, procedures, and funding streams that make it difficult for new ways of work to get done. And what happens is that to survive in that environment is that innovations start changing. It starts changing to survive in the environment and that often means that things that make it most effective get changed and it gets watered down to the point that it is no longer effective. So having the practice-to-policy and policy-to-practice feedback loops that are purposeful, that are conscious, that are transparent, and are designed to create a more hospitable environment is important.

When it comes to ensuring effective implementation what are things that providers and others should really be thinking about?

Dr. Blase: There are three big areas that we need to pay attention to if we want to have effective implementation. How do we improve competency and confidence of practitioners? How do we create hospitable organizations and systems? And what kind of leadership strategies do we need to have? In terms of competency, we need to make sure we know how to select, train, support, coach, and collect fidelity measures to inform the work of practitioners. On the organization side, we need to create data systems that allow us to make database decisions—that means data systems that are timely, reliable, valid and affordable. And we need these feedback loops directly from practitioners to policymakers, from practitioners to agency administrators. So that policymakers and agencies really understand the impact of policies, guidelines, and procedures on the practitioners ability to implement the evidence-based program, and that they are willing to look at solutions to the barriers that are being brought to them. And finally leadership. There are going to be a lot of leadership challenges. We need steady, visionary leaders, and we need leaders that understand the differences between adaptive challenges and technical challenges. Adaptive challenges mean we don’t have agreement on the definition of the problem and maybe on the values, and we are not sure how to get to a solution. Technical challenges are my favorite. They are the to do lists—“get it to done.” Leaders are always navigating between technical and adaptive challenges and they need to change the leadership strategies that they are hitting based on the challenge and they will hit both if they are trying to implement evidence-based programs and practices. So how do we improve competency, how do we create hospitable environments and how do we promote the right type of leadership to solve the right kind of problems?

If our listeners want to learn more about implementation and implementation science what are some resources that could help them?
Dr. Blase: If you are interested in learning more about the practices and science of implementation, here are a few web-based resources that you might find helpful. First of all you might try the National Implementation Research Network by googling “NIRN UNC”, the University of North Carolina. You could also try www.scalingup.org which is an education website but the tools, resource, processes, and videos are directly translatable to other areas. You might also be interested in the Global Implementation Initiative. Just go into google and type in Global Implementation Initiative. It is a worldwide group of people interested in advancing implementation science, practice, and policy with an eye toward improving human services. And there is a conference every two years as well as activities that go on in global implementation hubs around the country-- there are three or four of those hubs in the United States. And finally if you are interested in academic articles, the research behind implementation, there is a free online journal called Implementation Science

Thank you, Dr. Blase for speaking with us today about your work. And thank you to all of you for joining this podcast of the Office of Adolescent Health. This concludes this podcast; we hope you will join us again.