



Building Community-Wide, Active Implementation Capacity...

William A. Aldridge II
Karen A. Blase
& Dean L. Fixsen

...to Support EBPs and Achieve
Socially Significant Outcomes



Science to Society: Transforming and Scaling Up Community-
Level Systems to Achieve Socially Significant Outcomes for
At-Risk Children and Families

SPR Annual Meeting
May 28, 2014

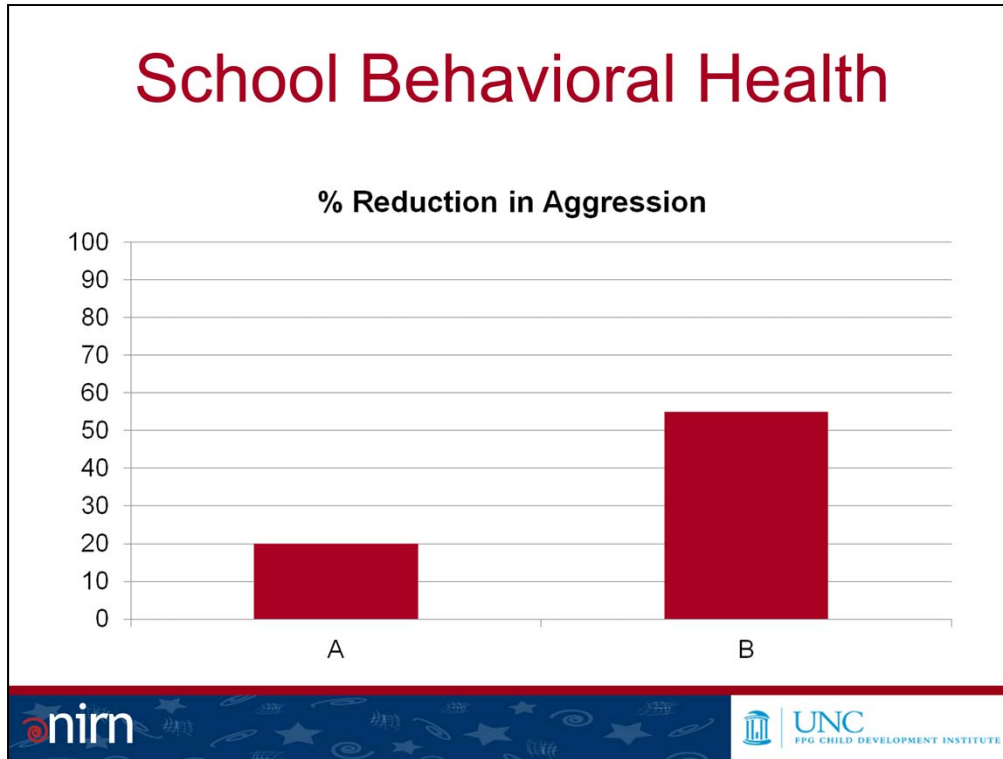


Program Choices



Which would you want
for your family?

Program A
or
Program B

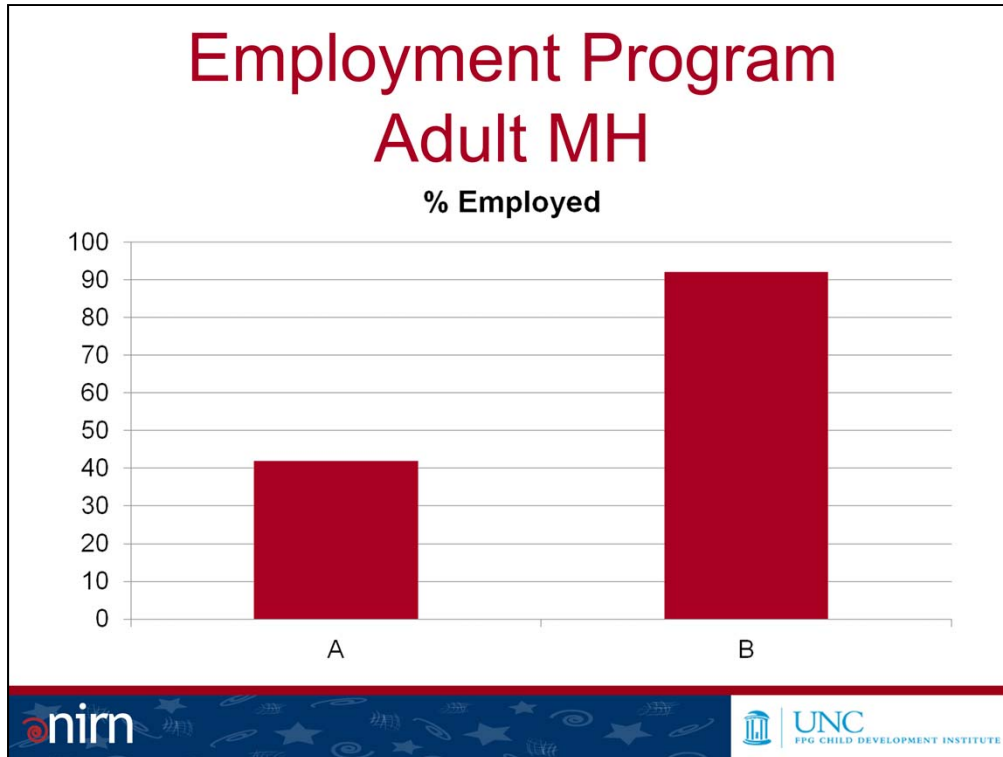


CASELS/PATHS program A = Low Principal Support; B = High Principal Support (proxy for fidelity)

PATHS – Promoting Alternative Thinking Strategies

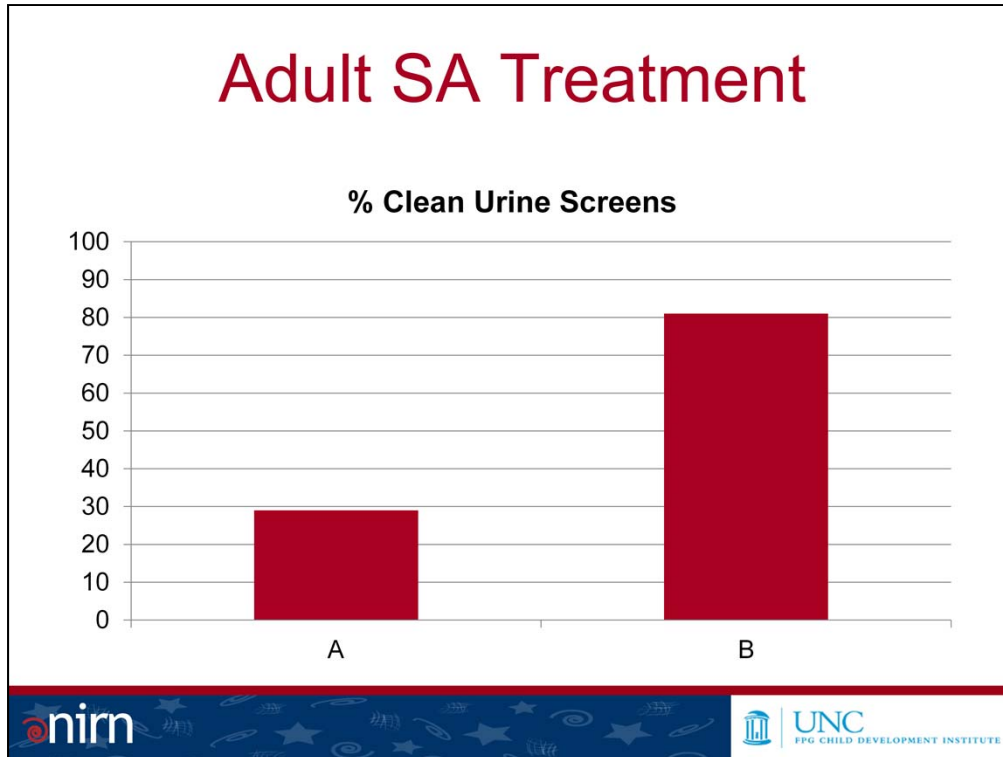
Similar pattern was found for predicted decreases in behavioral dysregulation and increases in socio-emotional competence.

Kam, Greenberg, & Walls (2003). Examining the Role of Implementation Quality in School-Based Prevention Using the PATHS Curriculum. *Prevention Science* (4), 55-63.



Supported Employment A = Low Fidelity; B = High Fidelity

Salyers, MP, Becker, DR, Drake, RE, Torrey, WC, Wyzik, PF. (2004). A ten-year follow-up of a supported employment program. *Psychiatr. Serv.* 55: 302-308.



DBT A = Low Fidelity; B = High Fidelity

Linehan, Dimeff et al., (2002) DBT vs comprehensive validation therapy plus 12 step for tx of opioid dependent women meeting criteria for BPD. *Drug and Alcohol Dependence*, (67), 13-26.

Program Choices

In each chart...

A and B are the SAME PROGRAM!

(Evidence-Based Programs = PATHS, SE, DBT)

A = Low Fidelity use of EBP in practice

B = High Fidelity use of EBP in practice

**Fidelity: are the core intervention components
delivered as intended?**



Usable Intervention Criteria

1. Clear description of the program

- Philosophy, values, principles
- Inclusion – exclusion criteria



2. Identified core intervention components (aka, active ingredients, essential functions)

3. Operational definitions of core intervention components (what practitioners do, say)

4. Practical performance/fidelity assessment

- Highly correlated (0.70+) with desired outcomes



Most programs clear the bar on #1, far fewer on #2, and very little on #3 and #4.

About 18% of outcome studies (N=1,200+) assessed the intervention's independent variables

About 7% linked essential components (fidelity) to outcomes

Blase, K., & Fixsen, D.L. (2013). Core intervention components: Identifying and operationalizing what makes programs work. ASPE Research Brief, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, US Department of Health and Human Services, p 1 – 21, February.

Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue)*, 79(2), 213-230.

Moncher, F. J., & Prinz, R. J. (1991). Treatment fidelity in outcome studies. *Clinical Psychology Review*, 11, 247-266.

Gresham, F. M., Gansle, K. A., & Noell, G. H. (1993). Treatment Integrity in Applied Behavior Analysis with Children. *Journal of Applied Behavior Analysis*, 26(2), 257-263.

Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control? *Clinical Psychology Review*, 18(1), 23-45.

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350. doi: 10.1007/s10464-008-9165-0

Naleppa, M. J., & Cagle, J. G. (2010). Treatment fidelity in social work intervention research: A review of published studies. *Research on Social Work Practice*. doi: 10.1177/1049731509352088



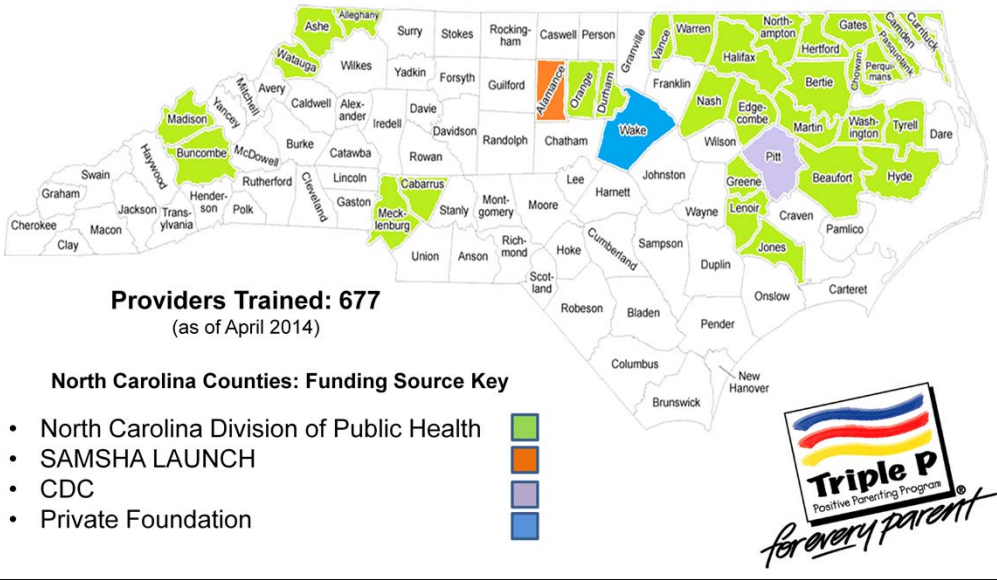
The Potential

...for evidence-based
interventions to be transferred and
scaled across a population

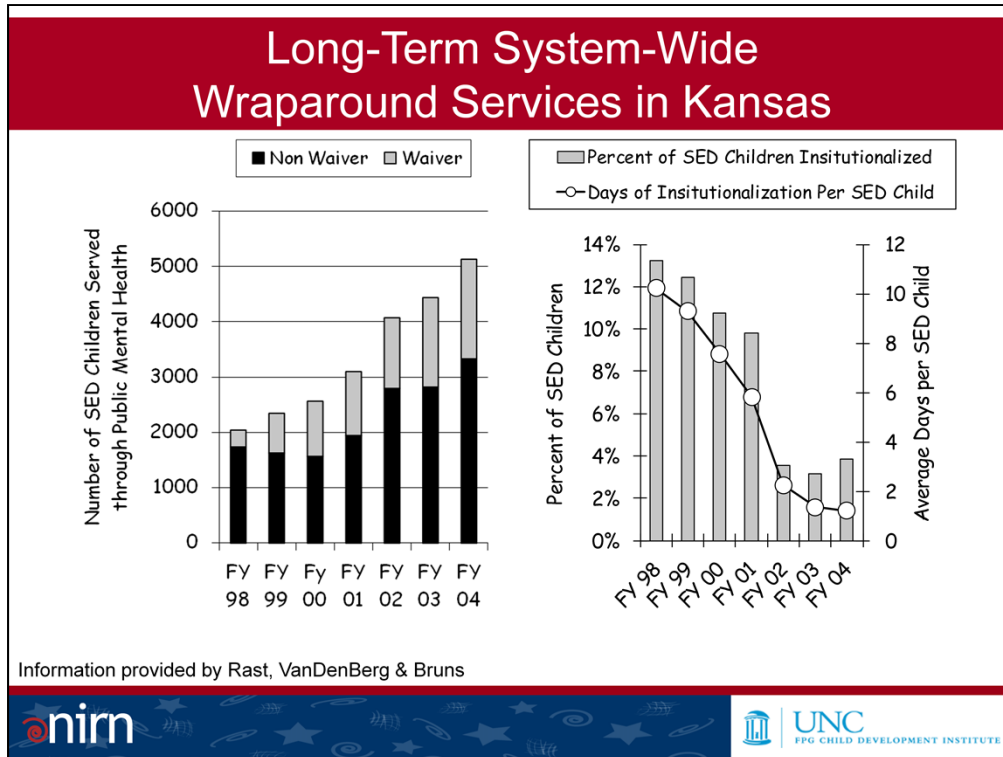
...with some evidence of fidelity

...and/or impact

Triple P – Positive Parenting Program in North Carolina

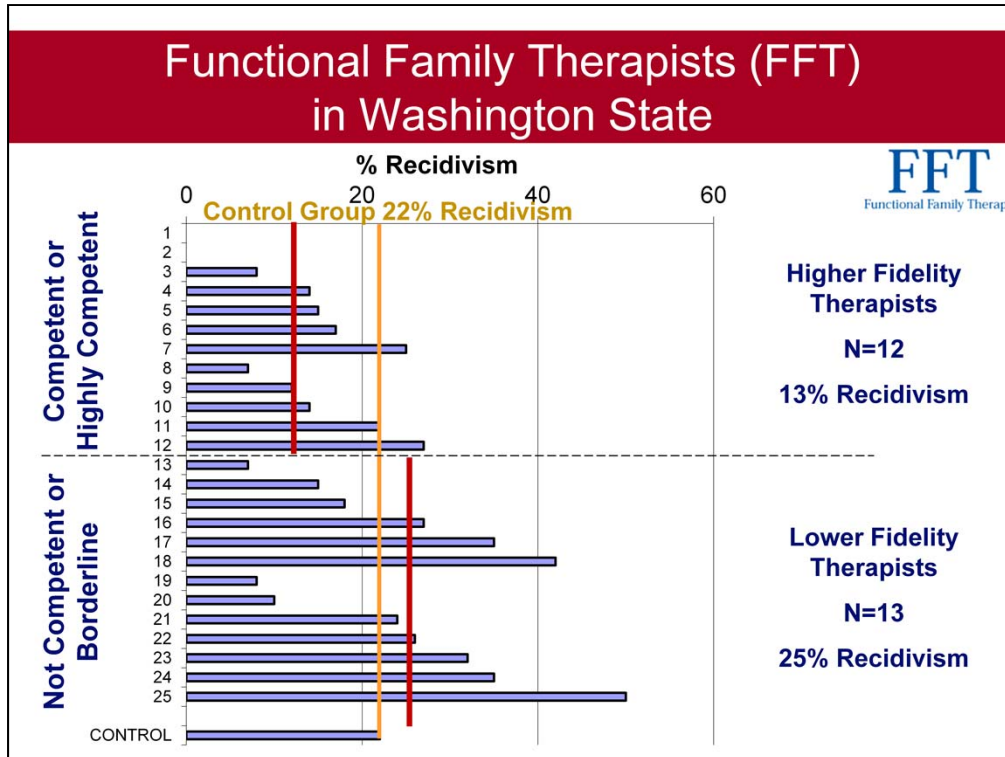


From Triple P America (May, 2014)



Impacts of Long Term and System Wide Implementation of Wraparound. These data are from the evaluation of the statewide Kansas wraparound initiative that was partially implemented through a 1915-C Home and Community Based Medicaid waiver.

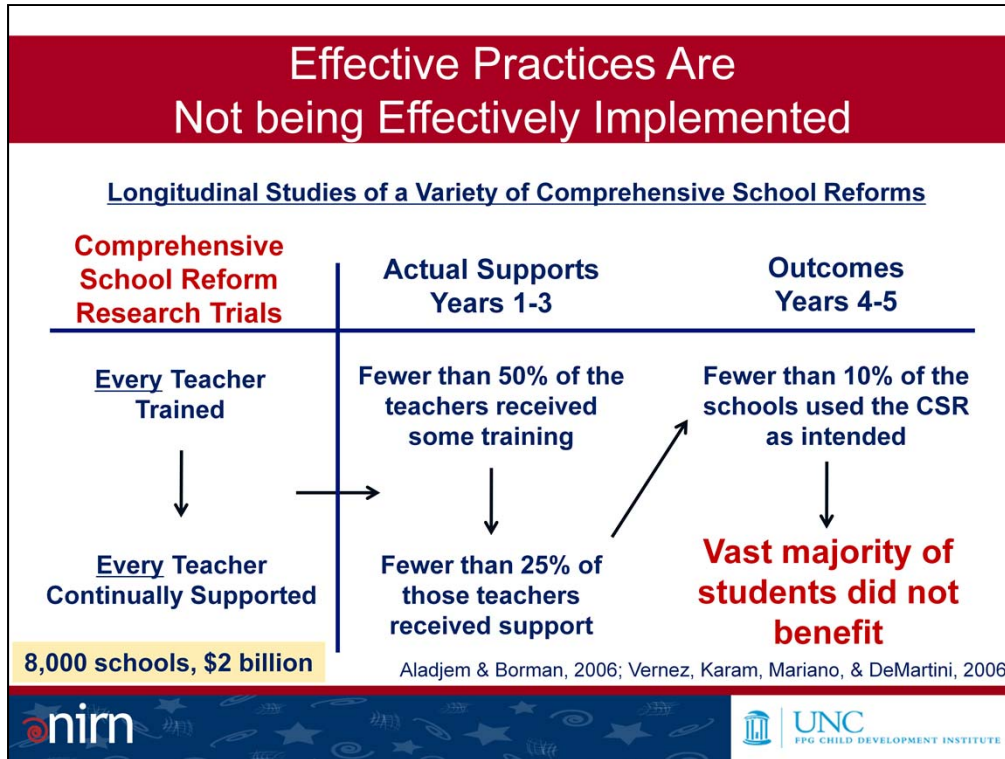
In 1994 Kansas implemented wraparound services coordination through two federally funded pilot projects in urban (Wichita) and rural (13 Southeast) counties. Following the success of these programs Kansas funded statewide implementation in a stepwise fashion beginning in FY 1998 with full implementation in FY 01. Through this process Kansas was able to reduce institutionalization costs by 67% (over \$4.3 million) and use this to leverage over \$10 million in new community-based services. The result was that many more children with SED were served and the rate of institutionalization and length of stays were significantly reduced resulting in positive outcomes in behavior, mental health symptoms and school performance.



Washington State Institute for Public Policy. (2002). *Washington State's Implementation of Functional Family Therapy for Juvenile Offenders: Preliminary Findings* (No. 02-08-1201). Olympia, WA: Washington State Institute for Public Policy.

<http://www.wsipp.wa.gov/pub.asp?docid=02-08-1201>

“These results highlight the importance of having reliable and valid measures of therapist competence for the evaluation. More importantly, measuring FFT adherence is a critical operational tool to ensure that when the state pays for FFT actually gets FFT. This seems especially significant because the evidence portrayed on Figure 2 indicates that recidivism rates can actually be higher than regular court processing when FFT is delivered by therapists who are not competent. FFT Inc. is a leader in emphasizing the importance of model adherence, and this large scale implementation of the program indicates the value and need of a more sensitive system to measure program adherence.” (p 4)



Aladjem, D. K., & Borman, K. M. (Eds.). (2006). *Examining comprehensive school reform*. Washington, DC: Urban Institute Press.

Vernez, G., Karam, R., Mariano, L. T., & DeMartini, C. (2006). *Evaluating comprehensive school reform models at scale: Focus on implementation*. Santa Monica, CA: RAND Corporation.

Four CSR models designed for grades K–8 are included in this study: Accelerated Schools (AS), Core Knowledge (CK), Direct Instruction (DI), and Success for All (SFA).

To date, the nation has more than 20 years of experience with CSR. More than 8,000 elementary and secondary schools (mostly low performing) have adopted a CSR model, and more than \$2 billion of federal funds have been used to implement CSR strategies. Nonetheless, the potential of this school reform to improve student achievement and meet the No Child Left Behind goal of 100 percent proficiency in reading and mathematics by the year 2014 is unknown.

Traditional Methods of Implementation

Best Data Show These Methods, When Used Alone, Do Not Result in Use of Innovations as Intended

- Diffusion/ Dissemination of information
- Training
- Passing laws/ mandates/ regulations
- Providing funding/ incentives
- Organization change/ reorganization

**5 to 15% intended outcomes
NECESSARY BUT NOT SUFFICIENT**

Photo thanks to Bill Miller

nirn | UNC FPG CHILD DEVELOPMENT INSTITUTE

Nutt, P. (2002). *Why Decisions Fail: Avoiding the Blunders and Traps That Lead to Debacles*. San Francisco: Berrett-Koehler Publishers Inc.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. (FMHI Publication No. 231).

Green, L. W. (2008). Making research relevant: if it is an evidence-based practice, where's the practice-based evidence? *Family Practice*, 25, 20-24.

Wiltsey Stirman, S., Kimberly, J., Cook, N., Calloway, A., Castro, F., & Charns, M. (2012). The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implementation science : IS*, 7(1), 17-17. doi: 10.1186/1748-5908-7-17

From Bill Miller in NM (People cannot benefit from interventions they do not experience):

Virga is any form of precipitation that doesn't reach the ground. There could be rain virga or snow virga. But in either case, the precipitation evaporates somewhere on the journey from clouds toward earth. Virga is pretty common and you've probably seen it but didn't know it had a special name. Mostly in the summer, virga can be seen falling away in streaks from the bottom of one of those puffy gray and white cumulus clouds on a crisp afternoon. It looks like a torn drape or a curtain hanging from the cloud, but only down about halfway to the ground below. **Sometimes the air thousands of feet above the ground is moist enough to produce clouds and rain at the same time that the air closer to the ground is as dry as a bone.** So when rain falls in these conditions it evaporates on its freefall to earth.

Existing Service Systems

All organizations are designed, intentionally or unwittingly, to achieve precisely the results they get.

R. Spencer Darling, Leadership Institute, Inc.

The reality is that any social system is the way it is because the people in that system want it that way.

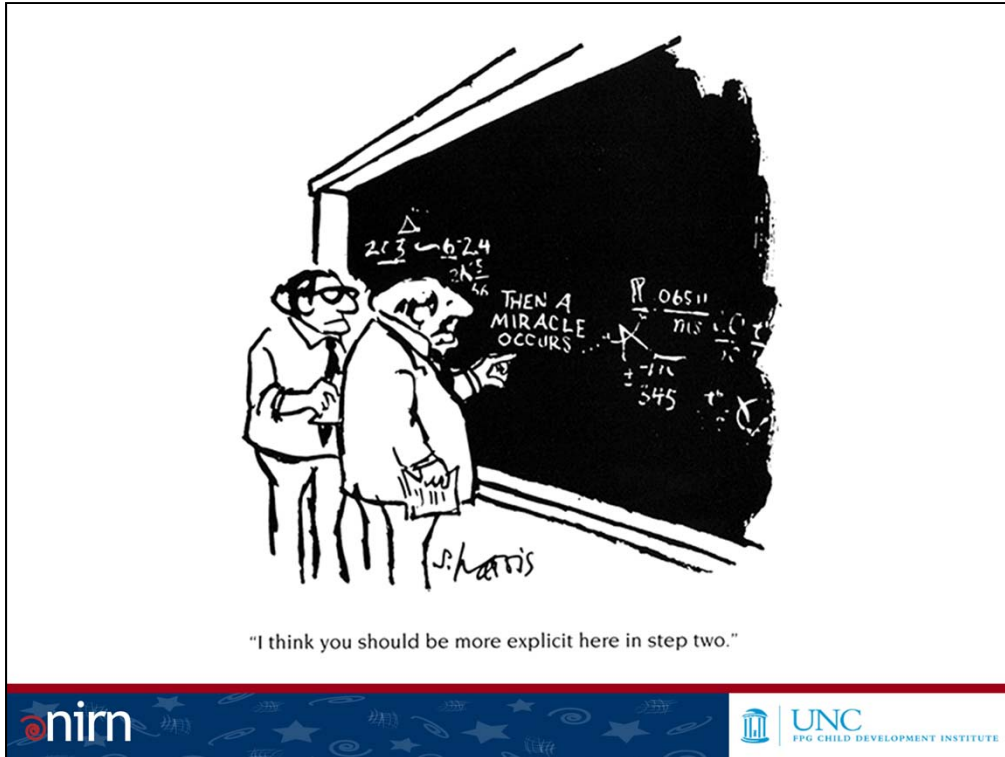
Heifetz, Grashow, & Linsky (2009, p.17)

Systems trump programs.

Patrick McCarthy, Annie E. Casey Foundation



Heifetz, Grashow, & Linsky (2009) *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston, MA: Harvard Business Press.

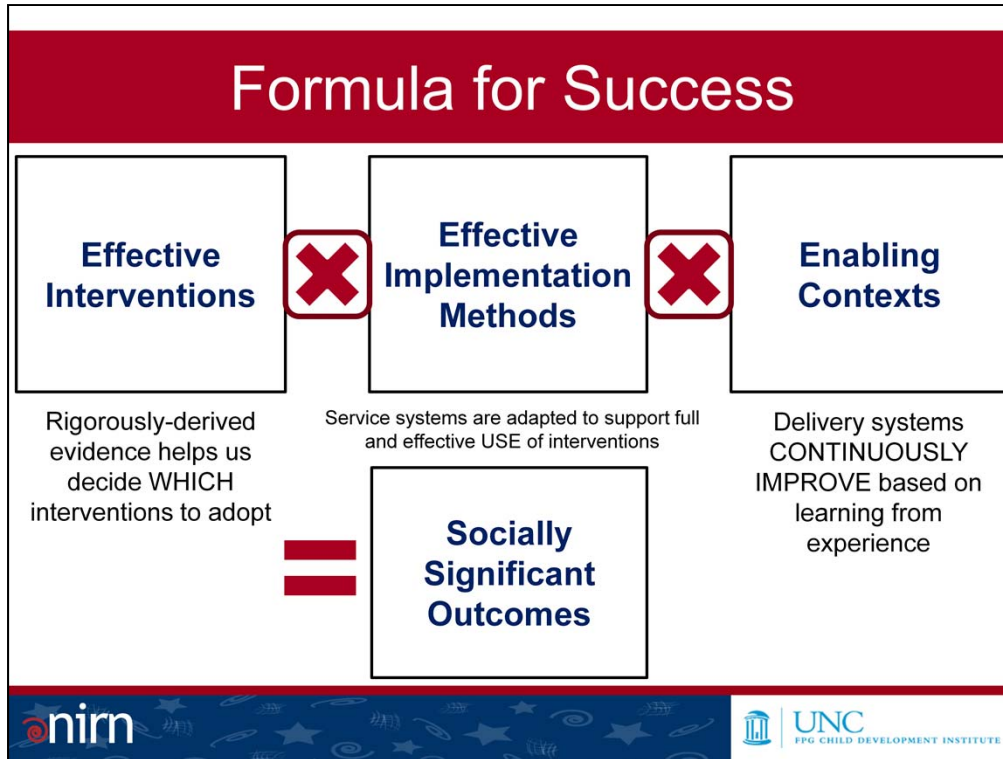


A New Approach

Moving from “Letting it Happen”
and “Helping it Happen” to
“MAKING IT HAPPEN”

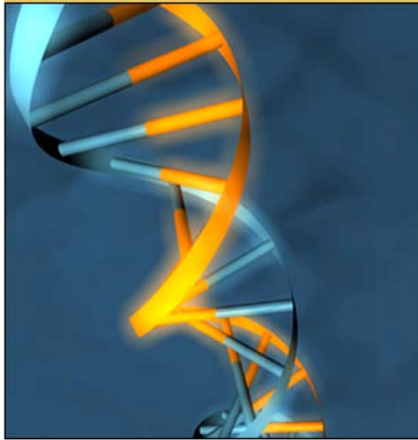
Greenhalgh et al. (2004)

Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly*, 82, 581-629.



Formula for Success: © 2012 Dean Fixsen and Karen Blase, National Implementation Research Network

Applied Implementation Science: The Active Implementation Frameworks



- ✓ Usable Interventions
- ✓ Implementation Drivers
- ✓ Improvement Cycles
- ✓ Implementation Teams
- ✓ Implementation Stages

Over the past decade, applied implementation science has identified core sets of effective implementation strategies to transform human service systems and ensure full and effective use of evidence-based prevention programs. At the National Implementation Research Network, we organize these strategies within the *Active Implementation Frameworks*

<http://implementation.fpg.unc.edu>

<http://www.all-about-forensic-science.com/dna-pictures.html>

Active Implementation Frameworks		Linked Implementation Teams
Where will this live within the community system?	Core Tasks & Responsibilities	
?	Executive Leadership	<ul style="list-style-type: none"> • Create opportunities for change • Manage change underway
?	Implementation “Design”	<ul style="list-style-type: none"> • Align multiple initiatives • Identify implementation barriers and recommend policy and practice changes • Facilitate communication across the system
?	Day-to-Day Management & Coordination	<ul style="list-style-type: none"> • Ensure implementation • Create Hospitable Environments • Engage the Community

LEADERSHIP:

Panzano and colleagues (2004) found that second-order leadership is important in the early stages of implementation of an effective innovation, and later on first-order leadership is essential to embedding implementation functions and roles into organization and system structures.

Panzano, P. C., Seffrin, B., Chaney-Jones, S., Roth, D., Crane-Ross, D., Massatti, R., et al. (2004). The innovation diffusion and adoption research project (IDARP). In D. Roth & W. Lutz (Eds.), *New research in mental health* (Vol. 16, pp. 78-89). Columbus, OH: Ohio Department of Mental Health Office of Program Evaluation and Research.

Darling-Hammond & McLaughlin (1995) outline approaches to “top down support for bottom up reform.”

Darling-Hammond, L., & McLaughlin, M. W. (1995). Policies that support professional development in an era of reform. *Phi Delta Kappan*, 76, 642-645.

Of the 21 leadership skills identified by Marzano and colleagues, teacher supervision and evaluation, staff development, and quality control were essential leadership traits related to first order change. These leadership skills overlap completely with the Implementation Drivers described in a separate Active Implementation module.

Marzano, Waters, and McNulty (2005). *School leadership that works: From research to results*. Alexandria, VA: Association for Supervision and Curriculum Development (ASCD).

IMPLEMENTATION TEAMS:

Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Higgins, M., Weiner, J., & Young, L. (2012). Implementation teams: A new lever for organizational change. *Journal of Organizational Behavior*. Retrieved from doi:10.1002/job.1773

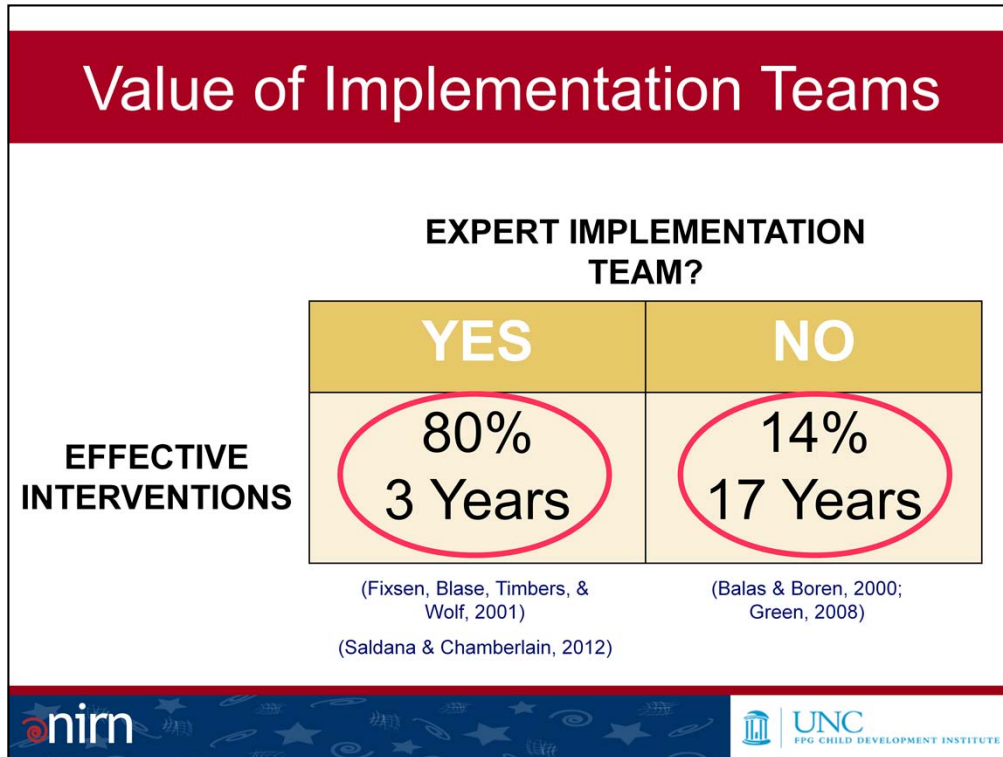
Patras, J., & Klest, S. (in press). Group size and therapists' workplace ratings: Three is the magic number. *Journal of Social Work*. ISSN 1468-0173.

Saldana, L., & Chamberlain, P. (2012). Supporting implementation: The role of community development teams to build infrastructure. *American Journal of Community Psychology*. doi: 10.1007/s10464-012-9503-0

Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., . . . Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7. doi: 10.1186/1748-5908-7-32

Active Implementation Frameworks	Linked Implementation Teams
<p data-bbox="370 436 1252 653">As in nature, a successful adaptation allows an organization or community to take the best from its traditions, identity, and history into the future.</p> <p data-bbox="467 688 1154 737">Heifetz, Grashow, & Linsky (2009, p.23)</p>	
 	

Heifetz, Grashow, & Linsky (2009) *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston, MA: Harvard Business Press.



It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice (Balas & Boren, 2000)

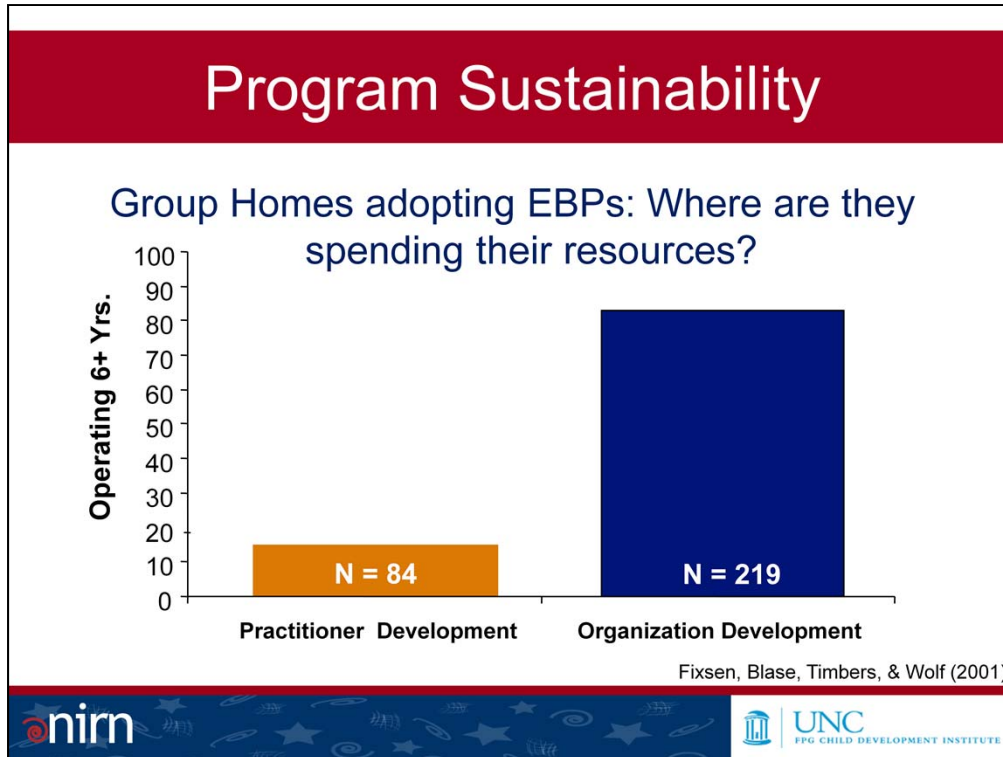
Balas EA, Boren SA. *Yearbook of Medical Informatics: Managing Clinical Knowledge for Health Care Improvement*. Stuttgart, Germany: Schattauer Verlagsgesellschaft mbH; 2000.

Green, L. W. (2008). Making research relevant: if it is an evidence-based practice, where's the practice-based evidence? *Family Practice*, 25, 20-24.

With the use of competent Implementation Teams, over 80% of the implementation sites were sustained for 6 years or more (up from 30%) and the time for them to achieve Certification was reduced to 3.6 years.

Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Saldana, L., & Chamberlain, P. (2012). Supporting Implementation: The Role of Community Development Teams to Build Infrastructure. *American Journal of Community Psychology*, 50, 334-346.



With the use of competent Implementation Teams, over 80% of the implementation sites were sustained for 6 years or more (up from 30%) and the time for them to achieve Certification was reduced to 3.6 years.

Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Active Implementation Frameworks		Linked Implementation Teams
Where will this live within the community system?	Core Tasks & Responsibilities	
?	Day-to-Day Management & Coordination	<ul style="list-style-type: none"> • Ensure implementation • Engage the Community • Create Hospitable Environments

IMPLEMENTATION TEAMS:

Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Higgins, M., Weiner, J., & Young, L. (2012). Implementation teams: A new lever for organizational change. *Journal of Organizational Behavior*. Retrieved from [doi:10.1002/job.1773](https://doi.org/10.1002/job.1773)

Patras, J., & Klest, S. (2014). Group size and therapists' workplace ratings: Three is the magic number. *Journal of Social Work*. ISSN 1468-0173.

Saldana, L., & Chamberlain, P. (2012). Supporting implementation: The role of community development teams to build infrastructure. *American Journal of Community Psychology*. [doi: 10.1007/s10464-012-9503-0](https://doi.org/10.1007/s10464-012-9503-0)

Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., . . . Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7. [doi: 10.1186/1748-5908-7-32](https://doi.org/10.1186/1748-5908-7-32)

Active Implementation Frameworks	Implementation Drivers
Where will this live within the community system?	Core Implementation Infrastructure
?	Recruitment and Selection of Providers
?	Training Providers
?	Coaching Providers
?	Fidelity Assessment
?	Decision-Support Data Systems

1. **Recruitment and Selection of Providers** using selection criteria grounded in core intervention components

2. **Training Providers** in core intervention components using adult learning best practices

Dunst, C. J. & Trivette, C. M. (2012). Moderators of the effectiveness of adult learning method practices. *Journal of Social Sciences*, 8, 143-148.

3. **Coaching Providers** to flexibly apply core intervention components across diverse cases using coaching best practices

Joyce, B., & Showers, B. (2002). *Student Achievement Through Staff Development* (3rd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.

4. **Fidelity Assessment** aligned with core intervention components

Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: evidence for a protective effect. *Journal of consulting and clinical psychology*, 77, 270-280. doi:10.1037/a0013223

ALSO – fidelity monitoring, when done in a supportive context, does not appear to increase burden or burnout among practitioners.

Aarons, G. A., Fettes, D. L., Flores, L. E., & Sommerfeld, D. H. (2009). Evidence-based practice implementation and staff emotional exhaustion in children's services. *Behaviour Research and Therapy*, 47, 954-960. doi:10.1016/j.brat.2009.07.006

5. **Decision-Support Data System** for collecting, analyzing, and reporting implementation and intervention data

Implementation Drivers:

Metz, A., & Bartley, L. (2012). Active Implementation Frameworks for Program Success. *Zero to Three*, 32, 11-18.


Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, 19, 531-540.

Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue)*, 79, 213-230.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. (FMHI Publication No. 231).

Active Implementation Frameworks		Implementation Drivers		
Imp. Component	Time 1	Time 2	Time 3	
Selection	1.44	2.00	1.89	
Training	1.33	1.50	1.10	
Coaching	1.27	1.73	1.83	
Fidelity Assessment	0.78	1.34	2.00	
DSDS	0.18	1.36	2.00	
Fac. Administration	1.38	2.00	2.00	
Systems Intervention	1.29	1.86	2.00	
Average Composite Score	1.1	1.68	1.83	
Fidelity (% of cases)	18%	83%	83%	

Metz, et al. (in press). *Active Implementation Frameworks (AIF) for Successful Service Delivery: Catawba County Child Wellbeing Project*. Research on Social Work Practice.



Hypothesis: Is a composite score >1.5 the magic number?

Different metrics used to measure fidelity.

© 2013 Allison Metz, National Implementation Research Network

At T1, fidelity criteria were not firmly established. An early indicator of fidelity was whether family assessment data MATCHED goals in Success Plan (the creation of change-focused plans). The goodness of fit between assessments and goal planning were used to assess fidelity in T1.

The T2 and T3 fidelity score was derived from matching notes, (notes detailing what clinicians did with families in the field) with the interventions they checked in the database. Did they do the things they were supposed to do with families? This number is based on the SC service through May 2012.

Metz, Bartley, Ball, Wilson, Naoom, and Redmond (in press). *Active Implementation Frameworks (AIF) for Successful Service Delivery: Catawba County Child Wellbeing Project*. Research on Social Work Practice.

Active Implementation Frameworks		Linked Implementation Teams
Where will this live within the community system?	Core Tasks & Responsibilities	
?	Day-to-Day Management & Coordination	<ul style="list-style-type: none"> • Ensure implementation • Create Hospitable Environments • Engage the Community

IMPLEMENTATION TEAMS:


Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Higgins, M., Weiner, J., & Young, L. (2012). Implementation teams: A new lever for organizational change. *Journal of Organizational Behavior*. Retrieved from doi:10.1002/job.1773

Patras, J., & Klest, S. (2014). Group size and therapists' workplace ratings: Three is the magic number. *Journal of Social Work*. ISSN 1468-0173.

Saldana, L., & Chamberlain, P. (2012). Supporting implementation: The role of community development teams to build infrastructure. *American Journal of Community Psychology*. doi: 10.1007/s10464-012-9503-0

Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., . . . Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7. doi: 10.1186/1748-5908-7-32

Active Implementation Frameworks	Collective Responsibilities
<p>Facilitative Administration Systems Intervention Adaptive Leadership Data-based Decision Making Continuous Quality Improvement Stage-Based Approaches Communication</p>	
	

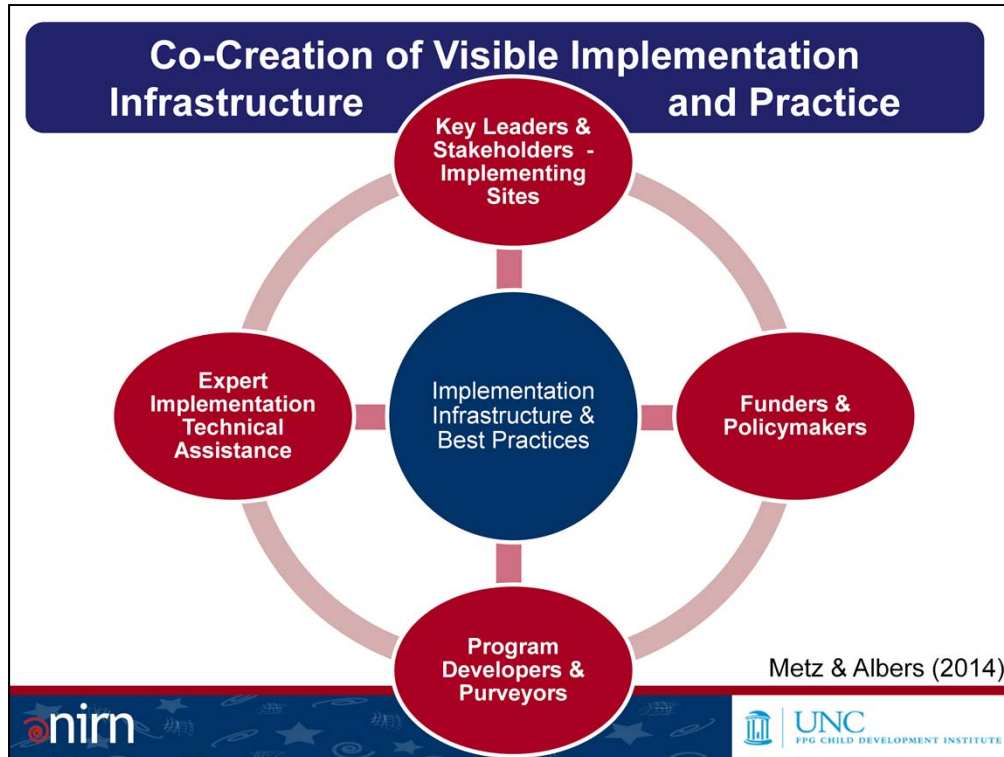
Metz, A., & Bartley, L. (2012). Active Implementation Frameworks for Program Success. *Zero to Three*, 32, 11-18.

Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, 19, 531-540.

Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue)*, 79, 213-230.



Metz & Albers (2014) What does it take? How federal initiatives can support the implementation of evidence-based programs to improve outcomes for adolescents. *Journal of Adolescent Health, 54*, 592-596.



Among this collaboration of stakeholders and support systems, there is a need for **partnering, active listening, identification and acceptance of adaptive issues,** and **commitment** to move the initiative forward.

Metz & Albers (2014) What does it take? How federal initiatives can support the implementation of evidence-based programs to improve outcomes for adolescents. *Journal of Adolescent Health, 54,* 592-596.

Full implementation of usable evidence-based-prevention programs takes, on average, 2-4 years.

Full Implementation benchmark: 50% or more of intended service providers are delivering the program with fidelity.

Scaling fully implemented programs takes additional time.

Scaling-up benchmark: 60% of consumers who could benefit from a prevention program are experiencing that program in their service environment.

Bierman, K. L., Coie, J. D., Dodge, K. A., Greenberg, M. T., Lochman, J. E., McMahon, R. J., et al. (2002). The implementation of the Fast Track Program: An example of a large-scale prevention science efficacy trial. *Journal of Abnormal Child Psychology, 30,* 1-17.

Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.

Panzano, P. C., & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: Risky business? *Psychiatric Services, 57,* 1153-1161.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19,* 276-287.

Saldana, L., Chamberlain, P., Wang, W., & Brown, H. C. (2011). Predicting program start-up using the stages of implementation measure. *Administration and Policy in Mental Health, 39,* 419-425.

For More Information

William A. Aldridge II, Ph.D.

919-966-4713

will.aldridge@unc.edu

Allison Metz, Ph.D.

202-714-4576

allison.metz@unc.edu

Melissa Van Dyke, MSW, LCSW

919-966-7297

melissa.vandyke@unc.edu

Learn More:

<http://implementation.fpg.unc.edu/>



**Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill**

<http://nirn.fpg.unc.edu/>
www.scalingup.org



NIRN



@ImpScience



Thank You for Your Support

- **Annie E. Casey Foundation (EBPs and Cultural Competence)**
- **William T. Grant Foundation (Implementation Literature Review)**
- **Substance Abuse and Mental Health Services Administration (Implementation Strategies Grants; National Implementation Awards)**
- **Centers for Disease Control & Prevention (Implementation Research)**
- **National Institute of Mental Health (Research And Training Grants)**
- **Juvenile Justice and Delinquency Prevention (Program Development And Evaluation Grants)**
- **Office of Special Education Programs (Scaling up and Capacity Development Center)**
- **Administration for Children and Families (Child Welfare Leadership; Capacity Development Center)**
- **The Duke Endowment (Child Welfare Project And Implementation Evaluation)**



© Copyright William A. Aldridge II,
Karen A. Blase, & Dean L. Fixsen

This content is licensed under Creative Commons license CC BY-NC-ND, Attribution-NonCommercial-NoDerivs. You are free to share, copy, distribute and transmit the work under the following conditions: Attribution — You must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work); Noncommercial — You may not use this work for commercial purposes; No Derivative Works — You may not alter or transform this work. Any of the above conditions can be waived if you get permission from the copyright holder.



<http://creativecommons.org/licenses/by-nc-nd/3.0>

