



CMHO, Toronto 2006

# Defining Evidence-Based Programs as if Implementation Matters

**Dean L. Fixsen, Karen A. Blase,  
Sandra F. Naoom, Frances Wallace**

National Implementation Research Network  
Louis de la Parte Florida Mental Health Institute

# Evidence Based Movement

---

**The “evidence-based movement” is an international experiment to make better use of research findings in typical service settings.**

**The purpose is to produce greater benefits to consumers and society.**

# Evidence-Based Movement

## Implementing evidence-based programs

### Define:

 Evidence-based

 Program

 Implementation

# “Evidence-Based”

## Defined by research methodology

- **Two or more high quality research studies using randomized group designs (within subject designs)**
- **Preferably done by two or more independent research groups**
- **Preferably summarized in meta-analyses of the findings across multiple studies**

# “Evidence-Based”

---

- **Over 30 websites displaying lists of “evidence-based” programs and practices**
- **Over 600 programs and practices that have been assessed and deemed to be “evidence-based”**

# “Evidence-Based”

## A fundamental problem

- **Research methods are not implemented to benefit consumers**
- **Programs are implemented to benefit consumers**

# “Evidence-Based”

- The usability of a program has little to do with the quality or weight of the evidence regarding that program
- Evidence on intervention effectiveness for specific populations helps us choose what to implement
- Evidence on the effectiveness of the intervention does not help implement the program or practice successfully

Madjar & Walton (2001)


# “Program”

**"Before it is possible to assess and interpret whether an intervention is effective, it is necessary to operationalize the intervention [or] run the risk of comparing "black boxes" with little opportunity to increase knowledge that will be relevant to policy, treatment, or theory."**

**Farmer, Burns, Dubs, & Thompson, 2002**

# “Program”

---

 **A planned, coordinated group of activities, procedures, etc., to accomplish a specific purpose (dictionary.com)**

# “Program”

- Clear philosophy, beliefs, and values that: a) *provide guidance* for all clinical judgments, program decisions, and evaluations; b) are *fully integrated* with actual operations and treatment delivery; and c) promote consistency, integrity, and *sustainable effort* across all program components.
- Specific treatment components (treatment technologies) that *promote consistency* across clinical people at the level of actual implementation of treatment procedures.
- Treatment decision making (within the program framework) that is *invested in practitioners* with accountability systems for staff and programs.

# “Program”

- **Structured service delivery components that include an organizational context to facilitate treatment, a definition of service location and duration, staff development systems, and specification of clinical staff: client ratios and clinical staff: supervision ratios.**
- **Continuous improvement components that encourage innovation with scrutiny over a long enough period of time to see if the innovation is beneficial to children, families, the organization, or community.**

Dissemination Working Group, 1999

# “Program”

## Core intervention components

- Clearly described (who/what)
- Practical measure of fidelity
- Fully operationalized (do/say)
- Field tested (recursive revision)
- Contextualized (org./systems fit)
- Effective (worth the effort)

# “Program”

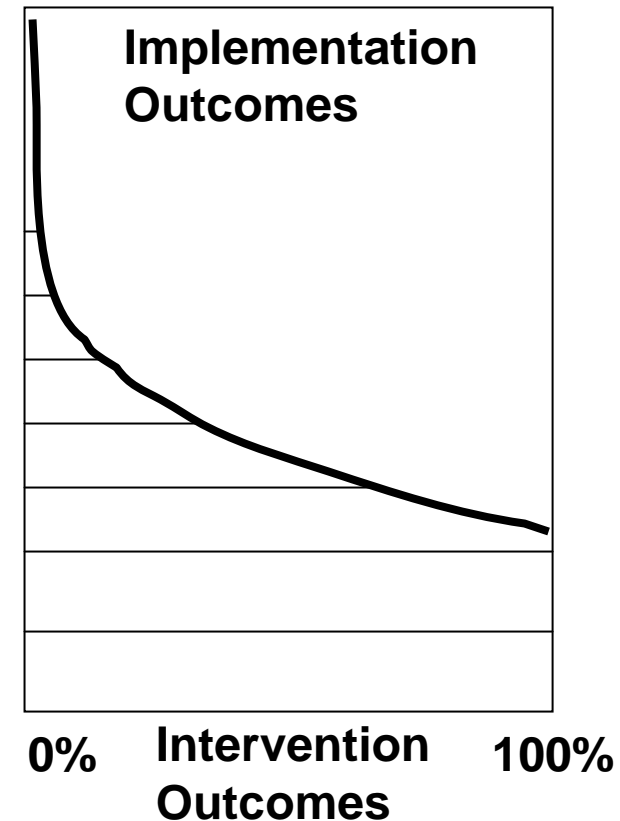
## A fundamental problem

- **An evidence-based program is one thing**
- **Implementation of an evidence-based program is a very different thing**

# “Implementation”

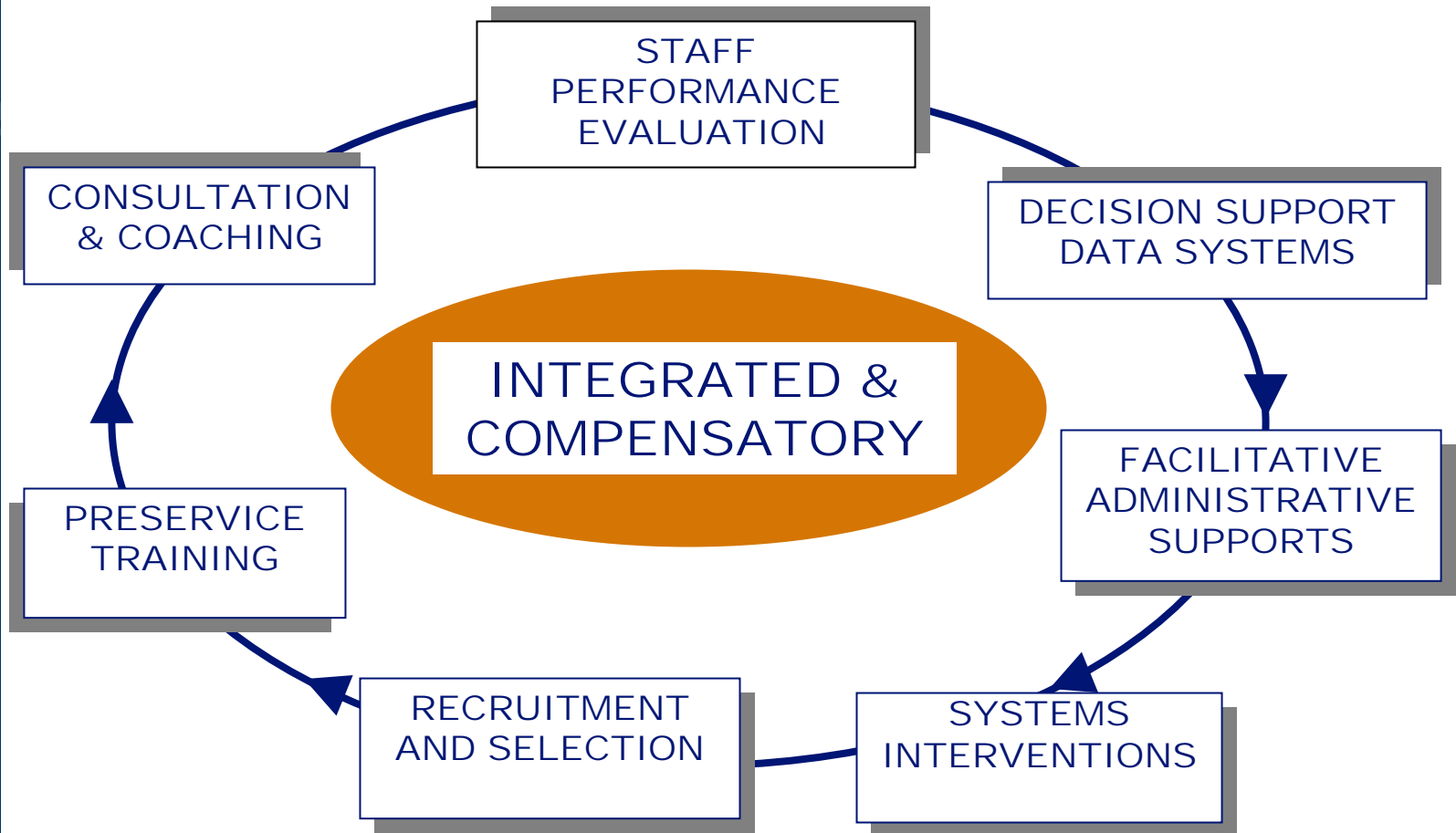
Implementation occurs in stages:

-  **Exploration**
-  **Installation**
-  **Initial Implementation**
-  **Full Implementation**
-  **Innovation**
-  **Sustainability**



Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

# “Implementation”



# “Implementation”

- **Moncher & Prinz (1991) reviewed 359 outcome studies (1980-1988).**
- **32% used a treatment manual,**
- **22% supervised the treatment agents, and**
- **18% measured adherence to the protocol.**
- **Only 6% did all three (manual + supervision + adherence) while 55% did none of the three.**

# “Implementation”

- **46% used measures of staff performance embedded in organizations as an essential part of the treatment program**
  - **2/3 of these concerned Assertive Community Treatment, Fountain House clubhouses, or the Teaching-Family Model, three EBPs that have been involved in national implementation since the 1970s**
- **54% used measures of staff performance in order to evaluate adherence to research protocols**
  - **Measures conducted outside the service organization that have utility only for the duration of the evaluation project**

# “Implementation”

## A fundamental problem

 **Sustainable and successful implementation of an evidence-based program requires:**

 **Organizational change**

 **System change**

 **“Systems trump programs.”**

**Patrick McCarthy, Annie E. Casey Foundation**

# Transformation

---

A diagram illustrating the transformation process. It consists of three orange, curved, wedge-shaped segments arranged in a triangular pattern. The top segment is at the top, the bottom-left segment is at the bottom left, and the bottom-right segment is at the bottom right. The text 'Initiate & Manage Change' is centered below the top segment, 'Implement Innovations' is centered below the bottom-right segment, and 'Sustainable Infrastructure' is centered below the bottom-left segment.







**Initiate & Manage  
Change**

**Implement  
Innovations**

**Sustainable  
Infrastructure**

# Thank You

## We thank the following for their 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; sub-contract for NREPP reviews; sub-contract for SOC analyses of implementation)
-  **Centers for Disease Control**  
(implementation research contract)
-  **National Institute of Mental Health**  
(research and training grants)
-  **Juvenile Justice and Delinquency Prevention**  
(program development and evaluation grants)

# For More Information

**Karen A. Blase**

 813-974-4463

 [kblase@fmhi.usf.edu](mailto:kblase@fmhi.usf.edu)

**Dean L. Fixsen**

 813-974-4446

 [dfixsen@fmhi.usf.edu](mailto:dfixsen@fmhi.usf.edu)

**National Implementation Research Network**

**At the Louis de la Parte Florida Mental Health Institute**

**University of South Florida**

<http://nirn.fmhi.usf.edu>

# For More Information

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, The National Implementation Research Network (FMHI Publication #231).

*Download all or part of the monograph at:*

<http://nirn.fmhi.usf.edu/resources/publications/Monograph/index.cfm>