# Research-to-Results Brief

*...information for practitioners seeking to use evidence-based practices to enhance program outcomes.*

*June 2007*

# A 10-Step Guide to Adopting and Sustaining Evidence-Based Practices in Out-Of-School Time Programs

*Part 2 in a Series on Fostering the Adoption of Evidence-Based Practices in Out-Of-School Time Programs*

Allison J. R. Metz, Ph.D.

## BACKGROUND

Many practitioners lack information on how to implement evidence-based practice(s) in their own programs or communities. A major reason for this gap is a lack of research on the process for implementing evidence-based practices (EBPs) within out-of-school time programs. Research conducted in other fields (e.g., health and mental health), though, has yielded important findings related to the "how to" of successfully implementing and sustaining EBPs[1,2,3] in various program settings. Many of the lessons learned from these other fields can help out-of-school time practitioners learn to successfully implement EBPs within their own programs.

In this brief, we outline ten concrete steps that practitioners can take to help their programs adopt or adapt an EBP. It is important to remember that certain communities and programs will be more "ready" than others, and full adoption of an EBP can take from two to four years.[4]

## TEN STEPS TO ADOPTING AN EVIDENCE-BASED PRACTICE

There are ten steps that programs can take to successfully adopt an EBP. These ten steps will allow for your program to plan and assess its readiness to adopt an EBP, to create the perfect "fit" in terms of adapting an EBP to meet the needs of your local community, to train staff and begin initial implementation, and to create feedback loops for ongoing learning and reflection during and after the implementation of the EBP within your program.

## PLANNING AND ASSESSING READINESS

1. ***Prioritize Outcomes: Identify the Need for an Intervention*** – The very first step in making any organizational change, including the adoption of an evidence-based practice (EBP), is to identify the need for change or innovation within your organization. You can do this by prioritizing the outcomes your program hopes to achieve and assessing how current gaps in programming, staffing, and/or services have impeded your program's ability to produce these desired outcomes. Developing a logic model may be a helpful exercise.[5]

2. ***Conduct Readiness Assessment(s)*** – Formal readiness assessments provide critical information to you and your leadership on the organization's readiness to adopt an evidence-based practice and can be used to inform the development and implementation of strategies and resources that enhance organization and staff readiness to change. Readiness assessments typically provide data on your program's *ability and motivation to change*. Without a systematic readiness assessment,

EBPs can end up being unsuccessfully implemented in organizations not ready to adopt a new program or practice and with staff who are resistant to change.

Some fields have already developed tools to assess staff or practitioner readiness, such as the *"Evidence-based Practice Attitude Scale,"*[6] which measures mental health providers' attitudes toward adopting evidence-based practice. This 18-item scale can tap into your staff's openness to innovation, the appeal of evidence-based practices, and the perceived divergence of evidence-based practices from services as usual. It may be possible to adapt this scale to assess your staff's readiness to implement an EBP. New scales to measure organizational readiness are also under development.[7] The *"Organizational Readiness to Change"* scale assesses four key domains: motivational readiness, institutional resources, staff attributes, and organizational climate. Readiness assessments can provide critical data on individual and organizational openness to change, as well as whether resources, including staff and financial resources, are available to support the evidence-based change.

3. ***Garner the Support of Critical Stakeholders*** – Information gleaned from Step 2 can help you develop strategies for gaining "buy in" throughout the organization and securing the institutional and financial resources needed to implement the EBP. Many attempts to implement an EBP simply end at the "paper stage" with no real action taken. To facilitate a targeted, multi-level implementation of the EBP throughout the organization will typically include a reallocation of resources within targeted change areas, changes in policies and procedures to support the implementation of the EBP, hiring new frontline staff or re-training current staff, and providing ongoing support, coaching, and supervision activities for frontline staff. Broad support from program funders, administrators, managers, frontline staff, and program participants and their families will be needed to create and sustain change.

## CREATING THE "PERFECT FIT"

4. ***Research and Identify a "Good Fit"***[8] – Once you have achieved "buy in" for making a change, you should begin to search for an evidence-based practice which matches the needs of your program participants, can be incorporated into your existing program and delivered by trained frontline staff, and will help you achieve desired outcomes. Many online resources allow for practitioners to search for an evidence-based practice using various functions such as type of program or outcome. The first brief in this series entitled "What is Evidence-Based Practice?" has outlined many of these online resources.[9]

As you cull the resources for an evidence-based practice that is a "good fit" with your program, you will want to consider several factors. These factors include outcomes goals for participants, organizational structure and culture, community climate, participant characteristics, staff attributes, and programmatic and financial resources. *First, you should consider whether an identified EBP meets the needs of your program participants.* The types of questions you may want to ask include:
- What outcomes are targeted by this EBP?
- Are expected outcomes aligned with your program's mission?
- Is the EBP developmentally appropriate for your target population?
- Is the EBP culturally appropriate for your target population?

It may be helpful to think back to Step 1 (Prioritize Outcomes) to ensure that the EBP is addressing the outcomes you wish to affect.

*You should then consider whether the EBP is "adoptable" by your program.* The types of questions you may want ask include:

- Would the EBP fit within the current service delivery model?
- Are staff open to innovation?
- Does the EBP appeal to frontline staff?
- Would program staff, if adequately trained, be able to implement the EBP?
- If needed, how would you recruit and hire new staff?
- What types of resources are needed to train and coach staff?
- Would organizational staff be prepared to support frontline staff who are responsible for carrying out the evidence-based practices with program participants?
- What financial and human resources would be needed to implement the EBP?
- What types of organizational structures and processes would you need to put in place to support the EBP? For example, would you need to create a formal supervision process for newly trained staff?
- What types of outside consultation or support would be needed to implement the EBP?

Data collected in Step 2 (Readiness Assessment) can help to inform this process. We also suggest that practitioners pay close attention to the criteria used to assess the evidence-based practice. Various organizations refer to evidence-based practices differently. It is important to make sure you know whether the practice you choose has been rigorously tested or whether it is has been less rigorously tested but shows promise.

5. *Decide on Necessary Program Adaptations* – The successful implementation of an EBP will also involve the adaptation of the intervention to meet the needs of the local setting, without sacrificing the core elements or components of the intervention critical to producing expected outcomes. Once you have a good understanding of the original program's core components, decisions should be made regarding necessary adaptations to meet the needs of your community and target population. (See Part 4 in this series on *Fostering the Adoption of Evidence-Based Practices in Out-of-School Time Programs* for a more detailed discussion on program replication and adaptation). Program adopters are encouraged to pay close attention to program fidelity and adaptation[10] and consult with the program developer, if possible, to discuss whether potential adaptations to the model undermine the core elements of the program. If program developers are not available for consultation, you will need to make these decisions based on information you have already gathered on the program (e.g., from the intervention or implementation manual or evaluation reports). In either case, it will be important to document and assess any changes you decide to make.

6. *Seek Information, Technical Assistance, and Program Consultation* – Once you have selected an evidence-based practice that is a "good fit" for your program, it is important to gather as much information about the practice as possible. Many of the online resources provide information beyond a program description, such as an intervention manual, a core components analysis which indicates the intervention components essential for achieving desired outcomes for program consumers, program fidelity criteria which specify the necessary structure and process for delivering the intervention, staff training guidelines, and implementation essentials such as the organizational and financial resources needed to implement the program. As you review this information, it will be important to re-evaluate whether your selected practice or program remains a "good fit." When possible, you should consult with the program developer for a better understanding of the intervention and issues associated with implementation. In particular, if the program developer has replicated the program elsewhere, it would be important to understand what the developer has learned regarding the replicability and adaptability of the program model in new settings with different target populations. If resources allow, it would be helpful for the

program developer to mentor you through the adoption process. When program developers are not available for consultation, you may want to seek expert consultation from another source. For example, if you are seeking to implement an EBP on teen pregnancy prevention and the program developer is not available, you can seek technical assistance and support from another expert in the field.

## TRAINING STAFF AND GETTING GOING!

7. *Provide Staff Training and Coaching* – Staff training is a critical aspect of successful program implementation. Adequate time and resources should be set aside to ensure that staff are fully trained and prepared to take part in the change process. Since change must take place at all levels to successfully implement an EBP, staff at all levels should be trained. For example, managers, supervisors, data coordinators, and evaluators should be all trained along with frontline service workers. Training should not only involve knowledge development, but also skill development. During the initial phase of implementation, staff need encouragement and support to put their new learning into practice. Staff should be provided with opportunities to practice their newly learned skills in a safe environment, as well as *ongoing supervision, coaching, and consultation.* "Booster" trainings help to maintain fidelity to the original model.

8. *Begin Initial Implementation* – When you decide you are ready to launch full implementation it is important to remember that implementation takes place at multiple levels in the organization. Therefore, change must take place at multiple levels, including changes in policies and procedures, operations, staffing, and resource allocations to support the EBP. Sometimes new practices will be added to existing ones; other times, ongoing practices will need to be modified, and this will require energy and time. (Please see Part 3 in this series on *Fostering the Adoption of Evidence-Based Practices in Out-of-School Time Programs* for an expanded discussion on the implementation of evidence-based practices and programs).

## LEARNING, REFLECTING, AND IMPROVING

9. *Conduct Ongoing Evaluation and Fidelity Assessments* – A key aspect of adopting an evidence-based practice is to incorporate evaluation into your implementation design. As you think back to the very first step, prioritizing outcomes, remember that evaluation data can inform you as to whether the adopted program or practice has helped you to achieve your intended outcomes. Process evaluation data can also be used to inform continuous program improvement. Another aspect of evaluation is a fidelity assessment. When replicating or modifying an existing EBP, conducting a fidelity assessment will provide you with information on the level of adherence to the original or adapted model. It will also help you understand any effects associated with planned (and unplanned) variations to the model.[11]  An upcoming brief in this series will provide more detailed information on the "how to" of conducting a fidelity assessment.

10. *Create Feedback Loops and Ongoing Opportunities for Learning and Reflection* – As you move beyond initial implementation, it will be valuable to institute procedures for continued learning and reflection in your program. Staff at all levels should be provided with opportunities to reflect on their practice, assess program results, and suggest adaptations or enhancements to the EBP throughout the life of the program. For example, you may want to convene monthly meetings with frontline staff to provide them with an opportunity to discuss any challenges they have implementing new practices associated with the EBP, whether they require additional training or technical assistance to do their work, and whether they perceive the new practices as beneficial for program participants. You may also wish to share and discuss what you have learned with practitioners who are seeking to adopt a similar EBP in their own program.

**REMEMBER THE 10 STEPS TO IMPLEMENTING EVIDENCE-BASED PRACTICES
IN OUT-OF-SCHOOL TIME PROGRAMS ARE:**

**Prioritize Outcomes:** Prioritize the outcomes your program hopes to achieve and assess how current gaps in programming, staffing, and/or services have impeded your ability to produce desired results.

**Conduct Readiness Assessment:** Collect data on your program's *ability and motivation* to change. Tools exist to help programs measure their readiness to change at both the frontline staff and administrative levels.

**Garner the Support of Critical Stakeholders:** Gain broad support from program funders, administrators, managers, frontline staff, and program participants and their families to create and sustain change.

**Research and Identify a "Good Fit":** Select an evidence-based practice which matches the needs of your program participants, can be incorporated into your existing program and delivered by trained frontline staff, and will help you achieve desired outcomes.

**Decide on Necessary Program Adaptation:** Make necessary and feasible adaptations to the program model to meet the unique needs of your community without undermining the core elements of the original program.

**Seek Information, Technical Assistance, and Program Consultation:** Gather information on the evidence-based practice including essential intervention components, staff training guidelines, and necessary financial and organizational resources for implementation. When possible, consult with the program developer or seek outside expert consultation.

**Provide Staff Training and Coaching:** Train staff at all levels on the new practice, including directors, supervisors, and frontline staff. Provide staff with ongoing coaching and mentoring in the field.

**Begin Initial Implementation:** Incorporate changes at multiple levels to support the implementation of the practice, including changes in policies and procedures, operations, staffing, and resource allocations.

**Conduct Ongoing Evaluation and Fidelity Assessments:** Collect formative evaluation data to inform continuous program improvement and conduct an outcome evaluation to assess whether you have achieved desired outcomes. A fidelity assessment can provide information on the level of adherence to the original program model.

**Create Feedback Loops and Ongoing Opportunities for Learning and Reflection:** Institute procedures for ongoing learning and reflection such as monthly meetings for staff to discuss challenges associated with implementing the new practice, training or technical assistance needs, and successes and achievements.

## CONCLUSION

Adopting evidence-based practices is a formidable challenge for programs. In many cases, it calls for organizational restructuring, ongoing staff training and practice changes, and the upfront allocation of financial resources.[12] The adoption of an evidence-based practice takes a sustained effort, as well as ongoing support and maintenance of the model. It is important to remember that implementation is not a single event, but rather "a mission-oriented process involving multiple decisions, actions, and corrections."[13] As the out-of-school time field continues to promote the effective dissemination of evidence-based program models, researchers also need to disseminate practical information to practitioners on the "how to" of applying evidence-based practices in their own programs. Our hope is that this brief has outlined concrete steps practitioners can take to utilize evidence-based practices. We will update and expand this dialogue as more information is learned on "what works" in the implementation of evidence-based practices. In the short-term, forthcoming briefs in this series will address issues such as program fidelity, replication, and research-based strategies for successfully implementing evidence-based practices and programs.

[1] See Fixsen, D. L., Naoom, S. F., Blasé, K., Friedman, R. M., Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature.* National Implementation Research Network, University of South Florida, Louis de la Parta Florida Mental Health Institute. Available online at http://nirn.fmhi.usf.edu/resources/publications/Monograph/.

[2] For a more detailed discussion of the adoption and implementation of prevention programs see Lesesne, C. A. & Lord, E. (2007). *Making what is Old, New Again: Research Needs in the Adoption and Implementation of Science-Based Teen Pregnancy Prevention Programs.* Extended abstract prepared for *"What's it going to take? Extending the Research Base to Improve Teen Pregnancy Prevention"* conference, March 7-8.

[3] For an example of applying a specific research to practice model in the field of teen pregnancy prevention see Wandersman, A., Lesesne, C. A., Lewis, K. M., Poindexter White, C., Green, D. C., & Duffy, J. (2007). *Using the Interactive System to Research the Gap between Science and Practice in Teen Pregnancy Prevention.* Extended abstract prepared for *"What's it going to take? Extending the Research Base to Improve Teen Pregnancy Prevention"* conference, March 7-8.

[4] In this brief we use the term "evidence-based practice" to include both practices and programs. For a more detailed discussion of the difference between practices and programs please see Metz, A. J. R. & Espiritu, R. C. (2007). *What is Evidence-Based Practice?* Research to Results Brief, Child Trends, Washington, DC.

[5] Hamilton, J. & Bronte-Tinkew, J. (2007). *Logic Models in Out-Of-School Time Programs: What Are They and Why Are They Important?* Research to Results Brief, Child Trends, Washington, DC.

[6] Aarons, G. A. (2004). *Mental Health Provider Attitudes Toward Adoption of Evidence-Based Practice: The Evidence-Based Practice Attitude Scale (EBPAS).* Mental Health Services Research, 6(*2*), 61-74.

[7] Lehman, W. E. K., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment*, 22(4), 197-209.

[8] In recent years, out-of-school time researchers have begun to systematically evaluate the impact of after-school programs, identify the outcomes of such programs, and specify the programmatic features of effective programs. For further information see Durlak, J. A. & Weissberg, R. P. (2007). *The impact of after-school programs that promote personal and social skills*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning and Harvard Family Research Project. (2003). *A review of out-of-school time program quasi-experimental and experimental evaluation results.* Cambridge: MA: Author.

[9] For further information see *"Online Resources for Evidence-Based Practices in Out-Of-School Time Programs"* in Metz, A. J. R. & Espiritu, R. C. (2007). What is Evidence-Based Practice? Research to Results Brief, Child Trends, Washington, DC.

[10] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (2002*). Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention.*

[11] For further information see Mowbray, C. T., Holter, M. C., Teague, G. B., Bybee, D. (2003). *American Journal of Evaluation*, Vol., 24., No. 3, pp. 315-340.

[12] Huang, L. N., Hepburn, K. S., Espiritu, R. C. (2003). To Be or Not To Be…Evidence-Based? *Data Matters, 6, 1-3.*

[13] Fixen, D. L., Blasé, K. A. (2006). "What *works" for implementing "what works" to achieve consumer benefits*. National Implementation Research Network, University of South Florida, Louis de la Parta Florida Mental Health Institute.