Implementation Science:
What Do We Know and Where Do We Go from Here?

Robert P. Franks, Ph.D.
Director
Connecticut Center for Effective Practice
Overview of Implementation Science
Background

- Clinical child psychologist
- Director of Center for Effective Practice, a research and policy institute

Focus on implementing a range of mental health evidence-based practices

- MST – qualitative process of large-scale dissemination
- TF-CBT – learning collaboratives and costs of implementation
- EMPS – practice-informed policy, quality improvement, data-driven practice, staff selection driven by model
- Child FIRST – implementation of a best practice early childhood model within a state system of care
- Wraparound – utilization of system collaboratives to help support implementation
Implementation Defined

–noun
1. any article used in some activity, esp. an instrument, tool, or utensil: agricultural implements.
2. an article of equipment, as household furniture, clothing, ecclesiastical vestments, or the like.
3. a means; agent: human beings as an implement of divine plan.

–verb (used with object)
4. to fulfill; perform; carry out: Once in office, he failed to implement his campaign promises.
5. to put into effect according to or by means of a definite plan or procedure.
6. to fill out or supplement.
7. to provide with implements.
What is Implementation Science?

• The study of the process of implementing evidence-based programs and practices

• Implementation is NOT the validation of evidence-based programs

• Effective implementation bridges the gap between science and practice by helping to ensure that EBP’s validated in the “laboratory” produce similar outcomes in the “real world”
Why bother?

- Mostly importantly, because even if the intervention or practice has been demonstrated to be effective by research, if it is not implemented properly or without sufficient fidelity to the established model...

**IT WILL LIKELY FAIL.**
Why does implementation matter?

I'm back from training.

I got a big binder.

The training is already forgotten, but the binder will last forever.

A living monument to temporary knowledge!
Implementation Science

- Developing effective interventions is only first step
- Transferring and maintaining these programs in real world settings is a long and complex process
- Understanding how and if these programs are successfully implemented is one form of research
- Can also examine how implementation phase relates to outcomes
Some common terms

• Evidence-based practice
• Replicate
• Disseminate
• Implementation
• Readiness
• Capacity
• Fidelity
• Scalability
• Stakeholders
• Purveyor
• Sustainability
Questions for the group

- To what extent are these terms familiar or unfamiliar to you?

- In your experience, have the terms been used to mean different things?

- How do we know the difference between evidence-based programs and evidence-based implementation?
Why is it important to have an implementation framework?

• Provides a conceptual guide to utilizing effective implementation practices

• Differentiates stages of implementation that occur at the beginning of an organization’s or system’s practice that may be very different than implementation that occurs once the practice is well established

• Provides both a linear concept of implementation framework as well as allowing for feedback loops that integrate data-driven decision making in an ongoing way to improve practice over time
NIRN

• National Implementation Research Network, Frank Porter Graham Institute, UNC-Chapel Hill

• Synthesized research across different fields to identify stages of implementation that were reported to be effective in implementing programs/services and producing positive outcomes
Implementation Frameworks

Fixsen, Naoom, Blasé, Friedman, and Wallace (2005):

“Letting it happen” – researchers publish results; it is up to the providers to make it happen

“Helping it happen” – research findings result in toolkits designed for providers

“Making it happen” – implementation teams directly help providers to effectively implement programs
Core Implementation Components
(integrated & compensatory)

- Recruitment & selection
- Preservice & inservice training
- Ongoing coaching & consultation
- Staff performance assessment
- Decision support data systems
- Facilitative administration
- Systems intervention

(Fixsen, et al, 2009)
Making it happen: Implementation Drivers

- Competency, Organization supports, and Leadership

Blasé, VanDyke, Fixsen, Duda, Horner, & Sugai, 2009
Roles of purveyor & intermediary organizations

**Purveyor organizations** defined as:
“an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect” (Fixsen, et al, 2005)

**Intermediary organizations** are defined as:
“the specific agency that houses, supports, and funds the implementation of a program or practice...that will in turn help to develop, support and sustain one or more replication programs”
Six Stages of Implementation
(Fixsen et al, 2005)

• Exploration
• Installation
• Initial implementation
• Full implementation
• Innovation
• Sustainability
Exploration & adoption stages

- Identify the need for an intervention or practice considering the information available
- Acquire information via interactions with others or best practice resources
- Assess the fit between the intervention program and community needs
- Prepare the organization, staff, and resources by mobilizing information and support
Installation stage

- Preparing for the delivery of the new practice before the first consumer is seen
- Resources being consumed in active preparation
- Attention to funding, human resources, policies & procedures
- Involve non-billable “start-up costs”
Initial implementation

- Change must occur at multiple levels (e.g., practice level, supervisory level, administrative level)

- Typically this change is met with much anxiety and at times, resistance

- Missteps may occur

- A supportive organizational environment key to success
Full implementation

• New learning is integrated into practitioner, organizational, and community practices, policies, and procedures.

• Full staffing, full client loads, all realties of “doing business”.

• The destination (new program) should approximate that of the source (original program) with fidelity.

• Typically takes 2-4 years.
Innovation

- Some adaptation occurs at destination site
- Not to be confused with model drift
- Innovation maintains sufficient fidelity to the model, but adapts to ecology of destination site in order to achieve successful implementation
- Must be monitored to ensure that drift does not occur
Sustainability

• After initial implementation new program must be maintained with sufficient fidelity to the model

• Turnover of staff must be successfully addressed

• Policies must support sustainability of program including governance and funding

• Must be adaptable to shifting ecology of the environment
Other Implementation Frameworks

Simpson (2002)

“Technology transfer”

Theory of research to practice identifies four “Stages of Transfer” at the organizational and practitioner level including:

1) exposure to the new technology
2) decision for adoption
3) implementation on the ground
4) incorporation into ongoing practice
Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004) describe:

- An evidence-based conceptual model delineating the process by which innovation is transferred in health service organizations
- A "robust" and replicable methodology for the systematic review of policy and management
- The identification of gaps, in theory and in research, which indicate a need for further analyses and study.
Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004)

- **Diffusion** - the passive spread of innovation in an organization

- **Dissemination** - active and planned efforts to specific groups in order to adopt innovation

- **Implementation** - actions and efforts undertaken to spread innovation within an organization

- **Sustainability** - the shift during which an innovation becomes "routine" until that innovation is no longer needed
The key attributes of successful innovation:

- **Relative Advantage** - clear benefits and cost-effectiveness are apparent;
- **Compatibility** - in sync with adopters' values and perceived needs;
- **Low Complexity** - perceived simplicity of use bodes well for adoption;
- **Trialability** - ability for trial experimentation;
- **Observability** - benefits need to be easily discernible by adopters;
- **Reinvention** - ease of modification, adaptation makes adoption easier;
- **Fuzzy Boundaries** - similar to reinvention in that a softer periphery (as opposed to a "hard core" with more strict components as seen in more complex innovations of service groups) often promises more adaptiveness;
- **Risk** - less risk or uncertainty of outcome favor more certainty of adoption;
- **Task Issues** - clear potential for work-performance improvement;
- **Knowledge Requirements** - ease of knowledge transfer within various contexts;
- **Augmentation/Support** - additional support components (i.e., training and support staff) favor ease of adoption.
Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004)

The authors suggest future research on diffusion of innovation should focus on:

- Theory driven research
- Process rather than "package"
- Ecological analyses
- A common language, measures, and tools
- Collaboration and coordination
- Multidisciplinary and multimethods research
- Meticulous details
- Participation between practitioners and researchers.
Other Implementation Frameworks


“Strategic Prevention Framework”

Steps:
1) Assessment
2) Capacity Building
3) Planning
4) Implementation
5) Evaluation
Strategic Prevention Framework
Stages of Implementation

- Assessment
- Capacity Building
- Planning
- Program Implementation
- Evaluation
- Cultural Competency
Conducting research in the context of implementation science
Opportunities for research

- All of the preceding frameworks can be explored and documented throughout the implementation process.
- Opportunities for examining metrics and outcomes throughout the various stages of implementation.
- Factors which facilitate or inhibit successful implementation can be explored.
- Factors which facilitate or threaten fidelity to the model and treatment outcomes can be explored.
Aligning research design with stages of implementation

- Researcher must consider methods used and how they will capture processes and outcomes at each stage of implementation.
- Variables may need to be examined differently at different stages.
- Variables may change at different stages.
Research dimensions and variables to be examined
(Schoenwald & Hoagwood, 2001)

- **Intervention characteristics**
  - E.g., theoretical bases, foci of treatment, clarity of model, etc.

- **Practitioner characteristics**
  - E.g., training, fidelity to model, supervisory practice, etc.

- **Client characteristics**
  - E.g., referral problems, source of referral, demographics, etc.

- **Service delivery characteristics**
  - E.g., frequency of sessions, length of sessions, setting, etc.

- **Organizational characteristics**
  - E.g., organizational structure and hierarchy, culture, climate

- **Service system characteristics**
  - E.g., governance, policies, financing, etc.
Operationalizing implementation science in research

- Traditional research tends to examine changes in time from point A to point B

- Implementation factors often need to be assessed continuously and repeatedly

- Often much emphasis on the *process* of implementation

- There are inherent challenges with operationalizing and measuring implementation factors
Some challenges associated with operationalizing implementation factors

- Good measures do not exist and have not be sufficiently validated
- Self-report measures often unreliable
- Difficult to obtain objective measures or ratings of implementation
- Stages may vary depending on type and nature of intervention or practice
- Researchers not adequately prepared to conduct such research
- Implementation research does not easily fit existing paradigms
Assessing readiness for change

- Critical first step in conducting implementation research is assessing readiness for change
- Ideally an assessment of baseline readiness should be observed and then repeated over time
- Scales or structured instruments can be used (Aarons- EBP Attitude Scale, 2004) (Edwards et al-Community Readiness Model, 2000)
Readiness factors to assess

- Motivation for change
- Institutional resources/capacity
- Staff attributes
- Organizational climate
The “change package”: An example of readiness assessment

- Assessed at selection to establish baseline
- Used as mechanism for self-assessment and reflection of readiness
- Re-assessed periodically during implementation process
- Used to help identify needs, set goals and measure progress

- ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT, “MODEL FOR CHANGE”
Benefits of using implementation frameworks to guide research

Research conducted in absence of awareness of stage of implementation can be static and misinformed.

Researcher can draw erroneously conclusions if research not conducted in the context of implementation.

Possible to examine change over time.

Possible to identify drivers of change and factors that influence outcomes.

Research can have real value for “real world” application of best practices.
Challenges to using implementation frameworks

• Theoretical base for implementation is relatively new; needs to be tested and operationalized in real world settings
• Frameworks may be better as guides for organizing results rather than driving research
• Implementation frameworks may not neatly fit real world ecology
• Implementation frameworks may not be sufficiently articulated to identify and measure change
• Researchers unfamiliar with implementation theory and applications
Importance of timing

- Research that is too cumbersome or unrealistic for provider organizations can backfire and impede successful implementation
- Buy-in of community is highly important
- Demands of research must not be too high and expectations should coincide with stage of implementation
- When learning a new practice practitioners can already be overwhelmed and adding research demands can be overly burdensome
Examples from Connecticut

- **Trauma-focused Cognitive-Behavior Therapy (TF-CBT)**
  - Mental health EBP widely supported by 5 RCTS
  - SAMHSA model program
  - Disseminated to 15 agencies across Connecticut using learning collaborative methodology by Center for Effective Practice
  - Implementation and outcome data collected and analyzed as part of dissemination

- **Child FIRST**
  - Early childhood home-based intervention for caregivers and children developed in Connecticut by developmental pediatrician
  - Randomly controlled study shows significant gains in multiple areas
  - Statewide dissemination supported by Robert Wood Johnson Foundation Grant
  - Center for Effective Practice supporting dissemination using Learning Collaborative methodology
Examples of tools used in implementation research

- Web-based data collection, scoring and reporting
- Collection and reporting of monthly metrics
- Surveys
- Fidelity measures
- Observation
- Objective measures
- Self-report measures
Metrics

• Used to measure site progress
• Completed by clinicians monthly
• Supervision/Consultation
• Number cases
• Fidelity

• Must be easy and quick to complete & useful
Data Management

To promote successful implementation:

- Primary use of data is for **improvement**
  - Clinicians - improve quality of treatment
  - Supervisors - improve supervision quality
  - Agencies - improve implementation
- Secondary use is for program **evaluation**
- Resistance to data
  - Time
  - Don’t understand
  - Historically goes into a “Black Hole”
Samples
Welcome to the Connecticut TF-CBT Learning Collaborative online forum! Information about the Collaborative will be posted here. It is also a place to discuss, share successes, and problem solve the challenges involved with implementing TF-CBT. If you are struggling with a problem — whether it is with a client, supervisory, or organizational issue — there are probably others in the Collaborative who have experienced similar challenges and would be willing to help you problem solve.

Upcoming Conference Calls (Please note changes to the typical schedule due to holidays):

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<tr>
<th>Date</th>
<th>Type of Call</th>
<th>Case Presentation</th>
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<tr>
<td>November 13</td>
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<td>November 20</td>
<td>Senior Leader</td>
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<tr>
<td>December 11 (2nd Tuesday)</td>
<td>ACC</td>
<td>Wheeler Clinic</td>
</tr>
<tr>
<td>December 18 (2nd Tuesday)</td>
<td>Supervisor</td>
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<td>January 15 (4th Tuesday)</td>
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<tr>
<td>January 22 (4th Tuesday)</td>
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11/8/07: Learning Objectives for Clinicians & Supervisors were posted on the "CT TF-CBT Materials" page.

10/14/07: Learning Session #2 Dates Announced: February 6-7, 2008 in North Haven

NOTE: while this group is only available to the CT TF-CBT Learning Collaborative members, please keep HIPAA in mind and do not post ANY identifiable patient/client information.
# Data Management System

## TF-CBT Measures

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
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</table>

**UCLA PTSD-RI CHILD REPORT**

Enter any notes about this measure here (e.g. missing data, refused to complete)

- Being in big earthquake
  - 0 = No, 1 = Yes
- Hit punched, kicked hard
### Assessment Summary

<table>
<thead>
<tr>
<th>Enter Client ID Number: 100</th>
<th>Gender: m</th>
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<td>Enter Assessment #1,2,3: 1</td>
<td>Age: 16</td>
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#### Trauma History

<table>
<thead>
<tr>
<th>Number of Exposures To Different Traumatic Events</th>
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<tbody>
<tr>
<td>Child Report: 7</td>
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<td>Parent Report: 7</td>
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</table>

#### UCLA PTSD-RI

<table>
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<tr>
<th>PTSD Symptom Severity &amp; Diagnosis</th>
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<td><strong>Overall Severity</strong></td>
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<td>Raw Score</td>
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<td>Estimated Severity</td>
<td>Severe</td>
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<tr>
<td>Criteria Met?</td>
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<td>Raw Score</td>
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<td>Estimated Severity</td>
<td>Severe</td>
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<td>Criteria Met?</td>
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<td>Raw Score</td>
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<td>Estimated Severity</td>
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<td>Criteria Met?</td>
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<td>Criteria Met?</td>
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</table>

Meets DSM-IV Criteria for PTSD? (baseline only): YES NO

#### Children's Depression Inventory (CDI)

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<th>Depression symptoms</th>
<th>Child Report</th>
<th>Parent Report</th>
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<tr>
<td>Total Score</td>
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<td>Negative Mood</td>
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<td>Emotional</td>
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<td>Interpersonal Problems</td>
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<td>Functional</td>
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<td>Ineffectiveness</td>
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<td>Anhedonia</td>
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<tr>
<td>Negative Self-Esteem</td>
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#### T-Score Interpretation

(T-Score has Mean=50, SD=10)

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<th>T-Score</th>
<th>Range</th>
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<td>&lt;30</td>
<td>Very low</td>
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<tr>
<td>30-39</td>
<td>Low</td>
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<td>40-59</td>
<td>Average</td>
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<tr>
<td>60-69</td>
<td>High</td>
</tr>
<tr>
<td>70+</td>
<td>Very High</td>
</tr>
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</table>

#### Notes about measures

Trauma History (Child):
Trauma History (Parent):
UCLA PTSD (Child):
UCLA PTSD (Parent):
CDI (Child):
CDI (Parent):
10. Please choose the response that best describes your skill and understanding in implementing each of the specified components of TF-CBT this month.

<table>
<thead>
<tr>
<th></th>
<th>Did not use</th>
<th>Minimal</th>
<th>Minimal to Moderate</th>
<th>Moderate</th>
<th>Moderate to Advanced</th>
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<tr>
<td>Parenting Skills</td>
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<td>Relaxation</td>
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<tr>
<td>Affective Expression &amp; Regulation</td>
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<td>Enhanced Safety Skills</td>
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<td>Using standardized measures for assessment &amp; measuring progress</td>
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<tr>
<td>Sharing results of assessment measures with child/caregiver</td>
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19. Please choose the response that best describes your skill and understanding in implementing each of the specified components of TF-CBT this month.

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<td>18.8%</td>
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<td>6.3%</td>
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<td>12.5%</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Conjoint Parent-Child Treatment</td>
<td>43.8%</td>
<td>12.5%</td>
<td>18.8%</td>
<td>18.8%</td>
<td>6.3%</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Enhanced Safety Skills</td>
<td>43.8%</td>
<td>6.3%</td>
<td>18.8%</td>
<td>25.0%</td>
<td>6.3%</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Using standardized measures for assessment &amp; measuring progress</td>
<td>25.0%</td>
<td>6.3%</td>
<td>31.3%</td>
<td>18.8%</td>
<td>6.3%</td>
<td>12.5%</td>
<td>16</td>
</tr>
<tr>
<td>Sharing results of assessment measures with child/caregiver</td>
<td>31.3%</td>
<td>18.8%</td>
<td>12.5%</td>
<td>31.3%</td>
<td>6.3%</td>
<td>-</td>
<td>16</td>
</tr>
</tbody>
</table>

Total Responses: 16
Challenges

- Conducting implementation research requires new methodologies and competencies
- Must challenge existing research practices and procedure
- Not enough to examine intervention outcomes if implementation is not successful
- May require additional time and costs
- Need to transcend research to practice gap
Questions & Discussion

Robert P. Franks, Ph.D.  
rfranks@uchc.edu  
Connecticut Center for Effective Practice (CCEP)  
Child Health and Development Institute