

# Brief Research-to-Results

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## SEVEN ACTIVITIES FOR ENHANCING THE REPLICABILITY OF EVIDENCE-BASED PRACTICES

Part 4 in a Series on Fostering the Adoption of Evidence-Based Practices in Out-Of-School Time Programs

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### BACKGROUND

Once a program or practice is deemed effective and “evidence-based” through rigorous research, there is a heightened interest in replicating it in new settings. Unfortunately, though, the usability or replicability of a program has little to do with the quality or weight of the evidence in support of that program.<sup>1</sup> Many evidence-based practices are difficult to replicate successfully because they lack several features that make a program replicable. Therefore, it is important that program developers and researchers consider issues of replication when they are first developing, implementing, evaluating, and documenting potentially effective program models. Focusing on the potential replication of program models from the outset will make it easier for other organizations to adopt these models later.

This brief will define program replication, describe the critical role of “core components” in program replication, and outline seven activities that program developers and researchers can conduct to enhance the replicability of effective program models and facilitate their adoption by other organizations and programs.

### WHAT IS PROGRAM REPLICATION?

Program replication is an important aspect in demonstrating program effectiveness and understanding what works best, under what conditions, and for what target population.<sup>2</sup>

Some programs are successful because of particular conditions or characteristics of the original program site and could be less successful in new sites without these unique characteristics. Replication establishes the effectiveness of a program model by demonstrating that it can be successfully implemented, as well as achieve consistent outcomes, in new locations.

Program replication involves the duplication or reproduction of the key aspects of a well-specified program or practice. These key aspects are typically referred to as “core components.” There are two types of core components: 1) core intervention components; and 2) core implementation components.<sup>3</sup>

- Core intervention components refer to the most essential and indispensable components of an intervention practice for achieving desired participant outcomes. These components include direct services provided to participants, such as life-skills assistance, teen pregnancy prevention services, empowerment strategies, and educational services.
- Core implementation components refer to the most essential or indispensable components for implementing the practice or program. These components may include staff selection, staff training or coaching procedures, youth recruitment strategies, and administrative structures and policies (e.g., funding allocations) put into place to support the program or practice.<sup>4</sup>

The successful replication of a program or practice involves the replication of both core intervention components and core implementation components.

For example, if a community-based organization serving youth wishes to adopt a teen pregnancy prevention program involving youth workshops to enhance knowledge and improve decision-making skills, this organization will need to replicate the core intervention components (youth workshops), as well as the core implementation components, which may include the reallocation of resources to support training and coaching the staff that will deliver the youth workshops.

#### SEVEN ACTIVITIES FOR ENHANCING THE REPLICABILITY OF EVIDENCE-BASED PRACTICES

Below are seven key activities that program developers and researchers can conduct to enhance the replicability of evidence-based practices and programs, making it easier for other organizations to adopt effective service models in the future.

Activity 1: Identify and provide clear information on the core intervention components or characteristics of the program or practice.

Program developers should specify:

- Program philosophy and values, including guidance on direct services and strategies for fully integrating the program philosophy into actual program operations and service delivery;
- Service delivery model and activities, including structure, service duration, setting, and—most importantly—staff skills and protocols (e.g., what staff should say and do); and
- Treatment or service components that promote consistency in service delivery across staff.

Activity 2: Identify and provide clear information on the core implementation components of the program or practice.

Program developers should specify:

- Cost of the program, including both implementation costs and ongoing operating costs;
- Staff recruitment and selection criteria;
- Training for staff;
- Coaching and mentoring of staff;
- Administrative structures and processes that facilitate the implementation of the program by practitioners and supervisors, such as ensuring that adequate time is set aside for staff training and that trainers and supervisors receive the training and coaching that they need; and

- System-level interventions, such as strategies to ensure the availability of the financial, organizational, and human resources required to support practitioners' work.

Program developers also should share information on how complex issues related to change should be handled, such as addressing staff's "fears and resistances about implementing a program and building a feeling of ownership and participation in it," in the words of one government publication on program fidelity and adaptation.<sup>5</sup>

Activity 3: Identify and provide clear information on the discretionary or adaptable program components.

Discretionary and adaptable program components enhance the replicability of a program because they add to the flexibility of the program model. Programs that do not build in a certain level of flexibility may be more difficult to replicate than others. Discretionary and adaptable components allow program adopters to tailor or customize an effective program to meet the unique needs of their target population or community.

- Discretionary components – Those components program adopters can implement at their discretion. For example, an after-school program focused on academic achievement may also have a discretionary youth development component. Program adopters focused solely on academic outcomes may choose not to implement the youth development component or to implement it less frequently.
- Adaptable components – Those components program adopters can choose to adapt to meet the unique needs of their target population. For example, a program may require parent involvement. In response, programs may choose to recruit and engage parents using different strategies that reflect the needs of their target populations—making this an adaptable program component. Program developers need to help program adopters understand how they can adapt certain program components to meet their needs without undermining the effectiveness of the overall program.

Activity 4: Develop stand alone modules that can be implemented separately or in conjunction with other aspects of the comprehensive program model.

"Stand alone" modules refer to the individual intervention components which, together, make up a multicomponent program. For example, a multicomponent out-of-school time program focused on preventing teen pregnancy may involve several individual components, such as one-on-one mentoring, youth group activities, parent education, and staff training. Each of these individual components can be packaged as a stand alone module for other programs to adopt. In general, stand alone modules are more easily replicated than are multicomponent program models for the following reasons:

- The implementation of a single intervention component or module may seem more feasible to program adopters than the implementation of a multicomponent program.
- Program adopters are often reluctant about turning their existing programs upside down and implementing a multicomponent program that may replace many of the services they have traditionally delivered. Implementing just a single component or module will not be perceived as completely "changing the way they do business."
- Many program directors like to try out new interventions and practices on a limited basis before expanding them.<sup>6</sup> Therefore, program directors and staff may be more inclined to test the effectiveness of a stand alone module before they expend resources to fully adopt a multicomponent intervention.

Program developers should be sure to share information with program adopters about how effective these stand alone modules are when implemented separately from the multicomponent intervention.

Activity 5: Provide detailed information on the efficacy and effectiveness of the program and its components.

Programs are more readily adopted by other organizations when the benefits of the intervention are clearly observable by others.<sup>7</sup> Program findings should be communicated clearly to program adopters, including the efficacy and effectiveness of the intervention with particular subgroups and the efficacy and effectiveness of individual program components.

Activity 6: Provide program consultation and technical assistance to program adopters. Program developers are encouraged to collaborate with program adopters to ensure that program adopters have a clear understanding of core intervention and implementation components. Program developers sometimes form groups or technical assistance centers to help communities and agencies with replication efforts. Further, if program adopters are replicating the program in a new setting or with a new target population, the information they collect can help program developers deepen their own understanding of core program components.

Activity 7: Critically assess issues of culture regarding program development, efficacy research, and potential program replication.

A significant challenge in replicating evidence-based programs or practices is creating a “fit” between the program or practice and the unique needs of a local community, while maintaining fidelity to the original program model. Achieving this goal becomes particularly challenging for communities of color because little research on evidence-based programs has been conducted with diverse populations. As a result, it often is difficult to ascertain whether a currently identified evidence-based program is, in fact, a best practice model for specific racial, ethnic, and cultural communities.<sup>8</sup> However, program developers can take several steps to address issues of culture and facilitate successful replication in diverse communities:

- Conduct program research with diverse populations and/or support the initial replication of an successful program model with a different target population (i.e., a target population representative of a different culture, ethnicity, or race) to determine the effectiveness of the program or practice within different communities and with diverse target populations;
- Provide clear information on the target populations with whom their program was tested;
- Seek diverse and expert knowledge on how an evidence-based program or practice could become more culturally competent;
- Invite partnerships to help provide guidance to potential program adopters on how culture may play a role in program implementation and the achievement of particular outcomes;
- Provide technical assistance to adopting sites on the adaptation of the original program model to ensure that the form of the intervention is culturally compatible, while retaining the essential program components that result in its effectiveness; and
- Develop culturally competent training curricula for staff.

## REMEMBER THE 7 ACTIVITIES TO ENHANCE PROGRAM REPLICABILITY

Identify core intervention components: Intervention components refer to the most essential and indispensable components of an intervention practice for achieving desired participant outcomes. These include program philosophy, direct treatment and service components, program structure components, and program improvement components.

Identify core implementation components: Implementation components refer to the most essential or indispensable components for implementing a practice or program. These include program cost, staff selection criteria, staff training, staff coaching and mentoring, and administrative structures and systems-level activities necessary for supporting program implementation.

Identify discretionary and adaptable program components: Multicomponent programs typically include discretionary and adaptable program components. These components allow program adopters to tailor or customize an effective program to meet the unique needs of their target population or community.

Develop stand alone modules: Stand alone modules refer to the individual intervention components which, together, make up a multicomponent program. Program adopters may find it more feasible and desirable to implement single intervention components, rather than a multicomponent program.

Provide information on efficacy and effectiveness of the program: Program findings should be communicated clearly to program adopters, including the efficacy of individual program components or modules and the efficacy of the program with certain subgroups.

Provide program consultation and technical assistance: Program developers are encouraged to collaborate with program adopters to ensure that the program is implemented with integrity to the model. Program adopters are also encouraged to seek outside expert consultation.

Critically assess issues of culture: Program developers are encouraged to address issues of culture in program development, efficacy research, and potential program replication.

## CONCLUSION

We have outlined seven specific activities program developers can carry out to enhance the replicability of evidence-based programs. We also encourage program adopters to focus on these activities, as well as to pursue the following: seeking out information on core program components; asking program developers or expert consultants for technical assistance and support during program implementation; evaluating their replication efforts rigorously in order to refine core program components, assess the effects of program adaptations, and analyze program outcomes with a new target population; and, finally, disseminating findings to the field.

- <sup>1</sup> Fixsen, D. & Blase, K. (2006). "What works" for implementing "what works" to achieve consumer benefits. National Implementation Research Network. Treatment for the Homeless TA Workshop.
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- <sup>3</sup> Fixsen, D. L., Naoom, S. F., Blase, 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 Parte Florida Mental Health Institute. Available online at <http://nirn.fmhi.usf.edu/resources/publications/Monograph/>
- <sup>4</sup> See Metz, A. J. R., Blase, K., and Bowie, L. (2007). Implementing evidence-based practices: Six "drivers" of success (Research-to-Results brief). Washington, DC: Child Trends.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> Ibid.
- <sup>8</sup> Metz, A. J. R., Espiritu, R., Moore, K. A. (2007). What is evidence-based practice? (Research-to-Results brief). Washington, DC: Child Trends. Available online at [www.childtrends.org/Files//Child\\_Trends-2007\\_06\\_04\\_RB\\_EBP1.pdf](http://www.childtrends.org/Files//Child_Trends-2007_06_04_RB_EBP1.pdf)