Implementing Parenting Interventions in Early Care and Education Settings:

A Guidebook for Implementation

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Implementing Parenting Interventions in Early Care and Education Settings: A Guidebook for Implementation

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Introduction

This guidebook describes the steps and best practices for successfully selecting and implementing a parenting intervention. The purpose of this guidebook is to provide you, as program, state, and network leaders,[1] an easy-to-use tool for implementing a parenting intervention.

This guidebook may be used as a companion to the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015), recently developed by the Health and Human Services Interagency Parenting Group and the Head Start National Center on Family and Community Engagement for use across various community-based settings. However, this resource may also be useful to program, state, and network leaders seeking to implement other types of interventions aimed at supporting the well-being of young children and their families.

We use the term *parents* to refer to biological and adoptive parents and other adults serving as children's primary caregivers such as grandparents, other adult family members, and foster parents. *Parenting interventions* refer to a structured set of activities that engage parents directly in ways that will influence one or more of the following parenting behaviors:

- Nurturing (warmth, responsiveness, and sensitivity)
- Discipline (handling of child behaviors considered inappropriate)
- Teaching (conveying information or skills)
- Language use (conversations)
- Monitoring (watchfulness)
- Management (scheduling, routines)

The Compendium of Parenting Interventions (National Center on Parent, Family and Community Engagement, 2015) identifies parenting interventions that are time-limited, replicable, and appropriate for use by programs, states, and networks serving young children and their families. The interventions often include a manual to guide staff in delivering the intervention; they may also provide materials such as videos and other resources, though these resources alone do not constitute a parenting intervention without a structured set of activities that engages parents.

1 Program, state, and network leaders include individuals such as Head Start or child care directors, state child care agency leads, principals, family service workers, curriculum specialists, state infant/toddler specialists, child care network leaders, and state early care and education professionals, among others.

Key Terms for this Chapter

Implementation components: The structures and processes necessary for high-quality implementation: implementation teams, data and feedback loops, and implementation infrastructure.

Parenting intervention: An intervention that has a central focus on parenting. Parenting interventions offer a structured set of activities that engage parents directly in ways that will influence one or more parenting behaviors, such as nurturing, discipline, teaching, monitoring, and management.

Program: The entity implementing the intervention, such as a program, state, or network.

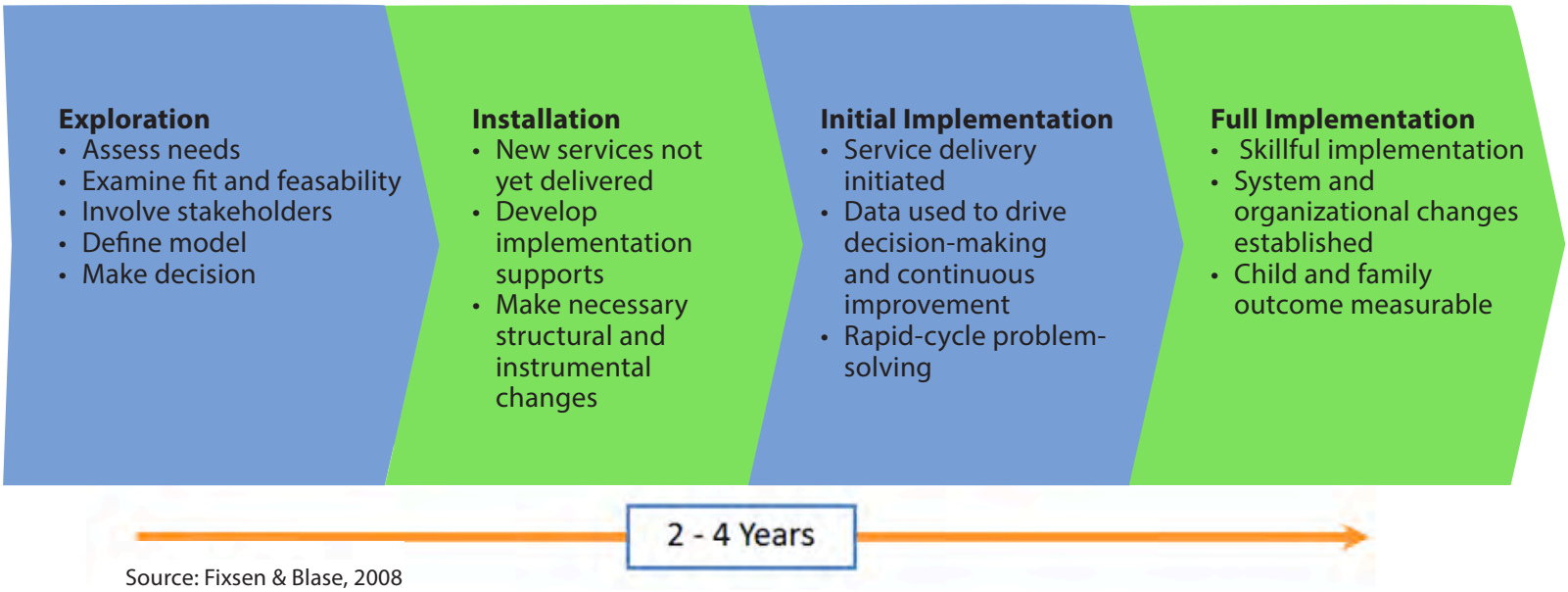
Stages of implementation: The distinct phases of the implementation process: exploration, installation, initial implementation, and full implementation.

This guidebook provides specific tasks for program, state, or network leaders to follow to successfully implement a parenting intervention. We organized this guidebook according to four stages of implementation (exploration, installation, initial implementation, and full implementation) to help readers quickly identify the information and resources that may be most applicable to their own process of implementation (see Figure 1).

The first stage, exploration, precedes the actual use of a parenting intervention with families; use of the parenting intervention begins at initial implementation, which is the third stage of implementation (see Figure 1). Although Figure 1 depicts the stages of implementation as linear and sequential, they are actually iterative and often overlapping. For example, the exploration and installation stages may each take three to six months to complete individually, but these stages may overlap over a few months in actual time. Similarly, initial implementation may take a full 12 months, but it may start before all the activities of the installation stage have been completed.

All four stages of implementation are important for achieving high-quality implementation, but programs, states or networks may have already completed some tasks associated with one or more of the stages. The process of reaching full implementation, characterized by the skillful implementation of all components of a parenting intervention and the successful functioning of all the necessary supports for the intervention's implementation, usually takes two to four years (Bierman et al., 2002; Fixsen, Blase, Timbers, & Wolf, 2001; Metz, Halle, Bartley, & Blasberg, 2013; Panzano & Roth, 2006; Prochaska & DiClemente, 1982; Solberg, Hroscikoski, Sperl-Hillen, O'Conner, & Crabtree, 2004).

Figure 1. The Four Stages of Implementation

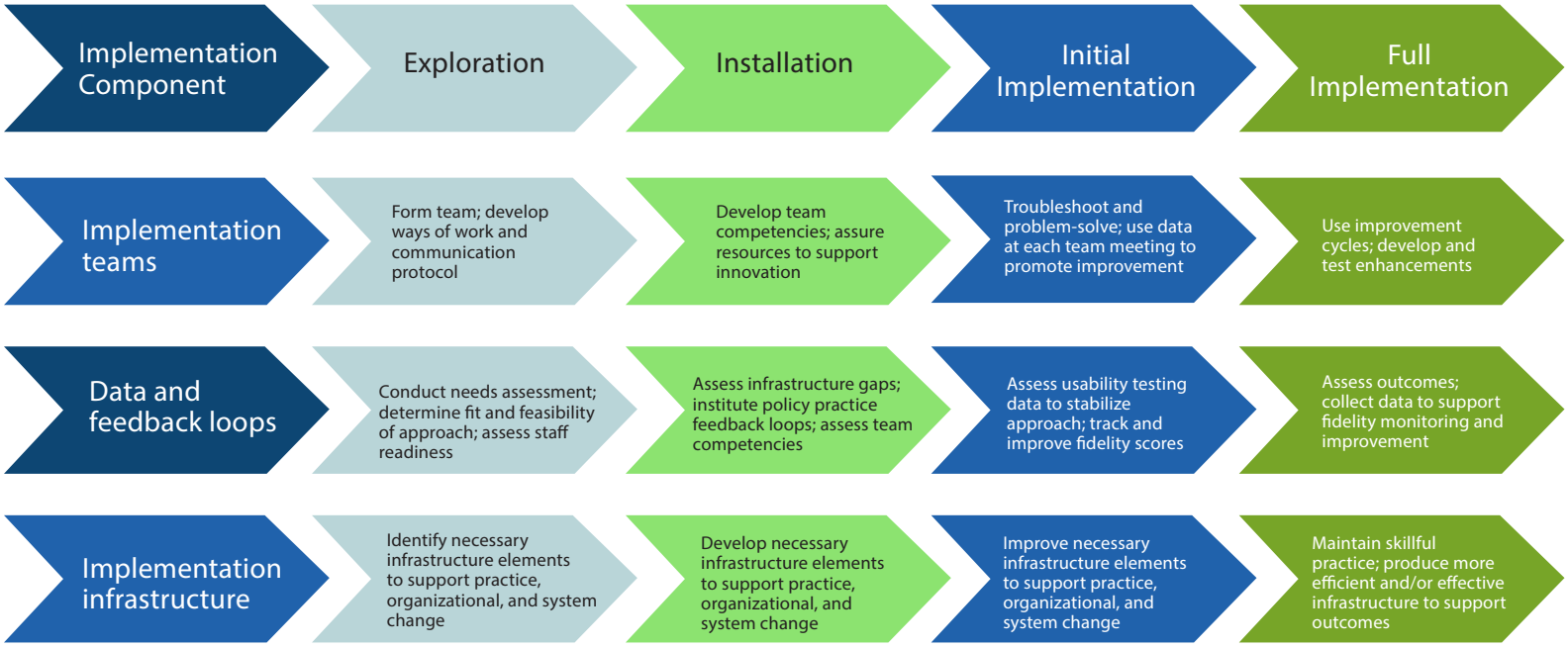


Source: Fixsen & Blase, 2008

Three implementation components drive activities at each stage and are referenced throughout the guidebook:

- ***Implementation teams*** train and oversee the people implementing the intervention, assess whether the intervention is being implemented as planned, and devise solutions to problems that arise. The activities of these teams vary depending on the stage of implementation.
- ***Data and feedback loops*** are processes for collecting information about implementation from supervisors, trainers, staff, and families, and then using that information to improve practice (in this case, the practice of implementing the parenting intervention effectively).
- ***Implementation infrastructure*** refers to the characteristics and capabilities of individuals and organizations that lead to successful implementation. For example, establishing a set of training sessions and developing and adhering to regular coaching practices will help develop competencies in the practitioners implementing the parenting intervention. This guidebook outlines the infrastructure needed at each stage of implementation (see Figure 2).

Figure 2. Implementation Components: Key Functions at Each Stage of Implementation



Note. The figure cited above is used with permission from: Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available online: https://www.acf.hhs.gov/programs/opre/resource/an-integrated-stage-based-framework-for-implementation-of-early-childhood-programs-and-systems

How to Use this Guidebook

We recommend that program, state, and network leaders read this guidebook in its entirety to learn about the stages of implementation and implementation components. Then, as your program, state, or network begins the implementation process, scan back to focus on the chapters that are most pertinent to your current stage of implementation. Each chapter begins with a few key take-away messages and then lists a series of key tasks to consider during each stage of implementation. Each chapter ends with a real-world example of program, state, or network leaders carrying out some of the activities highlighted in that chapter. Also note that important key terms and resources are highlighted in sidebars and boxes throughout the chapters and are discussed in greater detail in the glossary of terms in Appendix A. Appendix B contains additional resources related to implementation, and Appendix C provides a consolidated checklist of activities for each stage of implementation.

The Exploration Stage: Determining the Right Parenting Intervention for your Community or State

Key Take-Away Messages

- The exploration stage is a planning time for collecting information about the parents in your community to identify possible interventions that match parents' priorities and the goals and vision of your program, state, or network. During this stage, develop an implementation team and a common understanding about your goals, responsibilities, and ways of working together.
- Parents are critical partners during the exploration state. Take time to engage them in multiple ways to understand their strengths and needs.
- Use the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) with your implementation team to learn what promising parenting interventions are available, which ones address your goals, what the research evidence is for each one, what resources they require, and other key pieces of information.
- Key activities of the exploration stage include developing an implementation team and a work plan to guide your efforts, identifying the strengths and needs of parents, and using information about parents' strengths and needs to explore possible parenting interventions, using the *Compendium of Parenting Interventions* as a key resource.

Key Terms for the Exploration Stage

- **Fit and feasibility**: Fit refers to how well the intervention fits with the program, state, or network's current initiatives, priorities, structures, supports, and parent/community values. Feasibility refers to the program, state, or network's capacity and resources for implementing the intervention.
- **Implementation teams:** Groups of individuals who have the task of intentionally leading, monitoring, and supporting implementation of the parenting program. Teams may include key stakeholders, as well as individuals who represent diverse roles in the organization such as teacher, administrators, family support staff, and parents or families.
- **Logic model**: A flow chart or picture portraying the theory of change and the steps that must occur to achieve desired outcomes.

- **Replication:** Implementation of an intervention in new sites based on how the intervention is delivered at an existing site.
- **Terms of reference**: A document outlining the implementation team's goals, structure, and approach to completing the work.
- **Theory of change**: A statement co-created by program, state, or network leaders and implementation teams that articulates target outcomes and possible pathways and processes by which change will occur.

Key Tasks

Identify implementation team members and develop a work plan.

Establishing a core group of individuals who will work together to actively support the implementation of the new parenting intervention throughout all stages of implementation is a critical first step during the exploration phase. This group of individuals is called an implementation team; sometimes it is alternatively called a leadership team. Implementation (or leadership) teams should be established at the state, network, and program levels. At first, a team may be a small group of people (for example, at the program level, it may include just staff and parents) who work together to complete the key tasks identified in this chapter. Once the program, state, or network moves into the installation stage, you will likely need to expand the group.

When identifying and selecting team members, consider practical issues such as availability, motivation to participate, and each individual's unique perspective, skills, or knowledge. Include individuals who are knowledgeable about your program, state, or community,[2] program practices, supervision and leadership, and finance and policy. Include a range of individuals who collectively represent the diversity of the families who will participate in the intervention to ensure that community perspectives are guiding the effort from the beginning.

Table 1 includes examples of implementation/leadership team members at the program, network, and state levels. Note that in some cases, the same individual is representing more than one role or perspective.

2 The community might include individuals who are or are not involved in current programmatic offerings by a particular program or network. It might also include organizations with which the program, state, or network implementation teams can partner to help ensure successful implementation of a new parenting intervention (i.e., community partners).

Table 1. Examples of Implementation/Leadership Team Members at Different Levels

Team Member Role	Possible Implementation/Leadership Team Members		
	Program	**Network**	**State**
Program/system leadership	Center director	County-level early childhood coordinator or council member	State system leader such as early childhood advisory council member
Familiarity with program practices and policies	Center director or assistant director, curriculum specialist, or board member	Center directors, directors of home visiting programs, and directors of other human service agencies from across the network	County-level early childhood coordinator or council member Health/mental health integration coordinators or specialists
Content experts: Individual(s) familiar with parenting interventions	Family outreach/ services coordinator	Parenting coaches, therapists, or clinicians	Representative from the developer of the selected parenting intervention
Data experts: **Individual(s) familiar with (existing) data systems, analysis, and reporting**	Center director, assistant director, or curriculum specialist	Data specialist within county-level agency or state university research partners	Representative from state early childhood data system
Individual(s) involved in providing parenting intervention services	Teacher(s), assistant director, or curriculum specialist	Teachers, health/mental health care providers, and home visitors from across the network	Representative who has supervised the implementation of the intervention in a different state or community
Individual(s) who will supervise and support those providing parenting intervention services	Family outreach/ services coordinator	Parenting coaches	Representative who has supervised the implementation of the intervention in a different state or community Parenting coaches, therapists, clinicians, or home visiting specialists
Parent perspective	Parent of child in program	Parents' association representative	Parents' association representatives
Community/external partners	Professor of child development from local community college	Regional funding partner (e.g., foundation project officer)	State or national expert(s) in child development or parenting State or national research and evaluation partner

Defining a clear set of tasks for the implementation team and the expectations for how you will work together can help establish an efficient and effective team. All members of the group should be involved in the team's goals and work plan at the beginning.

Consider working through the following questions with your team to create a work plan:

Table 2. Questions to Consider When Creating a Work Plan

Topic	Example Discussion Questions
Identifying key tasks	What is the purpose of the implementation/leadership team? What are the goals and responsibilities of the team?
Roles and responsibilities	Do all members have the same roles and responsibilities or are some specific roles needed to accomplish the team's goals? (For example, one person leads the effort to assess parents' strengths and needs, one person collects feedback from staff, one person facilitates the meetings, etc.) What are the expected time and participation commitments?
Membership	Does the team include content experts as well as organizational and system leadership? Does the team include any parents? When should others be included? Are there any members outside of our program/organization who should be included, such as community leaders or partners?
Authority and accountability	Will key decisions be made by consensus, a vote, or a team leader?
Meetings	How frequently will the team meet? Who will organize and lead the meetings? How will the agenda be set? Who will take notes for the team and help identify action steps?
Sharing information	How will team members share information and resources? For example, how will notes and decisions made at meetings be shared among members and with others, if applicable? If there are multiple teams (for example, at both the program level and the network level), how will information be shared across teams? How will confidential materials or issues be identified and dealt with? Where will files be maintained? Do any specific guidelines need to be developed for identifying what type of information can be shared by email?

Once the initially identified core group of individuals has articulated (1) who should be included in the implementation/leadership team, (2) team members' roles and responsibilities, and (3) how the team should do its work, a written document outlining the team's common understanding of the work plan should be created. This document should be reviewed periodically and reaffirmed or amended, as needed, to reflect the team's common understanding of the work plan over time. Because implementation teams

should be established at all relevant levels (i.e., state, network, and program levels), work plans should be developed for each individual team but also reflect how information will be shared across implementation teams.

Do a strengths and needs assessment.

To select a parenting intervention, the implementation team needs a clear understanding of the strengths and needs of the parents and families to be served. Some parents may want strategies for building positive approaches to behavior management. Other parents may want help developing strategies to prevent problem child behaviors or strategies for establishing a healthy relationship with their child. Or, some parents may want a combination of supports on multiple topics and parenting approaches. To help identify a good match between a potential parenting intervention and parents' priorities, a first step is to collect information to document their strengths and needs.

Performing a strengths and needs assessment involves some sub-steps, which are outlined below.

A first step in developing a needs assessment is collecting feedback from key stakeholders, such as program staff or community partners. You may want to develop a survey to ask questions such as:

- When thinking about the parents and families you work with, what are they most proud of?
- What are their goals and aspirations in their role as a parent?
- What topics of concern do they most commonly share with you about their role as a parent?
- What parenting topics do you wish you had more training on or time to work with parents on in order to support the families we serve?

Collect feedback from a broad range of key stakeholders. The most effective way to assess the strengths and needs of parents is to use a combination of informal and formal approaches for collecting this information. For example, the implementation team members may already have some data and initial ideas about parent needs. Also, branch out and gather the perspectives of a broader group of stakeholders, such as your organization's staff and other community partners. Take time to document these insights. For example, did a staff member have a direct conversation with a parent or another professional about specific needs or areas in which parents might be seeking support? Consider reviewing existing data about parent strengths and needs that may already be collected in your program, community, region or state. For example, Head Start and Early Head Start programs may have access to data about parents and families through the Program Information Report. Consider reports and data that may be available through state agencies, local or statewide non-profit research groups, and universities. Another strategy could be to develop a short questionnaire that asks staff questions (see sidebar). Look for some initial themes among the responses you gather. When analyzing the results, the implementation team should filter out statements and suppositions that are judgmental or outside the realm of the mission and vision of your organization. When collecting information from staff about parents' and families' strengths and needs, the implementation team might also collect information about their views of the availability, accessibility, and quality of other resources within your community to address these needs. It is important to gather stakeholder input from a full range of voices and perspectives; this may take some extra work (since it means listening to feedback from more than just the loudest voices or easiest people to access).

Collect feedback from parents in particular. Whether surveying parents, talking with them directly, or making notes about observations and experiences you have with parents, think about the types of information you need to learn about parent strengths and needs. Consider developing a short questionnaire that asks parents about their interest in information or support on topics such as child development or parenting support. Start with a few open-ended questions about the family's strengths or by asking about typical family routines or ways the family works and plays together (Kraus, 2000). Other topics could include: (1) parents' and children's social or emotional strengths and needs; (2) parents' strengths and needs related to understanding the development of their child; (3) parents' strengths and

needs related to obtaining information about parenting, child development, or their child's education; and (4) what types of services parents would like to receive as well as how they would like to receive them.

Review and make sense of the results. The goal of this activity is to organize the information gathered about parents' strengths and needs from the full range of key stakeholders at the program, state, or network in a way that will allow the implementation team to assess the fit of potential parenting interventions. Once you identify a set of strengths and needs that are a priority for many of the parents you work with, discuss the availability, accessibility, and quality of existing parenting interventions in your community that may already address these priorities. This will help your team identify potential partners or potential gaps that your program, state, or network could address.

Determine the potential fit and feasibility of new parenting interventions.

Identify potential interventions. Now that the implementation team is clear on families' strengths and needs, the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) can provide the team with profiles of parenting interventions that may be a good fit. The compendium includes parenting interventions that have been shown to have a positive or promising impact on child outcomes or child development. Each intervention is described in a profile that includes information about:

- Characteristics of families who have been served by the intervention
- A list of the intended goals and objectives of the intervention (e.g., child and family outcomes that are identified as the targets of the intervention)
- An overview of the content, delivery method(s), and theoretical or evidence base (i.e., the "core components") of the intervention
- Descriptive information (e.g., duration and frequency of the intervention; appropriate child age range)
- Minimum professional, training, or other skill requirements to deliver the intervention
- Requirements for staff training and ongoing support
- Implementation support available (e.g., materials, training, and technical assistance) and costs associated with these

In addition to individual profiles of parenting interventions, the *Compendium of Parenting Interventions* provides an "At-A-Glance Table" that helps users (for example, you as program, state, and network leaders and/or your implementation teams) compare parenting interventions. There is also a "Research and Outcomes Table" that allows users to compare research evidence across the parenting interventions included in the compendium, so they can make an informed choice about an intervention that best fits their needs.

Determine the fit and feasibility of potential interventions. The *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) can help the implementation team identify a set of possible parenting interventions that may be worth exploring further. As the team examines each potential parenting intervention, consider using the "Hexagon Tool" (see Figure 3) to assess the fit of each intervention and the feasibility of implementing it. The Hexagon Tool is an easy-to-use scoring system for assessing:

- **Needs of individuals**: How well the parenting intervention might meet identified needs
- **Fit**: How well the intervention fits with current initiatives, priorities, structures and supports, and parent/community values
- **Resource availability** for training, staffing, technology supports, data systems, and administration
- **Evidence** indicating the outcomes that might be expected if the program or practices are implemented well
- **Readiness for replication** of the parenting intervention, including expert assistance available, number of replications accomplished, examples available for observation, and how well the intervention is incorporated into practice
- **Capacity to implement** as intended and to sustain and improve implementation over time (Blase, Kiser, & Van Dyke, 2013)

Each member of the implementation team can evaluate possible parenting interventions against the categories noted in the Hexagon Tool. Then, team members can come together and compare their ratings for each possible parenting intervention. Discrepancies in ratings are reconciled through discussion.

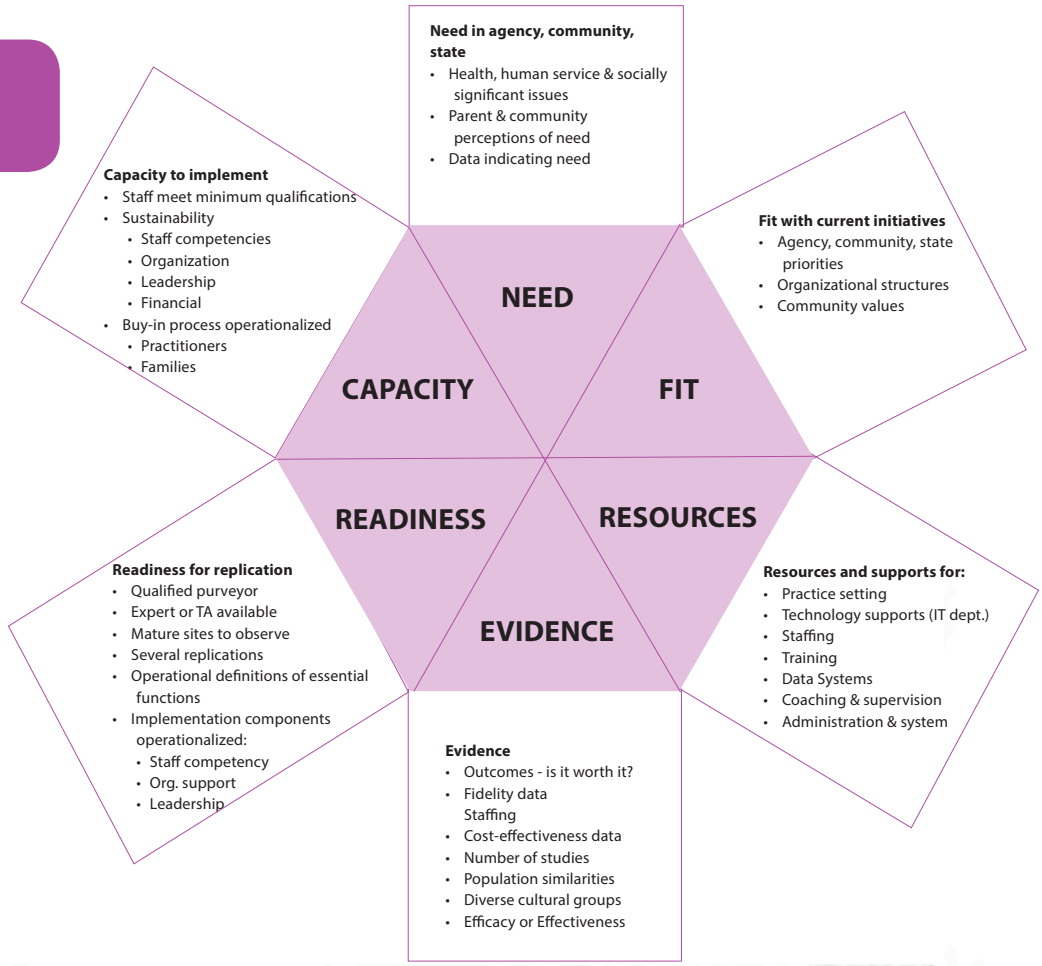
Figure 3. The Hexagon Tool*

The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the exploration stage of implementation.

See the Active Implementation Hub Resource Library
http://implementation.fpg.unc.edu

EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



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Adapted from work by Laurel F. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)

*Reproduced with permission from Blase, K., Kiser, L. and Van Dyke, M. (2013). The Hexagon Tool: Exploring Context. Chapel Hill, NC:National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill. Available at: http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN-TheHexagonTool_0.pdf

Make a decision about which interventions to explore further. The implementation team should discuss the results of the Hexagon Tool scoring and come to consensus. Do the results of the Hexagon Tool scoring resonate with the information gathered from the broad group of key stakeholders? Were any aspects of the tool difficult to answer based on the information available? What additional information may be needed? Who else needs to be included in the decision making process? For example, if program or organization leaders or other key decision makers are not part of the implementation team, implementation team members should review the results of the fit and feasibility analysis with them. If the selection of an intervention is not apparent after using the Hexagon Tool, the discussion questions below are designed to help support further discussion about the fit and feasibility of the parenting interventions that are being considered.

Table 3. Questions to Consider About the Fit and Feasibility of a Parenting Intervention

Topic	Example Discussion Questions
Fit	How well does the intervention fit the identified strengths and needs of parents in your community? How well does it fit with parent and community values?
Mission, leadership and climate	Do the potential interventions align with your mission? Do the leaders charged with implementing the new intervention have the vision, knowledge and capacity to support this new initiative? Is it the right time for the program, state, or network to begin implementing a new parenting intervention?
Staff characteristics	Are staff open to implementing the potential parenting intervention? Will staff with the necessary skills and training be available? If new staff are needed, does the program, state, or network have the resources available to bring in new staff members?
Training needs	Is training available and affordable? Does training have an evidence base for skill development? (This information may be available within the Compendium.)
Coaching and supervision needs	Who will provide coaching and supervision? What steps will we need to take to ensure a coaching plan is in place? What kind of ongoing support is needed to support the staff?
Staff assessment	How will staff performance implementing the intervention be assessed? What steps are needed to ensuring a performance assessment system is in place?

Topic	Example Discussion Questions
Internal resources of the organization for new program(s)	Does the program, state, or network need to develop new policies or practices to support the successful implementation of a new parenting intervention? Are there existing funds to implement the intervention? If not, is there a plan to acquire the funding needed to implement the intervention?
Community resources and partners	What local resources are available? Is another agency better suited to deliver the intervention, in partnership with the host organization? Or is the program, state, or network best suited to be the primary deliverer, in partnership with other agencies? What other entities are currently delivering similar services in the community?
Data and technology needs	What data are needed to better monitor progress and success? What policies, procedures, or other administrative practices need to be in place to support gathering feedback and data on an ongoing basis to inform implementation?

Develop a theory of change and logic model.

Once the implementation team has identified an intervention, the team should articulate how new resources and activities will be integrated into program, state, or network operations, and identify the target outcomes of the new intervention. The following two activities can help you accomplish this task.

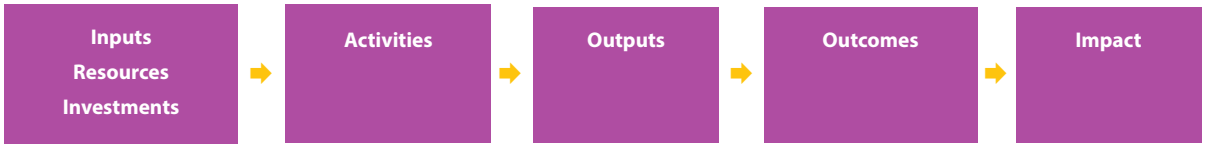
A **theory of change** is a statement co-created by organizational leaders and an implementation team that articulates the ultimate outcome of the parenting intervention and specifies the pathways and processes by which the desired change is expected to occur. The parenting intervention that is selected may offer a theory of change, and this may be adopted in some cases. A fit and feasibility analysis can reveal if a parenting intervention has a theory of change that fits well within the implementation team's desired outcomes and proposed processes for getting to those outcomes; in such cases, it may be possible to adopt a parenting intervention's existing theory of change – in part or in whole – for the implementation team's theory of change. This can happen when a selected parenting intervention's theory of change is targeted to a circumscribed set of outcomes that do not align with the goals and outcomes identified by the implementation team.

A **logic model** is a flow chart or picture that depicts the relationships among: (1) the inputs, or resources available to the program, state, or network; (2) the activities or policies that are to be put in place; (3) the outputs, for example a description or count of activities performed or provided; and (4) the outcomes, or the changes or results that are expected to follow (see Figure 4 below; W.K. Kellogg Foundation, 2004). The purpose of a logic model is two-fold. The *process* of co-creating a logic model can help ensure all stakeholders involved in its creation have a clear understanding of the resources, activities, and outcomes the program, state, or network is working to achieve. The resulting *product* can help depict

how the resources and inputs can or will lead to the expected outcomes, and can help to identify any potential gaps or areas that may need to be better articulated.

One benefit of articulating a theory of change and logic model is that both the process of creating these documents and the resultant products will help ensure all stakeholders are on the same page about the goal they are working to achieve, how progress will be measured, and the resources and activities that will be used to support the goals of the intervention.

Figure 4. Sample Components of a Logic Model



Source: W.K. Kellogg Foundation, 2004

The following chart provides some example discussion questions for developing a theory of change and logic model. In addition, the W.K. Kellogg Foundation has developed an easy-to-use guide for developing a logic model, available here: https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide.

Table 4. Questions to Consider when Developing a Theory of Change and Logic Model

Topic	Example Discussion Points
Theory of change	In a succinct statement, articulate: 1. The activities that will be implemented to support the ultimate outcome 2. The short- and long-term outcomes that will lead to the ultimate outcome 3. The ultimate outcome the parenting intervention is working to achieve
Inputs, resources, investments	What inputs (materials, supplies), resources (leaders, partners, staff members, experts), and investments (funding, in-kind donations/supports) will be in place to support the new intervention?
Activities	What activities, including training, coaching, ongoing support, will take place to support the implementation of the intervention? What activities will take place with parents, families, and children? What activities, if any, will take place in the community or with other partner organizations?
Outputs	After the activities are performed, what services and resources are expected to be provided that can be described and counted? Outputs can be described as goals achieved by carrying out the activities, for example, "10 family sessions will be facilitated"
Outcomes	What are the short- and long-term outcomes that may be realized as a result of the intervention by children and families? For example, measurable increases in parental knowledge of early childhood development among family participants.
Impact	What goal does the program, state, or network aim to achieve for children, families, or the community? For example, overall reduction in cases of substantiated abuse and neglect.

Milestones for the Exploration Stage

Implementation teams

- Identify the implementation team members and develop roles for each team member, and develop a common understanding for how the work of the team will get done.

Data and feedback loops

- Determine the strengths and needs of parents within your community.
- Identify the parenting intervention that addresses the specific strengths and needs of families within your community.
- Determine the fit and feasibility of implementing the intervention.

Implementation infrastructure

- Develop a logic model and theory of change to guide the work of the implementation team.

Example: How Does a Community Choose the Appropriate Parenting Intervention?

For 14 years, "Children's Place Child Care" has operated 24 child care facilities across a southern state. After a strategic planning retreat in which staff agreed on the need to better support parents, the CEO began thinking about how to move their expanded mission into practice. Would it be possible for all 24 facility directors to agree on using the same parenting intervention? Was adding a parenting intervention into their existing operations something they were willing and ready to do? To explore these questions, she identified five staff with different perspectives to work as a team: a curriculum specialist, three facility directors who supported expanding the organization's mission to better support parents, and one facility director who was supportive but skeptical about change. The CEO hoped this facility director would help keep their work grounded in what was doable and achievable. At the group's first meeting, the CEO set the objectives of their work: to identify the strengths and needs of the parents served by Children's Place, and to identify and find one or more parenting interventions that were a good match with the parents and feasible for Children's Place to implement. She also led a discussion to clarify the roles and responsibilities of group members. The group decided to examine a limited number of evidence-based parenting interventions and use the Hexagon Model to assess whether each intervention fit with their needs. The CEO allocated time for specific group members to investigate parenting interventions that were publicly available. Once they collected information about each one (such as objectives; program components; expected outcomes; intensity, length, and format of service delivery; availability of training and other supports; and permissible adaptations) the group met to review the materials and assess fit. The group selected an intervention and in subsequent meetings began developing action steps and a timeline for preparing to implement.

The Installation Stage: Getting Ready For Successful Implementation of a Parenting Intervention

Key Take-Away Messages

- The installation stage sets the conditions for success in delivering a parenting intervention.
- Do not underestimate the time needed to establish the resources and procedures that will support implementation! An installation period of at least three to six months may be necessary.
- Key activities include developing the competencies of implementation team members, hiring and/or training staff, developing communication plans and feedback loops, engaging organizational leadership and community partners, and developing recruitment strategies for local families.

What is the Installation Stage?

During the installation stage, staff within the program, state, or network makes sure that all necessary inputs, resources, and investments in the logic model that was developed during the exploration stage are in place so that the parenting intervention can be implemented successfully. This stage of implementation requires a focus on many practical matters and logistics that *must precede* the delivery of the new parenting intervention; the actual delivery of the intervention does not begin until the next stage: initial implementation. The goals of the installation stage are to:

1. develop the implementation teams' competencies in supporting those who will deliver the parenting intervention,
2. develop communication protocols for data and feedback loops for implementation teams and practitioners to use at various levels of the program, network, or state,
3. identify and train the staff for initial implementation,
4. develop coaching plans and practice profiles to monitor effective use of the new intervention,
5. set up or modify existing data systems to gather information about implementing the intervention and outcomes,

6. identify what policies or procedures need to be adjusted or put in place to facilitate the new parenting intervention,
7. engage program leadership and other stakeholders to become advocates for the new parenting intervention, and
8. develop a recruitment strategy for local parents and families.

Because the installation stage is so critical to the ultimate success of a new parenting intervention, programs, states or networks will typically spend three to six months focused solely on getting the necessary supports in place before starting to serve parents and families. However, some of the activities described in this chapter which are associated with the installation stage will continue to occur (or be revisited) as initial implementation of the parenting intervention begins. Therefore, installation activities could last up to 18 months total, including the time that overlaps with the initial implementation activities (see next chapter for more information about initial implementation).

Key Terms for the Installation Stage

- **Data and feedback loops**: The communication processes for using data to guide decision-making. This involves collecting, analyzing, and using data as feedback to inform the implementation process in an ongoing way.
- **Dosage**: Duration and frequency of which an intervention is offered. For example, dosage could be once a week for 6 weeks, two hours per week for a year, two half-day trainings, one full-day training, or a 6-week course.
- **Fidelity**: Extent to which the intervention is delivered as intended, according to the original intervention model.
- **Implementation infrastructure:** The characteristics, capabilities, skills, and attitudes of both individuals and organizations that lead to successful implementation. These include individual skills and competencies as well as organizational policies, structures and procedures.
- **Practice guidance**: A document that clearly describes how to carry out each component of the parenting intervention. This may also be referred to as an intervention manual.

Key Tasks

Develop implementation team members' competencies.

After an implementation team (or teams) has been established,[3] team members should be trained on the intervention by the developers and/or study the manual.[4] All team members should understand the intervention, and use that knowledge to inform their role in implementation, whether by directly implementing, supervising the implementation of others, tracking data, or using data gathered to make decisions about ongoing implementation of the intervention. Implementation team members also need to understand the basic supports for implementation. For example, they need to understand the purpose

3 See last chapter on exploration for more information on how to identify implementation team members.
4 See the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) for information on available training modules and manuals for selected parenting interventions.

of implementation teams, the importance of setting up processes to gather and use data for continuous improvement, and the importance of providing the materials and processes at different levels of a program, network, or state to develop individual and organizational capacity to do a new intervention.

These three components – implementation teams, data and feedback loops, and implementation infrastructure – were first introduced and described in the introductory chapter of this guidebook and are referred to throughout this volume. Implementation team members can become familiar with these important implementation components by studying the information in this guidebook or accessing the resources listed in Appendix B. However, for more advanced support, you may want to get technical assistance from an evaluation expert with knowledge of implementation.

By the end of the installation period, implementation team members should be able to demonstrate how to apply their new knowledge and skills in both the parenting intervention *and* the three implementation components (implementation teams, data and feedback loops, and implementation infrastructure). A consistent training plan should be put in place for all implementation team members so that everyone has a shared understanding and knowledge of both the parenting intervention and the implementation components. By making the training of implementation team members consistent, new members of the implementation team can be oriented to the work quickly and efficiently if and/or when the team configuration changes.

Develop a system of high-quality communication.

Implementation team members need to learn to communicate well amongst themselves, and also across the organization if multiple implementation teams are set up at different levels. For example, if an organization has multiple sites of operation, there may be an implementation team set up within the headquarters of the organization as well as at every operation site. In some cases, an implementation team might be established at an intermediary level, such as at a regional level within a state.

Communication systems are most effective when information travels both ways rather than in just one direction. Leadership decisions need to be communicated to practitioners, but if those decisions are not working well in practice, that needs to be shared with organizational leadership.[5] Intentional feedback loops need to be established for implementation team members to hear whether activities are going well and to make adjustments, as necessary, to the implementation processes.

It might be helpful for implementation teams to meet regularly to facilitate communication within or across teams. The frequency of these meetings should be determined by the needs of team members (and practitioners), and the stage of implementation. For example, during the installation and initial implementation stages, meetings may be more frequent than during full implementation. Or, members of implementation teams who work most closely with children and families may want to meet more often and those members at more administrative levels may need to meet less often. Other forms of communication, such as emails, phone calls, and video chats, may be sufficient instead of large, in-person group meetings. The medium of communication and the frequency of communication should be specified in a communication plan in a document such as the Terms of Reference described in the previous chapter.

5 Sometimes this is called a policy-practice feedback loop.

Communication protocols and feedback loops should be *used*. If a communication plan is outlined but then never used, or if certain spelled-out procedures are not followed, the actual communication system will not be as effective as it was meant to be, and corrective adjustments will not be made as quickly as they could or should be.

Identify and recruit staff for initial implementation.

It is best to plan on implementing the new parenting intervention with a small group of individuals initially, rather than to launch it with every possible staff member right away. A smaller-scale, initial implementation allows for testing whether the new intervention is working well in this particular context, and trouble-shooting and making adjustments as necessary.[6]

The selection or recruitment of the first group of staff who will implement the new parenting intervention with parents and families should be based on the needs of the families served (see previous chapter's discussion of the strengths and needs assessment). For example, if the community has a large immigrant population that has expressed interest in this new parenting intervention, you might want to look for staff who have the linguistic and cultural competencies to work well with these families. However, in addition, we suggest that selection of staff for initial implementation be based on each individual's general readiness for trying out the new intervention. It is likely that those who are most open to and ready for a new intervention will be more successful in actually doing it than those who have less interest initially. However, readiness may depend on more than just a willingness or openness to try something new (i.e., motivation); it may also depend on certain general or intervention-specific skills or competencies (Wandersman et al., 2008). In fact, research shows that new practices are more faithfully and quickly adopted by those who have access to both internal and external resources to support their change process (Peterson, 2013; Peterson & Baker, 2011). Some tools exist that can help identify individuals and organizations that are ready for new ideas or interventions (see "Resources" in Appendix B).

Train staff for initial implementation.

Once you have identified and selected staff for initial implementation, the next step is making sure they are well-trained on the parenting intervention. If you have selected an intervention profiled in the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015), then start with the information provided about manuals and other training materials that are available. You may want to contact the developer of the intervention to determine if someone from that organization, or an affiliated organization, offers training on it.

As with the implementation team, it is important to ensure uniform, high-quality training of the staff who will be implementing the parenting intervention. A consistent training plan should be put in place for all staff who will be implementing. This training should be evaluated for its quality and effectiveness and for any adjustments that might be needed for the effective training of future groups of staff.

6 This is covered in further detail in the next chapter on initial implementation, under usability testing.

Evaluating Staff Training

Staff training can be evaluated by having those who are very familiar with the new parenting program (for example, someone from the intervention development team, an officially designated organization associated with the parenting intervention model, or an intermediary organization – see Glossary in Appendix A) observe the training (either live or through audio-recording) and determine that all essential components of the intervention are presented accurately and completely within the training. A fidelity check list might be used to facilitate this review of the training, but a check list can only tell you whether a topic was covered, not how well it was covered; that's why someone with expert knowledge of the intervention needs to evaluate the training. Also, evaluations of the knowledge and skill gained by the trainees either during or at the end of the training can also be used to evaluate the effectiveness of the training. End-of-training evaluations may be an additional tool used to gain feedback on the training from the trainees. If quality standards are not met for delivery of the training, then the training can be improved either by providing additional training and support for the current trainers or by selecting different trainers. If gaps in staff knowledge are identified at the end of the training, or trainee feedback indicates places to strengthen the training, then the training can be revised and adjusted to address the needs of the trainees.

Once the training process and training materials are working well, the training should be conducted consistently to ensure that all staff members have similar levels of knowledge of and skills related to the parenting intervention. By making the training consistent, new staff members can be oriented to the work quickly and efficiently as the program, state, or network increases its capacity to serve families.

As with any training, confirming that trainees have adequate knowledge of and skills in the delivery of the intervention is necessary. If the intervention does not already have an observational tool for assessing staff knowledge and skill, consider developing one that coaches or other supervisors overseeing the staff can use.

Identify, hire, and train coaches.

The staff delivering the new parenting intervention will need ongoing support from coaches (or supervisors) to implement the intervention consistently. It is therefore critical to identify coaches who can support the individuals who will be carrying out the parenting intervention. Sometimes existing supervisors can serve as coaches, but their role must be one of support. If no such individuals currently exist in the program, state, or network, new staff will need to be hired, or existing staff retrained to serve this function.

Coaches need to be trained to master both the parenting intervention and the implementation components noted earlier in this chapter. Indeed, these individuals are significant members of the implementation team for the parenting intervention.

Since coaches are members of an implementation team, their training on the parenting intervention could occur with other implementation team members. Even so, it may be helpful for coaches to attend the training on the parenting intervention with the initial group of program, state or network staff, because this may provide an additional opportunity for coaches to understand the questions staff members have about the new intervention, and which components of the intervention may require more support for staff to implement well.

Develop coaching plans and practice guidance.

Supervisors and/or coaches will support and monitor the staff's delivery of the intervention over time. Coaches should develop a schedule observing staff "in action" and meeting with them to go over their observations and feedback. This schedule is part of a coaching plan, which also documents the content and intensity of support to be provided.

Expectations for how often and when to meet for guidance should be spelled out in the coaching plan. The frequency of meetings between coaches and staff may vary based on whether the implementer is familiar with the skills being addressed and the content of the parenting intervention. Although some interventions may specify the frequency or intensity of interactions with coaches, Figure 5 provides a useful rubric for determining intensity of coaching needed by individual staff. The main point is that one level of coaching will not fit all! If staff members are trying to master both a new skill and new content, they will need the most intensive level of coaching; but if they need to master a new skill for familiar content (or a familiar skill in a new content), they will need a more moderate level of coaching. Staff who are familiar with both the skills and the content will need the least intensive level of coaching, but they will still need ongoing support and supervision. Determining what constitutes high, medium, and low levels of coaching may be left to the developers of a particular parenting intervention, but the program, state, or network and the coaching team should identify which individuals will receive specific levels of coaching. Figure 5 can assist implementing agencies in thinking through what level of coaching support will be needed for individual staff members, and the textbox below provides a concrete example of what different levels of ongoing support might look like for different staff members.

Figure 5. Determining the Intensity of Coaching Needed for Individual Implementers

		Skills: New	Skills: Current
Content	New	High-level Intensity	Mid-level Intensity
Content	Current	Mid-level Intensity	Low-level Intensity

Source: Blase, Karen A., 2009

Examples of Different Coaching Plans for Different Implementers

A certain parenting intervention focuses on promoting positive parenting strategies while reducing harsh or inconsistent parenting behaviors in response to children's challenging behaviors. The intervention is delivered in group sessions by a certified group leader. Staff members get trained as certified group leaders in a two-day training provided by the intervention developer. The developer recommends that two group leaders facilitate the intervention, and that at least one has a background in mental health and a master's degree. Other recommended qualifications for implementers are experience leading groups, interpersonal skills, and some knowledge of early child development. There are options for further training and ongoing support for certified group leaders.

The following coaching plans are hypothetical examples of plans developed for staff in a social service agency recently trained in this intervention. These coaching plans are tailored to the different levels of support staff need to be good group leaders for this intervention, based on their unique combinations of existing skills, qualifications, and content knowledge.

Coaching Plan 1: Staff member A has a bachelor's degree in child development and little previous experience leading groups of adult learners. After receiving the two-day training and passing the certification requirements to be a group leader, staff member A is not only paired with another staff member who is an experienced group leader and has a master's degree, but she is also required to send videos of her group sessions to the developer for review and feedback on a weekly basis for the first two months of the intervention. In addition, she is encouraged to observe and model her co-leader, and the co-leads meet weekly for debriefing sessions with their supervisor.

Coaching Plan 2: Staff member B is an experienced group leader and has a bachelor's degree in English, but is new to the content of children's social and emotional development and parenting practices. In addition to the two-day certification training, staff member B is required to take additional workshops offered by the intervention developer that go into more depth on children's challenging behaviors and parenting practices across cultures. Staff member B is also required to send videos of her group sessions to the developer for review and feedback on a weekly basis for the first two months, and then once a month for the remainder of the first year of implementation. Finally, staff member B meets with her supervisor and co-lead weekly for feedback.

Coaching Plan 3: Staff member C is an experienced group leader with a master's degree in clinical psychology. Although it is her first time delivering this particular parenting intervention model, she has experience delivering other, similar models. After receiving her certification as a group leader for this intervention, she is paired with a less experienced co-lead for the initial implementation of the intervention by her social service agency. She meets weekly to debrief with her co-lead and their supervisor, but is not required to send videotapes of her sessions to the developer for review beyond the first month of implementation (although she is free to do so).

As part of their observational assessment, coaches may use a rubric, or "practice guidance," to help document and pinpoint staff strengths and areas of improvement. The practice guidance should spell out how to carry out each component of the parenting intervention. It should document and provide specific direction on how to deliver the parenting intervention within a particular community or setting by providing behavioral indicators of the components of the intervention. Sometimes this practice guidance is provided by the intervention developer (for example, within the intervention manual) and sometimes it is not. The type of guidance will vary by intervention; in some cases, the program, state or network may need to develop practice guidance to supplement resources provided by the intervention developer.

The practice guidance should be shared with staff ahead of the first observation so that staff members are well-aware of what the coach is looking for in terms of practice. This documentation helps both coaches and staff determine if the intervention is delivered appropriately within the setting. In particular, the practice guidance can help coaches identify areas to target during ongoing coaching. A "practice profile" might be developed that outlines specific activities a coach expects to see when evaluating staff performance against the practice guidance. Over time, use of a practice profile (sometimes in the form of a fidelity checklist) can help document progress toward more-faithful implementation of the parenting intervention.

Among many evidence-based interventions, coaching typically will begin at monthly intervals, followed by quarterly coaching sessions once practitioners have met fidelity criteria (that is, once practitioners have met criteria established within the practice profiles). However, coaches should spell out the frequency of coaching cycles in their coaching plans.

Set up or modify existing data systems.

One of the most critical tasks of the installation stage is ensuring that systems are in place for gathering, analyzing, and using information to monitor staff performance, to determine whether the parenting intervention is being delivered as planned. If a data system already exists at the program, state, or network level, it should be reviewed to determine whether any modifications would be needed to help monitor and support the new parenting intervention.

Data should be collected on the implementation of the parenting intervention and the desired or expected outcomes of the intervention, and also on the training of staff, the work of coaches, and other processes and procedures put in place by the program, state or network to support the success of implementation. All of these pieces are vital to the success of the parenting intervention and therefore should be documented and monitored. The table below lists some of the data elements that could be collected about the parenting intervention:

Table 5. Sample Data Elements about Parenting Interventions

Topic	Example Data Elements
Inputs, resources, investments	• Staffing • Funding • Physical plant; supplies; etc. • In-kind supports • Existing relationships/community partnerships
Activities	• Number of staff hired and trained • Number of coaches hired and trained • Attendance at trainings • Evaluations of trainings • Number of coaching sessions • Content of coaching sessions • Number of partnerships established • Number of families recruited to the parenting intervention
Outputs	• Number of parents enrolled in the new parenting interventions • Number of contacts made with each family by staff • Number of community partners engaged

Topic	Example Data Elements
Outcomes	• Fidelity of staff to delivery of the intervention model • Quality of the intervention delivered by staff • Observed parenting skills • Observed parent-child interactions
Impact	• Indicators of child, family, and/or community well-being related to the goals of the parenting intervention

Information entered into the data system should be valid and reliable (i.e., accurate) to ensure that the data system provides consistently true information for monitoring and evaluation. Those entering data into the data system should be trained on quality data entry skills and provided ongoing supervision. All data should be spot checked to make sure there are no data entry errors.

Review organizational policies and procedures.

A data system is just one piece of a larger set of resources that need to be established, integrated, or modified to support the new parenting intervention. In addition to the data system, organizational leadership should ensure that material and other supports are available for the new initiative. Material resources include space and supplies for staff training, supplies necessary for recruiting and engaging parents and families, and materials necessary for delivering new parenting intervention (for example, curriculum).

Existing organizational policies may need to be altered or new policies put in place to support training and ongoing coaching and supervision in the parenting intervention. For example, additional time and funding may need to be offered to staff to participate in trainings for the new parenting intervention. Policies could also address compensation for staff members to assume new or expanded roles to carry out the new parenting activities. New organizational policies may also need to be put in place to enact communications plans.

Engage leadership inside and outside the program, state, or network.

Supportive and committed leadership is needed for the success of the parenting intervention. Indeed, staff endorsements of and investments in the new parenting intervention throughout the program, state, or network--from leadership and other members of the implementation teams--are vital. Human capital and monetary resources can also be garnered from outside organizations that can support or partner with the program, state, or network. For example, community foundations could provide additional funds for staff compensation and training or wrap-around services for participating families (e.g., child care, food, transportation). Likewise, other service organizations in the community could partner with the program, state, or network to recruit families. The program should review current partnerships to see which might be useful in supporting the intervention, and also determine whether new partnerships are necessary. For example, it might be necessary to engage a new organization that can provide technical assistance for the particular parenting intervention.

Develop recruitment strategy for parents and families.

During the exploration stage, the implementation team identified the families to be served with the parenting intervention. This information can be used to develop a plan to recruit and engage families. Parents who may have participated in vetting and selecting the intervention are likely good resources to help recruit new families. They may have insights into what messages will resonate with the families to be

served, and which venues might be best to reach out to them. These parents may be helpful in reviewing recruitment materials to make sure they are culturally and linguistically appropriate for the families to be served. They can also serve as ambassadors for the parenting intervention within the community.

Milestones for the Installation Stage

By the end of the installation stage, the implementation infrastructure should be in place and functioning at a level that will permit the program, state, or network to start serving parents and families with the new parenting intervention. The following checklist can help to determine whether you have successfully completed the milestones of the installation stage. You will notice that this list is longer than in other chapters in this guidebook. The number of critical systems and procedures that need to be put in place before families are even served justifies the need for this installation stage to take at least three to six months to complete.

Implementation teams

- Implementation team members have been fully trained on the selected parenting intervention, including key components of the intervention.
- Implementation team members have been fully trained on implementation components (what they are, their function and importance, and how to establish them).

Data and feedback loops

- Communication protocols and feedback loops have been outlined and established. A written record exists for future reference (perhaps as an addendum to the Terms of Reference or embedded within organizational policy).
- Data systems have been integrated into existing staff performance data or set up to capture and analyze staff performance, fidelity and dosage data, and outcomes data.
- Data systems have been assessed and determined to be ready for supporting staff and serving families.

Implementation infrastructure

- Staff for initial implementation have been identified and fully trained on the selected parenting intervention.
- Potential modifications to training materials or procedures have been noted, based on initial training.
- Coaches have been identified and trained on the selected parenting intervention as well as on implementation components.
- Coaching plans and practice profiles have been developed to support staff in the new parenting intervention.
- Organizational leadership has expressed and demonstrated commitment to the new parenting intervention.
- Policies, procedures and processes have been revised or developed to support the new parenting intervention and its launch in the community.

- Community partners have been engaged. Agreements with community partners have been established and partner expectations are clear.
- Recruitment materials and strategies have been developed to engage families in the new parenting intervention. The materials are linguistically and culturally appropriate for the target populations.

Example: How Did a Community Get Ready to Implement their Selected Parenting Intervention?

During the installation stage, in addition to getting their staff trained and developing coaching plans for a new parenting intervention, Great Plains Community Action invited parents and staff from community organizations that serve parents in the target population to help them think about two questions: (1) where should the parenting groups take place, and (2) how should the new program be advertised in the community. The group decided that it was important to hold the sessions in familiar locations where parents felt comfortable, such as community centers and local churches. They decided against holding sessions at the child welfare office. They also agreed that locations should be as close as possible to where families live to make them easy to access. Next, the group discussed strategies for getting the message out to parents. Should they advertise in a community newsletter or post flyers in community locations? The group decided that advertising would not be enough to recruit parents. Several group members suggested that presentations at parent nights and child care advisory group meetings would be more helpful. In addition, some parents might need a personal invitation from a trusted service provider. The group agreed to provide an orientation about the parenting intervention to staff from organizations that might provide referrals to make sure they could describe it accurately to parents. Staff from Great Plains Community Action documented the steps the group agreed to take in terms of community outreach and service delivery in their Implementation Plan. In addition, the group agreed to meet again after giving a small number of presentations to assess how they went and strategize about how to improve their message. The group agreed to revisit their agreed-upon strategies in light of the feedback from their pilot outreach and revise their implementation plan with regard to recruitment and service delivery, as necessary.

The Initial Implementation Stage: Gathering Information for Continuous Improvement of the Parenting Intervention

Key Messages

- Critical elements of the intervention should be tested and fined-tuned on a small scale before launching the new intervention as part of regular program operations.
- Especially during the first year, implementation teams should review data and stakeholder feedback frequently to monitor progress toward fidelity and identify program improvement needs.

What is the Initial Implementation Stage?

During initial implementation, staff members begin to deliver the new parenting intervention to families. In addition, supervisors, managers, and coaches begin providing implementation supports—supervision, observation, feedback—to help staff move toward implementation with fidelity. The focus of initial implementation is on trying out critical elements of the parenting intervention, identifying and trouble-shooting problems that arise while trying out the new activities, making any adjustments needed, and testing how well the changes work. The critical elements of implementation include the content of the intervention itself, implementation supports, and data collection and use.

Key Terms for the Initial Implementation Stage

Critical elements: Critical elements are key processes, supports, or data collection activities that the team is most worried about getting right, either because they are essential to success or challenging to execute.

Plan-Do-Study-Act cycles: A four-step process for testing change and making improvement that involves developing a plan to test a change (plan), conducting the test (do), observing and learning from the test (study), and making modifications (act).

Usability testing: Testing an intervention initially with only a few elements at a time to improve and stabilize the essential functions (core components) of the intervention. Usability testing is typically conducted during the initial implementation stage using Plan-Do-Study-Act cycles.

Key Tasks

Adjust implementation team work plan and membership.

As the program, state, or network transitions from installation to initial implementation, the implementation team should update its work plan to account for the change in stage. In addition, changes in the implementation team's composition may be needed to accomplish initial implementation tasks. Primary tasks for the team during initial implementation are usability testing of critical elements, monitoring data and stakeholder feedback to identify areas in need of improvement, and assessing changes to determine whether they produce desired improvements.

To accomplish these tasks, implementation teams need a range of skills and perspectives. All team members should have a thorough working knowledge of the new parenting intervention; ideally they would have participated in training on the intervention during the installation stage. Team members should also have the skills to engage in group decision-making and problem solving and should be comfortable with using data and stakeholder input to do so.

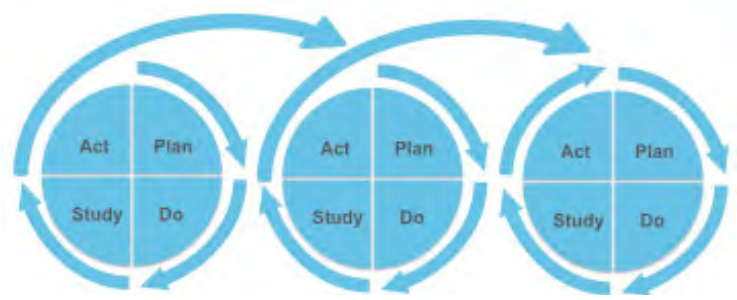
Implementation teams can benefit from the perspectives of staff at multiple levels of the program, state, or network as well as external perspectives. The implementation team may benefit from the perspective of parents as it works to address issues that come up and support staff delivering the intervention. For example, an implementation team at a Head Start program might benefit from participation by a member of the Policy Council. In addition, program leaders with a strong working knowledge of the program's context and management may be helpful for formulating recommendations about policy changes needed to support implementation. Staff involved in supervising, training, and supporting staff delivering the new parenting intervention can provide an important perspective about implementation supports, and direct service staff can provide invaluable practice-based expertise to the team. If the parenting intervention is supported by a developer, a consultant working for the developer or a supporting organization can provide guidance to the team about how to address problems that come up during initial implementation. If feasible, the program, state, or network might consider including a consultant as s member of the implementation team at this stage. Alternatively, the team can work independently but seek guidance from a consultant as needed.

Conduct usability tests of critical elements.[7]

The central work of initial implementation focuses on conducting usability tests of critical elements of the parenting intervention using a Plan-Do-Study-Act cycle (see Figure 6). During installation, the implementation team developed practice guidance to operationalize the essential activities and identify implementation support needs. In this stage, the implementation team should identify critical elements of that practice guidance for testing. Critical elements may be key processes, supports, or data collection activities that the team is most worried about getting right, either because they are essential to success or challenging to execute. As mentioned in the previous chapter, a practice profile or fidelity assessment tool might be developed for assessing implementation of critical elements, based on the practice guidance.

7 "Critical elements" are among the key terms highlighted at the beginning of this chapter and also in the glossary in Appendix A. See also the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) for core components of specific promising parenting interventions that may be assessed during usability testing.

Figure 6. The Plan-Do-Study-Act (PDSA) Cycle



Source: Adapted from materials on improvement cycles available from the State Implementation and Scaling-up of Evidence-based Practices (SISEP) Center; http://sisep.fpg.unc.edu/guidebook/level-one/improvement-cycles

Once critical elements are identified, the program, state, or network should try implementing them on a small scale. For example, if the parenting intervention calls for group workshops on parenting skills, the program should try implementing a few workshops. If staff members deliver the parenting content during home visits, they should try conducting a few home visits. Then, the implementation team can assess this trial run based on the perspectives of those involved and data collected as specified by monitoring plans. For example:

- Did the expected number of parents attend the group session? If not, do we know what the barriers were to recruitment or attendance?
- Was the facilitator able to cover all planned content?
- How did parents respond?

Inevitably, the implementation team will identify some problems and suggestions for improvement. At that point, the implementation team develops ideas for solutions to address the issues identified (*Plan*), staff try implementing the solutions (*Do*), the team reviews data (*Study*) and, if the solutions produced the desired results, the program, state, or network revises practice guidance accordingly (*Act*). Usually the revisions to practice guidance are minor tweaks to procedures, which would be considered modifications to the intervention's implementation. If the tested solutions do not achieve desired results, the implementation team may decide to adjust the new strategy further (e.g., a new modification) or try a different strategy. (See example at the end of this chapter.)

Usability testing may identify unmet training needs or adjustments that should be made to coaching content or strategies. If core components of service delivery processes are adjusted, such as providing coaching online rather than in person (i.e., a modification to the intervention's mode of delivery), fidelity assessment tools and procedures may also need to change. As many as five usability tests may be needed to detect most of the initial implementation challenges and identify solutions.

Collect data to monitor and assess implementation and supports.

Once initial usability tests of critical elements have been conducted and practice guidance adjusted, the program, state, or network is ready to begin delivering the new intervention as part of regular program operations. This includes delivering the parenting intervention and putting into action the supports and data collection procedures developed during the installation phase.

In this early phase, the implementation team should monitor activities closely. The implementation team is responsible for ensuring that data on outputs—such as numbers of participants enrolled and services delivered—is being faithfully recorded by program staff in a data or tracking system. The implementation team should also ensure that agreed-upon measures of program fidelity are being collected, such as observations of the intervention processes or staff reports on content covered during each activity (Paulsell, Austin, & Lokteff, 2013).

Once implementation reaches a more steady state—the program is being implemented with fidelity, supports for staff are in place, and data collection and fidelity monitoring is established—the implementation team should begin examining participant outcomes to assess whether the new parenting intervention is achieving desired results.

The implementation team should develop a schedule for reviewing data, perhaps monthly for the first year and then quarterly, and supplementing the data as needed with the perspectives of staff, supervisors, coaches, and families. The team should focus on assessing the program's progress toward achieving agreed upon fidelity benchmarks. For example, the team might assess whether the intervention is being delivered at the planned intensity (for example, weekly home visits for at least 80 percent of enrolled parents) and whether required content is being covered. They might also track provision of implementation supports to ensure that direct service staff receive the level of supervision and coaching planned during the installation stage. Over time, the implementation team will be able to examine trends in these data to gauge whether implementation is progressing toward fidelity and identify new problems that might be interfering with implementation.

Once implementation reaches a more steady state—the program is being implemented with fidelity, supports for staff delivering the intervention are in place, and data collection and fidelity monitoring is established—the implementation team should begin examining participant outcomes to assess whether the new parenting intervention is achieving desired results. This information does not replace evidence from an evaluation; however, it can provide the program, state, or network with an indication of whether the intervention seems promising for producing desired parenting outcomes. For example, did expected changes occur in parenting knowledge and attitude? Are parents trying out the new parenting techniques that they learned through the intervention such as positive guidance techniques, book reading, or story telling?

If parenting outcomes are not as promising as expected, the implementation team should consider whether improving implementation could improve outcomes. For example, are parents receiving the intended dosage of services? Have staff members received needed training? The implementation team may recommend strategies to further improve fidelity, increase the dosage of the services, improve the quality of delivery, or modify program materials for a better cultural fit. If such strategies are adopted, the implementation team should conduct usability testing using Plan-Do-Study-Act cycles to make sure that the changes are implemented as planned and producing the desired results. For example, if a strategy to recruit immigrant parents by using culturally-appropriate images on recruitment materials and handing out these materials at local ethnic markets is adopted, does immigrant parents' participation or engagement in services increase as expected?

If expected changes in outcomes are not seen and the implementation team concludes that implementation of the intervention has stabilized and fidelity has been achieved, the program, state,

or network might consider working with the developer on adaptations[8] that might increase the intervention's effectiveness with the families being served.

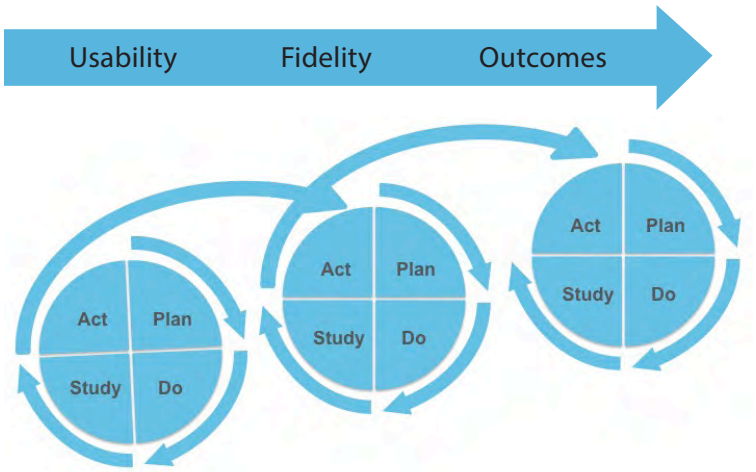
Recall that we might not expect to see changes in family or child outcomes until after parents have completed the entire intervention that has been delivered completely and well. However, if there is data to support the faithful implementation of the intervention but those families that complete it in your community are not achieving the desired outcomes, your program, network or state might also consider returning to the exploration phase to consider another intervention with stronger evidence of effectiveness or that may be a better fit with the families you aim to serve.

Adjust service delivery guidance, implementation supports, and monitoring tools.

Meanwhile, data collection, usability testing, and program improvement continue (see Figure 7). All of these activities are carried out to support ongoing improvements in the delivery of the intervention, to support staff, and ultimately to improve outcomes for children and families. Although we have presented them sequentially, in reality usability testing, fidelity monitoring, and participant outcome assessments are ongoing and overlapping.

As the program, state, or network gains more experience implementing the parenting intervention, the implementation team can guide a process of strengthening the systems in place to support high-quality implementation. For example, the team may identify areas in which staff members are struggling to implement with fidelity and recommend changes to training or coaching protocols (such as increasing the number of times staff meet with coaches, or adding booster trainings every six months) to support staff in making improvements. The implementation team might also identify organizational policies that need to be modified, such as allowing staff to work in the evenings to accommodate parents' schedules, or referral partnerships that need to be strengthened. The team may also consult with the developer or an organization that supports the intervention on how to resolve the issues and decide to make a change to practice guidance.

Figure 7. Depiction of Iterative Plan-Do-Study-Act Cycles across Time and Function



Source: Adapted from materials on improvement cycles available from the State Implementation and Scaling-up of Evidence-based Practices (SISEP) Center; http://sisep.fpg.unc.edu/guidebook/level-one/improvement-cycles

8 Adaptations represent more significant changes to the intervention model than the small tweaks mentioned earlier and referred to as modifications. We will discuss adaptations in the next chapter as well, but suffice it to say that both modifications and adaptations of an intervention should be done carefully and with the intention of improving the fit for a particular group of families, agency or community without disrupting fidelity to the essential elements of implementation or to the core components of the intervention. It is best to engage the developer if considering adaptations of the intervention for use in a new setting or with a new target population when there is no previous evidence of effectiveness for such uses.

Milestones for the Initial Implementation Stage

Implementation teams

- Implementation team work plan adjusted to focus on usability testing and continuous improvement during initial implementation
- Implementation team membership, roles, and responsibilities updated to focus on initial implementation; new members added, as needed

Data and feedback loops

- Critical elements tested and refined as needed
- All program components implemented
- Data collection and fidelity monitoring fully operational
- Regular assessment of implementation progress is carried out by the implementation team based on data, and staff and stakeholder input

Implementation infrastructure

- Adjustments to practice guidance and fidelity monitoring tools tested and adopted as needed
- Adjustments to implementation supports (training, coaching, supervision, data use practices) tested and adopted as needed

Example: What Elements of a Parenting Intervention Did a Program Test During Initial Implementation and How Did They Test It?

A tribal community implementing a parenting intervention during weekly group sessions found that parent participation decreased over time, with very few parents completing all eight sessions. Initial participation data showed that most parents participated in four sessions, and very few participated in more than six. The group used a Plan-Do-Study-Act cycle to gather information and test strategies to improve participation. They asked parents to complete a brief satisfaction survey after each session to determine if the information was helpful to them and to see what else the parents needed. They also called all the parents who did not attend to find out why they did not come back. In addition, they identified the characteristics of parents who attended the sessions. The team evaluated this information and began testing changes to increase participation. They tested small changes one at a time to make it easier to determine which adjustments helped, and in what ways they helped. For example, they began providing a meal and child care during each session to make it easier for parents to attend. Because this change in practice did not affect the delivery of the intervention itself, it was considered a modification to the implementation activities supporting parent participation. However, the tribal community also worked with the developer of the intervention to adapt weekly sessions based on parent feedback, including turning one session into a one-on-one phone meeting between the parent(s) and group leader and holding a smaller number of longer sessions to cover the material to reduce the total number of sessions that parents needed to attend. This more substantial alteration of the mode of intervention delivery and dosage of delivery were considered adaptations of the intervention model made in collaboration with the intervention developer aimed at supporting parent participation for this particular target population. Rather than holding a celebration at the last session, they began scheduling a celebration at a later time when parents could bring their children and other family members to a dinner or picnic. After each change, the implementation team assessed parents' responses and decided on next steps.

The Full Implementation Stage: Maintaining High-Quality Practice

Key Messages

- During full implementation, the parenting intervention and implementation supports become institutionalized, or integrated into practice as usual.
- Programs, states, and networks must stay committed to continuous monitoring of data to sustain a high level of fidelity, troubleshoot new problems that arise, and identify program improvements.
- Programs, states, and networks can apply what they have learned during initial implementation to replicate the intervention in new sites.
- Substantial adaptation to implement the intervention in a different type of site or with a new population of parents requires careful planning and testing and should involve the developer, if feasible.

What is the Full Implementation Stage?

During full implementation, the new parenting intervention becomes fully operational: staff positions are filled, caseloads are full, and implementation supports are provided as part of routine operating procedures. Within the program, state, or network, new learning about how to implement the intervention has become integrated into staff and organizational practices and policies. One measure of full implementation suggested by experts is that at least 50 percent of staff members are using the intervention with fidelity and good participant outcomes.[9] For example, if six staff are delivering a parenting intervention, at least three are doing so with fidelity and parents in their caseloads are responding to the intervention as expected.

Key Terms for the Full Implementation Stage

- **Adaptation:** A change to a core component (essential function) of an intervention as necessary when implementing an intervention in a new setting, with different conditions, or with families that are different from those in the original test groups.
- **Replication:** Implementation of an intervention in new sites based on how the intervention is delivered at an existing site.

9 See http://nirn.fpg.unc.edu/learn-implementation/implementation-stages.

Key Tasks

Adjust implementation team work plan and membership.

As your program, state, or network makes the transition from initial to full implementation, the implementation team should again review and update its overall work plan and membership to align with the change in stage (see exploration stage chapter for a more complete discussion of establishing and revisiting your implementation team's work plan). Primary tasks for the team during the full implementation stage are to maintain and institutionalize (or integrate as part of standard practice) use of the parenting intervention and implementation supports required to continue implementing with fidelity. This work involves continuous monitoring of data to maintain a high level of fidelity, troubleshooting new problems that arise, and identifying program improvements. Moreover, inevitable turnover among staff will require systems for helping new staff develop the competencies required to implement the parenting intervention and provide training, coaching, and other supports. Similarly, the implementation team will need to orient new leadership within the program, state, or network to the intervention and respond to changes in organization policies, external systems, and the population of families served.

Similar to the prior stages, implementation teams at the full implementation stage can benefit from members with diverse perspectives. Staff at multiple levels of the organization can make important contributions and facilitate feedback and communication within the program, state, or network among managers and administrators; supervisors, trainers, and coaches; and frontline staff who deliver services. Parents on the implementation teams can also provide important information about how parents perceive the intervention. Developers and intermediary organizations may also continue advising the implementation team on issues that arise, but perhaps less intensively than in earlier stages.

Institutionalize continuous improvement support and systems.

During full implementation, a key goal is to sustain the changes in operations and support systems that have been achieved to implement the parenting intervention with fidelity. Implementation team members should advocate for sustaining and institutionalizing systems in place for supervision, training and coaching, and using data to monitor implementation. This may involve decisions about which unit within the program, state, or network should be responsible for providing ongoing leadership for the intervention, assume the responsibility for sustaining the competencies of current staff and training new staff, and collect and maintain implementation and outcome data. During this phase, the implementation team should share their new knowledge and lessons learned about how to engage in Plan-Do-Study-Act cycles and data-driven decision making.

At the same time, the continuous improvement work should continue. The implementation team should continue collecting and reviewing data on a regular basis—perhaps quarterly or biannually—to assess fidelity and participant outcomes, identify areas in need of improvement, and identify and test potential improvements. Over time, as changes occur in organizational and community context, staff composition, and the needs of the families served, adjustments will inevitably be needed to maintain strong fidelity and good outcomes. An institutionalized continuous improvement process led by an experienced implementation team can facilitate more rapid identification of needs and development and testing of solutions.

Consider replication and adaptation.

Once the parenting intervention is fully implemented and institutionalized into practice as usual, the program, state, or network may be interested in considering broader use of the intervention. For example, if the intervention is being implemented in a single site, the program, state, or network might want to implement it in additional sites. The program may also want to use the intervention with new populations of parents, or suggest the intervention to other organizations in its community or stakeholder networks.

A full discussion of strategies for scaling up to new sites, or adapting an intervention to new contexts and populations, is beyond the scope of this *Implementation Guidebook*. However, steps for implementation outlined in this guidebook lay the foundation for this work. Replicating the intervention in a new setting should rely on a similar sequence of stage-based activities as those described here. Replication and scale up will be more feasible if the program, network, or state has:

- Operationalized and refined specific practice guidance for each intervention component
- Developed the content and structure of implementation supports (training, supervision, coaching, data collection, organizational policies and practices)
- Created tools and systems for collecting data and monitoring fidelity
- Documented positive participant outcomes
- Compiled lessons learned about using Plan-Do-Study-Act cycles for continuous improvement

Together, these tools provide a framework for beginning implementation in a new setting. Realistically, taking an intervention to a new site is likely to involve some degree of modification to ensure that the parenting intervention fits with the new context (see the example shared at the end of the last chapter). These modifications should be made selectively and carefully to ensure that any changes do not result in decreased fidelity to critical elements of the intervention.

Experts stress the importance of using data to determine when interventions are not a good fit for specific communities or groups of parents. This could occur if the intervention does not match the specific risk and protective factors of a population, or parents in a specific community are not receptive to the approach used by the intervention (Lau, 2006). For example, cultural attitudes about behavior management and discipline need to be taken into account. If a particular parenting intervention selected by the program, state or network has not been proven to work effectively with a specific cultural community that, for example, holds differing attitudes about discipline than societal norms, a substantial adaptation of that intervention (for example, to address the specific disciplinary styles adhered to by this population) may be needed. Any adaptation will require careful planning, testing, and use of program data to drive decision making and monitor implementation of the changes. If possible, the developer should be involved in making decisions about substantial adaptation of an intervention.

Both modest modifications and more substantial adaptations are adjustments made along a continuum for the singular and intentional purpose of improving the effectiveness of the parenting intervention within a particular context. Of course, if modifications or adaptations do nott improve the fit of a parenting intervention for your community, or if these adjustments do not achieve the expected outcomes for your families, implementation teams should consider going back to the exploration stage to determine whether a different parenting intervention might be a better option for your program, community, state, or network.

The main goal of the full implementation stage is sustaining high-quality practice through institutionalizing the new parenting intervention and gathering data for continuous improvement. Implementation researchers increasingly emphasize the role of continuous quality improvement in making evidence-based interventions the best they can be in a range of contexts. This is done by taking time to reflect and discuss before, during and after implementation to promote shared and ongoing learning among intervention developers, staff and parents (Damschroder et al., 2009). Program, state, and network leaders need to use data and feedback loops among clients, staff and administrators to continually assess and improve the parenting intervention (Chambers, et. al., 2013). Small and ongoing adjustments that are made based on data gathered and used for continuous quality improvement are critical to the effectiveness of parenting interventions.

Implementation researchers increasingly emphasize the role of continuous quality improvement in making evidence-based interventions the best they can be in a range of contexts. This is done by taking time to reflect and discuss before, during and after implementation to promote shared and ongoing learning among intervention developers, staff and parents. Program, state, and network leaders should use data and feedback loops among clients, staff and administrators to continually assess and improve parenting interventions during initial and full implementation. Small and ongoing adjustments that are made based on data gathered and used for continuous quality improvement are critical to the effectiveness of parenting interventions.

Milestones for the Full Implementation Stage

Implementation teams

- Implementation team work plan and membership adjusted to focus on institutionalizing the intervention and support system

Data and feedback loops

- New knowledge and lessons learned by the implementation team about data-driven decision making shared within the program, state, or network
- Collection and monitoring of data to assess fidelity and participant outcomes and engage in continuous improvement continued
- Plan-Do-Study-Act cycles and stage-based implementation activities used to replicate the parenting intervention in new settings
- Data used to guide modifications or adaptations of the parenting intervention for new populations and carefully test the changes and ensure that fidelity to critical elements is not compromised; input of the intervention developer obtained if feasible

Implementation infrastructure

- Systems developed to build required competencies when new staff begin working on the parenting intervention
- A home for the parenting intervention within the program, state, or network is identified (organizational unit responsible for leadership, sustaining the support system, and collecting and maintaining program data)

Example: How Did a Multi-Site Organization Scale Up a Parenting Intervention?

Big City Head Start implemented a parenting intervention successfully at a large center within its city-wide Head Start network. Parents liked the content, participation in group sessions was strong, and staff felt confident delivering the material. The agency decided to continue the intervention at this center and expand to two additional centers within the Big City Head Start network. The agency created a new implementation team for each center, with staff from the initial site participating in some meetings to share their experiences and lessons learned. In each center, the team started by reviewing the initial site's implementation plan and considering how the plan might need to adjusted to take into account differences in parent characteristics and needs at each new center. They also discussed training and support for staff, data collection needed to monitor implementation, and strategies for recruiting parents. While the teams were able to build on the experiences of the original center, some changes were needed to fit the intervention into existing operations at each center. For example, in one of the new centers, an existing program for parents was already being offered. Recruitment materials were therefore modified to share information about both programs with incoming families. Because the other center mainly served Hispanic families, the implementation team at this center contacted the parenting intervention developer to see if there were videotapes of Spanish-speaking families engaged in culturally-appropriate activities with their children that they could use for group discussions; both the videotapes and group discussions are core components of the intervention. When they learned that such videotapes did not yet exist, they collaborated with the developer and their center's families to create new videotapes and discussion questions for use in their center, and collected data throughout the year to determine whether the new, adapted materials were effective intervention tools with this specialized population. Reviewing the responses from group discussions, the developer and center staff decided that small adjustments needed to be made to the new discussion questions in order to elicit the kind of discussion that was intended by the intervention developer. Creating new implementation teams was also important for another reason. The original implementation team needed to focus on continuing to monitor and support implementation in the first site. However, in order to continue the cross-center sharing of information, Big City Head Start instituted a new policy whereby one Network Meeting a month was devoted to sharing lessons learned about implementing the parenting intervention across centers. Members of center-specific implementation teams and center directors were invited to attend this monthly Network webinar to share information and learn from their peers. Successes and challenges to implementation at particular centers were shared, and solutions were collectively brainstormed. Minutes from these meetings were disseminated to all members of each center's implementation team and also accessible from an employee-only website for the network. In addition, effective practices were documented to share with new centers within the network that might implement the intervention in the future. Big City Head Start's goal was eventually to expand the parenting intervention into all its centers in the city-wide Head Start network. To accomplish this goal, staff needed to balance a focus on sustaining high-quality implementation in centers already offering the intervention and installing the intervention in new centers. Documenting effective adjustments of the intervention for particular centers within the network was part of this strategy.

Conclusion

For program, state, or network leaders who may be considering a parenting intervention or those who are in the process of reviewing the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) , this guidebook describes the steps and best practices that are essential for effective implementation of a parenting intervention. The guidebook has framed these essential activities within an implementation science framework, which includes the exploration, installation, initial implementation, and full implementation stages. In this way, readers can quickly orient themselves to their stage of implementation and identify the essential activities for that stage of implementation, or can work back to previous stages if needed.

The **exploration stage** is a planning time, for developing an understanding of the parents you wish to serve and identifying possible interventions that match these parents' priorities. Engaging parents in meaningful ways to understand their strengths and needs is a critical first step for identifying an intervention that may best meet their goals and needs. The exploration stage is also a critical time for program, state, or network leaders to develop an implementation team that will be charged with pursuing the activities necessary for effective implementation of a parenting intervention. Engaging implementation team members from the start in a process to understand collective roles, responsibilities, and the long-term goals of your work together will set a foundation for a strong working relationship.

While the activities in the exploration stage are focused on developing a secure foundation for the work ahead, the **installation stage** sets up the conditions for success for delivering parenting intervention services. Activities during the installation phase are focused on ensuring adequate resources are in place so that the parenting intervention can be implemented successfully. This is the stage of active preparation; no actual services are provided during this stage. Therefore, it is important to ensure there is adequate time to establish the resources and procedures that will be necessary to support implementation. Active preparation includes training staff, developing policies and procedures to facilitate the implementation of the intervention, developing coaching and ongoing support plans, and developing a strategy to recruit parents and families within the community. While many of these activities are established in the installation phase, they will likely be revisited on an ongoing basis into the initial implementation stage.

The **initial implementation** stage is a time for testing and fine-tuning implementation practices, policies, and procedures. To do this effectively, the implementation teams need to be prepared to gather data and stakeholder feedback to test the usability of each essential element (or core component) of the intervention, to monitor progress toward implementation fidelity and to identify any intervention improvement needs.

When the **full Implementation** stage is reached, the parenting intervention and implementation supports will become institutionalized, or integrated into practice as usual. For example, staff positions are filled, caseloads are full, and implementation supports are provided as part of routine operating procedures. Instead of refining and testing new implementation practices, policies, and procedures, as is done during initial implementation, the program, state, or network is instead focused on ensuring staff are using the intervention with fidelity and in a way that will lead to positive participant outcomes. Programs, states, and networks can apply what they have learned during initial implementation to replicate the intervention in new sites.

Both this *Implementation Guidebook* and the *Compendium of Parenting Interventions* (National Center on Parent, Family and Community Engagement, 2015) are intended to be easy-to-use tools for program, state, and network leaders to support parents in their efforts to raise happy, healthy, and productive children.

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Appendix A: Glossary of Terms

Glossary	Definition
Adaptation	A change to a core component (essential function) of an intervention as necessary when implementing an intervention in a new setting, with different conditions, or with families that are different from those in the original test groups.
Benchmark	A standard or point of reference for comparing one's performance or outcomes.
Coaching	Includes a range of individualized on-site (or online) strategies designed to help practitioners implement specific practices or skills
Core Components	All the components of an intervention that are considered necessary in order for the intervention to be successful and result in the desired outcomes. The core components include the necessary principles, contextual factors, and intervention elements or activities, and constitute the defining features of an intervention.
Critical elements	Critical elements are key processes, supports, or data collection activities that the team is most worried about getting right, either because they are essential to success or challenging to execute.
Curriculum	A structured, written plan of activities with intended outcomes for learning. It provides the framework around which educators/teachers organize the learning environment, experiences and interactions. In the more general sense it refers to the sequence of courses taken by a student.
Data	Information that is collected during the course of a study through surveys, observations, interviews. Data can be quantitative (numeric information) or qualitative (text-based information). Data serve as the basis for information, discussion and interpretation.
Data and Feedback loops	The communication processes for using data to guide decision-making. This involves collecting, analyzing, and using data as feedback to inform the implementation process in an ongoing way.
Dosage	Duration and frequency of which an intervention is offered following the guidelines of the intervention developer For example, dosage could be once a week for six weeks, two hours per week for a year, two half-day trainings, one full-day training, or a six-week course.
Evidence-based intervention	An intervention comprised of a set of coordinated activities that have been researched and found effective through some form of evaluation.
Exploration stage	The first stage of an implementation process. This stage involves assessing the potential match between an intervention and the identified needs of the program, network, or state seeking to implement an intervention. This stage also involves the decision-making process about whether to adopt an intervention.

Glossary	Definition
Fidelity	Extent to which the intervention is delivered as intended based on the essential functions (core components) of the intervention. For example, for a parenting intervention for mothers of infants, fidelity would involve using the intervention for the proper age group that was recommended by the developer. Fidelity focuses on ensuring that the intervention as delivered in practice and the intervention as described by its developer match.
Fit and feasibility	Fit refers to how well the intervention fits with the program, state, or network's current initiatives, priorities, structures, supports, and parent/community values. Feasibility refers to the program, state, or network's capacity and resources for implementing the intervention.
Full implementation	The fourth stage of the implementation process. In this stage, the intervention is being implemented fully with fidelity and with implementation supports in place, such as technical assistance and data systems. Continuous improvement activities are ongoing during this stage.
Implementation	A process or a specified set of steps for putting an intervention into practice.
Implementation components	The structures and processes necessary in each stage of implementation. These three components are: implementation teams, data and feedback loops, and the infrastructure of implementation.
Implementation supports	The specific activities, processes, and policies related to developing and maintaining implementation teams, data and feedback loops, and implementation infrastructure.
Implementation Science	The systematic study of the process for putting an intervention into practice.
Initial (or Early) implementation	*The stage of implementation* when the innovation is being used for the first time.
Implementation fidelity	To what extent the intervention is delivered in the same way as when it was first implemented and found to lead to positive outcomes.
Implementation teams	Groups of individuals who have the task of intentionally leading, monitoring and supporting implementation of the parenting intervention. Teams may include key stakeholders, as well as individuals who represent diverse roles in the program, network, or state such as teacher, administrators, family support staff, and parents or families. The activities of these teams vary depending on the stage of implementation.
Implementers	The individuals who are involved in implementing the parenting intervention.
Infrastructure of implementation	The organizational structures that need to be in place to support implementation, such as organizational policies and administrative, personnel, and financial structures and procedures.
Installation stage	The second stage in an implementation process. This stage involves all tasks that must be accomplished before implementation can begin. These tasks may include hiring qualified staff, conducting pre-service training, setting up data systems, establishing supervisory and fidelity-monitoring systems, and establishing relevant partnerships.

Glossary	Definition
Intermediary organization	An external entity or organization that helps to facilitate the process of implementing an intervention.
Intervention	The new parenting intervention that is being selected and implemented.
Logic Model	A flow chart or picture portraying the theory of change and the steps that must occur to achieve the desired outcomes.
Needs Assessment	A systematic process for identifying the needs of a particular group or individuals.
Outcomes	Measurable changes in the knowledge, skills, attitudes, values and/or behavior of individuals who have participated in an intervention.
Parenting Intervention	Interventions that have a central focus on parenting. Parenting interventions offer a structured set of activities that engage parents directly in ways that will influence parenting behaviors.
Plan, Do, Study, Act (PDSA) Cycles	A four-step process for testing change or making improvement that involves developing a plan to test a change (plan), conducting the test (do), observing and learning from the test (study), and making modifications (act).
Practice guidance	A document that clearly describes how to carry out each component of the parenting intervention. This may also be referred to as an intervention manual
Program	The entity implementing the parenting intervention, such as a program, state, or network.
Replicable intervention	Consists of repeating the intervention model that was undertaken by someone else and implementing it in new locations in ways that are similar to the way they were first implemented and tested.
Replication	Implementation of an intervention in new sites based on how the intervention is delivered at an existing site.
Scaling up	The deliberate expansion of an intervention or program that has been previously proven to be effective in one or a small number of settings
Stages of implementation	The distinct phases of the implementation process, that includes the stages of *exploration*, *installation*, *initial implementation*, and *full implementation*.
Terms of Reference or team charter	A document outlining the implementation team's goals, structure, and approach to completing the work.
Theory of change	A statement co-created by program, state, or network leaders and implementation teams that articulates target outcomes and possible pathways and processes by which change will occur.
Usability testing	The process of testing each of the elements of the intervention, typically conducted during the initial implementation stage using Plan, Do, Study, Act (PDSA) cycles. Results of the testing process lead to adjustments to improve implementation of the intervention.

Appendix B: Implementation Resources

Exploration Stage

Implementation Teams

- The Critical Role of Implementation Teams (The California Evidence-Based Clearinghouse for Child Welfare)
  This resource provides a brief overview of the various roles and responsibilities of implementation team members within each stage of implementation.

- Implementation Team Membership Tracking Tool (The California Evidence-Based Clearinghouse for Child Welfare)
  The Tracking Tool is a template designed to organize contact information for the members of the implementation team.

Team Charter/Terms of Reference

- Writing Terms of Reference for an Evaluation: A How-to Guide (Independent Evaluation Group of the World Bank)
  This how-to guide is part of a series developed by the Independent Evaluation Group aimed at disseminating practical information on various aspects of monitoring and evaluation. The focus of this guide is on writing Terms of Reference (ToR) for an evaluation. The guide includes sections on 1) the content of the Terms of Reference, 2) the preparation needed for writing the Terms of Reference, 3) the process of writing and implementing the ToR, and 4) resources to guide the process.

- Creating Team Alignment with Terms of Reference (National Implementation Research Network)
  This resource is one of the activities included in the NIRN Active Implementation Hub's Implementation Team learning module. The Active Implementation Hub, a site created by the State Implementation & Scaling-up of Evidence-based Practices Center (SISEP) and The National Implementation Research Network (NIRN), is a repository of resources designed to promote the knowledge and practice of implementation science. This activity guides an implementation team through the process of organizing and articulating a ToR.

- Terms of Reference Template (INVOLVE at the National Institute for Health Research)
  This template is designed to help implementers develop a ToR document. It includes suggested headings and questions that can be adapted to suit the needs of an individual project or initiative. The "See Also" boxes on this website also contain "real-life" examples of ToR.

- Terms of Reference Template (Victoria State Government Department of Education and Early Childhood Development)
  This template includes an outline for users to follow to establish the key components of a ToR including: purpose, leadership and membership, meeting schedule, level of administrative support, and conflict resolution processes.

- Terms of Reference Template (Nova Scotia Public Service Commission Employee Centre)
  This ToR template provides prompt questions to guide implementation team members through the process of establishing the scope of the team's responsibility, along with the responsibility of each individual member.

Fit and Feasibility

- The Hexagon Tool (National Implementation Research Network)
  The Hexagon Tool was designed to be a planning tool to evaluate programs and practices during the Exploration Stage of implementation. The aim of the Hexagon Tool is to help states, communities, and agencies systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication and capacity to implement.

Installation Stage

Readiness to Change

- Incredible Years® Agency Readiness Questionnaire
  This questionnaire, designed by the Incredible Years® program, can be used as a checklist to help organizations/agencies determine their readiness for using this program.
- Parents as Teachers Readiness Reflection
  The Readiness Reflection, designed by Parents as Teachers, can be used by organizations/agencies to assure that they are well-prepared to become a Parents as Teachers affiliate.
- State of Change Scale for Early Education and Care (Children's Institute)
  The Stage of Change Scale is a rating form that includes 7 items assessing early childhood caregivers' readiness to change their child care practices. Scale items measure intention to change, awareness of a need for change, seeking information, awareness of effects of behavior on children, confidence in overcoming obstacles to change, social support, and professional identity. The rating form is designed to be completed by mentors/coaches working with center- or home-based early childhood caregivers/teachers. The rating forms can be purchased for $56.25 (package of 25 forms).

Initial Implementation Stage

Implementation Plans

- Best Practices for a Strong Implementation Plan (Office of Children, Youth and Families/Family and Youth Services Bureau)
  This PowerPoint presentation was developed for a webinar hosted by the Office of Adolescent Health and Administration on Children, Youth and Families/Family and Youth Services Bureau. It describes the key elements of an implementation plan and how it is used in program development. The presentation also includes sample implementation plans.

Training for Staff/Coaches

- Incredible Years® Resources for Coaches
  This website includes training protocols, forms and measures for Incredible Years® peer coaches. Only those who have purchased the Incredible Years® programs have permission to use and distribute these materials.

Usability Testing

- Usability Testing (National Implementation Research Network)
  This website provides an overview of Usability Testing. It is part of the NIRN Active Implementation Hub's learning module on Improvement Cycles.

- Plan-Do-Study-Act (PDSA)-Who Am I? (National Implementation Research Network)
  This resource is one of the activities included in the NIRN Active Implementation Hub's Improvement Cycle learning module. This activity is focused on Plan-Do-Study-Act cycles and helps users understand their PDSA strengths, recognize strengths in others, and identify potential team gaps.

- Plan-Do-Study-Act (PDSA) Cycle (National Implementation Research Network)
  This is another activity included in the NIRN Active Implementation Hub's Improvement Cycle learning module. This activity provides hypothetical implementation challenges and prompts users to reflect on how to apply the Plan-Do-Study-Act cycle.

- Plan-Do-Study-Act Worksheet (Institute for Healthcare Improvement)
  This Plan-Do-Study Act worksheet was developed for use in the Institute for Healthcare Improvement's "Methods and Tools for Breakthrough Improvement" course. It can be adapted and used to help an implementation team document a test of change.

- PDSA Worksheet: Using the Model for Improvement (The National Child Traumatic Stress Network)
  This worksheet is part of the Learning Collaborative Toolkit, developed by Markiewicz, Ebert, Ling, Amaya-Jackson, and Kisiel (2006) for the National Child Traumatic Stress Network. It includes several questions to guide users through the Plan-Do-Study-Act cycle.

- PDSA Worksheet 1(New York State Department of Health)
  This sample worksheet provides examples of the elements included in each component of the Plan-Do-Study-Act cycle. This example focuses on a program aimed at increasing the physical activity of elementary school students.

Fidelity Monitoring

- Designing a Fidelity Assessment System: Identifying Challenges and Strategies (National Implementation Research Network)
  This activity is included in NIRN's Active Implementation Hub learning module on Fidelity Assessment. It provides an initial four-step approach for identifying, categorizing, and discussing challenges in implementing a fidelity assessment, and then provides space to outline an action plan to address those challenges.

- More than Just a Checkbox: Bringing Meaning to Your Use of Fidelity Observation Tools (Evidence-based Prevention and Intervention Support Center (EPISCenter))
  This site outlines several considerations for implementation teams to consider when developing and using a fidelity monitoring tool.

- Individualized Positive Behavior Support (IPBS) Fidelity Checklist (Lentini, R.)
  This is a sample of a fidelity checklist developed for users of the Individualized Positive Behavior Support program.

- Incredible Years® BASIC Parent Group Leader Checklist
  This sample fidelity checklist was designed for Incredible Years® parent group leaders to complete together following a program session, or for a parent group leader to complete for him/herself when reviewing a video of a program session.

- Incredible Years® DINA Small Group Therapy Checklist
  This sample fidelity checklist was designed for Incredible Years® child small-group therapy leaders to complete together following a program session, or for a child small-group therapy leader to complete for him/herself when reviewing a video of a program session.

Full Implementation Stage

Program Feedback/Satisfaction Surveys

- Incredible Years® Measures and Forms
  Included on this section of the Incredible Years® website are satisfaction forms and evaluations for parent programs, child programs, and teacher programs.

General Implementation Resources

- Integrated, Stage-based Implementation Planning Tool; located in Appendix (pp. 20-23) of: Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services).
  This research brief is part of a series that seeks to provide early childhood researchers, program developers, and funders with an introduction to implementation frameworks and promising practices in implementation science. This brief defines and describes the different roles and functions of the core elements of each stage of implementation. It provides examples of how an integrative, stage-based framework can be used by early childhood program developers, researchers, and policymakers and includes a planning tool that captures key activities and questions that arise at each stage for each of the three core implementation elements.

- Stages of Implementation Analysis: Where Are We? (National Implementation Research Network)
  This tool provides implementation teams with the opportunity to plan for and/or assess the use of stage- based activities to improve the success of their implementation efforts. The tool can be used to assess current stage activities (e.g. "We are in the midst of exploration") or past efforts related to a stage (e.g. "We just completed most of installation. How did we do? What did we miss?).

- Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems (California Evidence-based Clearinghouse for Child Welfare)
  This guide provides information and examples of implementation relevant to those working with children and families in the child welfare and other social services systems. It provides concrete information that organizations/agencies can use to evaluate their needs, identify what programs are currently being used, make decisions about which new programs, if any, to add, and plan for implementation activities.

- National Implementation Research Network (NIRN) Active Implementation Hub Modules
  The NIRN Active Implementation Hub contains several short (45-60 minute) online modules designed to be self-paced, or blended with in pre-service and in-service training. They include content, activities and assessments designed to promote the knowledge and practice of implementation science and scaling-up programs.

- National Implementation Research Network (NIRN) Active Implementation Hub Resource Library
  The NIRN Active Implementation Hub Resource Library includes many activities, evaluation and planning tools, handouts, and video vignettes related to the key components of implementation science.

- California Evidence-based Clearinghouse for Child Welfare Implementation Measures
  This resource highlights several types of implementation measures, including Readiness Measures, Leadership Measures, and Culture and Climate Measures. The majority of these measures are accessed by contacting the measure developer(s) (contact information is listed on the website).
- Planning, Conducting, and Evaluating Parenting Education Programs (North Carolina State University)
  This paper guides users through the process of planning, conducting, and evaluating parenting education programs. It includes several templates that could be modified for individual use.
- Learning Collaborative Toolkit and Support Materials (National Child Traumatic Stress Network)
  The National Child Traumatic Stress Network (NCTSN) Learning Collaborative Toolkit is a guide to successfully developing and leading a Learning Collaborative that supports the organizational changes necessary to promote and sustain the delivery of NCTSN interventions. The Toolkit, which is divided into 11 Modules, outlines the steps necessary to plan and conduct a Learning Collaborative.

Appendix C: Checklists of Implementation Milestones, by Implementation Stage

The following checklist can help to determine if you have successfully completed the milestones of the exploration stage of implementation. Please feel free to photocopy this sheet and share with other members of your implementation team. Additional checklists, by implementation stage, follow on the next pages.

Milestones for the Exploration Stage

Implementation teams

- ☐ Identify the implementation team members; develop roles for each team member and a common understanding for how the work of the team will get done.

Data and feedback loops

- ☐ Determine the strengths and needs of parents within your community.
- ☐ Identify the parenting intervention that addresses the specific strengths and needs of families within your community.
- ☐ Determine the fit and feasibility of implementing the intervention.

Implementation infrastructure

- ☐ Develop a logic model and theory of change to guide the work of the implementation team.

Milestones for the Installation Stage

The following checklist can help to determine if you have successfully completed the milestones of the installation stage of implementation. Please feel free to photocopy this sheet and share with other members of your implementation team.

Implementation teams

- ☐ Implementation team members have been fully trained on the selected parenting intervention, including key components of the intervention.
- ☐ Implementation team members have been fully trained on implementation components (what they are, their function and importance, and how to establish them).

Data and feedback loops

- ☐ Communication protocols and feedback loops have been outlined and established. A written record exists for future reference (perhaps as an addendum to the Terms of Reference or embedded within organizational policy).
- ☐ Data systems have been integrated into existing staff performance data or set up to capture and analyze staff performance, fidelity and dosage data, and outcomes data.
- ☐ Data systems have been assessed and determined to be ready for supporting staff and serving families.

Implementation infrastructure

- ☐ Staff for initial implementation have been identified and fully trained on the selected parenting intervention.
- ☐ Potential modifications to training materials or procedures have been noted, based on initial training.
- ☐ Coaches have been identified and trained on the selected parenting intervention and on implementation components.
- ☐ Coaching plans and practice profiles have been developed to support staff in the new parenting intervention.
- ☐ Organizational leadership has expressed and demonstrated commitment to the new parenting intervention.
- ☐ Policies, procedures and processes have been revised or developed to support the new parenting intervention and its launch in the community.
- ☐ Community partners have been engaged. Agreements with community partners have been established and partner expectations are clear.
- ☐ Recruitment materials and strategies have been developed to engage families in the new parenting intervention. The materials are linguistically and culturally appropriate for the target populations.

Milestones for the Initial Implementation Stage

The following checklist can help to determine if you have successfully completed the milestones of the initial implementation stage. Please feel free to photocopy this sheet and share with other members of your implementation team.

Implementation teams

- ☐ Implementation team work plan adjusted to focus on usability testing and continuous improvement during initial implementation
- ☐ Implementation team membership, roles, and responsibilities updated to focus on initial implementation; new members added, as needed

Data and feedback loops

- ☐ Critical elements tested and refined as needed
- ☐ All program components implemented
- ☐ Program data collection and fidelity monitoring fully operational
- ☐ Regular assessment of implementation progress is carried out by the implementation team based on program data and staff and stakeholder input

Implementation Infrastructure

- ☐ Adjustments to practice guidance and fidelity monitoring tools tested and adopted as needed
- ☐ Adjustments to implementation supports (training, coaching, supervision, data use practices) tested and adopted as needed

Milestones for the Full Implementation Stage

The following checklist can help to determine if you have successfully completed the milestones of the full implementation stage. Please feel free to photocopy this sheet and share with other members of your implementation team.

Implementation teams

- ☐ Implementation team work plan and membership adjusted to focus on institutionalizing the intervention and support system

Data and feedback loops

- ☐ New knowledge and lessons learned by the implementation team about data-driven decision making shared within the program, state, or network
- ☐ Collection and monitoring of program data to assess fidelity and participant outcomes and engage in continuous improvement continued
- ☐ Plan-Do-Study-Act cycles and stage-based implementation activities used to replicate the parenting intervention in new settings
- ☐ Data used to guide modifications or adaptations of the parenting intervention for new populations and carefully test the changes and ensure that fidelity to critical elements is not compromised; input of the intervention developer obtained if feasible

Implementation infrastructure

- ☐ Systems developed to build required competencies when new staff begin working on the parenting intervention
- ☐ A home for the parenting intervention within the program, state, or network is identified (organizational unit responsible for leadership, sustaining the support system, and collecting and maintaining program data)