INTRODUCTION

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Applications of translation and implementation science to community psychology: An introduction to a special issue

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1 | INTRODUCTION

Community psychology has been described as a "broad tent" (Toro, 2005). Many implementation scientists and practitioners are already standing under this tent, but more collaboration between the fields of community psychology and implementation science could be beneficial. Implementation science provides frameworks, methodologies, and research findings that support the mission of community psychology; while community psychology provides conceptual models from years of research and the insight from collaborating and partnering with members of the community. Integrating and leveraging the knowledge of both fields can serve to improve the quality of the work done in translation and implementation, and increase the implementation of evidence-based practices into community settings. As such, this special issue attempts to connect the tents of implementation science and community psychology. This collection of work is a representation of some of the best work bridging implementation science and community psychology, and also highlights some of the most promising young researchers rising in this field.

Despite a nearly 50-year history of the *Journal of Community Psychology*, much of the research on interventions and treatments have yet to make a strong impact in community settings. While progress has been made, researchers continue to grapple with questions such as: Which ingredients are necessary for intervention success in various community settings? How are treatments effectively transported into community settings? How can we help communities build capacity? To answer these, we need research endeavors that can help power knowledge translation and support the implementation of effective intervention into community settings.

The lack of translation of research evidence—also referred to as the research-to-practice gap—has sparked the growth of implementation science as a specialty field of study. Implementation science refers to the study of methods to increase the uptake of evidence-based practices into care settings, and improve the quality and effectiveness of services research (Bauer, Damschroder, Hagedorn, Smith, & Kilbourne, 2015). In order for research findings to reach the communities they were meant to benefit, an in-depth understanding of how our research can be meaningful and applicable to those various contexts and communities is required.

This special issue includes a collection of research articles that tackle the complicated issues of translating knowledge or interventions for successful dissemination and implementation in community settings. This includes research projects that aim to better understand aspects of a community and its stakeholders to better inform subsequent implementation. It also emphasizes the necessity to conduct research that explores and evaluates the various processes underlying implementation by measuring outcomes such as acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and/or sustainability (Proctor et al., 2011). In this introductory article, we provide the readership of the *Journal of Community Psychology* with some of the basic models and methodologies of implementation science while highlighting themes identified across the special issue's articles that align with cutting-edge topics in implementation science.

This special issue includes 12 exciting articles that leverage implementation science in community-focused and relevant ways by offering several opportunities to take an up-close look at how implementation frameworks and strategies are leveraged in the development (Okamoto et al., 2020), and implementation (Haroz et al., 2020; Pollastri, Wang, Youn, Ablon, & Marques, 2020) of community programming. These efforts are largely done in close collaboration with community partners to ensure buy-in and sustainment of the implementation efforts. As part of these efforts, capacity building of indigenous workforces is a prominent theme (e.g., Strompolis, Montana, Wilson, Aldridge, & Armstrong, 2020; Worton, 2020). Adaptation—the process of making thoughtful and deliberate changes or adjustments to an existing intervention so it can better fit a particular context (Wiltsey Stirman, Gamarra, Bartlett, Calloway, & Gutner, 2017)—is also a recurring theme in this special issue. We introduce an exciting new framework—"Iterative Decision-making for Evaluation of Adaptations" (IDEA)—specifically designed to guide decisions regarding the use of adaptations in the implementation process (Miller, Wiltsey-Stirman, & Baumann, 2020). This is critical when considering that adaptations are often necessary when implementing evidence-based practices in novel community settings. Indeed, this issue provides several illustrations of how adaptations are an integral part of community care (Berkel et al., 2020; Chlebowski, Hurwich-Reiss, Wright, & Brookman-Frazee, 2020; Haine-Schlagel, Rieth, Dickson, Brookman-Frazee, & Stahmer, 2020; Kim et al., 2020). Implementation of new evidence-based practices into community settings can cause some stress on the workforce. As such, Whitaker et al. (2020) share findings from their randomized controlled trial to explore whether the adoption of evidence-based practices leads to job turnover. Finally, Last et al. (2020) explore how demographic considerations can impact the effectiveness of evidence-based practices that are transported into community settings.

2 | WHAT IS IMPLEMENTATION SCIENCE, HOW IS IT DONE, AND WHY DOES IT MATTER TO COMMUNITY PSYCHOLOGISTS?

Efficacy trials concern themselves with determining if a treatment works in ideal and highly controlled conditions, while effectiveness trials concern themselves with understanding if these treatments work in clinical practice, usually with heavy support from researchers (Seligman, 1995). By contrast, implementation trials focus on furthering the incorporation of research findings, including the use of evidence-based treatments into practice, to improve service outcomes (Eccles & Mittman, 2006). As such, implementation scientists study the *process* of implementing something (usually a treatment) that has been shown to work in research studies (in efficacy or effectiveness trials) into a usual care setting (community care, community-based organization, etc).

Implementation scientists rely on a number of implementation strategies to achieve their aim of supporting the uptake of evidence-based practice. An implementation strategy refers to a method or technique that can be used to "enhance the adoption, implementation, and sustainability of a clinical program or practice" (Proctor, Powell, & McMillen, 2013). Colloquially speaking then, an intervention is "the thing" and an implementation strategy is "the way" to support individuals to "do the thing" (Curran, 2020). Implementation strategies can fall into five categories (Powell et al., 2012): (a) Planning strategies, such as assessing for readiness and building buy-in, (b) education

strategies such as training and outreach, (c) finance strategies such as incentivizing the use or penalizing the nonuse of evidence-based practice, (d) quality management strategies, such as quality monitoring and feedback, and (e) policy strategies such as accreditation and membership.

To study this process and organize the use of the strategies listed above, implementation scientists use a variety of conceptual frameworks to guide their work. These frameworks place varying emphasis on different aspects of the implementation process such as the innovation (content), the adopter, the context, adaptations, or relationships among collaborators. Frameworks are useful because they provide a systematic structure to guide the development and evaluation of implementation efforts. Implementation science frameworks have been broadly divided into five categories (Nilsen, 2015): (a) Process models, describe the steps that take place to translate research into practice; (b) determinant frameworks, identify the factors that serve as barriers or facilitators of implementation; (c) classic theories, refer to frameworks drawn from other areas that help explain implementation phenomenon, like the diffusion of innovations (Rogers, 2003); (d) implementation theories, refer to theories that have been developed by implementation scientists to explain certain aspects of implementation; and (e) evaluation frameworks, describe the outcomes that should be measured during implementation. These frameworks provide a wealth of information to help consider the necessary information to guide translation and implementation, the important levers to move to enact change, and the way to understand and evaluate this in the context of research.

Implementation science methodology has advanced considerably in the past decade. New models of trial designs such as effectiveness-implementation hybrid designs (Curran, Bauer, Mittman, Pyne, & Stetler, 2012) simultaneously test issues of implementation with issues of effectiveness and increase the focus on the mechanisms of action that drive successful implementation (Lewis, Klasnja et al., 2018). Researchers in the field have also placed an increased emphasis on measurement to increase the validity and reliability of implementation research. To support this effort, the Society for Implementation Research Collaborative maintains a repository of implementation measures that is available for their members (https://societyforimplementationresearchcollaboration.org/measures-collection/). Each measure is rated on various factors corresponding to their psychometric properties and pragmatic qualities (Lewis, Mettert et al., 2018) to help standardize the measurement done in the field.

3 | WHAT ARE SOME PRESSING ISSUES AT THE INTERSECTION OF IMPLEMENTATION SCIENCE AND COMMUNITY PSYCHOLOGY?

This special issue collects 12 articles at the intersection of implementation science and community psychology. In reviewing these articles, we noted a few cross-cutting themes. These themes represent important research areas in both fields. Advancing understanding in these areas will hopefully lead to increased integration of evidence-based findings in community settings.

Theme 1: What constitutes an "evidence-base" for the implementation of evidence-based practices in community settings? Implementation science is defined as the integration of evidence-based practices in routine care settings. However, this definition begs the question of what is meant by "evidence-based" practices and what might be offered to a community where no "evidence-based" practices exist. As a field, we are cautious about the risk of potentially doing harm in a community by introducing something that would be damaging either through direct harm (e.g., negative effects of therapy; Barlow, 2010) or opportunity costs (e.g., investing resources into implementing an intervention that is effectively inert). Implementation science has contended with these issues and has identified different ways in which evidence in one setting or context might be applicable to other settings or contexts (Aarons, Sklar, Mustanski, Benbow, & Brown, 2017). For instance, therapies that are developed and tested in the United States have been effectively transported to low- and middle-income countries (e.g., Murray et al., 2015). It is important to note, however, that what might count as sufficient evidence or even evidence itself, such as randomized controlled trials, standards of practice, or policy, might be viewed differently in different communities.

Several papers address these themes by emphasizing the importance of teaming up with communities, even using partnerships as an implementation strategy itself, to impact the way in which interventions are implemented. For example, Haroz et al. (2020) present how surveys and workshops were used in Native American and low-income communities to tailor the adaptation of the *Family Spirit*, a home-based visiting program. Strompolis et al. (2020) discuss the important issue of leveraging local capacity through the role of a "Community Capacity Coach"—a community-embedded individual who works to bridge local and state resources in the implementation of the Positive Parenting Program in South Carolina. Many communities may rely on collaboratives or collectives to learn from similar communities and support a common "evidence-base." Worton (2020) discuss such an opportunity for a multicommunity network to support the capacity of a housing first program to curb homelessness. Finally, it is important to consider what impact evidence-based practice integration might have in varied settings. To understand the impact of an implementation initiative on job turnover, Whitaker et al. (2020) randomized providers across child welfare agencies to either adopt an evidence-based child maltreatment prevention program or provide treatment as usual. Favorable views towards and experience with evidence-based practices were important predictors of turnover, illustrating that it is essential to understand how a community views both the practices being implemented and the research supporting them.

Theme 2: How do we understand and engage stakeholders and help design in context? Engaging various stakeholders is important if we are to design or adapt programs that are acceptable and engaging to the end-user and fit the context. Stakeholders can be engaged for different purposes and in various ways. Understanding for and adapting to local considerations such as workforce characteristics, local capacity, provider preferences, and consumer demographics is critical for a practice to be adopted and sustained (Fixsen, Naoom, Blase, & Friedman, 2005; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). For example, user-centered design methods propose to leverage what we know about the setting in which a product (i.e., evidence-based practice) will be used to design it (or adapt it) in a way that will maximize its potential for adoption (Lyon & Koerner, 2016). Without input from end-users and stakeholders, developers may miss critically important information that can sabotage even the best implementation efforts.

Several of the articles in this special issue describe how they actively engaged with various community members to increase buy-in, inform design, or otherwise support the implementation process. Pollastri et al. (2020) illustrate this process through the lens of using an implementation framework which includes strategies to involve stakeholders, including asking staff to complete a survey or participate in a focus group and identification of champions to support implementation efforts. Similarly, Okamoto et al. (2020) rely on implementation strategies from the Consolidated Framework for Implementation Research (Damschroder et al., 2009) and use a community-based participatory research approach to develop a school-based drug prevention program in rural Hawaii for Native Hawaiian youth. Specifically, they relied on input from educational stakeholders (teachers, principals, superintendent, and school counselors) to validate the curriculum and prepare for implementation. Berkel et al. (2020) describe their process of creating a community advisory board comprised of stakeholders such as clinical staff, state government representatives from Medicaid, health plan administrators, and researchers to inform the development of a parenting program for implementation in a primary care setting. The involvement of the stakeholders provided valuable information about how to adapt the parenting program to ensure fit to the local context and resources. Chlebowski et al. (2020) conducted focus groups with both therapists and Latinx parents to collect recommendations to inform cultural adaptations of an autism mental health intervention. Finally, Last et al. (2020) provide a glimpse into how the socio-demographics of consumers of EBTs can impact their effectiveness when tested in community settings. Specifically, they explored socio-demographic information of youth participating in an effectiveness trial of an EBT and collected information about their neighborhoods. They concluded that youth participating in these community-based trials face significant financial adversity, beyond what is typically seen in participants in efficacy trials. This is important to document given the drop in favorable outcomes when EBTs are taken into community settings.

As we can see from these articles, involving stakeholders early on to inform program development, adaptation, and/or implementation is essential to ensure that local needs are met within the constraints of local resources and various contexts (e.g., schools vs. primary care vs. community care).

Theme 3: How do we understand and leverage adaptation to improve implementation outcomes? Despite the tension in the field between the necessity for adaptation and benefits of fidelity (McHugh, Murray, & Barlow, 2009), the general consensus is that adaptation is inevitable when EBTs are delivered in community settings. In this special issue, Miller et al. (2020) introduce us to an exciting framework that can inform several aspects of the adaptation process. IDEA guides implementation scientists and stakeholders through several steps of the adaptation process starting with identifying if there is a need for an adaptation, ensuring fidelity to core elements of the evidence-based practice being implemented, the timeframe to make adaptations, along with a collection of pilot data, implementation, and clinical outcomes data, and stakeholder feedback. Kim et al. (2020) provide a naturalistic observation of spontaneous adaptations made in community care. Clinicians often make adaptations to their EBTs when treating youth and families. In this study, adaptations happened in 59% of sessions. These adaptations were categorized into three categories: Augmenting (such as repeating sessions, elaborating, lengthening sessions, or modifying presentations); reducing (pausing, skipping, removing, or shortening delivery of sessions); and generalizing (applying a strategy to a different context, population or situation). Clinicians were more likely to augment EBTs than reduce them. In particular, augmentation occurred among clinicians with more open attitudes about EBTs, clinicians treating younger children and certain presenting problems (externalizing vs. internalizing). Clearly, if adaptations are inevitable, understanding what these look like in community care (Kim et al., 2020) can help implementation scientists and stakeholders make informed decisions about adaptations using a framework such as IDEA (Miller et al., 2020).

Theme 4: How do we tailor implementation strategies to be most effective for specific community settings? The field of implementation science has advanced considerably partly as a result of better specifying (Proctor et al., 2013) and cataloging (Powell et al., 2015) implementation strategies. Recent work, however, has demonstrated the importance of developing methods for tailoring and contextualizing implementation strategies (Powell et al., 2017) and to catalog implementation strategies for specific settings, like schools (Cook, Lyon, Locke, Waltz, & Powell, 2019). Several of the articles in this special issue tackle the subject of understanding context with the goals to tailor and adapt strategies to support implementation.

One important step in tailoring implementation strategies for a specific community is to run proposed strategies through the community for feedback and adaptations. Okamoto et al. (2020) used such processes in their tailoring for implementation of their school-based curriculum for Native Hawaiians. Workshops can also specifically focus on tailoring those implementation strategies, as was completed for Haroz et al. (2020) with Native American communities. Worton (2020) noted several important contextual factors—shared philosophies and values, leadership structure, stage of the implementation, funding strategies and sources, and specific skill sets—that contributed to the implementation of housing first across communities. These papers contribute practical and conceptual knowledge about the methods one could use to tailor implementation strategies and illustrate the benefits of doing so in various settings.

4 | FUTURE DIRECTIONS

These articles do not represent the first articles published in the field of implementation science in the *Journal of Community Psychology*. Past articles have outlined the role that academic-community partnerships can play in implementation (Pellecchia et al., 2018), ways to assess organizational readiness for implementation (Scaccia et al., 2015), and the importance of determining fit between communities and interventions (Youn et al., 2020). However, this special issue demonstrates the strong commitment of this journal to support work advancing issues of knowledge translation and implementation science. We highlight several key themes—considering relevant

evidence bases for community settings, involving stakeholders, exploring intervention adaptations, and tailoring implementation strategies—that suggest key areas for future research. Another key aspect of future work, however, should be to make sure this knowledge transfer goes both ways. Academics and researchers can be helpful to advance the science of implementation, to create generalizable and translatable knowledge such that one community might be able to learn and apply lessons from another community. Community practitioners can also be helpful in advancing the practice of implementation. They can take interventions and adapt, tailor, and scale them to ensure that people in their communities benefit from research-backed interventions. We should also attempt to mold this study into a true two-way street such that researchers do not merely throw their work "over the wall" with the hopes that community practitioners might be able to use it. Rather, research questions and methodologies need to be guided by what might actually benefit communities, by involving potential providers and consumers in the process. These are ambitious goals, but goals we should strive for in the hopes of advancing the role of psychology in human development, interaction, and functioning.

5 | CONCLUSION

We hope these articles inspire and motivate readers of this journal to take on the challenging task of not only implementing but understanding implementation in a way that can benefit others. We aimed to pitch a wide tent and push the limits of what is understood as community psychology and implementation science. We greatly enjoyed the process of creating this special issue and thank the authors, reviewers, and editorial staff for making it happen. None of this would be possible without the vision and leadership of Michael Blank, *Journal of Community Psychology's* Editor-in-Chief who created the initial call for this special issue. Most importantly this special issue showcases the challenge of putting effective interventions into practice in communities, yet the enormous potential of doing so for our research endeavors.

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REFERENCES

Aarons, G. A., Sklar, M., Mustanski, B., Benbow, N., & Brown, C. H. (2017). "Scaling-out" evidence-based interventions to new populations or new health care delivery systems. *Implementation Science*, *12*(1), 111. https://doi.org/10.1186/s13012-017-0640-6

Barlow, D. H. (2010). Negative effects from psychological treatments: A perspective. *American Psychologist*, *65*(1), 13–20. https://doi.org/10.1037/a0015643

Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC Psychology*, *3*(1), 32. https://doi.org/10.1186/s40359-015-0089-9

Berkel, C., Rudo-Stern, J., Abraczinskas, M., Wilson, C., Lokey, F., Flanigan, E., ... Smith, J. D. (2020). Translating evidence-based parenting programs for primary care: Stakeholder recommendations for sustainable implementation. *Journal of Community Psychology*, *48*(4), https://doi.org/10.1002/jcop.22317

Chlebowski, C., Hurwich-Reiss, E., Wright, B., & Brookman-Frazee, L. (2020). Using stakeholder perspectives to guide systematic adaptation of an autism mental health intervention for Latinx families: A qualitative study. *Journal of Community Psychology*, *48*(4), https://doi.org/10.1002/jcop.22296

Cook, C. R., Lyon, A. R., Locke, J., Waltz, T., & Powell, B. J. (2019). Adapting a compilation of implementation strategies to advance school-based implementation research and practice. *Prevention Science*, *20*(6), 914–935. https://doi.org/10.1007/s11121-019-01017-1

Curran, G. M. (2020). Implementation science made too simple: A teaching tool. *Implementation Science Communications*, *1*, 4. https://doi.org/10.1186/s43058-020-00001-z

Curran, G. M., Bauer, M., Mittman, B., Pyne, J. M., & Stetler, C. (2012). Effectiveness-implementation hybrid designs: Combining elements of clinical effectiveness and implementation research to enhance public health impact. *Medical Care*, 50(3), 217–226. https://doi.org/10.1097/MLR.0b013e3182408812

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 50. https://doi.org/10.1186/1748-5908-4-50

Eccles, M. P., & Mittman, B. S. (2006). Welcome to implementation science. *Implementation Science*, 1, https://doi.org/10.1186/1748-5908-1-1

Fixsen, D. L., Naoom, S. F., Blase, K. A., & Friedman, R. M. (2005). Implementation research: A synthesis of the literature. *NIRN implementation Brief*, 1, 218–227.

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly*, 82(4), 581–629. https://doi.org/10.1111/j.0887-378X.2004.00325.x

Haine-Schlagel, R., Rieth, S., Dickson, K., Brookman-Frazee, L., & Stahmer, A. (2020). Adapting parent engagement strategies for an evidence-based parent-mediated intervention for young children at risk for autism spectrum disorder. *Journal of Community Psychology*, 48(4).

Haroz, E. E., Ingalls, A., Wadlin, J., Kee, C., Begay, M., Neault, N., & Barlow, A. (2020). Utilizing broad-based partnerships to design a precision approach to implementing evidence-based home visiting. *Journal of Community Psychology*, 48(4), https://doi.org/10.1002/jcop.22281

Kim, J. J., Brookman-Frazee, L., Barnett, M. L., Tran, M., Kuckertz, M., Yu, S., & Lau, A. S. (2020). How community therapists describe adapting evidence-based practices in sessions for youth: Augmenting to improve fit and reach. *Journal of Community Psychology*, 48(4), https://doi.org/10.1002/jcop.22333

Last, B. S., Rudd, B. N., Gregor, C. A., Kratz, H. E., Jackson, K., Berkowitz, S., ... Beidas, R. (2020). Sociodemographic characteristics of youth seeking evidence-based trauma treatment in the city of Philadelphia. *Journal of Community Psychology*, 48(4), https://doi.org/10.1002/jcop.22306

Lewis, C. C., Klasnja, P., Powell, B., Tuzzio, L., Jones, S., Walsh-Bailey, C., & Weiner, B. (2018). From classification to causality: Advancing understanding of mechanisms of change in implementation science. *Frontiers in Public Health*, 6, 136. https://doi.org/10.3389/fpubh.2018.00136

Lewis, C. C., Mettert, K. D., Dorsey, C. N., Martinez, R. G., Weiner, B. J., Nolen, E., ... Powell, B. J. (2018). An updated protocol for a systematic review of implementation-related measures. *Systematic Reviews*, 7(1), 66. https://doi.org/10.1186/s13643-018-0728-3

Lyon, A. R., & Koerner, K. (2016). User-centered design for psychosocial intervention development and implementation. *Clinical Psychology: Science and Practice*, 23(2), 180–200. https://doi.org/10.1111/cpsp.12154

McHugh, R. K., Murray, H. W., & Barlow, D. H. (2009). Balancing fidelity and adaptation in the dissemination of empirically-supported treatments: The promise of transdiagnostic interventions. *Behaviour Research and Therapy*, 47(11), 946–953. https://doi.org/10.1016/j.brat.2009.07.005

Miller, C. J., Wiltsey-Stirman, S., & Baumann, A. A. (2020). Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of Community Psychology*, https://doi.org/10.1016/j.childyouth.2020.104876

Murray, L. K., Skavenski, S., Kane, J. C., Mayeya, J., Dorsey, S., Cohen, J. A., ... Bolton, P. A. (2015). Effectiveness of trauma-focused cognitive behavioral therapy among trauma-affected children in Lusaka, Zambia: A randomized clinical trial. *JAMA Pediatrics*, 169(8), 761–769. https://doi.org/10.1001/jamapediatrics.2015.058

Nilsen, P. (2015). Making sense of implementation theories, models, and frameworks. *Implementation Science*, 10(53), 53. https://doi.org/10.1186/s13012-015-0242-0

Okamoto, S. K., Helm, S., Chin, S. K., Hata, J., Hata, E., & Okamura, K. H. (2020). The implementation of a culturally grounded, school-based, drug prevention curriculum in rural Hawaiʻi. *Journal of Community Psychology*, 48(4), https://doi.org/10.1002/jcop.22222

Pellecchia, M., Mandell, D. S., Nuske, H. J., Azad, G., Benjamin Wolk, C., Maddox, B. B., ... Hadley, T. (2018). Community–academic partnerships in implementation research. *Journal of Community Psychology*, 46(7), 941–952. https://doi.org/10.1002/jcop.21981

Pollastri, A. R., Wang, L., Youn, S. J., Ablon, J. S., & Marques, L. (2020). The value of implementation frameworks: Using the active implementation frameworks to guide system-wide implementation of Collaborative Problem Solving. *Journal of Community Psychology*, 48(4), https://doi.org/10.1002/jcop.22325

Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2017). Methods to improve the selection and tailoring of implementation strategies. *The Journal of Behavioral Health Services & Research*, 44(2), 177–194. https://doi.org/10.1007/s11414-015-9475-6

Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., ... York, J. L. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review*, *69*(2), 123–157. https://doi.org/10.1177/1077558711430690

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., ... Kirchner, J. E. (2015). A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, *10*(1), 21.

Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: Recommendations for specifying and reporting. *Implementation Science*, *8*(1), 139. https://doi.org/10.1186/s13012-015-0209-1

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). New York, NY: Free Press.

Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A practical implementation science heuristic for organizational readiness: R= MC2. *Journal of Community Psychology*, *43*(4), 484–501. https://doi.org/10.1002/jcop.21698

Seligman, M. E. (1995). The effectiveness of psychotherapy: The consumer reports study. *American Psychologist*, *50*(12), 965–974. https://doi.org/10.1037//0003-066x.50.12.965

Stirman, S. W., Gamarra, J. M., Bartlett, B. A., Calloway, A., & Gutner, C. A. (2017). Empirical examinations of modifications and adaptations to evidence-based psychotherapies: Methodologies, impact, and future directions. *Clinical Psychology: Science and Practice*, *24*(4), 396–420. https://doi.org/10.1111/cpsp.12218

Strompolis, M., Montana, C. J., Wilson, A., Aldridge, W., & Armstrong, J. (2020). Community Capacity Coach: Embedded support to implement evidenced-based prevention. *Journal of Community Psychology*, *48*(4).

Toro, P. A. (2005). Community psychology: Where do we go from here? *American Journal of Community Psychology*, *35*, 9–16. https://doi.org/10.1007/s10464-005-1883-y

Whitaker, D., Lyons, M., Weeks, E., Hayat, M., Self-Brown, S., & Zahidi, R. (2020). Does adoption of an evidence-based practice lead to job turnover? Results from a randomized trial. *Journal of Community Psychology*, *48*(4), https://doi.org/10.1002/jcop.22305

Worton, S. (2020). Examining peer networking as a capacity building strategy for housing first implementation. *Journal of Community Psychology*, *48*(4), https://doi.org/10.1002/jcop.22240

Youn, S. J., Aguilar-Silvan, Y., Baldwin, M., Chablani-Medley, A., Patrick, K. A., Shtasel, D. L., & Marques, L. (2020). Ensuring the fit of an evidence-based curriculum for high-risk Latina young mothers using implementation science. *Journal of Community Psychology*, https://doi.org/10.1002/jcop.22321