



What Are Core Components...and Why Do They Matter?

Core components are the most essential and indispensable components of an intervention practice or program ("core intervention components") or the most essential and indispensable components of an implementation practice or program ("core implementation components").

Core Components for Interventions

Part of an implementer's goal is to implement only those attributes of a program or practice that are replicable and add value. Core intervention components are, by definition, essential to achieving good outcomes for consumers. However, understanding and adhering to the principles of intervention underlying each core component may allow for flexibility in form (the intervention's processes and strategies) without sacrificing the function associated with the component.

Knowing the core intervention components may allow for more efficient and cost-effective implementation and lead to decisions about what can be adapted to suit local conditions. Core intervention components may best be defined after a number of attempted applications of a program or practice, not just the original one.

Core Components for Implementation

The goal of implementation is to have practitioners base their interactions with clients and stakeholders on research findings (evidence-based practices and programs). Core implementation components help accomplish this task. The core implementation components consist of the following:

- Staff selection: Beyond academic qualifications or experience factors, certain practitioner characteristics are difficult to teach in training sessions so must be a part of the selection criteria. Staff selection also represents the intersection with a variety of larger system variables. General workforce development issues, the overall economy, organizational financing, the demands of the evidence-based programs in terms of time and skill, and so on impacts the availability of staff for human service programs.
- Pre-service and in-service training: Trainings are efficient ways to provide knowledge of background information, theory, philosophy, and values. They also help to introduce the components and rationales of key practices and provide opportunities to practice new skills and receive feedback in a safe training environment.
- Ongoing consultation and coaching: Most of the skills people need can be introduced in training but really are learned on the job with the help of a consultant or coach. Implementation of evidence-based practices and programs requires behavior change at the practitioner, supervisory, and administrative support levels. Training and coaching are the principle ways in which behavior change is brought about for selected staff in the beginning stages of implementation and throughout the process of evidence-based practices and programs.

- Staff and program evaluation: Staff evaluation is designed to assess the use and outcomes of the skills that are reflected in the selection criteria, are taught in training, and reinforced and expanded in consultation and coaching processes. Assessments of practitioner performance and measures of fidelity also provide useful feedback to managers and implementers regarding the progress of implementation efforts and the usefulness of training and coaching. Program evaluation assesses key aspects of the overall performance of the organization to help assure continuing implementation of the core intervention components over time.
- Facilitative administrative support: This provides leadership and makes use of a range of data inputs to inform decision-making, support the overall processes, and keep staff organized and focused on the desired outcomes.
- **Systems interventions**: These are strategies that work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners.

These are interactive components that can compensate for one another so that a weakness in one component can be overcome by strengths in other components. Organizations are dynamic and there is an ebb and flow to the relative contribution of each component to the overall outcomes. The feedback loops are important in keeping the evidence-based program "on-track." If the feedback loops (staff or process evaluations) indicate needed changes, then the system needs to be adjusted to improve effectiveness or efficiency.

Critical functions of implementation consist of practitioner training, coaching the practitioner on the job, regularly assessing fidelity, and using that information to improve the performance of practitioners who are selected for the position.

Multilevel Influences on Successful Implementation

The core implementation components are important in changing the behavior of practitioners and other personnel who are key providers of evidence-based practices within an organization. The core components are contained within and supported by an organization that establishes facilitative administrative structures and processes to select, train, coach, and evaluate the performance of practitioners and other key staff members; carries out program evaluation functions to provide guidance for decision-making; and intervenes in external systems to assure ongoing resources and support for the evidence-based practices within the organization.

The core components must be present for the implementation to occur with fidelity and good outcomes. The organizational components must be present to enable and support those core components over the long term. And, all of this must be accomplished over the years in the context of variable but influential changes in governments, leadership, funding priorities, economic boom-bust cycles, shifting social priorities, and so on.

Organizational Change and Development

Implementation of evidence-based practices and programs almost always requires organizational change. The elements often described as important to organizational change are:

- Commitment of leadership to the implementation process
- Involvement of stakeholders in planning and selection of programs to implement, to encourage buy-in and ownership during implementation and continuing operations and to keep negative forces at bay
- Creation of an implementation task force made up of consumers, stakeholders, including unions and community leaders to oversee the implementation process
- Suggestions for "unfreezing" current organization practices (including the use of external
 consultants or purveyors), changing those practices and integrating them to be functional,
 and then reinforcing the new levels of management and functioning within the organization
- Resources for extra costs, effort, equipment, manuals, materials, recruiting, access to expertise, re-training for new organizational roles associated with implementation of an innovation
- Alignment of organizational structures to integrate staff selection, training, performance evaluation, and on-going training
- Alignment of organizational structures to achieve horizontal and vertical integration
- Commitment of ongoing resources and support for providing time and scheduling for coaching, participatory planning, exercise of leadership, evolution of teamwork

Reference

<u>Implementation Research: A Synthesis of the Literature – 2005 (PDF | 2 MB)</u> at the National Institute on Drug Abuse (NIDA) Clinical Trials Network Dissemination Library

Published: 08/06/15

Last Updated: 09/04/2018