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COMMENTARY

Acting Locally *and* Globally: Dissemination Implementation Around the World and Next Door

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Murray et al. (2014–this issue) present a fascinating account of their international dissemination and implementation (D&I) research focused on training therapists in Thailand and Iraq to provide a modular treatment approach called Common Elements Treatment Approach to youth. In this commentary, we use Murray et al. as a springboard to discuss a few general conclusions about the current direction of D&I research. Specifically, we reflect on current D&I models, highlighting their ecological focus and their emphasis on stakeholder involvement. Next, we discuss the central importance of implementation supports such as treatment programs, training approaches, assessment and outcome monitoring tools, and organizational interventions. We conclude with a consideration of how D&I work that aims to adapt implementation supports for local needs represent a key path to our goal of sustainability.

In our city, as in many cities around the United States, there has been a strong emphasis on locally sourcing products. For example, many area restaurants proudly list the local farms from which they obtainED the ingredients for the items on the menu. This emphasis on thinking locally has a long tradition in the United States. It is thus not surprising that an emphasis on thinking locally has become fashionable in the field of children's mental health treatment research. Earlier in the history of the field, a strong emphasis was placed on the development of an evidence base to help ameliorate the mental health problems facing many individuals. These early efforts established a wealth of evidence-based treatments and represent a critical achievement for our field. In the last dozen or so years, however, there has been a realization that localization of these evidence-based treatments (EBTs) had been neglected so far. This realization led to the rise of translational and dissemination/implementation science, a burgeoning area of our field. Localizing—that is, adapting to fit specific (local) contexts—has been a key theme in dissemination and implementation science. Subsequently, there has been a strong emphasis on understanding stakeholder perspectives and adapting EBTs for specific contexts.

Thus, it was fascinating to read the article by Murray et al. (2014–this issue) because the themes of "thinking globally" and "acting locally" are both strongly emphasized. Their excellent and detailed description of their projects in Iraq and Southeast Asia demonstrates how far we have come in terms of our dissemination and implementation science. The paper also points to some emerging themes for our field to focus on moving forward. In this brief commentary, we use the Murray et al. paper as a launching point to discuss several issues related to the broader goal of going global by staying local—that is, disseminating what works best by learning how to tailor our implementation efforts to local needs and preferences. We start by providing a quick overview of some of the frameworks currently guiding dissemination and implementation science. Next, we introduce the notion that one important aspect of implementation efforts concerns the *how* and *what* of ***supports*** provided to the "end-users" of the evidence-based treatment, specifically focusing on *characteristics* of the supports. We conclude by discussing how best to move toward sustainability of our implementation efforts.

We start by briefly reviewing how we got here: how it is that we ended up, after so many years and so much effort of focusing on identifying "universal" EBTs, moving toward a renewed emphasis on the importance of local needs. Others have trod this ground before us, so

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our discussion here will be brief (e.g., Aarons, Hurlburt, & Horwitz, 2011; Proctor et al., 2009; Schoenwald & Hoagwood, 2001; Southam-Gerow, Rodríguez, Chorpita, & Daleiden, 2012). From the 1950s to the 1990s, we emphasized the development of generalizable knowledge about treatments (Chorpita et al., 2011; Southam-Gerow & Prinstein, 2004; Strupp & Howard, 1992). Given emerging epidemiological data suggesting high rates of psychopathology among children and adolescents in the United States and other countries (e.g., Merikangas et al., 2010; Rescorla et al., 2012), scientists focused their efforts on developing and testing psychosocial, pharmacological, and combined treatments for these problems. As most readers know, this led to a highly influential body of work that has had a profound and critically important public health impact (e.g., Chorpita et al., 2011). We now have a large number of EBT programs that address many of the mental health problems children and adolescents face. However, the field quickly discovered that the "if you build it, they will come" (or more appropriately, if you research it, therapists will deliver it) approach to dissemination of EBTs was not going to be sufficient. Instead, the emergence of dissemination and implementation (D&I) science helped to identify for the field the way forward to promote greater public health through identifying barriers to D&I and then devising interventions to overcome them.

One early emphasis of D&I science has been the elaboration of frameworks through which to conceptualize the challenges facing the field, as well as helping to guide efforts to overcome those challenges(e.g., Southam-Gerow, Arnold, Tully, & Cox, in press). Although a thorough review of the models that have been proposed is beyond the scope of this commentary, it is worth noting that by and large the various frameworks proposed share many similarities (see, e.g., Meyers, Durlak, & Wandersman, 2012; Southam-Gerow et al., in press). First, many models acknowledge and address the complex nature of the forces on dissemination and implementation by accounting for the influence of variables at multiple levels. For example, both the Mental Health Services Ecological model (e.g., Schoenwald & Hoagwood, 2001; Southam-Gerow et al., 2012; Southam-Gerow, Ringeisen & Sherrill, 2006) and Proctor et al.'s (2009) Implementation Research Model highlight the importance of different levels of the ecology to consider when planning D&I science. Specifically, the models describe how child, family, therapist, team, organization, and/or system variables may be important in D&I efforts. For instance, therapist attitudes about the use of EBTs, levels of family stress, and organizational culture may all individually influence the success of an EBT implemented in a community setting.

Aarons and colleagues (2011) emphasize similar notions with their concepts of "inner" and "outer" contexts as influences in implementation in public service sectors (cf. Damschroder & Hagedorn, 2011). By inner context, they are referring primarily to factors within an agency or organization, such as characteristics of the organization or characteristics of the employees in that organization. By outer context, they are referring to a broader set of variables, including the service system setting and the interrelations among different organizations in the service setting. The notion that appreciating the relevance of various levels of influence on the implementation of an innovation (like EBTs) is relevant for both localized and global D&I science. Indeed, the context of low- and middle-income countries (LMIC), given that these countries often times have limited mental health infrastructures (e.g., organizations, workforce, policies, funding), offers even further support and relevance for these D&I models.

Another characteristic shared across many D&I frameworks is the idea that the process of implementation may involve several stages or phases. Aarons et al. (2011) provide a comprehensive example in their well-written review of the mental health, public health, organizational development and business research sectors. In the paper, they identified four thematic phases relevant to D&I work: *Exploration* (e.g., understanding the organizational issues at hand, such as how funding contexts or organizational culture influence EBP adoption), *Adoption Decision/Preparation* (e.g., factors that contribute to the adoption of EBPs, such as academic-public partnerships), *Implementation* (e.g., EBP structural fit), and *Sustainment* (e.g., fidelity support or staffing). At each phase, the authors describe how one needs to consider factors encompassed within the outer and inner contexts and the interconnections between the two contexts. In addition to the phasic commonality in D&I models, there is also significant recognition that these processes necessitate flexibility, moving through such phases in a nonlinear manner.

A final commonality across frameworks relates to their emphasis on the importance of identifying a process to involve stakeholders (or adopters) in, and integrate their feedback into, D&I efforts. There is increasing recognition in D&I science that the adopters' perspectives on relevance, advantages, clarity, and replicability of the innovation are critical. Indeed, there are numerous D&I efforts that use partnership and participatory action research approaches to engage with stakeholders (e.g., Baptiste et al., 2006; Fox, Mattek, & Gresl, 2013; Lyon et al., 2013; Southam-Gerow, Hourigan, & Allin, 2009). Murray et al. (2014–this issue) include excellent examples of involving stakeholders in the process of implementation, emphasizing particularly the bidirectionality of EBT implementation. Although Murray et al. brought with them important and scarce (in the settings studied) knowledge (e.g., TF-CBT), they also strove to build in feedback and feed-forward processes to