

The Role of International Dissemination and Implementation Organizations in Scaling  
Psychological Interventions

Margaret E. Crane<sup>1</sup>, Philip C. Kendall<sup>1</sup>, Bruce F. Chorpita<sup>2,3</sup>, Matthew R. Sanders<sup>4</sup>, Allen R. Miller<sup>5</sup>, Carolyn Webster-Stratton<sup>6</sup>, Jenna McWilliam<sup>10</sup>, Judith S. Beck<sup>5</sup>, Ceth Ashen<sup>7</sup>,  
Dennis D. Embry<sup>8</sup>, John A. Pickering<sup>9</sup>, and Eric L. Daleiden<sup>3</sup>

<sup>1</sup>Temple University, <sup>2</sup>University of California Los Angeles, <sup>3</sup>PracticeWise, <sup>4</sup>The University of Queensland, <sup>5</sup>Beck Institute for Cognitive Behavior Therapy, <sup>6</sup>Incredible Years Inc., <sup>7</sup>C. Ashen Consulting, <sup>8</sup>PAXIS Institute, <sup>9</sup>Evidn, <sup>10</sup>Triple P International

**Authors Note:**

Correspondence should be addressed to Margaret E. Crane, Temple University, Department of Psychology, Weiss Hall, 1701 N. 13th Street, Philadelphia, PA 19122. E-mail: [margaret.crane@temple.edu](mailto:margaret.crane@temple.edu). Portions of this work were discussed in a panel presented at the 2019 Association for Behavioral and Cognitive Therapies convention.

All authors were involved with the conceptualization and writing of the paper. Bruce F. Chorpita, Eric L. Daleiden, Matthew R. Sanders, Jenna McWilliam, Allen R. Miller, Judith S. Beck, Carolyn Webster-Stratton, Ceth Ashen, and Dennis D. Embry provided data about their

respective international dissemination and implementation organizations. Margaret E. Crane synthesized the data and wrote the first draft of the paper. All authors reviewed and provided feedback on the manuscript, and approved the final version.

The authors are grateful for Jinny Hong, Elizabeth A. McGuier, Nicole B. Gumport, Elizabeth Baik, and the UC San Diego Dissemination and Implementation Science Journal Club and Works in Progress for their input on the conceptualization of this idea.

Manuscript preparation was supported by National Institute of Mental Health grants awarded to Margaret E. Crane (F31MH123038) and Bruce F. Chorpita (5R01MH112516, 1R34MH117206); grants from the William T. Grant Foundation and Wellcome Trust awarded to Dr. Chorpita; and the Australian Research Council Centre of Excellence for Children and Families Over the Life Course awarded to Matthew R. Sanders (CE140100027).

Conflict of Interest Disclosures: Margaret E. Crane was an employee in the Parenting and Family Support Centre from July 2014 – December 2016; she has no current conflict of interest to report. Eric L. Daleiden and Bruce F. Chorpita are co-owners of PracticeWise, LLC, a behavioral health consulting company. Dr. Chorpita's ownership arrangement is approved by the University of California. Matthew R. Sanders: The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquist Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. MRS receives royalties and consultancy fees from TPI. Jenna McWilliam is employed by Triple P

International. Allen R. Miller is employed by Beck Institute for Cognitive Behavioral Therapy. Judith S. Beck is employed by Beck Institute for Cognitive Behavioral Therapy. She also receives royalties from Guilford Press. Carolyn Webster-Stratton is developer of Incredible Years programs and owner of the Incredible Years Inc. that consults, trains and disseminates Incredible Years training and associated materials worldwide. Ceth Ashen is a mentor who provides training, consultation and supervision for the Incredible Years Parenting programs of the Incredible Years Inc. in California. Dennis D. Embry is the president/CEO of PAXIS Institute of PAXIS Institute which owns the trademarks and copyrights associated with the Good Behavior Game®/PAX Good Behavior Game and conducts the training and supports in multiple countries; PAXIS Institute does not conduct or finance the research on GBG outcomes. PAXIS Institute requires study results be published—especially if the results indicate potential harm. John A. Pickering is the founder and CEO of Evidn, LLC. Philip C. Kendall receives royalties from the sales of published materials related to the treatment of youth, and his spouse operates and receives income from the publisher.

### Abstract

The ability to scale psychological interventions is necessary to bring evidence-based interventions to individuals with mental health needs. Intermediary and purveyor organizations help bridge the gap between research findings and clinical practice by scaling the dissemination of evidence-based interventions. International dissemination and implementation organizations (IDIOs) are intermediary and purveyor organizations that operate on a global level. This paper provides a first-hand discussion of five illustrative IDIOs that disseminate evidence-based interventions: Beck Institute for Cognitive Behavioral Therapy; Incredible Years, Inc.; the PAXIS Institute; PracticeWise, LLC; and Triple P International. These organizations' activities include implementation planning, training of mental health professionals, distribution of materials, and systems consultation. Practical structures that must be considered when forming an IDIO, include corporate structures, business models, and research partnerships. Ethical considerations can arise in the context of these IDIOs, such as setting prices, harnessing trademark and copyright intellectual property, ensuring effective program delivery, expanding program reach, and managing conflict of interests. Research can examine the implementation determinants associated with IDIOs. IDIOs play an important role in increasing the impact and reach of evidence-based interventions.

*Keywords.* Purveyor; intermediary; dissemination; implementation; evidence-based intervention

*Public Significance Statement:* International dissemination and implementation organizations help realize the public health impact of evidence-based interventions by implementing effective interventions at scale. These organizations are involved with implementation planning, professional training, distribution of materials, and systems consultation. International dissemination and implementation organizations must balance issues of cost, quality, and reach.

## **The Role of International Dissemination and Implementation Organizations in Scaling Psychological Interventions**

There is a growing recognition that evidence-based interventions (EBIs) for mental health remain underutilized in community settings. Research has estimated that less than 40% of adults and 20% of youth with mental health disorders receive any treatment (Kataoka et al., 2002; Wang et al., 2005), and far fewer receive EBIs (Shafran et al., 2009). By one estimate, EBIs are only available for 1-3% of youth within publicly funded mental health systems (Bruns et al., 2016). As such, EBIs are not meeting their potential to create a public health impact to improve the lives of people with mental health disorders.

An EBI does not make a meaningful public health impact if it is not available at scale. The difference between EBIs described in peer reviewed journals and a world in which individuals receive an EBI is akin to the difference between having a vaccine that is 95% effective, and having seven billion people receive the vaccine (Paltiel et al., 2020). Just as industry plays an essential role in the vaccine distribution (e.g., CVS stores, trucking companies, refrigeration companies, hospital systems), industry has a role in scaling EBIs for mental health. As with a COVID-19 vaccine, for EBIs to create a public health impact, there must be three pillars: (1) research evidence supporting its effectiveness; (2) demand for the intervention; and (3) capacity to implement the intervention at scale. Psychological researchers have succeeded at the first pillar—there are numerous mental health interventions that are considered evidence based (Weisz et al., 2017)—and partially the second pillar—mental health literacy and destigmatization campaigns are improving demand for services (Jorm, 2012). However, due to lack of scale, there is a relatively small capacity for implementing EBIs in the community.

### **Dissemination and Implementation Organizations**

Some have argued that the lack of widespread EBI availability is due to an underemphasized role of the importance of dissemination (Kreuter & Bernhardt, 2011). In most industries, there is a specialization of labor between the person who invents, manufactures, distributes, markets, and provides technical assistance for a product. Each of these roles requires distinct types of skill and infrastructure. Coordination among roles is required to realize the value of research and research-driven interventions in service contexts.

Organizations that specialize in the dissemination and implementation (D&I) of EBIs bridge the gap between EBI research and community practice (McHugh & Barlow, 2010). Examples of such organizations include intermediary and purveyor organizations (IPOs; Franks & Bory, 2015), Centers for Excellence (Mettrick et al., 2015), and community-academic partnerships (Drahota et al., 2016). Because there is considerable overlap in the activities of IPOs (Franks & Bory, 2015), this paper describes the purveyor/intermediary role as specific types of activities of these organizations. In both their intermediary and purveyor roles, implementation practitioners use implementation science to implement EBIs in the community (Franks & Bory, 2018). In the purveyor role, organizations work to effectively implement specific program(s) (Fixsen et al., 2005). In the intermediary role, organizations work to implement many EBIs by building capacity within an agency or system, such as through workforce development and setting standards (Franks & Bory, 2015). IPOs have grown in number and in revenue over the past twenty years (Franks & Bory, 2015; Proctor et al., 2019); one study found the collective revenue of 11 non-profit IPOs was almost \$2 billion. Given the pivotal role that IPOs play in the dissemination of EBIs, it is important to understand the strategies they employ.

Figure 1 shows a “push” pathway, in which EBIs are transmitted from the program developer to the client (i.e., the program is “pushed” towards the client Becker, 2015). IPOs may

work together, or separately to implement EBIs in the local context. A government contract may fund either the purveyor organization or the intermediary organization to provide training to local professionals. An EBI reaches the client when the trained provider uses the EBI, ideally with fidelity. A potential downside of the IPO model is that community agencies may become fatigued by having to work with several IPOs (Kreuter & Bernhardt, 2011). As depicted in Figure 1, there are many steps to bring an EBI to a client, which requires coordination across the systems. In a “pull” pathway, clients look to researchers or organizations for an idea/solution to solve a problem, rather than for a specific program (i.e., a customer “pulls” for a solution to match their needs). Various business models are needed to scale push and pull strategies for increasing the access to and use of EBIs.

### **International Dissemination and Implementation Organizations (IDIOs)**

This paper discusses practical and ethical issues that arise from international dissemination and implementation organizations (IDIOs). As the name suggests, IDIOs disseminate and implement EBIs on an international scale. In doing so, they often play both a purveyor role and an intermediary role, and thus can be thought of as a type of IPO.

To facilitate research on the role of IDIOs in the large-scale implementation of EBIs, this paper reviews the activities, structures, and insights of five illustrative IDIOs: (1) Beck Institute (Beck model of cognitive behavioral therapy); (2) Incredible Years, Inc. (Incredible Years); (3) PAXIS Institute (PAX Good Behavior Game); (4) PracticeWise, LLC (Modular Approach to Treatment of Children With Anxiety, Depression, or Conduct Problems [MATCH], Managing and Adapting Practice [MAP], PracticeWise Evidence-based Services); and (5) Triple P International (Triple P–Positive Parenting Program). An overview of these organizations is found in Table A1. There are other IDIOs that have achieved widescale implementation success, such

as Multisystemic Therapy Services, LLC (purveyor of Multisystemic Therapy) and Behavioral Tech, LLC (purveyor of dialectical behavioral therapy). The five select organizations were chosen because of their wide reach: their operating budgets are in the top quartile of IPOs (Franks & Bory, 2015), and the number of clinicians trained is in the top 10% of IPOs (Proctor et al., 2019). For a review on contextual factors that contribute to success in establishing of intermediary organizations, see Franks and Bory (2018). Although the IDIO model is not the only model for wide-reaching dissemination and implementation, it is a financially sustainable model to scale D&I efforts.

### **Implementation Activities**

To successfully scale D&I efforts, IDIOs have created implementation frameworks to learn from their previous implementation efforts and improve future efforts (McWilliam et al., 2016; Oosthuizen & Louw, 2013). McWilliam et al. (2016) reported the Triple P Implementation Framework used by Triple P International, which includes five phases: engagement, commitment and contracting, implementation planning, training and accreditation, and implementation and maintenance. An IPO for HIV prevention, Oosthuizen and Louw (2013) describe their main functions of research and development; training and support; stakeholder management; quality assurance (i.e., fidelity monitoring); resource mobilization; and advocacy and visibility. The theory underlying these activities is as follows: IPOs train providers in a program, providers gain knowledge in delivering a program, providers then deliver the program, which in turn leads to better outcomes for clients (Oosthuizen & Louw, 2013). Although both frameworks include an emphasis on stakeholder engagement and program training, there are notable differences between these two IPOs in their primary activities.

Franks and Bory (2015) and Proctor and colleagues (2019) surveyed IPOs and found

patterns in their activities. Franks and Bory found seven functions of intermediary organizations described by Franks (2010): purveyor of EBIs (e.g., training); quality assurance and continuous quality improvement for EBIs; facilitating connections among stakeholders; providing implementation support; training and public awareness; policy and systems development; and best practice model development. Although intermediary organizations' primary role has been to disseminate EBIs, these organizations are spending more time developing policy and systems to support the implementation of EBIs relative to five years ago (Franks & Bory, 2015).

Proctor and colleagues (2019) evaluated which implementation strategies, as described by Powell et al. (2015), IPOs used. They surveyed IPOs listed on the Substance Abuse and Mental Health Services National Registry of Evidence-based Programs and Practices (which unfortunately no longer exists), and they found that IPOs ( $N = 54$ ) used an average of 32 strategies. Education, planning and quality improvement were the most frequently endorsed strategies, while financial, restructuring, and quality management implementation strategies were less frequently endorsed. IPOs that were disseminating EBIs with high quality resources used more implementation strategies. Although almost all IPOs conducted provider trainings for EBIs, only 46% of IPOs rated trainings as the most helpful implementation strategy. Proctor et al. found that little agreement between IPOs for the most helpful implementation strategies.

Table A2 summarizes the D&I activities conducted in our five reviewed IDIOs. A common pathway to engagement begins with a general request for information from an interested party (e.g., government agency, schools, hospitals, mental health organizations, non-profit organizations). Such a request starts the needs assessment phase, in which the IDIO ensures that the EBI is a good fit for the organization and the context, and the interested organization has the resources and staff support to adequately deliver the EBI. All five IDIOs

have their own survey for conducting a needs assessment. Overall, the aim of this initial phase is to create implementation supports both in the IDIO and the local agency.

As is the case with almost all IPOs (Franks & Bory, 2015; Proctor et al., 2019), training is a major activity of the five IDIOs (for reviews of training research, see Frank et al., 2020; McLeod et al., 2018). The exact structure/scope of professional development activities (e.g., training, consultation, online learning) depends on the existing strengths, needs, timing, and funding of the system. Accountability metrics are often included in large-scale training initiatives. After a training (in person or online), most of the five IDIOs offer provider consultation as part of the certification process, and to meet provider/organization demand. To manage ongoing training and supervision, Incredible Years and PracticeWise use a train-the-trainer model; Incredible Years, PracticeWise, and Triple P International also use peer consultation and local supervision (McPherson et al., 2015; Sanders & Brennan, 2010; Webster-Stratton & McCoy, 2015). These models vary in the length of training and type of supervision needed to become a trainer. Some IDIOs provide ongoing training through provider conferences.

Ongoing engagement after training typically consists of renewal of credentials, integrity monitoring, additional training, and case-based reviews. Routinization and comprehensive performance management is included in some implementation efforts. IDIOs also can provide consultation to systems, such as coordinating across multiple programs, finite resources, and relevant knowledge bases to improve client outcomes (e.g., Chorpita & Daleiden, 2018).

### **Inside International Dissemination and Implementation Organizations**

#### **Corporate Structures**

The activities conducted by IDIOs are demanding and complex, and typically outside the interests or skills of university researchers. Triple P and Incredible Years expanded to meet

training demands. Using professors and graduate students as trainers was insufficient, and, as described by Franks (2010), there are many practical benefits for IPOs to exist separately from universities, including a lack of university bureaucracy, organizational independence, and the ability to operate on a faster timeline and larger scale than what is typical in universities. Indeed, all five of our illustrative IDIOs began either to create a more sustainable mechanism for disseminating their program, or to enable interstate transfer of trainings and resources without bureaucratic barriers. It will be interesting to examine whether more IDIOs form as innovation and entrepreneurship become increasingly recognized as a metric for tenure and promotions (Promotion & Tenure Innovation & Entrepreneurship, 2020).

When beginning an organization, founders must decide to be a for-profit or non-profit company. The Beck Institute is non-profit, and Incredible Years, the PAXIS Institute, PracticeWise, and Triple P International are for-profit. Triple P International is a Certified B Corporation®, which recognizes its commitment to conducting business in a way that creates public benefit and sustainable value, beyond just seeking profit. The for-profit structure enables some IDIOs to use the power of business to address social problems, to use profits to develop new programs, to revise and refresh existing programs, and to provide consultation support. Regardless of the profit status, the mission of the five IDIOs is to improve the lives of people and communities through the use of EBIs. Research could examine if and how the for-profit/non-profit status impacts IDIO business decisions and client impact.

For the five organizations reviewed, at least one program developer was involved in establishing the IDIO. Intervention developers have varying roles in both the companies and universities. Developers' roles in the IDIO range from having no role, to a consulting role (e.g., focusing on scientific evaluations and program fidelity), to being the head of the company.

Developers' university affiliations also vary, both between organizations and over time. For example, Dr. Webster-Stratton developed Incredible Years as a graduate student and researched it over three decades as a faculty member; in 2010, she shifted to part time and then to retirement as Professor Emeritus to devote her effort to dissemination. When researchers work with IDIOs, roles must be clearly delineated. The role program developers play in organizations likely affects their perspective as a stakeholder in the IDIOs implementation work. Given that some IDIOs develop programs and conduct their own research (Halpern, 2015), it may be worthwhile re-considering the role of universities in EBI development.

The degree to which a Board of Directors plays a key stakeholder role in IDIOs' work is an important research question. A Board oversees company activities and provides strategic advice to help them achieve their mission. At least in the United States, Board of Directors are required for nonprofit corporations and common with for-profit organizations. The Beck Institute's Board of Directors is composed of members who represent different societal interests. They also have an International Advisory Board to solicit input about global needs, meet with local/regional leaders to understand local needs. Incredible Years Inc. also has an international advisory board consisting of trainers and mentors from countries that deliver the most programs and have a sustainable plan. This advisory board informs a strategic process to continue to improve both implementation and dissemination of the model.

### **Intellectual Property Ownership**

Intellectual property (IP) ownership must be established. IP can include trademark IP (e.g., the brand name, logo, slogans) as well as copyright IP (e.g., materials distributed). EBIs include many types of copyrighted materials, such as videos, online programs, clinician manuals, teacher texts, parent and child books, posters, handouts, and record sheets for assignments.

IDIOs may have various copyright agreements and business models for different copyright types.

IP ownership affects the licensing agreement(s) required for IDIOs. Program developers may negotiate IP ownership with their employers (e.g., university), as IP ownership depends on factors such as employment contracts and funds used to develop the program (e.g., Incredible Years manuals, DVDs and books were self-funded). The IP owner may assign ownership or establish a licensing agreement with the IDIO to allow the organization to exercise specific rights associated with the IP (e.g., reproduce and distribute a copyright). In return, the IP owner negotiates consideration for the exchange of IP (e.g., a sale price; royalty rate). Clear IP ownership reduces threats due to protection of IP, copyright theft, managing disputes over IP arrangements between developers and employers.

IP owners can reserve IP rights (e.g., right to prepare derivative works) or negotiate non-exclusive agreements, such as those that would allow ongoing research or licensing of assets to others for continued development. There are advantages and limitations of exclusivity of license agreements between developers and IDIOs. Exclusive license agreements, as is the case with Triple P International, can ensure a common training standard and quality control. For exclusive license agreements, contracts should include what will occur should the IDIO fold or fail to make contractual obligations. Organizations may develop proprietary IP, such as introducing new trademarks, creating new or derivative works, to which the program developer may or may not have negotiated rights. Similarly, it is worth considering whether local communities share copyright IP when they are involved with making cultural adaptations of programs. Copyright sharing may vary depending on the type and extent of involvement in adaptation.

### **Business Mindsets**

To sustain themselves, IDIOs have a business mindset. Income enables the IDIOs to take

risks, scale their business, and disseminate EBIs to wider groups of people. IDIOs rarely rely on research grants to maintain their work. The revenue is primarily from trainings, sales of materials, and consultations. Some funders include foundation grants, contracts with non-profit organizations, and government or business-to-business contracts (Franks & Bory, 2015). The Beck Institute also has an endowment. There are numerous costs of global operations, including legal advice about trading or setting up businesses in foreign countries; translation costs (which for Triple P International, even includes Americanizing the type of English used); publication, storage, and transportation of materials; import duties; currency fluctuations; and disruptions to training due to world events such as COVID-19 and natural disasters. The five IDIOs reinvest profits into developing new programs, including video productions; updating manuals, handouts, and materials for cultural adaptations and to address current issues; maintaining online programs; creating mechanisms to increase program implementation; and developing business models to ensure the programs continue to evolve and innovate.

To maintain a stable and enduring organization, IDIOs use standard business practices, including strategic planning, goal setting, and budgeting. Often times, the most effective strategies are also those that are simplest and most cost-effective. From a unit economics perspective, many of IDIOs' costs are fixed. For example, there can be a standard licensing fee, and implementing a program in a new region often requires an initial investment to understand the local system. Subscription models to provide ongoing services can minimize the cost of working capital and increase financial stability. Multiple lines of business can generate resilient revenue streams to avoid the unstable funding structures that can jeopardize the longevity of IPOs (Franks, 2010). Furthermore, diverse revenue streams can help IDIOs adapt to emerging research evidence, rather than becoming dependent on one specific (and perhaps outdated)

program or program variant within a multilevel system of intervention. One-time costs are often easier to arrange and manage than recurring costs, and it is not uncommon for IDIOs to receive “last minute” requests (e.g., *we have unspent funds that need to be expended by X date*). A dilemma for an IDIO is that last minute requests are not generally a recipe for long-term success, and thus is a risky proposition to the organizational success/failure rate. Short-term relationships can help to “plant a seed,” but long-term partnerships are preferable for IDIOs.

In the context of COVID-19, IDIOs have had to adapt current business models. Many social service organizations have been at risk of financial collapse. Survival has depended on an organizational capacity to adjust, develop new program offerings, all under the stress of tight timelines, while working remotely in social isolation. For the five IDIOs, many in-person trainings were canceled due to travel difficulties, but the pandemic has expedited the development of online training. Remote trainings require reliable internet connections to enable playing video resources without too much buffering, technical, and logistical problems. Fortunately, one study found that the remote trainings offered during the pandemic have been as effective as in-person trainings prior to the pandemic (Sanders et al., 2021). Nonetheless, the pandemic has illuminated the need for diverse business models, and customer loyalty built on a foundation of trust and local engagement.

### **Trademark IP and EBI Brands**

Trademark IP (i.e., brand names) can be leveraged to build awareness of EBIs. Brands have value because of the information they convey. Awareness of a program brand name can help clients, government agencies, and providers identify interventions that work. Program trademarks are a short-hand for a package of EBIs that can be studied for their efficacy and cost-effectiveness (Higa-McMillan et al., 2015). Ideally, program reputation is based on research, but

it also can be based on factors such as positive consumer experience and marketing. Marketing can include traditional advertising, as well as persuading influencers (e.g., policy makers, professional bodies) and potential referral sources (Payne et al., 2005). Brand loyalty can lead to repeat customers and can ease agencies into further adaptations of EBIs (Chaudhuri & Holbrook, 2001; Christopher et al., 1991). Professional conferences can be a strategy to maintain provider brand loyalty. One could argue that name recognition, and related consumer demand and awareness, has enabled IDIOs to scale their EBIs nationally and internationally.

With brand recognition, the five IDIOs do not have to spend a large amount of money on advertising or lobbying. Most contracts are initiated by agencies who have heard of the program through referrals or word-of-mouth. Given that policymakers are key stakeholders in D&I (Purtle et al., 2016), it would be interesting to research how policy makers are informed of EBIs. For example, Triple P International and the PAXIS Institute proactively work with policymakers to inform policymakers of services; to structure systems of adoption, implementation, and maintenance of their programs; and to provide funding for implementation initiatives. It is possible that brand awareness, as well as knowledge of and personal connection to a program developer can play a role in funding decisions. If EBI funding decisions and availability are based partly based on word-of-mouth and connections to program developers, a challenge for the field is to ensure equitable access to EBIs to people who live in areas without such connections.

Direct-to-consumer educational initiatives can help clients make more informed decisions about choosing a provider, and can increase client “pull demand” for the provision of EBIs (Becker, 2015). Unlike in other industries (e.g., pharmaceuticals), the five IDIOs spend few resources in direct-to-consumer marketing. Most of IDIOs’ direct-to-consumer efforts are through social media. Triple P International has developed a number of marketing and

communication strategies for the Stay Positive public health campaign, which is part of the universal, multi-tiered Triple P system (Sanders, 2012). Community organizations implementing Triple P are provided with the *Stay Positive* materials (e.g., brochures, flyers, posters, radio spots, billboards, banners, parent newspapers, and a localized Stay Positive website) for distribution them in their communities. Given the relative lack of direct-to-consumer marketing initiatives done by IDIOs, research could examine how clients find out about EBIs.

Credentialing is one way that IDIOs can generate value from trademark IP and the awareness that comes from a program reputation and brand. Accreditation (also referred to as certification) requirements vary for each IDIO, ranging from attending a training to multiple tape reviews of sessions with clients and portfolio evaluations (see Table A2). Some IDIOs have multiple tiers of accreditations, with higher costs associated with higher tiers of credentials. Jurisdictions and funders may also set standards for program evaluation. Local standards may differ from established accreditation requirements set by the IDIO. Thus, a negotiation of standards between the payor and IDIO is often part of the contracting process (Lengnick-Hall et al., 2020). Regardless of the specific requirements, when a funder pays for clinicians to be accredited in an EBI, they assume that client outcomes will improve. Similarly, accredited providers can use this trademark to market their services, with the assumption that these services are more effective. Therefore, accreditation can be thought of as effectively establishing a trademark/service mark (X-certified therapist) that is licensed to the provider for use in the market. It is currently a question for research: does credentialing improves clinical outcomes?

Branding can be misleading. A consumer perception of a brand and the accuracy of the information conveyed by the brand is not necessarily isomorphic. IDIOs can be undermined when marketing forces are shaped by factors other than program efficacy. It is important for

consumers to be able to differentiate between evidence-based and pseudoscientific branded products (Lilienfeld, 2011). Although registries of EBIs can distill information from hundreds of trials for consumers (a valuable asset), the registries have varied standards for qualifying as an EBI (Burkhardt et al., 2015). Registries also are branded and compete for perceptions of legitimacy and utility. Some argue that the field should promote empirically supported principles, rather than “branded” therapies (e.g., Hofmann, 2019). There is a risk that the field and consumers may focus on accentuating brand differentiation when there is effectively little. Even some programs/systems with brand recognition (e.g., MAP), themselves distill common elements of other branded protocols (Chorpita & Daleiden, 2009). Given that not all EBIs have overlapping functions or providers (e.g., teachers vs. clinicians), higher level coordination between programs would maximize the benefit of multiple EBIs to the service system.

### **Matters of Pricing**

Many IDIOs operate within the underfunded human and social services sectors, and they are aware that cost (e.g., paywalls, licensing fees, ongoing consultation, accreditation requirements) can be a major barrier for providers (Franks & Bory, 2015). For example, a barrier to fidelity for Incredible Years is that organizations shorten programs due to budget constraints. Due to IDIOs’ need to be sustainable, potential consumers of services (i.e., providers, organizations) may be negatively impacted by high up-front prices driven by the cost of materials and experts to provide training and ongoing consultation. Although research has shown that consultation calls increase the efficacy of training (Beidas et al., 2012; Webster-Stratton et al., 2014), consultation calls also increase the cost and provider training burden (Okamura et al., 2018). IDIOs can negotiate their prices to balance what a provider/organization can afford to pay, with what the IDIO can afford to offer. For example, many IDIOs offer flexible pricing for

special needs or when services are purchased in bulk. For some programs, the expert trainers and supervisors, not the IDIO, sets the fee rate for training and supervision. Aforementioned, PracticeWise also uses a freemium model to give away some resources for free.

The five IDIOs reviewed are aware of the question “How are we generating real economic value?” They attempt to avoid gouging consumers with added or hidden costs. The question, “is this program low cost?” is a relative one. It is important to consider, “low cost compared to what,” including doing nothing. It can be challenging to quantify whether the return on investment of a training, or service was “worth it” for the individual or organization that purchased it (Phillips & Phillips, 2006). Benefits of training can occur at the client, provider, and organizational level (Aguinis & Kraiger, 2009). For example, the PracticeWise Evidence-Based Services database offers an example of a value proposition. This service aids clinical decision making by allowing providers to search a regularly updated online database with youth-specific summaries from published intervention research. By outsourcing research analysis and reporting functions to a central agency, organizations share the cost of these functions.

Cost-benefit analyses of EBIs suggest that EBIs produce social benefits, decreased involvement with the criminal justice system, and increased work productivity and participation (Laynard et al., 2007). Cost-effectiveness is an important aspect of scalability (Milat et al., 2013). One study found that the cost per consumer served for CBT training by the Beck Institute was \$0.18 (Okamura et al., 2018). An economic analysis of the cost-effectiveness of EBIs for child behavioral health problems found that the cost-benefit ratio per participant served was positive for Incredible Years (\$5.65), MATCH (\$7.64; disseminated by PracticeWise), the Triple P system (\$9.71), and the Good Behavior Game (\$62.73; Disseminated by the PAXIS Institute; Washington State Institute for Public Policy & University of Washington Evidence-Base

Practice Institute, 2019). The balance of costs, profits, and sustainability appears to have been, and will continue to need to be considered.

### **Copyright IP**

Should EBIs be distributed freely? A more nuanced view of this question is considering who should bear the cost of EBIs. As described above, government initiatives or non-profit organizations can pay both for clinicians to be trained in EBIs (thus decreasing organizational training costs) and for clients to receive EBIs, such as in the Improving Access to Psychological Therapies initiative in the United Kingdom (Clark, 2018). For programs like Incredible Years, clients almost never pay for the program as it is medically contracted community based organizations and the materials become expensed to the contract. Absent of such funding, freemium models can allow providers to access some services at no cost to establish a foundation for future transactions. For example, PracticeWise offers some training materials for free, whereas other clinical resources require a subscription to access. Conversely, Incredible Years, Inc. and Triple P International post at least some program materials on their provider website, which is freely accessible after providers have received training (which is not free).

Creative Commons licenses are an alternative model of providing free access to materials. These models have numerous benefits (most notable – free access to materials!). From a business perspective, Creative Commons can be thought of as effectively trading consideration in the form of citation for limited use and reproduction of copyright. This citation may generate economic value (e.g., brand awareness, reputation) that may be monetized in various ways (e.g., higher salaries; better grant scores; recruitment advantages; cross-selling tuition, training, consulting). However, there are still hidden costs associated with open access materials. Printing costs are still incurred by the provider when online materials are downloaded. There also are in-

kind costs to create and maintain materials, which often is paid for by professionals volunteering their time, or by universities, foundations, or government grants. In many ways, open access materials shift the costs away from consumers and end users, and to program creators, universities, foundations, and/or the government.

There have been instances of copyright violations when copyrighted IP has been reposted without permission using Creative Commons licenses. It is important that copyrights are respected, regardless of whether the copyrighted material is available for free or for purchase.

### **Fidelity and Reach**

Training is a main activity of IDIOs. Given this focus, intervention fidelity is an important implementation outcome for many IDIOs (Proctor et al., 2009). There may be a tradeoff between offering less intensive training to increase program reach, versus offering more intensive training to increase program fidelity. Research indicates that simply granting access to EBIs does not result in increased use of EBIs in the community (Frank et al., 2020; Shafran et al., 2009). Therefore, it is unlikely that freely available materials with Creative Commons licenses will lead to a significant increase in EBI use. Training and ongoing consultation help EBIs be implemented with the same effectiveness as results found in randomized control trials. Although pro bono trainings are admirable, pro bono work is difficult to do and sustain at scale without government/nonprofit funding (including research grant funding). Thus, less costly implementation support may come with a loss of fidelity and sustainability.

To maintain quality control, the five IDIOs require their trainers to undertake rigorous trainings. Some IDIOs have a limited number of trainers to maintain quality control and fidelity. Conversely, train the trainer models can help increase access to trainers. It is worth considering at what point the focus on quality control leads IDIOs to become gatekeepers of EBI training.

Again, the tradeoff is between the fidelity of the training and the reach of potential trainers. Some organizations set up checks and balances to manage the risk of lower fidelity (e.g., independent review of supervisee's case materials, limiting train-the-trainer to one generation, re-certification of supervisors). These efforts balance the risk of decreased program fidelity with quality assurance/quality improvement targets and system values.

A strength of having a more hands-on implementation process is that an implementation consultant can work with providers to help them tailor a program to fit local culture and context while maintaining program fidelity. Where changes to resources are required (e.g., to reflect local language and examples) implementation consultants work with local stakeholders and program developers to facilitate adaptations. For example, *Te Whānau Pou Toru* is a Māori adaptation of Triple P that was collaboratively created with Māori tribal elders and Triple P program creators (Keown et al., 2018). Tailoring of the Incredible Years programs to family background, education and culture as well as child developmental status is also an integral part of the Incredible Years accreditation process and consultation. For example, there are separate intervention protocols for children with conduct problems, attention-deficit hyperactivity disorder and other developmental issues. Additional Incredible Years video vignettes and other Incredible Years programs (e.g., Advance curriculum) can be added for high risk populations. The PAXIS Institute also has a process to approve field-initiated modifications to the program that are consistent with the evidence-base. Indeed, a core part of EBI training is to teach providers how to implement programs flexibly with fidelity (Kendall & Beidas, 2007).

### **Research Partnerships**

Consistent with the role of science in the development and evaluation of EBIs, the five IDIOs maintain research partnerships—both to have independent evaluations and to foster

research-informed developments. All programs benefit from ongoing research and development due to shifts in the challenges a population is facing (e.g., living in a digital world, coping with a pandemic). IDIOs can suggest ideas for research that are based on what is needed and feasible (Rotheram-Borus et al., 2012). Although it is possible that industry may try to corrupt the research process (see Chorpita, 2019), there are research partnerships that allow researchers to be market-facing (i.e., understanding the needs of consumers), rather than market-led (i.e., letting business needs override research needs; Dodgson, 2015). The IDIOs reviewed here described a commitment to evidence and integrity from initial development to evaluation of implementation outcomes, but reported variability in their strategies, measures, and criteria used for gating from development to distribution. For example, Triple P International had experienced consumer demand for a version of Triple P for parents with babies. However, it delayed the dissemination of the program until there was rigorous evidence supporting its efficacy. Researcher partnerships with IDIOs provide a clear path-to-market for new innovations.

Does establishing a purveyor organization decrease EBI research? As shown in Figure A1, using Triple P as an example, the opposite occurred: increased research activity followed. Collaborations between research groups and IDIOs can provide students with training opportunities. There are few predoctoral training opportunities for students to gain experience in implementation initiatives (Proctor & Chambers, 2017). Some IDIOs are not affiliated with a university, but students can participate in research projects. For example, PracticeWise has had students contribute to research projects at community events, secondary analysis of data, literature reviews, building and testing assessment and performance projects, building and piloting training materials, attending training and conferences, and strategic planning.

Does involvement with purveyors stifle negative research results? Consistent with

science as a whole, our exemplar IDIOs value independent evaluation and implementation efforts to improve practices. In its research agreements, PracticeWise cedes the right of independent authorship, requiring only advanced notice of publication to allow time to formulate a response if desired. Incredible Years, Inc. consults with researchers to ensure fidelity of training and supervision and consultation to support program delivery, but it is not involved with other aspects of independent evaluations. The PAXIS Institute has a specific policy to ensure all results (especially null or negative results) are published.

### ***Matters of Conflict of Interest***

Conducting research with commercialized programs is a source of potential conflict of interest (COI). COI can arise from income from books, lectures, and professional fees (Chivers, 2019). In the context of IDIOs, COI has the potential of occurring as result of the revenues to be made from royalties, consultancy fees, and company ownership. Potential COI does not inherently corrupt research results, but transparency and disclosure (Cristea & Ioannidis, 2018) is valuable and required, such as on peer-reviewed and invited scientific publications, conferences, disclosures on website, grant applications, reports, and trial registers (Sanders et al., 2020).

Researchers who work with our illustrative IDIOs have a policy of disclosing potential COI. The five IDIOs encourage collaborators to err on the side of disclosing any interest or activity with their organization. A potential concern is that an individual or a research finding will be discounted or disregarded because of potential conflict even when proper public steps have been taken. Nonetheless, routine disclosure is endorsed (Sanders et al., 2020). Researchers at universities also complete annual financial disclosure forms for their university to maintain transparency of their activities. IDIOs, like research universities, have research integrity policies and procedures to safeguard against potential COI. Independent evaluation is key to a science-

based evaluation of a brand. IDIOs' role in independent evaluations often is the same as their core business: to maximize the benefit of the EBIs in all implementation efforts.

### **Future Research**

Psychologists can take an active in taking EBI to scale and in researching IDIOs. Given that IDIOs are one effective strategy to scale D&I efforts, it is important to conduct evaluations of the facilitators, barriers, and motivations of change within IDIOs and the adopting agencies. Franks and Bory (2015) found that IPOs have an increasing awareness of empirical implementation evidence and understand the concept of implementation science, but IPO staff are not explicitly trained in D&I frameworks. A large percent of some IDIOs' time and budget are devoted to training and consultation. Accordingly, there is a clear need for research to examine (a) how much and what type of training and ongoing consultation is needed to maximize client outcomes, and (b) what type and level of fidelity/program integrity is needed to maximize client outcomes and to justify the cost of training (Kendall & Frank, 2018; Regan et al., 2013). It is unclear whether certifications/accreditation are an effective way to increase EBI fidelity in the short- and long-term. The Longitudinal Education for Advancing Practice model offers a framework to examine the mechanisms of action during training (McLeod et al., 2018). Additional research on mechanisms of change will help IDIOs refine and improve their trainings. Finally, research on the effect of online trainings, including trainings using artificial intelligence, could increase the reach of EBIs. Consistent with the main goal, research should examine how to make trainings more affordable, scalable, and effective.

Within the larger context of D&I, research is needed to determine the most effective way to coordinate implementation initiatives of IPOs and IDIOs within service systems. In what ways do these organizations serve as facilitators and barriers to implementation initiatives? Research

also could examine how agencies select programs to implement (e.g., personal contact, peer advocacy, social media or published research). Knowledge management and decision support may be facilitated through external organizations (e.g., intermediary organizations), or it may be done internally within an organization. Based on the five IDIOs reviewed, IDIOs may not play a major role in informing consumers or policymakers about EBIs, but these are two important stakeholders. Research is needed to determine the diverse options of how organizations can sustainably communicate to the general public and legislative bodies.

### **Conclusions**

We have described the organizational activities and structures of five IDIOs, as well as ethical and practical considerations that arise in the context of these organizations. The IDIO industry is still in its early stages, and there are diverse approaches to disseminating EBIs, ranging from disseminating a specific program to disseminating tools to help clinicians harness the EBI evidence base. It is likely that more business models will emerge to translate psychological science into practice. Future research can examine whether certain business models better enable IDIOs to scale their D&I efforts.

Large corporations and Silicon Valley entrepreneurs are moving into the mental health industry, which is ripe for disruption (Chorpita, 2019). For example, TalkSpace, BetterHelp and Lyra (digital therapy platforms) are experiencing increases in the numbers of users, especially since the COVID-19 pandemic began (Heilweil, 2020). Mental health smart phone apps, such as Headspace and Calm, are increasing in popularity (Wasil et al., 2019). TalkSpace alone has raised over \$100,000,000 since its 2012 inception (Umoh, 2019). These companies have demonstrated the potential to scale mental health practices. It is essential that the mental health industry includes companies that specifically aim to scale evidence-based practices.

### References

- Aguinis, H., & Kraiger, K. (2009). Benefits of training and development for individuals and teams, organizations, and society. *Annual Review of Psychology, 60*(1), 451–474. <https://doi.org/10.1146/annurev.psych.60.110707.163505>
- Becker, S. J. (2015). Direct-to-consumer marketing: A complementary approach to traditional dissemination and implementation efforts for mental health and substance abuse interventions. *Clinical Psychology: Science and Practice, 22*(1), 85–100. <https://doi.org/10.1111/cpsp.12086>
- Beidas, R. S., Edmunds, J. M., Marcus, S. C., & Kendall, P. C. (2012). Training and consultation to promote implementation of an empirically supported treatment: A randomized trial. *Psychiatric Services, 63*(7), 660–665. <https://doi.org/10.1176/appi.ps.201100401>
- Bruns, E. J., Kerns, S. E. U., Pullmann, M. D., Hensley, S. W., Lutterman, T., & Hoagwood, K. E. (2016). Research, data, and evidence-based treatment use in state behavioral health systems, 2001–2012. *Psychiatric Services, 67*(5), 496–503. <https://doi.org/f8r2pf>
- Burkhardt, J. T., Schröter, D. C., Magura, S., Means, S. N., & Coryn, C. L. S. (2015). An overview of evidence-based program registers (EBPRs) for behavioral health. *Evaluation and Program Planning, 48*, 92–99. <https://doi.org/10.1016/j.evalprogplan.2014.09.006>
- Chaudhuri, A., & Holbrook, M. B. (2001). The chain of effects from brand trust and brand affect to brand performance: The role of brand loyalty. *Journal of Marketing, 65*(2), 81–93. <https://doi.org/10.1509/jmkg.65.2.81.18255>
- Chivers, T. (2019). Does psychology have a conflict-of-interest problem? *Nature, 571*(7763), 20–23. <https://doi.org/10.1038/d41586-019-02041-5>
- Chorpita, B. F. (2019). Questions about industry. *The Behavior Therapist, 42*(5), 1–3.

- Chorpita, B. F., & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology, 77*(3), 566.
- Chorpita, B. F., & Daleiden, E. L. (2018). Coordinated strategic action: Aspiring to wisdom in mental health service systems. *Clinical Psychology: Science and Practice, 25*(4), e12264. <https://doi.org/10.1111/cpsp.12264>
- Christopher, M., Payne, A., & Ballantyne, D. (1991). *Relationship marketing: bringing quality customer service and marketing together*. Butterworth-Heinemann.
- Clark, D. M. (2018). Realizing the mass public benefit of evidence-based psychological therapies: The IAPT program. *Annual Review of Clinical Psychology, 14*(1), 159–183. <https://doi.org/10.1146/annurev-clinpsy-050817-084833>
- Cristea, I.-A., & Ioannidis, J. P. A. (2018). Improving disclosure of financial conflicts of interest for research on psychosocial interventions. *Journal of the American Medical Association Psychiatry, 75*(6), 541–542. <https://doi.org/10.1001/jamapsychiatry.2018.0382>
- Dodgson, M. (2015). *Towards the fully engaged university: The particularly Australian challenge* (Global Education Dialogues Stimulus Paper, pp. 1–9).
- Drahota, A., Meza, R. D., Brikho, B., Naaf, M., Estabillo, J. A., Gomez, E. D., Vejnaska, S. F., Dufek, S., Stahmer, A. C., & Aarons, G. A. (2016). Community-academic partnerships: A systematic review of the state of the literature and recommendations for future research. *The Milbank Quarterly, 94*(1), 163–214. <https://doi.org/fwmr>
- Fixsen, D. L., Naoom, S. F., Blase, K. A., & Friedman, R. M. (2005). *Implementation research: a synthesis of the literature*. (FMHI Publication #231).
- Frank, H. E., Becker-Haimes, E. M., & Kendall, P. C. (2020). Therapist training in evidence-

- based interventions for mental health: A systematic review of training approaches and outcomes. *Clinical Psychology: Science and Practice*, 27(3), e12330.  
<https://doi.org/10.1111/cpsp.12330>
- Franks, R. P. (2010). Role of the intermediary organization in promoting and disseminating mental health best practices for children and youth: The Connecticut Center for Effective Practice. *Emotional and Behavioral Disorders in Youth*, 10(4), 87–93.
- Franks, R. P., & Bory, C. T. (2015). Who supports the successful implementation and sustainability of evidence-based practices? Defining and understanding the roles of intermediary and purveyor organizations. In K. P. McCoy & A. Diana (Eds.), *The science, and art, of Program Dissemination: Strategies, successes, and Challenges. New Directions for Child and Adolescent Development* (Vol. 149, pp. 41–56).  
<https://doi.org/10.1002/cad.20112>
- Franks, R. P., & Bory, C. T. (2018). Strategies for developing intermediary organizations: Considerations for practice. *Families in Society*, 98(1), 27–34. <https://doi.org/f9wh9s>
- Halpern, D. (2015). *Inside the Nudge Unit: How Small Changes Can Make a Big Difference*. Random House.
- Heilweil, R. (2020, March 20). *Feeling anxious about coronavirus? There's an app for that*. Vox. [shorturl.at/aADVY](https://www.vox.com/shorturl.at/aADVY)
- Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2015). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child & Adolescent Psychology*, 45(2), 91–113.  
<https://doi.org/10.1080/15374416.2015.1046177>
- Hofmann, S. G. (2019). Imagine there are no therapy brands, it isn't hard to do. *Psychotherapy*

- Research*, 1–3. <https://doi.org/10.1080/10503307.2019.1630781>
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, *67*(3), 231–243. <https://doi.org/10.1037/a0025957>
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, *159*(9), 1548–1555. <https://doi.org/10.1176/appi.ajp.159.9.1548>
- Kendall, P. C., & Beidas, R. S. (2007). Smoothing the trail for dissemination of evidence-based practices for youth: Flexibility within fidelity. *Professional Psychology: Research and Practice*, *38*(1), 13–20. <https://doi.org/10.1037/0735-7028.38.1.13>
- Kendall, P. C., & Frank, H. E. (2018). Implementing evidence-based treatment protocols: Flexibility within fidelity. *Clinical Psychology: Science and Practice*, *25*(4), e12271. <https://doi.org/10.1111/cpsp.12271>
- Keown, L. J., Sanders, M. R., Franke, N., & Shepherd, M. (2018). Te Whānau Pou Toru: A randomized controlled trial (RCT) of a culturally adapted low-intensity variant of the Triple P-Positive Parenting Program for indigenous Māori families in New Zealand. *Prevention Science*, *19*(7), 954–965. <https://doi.org/10.1007/s11121-018-0886-5>
- Kreuter, M. W., & Bernhardt, J. M. (2011). Reframing the dissemination challenge: A marketing and distribution perspective. *American Journal of Public Health*, *99*(12), 2123–2127. <https://doi.org/10.2105/ajph.2008.155218>
- Laynard, R., Clark, D. M., Knapp, M., & Mayraz, G. (2007). Cost-benefit analysis of psychological therapy. *National Institute of Economic Review*, *202*.
- Lengnick-Hall, R., Willging, C., Hurlburt, M., Fenwick, K., & Aarons, G. A. (2020). Contracting as a bridging factor linking outer and inner contexts during EBP implementation and

- sustainment: A prospective study across multiple U.S. public sector service systems. *Implementation Science*, 15(1), 43. <https://doi.org/10.1186/s13012-020-00999-9>
- Lilienfeld, S. O. (2011). Distinguishing scientific from pseudoscientific psychotherapies: Evaluating the role of theoretical plausibility, with a little help from Reverend Bayes. *Clinical Psychology: Science and Practice*, 18(2), 105–112. <https://doi.org/10.1111/j.1468-2850.2011.01241.x>
- McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *American Psychologist*, 65(2), 73–84. <https://doi.org/10.1037/a0018121>
- McLeod, B. D., Cox, J. R., Jensen-Doss, A., Herschell, A., Ehrenreich-May, J., & Wood, J. J. (2018). Proposing a mechanistic model of clinician training and consultation. *Clinical Psychology: Science and Practice*, 25(3), e12260-19. <https://doi.org/10.1111/cpsp.12260>
- McPherson, K. E., Sanders, M. R., Schroeter, B., Troy, V., & Wiseman, K. (2015). Acceptability and feasibility of Peer Assisted Supervision and Support for intervention practitioners: A Q-methodology evaluation. *Journal of Child and Family Studies*, 25(3), 720–732. <https://doi.org/10.1007/s10826-015-0281-9>
- McWilliam, J., Brown, J., Sanders, M. R., & Jones, L. (2016). The Triple P implementation framework: The role of purveyors in the implementation and sustainability of evidence-based programs. *Prevention Science*, 17(5), 636–645. <https://doi.org/10.1007/s11121-016-0661-4>
- Mettrick, J., Harburger, D. S., Canary, P. J., Lieman, R. B., & Zabel, M. (2015). *Building Cross-System Implementation Centers: A Roadmap for State and Local Child- and Family-Serving Agencies in Developing Centers of Excellence (COE)*. The Institute for

Innovation & Implementation, University of Maryland.

Milat, A. J., King, L., Bauman, A. E., & Redman, S. (2013). The concept of scalability:

Increasing the scale and potential adoption of health promotion interventions into policy and practice. *Health Promotion International*, 28(3), 285–298.

<https://doi.org/10.1093/heapro/dar097>

Okamura, K. H., Wolk, C. L. B., Kang-Yi, C. D., Stewart, R., Rubin, R. M., Weaver, S., Evans,

A. C., Cidav, Z., Beidas, R. S., & Mandell, D. S. (2018). The price per prospective consumer of providing therapist training and consultation in seven evidence-based treatments within a large public behavioral health system: An example cost-analysis metric. *Frontiers in Public Health*, 5, 21. <https://doi.org/10.3389/fpubh.2017.00356>

Oosthuizen, C., & Louw, J. (2013). Developing program theory for purveyor programs.

*Implementation Science*, 8(1), 23. <https://doi.org/10.1186/1748-5908-8-23>

Paltiel, A. D., Schwartz, J. L., Zheng, A., & Walensky, R. P. (2020). Clinical outcomes of a COVID-19 vaccine: implementation over efficacy. *Health Affairs*, 40(1), 42–52.

<https://doi.org/10.1377/hlthaff.2020.02054>

Payne, A., Ballantyne, D., & Christopher, M. (2005). A stakeholder approach to relationship marketing strategy. *European Journal of Marketing*, 39(7/8), 855–871.

<https://doi.org/10.1108/03090560510601806>

Phillips, P. P., & Phillips, J. J. (2006). *Return on Investment (ROI) Basics*. Association for Talent Development.

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M.,

Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC)

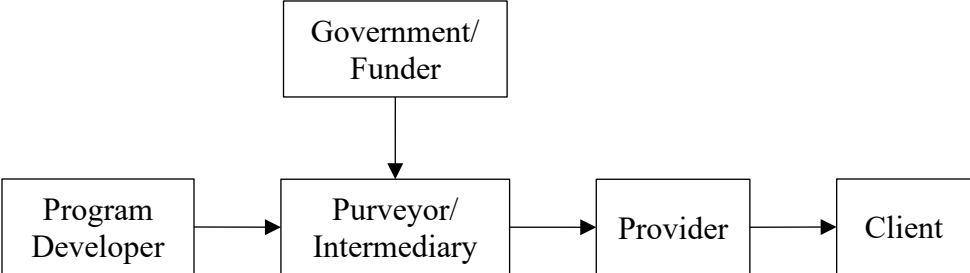
- project. *Implementation Science*, *10*(1), 21. <https://doi.org/10.1186/s13012-015-0209-1>
- Proctor, E. K., & Chambers, D. A. (2017). Training in dissemination and implementation research: A field-wide perspective. *Translational Behavioral Medicine*, *7*(3), 624–635. <https://doi.org/10.1007/s13142-016-0406-8>
- Proctor, E. K., Hooley, C., Morse, A., McCrary, S., Kim, H., & Kohl, P. L. (2019). Intermediary/purveyor organizations for evidence-based interventions in the US child mental health: Characteristics and implementation strategies. *Implementation Science*, *14*(1), 1–14. <https://doi.org/10.1186/s13012-018-0845-3>
- Proctor, E. K., Landsverk, J., Aarons, G. A., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, *36*(1), 24–34. <https://doi.org/b5pk4g>
- Promotion & Tenure Innovation & Entrepreneurship. (2020). *PTIE Findings: Expanding Promotion and Tenure Guidelines to Inclusively Recognize Innovation and Entrepreneurial Impact*. Oregon State University. <https://ptie.org/ptie-recommendations/>
- Purtle, J., Brownson, R. C., & Proctor, E. K. (2016). Infusing science into politics and policy: The importance of legislators as an audience in mental health policy dissemination research. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*(2), 160–163. <https://doi.org/10.1007/s10488-016-0752-3>
- Regan, J., Daleiden, E. L., & Chorpita, B. F. (2013). Integrity in mental health systems: An expanded framework for managing uncertainty in clinical care. *Clinical Psychology: Science and Practice*, *20*(1), 78–98. <https://doi.org/10.1111/cpsp.12024>
- Rotheram-Borus, M. J., Swendeman, D., & Chorpita, B. F. (2012). Disruptive innovations for

- designing and diffusing evidence-based interventions. *American Psychologist*, 67(6), 463–476. <https://doi.org/10.1037/a0028180>
- Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. *Annual Review of Clinical Psychology*, 8(1), 345–379. <https://doi.org/10.1146/annurev-clinpsy-032511-143104>
- Sanders, M. R., & Brennan, M. M. (2010). Creating conditions for success beyond the professional training environment. *Clinical Psychology: Science and Practice*, 17(1), 31–35. <https://doi.org/10.1111/j.1468-2850.2009.01189.x>
- Sanders, M. R., Hoang, N.-P. T., Gerrish, R. J., Ralph, A., & McWilliam, J. (2021). A large-scale evaluation of a system of professional training for the Triple P- Positive Parenting Program: Effects of practitioner characteristics, type of training, country location and mode of delivery on practitioner outcomes. [Manuscript Submitted for Publication]. School of Psychology, The University of Queensland.
- Sanders, M. R., Kirby, J. N., Toumbourou, J. W., Carey, T. A., & Havighurst, S. S. (2020). Innovation, research integrity, and change: A conflict of interest management framework for program developers. *Australian Psychologist*, 55(2), 91–101. <https://doi.org/fwmp>
- Shafran, R., Clark, D. M., Fairburn, C. G., Arntz, A., Barlow, D. H., Ehlers, A., Freeston, M., Garety, P. A., Hollon, S. D., Ost, L. G., Salkovskis, P. M., Williams, J. M. G., & Wilson, G. T. (2009). Mind the gap: Improving the dissemination of CBT. *Behaviour Research and Therapy*, 47(11), 902–909. <https://doi.org/10.1016/j.brat.2009.07.003>
- Umoh, R. (2019, October 11). *How Virtual Therapy Apps Are Trying To Disrupt The Mental Health Industry*. Forbes. [shorturl.at/qsLVW](https://www.forbes.com/shorturl.at/qsLVW)
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-

- month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629–640.  
<https://doi.org/10.1001/archpsyc.62.6.629>
- Washington State Institute for Public Policy, & University of Washington Evidence-Based Practice Institute. (2019). *Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems* (E2SHB2536-10). [shorturl.at/nqyKN](http://shorturl.at/nqyKN)
- Wasil, A. R., Venturo-Conerly, K. E., Shingleton, R. M., & Weisz, J. R. (2019). A review of popular smartphone apps for depression and anxiety: Assessing the inclusion of evidence-based content. *Behaviour Research and Therapy*, 123, 103498.  
<https://doi.org/10.1016/j.brat.2019.103498>
- Webster-Stratton, C. H., Reid, M. J., & Marsenich, L. (2014). Improving therapist fidelity during implementation of evidence-based practices: Incredible Years Program. *Psychiatric Services*, 65(6), 789–795. <https://doi.org/10.1176/appi.ps.201200177>
- Webster-Stratton, C., & McCoy, K. P. (2015). Bringing the Incredible Years® Programs to scale. *New Directions for Child and Adolescent Development*, 2015(149), 81–95.  
<https://doi.org/10.1002/cad.20115>
- Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Marchette, L. K., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79–117. <https://doi.org/10.1037/a0040360>

**Figure 1**

*A Sample Flow of Evidence-Based Interventions From Program Developer to Client*



## Appendix A

Table A1

*Overview of Organizations Reviewed as of 2020*

	<b>Beck Institute</b>	<b>Incredible Years, Inc.</b>	<b>PAXIS Institute</b>	<b>PracticeWise</b>	<b>Triple P International</b>
<b>Website</b>	beckinstitute.org	incredibleyears.com	paxis.org	practicewise.com	triplep.net
<b>Programs/ Services Offered</b>	Training and dissemination of Beck model of CBT, online CBT resources, provide CBT	Training and dissemination of Incredible Years Programs	Training and dissemination of PAX Good Behavior Game	Information services; Resource subscriptions (e.g., MAP, PWEBS, MATCH), consultation, credentialing	Implementation support, program resources and training for the Triple P–Positive Parenting Programs
<b>Number of Program Developers</b>	2	1	11	22	9
<b>Program developer(s) role in organization</b>	Various: Founder and President Emeritus; President	Founder/President	Founder/President/CEO	Various: unaffiliated, consultant, employee, board member, founder	Various: Recruited founder, consultant, trainer
<b>Program developer university affiliation</b>	University Professor Emeritus and Professor at University of Pennsylvania	Past: Graduate student, Professor; Present: Professor Emeritus	Co-Investigator at Johns Hopkins	Various: Professor, Clinical Affiliate, None	Professor
<b>Profit Structure</b>	501(c)3	For profit	For profit	For profit	For profit and Certified B Corp®
<b>Main revenue</b>	Trainings	Trainings and product sales	Training, materials, and other supports	Information services, training and consultation	Training and sale of program resources
<b>Main revenue source</b>	Not-for Profit Organizations	Governments contracts; health systems; universities	Schools, governments, health, and schools	Business-to-business services	Government contracts and not-for profit organizations

<b>Number of Paid Staff Members</b>	40	4	70	45	120
<b>Student Opportunities</b>	Yes	Yes	Yes	Yes	Yes
<b>Ownership of Intellectual Property Rights</b>	Beck Institute for Cognitive Behavior Therapy	Carolyn Webster-Stratton	Dennis Embry	Various from proprietary to diverse licensing arrangements that differ by products and services	The University of Queensland
<b>COI Protocol</b>	External experts to design RCTs, data management, data analysis; COI statements on publications	External data manager; financial disclosures yearly to University of Washington; COI statements on publications	Independent scientists with explicit agreements to publish regardless of outcomes	Minimize or eliminate role in data collection and analysis; COI statements on publications	External data management and data analysis; standard COI statement on publications
<b>Estimated number of providers trained</b>	32,000	68,905	60,000	29,000 registered; 5,700 credentialed	88,239
<b>Number of Trainers</b>	57	145 (7 trainers, 73 mentors who can deliver workshops, and 138 peer coaches)	45	450 (28 Training Professionals; 272 Agency Supervisors; 148 Instructors)	98 trainers
<b>U.S. States and Countries with Trained Providers</b>	50 states; 123 countries	50 states; 19 countries	38 states, 6 countries	Registered: 50 states, 110 countries; Credentialed: 25 states; 5 countries	38 states; 30 countries

*Note.* CBT = Cognitive Behavioral Therapy; COI = Conflict of Interest; MATCH = Modular Approach to Treatment of Children with Anxiety, Depression, or Conduct Problems; MAP = Managing and Adapting Practice; PWEBS = PracticeWise Evidence-based Services

**Table A2.***Overview of IDIO Activities*

	<b>Beck Institute</b>	<b>Incredible Years, Inc.</b>	<b>PAXIS</b>	<b>PracticeWise</b>	<b>Triple P International</b>
<b>Agency Readiness Measure</b>	Interviews, focus groups, individualized assessments and customized training plans	Launching IY Programs in Your Organization	Depending on product/service	Varies depending on implementation model	Triple P Implementation Framework (includes facilitated organizational assessment and readiness measures)
<b>Typical synchronous training length</b>	2-3 days	3 days	1-3 days	2-5 days	1-4 days
<b>Consultation/Supervision post-training</b>	Yes	Yes	Yes	Yes	Sometimes
<b>Provider Consultation/Supervision Process</b>	Recorded session review	Recorded session review	Local supervision from site-based coaches (“partners”)	Varies: performance standards, portfolio review, dashboard review	Local supervision; Additional supervision provided as needed
<b>Consultation Required for Accreditation</b>	Minimum of 10, 1-hr calls over 6 months (1 per client)	Amount varies and continues until video of session passed and protocols approved	No	Amount varies by credential: Range from 6 – 25 hours over 6 – 12 months	No
<b>Provider Accreditation Requirement</b>	No	Yes	No	No	Yes
<b>Requirement for Provider Accreditation</b>	Training attendance; Supervision Sessions with review of Recorded Sessions; scored by the	Training attendance; Lead minimum of two groups: Client evaluations and self- and peer-rated	Training attendance; and performance for some functions	Varies by credential; Performance standards; Portfolio evaluation; Case material review	Training attendance; satisfactory demonstration of key competencies; completion of a quiz

	<b>Beck Institute</b>	<b>Incredible Years, Inc.</b>	<b>PAXIS</b>	<b>PracticeWise</b>	<b>Triple P International</b>
	Cognitive Therapy Rating Scale	fidelity checklists; video review			
<b>Train-the-trainer model</b>	Yes	Yes	No	Yes, multiple pathways	No
<b>Provider Conferences</b>	Yes, but not hosted by the Beck Institute	Incredible Years Mentor Meeting	Summit, weekly zoom	Not routine, initiative-focused	Helping Families Change Conference; Regional Triple P Update Conferences
<b>Systems Consulting</b>	Yes	Yes, when requested	Yes	Yes	Yes
<b>Proactively contact policy makers about funding program</b>	No	Not commonly	Yes	No	Yes (to discuss fit of Triple P with policy aims and priorities)
<b>Engages with Direct-to-Consumer Marketing</b>	Yes (social media)	No	Yes (social media)	Yes (social media)	Yes

**Figure A1.**

*The growth of Triple P research following the creation of Triple P International.*

