Entering the third decade of the twenty-first century, dramatic changes fueled by climate, economic, and health crises shape the clash of populist-fueled autocratic movements and movements for democracy, equity, and social justice. Within this context, and in response to the Covid-19 global pandemic’s associated adversity and disparities, the pace of change has become more rapid and intense.

While evidence and implementation science ideally inform and support innovation of policies and adaptations of services, limited resources as well as the amount, intensity, and pace of change may overwhelm the best intentions. In 2021, the Child and Family Evidence-Based Practice Consortium sought manuscripts that addressed how evidence and implementation science were informing rapid policy or practice adjustments in child and family serving systems amidst these pressures.

In response to an open call for papers for this special issue, most of the submitted manuscripts focused on service adaptations made during the COVID-19 pandemic. Programs and purveyors had no choice but to adapt or risk not effectively engaging those they served. By our production deadline, a peer-reviewed process had selected five of these manuscripts for publication in this special section. We hope to see additional manuscripts complete revisions for publication in this journal’s 2023 issues.

A context that requires rapid adaptation presents unique implementation challenges including a short time horizon for decision-making and uncertainty about how prior evidence can be used in evolving situations and contexts (Eisman et al., 2022). For this special section, we first pondered whether and how helpful implementation science and frameworks were when time or opportunities to fully engage in each step of a sound implementation process were compromised. We believe this special section provides examples and lessons that address that question. We also wondered if adaptations can be implemented under these contextual and temporal conditions while promoting a high level of fidelity to essential program elements and activities that improve client outcomes. That question will require longitudinal studies that compare pre- and post-adaptation fidelity with client outcomes. In this special section, Implementing Evidence-Based Interventions During a Pandemic discusses what should be considered in such studies. Of note and related to this need for further study, a recent article published in this journal suggested a framework for considering factors in the speed of policy and practice innovations (Proctor et al., 2022).

Themes

Articles in this special section reflect two major themes emerging around implementation and rapid adaptation:

- We build programs for what is known and then must navigate the unknown.
- Adjusting implementation to manage abrupt change can reveal how soundly or thoroughly a program’s implementation infrastructure was developed.
Implementation science emerged, in part, to address the challenge of supporting the planning, adoption, and sustainability of effective practices in settings outside of the traditional research setting. Many clinical practices are grounded in research that historically approaches the research-to-practice pipeline as a unidirectional flow from clinical studies to efficacy and from effectiveness studies to implementation research (Bauer & Kirchner, 2020). Too often, this pipeline does not study or fully incorporate real-world problems through an iterative process. This may be more apparent during times of rapid social change.

The five articles in this special section demonstrate navigation of previously unknown contexts while still applying implementation principles and practices. For example, Adaptations in the Context of COVID-19: Application of an Implementation Science FRAMEwork focuses on a specific implementation tool while Using Implementation Science to Inform Workforce and Service Development in Youth Mental Health: An Australian Case Study presents how an implementation framework anchored the process for making pandemic-related adaptations. When implementation constructs associated with infrastructure, capacity, and organizational culture were attended to in advance, programs were better able to adapt and maintain service reach and implementation drivers or support. In fact, unforeseen circumstances that necessitated adaptation offered opportunities to test the implementation infrastructure while building organizational capacity. Within these themes, the following lessons emerged:

**Inclusive Decision-Making**

Manuscripts in this special section provide useful lessons about participation and representation in implementation efforts. Program adaptations that engaged supervisors and service providers in reconfiguring the implementation of evidence-based practice models for telehealth service delivery simultaneously transformed data-informed decision-making feedback loops for building capacity in training and coaching. An example can be found in Predicting a Rapid Transition to Telehealth Delivered Parent–Child Interaction Therapy Amidst COVID-19: A Mixed-Methods Study. Rapid change also reinforced the importance of relationships with community and system partners. Described in Using Implementation Science to Inform Workforce and Service Development in Youth Mental Health: An Australian Case Study, implementation team culture and relationships enhanced the team’s ability to rapidly adapt to the changing pandemic context.

**Capacity Building**

There are also lessons in the value of staff engagement to make a rapid adaptation to a policy or service. With this direct staff feedback loop, program purveyors and implementation consultants simultaneously adapted workforce development for telehealth service delivery while maintaining essential elements of evidence-based practice. Implementing Evidence-Based Interventions During a Pandemic describes how Blueprints for Healthy Youth Development, a well-respected registry of evidence-based programs, systematically established a baseline of adaptations to programs listed in its registry. These data could help examine whether and how means to evaluate fidelity should change to support adaptations to programs.

**Technology**

Many articles in this special section present lessons on the central role of technology in supporting implementation during periods of rapid change. They offer examples of how technology uniquely supported client engagement, workforce development, and collaborative decision-making with stakeholders, program staff, and purveyors. As part of solutions to implementing programs during rapid change, program providers utilized the internet in a variety of new and different ways, providing tele-session, asynchronous and synchronous training, and ensuring the availability of resources online. For example, see The Fast and the Furious: The Rapid Implementation of Tele-mental Health Practices within a Child Advocacy Center, as well as Predicting a Rapid Transition to Telehealth Delivered Parent–Child Interaction Therapy Amidst COVID-19: A Mixed-Methods Study, and Implementing Evidence-Based Preventive Interventions During a Pandemic.

Collectively, articles in this special section provide rich lessons in how programs and their services adapted implementation during the unexpected and rapid changes of a global pandemic. They identify barriers and facilitators of change, and the extent, and types of necessary adaptations, while also addressing our initial question about the usefulness of implementation science and frameworks during rapid social change. Addressing our second question may become a very specific focus for a future special issue of this journal.
GIRA Special Section Sponsor

For two decades, the Child and Family Evidence-Based Practice Consortium has engaged practitioners, supervisors, administrators, researchers, and faculty interested in the selection and effective implementation of evidence-based and promising practices for children, youth, and families. This focus included examination and recommendations for academic professional degree program curricula development in special issues of the Journal of Social Work Education (Bertram & Kerns, 2018) and the Journal of Family Social Work (Bertram & Brown, 2020).

Consortium participants change with the focus of projects and include leaders from Australia, Canada, Europe, and the United States, some of whom consult and provide technical assistance in Africa, Asia, and Latin America. Projects evolve through sharing similarities and differences of perspectives, emerging questions, challenges, and successful strategies in organization and system change. Participants are active in several evidence-based registries, purveyor organizations, national technical assistance centers, university academic programs and research centers as well as community-based implementation hubs. Information and examples of Consortium efforts can be found at ebpconsortium.com.

Future Special Issues

Finally, the journal *Global Implementation Research and Applications (GIRA)* is actively curating additional special issues or sections. Manuscripts are currently in submission and peer-review for a late 2023 presentation of implementation perspectives and examples from Latin American nations. A proposal is in development for a special issue that will focus on the implementation of HIV prevention and intervention practices in Africa. To explore and propose special issues or sections of this journal contact the editor, Rosalyn Bertram at bertramr@umsystem.edu.

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