

University of Groningen

Bridging the implementation gap

Goense, Pauline Brigitta

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:
2016

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Goense, P. B. (2016). *Bridging the implementation gap: A study on sustainable implementation of interventions in child and youth care organizations*. [Thesis fully internal (DIV), University of Groningen]. Rijksuniversiteit Groningen.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Bridging the implementation gap

A study on sustainable implementation of interventions in child and youth care organizations

Pauline Brigitta Goense, 22 september 2016

1. Without measuring treatment integrity in primary outcome studies of interventions, no conclusions may be drawn on the relation between the intervention and client outcomes (this dissertation).
2. The provision of an intervention manual and the training and supervision of therapists are a *sine qua non* for treatment integrity (this dissertation).
3. As a general rule, efficacy and effectiveness studies should only be performed if support systems are working properly (this dissertation).
4. Practice cannot improve what it does not measure accurately and cannot measure what it does not define (this dissertation, inspired by Durlak & Dupre, 2008).
5. To effectively contribute to continuous improvement of the services that are delivered, treatment integrity data should always be used together with client outcomes (this dissertation).
6. The implementation gap has to be bridged, not closed.
7. Facts without evidence are opinions.