Reflection on the national institution of Health stage model of intervention development Academic Level : Bachelor Paper details The Stage Model is a model of behavioral intervention development composed of six stages: basic science (Stage 0), intervention generation, refinement, modification, and adaptation and pilot testing (Stage I); traditional efficacy testing (Stage II); efficacy testing with real-world providers (Stage III); effectiveness research (Stage IV) and; dissemination and implementation research (Stage V). Examination of mechanisms of behavior change is encouraged in every stage of intervention development. Consideration of the intervention’s ease of implementation is encouraged as early as possible in the intervention development process. The ultimate goal is to produce highly potent and maximally implementable behavioral interventions that improve health and well-being. Various conceptualizations of research on intervention development share the notion of phases or stages of intervention development, and most stress the importance of translational research. The models generally agree that efficacy and effectiveness research vary along a continuum, from maximizing internal validity to maximizing generalizability. Models differ in what stages they include and in the way they number and name the stages. Models also differ in terms of the relevance, importance, and role of theory and basic research in intervention development; and in terms of the point at which they emphasize a focus on implementation. The NIH Stage Model was created to identify, define, and clarify the array of activities involved in behavioral intervention development to facilitate the scientific development of potent and implementable interventions. Because behavioral interventions frequently do not move beyond efficacy to effectiveness or implementation, several stages of intervention development are identified, defined, and clarified in this model to address this issue. For example, early-stage intervention development, refinement, and adaptation is broadened to include intervention modification to promote ease of implementation, and, where needed, the development of training materials (Stage I). Furthermore, two stages for different types of real-world testing are distinguished: One a hybrid efficacy-effectiveness stage to demonstrate that it is possible to administer an intervention correctly in the real-world (Stage III); another to conduct true effectiveness testing (Stage IV). Finally, the model is intended to emphasize both the scientific and practical value of determining the mechanism of action of interventions; 1) to help to create a cumulative, progressive field and; 2) to help identify principles of behavior change that can be imparted to those who are delivering interventions. This emphasis on mechanisms facilitates the ability to operationalize personalized interventions, tailored for different characteristics of individuals, couples, families, for broad range of behaviors and across settings. The NIH Stage Model is an iterative, recursive, multidirectional model of behavioral intervention development. This model asserts that intervention development is not complete until an intervention reaches its maximum level of potency and is implementable with a maximum number of individuals in the population for which it was developed. In this model basic researchers, intervention developers, and community-oriented intervention and implementation researchers all have a significant role to play in every stage of developing potent and implementable interventions.