Helping Schools Select and Implement Empirically Supported Practices in Prevention

Chu-Chun Fu, Rohini Puri, Keith C. Herman, & Wendy M. Reinke
University of Missouri, Columbia

ABSTRACT

School districts are inundated with innovation. Ongoing developments in academic and social-emotional curriculum, combined with external pressures to improve student outcomes, create challenges for districts to make informed decisions about programs to implement in their schools. In particular, efforts to identify and implement best practices in mental health programming and services are complicated by constantly evolving initiatives, strategies, and delivery systems. Our poster presents a rationale and model for helping school districts select and implement best practices in prevention and mental health promotion programming.

Following a collaborative action research methods model (Moran, 2007), we are in the process of conducting a series of studies in partnership with Missouri Partnership for Educational Renewal (MPER) school districts that will culminate in the creation and evaluation of a web-based tool. The project is guided by prevention science, existing empirical literature, and expertise of a leadership panel comprising individuals from the participating school districts. This poster describes our efforts toward (a) evaluation of current early childhood preventive and early intervention practices, (b) development and refinement of a web-based tool; (c) initial feasibility evaluation of the tool; and (d) proposal of practical guidelines for helping schools select, implement and evaluate prevention programs suited to the current systems existing within the school and the needs of the children and families that are being served.

BACKGROUND AND RATIONALE

In spite of the obvious health, social, and economic benefits of prevention science (Greenwood, 1999; RAND, 2007), schools encounter challenges in their efforts to adopt evidence-based preventive practices and early intervention as a part of the school curriculum. Estimates indicate that fewer than 30% of schools in America are implementing evidence-based programs (Ringwalt et al., 2002). The barriers to adopting and implementing best practices in prevention can be grouped into the following domains: assessing current programs and needs, identifying and selecting best practices, implementing programs with fidelity, and evaluating program effectiveness.

First, it has become clear that school districts often have difficulty cataloguing and evaluating all the services that are being implemented in the various schools that comprise the district. School personnel have to weed through all of the available options while confronting internal and external pressures to adopt particular programs (Williams & Cole, 2007). Giving them tools to conduct a practical and accurate needs assessment is a critical first step (Levitt et al., 2007; Elliott et al., 2007). Second, although school personnel and decision-makers express favorable attitudes about empirically-supported programs, they may lack science literacy skills needed to make informed decisions about which programs are best (Williams & Cole, 2007). School districts would benefit from guidelines for identifying best practices and for developing criteria that can be used to select the best programs. Third, a major concern regarding the delivery of prevention practices in schools is the difficulty faced in achieving high implementation fidelity in real settings (Gottfredson & Gottfredson, 2002). Potential barriers to fidelity in schools and other real-world settings include insufficient staff training and support, limited resources, classroom overcrowding, classroom management and disciplinary problems, low teacher morale and burn out, multiple competing demands, and insufficient time due to academic performance and standardized testing being the primary focus of most schools (Botvin, 2004; Greenberg, 2004). Finally, school districts would benefit from assistance in evaluating the effectiveness of current and future programs to be sure they are having the intended impact. Ongoing data collection on academic achievement and other factors indicating school success is needed in order to better understand the full impact of prevention activities in schools (Adelman & Taylor, 2000; Greenberg, 2004). It is also essential that evaluation and monitoring tools are used to determine the effectiveness of the process (Biglan, 2003).

Based on existing literature, our own formative research and the series of studies being conducted in partnership with the MPER school districts, we intend to propose a comprehensive framework, which includes practical tools that schools can use to identify, adopt, adapt, evaluate and sustain prevention initiatives, suited to the needs of the children and families that they serve.

METHODS AND PROCEDURES

Participants and Sampling.
Invite all participating MPER school districts to join the study and recruit a representative from each interested district to serve on a Leadership Team
Leadership Team:
- Assists with efforts to create and implement the survey instrument and develop and pilot the tool.
- Recruits other leaders in ongoing statewide initiatives related to mental health to participate on the team.

Survey of Current and Evidence Based Practices.
1) Survey will be based on an existing measure that was used in past research (specifically?)
2) Give survey to school administrators, teachers, and school-based mental health personnel, to assess current programs, level of implementation, knowledge of EBPs, information about how prevention and early intervention programming are determined, and areas of need for training.
3) Send to five top researchers in the field of mental health practices in schools to review. Any item that is not supported by 4 out of 5 experts will be deleted.
4) Input from national experts will be given to the Leadership Team to evaluate and provide suggestions for changes and additional items.
5) According to the Leadership Team's input, survey will be administered to a small group of participants representative of the participants who will serve in this study (n = 20).
6) Pilot data will be analyzed for internal reliability. Internal consistencies will be computed based on the pilot data to determine if any items need to be deleted.

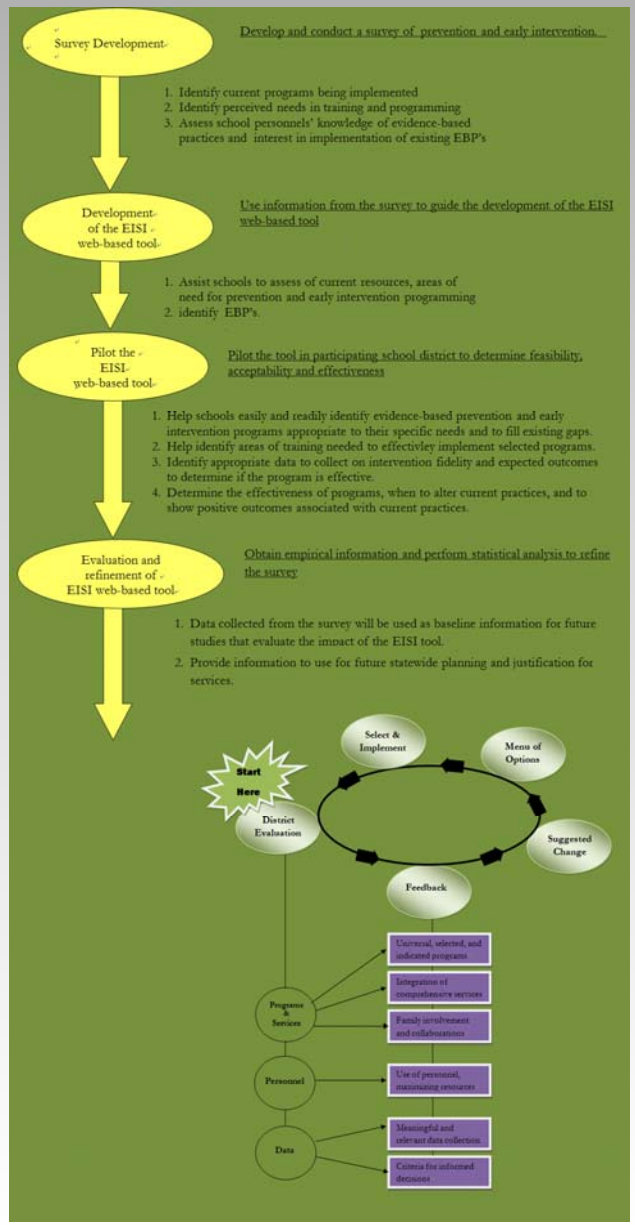
Process and Impact Evaluation.
1) The *impact* evaluation: document the degree to which the Leadership Team had an effect on the participants' knowledge, skills, attitudes and practices related to identifying and addressing school-based mental health practices.
2) The *process* evaluation:l assess the degree to which the Leadership Team activities were implemented as planned and with the quality and results intended.
- Purpose:
  - Document and describe the activities of the committee and the experience and satisfaction of the Leadership Team members
  - Identify social and political barriers and facilitators regarding the activities.
  - Record the political, social, and ethical challenges of utilizing a multidisciplinary community-based participant team

Statistical Analysis.
1) Collect and summarize survey data concerning current practices, current knowledge of EBPs, attitudes about implementation of EBPs within schools, perceived need of EBPs in schools, and perceived need for training.
2) Feasibility and effectiveness data will be collected and summarized on the use of the EISI tool.

Evaluation of the EISI web-based tool.
1) Assess EISI feasibility and acceptability by soliciting ongoing feedback from the Leadership Team and from other partners.
2) A prototype is developed according to the partner's feedback about the helpfulness and practicality of the instrument and suggestions, we will ask several principals in participating districts to apply it and provide us with feedback., serving as pilot data to prepare for future studies

Timeline.
February 2008: Recruite participants
March/April 2008: First Leadership Team meeting - to develop and plan implementation of the initial survey of current school resources and practices
November 2008: Complete survey and summarize data to inform development of the web-based tool.
November/December 2008: Second Leadership Team meeting - to begin development of the web-based tool.
February 2009: Third Leadership Team meeting - to finalize the web-based tool and plan pilot data collection of the tool.
End of the 2008-2009 school year: Gather, summarize, and disseminate data from piloting of the web-based tool.

PREVENTION SCIENCE IN ACTION
Critical Steps in Developing a Tool for Helping Schools Select, Implement, and Sustain a Suitable Evidence-Based Prevention Program



Initial Evidence of Feasibility

The project will formally begin in Fall 2008, so we are currently in the planning stages. How we offer the following evidence indicating initial feasibility of the project:

- We recently recruited five school districts to participate in the project representing larg urban and suburban districts as well as rural districts. All expressed interest in and excitement about the tool. Based on initial conversations with other schools, we expect recruit up to five other districts. In combination, these districts represent nearly 100 sc
- After reviewing the proposal, the MPER's Leadership Group offered to fund the projec The reviewers agreed that the project had merit and potential to produce valuable data the partner school districts. The project also received a favorable review and funding f the Office of the Provost at the University of Missouri. We will use the Wallace Grant by this Office to fund a webmaster to design the initial prototype.

Sample Survey Hypotheses and Analyses

A primary goal of the survey will be to determine current prevention practices in the schools and efforts to monitor their effectiveness. These findings will be used to inform the development of the needs assessment and menu components of the EISI tool.

Additionally, we are interested in evaluating attitudes about the role of schools in providing mental health services and the importance and feasibility of delivering evidence-b prevention practices in school settings. We will examine the relations between these variable specific characteristics of individual respondents (e.g., teacher, administrator, counselor), sch and districts (organizational climate, size, setting).

- We hypothesize that teacher and counselor beliefs about the role of schools in prevention and mental he service delivery will be directly linked to administrator perspectives on these issues.
- Moreover, we expect that teacher and counselor attitudes about evidence-based practices will be strongl related to administrator attitudes about these practices as well as to perceived organization support for u these practices.

These findings will be used to inform future research and practice on consulting with school district personnel on the use and implementation of school- and district-wide prevention programming.

Sample EISI Tool Scenario

We offer the following hypothetical scenario for illustrative purposes only. It is critic note that the final version of EISI Tool will be developed based on results from the survey a collaboration with partner districts.

- District A used the tool to assess their current prevention practices. Based on the result they discovered that they were providing adequate universal, selective, and indicated school-based services for children with behavior problems (e.g., they were implementi PBS with high fidelity and they had a high functioning behavior support team). Howev they concluded that they had low parent involvement in intervention planning and serv and limited school-home coordination.
- Based on these findings, EISI Tool generated a Menu of Options which included a list best programs and practices that the school could implement to address this shortcomi
- The school selected the *Incredible Years* and associated assessment tools.
- They implemented the program in three elementary schools for one-year. Based on the evaluation of effects, they decided to implement the program district-wide in the secon year and continue to monitor its impact.

CHALLENGES AND FUTURE DIRECTIONS

- Continually refine the needs assessment survey and EISI tool and evaluate its use and effe
- Disseminate research findings among school districts to explain the link between the evid of effectiveness and the recommendations offered.
- Based on the evidence of effectiveness of each prevention program, assess the applicabilit EBPs to local schools according to current their resources and document any side-effects.
- Strengthen external resources and partnership between the Missouri Prevention Center an schools, especially for obtaining additional information relevant for refining the EISI tool an determining the best practices for implementing and adapting particular interventions.
- Actively and effectively assist school districts to address challenges and barriers after implementing interventions.
- Collect additionally survey data from collaborators throughout the state, nation, and world
- Market and disseminate successful interventions and implementation strategies among ot schools and districts throughout the state and nation to encourage further participation.

EVIDENCE-BASED PREVENTION PROGRAMS - ONLINE RESOURCES

Blueprints for Violence Prevention
http://www.colorado.edu/cspv/blueprints/index.html

Substance Abuse & Mental Health Services Administration (SAMHSA) Model Programs
http://www.modelprograms.samhsa.gov

SAMHSA's Registry of Evidence-Based Practices & Pocket Guide to Web Resources
http://www.nrepp.samhsa.gov/
http://www.samhsa.gov/ebpWebguide/appendixA_Child.asp

Society for Prevention Research: Standards of Evidence
http://www.preventionresearch.org/StandardsofEvidencebook.pdf

Positive Behavior Inventions and Supports (Office of Special Education Programs)
http://www.PBIS.org

Evidence-Based Treatments for Children and Adolescents (APA Division 53)
http://sccap.tamu.edu/EST/

What Works Clearinghouse (Institute for Education Sciences)
http://ies.ed.gov/ncee/wwc/