Helping Schools Select and Implement Empirically Supported Practices in Prevention

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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 paper presents a model and field 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 Partnerships for Educational Research and Training (MPER) school districts that will culminate in the creation and evaluation of a web-based tool. The project is guided by prevention science, technical assistance, and expertise of a leadership panel comprising individuals from the participating school districts. This paper 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 and acceptability evaluation of the tool, and (d) proposal of practical guidelines for helping school select, implement, and evaluate prevention programs suited to the current systems existing within the school and the needs of the children and families that the school serves.

BACKGROUND AND RATIONALE

In spite of the obvious health, social, and economic benefits of prevention science (Gottfredson, 1999; RAND, 2007), schools encounter challenges in their efforts to adopt evidence-based preventive practices and early interventions as part of the school curriculum. Estimates indicate that fewer than 30% of schools in the United States are implementing evidence-based programs (Eby 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 programs' effectiveness.

First, it has become clear that school districts often have difficulty cataloging and evaluating all the services that are being implemented in the various schools that comprise the district. School personnel have to wade through all of the available options while confronting internal and external pressures to adopt particular programs (Williams & Cole, 2007). Given the challenges 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 understand what programs are about (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 programs to schools is the difficulty faced in achieving high implementation fidelity in real settings (Howell & Contrada, 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 to conduct performance or standards-based testing being the primary forces that most schools (Rosenberg, 2004; Gramberg, 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; Gramberg, 2004). It is also essential that evaluation and monitoring tools are used to determine the effectiveness of the process (Bogatz, 2005).

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 approach, which includes practical tools that the 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

Involves MPER school districts to join the study and recruit one representative from each interested district to serve on a Leadership Team.

Survey of Current and Evidence-Based Practices.

1. Survey will be based on an existing measure that we used in past research (specifically?)
2. This survey is to school administrators, teachers, and school-based mental health personnel, to assess current programs, level of implementation, barriers to implementation, and current knowledge of EBPs and early intervention programming.
3. Satisfy five top researchers in the field of mental health practices in schools to review any item that is not supported by 4 or 5 experts will be deleted.
4. Input from national experts will be given to the Leadership Team and provide additional suggestions and changes.
5. Survey will be administered to a small group of participants representative of the participants who will serve in the stakeholder group.
6. Pilot data will be used 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 regarding addressing school-based mental health practices.
2. The outcome evaluation: assess the degree to which the Leadership Team activities were implemented and with what the quality and results measured.
3. Purpose: Document and describe the activities of the committee and the experience and satisfaction of the Leadership members.
4. Identify social and political barriers and facilitators regarding the activities.

Evaluation of the EISI web-based tool.

1. The impact evaluation: document the degree to which the Leadership Team had an impact on the participants' knowledge, skills, attitudes and practices regarding addressing school-based mental health practices.
2. The outcome evaluation: assess the degree to which the Leadership Team activities were implemented and with what the quality and results measured.

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 external validity will be calculated and summarized on the use of the EISI tool.

Evaluation of the EISI web-based tool.

1. Assess feasibility and external validity 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 select several principals in participating districts to apply it and provide us with feedback, as survey pilot data is necessary for future studies.

Timeline

February 2008: Recruit participants
March-July 2008: Leadership Team training - to develop and plan implementation of the initial survey of current school resources and practices
September 2008: Complete survey and summarize data into development of the web-based tool.
December 2008: Second Leadership Team training - to begin development of the web-based tool.
February 2009: Leadership Team meeting - to finalize the web-based tool and play pilot data collection of the tool.
End of the 2008-2009 school year: Gather, summarize, and disseminate data from testing of the web-based tool.

PROJECT OVERVIEW

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

- Ongoing developments in academic and social-emotional curriculum, combined with external pressures to promote large-scale adoption of EBPs.
- Our project has received favorable reviews and funding from the Substance Abuse & Mental Health Services Administration.
- We will use the Walsh Grant given to this Office to fund a webinar to design the initial prototype.

Sample Survey Hypotheses and Analysis

A primary goal of the survey will be to determine current prevention practices in the school districts and to identify their effectiveness. These findings will be used to inform the development of the needs assessment and mentor 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-based prevention practices in school settings. We will examine the responses about these variables and the specific characteristics of individual respondents (e.g., teacher, administrator, counselor) and school districts (organizational climate, size, setting).

We hypothesize that teachers and counselors believe that schools are capable of fulfilling the role of providing mental health services within the school setting. We also hypothesize that 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 to conduct performance or standards-based testing being the primary forces that most schools are currently dealing with (Rosenberg, 2004; Gramberg, 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; Gramberg, 2004). It is also essential that evaluation and monitoring tools are used to determine the effectiveness of the process (Bogatz, 2005).

Challenges and Future Direction

1. Continued refinement of the needs assessment survey and EISI tool and evaluate in use and effects.
2. Disseminate findings regarding needs assessment survey and EISI tool to expand the link between the evidence of effectiveness and recommendations.
3. Based on the evidence of effectiveness of each prevention program, assess the applicability of EBPs to local schools according to current resources and determine any side-effects.
4. Strengthen external and professional partnerships between the Missouri Prevention Center and schools, especially for obtaining additional information relevant for refining the EISI tool and determining the best practices for implementing and adapting particular interventions.
5. Actively and effectively assist school districts to address challenges and barriers after implementing interventions.
6. Collect additional survey data from collaborating through the state, region, and world.
7. Market and disseminate successful interventions and implementation strategies among other schools and districts throughout the state and region to encourage further participation.

EVIDENCE-BASED PREVENTION PROGRAMS ONLINE RESOURCES

Blueprints for Violence Prevention

SAMHSA’s Model Programs
http://www.samhsa.gov/ebpWebguide/appendixA_Child.asp

Substance Abuse & Mental Health Services Administration’s Model Programs

SAMHSA’s Registry of Evidence-Based Practices & Partners Guide to Web Resources
http://www.samhsa.gov/ebpWebguide/app7_7.asp

Preventing Gender-Specific Violence
http://www.preventionresearch.org/StandardsofEvidencebook.pdf

Positive Behavior Interventions and Supports (PBIS)
http://www.pbis.org

Evidence-Based Treatments for Children and Adolescents (APA Division 53)
http://www.pbis.org

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