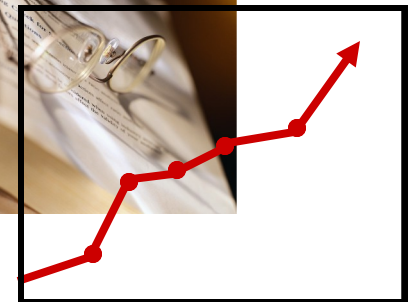# Evidence-Based Program Tool Booklet

AN ADMINISTRATOR'S GUIDE TO EVIDENCE-BASED MENTAL HEALTH PROGRAMS IN SCHOOL SETTINGS

· *What is evidence-based programming?*

· *How can I decide which evidence-based program will be the best fit for my school?*

· *What are some examples of evidence-based programming?*

Administrator's Tool Booklet
Mental Health Evidence Based Programs

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Notes

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decision-making, lack of program guidance, staffing for a program, lack of teacher training or program materials, understaffed or inadequate suprastructure, poor implementation and sustainability.

When using evidence-based programming in different contexts, one must consider the barriers involved in the implementation. It is important to take these considerations into account when implementing prevention programming that is evidence-based.

Taylor, L., & Adelman, H. S. (2000). Toward ending the marginalization of mental health in schools. *Journal of School Health, 70*(5) 210-215.
(Taylor & Adelman, 2000)

Taylor and Adelman discuss the challenges related to mental health services in schools. They first point out that even though interventions related to mental and social health have been shown to help students behavioral and academically, implementation of mental health intervention programs are not a high priority on the school reform agenda. School leaders and decision makers have not linked the two and often activities not directly related to instruction often are seen as waste of time. Because of this disconnect between school leaders and mental health services, the mental health services given often are marginalized and fragmented. They point out how various programs and services tend to function in isolation and often are separated by organizational structures with little connections between the two. The most serious form of fragmentation is the common practice of providing interventions without involving the classroom teacher as a key member of intervention, planning and implementation. A critical aspect to the success of mental health interventions is regular collaboration with the teacher. Taylor and Adelman state that student achievement will not occur until a comprehensive, multifaceted, integrated school-wide approaches are in place to address barriers to learning.

Zins, J.E., Weissberg, R.P., Wang, M.C. & Walberg, H.J. (2004) Building academic success on social and emotional learning. New York: Teacher College Press.

## Why did we write the Evidence Based Program tool booklet?

*You've probably heard the terms **evidence-based program**, **evidence-based practices**, or **EBPs** . Because of the ongoing pressure to improve schools many people are using these terms, but few know what they actually mean. In your own efforts, you will find that evidence-based programs are powerful tools for school administrators. This tool books defines what EBPs are, gives you a checklist of questions to ask when determining if an EBP would help your school, and provides resources on where to find more information on EBPs.*

In the era of No Child Left Behind there is a great need to be more accountable and EBPs can help you do that. This tool book will assist you in your own efforts at school reform and at improving your school and its children.

We would like to give a special thanks to
Dr. Mary Margaret Kerr &
Dr. Fred Fowler
who gave us the inspiration and support
to write this tool booklet.

Introduction: An Outline of the Evidence Based Tool Booklet

As a school administrator, selecting the best Evidence-Based Program (EBP) for your school is crucial yet daunting task. The right EBP has the **potential to increase the academic and developmental success of all your students**.[1] But every school is different. How do you select the program that will most effective and the best fit for your school? Without the right tools and understanding of EBP, the selection process can be overwhelming. Let's get started on what you need to know.
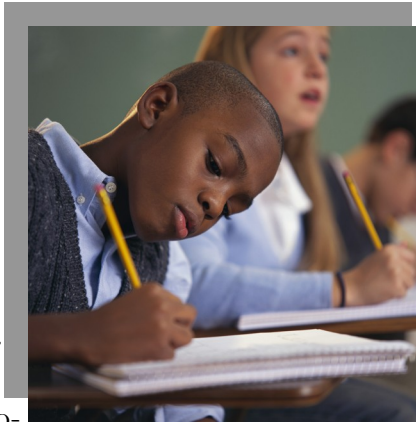
The tool booklet is split into four different sections. The first section gives you the basics of EBPs by defining what EBPs are, explains the importance of selecting a program that is evidence based, and discusses differences within the spectrum of EBPs. By learning exactly what EBPs are, you will be better able to distinguish high quality EBPs from low quality programs. This section also addresses the first steps you should take when selecting a high quality and appropriate EBP for your own school.

The second section of the EBP tool booklet gives you an extensive checklist of questions to use in the selection process of Evidence-Based Programming. The checklist is broken into four parts. The first part evaluates the history and the main characteristics of the program you are considering. The second part evaluates the details of the evidence the program is based on. The third part measures how well the EBP's evidence and research fit with your school. And the last part looks at whether the EBP can be successfully implemented in your school.

[1] Zins, Weissberg, Wang & Walberg (2004)

References

Institute of Medicine Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press.
(Institute of Medicine Committee on Quality of Health Care in America, 2001)
This pamphlet by the Institute of Medicine Committee on Quality of Health Care in America discusses the gap between researching quality evidence based practice programs and putting them into practice. Barriers to implementation are discussed. One of their main arguments is that there is a gap between research and implementation of 15-20 years. They argue this is because practitioners do not have the resources to access all of the research available, the training to understand the jargon that researches use to write-up their results, and the encouragement to use evidence based practices.

Kutask, K. Duchnowski, A.J. & Lynn, N, (2006). School-based mental health : An empirical guide for decision-makers. Tampa, FL. University of South Flordia, The Louis de la Parte Florida Mental Health Institiue, Department of Child & Family Studies, Research and Training Cneter for Children's Mental Health.
This an essential guide for educators interested in School Based mental health programming in their school. This guide gives detailed information contain the definion of school-based mental health, different prevention definitions, description of conceptual models for school-based mental health and the empirical evidence.

Payton, J. W., Wardlaw, D. M., Graczyk, P. A., Bloodworth, M. R., Tompsett, C. J., & Weissberg, R. P. (2000). Social and emotional learning: A framework for promoting mental health and reducing risk behavior in children and youth. *Journal of School Health, 70*(5) 179-185.
(Payton et al., 2000)
Payton et al. describes how educators should choose programming to help schools enhance students health and reduce the prevalence of drugs, violence and high-risk sexual behaviors. They look towards social and emotional learning (SEL) programs that provide systematic classroom instruction that enhance children's capacities to recognize and manage their emotions, appreciate the perspectives of others, establish prosocial goals and solve problems. The CASEL framework for SEL builds four distinct elements, 1) awareness of self and others, 2) positive attitudes and values; 3) responsible decision making; 4) social interaction skills. Article goes on to discuss key features of quality SEL programs and operationalizing the key elements of quality SEL programming.

Pentz, M. A. (2004). Form follows function: Designs for prevention effectiveness and diffusion research. *Prevention Science, 3*(1), 23 - 29.
(Pentz, 2004)
Pentz discusses prevention research that has shown to be evidence-based in other settings and examines how to diffuse these prevention programs to other contexts. Pentz encourages the adopter of the prevention program to test if the programming is actual working within the new context. She also discusses current diffusion research that focuses on the implantation of prevention programs and barriers that have prevent successful implementation in different contexts. Those barriers include, inadequate funding or infrastructure, decentralized or incomplete

References

from real-world setting". Promising interventions are supported by methodologically sound studies in either controlled or routine care setting. These interventions are supported by sufficient documentation to allow at least limited fidelity tracking. Evidence-based practices according to Flaum (2003) are "interventions for which there is consistent scientific evidence showing that they improve client outcomes" which include rigorous research studies, specified target population, specified client outcomes, specific implementation criteria, and a track record showing that the practice can be implemented in different settings. This article give a 6 level hierarchy of evidence based practices, level on being the best. The article also goes into a discussion about implementation issues, findings from the expert on best practices for implementing EBP, and strategies for implementing EBPs.

Evans, S. W., Axelrod, J. L., & Sapia, J. L. (2000). Effective school-based mental health interventions: Advancing the social skills training paradigm. *Journal of School Health, 70*(5) 191-194.
(Evans, Axelrod, & Sapia, 2000)

This article points out that research literature suggest that traditional methods of social skill trainings with children with emotional and behavioral disorders result in minimal change. They point to two factors that cause these methods not to work, lack of specificity for each child and the failure of treatment to generalize to the settings where the child's problems persist. Evans et al. suggest four strategies to increase the effectiveness of social skill trainings. 1) Identify the key skill that the child is in need of. This may be done with a functional skills assessment to formulate a hypothesis about the critical behavioral excesses and deficits. 2) After identifying the skill deficits, the child should then be taught the skill in isolation. 3) The child should then practice the newly learned skill in a controlled setting. 4) Prompts and assessment procedure should then be used in the natural environment to encourage the generalization of the target behavior.

Greenberg, M. T. (2004). Current and future challenges in school-based prevention: The researcher perspective. *Prevention Science, 5*(1), 5 - 13.
(Greenberg, 2004)

Greenberg raises the issues of improving prevention programs effectiveness by developing effective models for implementation, diffusion and sustainability. Effective evidence based programs and policies undergo many challenges when they are moved from science to widespread practice. Greensburg stresses the importance of "a need for greater research into the practices of integration with schools and communities to build processes and structures that will insure high-quality implementation and promote sustainability." Additionally, Greensburg points to three challenges faced when integrating universal prevention programming models, 1) models should be able to be integrated with a clear scope and sequence for children pre-Kindergarten through grade 12, 2) programming that includes prevention, target services and treatment options 3) Effective coordination between institutional structures of schools, community agencies, hospitals, and youth development organizations.

Greensberg points out the challenge of effectively implementing a universal prevention model. He also talks about the importance of understanding the factors influencing program implementation and the importance of community partnership.

These checklists will give you an opportunity to look at all of the details of an EBP's supporting evidence by giving you the right questions to ask. The checklists allow you to assess whether or not a program is evidence based. Some programs claim to be evidence based, but by using this checklist you may find some the evidence behind some programs is weak or comes from contexts that don't fit your school. Additionally, the checklist evaluates other details of the program and the components necessary for success.

The third section of the tool booklet gives you a sample investigation an EBP using the checklists in section two. We use the checklists to evaluate PATHS, Promoting Alternative Thinking Strategies, a well known EBP curriculum. Not only will the example assist you in becoming familiar with one renowned mental health EBP, but it is an example of what if looks like to completely evaluate a program.

The last sections gives you fifteen examples of EBPs that have been critically analyzed by outside agencies. This section we give you short details about each of the EBPs as well the names of the outside agencies that have endorsed each of the programs.

A successful selection and implementation of an Evidence Based Programming can change the outcomes of the students in your school. It is important not to ignore the significance of the selection process. Not only do you have to look at if the program you are choosing is actually evidence based you must decide if the necessary evidence based components of the program can be successfully implemented into your school. We hope that this tool booklet will set you on the path to success.

What is an Evidence Based Program?

That is a question that many people ask but few know the answer to! The text book definition of evidence-based program (EBP) is that it is the application and utilization of the best available research evidence to create and select a program for your school that will have the most impact on the areas in which you hope to address. For those of us who don't speak like a scientist, EBP is taking research findings and applying them to find the best solution to problems you have in your school.

I've heard EBP defined in different ways, which one is correct?

Well…it depends on who you ask. Here are three definitions used in the field:

Evidence-based practice has been defined similarly by different groups:

- **The Institute of Medicine** (IOM) defines EBP as "the integration of best-researched evidence and clinical expertise with patient values."

- **The American Psychological Association** (APA) defines EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences."

⇒ For the **field of education, we will define EBP as "**the integration of the best available research with educational expertise in the context of the school and student characteristics, culture, and preferences**"**

References

Adelman, H. S., & Taylor, L. (2000). Promoting mental health in schools in the midst of school reform. *Journal of School Health, 70*(5) 171-178.
(Adelman & Taylor, 2000)
    Adelman and Taylor address the interesting dichotomy of teaching want help with behavior problems in the classroom and the view that some people think that schools are inappropriate venues for mental health interventions. Adelman et. al point out how mental health services and schooling could go hand in had but school reform has played in decreasing the time and money for mental health interventions. These interventions are in districts as desirably but not essential. When the budget becomes tight mental health services are the first to go. The authors speak of several governmental agencies at the federal and state level that are trying assist in mental health service for kids.
    Adelman at el. insist that better communication and connections are needed between mental health services and the school. Many time lines of communication are fragmented and marginalized. The problem is compounded by the failure of educational reform to restructure, in fundamental ways, the work of school professionals who carry out psychosocial and health programs. Tension is very common between mental health professionals and school staff. Conflicts arise over "turf" use of space, confidentiality and liability. The authors suggest a way to address this problem is to restructure reform measures and move from a two (school and community) to three (school, school-based mental health and community) component model. They stress there must be a policy-oriented unified effort to address barriers around development, learning and teaching.

Center for Substance Abuse Prevention Bulletin (2007). Identifying and selecting evidence-based interventions: Guidance document for the strategic prevention framework state incentive grant program. Department of Health and Human Services; Washington, DC.
    SAMHSA provides a Strategic Prevention Framework in terms of a five-step planning process to guide organizations in their prevention activities. They use the community logic model and assessment information to identify best-fit interventions for each community. They pose questions for each community if the prevention program is relevant and appropriate for the need of the community. They also give two checklist of utility and feasibility that administrators should consider when planning, implementing and evaluating prevention strategies in the comprehensive community planning. In later sections SAMHSA goes on to define evidence-based status and give pointers on how to figure out if a program is evidence based. They discuss the advantages and challenges of Federal Lists and Registries of Evidence-Based Programs and Practices and how NREPP designed there classification system of evidence-based programs.

Department of Health and Human Services, (2006). Strategies for promoting recovery and resilience and implementing evidence-based practices. Retrieved from: http://www.openminds.com/indres/030507paresiliency.htm
    This article discusses evidence-based practices "as a body of knowledge about service practices and the impact of treatments on mental health condition and overall functioning, or about the impact of preventive interventions on the course of child and family development." Well established interventions are "those characterized through their support from randomized controlled studies as well as evidence

Evidence Based Programs

Selective/Targeted Interventions Yellow Zone These intervention will be effective for 15% students with At-Risk Behavior	Indicated/Intensive Red Zone These are individualized interventions and treatments are for the 5% of students with High-Risk Behavior

FastTrack

Age: 5 - 15
Website: www.fasttrackproject.org
Evidence Based Outcomes:
Teachers who had students that participated in this intervention reported lower rates of aggressive, disruptive, and disobedient behaviors. Parents rated their children as having more positive behavior changes in the previous year. Intervention parents also rated themselves as having improved their parenting behavior. It was also found that students in the intervention exhibited more social problem-solving skills and fewer hostile attributions about peer intentions than did the control group.
*Parents were actively involved in this intervention.
What groups approve/endorse this EBP?
CSPV - Blueprint Model
OJJDP - Exemplary
NIDA - Preventing Drug Abuse

Incredible Years

Age: 2 - 10
Website:
Evidence Based Outcomes
Students who participated in this intervention showed a reduction in peer aggression in the classroom, increased positive cooperation with teachers, increased positive interactions with peers, school readiness, and engagement in school activities, reduced conduct problems at home and school, increased social competence and appropriate play skills, increased appropriate cognitive problem-solving strategies and increased use of prosocial conflict management strategies with peers.
What groups approve/endorse this EBP?
CSPV - Blueprint Model
IES - What Works
OJJDP - Exemplary
SAMHSA - Model

Why do I hear so much about EBPs now?

Ten years ago we didn't hear much about EBPs in the field of education. EBP's originated in the field of medicine. They're used in our everyday lives when we go to a doctor and are pre-scribed medication. For example, if I work too hard on con-vincing my colleagues of the benefits of EBP and come down with laryngitis, my doctor would use his knowledge of medical research to help me with my problem. This is EBP in action. Because of its success in the medical field, EBP has now spread to many other areas, including education, where it can help improve the quality of schools and increase accountability just like it has elsewhere.

What is "evidence?"

The evidence part of EBP refers to research that shows a certain program will be successful. Evidence is so valuable be-cause it's like a fortune teller. It can tell us if a certain program will work or not even before we implement it. Now that's im-pressive! Without evidence that a program works, we risk wast-ing money and time on something that won't help the students in our schools.

Are all programs that claim to be EBP created equal?

This is where most problems arise when implementing an EBP. When trying to evaluate which EBP to use in their school, many administrators come across programs that claim to be evidence-based but are based on flawed research designs or are just not appropriate for the context of their school. For this reason, and since everyone cannot be a statistical analyst, several government agencies, research organizations, and other associations and national efforts have developed rating criteria for EBP programs.

How do I know which EBP have the highest ratings?

EBPs that are given the highest rating will meet **the most stringent of criteria**. *Some of the various labels agencies or organizations will use to give this high rating are :*

- Model programs or practices
- Meets evidence standards
- Demonstrated effective programs or practices
- Exemplary programs or practices
- Gold Standard Program

What groups approve / endorse this EBP?
CASEL - Select
IES - What Works
OJJDP - Effective
SAMHSA - Model
USDOE - Promising

Positive Action
Age: 5 - 18 years old
Website: www.positiveaction.net
Evidence Based Outcomes
Elementary student who participated in this intervention had higher scores on standard-ized test, had fewer violence incidents and had fewer out-of-school suspensions, Middle schools student who participated in this intervention had higher scores on stan-dardized test in reading and math and fewer incidents of problem behaviors (e.g. drug use, violence, property crime, disrespect)
What groups approve / endorse this EBP?
CASEL - Select
IES - What Works
OJJDP - Effective
SAMHSA - Model
USDOE - Promising

Project ACHIEVE
Age: 3 - 14 years old
Website: www.projectachieve.info
Evidence Based Outcomes
Schools that participated in this intervention had reductions in special education refer-rals, special education placements, the number of discipline referrals, the number of out-of-school suspensions, and the number of grade retentions. There was also a positive trends in academic gains on standardized test.
What groups approve / endorse this EBP?
OJJDP - Promising
SAMHSA - Model

Evidence Based Programs

Too Good For Violence

Age: 5 - 18 years old
Website: www.mendezfoundation.org/educationcenter/app/index.htm
Evidence Based Outcomes:
Student who participated in this intervention showed a decreases in substance use and violence.
Among high school students, intentions to smoke cigarettes, drink alcohol, and smoke marijuana were reduced.
This intervention also significantly enhanced students' emotional competence, communication skills, and social and conflict resolution skills. .
These results were consistent across ethnic backgrounds, genders, and socioeconomic statuses.
What groups approve / endorse this EBP?
OJJDP - Exemplary
SAMHSA - Model

Universal school-wide Interventions Green Zone	Selective/Targeted Interventions Yellow Zone
These preventative intervention will be effective for 80% students	These intervention will be effective for 15% students with at-Risk Behavior

Olweus Bullying Prevention Program

Age: 6 - 18 years old
Website: www.positiveaction.net
Evidence Based Outcomes
Students who participated in this intervention demonstrated significant reductions in student antisocial behaviors (e.g., vandalism, fighting, theft, and truancy), significant improvements in classroom order and discipline and more positive attitude toward schoolwork and school.
This intervention has also shown to reduces existing bullying/victim problems, prevents development of new cases of bullying and improves peer relations at the school

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What are the criteria for EBPs with high ratings?

Programs that are given high ratings share all of these common features:

♦ Program is based in educational theory

♦ Research uses an *experimental research design*[i] and the EBP has been studied multiple times

♦ Further research used randomly selected schools

♦ Research compared the outcomes of students that participated in the EBP against a *control groups*[ii] of students who did not participate in the EBP.

♦ The sample size (or the number of students involved in the research) is generally high and never below approximately 50 students.

♦ Successful replication of the EBP in different settings such as urban, rural, low-income, and middle-class settings as well as in magnet, charter, mainstream public, and special needs classrooms and schools.

♦ The research study was published in *peer-reviewed research journal*[iii]

The more published research studies conducted with various groups of students being evaluated, the better.

i Experimental research design is when you have two groups, one that receives the treatment or program that is being implemented and one that doesn't. Researchers then examine the different outcomes of these two groups and see how the program stacks up compared to staying with the normal methods.
ii Control groups are the people in your experiment that you do not treat or do not participate in your program. They are the people who remain the same.
iii Peer-reviewed research journals are publications where scientists judge the merits of their colleague's work and determine if it's of high enough quality to publish. All identifying information is removed before review so the person reviewing the work is not influenced by personal biases.

What does it mean if a program is evidence-based but not highly rated?

There are EBPs that are still considered "evidence-based," but the evidence used to support their effectiveness is less stringent. Programs that are evidence-based but not highly rated usually have one or more of these characteristics:

♦ Only evaluated once in an experimental study

♦ Lack the inclusion of different ethnic and cultural groups

♦ Few or no published research articles in peer reviewed journals

♦ The EBP has not been replicated with the positive student outcomes in settings other than the one it was created for.

♦ The EBP evaluators may have felt that the program, while effective academically, did not meet the unique needs, priorities, or values of their communities.

How are programs that are not as highly rated classified?

Programs and practices which meet **less stringent criteria** *along the continuum also have various names including:*

• Emerging and evidence-informed programs and practices

• Promising practices

• Supported programs and practices

• Practice-based evidence

CASEL - Select
OJJDP - Effective
SAMHSA - Model
USDOE - Exemplary

Skills, Opportunities, and Recognition (SOAR)

Age: 5 - 15 years old
Website: www.channing-bete.com/prevention-programs/soar
Evidence Based Outcomes:
Later research done on students that participated in this program showed that later in their life the students engaged in less risky sexual behavior, had less history of violence and less heavy use of alcohol. They also showed reduced involvement in violent delinquency and sexual activity.
These students also showed an increases in family management practices, communication, and attachment to family. More attachment and commitment to school.
Lower levels of aggression and antisocial, externalizing behaviors for white males. Lower levels of self-destructive behaviors for white females.
What groups approve/endorse this EBP?
CASEL – Select
OJJDP - Effective
NIDA - Preventing Drug Abuse
SAMHSA - Effective
USDOE - Promising

SMARTeam: Students Managing Anger and Resolution Together

Age: 11 - 15 years old
Website: www.lmssite.com/SMARTteam.html
Evidence Based Outcomes:
Students that participated in this intervention showed greater intentions to use nonviolent strategies,, a reduction in beliefs supporting the use of violence There were significant increases in self-knowledge of how their behaviors can contribute to escalation of a conflict. There were significant increases in self-reported frequency of prosocial behavior and intention to use nonviolent strategies.
What groups approve/endorse this EBP?
OJJDP - Effective
SAMHSA - Model
USDOE - Promising

Evidence Based Programs

atmosphere. Further findings at the end of the third and fourth grades indicated continued reductions of aggressive behavior by boys.

What groups approve / endorse this EBP?
CSPV - Blueprint Model
CASEL - Select
IES - What Works
OJJDP - Exemplary
NIDA - Preventing Drug Abuse
SAMHSA - Model
USDOE - Promising

Responding in Peaceful and Positive Ways (RIPP)

Age: 10 - 14 years old
Website: Evidence Based Outcomes:
Studies of RIPP has demonstrated efficacy in urban schools that serve predominantly African-American youths, as well as in more ethnically diverse rural schools. Students who participated in RIPP have shown, fewer disciplinary violations for violent offenses, fewer in-school suspensions, increased use of peer mediation programs, fewer fight-related injuries and a greater knowledge of effective problem-solving skills. Students also reported significantly lower approval of violent behavior, more peer support for nonviolent behavior, and less peer pressure to use drugs.

What groups approve / endorse this EBP?
CASEL - Select
OJJDP - Exemplary
SAMHSA - Model
USDOE - Promising

Second Step: A Violence Prevention Program

Age: 4 - 14 years old
Website: www.cfchildren.org/cfc/ssf/ssf/ssindex
Evidence Based Outcomes:
Students who participated in this intervention showed a significant decrease in physically aggressive behavior and a increase in prosocial behavior.
Students also demonstrated significantly better outcomes in student behavior, prosocial goals, and social reasoning. The students in the intervention also required less adult intervention in minor conflicts and displayed less aggressive and more cooperative behavior while negotiating. These students were also more likely to prefer prosocial goals and give egalitarian reasons for satisfaction.
What groups approve / endorse this EBP?

What if there is no evidence a program works?

Some programs have no supporting evidence and others have been shown to be ineffective. In some extreme cases programs have actually been found to be harmful to student academic achievements. Studies like this will have few publications in peer-reviewed journals to back up their claims, have no theoretical backing, and have only been tested in small homogeneous samples of children, if at all. Studies such as these or programs that are not evidence-based cannot be reliably transferred from one school to another since there is no proof that it will be effective in such a setting. This is why we urge school administrators to carefully investigate and select an EBP before investing the valuable resources of their school into a program.

*Programs and practices which are **not effective** are labeled as:*
- Fails to demonstrate effect
- Does not meet evidence standards
- Programs and practices lacking support or positive evidence

Why would anyone use an EBP that isn't effective?

Although people sometimes seem to regard school administrators as super-human, even they can have stress and time crunches. When administrators are not given ample time or resources to make the best decision on program implementation, they might not pick the program that best fits the needs of their school or students. With so many EBPs out there it's very time consuming to pick the best one. This guide will help you to spend less time in the selection process and to make a better decision.

**If a research study is conducted well,
will that always result in good student outcomes?"**

Often, even when research studies are conducted and evaluated perfectly, the results of the studies may show no change in student outcomes. This is why it is important to look closely at the evidence to make sure that research behind the programming actually produced significant student outcomes. Psychological research uses statistics to measure significance (research that has a high significance is < 0.01). It is difficulty to achieve the high level of significance that are required for EBPs. In programming research it is common that theses high level of significance are not reached, which, ultimately shows that the program being implemented is not working.

The highest rated EBPs (page 8) will not only have these high levels of   significant results but they will also be supported by sound methods and practices that are based in well-researched educational and psychological theories.

**What are the name of these agencies and organizations that
give ratings to EBP programs?**

Below is a short list of agencies and organizations that evaluate EBP programming. Please turn to page 30 for detailed information on each of these agencies or organizations.

- Center for the Study and Prevention of Violence
- Collaborative for Academic, Social and Emotional Learning
- The Office of Juvenile Justice and Delinquency Prevention
- National Institute on Drug Use
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Education

Life Skills Training

Age: 11 to 16 years old
Website: www.lifeskillstraining.com
Evidence Based Outcomes:
-Students that participated in this intervention showed significantly lower smoking, alcohol, and marijuana use. These outcomes have proven effective among white, African-American, and Hispanic adolescents from a variety of socioeconomic backgrounds
What groups approve/endorse this EBP?
CSPV - Blueprint Model
IES - What Works
OJJDP - Exemplary
NIDA - Preventing Drug Abuse
SAMHSA - Model
USDOE - Exemplary

Lions-Quest "Skills Series" - Adolescence

Age: 6 to 18 years old
Website: www.lions-quest.org
Evidence Based Outcomes:
Hispanic students that participated in this intervention engaged in lifetime alcohol use, recent alcohol use, and recent binge-drinking less than Hispanic students in control schools.
Inner-city students who participated in this interventions experienced higher expectations for success in school, greater willingness to take responsibility for personal behavior, significant improvements on standardized test in both reading and mathematics.
What groups approve/endorse this EBP?
CASEL - Select
IES - What Works
OJJDP - Effective
NIDA - Preventing Drug Abuse
SAMHSA - Effective
USDOE - Promising

PATHS - Promoting Alternative THinking Strategies

Age: 5 to 12 years old
Website: www.channing-bete.com/prevention-programs/paths
Evidence Based Outcomes:
Students who participated in this intervention showed a decrease in aggression and hyperactivity–disruptive behavior. These students also showed a more positive, long-term trends in their rates of externalizing and internalizing behavior .
The PATH classrooms also received better observer ratings for their overall classroom

Evidence Based Programs

> **Universal school-wide interventions/Green Zone**
> The following interventions are based on the IOM and PBS prevention
> classification model *80% of students* will be affected by
> and respond to these types of interventions

Al's Pals: Kids Making Healthy Choices

Age: 3 to 9 years old
Website: www.wingspanworks.com
Evidence Based Outcomes:
Improvements in behavior, prosocial skills, prosocial behaviors and positive coping behaviors, and decreases in antisocial and negative coping behaviors.
What groups approve / endorse this EBP?
CASEL - Select
OJJDP - Effective
SAMHSA - Model
USDOE - Promising

Caring School Community formerly Child Development Project

Age: 5 to 12 years old
Evidence Based Outcomes:
- In elementary school program students demonstrated greater sense of the school as a caring community, more fondness for school, stronger academic motivation, more frequent reading of books outside of school, stronger commitment to democratic values, better conflict-resolution skills, more concern for others, more frequent altruistic behavior and less use of alcohol.
- During middle school, program students showed higher grades in core academic classes (English, mathematics, science, and social studies than), higher achievement test scores, a greater sense of community, higher educational aspirations, more fondness for school, greater trust in and respect for teachers, greater involvement in positive activities such as sports, clubs, and youth groups, less misconduct at school and less delinquent behavior.
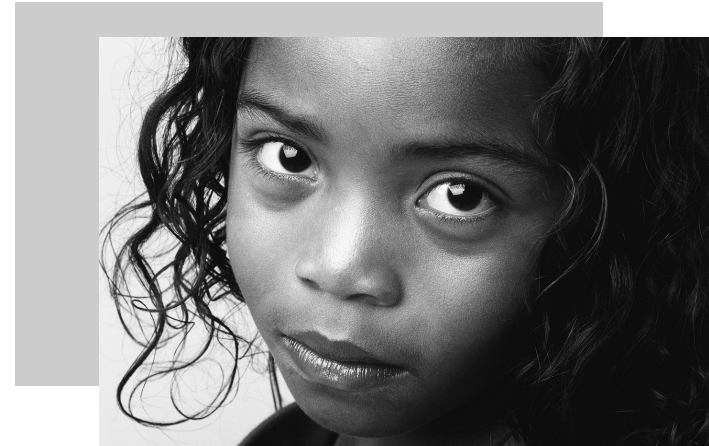*What groups approve / endorse this EBP?*
CASEL - Select
IES - What Works
OJJDP - Effective
NIDA - Preventing Drug Abuse
SAMHSA - Model
USDOE - Promising

How will Mental Health EBPs benefit my school?

Research has shown that Mental Health Evidence-Based Programs in schools have reduced problem behaviors and improved academic and developmental outcomes[1]. These improvements benefit students, teachers, and administrators, unfortunately, current education reform and mental health prevention programs are seen as separate disciplines, and are rarely implemented together successfully[2]. As we look towards the future of school-based mental health programming, it is essential for administrators to select strong Evidence Based Programming that is the right fit for the specific school, only then will successful implementation and the positive outcomes follow.

In section two of the tool booklet, we provide a checklist of all the essential questions you should ask when evaluating EBPs for implementation into your school. The checklist provides the specific questions with an explanation of why it is important to ask the question and what type of answers are acceptable.

1. Adelman & Taylor, 2000
2. Greenberg, 2004

What are the first steps I need to take to select a Mental Health EBP for my school ?

The first step when selecting an Evidence Based Mental Programming is to do analysis of the specific school or district. What types of behaviors are prevalent in the school that needs to be targeted? What are the long term goals for the students in terms of positive student outcomes. Although many school based mental health programming address several different aspects of the students social and emotional learning, they often have a focus in a particular area. For instance, one program may base their goals around drug use prevention while another program's focus is on bullying. It is important to select the target behaviors and goals for the particular school before looking into programming. On the next page we have given a list of target behaviors and target positive outcomes to assist you in initiating this process.

National Institute on Drug Use (NIDA) - NIDA's Preventing Drug Use in Children and Adolescent's: A Research-Based Guide names examples of researched-based drug abuse prevention programs. The link to this booklet is:
http://www.drugabuse.gov/pdf/prevention/RedBook.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA)
In 2006 SAMHSA launched a new website called National Registry of Evidence-Based Practices (NREPP) with revised criteria for EBPs. SAMHSA developed this website as a resource to assist people, agencies, and organizations in implementing programs and practices in their communities. An ever changing list of EBPs can be found at :
http://nrepp.samhsa.gov/index.htm

Before the launch of NREPP, SAMHSA had a different website that listed model EBPs. Although the website is a bit older, it still contains good basic information on many EBPs. The SAMHSA Model Program Website can be found at:
http://www.modelprograms.samhsa.gov/

In the past SAMHSA ranked their EBPs from the most to least stringent, the rankings were as follows, Model Program, Effective Program, Promising Program.

The Institute of Education Science (IES)
In 1999 the now defunct Department of Educations' Office of Education Research and Improvements began to document education al programs effective in combating substance abuse and violence among youth. The government education office now handling this type of programming is The Institute of Education Science. Currently they do have a short registry of evidence based programs at the follow website:
http://www.whatworks.ed.gov/

U.S. Department of Education (USDOE)
The 1999 review led to nine programs that were given the highest honor as "exemplary" status and 33 programs designated as "promising".
A copy of this document can be ordered at:
http://www.edpubs.org/webstore/Content/search.asp

Agencies and Organizations that evaluate EBPs in a school settings

This section gives you six agencies or organizations that have compiled well-researched lists of EBPs. By going to the website given on this page you can view each of agencies or organizations list of EBPs.

Center for the Study and Prevention of Violence (CSPV) - The Center for the Study and Prevention of Violence has developed Blueprints for exemplary violence prevention programs. A user-friendly search of these programs can be found at the following website:

http://www.colorado.edu/cspv/blueprints/index.html

CSPV list of EBPs are given either the highest designation of a Blueprints Model Program or a Promising Program.

Collaborative for Academic, Social and Emotional Learning (CASEL) - CASEL's mission is to establish social and emotional learning as an essential part of education. It provides an extensive guide to Social and Emotional Learning EBPs for educational leaders. You can download the guide for free at:

http://www.casel.org/pub/safeandsound.php

CASEL selected 80 programs that increase SEL skills but only 11 programs that met the highest level of rigorous evidence. The 11 programs are labeled as CASEL Select programs.

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP)- OJJDP Model Programs Guide is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs, the guide and a user-friendly search of hundreds of programs can be found at:

http://www.dsgonline.com/mpg2.5/mpg_index.htm

OJJDP's rates their list of EBPs as Exemplary, Effective, or Promising

Target Behavior	*Target Positive Outcomes (Increase/Decrease)*
Violence - Fighting - Bullying	*- Decrease in office discipline referrals* *- Decrease in the number of violent fights* *- Decrease in bullying behavior*
Academic Achievement	*- Increase in Grades* *- Increase in Test Scores*
Drug and Alcohol Use	*- Decrease in drug and alcohol related by the offences*
The social skills below are often classified in research as *Antisocial Behaviors*	*Increases in Prosocial Behavior and/or* *Social and Emotional Learning (SEL)[3]*
Anger Lack of understanding one's own emotions	*- Increase in Anger Management Skills* *- Increase in Self Awareness Skills* – students will be able to identify and recognize their own emotions, recognize their own strength, needs and values, and have self-efficacy
Disrespect Selfishness Lack of understanding of others	*- Increase in Social Awareness Skills* – student able to respect others, take another's perspective, show empathy
Inappropriate Decisions Making Inability to Problem Solve	*- Increase Responsible Decision Making Skills*– students will be able to problem solve, identify a problem and analyze the situation, evaluate and reflect on decisions, and have an understanding of personal, moral and ethical responsibility
Self Control Disorganization Impulsive Actions Stress	*- Increase Self-Management Skills* – students will be able to have self-control, understand how to manage their own stress, set goals, self motivate, and understand their own feelings.
Inability to work successfully in a group Unable to make and keep friends Unable to get along with others	*- Increase in Relationship Management Skills*– students will be able to appropriately communicate and engage socially, build relationships with other, work cooperatively, negotiate and manage conflict

3. Zins, Bloodworth, Weissberg, & Walberg, 2004

Checklist for PATHS continued...

How much professional development training is needed for my staff?
PATHS suggest a two-day training at the beginning of each year plus a midyear booster site visit.

How much time outside of class do teachers and coordinators of this programming need for collaboration?
This will vary based on the school and its needs.

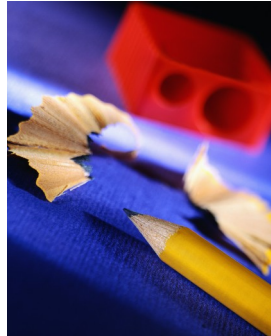**How much in class time is necessary?**
PATHS recommends that there should be 3 to 5 lessons taught per week but that timing and frequency of the session can be adapted to the particular school and classroom.

Do I need to hire a school coordinator for this EBP?
PATHS does not require you to hire a program coordinator. It is recommended that a staff member or a team of staff members be the on-site consultants and facilitators within the school that teachers can go to with questions and concerns.
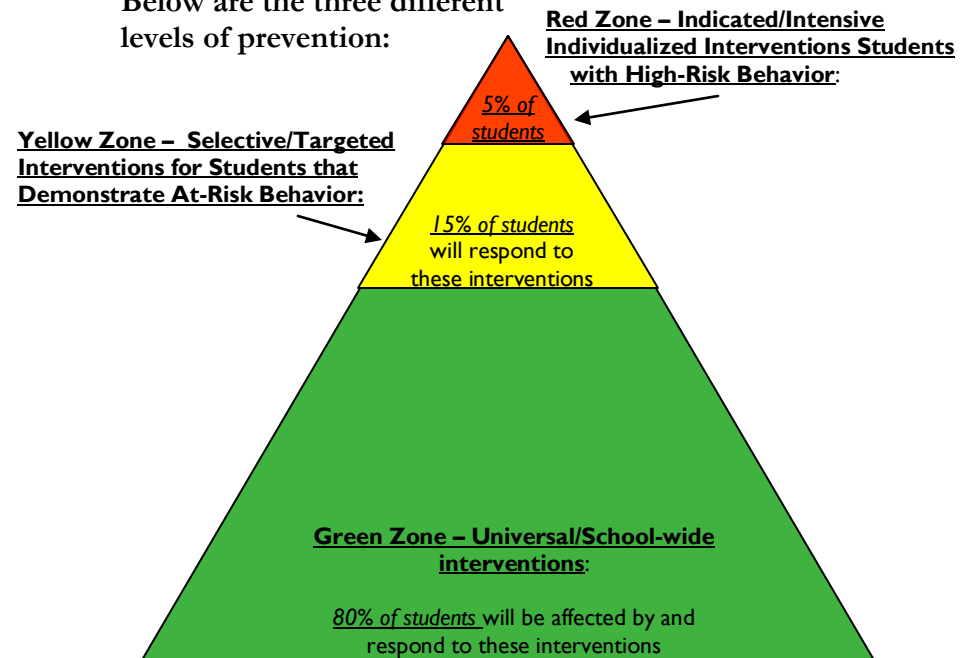
What is the cost of the programming?
It is estimated that in a average elementary school the cost will be around $12,000 or $25/student.

Which level in the universal prevention model does the EBP address?

The level of prevention the EBP targets is an important consideration when looking at different EBPs. Research done in many different fields has shown preventive programs work best when they address an entire population and use more targeted interventions with the population at risk. There are several prevention models that classify each level differently, but they all use the same general idea. For our purposes we will use a combination of The Institute of Medicine (IOM) classification system and the Positive Behavior Support (PBS) system. The difference between the PBS and IOM classification systems are that PBS prevention strategies focus on the need for more intensive interventions for students who are at-risk. IOM uses treatment interventions rather than just prevention interventions[1].

Below are the three different levels of prevention:

Red Zone – Indicated/Intensive Individualized Interventions Students with High-Risk Behavior:

5% of students

Yellow Zone – Selective/Targeted Interventions for Students that Demonstrate At-Risk Behavior:

15% of students will respond to these interventions

Green Zone – Universal/School-wide interventions:

80% of students will be affected by and respond to these interventions

1. Kutash, Duchnowski & Lynn, 2006

Checklist: Part 2
Evaluation of the evidence supporting the program

This process takes some digging!

What type of evidence is being used to support the effectiveness of this EBP?

One of the most important aspects of evaluating an EBP is dissecting the evidence that the program uses to support its claims of success. There are a couple of different ways to do this. First, one should look closely at the references the EBP has cited as support. It may be necessary to find and read the cited article they sighted read into the exact details of the study. Another option is to rely on outside agencies not affiliated the EBP, many times these agencies such as SAMSHA and CASEL have already done this work for you.

How many articles were published based on the research conducted for this EBP?

The more research articles published, the more scrutiny the evidence for this program has received. Articles should be from a variety of publications and sources.

What was the sample size (the number of students) being evaluated in each study?

A sample size of at least 50 students is the minimum requirement. The greater the sample size, the more likely this program will work out in the real world. All children react differently to new programs and procedures so the more children

What school-based outcomes have been shown in the evidence?

Students who participated in the PATHS curriculum demonstrated a decrease in aggression and hyperactivity–disruptive behavior. These students also showed a more positive, long-term trends in their rates of externalizing and internalizing behavior by being able to tolerate frustration, using effective conflict-resolution strategies and increasing their use of self control. The PATHS classrooms also received better observer ratings for their overall classroom environment. Compared to the control group, students who had participated in PATHS showed an improved understanding and recognition of emotions, improved thinking and planning skills, decreased anxiety/depressive symptoms and decreased conduct problems.

The answers to the following questions will vary based on the school and decisions made by the administration.

-Do the goals of the program and the actual student outcomes match with the targeted goals for the school?
- How will this program look or fit into my school?
-Who coordinates programming?

Are teachers involved?

Yes, the teacher are the main implementers and facilitators of this intervention. PATHS is designed to be taught by the regular classroom teacher and integrated into the regular curriculum.

Checklist for PATHS continued...

What was the sample size, number of students, being evaluated in each study? (sample size should be greater than 50 students)

There have been three major studies of PATHS, with randomized control groups, conducted between 1983 and 1995. 236 mainstreamed children, 126 special needs children, and 57 deaf/hearing impaired children were involves in these research studies (a total of 419 children).

Was the program independently analyzed to ensure the validity of the program? Who was involved in evaluating the program outcomes?

An independent group, the Channing Bete Company, evaluated the effectiveness of the PATHS curriculum. In addition, PATHS was replicated in many schools districts around the nation including Harrisburg, Erie, Wilkes-Barre, Laredo, Phoenix, Bridgeport, and a variety of other urban and rural sites in Pennsylvania, Texas, Arizona, New Mexico, Idaho, Ohio, Illinois, Missouri, Connecticut, Maryland, New Jersey, Virginia, West Virginia, Oklahoma, Wyoming, Alabama, Tennessee, Louisiana, Florida, Kansas, Washington, and California in order to test its effectiveness.

What was the population of students in the research that were shown to have positive outcomes?

PATHS was originally developed and tested for students in urban populations. It was now been used with success in suburban and rural population as well. Positive outcomes have been shown in all three populations as well as students with variety of different backgrounds, including students in special needs and general education classrooms, students who are deaf and students in the ethnic minority.
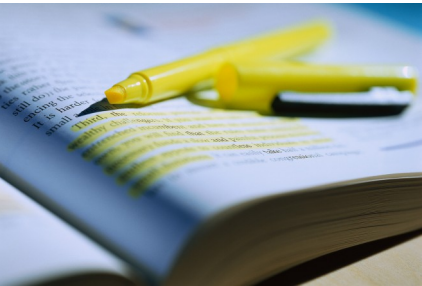
your program is tested on, the more likely you will find out whether the program works in the context like the one in your own school.

Was the program independently analyzed to ensure the validity of the EBP?

You wouldn't let students grade their own exams so why let educators grade their own programs? Having a program evaluated by a group other than the one that created it allows it to be scrutinized from a different point of view and in a more critical manner. When looking into the outcomes evidence of a program make a note about who was evaluating the program.

Checklist: Part 3
Does the evidence and research of the
EBP "fit" with your school

What was the population of students in the research that were shown to have positive outcomes?

Make sure the sample was diverse or representative of the student population in your school! The needs of your students might differ from the ones the program was tested on.

What school-based outcomes have been shown in the evidence?

It is important to look closely at the research to determine what the specific student outcomes were. Often a program will say that the goal of the program is one objective but when you look closely at the actual student outcomes in their research they are actually evaluating another objective.

Do the goals of the EBP and the actual student outcomes match with the targeted goals for the school?

EBP's all have different outcome goals and ways of achieving them. Make sure that the EBP you choose matches the culture of your school in its methods and that it's improving the student outcomes that you want changed.

> ### Checklist: Part 4
> What are the necessary components for successful implementation

How will this EBP look or fit into my school?

For schools to attain successful outcomes, often EBPs require schools to change some of the processes and procedures within the school. When considering different EBPs it is essential to envision how the particular EBP structure will look in your school. If the EBP contains necessary components that would not be possible to accomplish in your school, it is recommended to consider a different EBP. Research has shown that outcomes of the EBP are only as good as the how successfully they are implemented into each school.

Who coordinates EBP programming?

A well-developed EBP will have an organized leadership structure designating who and how the program will be implemented and facilitated. This structures requires active leadership by a well-trained individual or team. Often leadership of the EBP is handled by leaders who are already employed by the school and who are given intense training on the EBP. These leaders will then train the school staff on how to administer the EBP as well as facilitate the program details. Another option is to hire an outside consultant/trainer who already has experience and training with the EBP to facilitate and implement the EBP. Both options have their positive and negative points. A leader who is already an employee of the school has a better understanding of the school and particular nuances of that school, while someone who is brought in from the outside may have a better understanding of the EBP and knowledge of what is needed for successfully implantation.

Which level in the universal prevention model does the EBP address?

PATHS uses the universal prevention model or "Green Zone" interventions. The focus of this model is interventions that have a strong focus on prevention. The curriculum is developed for all students in the general and special education settings. PATHS curriculum concentrates primarily on school and classroom settings, although it does offer information and activities for parents as well.

PATHS has also been used successfully in conjunction with FastTrack, which uses intensive and target interventions for students in the Yellow and Red Zones. Using the two EBPs together gives intervention opportunities for all students in the school, even the students who are "at-risk". Although the PATHS curriculum has been shown to have positive outcomes for at-risk students, these students also may require more intensive, individualized or targeted interventions.

### How many articles were published based on the research conducted for this EBP?

Over the past twenty years there have been four large-scale clinical studies that have evaluated PATHS. Two of the studies involved students in a special education classroom and two studies involved students in a general education classroom. From these studies, numerous journal articles have been accepted into peer reviewed, journals based not only on the PATHS curriculum but specific interventions used in this EBP. Below are references to several of the articles:

Greenberg, Mark T., and Carol A. Kusche. 1998a. "Preventive Intervention for School-Aged Deaf Children: The PATHS Curriculum." *Journal of Deaf Studies and Deaf Education* 3:49–63.

Greenberg, Mark T., Carol A. Kusche, E.T. Cook, and J.P. Quamma. 1995. "Promoting Emotional Competence in School-Aged Children: The Effects of the PATHS Curriculum." *Development and Psychopathology* 7:117–36.

Greenberg, Mark T., Carol A. Kusche, and Sharon F. Mihalic. 1998. *Blueprints for Violence Prevention, Book 10: Promoting Alternative Thinking Strategies*. Boulder, Colo.: Center for the Study and Prevention of Violence.

Kam, Chi Ming, Mark T. Greenberg, and Carol A. Kusche. 2004. "Sustained Effects of the PATHS Curriculum on the Social and Psychological Adjustment of Children in Special Education." *Journal of Emotional and Behavioral Disorders* 12:66–78.

Checklist for PATHS:
Promoting Alternative THinking Strategies

What is the history of the EBP?

Promoting Alternative THinking Strategies or PATHS is an educational intervention that offers a curriculum for teachers to assist them in teaching their students social-emotional skills. With over 20 years of research and practice PATHS basic goals are to increase developmental skills in emotional literacy, positive peer relations and problem solving skills. By promoting emotional and social competencies PATHS seeks to reduces aggression and behavior problems, while also enhancing the academic development of the students in the classroom setting.
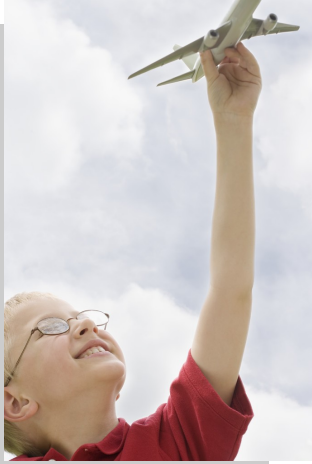
What is the population of students that the EBP was created for?

The PATHS curriculum was created for students in Kindergarten through 5th grade. It has been field-tested and researched in general education classrooms, with a variety of special-needs students (deaf, hearing impaired, learning disabled, emotionally disturbed, mildly mentally retarded, and gifted), and among African-American, Hispanic/Latino, Asian-American, Pacific Islander, Native American, and white children.

What are the EBPs targeted behavior goals?

The PATHS curriculum contains three main units, readiness and self-control, feelings and relationships and problem solving The lessons include instruction in identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, understanding the difference between feelings and behaviors, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude toward life, self-awareness, nonverbal communication skills, and verbal communication skills.

Are teachers involved?

Depending on the type of EBP that you are implementing, the range of teacher involvement may be minimal or intensive. EBPs that are preventive and fall in the Universal School-Wide interventions or the Green Zone will often require that the teacher facilitate key aspects of the intervention. Often this requires time-intensive training and professional development for teachers about how to implement the EBP successfully in their classrooms. EBPs may also require teachers to change or modify classroom activities, processes and procedures. Many EBPs stress the importance of a student-classroom as cooperative learning environment where the students are able to practice and use the skills being taught by the teacher. Often this requires the teacher to rethink the way he or she teaches.

Other EBPs that are in the Yellow (Select/Targeted Interventions and Red Zone (Indicated/Intensive Interventions), are more likely to use trained professionals such as social workers and counselors to administer these services, which are more intense and are based on individual student interventions. Although the teacher may be consulted about the student's behavior and given intervention strategies to help the teachers during class, it is advisable to have a well-trained individual administer these interventions.

How much in class time is necessary?

It is important to take note of how much class time is necessary to implement the EBPs. While some EBPs only require a couple class periods a week others may require a couple class periods per day. Again, if the amount of class time necessary to administer the EBP correctly is not feasible in your school, we suggest that you look into other EBPs that will fit with your school better.

How much professional development training is needed for my staff?

Similar to all new programming in schools, EBPs will require professional development. Some EBPs require development that is more extensive or involved than others. Obviously if the teachers are playing active roles in administering the EBP they will require more time for professional development and

Checklist: Part 4 continued

training. Look closely at the EBPs materials to see what the recommended time is for professional development trainings. Although professional development of staff is highly recommended for successful implementation, it is often expensive. It is important to calculate this expense when calculating the total cost of the program.

How much time outside of class do teachers and coordinators of this programming need for collaboration?

Teachers and staff who are implementation and facilitation EBPs, particularly within the first couple of years, need a significant amount of time to set aside to work through the any questions, concerns or problems. Staff members who you have selected to be leaders should be made aware of the extra time they may need to dedicate to EBP and perhaps be given time to complete this work.

Do I need to hire a school coordinator for this programming?

When implementing a new school-based EBP if is important to have a staff member or team of staff members lead and facilitate the implementation process. The leaders could be administrators, social worker, counselor, or experienced teachers. Depending on the size, need, and staffing of your school it may be advisable to also hire someone to assist in coordinating the EBP. If the EBP you are implementing is a community based EBP, members in the social work/juvenal justice community will assist your school in the implementation. It is recommended that you also have an on-site school leader that assists in the implementation process and facilitates clear communication and expectations between all involved parties

What is the cost of the programming?

There are many different cost that go into EBPs. Make sure you are fully aware of all of the cost before selecting a program. Costs may include but are not limited to buying the curriculum for each grade, paying for the trainer and training session materials for teachers and staff, outside of the school trainings for selected staff members and hiring extra staff members.

Where can I find outside funds to pay for the EBPs?

Luckily, many agencies and foundations understand the importance of EBPs and will support you in your efforts to implement them in your school. Below is a sampling of groups that offer funding for the implementation of EBPs.

- Substance Abuse and Mental Health Agency, www.samhsa.gov
- US Department of Education through their Coalition for Evidence-Based Policy, www.evidencebasedpolicy.org
- Office of Special Education and Rehabilitative Services, www.ed.gov/about/offices/list/osers
- National Science Foundation, www.nsf.gov/funding

There is also a federal database of grants at www.grants.gov where you will be able to find a plethora of funding opportunities specifically geared towards obtaining funding to implement EBPs.

How do I know if the EBP is working?

EBPs will often have evaluation and quality assurance documentation within their programming. These evaluations often require a pre– and post test of administration, teachers, parents and students. Evaluating programming is an essential part of administering EBPs because the school can assess whether the program is generating the intended outcomes among the students. Even when programs are implemented correctly, it may take up to three years of facilitating the EBP to see substantial gains.