

EVIDENCE-BASED INTERVENTIONS

DESCRIPTION

Evidence-based interventions are those school-based interventions that use evidence-based practice (EBP). EBP refers to *practices that are based on best available research, clinical expertise and patient values, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome* (Dunst, Trivette, and Cupsek, 2002). Mental health staff receives training and ongoing support and supervision in implementing EBP and intervention in schools.

RATIONALE

Due to the Surgeon General's reports (and other research sources) pointing to gaps between routine mental health care and practices that are proven to be effective, the field has been called upon to "ensure delivery of state-of-the-art treatments." (U.S. Dept of Health & Human Services, 1999). Providing care that is proven effective seems an optimal way to offer services and stretch resources. Given the tremendous demands and challenges of incorporating EBP into the school setting, it is critical that school mental health providers have access to strong and sound clinically informed supervision.

RECOMMENDATIONS

The following recommendations offer schools, school mental health providers, collaborating agencies and various stakeholders guidelines on: selecting EBP, implementing EBP, examples of symptom-specific evidence-based interventions, and recommendations on ensuring adequate training and supervision on EBP.

Selecting Evidence-Based Practice

1. Identify Evidence-based Practices (EBP). Lists of EBPs can be found in the resources section below.
2. Identify the targets for your specific client or school population, and focus on the desired outcome of the EBP in order to select the most appropriate intervention.
3. Be aware of the intended setting to implement EBP in order to ensure compatibility with school context.
4. Consider target age of selected EBP intervention.
5. Consider the costs and benefits of each option.
6. Consider the amount of training, consultation, and support that exists for each EBP.
7. Consider the following questions when choosing an EBP:
 - Has the intervention been evaluated in a peer-reviewed journal?
 - Has the intervention been replicated across investigators, settings, and participants?
 - Are there alternative interventions that are less restrictive, better researched, and/or more effective or efficient?
 - Is the intervention within the existing skill set of practitioners, or do they need training and consultation?
 - Has the intervention been shown to produce intended outcomes?
 - How will we evaluate the intervention if we decide to implement?

Examples of EBP identified as treatment of discrete symptomology include:

- a) Cognitive Behavioral Therapy (CBT)
- b) Multisystemic Therapy (MST)

- c) Risk & Protective/Asset Factors
- d) Parent Management Training (PMT)
- e) Cognitive Problem Solving Skills Training (PSST)
Positive results have been obtained through combination of PSST and PMT
- f) Aggression Replacement Training (ART)
- g) Cognitive Behavioral Interventions for Trauma in Schools (CBITS)

Examples of prevention-based EBP include:

- a) Social and Emotional Learning (SEL)
- b) Positive Behavioral Interventions and Supports (PBIS)
- c) All Stars
- d) Casastart, Striving Together to Achieve Rewarding Tomorrows

Implementing Evidence-Based Practice

1. Take the time needed to create a vision for your team about how to implement EBP into your program.
2. Choose roles and responsibilities within EBP design (e.g., teachers, parents, school mental health professionals).
3. Agree and act on a small portion of an evidence-based agenda. As you experience success, expand your agenda. One, three, and five-year plans can be very helpful.
4. Consider whether the practice can be broken down into manageable parts for implementation.
5. Consider how compatible the practice is with the community, family, and stakeholder values, norms, traditions, and orientation.
6. Be aware of challenges in implementing EBP, including:
 - Lack of consensus on what an EBP is: The varying definitions make it difficult for providers to decide which EBPs to adopt in any given circumstance.
 - Evidence-base is inconsistent: For example, there is a lack of EBP for co-occurring mental health problems: The strength of the evidence in research-based knowledge largely centers on discrete treatment for discrete orders. The evidence about how to best coordinate EB services involve all key stakeholders in EBP is almost non-existent.
 - Limited resources: There are insufficient resources and support for monitoring, training staff, supervision, and ongoing technical assistance related to EBP. Incentives within community practice do not support delivery of EBPs.
 - Lack of ongoing monitoring within routine practice.
 - Weak science to guide implementation of EBPs and no assurance that implementing EBP will lead to improvements.
 - School Environment: Schools can be very fluid, making them unsupportive of EBPs.
 - Cultural Competence: EBPs traditionally fail to attend to those issues that are most meaningful to families (support, engagement, voice). Many EBP's have not been researched with diverse cultural groups.

NOTE: To ensure the relevance of school mental health practice to the students and community served, some school mental health advocates are increasingly promoting the use of “practice-based evidence,” a method of using a bottom-up approach of gathering data and relying on the expertise of practicing clinicians to inform treatment guidelines.

Training and Professional Development

1. Offer ongoing professional development opportunities on EB interventions including how to implement, how to access technical assistance within implementation, and how to evaluate the EBP efforts.
2. Identify the skill-set required by the chosen EB intervention and seek trainings that will support those skills.

Supervision

1. Develop a vision statement on the commitment to using evidence-based practices and resources.
2. Ensure that all school mental health staff have accessible resources on EBP to refer to.
3. Initially conduct frequent, structured meetings to discuss school mental health staff beliefs and attitudes related to EBP.
4. Provide resources and opportunities to talk with people who have implemented the practice.
5. Provide incentives and recognition for attempts at using EBP.

REFERENCES

The California Evidence-Based Clearinghouse for Child Welfare (n.d.) Selection Guide for EBPs in Child Welfare. Retrieved from <http://www.cachildwelfareclearinghouse.org/impselection#explain>.

NASMHPD Research Institute Center for Mental Health Quality and Accountability. (2006). Matrix of Children's Evidence-Based Interventions. Retrieved from http://www.nri-inc.org/reports_pubs/2006/EBPChildrensMatrix2006.pdf.

SAMHSA (n.d.) National Registry of Evidence-based Programs and Practices. Retrieved from <http://nrepp.samhsa.gov/>

The University of Maryland's Center for School Mental Health (2008). *School Mental Health Quality Assessment Questionnaire (SMHQAQ) Quality Indicator Power points, Indicators 7, 11, 30*. Retrieved from <http://www.schoolmentalhealth.org/Resources/Clin/QAIRsrc/QAQPP>.

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

MHPET Dimension 3: STAFF AND TRAINING/Indicator 11, Dimension 5: SERVICE DELIVERY/ Indicator 19

RESOURCES FOR SPECIFIC EBPs

<http://nrepp.samhsa.gov/>

SAMSHA's National Registry of Effective Prevention Programs (NREPP)

<http://www.cdc.gov/HealthyYouth/partners/registries.htm>

Centers for Disease Control Effective Programs

www.preventionscience.org

Society for Prevention Research

<http://www.colorado.edu/cspv/blueprints/>

University of Colorado Blueprints for Violence Prevention

www.ed.gov/offices/OERI/sdfs

U.S. Department of Education List of Exemplary & Promising Prevention Programs

http://csmh.umaryland.edu/resources.html/resource_packets/resource_packets.html

Center for School Mental Health's resource packet of empirically supported interventions

<http://www.apa.org/divisions/div12/rev%5Fest/>

Society of Clinical Psychology's information on empirically supported treatments

http://www.nri-inc.org/reports_pubs/2006/EBPChildrensMatrix2006.pdf

Center for Mental Health Quality and Accountability's Matrix of Children's Evidence Based Interventions

GENERAL RESOURCES

http://www.prevention.psu.edu/pubs/docs/EBP_factsheet.pdf

TA Fact Sheet from the Prevention Research Center on Evidence-Based Programs

Raines, J. (2008) *Evidence Based Practice in School Mental Health*, Oxford University Press, New York.

<http://www.promoteprevent.org/Publications/EBI-factsheets/>

National Center for Mental Health Promotion and Youth Violence Prevention's evidence-based intervention fact sheets

www.civcresearchinstitute.com/sbmh.html

CRI (Civic Research Institute) Text on "Advances in School-Based Mental Health Interventions: Best Practices and Program Models"

<http://www.casel.org/programs/selecting.php#guide>

Safe and Sound, a comprehensive and inclusive guide to SEL programming