



Selecting Evidence-Based Programs

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Selecting Evidence-Based Programs (EBPs)

Following a comprehensive needs assessment, it is important to get a clear picture of the context in which any evidence-based program (EBP) will be implemented. Understanding the context will help your team select the EBP that best fits the goals and needs of the population as well as available resources, existing practices, and system readiness. This guide provides a framework for identifying key pieces of information you should use/know to select EBPs. In the Appendix, you will find key questions summarized in a discussion guide, along with other worksheets and resources to help you select an EBP. Although “evidence-based program” and “evidence-based intervention” (EBI) are often used interchangeably, for ease of comprehension this document uses EBP throughout.

1. Identifying the EBP’s Scope

As a starting point in the process of selecting an EBP, it is important for the team to identify the scope of the EBP. This step has four components: (a) intended population, (b) intervention target, (c) baseline severity level, and (d) intervention delivery characteristics (see Figure 1).

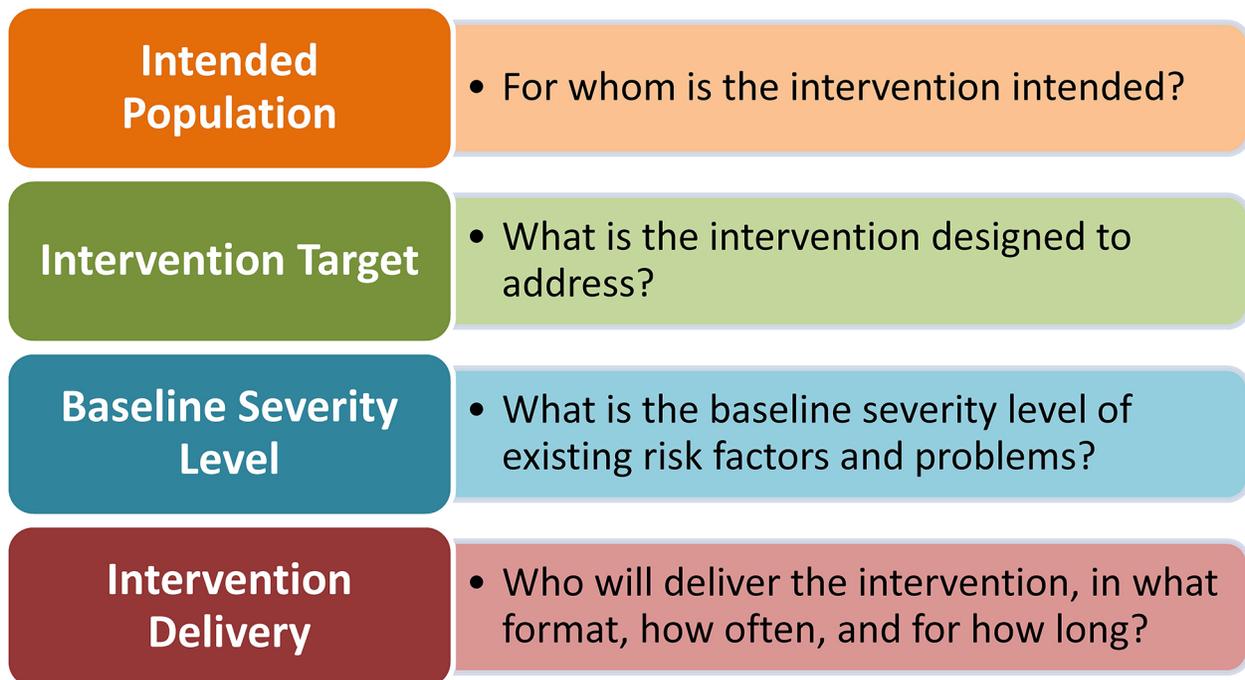


Figure 1. *Four components involved in identifying the EBP’s scope.*

Intended population refers to who will receive the intervention. EBPs typically specify certain population characteristics for whom they are intended and/or with whom they have been tested. These characteristics include attributes such as developmental level (specified as either an age range or grade range), gender, race/ethnicity, and language. Therefore, it is important to specify this information for your own locality to use as a roadmap for selecting an appropriate EBP (see [Worksheet 1a](#) in the Appendix). In some cases, you might not find an EBP that exactly matches your intended population, so you might need to decide which population characteristics are most important to guide EBP selection. Additionally, making explicit the population characteristics can

help you avoid selecting an EBP that has known adverse effects for that population (such as group therapy for boys with significant disruptive behavior).

Intervention target refers to the need that the intervention is designed to address. Identifying the intervention target for your locality is vital to the appropriate EBP selection because EBPs typically have well-specified targets. This framework includes three broad targeted intervention groupings (see [Worksheet 1b](#) in the Appendix):

- Behavioral, emotional, and physical health
- Academic and related skills
- Student-family-school connections

Within the “behavioral, emotional, and physical health” category are problems or targets such as aggression, alcohol and other drug use, emotion regulation, and social skills. For many targets in this category, existing interventions can be delivered to individual students, small groups, or classroom groups.

Examples of “academic and related skills” targets include early childhood education and time management. Again, there is versatility in the interventions available for academic and related skills targets.

“Student-family-school connections” targets include support for academic, social, and civic learning and school connectedness. Although some EBPs may be intended for delivery at the individual student or family levels, many interventions fit targets in this category that are better suited for school-wide initiatives. These three broad categories include target problems consistent with the five SS/HS elements:

1. Promoting early childhood social and emotional learning and development;
2. Promoting mental, emotional, and behavioral health;
3. Connecting families, schools, and communities;
4. Preventing behavioral health problems, including substance use; and
5. Creating safe and violence-free schools

Localities might select aggression as a target problem if they are working on goals reflecting Element 4 or 5, for example. Your team can select multiple targets in a locality that wants to reduce alcohol and other drug use as well as to improve school connectedness. It might be the case that your team will identify one EBP that can address both targets, or that multiple EBPs will be better suited for this focus.

Baseline severity level reflects the population’s baseline (before intervention) *need level* relative to its experience of risk factors and challenges (see [Worksheet 1c](#) in the Appendix). “Low” need reflects mild or no problems and low-level risk factors. Typically, populations with low risk and severity are well-suited to universal interventions that are designed to be delivered to everyone in the identified population. For example, for low severity level, this may involve an elementary school with high attendance rates, student reports of high connectedness, and low office referral and suspension rates. This school might seek an intervention to help them maintain their high levels of school connectedness and safety and would likely consider a universal intervention that is designed for the entire school population. Another example is a universal intervention designed to help all students manage mild and periodic sadness.

“Moderate” need reflects elevated risk or evidence of problems in certain individuals in a population. Populations with moderate risk are often well-suited to receive selective interventions with a focus specific to the identified risk or severity level. For example, a selective intervention might be used to support students experiencing grief and loss because this is a risk factor for depression.

“High” need reflects high risk or significant evidence of problems in certain individuals in a population. Populations with high risk are often well-suited to receive “indicated” interventions with content tailored to the students’ high level of need. For example, an indicated intervention might be used with students who score high on a depression screening measure or who have reported suicidal ideation.

It is imperative that your team identify the intended population’s baseline severity level because all EBPs are not created equal when it comes to addressing risk factors and existing problems. Fortunately, the terms “universal,” “selective,” and “indicated” are common descriptors of EBPs. So, if you understand the population’s baseline severity level, your team will be well-equipped to select an appropriate EBP.

Intervention Delivery characteristics include the interventionist, format, frequency, and time (see [Worksheet 1d](#) in the Appendix). Typically, EBPs specify these characteristics based on how the EBPs were tested or how they were intended to be delivered. Using the worksheet, your team can discuss options about the ways in which you would like the intervention to be delivered. As with the other worksheets, this worksheet will serve as a roadmap to help guide EBP selection.

The “interventionist” is the person who will deliver the EBP. There are numerous options from which to choose, reflecting a variety of professional roles. “Format” refers to the audience who will receive the intervention from the interventionist. Will the EBP be delivered to students individually, a student along with his/her family, in small groups, in classroom groups, or in another format? “Frequency” refers to how often the intervention will be delivered, and ranges from multiple times per day to one time only. Finally, “time” refers to how long the intervention delivery requires each instance the intervention is used. In some cases, the intervention delivery might be brief (for example, 5-10 minutes) or it might be a few hours or even a full day.

2. Determining Readiness to Implement EBPs

To effectively implement an EBP, you must determine your locality’s readiness to implement the EBP. Moreover, it is important to determine if the EBP will be implemented in all or just some of the local communities, at the district level, at the state level, or both. Hybrid implementation models might plan for smaller-scale implementation in one or a few communities, and then use knowledge and experience based on that pilot as a foundation from which to extend the implementation to a given region(s), and even to the entire state or territory. Critical readiness factors include motivational readiness, organizational climate, current staff capacity, and resource availability (see [Figure 2](#)).

Motivational readiness occurs when an individual recognizes that a situation requires change and he or she prioritize those changes ([Weiner, 2009](#)). To successfully implement a new EBP effectively, your team must get support at all levels (e.g., individual, administration, organizational, community). For example, in a school setting, your team will need support and buy-in from school administrators, mental health providers, educators, paraprofessionals, students, and families. High motivational readiness reflects a unified perspective that there is a problem that needs to be

addressed ([Weiner, 2009](#)). People feel motivated to work as a team to find a solution. Low motivational readiness reflects lack of cohesion around a problem. There may be disagreement regarding the problem's existence and the urgency for a solution.

Organizational climate involves an organization's dynamics and structure regarding who makes decisions, how those decisions are communicated, the incentive structure for doing a good job (e.g., recognition, salary increase, promotion), and the openness for change and innovation ([Glisson, 2002](#); [Weiner, 2009](#)). A strong organizational climate might reflect leaders who involve staff in decision-making and who clearly communicate the rationale for a decision. In strong organizations, staff perceive that their values match the leadership's values, and they feel supported in their jobs ([Rogers, 1995](#)). Moreover, staff members in these organizations have more positive attitudes towards adopting EBPs ([Aarons, Glisson, Green, Hoagwood, Kelleher, Landsverk, & The Research Network on Youth Mental Health, 2012](#)). In contrast, a poor organizational climate might reflect leaders who make decisions about an intervention without talking to those who will implement it and who mandate using the intervention without providing support or incentives. Staff members in these organizations are likely to have unfavorable views regarding EBP implementation ([Aarons et al., 2012](#)).



Figure 2. *Factors Associated with Readiness to Implement an EBP.*

Current staff capacity refers to the number of staff available to implement the intervention as well as the staff's collective ability (e.g., skills) to implement it. The number and skills of existing staff will help inform hiring and training decisions, as well as subsequent resource allocation.

Resource availability is the ability to finance costs associated with EBP implementation. Typically, start-up costs associated with implementation include staff/provider training, periodic consultation with experts in the EBP to discuss issues associated with implementation, equipment, and materials related to the EBP, and facilities or space for the staff/providers to use. Additionally, consider that the goal is not to implement the EBP for just one student cohort, but to integrate it into the school's intervention repertoire; therefore, there will be costs associated with the intervention's long-term sustainability. For example, staff/provider turnover may require additional trainings for newcomers, low implementation might require booster trainings to sharpen provider skills, and equipment and materials may need to be replaced or replenished over time.

Furthermore, an implementation readiness assessment is an essential step in EBP rollout. Your team can use [Worksheet 2](#) in the Appendix to begin discussing and assessing your organization's readiness to implement an EBP. However, a more thorough assessment might be helpful. One useful tool is the Texas Christian University's (TCU) Organizational Readiness for Change (ORC) Scale (<http://ibr.tcu.edu/forms/organizational-staff-assessments/>). The TCU ORC has one version designed for intervention staff and another for supervisors and directors. Each version takes approximately 25 minutes to complete and assesses motivational factors (e.g., program needs, training needs, pressures for change), staff attributes (e.g., growth, efficacy to do their job, job satisfaction), program resources (e.g., office facilities, equipment, access to internet), and organizational climate (e.g., mission, cohesion, communication, openness to change).

Another useful tool to guide readiness assessment is the *Show Me Am I Ready Scale* created by the Missouri Department of Health and Senior Resources. The *Show Me Am I Ready Scale* provides a series of questions to prompt thoughtful discussion around readiness to implement an intervention and action steps to enhance readiness. This tool can be accessed at <http://health.mo.gov/data/InterventionMICA/ReadinessPreparation.html>, and the website provides feedback based on measure scores.

3. Where to Look for EBPs

After mapping out the intervention characteristics your team would like to implement as well as assessing your organization's readiness to change, it is time to search for EBPs. But first, what does it mean to be "evidence-based"? The term "evidence-based" generally means that there is some evidence or data that indicate that the intervention works. For example, the intervention showed positive outcomes for a group of students compared to another intervention in a well-designed study in which students were randomly assigned to receive one intervention or the other. This is called a randomized controlled trial (RCT). Another type of evidence involves data which show that students who participated in an intervention improved on some outcome, but in this case there was no comparison group (this is known as a single group pre-post design). Another variation of evidence involves data that show a particular student improved on an outcome, but there were no other students for comparison (this is referred to as a single case design). There are many more variations on the study designs that can potentially provide evidence for an intervention. However, in science, the RCT is viewed as the "gold standard" for evaluating an intervention. In other words, interventions that have performed well in an RCT are typically viewed more favorably than interventions that have performed well in studies with other designs.

In children's mental health, there are hundreds of EBPs, and the number continues to grow ([Chorpita et al., 2011](#)). However, there is often a long lag between the time that an intervention is tested in a study and the time that providers in the field become aware of the intervention. In the past, there were few ways for providers in the field to find out about interventions without reading

scientific journals. Fortunately, today searchable registries exist to help the public learn more about EBPs (see [Figure 3](#)).

One highly regarded registry is SAMHSA’s “National Registry of Evidence-based Programs and Practices” (NREPP; <http://nrepp.samhsa.gov/>). NREPP’s registry includes mental health and substance abuse interventions. Each intervention has been nominated by the intervention developer, but has been independently reviewed and rated, and has met NREPP’s minimum requirements for inclusion in the registry. NREPP provides each intervention’s description, a research summary testing the intervention, ratings on the intervention’s readiness for dissemination (e.g., materials, training and support, quality assurance procedures), and associated costs.

The Institute of Education Sciences’ “What Works Clearinghouse” (WWC; <http://ies.ed.gov/ncee/wwc/>) is another searchable registry that includes academic and emotional/behavioral interventions. The WWC provides a program description, a summary of the research evidence, and a cost estimate.

The Annie E. Casey Foundation’s “Blueprints for Healthy Development” is another searchable registry (<http://www.blueprintsprograms.com>) that includes interventions with outcomes demonstrated in the domains of behavior, education, emotional wellness, positive social relationships, and health.

Take time to explore NREPP, WWC, and Blueprints. Use your team’s worksheets as a roadmap to selecting search criteria related to the intended population, intervention target, severity level, and intended delivery. Get a sense of which interventions might fit your students’ needs. Remember that identifying an EBP is an important process; therefore, your team should plan to set aside a few hours to generate potential options.

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)	<ul style="list-style-type: none">• http://nrepp.samhsa.gov/• Mental health and substance abuse interventions
Institute of Education Sciences (IES) What Works Clearinghouse (WWC)	<ul style="list-style-type: none">• http://ies.ed.gov/ncee/wwc/• Academic and emotional/behavioral interventions
Annie E. Casey Foundation Blueprints for Healthy Development	<ul style="list-style-type: none">• http://www.blueprintsprograms.com• Academic, emotional/behavioral, and health interventions

Figure 3. *Searchable Intervention Registries.*

4. Selecting an EBP

Congratulations! You’ve made it to an exciting point in the process—selecting an EBP. There are many considerations as you choose among possible EBPs, including:

- the EBP’s evidence base
- population strengths and needs

- cultural relevance
- intervention features, materials, and implementation supports
- stakeholder values
- existing practices and organizational support
- current workforce capacity
- cost

Use [Worksheet 3](#) in the Appendix as a framework to guide your team through the process of choosing among possible EBPs.

Evidence base for EBP. One of the first things to do is to consider the evidence base for potential EBPs within the context of your targets/goals and intended population. To guide you, consider five questions:

1. Was the intervention tested multiple times with a rigorous study design?

Evaluating evidence involves considering the study design’s context. Keep in mind that the gold standard study design is an RCT. Additionally, scientists value multiple studies conducted by different investigators, particularly investigators not involved in the intervention’s development. Sometimes, however, science is not at a point at which RCTs have been conducted for a particular problem. Instead, studies might be in the pilot phase. This is acceptable because the research study’s number and quality are two aspects of the evidence base that guide the EBP selection.

2. Is there clear documentation that implementation results in valued outcomes?

It is important to consider whether potential EBPs have an evidence base, or clear documentation that implementation results in valued outcomes. “Valued outcomes” refer to those that your team has identified as targets or goals. Scientists testing an intervention typically collect data on multiple outcomes, so it is important to determine whether the specific outcome(s) valued by your team demonstrated positive gains as a result of the intervention. For example, your team might value improved social skills and academic achievement as intervention outcomes. However, it is possible that youths who received a particular intervention improved on a social skills measure, but not on an academic achievement measure. Your team will need to dig deep into the evidence to determine whether valued outcomes were achieved after intervention implementation.

3. Is there clear documentation that implementation results in valued outcomes for your...
 - ... *intended population?*
 - ... *intended setting?*
 - ... *intended population in your intended setting?*

As your team imposes more criteria for assessing the evidence base for particular interventions, you will likely find differences among EBP outcomes. The purpose of this set of questions is to help you make your best informed decision about whether an EBP could have benefits for your intended population in your intended setting based on the similarities to the study samples and settings. Interestingly, research studies may include samples of youth who have similar characteristics to one another; thus, study samples may not reflect the complexities that characterize your intended population. This is because researchers try to reduce the likelihood that factors other than the intervention will influence study outcomes. Typically, after an intervention has demonstrated positive effects, researchers will test the intervention with more samples that include greater diversity of characteristics. Depending on the intervention’s developmental stage your team is

considering, the study samples may or may not reflect the likely diversity of your intended population.

Of the population characteristics, severity level and developmental level (e.g., age/grade) are the most important characteristics to match to the EBP. EBPs are always designed with an identified severity level in mind and usually target youths at a specific developmental level. Sometimes research also identifies differences in the intervention effects based on gender, race/ethnicity, or other sample characteristics. The purpose of these comparisons is for your team to get a snapshot of the study findings' generalizability to your intended population.

With regard to setting, many interventions are initially tested in laboratory settings so that researchers have more control over the intervention delivery. Over time, researchers typically expand intervention testing to settings in which interventions typically are delivered, such as schools, community mental health centers, or residential treatment facilities. Is there evidence that the intervention has been effective in the setting in which your local communities intend to implement it? Also, if the local communities in which the intervention will be implemented are urban or rural, consider whether the intervention has been tested and shown to be effective in those settings as well.

Population Strengths and Needs. Once you have evaluated the evidence base for the EBPs you are considering, it is important to think about how well the EBPs capitalize on the strengths and address the population's needs that will be involved with and/or impacted by the EBP. First, consider the population's strengths, especially in regard to protective and promotive factors. These can be individual factors, such as their characteristics and current knowledge and skills (e.g., self-regulation, problem-solving, academic, relational), or they can be social factors, such as positive relationships with their families, peers, and supportive adults (e.g., teachers, school staff, or those implementing the intervention). These strengths could also exist at the community level, such as other services available in the community, particular school characteristics, or other social and economic resources. Is the population excelling in one or more of these areas? Additionally, you must consider the population's particular needs to determine the EBP's appropriateness. These needs could be associated with poverty, mental health issues, community violence, or low functioning levels, to name a few. What special needs does your population have? For example, think about a community attempting to reduce student aggression in an area with high levels of violence (a risk factor) and there is a good relationship between school personnel, families, and students (a protective factor). In this instance, it would make sense to select an EBP that involves school personnel and families to broaden the impact of the intervention and maintain the reduction in aggression (the valued outcome) across settings.

Cultural Relevance. Best practice for EBP adoption and uptake includes selecting interventions that are culturally and linguistically appropriate. Culture refers to the behaviors and beliefs characteristic of a specific group. Commonly, culture refers to someone's race or ethnicity, but consider culture in the broad sense of the word to include other groups, such as those centered on a particular religion or sexual orientation, for example. Has the EBP been tested with and shown to be effective with youths who are culturally similar to the youths in your intended implementation setting? Do stakeholders perceive that the intervention theory, content, and materials are culturally relevant? Are adaptations necessary? Consideration of adaptations based on diversity within the population of focus should include student, educator, family, and community variables, characteristics, learning histories, context requirements, and expectations. Adaptation may require an iterative process, beginning with contacting the intervention developer or others who have used the intervention to determine the extent to which the EBP can be adapted, tailored, refined, or

reinvented to meet specific population needs. Adaptation may also require assessment via focus group with diverse members of the intended population and piloting of the adapted intervention.

Intervention Features, Materials, and Implementation Supports. Are the features and strategies of the intervention well-specified? In other words, is your team able to describe what the intervention looks like in practice? If you are unable to articulate the key features of the EBP, it would be wise to connect with the intervention developer or with someone who has used the intervention. It is important to understand the details of the intervention strategies so that you can determine whether the EBP is feasible to implement in your communities.

Do the intervention features fit well within the context of the preferred intervention delivery characteristics, including who will deliver the EBP, the format of the EBP delivery, and the frequency and time required for the intervention?

Are particular materials required, and if so, are those materials pre-packaged with the intervention? On the one hand, pre-packaged materials can increase the cost of an intervention. On the other hand, requiring your team or your interventionists to create or assemble materials can be an added burden that could hinder implementation.

What types of implementation supports are available? Is consultation with intervention experts required or available on an as-needed basis? Are there individuals with expertise in the state or local communities that could be available for consultation on an as-needed basis? Does the intervention have specific progress monitoring or fidelity monitoring tools, or will tools need to be created?

Ideally, the intervention features are well-specified and not too complex. Complexity reduces the likelihood of consistent and high-fidelity implementation. The availability of materials and implementation supports potentially increases cost, but may also increase implementation.

Stakeholder Values. Are the intervention's features, goals, and theory of change consistent with stakeholder values? Sometimes an intervention does not align with every stakeholder's values. For example, an intervention might promote assertiveness skills, but perhaps a caregiver raises concerns that youth assertiveness conflicts with his or her cultural values regarding respecting elders. Conflicts between the EBP and stakeholder values might hinder implementation. Prior to implementation, consider holding information sessions during which the intervention features and goals can be explained and stakeholders can ask questions and raise concerns.

Existing Practices and Organizational Support. Prior to selecting and implementing an EBP, it is important to determine how it will fit with the existing practices. It is important to take an inventory of the current programs and practices available in the target setting (school, community, district, state). Also, determine if it is compatible with and will not duplicate current EBPs and programs in that setting. Considering how the EBP will fit into a multi-tiered system of support also will be important.

Related, consider the organizational support that is required to support EBP implementation. Does the intervention require strong and global organizational support that, if absent, would significantly hinder implementation? For example, an EBP delivered by a school mental health clinician to a small number of individual students may require profession-specific support from the clinician's supervisor. If school administrators were indifferent about the EBP, it is possible that the intervention could still be well-implemented. In contrast, the school-wide implementation of

universal and indicated EBPs might be at high risk for poor implementation without significant organizational support.

Current Workforce Capacity. Consider whether the current workforce is adequate in size to implement the intervention effectively or whether additional staff will need to be hired. Additionally, are the current workforce skills adequate to implement the EBP, or is training required? Each of these considerations will affect decisions about how to allocate resources.

Cost. The bottom-line cost of implementing the EBP will be an important consideration. Important (but not exhaustive) cost considerations include:

- **Staff salaries.** How many interventionists are required? Will you need to hire new staff?
- **Training.** Will you need to pay an expert (and cover travel costs) to conduct the training? Remember to consider costs for room reservations, equipment, and food. Are there required booster training sessions?
- **Consultation.** Costs include not only the consulting fees, but possibly communication fees (e.g., phone charges) or equipment (e.g., iPad, web camera).
- **Certification.** Is certification required for trainees? Are there costs associated with certification? This might include costs associated with performance reviews.
- **Materials.** Are there pre-packaged materials? Will materials need to be replenished? Can paper materials be duplicated locally or do they need to be purchased?
- **Equipment.** Is there special equipment required for implementation or training/consultation/certification? This might include video cameras to record implementation for review by expert consultations or for certification purposes.

Systematic consideration of each of these factors for each potential EBP can provide a framework for evaluating the potential relative costs and benefits. Your team will likely have to make tough decisions about which considerations carry more weight in the selection of an EBP. Connecting with others schools that have used any of the EBPs your team is considering might shed light on the factors that influenced their decisions. The EBP developer is one source of information regarding who has used the EBP in the past.

5. Tracking the EBP's Impact

It is important to track progress on selected outcome(s) to see how the intervention is working.

Tracking may include monitoring whole school outcomes including school climate, academic achievement, attendance, and behavioral and discipline indicators. Tracking may also include monitoring progress on student-specific factors such as perception of school connectedness, psychosocial functioning, and discipline referrals. Data used to track progress may come from a variety of sources including state or district data (e.g., attendance, tobacco use), school data (e.g., school climate, state performance assessments), and/or individual data (e.g., student grades, teacher turnover, parent empowerment).

Your choice of measures as well as the frequency of data collection will depend on considerations related to resource capacity, response burden, and data availability. Typically, measures are administered before an intervention is implemented and when the intervention is over, to yield an indicator of change. However, if resources allow, measuring progress at multiple time points while the intervention is being implemented can give you an early signal for whether or not the intervention is working. If the intervention is not working, you will have time to fix the situation if

you have tracked progress during implementation. If you only administer measures at the beginning and end of the intervention, you will not have the opportunity to fix an intervention that is not working.

In some instances, the assessment measure/methodology utilized to select the youth for inclusion may be repeated to monitor participants' progress. You should establish the EBP impact tracking plan at the outset of implementation. A list of potential measures is included in the Appendix ([Worksheet 4](#), Tracking the EBP's Impact: Measures and Measurement Domains). Also, intervention registries such as NREPP and WWC summarize the outcome measures used in studies testing each intervention. This can be a great source of ideas for measurement.

What do you do when the data you are collecting suggest that the intervention is not working? Consider these questions and action steps:

- **Do the respondents understand how to provide information on the measure you are tracking?** Remember that reading levels and familiarity with questionnaires vary across people. If individuals are completing a questionnaire or providing ratings in some way, ensure that they understand the instructions, the items, and possible responses. Also ensure that the measures are culturally appropriate to increase accuracy of reporting.
- **Do the measures you selected reflect the stated target of the intervention?** For example, if your EBP is intended to reduce substance use, are you using a measure for substance use? If not, consider selected a measure that better fits the intervention's target. Refer to NREPP or WWC for more information on measures that were used in studies testing the intervention.
- **Do the measures you selected have sound psychometric properties?** Validity refers to the accuracy of the measurement. One way to determine validity is to find out if the results from the measure you are using are very similar to the results from other measures that are intended to measure the same thing. As an example, consider a scale used to measure weight. Suppose an average-sized adult male weighs himself and the scale indicates a weight of 63 pounds. The scale would not be considered valid because the adult male does not weigh 63 pounds according to other scales the he has used.

Reliability has to do with a measure's ability to produce similar scores or results under consistent circumstances. One way to determine reliability is to administer the measure twice to an individual after a brief amount of time (for example, a day or week). Similar scores across two administrations suggest high reliability. Suppose that same adult male measured himself multiple times in a row with the following weights: 63lbs, 192 lbs, 170 lbs, 85 lbs. The scale would be considered unreliable because we would expect that the weights would be the same each time.

Furthermore, although you want your measure to be reliable across consistent circumstances, you also want it to be sensitive to meaningful changes in what you are measuring. To continue our example, suppose the adult male used a valid and reliable scale and weighed in at 183 lbs. Over the course of the next 6 weeks, he made healthy changes to his lifestyle, after which he weighed himself again. This time, his weight was 172 lbs. This scale would be considered sensitive to change. Sometimes measures are not sensitive to change over brief periods of time and it might appear that progress is not occurring.

If your team selects publicly available measures, it is likely that you will be able to find out information about the validity, reliability, and sensitivity to change of the measures. If the psychometric properties of the measure are not sound, then the problem might be with the measurement and not the intervention. Consider using a measure that has been used by others and has been shown to be valid and reliable. Information about the measures used in studies in which the EBP was tested can be found in NREPP and WWC. It is possible that a measure for a particular targeted outcome does not exist. In these situations, it might be possible to change items or add items to an existing measure for a similar outcome, or to develop a new measure. Keep in mind that it will be important to monitor the data regularly to ensure that you are collecting information that is useful and that accurately measures progress.

- **Are interventionists implementing with high fidelity?** If not, take steps to ensure to support interventionists and their high fidelity implementation. The next section explores fidelity and quality improvement further.

Use [Worksheet 4](#) to aid you in tracking the impact of your EBP.

6. Monitoring EBP Fidelity and Quality Improvement Methods

EBP fidelity refers to the extent to which an intervention is implemented the way it was intended. Fidelity is important because studies testing an intervention typically ensure that there is high fidelity. Changing the intervention reduces the fidelity. There is significant evidence to suggest that lower fidelity reduces the effectiveness of the intervention ([Burke, Oats, Ringle, Fichtner, & DelGaudio, 2011](#); [Derzon, Sale, Spring, & Brounstein, 2005](#); [Schoenwald, Carter, Chapman, & Sheidow, 2008](#)). Interestingly, programs that monitor implementation fidelity tend to have better outcomes than programs that do not monitor fidelity ([DuBois, Holloway, Valentine, & Cooper, 2002](#)).

To plan for fidelity assessment, identify the tools you will use, determine the frequency of fidelity measurement, and establish the benchmark that will represent an acceptable level of fidelity. Some EBPs may have already established fidelity measures specific to the practice/intervention, or published recommendations for fidelity assessment and benchmarking. Your team can find more about fidelity measurement specific to an intervention on the NREPP or WWC sites. Please refer to [Worksheet 5: Planning Checklist for Monitoring Fidelity of Evidence-Based Practices](#) to ensure you are taking all the steps needed to implement fidelity monitoring in your community.

If information about fidelity monitoring specific to an intervention is unavailable, then identifying how other similar EBPs have measured fidelity can help inform fidelity assessment. A recent article reviewing studies testing EBPs found that observational methods are more frequently used (71.5%) than written methods to assess fidelity ([Schoenwald & Garland, 2013](#)). More than half the observations involved listening to audio recordings of a provider delivering an intervention (56.2%), followed by video recordings (41%), and live observations (2.8%). Fidelity was most often assessed once (55%) or twice (28%). Keep in mind, however, that fidelity tends to decrease over time ([McCormick, Steckler, & McLeroy, 1994](#)).

What do you do when the data you are collecting suggest that an EBP is implemented with low fidelity? The most important step is to work with the interventionists and other stakeholders to collaboratively identify and address barriers to high fidelity implementation. The following are common barriers and suggestions for reducing them.

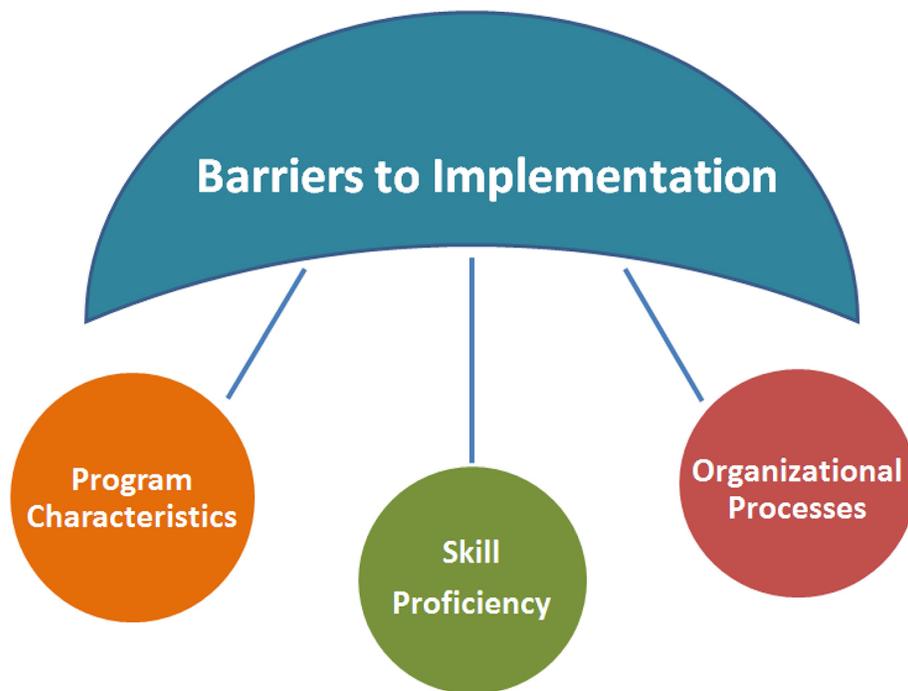


Figure 4. *Barriers to High Fidelity Implementation.*

Skill Proficiency. Sometimes low implementation occurs because the interventionists do not yet have sufficient proficiency in the skills required to implement the intervention. In this case, there are two related actions to take to improve implementation:

- **Provide high-quality training or coaching.** Research suggests that instruction alone is an ineffective way to train someone to do something new ([Fixsen et al., 2005](#)). Demonstrating the skill, providing opportunities for the interventionist to practice the skill, guiding reflection about skill use, and observing others use the skill in the natural setting are all ways that can enhance learning of a new skill. These activities can be used in follow-up training of large groups or individual coaching as needed.
- **Provide multiple opportunities for supported practice in the natural setting.** Research also suggests that one-time workshop trainings are generally ineffective at changing a person’s behavior in their natural setting ([Fixsen et al., 2005](#)). Just like learning to read, ride a bike, or drive a car, learning an EBP requires practice in the natural setting. Observation, guided reflection, and feedback can enhance learning and application of an EBP.

Program Characteristics. Sometimes low implementation occurs because there is something about the intervention that does not fit well with the interventionists, other stakeholders, or the setting. Ways to address implementation challenges related to program characteristics include:

- **Connect about perceived needs and potential benefits of the intervention.** Have a conversation about the relevance of the intervention to the identified needs ([Durlak & DuPre, 2008](#)). Discuss how the intervention can help the locality achieve its stated goals. Open discussion can heighten the potential impact of the intervention, therefore helping stakeholders prioritize its implementation.

- **Try it out for a trial period.** Consider asking stakeholders to try out the intervention for a brief trial period, after which a collaborative discussion can take place about how the trial period went ([Damschroeder et al., 2009](#)). Committing to do something for a shorter period of time might facilitate program buy-in and can also highlight potential barriers that need to be addressed before more significant implementation can occur. However, keep in mind that this approach would still require an initial investment in any required training, but could save time and money if problems with the EBP were identified.
- **Consider adapting the intervention.** Sometimes, an intervention as it was designed doesn't quite fit within a given setting and therefore results in low implementation fidelity. Certainly, implementation fidelity is important. At the same time, sometimes small adaptations to one component of the intervention can improve the fit of the intervention and increase implementation of the other components. Before adapting, review the NREPP and WWC websites to see if and how the intervention has been adapted, and if those adaptations have been studied. Consider contacting the program developer, who may be working on adaptations to the intervention or who could help you think about whether your proposed adaptation would have potentially beneficial or detrimental effects on your outcomes.

Organizational Processes. Sometimes the leaders in an organization make decisions that influence the implementation of a program. These decisions might relate to setting priorities that do not include the EBP, burdening the workforce with EBP implementation without offering rewards, and not providing instrumental support for EBP implementation. Strategies for dealing with these issues include:

- **Identify a champion.** Find an internal individual who is trusted by the staff and leadership to advocate on behalf of the program and help resolve issues related to implementation ([Durlak & DuPre, 2008](#); [Fixsen et al., 2005](#)).
- **Facilitate shared decision-making.** Connect with the interventionists and other relevant stakeholders to plan how the program will be implemented. This is important to program success. Encouraging open communication about barriers to implementation is the first step towards reducing barriers and promoting long-term sustainability ([Durlak & DuPre, 2008](#)).
- **Schedule implementation.** With all of the competing demands in the school setting, it is no wonder that time can be a significant barrier to program implementation. The time commitment should have factored into the EBP's selection. One strategy for helping address the time burden is to schedule specific days and times for EBP implementation, rather than having the interventionist try to find time here and there to fit it in. Having this time commitment on staff calendar helps them know that the intervention is coming up and it is less likely to be pushed aside for other things.
- **Ensure adequate administrative support.** There are many tasks associated with delivering an intervention, including scheduling the intervention delivery, keeping records, touching base with those who have questions or who were absent for the intervention, gathering and inventorying materials, to name a few. Identifying administrative assistants to assist with some of these tasks can be critical to enhancing implementation. For example, making extra copies or keeping attendance records might seem like tasks that take just a few minutes, but those extra minutes can add up for an interventionist over time ([Durlak & DuPre, 2008](#)).

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Appendices

Key Questions

1. Identifying the EBP's Scope

- a. For whom is the intervention intended?
- b. What is the intervention designed to address?
- c. What is the baseline severity level of existing risk factors and problems?
- d. Who will deliver the intervention, in what format, how often, and for how long?

2. Determining Readiness to Implement EBPs

- a. Do individuals in the organization recognize that changes are needed?
- b. Are individuals in the organization willing and able to prioritize changes?
- c. Who makes decisions and how are decisions communicated?
- d. Are there enough staff members to implement an EBP?
- e. Do the staff members have the skills necessary to implement an EBP?
- f. Are there resources to cover the costs associated with starting and sustaining an EBP?

3. Where to Look for EBPs

- a. Where can your team find out more about EBPs?
- b. Are there other schools that have implemented the EBPs you are considering?

4. Selecting an EBP

- a. Where can your team look for evidence about an EBP?
- b. Was the EBP tested multiple times with a rigorous study design?
- c. Is there clear documentation that implementation results in valued outcomes?
- d. Is there clear documentation that implementation results in valued outcomes for your...
 - i. ... *intended population*?
 - ii. ... *intended setting*?
 - iii. ... *intended population in your intended setting*?
- e. Does the EBP fit with the population's strengths and needs?
- f. Is the EBP culturally appropriate?
- g. Are adaptations necessary?
- h. Are the features and strategies of the EBP well-specified?
- i. Do these features fit well within the context of your setting?
- j. Are pre-packaged materials available?

Key Questions (continued)

- k. What types of supports are available locally, or from the intervention developer, to help interventionists use the EBP?
- l. Are the EBP's features, goals, and theory of change consistent with stakeholder values?
- m. Is the EBP compatible with other EBPs and programs being used in the setting?
- n. Does the EBP require strong and global organizational support that, if absent, would significantly hinder implementation?
- o. Is the current workforce adequate in size to implement the EBP effectively? Will additional staff need to be hired?
- p. Are the current workforce's skills adequate to implement the EBP, or is training required?
- q. What are the EBP's costs?

5. Tracking the EBP's Impact

- a. What measures will be used to determine if the intervention is working?
- b. What will be done if the data suggest that the intervention is not working?

6. Monitoring EBP Fidelity and Quality Improvement Methods

- a. What measures will be used to determine if the EBP is being implemented the way it was intended?
- b. What will be done if the data suggest that the EBP is being implemented with low fidelity?

1a. Intended Population

Instructions: Within each category, circle all of the options that characterize your intended intervention population.

Developmental Level: Age

0-3

3-4

4-5

6-8

8-12

12-15

15-18

18+

Other: _____

Developmental Level: Grade

Daycare

Preschool

Pre-K/K

1-2

3-5

6-8

9-12

Post High School

Other: _____

Gender

Female

Male

Transgender

Other: _____

Race/Ethnicity

African American or Black

American Indian/Alaska Native

Asian

Caucasian or White

Hispanic or Latino

Native Hawaiian or Pacific Islander

Other: _____

Population Subgroups

Students with disabilities

English language learners

Students with risk factors
(e.g., exposure to violence, poverty, in utero substances)

Other: _____

Language

- Primary: _____
- Secondary: _____

1b. Intervention Target

Instructions: Circle all of the options that reflect what you want the intervention to address or target.

Behavioral, Emotional, and Physical Health

Aggression

Alcohol and Other Drug Use

Anxiety/Depression/Trauma Exposure

Autism

Emotion Regulation

Fitness & Nutrition

Inattention/Hyperactivity

Social Skills

Other: _____

Academic and Related Skills

Career Exploration/Training

Early Childhood Education

Language

Math

Motor Skills

Reading

Study Skills

Time Management

Other: _____

Student-Family-School Connections

School Safety

Support for Academic, Social, and Civic Learning

Social Relationships

School Connectedness

Physical Environment

Leadership

Professional Relationships

Other: _____

1c. Baseline Severity Level

Instructions: Circle the level of need in your population with regard to the severity level of existing risk factors and problems.

Low

- Mild or no problems in population. Low-level risk factors may be present.
- Consider a **UNIVERSAL** intervention designed for the overall population.

Moderate

- Elevated risk or some evidence of problems in certain individuals in a population.
- Consider a **SELECTIVE** intervention designed for a group of students identified as at risk for adverse outcomes.

High

- High risk or significant evidence of problems in certain individuals in a population.
- Consider an **INDICATED** intervention designed for students demonstrating problems.

1d. Intervention Delivery

Instructions: Within each category, circle all the options that characterize your intended intervention delivery.

Interventionist

- * Mental Health Specialist
- * Regular Education Teacher
- * Special Education Teacher
- * Resource Teacher
- * School Health Staff
- * Cafeteria Staff
- * Administrative Staff
- * Paraprofessional
- * Other: _____

Format

- * Small group
- * Classroom group
- * Other: _____
- * Individual student
- * Individual student + caregiver/family

Frequency

- * Once
- * Daily
- * Multiple times/day
- * As needed
- * Multiple times/week
- * Weekly
- * Monthly
- * Multiple times/month
- * Other: _____

Time

- * Brief (about 5-10 minutes)
- * Approx. 1 hour or less
- * Approx. 1-2 hours
- * Other: _____
- * Approx. half a day
- * Approx. 1 full day

2: Readiness to Implement EBP

Instructions: Fill in the name of each locality across the top row. Circle the status of each locality with regard to each consideration listed in the left-hand column.

Consideration	Locality 1: _____	Locality 2: _____	Locality 3: _____	Statewide
Motivational readiness	Youths/Families: <i>Low Fair High</i>	Youths/Families: <i>Low Fair High</i>	Youths/Families: <i>Low Fair High</i>	Youths/Families: <i>Low Fair High</i>
	Staff: <i>Low Fair High</i>	Staff: <i>Low Fair High</i>	Staff: <i>Low Fair High</i>	Staff: <i>Low Fair High</i>
	Administrators/Leaders: <i>Low Fair High</i>	Administrators/Leaders: <i>Low Fair High</i>	Administrators/Leaders: <i>Low Fair High</i>	Administrators/Leaders: <i>Low Fair High</i>
Organizational climate	<i>Poor Fair Strong</i>	<i>Poor Fair Strong</i>	<i>Poor Fair Strong</i>	<i>Poor Fair Strong</i>
Current staff capacity to implement	Number of staff: <i>Low Fair High</i>			
	Staff skills: <i>Poor Fair Strong</i>			
Resource availability for intervention	Budget: \$ _____	Budget: \$ _____	Budget: \$ _____	Budget: \$ _____
	Training/Consultation: <i>Low Sufficient</i>	Training/Consultation: <i>Low Sufficient</i>	Training/Consultation: <i>Low Sufficient</i>	Training/Consultation: <i>Low Sufficient</i>
	Equipment/Materials: <i>Low Sufficient</i>	Equipment/Materials: <i>Low Sufficient</i>	Equipment/Materials: <i>Low Sufficient</i>	Equipment/Materials: <i>Low Sufficient</i>
	Facilities/Space: <i>Low Sufficient</i>	Facilities/Space: <i>Low Sufficient</i>	Facilities/Space: <i>Low Sufficient</i>	Facilities/Space: <i>Low Sufficient</i>
	Sustainability: <i>Low Sufficient</i>	Sustainability: <i>Low Sufficient</i>	Sustainability: <i>Low Sufficient</i>	Sustainability: <i>Low Sufficient</i>

3: Exploring EBPs

		EBP:	EBP:	EBP:	EBP:	EBP:
EBP Evidence Base, Relevance, and Replications	Do the EBP's outcomes align with the needs of your population of focus? (Note that needs must be identified from local data.)	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	Is there evidence from at least 2 randomized control trials of the EBP that demonstrate relevant outcomes?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	If yes:					
	• Are there relevant outcomes for your population of focus (e.g., similar age, gender, language, culture/race)?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	• Were the relevant outcomes achieved in a setting comparable to your setting?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	Will the developer give you contact information for two or three sites that have implemented the EBP for two or more years?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
Adaptation	Does it appear that the EBP would need to be adapted to meet the needs of your population of focus?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	If yes, has the EBP been adapted for populations similar to your population of focus (as indicated by the developer, published studies, or your knowledge of local adaptations)?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	If adaptations will be needed, do you have-experienced staff or consultants who can make the adaptations while preserving the EBP's core components (i.e., components that should not be modified)?	Yes—No—NA	Yes—No—NA	Yes—No—NA	Yes—No—NA	Yes—No—NA
EBP Features and Implementation Supports	Do the EBP's features align with your preferred delivery characteristics (e.g., setting, time of day, frequency, staff who will implement)?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	How many and what type of staff are required to implement the EBP?					
	What types of implementation supports are available (e.g., consultation, online resources)? List here:					
	How long does it usually take a new implementation site to implement the EBP effectively?					
	Are evaluation and fidelity monitoring tools available for the EBP?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No

		EBP:	EBP:	EBP:	EBP:	EBP:
		_____	_____	_____	_____	_____
Existing Practices & Organizational Support	What related programs and practices are currently being implemented in your setting? (<i>list</i>)					
	(1) _____					
	(2) _____					
	(3) _____					
	(4) _____					
	Does the EBP duplicate or compete with existing programs?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	What do you expect would be the net value of adopting the EBP in your setting?	Low—Med—High	Low—Med—High	Low—Med—High	Low—Med—High	Low—Med—High
	Does the EBP require strong organizational support (e.g., school leader support, administrative support)?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	If yes, is this support likely to be forthcoming?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
Training	How long is the training for the EBP (hours, days)?					
	How will new staff (hired after the initial training) be trained?					
	What is the cost of the initial training? (Include trainers' fees, travel, space, equipment, food, etc.)	\$	\$	\$	\$	\$
	What is the cost of ongoing training, including booster sessions?	\$	\$	\$	\$	\$
	Can staff in your training become certified to conduct training? If yes, what is the cost of certification training?	Yes—No \$	Yes—No \$	Yes—No \$	Yes—No \$	Yes—No \$
Additional Costs	Does the developer offer ongoing implementation consultation by phone and email?	Yes—No	Yes—No	Yes—No	Yes—No	Yes—No
	If yes, what is the cost?	\$	\$	\$	\$	\$
	What is the cost of materials?	\$	\$	\$	\$	\$
	What is the cost of equipment?	\$	\$	\$	\$	\$
	What is the total estimated cost of initial implementation? (Include training costs from section above.)	\$	\$	\$	\$	\$

4. Tracking the EBP's Impact: Measurement Domains and Measures

Domain	Measure	For More Information
Academic Achievement	Achievement Tests <ul style="list-style-type: none"> • California Achievement Tests • Stanford Achievement Test • Wechsler Individual Achievement Test • Wide Range Achievement Test 	
	Grades/Grade point average	
Attendance	School records	
Anxiety	Revised Child Anxiety and Depression Scale (RCADS; caregiver and youth report)	http://www.childfirst.ucla.edu/Resources.html
	Screen for Child Anxiety Related Disorders (SCARED; caregiver and youth report)	http://www.psychiatry.pitt.edu/node/8209
	Spence Children's Anxiety Scale (SCAS; caregiver and youth report)	http://www.scaswebsite.com/
Bullying	Bullying Perpetration and Bullying Victimization Scales (youth report)	http://www.performwell.org/index.php/find-surveyassessments/outcomes/health-a-safety/aggression-or-violence-perpetration/bullying-perpetration-and-bullying-victimization-scales-sss
	Illinois Bully Scale (youth report)	http://www.performwell.org/index.php/find-surveyassessments/outcomes/health-a-safety/aggression-or-violence-perpetration/illinois-bully-scale--victim-subscale-ibs
	Reynolds Bully Victimization Scales for Schools (youth report)	http://www.pearsonclinical.com/education/products/100000032/reynolds-bully-victimization-scales-for-schools-rbvs.html?Pid=015-8630-009
Depression	Revised Child Anxiety and Depression Scale (RCADS; caregiver and youth report)	http://www.childfirst.ucla.edu/Resources.html

Domain	Measure	For More Information
	Center for Epidemiological Studies Depression Scale for Children (CES-DC; youth report)	http://www.brightfutures.org/mentalhealth/pdf/tools.html (then scroll down to the Bridges section and you will see the CES-DC listed under Mood Disorders)
Disruptive Behavior	Eyberg Child Behavior Inventory (caregiver report) Sutter-Eyberg Student Behavior Inventory (teacher report)	http://pcit.php.ufl.edu/Literature/Eybergch1992.pdf
	Disciplinary Referrals	
Inattention/Hyperactivity	Vanderbilt ADHD Diagnostic Teacher Rating Scale (teacher report)	http://www.brightfutures.org/mentalhealth/pdf/tools.html (then scroll down to the Bridges section and you will see the Vanderbilt listed under Attention Deficit Hyperactivity Disorder)
Multiple Domains of Behavior/Emotion: <i>Anxious/Depressed Thought Problems</i> <i>Withdrawn/Depressed Attention Problems</i> <i>Somatic Complaints Rule-Breaking</i> <i>Social Problems Aggression</i>	Achenbach System <ul style="list-style-type: none"> • Child Behavior Checklist • (CBCL; caregiver report) • Youth Self Report • (YSR; youth report) • Teacher Report Form • (TRF; teacher report) 	http://www.aseba.org/
Multiple Domains of Behavior/Emotion: <i>Activities of Daily Living Hyperactivity</i> <i>Adaptability Leadership</i> <i>Aggression Learning Problems</i> <i>Anxiety Social Skills</i> <i>Attention Problems Somatization</i> <i>Atypicality Study Skills</i> <i>Conduct Problems Withdrawal</i> <i>Depression</i> <i>Functional Communication</i>	Behavior Assessment for Children (BASC; caregiver, youth, and teacher report)	http://www.pearsonclinical.com/psychology/products/100000658/behavior-assessment-system-for-children-second-edition-basc-2.html?Pid=PAa30000

Domain	Measure	For More Information
Multiple Domains of Behavior/Emotion: <i>Emotional Symptoms</i> <i>Conduct Problems</i> <i>Hyperactivity/Inattention</i> <i>Peer Relationship Problems</i> <i>Prosocial Behavior</i>	Strengths and Difficulties Questionnaire (SDQ; caregiver, youth, and teacher report)	http://www.sdqinfo.org/
Multiple Domains of Behavior/Emotion: <i>Inattention</i> <i>Hyperactivity/Impulsivity</i> <i>Oppositional/Conduct Problems</i> <i>Anxiety/Depression</i>	Vanderbilt ADHD Diagnostic Teacher Rating Scale (teacher report)	http://www.brightfutures.org/mentalhealth/pdf/tools.html (then scroll down to the Bridges section and you will see the Vanderbilt listed under Attention Deficit Hyperactivity Disorder)
Multiple Domains of Behavior/Emotion: <i>Critical Items (e.g., suicidal ideation)</i> <i>Social Problems</i> <i>Interpersonal Distress</i> <i>Interpersonal Relationships</i> <i>Behavioral Dysfunction</i> <i>Somatic Complaints</i>	Youth-Outcome Questionnaire (Y-OQ; caregiver, youth, and teacher report)	http://www.oqmeasures.com/page.asp?PageId=102
School Climate	California School Climate Survey (staff report)	http://cscs.wested.org/administer/core#core
School Engagement	Motivation and Engagement Scale (youth report)	http://www.lifelongachievement.com/the-motivation-and-engagement-scale-mes-i8/
	Student School Engagement Survey (youth report)	http://www.schoolengagement.org/index.cfm/Attachment (then scroll down to the Resources section and you will see the NCSE Student Survey)
School Refusal	School Refusal Assessment Scale (SRAS; caregiver and youth report)	http://nebula.wsimg.com/4f7f77874c6ae90ee581a8efe70fd881?AccessKeyId=5FA11D39B78CC67CC07D&disposition=0&alloworigin=1
Substance Use	CRAFFT Screening Tool (youth report)	http://www.ceasar-boston.org/clinicians/crafft.php
Traumatic Stress	Child PTSD Symptom Scale (youth report)	http://www.istss.org/ChildPTSDSymptomScale.htm
	UCLA PTSD Reaction Index (caregiver and youth report)	http://www.istss.org/UCLAPosttraumaticStressDisorderReactionIndex.htm

Measurement Resources

- **University of Maryland Center for School Mental Health**
Provides a *Free Assessment List* of publicly available and no-cost measures.
<http://csmh.umaryland.edu/Resources/ClinicianTools/index.html>
- **The National Center on Safe Supportive Learning Environments (NCSSE) at American Institutes for Research**
Provides compendia of tools for assessing school climate, bullying, and student engagement
<http://safesupportivelearning.ed.gov/topic-research/school-climate-measurement>
- **Massachusetts General Hospital School Psychiatry Program**
Provides a table summary of screening tools and rating scales
http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp
- **The California Evidence-Based Clearinghouse**
Provides summaries of screening and assessment tools
<http://www.cebc4cw.org/assessment-tools/>

Worksheet 5: Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools

- a. Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP, <https://www.samhsa.gov/nrepp>), What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>), or correspondence with intervention developer), or
- b. Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs)
- c. Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers)

2. Determine frequency of fidelity measurement

- a. What frequency is feasible for the tool selected?
- b. What frequency will yield actionable and relevant information?
- c. What frequency will be sustainable if the EBP implementation continues in future years, with consideration of implementer, consumer, and/or evaluator turnover?
- d. What are the best/worst times of year to monitor fidelity?
- e. What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)
- f. Determine strategies to *develop* the fidelity measurement plan with implementers (including all details above) and *communicate* the final plan to implementers once determined.

3. Establish benchmark for acceptable level of fidelity

- a. What levels of fidelity are not acceptable, adequate, and excellent?
- b. If your data suggest the EBP fidelity is low, work with interventionists and other stakeholders to collaboratively identify and address barriers to high fidelity implementation. Review the following common barriers and associated strategies to make a plan to address fidelity:
 - i. Barrier: Insufficient skill proficiency
 1. Strategy: Provide high-quality training or coaching
 2. Strategy: Provide opportunities for supported practice in the natural setting
 - ii. Barrier: Challenges related to the fit of intervention program characteristics

1. Strategy: Connect about perceived needs and potential benefits of the intervention
 2. Strategy: Try it out for a trial period
 3. Strategy: Consider adapting the intervention
- iii. Barrier: Organizational processes are not optimal to support implementation fidelity
1. Strategy: Identify a champion to advocate and resolve issues
 2. Strategy: Facilitate shared decision-making
 3. Strategy: Schedule implementation to address time limitations
 4. Strategy: Ensure adequate administrative support

4. Monitor adaptations to the EBP

- a. Ask implementers about changes they made to the EBP as intended, and/or
- b. Collect observational data about adaptations made during implementation