



School practitioners' perspectives on planning, implementing, and evaluating evidence-based practices[☆]



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ABSTRACT

Although the evidence supporting the implementation of prevention and early intervention practices in schools is mounting, school personnel continue to encounter difficulties adopting and implementing evidence-based practices (EBPs). The current study sought to better understand school practitioners' experiences of planning, implementing and evaluating evidence-based social and emotional practices through an empowerment evaluation lens. Qualitative analyses of focus group transcripts yielded 16 themes across two general categories related to school districts' processes of planning, implementing, and evaluating EBPs, and general organizational capacities that either facilitated or impeded these processes. Results are discussed and implications for practice and future research are offered. Recommendations focus on next steps to advance school-based consultation within an empowerment evaluation framework.

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1. Introduction

A growing body of evidence highlights the benefits of implementing evidence-based, prevention and early intervention programs for youth in schools (Bear & Minke, 2006; IOM, 2009). Schools present mental health practitioners and educators with multiple opportunities for intervention in the developmental trajectory of children (Kratochwill, 2007). There is a critical need for such services given that recent research indicates that the prevalence of mental health problems among youth is on the rise (Centers for Disease Control, Prevention, 2013; National Research Council and Institute of Medicine, 2009). However, a clear gap between research and practice stymies the delivery of mental health services in schools (Schoenwald & Hoagwood, 2001).

The persistent, well-documented gap between science and practice in children's mental health across settings has generated new perspectives on how to best support effective school mental health practices (Flaspohler, Meehan, Maras, & Keller, 2012; Kazak et al., 2010). A myriad of barriers have dulled the significant promise of EBPs to have broad impact on children's mental health; as such, intervention research must now expand to bridge this chasm and facilitate effective practice (Rotheram-Borus, Swendeman, & Chorpita, 2012). Most recently, school mental health scholars have begun to ground their work in community science by explicitly acknowledging community-centered models

and an empowerment evaluation approach to program evaluation (Cappella, Reinke, & Hoagwood, 2011; Flaspohler, Anderson-Butcher, Paternite, Weist, & Wandersman, 2006; Splett & Maras, 2011). In this paper, we revisit the gap between science and practice from an empowerment evaluation perspective using data on school practitioners' experiences of planning, implementing, and evaluating EBPs.

1.1. Empowerment evaluation

Empowerment evaluation is a participatory approach to program evaluation that prioritizes improvement and accountability to enhance the likelihood of program success (Wandersman et al., 2005). Specifically, empowerment evaluation promotes positive outcomes by increasing the capacity of stakeholders to plan, implement, and evaluate new and existing practices. Empowerment evaluation is theoretically based in community science (Wandersman, 2003, 2014a). Community science and community-centered models such as empowerment evaluation complement research-to-practice models driven by prevention science, by far the dominant paradigm in prevention (Miller & Shinn, 2005; Splett & Maras, 2011). Community science, community-centered models, and empowerment evaluation collectively emphasize capacity-building, and some researchers have explained that this scholarship is situated "in" the bidirectional gap between research and practice (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008).

Empowerment evaluation research, theory, and practices have significantly impacted the field of evaluation (Wandersman, 2014a) and align with many of the data-based decision making processes proposed and implemented in schools (Flaspohler et al., 2012; Splett & Maras,

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2011). The rich history of action research unbinds empowerment evaluation, and the scholarly literature on school improvement has emphasized action research methods for more than a half-century (e.g., Goodson, 1946; Hollingsworth, 2005). Getting to Outcomes[®] (GTO[®]; Chinman, Imm, & Wandersman, 2004), a results-based approach to accountability, has been featured in scholarship on empowerment evaluation. This framework operationalizes the empowerment evaluation process through specific steps to plan, implement, and evaluate practices. This broader cyclical process—plan, implement, evaluate (PIE)—is a generalizable core of most, if not all, data-based decision-making processes. Rooted in the evaluation framework described in *Prevention Plus III* (Linney & Wandersman, 1993), “PIE” was codified through an internal accountability system designed to enhance the quality of a statewide school readiness initiative (Flaspohler et al., 2003; Wandersman et al., 2003).

The emergence of numerous user-friendly tools and strategies associated with empowerment evaluation and PIE has advanced research on effective evaluation practice (Wandersman, 2014a, 2014b). Recent evidence supports the use of these evaluation practices, suggesting that an empowerment evaluation approach based on PIE in schools may support a more scientific, research-driven approach to effective practice and *process* in school mental health (Chinman, Tremain, Imm, & Wandersman, 2009; Chinman et al., 2008, 2012). Only recently has community science, via empowerment evaluation and community-centered models, gained attention in scholarship in school mental health and social-emotional learning (Flaspohler et al., 2006). Splett and Maras (2011) explicated the need for community-centered models in school psychology; complementary scholarship further explored the direct application of an empowerment evaluation framework in school psychology practice (Maras, Wandersman, Splett, Flaspohler & Weist, 2012). Given the growing research base supporting the value-added of empowerment evaluation approaches, it may be beneficial to directly revisit the research-to-practice gap in school mental health through a community science lens using PIE. The next section summarizes research on the research-to-practice gap in school mental health using PIE.

1.1.1. Planning, implementing, & evaluating EBPs in school mental health

The process of how stakeholders might effectively deploy EBPs can be broken into three basic steps: Planning, Implementing, and Evaluating (PIE: Wandersman et al., 2003). *Planning* includes the process and steps by which practitioners and stakeholders assess current programs, needs, and resources; articulate measureable goals; identify and select best practices that are culturally appropriate and have a good contextual fit; and develop a specific plan to successfully implement a selected program. *Implementing* refers to the actual delivery of the selected practices. *Evaluating* includes: the measurement of fidelity to the practice, as well as of outcomes expected to be impacted by the practice; use of process and outcome evaluation data to assess the overall program impact, including program implementation, as part of a continuous quality improvement cycle; and sustaining the program by ensuring minimal levels of supports and resources are in place and using evaluation data to continue to guide decisions about the use of the practice over time (see Chinman et al. (2004), for a more thorough review of these steps). Research has identified a number of barriers and facilitators associated with the steps that contribute to the gap between research and practice in school mental health.

1.1.2. PIE in schools

At the planning stage, school district personnel often have difficulty cataloguing and evaluating all the services that are being implemented in the various schools that comprise the district (Doll & Cummings, 2008). A first step in the planning stage is for school personnel to conduct a needs assessment. Needs assessments help schools identify current resources and gaps in services to set goals and to guide decisions about what new practices to adopt. Next, although school personnel

and decision-makers may express favorable attitudes about empirically-supported programs, they may lack science literacy skills needed to make informed decisions about which programs are the most likely to be effective (Williams & Cole, 2007). Stakeholders must also consider if a program is culturally-appropriate for their context (Weist et al., 2005) and consider what capacities are needed to implement the selected program (Flaspohler et al., 2008).

Another major concern regarding the implementation of EBPs in schools is the difficulty in achieving high implementation fidelity (Durlak & DuPre, 2008). Potential barriers to fidelity in schools and other real-world settings include insufficient staff training and support, limited resources, classroom overcrowding, classroom management and disciplinary problems, low teacher morale/burn out, multiple competing demands, and insufficient time due to competing priorities that emphasize academic performance (Lendrum, Humphrey, & Wigelsworth, 2012; Wandersman, Chien, & Katz, 2012). A broad scholarship focuses on helping schools incorporate evaluation and monitoring tools for use throughout the intervention to assess outcomes of the implementation process (e.g., Domitrovich et al., 2008).

Finally, school personnel often struggle to evaluate the impact of practices in schools (Doll & Cummings, 2008; Splett & Maras, 2011). These local evaluations require competencies that many school mental health professionals and other school personnel do not possess and lack access to technical assistance or supports necessary to effectively evaluate outcomes (Flaspohler et al., 2012; Maras, Coleman, Gysbers, Herman, & Stanley, 2013). Ensuring sustainable practices requires that schools attend to the inevitable changes in staff and student characteristics to ensure adequate resources are in place for continued use of the practice (Gottfredson & Gottfredson, 2002; Kress & Elias, 2013). Ongoing evaluation assessments are a critical part of this process. Additionally, the timing and resource allocation to ongoing training of existing staff in the practice, as well as the training of new staff when turnover occurs, are essential to sustaining quality implementation. To optimize outcomes, schools need to continually collect and use evaluation data to improve and sustain EBPs once they are in place. Like many organizations, schools often simply lack the capacity and resources necessary to plan, implement, and evaluate EBPs (Flaspohler et al., 2012; Wandersman et al., 2008).

1.2. Building capacity in schools

Overall, the PIE process by which school personnel may uptake and deliver EBPs is complex and fraught with challenges. A wealth of research and capacity-building efforts has focused on understanding and bridging the gap between science and practice (Cappella et al., 2011). Research has sought not only to extrapolate the factors causing the gap, but also to develop models to help close the gap by moving research into practice. Two prominent models include the Stages of Implementation (Fixsen, Naoom, Blasé, & Friedman, 2005; Fixsen, Blasé, Duda, Naoom, & Van Dyke, 2010) and the RE-AIM framework (Merrell and Buchanan, 2006). While both approaches aim to bring more research into practice, both begin with the EBP or innovation rather than with the stakeholders who will be the primary users of those EBPs (e.g., teachers, school mental health practitioners). Community science emphasizes stakeholder perspectives, suggesting that research should start with stakeholder perspectives on what is needed and might be useful based on a data-based evaluation of the community's needs and resources (Wandersman, 2003, 2014a). As such, empowerment evaluation approaches aim to build stakeholder capacity not only to deliver a specific EBP, but also to promote effective organizational structure and functioning such that they regularly identify needs and engage in practices that keep the organization viable (Livet & Wandersman, 2005).

Capacity-building refers to the actions taken to improve the skills, motivation, knowledge, attitudes and infrastructure necessary to complete a task or implement innovations (Flaspohler et al., 2008). Research

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