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**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**



October 13 2014

Request

**>About understanding and addressing the reluctance
of some school support staff to adopt evidence based
interventions**

Follow-up

>Prevention and schools and juvenile justice

Featured Center Resource

**>Guiding development of a unified & comprehensive
system of learning supports**

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**Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu**

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Request

We receive frequent requests about how to understand and address what some advocates experience as the “marked resistance” among school staff (e.g., school psychologists and social workers) with respect to “replacing open ended, non goal directed counseling with specific [evidence based] programs for depression, anxiety, PTSD, etc.”

Center Response:

Rather than simply thinking about this as a typical continuing education concern, we suggest that the matter requires skillful *process* interventions designed to explore with the staff why they are reluctant/resistant.

We find that many school staff express reluctance to change practices because what they are doing feels effective, even if it has not been evaluated as evidence based. Also, we often hear concerns that the evidence based treatments being proposed don't fit the concerns students are experiencing. Or that the evidence based programs seem too "mechanical" and don't value the professional's ability to understand and respond in a more personalized way with each student/family.

We discussed this in:

>*Evidence-Based Practices in Schools: Concerns About Fit and Implementation*
<http://smhp.psych.ucla.edu/pdfdocs/newsletter/summer07>

Also see the following article by Lilienfeld, Ritschel, Lynn, Cautin, & Latzman.

>*Why many clinical psychologists are resistant to evidence-based practice: Root causes and constructive remedies*
http://www.uwyo.edu/psychology/_files/docs/deacon%20psyc%202340/lilienfeld%20resistance%20to%20ebp%20article.pdf

H I G H L I G H T E D in the Lilienfeld et al. article:

- Evidence-based practice does not equal empirically supported therapy.
- Evidence concerning clinicians' attitudes toward evidence-based practice is reviewed.
- Sources of professionals' resistance to evidence-based practice are examined.
- Misconceptions regarding evidence-based practice are delineated.
- Recommendations for addressing resistance to evidence-based practice are outlined.

Excerpt:

"...Diffusion research indicates that the identity of the person transmitting the information is often a major predictor of that information's receptivity to others. If 'opinion leaders' who deliver messages are perceived as outsiders or as individuals who do not grasp the needs of consumers, their messages may be devalued or ignored. In the case of Evidence based practices, relying exclusively on academics to disseminate information regarding evidence-based interventions may be unwise, as many clinicians may understandably feel that researchers do not appreciate the complexities confronted by psychologists "on the front lines" of everyday practice. The 'Ivory Tower mentality' to which we referred earlier may fuel these perceptions. Excessive reliance on academics as opinion leaders may also engender understandable reactance to information regarding Evidence based practices among clinicians, as it may inadvertently communicate the condescending message that 'more knowledgeable' researchers are instructing 'less knowledgeable' practitioners about how to conduct therapy.

These considerations underscore the necessity of forging closer alliances between research-oriented and practice-oriented clinical psychologists, and enlisting the latter to play a more active role in disseminating information, and dispelling misinformation, concerning EBP. For example, Gallo and Barlow (2012) argued compellingly for the establishment of equal partnerships between researchers and community practitioners to assist in dispelling resistance..."

The above describes a very common dynamic occurring in schools and in mental health settings. As noted, there are many parallels to changing the attitudes of practitioners and those of clients.

If staff members are willing to share (perhaps anonymously) their reservations, concerns, and reluctance, there is an opportunity to validate their feelings and current successes and appreciate the reasons they don't want to give up what they believe are positive practices. *This can provide a foundation for discussing the pros and cons of adding something new to their practices.*

Given all this, see the following resource from the Substance Abuse and Mental Health Services Agency, National Registry of Evidence Based Programs and Practices.

>*Evidence-Based Therapy Relationships*
<http://www.nrepp.samhsa.gov/Norcross.aspx>

Excerpt:

“Decades of careful scientific research indicate that psychotherapy success is influenced by the client, the therapist, the treatment method, the context, the relationship between the therapist and the patient, and other factors. However, the therapy relationship accounts for why clients improve—or fail to improve—as much as the particular treatment method. In consideration of these research findings, the National Registry of Evidence based Programs and Practices provides this document drawn from detailed meta-analyses appearing in the second edition of *Psychotherapy Relationships that Work*, published by Oxford University Press. Individual chapters examine the association between elements of the therapy relationship and treatment effectiveness. SAMHSA believes these research findings may complement and/or augment the information contained in the NREPP intervention summaries.”

For more on evidenced based practices and their adoption, see the Center’s Quick Find:

>*Empirically-Supported/Evidence-Based Interventions*
<http://smhp.psych.ucla.edu/qf/ests.htm>

Listserv Participants:

What experiences and recommendations can you share about this matter? Send your responses to ltaylor@ucla.edu

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Follow-up **Prevention and Schools and juvenile justice**

Another frequent matter the Center is called on to discuss is prevention. We highlighted this in our last quarterly e-journal. See

>*Prevention & Schools* – <http://smhp.psych.ucla.edu/pdfdocs/prevention.pdf> .

Also see our Center Quick Find on

>*Prevention for Students "At Risk"* – <http://smhp.psych.ucla.edu/qf/prevention.html> .

Given our emphasis on addressing barriers to learning and teaching, we were pleased to receive an advocacy message focusing on using evidence based prevention science to enhance prevention efforts related to juvenile justice. Here's an excerpt:

"The National Prevention Science Coalition to Improve Lives (NPSC) and its national juvenile justice advocacy and policy partners seek to assist Congress in developing policies that effectively prevent or reduce youth crime and demonstrate a return on tax dollars invested. State, county and local governments know what they spend but not what they buy. This is not unique to juvenile justice, but the consequences are particularly deleterious when especially high-risk young people are subjected to interventions other than best practice. Here we propose to replace government expenditures based on outputs (how much of a service is delivered) with expenditures contingent on outcomes (how high is the quality of the delivered services) with a particular emphasis on rigorous fidelity to evidence-based best practice, informed by implementation science....

Prevention science offers the hope that when delivered and implemented with proper resources, interventions can achieve significantly better outcomes: fewer crime victims, reductions in capital outlays as a result of fewer prisons being built, lower recidivism rates among offenders, more effective family systems, and better education and health outcomes as well as budgetary savings. Evidence-based prevention science offers an important value and a policy framework that shifts the often ineffective and inefficient use of limited resources from expenditures to investments...."

We have appended the NPSC's recommendations for federal juvenile justice legislation at the end of this Practitioner message.

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Center Featured Resource
Guiding development of a unified and comprehensive system of learning supports

As the interest in transforming student and learning supports grows, we are receiving more and more requests for information, guides, and coaching.

Incorporated into nearly every school policy guidance, grant requests for applications, and proposals for reform is concern for addressing barriers to learning and using innovative and a call for use of evidence based practices. A unified and comprehensive learning supports component provides a prototype framework for an equitable system into which these high priority concerns can be integrated.

Clearly, transforming student and learning supports is challenging (especially with everything else that has to be done on most days). To aid the efforts, the Center offers free mentoring, coaching, and technical assistance by email and phone to teams that are moving to transform student and learning supports. Those making such systemic changes have found it particularly helpful when we work with them in preparing a design document and strategic plan for the work.

Others have found they can start moving forward by using our guidance documents and related resources and our online system change toolkit. See:

> *Education Leaders' Guide to Transforming Student and Learning Supports*
<http://smhp.psych.ucla.edu/pdfdocs/transguide.pdf>

> *Toolkit for Transforming Student Supports into a Unified & Comprehensive System for Addressing Barriers to Learning and Teaching*
<http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>

If you are interested in discussing any of this further, feel free to email us at any time.
Contact Ltaylor@ucla.edu

*Please share relevant resources ideas, requests,
comments, and experiences!*
Send to ltaylor@ucla.edu

**Note: Responses come only to the
Center for Mental Health in Schools at UCLA for
possible inclusion in the next week's message.**

**We also post a broad range of issues and responses to the
Net Exchange on our website at**

<http://smhp.psych.ucla.edu/newnetexchange.htm>
and to Facebook (access from the Center's home page <http://smhp.psych.ucla.edu/>

For Recent Previous Postings, see <http://smhp.psych.ucla.edu/practitioner.htm>

Appendix

Moving Toward Prevention in Juvenile Justice: Implementation of Evidence Based Prevention

Here's are the recommendations from the National Prevention Science Coalition to Improve Lives (NPSC) and its national juvenile justice advocacy and policy partners:

The NPSC recommends the following for federal juvenile justice legislation:

“RECOMMENDATIONS:

- I. Reauthorize the JJDP with the strength-based tenets and evidence-based improvements noted throughout the juvenile justice (and related) field(s) since its last reauthorization.
- II. Build a performance-based budget framework. Create capacity within OJJDP and the DOJ, supported by OMB and the CBO, to build a budget framework that plans for, incentivizes, measures, and rewards desired outcomes. For example:
 - 1) Include cost accounting mechanisms to implement training, delivery, data collection, monitoring, evaluation, and quality management of evidence-based programs. Allocate a percentage (e.g., at least 20%) of funding for effective implementation and evaluation infrastructure. With effective implementation infrastructure, systems become more efficient and are more likely to reach intended outcomes for children and families, creating further cost savings beyond those generated by adopting and haphazardly using the evidence-based strategy alone.
 - 2) Include incentives to deliver strategies designed to keep youth from entering the juvenile justice system; have states account for the costs and benefits of their programs and encourage them to shift dollars away from programs that lead to limited or poor results.
 - 3) Budget policy within OJJDP should allow for a full range of developmentally appropriate interventions that have been proven to reduce additive risks known to heighten delinquency potential at each level of the developmental continuum, from birth and early childhood through transition to adulthood. Prevention programs have repeatedly shown cost-beneficial results and should be included in federal and state strategic plans moving forward.
 - 4) Encourage cross-system collaboration in order to leverage government expenditures in public safety, behavioral health treatment (both mental health and substance abuse), healthcare, education, workforce development, etc. This can amplify the capacity of states/territories to form broader, comprehensive and integrated prevention frameworks.
 - 5) A “braided” or blended funding approach is gaining favor within the private sector as a tool for combining very limited public dollars with private contributions while rewarding only those programs that achieve agreed-upon outcomes. ...
 - 6) As part of capacity building and federal leadership, a reauthorized JJDP may incentivize states to increase public-private and public-university collaborations. These partnerships can build state and inter-state learning collaborations, or join existing national collaborations that focus on strategic

planning, program evaluation, and the technical aspects of implementing strategies. States that are successful in creating effective collaborations may be rewarded through incentive grants and/or other flexible budget and funding tools.

7) States that are successful in creating effective systems for data collection and analysis may be rewarded. Data systems that include both implementation and intervention outcome data should be encouraged and incentivized. Without implementation data, such as data about whether prevention strategies are being delivered as intended, it is extremely difficult to determine whether intervention failures are due to problems with the strategy itself, or with the implementation and delivery of the strategy.

8) Full implementation and the realization of expected outcomes may take 2-4 years for a single, well-defined program.. Scaling an evidence-based prevention strategy or a collection of strategies across a community, region, or state requires additional time. Funding opportunities should incentivize planning years and allow for adequate time so that intended outcomes can be realized at scale.

III. Juvenile justice is traditionally talked about in public safety terms (e.g., juvenile crime rates). A commonly used metric is the rate of recidivism (re-arrests or convictions) for youth coming in contact with the juvenile justice system. A stronger, prevention-oriented JJDPA might allow for more comprehensive measures and mapping youth resilience and positive development outcomes– high-risk behavior reductions, school performance, community indicators of resilience or support, improvements in mental/social/clinical functioning, reductions in substance abuse, etc.”