PROVEN
QUALITY PRACTICES
NAVIGATION

EVIDENCE-BASED PRACTICE
NAVIGATION GUIDE &
PRACTICE MATCHING REPORT

SAMPLE

Inside: *6 pages of a 30 page navigation guide & practice matching report, individualized to the module responses of a community-based organization in a SCHOOL-BASED delivery environment.*

Part 1. Basic Considerations

Your Goal

Your answer to the first question, *"What do you want the evidence-based practice(s) to accomplish for your clients and your community?"* is of particular importance in determining what evidence-based practices will work for you. You offered two primary endpoints: "Reduced physical intervention and teach successfully to social skill deficits."

This answer offers two important programmatic elements and endpoints—a **reduction of restraints** and client **skill-building**—we'll want to find directly addressed by the evidence-based practices we consider. In the context of evidence-based practice "marketplace," however, this goal is not well-defined enough by endpoint, demographic and/or delivery environment to narrow our search to a particular EBP "topic area." We'll use the following clarifying questions to narrow our search.

Your Motivation

You responded that you are **motivated to improve outcomes**. Evidence-based requirements and research in human services often require statistical significance of outcomes in comparison to *care as usual*—a baseline degree of intervention to which an evidence-based program is then added—one can expect a **rigorous evidence-based practice** to be likely to improve outcomes compared to a non-evidence-based practice, intervention or "eclectic mix" of practices without fidelity measures. It should be noted that the rigorousness of a practice's research—or its "rating" on an evidence-based clearinghouse—does not necessarily mean a particular practice will improve outcomes as compared to a practice with a less rigorous evidence-based reputation. It does mean, however, that the effect sizes of outcomes in research are statistically significant and can be expected to be reliably replicated. Essentially – with a more rigorous evidence-base, you have better information about what outcomes you can expect from implementing the program, less risk in implementation, and you can better measure the return on investment for your clients and community.

You also specified that one of the reasons you are choosing to implement an evidence-based practice is that you'd like to **increase referrals and improve the census of current services**. Due to national trends in the United States towards a stringent definition of what makes a particular practice "evidence-based," this motivation requires us to prioritize practices with **more rigorous evidence-based backgrounds.** We won't eliminate promising practices from this report, but selecting a promising practice in the current funding/referral environment may involve more risk to your organization. We have reason to believe that a more rigorous evidence-based background will help **increase referrals** to your services for this reason and others, but we'll explore referral specifics in more detail later in the report.

NOTE: pages are omitted from this report preview.

Part 2. Current Services and Funding Considerations

Current Services

We asked a number of questions about your organization's current services to get an idea of your organization's expertise and experience in different areas, in addition to your organization's physical space and capacity for particular programs. Identifying programs that might more easily slot in to services currently offered, or your current organizational space, might ease the evidence-based practice implementation process.

Funding Specifics

███

███

However, thanks to the Family First Prevention Services Act, Federal **Title IV-E funding may present an opportunity** to expand services at your organization to serve the families of the students at your school for services like **parent training** or **abuse prevention**. While ██████ has chosen to delay action on FFPSA until 2021, it may be worth taking the time to explore possibilities in this respect. However, as development milestones for the clearinghouse have been missed, and only seven model programs have been identified and confirmed by this clearinghouse to date, your ability to plan ahead is somewhat limited. Investment decisions require better information – as evidence-based practice implementation may require a significant investment of resources, organizations cannot afford to implement practices that may or may not be approved for crucial funding in the future. For now, we'll make a note of practices that have been identified as model programs by the **Title IV-E Prevention Services Clearinghouse**—and recommend you keep track of clearinghouse developments going forward.

Referral Network

You note **at least three different referral sources** for your school programs and note the importance of **community relationships** and "public relations programming." This indicates that your referral network for services is fairly well understood and established. Especially when **establishing new services**, it is important to have a **detailed understanding of potential referral sources and the referral network** – one technique that can be helpful is to geographically map this network, including other community-based organizations that may be "competing" for referrals, in addition to comprehensively describing linkages between organizations and referral sources.[1] This method can help you manage your risk in evaluating and establishing new services by clearly articulating the gap these services will fill. This method might also help you identify new referral sources or how you might be able to maximize your utilization of a current referral source. In addition to planning for new services, mapping out your referral network may

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1 For example, https://theliftproject.org/wp-content/uploads/2014/02/ONA_Final.pdf

Leadership Challenges

Our insights are reflected in your organizations leadership challenges. Where authority lies in the roles of a few leaders at the top of a **vertical** organization, it may involve a **higher degree of difficulty achieving buy-in** to evidence-based practice approaches—the buy-in of staff at all levels is crucial to the delivery of effective services. Both your responses and your colleagues responses indicate that this difficulty achieving buy-in is a challenge at your organization, as we would expect. Especially during times of organizational change, like EBP implementation, **effective communication** is of utmost importance to facilitate organizational buy-in. But as discussed, your verticality likely puts responsibility for crucial staff communication and engagement on a small group of leaders who already have a lot of responsibilities.

Point in fact, a colleague identified "communication among administration" as a challenge at your organization and indicated that you've implemented weekly meetings for administration and daily meetings for key stakeholders. The use of **daily meetings** among key stakeholders sounds like you're implementing some aspects of **"Agile" management.** In terms of EBP implementation, agile principles can augment the strengths of your verticality while also promoting strong communication and productive feedback from team members. You're on the right track! "Agile" may help improve communication in your organization, or may not be the perfect fit—and that's okay. Ultimately, we believe the effectiveness of agile principles lie in the **frequency and effectiveness of communication**—though the frequency can also become a burden on already busy leaders and staff if meeting facilitators don't stick to agile methods.

There are plenty of excellent resources about organizational communication available. The most important thing for your vertical organization is to **properly prioritize** an effective communication strategy that is:

1. Intentional.
2. Frequent.
3. Consistent.
4. Targeted.
5. Proactively inviting feedback.
6. Making progress visible.

In terms of practice selection, you may want to prioritize EBPs that offer strong **communications tools** for the above reasons. We'll make note of practices strong in this area. Of course, **organizational buy-in** can also be facilitated by **effective staff selection.** We might also prioritize EBPs that offer explicit **staff selection tools and supports**. We'll explore that further in the *Staffing & Training* section.

Part 7. Cultural Considerations

Openness to Evidence-based Practice & Utilization of Feedback
Our first few questions gauge your organization's openness to evidence-based practice. You note that the primary caregivers in your organization **do believe an evidence-based practice is necessary** and/or will support them in their mission to help clients – as demonstrated by their giving "110% each day" for your clients. Furthermore, your organization **does collect feedback** from both clients, employees and community stakeholders regarding satisfaction and effectiveness, and caregivers are used to **receiving constructive feedback about their work from these sources** - and you believe that long term staff, key stakeholders in your organization, **recognize the importance of incorporating feedback** to improve services.

These details are major accomplishments in implementing an evidence-based practice. All EBPs share certain cultural tenets that *your answers indicate you've already incorporated into the culture of your organization*, like the use of evidence-based programmatic techniques, evaluation, feedback, and the utilization of client feedback, all of which might otherwise require careful organizational change management to establish and encourage. *(For example, in some organizational cultures, caregivers might feel like evaluation of their work is superfluous, unnecessary, or even threatening—especially where client feedback is involved.)*

However, it is clear that there is a cultural rift between long term staff and short-term staff – as you imply that s**hort-term staff are not as open to receiving constructive feedback**, and your colleagues echo this sentiment—that many caregivers don't stay long enough to buy-in to evidence-based care. You may want to refer back to Part 6, specifically where it regards **Hiring, On-Boarding and Reducing Turnover** and the use of a **realistic job preview**. Experimenting with and improving the hiring and on-boarding process could help change the culture of these caregivers and reduce turnover. If a higher percentage of employees stay long enough to see the results of evidence-based care and buy-in to these crucial elements, there are ripple effects on the culture of the organization and the informal networks outside the organization, which may improve the quality of both care and your applicant pool.

Data Collection
We also asked a number of questions about data collection specifics, especially with regards to paperwork and reporting requirements at your organization. While an openness to or use of established continuous quality improvement processes is a relevant indicator, here, there can be a significant cultural difference between the collection and incorporation of qualitative feedback and the regular reporting and response to more quantitative data specifics. One may be perceived as more valuable than another, or one may seem particularly onerous in comparison. For professionals who already feel overburdened with paperwork, the use of EBPs with additional paperwork and data reporting requirements may require overcoming significant resistance or cultural hurdles. To do so, it will be especially important to ensure that the value of the data reporting is clearly visible to the individuals responsible for it—though this is good advice for any reporting requirement or continuous quality improvement process, in general.

Part 8. Practices to Consider – 10 Practices

In considering your organization and your goals, we're looking primarily for behavioral and skill-building interventions applicable to a school environment. Our initial search returned 158+ practices potentially suited to this end, examining behavioral interventions listed by the Institute of Education Sciences "What Works Clearinghouse," for example, in addition to considering a diverse array of practices from a number of other sources. Narrowing this selection based on your organizational needs and realities, we have focused on identified practices that are most relevant to at least four out of the eight modules of learning in which you participated, and the answers you provided therein. While we're primarily looking for behavioral interventions, we also list some practices particularly relevant to achievement in the school environment.

Those programs are outlined below, as well as the pros and cons based on your unique organizational circumstances. Additionally, we have indicated which areas/modules of the report were most relevant to each highlighted practice based on your responses. Understanding which of these areas/modules are most important to your organization will be critical to understanding which practices are best suited for implementation and aligned with your organizational priorities.

The pros and cons highlighted should serve as a starting point for considering which practices may work best for you. We would be happy to work with you to more fully explore through greater information and/or even a gap exploration. Our goal was to provide you with enough information to support deepened understanding of the possibilities available to you. We did not want to steer you towards any one practice/program but rather, offer a selection providing you with information that is helpful for you to determine which direction may serve you best both short term and long term.

The table, below, summarizes the practices we've identified in categories which we think may be helpful for your understanding: "Behavior Intervention" denotes a practice that is primarily focused on behavioral endpoints, such as reducing disruptive behavior; "Flexible applicability" refers to a practice's ability to be used flexibly across the K-12 population at your school, while the "school-wide" categorization reflects a practice which can be used as an intervention by all staff at the organization; "Curriculum-based" reflects practices that are delivered either as part of an educational curriculum or in separate educational sessions; and "Family therapy" is a therapy practice designed to be delivered with individuals and their parents, which likely have useful parent engagement and facilitative tools.

Practice	Behavior Intervention?	Flexible Applicability?	School-wide?	Curriculum-based?	Family Therapy?
Motivational Interviewing	X	X	X		
██████████	X	X	X		
██████████	X			X	
██████████	X			X	
██████████	X			X	
██████████	X			X	
██████████	X	X			X
██████████	X	X			X
██████████	X	X			X
██████████				X	

Motivational Interviewing – Well-Supported

MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself as well as in combination with other treatments.

Pros

`BASIC` `RESOURCES` "Well-supported" **evidence-based** reputation.

`BASIC` `RESOURCES` Individualized and **versatile** — can be used by itself or in combination with other treatments, in a variety of different delivery environments.

`SERVICES & FUNDING` `LEADERSHIP` `RESOURCES` `STAFFING & TRAINING` MI has also been used in a hiring context to promote effectiveness of **recruitment, staff selection, and ultimately, retention**—it uniquely offers built-in tools.

`COMMUNITY` `CULTURE` MI is **client-centered, empowering practice** including **client psychoeducation**. Designed explicitly to promote client and family motivation and **engagement**.

`LEADERSHIP` MI is a **manualized** practice.

`LEADERSHIP` MI is fundamentally a **communication tool** which can be used throughout the organization.

`LEADERSHIP` `STAFFING & TRAINING` `CULTURE` MI offers **supervisory tools and fidelity measures** to promote proficiency in service delivery, which fits with your current systems of supervision and your organizational culture of feedback and continuous quality improvement.

`RESOURCES` `STAFFING & TRAINING` **Online Training** — pre-implementation/instruction process can be **self-paced.** Coaching can be delivered effectively via telephone.

`RESOURCES` WSIPP has done a **cost-benefit analysis** of MI, which offers detailed cost and ROI information per client. This analysis suggests that benefits are likely to exceed costs.

`STAFFING & TRAINING` MI can be used with your current staff makeup and does not require post-graduate education.

`CULTURE` As far as we know, implementation of MI doesn't require burdensome data reporting by staff.

Cons

`BASIC` MI's evidence base is an intervention aimed at increasing motivation for behavioral change – studied primarily in the context of substance abuse reduction. Its evidence base is growing for applications in schools, but the EBP was not developed specifically for disruptive behavior in a school context.

`SERVICES & FUNDING` Evidence in support of MI in a school context, where available, suggests a small effect size (~0.2).

`SERVICES & FUNDING` `RESOURCES` Not *yet* identified by the **Title IV-E Prevention Services Clearinghouse** established by the Family First Preservation Services Act (FFPSA).

`RESOURCES` `STAFFING & TRAINING` `CULTURE` Resources suggest that **hiring an expert** may be an ideal way to implement. Training and consultation may be more expensive.

`RESOURCES` `STAFFING & TRAINING` `CULTURE` **Network** is loose, and as a result, it may be more challenging to identify the best trainers for your organization, or to develop your own expertise.

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