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# Becoming Evidence-Informed in the Real World of School Social Work Practice

*Cynthia Franklin and Michael S. Kelly*

The evidence base for understanding and treating a range of school problems is growing (Franklin, Harris, & Allen-Meares, 2006), and school-based practitioners are increasingly expected to prove that their interventions “work” and are, in the language of No Child Left Behind (NCLB) and Individuals with Disabilities Education Act (IDEA), “research-based” (IDEA, 2004; NCLB, 2002; Raines, 2004). However, current survey research has indicated that despite having more resources and interventions to turn to, most school social workers rarely consult evidence-based practice (EBP) resources like databases, scholarly journals, and books, preferring to rely on peer consultation and workshops (Kelly, 2008; Kelly, Berzin, Frey, Alvarez, & Shaffer, 2008). EBP is a process of transparent, culturally sensitive, and evidence-informed practice that uses the best available empirical evidence to help clients solve their problems. We believe that most practitioners find critical challenges in the process steps that keep the steps from benefiting practice settings.

The EBP process uses five steps to guide practitioners in the following areas: (1) identifying the problem that the client wants to resolve and creating an answerable question related to the client’s problem; (2) consulting the evidence base (usually online research databases and journal articles) either by means of designated members of the team or an outside consultant to identify the best available evidence to address the problem; (3) critically appraising the evidence in light of the research’s methodological rigor (this is often done by developing predetermined screening standards to filter what is considered “strong” evidence); (4) presenting that evidence in concise and culturally relevant language to

help the client make decisions about next steps to take, including interventions to implement to address the problem; (5) evaluating the intervention plan undertaken and the consideration of either termination or a repeat of the five-step process (Gibbs, 2003).

Ultimately the EBP process comes down to this: How can practitioners quickly and simply access current research and use it for the specific clients they serve and also improve on that evidence? In our experience, working in schools as researchers we have found that what seems like a useful process for identifying empirically supported interventions is often encumbered with challenges in implementation and this may be why practitioners do not widely apply EBP. Specifically, we discuss five critical challenges that we have encountered in using the EBP process and make suggestions for improving the EBP process in schools. To illustrate our points, we use a case study that shows the use of the EBP process in a school and that demonstrates how addressing our five critical challenges lead to adoption and improvements in EBP. In particular, we suggest a conceptual framework that combines the EBP process model (Gibbs, 2003) with the three-tier public health model of intervention that is informing educators as they design response to intervention (RTI) and positive behavior supports (PBS) interventions (Frey, Lingo, & Nelson, 2008; Kelly, 2008).

## THE THREE-TIER MODEL AND EBP

The challenge for practitioners is often on how to conceptualize what is needed and then find the best sources to consult in answering their questions. We suggest that a three-tier model be used to help practitioners map their

interventions and plan their EBP searches. The three-tier model, developed originally in public health, focuses attention on tier 1 (macro-level), tier 2 (meso-level), and tier 3 (micro-level) interventions and has been applied to designing everything from reading intervention to discipline programs in schools. PBS and RTI programs integrate academic, behavioral, and social-emotional learning interventions across all three levels (Clarke & Alvarez, in press; Kelly, 2008).

The literature on school-based interventions clearly demonstrates—regardless of the level chosen for a specific client problem—that effective strategies use a comprehensive approach that targets multiple intervention agents (for example, teacher, parents, peers) and intervenes at multiple levels (for example, school, home, community) (Dupper, 2003; Franklin et al., 2006). Many three-tier interventions assume multiple “causes” to school problems and conceptualize clients more broadly, encompassing students, teachers, parents, and school faculty. The field has shifted to using the three-tier model, and this can be seen over the past decade as school-based mental health providers have begun to advocate for the three-tier model (School Social Work Association of America, 2008).

Practitioners have a wide variety of empirically supported intervention options at the macro- or universal level (tier 1), though school social work practice choices are more regularly focused on the meso and micro tiers (Frey et al., 2008; Kelly, 2008). A significant number of interventions at the meso (tier 2) have solid empirical support, and a number of tier 3 interventions, when applied with adequate treatment fidelity, also have solid support to document their effectiveness (Franklin et al., 2006; Kelly, 2008).

Once the problems can be conceptualized into the three-tier perspective, practitioners need quick and valid sources of information and many times do not know where to start or when to end their search. Should they consult recent school social work texts, databases of information, or journal articles, for example? Most practitioners look for a source that can give them a review of information and summary of the best practices to abbreviate the time needed to do a review of

individual studies. A search for valid information is complicated by the conflicting sources of information and lack of clear communication about the evidence that does exist (Franklin & Hopson, 2007).

Researchers do not agree, for example, and often criticize the reviews of other researchers, and different criteria are used for the reviews. For example, Stone and Gambrill (2007) recently criticized my (Cynthia Franklin) review of effective teenage pregnancy prevention program that was done in Allen-Meares’s (2007) school social work textbook, particularly, taking exception to the *Reducing the Risk* program. However, other scholarly reviews of best practices in the area of adolescent pregnancy prevention include the *Reducing the Risk* program (for example, Child Trends, 2002; Harris, 2006; Kirby, 2001). Stone and Gambrill used the results of my meta-analysis (Franklin, Grant, Corcoran, O’Dell, & Bultman, 1997) on teenage pregnancy prevention programs to show that the research on the *Reducing the Risk* program did not warrant the usage of the word *effective*. They also criticized the use of the quasi-experimental designs that were used to evaluate the program. These designs, however, are typical in school-based research and *Reducing the Risk* research continues to move forward past the publication of that meta-analysis review with large-scale program evaluations being completed (personal communication with R. Zimmerman, October 12, 2007).

So, how does a school practitioner burdened by work demands sort through the conflicting information and the differing opinions about the effectiveness of various programs and get to the “bottom line” answers to their questions? This is exactly what the EBP process was meant to accomplish, but our experience tells us that this process does not reach far enough into the issues that practitioners struggle with to ensure that empirically based interventions are implemented. We discuss five critical challenges that must be overcome if the EBP process is to move forward in the real world of schools. What we mean by critical challenges are those obstacles that keep the evidence-based process from being implemented in a school setting or the types of practice issues that stop the implementation of

the process. After we describe the five critical challenges, we illustrate with a case study how the EBP process may be used in a school and how it becomes more effective when the critical challenges are addressed.

## **FIVE CRITICAL CHALLENGES FOR EBP**

### **How to Ask the Right Questions?**

Practitioners may have difficulty asking an answerable question that will help them discover a solution that is specific enough to address their problems. In our experience, it is best if they collaboratively co-construct questions with a team within the school and use a research consultant to guide them in developing appropriate questions. It helps for the team to ask questions by using a framework such as the client-oriented practical evidence search (COPEs) process advanced by Gibbs (2003) and other EBP researchers. In this COPEs sequence, school social workers can help their clients identify the major issues they want to learn more about and interventions that they want to evaluate and that they decide to pursue. For more information on constructing a COPEs question, consult Gibbs (2003). Mapping the questions onto a three-tier model helps further the conceptualization and focus of the questions developed and answers that emerge.

### **What Sources of Information Should Be Used?**

There are limitations to all sources of information about EBP. It is important to use multiple sources and to check and see how different sources corroborate one another. Practitioners are often surprised at the lack of corroboration of information from diverse sources and the different choices that emerge. Practitioners need to be aware of the strengths and weaknesses of different sources of information. For example, textbooks, by nature, are a bit dated in their information, and the criteria for the reviews within them may not be discussed in detail and are often not standardized. Despite calls for improvements in textbooks, the publishing process constrains the timeliness of information in these texts and the date and time of a review must always be taken into consideration when

viewing it. Professional organizations, federal agencies, and registries such as the *What Works Clearinghouse* and systematic review organizations like *Cochrane and Campbell Collaborations* offer reviews based only on certain research criteria and do not provide definitive guides for practice. The American Psychological Association (APA), for example, suggests practice guidelines but does not disseminate treatment procedures for specific problems (Norcross, Beutler, & Levant, 2005). APA notes that its guidelines “are not intended to be mandatory, exhaustive, or definitive” (Norcross et al., 2005, p. 5).

Most federal registries and systematic review organizations evaluate the quality of the research studies of programs or interventions and are easy to consult. Studies are examined on the basis of the quality of methods and to determine whether there is statistical support to conclude that an intervention is effective. The most common research method is to compare a treatment group with a control comparison group and examine results on an outcome measure to determine whether there are any statistically significant differences at the end of the treatment (Kazdin, 2008). Registries do not provide guidance about context or implementation or the appropriateness of the intervention for a particular setting however, and very little of this information tends to emerge in the research findings themselves.

As was pointed out by Kim et al. (2008), it is important for school social work practitioners to remember that registries and evaluative organizations are looking at the quality of the research study design as well as the results. A thorough evaluation of research usually tells us, however, that nothing is 100 percent certain when it comes to answering a research question about EBP (Raines, 2008). Registries and professional organizations that evaluate research designs are also constrained by the limitations of research and, therefore, cannot know with 100 percent certainty whether it works. As was also pointed out by Kim et al., there is a lag in review in these organizations and procedures to follow for what gets reviewed, further limiting how an intervention

is reviewed. Ironically, the best way to get the most up-to-date results from research studies is to directly contact the researchers carrying out the specific program of research. But this approach too lacks any independent review of the researcher's findings other than the usual peer-reviewed journal publication process, and this process is also susceptible to publication bias (for example, publishing only positive findings about a program).

The limitations of the review process in no way discount the results of systematic review organizations because advances in systematic reviews and meta-analyses further confirm the claim that interventions based on scientific knowledge lead to better outcomes than authority or common sense-based practices (Mullen, Bledsoe, & Bellamy, 2008). School social workers can improve their practices by heeding the scientific results of these studies, but we still caution that it is best not to view these studies as definitive practice guides.

### **How Do We Consider Context when Applying Rules of Evidence?**

Context is often not taken into consideration when evaluating research on a program or an intervention on the basis of the quality of research studies. Applied fields such as education vary in the advancement of their research for particular areas, and the context of the research and the field of practice must be considered when deciding what is an appropriate practice to follow. By strictly applying the rules of evidence in applied areas, it can be easy to conclude that there are no interventions with solid evidence, for example.

This finding, however, offers little help to practitioners in terms of guidance on what to do with the populations that they are paid to help. I (Cynthia Franklin) encountered this "no solid evidence" concern during the development of *The School Services Sourcebook*. A few researchers were adamant about the lack of good studies on certain areas. One researcher even said that there was "no acceptable research." I ask those reviewers to consider what they would tell a practitioner who is working with that population and needs some advice on what practices

to offer those clients. Should we tell them that there is no good research, or should we draw on what we do know and use the best of that evidence and experience until the research improves?

This is not to say that there is not a "gold standard" for evaluating outstanding research, but context takes into consideration the development of research programs within applied fields when applying standards of evidence. Context helps us evaluate where that research stands, given the state of the research in that field and with a given population. It also helps us evaluate how specific programs of research stack up against others in that field of practice and what we have to do to improve those practices (Franklin, 1999; Franklin, Kim, & Tripodi, 2008).

### **Is There Flexibility and Adaptability in Choices for Empirically Supported Interventions?**

Research on the adoption of research-based interventions in schools reveals that very often researchers feel frustrated that practitioners do not "do" the interventions with adequate fidelity, whereas practitioners find the interventions designed and tested by researchers to be ultimately ineffective unless they can modify them to their own school contexts. Empirically based interventions have to be transferable so they can be implemented in the school social workers' practice context. Most school practitioners have been discouraged by mandated programs that make no sense in their setting or cannot be carried out because of lack of funds, support, and adequate personnel.

"Can we really do this program and with adequate resources and fidelity?" must be asked because there is no absolute guarantee that the program will work in the school social worker's setting, even with fidelity (Franklin & Hopson, 2007). There are also times when the program must be adapted for it to work with certain cultures and settings. How flexible is the program in this regard, and will the researchers support the adaptations that are needed? This often becomes a critical challenge when we cannot find evidence-based programs that

match well with our settings and resources, and this slows or even halts the EBP process. Yet, without appropriate attention to context this research conundrum remains. This is not to say that the EBP process does not make room for choosing practices with less evidence over those with more sound scientific claims if the clinical situation demands it. However, specific guidelines for when and how to choose practices that favor adaptation and clinical context are not specified in the five EBP steps. The EBP process only makes room for the school social workers, in collaboration with their clients, to make the final determination on what practices will work best in their setting. We have found that practitioners often seek more guidance on this issue.

### **Can We Support Training and Learning of the Empirically Supported Interventions?**

A flaw that we have seen in the evidence-based process is that it does not specifically address the learning and support needs of practitioners. The evidence-based process assumes that once practitioners identify the appropriate interventions they will be prepared to use them and to evaluate the results of their efforts (steps 4 and 5). In our experience, this is not the case. Many empirically supported interventions require basic skills in behavioral therapies, cognitive-behavioral therapy (CBT), and advanced family therapies that not all practitioners have received. In addition, to use the empirically based interventions often requires advance training and certification in these interventions. To be successful in our selections of interventions, we have to take into consideration the cost, our training and supervision needs, and the motivation of staff to learn a new intervention (Franklin & Hopson, 2007). What we are saying is that practitioners can easily follow the five steps of the EBP process to a dead end at step 4 if they are not prepared to learn and apply the interventions discovered in their search.

On the other hand, compromises are often made at the point of discovery of research-based interventions because of practical matters such as training and cost. For example, I (Cynthia

Franklin) was working with one agency to apply the EBP process to find an intervention for helping children with conduct disorder. This agency was working a lot in schools and asked the question, "What works best for helping children with conduct disorder ages 6 to 11 and can be applied in schools?" Our search together took us to the program *The Incredible Years*. However, after further evaluation of the cost and training required by the staff, the executive director and board decided that the program was not feasible for that agency. They chose instead another program, *Parenting with Love and Limits*. Although both programs have research to back them up, if researchers compared the two programs they would likely conclude that on the basis of the amount of research evidence the *Incredible Years* is the stronger, research-based program. This is especially true for the age group they first identified. The agency did not see it that way, however; the cost differences, the training support offered, and the desire of certain agency personnel to also include adolescents in the program guided their choices toward the *Parenting with Love and Limits*.

In our experience, this example is fairly common and the decision to use one practice over another is not usually decided by an individual school social work practitioner but by a group or administrative team, working through the steps of the EBP process. This means that to follow the steps of the EBP process, it must move beyond the individual practitioner and become a part of the process used by the decision makers in a school organization. To better integrate the EBP process into schools, we suggest that this process could be applied in a three-tier public health model of intervention that is informing educators as they design RTI and PBS interventions (Kelly, 2008). In this way, EBP is more likely to be adopted as a process for use by administrative teams making decisions for what practices they need to use to help at-risk students. The following case study taken from Kelly and Franklin (in press) illustrates the application of an EBP process and how researchers and practitioners must work together to overcome the five critical challenges discussed.

## **EBP AND DROPOUT PREVENTION: A CASE EXAMPLE**

### **Case Scenario**

Dr. Carla Lopez, principal at Oak Hills High School (OHHS) in suburban Chicago, was worried. The district superintendent declared that the school's dropout rate was a major concern for him and the incoming school board. Principal Lopez could have done some research herself or delegated that task to some member of her team to find out what programs work. Instead, she constructed a pupil personnel services (PPS) team to help her with the problem. The difference in attacking the problem of dropout herself versus using a team is that she would have left out the major "clients" for this project, her staff or the PPS team. Without their investment and input, the program would have been hard to implement, given the many new roles and responsibilities the team was going to have to assume. The PPS team, composed of a school social worker, school psychologist, dean, and guidance counselor, was informed that the school had to submit a plan to the superintendent in a month on how she was going to decrease the dropout rate starting next year.

Principal Lopez was not shocked by the school board's concerns. The dropout rate of OHHS was steadily increasing and had been reported in the newspaper in an article that was critical of OHHS for not meeting the NCLB law's average yearly progress. This Chicago suburb, a mixture of working-class and middle-class white, Hispanic, and African American families, had one high school, OHHS. In addition, the local paper found evidence that the school had seen a dramatic increase in its dropout rate in the past five years, particularly in the African American and Hispanic student populations. School parent groups had criticized the school district in the local paper, stating that OHHS had, according to parent advocates, intentionally pushed students out to try to keep their test scores from going down. There was talk in the community about possible civil rights legal challenges to the school district for its high dropout rate and "push-outs" of minority students.

Principal Lopez did not believe that her school was trying to push kids out, but there was no denying that over the past decade the school's minority dropout rate had risen dramatically. In 1998, OHHS had an average dropout rate of 12 percent a year roughly spread equally across all three racial groups in the schools. The dropout rate, although not great, was lower than many other suburbs in the Chicago area. In 2008, 20 percent of all OHHS students failed to finish high school in four years; for African American and Hispanic students, the percentage was 32 percent. The PPS team periodically discussed specific students at risk of dropping out, but there was no referral process or program for these students and their families at OHHS. To date, there was also no systematic schoolwide programming organized around keeping OHHS students in school.

Principal Lopez told the PPS team members that they needed to report back to the superintendent and school board in a month with a comprehensive plan to address dropout at OHHS. After she finished, the PPS team was quiet. Finally, one of the team members broke the silence: "Okay, let's fix this problem. Where do we start?"

The OHHS school social worker volunteered to start her team's work by asking a "risk" question about the OHHS students who drop out. Her question, drawn from the EBP process framework (Gibbs, 2003), asked, "What are the short- and long-term risks for white, black, and Hispanic students who drop out?" In consultation with this article's second author (Michael S. Kelly), she did some initial searching online to find research to underline the severity of their school's dropout problem and how it compared with other urban and suburban school contexts. She also consulted the School Services Sourcebook (Franklin et al., 2006). One of those resources in the sourcebook, the National Dropout Prevention Center/Network, had a set of fact sheets that she found accessible and useful ([http://www.dropoutprevention.org/stats/quick\\_facts.htm](http://www.dropoutprevention.org/stats/quick_facts.htm)). The team's findings confirmed their fears that more at-risk poor and minority youths were dropping out in both suburban and urban contexts.

## EBP Questions

The OHHS PPS team developed the following COPEs questions:

**COPEs Question 1.** If students deemed at risk of dropping out of high school are given a specific school-based dropout intervention program or standard school-based interventions such as counseling and academic advising, will the school-based dropout program produce better outcomes, helping youths stay in school and graduate on time?

**COPEs Question 2.** If students at risk of dropping out in the third tier of intervention (micro level) are given intensive school-based treatment or standard school individual counseling, which approach will be more likely to increase the likelihood of students staying in school?

## Answering the EBP Question

A search of the literature was completed using the following major resources:

1. Five online databases, the National Registry of Evidence-Based Programs and Practices (<http://nrepp.samhsa.gov/find.asp>), the U.S. Department of Education What Works Clearinghouse (<http://www.whatworks.ed.gov/>), the National Dropout Prevention Center (<http://www.dropoutprevention.org/ndpcdefault.htm>), the Office of Juvenile Justice and Delinquency Prevention Web site (<http://www.ojjdp.ncjrs.gov/programs/mpg.html>), and the Campbell Collaboration (<http://www.campbellcollaboration.org>). These five sites were chosen because all are at least partially grounded in school-based research, and all demonstrate high standards for evaluating effective interventions based on rigorous research designs.
2. Three major school social work textbooks, all of which had presumably updated findings through the year before they were last published. (Allen-Meares, 2007; Constable, Massat, McDonald, & Flynn, 2006; Franklin et al., 2006).
3. We then used an electronic database search of the following common article databases using keyword search terms

based on the tools from leading social work EBP resources (Gibbs, 2003). For COPEs question 1, we used the search terms “effective school dropout prevention programs” and “school dropout and prevention.” For the COPEs question 2, we used the search terms “school interventions and dropout prevention” and “social work and dropout prevention.” Because the textbooks we were consulting generally had updated resources only through 2005, I (Michael S. Kelly), searched from January 2006 through August 2008. The databases we searched were contained in a helpful “mega-database” tool titled qUICsearch, based at the University of Illinois—Chicago, which allowed us to simultaneously search evidence-based medicine reviews (a collection of systematic reviews from the Cochrane and Campbell Collaborations, among others), PsycINFO, Academic Search Premier (EBSCO), and Social Work Abstracts.

The team read the studies and evaluated them on the basis of criteria from the Blueprints for Violence Prevention and previous research (Kelly, 2008): the program studied had an experimental or quasi-experimental design with a control or comparison group and a sample size that allowed for statistical power, the studies had been conducted with students who had similar demographic characteristics and could be generalized to the specific OHHS student population, results for the study showed sustained effects after a minimum of one-year follow-up, and the study had materials that could be easily accessed for implementation via a Web site or contact person with clear instructions on how to get training in the intervention.

If all of the above criteria were met, we judged the intervention to be “effective.” If any combination of the above criteria were met, we judged the intervention to be “promising.” If none of the criteria were met but the intervention had some research support (single-subject designs, a pre- and posttest with no control group), we listed the intervention as “emerging.” Often it is hard for any study or intervention to meet



the criteria to earn an “effectiveness” rating; however, in this case the tier 2 dropout literature had a sizable number of interventions that have been rigorously tested.

**Selecting an Evidence-Based Program**

The results of our EBP search for COPES question 1 interventions that met the “effective” criteria are presented in Table 1. On the basis of this search, for COPES question 1 we found that there were 12 interventions that we judged to be effective. Each program met rigorous criteria and matched our student population. We brought this evidence back to the PPS team and shared the findings in an hour-long PPS meeting.

At the next OHHS meeting, Principal Lopez cut right to the main issue, asking: “Did you find something that works?” The school social worker shared the information in Table 1 in a brief Powerpoint with an accompanying slide outline. She outlined the various effective tier

2 programs, including some commentary on each program’s potential strengths and potential weaknesses in being adapted to the specific context of OHHS. She also shared that for the COPES question 2, there was some evidence that family-based work, tutoring, and CBT treatments helped students stay in school. The group took notes and asked questions. Rather than moving into deciding about each intervention, Principal Lopez asked the group members to take the outline and reflect on the information to consider the next steps in preparing their report.

When we met the next week, the group was struck by how many different programs we had rated “effective,” and one PPS team member voiced a new concern: “It’s almost as if now we have too many choices.” The team members returned to their COPES question for guidance and agreed that they needed to consider the critical challenges when selecting

**Table 1: Dropout Prevention and Intervention Programs:  
Selected Results from the Evidence-Based Practice Search**

Effective Programs and Interventions	Program Contacts
Career Academies Career Development/Job Training; Mentoring; Other: Alternative Program	Dr. Joseph N. Coffee, Executive Director National Partnership for Careers in Law—Public Safety, Corrections, and Security
Project Graduation Really Achieves Dreams (Project GRAD) Academic Support; Case Management; Family Strengthening; School/Classroom Environment; Other: College Preparation and Scholarships	Tycene Edd Project GRAD US
Advancement Via Individual Determination (AVID) Academic Support; Family Strengthening; Structured Extracurricular Activities; Other: College Preparation	AVID Center Headquarters
Check & Connect Academic Support; Behavioral Intervention; Case Management; Family Strengthening; Mentoring; Truancy Prevention	Ann Mavis Institute on Community Integration University of Minnesota
Functional Family Therapy Behavioral Intervention; Family Therapy	Holly DeMaranville FFT Communications Director
Multidimensional Family Therapy Behavioral Intervention; Court Advocacy/Probation/Transition; Family Strengthening; Family Therapy; Mental Health Services; Structured Extracurricular Activities; Substance Abuse Prevention	Howard A. Liddle University of Miami Medical Center
Quantum Opportunities Academic Support; After-school; Life Skills Development; Mentoring; Structured Extracurricular Activities; Other: Planning for Future	C. Benjamin Lattimore Director, Office of National Literacy Programs Opportunities Industrialization Centers of America, Inc.

an intervention. They would favor the approach that best allowed them to change their focus and emphasis without having to totally revamp all the organizational structure or staffing of the PPS team. In looking at the Quantum Opportunities Program (QOP), the group saw a program that was feasible to implement given their current PPS structure.

QOP is an intensive four-year program that combines life skills training, mentoring, community service, financial incentives, and case management to enable at-risk students to stay in school and graduate on time (Reed, Brooks, & McGarvey, 2002).

### **Implementing the QOP**

Initially, the question of how to implement the program seemed to be a problem. As with most empirically supported programs for dropout, QOP seemed to be too big and overwhelming for the PPS team to see working at their school. However, Principal Lopez reminded the group that she had been given authority (“more like pressure,” she joked) to use her resources to tackle the dropout problem head-on. The question she asked the group was, “How can we take the faculty resources we already have and possibly redirect those resources to the program we choose?”

This led to a further discussion of the findings for COPEs question 2. Because so many of the interventions that seemed to positively affect dropout rates were either CBT or family-based, the group members discussed how they had limited to no training in those intervention strategies. One commented on reading the outline, “I thought I always did best practice when I counseled these kids, and now I’m not so sure.”

After further discussion, the head of the counseling department shared that he believed that their current counseling caseload could be reconfigured to free up two counselors to be QOP case managers or counselors. The school social worker added that with the two interns she had each year, she would be able to work with the two QOP counselors to act as a “site manager” for the program and to make sure that the students were completing their life

skills courses. The team then brainstormed that the job coaches who were part of the school’s school/work transition program could be tapped to develop community service internships that QOP students could complete. By the end of the meeting, the basic elements of an organizational structure were in place to begin planning for the implementation of the QOP for the next school year. Principal Lopez thanked the PPS team and told the group, “I think we’ve got something I can sell to the superintendent and school board.”

It is interesting to note that as the discussion moved back to the tier 3 CBT, tutoring, and family-based interventions that might actually help students at the brink of dropping out, the energy in the room plummeted. PPS team members complained that the intervention research was not “realistic” for them because they had no time to work with families. Another PPS member argued that CBT was great but was too hard to do in a school and that they weren’t trained as “tutors.” Another member confessed that she did not have any training in family therapy or CBT. On the basis of these comments and the seeming need to move on the QOP program, the group agreed to table the tier 3 discussion until a later date.

### **CONCLUSION**

We wanted to follow closely the EBP process and apply rigorous evidence-based criteria to evaluate the programs in assisting the OHHS PPS team. As researchers, we acknowledge the challenge of the dynamic and applied nature of the setting and that the evidence itself is constantly evolving and changing. It is a challenge for researchers to make any statements about interventions that are effective, for example, and these statements are at best solid only for the timeframe that an EBP search process is conducted. It is entirely possible that the QOP or other programs evaluated for the team may be shown by future evaluation research to have less robust outcomes than the research done in the past two decades. That said, we can state that the 12 programs outlined in Table 1 are likely to be effective in addressing high school dropout problems in a variety of urban/suburban contexts similar

to our OHHS high school case study, and we used a group and team process to try and work through some of the critical challenges that halt the selection and implementation of empirically supported interventions in schools. In the end, however, we are only research consultants and do not drive the practice processes in schools. It will be up to the PPS team to make sure this intervention is implemented well in the school. That is why it is so important to include in the planning all of those who are designated to apply the interventions in the EBP process.

Principal Lopez gave both concrete and symbolic encouragement at key moments in the EBP search process by encouraging the team to think creatively. Without her leadership, the PPS team could have easily become bogged down in arguing over how “realistic” any of these programs would be to actually implement at OHHS. A key advantage of the specific program the PPS team chose (QOP) was how much of it could be delivered by current members of the OHHS faculty. This is a persistent issue in the implementation of effective programs in schools, as faculty and administration alike are likely to resist programs that seem to require large start-up costs in terms of new faculty, training, and support (Kelly, 2008). The whole issue of “how” to do the QOP was arguably as important to the frontline practitioners of the PPS team as was the rigorous criteria we were applying to the intervention. When it became clear that they already had the skills required to do QOP and a commitment of resources, the EBP process moved forward. Thus, we were able to bridge some of the critical challenges to applying the evidence-based processes, specifically the training and support of practitioners.

This was less true for the tier 3 discussion. Traditional school-based interventions for students dropping out (individual counseling, supportive, and insight-based) did not appear to be working very well; at the same time, the interventions that did hold promise seemed, for a variety of reasons, to be too difficult to learn and implement in the OHHS setting. Because so many preferred interventions fall in the tier 3 category, it is worth investigating further how many different evidence-informed treatments

social workers believe they are qualified to deliver in schools, and providing appropriate staff development to help practitioners be more equipped in those interventions might further move the implementation of the EBP process forward and facilitate the use of empirically supported interventions in school settings. **CS**

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