Florida AWARE is a State Education Agency "Now is the Time" Program, awarded by the Substance Abuse and Mental Health Services Administration to the Florida Department of Education's Bureau of Exceptional Education and Student Services with a subagreement to the University of South Florida and the three partnering districts (Duval, Pinellas, and Polk).

Accessing Registries of Evidence-Based Mental Health Programs and Practices

Context: The Florida AWARE Program focus is on long-term systems change for integrating school and community-based mental health supports within a multi-tiered service delivery framework based on a shared youth, family, school and community vision. In specific connection to this guidance document, the program includes a priority to support implementation of tested and proven-to-be-effective mental health practices designed to meet the needs of diverse populations within this multi-tiered system (see http://sss.usf.edu/resources/floridaaware/index.html for more information).

Purpose: This guidance document orients school leadership teams, mental health service providers, and other stakeholders (e.g., administrative supervisors, teachers and families) to resources for (1) identifying mental health programs and practices, and (2) accessing summaries of research conducted to determine the extent to which a particular intervention is effective in achieving its goals.

Key Terms

Culturally Responsive: The incorporation of culturally relevant strategies into evidence-based practices to improve community and youth engagement. Cultural responsiveness can entail the modification of evidence-based practices to enhance relevancy and the alignment of services with the needs and cultural perspective of the specific youth, family and community participating in the intervention.

Evidence-Based: Amount of empirical support for a given intervention. Professional organizations agree that the extent of the evidence merits a judgement on a continuum, but have not come to consensus on what type and level of evidence is sufficient for deeming an intervention "evidence-based." For example, below are terms used to describe the level of an intervention's evidence base, as offered by two organizations:

Level of Evidence	California Department of Social Services (CDSS) Office of Child Abuse Prevention, in cebc4cw.org	Society of Clinical Child and Adolescent Psychology (SCCAP), in effectivechildtherapy.org
Many Positive Effects	Well supported by research evidence	Well-established ("Works Well")
	Supported by research evidence	Probably efficacious ("Works")
Some Positive Effects	Promising research evidence	Possibly efficacious ("Might Work")
No or Negative Effects	Evidence fails to demonstrate an effect	Questionable ("Does Not Work/Tested but Did Not Work")
	Concerning practice	
Not Yet Studied	NR – Not able to be rated	Experimental ("Unknown/Untested")

Intervention: Programs or specific practices that are provided in an effort to promote well-being or prevent or reduce mental health problems. Interventions can be referred to as Tier 1 – Tier 3 or universal – intensive/individualized.

» *Universal (Tier 1):* Intervention for an entire group, for example a schoolwide program to promote happiness, prevent depression or reduce bullying.

» *Selective (Tier 2):* Intervention for youth with identified risk factors; for example, a group targeting anger management skills for students with discipline referrals.

» *Intensive (Tier 3):* Intervention for youth with elevated levels of mental health problems, such as cognitive-behavioral therapy for a student with depression.

Mental Health: Presence of social, behavioral and emotional well-being and resilience factors, as well as extent of one's social, behavioral and emotional problems and risk factors for the development of such psychopathology and mental illness. Mental health targets span aspects of well-being (e.g., happiness, social relationships) and problems (e.g., depression, trauma).

Mental Health Service Provider: Individuals with a professional degree in a psychological or related field who are certified or licensed to provide mental health services to children and adolescents in schools or agencies. For the definition of a school-based mental health service provider, see section 4102 of the ESSA at http://www.doe.in.gov/sites/default/files/titlei/essa-title-iv-part-002.pdf.

Outcome: In a research study, the observable (measured) indicator of adult or youth behavior, thoughts or feelings that was examined in relation to the intervention impact. Domains of outcomes include mental illness symptoms, well-being level, academic functioning, etc.

Population/sample: Number of individuals, and the demographic features (e.g., age, gender, race/ethnicity, geographic location, socioeconomic status) of that sample, who participated in the research study(s) conducted to examine the effectiveness of a specific intervention.

Practice: Discrete activities or elements (sometimes within a program); practices/elements can be applied across levels (e.g., a teacher provides relaxation strategies to whole class, a therapist uses relaxation activities with one anxious child in a session). For more on programs vs. practices, see https://www.crimesolutions.gov/about_whyprogs_pracs.aspx.

Program: Multiple elements or practices packaged together, typically accompanied by a treatment manual and a suggested order of delivery of various practices.

Registry: A database maintained by a professional organization to include lists and descriptions of interventions as well as intervention goals (e.g., prevention, treatment) and intervention targets, such as conduct problems or depression. Most registries only review interventions for which outcome studies have been reported in a published, peer-reviewed journal. Some registries only review interventions that are nominated for their review process, whereas others conduct systematic, independent reviews of the research literature (i.e., published studies) to identify interventions for review. Registries provide summary information, but are not as exhaustive as the research literature from which the summaries are created. The research literature is continually updated as additional studies become available, whereas registries update summaries periodically.

Type: Treatment approach (e.g., cognitive therapy, organizational skills training, family therapy) rather than a specific program within that approach

Why Use Evidence-Based Programs and Practices? A Rationale and Caveats

Interventions deemed evidence-based have been closely examined in research that found the average youth drawn from a specific population improved more than peers in a comparison condition and the improvement can be attributed to the intervention that was studied. For most mental health targets (i.e., indicators of problems or wellness; risk or protective factors), mental health service providers have many options to consider regarding how to achieve the desired outcome. Prioritizing consideration of interventions that are evidence-based is an *efficient way to narrow the range of possible approaches* to ones most likely to be effective, and may discriminate marketed programs (which may look appealing but have not yet been rigorously tested) from interventions that have evidence of working. In addition to enhanced efficiency, choosing to use an evidence-based intervention *gives leadership teams, mental health service providers and other stakeholders confidence that the intervention may work as intended,* as long as it is implemented with fidelity in a similar population. Positive outcomes observed in evaluation studies allow a mental health service provider to *state with confidence the likelihood a youth may see a benefit,* which provides hope to the youth and increases stakeholder support for investment in that intervention. Knowledge of multiple evidence-based interventions for a specific mental health target allows a provider to *identify optional interventions* for use in the event the current practice is not improving youth outcomes. Another advantage of selecting an evidence-based intervention is that the published studies that evaluated the intervention often provide *guidance on how to implement it with fidelity,* as exemplified in the study.

The advantages listed above apply to scenarios in which the mental health target is well researched. Currently, there is not an evidence-based intervention for each youth problem and combination of problems. Some intervention options are theory-driven, based on sound logic, or have support for promising impacts in a local setting, but lack rigorous evaluation and are thus potentially promising but not yet deemed "evidence-based" by professional groups. Other interventions may work with adults or be effective in improving a different mental health target, but the treatment must be viewed as experimental for use with youth pending outcome data that demonstrate how well it works with children or for a given problem. When an appropriate evidence-based option is available for selection, choosing to use it over an experimental or untested approach is a sound starting point but not the end of the research process. Mental health service providers must also keep in mind that some settings are not fully ready to implement a given intervention for systemic reasons. Issues of systems change to support implementation need to be addressed before the setting moves to selection of new interventions that are ideally evidence-based programs and practices.

How to Find Intervention Options Matched to Student Mental Health Needs and Goals

The field of mental health treatment, prevention and promotion is constantly evolving, expanding and improving. New interventions come from a variety of sources. Governments and private foundations fund researchers to develop and test new interventions, practitioners to develop a promising approach and share it with other professionals, and entrepreneurs to identify gaps in treatment options and create products. Mental health service providers become aware of *intervention options* through a variety of ways, including

- Online; web-based registries of evidence-based practices;

- Research-based newsletters, journals, and textbooks;

- Local, state, and national conferences sponsored by professional organizations, and other professional development seminars; these provide opportunities for cross-disciplinary learning; or

- Recommendations by other mental health service providers, for instance counselors in neighboring districts or agencies.

How to Determine if an Intervention Option is Evidence-Based

Intervention options vary in terms of the quality and quantity of the research base that provides support for the effectiveness of the intervention in achieving its intended goal (e.g., to lessen depressive symptoms, improve happiness, reduce instances of bullying). The most rigorous tests of intervention effects are published in peer-reviewed scientific journals. Mental health service providers should neither assume that any intervention on the market has been studied, nor rely on colleagues' anecdotal reports of intervention promise. Ethical practice requires mental health service providers to review the available research support for the intervention they are considering integrating into their practice. Mental health service providers access *intervention research* through a variety of ways, including

- Information in online, web-based registries of evidence-based practices;

- Articles in peer-reviewed journals, often accessed through a university library (abstracts available via PsycInfo, Google Scholar, etc.);

- Research summaries provided within the intervention materials, for example within the treatment manual or on a "Research" section on a website for the intervention; and

- Repository of research studies evaluating interventions relevant to youth mental health care, for example the PracticeWise Evidence-Based Services (PWEBS) Database available through fee-based subscription.

> *Note. Selection of evidence-based interventions is part of a data-based process that prioritizes targets linked to need and available resources. Data-based decision making involves collecting and analyzing local data that can be disaggregated to evaluate if any and all subgroups in the target population are realizing the intended impact. Thus, in addition to selecting recognized evidence-based interventions matched to identified need(s) and available resources, leadership teams and mental health service providers should collect data on fidelity of implementation and student outcomes in order to ensure the effectiveness of the intervention with the population they serve (see Florida AWARE guidance document on "Creating a Data System to Evaluate an Evidence-Based Practice in a Local Context").*

How to Choose which Registry of Evidence-Based Practices to Use

Registries of evidence-based mental health programs and practices vary in terms of the criteria used to judge the level of an intervention's effectiveness; funding source (federal, state, foundation or fee-based subscription); usefulness in identifying various interventions as a function of mental health target; emphasis on programs, practices or types of intervention; coverage of specific mental health intervention levels (e.g., universal vs. intensive) and targets (e.g., treatment vs. prevention); and frequency of update. The following table on the next page summarizes key information about several of the evidence-based registries available (as of 2018) to mental health service providers seeking to find intervention options and/or learn more about the research that has been done to evaluate a given intervention.

At a glance, some of the registries that may be of most interest to mental health service providers searching for intensive supports for youth with emotional and behavior problems are described next.

Blueprints for Healthy Youth Development. The aim of the Blueprints is to rigorously review prevention and intervention programs and certify a small minority of options as Promising or Model Programs. The Blueprints emphasize positive youth development programs (i.e., universal or selective services) that promote well-being outcomes, and also identifies intensive programs for youth with mental health problems with the aim of returning them to health. Maintained by private/foundation funds.

California Evidence-Based Clearinghouse for Child Welfare (CEBC). The focus of the CEBC is on sharing information with providers who serve children and families who are involved in the child welfare system. The CEBC summarizes information about evidence-based practices relevant to child welfare, including supports to prevent and treat child abuse as well as interventions for behavioral and emotional problems beyond trauma that can afflict youth who present for care in the child welfare system. In addition to a registry, the website contains tools to help mental health service providers identify, select and implement a practice. Maintained by state funds.*

Model Programs Guide (MPG). The focus of the MPG is on evaluating and sharing summary information about interventions relevant to serving youth in the juvenile justice system, and covers prevention through sanctions to reentry. Program-specific information on the MPG website is identical to information on the newer CrimeSolutions.gov, a registry with a broader scope (criminal justice and crime victim services, in addition to juvenile justice). In addition to the MPG, the website contains tools to assist providers with program implementation. Maintained by federal funds.*

PracticeWise Evidence-Based Services (PWEBS) Database. The focus of the PWEBS database is on providing consumers with summarized details of the published research studies that evaluated a specific treatment protocol/program or practice, and helping consumers identify evidence-based programs and practices that match their student/client's type of concern(s) and demographic features. Users can search the PWEBS database to learn about (a) treatments appropriate for youth characteristics like symptoms and demographic features, (b) treatment protocols associated with a specific developer, (c) treatment practices (e.g., mindfulness, response cost), and (d) research papers. Not contingent on government funding; consumers pay for time-limited access (e.g., 6 months, 1 year). Summary information regarding evidence-based interventions by mental health problem area (i.e., Blue Menu) is publically available on the PracticeWise website (https://www.practicewise.com/Community/BlueMenu).

Note. Resources funded by state and national government are subject to changes in budgetary level and policy initiatives, which may affect frequency of update and accessibility.

With your Setting in Mind, How to Select and Implement an Evidence-Based Intervention

Prior to accessing a registry to search for an evidence-based practice, a provider must have a clear idea of the scope of the intervention being sought. Key considerations in this goal-clarification stage include the intended population (age range, demographic features), intervention target (outcome(s) desired for improvement or decrease, e.g., reduce youth suicide attempts OR increase educators' knowledge of youth suicidality), level of current risk (is prevention, risk reduction or treatment the goal?), and delivery format (person to be responsible for implementing the intervention, anticipated duration). Then, consider the setting's readiness to implement an intervention that falls within the scope of the problem. Key considerations here include a rollout plan (e.g., start the program in a limited grade level, in one school, or with a few mental health service providers prior to widespread adoption), organizational support for the new intervention, as well as staff capacity and institutional resources to implement the intervention with fidelity.

Pending sufficient readiness to bring a new intervention to a setting, a mental health service provider may now be at the point of searching a registry of evidence-based interventions to learn more about potential options that match the intended goal. Mental health service providers are responsible for being a critical consumer of information on registries of evidence-based interventions, e.g., by personally evaluating the quality of the research cited on the website and considering how the quality of the evidence pertains to the needs of the mental health service

provider's own setting. For example, a mental health service provider seeking an intervention to increase school engagement among teenage boys in a primarily low socio-economic, Hispanic community would be particularly attentive to the demographic features of the samples in studies that evaluated an intervention's effectiveness, and ensure that the outcomes impacted in prior research are matched to the outcomes of most relevance to the current setting. For each viable option, consider the cultural relevance of the intervention as evaluated, which may involve soliciting input from community stakeholders. If adaptations appear necessary to be appropriate for a new setting, can it still be implemented in such a way that fidelity to the intervention's key elements is still retained?

A mental health service provider should only select those culturally responsive evidence-based interventions that are feasible to implement in one's setting. Key considerations here include cost of initial and ongoing training required to implement the intervention with fidelity, availability and cost of intervention materials, and current workforce capacity (must additional interventionists be hired?). After identifying a culturally responsive/appropriate evidence-based intervention

that is feasible to implement, the leadership team or mental health service provider must ensure there is a plan in place to collect data in order to monitor fidelity of implementation, and evaluate the impact of the intervention in one's setting – especially if the existing evidence base comes from a different population or setting. If a program does not achieve the anticipated impacts in a new setting, the leadership team or provider should consider organizational features that may have negatively impacted implementation fidelity prior to selecting a different option.

More detailed resources on how to make best use of information on registries are available at:

- http://www.cebc4cw.org/files/RoadmapToSelectingAnEBP.pdf
- https://www.crimesolutions.gov/about_tips.aspx
- https://www.ojjdp.gov/mpg-iguides/
- "Selecting Evidence-Based Programs" guide from the National Resource Center for Mental Health Promotion and Youth Violence Prevention, available at https://healthysafechildren.org//sites/default/files/Selecting_EBPs_Website_508.pdf

Searchable Online Registries of Evidence-Based Programs and Practices

Registry/ database name	Website	Professional organization maintaining registry	Focus of registry	Features of registry
Blueprints for Healthy Youth Development	http://www.blueprintsprograms.com/	Annie E. Casey Foundation Center for the Study and Prevention of Violence at the University of Colorado	Registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens. Blueprints programs are family, school, and community-based and target all levels of need from universal to intensive.	Can search database to identify program options based on desired: program outcomes (e.g., emotional well-being), target population (e.g., early adolescence, African American), program specifics (e.g., type: social-emotional learning, cognitive-behavioral training; setting: school; continuum of intervention: universal), and risk and protective factors targeted (e.g., family, school, individual). Program options that meet search criteria are rated as Promising (meets minimum standard of effectiveness), Model (meet a higher standard and provide greater confidence in the program's capacity to change outcomes), or Model Plus (research base includes a high-quality, independent replication). Extensive fact sheet about each program includes: • Summary description of the program, its goals, and major components • Specification of demographic groups included in outcome studies (e.g., age range, setting, race) • Impact of program on risk and protective factors • Training and technical assistance • Peer implementation sites • Evaluation outcomes (description of the evaluation studies that assessed the program's effectiveness) • How to access materials to learn and implement the intervention, including cost and purchasing information • Funding strategies • Program information contact

Searchable Online Registries of Evidence-Based Programs and Practices (continued)

Registry/ database name	Website	Professional organization maintaining registry	Focus of registry	Features of registry
California Evidence-Based Clearinghouse for Child Welfare (CEBC)	http://www.cebc4cw.org/	California Department of Social Services (CDSS) Office of Child Abuse Prevention	Programs for use by professionals who interact with children and families in the child welfare system.	Provide an Overall Scientific Rating (range: 1 = Well-Supported by Research Evidence, 2 = Supported, 3 = Promising, 4 = Evidence Fails to Demonstrate Effect, 5 = Concerning Practice; NR = Not Able to Be Rated) Program profile includes: • Description of the intervention, its goals, and major components • Summary of target population • Description of the evaluation studies that assessed the program's effectiveness (Relevant Published, Peer-Reviewed Research tab) • Education and training resources • Relevance of program to child welfare system (High, Medium, Low)
CASEL Guide: Effective Social and Emotional Learning Programs— Preschool and Elementary School Edition Middle and High School Edition	http://www.casel.org/preschool-and-elementary-edition-casel-guide/ http://www.casel.org/middle-and-high-school-edition-casel-guide/	Collaborative for Academic, Social, and Emotional Learning (CASEL)	Reviews classroom-based programs that target social and emotional competence, that have been evaluated in at least one well-designed study that found a positive impact on an indicator of academics or student behavior (prosocial behavior, conduct problems, or emotional distress)	The "Guide" provides extensive information about the targets and goals of social-emotional learning (SEL) interventions. Tables in the Guide have summary ratings of an SEL program's: • Design: grade range covered, average number of sessions per year, extent of integration with academic curricula, tools for monitoring implementation and student behavior, etc. • Evidence for effectiveness: in consideration of the collective body of outcome studies, a summary of sample features (age, demographics), study designs, and outcome types impacted (i.e., improved academic performance, improved positive social behavior, reduced conduct problems, and/or reduced emotional distress) Does not include information pertinent to intervention cost.
Clearinghouse of All Programs and Practices	https://www.crimesolutions.gov/Programs.aspx	National Institute of Justice	Clearinghouse presents programs and practices to prevent, reduce, and improve criminal justice, juvenile justice, and crime victim services outcomes.	Evaluates the evidence based on strength and effectiveness (range: Effective, Promising, Inconclusive, and No Effects). Includes review of programs and practices identified for potential inclusion on CrimeSolutions.gov through literature reviews and nominations from the field. Program profile includes: • Summary/description of the program, its goals, and major components • Specification of demographic groups included in outcome studies (e.g., age range, setting, race) • Evaluation methodology and outcomes (description of the evaluation studies that assessed the program's effectiveness) and full references for studies reviewed • How to access materials to learn and implement the intervention, including cost and purchasing information as applicable Some of the interventions reviewed do not have information for every category listed above.

Searchable Online Registries of Evidence-Based Programs and Practices (continued)

Registry/ database name	Website	Professional organization maintaining registry	Focus of registry	Features of registry
Evidence-Based Practice Summaries	https://iris.peabody.vanderbilt.edu/ebp_summaries/	Peabody College of Education (Vanderbilt)	Summarizes research base for the effectiveness of instructional strategies and interventions	For information relevant to youth mental health services, see section on "Behavior and Classroom Management." Table of evidence-based interventions relevant to behavior and classroom management presents, for each intervention: title, short description, and summary of the effects observed on various outcomes among a specified age range. For more detailed information, readers can click "View Research Summary" and immediately link to the intervention's description on the What Works Clearinghouse as hosted by the U.S. Department of Education.
Evidence-Based Therapies	http://effectivechildtherapy.org/therapies/	Society of Clinical Child and Adolescent Psychology (SCCAP)	Evaluates types of treatment (rather than specific programs) for mental health concerns, symptoms, and disorders	Provides a Level of Research Support Rating (range: 1= Works well; Well-established; 2= Works; Probably efficacious; 3= Might work, Possibly Efficacious; 4= Unknown or untested; Experimental; 5= Does not work, Tested but did not work) For a given symptom, symptom, or disorder, summarizes tested therapies by level of research support. Provides a family-friendly summary of what to expect various therapy approaches to consist of in treatment. Within large therapy types (e.g., family therapy, behavior therapy), describes different forms of that therapeutic approach.
Model Programs Guide (MPG)	http://www.ojjdp.gov/mpg/	Office of Juvenile Justice and Delinquency Prevention (OJJDP)	Evidence-based juvenile justice and youth prevention, intervention, and reentry programs. What does and doesn't work in juvenile justice, delinquency prevention, and child protection and safety	Implementation guides and literature reviews for juvenile justice. Programs are able to be searched by subtopics, age, protective factors, and/or risk factors. The MPG links to the Clearinghouse of All Programs and Practice (https://www.crimesolutions.gov/Programs.aspx) for their program search.
National Center for Intensive Intervention (NCII) tables	http://www.intensiveintervention.org/chart/behavioral-intervention-chart	American Institutes for Research	Academic and behavioral interventions (primarily practices; some programs) and progress monitoring tools.	Individual studies of a given intervention are rates with a Legend (Convincing Evidence, Partially Convincing Evidence, Unconvincing Evidence, and Data Unavailable). Chart of behavioral intervention tools includes: • Rating of study quality, study results, program info • Summary description of target behavior, how intervention was delivered and by whom References to additional research on the practice
PracticeWise Evidence-Based Services (PWEBS) Database and "Blue Menu of Evidence-Based Psychosocial Interventions for Youth"	www.practicewise.com https://www.practicewise.com/portals/0/forms/PracticeWise_Blue_Menu_of_Evidence-Based_Interventions.pdf	PracticeWise	Repository of randomized clinical trials of treatments for children's mental health problems, to be accessed by mental health service providers to review the evidence base in children's mental health.	For fee searchable database. Per the website: "Using this online searchable database, professionals can access summaries of the best and most current scientific research, and results can be customized to match an individual child's characteristics. The database currently covers research in the areas of childhood anxiety, attentional problems, autistic spectrum, depression, disruptive behavior, eating, elimination, mania, substance use, suicidality, and traumatic stress disorders." Blue Menu reports, available at no cost to the public, are organized by problem area (e.g., anxious or avoidant behaviors). Identifies therapeutic practices (e.g., exposure, modeling) and types (e.g., cognitive-behavioral therapy) in terms of level of empirical support (range: 1 = Best Support; 2 = Good Support; 3 = Moderate Support; 4 = Minimal Support; 5 = No Support).

Searchable Online Registries of Evidence-Based Programs and Practices (continued)

Registry/database name	Website	Professional organization maintaining registry	Focus of registry	Features of registry
Searchable guide of resources and programs	http://www.sprc.org/resources-programs	Suicide Prevention Resource Center	Directs the consumer to programs and practices (e.g., education, screening, treatment, environmental change) designed to prevent suicide	Can search database to identify program options based on desired: program/practice type (e.g., education, screening, treatment), evidence of effectiveness (yes or none), target demographic group, setting, strategies used, and state available. Program options that meet search criteria are described in terms of program objectives, implementation features (costs), and relevant populations, settings, and strategies used. Minimal to no information on the evidence base for many programs listed.
What Works Clearinghouse (WWC)	http://ies.ed.gov/ncee/wwc/	Institute of Educational Sciences (IES) of the U.S. Department of Education	Organized by topic (e.g., literacy, math, behavior, dropout prevention), reviews research on different programs, products, practices, and policies in education.	Provides an Effectiveness Rating (range: ++ = Positive; + = Potentially Positive; +- = Mixed; 0 = No Discernable; - = Potentially negative; -- = Negative) for a given outcome domain (e.g., external behavior, social outcomes) based on a specified number of study(s) that meet WWC design standards. WWC Summary of Evidence for an intervention includes: • Brief description of the intervention, major components, and target population • Summary of sample (age range, number of participants) in evaluation studies • Description of the size of the effect, as given in an improvement index (expected change in percentile rank, ranging from -50 to +50)

Resources

Runge, T. J., Knoster, T. P. Moerer, D., Breinich, T., & Palmiero, J. (2017). A practical protocol for situating evidence-based mental health programs and practices within school-wide positive behavioral interventions and supports. *Advances in School Mental Health Promotion, 10*(2), 101-112.

Southam-Gerow, M. A. & Prinstein, M. J. (2014). Evidence base updates: The evolution of the evaluation of psychological treatments for children and adolescents. *Journal of Clinical Child & Adolescent Psychology, 43*(1), 1–6.

For a self-paced learning module that presents strategies and tools for identifying and selecting evidence-based programs for school settings, see https://healthysafechildren.org/resource/selecting-evidence-based-programs-school-settings.

For more details on types of research evidence, see

• http://www.cebc4cw.org/files/CEBCTypesOfResearchEvidence.pdf
• http://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf
• https://effectivechildtherapy.org/therapies/how-is-the-research-support-defined/
• http://www.blueprintsprograms.com/standards-of-evidence
• http://www.sprc.org/keys-success/evidence-based-prevention