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An examination of the implementation of the Second step program in a public school system

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The Examination of the Implementation of the *Second Step* Program in a Public School System

by

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Dedication

I would like to dedicate this dissertation to my ten children: Alexandra, Geovanny, Jennifer, Pauline, Sarah, Lucas, Quincy, Melody, Rachel, and Joey, as well as my eleven grandchildren: Johnny, Max, Kayla, Kylie, Joseph, Sharia, Lily, Neveah, Sean, the Boonstra Baby and Pedraza Baby to be born in 2010 and any future grand children.

I am forever grateful that each of you claimed my heart and touched my soul. You have taught me so much about life with its many challenges and opportunities. My wish for you and our future generations is the realization that at any age you can achieve your dreams. Remember, no matter what barriers you face, it is your attitude and the path that you take that determines your future. Believe in yourself and reach as high as you want. I love and adore all of you. Thank you for your inspiration.

Life is 10% what happens to you and 90% how you react to it.
Attitude is Everything
Charles Swindoll

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An Examination of the Implementation of the *Second Step* Program in a Public School System

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ABSTRACT

As school districts integrate evidence-based prevention programs into their daily regime, they may struggle with implementing these programs with fidelity. This is a multi-method, multi-source, retrospective explanatory study of the implementation factors associated with program installation and partial implementation of an evidence-based violence prevention program, *Second Step*, in six elementary schools within a large urban school district. The goals of this study were to provide a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how developers and researchers might facilitate the application of research to practice.

Schools that identified as implementing *Second Step* school-wide (Level 1) were matched to schools that identified as implementing in individual classes or grades (Level 2). Matching of paired schools was done through statistical peer grouping using statistical cluster analysis to identify groups of similar schools to help support the internal validity of the study by controlling for external variables that might affect implementation factors associated with program installation and partial implementation differently between the schools (Dunavin, 2005).

This present study used a variety of data collection methods, including principal, counselor, and teacher interviews, school staff focus groups, an implementation checklist, and document reviews. Propositions and their indicators were proposed. Data were collected to determine the extent schools were implementing two of the stages identified by Fixsen et al. (2005), program installation and initial implementation.

Raters were trained to rate the responses of the interviewees and focus group participants to test whether responses supported the propositions proposed, were against the proposition, or showed no evidence either way. Those scores were averaged and comparisons were made between matching Level 1 schools that identified using the program school-wide, and Level 2 schools that identified as using in individual classrooms and grades.

T-tests were completed to examine the interview and focus group ratings and the checklist. There were no significant differences between schools implementing school-wide and those implementing in particular classrooms or grades accept for two proposition indicators. There was evidence that school staff received training on the *Second Step* curriculum and there was evidence that *Second Step* was delivered school-wide. However, the *t*-test results were opposite of what was predicted.

Whether a school implemented school-wide or in individual classes or grades, schools were challenged by their competing priorities. Conditions that lead to fidelity in prevention program were often adapted to better meet the everyday life of the schools. School staff understood the importance of fidelity, but no school provided the program as designed. Staff suggests that with programs designed with flexibility and clear

recognition of school culture, they might better be able to implement programs as designed.

Chapter One

Introduction

Significance of the Problem

Schools are in the best position to help young people and the adults they become to live healthier, longer and more satisfying and more productive lives (Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents, 1989). And, schools are the only setting with access to large numbers of children and youth throughout their developmental years. This unique access creates an ideal setting for reducing at-risk behaviors through prevention and intervention programs (DeFriese, Crossland, Pearson, & Sullivan, 1990; Gottfredson, Fink, Skroban, & Gottfredson, 1997; Kolbe, Collins, & Cortese, 1997). School districts are often considered the natural resource to support the needs of children and their families, and consequently, are placed in the position of both educator and social savior (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, 2003; *Prevention 2000*, 2000).

In this study, pseudo names have been given to the state, county, city, school district, and individual schools to protect confidentiality. The state will be referred to as Manzano, the county as Sandia County, and the city as Central City. The district will be referred to as Central City Public Schools and the six schools in this study will be referred to as Alto W, Bueno W, Dia W, Familia P, Manzano P, and Campo P.

Why School-Based Psycho-Social Prevention & Intervention Services?

There is no question that students face multiple psycho-social barriers that are not being addressed adequately within the public sector. With limited resources and access to children and youth, communities look to schools to provide psycho-social prevention and intervention practices and programs as one of the solutions to poor health and social dynamics, putting even more pressure on today's teachers. This increased pressure to reach children and youth places schools in the awkward position of being the de facto system of care for children with mental health problems. For example, in the Great Smoky Mountains Study of Youth, 70-80% of children who received services for mental health problems were seen by school providers such as counselors and nurses (Burns et al., 1995). Yet the level of skill or competence in delivering the services by these practitioners is usually unknown. There is a similar problem when school staff select the evidence-based practices or programs for their schools. There is little information on the best practice of factors associated with program installation and initial implementation of the particular practice or problem, nor research on whether core components are being implemented as planned.

With easy access to children and youth and a long history of schools providing mental health and support services to students, mental health professionals are now advocating for more school-based mental health services (Kutash, Duchnowski, & Lynn, 2006), including prevention, and more accountability for the type of services provided with a recent emphasis on fidelity to implementation (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005).

Topics that are traditionally either public health or safety concerns have become common practice in school districts, requiring schools to integrate social and emotional learning into already packed school days. The hope is that addressing barriers to learning will close the achievement gap among those students most at risk of failure.

Today, many social and emotional learning opportunities are provided through federally sanctioned evidence-based programs and practices. One concern, however, is that school districts are not achieving the same results that the program developers and researchers did in their research. A number of factors could contribute to this discrepancy. For instance, the program developer and researcher may not have considered the multitude of conflicts that schools must navigate each day, such as daily schedules, testing schedules, state and district curriculum standards, and other requirements, so the schools may find the feasibility of implementation limited. Additionally, teachers might like the program curriculum but find it does not meet specific student learning styles. Teachers then provide differentiated instruction for those individual students, a form of adaptation encouraged in the education literature. This innovation (Fixsen et al., 2005) could be a desirable adaptation unless the adaptation deviates too much for the evidence-based practice itself. Further challenging the implementation may be an inability to replicate the supports provided in the original research, a lack of understanding of the importance of fidelity to the program, or loss of support from the district for the program (Fixsen et al., 2005).

Zero Tolerance Policy Implications

Zero-tolerance policies were created because of what appeared to be an increase in school violence during the 1990s. As the media focused on violence in schools, the

pressure on legislators to remove weapons from schools culminated with the enactment of the *Gun-Free Schools Act*. This law made Elementary and Secondary Education Act (ESEA) funds contingent on state enactment of a “zero-tolerance” law with the goal of producing gun-free schools. Some states decided to apply zero tolerance to as many disciplinary infractions as they could in an effort to remove violators and standardize discipline.

An unintended consequence for those states was the increase in the number of students expelled or suspended. Central City Public Schools' (CCPS) zero tolerance policy has resulted in significant increases in students expelled or suspended from school, indicating the need for early prevention services and support to reduce the likelihood of high-end, negative consequences such as suspension or expulsion. Of 6,595 suspensions in the 2005-2006 year, the most common reasons were disruptive behavior (1,702), fighting (1,429), and defiance of school principal (1,114). Males were twice as likely to get suspended as females. By ethnicity, Hispanic students accounted for 64% of suspensions, although they comprise only 54% of the district enrollment. Anglo students had the second highest number of suspensions with 22%, while representing 34% of the district enrollment (Heath, 2006).

Dropout Implications

Sandia County has the second highest school dropout rate of any county in Manzano. Freshmen entering school in 2001, or the cohort of 2005, had a 52.50% graduation rate, with 20% of that cohort dropping out of school. The other students can be accounted for in expulsion (0.10%), continuing in CCPS (8.50%), transferring to another district (18.60%), or death (0.20 %) (Graduating in CCPS, 2005). Dropping out

of high school is related to a number of negative outcomes in adulthood. For example, the average income of persons ages 18 through 65 who had not completed high school in 2005 was approximately $10,000 less per year than those who earned high school credentials, including a General Educational Development (GED) certificate (U.S. Department of Commerce, 2005). Furthermore, dropouts are more likely to be unemployed than those with high school credentials or a higher educational accomplishment (U.S. Department of Labor, Bureau of Labor Statistics, 2006). In terms of health, dropouts older than age 24 tend to report being in worse health than those who are not dropouts, regardless of income (U.S. Department of Education, National Center for Education Statistics, 2004). Dropouts also make up disproportionately higher percentages of the nation's prison and death row inmates. Estimates from the most recent data available (from 1997 and 1998) indicate that approximately 30% of federal inmates, 40% of state inmates, and 50% of persons on death row are high school dropouts (U.S. Department of Justice, Bureau of Justice Statistics, 2000, 2002), which is much higher than the general population's dropout rate of about 18% (U.S. Census Bureau, 1998).

Drop-out data and the impact on multiple domains of the lives of individuals not graduating from high school help to identify drop-out as a public health issue, not just an educational concern (Freudenberg & Ruglis, 2007). This broader look at drop-out creates an open door for non-educators to research and develop programs and practices for school implementation. It also may complicate the field when others outside of the educational system define how schools should teach prevention practices and programs.

Psycho-Social Implications

Youth in Manzano have significant rates of depression and other mental health issues and diagnoses. Approximately 18,600 children ages 9-17 have severe emotional disturbances, and approximately 47,000 more have other mental health disorders according to a report by the Technical Assistance Collaborative (2002). The 2002 Sandia County Health Profile found that mental health disorders were among the top five hospital discharge diagnoses in the county.

Another factor often connected to violence is substance abuse problems. The Sandia County drug-related death rate of 21.0 per 100,000 for 1999-2001 is three times the national rate of 7.0 and represents 356 deaths over a 3-year period. According to data from the Manzano Department of Health (2005), the county also had 53.5 alcohol-related deaths per 100,000. Youth aged 19 and under accounted for 7.2% of all driving under the influence (DUI) arrests in 2002. Manzano is second only to Alaska with 6.5% of youth age 12 to 17 dependent on alcohol or drugs, compared to the national rate of 4.8%, according to a 2002 report by the Technical Assistance Collaborative (n.d.). The 515 drug violations reported by CCPS during the 2003-2004 school year represent the 2nd highest annual total since 1999-2000. Nearly one-fifth of suspensions in 2003-2004 were due to substance abuse issues.

Shift to Evidence-Based Programming

In 2002, CCPS began shifting from a large array of scattered and unrelated psycho-social prevention programs to a more comprehensive approach. By July 2004, 94 CCPS teachers and staff had basic training in *Second Step: A Violence Prevention Program* (Crist, 2004) CCPS had been provided materials, and were encouraged to

implement the program in their classrooms. The district did not require the use of implementation tools provided by the developer.

In 2005, CCPS won a competitive grant from the U.S. Department of Health, Substance Abuse, Mental Health Services Administration (SAMHSA) for a period of 18 months to implement a comprehensive community approach to violence prevention, using *Second Step* (Osowski, 2007) as the district program while incorporating a more public health model within 12 school communities. The CCPS SAMHSA grant proposed the following three goals: (a) Build culturally competent, community-based violence prevention coalitions/neighborhood action teams (NATs); (b) Implement an evidence-based violence prevention curriculum in 12 elementary schools; and (c) Implement systems change in school policy and procedures to institutionalize proactive, culturally relevant, evidence-based violence prevention initiatives across CCPS and into the larger Central City community.

Social-Emotional Learning – Using a Public Health Approach

A public health approach to integration of prevention can provide a framework that allows for careful consideration of the steps necessary to meet the needs of a school with a high dropout rate. This model is based on four steps: (a) surveillance at the population/community level (What is the problem?), (b) identifying risk and protective factors (What are the causes?), (c) developing and evaluating interventions (What works and for whom?), and (d) implementation monitoring and scaling-up (Is it meeting the intended needs?) (Kutash et al., 2006).

Adelman and Taylor (2006), fearing that too many children are being left behind without support, emphasize the case for school reform that addresses barriers to learning.

According to Adelman and Taylor (2006), 91,000 United States schools in 15,000 districts are implementing prevention and intervention programs. The number of schools implementing prevention and intervention programs highlights the importance of districts to follow a public health strategic planning approach for potentially better outcomes.

Before a school embarks on determining the types and levels of social and emotional learning supports that are necessary, it is prudent for the school community to identify needs of the student population using a variety of information sources as indicated in the public health model. The information gathered helps to determine the types and extent of problems, unique cultural and community-specific needs, and risk and protective factors that could mitigate the populations' negative outcomes. This early stage assesses the potential match between the school and the practice or program and community resources to determine whether to proceed or not with the factors associated with program installation and initial implementation (Fixsen et al., 2005). Using data-driven decision-making, the hallmark of the public health model, if the school community decides to proceed, it can then develop a strategic plan based on the most relevant evidence-based innovations for improved outcomes (Kutash et al., 2006).

Social and emotional learning is widely recognized as a unifying concept for organizing and coordinating school-based psycho-social prevention and intervention programming that focuses on positive youth development, health promotion, prevention of problem behaviors, and student engagement in learning (Devaney, O'Brien, Resnik, Keister, & Weissberg, 2006). This conceptual framework mirrors a public health approach by addressing both the needs of children and youth and schools' responses to those needs (Elias, Zins, et al., 1997; Greenberg et al., 2003). The process is done in the

context of supporting academic achievement by addressing root causes of problem behaviors that are the barriers to student success and protective factors that promote resiliency.

Use of a Social and Emotional Learning (SEL) framework is linked with improved attendance, behavior, and performance, yet the focus is often fragmented and marginalized (Zins, Bloodworth, Weissberg, & Walberg, 2004). Although few would deny the importance of supporting students' emotional-social development as a means to academic success, the challenges of non-funded mandates, no requirements for support services, independent support entities, as well as challenges in implementation and maintenance of fidelity to the research can make for less than optimal outcomes.

SEL consists of three levels of service: (a) curriculum-based programs directed to all children to enhance social and emotional competencies; (b) programs and perspectives intended for special needs children; and (c) programs and perspectives that seek to promote the social and emotional awareness and skills of educators and other school personnel. SEL integration of cognition, affect, and behavior promotes the development of responsible and productive students. Planned, systematic, and evidence-based curriculum provides opportunities for students to model, practice, and apply what they learn to multiple settings (Devaney et al., 2006).

Evidence-based Practice Movement

Evidence-based practice originated in the medical field, with disciplines such as psychology and education following the medical field's lead in an effort to build quality and accountability in their practices. Today, major efforts to improve academic outcomes for youth by focusing on the psycho-social barriers they face have led to joint efforts by

mental health practitioners and educators to adopt and implement evidence-based prevention practices and programs within school settings, often under the umbrella of a social-emotional learning framework. However, like the medical field that found it challenging to incorporate many of the randomized control study findings into direct practice with patients, school districts struggle with achieving the same outcomes (Pirrie, 2001). Part of this struggle is seen in the contrasting perspectives of the education and mental health systems around school-based mental health (Kutash et al., 2006), as indicated in Table 1. These distinct conceptual framework differences can also be seen in prevention practices and programs.

The terms evidence-based practice and evidence-based program are often used interchangeably, although essentially one leads to the other. Evidence-based practices are skills, techniques, and strategies that can be used by a practitioner and describe effective core components that are factors associated with fidelity. These core components are then used individually or in combination to create evidence-based programs. In contrast, evidence-based programs are a collection of evidence-based practices based on particular philosophies, values, service delivery, structure, and treatment components. The program combines the needs of program funders with the specific methods for effective treatment, management, and quality control (Fixsen et al., 2005).

Table 1

Contrasting Perspective in School Based Mental Health

	Education System	Mental Health System
Overarching Influence	Individuals with Disabilities Education Act (IDEA)	Diagnostic and Statistical Manual (DSM)
Conceptual Framework	Behavior Disorders, Challenging Behavior, Academic Deficits	Psychopathology, Abnormal Behavior, Impaired Functioning
Important Theoretical Influences	Behaviorism, Social Learning Theory	Psychoanalytic Approaches, Behavior Theory, Cognitive Psychology, Developmental Psychology, Biological/Genetic Perspectives, Psychopharmacology
Focus of Intervention	Behavior Management, Skill Development, Academic Improvement	Insight, Awareness, Improved Functioning
Common Focus	Improving Social and Adaptive Functioning, Importance of and Need to Increase Availability, Access, and Range of Services	

(Kutash, Duchnowski, & Lynn, 2006)

National efforts to encourage adoption of evidence-based practices and programs in education cover a wide range of topics and can be seen in health (U.S. Department of Health and Human Services, 1999, 2001), mental health (President's New Freedom's Commission on Mental Health, 2003), and education (Nabors, Weist, & Reynolds, 2000; NCLB, 2001). Examples of federal efforts to encourage adoption of evidence-based

programs can be seen in the SAMHSA-sponsored Registry of Evidence-based Programs for Mental Health and in the Department of Education's support program, The What Works Clearinghouse. Additionally, there have been prevention and intervention programs reviews across problem outcome areas such as substance abuse, teen pregnancy, school dropout, and juvenile delinquency (Dryfoos, 1990; Elias, Gager, & Leon, 1997; Weissberg & Greenberg, 1998) that allow for schools to review the success of programs that have more focused support. However, it has only been more recent that appropriate implementation stages have been identified as a factor in reaching desired outcomes (Fixsen et al., 2005).

Weiss, Murphy-Graham, Petrosino, and Gandhi (2008) share some possible root causes for the challenges districts face as they try to recreate the same expected level of positive outcomes of the federally supported, evidence-based programs. When Weiss et al. (2008) reviewed all the evidence that was used to rate programs, they found that "some of the evidence looked shaky" (p. 38). More specifically, they had concerns about (a) the identity of the evaluator, (b) limited evidence of positive findings, (c) sub-group comparisons, (d) composition and procedures of the expert panel, (e) lack of belief in evaluation evidence, and (d) bureaucratic exercise more than "influence of research" (p. 38).

Program developers and researchers are beginning to address some of the barriers school districts and others face, such as the large lag time (sometimes up to 20 years) between developing effective practices and programs and using them in the real-world (Metz, Espiritu, & Moore, 2007). Other barriers that affect the transition from research to practice and may account for the challenges of achieving outcomes similar to the original

research include difficulties with appropriate cultural fit to the community implementation processes. These processes may be cumbersome to school schedules, competing time commitments, and lack of school-level involvement in the early adoption processes.

Further confounding the movement to evidence-based practices and programs is the lack of resources necessary to replicate and maintain them with the same rigor as what is reported in the original research. For example, the NCLB Act mandated prevention programs without providing sufficient funding and without tying the mandate to accountability measures, creating priority dilemmas for school districts. Also hindering the success of these programs are the needs for quality assurance, technical assistance, state certification guidelines, and university education sponsorship of coursework on the integration of evidence-based practice into daily school life. One strategy schools use to integrate prevention programs is to incorporate the prevention programs as part of a framework of SEL (Albee & Gullotta, 1997; Devaney et al., 2006).

Implementation of Evidence-Based Programs in Schools

The origins of Implementation Theory began with diffusion research in 1903 (Communication Theory, n.d.). At that time, the French sociologist Gabriel Tarde plotted the original S-shaped diffusion curve, showing that the rate of adoption or diffusion varied. Tarde defined *diffusion* as the spreading of social or cultural properties from one society or environment to another. Tarde's view was that, with imitation of interventions, social change would occur as part of a universal law of repetition (Kinnumne, 1996).

According to Rogers, Ryan and Gross' 1943 study reinforced Tarde's work (1903) when they identified five categories (innovators, early adopters, early majority,

late majority, and laggards) of farmers who adopted hybrid corn seed based on the amount of time it took them to use the innovation and five major stages in the adoption process (awareness, interest, evaluation, trial and adoption). As of 1994, 51 years after Ryan and Gross's hybrid corn study, about 5,000 papers about diffusion had been published (Rogers, 1995).

Despite its early history, there has been limited research on fidelity of implementation, and most researchers agree that poor implementation of prevention programs led to poor outcomes (Dusenbury, Brannigan, Falco, & Hansen, 2003). The literature review and analysis done at the National Implementation Research Network (NIRN) by Fixsen et al. (2005) found implementation across domains (e.g., mental health, juvenile justice, education, child welfare) to be most successful when there were conditions that supported the implementation early on. These conditions included: (a) carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments; (b) organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations; (c) communities and consumers are fully involved in the selection and evaluation of programs and practices; and (d) state and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations.

Greenberg et al.'s (2005) study of implementation in school-based preventive interventions yielded specific recommendations to researchers about implementation conditions: (a) routinely assess implementation to optimize prevention work in the real-world setting; (b) work with local stakeholders to evaluate implementation fidelity; (c)

share information on the program's theory to guide local changes so that if adaptations are made they are still in keeping with the program theory; (d) use local replication as an opportunity to confirm program theory by assessing whether the intervention is implemented as planned (prescriptive model) and whether the mechanisms of change function as expected (causal model); and (e) examine how variations in the implementation support system and implementer characteristics affect the program delivery. They also made recommendations to the developers to: (a) provide information about actual resources (e.g., money, time, and personnel) needed to implement an intervention; (b) communicate and share common language; (c) conduct research to understand which components must be delivered exactly as they were developed, which components can be modified, and how to make changes and still achieve positive outcomes.

Today, probably the most notable researchers in the field of implementation are Fixsen et al. (2005) who focus on general implementation. Also noteworthy are Greenberg et al. (2005), Weiss et al. (2008), and Adelman and Taylor (2000) who focus on implementation of prevention programs in schools. The work of these researchers and others is used as a source for this Yin-designed multi-method explanatory study. The study focuses on the implementation of an evidence-based program, *Second Step.* More specifically, this study examines four areas and propositions based on the literature review that are tested by collecting data that would indicate either support for or against the propositions or no evidence.

Table 2

Four Areas and Propositions Describing Implementation Components

Area	Proposition
Training	Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program.
Time	When implementing the program sufficient time was allocated for school staff to learn the program components as well as sufficient time to deliver the program to students.
Implementation Level	When *Second Step* was implemented school-wide, there was more staff commitment to implementation, more peer-to-peer support, more adherence to the program model, and staff were more likely to attribute positive students outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.
Champion	When a school had a designated champion for *Second Step,* teachers and/or counselors were more likely to implement the program with more adherence to the program model than when there was no champion present.

Second Step

Second Step is a universal violence prevention program that is designed to promote social competence and reduce children's social and emotional problems. It is recognized by at least three national organizations as an evidence-based program. The organizations that reviewed *Second Step* include The National Registry of Evidence-based Programs and Practices (NREPP) operated by SAMSHA (Schinke, Brounstein, & Gardner, 2002); Prevention Research Center for the Promotion of Human Development at Penn State University (Greenberg, Domitrovich, & Bumbarger, 2000); and the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2003). The CASEL defines *social and emotional learning* as "the process of acquiring the skills to

recognize and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively" (Devaney et al., 2006). Several skills that are considered essential to healthy social and emotional development and that potentially reduce violence are included in the curriculum. These skills include empathy (Halberstadt, Denham, & Dunsmore, 2001), impulse control and problem solving (Crick & Dodge, 1994), and anger/emotion management (Eisenberg, Fabes, & Losoya, 1997).

The *Second Step* program is built on Luria's (1961) research, which demonstrated that people could use self-talk to control behaviors, as well as cognitive-behavioral theory, which grew out of Bandura's (1986) social learning theory. Cognitive-behavioral theory has demonstrated that thoughts affect people's interactions and that the relationships between thought and behaviors can be put to practical use (Crick & Dodge, 1994).

Statement of the Problem

As school districts across the country integrate evidence-based violence prevention practices and programs into their daily regime, they may struggle with implementing to the program model and with trying to achieve good outcomes. One problem may be the design of the programs. Feasibility of implementation comes into question when programs are designed with multiple doses and time periods that sometimes exceed the typical class period. For example, *Project Alert*, designated as an exemplary substance abuse prevention program for middle school students, is designed to be presented in 45-minute periods for 11 weeks with 3 booster sessions the following year (Weiss et al., 2008). Many districts integrate the program into their health education

class, leaving little time for the multiple other required health education standards to be completed, or they adapt the curriculum to their individual school needs, which may not be considered implementation to fidelity depending on the developer's design flexibility.

None-the-less, schools are interested in incorporating prevention programs. When available funds are limited, many districts integrate pre-packed evidence-based programs that are linked to national or state academic standards into their daily regime. However, when mandated responsibilities challenge districts already stretched time and budgets, the programs are compromised. Further exacerbating the movement is that the science related to implementing these programs with fidelity and good outcomes lags behind (Fixsen et al., 2005), leaving districts with little guidance on the best way to integrate the work with fidelity into the daily life of schools.

Purpose of the Study

School districts across the country struggle to address the gap left by limited health and mental health systems by providing programs and services to mitigate the psychosocial problems their students face. Despite limited resources, education is experiencing a new emphasis on evidence-based prevention programs, yet there is concern that the “evidence” may not be valid and that the programs may not be feasible. Common to many school districts is the challenge of implementing science to practice in a way that maintains fidelity to the researchers’ work and is still adaptable to a school climate.

This is a retrospective explanatory study of the factors associated with program installation and initial implementation of an evidence-based violence prevention program, *Second Step*, in six elementary schools within a large urban school district. With this

information, developers, researchers, and school staff will gain a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how developers and researchers might facilitate the application of research to practice.

The opportunity to participate in an evidence-based violence prevention program with support from the Health and Wellness Department of the CCPS District was shared via email to all elementary school principals. Although *Second Step* was introduced in 2002, the district received funding through a grant in 2005 for implementation. At that time, 12 schools were selected as part of the grant based on interest, willingness to promote the program among the other principals if they found it effective, and willingness to provide time for training and implementation. The staff of the program developer, Committee for Children, provided a train-the-trainer model to 32 district and school-level staff and basic training to another 600 staff to participate in the program at the schools (Osowski, 2007).

Research Questions

The focus of this study was the factors associated with program installation and initial implementation of *Second Step: A Violence Prevention Curriculum* that was chosen as the evidence-based violence prevention program for elementary schools in the CCPS. The research questions related to this study are as follows:

1. To what extent, if any, are there differences in training on understanding purpose and expected outcomes, the curriculum, parent involvement, and being provided sufficient kits between schools that identify as implementing *Second*

Step school-wide vs. schools that identify as implementing by individual classes or grades?

2. To what extent, if any, are there differences in time allocation for learning the curriculum, shared planning time, classroom lessons, and review of lessons between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing in individual classes or grades?
3. What strategies do principals perceive to be effective in promoting implementation in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?
4. What are the barriers and facilitators of implementation identified by teachers and counselors in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as individual classes or grades?
5. To what extent, if any, are there differences in staff commitment to implementation, more peer-to-peer support, more adherence to the program model, and more staff perception on positive student outcomes between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?

Operational Definitions

Most definitions are adapted from Fixsen et al. (2005).

Adaptation of the program: Descriptions or measures of actual modifications that are made in a program to accommodate the context and requirements at an implementation site.

Characteristics of population served: Descriptions or measures of the demographic characteristics of the population actually being served at an implementation site.

Competence: The level of skill shown by a practitioner in delivering an intervention (e.g., appropriate responses to contextual factors such as client variables, particular aspects of the presenting problems, clients' individual life situations, sensitivity of timing, and recognition of opportunities to intervene).

Core components: The most essential and indispensable components of an intervention practice or program ("core intervention components") or to the most essential and indispensable components of an implementation practice or program ("core implementation components").

Costs: Descriptions or measures of the actual costs of providing services to clients at an implementation site (e.g., per diem or per client costs, overall costs, or categories).

Evidence-based practices: Skills, techniques, and strategies that can be used when a practitioner is interacting directly with a consumer. They are sometimes called *core intervention components* when used in a broader program context.

Evidence-based programs: Organized, multi-faceted interventions that are designed to serve consumers with complex problems. Such programs, for example, may seek to integrate social skills training, family counseling, and educational assistance, where needed, in a comprehensive yet individualized manner, based on a clearly articulated theory of change, identification of the active agents of change, and the specification of necessary organizational supports.

Exploration: A variety of circumstances and events leading the purveyors of a program and Champions in a community to make contact and begin exploring the possibility of replicating the program in the community. Individuals get to know one another, information is exchanged and assessed, and activities proceed to the next stage (or not).

Fidelity: Correspondence between the program as implemented and the program as described.

Full implementation: The point at which a program is fully operational, with all the realities of "doing business" impinging upon the implementation site as the new program staff become skillful and the procedures and processes become routine. Systems integration refers to integration of the new service with the existing services and/or selection, training, coaching, evaluation, and administration. MIS feedback loops and attention to solving ongoing management, funding, and operational issues are notable features of advanced implementation.

Initial implementation: The point at which the program begins to function. Staff is in place, referral begins to operate, external agents begin to honor their agreements, and individuals begin to receive services.

Innovation: Each implementation site is different, and local factors can lead to novel and effective solutions within the context of the overall program being implemented. It is important to discriminate between innovation (desirable) and program drift (undesirable).

Installation: Once the decision to proceed is made, preparatory activities begin. This may involve arranging the necessary space, equipment, and organizational supports;

establishing policies and procedures related to personnel, decision making, and management; securing funding streams; selecting and hiring new staff and redeploying current staff; and so on. These activities are in advance of actual implementation of the program.

Local adaptation: Descriptions or measures of changes in any aspect of an implementation site in response to identified needs or opportunities within the federal or state system, local community, or host organization.

Manuals of replication/implementation procedures: Descriptions or measures of the extent to which the strategies and methods for successful replication of the program have been codified in written protocols (e.g., site assessment, infrastructure needs, consumer involvement).

Program: A coherent set of clearly described activities and specified linkages among activities designed to produce a set of desired outcomes.

Quality: Providing appropriate supports and implementation that results in positive outcomes

Program evaluation: Outcome and process measures related to the functioning (e.g., referrals, LOS) of an implementation site or components within an implementation site.

Successful: Curriculum is taught as intended. For *Second Step* that means: teaching at all grade levels and in all classrooms within a grade level; reinforcing strategies and concepts in daily activities with a consistent message; applying skill steps and modeling in all settings; integrating learning goals throughout the regular curriculum;

and familiarizing parents and caregivers to provide support that encourages learning in nonschool settings.

Sustainability: The point at which a new program is no longer "new." As the implementation site settles into standard practice, internal and external factors impinge on a program and lead to its demise or continuation. Coping and adapting are notable features of sustainability with respect to continuous training for practitioners and other key staff (such as turnover), changes in priorities, funding streams within local systems, changes in Championship, changes in community or client composition, etc.

Training: Specialized instruction, practice, or activities designed to impart greater knowledge and skill.

Chapter Two

Literature Review

> "Lack of success at school is one of the most common factors interfering with the current well-being and future opportunities of children and adolescents" (Adelman & Taylor, 2006, p. xix).

With more schools designated as low-performing based on federal and state accountability measures of sub-populations of students, schools must move from a vision that all children can learn to a vision that enables all children to succeed in school, work, and life (Adelman & Taylor, 2000, 2006; Council of Chief State School Officers, 2002). For years the practice of implementing programs in schools has been left to the discretion of the school site. This has led to discussion on implementation of evidence-based programs and practices and on the success of addressing the multiple barriers (poverty, violence and substance abuse exposure, etc.) that children and youth face. This study will give readers the opportunity to understand the supportive and challenging conditions school districts face as they implement these practices and programs in the early stages of the implementation process.

There is urgency in getting implementation right. The literature review begins with the status of children's lives in today's society. It moves on to the overview of the practices and programs that schools have adopted to mitigate the barriers to learning and why schools must focus on implementation to achieve desired outcomes.

Violence in Children's Lives

Multiple theories exist regarding why children exhibit violent behaviors; however, across these theories are common themes. One common belief is that some children and youth have a genetic vulnerability, and when poor parenting and school failure interact with the vulnerability, the likelihood of violent outcomes early on in their lives increases. Other children and youth engage in less aggressive behaviors related to associations with deviant peers or rebellion or because the opportunity presented itself (Flannery, 2006). The type and numbers of risk and protective factors have the potential to change an individual's life. The chances of committing violent acts later in life increases as much as 40% when children or youth have directly witnessed significant amounts of violence or have been victims of violence themselves. Highly aggressive behavior in childhood is the most significant predictor of future violence (Flannery, 2006).

Home is where many children are exposed to violence. In the United States, an estimated 6 million children are abused or neglected each year, and 40% of all murders of children under age 18 are committed by a family member. In a survey of over 3,700 high school students, nearly 40% of boys and 50% of girls reported they saw someone slapped at home, and nearly 20% reported witnessing a beating at home in the last year. The rate of victimization is high with 1 in 10 girls reporting being beaten, and nearly half reporting being hit. The percentage of children who had witnessed violence ranged from 90% in a New Orleans study to 45% in Washington, D.C., to nearly half of all third through fifth graders in a southwestern city (Flannery, 2006).

Another form of violence children are often exposed to in the home is media violence. Watching violence in the media may not cause a healthy developing child to

commit a violent crime, but children who are at-risk or exposed to violence may be predisposed to be more aggressive (Johnson, Cohen, Smailes, Kasen, & Brook, 2002; Flannery, 2006). Table 3 presents risk factors that affect youth violence.

Table 3

Risks Factors that Affect Youth Violence

Individual Risk	Family Risk	Peer/School Risk	Community Risk
History of violent victimization or involvement	Authoritarian childrearing attitudes	Association with delinquent peers	Diminished economic opportunities
Attention deficits, hyperactivity, or learning disorders	Harsh, lax, or inconsistent disciplinary practices	Involvement in gangs	High concentrations of poor residents
History of early aggressive behavior	Low parental involvement	Social rejection by peers	High level of transience
Involvement with drugs, alcohol, or tobacco	Low parental education and income	Lack of involvement in conventional activities	High level of family disruption
Low IQ	Parental substance abuse or criminality	Poor academic performance	Low level of community participation
Poor behavioral control	Poor family functioning	Low commitment to school and school failure	Socially disorganized neighborhoods
Deficits in social cognitive or information-processing abilities	Poor monitoring and supervision of children		
High emotional distress			
History of treatment for emotional problems			
Antisocial beliefs and attitudes			
Exposure to violence and conflict in the family			

(DHHS 2001, 2004; Resnick et al. 2004)

Other Factors in Children's Lives

Health and social development risk factors that children and youth face are greater than ever (Greenberg et al., 2005). It is estimated that between 12% and 22% of

America's youth under age 18 need mental health services (Greenberg et al., 2005). As these children and youth struggle to manage the challenges of growing up, the common behavioral health problems associated with these risk factors impede success in school. Behavioral and emotional disturbances in adolescence are associated with other problems, such as school failure and dropout, teen pregnancy, and affiliation with deviant peers (Durlak & Wells, 1997).

An underlying challenge of tackling the psycho-social barriers that hampers student success is the differences in educational and mental health perspectives as they relate to school-based mental health. Advancing school-based mental health services to meet the social and emotional needs of all children, while achieving the highest academic standards, requires a shared agenda of common terminology and professional perspectives (Kutash et al., 2006). One shared focus for both the education system and the mental health system are programs promoting social and life skills training (Kutash et al.; Rones & Hoagwood, 2000).

As school staff analyze data on how students can become more effective learners and analyze the broader educational goal of college and career readiness, it is important to make the connections between academic success and social and emotional learning. Recent research suggests that prevention programs can both reduce mental disorders and problem behaviors and promote youth competence (Greenberg et al., 2005). The connections between risk factors and outcomes that impact children are complex. One child may have multiple risk factors yet seem to be well-adjusted, while another may have a single risk factor and have multiple-adjustment issues. The non-linear relationship between risk factors and outcomes suggests that providing a strategy of mediating

multiple factors simultaneously should have a stronger positive outcome than narrowing the focus to single risk factors. Providing prevention efforts that focus on reducing interacting risk factors may have direct effects on diverse outcomes (Coie et al., 1993; Dryfoos, 1990)

Evidence-Based Prevention and Intervention

At its simplest, "evidence-based practice refers to applying the best available research evidence in the provision of health, behavior, and education services to enhance outcomes" (Metz et al., 2007, p. 1). It refers to skills, techniques, and strategies used to reinforce positive behaviors and to facilitate behavior changes. Evidence-based practices are the conditions or components that lead to more comprehensive evidence-based programs. These programs are the organized, often multi-component interventions that target specific populations and are grounded in sound underlying theory of the causes of and solutions to poor outcomes and problem behaviors. Typically, a rigorous study has demonstrated that the program has a positive impact on targeted outcomes. The term evidence-based program is often used interchangeably with terms such as research-based program, science-based program, blueprint program, model program, promising program, and effective program (Kyler, Bumbarger, & Greenberg, 2005).

Efforts to encourage adoption of evidence-based practices and programs cover a wide range of topics and are reinforced in the science-based research and evaluation literature that has shown that a number of evidence-based prevention programs help youth avoid risky behaviors (Albee & Gullotta, 1997; Durlak & Wells, 1997; Weissberg & Greenberg, 1998). Information is available to support school staff in comparing what has been labeled as effective prevention and intervention programs based on ecological

factors, such as the socioeconomic and cultural environments in which students live, that affect the response to an intervention and ultimately its success (Jaycox et al., 2006). A number of reviews have provided qualitative and quantitative studies of effective programs' acceptability, efficacy, effectiveness and cost-benefit analysis/cost-effectiveness (Aos, Mayfield, Miller, & Yen, 2006). Weiss et al.'s (2008) work suggests caution on accepting an evidence-based program without exploring how the evidence was determined and whether it is a good match.

Limitations of Evidence-Based Programs

The exploration process should include an investigation of what the evidence-based program proposes to do to help their population and determine if a particular program can meet their needs within the school's parameters. In contrast to the support of evidence-based programming, Weiss et al. (2008) identify three obstacles to successful research-to-practice: (a) shortcomings in research and researchers, (b) shortcomings in policymakers and practitioners, and (c) shortcomings in the links among them that may impede the fidelity of implementation. Common complaints include untrustworthy evidence, unresponsiveness to decision-makers' needs, fragmented data, evidence that fails to produce results or yields contradictory findings (Saunders, 2005), and evaluators who are too responsive to governmental sponsors (Taylor, 2005). As mentioned previously, what may be evidence-based when the research was conducted may be outdated because of a long time period from research-to-practice. Also, what works today, may not work at a later time and place with a particular group of individuals or in particular settings (Mulgar, 2005). Further compounding the challenges are policymakers

who establish unrealistic timelines and expected unrealistic outcomes with limited funding.

Policymakers influence the connection of research to practice by requiring evidence-based programs as part of federal grant funding. In Weiss et al. (2008) research disclosed concern about practices for determining what programs were listed as "model programs" by the Department of Education as well as other agencies. More specifically, concerns were brought up regarding the source of evaluations, limited positive findings, subgroup comparisons, few long-term follow-ups, selection of the expert panel, lack of belief in the evidence, and the bureaucracy associated with the process of choosing an evidence-based program that may frustrate and confound school implementation success (Weiss et al., 2008).

One concern about the criteria used for model programs suggested by Weiss et al. (2008) was that developers did almost all the evaluations of the programs they developed. For example, 18 of the 19 *Life Skills Training* evaluation reports were done by the developer, which may be a conflict of interest that leads to a bias in reporting. Another concern was the limited evidence of positive findings (Weiss et al., 2008). Only a few evaluations were required to achieve the "approved" classification, limiting the data. For example, *Project Alert* used six outcome measures, six different substances, three risk levels, and two types of programs for 100 comparisons between a program and control condition. Only two were significant (Ellickson, Bell, & McGuigan, 1993): one in the positive direction and one in the negative direction. Rather than compare the participants in the program to the control group, some studies compared subgroups of participants, which skewed the results. Consequently, if a school tries to determine what went wrong

in implementation, comparisons may be difficult if the results had multiple limitations that prevent accurate replication.

Regardless of whether a program was labeled promising, model, or exemplary by the U.S. Department of Education, few programs showed substantial success at post test, and the few evaluations that completed long-term follow-up studies after the program ended reported early success that did not last. Additionally, Weiss et al. (2008) noted concern about the selection of the members of the Department of Education Safe, Drug-Free Schools (SDFS) expert panel. Some of the panel members had either developed their own drug abuse prevention program or were part of the decision-making process for other programs.

With few drug abuse prevention studies done on fidelity of implementation under real-world conditions and a study expressing concern about the validity of the U.S. Department of Education SDFS Expert Panel recommendations for evidence-based programs, it is hard to determine the real challenges for schools regarding implementation. Is it the lack of fidelity to an evidence-based program, the challenges of implementing the conditions that lead to fidelity or the lack of solid research supporting the need for strict adherence to the program design?

Why the Focus on Implementation?

Previously, schools were identified as the de facto health and mental health system (Burns et al., 1995) and now are considered "one of the most important settings in which to conduct preventive and wellness promotion interventions" (Greenberg et al., 2005, p. 2). This reality underscores the importance of good research, practices and programs to mitigate and reduce barriers to learning. Schools interested in implementing

evidence-based prevention programs have an array of research-based options through a series of reports and reviews that summarize the programs. With implementation challenges, limited research, and even less district funding that can support the necessary infrastructure to guide schools on what are essential components, many districts find they cannot achieve the same levels of technical assistance, support, resources, and prevention expertise as the research trials (Greenberg et al., 2005). These challenges provide compelling reasons to demonstrate why studying and monitoring the factors associated with program installation and initial implementation and the conditions necessary are important.

Table 4

Reasons for Studying and Monitoring Implementation

Implementation Components	Reasons
Effort Evaluation	To know what actually happened
Quality Improvement	To provide feedback for continuous quality improvement
Documentation	To document compliance with legal and ethical guidelines
Internal Validity	To strengthen the conclusions being made about program outcomes
Program Theory	To examine whether the change process occurred as expected
Process Evaluation	To understand the internal dynamics and operation of an intervention program
Diffusion	To advance knowledge regarding best practices for replicating, maintaining, and diffusing the program
Evaluation Quality	To strengthen the quality of program evaluations by reducing the error in the evaluation

Note. (Greenberg et al., 2005, p. 6)

Although more emphasis has been placed on the development of prevention programs than on replication in real-world settings (Taylor et al., 1999), in recent years there has been a shift to more research on and study of implementation. Fixsen et al. (2005) reviewed implementation research and found that thoughtful and effective implementation strategies were essential to making systemic changes that positively influence the lives of the intended audiences. As presented in Table 5, the principal investigators outline six stages of the implementation process designed to be purposeful and detailed enough for observers to detect presence and strength of intervention and implementation activity as well as their outcomes.

Table 5

Stages of Implementation

Implementation Stage	Description
Exploration & Adoption	Individual, organization, or community understands a need, identifies a program, and assesses the match.
Program Installation	Task before implementation, such as crafting new policies, gathering, necessary resources, and hiring and training staff
Initial Implementation	Early stage of implementation; often a time when implementation ends because of the struggles of implementing change in a system
Full Implementation	Fully operational program, including full staff and full client loads
Innovation	Refinement and expansion of the program based on local needs; a threat to fidelity
Sustainability	Supports in place for continuous of program

Note. (Fixsen et al., 2005)

Importance of Implementation in Evidence-based Programming

Exploration and adoption are the components of the first stage of the implementation process. It entails understanding the needs of the school, identifying a potential program, and determining whether there is a match (Fixsen et al., 2005). Research has shown that prevention and early intervention targeted to specific developmental stages, to different populations, within different settings, and with effective implementation strategies can prevent many risky adolescent behaviors. This stage lays the groundwork for adopting the program, but not how to implement with fidelity. There is less direction on the next stages, program installation and early implementation, which may be more complicated because it is retrofitting new programs within their everyday framework (Fixsen et al., 2005).

Rossi and Freeman (1985) identify three ways that research may not be implemented correctly and might lead to the incorrect conclusion that the intervention does not work and the problems more complex. Their research identifies problems with how practitioners implement the programs: (a) no treatment or too little treatment is provided; (b) the wrong treatment is provided; or (c) the treatment is not standard, is uncontrolled, or varies across the target population (Fixsen et al., 2005). Other researchers, like Dobson and Cook (1980), confirm the problem as practitioners not implementing the evidence-based practice or program as intended. However, Weiss et al. (2008) argue that the criteria for the designation of evidence-based may be flawed giving false hope to school districts trying to achieve the same outcomes.

Research studies of programs provide protocols that may not be easily adaptable in the real-world school setting. With limited guidance on school-level factors associated

with program installation and initial implementation processes and the conditions necessary to implement, school staff may eliminate crucial components to the program as they adapt it to their unique needs. This can be a problem with the success of the program. Research confirms the importance of implementing with fidelity in this initial implementation stage when "the compelling forces of fear of change, inertia, and investment in the status quo" (Fixsen et al., p.16) may lead to abandonment of the project.

School Involvement in Prevention and Intervention

The landmark legislation No Child Left Behind (NCLB) Act of 2001 mandates evidence-based practice with evidence-driven progress (Report of the Coalition for Evidence-Based Policy, 2002). More specifically, the U.S. Department of Education now requires that core academic, prevention, and intervention instruction be "guided by theory; rigorously evaluated so as to determine that it actually does what it set out to do; replicable; and validated or supported by researchers in the field" (National Coordinating Technical Assistance Center for Drug Prevention and School Safety Program Coordinators, 2003, p. 53). Many of the programs are on lists intended to help schools differentiate between nationally available programs that are effective and those with no evaluation base.

Even with the increase in identifying evidence-based prevention and intervention programs, school districts may not use evidence-based programs with fidelity for the reasons already discussed (Ennett, Tobler, Ringwalt, & Flewelling, 2003; Gottfredson & Gottfredson, 2002; Hallfors, Sporer, Pankraatz, & Godette, 2000). Hallfors, Sporer, Pankraatz, and Godette's (2000) survey provides results from 81 Safe and Drug-Free

School district coordinators across 11 states indicates that 59% had selected an evidence-based curriculum for implementation, but only 19% reported that their schools were implementing these programs with fidelity.

As educators struggle to meet the student academic performance requirements of NCLB, they are faced with difficult choices (Adelman & Taylor, 2000; Berends, Bodilly, & Kirby, 2002; Hall & Hord, 2001; Sarason, 2002) as programming compliance is not measured; thus, many school districts focus on the evaluated components of their work: the core academics. By reducing time for prevention and intervention programs, they are limiting student success by not realizing the full potential effects of prevention and intervention programs on academic success as well as social and emotional development (Greenberg et al., 2005). Ignoring the link between social-emotional supports and academic success, educators often emphasize academics only.

Further compounding the situation is the issue of fidelity in delivering the programs successfully. More than half of the school districts surveyed had altered the prevention and intervention programs by not delivering components with the intensity that research can provide under controlled circumstances (Hallfors, Pankratz, & Hartman, 2007). Teachers incorporate prevention and intervention programs into their day while maintaining a focus on academic achievement as their basic responsibility. Teachers may adapt the program based on their time and/or training on adaptation to special needs (*Prevention* 2000, 2000) or because the implementation design only has particular components that meet their needs.

Norway Study

One *Second Step* study on implementation of *Second Step* was completed in Norway in 2006. Sixty percent of Norway's primary (elementary) schools adopted *Second Step* as a way to promote social skills and prevent violence in schools based on the Norwegian Health Association recommendation that there be a whole-school approach to violence prevention. There were no requirements regarding the implementation process. Larsen and Samdal (2007) studied Norwegian teachers' fidelity in their use of *Second Step* and their perception of fidelity implementation. Their findings indicated that teachers adapted features of the program to meet the needs of their students. They also made adaptations based on the individual beliefs and experiences of the teacher presenting the program. Teachers who reported implementing with fidelity were in schools that adopted the program for the whole school. Individual teachers who used *Second Step* tended to use it as a tool for addressing specific situations and conflicts.

Using the definition of fidelity as adherence, adaptation, and the quality of delivery, Larsen and Samdal's (2007) analysis revealed that all of the teachers adapted the program to some extent, with more experienced teachers being more likely to adapt the curriculum. Teachers' reasoning for adaptation included (a) a need for flexibility, (b) more focus on social competence rather than the lesson itself, (c) less structure and repetition, and (d) difficulty in maintaining student engagement. Some teachers also expressed a need to modify the program to fit their teaching practice—rather than to modify their practice to fit the program—to enable confident delivery of the program and to enable their adaptation to relate to their prior experiences with what works and does not work for their pupils. (Larsen & Samdel, 2007, p. 23)

Theoretical Framework

Expansion of developmental theory that includes models from public health, epidemiology, sociology, and developmental psychopathology combined with ecological analysis provides a framework for organizing and building the field of prevention and intervention science. This developmental-ecological model can help to frame the layers of influence on behaviors that do not directly involve children and youth but have an impact on their academic success and life.

Second Step's guiding theory is based primarily on cognitive-behavioral theory (Kendall, 1993, 2000), which grew out of Bandura's (1986) social learning theory. With evidence that self-talk can control behaviors (Luria, 1961) and that thoughts affect people's social interaction (Crick & Dodge, 1994), the *Second Step* program teaches first empathy skills, then response to social interactions by problem-solving, and finally management of the student's own anger and intense emotions.

Greenberg et al. (2005) proposed a two-step process for a conceptual model for both the development of a program theory and the study of the implementation of school-based prevention and promotion programs. This model was designed to tailor measurement decisions directly to a specific program by articulating the causative and prescriptive assumptions. In the model, the theory-driven evaluation objectives are (a) to utilize the essential components of the theory that underlies a particular program to specify the design of the program evaluation itself, (b) to understand how and why a particular program resulted in certain outcomes, and (c) to use that information as a means to improve program effectiveness (Chen, 1990, 1998; Weiss, 1995). According to

Chen (1990, 1998), to conduct a theory-driven evaluation an evaluator first must construct a comprehensive program theory addressing two areas:

1. The causative theory describes the how and why of the program: (a) how the program is expected to achieve particular outcomes, (b) the relationship between the intervention and the outcomes, and (c) the mediators or moderators impact on the intervention effect.

2. The prescriptive theory describes (a) how the program should be implemented or (b) the manner in which daily activities of the program should proceed. This component includes the goals of the program, the guidelines for the type of intervention to be provided, and the context that is necessary for the successful implementation of the intervention. Greenberg et al. (2005) found program failure may result from weakness in either the causal or prescriptive aspects of the program theory such as an inaccurate theory about mediators and moderators that link interventions with outcomes, or it may be due to a failure to implement the intervention properly.

Second Step Design and Implementation Process

The *Second Step* curriculum focuses on three skills. The first is empathy, which focuses identification of emotions and recognition of possible causes of emotions when interacting with others. Next, students learn thoughtful responses to social interactions through neutral problem-solving steps. Last, students learn to manage their own anger and intense emotions.

Second Step Preschool/Kindergarten – Grade 5 was piloted in 1988-1991 with results indicating that the scores for pre-and post-interviews of children who received the program showed significant enhancement of the children's empathy, problem-solving,

and anger-management skills compared to students who had not received the program (Moore and Beland, 1992). *Second Step* Grades 6-8 was piloted in 1989-1990 with significant gains from pre-test to post-test than control group students. In 1995-1996, the Grades 6-8 program was revised and expanded with similar results. In addition, in the revised program for *Second Step* Middle School/Junior High students perceived they had a better ability to handle social situations as well as a reduction in aggression and antisocial behavior as compared to the control group.

The Committee for Children (2002), a Seattle, Washington based organization, has appeared to put considerable thought into the implementation process. They have identified conditions that contribute to program fidelity including, training of all staff, time to review and deliver the program, administrator support, and school-wide implementation. Their manual provides resources and information, as well as the tools to provide staff training. Among the materials provided are the following:

1. The theory and research used to create the curriculum.
2. Ways to use the curriculum, including scheduling lessons and specific teaching strategies.
3. Special material for trainers and administrators that includes tools to assist in the initiation and ongoing implementation of the program.
4. Staff Training Modules that include how to use the training video and what to do to prepare for staff training. The modules also include reproducible participant handouts and trainer transparencies.
5. Staff Training Adaptations with age-specific outlines and information about grade-specific videos.

6. Book lists and resources for students, parents, teachers, and trainers and grade-level samples of the program kits.

Committee for Children's (2002) *Second Step* Implementation Plan begins with dialogue on the importance of strong sponsorship from key decision makers. The plan details conditions that are necessary for the ultimate effectiveness of the program, which is defined as whether the curriculum was taught as intended. It continues with explanations of training, training models, the importance of classroom observations, and the involvement of non-classroom staff as additional support rather than in place of the classroom teacher. The Trainer's Manual further outlines the administrator's roles and responsibilities, from staff buy-in to evaluation and success celebration. Numerous process materials were developed for school staff to stay on target. Listed below are *Second Step* tools:

1. Overview Presentation
2. Teacher Follow-Up Survey
3. Trainer's Implementation Assessment
4. Lesson Observation Form
5. Implementation Planning Worksheet
6. Mid-Stream Implementation Checklist
7. Implementation Checklist
8. Lesson-Completion Record
9. Social-Emotional Learning Checklist
10. Student Satisfaction Survey
11. Teacher Follow-Up Survey

Second Step principal investigators believe "the single most important thing an administrator can do to ensure success is to promote consistent, quality implementation" (Committee for Children, 2002, p. 97). They recommend measuring the ongoing daily features of the program to provide a clear picture of how the curriculum actually looks. Examples of ways schools can monitor and document different aspects of effective implementation include the following:

1. Amount of program training to teachers and other staff
2. Number and frequency of lessons children receive
3. Recognition of student use of *Second Step* skills
4. Staff prompts of skill use outside of lessons
5. Visibility of the program, such as posters throughout the school
6. Outreach to parents.

Research Questions

The focus of this study was on two of the factors associated with program installation and initial implementation of *Second Step: A Violence Prevention Curriculum*, which was chosen as the evidence-based violence prevention program for elementary schools in CCPS. Factors associated with program installation and initial were identified and were examined for the difference between schools that self--identified as implementing school-wide vs. those that identified as schools that partially implemented. This study's research questions were as follows:

1. To what extent, if any, are there differences in training on understanding purpose and expected outcomes, the curriculum, parent involvement, and being provided sufficient kits between schools that identify as implementing *Second*

Step school-wide vs. schools that identify as implementing by individual classes or grades?

2. To what extent, if any are there differences in time allocation for learning the curriculum, shared planning time, classroom lessons, and review of lessons between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?
3. What strategies do principals perceive to be effective in promoting implementation in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing individual classes or grades?
4. What are the barriers and facilitators of implementation identified by teachers and counselors in their schools that identify as implementing *Second Steps* school-wide vs. schools that identify as implementing by individual classes or grades?
5. To what extent, if any, are there differences in staff commitment to implementation, more peer-to-peer support, more adherence to the program model, and more staff perception on positive student outcomes between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?

This study examined the program installation and initial implementation stages of the implementation process of *Second Step* using the Yin method of case study. Yin developed a number of case study designs. This study uses an exploratory approach. These stages are the second and third stages of the implementation process as identified

by Fixsen et al (2005). This will be accomplished by analyzing the evidence that confirms or denies four propositions and their indicators on the CCPS *Second Step* implementation.

Summary

Schools are the de facto health and mental health system (Burns et al., 1995). More recently, schools have been identified as the best place to provide prevention and intervention programming (Greenberg et al., 2005). Although school districts often do provide the evidence-based practices and programs, they have been challenged with implementation of these programs. Recent studies have provided research-based options for schools, information on implementation strategies, and better understanding of the components of implementation. School districts are challenged with taking controlled prevention and intervention studies and integrating them into the real-world setting of schools. These challenges include meeting the requirements of NCLB, time restraints and the plethora of problems students have before they even walk through the school doors. Additionally, there has been professional concern that not all prevention and intervention programs for schools were accurately reviewed, and about the time lag between research to practice, and whether the intervention programs are culturally relevant.

With competing urgencies in education, when schools provide prevention and intervention programming, it is important to study and monitor their implementation practices to get the best effect for their efforts. Fixsen et al.'s (2005) research found that no matter the field, implementation strategies had to be thoughtful and effective in order to make the systemic changes the programs were designed to provide. The task for the education field and the purpose of the present study is to understand the supportive and

challenging conditions school districts face as they implement and intervention programs in the real-world setting of schools.

Chapter Three

Methodology

Overview

The goals of this study were to provide a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how developers and researchers might facilitate the application of research to practice. The focus of this implementation study was on the exploration of the difference between schools identifying as implementing *Second Step* school-wide vs. identifying implementation in individual classes or grades in six CCPS elementary schools during the program installation and initial implementation process. This study used a multi-method, multi-source retrospective study design (Yin, 1989; 1994). It examined conditions that, if present, the research indicates are associated with better implementation. This study tested specific theoretical propositions and also developed case descriptions as outlined by Yin (1989, 1994, 2003).

The second and third stages of the Implementation Theory framework proposed by Fixsen, Naoom, et. al (2005) influenced this study. Within the context of the second and third stages: (a) program installation, and (b) Initial Implementation, this study examined the supportive and limiting conditions schools face as they implement evidence-based programs and effective factors associated with program installation and

initial implementation strategies, as well as investigated when, how, and why schools adapt programs.

In this study, pseudo names have been given to the state, county, city, school district, and individual schools to protect confidentiality. The state was referred to as Manzano, the county as Sandia County, and the city as Central City. The district was referred to as Central City Public Schools. The six schools in this study were named Alto W, Bueno W, Dia W, Familia P, Manzano P, and Campo P. Schools with a W are schools that self- identified as implementing *Second Step* school-wide, while schools with a P self-identified as implementing *Second Step* in individual classes or grades.

Second Step, an evidence-based program is the particular program examined in this study. The program has been recognized by the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) (Schinke, Brounstein, & Gardner, 2002), as well as the Prevention Research Center for the Promotion of Human Development at Penn State University (Greenberg, Domitrovich, & Bumbarger, 2000) and Collaborative for Academic, Social, and Emotional Learning (CASEL) (CASEL, 2003). To support implementation fidelity, the developer of *Second Step* provided an implementation plan that includes factor important to fidelity such as: (1) how to engage a sponsor or key decision maker, (2) school-wide implementation practices, (3) guidelines on school-level administrator roles, and (4) responsibilities and implementation tools.

The research questions, the study design, use of statistical peers, and why study Central City Public Schools will be reviewed and discussed. Data collection and the data

analysis process will be shared. This section will end with the limitations of the study and a summary.

Research Questions

The research questions that were explored in the present study focused on two of the six stages, program installation and initial implementation, identified by Fixsen et al. (2005). Fixsen et al.'s (2005) literature review found evidence that a longer multi-level approach is important for successful implementation. There is evidence that there are related conditions associated with fidelity such as, practice-based practitioner selection, skill-based training, practice-based coaching, practitioner performance evaluation, program evaluation, facilitative administrative practices and methods for systems interventions. Specifically, the study was designed to answer the following questions:

1. To what extent, if any, are there differences in training on understanding purpose and expected outcomes, the curriculum, parent involvement, and being provided sufficient kits between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?
2. To what extent, if any, are there differences in time allocation for learning the curriculum, shared planning time, classroom lessons, and review of lessons between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?
3. What strategies do principals perceive to be effective in promoting implementation in their schools that identify as implementing *Second Step*

school-wide vs. schools that identify as implementing by individual classes or grades?

4. What are the barriers and facilitators of implementation identified by teachers and counselors in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?
5. To what extent, if any, are there differences in staff commitment to implementation, more peer-to-peer support, more adherence to the program model, and more staff perception on positive student outcomes between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grades?

Statistical Peers for Benchmarking

Statistical Peers for Benchmarking was created by CCPS as a data-driven strategy, using statistical cluster analysis to identify groups of similar schools. Peer groups were formed based on schools' percentages of students in the Free and Reduced Program (FRPM), percent of English Language Learners (ELL), percent of Under-performing Minorities (i.e., Hispanic, Native American, African American), and percentage of students enrolled at same school on days 40 and 180 of an academic year as a proxy for student stability. In 2005, there were five categories of elementary statistical peers groups and each category represents a distinct set of comparison schools. For this study the three cohorts are part of Groups 2, 3, and 4. Using the *Statistical Peers for Benchmarking* categories to match schools in this study helps to control for confounding variables, thus

protecting internal validity. Schools were not matched on any variables based on principal or staff characteristics.

Why Study Central City Public Schools?

Central City Public Schools (CCPS) serve over 89,000 students, approximately 1/3 of the students in the state of Manzano. The district is located in Sandia County, which has a population of over 500,000. This district is one of the 50 largest in the nation and reflects much of the cultural diversity of the area. Over 67% of students come from minority backgrounds, making CCPS a "majority minority" district (CCPS, 2008). A snapshot of the ethnic composition of CCPS' student body is provided in Figure 1.

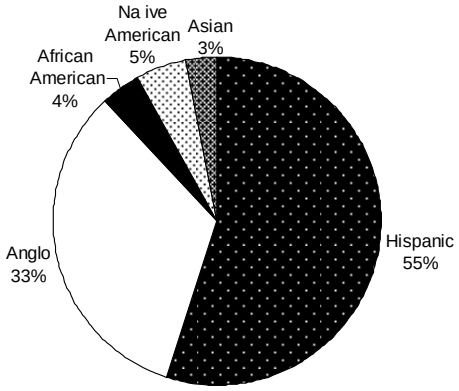

Figure 1. Profile of CCPS students.

CCPS students are economically diverse. According to the latest (2005) U.S. Census estimates, over 17% of children in Sandia County are living in poverty. This average, while slightly higher than the national rate of 16%, masks more extreme poverty that exists within the district when one considers that 40% of all students in the district qualify for Free and Reduced Priced Lunch (FRPL), a common indicator of poverty. In 35 of 84 elementary schools (42%), the FRPL rate is over 70%; in 16 schools (19%), the

rate is over 90%. These pockets of poverty contribute to Manzano having the third highest poverty rate in the country.

As the largest urban community in Manzano, Central City also has the most acts of violence in the state. Manzano's youth risk factors have increased compared to other states since 2004, creating the Centers for Disease Control (2004) ranking of Manzano as last among the 50 states for quality social health. The state's combined score of 21.4 out of a possible 100 points reflects poor results in 16 social indicators, including infant mortality, child abuse, percent of children in poverty, teen drug abuse, high school completion, homicides, and alcohol-related traffic deaths. Among the 50 states, Manzano has the highest combined rate of all violent deaths, including homicides and suicides (Centers for Disease Control, 2004).

In addition, high rates of youth violence are reported on the Manzano Youth Risk and Resiliency Survey (Manzano Department of Health, 2005), and the Central City Police Department estimated that at least 90 gangs with 7,000 members, operate in the city. Sandia County has the greatest number of referrals to Juvenile Probation and Parole (JPPO) of any county in Manzano. The 9,774 referrals in FY 2001 and 8,200 referrals in FY 2002 represented 33% and 30% of the statewide totals, respectively. Youth from the county also accounted for 162 commitments to juvenile facilities in FY 2002, which was 34% of the statewide figure (Manzano Children, Youth, and Family, 2002).

Furthermore, youth in Manzano have alarming rates of depression and other mental health issues and diagnoses, and substance use is widespread throughout Central City. Mental health diseases are among the top five hospital discharge diagnoses in Sandia County (Sandia County Health Council, 2002).

The risk factors and supporting data representative of the student body in the Central City Public School District are represented in Table 6. The data indicate a compelling need for prevention and intervention programming to mitigate the plethora of risk factors associated with CCPS students.

Table 6

Central City Public Schools Student Risk Factors

Risk Factors	Manzano, Sandia County, and CCPS Data	Comparison Data	Source
Teen death (homicide/ suicide/ accidents)	6th highest among all 50 states in 2005	The state's 2001 violent death rate of 27.9 per 100,000 is 56% higher than the U.S. rate of 17.9.	KIDS COUNT Data Center (2007); CDC (2007)
CCPS high school violence	21% boys and 13% girls in physical fights on school property; 25.2% possession of a weapon; 9.8% weapon on school property; 8.5% skipped school because they felt unsafe	National figures are substantially lower at 17% for possession of a weapon and 6.4% for possessing a weapon on school property.	CDC (2007)
CCPS middle and high school violence	33% threatened physical harm to someone; 41% hit someone; 31% victim of physical violence; 28% trouble with police; 24% committed vandalism; 29% fear getting hurt by someone at school.		CCPS RDA Developmental Assets (2005)

Table 6 (continued)

Risk Factors	Manzano, Sandia County, and CCPS Data	Comparison Data	Source
CCPS middle and high school substance abuse	47% had at least one drink of alcohol within a 30 day period; 31% binge drink; 31% use marijuana	Manzano rate of youth dependence on alcohol and drugs (6.5%) is second only to Alaska and markedly higher than the national rate of 4.8%.	CCPS RDA Developmental Assets (2005); Technical Assistance Collaborative (2002)
Mental health issues	79% CCPS mid-high school students feel sad or depressed, 32.2% report persistently feeling sad and hopeless, 15.6% say they made a suicide plan and 15% attempted in the previous 12 months. 55.7 suicide deaths per 100,000 for 1998-2000 in Sandia County	Suicide deaths in Manzano are more than four times the nationwide average of 10.7.	Sandia County Health Profile, (2002); CCPS RDA Developmental Assets (2005); Technical Assistance Collaborative (2002)

Study Design

This study used a multi-method, multi-source retrospective case study design (Yin, 1989, 1994). Case study is the preferred strategy for answering how and why questions such as those posed in this study. Case studies also are advantageous when the investigator has little control over events and the focus is on a real-life context, as in the present circumstances (Yin, 2003). This study tested specific theoretical propositions and also developed case descriptions, as outlined by Yin (2003). Testing theoretical

propositions or rival explanations may be preferable to developing case descriptions; however, a case description is appropriate when it can help to identify appropriate causal links to be analyzed or when doing a study on the complexity of implementing a program. For example, when Oakland, California, studied a local public program, the city workers found describing the complexity in terms of the multiple conditions that had to occur for implementation to succeed allowed the workers to identify (a) an embedded unit of analysis, and (b) an overall pattern of complexity that was used in a causal sense to "explain" why implementation failed (Yin, 2003).

Pilot. Before starting the present study, a pilot study was conducted at two elementary schools. The two schools began using *Second Step* in 2007 and could not be in the primary study. The purpose of the pilot was to field test the interview and focus group questions developed to elicit responses about the support for or opposition to each proposition. The pilot had a design similar to the current study in that the two schools were matched based on CCPS's statistical peer groupings, both began training during the 2007 school year, and one school identified *Second Step* implementation school-wide while the other identified partial implementation of the program.

Study Propositions. The work of researchers including Fixsen, et. al (2005), who focus on implementation in a variety of settings, as well as Greenberg, Domitrovich, Graczyk and Zins (2005) and Weiss, Murphy-Graham, Petrosino and Gandhi (2008), who focus on implementation of prevention and intervention programs in schools, guided the development of the following propositions by providing an understanding of factors associated with program installation and initial implementation and the importance of adherence to the developer's implementation process. The propositions focused on four

areas: training and resources, time, implementation level, and champion. The propositions are described in Table 7.

Four indicators were associated with each proposition for a total of 16 indicators. The four propositions were based on the knowledge gained by the literature review, focusing on factors associated with program installation and initial implementation. The indicators and their associated interview questions were developed to elicit responses that would provide the evidence either in support of or against the proposition. Interview and focus group questions were designed to engage the participants in accurately describing the factors associated with program installation and initial implementation.

Table 7

Area and Propositions Describing Early Stage Implementation

Area	Research Question	Proposition
Training & Resources	1	*Proposition A:* Schools that received training in *Second Step* prior to implementation of the program were provided with implementation tools and support necessary to implement the program.
Time	2	*Proposition B:* When implementing the program time was allocated for school staff to learn the program components as well as sufficient time to deliver the program to students.

Table 7 (continued)

Area	Research Question	Proposition
Implementation Level	4 and 5	*Proposition C:* If *Second Step* was implemented school-wide, there was more staff commitment to implementation, more peer-to-peer support, and more adherence to the program model. Staff was more likely to attribute positive student outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.
Champion	3	*Proposition D:* When a school had a designated champion for *Second Step*, teachers and/or counselors were more likely to implement the program than when there was no champion present.

School Selection Procedures. Eight elementary schools were selected for this retrospective study. Two of the schools were part of the pilot. The criteria for site selection of the six schools in the final study included: (a) first implemented in 2005, and (b) either self-identified as whole school *Second Step* adoption (Level 1) or self identified as individual classes or grades *Second Step* adoption (Level 2) (Figure 2). The year 2005 was chosen for the study because it had the largest cohort of schools that trained during the same time period, thus increasing the pool of potential school participants. Fourteen elementary schools that met the criteria for the study were identified for this study of *Second Step* implementation by reviewing the CCPS Professional Development database, *Second Step* district files, and 2008 Counselor Survey documents before the final matching of the six schools.

Principals of schools who trained and met the criteria were contacted by phone and provided a brief introduction to the study. If they showed interest or agreed on-the-

spot, a follow-up email (Appendix A) was sent with an informational sheet explaining their role in the study. The Level 1 schools in the study were matched to Level 2 schools with the Statistical Peer for Benchmarking tool designed by CCPS staff (Dunavin, 2005). Statistical peer grouping was used to help support the internal validity of the study by controlling for external variables that might affect factors associated with program installation and initial implementation differentially between the schools.

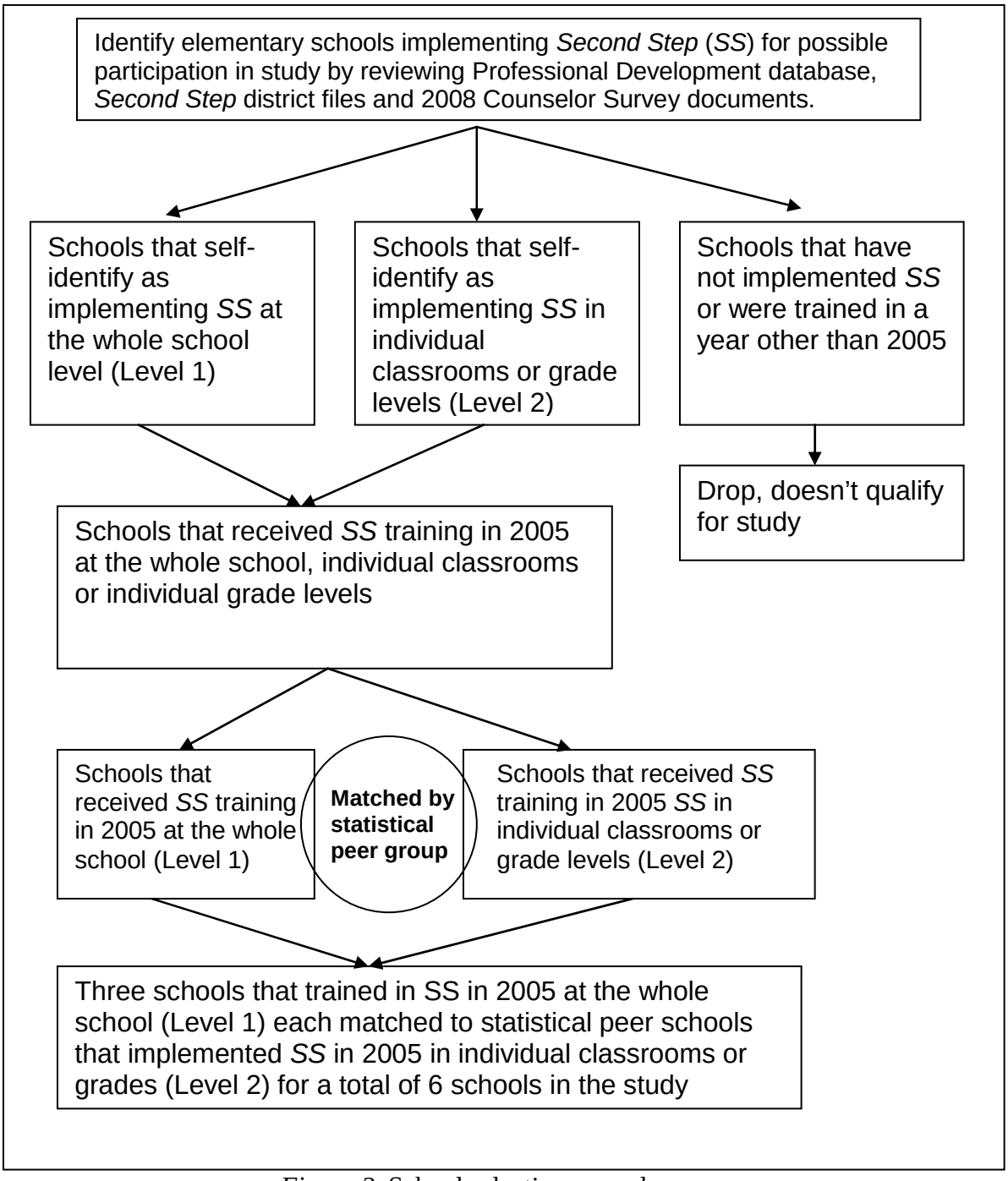

Figure 2. School selection procedures.

School, Principal and Staff Selection. Follow-up calls were made to the principals to assure that they received the email and to answer any questions. A meeting or phone conference was set up with principals whose schools met criteria to be in the

selection pool and agreed to participate. The meeting focused on (a) more specifics of the study, (b) input on the appropriate staff to interview within the school, and (c) permission to contact identified staff. Schools were matched with their statistical peers.

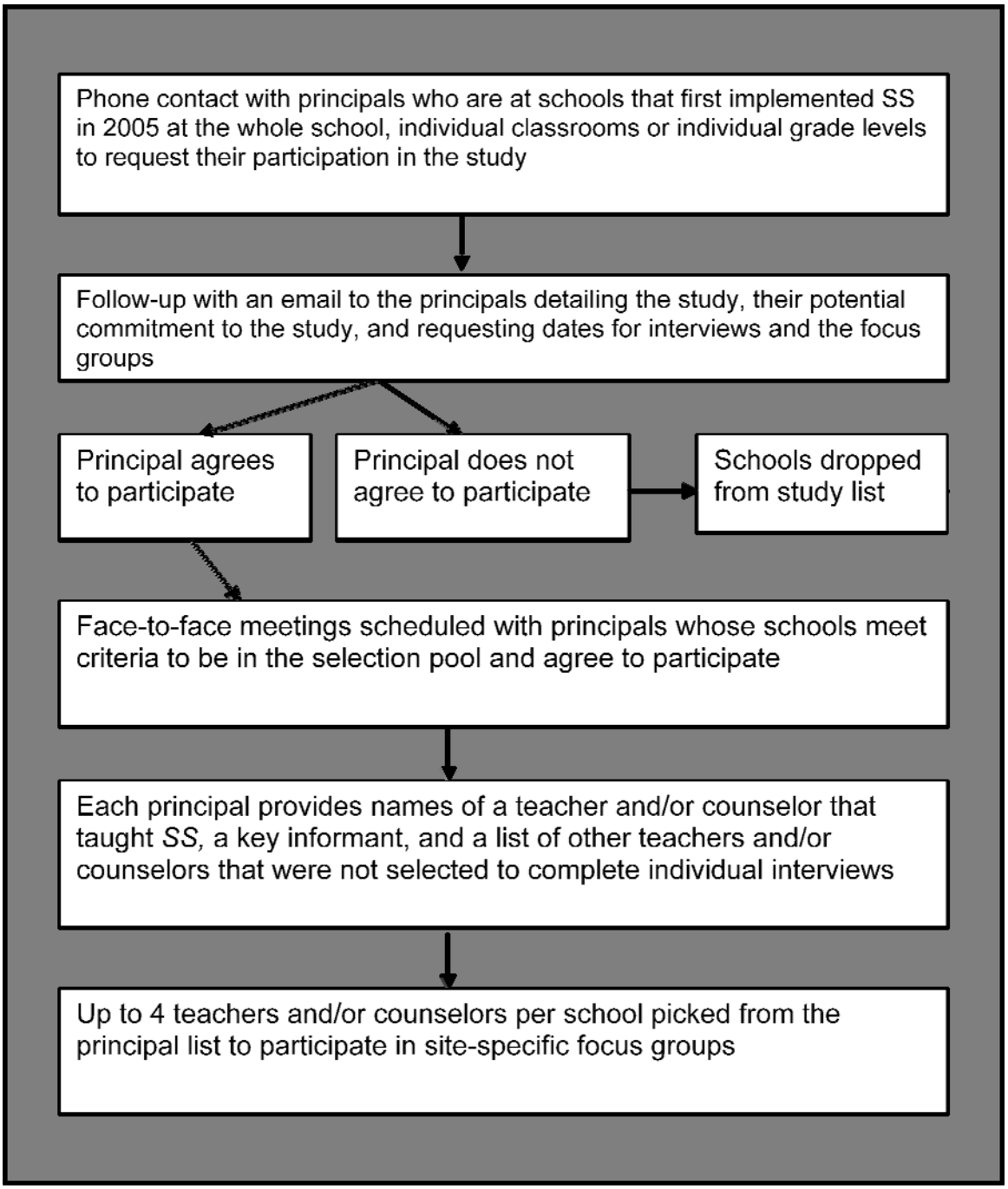

Figure 3. School, principal and staff selection.

Statistical Peer Grouping. The final schools selected were matched by statistical peer groups, a comparison protocol designed by Dunavin (2005). Using the comparison protocol, schools that self-identified as implementing *Second Step* using a whole school approach (Level 1) were matched to schools that self-identified as implementing *Second Step* in only individual classes or grades (Level 2) within the same Statistical Peer group. Using the *Statistical Peers for Benchmarking* (Dunavin, 2005) categories to match schools in this study helped to control for confounding variables. This tool provides information on which schools are most alike in terms of student characteristics. It allows for already established comparison schools to be easily identified and used for data analysis (Table 8).

Selected Schools

The schools that met all criteria and participated in the study were Alto W (Level 1) and Familia P (Level 2) as part of Statistical Peer Group 2; Bueno W (Level 1) and Especial P (Level 2) as part of the Statistical Peer Group 3; and Dia W (Level 1) and Campos P (Level 2) as part of Statistical Peer Group 4.

Table 8

School Association with Statistical Peers and Level

Statistical Peers Group	School	Level
GROUP 2	Alto W	1
	Familia P	2
GROUP 3	Bueno W	1
	Especial P	2
GROUP 4	Dia W	1
	Campo P	2

Schools Alto W and Familia P. Alto W and Familia P were part of the cohort of schools that made up Statistical Group 2 (Table 9). This grouping of schools was in the mid to high range of economic need with stability of students within a school year at more than 61%. Ninety percent of the students at Alto W and 73% of students at Familia P qualified for free or reduced meals. Stability rate for Alto W was 66% and Familia P's 67%. Stability rate refers to the percent of students enrolled at the same school on days 40 and 180 of an academic year. Under-performing Hispanic, Native American, and African American students constituted 92% of Alto W's students and 82% of Familia P students. One quarter to one third of the students at these schools were English Language Learners. Proficiency rates in math for Alto W and Familia P were 34% and 24%, respectively. Proficiency rates for reading were higher than rates for mathematics at the two schools with Alto at 47% and Familia P at 41%.

Schools Bueno W and Especial P. Bueno W and Especial P were part of the cohort of schools that made up Statistical Group 3 (Table 9). This grouping of schools was in the low to mid range of economic need with stability of students within a school year at more than 56%. Seventy-two percent of the students at Bueno W and 61% of students at Especial P qualified for free or reduced meals. Under-performing Hispanic, Native American, and African American students constituted 81% of BuenoW's students and 57% of Familia W's students. Twenty-four percent of Bueno W's population were English Language Learners, while 17% of Especial P's population were English Language Learners. Proficiency rates in mathematics for Bueno W and Especial P were 24% and 30%, respectively. Proficiency rates for reading were higher than those for Alto W and Familia P at 53% (Bueno W) and 56% (Especial P).

Schools Dia W and Campo P. Dia W and Campo P were part of the cohort of schools that made up Statistical Group 4 (Table 9). This grouping of schools was in the mid to high range of economic need with stability of students within a school year at more than 67%. More specifically 46% of the students at Dia W and 54% of students at Campo P qualified for free or reduced meals. Stability rate for Dia W was 78% and for Campo P it was 67%. Under-performing Hispanic, Native American, and African American students constituted 53% of Dia W's students and 41% of Campo's students. Six percent of Dia W's population were English Language Learners, while 8% of Campo's population were English Language Learners. Proficiency rates in mathematics for Dia W and Campo P were 41% and 48%, respectively. Proficiency rates for reading were 63% (Dia W) and 65% (Campo). Proficiency for math and reading were higher at these two schools than at the previous four schools.

Table 9

Statistical Peers Comparisons

Performance & Demographic Data		AYP SBA 0304	AYP SBA 0405	% FRL 0405	% ELL 0405	% UPE 0405	% Stability 0405	% Prof Math SBA 0405	% Prof Read SBA 0405
Statistical Peers GROUP 2	Alto W	Met	Met	90	23	92	66	34	47
	Familia P	Not Met	Not Met	73	33	82	67	24	41

Table 9 (continued)

Performance & Demographic Data		AYP SBA 0304	AYP SBA 0405	% FRL 0405	% ELL 0405	% UPE 0405	% Stability 0405	% Prof Math SBA 0405	% Prof Read SBA 0405
Statistical Peers GROUP 3	Bueno W	Met	Not Met	72	24	81	76	24	53
	Especial P	No data	Met	61	17	57	56	30	56
Statistical Peers GROUP 4	Dia W	Met	Met	46	6	53	78	41	63
	Campo P	Met	Not Met	54	8	41	67	48	65

Note. AYP = Adequate Yearly Progress, SBA = Standard-based Assessment, FRL = Free/Reduced Lunch , ELL = English Language Learners, UPE = Underperforming Ethnicities.

As a whole, the ethnicity breakdown of the district was African-American at 3.9%, Asian Pacific at 2.5%, Caucasian at 31.3%, and Native American at 5.0%. Hispanics were the majority minority of the Central City School District at 54.3% of the total population. In Table 10, the ethnic breakdown of the six schools in the study is shown.

Table10

2005 Student Demographics

		Ethnicity				
School	Enrollment	African-American	Asian/ Pacific	Caucasian	Hispanic	Native American
Alto W	296	3.0%	0.0%	7.1%	85.8%	4.1%
Familia P	559	1.1%	0.4%	14.3%	83.0%	1.3%

Table10 (continued)

		Ethnicity				
School	Enrollment	African-American	Asian/ Pacific	Caucasian	Hispanic	Native American
Bueno W	377	2.1%	0.5%	15.6%	77.7%	4.0%
Especial P	600	6.5%	7.8%	30.8%	45.2%	9.7%
Dia W	445	4.3%	4.7%	47.4%	35.5%	8.1%
Campo P	392	6.4%	6.4%	52.0%	30.6%	4.6%

Each school was a single case, but the study as a whole, covered six schools, matched by Statistical Peers groupings and thus qualified as a multiple-case study. School selection maximized matching across the five categories of statistical peer membership in order to be able to examine the relationship between category of statistical peer membership and factors associated with program installation and initial implementation. In this way, the study could provide insight into outcomes that could be linked to factors associated with program installation and initial implementation and not influenced by demographic differences. With this information, developers, researchers, and school staff might gain knowledge as to what is working as more evidence-based programs are introduced to schools, what is challenging for the districts, and what researchers might do to support an easier transition from research to practice.

Data Collection

This case study used a variety of data collection methods, including interviews, focus groups, an implementation checklist, and document reviews. Scripted documents

such as budgets, meeting agendas, and minutes were requested and when available, reviewed to gain information about program plans, staffing, activity levels, and other program characteristics. Semi-structured interviews of principals, counselors, and teachers solicited descriptive information about factors associated with program installation and initial implementation and perceived supportive and constraining factors. Focus group questions were organized around topics that emerged from the individual interviews. Merton, Fiske and Kendall (1990) suggest that although conversational in nature and open-ended, the interviewing done in the focus groups may be used to corroborate certain facts that the researcher thinks have been established.

Schools. A group of six paired CCPS elementary schools that received *Second Step* training in 2005 were selected for participation. Schools either identified as adopting *Second Step* school-wide or in individual classes or grades. Schools were matched with their statistical peer based on the protocol established by Dunavin (2005) to control for external variables that might affect factors associated with program installation and initial implementation differently between matched schools. Three matched pairs were established representing the middle 3 of the 5 district identified statistical peer groupings. The paired schools were Alto W/Familia P, Bueno W/Especial P, and Dia W/Campo P.

Participants. The principal shared the information sheet about the study and asked for volunteers for the interviews and focus groups. Three staff (the principal, a counselor, and a key informant) were invited to be interviewed at each of the six identified schools (Table 11). Interviews were about 45 minutes in length. Notes were taken and the interviews were recorded on an IPod and later transcribed. Interview and focus group times were negotiated between the Research Team and the individual

interviewees and/or focus group participants. There was no compensation provided to participants.

Five principals participated in the interviews. Especial P's principal did not participate in the interviews stating that she was not in the school in 2005 and had not observed *Second Step* at the school, although she did know some staff implemented the program. Attempts to find the former principal were not successful. Campo P's former principal contributed to the knowledge base on the 2005 implementation of *Second Step* at Campo P, but was not included in the demographics. Six counselors and six key informants were interviewed. A total of 18 interviews were completed. The Principal Protocol is contained in Appendix B. The Counselor, Teacher, and Key Informant Protocol are contained in Appendix C.

Focus groups were held at five schools. One school principal was not successful in recruiting staff to participate in a focus group. Overall, it was challenging to recruit focus group participants. It was anticipated there would be 24 participants, but only 12 agreed to be interviewed. Focus group participants included teachers, counselors, social workers, and educational assistants. These staff were not part of the individual interviews and were identified by the principal as knowledgeable about programs and activities in the school. The focus groups were recorded and transcribed. The Focus Group Protocol is contained in Appendix D.

All participants except for one principal (29) completed an implementation checklist rating their perception of implementing the various components of the *Second Step* program. The checklist that was adapted from the work of the developers of *Second Step* is contained in Appendix E. Additionally; school documents that related to training,

program planning, design, administration, and other information (Werner, 2004) were reviewed.

Participants including principals, teachers, counselors, and social workers from the six elementary schools all rated factors associated with program installation and initial implementation as important (Table 11). There was a large range of experience amongst the principals. Total educational experience ranged from 10 years to 37 years, while administrative experience ranged from 4 years to 30 years. Three of the principals' administrative experience was only in their present school. Those principals were Bueno W's principal with 13 years, Dia W's principal with 12 years, and Familia P's principal with 5 years. Alto W's principal had 19 years of administrative experience with 17 at Alto W. Campo P's principal was by far the most experienced with 30 years of administrative experience of his 37 years in education. He was the principal that was at his present school for only 3 months. He was familiar with *Second Step* because his previous school had implemented the program.

On average, the six counselors were at their school for 7.8 years with a range of 5 to 14 years. Counselor experience ranged from 5 years to 28 years. Key informants included teachers and one social worker. The social worker had 24 years of educational experience with 8 years at Dia W. Although preschool was in several of the schools, only one preschool teacher participated in the interviews or focus groups. She had the most educational experience with 32 years; 9.5 of the years as a special education preschool teacher.

All Focus Group participants were Pre K to 2nd grade teachers. The range of experience was 1.5 years to 33 years.

The three schools that implemented *Second Step* school-wide were led by principals with the most experience in education and who also had been administrators in the same school for the longest period of time.

Table 11

Participant Demographics & Implementation

Participant	Yrs in Educ. Level 1	Yrs in Educ. Level 2	Yrs in Current School Level 1	Yrs in Current School Level 2	Imp. Level 1	Imp. Level 2
Principal	33 [a]	10 [f]	17 [a]	5 [f]	4.5 [a]	5 [f]
N=5	25 [b]	21 [e]	18 [b]	3 [e]	5 [b]	4 [e]
	24 [d]	37 [c]	12 [d]	0.4 [c]	4.5 [d]	5 [c]
Avg. (Range)	25.8 (10-37)		12.0 (0.4-18)		4.7 (4-5)	
Counselor	28 [a]	8 [f]	5 [a]	8 [f]	5 [a]	5 [f]
N=6	8 [b]	25 [e]	8 [b]	5 [e]	5 [b]	4 [e]
	17 [d]	10 [c]	14 [d]	10 [c]	5 [d]	5 [c]
Avg. (Range)	15.5 (5-28)		7.8 (5-14)		4.8 (4-5)	
Key Informant	7 [a]	5 [f]	3 [a]	5 [f]	5 [a]	5 [f]
N=6	9 [b]	16 [e]	2 [b]	4 [e]	5 [b]	4 [e]
	24 [d]	32 [c]	8 [d]	9.5 [c]	5 [d]	5 [c]
Avg. (Range)	16.3 (7-32)		4.8 (2-9.5)		4.7 (4-5)	

Table 11 (continued)

Participant	Yrs in Educ. Level 1	Yrs in Educ. Level 2	Yrs in Current School Level 1	Yrs in Current School Level 2	Imp. Level 1	Imp. Level 2
Focus Groups	4-28 [a]	1.5-8 [f]	4-13 [a]	1.5-5 [f]	5 [a]	4.5 [f]
N=12	25-30 [b]	33 [e]	5-25 [b]	8 [e]	5 [b]	5 [e]
	24 [d]	9-20 [c]	8 [d]	7-18 [c]	5 [d]	5 [c]
Avg. (Range)	18(1.5-33)		8(1.5-18)		4.8(4.5-5)	

Note. Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.
Interviewees were asked to rate the importance of prevention programming from a scale of 1, not important to a 5, very important.
The former principal of Campo P was interviewed, but not included in the demographics. Especial P's principal declined to be interviewed, but her demographic data is included.
Dash indicates missing data.

Research Team. Four individuals were recruited to be on the Research Team for the study. They provided support with interviewing and focus groups as well as rating propositions. All of them completed appropriate IRB requirements. One rater was a semi-retired professor who conducts local school district evaluations, two had been involved with previous state studies, and the last works with data and evaluation as part of her work. Each team member received a handbook with directions on how to conduct interviews and focus groups, a scripted statement to read before the interviews and focus groups, directions on how to rate the responses, and all protocols.

Protocols. Interview protocols were established with a series of questions associated with each proposition indicator. Most questions were open-ended to solicit a richer, more in-depth response. Each question was designed to be answered by three individuals: the principal, counselor, and a key informant. At one school, only two individuals volunteered for the interview. An additional interview was conducted because the present principal was only at the school for 3 months. Participants were asked to use a Likert-like scale for their belief on the importance of prevention and intervention programs in the schools.

There were also Focus Group protocols that provided more information for the study from the focus group participants. Similar to the interview protocol, most questions were open-ended. However, in the focus group, participants were able to complement each other's responses, providing a more in-depth response.

Data Analysis

To help establish the construct validity and reliability of the case study, evidence was examined through (a) use of multiple sources of evidence, (b) creation of a case study database, and (c) maintenance of a chain of evidence (Yin, 2003). This study utilized a multi-method, multi-source approach with adherence to these principles in order to increase its quality.

Four sources of information were analyzed in this study to respond to the research questions and evaluate the proposed propositions and their indicators. These included: (a) interviews, (b) focus groups, (c) implementation checklists, and (d) document review.

Interview Proposition Ratings. The transcripts from the interviews were evaluated by three trained raters of the Research Team to determine the support for each proposition. The team members were asked to read the responses from the six schools and judge fidelity of the response to the proposition indicators associated with *Second Step*. Each rater was given a copy of the transcripts from each school without school identification as well as a rating form (Figure 4) for objectively rating the level of support for or against each proposition indicator. Each school was assigned ratings on factors associated with program installation and initial implementation that were used to provide a "score" for the associated propositions. The rating form was designed so that each school had its own form with the propositions, indicators, and a grid. Raters were to judge whether the data provided were supportive of or against the statement.

Proposition indicators were designed to isolate factors associated with program installation and initial implementation of the evidence-based program. Raters were provided the transcripts of the interviews and focus groups. The raters were asked to score the responses to the16 proposition indicators based on a rating range of +3 for strongly in support of the proposition indicator to -3 for strongly against the proposition indictors. If there was no evidence for or against, they were to mark zero. The scores were averaged across the participants (principal, counselor, and key informant) to get an average score for each indicator. This score was then added across the raters to get a single total score of the raters' evaluation of the proposition indicators responses of support for or against or no response to the individual indicators (Appendix F).

School being rated: _____ Rater _____

Proposition A: (Training) Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program.

INSTRUCTIONS: Rate the following parts of the proposition. Please circle your response. If data supports or is against the statement, rate the evidence as strong, moderate or mild by circling either +3, +2,+1, -3, -2, or -1. If the data have no evidence about the statement, then circle 0.	The data provide evidence that **SUPPORTS** the statement that *fill in one part of the proposition* and the evidence is…			The data provide evidence that is **AGAINST** the statement that *fill in one part of the proposition* and the evidence is…			The data DOES NOT provide any evidence about the statement that *fill in one part of the proposition.* (NOTE: Mark this option only if there was **NO** evidence in the data)
Parts of Proposition (Indicators):	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
1. There is evidence that school staff received training on the purpose and expected outcomes of providing *Second Step* in the schools.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
2. There is evidence that school staff received training on the *Second Step* Curriculum.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
3. There is evidence that the school staff received training on how to involve families in *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
4. There is evidence that school staff received an adequate number of curriculum kits for appropriate implementation of *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0

Figure 4. Rating Scale.

Interrater Reliability of Ratings. Intraclass correlation coefficients (ICC) were calculated to determine reliability on the interview and focus group ratings of the proposition indicators, as well as the propositions as a whole, as summarized by Fleiss (1986) (Table 12). Interrater reliability was estimated using SPSS 15.0 to calculate the ICC values from a two way random consistency model as described by McGraw and Wong (1996). This procedure is similar to one developed in a case study analysis examining school reform (Duchnowski, Kutash, & Oliveria, 2004). By convention, an ICC>.70 is considered acceptable interrater reliability, but this depends highly on the researchers' purpose. Another rule of thumb is that ICC from .41 to .60 indicates

moderate interrater reliability, .61 to .80 substantial, .81 and greater outstanding (Landis & Koch, 1977).

Proposition indicators were examined to get a deeper understand of what conditions identified in the proposition contributed to the results of the intraclass correlation of the propositions. When following common precedent, there was weak interrater reliability for the Proposition Indicator on whether staff received training on the purpose and expected outcomes (A1) and whether the designated Champion articulated the *Second Step* program (D2) for both the interview and focus group responses. Responses to whether staff received training on the curriculum (A2), shared time to work together for appropriate implementation (B2), and whether higher levels of fidelity was associated with the presences of a Champion (D4) also showed weak interrater reliability for the interview responses. Focus Group responses for C3 had the weakest reliability score (0.00). This proposition indicator reads as, "There is evidence that staff that used the *Second Step* implementation tools were more likely be at a school that implemented *Second Step* school-wide."

Moderate interrater reliability was achieved in interview responses for proposition indicators B4 (.44) and C1 (.42) on whether staff received share time to review successes and concerns about implementation and whether there was evidence that the school delivered *Second Step* school-wide. Focus Group responses for proposition indicators B2, B3, B4, C1, C2, and D4 also had moderate interrater reliability.

Eight of the 16 interview proposition indicators ranged from .63 to .80, indicating substantial interrater reliability. Those indicators included: (a) adequate number of curriculum kits (A4); (b) staff received sufficient time to review the program (B1); (c)

specific blocks of time were allocated for staff to implement the program (B3); (d) more time for peer-to-peer support when *Second Step* was implemented school-wide (C2); (e) more likely to use implementation tools when *Second Step* was implemented school-wide (C3); (f) staff attributed positive outcomes to *Second Step* (C4); (g) evidence for a designated champion (D1); and (h) a champion articulated the *Second Step* program to the entire staff (D3). Two of the focus group responses to the proposition indictors had substantial interrater reliability. They were A2 and A3. The two propositions indicators were staff receiving training in general and more specifically, on family involvement.

Two of the interview proposition indicators had outstanding rater reliability. They were (a) there is evidence that the school staff received training on how to involve families in *Second Step* (A3); and (b) there is evidence that staff attributed positive outcomes to *Second Step* (C4). Five of the focus proposition indicators ranged from 0.81 to 1.00. The five that had outstanding rater reliability were (a) there is evidence that school staff received an adequate number of kits (A4); (b) there is evidence that school staff received sufficient time to review the Second Step program (B1); (c) there is evidence that staff attributed positive outcomes to Second Step (C4); (d) there is evidence that there was a designated Champion (D1); and (e) there is evidence that the Champion or directly insured allocation of time and resources to support the Second Step program (D3).

Table 12

Intraclass Correlations of Proposition Indicators and Proposition Aspect Scores

	Interviews	Focus Groups
Propositions	ICC	ICC
A1	0.28	0.33
A2	0.35	0.80[S]
A3	0.89[O]	0.80[S]
A4	0.63[S]	0.95[O]
B1	0.72[S]	0.99[O]
B2	0.33	0.51[M]
B3	0.65[S]	0.50[M]
B4	0.44[M]	0.53[M]
C1	0.42[M]	0.43[M]
C2	0.72[S]	0.42 [M]
C3	0.79[S]	0.00
C4	0.85[O]	0.81[O]
D1	0.78[S]	1.00[O]
D2	0.04	0.33
D3	0.67[S]	0.94[O]
D4	0.16	0.50 [M]

Note. m = Moderate Interrater Reliability; s = Substantial Interrater Reliability; o = Outstanding Interrater Reliability

Interviews and Focus Groups. The difference between ratings for the paired schools were calculated to compare paired schools implementing school-wide (Level 1) to all the schools implementing in individual classes or grades (Level 2). A paired *t*-test was conducted on the average ratings of the proposition indicators. The *t*-test was completed on the average scores of propositions and proposition indicators to answer the

question, "Is there a difference in paired Level 1 and Level 2 schools on interview propositions and their indicators?"

Focus Groups were held at 5 of the 6 schools. The Focus Group Protocols were examined by the Research Team and similar to the Interview Protocols, they were scanned for emerging themes that would support the interviews, checklist results, and artifacts.

Checklist. The checklist was designed to help understand each implementation component's relative level of ease or difficulty in implementing (Appendix E). Twenty-nine participants completed a checklist of the steps of *Second Step*. They rated each step on a scale of 1-5 in terms of how easy or difficult it was to implement the implementation component. One was considered the easiest and 5 the most difficult. They could also respond Don't Know.

The difference between ratings for the paired schools were calculated to compare paired schools implementing school-wide (Level 1) to all the schools implementing in individual classes or grades (Level 2). A *t*-test was completed on the checklist results. All participants were provided a checklist with a Likert scale of 1-5, with one being the easiest and five the most challenging, to rate ease of implementation of the conditions identified by the program developer leading to successful implementation.

Document Review. Requests were made to all participants for any documents that would provide evidence of the factors associated with program installation and initial implementation process. Related school documents were visibly scanned for any other supporting information. Participants did not have documents available as far back as 2005. Some shared more recent documents as an example.

The information from the four sources (interviews, focus groups, checklist, and document review were analyzed to confirm or disconfirm the proposed propositions and subsequently answer the research questions proposed for the study in conjunction with the data within the context of the interviews and focus group responses.

Confidentiality

All information was kept in a locked file cabinet and on a secured password protected computer. Interviews and focus groups were audio recorded. Only the principal investigator and the research team associated with the study had access to the recordings and their printed versions. The names of the state, county, school district, and schools were changed to protect confidentiality.

All participants were given information about the study prior to participation and written documentation of informed consent was obtained. Procedures to obtain consent were approved by the University of South Florida Institutional Review Board (IRB) and by the CCPS Research, Accountability, & Development Department Review Board. Confidentiality was maintained throughout the study.

Study Limitations

Second Step was originally selected by staff within the district that oversaw substance abuse and violence prevention and intervention programs. They were assigned to find an evidence-based violence prevention program that was aligned to National Education Standards and would be willing to work with the district to align the work to Manzano Education Standards. There could be a possibility of a perception of conflict of interest in this study because the principal investigator has a favorable bias toward *Second Step*. The principal investigator had final approval on the selection of *Second Step*

and has continued to support its adoption into the district. The principal investigator guarded against this bias and conflict of interest by conducting interviews and focus groups when available, with staff not connected directly with the district, and only interviewed staff not connected directly to evaluation of the CCPS Health and Wellness Department.

Some interviewees may have been uncomfortable with a district level administrator requesting information from them about the work done in the schools even though the principal investigator had no evaluation principal authority over them. The principal investigator guarded against the perceived coercion and conflict of interest by ensuring participants' confidentiality and that the responses to the questions would not reflect on any performance evaluation.

The scope of this study was limited to school staff. The principal investigator did not request information from parents or students because this was a retrospective study about the factors associated with program installation and initial implementation from the school staff perspective, not about parents' and students' perception of the implementation.

There were only six schools with three matched pairs in this study. This is a very small sample. Because this is a retrospective study, there has been turnover of staff and principals in some of the selected school. This limited the pool of staff available for interviewing and focus groups. One former principal was not located for interviewing and the present principal declined the interview as she was not at the school in 2005. At least four focus group participants were requested for each focus group for a total of 24. There were only 12 staff available, with no participants at Especial P. Four (Alto W, Bueno W,

Dia W, and Familia P) of the six schools reported no turnover of principals, while the other two (Especial W and Campo W) reported three different principals from the 2005-2006 school year through the 2008-2009 school year. Alto W, Campo P, Dia W, and Especial P estimated a turnover rate of less than three teachers, while Bueno W and Familia P estimated a turnover rate of 18% and 60%, respectively.

Summary

This study was conducted to more completely understand how the factors associated with program installation and initial implementation worked at CCPS by gaining a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how developers and researchers might facilitate the application of research to practice. This was a multi-method, multi-source retrospective design, using both parametric and descriptive qualitative analysis. The focus of the analysis was to explore the early implementation stages of program installation and initial implementation and determine if there is a difference between schools that self-identified as implementing in the whole school vs. those self-identifying in individual classrooms or grades including paired schools (AltoW -Familia P, Bueno W-Especial P, Dia W-Campo P).

Chapter Four

Results

Overview

The present study was a multi-method, multi-source, retrospective explanatory study of the factors associated with program installation and initial implementation of an evidence-based violence prevention program, *Second Step*, in six elementary schools of a large urban school district. The goals of this study were to provide a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how program developers and researchers might facilitate the application of research to practice. The focus of this implementation study was on the exploration of the difference between schools identifying as implementing *Second Step* in the whole schools (Level 1) vs. schools identifying as implementing in individual classrooms or grades (Level 2) in six CCPS elementary schools during the program installation and initial implementation process.

The results of the study are presented in 3 sections. The first section provides results of the research questions. The second section discusses the analytic procedures and analysis. The final section concludes with a summary.

Research Questions

In the following section the summarized data and results of analyses are presented to address the research questions.

Fixsen et al.'s (2005) literature review found evidence that a multi-level approach is important for successful implementation. Evidence related to conditions that influence evidence-based programs includes practice-based practitioner selection, skill-based training, practice-based coaching, and facilitative administrative practices. This study examined training, time, implementation level, and champion.

Research Question 1.

1. To what extent, if any, are there differences in training on understanding purpose and expected outcomes, the curriculum, parent involvement, and being provided sufficient kits between schools that identify as implementing *Second Step* school-wide vs. schools that identify as individual classes or grade levels?

This research question examines the training provided to schools to see if there are any differences associated with schools implementing school-wide (Level 1) vs. schools implementing in individual classrooms and grades (Level 2) (Table 13). The range of the ratings of Proposition A (Training) was 0.14 to 1.39. Schools were clustered around mild supportive for the proposition on whether schools received the necessary tools and support to implement. The range of difference between the matched pairs of Level 1 and Level 2 schools was -1.17 to 0.19. The paired schools responses of Alto W/Familia P and Bueno W/Especial P were very similar. Dia W and Campo W had a noticeable difference of -1.17 with the Level 2 school showing greater support on the training proposition.

The range of the ratings of A1 training related to the purpose and expected outcome was 1.0 to 2.0, all with mild to moderate support. The range of difference between Level 1 and Level 2 schools was -1.00 to -0.11 with all Level 2 schools rating

greater support for this indicator. Again, the pair Alto W/Familia P was very similar. Bueno W/Especial P and Dia W/Campo P had a wider range. The range of the ratings of A2, training on curriculum, was -0.45 to 1.78. The difference ranged from -0.64 to -0.45. All Level 2 schools rated higher on receiving training on *Second Step* curriculum. Familia P rated the highest at 1.78. Responses for A3, training parent involvement, were mixed with near moderate against to near moderate in support of the indicator. The range was from -1.89 to 1.78. Familia P rated the highest for the indicator, while Dia W rated the lowest. The difference in the paired Level 1 and Level 2 schools ranged from -2.72 to 0.33. Dia W and Campo P had the largest difference with Campo W staff identifying enough evidence to receive a rating of near moderate support for the parent involvement training. The range of the ratings of A4 was -0.78 to 1.83. Familia P was the only school that reported there was no support for the statement that they received adequate curriculum kits. The range of difference was -0.50 to 2.44 with the largest difference between Alto W/Familia P.

Table 13

Difference between paired Level 1 and Level 2 schools on Proposition A and Indicators

Proposition A and A Indicators	Leve11 School	Level 2 School	Difference
Proposition A (Training)	1.39[a]	1.20[f]	0.19
Schools that received training in *Second Step* prior to implementation of the program were provided	0.14[b]	0.25[e]	-0.11
with implementation tools and support necessary to implement the program.	0.22[d]	1.39[c]	-1.17

Table 13 (continued)

Proposition A and A Indicators	Leve11 School	Level 2 School	Difference
A1.There is evidence that school staff received	1.89 [a]	2.0 [f]	-0.11
training on the purpose and expected outcome of	1.00 [b]	2.0 [e]	-1.00
providing in *Second Step* in the schools.	1.00 [d]	1.83 [c]	-0.83
A2. There is evidence that school staff received	1.22 [a]	1.78 [f]	-0.56
training on the *Second Step* Curriculum	-0.45 [b]	0.00 [e]	-0.45
	0.44 [d]	1.08 [c]	-0.64
A3. There is evidence that the school staff received	0.78 [a]	1.78 [f]	1.00
training on how to involve families in *Second Step*.	-0.67 [b]	-1.00 [e]	0.33
	-1.89 [d]	0.83 [c]	-2.72
A4. There is evidence that school staff received an	1.67 [a]	-0.78 [f]	2.44
adequate number of curriculum kits for appropriate	0.67 [b]	0.00 [e]	0.67
implementation of *Second Step*.	1.33 [d]	1.83 [c]	-0.50

Note. Range was +3 for strongly in support of the proposition to -3 for strongly against support of the proposition with 0 denoting no evidence. A rating of 2 was moderate in support of or -2 against support of the proposition. A rating of 1 was mid in support of or -1 against support of the proposition.
Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.

Five paired *t*-tests (overall for A and the four indicators) were used to compare the ratings for the three pairs of matched schools (Table 14). A2, training on the curriculum, was the only indicator found to be significant, $t(2) = -9.99$, $p = .01$. In this indicator, Level 2 schools were significantly higher than Level 1. The biggest mean difference was for A3, training on parent involvement (-1.13), but there was a lot of variability in the difference scores ($SD = 1.53$). The difference was not statistically significant.

Table 14

Mean Comparisons of Paired Level 1 and 2 Schools for Proposition A and Indicators

Proposition A & Indicators	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
Proposition A (Training)	0.58	0.95	-0.36	0.71	-0.88	.47
A1	1.30	1.95	-0.65	0.47	-2.37	.14
A2	0.40	0.95	-0.55	0.10	-9.99	.01*
A3	-0.59	0.54	-1.13	1.53	-1.28	.33
A4	1.22	0.35	0.87	1.49	1.02	.42

Note. Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades. * $p < .05$

A comparison was completed on checklist questions related to training. The ratings ranged from 1.0 to 3.5. The range of difference was -1.0 to 3.7. Alto W rated the overview presentation (1.3), initial one-day staff training as easy (1.8), preparation presentation and outline (1.7) as easy. Its paired school, Familia W rated the overview at 3.3, the one-day training at 3.5, and the presentation and outline as 2.7.

Table 15

Difference between paired Level 1 and Level 2 schools on Implementation Steps related to Research Question 1

Checklist Implementation Step	Leve11 School	Level 2 School	Difference
7 *Second Step* overview presentation	1.3 [a]	3.3 [f]	-2
	-	1 [e]	-
	3.5 [d]	1.7 [c]	1.8
8 Initial one-day staff training	1.8 [a]	3.5 [f]	-1.7
	-	1 [e]	-
	5 [d]	1.3 [c]	3.7
18 *Second Step* presentation preparation and outline	1.7 [a]	2.7 [f]	-1.0
	-	2.5 [e]	-
	5 [d]	1.5 [c]	3.5

Note. Level 1 schools indentify as implementing school-wide: *a* = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.
The lower the score, the easier it is to implement the step.
Dashes indicate the respondent did not know.

A *t*-test was completed to compare the difference between Level 1 and Level 2 schools on the checklist questions related to training. Paired *t*-tests of the individual indicators with a mean range of 2.10 to 3.40 revealed no statistically significant differences (*p*s > .05).

Table 16

Checklist Comparisons of Level 1 vs. Level Schools on Training

Checklist Questions	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
7	2.40	2.50	-0.10	2.68	-.05	.97
8	3.40	2.40	1.00	3.82	.37	.77
18	3.35	2.10	1.25	3.18	.56	.68

Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades.

Research Question 2.

2. To what extent, if any, are there differences in time allocation for learning the curriculum, shared planning time, classroom lessons, and review of lessons between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grade levels?

This research question examines the differences in time allocation in Level 1 and 2 schools (Table 17). The range of the ratings of Proposition B (Time) was 0.08 to 0.90. Schools were clustered around mild supportive for the proposition. The range of difference was 0.42 to 0.82. There were little variances amongst the schools.

The range of ratings of B1, sufficient time to learn the program components and deliver the program, was -1.11 to 1.22. Familia P had the highest rating, while Dia W had the lowest. The range of differences was -1.11 to 1.19. There was over 1 point difference on all pairs when comparing Level 1 to Level 2 schools. The range of the ratings for B2, shared time to work together, ranged from -1.45 to -0.11. The range of difference was -1.0 to 1.31. All Level 1 rated higher on shared time, however, the ratings were mildly against the indicator. The range for B3, specific blocks of time for implementation,

ranged from 0.67 to 2.5. Alto W (0.44) and Campo P had the highest ratings (2.44). The range of differences was -1.17 to 1.22. All pairs had a difference of over 1. The range of ratings for B4, time to review successes and concerns, was -0.22 to 1.42. The ratings varied with Bueno W indicating no evidence in either direction. The range of differences was -1.20-0.34. The largest difference was between Dia W/Campo P.

Table 17

Difference between paired Level 1 and Level 2 schools on Proposition B and Indicators

Proposition B and B Indicators	Leve11 School	Level 2 School	Difference
Proposition B (Time)	0.67 [a]	0.25 [f]	0.42
When implementing the program time was allocated for school staff to learn the program components as well as sufficient time to deliver the program to students.	0.72 [b]	0.17 [e]	0.55
	0.08 [d]	0.90 [c]	-0.82
B1. There is evidence that school staff received sufficient time to review the *Second Step* program.	0.11 [a]	1.22 [f]	-1.11
	1.11 [b]	-0.17 [e]	1.28
	-1.11 [d]	0.08 [c]	1.19
B2. There is evidence that school staff received shared time to work together for appropriate implementation of *Second Step*.	-0.44 [a]	-1.45 [f]	-1.00
	-0.11 [b]	-0.83 [e]	-0.72
	-0.11 [d]	-0.42 [c]	-0.31
B3. There is evidence that specific blocks of time were allocated for school staff to implement the program.	2.44 [a]	1.45 [f]	1.01
	1.89 [b]	0.67 [e]	1.22
	1.33 [d]	2.5 [c]	-1.17

Table 17 (continued)

Proposition B and B Indicators	Leve11 School	Level 2 School	Difference
B4. There is evidence that school staff received	0.56 [a]	-0.22 [f]	0.34
shared time to review successes and concerns about	0.0 [b]	1.0 [e]	-1.0
Second Step implementation.	0.22 [d]	1.42 [c]	-1.20

Note. Range was +3 for strongly in support of the proposition to -3 for strongly against support of the proposition with 0 denoting no evidence. A rating of 2 was moderate in support of or -2 against support of the proposition. A rating of 1 was mid in support of or -1 against support of the proposition.
Note. Level 1 schools indentify as implementing school-wide: *a* = Alto W, b Bueno W, d = Dia W. Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.

Five paired *t*-tests (overall for B and the four indicators) were used to compare the ratings for the three pairs of matched schools (Table 18). Differences between schools on the four indicators ranged from a mean of -0.47 to 10.91. Paired *t*-tests of the individual indicators revealed no statistically significant differences (*p*s > .05). The biggest mean difference was for B2, training on parent involvement (10.91), but there was a lot of variability (*SD* = 27.40). The difference was not statistically significant.

Table 18

Mean Comparisons of Paired Level 1 and 2 Schools for Proposition B and Indicators

Proposition B & Indicators	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
Proposition B (Time)	0.50	0.44	0.05	0.76	0.12	.92
B1	0.37	0.38	-0.34	1.40	-0.42	.72

Table 18 (continued)

Proposition B & Indicators	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
B2	-3.85	-14.76	10.91	27.40	0.69	.56
B3	1.89	1.54	0.35	1.31	0.46	-.69
B4	0.26	0.73	-0.47	1.09	-0.75	.53

Note. Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades.

Research Question 3.

3. What strategies do principals perceive to be effective in promoting implementation in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grade levels?

This research question examines strategies principals perceive to be effective in promoting implementation for Level 1 and 2 schools (Table 19). First, we examined the difference between school ratings on Proposition D and indicators. Next, a *t*-test was completed to compare the ratings for the three pairs of matched schools.

The proposition rating was mildly supportive of the proposition, when a school had a designated champion staff were more likely to implement the program. The range was 0.71 to 1.44 with a difference range of -0.11 to 0.54. Two of the Level 1 schools rated higher than their paired school, however, there was not much variability between the paired scores.

Table 19

Difference between paired Level 1 and Level 2 schools on Proposition D and Indicators

Proposition D and D Indicators	Leve11 School	Level 2 School	Difference
Proposition D (Champion)	0.81 [a]	0.72 [f]	0.09
When a school had a designated champion for *Second Step*, teachers and/or counselors were more likely to implement the program than when there was no champion present.	1.25 [b]	0.71 [e]	0.54
	1.33 [d]	1.44 [c]	-0.11
D1. There is evidence that there was a designated Champion.	3.0 [a]	1.22 [f]	1.78
	2.67 [b]	2.83 [e]	-0.16
	2.89 [d]	2.25 [c]	0.64
D2. There is evidence that the designated Champion articulated the *Second Step* program to the entire staff.	1.44 [a]	0.89 [f]	0.55
	0.89 [b]	0.0 [e]	0.89
	1.11 [d]	1.33 [c]	-0.22
D3. There is evidence that the Champion directly insured the allocation of time and resources to support the *Second Step* program.	-0.56 [a]	1.44 [f]	2.0
	1.22 [b]	-0.17 [e]	1.39
	1.44 [d]	0.92 [c]	0.52
D4. There is evidence that implementation of *Second Step* with higher levels of fidelity was associated with the presence of a clear Champion.	-0.67 [a]	-0.67 [f]	0.0
	0.22 [b]	0.17 [e]	0.22
	0.11 [d]	0.92 [c]	-0.81

Note. Range was +3 for strongly in support of the proposition to -3 for strongly against support of the proposition with 0 denoting no evidence. A rating of 2 was moderate in support of or -2 against support of the proposition. A rating of 1 was mid in support of or -1 against support of the proposition.
Note. Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W. Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.

Five paired *t*-tests (overall for D and the four indicators) were used to compare the ratings for the three pairs of matched schools (Table 20). Differences between Level 1 and Level 2 schools on the four indicators ranged from a mean of -0.11 to 2.83. Paired *t*-tests of the individual indicators revealed no statistically significant differences (*p*s > .05).

Table 20

Mean Comparisons of Paired Level 1 and 2 Schools for Proposition D and Indicators

Proposition D & Indicators	Mean Level 1	Mean Level 2	Mean Diff	SD	t	p
Proposition D (Training)	1.13	0.17	0.33	0.19	0.90	.46
D1	2.85	2.10	0.75	0.97	1.34	.31
D2	1.14	0.74	0.41	0.57	1.24	.34
D3	0.70	0.73	-0.03	1.76	-0.30	.98
D4	-0.11	0.14	-0.25	0.48	0.91	.46

Note. Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades.

The Alto W principal reinforced the use of *Second Step* as he "expected to see *Second Step* in lesson plans." Familia P grade-level chairs were responsible to teach the other teachers in their grade and work with the other teachers to develop curriculum maps. Familia P was the only school that followed *Second Step* protocol of having teachers teach the program, rather than the program be the responsibility of the counselor. It was the only school that the Principal participated in the training. Although

implementation was voluntary in Familia P, the need to be consistent across the school was emphasized by the principal and the counselor.

Research Question 4

4. What are the barriers and facilitators of implementation identified by teachers and counselors in their schools that identify as implementing *Second Steps* school-wide vs. schools that identify as individual classes or grade levels?

This research question examined what teachers and counselors experienced as barriers and facilitators of factors associated with program installation and initial implementation. They were asked to rate the steps to implementation identified by the program developer. One was considered a step that was easy to implement and five was considered the most difficult. The range of difference was -0.07 to 3.8.

The most notable difference in paired school ratings was on lesson plan social skills training. Dia W rated it a 5, while its paired school rated that activity at 1.2 for a difference of 3.8. Familiarizing parents and caregivers with the program was rated a 5 by both schools in the pair Bueno W/Especial P. Dia W also rated it a 5, but its paired school rated it a 3.4. Especial P rated extending learning opportunities to applying skill steps in all settings a 4.5. Its paired school, Bueno W rated the step 3.7. Understanding the use of *Second Step* to address identified needs and lesson plan social skills training were identified easy (1) by the pair Bueno W/Especial P. Awareness of need for social skills and violence prevention program was rated a 1 by Bueno W. Its partner school rated that step as a 2. Overall, schools rated the checklist steps in the range of 1.0 to 2.6 for a total of thirty-eight times and in the range of 4 to 5 for a total of six times.

Table 21

Checklist Comparisons of Level 1 vs. Level Schools on Barriers and Facilitators

Checklist Implementation Step	Leve11 School	Level 2 School	Difference
2 Reinforcing strategies and concepts in daily	1.6 [a]	2.2 [f]	0.6
activities and using consistent messages throughout	2.3 [b]	2.5 [e]	0.2
the school	1.7 [d]	1.9 [c]	-0.2
3 Extending learning opportunities by applying skill	2.8 [a]	2.0 [f]	0.8
steps in all settings	3.7 [b]	4.5 [e]	-0.8
	2.5 [d]	1.8 [c]	0.7
4 Modeling *Second Step* skills and behaviors in all	1.8 [a]	1.8 [f]	0
interactions	4.0 [b]	2.5 [e]	1.5
	1.5 [d]	1.6 [c]	-0.1
5 Integrating learning goals throughout the regular	2.6 [a]	2.4 [f]	0.2
curriculum	4.7 [b]	4.5 [e]	0.2
	2.5 [d]	2.6 [c]	-0.1
6 Familiarizing parents and caregivers with the	3.1 [a]	3.2 [f]	-0.1
program	5.0 [b]	5.0 [e]	0.0
	5.0 [d]	3.4 [c]	1.6
10 Involvement of non-classroom staff	3.3 [a]	3.7 [f]	-0.4
	-	5.0 [e]	-
	1.5 [d]	2.0 [c]	-0.5
12 Awareness of need for social skills and violence	1.5 [a]	2.5 [f]	-1.0
prevention program	1.0 [b]	2.0 [e]	-1.0
	2.0 [d]	1.2 [c]	0.8

Table 21 (continued)

Checklist Implementation Step	Leve11 School	Level 2 School	Difference
13 Understanding of use of *Second Step* to address	2.0 [a]	2.5 [f]	-0.5
identified needs	1.0 [b]	1.0 [e]	0.0
	2.5 [d]	1.6 [c]	0.9
21 Lesson plan social skills training	1.3 [a]	2.0 [f]	-0.7
	.1.0 [b]	1.0 [e]	0.0
	5.0 [d]	1.2 [c]	3.8

Note. Likert Scale is from 1 easiest to 5 most difficult to implement implementation step.
The lower the score, the easier it is to implement the step.
Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.
Dashes indicate the respondent did not know.

A *t*-test was completed to compare the difference between Level 1 and Level 2 schools on the checklist questions related to training. Paired *t*-tests of the individual indicators with a mean range from 1.87 to 4.37 revealed no statistically significant differences (*p*s > .05).

Table 22

Checklist Comparisons of Level 1 vs. Level Schools on Difference

Checklist Questions	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
2	1.87	2.20	-0.33	0.23	-2.50	.13
3	3.00	2.77	0.23	0.90	0.45	.70
4	2.43	2.00	0.47	0.90	0.90	.46

Table 22 (continued)

Checklist Questions	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
5	3.30	3.17	0.10	0.17	1.00	42
6	4.37	3.87	0.50	0.95	0.91	.46
10	2.40	2.85	-0.45	0.07	-9.00	.70
12	1.50	1.90	-0.40	1.04	-0.67	.57
13	1.83	1.7	0.13	0.71	0.33	.78
21	2.43	1.40	1.03	2.42	0.74	.54

Note. Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades.

Bueno W's Key Informant and Focus Group participants believed the emphasis was on 1st grade with other grades as they expanded. The higher grades only received the program if requested. Staff at both Bueno W and Especial P believed more training would have benefitted the program. One staff member from Bueno W explained why more training was important. "If you have a better understanding of why you are doing what you are doing and the impact it can have on children, that's going to make you buy-in more. You are more likely to continue using it because you know what the outcomes are going to be." The Especial P counselor indicated that "I did not do everything they recommended because I didn't have time to do everything from every part of the lesson. It was the first thing to go if there was anything else happening."

Research Question 5.

5. To what extent, if any, are there differences in staff commitment to implementation, more peer-to-peer support, more adherence to the program

model, and more staff perception on positive student outcomes between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by individual classes or grade levels?

This research question examines the differences of Level 1 and 2 schools in the areas of staff commitment, peer-to-peer support, adherence to the program model and belief positive outcomes were related to *Second Step* (Table 23). The range of the ratings of Proposition C (Implementation Level) was 0-.34 to 1.11. Schools were clustered around mild supportive for the proposition. The range of difference between the matched pairs of Level 1 and Level 2 schools was -0.51 to 0. 83.

The range of the ratings of C1, school-wide delivery of *Second Step,* was -1.11 to 1.56. All Level 2 schools rated higher than their matched school. The range of difference between Level 1 and Level 2 schools was -0.78 to 1.25. The largest difference was between Dia W/Campo P at 1.25. Campo P rated higher. The range of the ratings of C2, peer-to-peer support, was -2.00 to 1.22. Alto W/Familia P and Dia W/Campo P Level 2 schools rated higher than their matched school in contrast to the expected outcome. The difference ranged from -1.39 to 1.33. The largest difference was between Bueno w/Especial P with Bueno W rating higher. The range of the ratings for C3, use of implementation tools, was from -1.50 to .89. The difference in the paired Level 1 and Level 2 schools ranged from 0.64 to 2.17. Bueno W/Especial had the largest difference at 2.17. The range of the ratings of C4, staff contributed positive outcomes to *Second Step,* was 0.67 to 2.67 with Campo P rating the high of 2.67. The range of difference was -0.78 to -0.17. All Level 2 schools scored higher than their paired schools.

Table 23

Difference Between Paired Level 1 and Level 2 Schools on Proposition C and Indicators

Proposition C and C Indicators	Leve11 School	Level 2 School	Difference
Proposition C (Implementation Level)	-0.28 [a]	1.11 [f]	0.83
If *Second Step* was implemented school-wide, there was more staff commitment to implementation, more peer-to-peer support, and more adherence to the program model.	0.31 [b]	-0.34 [e]	0.03
Staff were more likely to attribute positive student outcomes to *Second Step* than when Second Step was implemented only in individual classrooms or grades.	0.06 [d]	0.57 [c]	-0.51
C1. There is evidence that *Second Step* was delivered	0.78 [a]	1.56 [f]	-0.78
school-wide.	-1.11 [b]	-0.30 [e]	0.78
	-1.0 [d]	0.25 [c]	1.25
C2. There is evidence that when *Second Step* was	-2.0 [a]	1.22 [f]	1.33
implemented school-wide there were more specific	-0.11 [b]	-1.50 [e]	-1.39
time blocks allocated for Peer-to-Peer support.	-0.89 [d]	-0.58 [c]	0.31
C3. There is evidence that staff that used the *Second*	-0.56 [a]	0.89 [f]	1.45
Step implementation tools were more likely be at a	0.67 [b]	-1.50 [e]	2.17
school that implemented Second Step school-wide.	0.22 [d]	-0.42 [c]	0.64
C4. There is evidence that staff attributed positive	0.67 [a]	0.78 [f]	-0.17
outcomes to *Second Step*.	1.78 [b]	2.00 [e]	-0.22
	1.89 [d]	2.67 [c]	-0.78

Note. Range was +3 for strongly in support of the proposition to -3 for strongly against support of the proposition with 0 denoting no evidence. A rating of 2 was moderate in support of or -2 against support of the proposition. A rating of 1 was mid in support of or -1 against support of the proposition.
Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.
The lower the score, the easier it is to implement the step.

Dashes indicate the respondent did not know.

Five paired *t*-tests (overall for C and the four indicators) were used to compare the ratings for the three pairs of matched schools (Table 24). Differences between Level 1 and Level 2 schools on the four indicators ranged from a mean of -0.94 to 0.45. C1, implementation of *Second Step* school-wide, was the only indicator found to be significant in the difference scores, $t(2) = -5.98$, $p = .03$. In this indicator, Level 2 schools were significantly higher than Level 1. All other paired *t*-tests of the individual indicators revealed no statistically significant differences (ps > .05).

Table 24

Mean Comparisons of Paired Level 1 and 2 Schools for Proposition C and Indicators

Proposition C & Indicators	Mean Level 1	Mean Level 2	Mean Diff	*SD*	*t*	*p*
Proposition C (Imp. Level)	0.03	0.45	.75	0.97	1.34	.31
C1	-0.44	0.49	-0.94	0.27	-5.98	.03*
C2	-1.00	-0.29	-0.71	2.33	-0.53	.65
C3	0.11	-0.34	0.45	1.81	0.43	.71
C4	1.45	1.82	-0.37	0.36	-1.78	.22

Note. Level 1 schools indentify as implementing school-wide: Level 2 schools identify as implementing in individual classrooms or grades.
* $p < .05$

A comparison was completed on checklist question related to securing buy-in from the entire staff. The range was from 1 to 4.5. Alto W, Bueno W, and Campo P found the step easy to implement compared to their paired schools. Familia P's rating was the highest at 4.5.

Table 25

Checklist Comparisons of Level 1 vs. Level Schools on Differences

Checklist Implementation Step	Leve1 1 School	Level 2 School	Difference
11 Securing buy-in from the entire staff	3.2 [a]	4.5 [f]	-1.3
	1.0 [b]	3.0 [e]	-2
	3.4 [d]	1.5 [c]	1.9

Note. Likert Scale is from 1 easiest to 5 most difficult to implement particular implementation step. The lower the score, the easier it is to implement the step.
Level 1 schools indentify as implementing school-wide: a = Alto W, b Bueno W, d = Dia W.
Level 2 schools identify as implementing in individual classrooms or grades: f = Familia P, e = Especial P, c = Campo P.

Document Review

Very few documents were available to support the responses in the interviews and focus groups. Alto W was able to provide a very detailed mini grant proposal that discussed the school's strategic plan and the benefit of implementing *Second Step* including a training time, blocks of time set aside for the curriculum, use of visuals throughout the school promoting the skills in *Second Step*, and how the tools of the program could be used to develop a comprehensive, data-driven prevention program. Bueno W was able to provide the school's Guidance Curriculum Plan/Do/Study/Act document. This document addresses first grade only, although the school had identified as implementing in the whole school. The counselor at Campo P was able to provide her

schedule indicating *Second Step* as her curriculum for 1st grade. No other school provided any document review to support the data.

Summary

The goals of this study were to provide a better understanding of (a) the factors that support implementation of evidence-based programs in K-12 public schools, (b) the factors that constrain implementation, and (c) how program developers and researchers might facilitate the application of research to practice. The focus of this implementation study was on the exploration of the difference between schools identifying as implementing *Second Step* in the whole schools vs. identifying partial implementation in six CCPS elementary schools during the program installation and initial implementation process. This study used a multi-method, multi-source retrospective explanatory study design (Yin, 1989; 1994). It examined factors associated with program installation and initial that, if present, the research shows are associated with implementation fidelity. This study tested specific theoretical propositions and also developed case descriptions as outlined by Yin (1989, 1994, 2003).

This case study used a variety of data collection methods, including interviews, focus groups, an implementation checklist, and a document review. Semi-structured interviews of principals, counselors, and teachers solicited descriptive information about factors associated with program installation and initial implementation and perceived supportive and constraining factors. Focus participants were organized around topics that emerged from the individual interviews.

There were seven stages to address the research questions. The tasks were (a) review any document review that would support the information provided in the

interviews and focus groups, (b) analyze the checklist by examining differences between paired schools, (c) analyze the checklist by completing a *t*-test, (d) analyze the interview questions by examining differences between paired schools, (e) analyze the interview questions with a *t*-test comparing paired schools, (f) analyze the comparisons that emerged from results of the ratings, and (g) analyze any themes that resulted from the focus groups.

Overall, the results of the ratings examination indicated that schools implementing school-wide (Level 1) and schools implementing in individual classes or grades (Level 2) were not consistently implementing the factors associated with program installation and initial implementation. There was little difference in the responses between matched Level 1 and Level 2 schools. The *t*-tests results on the propositions and their indicators were statistically significant for A2, training on the curriculum and C1 school-wide implementation of *Second Step*. No other *t*-test on the proposition and no *t*-test on the checklist responses were statistically significant.

This multi-method, multi-source study yielded little or no support for the research questions and the propositions proposed in the areas of training, time, implementation level, or champion. In the next chapter explanation of these findings will be discussed at greater length.

Chapter Five

Discussion

Purpose

This present study responded to the new emphasis on providing evidence-based prevention and intervention programs in the schools and the challenge of implementing research to practice in a way that maintains fidelity to program design, but is still adaptable to a school climate. Studying factors associated with program installation and initial implementation in the schools while normal daily activities are occurring, provided opportunities that are different than when researchers examine schools and bring with them supports and financial incentives that most schools do not have. This chapter reviews the rationale, purpose, and methodology of the present study, and discusses the results and limitations. The contributions to research and practice and areas for further research are also addressed.

Overview of the Study

As schools emerge as the de facto health and mental health system, they have also become the most common resource for prevention program implementation and there is a growing body of evidence-based prevention and intervention programs available for them. Lagging behind the interest in evidence-based practices and programs, but gaining more momentum in recent years, is understanding the implementation process and its potential impact to successful replication (Fixsen et al., 2005). The focus of this study

was the exploration of factors associated with conditions during the program installation and early implementation stages of the implementation process. The answers to the questions addressed in this study have implications for developers, researchers, and the schools that implement the programs.

Review of Method

This retrospective explanatory study used a multi-method, multi-source design that investigated the second and third stages of the Implementation Theory framework, program installation, and initial implementation developed by Fixsen et al. (2005). This study examined the supportive and limiting conditions schools face as they adopt evidence-based programs and the initial implementation strategies that are used. The district matched schools within the district based on a statistical cluster analysis to identify groups of similar schools. Peer groups were formed based on percentages of students in the free/reduced lunch program, English language learners, under-performing minorities and students enrolled at same school on days 40 and 180 of an academic year. Six schools were paired based on this data analysis.

Parametric and qualitative analytic techniques were used to gain a more complete understanding of the connections between evidence-based programming and practice and how public schools implement them in the schools.

The Yin method of case study was modeled to examine the difference between schools implementing *Second Step* school-wide (Level 1) and schools implementing in individual classrooms or grades in a large urban school district (Level 2) (Yin,1989,1994). Propositions and their indicators were examined based on the difference in ratings of the paired schools in the proposition areas identified: (a) training

and resources, time, implementation level, and champion. Additionally, *t*-tests were completed on the propositions and checklist responses.

Discussion of Findings

The present investigation contributed to the empirical and theoretical literature on (a) the factors that support implementation of evidence-based program; (b) the factors that constrain implementation during the stages of program installation and initial implementation; and (c) how program developers and researchers might facilitate the application of research to practice.

Contrary to the proposed propositions, there was no evidence that differentiated the schools that identified as implementing *Second Step* school-wide and those that did not. The differences in ratings of the schools in the areas of experience of training and resources, time, implementation level, and champion varied from school to school with no identified link that identified schools that implemented *Second Step* school-wide as more likely to have supported the propositions. In the paired schools, the difference between Level 1 and Level 2 schools varied by proposition, indicators, and pairs. There were other themes that came out that are worth noting. This section will discuss what the results indicated in relation to the research questions.

Review of Question 1.

1. To what extent, if any, are there differences in training on understanding purpose and expected outcomes, the curriculum, parent involvement, and being provided sufficient kits between schools that identify as implementing *Second Step* school-wide vs. schools that identify as individual classes or grade levels?

The early work of training staff is an opportunity to define and expand treatment and implementation practices and program that may contribute to more positive implementation outcomes (Fixsen et al., 2005). The expectations of the *Second Step* developer were that teachers would implement school-wide, all staff would be trained on *Second Step*, time would be set aside to do the work, staff would follow the implementation plan designed by the program developer, and administrators would be the champion. That was not what happened in the schools in this study. For the training to happen, counselors presented information on *Second Step* to the principals and in collaboration with the counselor, principals made the decision on who got trained.

No school provided a full staff training including overview, curriculum, adaptation, and parent involvement. All schools trained at least some staff with an overview of *Second Step*. In all the schools, the counselor provided a brief overview during individual conference, staff or grade level meetings. Few individuals participated in the more extensive 2-day training. The only school that mandated training was Alto W. Although the Alto W principal did not see "a dire need for an all out school-wide training," the principal allowed the counselor to invite a district staff to do an overview training of *Second Step* and mandate staff to attend. Alto W's paired school, Familia P did not mandate training, but did provide a plan for training by developing curriculum maps. The principal attended the overview training with the counselors. Familia P grade level lead teachers and the counselors attended a second training designed to train them to teach their peers.

The program was designed for teachers to implement in the classroom. That is not what was reported in the schools in this study. In all cases, except Familia P, one teacher

at Alto W and two teachers at Especial P, counselors provided the program. In some cases the teachers did not stay in the classroom while the counselor provided the program. The time was considered collaboration time for the teachers with their grade-level colleagues. Principals saw this as a win-win situation because they needed time periods for grade levels to work together. Counseling, library, physical education, music and art provided lessons while the teachers met. At Alto W some teachers stayed in the classroom to support the counselor, others did not. Familia P is the only school that the teachers taught the program with the counselor going in for support as needed. Bueno W teachers stayed with their class. One teacher said she felt it was important because the counselor was not used to working with an entire class and if she stayed, she would be able to support the lessons better. Especial P did not. The teachers at Dia W did not stay with the class, but their paired school, Campo P teachers did stay. The teachers who did stay with the class talked about the importance of supporting the counselor and having a more system-wide approach to behaviors.

When the paired schools were examined, Alto W and Familia P were the paired schools that rated highest on training, except for on receiving curriculum kits. Familia P was the only school that did not receive an adequate number of kits. This may be the result of the teachers providing the program, thus more individuals providing lessons at the same time. In contrast, when the counselor provided the lesson, all the schools indicated they implemented on a rotating schedule based on grading periods. One counselor only needed one curriculum kit.

Campo P's counselor provided an overview of the training, but no other staff were fully trained in the program. She shared, "I did a lot with the program on my own. If I

could do it over, I would have grade level staff attend training to learn curriculum." In the paired school, only Dia W's counselor was trained. The same was true at Bueno W. Only the counselor was trained. The counselors talked about the program in staff meetings. The Especial P's two teachers were trained at an overview training, but only one followed through on implementing the program in the class.

Review of Question 2.

2. To what extent, if any, are there differences in time allocation for learning the curriculum, shared planning time, classroom lessons, and review of lessons between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by grade level or classroom?

All the schools had the same sentiment as one principal's comment about the challenges. "The time is always a crunch. Every year we get additional responsibilities to try to squeeze in. There is never enough time to do everything we'd like to do." The consequence of multiple priorities was that time set aside to practice the lessons and plan together were not specific to *Second Step*. The other priorities took precedence over *Second Step*. Whether schools were implementing school-wide or in individual classrooms or grades, if the counselor was providing the program, the counselor would set a schedule of when *Second Step* would be offered in the classrooms. Like the time set aside to plan together, the counselor would be pulled away for other priorities. As Greenberg (2003) expressed, schools are now also the lead on prevention programming for children and youth. It is a balancing act for schools to continue to add programs to their already full day of academics and other priorities. Despite the challenges, all participants in this study rated the importance of implementing an evidence-based

program in their school as high. The importance of skill development, rather than crisis was emphasized. There were concerns about challenges students face today. There was also a struggle with what they believed was the right thing to do and the priorities they faced every day. A consistent theme in examining schools was that there was not enough time and competing priorities.

Review of Question 3.

3. What strategies do principals perceive to be effective in promoting implementation in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by grade level or classroom?

All the principals believed a champion for the program was a key element in the success of the program, but did not believe the champion had to be them. The principals saw their role as a support for the counselor. Except in Familia P, the principals perceived a set rotating schedule was an effective way to implement prevention programs. Alto W's principal believed it was important to align the *Second Step* curriculum with existing work. In support of prevention planning he said, "A recent trend in education is academic improvement. It is given that regardless of what else goes on at your school, academic improvement will happen, but it doesn't if the school isn't a safe place and people can't learn." At Alto W's paired school, Familia P, the principal said, "We need prevention/intervention programs instead of winging it. We spend more time putting out fires. I think we have to not assume they know these things and we should do everything we can to make sure we provide them with information so that as they are making choices and decisions, they have some information."

Especial P's principal declined to be interviewed. Bueno W's principal said, "We introduced the program by grade level. We studied how behaviors were rising in a certain grade level. We chose to begin with 1st grade because they had the highest behavior numbers in the whole school." The principal continued to explain that the model was designed to be a school-wide teacher implementation, but the school didn't use it that way. It would have been too much for teachers to have to train and make the time in the day to teach the program. She and the counselor felt the teachers had enough to do and did not burden them. The principal and counselor made the decision without input from the teachers.

The principal at Dia W believed it was the counselor's role to integrate the program into the school by working with individual teachers about implementing the program into the classroom. Although the principal did not work directly with the program, she encourages "that no matter what's going on to consider those aspects of the population that we have. We don't have a large at risk population, but we try to be aware of the needs of our students and keep those in mind." Like the Dia W principal, the Campo P principal supported the program based on the counselor's recommendations. There were specific blocks of time set for implementation.

Review of Question 4.

4. What are the barriers and facilitators of implementation identified by teachers and counselors in their schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by classes or grade level?

Many of the teachers did not have the level of buy-in to the *Second Step* program that the counselors did because they were not part of assessing the potential match between the school and program. Staff buy-in is an important condition of the exploration stage identified by Fixsen, et al. (2005).

All the individuals interviewed at Bueno W indicated it was great that the counselor had taken on the responsibility of the *Second Step* curriculum. At least one staff saw a downside when it came to time allocation. She stated, "It was originally designed that she (the counselor) would come in, but emergencies would happen. She only came in three or four times. Her emergencies took precedence. If the teachers were doing it, then it would make it easier to be consistent. If it was able to be consistent, it would work. Because it was just the one person doing it, it made it difficult. We did have the time put into the schedule so it would have worked."

Dia W's counselor did not consistently follow the *Second Step* curriculum, preferring to use her judgment to focus on particular areas of need. In her training, the trainers emphasized that teachers should teach the program and the importance of fidelity to the program, but she felt it was not realistic. The counselor believed, "Teachers' plates are full and every year they are fuller. Our teachers do not have the time to include a social-emotional curriculum on top of all the other mandated curriculum." Similarly, the Campo P counselor's main concern was that "There is only so much time and there are always so many academic concerns for teachers to address."

Everyone interviewed discussed the importance of implementation with fidelity, however, there was an overwhelming response that it was not feasible in schools because of the competing priorities. One counselor said if she went strictly by the cards the

students would be bored. Another said that the hammering of empathy wasn't as useful as the problem-solving and how to calm down lessons. She focused on them. Enough time in the classroom to complete a lesson was not usually available, even with set schedules of going to the classes. Other counselors found they could do two lessons during their classroom visit. One counselor suggested that the developer "might want to consider a modified version that has a more realistic timeline. Another suggested that the developer should "explore adaptations of how it can be implemented. With the ratio of kids we have, I'm not sure that one curriculum can be fully implemented in the way that it was designed. We need opportunities to look at adaptations and flexibility within the curriculum."

Review of Question 5.

5. To what extent, if any, are there differences in staff commitment to implementation, more peer-to-peer support, more adherence to the program model, and more staff perception on positive student outcomes between schools that identify as implementing *Second Step* school-wide vs. schools that identify as implementing by classes or grade level?

The Level 2 schools rated higher than the Level 1 schools on school-wide implementation, although the Level 2 schools self identified as implementing in individual classrooms and grades. Level 1 schools self identified as implementing school-wide, but there was no clear evidence that they were school-wide. Bueno W rated higher than Especial P on peer-to-peer support and use of implementation tools. With the two other pairs, the Level 2 schools rated higher. All the Level 2 schools rated higher than the Level 1 schools on contributing positive outcomes to *Second Step.*

Study Limitations

The limitations of this study must be considered in the interpretation of the findings above. The limitations noted in Chapter 3 are expanded to discuss the limitations identified in the study.

(1) Turnover of staff impacted the number of participants in the focus group. At least 24 participants were expected, but only 12 participated.

(2) There were only six schools with three matched pairs in this study.

(3) One former principal was not located for interviewing and the present principal declined the interview citing lack of knowledge of the program.

(4) Except at Familia P, only one teacher in Alto W and one at Especial P, counselors implemented *Second Step* in the schools, contrary to the program developer's expectations that the targeted users were teachers.

(5) Schools self identified as implementing school-wide or in individual classes or grade levels. No definition was provided on "school-wide" nor "individual classes or grade levels." There was no clear evidence to corroborate that a school was implementing school-wide.

(6) No participants volunteered for the focus group at Especial P.

(7) Schools were feeling the pressure of a new superintendent, new priorities, and new initiatives. Like their concern about time when discussing their experience with *Second Step*, they also were stressed for time in participating in the study.

Contribution to Research and Practice

Considering the aforementioned limitations there are lessons to be learned. This study, while explanatory in nature, has contributions to make to the growing literature on implementation of evidence-based programs in school settings. Similar to other studies, this study found that schools are not implementing evidence-based programming with fidelity (Fixsen et al., 2005). Fixsen et al. (2005) found that implementation may be challenged because of the inability to replicate the supports provided in the original research, a lack of understanding of the importance of fidelity to the program, or loss of support from the district for the program. In this study, the participants discussed the importance of fidelity; however, there was tremendous concern about the lack of time to do all that is expected of schools today. Providing awareness and support to particular social skills development were important, but full implementation was described as unrealistic.

In the literature review in Chapter 2, it was noted that Weiss et al. (2008) addressed concerns that some programs have been identified as evidence-based by the federal government lack credibility. The schools in this study did not consider the quality of the research behind the program. Understanding the research behind the program could help the school decide if a program would work for them. Researchers should be open to providing the research reviewed by the federal government. In this way, the schools have an opportunity to review the challenges and limitations that the researchers encountered and may better understand the program requirements and limitations. With this knowledge, schools may be better able to differentiate between programs that are not a good match vs. a study challenge already identified in the program.

A Public Health Approach: A Potential Framework. A public health approach to integration of prevention is promoted in the literature as a framework to strategically make programming decisions. This approach identifies (a) What is the problem?, (b) What are the causes?, (c) What works for whom?, and (d) Is it meeting the intended needs? Are the questions that can drive the framework for implementation and be linked to a strategic plan (Elias, Zins, et al., 1997; Greenberg et al., 2003; and Kutash, et al., 2006). Based on their literature review, Fixsen et al. (2005) recommend the implementation of specific conditions that were found to be most successful across domains. Greenberg et al. (2005) recommend to researchers and developers important conditions to support schools after the school adopts a program. Schools in this study identified the problem, examined the risk and protective factors of their population, and chose an evidence-based program that had protocols to evaluate the interventions and protocols to monitor implementation and scaling up. The approach missed an important step. The schools did not consider the feasibility or dismissed the commitment the schools had to make to the program before implementing.

This study has some similarities to the findings of two Norwegian studies on *Second Step*. (Larsen and Samdal, 2007, 2008). In Norway, *Second Step* was provided by the Norwegian Health Association. In this present study, the school district provided the program. Neither made any specific requirements about implementation of the program, leaving those types of decisions to the school administrators and their staff. The following other areas provide support of the Norway study:

(a) Teachers adapted the program for their own needs as it related to the needs of the students, the features of the program, and teachers' individual beliefs and

experiences. In the present study counselors adapted the program based on the same rationale.

(b) As in the Norway study in reference to teachers, this present study found counselors formed two distinct groups of users: (a) those who used the program comprehensively by providing lessons weekly or some other set schedule, and (b) selective users, consisting of those who selected only those parts of the program that related to particular situations and problems. The difference was that in the Norway study, full implementation of the components was linked with school-wide implementation, while in this study, full implementation was linked to schools that implemented school-wide as well as schools that only implemented in individual classes or grades.

(c) Teachers in the Norway study and counselors in the present study understood the benefit of use in time and resources to provide training in social skills.

(d) Teachers in the Norway study and counselors in the present study were challenged with the balance of core curriculum and implementing *Second Step*. Both groups indicated that at times *Second Step* would not always be implemented because of competing priorities.

(e) One rationale for adaptation of the program in Norway was the teacher's skepticism of the program's cultural values and content. Counselors adapted to meet the needs of minority students and students with special needs.

(f) The process of program installation results was similar in the studies. Program installation differed among schools. Time spent on preparing, training, and resources varied.

Larsen and Samdal (2007, 2008) identified a strong focus on leadership combined with a strategic plan and school-wide implementation appeared to be linked to the fidelity of program. They recommended a broader approach to the evaluation of the program that includes implementation and intervention processes and outcomes.

Recommendations for Future Program Implementation and Research

To be more effective, schools may need to gather more information before adopting a program to meet the needs of students. They may need to examine the research of the evidence-based program to see how it relates to their population, the methods and results that led to the distinction of evidence-based, and in this ever changing world, what was the lag time between the original study and the present use of the program. The schools should examine the expectations the program developer considers necessary for fidelity to implementation, and how does that match with the present priorities in the school (Andrews & Buettner, 2005; Backer, 2003). Furthermore, if the program is introduced to the schools with the support of a grant, the schools must look at the ability to sustain the program once the funding is gone. One approach is to use the decision trees that Daleiden & Chorpita (2005) developed to inform decisions regarding the appropriate program to meet the needs of the schools. Their work provides the much needed participation of parents and community to help establish the feasibility of the program within the cultural context of the community.

Use of a checklist similar to the one that Andrew and Buettner (2002) developed to address the feasibility issue may prevent future frustrations as schools adopt a program and find after implementation, that the program did not meet their needs (Table 26).

Table 26

Feasibility Checklist

- ❑ Detailed descriptions of implementation procedures are available and understandable.
- ❑ Training is available when described as a necessary component of the program.
- ❑ Curriculum materials are available when necessary for implementation.
- ❑ Any other support materials described as necessary for implementation are available.

If you are able to check off each of these items, the program should be described as "Available."

- ❑ The total costs of program materials are affordable, given our organization's budget.
- ❑ The total costs of training are affordable, given our organization's budget.
- ❑ The training time commitment of new or existing personnel is affordable, given our organization's budget.
- ❑ The implementation time commitment of new or existing personnel is affordable, given our organization's budget.
- ❑ The time commitment of participants is feasible, given our capacity.
- ❑ The time commitment of administering the program is feasible.

If you are able to check off ALL of these items, and the program was rated as "Available," the program should be described as "Affordable."

Table 26 (continued)

- ❑ The underlying principles of the program being evaluated are consistent with our organization's approach to meeting the needs of high-risk youth.
- ❑ The approach used in the program being evaluated is consistent with existing policies and procedures currently in place within the organization.
- ❑ The implementation of this program will not create insurmountable internal political challenges.
- ❑ The implementation of this program is consistent with the current priorities of the organization.
- ❑ This program is sustainable, given our organizations' structure and funding mechanisms.

If you are able to check off each of these items, and the program was rated both "Available" and "Affordable," the program should be described as "Feasible."

(Andrew and Buettner , 2002)

Additionally, districts might consider a systematic and systemic approach to providing prevention programming in schools. This might include (1) developing memorandum of understandings or checklists that clarify the roles and responsibilities in agreeing to implement an evidence-based program, (2) rolling the program out in waves to the schools starting with the most receptive schools, and (3) providing on-going technical support to the schools.

Evidence-based approaches often require commitment to the programmer's implementation model. If the program is not feasible, it is not likely to be implemented with fidelity. Recommendations to researchers and program developers include:

(a) Understand and be sensitive to the complexity of schools. The demands and priorities on schools are at an all time high. Schools are in the business of education. Along with that, they are expected to provide a plethora of supports to address the barriers students face on limited budgets.

(b) Aim for realistic dosages and time periods to implement the programs based on school settings in today's world. A program designed with 11 weeks of activities does not fit into a 6 or 9 week school term. A 45 minute program does not fit into a 50 minute class period when you consider transition time.

(c) Focus new program development on life and social skills that are transferrable to multiple risk factors. Violence prevention and intervention, substance abuse prevention and intervention, bullying prevention and intervention, mediation skills, career guidance, asthma prevention and intervention, diabetes prevention and intervention, parent support and education are just a few of the many competing demands on schools beyond core academics.

(d) Financial supports provided by initial research should be sustainable and easily transferable within school district budgets

(e) Provide access to the program's theory and original research.

(f) Participatory research could be an adjunct to rigorous empirical methods.

(g) Existing programs could be reevaluated. Research could be conducted on what components or practices within the program are evidence-based. As indicated in the literature review, Project Alert, a program on the National Registry of Evidence-based Programs and Practices created by the Substance Abuse and Mental Health Services Administration (SAMHSA), used six outcome measures, six different substances (marijuana, cocaine, etc.), three risk levels, and two types of programs for 100 comparisons between program and control condition. Only one comparison was significant in the positive direction (Ellickson et al., 1993; Weiss et al., 2008). The Project Alert two-year core curriculum consists of 11 lessons. The program developer

suggests for fidelity it should be delivered once a week during the first year, plus 3 booster lessons the following year for approximately 45 minutes a session. The effort does not seem to be justified by the strength of the evidence.

Summary

Schools have taken on a much greater role than the teaching of our children, which in itself is huge. Schools have become our nation's answer to provide the supports and services that what would have once been a public health or family concern. They are recognized as the de facto health and mental system. They are also recognized as the most effective and efficient avenue to provide prevention programs. School staff may be ill-equipped to understand or have time for all the new priorities placed on them, but understand the importance of addressing barriers to learning to achieve positive academic results. The dismal results of this study support the need for more research on the challenges and supports school staff face as they respond to the needs of children and youth. Issues of feasibility, fidelity, and adaptability should be explored in future studies, along with outcomes.

As new programs are designed, program developers and researchers working with practitioners in the schools may be able to avoid some of the challenges schools face in implementing programs. A paradigm shift needs to occur from schools adapting their environment to programs to reach implementation fidelity, to researchers and developers designing and adapting their programs to the reality of school environments. Developing new programs or reviewing and adapting existing programs in conjunction with school personnel, has the potential to increase implementation fidelity in the schools.

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Appendices

Appendix A: Email to Principals

An Examination of the Implementation of Second Step in a Public School System

Lynn Pedraza

My study is on the implementation of *Second Step* in an urban school district. I will be studying six elementary schools that had staff trained in *Second Step* in 2005. I am studying the strengths and challenges of implementation of evidence-based programs for schools. The study is examining what the developers of the programs are doing right and what they can do better to support schools as well as what schools are doing right during implementation process and what they can do better. It is not about the outcomes of using the program.

What I need from you and your staff:

1) Three interviews-approximately one hour each. I need the principal, a teacher or counselor that provided *Second Step*, and what I call a "key informant". The key informant can be either another teacher or counselor that provided *Second Step* or someone that was there during the first years of implementation.

2) One Focus Group-approximately one hour long. At least four individuals that were at the school in 2005 when *Second Step* was implemented. They could be teachers, counselors, educational assistants, librarians...anyone that knows anything about *Second Step* from that first year.

3) All participants will be asked to complete a checklist on implementation-approximately fifteen minutes.

What else you may want to know:

1) Your school, your name, and your staff names will not be used. All information in the interviews and focus groups will be confidential.

2) If possible, I would like copies of any documents used for implementation.

3) I will need to complete six schools before the end of the school year. I will need help in setting up two or three days to do the three interviews and one focus group.

4) I have three trained team members to help me. One may accompany me or two of them may work together to do the interviews or focus groups.

5) Please do not hesitate to ask me to clarify any questions. My personal cell phone number is _____.

Appendix B: Principal Protocol

Stages: Exploration and Adoption, Program Installation and Initial Implementation

Introduction page:

1. How long have you been in your field?_____
2. How long have you been in this school? _____
3. What grade did you teach or work with? _____
4. How many colleagues worked in the same grade level as you did? _____
5. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____? Why? _____

Complete this section only if this is the first person interviewed at the school.

Thinking back to the 2005-2006 school year when your school was first trained to this school year 2008-2009:

6. What has been the turnover rate of principals at your school? _____
7. What has been the approximate turnover rate of teachers at your school? _____
8. What has been the turnover rate of counselors at your school? _____
9. What been the approximate turnover rate of others at your school? _____

Principal Protocol

Proposition A: (Training) Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program.

Parts of Proposition (Indicator)	Question Principal
1. There is evidence that school staff received training on the purpose and expected outcomes of providing *Second Step* in the schools.	T1. Tell me about your experience in introducing *Second Step* in your school? T1a. Is there something you would have done differently, and if so why? T1b. If you did not participate, why not? T2. How does your school collaborate with other schools in terms of *Second Step*? T3. What was the process to engage staff participation? T3a. How were you involved? T4. How receptive was staff to the training on the purpose and expected outcomes of the *Second Step* program? T4a. What were the influential factors regarding initial staff receptivity? T4b. How receptive is staff to the *Second Step* now? T4c. What are the influential factors regarding current staff receptivity? T5. How well did the training emphasize the importance of implementation fidelity to achieve the program's expected outcomes? T5a. What tools were given in the training to support fidelity? T5b. How close to the training model has your school implemented *Second Step*?
2. There is evidence that school staff received training on the *Second Step* Curriculum.	T6. Did all staff receive training on the *Second Step* curriculum? T6a. If not, who did, and how was that decision made? T7. How were the *Second Step* tools for implementation integrated in to the training? T7a. Tell me how staff was supported in using the tools to support and evaluate implementation fidelity for SS? T8. Who provided the training: professional trainers, school district staff or someone other role group? T8a. What kind of ongoing or follow-up training was offered for *Second Step*? T9.To what extent were adaptations to special populations such as students in special education discussed in the curriculum training?

Appendix B: (Continued)

	T10. Tell me about discussions that occurred regarding which *Second Step* components were flexible? T10a. How well did you feel you understood the impact of adapting the components to the success of the program?
3. There is evidence that the school staff received training on how to involve families in *Second Step*.	T11. What type of training was provided to school staff on parent involvement with *Second Step*? T12. What documentation of parental involvement efforts was collected e.g., letters, guides, parent/teacher conferences, newsletters, program-related posters? T13. What methods helped to involve families in *Second Step*?
4. There is evidence that school staff received an adequate number of curriculum kits.	T14. How ample were the number of curriculum kits and supplies for the staff? T14a. How did the amount of kits influence implementation fidelity? T15. Did you receive and have an opportunity to review curriculum kits? T15a. Were you able to give feedback on the kits? T15b. What do think about the kits? T16. Where are materials located? T16a. How are they maintained and accounted for?

Proposition B: (Time) When implementing the program, sufficient time was allocated for school staff to review the program components with peers as well as sufficient time to deliver the program to students.

Parts of Proposition (Indicators):	Question **Principal**
1. There is evidence that school staff received sufficient time to review the *Second Step* program	TM1. How do you feel about the time allocated for hands-on experiences and practice with program materials? TM2. Was the time used in a productive way? TM2a. How so? TM2b. Is there anything you would have done differently?
2. There is evidence that school staff received shared time to work together for appropriate implementation planning of *Second Step*.	TM3. How is shared time allocated for staff?? TM3a. Was it adequate for appropriate implementation planning of *Second Step*? TM3b. If not, why not? TM4. How did you encourage staff to address language and cultural needs during shared time? TM5. What type of specific practice sessions did the staff receive for appropriate implementation of *Second Step*? An example might be how the program's key concepts can be adapted to students with special needs. TM6. How was implementation planning time facilitated, allowing for input and shared ideas amongst staff about *Second Step* implementation? TM7. What was your role in curricula presentation planning? TM7a. How did you prioritize your work when implementing *Second Step* into your schedule? TM7b. How did that decision impact the of the *Second Step* implementation fidelity?

Appendix B: (Continued)

3. There is evidence that specific blocks of time were allocated for school staff to implement the *Second Step* program.	TM8. How often were there specific blocks of time allocated for program implementation? TM8a. How adequate was this? TM8b. If there were little or no blocks or time, how did you allocate specific time for *Second Step*? TM9. What types of documentation where developed (calendars, lesson plans, etc) indicating allocated time? TM9a. Do you know where they were kept? TM10. How did you feel about the time allocated to implement the program?
4. There is evidence that school staff received shared time to review successes and concerns about *Second Step* implementation.	TM11. How was time allocated for colleagues to review successes and concerns about implementation? TM11a. If there was little or no time allocated, would you have liked to have had time? TM11b. If you would have liked to have time, how might you have done it? TM12. How were concerns about implementation addressed? TM12a. Will you please give me an example or two?

Appendix B: (Continued)

Proposition C: (Implementation Level) If *Second Step* was implemented school-wide, there was more peer-to-peer support, more adherence to the program, and staff were more likely to attribute positive student outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.

Parts of Proposition (Indicators):	**Principal**
1. There is evidence that *Second Step* was delivered school-wide.	D1. Were you given information on the importance of staff participation in *Second Step* training? D1a. If so, how was this done? D2. Did your school implement *Second Step* school-wide, by grade levels, or by individual classrooms? D2a. How was that decision made? D2b. What did you think about that decision?
2. There is evidence that if *Second Step* was implemented school-wide there were more specific time blocks allocated for Peer-to-Peer support.	D3. How did you feel about the time staff was allocated for peer-to-peer support around program implementation? D4. How would you describe the process of implementation of the *Second Step* curricula?
3. There is evidence that staff that used the *Second Step* implementation tools were more likely to be at a school that implemented *Second Step* school-wide.	D5. Which *Second Step* implementation tools were used at your school? D6. Tell me about which *Second Step* implementation tools were flexible and which were required to access fidelity. D7. How did the implementation tools help to maintain fidelity of the implementation of *Second Step*?

Appendix B: (Continued)

4. There is evidence that staff attributed positive outcomes to *Second Step*.	D8. How did you perceive and experience the *Second Step* program in relation to your work? D8a. In other words, what was its relevance to your work D8b. How was it meeting the needs of your students? D9. What types of student behavioral changes did you witness based on your observations during *Second Step* implementation? D9a. Any staff behavioral changes? D10. Overall, what is your perception of the influence *Second Step* has had on your school?

Appendix B: (Continued)

Proposition D: (Champion) When a school had a designated Champion for *Second Step*, school staff were more likely to implement the program with higher levels of implementation than when there was no Champion present.

Parts of Proposition (Indicators):	**Principals**
1. There is evidence that there was a designated Champion.	C1. Who was the Champion and how was the role of the Champion communicated to the staff? L1a. How did that go? C2. What types of interactions did staff have with the Champion? C3. How did the Champion have influence on the use of *Second Step*? C4. How was *Second Step* included as part of the school overall strategic plan?
2. There is evidence that the designated Champion articulated the *Second Step* program to the entire staff.	C5. How involved was the Champion in the introductory training? C5a. What level of commitment or buy-in did they appear to have? C6. How involved was the Champion in the training of curriculum implementation? C6a. Was adequate time spent in the training? C7. How involved was the Champion in articulating the *Second Step* program with the staff? L7a.How do you know?
3. There is evidence that the Champion directly insured the allocation of time and resources to support the *Second Step* program.	C8. Describe how the allocation of resources such as shared prep time, purchase of materials, etc facilitated the *Second Step* program in your school and the importance of this. C9. Who facilitated the allocation of time and resources to support *Second Step*? C10. How did the Champion encourage fidelity to the model? C11. How did the Champion facilitate and follow-up on the implementation and use of *Second Step*?

Appendix B: (Continued)

4. There is evidence that implementation of *Second Step* with higher levels of implementation was associated with the presence of a Champion.	C12. What strategies do you believe were the most effective in the implementation process? C12a What strategies did not work? C12b.What contributed to the either the success or failure of strategies? C13. How did your school evaluate the fidelity of the implementation of the *Second Step* program?

Is there anything you would like to add that you think might be important for others wanting to adopt the program?

Is there someone else who we should talk with?

Appendix C: Counselor/Teacher/Key Informant Protocol

Stages: Exploration and Adoption, Program Installation and Initial Implementation

Introduction page:

1. How long have you been in your field?_____
2. How long have you been in this school? _____
3. What grade did you teach or work with? _____
4. How many colleagues worked in the same grade level as you did? _____
5. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____?

   Why? _____

Complete this section only if this is the first person interviewed at the school.

Thinking back to the 2005-2006 school year when your school was first trained to this school year 2008-2009:

6. What has been the turnover rate of principals at your school? _____
7. What has been the approximate turnover rate of teachers at your school? _____
8. What has been the turnover rate of counselors at your school? _____
9. What been the approximate turnover rate of others at your school? _____

Appendix C: (Continued)

Proposition A: (Training) Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program.

Parts of Proposition (Indicator)	Question **Counselor/Teacher/Key Informant**
1. There is evidence that school staff received training on the purpose and expected outcomes of providing *Second Step* in the schools.	T1. Why was *Second Step* introduced to your school? T1a. How was it introduced to your school? T1a. Is there something you would have done differently, and if so why? T2. . What was the process to engage staff participation? T2a. Was your participation in the introductory training mandated or voluntary? T2b. What was the reason for that decision? T3. How were the program's key concepts and expected outcomes introduced to you? T4. How clearly do you think the program objectives were presented? T5. How well did the training emphasize the importance of implementation fidelity to achieve the program's expected outcomes? T5a. What tools were given in the training to support fidelity? T5b. How close to the training model has your school implemented *Second Step*? T5c. If you believe your school has not followed the training model closely, why not?
2. There is evidence that school staff received training on the *Second Step* Curriculum.	T6. Did all staff receive training on the curriculum? T6a. If not, who did? T6b. Why do you think that decision was made? T7. How were the *Second Step* tools for implementation integrated in to the training? T7a. Tell me how staff were encouraged to use the tools to support and evaluate implementation fidelity for *Second Step*? T8. Who provided the training: professional trainers, school district staff or some other role group? T8a. What kind of ongoing or follow-up training was offered for *Second Step*? T9. To what extent were adaptations to special populations such as students in special education discussed in the curriculum training? T10. How much discussion occurred on which components were flexible? T10a. How well did you feel you understood the impact of adapting the components to the success of the program?

Appendix C: (Continued)

	T11. How would you describe your overall experience with the program training? T11a. Did all faculty/staff receive training on the *Second Step* curriculum? T11b. If not, who did, and how was that decision made? T12. What role does the training play in the fidelity of implementation of curriculum?
3. There is evidence that the school staff received training on how to involve families in *Second Step*.	T12. How would you describe the training provided to school staff on parent involvement with *Second Step*? T13. What documentation of parental involvement efforts was collected e.g., letters, guides, parent/ conferences, newsletters, program-related posters? T13a. Do you have copies of any documents to share with the study? T14. What methods helped to involve families in *Second Step*? T14a. What role does understanding and encouraging parent involvement have on fidelity implementation?
4. There is evidence that school staff received an adequate number of curriculum kits.	T15. How ample were the number of curriculum kits and supplies for the staff? T16. Were you able to give feedback on the kits? T16a. What do think about the kits? T17. How was your opinion on the kits solicited, and how was it valued? T18. Discuss the highlights and weaknesses of curriculum kits. T18a. Were materials provided in a timely manner? T19. Where are materials located? T19a. How are they maintained and accounted for?

Proposition B: (Time) When implementing the program, sufficient time was allocated for school staff to review the program components with peers as well as sufficient time to deliver the program to students.

Parts of Proposition (Indicators):	Question **Counselor/Teacher/Key Informant**
1. There is evidence that school staff received sufficient time to review the *Second Step* program	TM1. How do you feel about the time allocated for hands-on experiences and practice with program materials? TM2. Was the time used in a productive way? TM2a. How so? TM2b. Is there anything you would have done differently?
2. There is evidence that school staff received shared time to work together for appropriate implementation planning of *Second Step*.	TM3. If you had shared time with colleagues, how did you use the shared time? TM3a. Was it adequate? TM4. How did you address language and cultural needs during shared time? TM5. What type of specific practice sessions did the training provide? An example might be how the program's key concepts can be adapted to students with special needs. TM6. How was implementation planning time facilitated, allowing for input and shared ideas amongst staff about *Second Step* implementation? TM7. What was your role in curricula presentation planning? TM7a. How did you prioritize your work when implementing *Second Step* into your schedule? TM7b. How did that decision impact *Second Step* implementation fidelity?
3. There is evidence that specific blocks of time were allocated for school staff to implement the *Second Step* program.	TM8. How often were there specific blocks of time allocated for program implementation? TM8a. How adequate was this? TM8b. If there were little or no blocks of time, how did you allocate specific time for *Second Step*? TM9. What types of documentation where developed (calendars, lesson plans, etc) indicating allocated time? TM9a. Do you know where they were kept? TM10. How did you feel about the time allocated to implement the program?

Appendix C: (Continued)

4. There is evidence that school staff received shared time to review successes and concerns about *Second Step* implementation.	TM11. How was time allocated for colleagues to review successes and concerns about implementation? TM11a. If there was little or no time allocated, would you have liked to have had time? TM11b. If you would have liked to have time, how might you have done it? TM12. How were concerns about implementation addressed? TM12a. Will you please give me an example or two?

Appendix C: (Continued)

Proposition C: (Implementation Level) If *Second Step* was implemented school-wide, there was more peer-to-peer support, more adherence to the program, and staff were more likely to attribute positive student outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.

Parts of Proposition (Indicators):	**Counselor/Teacher/Key Informant**
1. There is evidence that *Second Step* was delivered school-wide.	D1. Were you given information on the importance of staff participation in *Second Step* training? D1a. If so, how was this done? D2. Did your school implement *Second Step* school-wide, by grade levels, or by individual classrooms? D2a. How was that decision made? D2b. What did you think about that decision?
2. There is evidence that if *Second Step* was implemented school-wide there were more specific time blocks allocated for Peer-to-Peer support.	D3. How did you feel about the time staff was allocated for peer-to-peer support around program implementation? D4. How would you describe the process of implementation of the *Second Step* curriculum?
3. There is evidence that staff that used the *Second Step* implementation tools were more likely to be at a school that implemented *Second Step* school-wide.	D5. Which *Second Step* implementation tools were used at your school? D6. Tell me about which *Second Step* implementation tools were flexible and which were required to access fidelity. D7. How did the implementation tools help to maintain fidelity of the implementation of *Second Step*?

Appendix C: (Continued)

4. There is evidence that staff attributed positive outcomes to *Second Step*.	D8. How did you perceive and experience the *Second Step* program in relation to your work? D8a. In other words, what was its relevance to your work? D8b. How was it meeting the needs of students at your school? D9. What types of student behavioral changes did you witness based on your observations during *Second Step* implementation? D9a. Any staff behavioral changes? D10. Overall, what is your perception of the influence *Second Step* has had on your school?

Appendix C: (Continued)

Proposition D: (Champion) When a school had a designated Champion for *Second Step*, school staff were more likely to implement the program with higher levels of fidelity than when there was no Champion present.

Parts of Proposition (Indicators):	**Counselor/Teacher/Key Informants**
1. There is evidence that there was a designated Champion.	C1. Who was the Champion and how was the role of the Champion communicated to the staff? L1a. How did that go? C2. What types of interactions did staff have with the Champion? C3. How did the Champion have influence on the use of *Second Step*? C4. How was *Second Step* included as part of the school overall strategic plan?
2. There is evidence that the designated Champion articulated the *Second Step* program to the entire staff.	C5. How involved was the Champion in the introductory training? C5a. What level of commitment or buy-in did they appear to have? C6. How involved was the Champion in the training of curriculum implementation? C6a. Was adequate time spent in the training? C7. How involved was the Champion in articulating the *Second Step* program with the staff? C7a.How do you know?
3. There is evidence that the Champion directly insured the allocation of time and resources to support the *Second Step* program.	C8. Describe how the allocation of resources such as shared prep time, purchase of materials, etc. facilitated the *Second Step* program in your school and the importance of this. C9. Who facilitated the allocation of time and resources to support *Second Step*? C10. How did the Champion encourage fidelity to the model? C11. How did the Champion facilitate and follow-up on the implementation and use of *Second Step*?

Appendix C: (Continued)

4. There is evidence that implementation of *Second Step* with higher levels of Implementation was associated with the presence of a Champion.	C12. What strategies do you believe were the most effective in the implementation process? C12a What strategies did not work? C12b.What contributed to the either the success or failure of strategies? C13. How did your school evaluate the fidelity of the implementation of the *Second Step* program?

Is there anything you would like to add that you think might be important for others wanting to adopt the program?

Is there someone else who we should talk with?

Appendix D: Focus Group Protocol

Stages: Exploration and Adoption, Program Installation and Initial Implementation

Introduction page:

Participant: _____

1. How long have you been in your field?_____
2. How long have you been in this school? _____
3. What grade did you teach or work with? _____
4. How many colleagues worked in the same grade level as you did? _____
5. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____? Why? _____

Participant: _____

6. How long have you been in your field?_____
7. How long have you been in this school? _____
8. What grade did you teach or work with? _____
9. How many colleagues worked in the same grade level as you did? _____
10. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____? Why? _____

Participant: _____

11. How long have you been in your field?_____
12. How long have you been in this school? _____

13. What grade did you teach or work with? _____
14. How many colleagues worked in the same grade level as you did? _____
15. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____?

    Why? _____

Participant: _____

16. How long have you been in your field?_____
17. How long have you been in this school? _____
18. What grade did you teach or work with? _____
19. How many colleagues worked in the same grade level as you did? _____
20. How do you rate the importance of implementing prevention programs in the classroom on a scale of 1-5 with 5 being very important _____?

    Why? _____

Proposition A: (Training) Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program.

Parts of Proposition (Indicator)	Question **Focus Group**				
1. There is evidence that school staff received training on the purpose and expected outcomes of providing *Second Step* in the schools.	T1. Why was *Second Step* introduced to your school? T1a. How was it introduced to your school? T1b. Is there something you would have done differently, and if so why?				
	T2. What was the process to engage staff participation?				
	T3. How were the program's key concepts and expected outcomes introduced to you?				
	T4. How well did the training emphasize the importance of implementation fidelity to achieve the program's expected outcomes? T4a. What tools were given in the training to support fidelity? T4b. How close to the training model has your school implemented *Second Step*?				

	T4c. If you believe your school has not followed the training model closely, why not?				
2. There is evidence that school staff received training on the *Second Step* Curriculum.	T5. Did all staff receive training on the curriculum? T5a. If not, who did? T5b. Why do you think that decision was made?				
	T6. How were the *Second Step* tools for implementation integrated in to the training? T6a. Tell me how staff were encouraged to use the tools to support and evaluate implementation fidelity for *Second Step*?				
	T7. To what extent were adaptations to special populations such as students in special education discussed in the curriculum training?				
	T8. How much discussion occurred on which components were flexible? T8a. How well did you feel you understood the impact of adapting the components to the success of the program? T8b. Why might it be				

Appendix D: (Continued)

	important to be able to adapt the components?				
	T9. How would you describe your overall experience with the program training? T9a. Did all faculty/staff receive training on the *Second Step* curriculum? T9b. If not, who did, and how was that decision made?				
	T10. What role does the training play in the fidelity of implementation of curriculum?				
3. There is evidence that the school staff received training on how to involve families in *Second Step*.	T11. How would you describe the training provided to school staff on parent involvement with *Second Step*?				
	T12. What methods helped to involve families in *Second Step*? T12a. What role does understanding and encouraging parent involvement have on fidelity implementation?				
4. There is evidence that school staff received an adequate number of	T13. How ample were the number of curriculum kits and supplies for the staff?				

Appendix D: (Continued)

curriculum kits.	T14. Were you able to give feedback on the kits? T14a. What do think about the kits?				
	T15. Discuss the highlights and weaknesses of curriculum kits. T15a. Were materials provided in a timely manner?				

Appendix D: (Continued)

Proposition B: (Time) When implementing the program, sufficient time was allocated for school staff to review the program components with peers as well as sufficient time to deliver the program to students.

Parts of Proposition (Indicators):	Question **Focus Group**				
1. There is evidence that school staff received sufficient time to review the *Second Step* program	TM1. How do you feel about the time allocated for hands-on experiences and practice with program materials?				
	TM2. Was the time used in a productive way? TM2a. How so? TM2b. Is there anything you would have done differently?				
2. There is evidence that school staff received shared time to work together for appropriate implementation planning of *Second Step*.	TM3. If you had shared time with colleagues, how did you use the shared time? TM3a. Was it adequate?				
	TM4. How did you address language and cultural needs during shared time?				
	TM5. What type of specific practice sessions did the training provide? An example might be how the program's key concepts can be adapted to students with special needs.				

	TM6. How was implementation planning time facilitated, allowing for input and shared ideas amongst staff about *Second Step* implementation?				
	TM7. What was your role in curricula presentation planning? TM7a. How did you prioritize your work when *Second Step* was implemented into the classroom? TM7b. How did that decision impact *Second Step* implementation fidelity?				
3. There is evidence that specific blocks of time were allocated for school staff to implement the *Second Step* program.	TM8. How often were there specific blocks of time allocated for program implementation? TM8a. How adequate was this? TM8b. If there were little or no blocks or time, how did you allocate specific time for *Second Step*?				
	TM9. What types of documentation where developed (calendars, lesson plans, etc) indicating allocated time? TM9a. Do you know where they were kept?				

Appendix D: (Continued)

	TM10. How did you feel about the time allocated to implement the program?				
4. There is evidence that school staff received shared time to review successes and concerns about *Second Step* implementation.	TM11. How was time allocated for colleagues to review successes and concerns about implementation? TM11a. If there was little or no time allocated, would you have liked to have had time? TM11b. If you would have liked to have time, how might you have done it?				?
	TM12. How were concerns about implementation addressed? TM12a. Will you please give me an example or two?				

Proposition C: (Implementation Level) If *Second Step* was implemented school-wide, there was more peer-to-peer support, more adherence to the program, and staff were more likely to attribute positive student outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.

Parts of Proposition (Indicators):	**Focus Group**				
1. There is evidence that *Second Step* was delivered school-wide.	D1. Were you given information on the importance of staff participation in *Second Step* training? D1a. If so, how was this done?				
	D2. Did your school implement *Second Step* school-wide, by grade levels, or by individual classrooms? D2a. How was that decision made? D2b. What did you think about that decision?				
2. There is evidence that if *Second Step* was implemented school-wide there were more	D3. How did you feel about the time staff was allocated for peer-to-peer support around program implementation?				

Appendix D: (Continued)

specific time blocks allocated for Peer-to-Peer support.	D4. How would you describe the process of implementation of the *Second Step* curriculum?				
3. There is evidence that staff that used the *Second Step* implementation tools were more likely to be at a school that implemented *Second Step* school-wide.	D5. Which *Second Step* implementation tools were used at your school?				
	D6. Tell me about which *Second Step* implementation tools were flexible and which were required to access fidelity.				
	D7. How did the implementation tools help to maintain fidelity of the implementation of *Second Step*?				
4. There is evidence that staff attributed positive outcomes to *Second Step*.	D8. How did you perceive and experience the *Second Step* program in relation to your work? D8a. In other words, what was its relevance to your work D8b. How was it meeting the needs of students at your school?				

Appendix D: (Continued)

	D9. What types of student behavioral changes did you witness based on your observations during *Second Step* implementation? D9a. Any staff behavioral changes?				
	D10. Overall, what is your perception of the influence *Second Step* has had on your school?				

Proposition D: (Champion) When a school had a designated Champion for *Second Step*, school staff were more likely to implement the program with higher levels of implementation than when there was no Champion present.

Parts of Proposition (Indicators):	**Focus Groups**				
1. There is evidence that there was a designated Champion.	C1. Who was the Champion and how was the role of the Champion communicated to the staff? C1a. How did that go?				
	C2. What types of interactions did staff have with the Champion?				
	C3. How did the Champion have influence on the use of *Second Step*?				
	C4. How was *Second Step* included as part of the school overall strategic plan?				
2. There is evidence that the designated Champion articulated the *Second Step* program to the entire staff.	C5. How involved was the Champion in the introductory training? C5a. What level of commitment or buy-in did they appear to have?				
	C6. How involved was the Champion in the training of curriculum implementation? C6a. Was adequate time spent in the training?				

Appendix D: (Continued)

	C7. How involved was the Champion in articulating the *Second Step* program with the staff? C7a.How do you know?				
3. There is evidence that the Champion directly insured the allocation of time and resources to support the *Second Step* program.	C8. Describe how the allocation of resources such as shared prep time, purchase of materials, etc. facilitated the *Second Step* program in your school and the importance of this.				
	C9. Who facilitated the allocation of time and resources to support *Second Step*?				
	C10. How did the Champion encourage fidelity to the model?				
	C11. How did the Champion facilitate and follow-up on the implementation and use of *Second Step*?				
4. There is evidence that implementation of *Second Step* with higher levels of fidelity was associated with the presence of a Champion.	C12. What strategies do you believe were the most effective in the implementation process? C12a What strategies did not work? C12b.What contributed to the either the success or failure of strategies	?			

	C13. How did your school evaluate the fidelity of the implementation of the *Second Step* program?				

Is there anything you would like to add that you think might be important for others wanting to adopt the program?

Is there someone else who we should talk with?

Appendix E: Checklist for all Participants to Complete

Let's go through some of the steps of Second Step and have you rate each step on a scale of 1-5 in terms of how easy it was to implement. One will be the easiest and 5 will be the most difficult.

A. Implementation Practices	RATING:
1. Teaching SS at the grade level(s) you taught	_____
2. Reinforcing strategies and concepts in daily activities & using consistent messages throughout the school	_____
3. Extending learning opportunities by applying skill steps in all settings	_____
4. Modeling SS skills and behaviors in all interactions	_____
5. Integrating learning goals throughout the regular curriculum	_____
6. Familiarizing parents and caregivers with the program	_____
B. Training Models	
1. SS Overview Presentation	_____
2. Initial one-day staff training	_____
3. Classroom observation	_____
4. Involvement of non-classroom staff	_____
C. Administrator's Roles and Responsibilities	
1. Securing buy-in from entire staff	_____
2. Awareness of need for social skills and violence prevention program	_____
3. Understanding of use of SS to address identified needs	_____
D. Evaluation of Progress	_____
E. Needs assessment	_____
F. Process evaluation	_____
G. Outcome evaluation	_____
H. SS presentation preparation & outline	_____
I. SS lesson plans	
1. Lesson plan breakdown	_____
2. Lesson plan timing guidelines	_____
3. Lesson plan social skills teaching strategies	_____
4. Lesson plan role play tips	_____
5. SS suggested scripts	_____
6. SS problem-solving steps	_____

Appendix F: Rating Scale

School being rated: _____ Rater _____

Proposition A: (Training) Schools that received training in *Second Step* prior to implementation of the program were provided with the appropriate implementation tools and support necessary to implement the program with fidelity.

INSTRUCTIONS: Rate the following parts of the proposition. Please circle your response. If data supports or is against the statement, rate the evidence as strong, moderate or mild by circling either +3, +2,+1, -3, -2, or -1. If the data have no evidence about the statement, then circle 0.	The data provide evidence that **SUPPORTS** the statement that *fill in one part of the proposition* and the evidence is…			The data provide evidence that is **AGAINST** the statement that *fill in one part of the proposition* and the evidence is…			The data DOES NOT provide any evidence about the statement that *fill in one part of the proposition.* (NOTE: Mark this option only if there was **NO** evidence in the data)
Parts of Proposition (Indicators):	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
1. There is evidence that school staff received training on the purpose and expected outcomes of providing *Second Step* in the schools.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
2. There is evidence that school staff received training on the *Second Step* Curriculum.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
3. There is evidence that the school staff received training on how to involve families in *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
4. There is evidence that school staff received an adequate number of curriculum kits for appropriate implementation of *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0

Appendix F: (Continued)

School being rated: _____ Rater _____

Proposition B: (Time) When implementing the program, sufficient time was allocated for school staff to review the program components with peers as well as sufficient time to deliver the program to students.

INSTRUCTIONS: Rate the following parts of the proposition. Please circle your response. If data supports or is against the statement, rate the evidence as strong, moderate or mild by circling either +3, +2,+1, -3, -2, or -1. If the data have no evidence about the statement, then circle 0.	The data provide evidence that **SUPPORTS** the statement that *fill in one part of the proposition* and the evidence is…			The data provide evidence that is **AGAINST** the statement that *fill in one part of the proposition* and the evidence is…			The data DOES NOT provide any evidence about the statement that *fill in one part of the proposition.* (NOTE: Mark this option only if there was **NO** evidence in the data)
Parts of Proposition (Indicators):	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
1. There is evidence that school staff received sufficient time to review the *Second Step* program	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
2. There is evidence that school staff received shared time to work together for appropriate implementation of *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
3. There is evidence that specific blocks of time were allocated for school staff to implement the program	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
4. There is evidence that school staff received shared time to review successes and concerns about *Second Step* implementation and outcomes.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0

School being rated: _____ Rater _____

Proposition C: (Implementation Level) If *Second Step* was implemented school-wide, there was more peer-to-peer support, more adherence to the program, and staff were more likely to attribute positive students outcomes to *Second Step* than when *Second Step* was implemented only in individual classrooms or grades.

INSTRUCTIONS: Rate the following parts of the proposition. Please circle your response. If data supports or is against the statement, rate the evidence as strong, moderate or mild by circling either +3, +2,+1, -3, -2, or -1. If the data have no evidence about the statement, then circle 0.	The data provide evidence that **SUPPORTS** the statement that *fill in one part of the proposition* and the evidence is…			The data provide evidence that is **AGAINST** the statement that *fill in one part of the proposition* and the evidence is…			The data DOES NOT provide any evidence about the statement that *fill in one part of the proposition.* (NOTE: Mark this option only if there was **NO** evidence in the data)
Parts of Proposition (Indicators):	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
1. There is evidence that *Second Step* was delivered school-wide.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
2. There is evidence that if *Second Step* was implemented school-wide there were more specific time blocks allocated for Peer-to-Peer support.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
3. There is evidence that staff that used the *Second Step* implementation tools were more likely be at a school that implemented *Second Step* school-wide.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
4. There is evidence that staff attributed positive outcomes to *Second Step*.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0

School being rated: _____ Rater _____

Proposition D: (Champion) When a school had a designated Champion for *Second Step*, teachers and/or counselors were more likely to implement the program with higher levels of implementation than when there was no Champion present.

INSTRUCTIONS: Rate the following parts of the proposition. . Please circle your response. If data supports or is against the statement, rate the evidence as strong, moderate or mild by circling either +3, +2,+1, -3, -2, or -1. If the data have no evidence about the statement, then circle 0.	The data provide evidence that **SUPPORTS** the statement that *fill in one part of the proposition* and the evidence is…			The data provide evidence that is **AGAINST** the statement that *fill in one part of the proposition* and the evidence is…			The data DOES NOT provide any evidence about the statement that *fill in one part of the proposition.* (NOTE: Mark this option only if there was **NO** evidence in the data)
Parts of Proposition (Indicators):	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
1. There is evidence that there was a designated Champion	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
2. There is evidence that the designated Champion articulated the *Second Step* program to the entire staff.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
3. There is evidence that the Champion directly insured the allocation of time and resources to support the *Second Step* program.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0
4. There is evidence that implementation of *Second Step* with higher levels of implementation was associated with the presence of a clear Champion.	Strong +3	Moderate +2	Mild +1	Strong -3	Moderate -2	Mild -1	No evidence 0

Appendix G: Document Review

Example Bueno W

[redacted] Elementary School **Guidance Curriculum** Plan/Do/Study/Act (PDSA) for 2007– 2008

PLAN →		DO →				STUDY →			ACT →
ASCA Standards, Competencies and/or Indicators	Lesson Content (Topic Area)	Delivery (Lesson will be presented in which class/ subject?)	Curriculum and Materials	Start/ End Date	Number of Students Impacted	Intended Effect on Academics, Behavior, and/or Attendance	Evaluation Methods		Implications
							Perception data:	Results Data:	
PS-A1 Aquire Self-Knowledge PS-A1.5 Identify and Express Feelings PS-A1.6 Distinguish between inappropriate and appropriate behaviors PS-A1.7 Personal Boundaries PS-B1 Self Knowledge PS-B1.1 Decision Making Skills PS-B1.6 Conflict Resolution Skills PS-C1 Personal Safety PS-C1.3 Appropriate Physical Contact	Violence Prevention	All first grade classes. 40 minutes per week in each class (total of 2 classes)	Second Step A Violence Prevention Curriculum	January 2008- March 2008	All 1st grade students 40 students total	Decrease behavior referrals for students in 1st grade. Increase Positive social interaction skills.	Attitude: % believe solving problems is important. % believe they can prevent violence Skills: % can identify feelings by body language and facial expressions. % can tell why they feel that way. Knowledge: % can demonstrate ways to calm down. % can demonstrate ways to help others deal with problems.	Achievement Related: % of Behavior Referrals for 1st Grade students. Achievement: Increase in DRA Scores for 1st Grade students.	Increase in positive social skills will lead to decrease in behavior referral and increase in on task behavior and academic success.

	10/30/07	TBA	Kimberly Chavez
Principal's Signature	Date	Date of staff presentation	School Counselor

Hatch, T., (2005).
Adapted by

Alto W

[redacted]

Elementary School
Mini-Grant Proposal To
Obtain the Second Step Violence
Prevention Program

The [redacted] Elementary School staff determined that two of the greatest needs for our school are improving and augmenting our current discipline program. It is our goal to include the involvement of parents and the community in this effort to improve student self control. Our current EPSS data for discipline indicate that 125 pink slips have been issued to students during the 2004-05 school year. The Second Step Violence Prevention Program could address both of these needs as it is a program that focuses on developing both social and emotional growth in students with the ultimate goal of improving the students own self discipline. The introduction of the Second Step Program would involve a school wide training at a staff meeting for the teachers and staff. The school psychologist, the counselor, the principal, the social worker, the discipline goal team, and the instructional coach would provide this training immediately beginning the school year. This program would also involve providing students with training in the areas of the development of empathy, utilizing anger management techniques, and the development of impulse control and problem solving techniques during classroom guidance lessons at each grade level as all students are seen by the counselor in guidance activities. An integral part of the program would also including displaying posters providing the Second Step techniques and strategies to better handle one's anger and the process for positive problem solving posters in each classroom and throughout the school. This would provide for visibility of the program and would encourage consistency for the staff and those involved in assisting the students with self control and self discipline measures. The Second Step process could also help assist staff and students in helping to define and document the problems that are actually occurring. In addition it could also provide documentation of improvement in ways the students are handling themselves, their interactions with others, and practicing self discipline. A form could also be developed and utilized consistently throughout the school to record the student's answers

using the Second Step process in solving problems.

The lessons contained in the kit for each grade level of the Second Step Violence Prevention Program would be presented to the group guidance classes by the counselor, [redacted]. Follow up of the utilization of the Second Step programs would occur throughout the school as problems may arise. The schedule for the presentation of the Second Step information would include weekly lessons in the ways students can improve in the development of empathy, the practice of anger management, and the demonstration of better self control. Currently, at least forty lessons are presented monthly to different grade levels for thirty five minutes a session. These lessons could easily be part of and involved in follow up to the Second Step lessons. For example, holidays and special topics during certain months such as the "Say No to Drugs" campaign in October could easily be linked to the Second Step information presented about developing self control. Character Counts education could also easily be integrated with the Second Step program. For example, the lessons for teaching the development of empathy could be tied to the character trait of caring during the months of November and December. Overall, the goal of the program would be teaching and helping students to practice identifying their own concerns and problems and to better manage their anger and practicing positive problem solving techniques.

Tracking the lessons that the students have been taught and having records of the problems and the ways that the students solved these problems could provide a data driven demonstration of information that would hopefully show improvement in student skills demonstrating self control and problem solving techniques. The Conflict Mediators for 2005-06 and subsequent years would receive additional training in the Second Step anger management and problem solving techniques during their mediation training sessions so that when conflicts and problems were mediated, the mediators could utilize the Second Step techniques to help students become aware of what their problems actually were and if the problem was one they could change. During this current 2004-05 school year there are twenty mediators who rotate recess duties helping students proactively identify and solve conflicts. Additional training would also be given to assist the mediators in developing skills to help

students determine feelings about problems and conflicts. This training would seek to continue to remind students that conflicts and problems are not solved until the feelings associated with the issues are resolved. It would hopefully provide more awareness of a wider vocabulary of feelings to encourage the development of empathy. The Second Step Program, which we are applying for actually reports data reflecting the positive development of anger. We also could collect data concerning the problems and techniques used to solve them to encourage improvement of self discipline. Hopefully, over time the consistent use of the Second Step Violence Prevention techniques and the educational information provided in the lessons will give students an opportunity to become proactive problem solvers and thinkers who are less violent in their actions and reactions during conflict or during problems they encounter.

I, as a counselor am new to [redacted] this school year. I received training in the Second Step approach to problem solving and anger management during an in-service with the counselors in the [redacted] cluster earlier this 2004-05 school year. All of the schools in the Valley cluster reported to be utilizing the program except for our school and one other. This is because our two schools did not have the materials to implement the violence prevention program and the associated parenting information.

I tried to obtain any of the Second Step kits from the Mental Health Team Office at a district meeting and at other visits to the counseling library. The kits were always checked out except the middle school version until now when schools that are on regular schedule have turned in their materials. I also tried to obtain finances for a kit but was unable as the budget had already been allocated for the 2004-05 school year.

The Second Step Family Guide provides a six week training program for parents and community members involved with the students at [redacted]s. The psychologist, the counselor, and other members of the discipline goal team and mental health team at [redacted] would provide this training either at PATT meetings or at prearranged parent meetings. This information would also be provided for the Enlace staff so there would be consistency in community and student discussions with these support members of

the staff and community. Because the program training incorporates encouraging students to explore their feelings in order to better solve problems, the counselor, the psychologist, and other members of the mental health team and discipline goal team will provide additional training for the staff concerning when it is their duty to report abuse and neglect as feelings are explored and discussed. This training could occur at a Wednesday meeting or at a staff meeting as soon as the Second Step Program is implemented. Recommendations for community resources will also be identified with the help of the parent group and the training staff presenting and helping to implement the Second Step Program.

Currently, our school is utilizing the continuous improvement process to develop outcome data. We have a goal team that has been identified to help look at ways to improve and augment the current discipline plan. I will be on this goal team during the 2005-06 school year. I have already discussed the implementation of the Second Step program with [redacted], who will be the head of this goal team. The implementation of the Second Step Program, if obtained by this grant, would then be included as one of our goals for improving self discipline. Activities like those included in this grant proposal would be integrated into the EPSS. We would utilize short cycle assessments to provide data for analysis.

[redacted]

Steps to Violence Prevention Project
Mini Grant Application

In order to develop a Neighborhood Action Team we will invite selected student mediation team members, will include parent representation including the President of PATT, [redacted], who directs after school sports, [redacted], who drives students to the clothing bank, and [redacted], a wonderful parent volunteer for both the [redacted] Program, the Backpack program, and a reliable driver for students to take students to the Clothing Bank. Whoever the new Enlace representative is will also

be invited to the community Second Step trainings. If other parents or community members want this training as they become aware of the program they can be included in training sessions provided for the community. The group receiving the Second Step training will become the Neighborhood Action Team. Members of the staff at th Community Center will also be offered an invitation to training sessions so they can learn about the Second Step program and if interested can utilize the information and will be given posters and handouts to help be consistent in ways of dealing with anger management and problem solving techniques at the after school programs.

Our school currently supports violence prevention with current behavioral guidelines which are presented to the students as they register in school and which are also included in the agenda book the students receive to help keep themselves organized. The principal, [redacted] and I met with [redacted] from the Coalition Against Domestic Violence. We have incorporated their puppet shows presentations concerning the ideas of respecting personal space and information concerning what to do to protect yourself from bullying for students at each grade level. We have also introduced the new Rape/Crisis Center program for the elementary schools concerning dating and keeping yourself from being a victim.

Currently, we have only the free programs that are available to all the elementary schools on a reservation basis as we did not have any of the Second Step Program materials. We would very much appreciate your consideration in providing the funds for [redacted] and the [redacted] community to have the Second Step Program to encourage nonviolent problem solving both in the school and the community. Once again, thank you in advance for your consideration for [redacted] to receive a mini grant to obtain the Second Step teaching guides and community program.

Example
Campo P

August 1, 2008

Dear Teachers and All Staff Members,

It is truly wonderful being back with all of you. My spirits are even higher that usual as we, once again, made Annual Yearly Progress. I'm sure you are delighted also. Congratulations to all for your marvelous dedication and hard work in making this a reality.

In order to continue to provide a comprehensive counseling program, I've done preliminary planning with input from you. Due to our new master schedule and a change in testing times, I've revised the timing of our counseling preventative classroom lessons.

This year, we will be introducing a school wide research based Steps to Respect – Bullying Prevention Program. This is encouraged by our APS Health and Wellness Department and the curriculum will by taught in grades 3, 4 and 5.

In addition to serving 100% of our students at the prevention level, I will continue to do crisis counseling, individual and group counseling, consultations with staff and parents, etc.

As always, I'm most willing to come to your classrooms at your request. When there is an emergency and you need my help, I can reschedule what I'm doing, especially when [redacted] is at a meeting, and be of assistance to you and your students.

I will continue to coordinate the Clothing Bank and Holiday Gifts for needy students and their families.

Looking forward to working with you, again this year. Thanks for your outstanding support.

[redacted]

PLEASE NOTE THE ATTACHED CLASSROOM LESSONS SCHEDULE

Example Compo P

Classroom Preventative Lessons 2008-2009

First Trimester

1. Set up our Mediation Program for the 2008-2009 school year.
2. Train student peer mediators from grades 4 and 5 (Mornings on August 25, 26, and 27, 2008. ([redacted] and [redacted] to help with the training.)
3. Begin 3rd grade Steps to Respect- A Bullying Prevention Program – one half hour once weekly for 9 lessons.
4. Begin 2nd grade Free the Horses – Self-Esteem Program- one half hour weekly.

Second Trimester

1. Continue to Coordinate the Peer Mediation Program –Bi-monthly meetings with Student peer mediators.
2. Begin 4th Grade Steps to Respect Curriculum – one half hour once a week for 9 weeks
3. Begin 5th Grade Steps to Respect – A Bullying prevention Program – one half hour once a week for 9 weeks.

Third Trimester

1. Begin Kindergarten Character Counts Program – one half hour once a week for 9 weeks.

2. Begin 1st grade Step 2 – Violence Prevention Program – one half hour once a week for 9 weeks.

3. Fifth Grade Refusal skills – During the Puberty Unit in May

Example Alt to W

Second Step Curriculum
Social – Emotional Learning Checklist

Please complete this form monthly and/or a minimum of one time during the middle of your school's curriculum implementation period and return to H/MH Services Prevention Unit at Stronghurst Complex.

Part A – Source Information - *Please provide all of the requested information*

→ ID and Status – Check a box that is applicable to your current affiliation with APS and enter the requested ID information in the shaded area(s)

[X] *APS Employee ID:* [redacted] (6 Digit ID – add leading zeros if necessary). Also, check a role group (i.e. position) status below.

( ) School Counselor ( ) Teacher ( ) Social Worker ( ) School Psychologist (X) Other Sp Ed.

→ **Print Legal Name:** First [redacted] Last [redacted]

→ **Print School Name:** [redacted] **Grade(s):** 5p + Resource

Number of Second Step Lessons Taught 2.3

Part B – Current Social – Emotional Coaching

→ **Date:** 5/31/07

→ **School Year:** 2006 07

Please indicate how often these events occurred ***in the past week*** *outside of Second Step lesson instruction by placing a check in the appropriate column according to the scale provided.*

	Never	Once	2-3 Times	4+ Times
1. I asked students to help generate or evaluate solutions to a social problem (classroom problem, historical problem, and so on	0	1	(2)	3
2. I discussed perspective taking with my students.	0	1	(2)	3
3. I discussed upcoming opportunities when students might use social problem-solving skills and steps on their own.	0	1	(2)	3
4. I discussed upcoming opportunities when students might use anger-management strategies and steps on their own.	0	(1)	2	3
5. I modeled "thinking out loud", perspective-taking, problem-solving, or anger-management strategies that I might use for students	0	1	(2)	3
6. I intervened in a student conflict by asking students to report how the other party felt about the conflict.	0	(1)	2	3
7. I intervened in a student conflict by prompting students to use social problem-solving strategies	0	(1)	2	3
8. I intervened in a student conflict by prompting students to use anger-management strategies.	0	(1)	2	3
9. I asked students to help make decisions that affected the whole class.	(0)	1	2	3

10. Implementing Second Step has improved my school climate by (please describe) A particularly difficult student uses the 2nd step "What to Do When You are Angry" 4-step plan - it has helped.

Social – Emotional Coaching Example(s):

KAT/STEPS Grant/Revised 18 Nov 0

Second Step Curriculum
Social – Emotional Learning Checklist

Example
Allow

Please complete this form monthly and/or a minimum of one time during the middle of your school's curriculum implementation period and return to H/MH Services Prevention Unit at Stronghurst Complex.

Part A – Source Information - *Please provide all of the requested information*

→ **ID and Status** – Check a box that is applicable to your current affiliation with APS and enter the requested ID information in the shaded area(s)

☐ *APS Employee ID:* [redacted] (6 Digit ID – add leading zeros if necessary). Also, check a role group (i.e. position) status below.

( ) School Counselor (X) Teacher ( ) Social Worker ( ) School Psychologist ( ) Other

→ **Print Legal Name:** First [redacted] Last [redacted]

→ **Print School Name:** [redacted] **Grade(s):** 3rd

Number of Second Step Lessons Taught 10 Second Step With Counselor

Part B – Current Social – Emotional Coaching

→ **Date:** 5/31/07

→ **School Year:** 2006-07

Please indicate how often these events occurred ***in the past week*** *outside of Second Step lesson instruction by placing a check in the appropriate column according to the scale provided.*

	Never	Once	2-3 Times	4+ Times
1. I asked students to help generate or evaluate solutions to a social problem (classroom problem, historical problem, and so on	0	1	(2)	3
2. I discussed perspective taking with my students.	(0)	1	2	3
3. I discussed upcoming opportunities when students might use social problem-solving skills and steps on their own.	0	(1)	2 ✓	3
4. I discussed upcoming opportunities when students might use anger-management strategies and steps on their own.	0	1	(2)	3
5. I modeled "thinking out loud", perspective-taking, problem-solving, or anger-management strategies that I might use for students	(0)	1	2	3
6. I intervened in a student conflict by asking students to report how the other party felt about the conflict.	0	(1)	2	3
7. I intervened in a student conflict by prompting students to use social problem-solving strategies	0	1	2	3
8. I intervened in a student conflict by prompting students to use anger-management strategies.	0	(1)	2	3
9. I asked students to help make decisions that affected the whole class.	0	(1)	2	3

10. Implementing Second Step has improved my school climate by (please describe)
Students mention techniques they've learned. (in counseling)

Social –Emotional Coaching Example(s):

About the Author

Lynn Pedraza is a first generation high school and college graduate. She received both her bachelor's and master's degree at the University of South Florida in special education. She received her education specialist certificate in Education Leadership at the University of New Mexico. She has been an educator for 33 years. Ms. Pedraza is currently a district administrator, overseeing support services in a large urban school district. Ms. Pedraza received the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSHA) 2007 Administrator's Award for Advancing School Mental Health. She has been involved in numerous activities locally, state-wide, and nationally to advance the work of education and mental health by supporting the needs of children and youth to reach their potential.