



College of Education

UNIVERSITY OF OREGON

**School Psychology Research Collaboration Conference
Early Career School Application Materials**

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Personal Research Agenda

The goal of my research agenda is to increase the use of evidence-based practices in school settings. I organize my research around four inter-related domains: (1) the identification of evidence-based practices, (2) implementation of evidence-based practices, (3) adaptation of evidence-based practices, and (4) basic research on the transportability of promising practices to school settings. Table 1 below provides an overview of my research agenda including the major issues, research questions, and stage of progress for each line of research. The narrative that follows provides additional detail on the rationale and methods of selected in-progress studies most relevant to the practice of school psychology.

Table 1. *Overview of research agenda*

Domain	Issue	Major Research Questions	Status
Identification of Evidence-Based Interventions	Intervention Review Criteria	What processes and criteria is currently used to identify evidence-based interventions?	●
Implementation of Evidence-Based Practices	Preparing Systems for Implementation	Does systematic resource mapping help schools efficiently redistribute resources to support implementation of prevention services?	○
	Pre-Service Training	Are universities training programs adequately preparing practitioners to implement evidence-based practices?	◎
	In-Service	What are the common barriers to implementing evidence-based practices in school settings & how can they be addressed?	◎
Adapting Evidence-Based Practices	Scaling-Up	What system-level factors predict efficient and effective scaling of evidence-based practices?	◎
	Adapting Assessment Practices	How can assessments be adapted to improve: (a) intervention engagement; and (b) data-based decision-making?	◎
	Adapting Intervention Content	How can the content of efficacious evidence-based intervention be adapted to increase its effectiveness with diverse populations in diverse settings?	◎
	Adapting Intervention Processes	How can intervention delivery processes be adapted to support flexible and effective implementation in school settings?	○
Transportability of Promising Practices	Effectiveness & Acceptability of Intervention Protocols Delivered in School Settings	Are intervention protocols found efficacious in clinic-based RCTs equally effective when transported to school settings?	◎

○= Not Started, ◎= In Progress, ●= Research Completed

Implementation of Evidence-Based Practices

Pre-Professional Training. IDEA 04 regulations require IEP teams to understand and implement positive behavior supports. However, there is no single definition of PBS or standard training curricula. I propose conducting a survey of university school psychology training programs and conduct an analysis of the content and coverage of PBS practices.

In-Service Implementation. Failure in the transfer of learning from professional development is a major barrier to implementation of evidence based practices. I propose conducting a series of cognitive interviews in order to understand the nature cognitive errors practitioners make while conducting FBAs and develop hypotheses about why learning obtained through traditional professional development in FBA fails to transfer to practice.

Adapting Evidence-Based Practices to Enhance Outcomes

Adapting Assessments. Parents completing student risk assessments rarely receive feedback regarding the results of their assessment. Feedback that incorporates principles of motivational interviewing could be used to promote parent engagement in appropriate universal level services. I propose conducting a cluster-randomized RCT examining the effects of traditional vs. adapted screening programs on parent engagement in subsequent universal services.

Transportability of Promising Practices to School Settings

Transportability of MBSR-C. Application Mindfulness-Based Stress Reduction treatment protocols for children (MBSR-C) have demonstrated clinically significant reductions in a wide variety of internalizing and externalizing symptoms among elementary and middle school children when delivered in clinical settings. Very little is known about the effectiveness or acceptability of MBSR-C delivered in school settings. I propose conducting a series of small-n studies of the effectiveness and acceptability of MBSR-C protocols delivered in school settings.

Collaborative Multi-Site Research Program Abstract

The proposed study will evaluate the transportability of the Mindfulness-Based Cognitive Therapy intervention protocol for children (MBCT-C) into an elementary school setting. The goal of MBCT-C in work with children is to help them become more aware of their cognitions, emotions, and body sensations as discrete entities and apply behavioral strategies designed to promote self-regulation. The intervention protocol involves a structured sequence of experiential exercises which help children develop an understanding of how thoughts, feelings, and body sensations are separate but interrelated events and how these interact to influence their perceptions of day-to-day events. This study will compare the relative effectiveness and acceptability of MBCT-C in reducing anxiety symptoms in children as compared to alternative evidence-based cognitive-behavioral programs (e.g., coping cat; Kendall, 2001). This study will also evaluate the contextual barriers and constraints of sustaining MBCT-C in school settings by careful monitoring of time and cost variables. Participants will include a minimum of 16 late elementary students with clinically significant anxiety symptoms randomly assigned to either the MBCT-C or traditional cognitive behavioral intervention condition in a multiple probe design across two geographically distinct research sites. Analysis of outcomes will compare the overall effectiveness, fidelity, acceptability, and cost-effectiveness of MBCT-C in school settings compared to empirically established alternatives.

Proposal for Collaborative Multi-Site Research Program

Mindfulness-based interventions are becoming increasingly popular prevention and intervention strategy in school settings. A survey conducted by the Garrison Institute (2005) found that a variety of mindfulness-based interventions are currently being implemented by schools nationwide, few of which have been tested empirically. A variety of professional networks, special interest groups, and foundations to support the scientific study of mindfulness and related contemplative practices with youth have emerged. Despite limited empirical evidence, some research suggests that these interventions may hold promise in the treatment of a variety of common problems of behavior and learning. For example, variations on mindfulness-based intervention programs have produced significant reductions in the symptoms of anxiety (Thompson & Gauntlett-Gilbert, 2008; Semple et al., 2005), chronic pain (McGrath, 2003, Ott, 2002), ADHD (Jensen & Kenny, 2004; Harrison et al., 2004; Peck et al., 20005), externalizing behaviors (Wall, 2005; Napoli et al., 2005) in children and adolescents. Mindfulness has also been found effective in reducing teacher stress (Anderson et al, 1999; Bertoch et al., 1989), and useful as a supplement to parent behavioral training programs (Singh et al., 2006). Recently, mindfulness techniques have been expanded for use in universal preventive and resilience building programs designed to increase students' attention capacity, and ability to self-regulate stress, and promote social-emotional competence (Jennings, 2007; Jennings & Greenberg, in press; Wall, 2005). Unfortunately, despite growing interest and use of these strategies in school settings, actual empirical evidence for the effectiveness of these strategies is limited.

The goal of MBCT-C in work with children is to help them become more aware of their cognitions, emotions, and body sensations as discrete entities and apply behavioral strategies designed to promote self-regulation. The intervention protocol involves a structured sequence of experiential exercises which help children develop an understanding of how thoughts, feelings,

and body sensations are separate but interrelated events and how these interact to influence their perceptions of day-to-day events. Children are taught the difference between “judging” and “describing” in order to foster the ability to develop to experience a person, event, object, or sensation without automatically assigning evaluative judgment to the experience. A third primary goal is to help children differentiate and identify the difference between “past”, “present”, and “future” thinking; and engage in relaxation techniques in order to stop maladaptive rumination and/or anticipatory anxiety.

This study will compare the relative effectiveness and acceptability of MBCT-C protocol in reducing anxiety symptoms in children as compared to alternative evidence-based cognitive-behavioral programs (e.g., coping cat; Kendall & Hedtke, 2006). This study will also evaluate the contextual barriers and constraints of sustaining MBCT-C in school settings by careful monitoring of time and cost variables. Participants will include 16 students randomly assigned to either the MBCT-C or traditional cognitive behavioral intervention condition in a multiple probe design across two geographically distinct research sites.

Issues and Questions to Be Addressed

Research Question 1: Is MBCT-C delivered by a school psychologist in a school setting result in clinically significant reductions in symptoms of anxiety among late elementary school children?

Research Question 2: Is MBCT-C as effective as well-established cognitive-behavioral therapies (i.e., Coping Cat) in reducing the symptoms of anxiety among late elementary school children?

Research Question 3: Is MBCT-C as acceptable to school psychologists and children as well-established cognitive behavioral therapy alternatives?

Research Question 4: Is MBCT-C implemented with as high a degree of fidelity by school-based practitioners as well-established cognitive-behavioral therapies?

Research Question 5: What is the cost-effectiveness of MBCT-C compared to well-established cognitive behavioral therapy alternatives?

Context and Participants Required

The proposed study would require a minimum of 16 late elementary school students, 8 practitioners, nested in at least 8 separate schools. A technical consultant would be required to participate in the study providing initial professional development of participating practitioners and oversight of intervention procedures.

Estimate of Budget Required

Budget Item	Projected Cost
Payment to Participants	\$5000
Technical Consultant	\$4000
Training Materials	\$1000
Copy/Print Intervention Materials	\$1000
Travel	\$5000
Purchase of Outcome Measures	\$ 200
Total	\$16,200

Multi-Site Research: Advantages and Challenges

Potential Benefits of Multi-Site Research. Multi-site research which includes sites that are geographically and demographically diverse would help to increase the generalizability of findings and also provide an opportunity to examine additional school context features that may facilitate or interfere with intervention transportability.

Potential Challenge of Multi-Site Research. Maintaining coordination and communication across research sites is likely to present a significant challenge throughout the duration of this study. Ensuring consistency and supervision to practitioners in the delivery of intervention protocols, monitoring fidelity and intervention dosage, and coordination in the delivery of professional development are significant challenges as well.

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