

Recent Research Related to Coaching

State Implementation and Scaling up of Evidence-based Programs

Kraft, M. A., & Blazar, D. (in press). Individualized Coaching to Improve Teacher Practice Across Grades and Subjects: New Experimental Evidence

This paper analyzes a coaching model focused on classroom management skills and instructional practices across grade levels and subject areas. We describe the design and implementation of MATCH Teacher Coaching among an initial cohort of fifty-nine teachers working in New Orleans charter schools. We evaluate the effect of the program on teachers' instructional practices using a block randomized trial and find that coached teachers scored 0.59 standard deviations higher on an index of effective teaching practices comprised of observation scores, principal evaluations, and student surveys. We discuss implementation challenges and make recommendations for researcher-practitioner partnerships to address key remaining questions.

Dunst, C. J., Bruder, M. B., & Hamby, D. W. (2015). Metasynthesis of in-service professional development research: Features associated with positive educator and student outcomes. *Education Research and Reviews, 10*(12), 1731-1744. doi:10.5897/ERR2015.2306

Findings from a metasynthesis of 15 research reviews of in service professional development to improve or change teacher content knowledge and practice and student/child knowledge and behavior are described. The research reviews included 550 studies of more than 50,000 early intervention, preschool, elementary, and secondary education teachers, educators, and practitioners. The goal of metasynthesis is to identify the common and core features of in service professional development associated with changes and improvements in educator and student outcomes. In-service professional development experts' contentions about the key characteristics and core features of effective in-service training were used to code and analyze the research reviews. Results showed that in-service professional development was most effective when it included trainer introduction, demonstration, and explanation of the benefits of mastering content knowledge or practice, active and authentic teacher learning experiences, opportunities for teachers to reflect on their learning experiences, coach or mentor supports and feedback during the in-service training, extended follow-up supports to reinforce in-service learning, and in-service training and follow-up supports of sufficient duration and intensity to have discernible teacher and student effects.

Stormont, M., Reinke, W. M., Newcomer, L., Marchese, D., & Lewis, C. (2015). Coaching Teachers' Use of Social Behavior Interventions to Improve Children 's Outcomes: A Review of the Literature. *Journal of Positive Behavior Interventions, 17*(2), 69-82. doi:10.1177/1098300714550657

Children with social behavior problems need teachers who are prepared to use evidence-based interventions to increase their likelihood of success. However, it is clear that teachers do not feel prepared to support children in this area. One approach for supporting teachers in using more effective interventions for children with behavior needs is the use of coaching. The purpose of this review of the literature is to explore the research to date that specifically targets coaching teachers on the use of social behavior interventions to improve children's social behavior outcomes. Criteria were established to increase the generalizability of the results of the review and 29 studies met inclusionary criteria. Of these studies, 86% documented positive findings and the remaining documented neutral findings. Only 31% of studies documented a measure of integrity for the coaching process. Main findings and implications for future research are discussed.

Webster-Stratton, C. H., Reid, J. M., & Marsenich, L. (2014). Improving Therapist Fidelity During Implementation of Evidence-Based Practices: Incredible Years Program. *Psychiatric Services, 65*(6), 789-795. doi:10.1176/appi.ps.201200177

Objective: The aim of the study was to extend research on the potential benefits of adding ongoing feedback, coaching, and consultation to initial therapist training workshops to ensure fidelity of delivery of evidence-based practices, specifically for the Incredible Years parenting program. Methods: A randomized controlled trial compared two models for training therapists to deliver the parenting program for children at high risk of developing conduct problems. Therapists (N=56) from ten community-based mental health service organizations in California were trained in either a three-day workshop model (N=25), based on active, experiential, self-reflective, principle-based learning, video modeling, and manuals, or an enhanced training model (N=31) that included all elements of the workshop model plus ongoing expert coaching, video review of and feedback on group sessions, and consultation for therapists and agency supervisors. Results: Overall fidelity across both conditions was rated >3 on a 5-point scale in seven of eight domains measured. Therapists in the condition that received ongoing coaching and consultation were significantly stronger in four of the domains: practical support, collaboration, knowledge, and skill at mediating vignettes. Conclusions: Consultation and expert coaching for training therapists beyond the standard three-day training enhanced skills and therapists' adherence to the model.

Mathews, S., McIntosh, K., Frank, J. L., & May, S. L. (2014). Features Predicting Sustained Implementation of School-Wide Positive Behavioral Interventions. *Journal of Positive Behavior Interventions, 16*(3), 168-178. doi:10.1177/1098300713484065

The current study explored the extent to which a common measure of perceived implementation of critical features of Positive Behavioral Interventions and Supports (PBIS) predicted fidelity of implementation 3 years later. Respondents included school personnel from 261 schools across the United States implementing PBIS. School teams completed the Positive Behavioral Interventions and Supports Self-Assessment Survey to self-assess fidelity of implementation in different PBIS settings (school-wide, nonclassroom, classroom, individual). These scores were then analyzed to assess whether certain items predicted the fidelity of PBIS implementation, as assessed through another fidelity of implementation measure, the School-Wide Benchmarks of Quality, 3 years later. Regression analyses indicated that self-reported fidelity of implementation of Classrooms Systems significantly predicted sustained implementation and student outcomes, as assessed through levels of Office Discipline Referrals. Within Classroom Systems, regular acknowledgment of expected behaviors, matching instruction to student ability, and access to additional support were the strongest predictors of sustained implementation. Results are discussed in terms of critical areas for focusing PBIS training to increase the likelihood of sustained implementation.

Horner, R. H., Kincaid, D., Sugai, G., Lewis, T., Eber, L., Barrett, S., . . . Johnson, N. (2014). Scaling up school-wide positive behavioral interventions and supports: Experiences of seven states with documented success. *Journal of Positive Behavior Interventions, 16*. doi:10.1177/1098300713503685

Scaling of evidence-based practices in education has received extensive discussion but little empirical evaluation. We present here a descriptive summary of the experience from seven states with a history of implementing and scaling School- Wide Positive Behavioral Interventions and Supports (SWPBIS) over the past decade. Each state has been successful in establishing at least 500 schools using SWPBIS across approximately a third or more of the schools in their state. The implementation elements proposed by Sugai, Horner, and Lewis (2009) and the stages of implementation described by Fixsen, Naoom, Blase, Friedman, and Wallace (2005) were used within a survey with each element assessed at each stage by the SWPBIS coordinators and policy makers in the seven states. Consistent themes from analysis of the responses were defined and confirmed with the surveyed participants. Results point to four central areas of state “capacity” as being perceived as critical for a state to move SWPBIS to scale (administrative leadership and funding, local training and coaching capacity, behavioral expertise, and local evaluation capacity), and an iterative process in which initial implementation success (100–200 demonstrations) is needed to recruit the political and fiscal support required for larger scaling efforts.

Akin, B. A., Mariscal, S. E., Bass, L., McArthur, V. B., Bhattarai, J., & Bruns, K. (2014). Implementation of an evidence-based intervention to reduce long-term foster care: Practitioner perceptions of key challenges and supports. *Children and Youth Services Review, 46*, 285-293. doi:10.1016/j.childyouth.2014.09.006

Although a growing literature defines significant components of systematic and effective implementation of evidence-based interventions (EBIs), little information exists about real-world successes and setbacks from child welfare practitioners' perspectives. This study sought to identify key challenges and supports during implementation of an EBI to reduce long-term foster care. Semi-structured, individual interviews were conducted with 28 child welfare practitioners implementing an EBI–Parent Management Training, Oregon Model (PMTO). Transcripts were coded and analyzed using theoretical thematic analysis. Member checking was used to confirm identified themes across interviews. Using six implementation factors to organize the results, multiple facilitators and barriers were identified. Study findings suggest that implementation of EBIs in child welfare should consider promoting and ensuring: (a) a learning culture with effective communication, rapid improvement cycles, and timely feedback loops; (b) frequent, direct, supportive, and high-quality coaching and supervision; (c) strong leadership and organizational fit; and, (d) strategies for tailoring the EBI to the child welfare setting, including responses to families' multiple and complex needs and practices for effective client engagement.

Reinke, W. M., Herman, K. C., Stormont, M., Newcomer, L., & David, K. (2013). Illustrating the Multiple Facets and Levels of Fidelity of Implementation to a Teacher Classroom Management Intervention. *Administration and Policy in Mental Health and Mental Health Services Research, 40*(6), 494-506. doi:10.1007/s10488-013-0496-2

Many school-based interventions to promote student mental health rely on teachers as implementers. Thus, understanding the interplay between the multiple domains of fidelity to the intervention and intervention support systems such as coaching and teacher implementation of new skills is an important aspect of implementation science. This study describes a systematic process for assessing multiple domains of fidelity. Data from a larger efficacy trial of the Incredible Years Teacher Classroom Management (IY TCM) program are utilized. Data on fidelity to the IY TCM workshop training sessions and onsite weekly coaching indicate that workshop leaders and the IY TCM coach

implemented the training and coaching model with adequate adherence. Further, workshop leaders' ratings of engagement were associated with teacher implementation of specific praise, following training on this content. Lastly, the IY TCM coach differentiation of teacher exposure to coaching was evaluated and found to be associated with teacher implementation of classroom management practices and student disruptive behavior.

Bearman, S., Weisz, J., Chorpita, B., Hoagwood, K., Ward, A., Ugueto, A., & Bernstein, A. (2013). More Practice, Less Preach? The Role of Supervision Processes and Therapist Characteristics in EBP Implementation. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(6), 518-529. doi:10.1007/s10488-013-0485-5

Identifying predictors of evidence-based practice (EBP) use, such as supervision processes and therapist characteristics, may support dissemination. Therapists (N = 57) received training and supervision in EBPs to treat community-based youth (N = 136). Supervision involving modeling and role-play predicted higher overall practice use than supervision involving discussion, and modeling predicted practice use in the next therapy session. No therapist characteristics predicted practice use.

Kretlow, A. G., & Bartholomew, C. C. (2010). Using coaching to improve the fidelity of evidence-based practices: A review of studies. *Teacher Education and Special Education*, 33(4), 279-299. doi:10.1177/0888406410371643

The authors conducted a comprehensive review of research to identify the impact of coaching on changes in preservice and in-service teachers' implementation of evidence-based practices. They identified a total of 13 studies from the 20 years of literature they searched. In general, coaching improved the extent to which teachers accurately implement evidence-based practices such as ClassWide Peer Tutoring, Direct Instruction, Learning Strategies, and Positive Behavior Support in classrooms or practicum settings. The retrieved studies suggest that highly engaged, small-group initial training, followed by multiple observations, feedback, and modeling are critical components across coaching interventions. A few studies also provide promising data to support the consequential effects of coaching on improvements in student achievement. The authors offer suggestions for future research and practice related to preservice and in-service teacher training.

Nzinga, J., Ntoburi, S., Wagai, J., Mbindyo, P., Mbaabu, L., Migiro, S., . . . English, M. (2009). Implementation experience during an eighteen month intervention to improve paediatric and newborn care in Kenyan district hospitals. *Implementation Science*, 4(1), 45.

ABSTRACT: BACKGROUND: We have conducted an intervention study aiming to improve hospital care for children and newborns in Kenya. In judging whether an intervention achieves its aims, an understanding of how it is delivered is essential. Here, we describe how the implementation team delivered the intervention over 18 months and provide some insight into how health workers, the primary targets of the intervention, received it. METHODS: We used two approaches. First, a description of the intervention is based on an analysis of records of training, supervisory and feedback visits to hospitals, and brief logs of key topics discussed during telephone calls with local hospital facilitators. Record keeping was established at the start of the study for this purpose with analyses conducted at the end of the intervention period. Second, we planned a qualitative study nested within the intervention project and used in-depth interviews and small group discussions to explore health

worker and facilitators' perceptions of implementation. After thematic analysis of all interview data, findings were presented, discussed, and revised with the help of hospital facilitators. RESULTS: Four hospitals received the full intervention including guidelines, training and two to three monthly support supervision and six monthly performance feedback visits. Supervisor visits, as well as providing an opportunity for interaction with administrators, health workers, and facilitators, were often used for impromptu, limited refresher training or orientation of new staff. The personal links that evolved with senior staff seemed to encourage local commitment to the aims of the intervention. Feedback seemed best provided as open meetings and discussions with administrators and staff. Supervision, although sometimes perceived as fault finding, helped local facilitators become the focal point of much activity including key roles in liaison, local monitoring and feedback, problem solving, and orientation of new staff to guidelines. In four control hospitals receiving a minimal intervention, local supervision and leadership to implement new guidelines, despite their official introduction, were largely absent. CONCLUSIONS: The actual content of an intervention and how it is implemented and received may be critical determinants of whether it achieves its aims. We have carefully described our intervention approach to facilitate appraisal of the quantitative results of the intervention's effect on quality of care. Our findings suggest ongoing training, external supportive supervision, open feedback, and local facilitation are valuable additions to more typical in-service training approaches.

Reid, D. H., Parsons, M. B., Lattimore, L. P., Towery, D. L., & Reade, K. K. (2005). Improving staff performance through clinician application of outcome management. *Research in Developmental Disabilities, 26*(2), 101-116.

In two studies, three clinicians were assisted in using an outcome management approach to supervision for improving the work performance of their staff assistants. Using vocal and written instructions, feedback, and modeling, each clinician was assisted in specifying an area of staff performance (or consumer activity related to staff performance) to improve, developing and implementing a performance monitoring system, training staff in the targeted performances using performance- and competency-based training, and providing on-the-job supportive and corrective feedback. In Study 1, a senior job coach was assisted in using the outcome management steps to improve prompting procedures of three staff job coaches working with supported workers with autism in a community job. Correct prompting improved for all three job coaches following implementation of the outcome management process by the senior job coach. In Study 2, two teachers in two adult education classrooms were assisted in using the process to improve the degree to which their assistants involved students with severe disabilities in meal-preparation activities. Student participation in the activities increased in both classrooms when the teachers implemented the outcome management steps. In both studies, improved performances maintained for at least a 14-week period. Results are discussed in regard to working with supervisors as representing one step in promoting the adoption of research-based supervisory strategies within human service organizations.

Schoenwald, S. K., Sheidow, A. J., & Letourneau, E. J. (2004). Toward effective quality assurance in evidence-based practice: Links between expert consultation, therapist fidelity, and child outcomes. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 94-104.

This study validated a measure of expert clinical consultation and examined the association between consultation, therapist adherence, and youth outcomes in community-based settings. Consultant adherence to the multisystemic therapy (MST) consultation protocol was assessed through therapist

reports, and therapist adherence to MST principles was assessed through caregiver reports in 2 samples of families (N1 = 178, N2 = 274) and therapists (N1 = 87, N2 = 162). Caregiver reports of youth behavior and functioning were obtained in the second sample pre- and posttreatment. Random effects regression models demonstrated associations between consultant behavior, therapist adherence, and posttreatment youth behavior problems and functioning. Instrumental aspects of consultation supported therapist adherence and improved youth outcomes; supportive aspects of consultation were negatively associated with adherence and outcomes. These findings suggest the availability to clinicians of expert consultation can impact clinician fidelity to a treatment model and child outcomes.