Developing strategies for child maltreatment prevention

*A guide for Selecting Evidence-Based Interventions*

September 2015
Overview

After completing a needs assessment¹, the next step is to design a community-based child maltreatment prevention strategy, based on the identified community needs and resources. This document provides guidance to administrators and program directors charged with choosing evidence-based practices or programs (EBPs) that meet the needs of their target population and community.

While this guide focuses on the process of selecting an EBP, it is important to note that no single EBP can have a broad impact on preventing child maltreatment on its own. Instead, EBPs act as components within a larger community-wide strategy. Thus, before undertaking the task of selecting specific EBPs, you should make sure you have developed a holistic and comprehensive community strategy to address the root causes of child maltreatment in your community, as identified by a needs assessment.

This guide provides information, tools and other resources to help you select EBPs to include in a community prevention strategy. Specifically, the contents of this guide include:

(1) Background on evidence based practices and programs
   a. What are EBPs?
   b. Why use EBPs?
   c. The hierarchy of evidence

(2) Process of selecting an EBP
   a. Identify potential EBPs for the target outcome and population
   b. Select EBPs based on the best fit, program quality, and resources
   c. What to do if no EBP exists: adaptation and data collection
   d. Document the process

(3) Additional resources and tools

Role of Community Coalition in Selecting an EBP

Decisions on which EBP to use should not be made in isolation by a single organization. Additional consideration should be taken on how the EBP fits within a wider community strategy. It may be helpful to work in a coalition with a variety of community stakeholders in developing a set of interventions that work cohesively and cooperatively with one another. Strategic cooperation between organizations and systems in the community will have a larger impact on outcomes than a disjointed effort.

¹ If you have not yet completed a community needs assessment, a guide on how to conduct one can be found here: http://sites.utexas.edu/cfri/files/2015/06/Needs-assessment-training.pdf.
What is an evidence-based practice or program?
Research in the social and behavioral sciences suggests that certain approaches and strategies can positively and efficiently impact important social problems such as child wellbeing, teen pregnancy, substance abuse and family violence.

Evidence-based practices or programs (EBPs) are those that have been found to be effective based on the results of rigorous experimental or quasi-experimental studies. (See Box 1 on next page for summary of the hierarchy of evidence).

Why use an evidence-based program?
Agencies often use well-established and commonly used practices and strategies or develop their own practices based on community characteristics and needs. However, some of these practices might not actually be effective. To improve the quality of prevention services and the outcomes that clients achieve, evidence-based practices or programs (EBPs) should be implemented when possible.

However, we acknowledge that there are challenges to using EBPs. It is important to be aware of some of the advantages and disadvantages of implementing EBPs for prevention of child maltreatment, as listed below:

Advantages
- An increased likelihood of positive outcomes and social change
- An increased likelihood of being responsive to family needs
- Increased accountability and support from administrators, parents, and others due to the selection of a practice or program that is based on data
- Increase in efficiency and decrease in wasted resources by selecting a program shown to be effective rather than developing a program that might work through trial and error

Disadvantages
- Lack of organizational capacity and financial resources needed to adopt and implement EBPs
- EBPs often have strict implementation requirements, allowing little room for local adaptation
- Sometimes there are few or no EBPs that are both well-suited to meet the needs of target population and appropriate for the local community setting
- Considering an EBP a “silver bullet” solution, rather than one component in a larger prevention strategy
**Box 1. Hierarchy of Evidence: How much evidence is enough evidence?**

The table below is based on one developed by The IRIS Center for Training Enhancements (2014). It describes the ‘hierarchy of evidence’ which is commonly used to identify and differentiate between EBPs. The highest level of evidence is listed at the top and lowest level of evidence at the bottom.

<table>
<thead>
<tr>
<th>Highest Level of Evidence</th>
<th>Evidence-based practice/program</th>
<th>Promising practice (or evidence-informed or research-based)</th>
<th>Emerging practice</th>
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</thead>
<tbody>
<tr>
<td>Evidence-based practices are those that are supported by the strongest scientific evidence. Characteristics of EBPs include:</td>
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<tr>
<td>• Evidence produced through randomized controlled trials (RCTs) or other rigorous research design which allows one to determine whether a specific practice led to improved outcomes</td>
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<tr>
<td>• Multiple high-quality studies have been conducted and have shown the practice to be effective in producing desired outcome</td>
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<tr>
<td>• Reviewed by a reputable organization (e.g., a variety of national clearinghouses)</td>
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<tr>
<td>Promising practices are those for which there is considerable evidence or expert consensus, but which are not yet supported by the strongest scientific evidence. Characteristics include:</td>
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<tr>
<td>• The research design does not clearly demonstrate that the practice led to improved outcomes</td>
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<tr>
<td>• Studies indicate that the practice might be effective in producing desired outcomes</td>
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<tr>
<td>• Research studies might have mixed-results on the practice’s effectiveness on desired outcomes</td>
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<tr>
<td>• Insufficient number of studies conducted to demonstrate effectiveness</td>
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<tr>
<td>Emerging practices are new innovations in clinical or administrative practice that do not yet have scientific evidence or broad expert consensus support.</td>
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<tr>
<td>• Anecdotal evidence of effectiveness</td>
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<tr>
<td>• Research has not been conducted</td>
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<tr>
<td>• Such approaches should be explored and researched much more to evaluate whether they produce consistent positive results</td>
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</table>
How to select an evidence-based program?

Step 1: Identify Potential Solutions
The first step in selecting an EBP is to identify potential solutions, informed by the results of the needs assessment and community context. The needs assessment should have revealed what programs and EBPs are already being implemented by organizations in the community. New EBPs should be compatible with and not duplicate or compete with current EBPs or other existing community programs. Additionally, solutions do not always require a new program, but may involve making changes to existing programs or practices to increase effectiveness.

If the problem can be addressed by a distinct program, then there are 3 options to consider:
1) Expand or alter EBPs that already exist in the community to increase capacity or effectiveness.
2) Add new EBPs or promising/emerging strategies.
3) Build the evidence for a promising locally developed program (e.g., a homegrown parent training program appears to have good outcomes, but needs additional research to verify effectiveness).

Make a List
If the solution you select is to add an EBP, the next step is to create a list of potential EBPs. Include EBPs on the list based on how the program type, setting, length, age, race/ethnicity, and outcomes affected match the target population and outcome that you identified through the needs assessment. Be fairly broad with the list; you will narrow it down later based on specific criteria. An appendix at the end of this guide includes a table where information about potential EBPs can be written down and compared.

One way to identify EBPs is to consult “trusted sources”, such as clearinghouses, like those listed in Box 2. These online resources summarize the research and provide a rating based on the level of evidence that exists for certain practices/programs. Be aware that each organization uses a different rating system that should be described on their websites.

Box 2: Selected online clearinghouses of child welfare and other EBPs

<table>
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<tr>
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<tbody>
<tr>
<td>Blueprints for Healthy Youth Development</td>
<td>•<a href="http://www.blueprintsprograms.com">http://www.blueprintsprograms.com</a></td>
</tr>
<tr>
<td>California Evidence-Based Clearinghouse for Child Welfare</td>
<td>•<a href="http://www.cebc4cw.org">http://www.cebc4cw.org</a></td>
</tr>
<tr>
<td>CrimeSolutions.gov</td>
<td>•<a href="http://www.crimesolutions.gov">http://www.crimesolutions.gov</a></td>
</tr>
<tr>
<td>National Registry of Evidence-based Programs and Practices</td>
<td>•<a href="http://www.nrepp.samhsa.gov">http://www.nrepp.samhsa.gov</a></td>
</tr>
<tr>
<td>Promising Practices Network</td>
<td>•<a href="http://www.promisingpractices.net">http://www.promisingpractices.net</a></td>
</tr>
</tbody>
</table>
There are other ways to research EBPs, beyond clearinghouses. For example, you may want to conduct your own literature review or to talk to key individuals at the local, state and national level who are familiar with the specifics of implementing different EBPs.

**Tips for Researching EBPs**

A literature review requires locating articles through online databases by using keywords and search terms. Search terms can be related to the child maltreatment risk or protective factors you want to address (e.g., social support, nurturing behaviors, mental health and parenting, neglect) and the method of intervention. (e.g. home visiting, parent support group, counseling). Helpful terms to use when beginning your search include: review, meta-analysis, and research synthesis. These types of articles have already conducted a literature review on a certain topic and provide a summary of the findings.

**Some sources to search are:**

* Google scholar (a search engine that searches for scholarly articles)
* A library database (e.g., ProQuest)
* Professional journals
* Federally funded centers and agencies (e.g., U.S. Department of Health & Human Services, Administration for Children & Families, Center for Disease Control)

Source: The IRIS Center for Training Enhancements (2014)

**Key Informants**

**Practitioners:** It is important not to forget that agencies with experience using the EBPs you are considering can offer very valuable insight. Practitioners with EBP implementation experience can provide input on the community fit, operational logistics, and the pros and cons of the program. To identify agencies who have experience working with a specific EBP, consider contacting EBP developers, the state PEI office, or national, state, or local child welfare associations, networks, or email listservs.

**Program Developers:** EBP developers also offer important knowledge. Before selecting a specific program or practice, have a conversation with the developer to determine whether the program is a good fit for your agency and community needs. Issues to discuss include total cost, availability of and lead time for scheduling training and consultation, and fidelity tracking procedures.

Source: Walsh et al. (2015)
Step 2: Narrow down list and assess fit

When analyzing the potential EBPs you selected, consider three basic categories: (1) Program Match: to outcomes, target population, organization, and community characteristics and needs; (2) Resources: organizational and community resources and capacity; and (3) Program Quality: evidence level of the program or practice. The EBP that has the best fit with all three categories should be selected.

1. Program Match

As a starting point in the process of selecting an EBP, it is important to identify the scope of the EBP and how it matches identified community needs and context. The scope includes four parts: (a) outcome, (b) target population, (c) prevention level, and (d) implementation methods and characteristics.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target Population</th>
<th>Prevention Level</th>
<th>Implementation</th>
</tr>
</thead>
</table>

Outcome: What is the intervention designed to address?

Selecting an EBP to address the identified community needs is a crucial first step. You should analyze whether the goals and objectives of the EBP are aligned with the outcomes you hope to achieve with your intervention. These outcomes should be related to the root causes of child maltreatment for your community that you identified during the needs assessment. For example, if the needs assessment identified parental substance abuse as a root cause of child maltreatment, then the selected EBP should have treatment and/or prevention of parental substance abuse as a central outcome. Selecting a parent education program that has been shown to improve child school readiness but has not been shown to address substance abuse might not be effective in reducing child maltreatment in your community.
It is likely that the community needs assessment identified a variety of needs and root causes. This requires either selecting an EBP which has been shown to be effective in a multitude of outcomes, or creating a larger community-wide strategy. Collaborating on a larger community effort can pool resources and produce better results due to a holistic prevention approach. Different agencies can select different EBPs to target different outcomes, and an integrated community referral system can be established so that clients can have access to different programs and services.

**Target Population: For whom is the intervention intended?**

EBPs typically specify certain population characteristics for whom they are intended and/or with whom they have been tested. These characteristics include age, sex, race/ethnicity, language, and socioeconomic status. You need to take into account the unique characteristics of the families you will be working with. For example, a program that is working with teen parents might select a different set of practices and techniques than one serving older clients. Additionally, a program that will serve fathers only, might require different methods to meet the specific needs of fathers. The closer you can match a practice or program to your clients’ needs, the greater the possibility it will lead to the desired outcome.

You should also consider whether the EBP’s length, delivery method, materials, theory of change, and other features are consistent with stakeholder values. You may consider holding information sessions to explain the intervention features and to get feedback on any concerns from stakeholders.

It may not be possible to find a practice or program that exactly matches your client characteristics. If this is the case, you should identify a practice or program that matches as many characteristics as possible. It might also be possible to make cultural adaptations to an EBP to better match population characteristics. Adaptation should be considered carefully, as any changes to an EBP might not produce the intended results. Get as much information as possible, from the intervention developer or others who have used the intervention to determine how and if it can be adapted, tailored, or refined to meet specific population needs. (See Adaptation Section of this guide for more information).

**Prevention Levels: What is the suitable intervention level for the specified population?**

The ecological framework of prevention services consists of three levels: primary, secondary and tertiary prevention (see Box 3 for definitions of these levels). However, primary, secondary, and tertiary prevention are not necessarily mutually exclusive categories. Prevention is thought to occur along a continuum, and strategies that coordinate resources across the continuum are needed for improving outcomes for children and families.

<table>
<thead>
<tr>
<th>Box 3: When selecting an EBP, it is important to consider which of the 3 prevention levels it falls into.</th>
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</thead>
<tbody>
<tr>
<td><strong>Primary Prevention (universal)</strong></td>
</tr>
<tr>
<td>• Programs directed at the general public (universal) in an effort to prevent child maltreatment before it occurs.</td>
</tr>
<tr>
<td><strong>Secondary Prevention (high risk)</strong></td>
</tr>
<tr>
<td>• Programs targeted to individuals or families in which maltreatment is more likely (high risk).</td>
</tr>
<tr>
<td><strong>Tertiary Prevention (indicated)</strong></td>
</tr>
<tr>
<td>• Programs targeted toward families in which maltreatment has already occurred (indicated). These programs serve to prevent the recurrence of maltreatment.</td>
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</tbody>
</table>
Implementation: How and by whom will the intervention be delivered?
EBPs often have specific implementation requirements that detail how they should be delivered with fidelity. You should verify that all features and methods of delivery match your organization, community and client needs. Beyond what you find in clearinghouses of EBPs, you might need to further explore implementation methods by obtaining a manual, visiting the developer’s website, or attending a training.

Some implementation questions to consider:
(1) How complex is the program? Can the program be broken down into smaller, more manageable parts for implementation?
(2) How much time will it take to implement? Will staff and workplace schedules have to shift?
(3) Are particular materials required, and if so, are those materials pre-packaged with the intervention? Would staff and clients be willing to use the materials?
(4) What types of implementation support and technical assistance is available? Is consultation with intervention specialists required or available on an as-needed basis? Are there experts in the state or local communities that could be available for consultation?
(5) Does the intervention have specific progress monitoring or fidelity monitoring tools, or will tools need to be created? Will staff be open to completing fidelity monitoring procedures?
(6) Expertise and willingness of staff: Is the intervention compatible with staff norms, values and beliefs? What education level or pre-existing skill set is required for staff? Would staff be willing to make significant changes in their practices, approaches and methods if needed?
(7) Support of community providers: Is the practice compatible with the referral sources currently in place in the community – will they feel comfortable referring clients to it?
(8) Is the delivery method compatible with client characteristics? For example, do clients have transportation to attend meetings? For example, would they be willing to allow a home visitor in their home and how often?

Sources: Walsh et al. (2015); National Resource Center for Mental Health Promotion & Youth Violence Prevention Brief on Selecting Evidence-Based Programs

2. Organizational Resources
Organizational capacity and financial resources are crucial components to implementing any new practice or program. Organizational capacity refers to the staff’s availability and ability to implement the intervention, while resource availability is the ability to finance costs associated with EBP implementation. EBPs can vary in the amount of both of these types of resources that are required.

Another distinction of organizational resources to consider is start-up costs versus the costs associated with long-term sustainability. Aspects of sustainability to consider are:

<table>
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<tr>
<th>Sustainability Issues (occur over time)</th>
<th>Potential Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff turnover</td>
<td>may require additional trainings for newcomers</td>
</tr>
<tr>
<td>Degradation of implementation/fidelity</td>
<td>may require extra trainings to sharpen provider skills</td>
</tr>
<tr>
<td>Limited supplies, equipment and materials</td>
<td>may need to be replaced or replenished over time</td>
</tr>
</tbody>
</table>

Source: National Resource Center for Mental Health Promotion & Youth Violence Prevention Brief on Selecting Evidence-Based Programs
Some of the organizational capacity questions were asked in the previous implementation section, but additional financial resource questions to consider include:

- What financial resources to fund the practice exist, both in the short and long term?
- Does the practice have a clear advantage for the organization, in terms of efficiency or cost-efficiency, compared to what is currently being done?
- What are the costs for:
  - **Staff salaries.** How many interventionists are required? Will you need to hire new staff?
  - **Training.** Will you need to pay an expert (and cover travel costs) to conduct the training? Remember to consider costs for room reservations, equipment, and food. Are there required booster training sessions?
  - **Consultation.** Costs include not only the consulting fees, but possibly communication fees (e.g., phone charges) or equipment (e.g., iPad, web camera).
  - **Certification.** Is certification required for trainees? Are there costs associated with certification? This might include costs associated with performance reviews.
  - **Materials.** Are there pre-packaged materials? Will materials need to be replenished? Can paper materials be duplicated locally or do they need to be purchased?
  - **Equipment.** Is there special equipment required for implementation or training/consultation/certification? This might include video cameras to record implementation for review by expert consultations or for certification purposes.

Source: National Resource Center for Mental Health Promotion & Youth Violence Prevention Brief on Selecting Evidence-Based Programs

3. Program Quality

Program quality refers to the level of evidence that supports it. As shown in Box 1, programs are usually categorized on a scale ranging from not supported by evidence, to being evidence-informed if there is some promising research, and finally, evidence-based for studies which have the strongest record of evidence. With program match and resources taken into account, the program with the highest level of evidence should be selected, when possible. However, there are some caveats to consider.

First, the reason you should consult “trusted resources” in selecting an EBP, as mentioned in the section on making a list, is because the term “evidence-based” has not been used consistently. Some vendors might claim that a product is evidence-based, when in reality it is not. Thus, extra caution should be taken when determining which practices or programs have actually been shown by research to be effective.

Second, it is also important to note that just because a practice or program is considered evidence-based does not guarantee that it will be effective for everyone. Additionally, not all practices and programs have been deemed evidence-based, even though they might actually be effective in producing desired outcomes. The lack of EBP designation might be due to limited time, lack of funding, and other difficulties in conducting rigorous research studies. The next section discusses what to do if you cannot find an appropriate EBP to meet community needs.

Step 3: What to do if there is no suitable EBP

If after researching EBPs you have not been able to find one that matches your target population and outcomes, community setting, organizational resources, and has a sufficient evidence level, then you should consider the following options:

- Select the practice or program that best meets your criteria. In this case, be aware that you might not get the same results as the studies in which the EBP was validated.
- Consider making adaptations to an EBP that doesn’t alter the core components, but might improve fit with the local population setting. If modified too much, it may not produce the intended results.
- Review the research literature yourself to identify new and emerging programs that have not yet been formally reviewed by a reputable organization.

Choosing Adaptation

Adaptation can be defined in a variety of ways. One definition is: “the process of making changes to an EBP’s design in order to make it more suitable for a particular population and/or organization’s capacity” (ETR Associates and CDC, 2012). For example, an EBP might need to be adapted to make it a better fit for a local culture or a targeted age group.

Thus, adaptation should be undertaken with the goal of improving outcomes, based on the idea that adapted programs will more closely match the desires, needs and expectations of clients and practitioners in a local setting. However, adapting an EBP may also result in worse outcomes than those that were found for the un-adapted EBP. Hence, adaptation may be ineffective and therefore inappropriate in some cases.

To help determine what types of adaptations are likely to produce positive results, agencies can choose to follow a variety of planned adaptation frameworks. For a summary of these frameworks and examples of adaptations in child maltreatment prevention programs, see our Adaptation Guide.

Choosing an Emerging Program and Evaluation

Agencies often use their experience and expertise to develop programs specifically tailored to fit the characteristics and needs of the local community. These programs seem to have demonstrated positive outcomes, though there is little to no body of research to support them. Lack of research does not mean that such programs are ineffective, but there is a higher risk that they could end up being ineffective.

Agencies interested in measuring the effectiveness of an intervention may perform an in-house program evaluation or, ideally, work with an outside research partner like an institute of higher education.

Some Measurement Resources


The California Evidence-Based Clearinghouse list of screening and assessment tools: http://www.cebc4cw.org/assessment-tools/


Source: The IRIS Center for Training Enhancements (2014)
Step 4: Summarize Process

The final step is to create a written summary of the EBP selection process and selected intervention strategy. This does not need to be a lengthy or formal document, but should clearly explain how and why the intervention, whether it includes EBP(s), or non-EBP(s), was selected. This is especially important for funding applications and for preserving knowledge in case there is future staff turnover.

References and Resources


Glossary

Adaptation – changing aspects of an intervention in order to fit the purpose or situation properly.

Clearinghouse – an agency or organization that collects and distributes something, especially information, often used as an information channel.

Evidence-based – refers to any concept or strategy that is derived from objective evidence, most commonly documented in scientific studies.

Evidence-informed – using, but not requiring, the best available knowledge and research to guide program design and implementation.

Meta-analysis – a statistical technique for combining the findings from a number of independent studies in order to assess the effectiveness of a particular procedure or intervention.

Primary prevention (of child maltreatment) – interventions that seek to prevent child maltreatment before it occurs by reducing risk factors, enhancing protective factors, and spreading public awareness to a universal and broad target population. It targets all members of the community, including service providers and policymakers, as well as all parents, all parents of newborns, or school teachers.

Quasi-experimental – an empirical study used to estimate the impact of a particular intervention on its target population. It differs from an experimental study, or randomized-controlled trial, because it lacks randomization of study participants to control or treatment groups.

Randomized control trial – a type of scientific experiment where the people being studied are randomly assigned to a treatment or control group. Those in the treatment group receive the intervention, while those in the control group receive services as usual without the intervention.

Secondary prevention (of child maltreatment) – interventions that aim to prevent child maltreatment from occurring in a targeted subset of individuals or families which have at least one risk factor associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.

Tertiary prevention (of child maltreatment) – interventions that seek to prevent child maltreatment from reoccurring after it has already occurred (indicated) and to reduce the negative consequences of child maltreatment.
Appendix: Worksheet for Comparing Interventions

This worksheet can help you compare potential programs and practices in order to make an informed decision about which best meets your criteria.

This worksheet has been adapted from the following worksheets, which you might also consider using:


Though created from an educational EBP perspective, another excellent worksheet that you can consider using is located on pages 26 and 27 of this document:

<table>
<thead>
<tr>
<th>Name of intervention</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
<th>Intervention 3</th>
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<tbody>
<tr>
<td>Source of information</td>
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<tr>
<td>Practice/program description</td>
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<tr>
<td>Level of evidence that the practice or program is effective</td>
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<tr>
<td>Intended outcome(s) of practice/program</td>
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<tr>
<td>Population for which this practice/program has been shown to be effective (e.g. age, sex, race, ethnicity, language, socioeconomic status, education level)</td>
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<td>Setting (e.g., home visiting, group classes, community, urban/rural, in which this practice/program has been shown to be effective)</td>
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<tr>
<td>Resources: Cost of practice/program</td>
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<tr>
<td>Resources: Time needed for implementing</td>
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<tr>
<td>Resources: Training and materials required to implement and maintain the practice or program. (Are supports and materials included by the program or will they require additional resources?)</td>
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<tr>
<td>Knowledge and Skill Set Required (i.e. education level or pre-existing skill set required; can knowledge/skills be transferred to other programs at agency?)</td>
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<tr>
<td>Internal Compatibility (i.e. fit with agency/staff norms, values, and beliefs)</td>
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<tr>
<td>External Compatibility (i.e. with the beliefs and values of client, the local community and community referral system)</td>
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<tr>
<td><strong>Adaptability</strong> (i.e. can the practice be adapted, refined, or modified to meet local needs without sacrificing fidelity?)</td>
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<tr>
<td>Measurement (i.e. how will program results and outcomes be measured and does the measurement fit with the existing data collection at agency?)</td>
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<tr>
<td><strong>Additional information or comments</strong></td>
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