

Appendix

Repositories of Effectiveness Studies Relevant to Higher Education

Source	Description of Resource	Process for Rating Quality of Evidence for Effectiveness Claim	Programming Relevant to Academic or Student Affairs Outcomes & Programming
<p><u>What Works Clearinghouse</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>A systematic review attempts to identify, appraise, & synthesize all empirical evidence that meets pre-specified eligibility criteria to answer a specific research question.</p> <p>WWC reviews existing research on different <i>programs, products, practices, and policies</i> in education.</p> <p>Goal of WWC: provide educators with information they need to make evidence-based decisions. WWC focuses on results from high-quality research to answer the question “What works in education?”</p> <p>Includes “Systematic Reviews” completed by WWC certified reviewers, which summarize all studies published during a specific time period that examine effectiveness of intervention.</p> <p>Includes “Practice Guides” completed by WWC certified reviewers and a panel of experts, which provides recommendations on interventions to use to meet outcomes.</p> <p>Contains a specific “postsecondary” category.</p>	<p>“Systematic Reviews”: Process begins by developing a review protocol to define which research to include in review (e.g., population, type of intervention). Studies are gathered and eligibility assessed using WWC standards (e.g., RCTs, high-quality quasi-experimental designs). Each study receives a rating for credibility of evidence: <i>Meets WWC Group Design Standards without Reservation, Meets WWC Group Design Standards with Reservations, Does Not Meet WWC Group Design Standards</i>. For studies that meet WWC standards with or without reservations, findings are combined. Four measures summarize findings: (a) magnitude of effect as measured by average improvement index, (b) statistical significance of effect, (c) amount of supporting evidence, & (d) generalizability of findings.</p> <p>Based on these measures, an Effectiveness Rating is produced:</p> <p>Positive: strong evidence that intervention had positive effect.</p> <p>Potentially positive: evidence that intervention had positive effect on outcome with no overriding contrary evidence.</p> <p>Mixed: evidence of effect on outcome is inconsistent.</p> <p>No Discernible: no evidence of effect on outcome.</p> <p>Potentially Negative: evidence of negative effect on outcome with no overriding contrary evidence.</p> <p>Negative: strong evidence of negative effect on outcome.</p> <p>“Practice guide” recommendations: Each has a rating of level of evidence (minimal, moderate, strong). Level of evidence reflects confidence that recommended practice consistently improved outcomes. Not uncommon for a practice to get a “minimal level of evidence” rating given rigorous criteria for study inclusion. A minimal level of evidence does NOT mean there is no evidence supporting the recommendation. All recommendations are supported by some rigorous research. Minimal rating means more research is needed (in more settings, with more students).</p>	<ol style="list-style-type: none"> 1. <u>Using Technology To Support Postsecondary Student Learning</u> 2. <u>Linked Learning Communities</u> 3. <u>Organizing Instruction and Study to Improve Student Learning</u> 4. <u>First year experience courses</u> 5. <u>Strategies for Postsecondary Students in Developmental Education Summary</u> 6. <u>Teaching Secondary Students to Write Effectively Practice Guide Summary</u> 7. <u>Teaching Strategies for Improving Algebra Knowledge in Middle and High School Students Practice Guide Summary</u> 8. <u>Encouraging Girls in Math and Science</u> 9. <u>Summer counseling had potentially positive effects on credit accumulation & persistence and mixed effects on college access & enrollment for recent HS graduates</u> 10. <u>Open Learning Initiative OLI provides high-quality online courses and learning materials to instructors and learners at low or no cost</u> 11. <u>InsideTrack® Coaching provides coaching to help students identify and overcome both academic and non-academic barriers to college persistence and graduation</u> 12. <u>Summer Bridge Programs designed to ease transition to college & support success by providing students with academic skills & social resources to succeed</u> 13. <u>Developmental Summer Bridge Programs</u> 14. <u>First year experience courses for students in developmental education to ease the transition to college for large numbers of students in need of remedial education</u> 15. <u>Accelerated Study in Associate Programs (ASAP)</u> 16. <u>Residential Learning Communities</u>

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<p><u>Cochrane Library</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>Provides plain language summaries of systematic reviews focusing on interventions for health outcomes.</p> <p>In “Plain Language Summary”, they indicate the quality of studies that informed their conclusions.</p> <p>In “Full Report”, they list rating for each study and limitations related to design.</p> <p>Most relevant categories for higher education: mental health; tobacco, alcohol, drugs; infectious diseases (STIs).</p> <p>Can be tricky to identify target population for intervention (i.e., college students). One way is to include “college” in search box. Can also use PICO search (under Advanced Search) which allows for targeting of population but limited (for instance, student is a population but college is not)</p>	<p>GRADE framework is used to evaluate certainty of effectiveness evidence. Involves consideration of methodological quality, directness of evidence, heterogeneity, precision of effect estimates, & risk of publication bias.</p> <p><i>Specifies 4 levels of quality:</i></p> <p>High quality: Further research is very unlikely to change confidence in the estimate of effect</p> <p>Moderate quality: Further research likely to have important impact on confidence in effect estimate & may change estimate.</p> <p>Low quality: Further research very likely to have important impact on confidence in estimate of effect & likely to change estimate.</p> <p>Very low quality: We are very uncertain about the estimate.</p> <p>Highest quality rating is for RCTs. Reviewers can downgrade RCT evidence to moderate, low, or very low quality evidence, depending on the presence of the 5 factors above.</p> <p>Reviewers will generally grade evidence from observational studies as low quality. If such studies yield large effects & there is no obvious bias explaining those effects, reviewers may rate the evidence as moderate or – if effect is large enough – even high.</p> <p>Very low quality includes, but not limited to, studies with critical problems & unsystematic clinical observations (e.g. case reports).</p>	<ol style="list-style-type: none"> 1. <u>Social norms interventions are not effective enough on their own to reduce alcohol use or misuse among university or college students</u> 2. <u>Interventions to prevent relationship & dating violence in adolescents & young people</u> 3. <u>Prevention of suicide in university and other post-secondary educational settings</u> 4. <u>Exercise for preventing and treating anxiety and depression in children & young people</u> 5. <u>Self-help and guided self-help for eating disorders</u> 6. <u>Psychosocial and Developmental Alcohol Misuse Prevention in Schools can be effective</u> 7. <u>Motivational interviewing (MI) for preventing alcohol misuse in young adults is not effective enough</u> 8. <u>Motivational interviewing is a short psychological treatment that can help people cut down on drugs and alcohol</u> 9. <u>Exercise for depression</u> 10. <u>Exercise to improve self-esteem in children and young people</u> 11. <u>Does personalised advice via computer or mobile devices reduce heavy drinking?</u>

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<p><u>Campbell Collaboration</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>Provides systematic reviews of programs or interventions in a number of areas (education, social welfare, & crime/justice).</p> <p>Systematic review: research paper that uses a method called ‘evidence synthesis’, which can include meta-analysis, to look for answers to a pre-defined question.</p> <p>Purpose of Systematic Review: sum up best available research on specific question. Reviews also show when there has not been enough research & where more is needed.</p> <p>Evidence and Gap Map: visual presentation of the available rigorous research evidence for a particular policy domain. An EGM consolidates what we know & do not know about ‘what works’, & provides a graphical display of areas with strong, weak or non-existent research evidence on effect of interventions/initiatives. This feature is currently limited but growing.</p>	<p>Use explicit search strategy for studies to include in review.</p> <p>Developed in advance & undergoes peer review.</p> <p>Have clear study inclusion & exclusion criteria.</p> <p>Study inclusion decisions are carried out by at least 2 reviewers who work independently & compare results.</p> <p>Studies are not included in synthesis if there is low methodological quality.</p> <p>Use systematic coding & analysis of included studies.</p> <p>Study quality is appraised.</p> <p>Coding carried out by at least 2 reviewers who work independently & compare results.</p> <p>When coding study quality, authors can use Cochrane Risk of Bias Tool (selection bias, attribution bias, etc.), GRADE framework, or direct coding of research design element (e.g., was their random assignment, was their attrition).</p>	<ol style="list-style-type: none"> 1. <u>Bystander Intervention</u> 2. <u>Mindfulness-based stress reduction</u> 3. <u>Twenty first century adaptive teaching & individualized learning operationalized as blends of student centered instructional events: Systematic review & meta analysis</u> 4. <u>Motivational interviewing for substance abuse</u> 5. <u>Exercise to Improve Self Esteem in Children and Young People</u> 6. <u>Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse</u> 7. <u>Effects of early, computerized brief interventions on risky alcohol use and risky cannabis use among young people</u> 8. <u>Educational and Skills-Based Interventions for Preventing Relationship and Dating Violence in Adolescents and Young Adults: A Systematic Review</u> 9. <u>School-Based Interventions to Reduce Dating and Sexual Violence: A Systematic Review</u> 10. <u>Interventions Intended to Reduce Pregnancy-Related Outcomes</u> 11. <u>Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review</u> 12. <u>12-Step Programs</u> 13. <u>Mindfulness-based interventions for improving cognition, academic achievement, behavior, and socioemotional functioning of primary and secondary school students</u> 14. <u>Collaborative testing for improving student learning outcomes and test-taking performances in higher education: a systematic review</u>

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<p><u>Teen Pregnancy Prevention (TPP) Evidence Review</u></p> <p><u>Searchable Program Table</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>From 2009 to 2017 (archived Sept 2019), the U.S. Department of Health and Human Services sponsored an independent review of the teen pregnancy prevention literature to identify programs with evidence of effectiveness in <i>reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors.</i></p> <p>There were 48 program models that have evaluation studies that met the TPP Evidence Review criteria for evidence of program effectiveness. The program models represent a range of different program approaches, including abstinence, comprehensive sex education, & HIV/STI prevention.</p> <p>You can filter by population, age group, preferred implementation setting, & type of program.</p> <p>DISCLAIMER The TTP Evidence Review did not examine curriculum content to make assessments about whether a program was medically or scientifically accurate, or inclusive of populations diverse in terms of race, ethnicity, sexual orientation or sexual identity. Meeting the Evidence Review criteria does not indicate HHS endorsement of a program model.</p>	<p>UTPP began with a broad literature search that included both published & unpublished work. They scanned reference lists of existing research syntheses; searched websites of relevant federal agencies and research & policy organizations; conducted keyword searches of electronic databases; hand searched relevant journals and professional conference proceedings; & issued periodic public calls for studies. They then screened studies against pre-specified eligibility criteria. For example, to be eligible for review, studies must be conducted in the U.S., use a sample of youth age 19 or younger, & measure program impacts on pregnancy, STIs, or associated sexual risk behaviors.</p> <p>For studies that met eligibility criteria, trained reviewers assessed each study for the quality and execution of its research design. As a part of this assessment, each study was assigned a quality rating of high, moderate, or low according to the risk of bias in the study's impact findings. When developing review criteria, HHS drew upon evidence standards used by several well-established evidence assessment projects and research and policy groups, such as the WWC. Using these criteria, HHS then defined a set of rigorous standards an evaluation study must meet for a program to demonstrate evidence of effectiveness.</p> <p>HIGH study quality rating: reserved for randomized controlled trials with low rates of sample attrition, no reassignment of sample members, no systematic differences in data collection between research groups, more than 1 subject or group (school, classrooms, etc.) in both the treatment & control conditions.</p> <p>MODERATE study quality rating: studies using quasi-experimental designs and for randomized controlled trials that did not meet all the review criteria for a high-quality rating. To meet the criteria for a moderate study quality rating, a study had to demonstrate equivalence of intervention & comparison groups on race, age, & gender; report no systematic differences in data collection between the research groups; have more than 1 subject or group (school, classroom, etc.) in both intervention & comparison conditions. Studies based on samples of youth ages 14 or older also had to demonstrate equivalence of the intervention & comparison groups on at least 1 behavioral outcome measure.</p> <p>For studies that passed the quality assessment with either High or Moderate rating, we extracted & analyzed program impact estimates to assess evidence of effectiveness for each program.</p> <p>Studies receiving a low-quality rating were excluded, because the risk of bias in these studies was considered too high to yield credible estimates of effectiveness.</p>	<ol style="list-style-type: none"> 1. All4You! (designed to reduce the number of students who have unprotected sex) 2. ¡Cuídate! (designed to teach about condom use and STIs) 3. Focus (designed to promote healthy behavior and responsible decision making regarding STI prevention & relationships) 4. Health Improvement Project for Teens (sexual risk reduction intervention) 5. Love Notes (teaches young adults on how to prevent dating violence and build health relationships) 6. Project IMAGE (intended to reduce STIs) 7. Reducing the Risk (prevention of STIs, HIV, pregnancy) 8. Safer Sex Intervention (intervention to reduce STIs & improve condom use) 9. Seventeen Days (education about contraception & STIs) 10. Sisters Saving Sisters (increase knowledge about prevention of HIV, STIs & pregnancy) 11. Be Proud Be Responsible (increase knowledge of HIV and STI risk) 12. Possessing Your Power (decrease drugs, alcohol, pregnancy) 13. SiHLE (reduce sexual risky behavior)

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<p><u>Social Programs that Work</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>Identifies social programs shown in rigorous studies to produce sizable, sustained benefits to participants and society, so these programs can be deployed to help solve social problems.</p> <p>Seeks to enable policy officials and other decision-makers to distinguish credible findings of program effectiveness from evidence that is not credible.</p> <p>Focuses on results of well-conducted RCTs, which are regarded as strongest method of evaluating program effectiveness.</p> <p>Has a section for postsecondary education with 4 programs that are reviewed.</p>	<p>Identified programs through systematic monitoring of all rigorous evaluations published or posted online across social policy, and review of most promising findings in consultation with outside experts. Designates each program as “top tier”, “near top tier”, or “suggestive tier” based on quality of research supporting it.</p> <p>Top Tier: Programs shown in well-conducted RCTs, carried out in typical community settings, to produce sizable, sustained effects on outcomes. Includes a requirement for replication – specifically, demonstration of effects in 2 or more RCTs conducted in different implementation sites, or, alternatively, in 1 large multi-site RCT. Such evidence provides confidence the program would produce important effects if implemented faithfully in settings & populations similar to those in original studies.</p> <p>Near Top Tier: Programs shown to meet almost all elements of the Top Tier standard, and only needs 1 additional step to qualify. This category includes programs that meet all elements of the Top Tier standard in a single study site but need a replication RCT to confirm initial findings & establish generalizability to other sites. Best viewed as tentative evidence that program would produce important effects if implemented faithfully in settings & populations similar to those in original study.</p> <p>Suggestive Tier: Programs were evaluated in 1 or more well-conducted RCTs (or studies closely approximating random assignment) & produce sizable positive effects, but whose evidence is limited by short-term follow-up, effects that fall short of statistical significance, or other factors. Such evidence suggests the program may be an especially strong candidate for further research but does not yet provide confidence that program would produce important effects if implemented in new settings.</p>	<ol style="list-style-type: none"> 1. <u>EAAA (Enhanced Assess, Acknowledge, Act) Sexual Assault Resistance Education (Sexual Assault Prevention)</u> 2. <u>Accelerated Study in Associate Program (increased retention for Low Income Students; academic and personal supports)</u> 3. <u>H&R Block College Financial Aid Application Assistance (increased retention & college attendance; personal assistance with financial aid application)</u> 4. <u>InsideTrack College Coaching (increased retention)</u> 5. <u>Learning Accounts (increased postsecondary completion for low-income students)</u>

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<p><u>The Community Guide</u></p>	<p><i>Conducts systematic reviews of evidence & assesses published systematic reviews.</i></p> <p>Collection of evidence-based findings from the Community Preventive Services Task Force. Shares findings based on systematic reviews with specific <u>methodology</u>, & reviews interventions across a wide range of health topics.</p> <p>Aim to:</p> <ul style="list-style-type: none"> • Use science-based approaches to determine whether an intervention works and is cost-effective • Help user identify & select intervention approaches for behavior change, disease prevention, & environmental change • Identify where there is insufficient evidence and more research needed <p>When starting an effectiveness review, the systematic review team develops an <i>analytic framework</i> that illustrates how the intervention is believed to affect health (e.g., logic model, program theory). It often includes intermediate outcomes, potential effect modifiers, potential harms, & potential additional benefits.</p>	<p>When conducting systematic reviews of interventions, use teams of specialists in systematic review methods and subject matter experts. Follow a rigorous 14 step process when conducting reviews, including forming a coordination team, developing a logic model, <u>assessing the quality of the included studies</u>, summarizing evidence, and developing recommendations.</p> <p>Findings can be classified under the following 3 levels of evidence:</p> <p>Recommended:</p> <ul style="list-style-type: none"> • Systematic review provides strong or sufficient evidence that intervention is effective. This is based on several factors, such as study design, number of studies, & consistency of effect across studies. <p>Recommend Against:</p> <ul style="list-style-type: none"> • Systematic review provides strong or sufficient evidence that intervention is harmful or not effective. <p>Insufficient Evidence:</p> <ul style="list-style-type: none"> • Available studies do not provide sufficient evidence to determine if intervention is, or is not, effective. It does NOT mean the intervention does not work, but that additional research is needed to determine whether or not it is effective. <p>If found to be effective, the <u>economic efficiency</u> of the intervention is also evaluated.</p>	<ol style="list-style-type: none"> 1. <u>Alcohol – Excessive Consumption: Electronic screening and brief interventions (e-SBI)</u> 2. <u>Mental health: Targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms</u> 3. <u>Physical activity: Interventions to increase active travel to school</u> 4. <u>Physical activity: College-based physical education and health education</u> 5. <u>Vaccination programs: Requirements for child care, school, and college attendance</u> 6. <u>Motor Vehicle Injury – Alcohol-impaired driving: School-based programs – Peer organizations</u> 7. <u>Motor Vehicle Injury – Alcohol-impaired driving: School-based programs – Instructional programs</u>

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<p><u>Blueprints For Healthy Youth Development</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>Focuses on interventions to prevent violence, delinquency, & drug use and to improve mental and physical health, self-regulation, & educational achievement.</p> <p>Many interventions include a logic model that graphically depicts causal mechanisms believed to link program components and outcomes. This supplements the included theoretical rationale (program theory) underlying the intervention.</p> <p>Can search based on target population (early adulthood), focus of program (e.g., civic responsibility, alcohol prevention, cultural tolerance) or gender & race.</p>	<p>Focus on identifying high-quality studies of interventions.</p> <p>Programs rated as <i>Promising, Model, or Model Plus</i>:</p> <p>Promising interventions: must have evidence from 1 high-quality experimental or 2 high-quality quasi-experimental designs, clear findings of positive impact, & sufficient resources to help users.</p> <p>Model interventions: must have evidence from 2 high-quality experimental or 1 experimental and 1 quasi-experimental design of high quality, and in addition to the above criteria (positive impact, dissemination capacity), have a sustained impact at least 12 months after intervention ends.</p> <p>Model Plus: are Model interventions that have conducted a high-quality “independent” replication.</p> <p>Model & Model Plus: interventions are deemed ready for widespread use.</p>	<ol style="list-style-type: none"> 1. <u>Body Project (Eating Disorder Prevention)</u> 2. <u>EAAA (Enhanced Assess, Acknowledge, Act) Sexual Assault Resistance Education (Sexual Assault Prevention)</u> 3. <u>Reducing The Risk (prevention of risky sexual behavior)</u> 4. <u>InShape Prevention Plus Wellness (Increase Healthy Habits & Reduce Risky Substance Use)</u> 5. <u>Brief Alcohol Screening and Intervention for College Students---BASICS (drinking rates, binge drink, blood alcohol)</u> 6. <u>Overcome Social Anxiety (online program to address college students’ social anxiety)</u> 7. <u>Project Towards no Drug Abuse</u> 8. <u>Blues Program to prevent onset and persistence of depression</u>

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<p><u>Best Evidence Encyclopedia</u></p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>Created by Johns Hopkins University under funding from IES of the Department of Education. Intended to give educators & researchers fair & useful info about evidence support-ing K-12 programs. Some of these programs may be applicable to bridge programming or first-year programming at colleges.</p> <p>Reviews included are meta-analyses or other quantitative syntheses that apply consistent, scientific standards to bodies of evidence that meet high standards of methodological quality & evaluate realistic implementations of programs currently available.</p> <p>Some program reviews include ratings information in an easily digestible table on the web page. For others, you need to look through the actual report to determine usefulness (effect sizes, populations studied, etc.). This information can be located in the tables at the end of the reports.</p>	<p>To be included, reviews must:</p> <ol style="list-style-type: none"> 1. Consider all studies in area, & carry out an exhaustive search for all studies that meet well-justified standards of methodological quality & relevance to issue being reviewed. 2. Present quantitative summaries of effectiveness of programs used in K-12, focusing on achievement outcomes. 3. Focus on studies comparing programs to control group, with random assignment to conditions or matching on pretests or other variables that indicate treatment & control groups were equal before treatment began. 4. Summarize outcomes in terms of effect sizes (experimental-control differences divided by standard deviation) & statistical significance. 5. Focus on studies of least 12 weeks, to avoid brief, artificial lab studies. 6. Focus on studies that used measures that assessed content studied by control & treatment students, to avoid studies that used measures inherent to treatment. <p>Basis for Program Ratings: Educational programs in reviews were rated according to overall strength of evidence supporting their effects on student achievement. “Effect size” (ES) is proportion of a standard deviation by which a treatment group exceeds a control group. Large studies are those involving at least 10 classes or 250 students. Reviews use following categories of ratings:</p> <p>Strong Evidence of Effectiveness: At least 1 large randomized or randomized quasi-experimental study & 1 additional large qualifying study, or multiple smaller studies, with a combined sample size of 500 & overall mean effect size of at least +0.20.</p> <p>Moderate Evidence of Effectiveness: 2 large matched studies, or multiple smaller studies with a collective sample size of 500 students, with a mean effect size of at least +0.20.</p> <p>Limited Evidence of Effectiveness: Strong Evidence of Modest Effects: Studies meet the criteria for “Moderate Evidence of Effectiveness” except the mean effect size is +0.10 to +0.19.</p> <p>Limited Evidence of Effectiveness: Weak Evidence with Notable Effect: A weighted mean effect size of at least +0.20 based on one or more qualifying studies insufficient in number or sample size to meet the criteria for “Moderate Evidence of Effectiveness”.</p>	<ol style="list-style-type: none"> 1. <u>Best Instructional Methods for Math</u> 2. <u>Best Instructional Methods for Writing</u> 3. <u>Best Instructional Methods for Science</u>

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<p><u>Joanna Briggs Institute (JBI)</u></p> <p>Then click on “JBI Evidence Synthesis” Journal</p>	<p><i>Conducts systematic reviews of evidence.</i></p> <p>International research organization based at the University of Adelaide, South Australia.</p> <p>Goal is to develop & deliver unique evidence-based information, software, education & training designed to improve healthcare practice & health outcomes.</p> <p>Created the <i>JBI Evidence Synthesis Journal</i>, which seeks to disseminate rigorous, high-quality research that provides the best-available evidence to inform practice through science and conduct of systematic reviews.</p> <p>Topics cover multi-disciplinary healthcare-related topics that follow methodology and methods developed by JBI (such as the GRADE methodology).</p>	<p>Contains registry of systematic reviews & systematic review protocols.</p> <p>Reviews in journal follow methodology developed by JBI, such as GRADE methodology, and PRISMA reporting guidelines.</p> <p>JBI does NOT go out and search for these reviews, but instead allows researchers to submit their reviews to their journal.</p> <p>JBI team has “extensive experience in teaching, research, evaluation and consultancy. Our staff are experienced in GRADE methodology, evidence synthesis, knowledge management, quality improvement, and change management from a broad range of disciplines.” They have been hired as research consultants for groups such as the Heart Foundation, NSW Government Health, and the World Health Organization.</p> <p>Offers critical appraisal tools to assist in assessing the trustworthiness, relevance, & results of published papers, as well as guide the inclusion & exclusion of studies in systematic reviews.</p> <p>JBI provides 2 different resources for systematic reviews. One is a title <i>registry of planned reviews</i>, and the other is the <i>JBI Evidence Synthesis Journal</i> that contains completed systematic reviews. Registered titles do not always make it to the journal.</p>	<ol style="list-style-type: none"> 1. Effectiveness of sleep education programs to improve sleep hygiene and/or sleep quality in college students 2. Effective teaching of communication to health professional undergraduate and postgraduate students: A systematic review 3. A comprehensive systematic review of evidence on the effectiveness and appropriateness of undergraduate nursing curricula 4. A systematic review on the effectiveness of music listening in reducing depressive symptoms in adults

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<p><u>Health Evidence</u></p>	<p><i>Health Evidence</i> does not identify, evaluate, & synthesize primary research articles, as is done in systematic review repositories. They review individual meta-analyses or narrative syntheses for quality.</p> <p>Over 6,000 quality-rated meta-analyses & narrative syntheses evaluating the effectiveness of public health interventions, including cost data.</p> <p><i>Evidence Health</i> professionals search the published literature and compile public health relevant meta-analyses & narrative syntheses-eliminating your need to search & screen individual databases.</p>	<p>Evaluates the quality of a published meta-analysis or narrative synthesis.</p> <p>Each meta-analysis or narrative synthesis has been assessed for methodological quality by 2 independent reviewers using 10 quality criteria.</p> <p>A final quality rating for each study is assigned:</p> <ul style="list-style-type: none"> • strong (8 to 10 /10) • moderate (5 to 7/10) • weak (1 to 4 /10). 	<ol style="list-style-type: none"> 1. Interactive computer-based interventions for sexual health promotion 2. Alcohol interventions for Greek letter organizations: A meta-analysis, 1987 to 2014 3. Dietary interventions among university students: A systematic review 4. Single-session behavioral interventions for sexual risk reduction: A meta-analysis 5. Meta-analysis of universal mental health prevention programs for higher ed students 6. Comparative effectiveness of brief alcohol interventions for college students: Results from a network meta-analysis 7. Systematic review of prevention programs targeting depression, anxiety, & stress in university students 8. The effects of bystander programs on the prevention of sexual assault across the college years: A systematic review and meta-analysis 9. Stand-alone personalized normative feedback for college student drinkers: A meta-analytic review, 2004 to 2014 10. Prevention of eating disorders at universities: A systematic review and meta-analysis 11. A meta-analysis of computer-delivered drinking interventions for college students: A comprehensive review of studies from 2010 to 2016 12. Food environment interventions to improve the dietary behavior of young adults in tertiary education settings: A systematic literature review 13. Brief motivational interventions for college student drinking may not be as powerful as we think: An individual participant-level data meta-analysis 14. Can high-intensity interval training improve physical and mental health outcomes? A meta-review of 33 systematic reviews across the lifespan 15. Social norms information for alcohol misuse in university and college students 16. Systematic review & meta-analysis of school-based stress, anxiety, & depression prevention programs 17. Meta-analysis of effectiveness of E-interventions to reduce alcohol consumption in college & university students 18. Effect of yoga-based interventions for anxiety symptoms: Meta-analysis of RCTs 19. Motivational interviewing for the prevention of alcohol misuse in young adults 20. Effects of educational interventions on suicide: A systematic review and meta-analysis 21. Short- and long-term effects of digital prevention and treatment interventions for cannabis use reduction: A systematic review and meta-analysis 22. Interventions for alcohol-related risky sexual behaviors among college students 23. College anti-smoking policies and student smoking behavior: A review of the literature 24. Brief interventions to prevent sexually transmitted infections: Systematic review 25. Alcohol interventions for mandated college students: A meta-analytic review 26. Effectiveness of interventions targeting physical activity, nutrition and healthy weight for university and college students: A systematic review and meta-analysis 27. Effects of 21st birthday brief interventions on college student drinking: A meta-analysis 28. Systematic review of primary prevention HPV interventions targeting college students 29. Alcohol abuse prevention programs in college students 30. Computer-based interventions for sexual health promotion: Systematic review 31. A review of the evidence on technology-based interventions for the treatment of tobacco dependence in college health 32. Individual-level interventions to reduce college student drinking: Meta-analytic review 33. Alcohol interventions for mandated college students: A meta-analytic review 34. Internet-based interventions for smoking cessation 35. Mobile phone interventions to improve adolescents' physical health: A meta-analysis 36. Physically active lessons in schools and their impact on physical activity, educational, health and cognition outcomes: A meta-analysis

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<p><u>What Works for Health</u></p>	<p>Analysts review & assess research to rate effectiveness of a variety of strategies (i.e., policies, programs, systems & environmental changes) that affect health through changes to health behaviors, clinical care, social and economic factors, & physical environment.</p> <p>Can search What Works for Health by key word or filter the full list of strategies to browse by decision maker, health factor, or evidence rating.</p> <p>Individual strategy pages provide information for each policy & program including:</p> <ul style="list-style-type: none"> • Expected beneficial outcomes (i.e., outcomes for which a strategy is rated) • Other potential benefits suggested in literature review • Key points from relevant literature (e.g., populations affected, key components of successful implementation, cost-related information) • Examples, toolkits, & other information to assist in implementation • Indication of strategy's likely impact on disparities. 	<p>They begin with a broad search to define each intervention & identify appropriate search terms. Then conduct targeted literature searches, focusing first on systematic reviews & peer reviewed studies, then on selected sources of grey literature & findings of relevant, reputable organizations that assess policy & program effectiveness (rating organizations).</p> <p>Retrieved articles are screened by date, relevance to topic of interest, applicability of findings, study type, & impartiality of author(s). Retain most relevant, recent, rigorous reviews, & studies for consideration in evidence rating.</p> <p>Evidence ratings are assigned based on 2 analysts' assessments of the strength of the overall body of evidence (e.g., type, quality, number of studies, consistency of findings) as it pertains to specified outcomes. Place most weight on findings with designs that demonstrate causality.</p> <p>Reviewed interventions are assigned an evidence rating based on quantity, quality, & findings of relevant research. When assigning ratings, the most weight is placed on studies with designs that demonstrate causality.</p> <p>Ratings include:</p> <p>Scientifically Supported: Interventions with this rating are most likely to make a difference. They have been tested in multiple robust studies with consistently favorable results (1 or more systematic reviews or at least 3 experimental studies or 3 quasi-experimental studies with matched comparisons).</p> <p>Some Evidence: Interventions with this rating are likely to work, but further research is needed to confirm effects. They have been tested more than once & results trend favorably overall (1 or more systematic reviews or at least 2 experimental studies or 2 quasi-experimental studies with matched groups or 3 studies with unmatched comparisons).</p> <p>Expert Opinion: Interventions with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects (if studies are available, quality and findings may vary).</p> <p>Insufficient Evidence: Interventions with this rating have limited research documenting effects. Need further research, often with stronger designs, to confirm effects (study quality & findings vary).</p> <p>Mixed Evidence: Interventions with this rating been tested more than once & results are inconsistent; further research is needed to confirm effects (studies have statistically significant findings but are inconsistent).</p> <p>Evidence of Ineffectiveness: Interventions with this rating are not good investments. They were tested in multiple studies with consistently unfavorable or harmful results (strong designs with statistically significant unfavorable results).</p>	<ol style="list-style-type: none"> 1. <u>College-based obesity prevention educational intervention</u> 2. <u>Campus alcohol bans</u> 3. <u>Health Career Recruitment for Minority Students</u> 4. <u>Sports-Related Concussion Education</u> 5. <u>Mental Health First Aid</u> 6. <u>School-based Social Norming: Alcohol Consumption</u> 7. <u>Condom Availability Programs</u> 8. <u>Alcohol Brief Intervention</u> 9. <u>Outdoor Experiential Education & Wilderness Therapy</u> 10. <u>Designated Driver Promotion Programs</u> 11. <u>Cultural Competence Training for Health Care Professionals</u> 12. <u>Technology-Enhanced Classroom Instruction</u> 13. <u>HPV vaccine education</u> 14. <u>Big Brothers Big Sisters</u> 15. <u>Summer Learning Programs</u> 16. <u>Smoke free policies for outdoor areas</u>

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<p><u>Evidence-Based Practices for Substance Use Disorders</u></p>	<p>Small database of evidence-based interventions for treating substance use disorders. This database was last updated in 2013 and is no longer growing.</p> <p>Each program includes description of its implementation, populations for which it has been shown to be effective, references to supporting literature, availability of instructional manuals, author/developer notes, and other useful information.</p> <p>Contains reviews of 48 substance abuse prevention interventions</p> <p>Standards for inclusion not as rigorous as some other databases.</p>	<p>Research: Practice was subjected to scientific study that included RCTs, quasi-experimental studies, or in some cases a less rigorously controlled research design. For the most part, the research was published in peer-reviewed journal.</p> <p>Meaningful Outcomes: Practice has resulted in benefits to individuals receiving service. It helped achieve desired outcomes.</p> <p>Standardization: Practice/intervention has been standardized so it can be replicated. Standardization typically involves a published description clearly defining the nature of the practice, intended audience & desired impact of practice on individuals. Thorough instructions are available, as well as copies of materials & tools necessary to implement the practice.</p> <p>Replication: Interventions included in database were studied in more than 1 setting, & findings yielded consistent results.</p> <p>Fidelity Measure: Exists or could be developed.</p>	<ol style="list-style-type: none"> 1. <u>Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach</u> 2. <u>Brief Intervention (alcohol program)</u> 3. <u>Downward Spiral (substance abuse program)</u> 4. <u>Time Out! for Men: A Communication Skills and Sexuality Workshop for Men</u> 5. <u>Time Out! for Me: An Assertiveness and Sexuality Workshop Specially Designed for Women</u> 6. <u>Behavioral Self-Control Training (BSCT) (goal of moderate or nonproblematic drinking)</u>

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<p><u>Promising Practices Network</u></p>	<p>Partnership between 4 state-level orgs to help public & private organizations improve well-being. PPN website features summaries of programs & practices proven to impact outcomes for children to age 18.</p> <p>Provides useful information to decision makers, practitioners, & funders who choose among many possibilities for improving results for youth. Includes summaries of evidence-based programs & other products to help decision-makers access high-quality research.</p> <p>PPN website archived online in 2014 & retired Oct 2019. Archived document contains summaries of “Programs That Work” section of PPN website. Document organized by Age (includes up to 18), setting (school, medical center, etc.), type of service, outcome.</p>	<p>PPN staff reviewed hundreds of programs’ evaluations to assess whether evidence of effectiveness met pre-established criteria. Programs with evidence meeting criteria were summarized in a brief description on PPN website. PPN reproduced summaries here to serve as a permanent archive for policymakers, researchers, & other stakeholders.</p> <p>Proven Program: Program must directly impact one main outcome; substantial effect size (.25 SD or more); statistical significance; RTCs or high quality quasi-experimental; sample size exceeds 30; program documentation available.</p> <p>Promising Program: Program may impact an intermediary outcome associated with main indicators; effect size is smaller; statistical significance; study has a comparison group, but groups lack comparability on preexisting variables; sample size exceeds 10; materials available.</p> <p>They only present programs that meet these criteria.</p> <p><u>Document</u> includes summaries of all programs reviewed by PPN & met criteria for either a <i>Promising</i> or <i>Proven</i> program, as listed on the PPN website at the time it was archived in June 2014.</p>	<ol style="list-style-type: none"> 1. Coping with Stress Course (targets stress outcomes) 2. The Effective Learning Program (targets locus of control for learning) 3. LifeSkills Training (targets alcohol, drug, cigarette) 4. Be Proud! Be Responsible! (targets condom use and STIs) 5. Make Proud Choices! (targets risky sexual behavior) 6. Peer-Assisted Learning Strategies (PALS) (targets academic performance) 7. Reciprocal Teaching (targets academic performance & cognitive development) 8. Reducing the Risk (targets STIs) 9. SPORT (targets alcohol, drugs, smoking via focus on physical health) 10. Teen Talk (targets safe sex practices) 11. Big Brothers Big Sisters (targets alcohol, academic success, mentoring)

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<p><u>CollegeAIM</u></p> <p><u>Booklet of Programs</u></p>	<p>The National Institute on Alcohol Abuse & Alcoholism’s <i>CollegeAIM</i> was developed for higher education officials who seek to address harmful & underage drinking among students. Intended to inform/guide officials as they choose interventions for their campus.</p> <p>Centerpiece of guide is a user-friendly matrix developed with input from leading college alcohol researchers, along with student life and AOD staff.</p> <p>Provides evidence-based information to compare a range of alcohol interventions.</p> <p>So information remains current, <i>CollegeAIM</i> is updated periodically to include recent scientific findings. This edition was completed in 2019 & includes literature published through the end of 2017.</p> <p>By rating the effectiveness & other characteristics of more than 60 strategies, <i>CollegeAIM</i> will help you:</p> <ul style="list-style-type: none"> • Identify strategies most likely to reduce drinking & its harmful consequences. • See how your current strategies compare with other options. • Consider different research-based strategies • Select a combination of approaches that meets the needs of your campus. <p>About two-thirds of interventions in <i>CollegeAIM</i> have degree of effectiveness, about a 1/3 have mixed results or have too little evidence to warrant an effectiveness rating, & a few have been shown to be ineffective. All are included so you can see how your current strategies stack up.</p> <p>Beyond rating effectiveness of strategies, matrices provide estimates for anticipated costs & barriers to implementation.</p>	<p>First phase: identify interventions to be included & factors by which they will be evaluated.</p> <p>Second phase: examine substantial research on college alcohol interventions & rate intervention according to effectiveness, cost, implementation barriers, & amount and quality of research, among other variables.</p> <p>Third phase: college alcohol researchers reviewed analysis, applied professional judgment, & provided feedback.</p> <ul style="list-style-type: none"> • Through rounds of reviews & revisions, this consensus process distilled results of decades of research & hundreds of studies into a user-friendly decision aid. <p><i>Individual-Level Strategies Ratings:</i></p> <p>Research amount/quality: # RCTs that evaluated strategy. ●●●=11+ studies, ●●=7 to 10 studies, ●●= 4 to 6 studies, ●= 3 or fewer studies. Strategies listed by brand name if evaluated by at least 2 RCTs. Strategies labeled generic have similar components & were not identified by name in research or were evaluated by only 1 RCT.</p> <p>Effectiveness ratings: percentage of studies reporting any positive outcome. Strategies with 3 or fewer studies do not receive effectiveness rating due to limited data to base conclusion.</p> <p>Cost ratings: program & staff cost for implementation & maintenance of strategy. Actual costs vary by institution, depending on size, existing programs, & other factors.</p> <p>Barriers to implementation: cost, opposition, & other factors</p> <p><i>Environmental-Level Strategies Ratings:</i></p> <p>Research amount/quality: number & design of studies: ●●●●=5 or more longitudinal studies, ●●●=5 or more cross-sectional studies or 1 to 4 longitudinal studies, ●●= 2 to 4 studies but no longitudinal studies, ●= 1 study not longitudinal, 0 = No studies</p> <p>Effectiveness ratings: estimated success in achieving outcomes. ***=Higher, **=Moderate, *=Lower, ?= Too few robust studies to rate effectiveness or mixed results</p> <p>Cost ratings: based on a consensus among research team members of implementation & maintenance of a strategy. Actual costs vary by institution, depending on size, existing programs, & other factors.</p> <p>Barriers: cost & opposition, among other factors.</p>	<p><i>CollegeAIM</i> contains 2 evidence-based intervention matrices:</p> <ul style="list-style-type: none"> • 28 Individual-Level Interventions: target individual students, including those in higher-risk groups (first-year students, athletes, members of Greek orgs, mandated students) • 39 Environmental-Level Interventions: target campus community & student population as a whole <p><u>Individual-Level Strategies:</u></p> <ul style="list-style-type: none"> • Designed to change your students’ knowledge, attitudes, & behaviors related to alcohol so students drink less, take fewer risks, & experience fewer harmful consequences • Categories of individual-level interventions include education & awareness programs, cognitive-behavioral skills-based approaches, motivation & feedback-related approaches, behavioral interventions by health professionals. <p><u>Environmental-Level Strategies:</u></p> <ul style="list-style-type: none"> • Designed to change the campus & community environments in which student drinking occurs & to educate the student body as a whole. Often, a major goal is to reduce availability of alcohol, because research shows reducing alcohol availability cuts consumption & harmful consequences on campuses as well as in the general population. • By focusing on single, stand-alone environmental strategies, this matrix does not include multicomponent environmental programs, some of which have shown success. Some strategies used in successful multicomponent programs, such as party patrols, may not have had enough research to demonstrate effectiveness when used in isolation. <p>To explore the studies reviewed, use the website. Clicking on strategies listed on the <u>Individual-Level</u> and <u>Environmental-Level</u> pages reveals each strategy’s references.</p>

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<p><u>Culture of Respect:</u> <u>Ending Campus Sexual Violence</u></p>	<p><i>Culture of Respect</i> is a NASPA Initiative.</p> <p>A curated list of theory-driven & evidence-based sexual violence prevention programs.</p> <p>The 2013 amendments to the Jeanne Clery Act require institutions of higher education to offer prevention programming to all incoming students, both undergraduate & graduate. There are many ways to deliver this education to students, including online course, in-person workshop, or large-group presentation.</p> <p>Supports use of evidence-based, theory-driven programming. Programs qualify for inclusion if they fall under 1 of 3 categories described in next column. Programs not based in sound theory or whose evaluation studies did <i>not</i> demonstrate an effect are <i>not</i> included.</p>	<p>Supported by Evidence: Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants' improvements on 1 or more learning objective, using an experimental or quasi-experimental design (with a comparison group). This evaluation data must have been published in at least 1 peer-reviewed publication.</p> <p>Promising Direction: Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants' improvements on 1 or more learning objective using a non-experimental design (no comparison group). This type of evaluation data may be self-published by authors or published in peer-reviewed journals.</p> <p>Emerging: There is an expected effect of this program because it is based off sound theory & previous research. This might mean there is evidence that participants & administrators are satisfied, but no evidence that learning objectives were achieved.</p> <p>This resource does not provide a rigorous review of program effectiveness. It provides information for programs it deems <i>Emerging</i>, <i>Promising</i> or <i>Supported by Evidence</i>, but the "evidence" can be quite weak for the first 2 rating categories.</p>	<p>Listing of just the programs categorized as "Supported by Evidence"</p> <ol style="list-style-type: none"> 1. Bringing in the Bystander 2. Enhanced Access, Acknowledge, Act (EAAA) Sexual Assault Resistance 3. Green Dot ETC. 4. Media Aware Online Course 5. Know Your Power 6. Interact 7. Men's Workshop 8. Real Consent Online Course 9. Men's Program 10. Women's Program 11. One Act 12. Sex Signals 13. Step Up!

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<p><u>National Registry of Evidence-based Programs & National Registry of Evidence-based Programs & Practices (NREPP)</u></p> <p><u>LINKS to: Substance Abuse and Mental Health Services Administration (SAMHSA) and the Evidence - Based Practices Resource Center</u></p>	<p><i>The National Registry of Evidence-Based Programs & Practices (NREPP), which was a project of SAMHSA, has been indefinitely suspended by federal health officials.</i></p> <p>SAMHSA houses the Evidence-Based Practices Resource Center, which provides clinicians, policy-makers & others with information & tools needed for evidence-based practices.</p> <p>EBP Resource Center contains scientifically-based resources for a range of audiences, including treatment protocols, toolkits, resource guides, clinical practice guidelines, & other science-based resources.</p> <p>Evidence-Based Research Guide Series reviews research findings & literature, examines emerging & best practices, and identifies gaps in knowledge & challenges in implementation. Each guide was developed with input from an expert panel made up of federal, state, & non-federal participants. The expert panel provided input based on their knowledge of health care systems, implementation, & evidence-based practices. Panels included a unique group of researchers, providers, administrators from provider & community organizations, and federal and state policy makers.</p>	<p>EBP Resource Center does not provide any ratings of the resources provided.</p> <p>Some Evidence-Based Research Guides summarize studies that met inclusion criteria (e.g., experimental design, high quality outcome measure, sample specification). Sometimes these criteria were the same as <i>Blueprints for Health</i>, and sometimes they are less rigorous.</p> <p>In some guides, they present several general approaches supported by evidence and pair this with more detailed findings (not at the level of Campbell Collaboration), thoughts about implementation, how to assess readiness for intervention, and other more general issues surrounding the selection and implementation of an intervention.</p> <p>Other documents were manuals or guidelines for the programs or interventions</p> <p>Tend to be very long documents & may be difficult to understand the takeaway regarding program effectiveness.</p>	<ol style="list-style-type: none"> 1. <u>Substance Misuse Prevention for Young Adults</u> 2. <u>Teen Dating Violence (review of the occurrence and possible general interventions)</u> 3. <u>Sexual Violence on Campus: Strategies for Prevention (general document about rates and different types of programs that could be implemented at different levels of the university)</u> 4. <u>Zero Suicide Toolkit</u> 5. <u>Ask Suicide-Screening Questions (ASQ) Toolkit</u> 6. <u>After A Suicide: A Toolkit For Schools</u> 7. <u>Student Assistance Guide For School Administrators (For substance use and mental health – originally designed for high schools but could easily be applied to college settings)</u>

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<p><u>Suicide Prevention Resource Center</u></p>	<p>The only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. Funded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>Consultation, training, & resources provided to enhance suicide prevention efforts in states, Native settings, colleges, health systems and other settings, and organizations that serve populations at risk for suicide.</p>	<p>Recommends implementing evidence-based programs. To find evidence-based programs, they take 2 approaches:</p> <p>1) They have a searchable repository that provides information on prevention programs that includes training, screening, treatment & environmental change. Some programs in the repository are designated "Programs with Evidence of Effectiveness". These programs have been evaluated & results in at least 1 positive outcome related to suicide. Also includes other programs where program content was reviewed for adherence to standards of accuracy, safety, likelihood of meeting outcomes, program design. Outcome data (evidence of effectiveness) were not part of the review.</p> <p>2) They recommend searching SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), listed just above. Programs in NREPP that had outcomes related to suicide were included in SPRC repository and designated "Programs with Evidence of Effectiveness". The quality & level of evidence varied across the interventions listed in NREPP. Carefully review the information provided about each intervention, including the outcomes studied, research findings for each outcome, and the strength of the evidence</p>	<p>Examples of "Programs with Evidence of Effectiveness" from the SPRC repository:</p> <ol style="list-style-type: none"> 1. <u>Kognito At-Risk for College Students</u> 2. <u>Collaborative Assessment and Management of Suicidality (CAMS)</u> 3. <u>Problem-Solving Therapy (PST)</u> 4. <u>A Peer Group Approach to Building Life Skills</u> 5. <u>CAST (Coping and Support Training)</u>

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<p><u>TCU Institute of Behavioral Research</u></p>	<p>A national research center for evaluating & improving treatment strategies that reduce drug abuse, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations</p>	<p>Website contains data collection forms and assessment material, intervention descriptions and plans, and projects in progress all supported by rigorous research. Each data collection form and intervention plan comes from studies and publications that are “strategically planned, integrated with other studies from relevant literature, and structured to effectively communicate salient findings.”</p> <p>They also provide <u>intervention materials</u> for various topics that can be implemented by anyone.</p> <p>The main focus of the intervention is on individuals involved with the justice system, but there are a number of forms and interventions that have broader applications.</p>	<p>Products developed from research are made available free of cost.</p> <p>Interventions</p> <ol style="list-style-type: none"> 1. <u>Brief Interventions</u> (Contains 6 brief interventions regarding motivation, anger, changing mindsets, building social networks, communication, and sexual health) 2. <u>Treatment Readiness and Induction Program (TRIP)</u> (Designed to increase motivation for treatment by helping individuals think more clearly and systematically about drug use and personal problems. Originally designed for clinical and outpatient settings, but could easily be adapted for college settings). 3. <u>Downward Spiral Game</u> (Board game designed to open up a conversation about consequences of addiction and its impact on family, friends, and self) <p>Data Collection Forms</p> <ol style="list-style-type: none"> 4. <u>Drug Screening</u> 5. <u>Health and Risk Forms</u> 6. <u>Thinking Styles and Errors</u> 7. <u>Criminal Thinking Scale</u> 8. <u>Treatment Motivation</u> <p>Articles that provide more generalized information than the links above</p> <ol style="list-style-type: none"> 9. <u>Alcohol Use Symptoms</u> 10. <u>Decision Making Strategies for College Students</u>

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<p><u>Safer Campuses & Communities</u></p>	<p>Website is based on a <i>National Institute for Alcohol Abuse and Alcoholism</i> funded study that examined environmental-level strategies that could be implemented on campuses & in their surrounding communities. The project was designed, implemented & evaluated by the Pacific Institute for Research and Evaluation, which is part of the Prevention Research Center.</p> <p>Provides information to implement research-based, proven interventions to change culture of off-campus drinking & reduce related problems.</p> <p>Free toolkit for designing & implementing the model available online, along with research, costs, & answers to questions.</p>	<p>Journal article that was produced: Saltz, R.F., Paschall, M.J., McGaffigan, R.P., & Nygaard, P.M. (2010). Alcohol risk management in college settings: The safer California universities randomized trial. <i>American Journal of Preventative Medicine</i>, 39, 491-499.</p> <p>This study examined a variety of environmental interventions that can be implemented on campus and in the communities surrounding the campus.</p> <p>The Safer California Universities study involved 14 large public universities, half of which were assigned randomly to the Safer intervention condition after baseline data collection in 2003. Environmental interventions took place in 2005 and 2006 after 1 year of planning with seven safer intervention universities. Random cross-sectional samples of undergraduates completed online surveys in four consecutive fall semesters (2003-2006).</p>	<ol style="list-style-type: none"> 1. A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, and officials 2. Living alone and positive mental health: a systematic review 3. A systematic review of the role of school-based healthcare in adolescent sexual, reproductive, and mental health

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<p><u>Systematic Reviews Journal</u></p>	<p>Online free-access systematic review journal. Publishes “high quality systematic reviews products including systematic review protocols, systematic reviews related to a very broad definition of health, rapid reviews, updates of already completed systematic reviews, and methods research related to the science of systematic reviews.”</p> <p>Goal is to ensure the results of well-conducted systematic reviews are published, regardless of their outcomes.</p>	<p>As this is a journal, ratings of systematic reviews are not provided.</p> <p>Reviews are searchable, and full texts are provided free of charge with no need for a subscription.</p> <p>This journal contains both completed systematic reviews and systematic review protocols.</p> <p>Anyone who has conducted a systematic review can submit to this journal, but there is no guarantee it will be accepted after undergoing peer review.</p>	<ol style="list-style-type: none"> 1. <u>A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, and officials</u> 2. <u>Living alone and positive mental health: a systematic review</u> 3. <u>A systematic review of the role of school-based healthcare in adolescent sexual, reproductive, and mental health</u>

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<p>Healthy People.gov</p>	<p>Healthy People was created by the U.S. Department of Health and Human Services Database of evidence-based interventions and resources to improve community and individual health.</p> <p>Mission:</p> <ul style="list-style-type: none"> • Identify nationwide health improvement priorities • Increase public understanding of determinates of health, disease, disability, and opportunities for progress. • Provide measureable outcomes applicable at national, state, & local levels • Engage multiple sectors to take action to improve practices that are driven by the best available evidence and knowledge • Identify research, evaluation, & data collection needs <p>Can search interventions by population group, age, setting, among other characteristics.</p>	<p>Database links to systematic reviews housed in other repositories (e.g., Cochrane, The Community Guide), as well as non-systematic reviews, expert opinions, field studies, & experimental studies. Each resource is sorted by resource type.</p> <p>Strength of evidence is rated on a <u>scale of 1 – 4</u>.</p> <p>4 out of 4: Resources based on rigorous evidence. Resources with this rating include systematic reviews of published intervention evaluations or studies with evidence of effectiveness, feasibility, reach, sustainability, & transferability.</p> <p>3 out of 4: Resources based on strong evidence. Resources with this rating include non-systematic reviews of published intervention evaluations or studies with evidence of effectiveness, feasibility, reach, sustainability, & transferability</p> <p>2 out of 4: Resources based on moderate evidence. Resources with this rating include intervention evaluations or studies with peer review with evidence of effectiveness, feasibility, reach, sustainability, & transferability</p> <p>1 out of 4: Resources based on weak evidence. Resources with this rating include intervention evaluations or studies without peer review that have evidence of effectiveness, feasibility, reach, sustainability, & transferability</p>	<ol style="list-style-type: none"> 1. <u>Effectiveness of school-based programs for reducing drinking and driving and riding with drinking drivers: A systematic review</u> 2. <u>School-based interventions for improving contraceptive use</u> 3. <u>Brief school-based interventions and behavioral outcomes for substance-using adolescents</u> 4. <u>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</u> 5. <u>Violence Prevention: Primary Prevention Interventions to Reduce Perpetration of Intimate Partner Violence and Sexual Violence Among Youth</u>