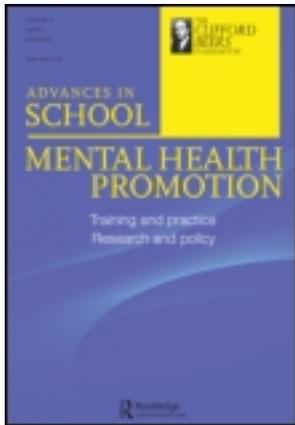


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### Getting started: assimilatory processes of uptake of mental health promotion and primary prevention programmes in elementary schools

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## Getting started: assimilatory processes of uptake of mental health promotion and primary prevention programmes in elementary schools

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Although there is evidence that multi-systemic mental health promotion and primary prevention programmes can improve children's mental health, lack of widespread dissemination of evidence-based programmes limits their impact on population levels of health. Schools and teachers are frequent collaborators in programme development, evaluation and implementation. However, we know little about the pre-implementation processes that affect adoption (rather than implementation) of evidence-based programmes in new school sites. In this two-wave study, which spanned across one academic school year, qualitative interviews were collected from 20 school staff involved in the initiation of the WITS<sup>®</sup> Programs (The WITS<sup>®</sup> acronym stands for *Walk Away, Ignore, Talk it Out and Seek Help.*) for the prevention of peer victimization in rural elementary schools. These Program champions and early starters describe iterative processes of personalization that assimilated Program objectives to personal beliefs. They also worked to integrate new programme activities into ongoing teaching strategies, school programmes and school philosophies before marketing programme resources to others. Barriers to uptake are also identified.

**Keywords:** peer victimization; school-based prevention programmes; programme uptake; knowledge transfer mechanisms; mental health promotion

Evidence-based, mental health promotion and primary prevention programmes for children and youth can reduce problems and increase competencies (Durlak & Wells, 1997). Moreover, multi-systemic programmes that target the many contexts surrounding children (school, family, peer and community) show particular promise in preventing bullying and enhancing children's social, emotional and academic outcomes (see reviews by Greenberg, Domitrovich, & Bumbarger, 2001; Ryan & Smith, 2009). However, even proven programmes are rarely distributed at a scale that could influence population levels of children's mental health. Indeed, serious gaps exist between the extensive research that has built an evidence base for universal mental health promotion or primary prevention programmes and their widespread dissemination. As McCall and Green (2004, p. 3) point out:

Documenting with rigorous demonstration programs and evaluations that a given service program can be effective at achieving its goals is only the first step along the science-to-practice continuum; what happens after that is just as crucial to the success of bringing that program to scale and achieving effectiveness in other communities.

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In this study, we investigate ‘what happens’ after an evidence-based problem has demonstrated programme effectiveness. We first review reasons for delays in disseminating evidence-based programmes that have already been identified in the research literature. We then briefly outline knowledge transfer theories that can inform strategies for programme uptake. We then describe a qualitative study in which we conducted individual interviews with key Program champions during their first year of working to disseminate the evidence-based WITS Programs (The WITS<sup>®</sup> acronym stands for *Walk Away, Ignore, Talk it Out* and *Seek Help.*) for the prevention of peer victimization (<http://www.witsprograms.ca>). In analysing these interviews, we focus on describing the champion’s experiences of discovering, actively evaluating and sharing these Programs in their own elementary school settings.

### **Delaying dissemination: what do we know?**

Several reasons for delays in disseminating evidence-based programmes have been identified. First, mental health promotion and primary prevention programmes for children are typically ‘complex social interventions’ (Sandler et al., 2005). Moreover, these programmes are often delivered in collaboration with schools, which are, themselves, complex organizations with numerous stakeholders (communities, children, parents, teachers and counsellors). Second, the successful local dissemination of programmes is frequently tied to university–community collaborations. These user–researcher partnerships can improve key elements of local programme implementation by enhancing local relevance, funding, support, buy-in, teacher training and evaluation (Spoth, Gyll, Lillehoj, Redmond, & Greenberg, 2007). However, the complexity of programme uptake processes needed in new sites can be subsumed in these partnerships. A third reason for delays in uptake relates to the lack of national, provincial and local infrastructures that support awareness and foster and fund the uptake of evidence-based programmes (Leadbeater, 2010). Web-based approaches with self-paced training modules and access to live consultants can increase clinician training for evidence-based mental health interventions (Kolko, Hoagwood, & Springgate, 2010), but few such programmes exist that target school-based or community-wide programme implementation. Moreover, their usefulness and acceptability have not been tested. Finally, although the need for local programme ‘champions’ has been identified as central to the initial processes for adopting evidence-based programmes (Elliott & Mihalic, 2004; Wandersman, 2009), there is little information about how these individuals work to enhance the likelihood of programme uptake or what support they need.

Most implementation research has focused on training and establishing fidelity in using the programmes and sustaining use over time. Fully implementing school-wide programmes may take two or more school years. However, programme dissemination may also rise or fall based on pre-implementation processes including finding a programme, deciding to adopt it and, in schools, promoting buy-in. Yet there is little research on pre-implementation processes or how to support early programme users in the uptake phase. The purpose of this study was to examine the uptake processes undertaken by self-identified Program champions who attempt to galvanize the use of evidence-based bullying prevention programmes in their school settings. Specifically, we describe their initial processes of discovery and uptake of evidence-based bullying prevention programmes – The WITS Programs (Giesbrecht, Leadbeater, & MacDonald, 2011; Leadbeater & Hoglund, 2009; Leadbeater & Sukhawathanakul, 2011).

We begin by describing a theoretical framework for this study and reviewing what is known about the *pre-implementation processes* that may facilitate uptake of

evidence-based programmes in schools. We then report on our investigation of the processes that promote or inhibit early users' discovery, understanding, incorporation and sharing of mental health promotion programmes in rural elementary schools.

### **Theories of knowledge transfer related to programme discovery and uptake**

This research is theoretically situated in two schools of thought that inform how evidence-based programmes reach their intended audience. One approach comes from the growing literature on knowledge transfer mechanisms (Kolko et al., 2010; Landry, Amara, & Lamari, 2001; Straus, Tetro, & Graham, 2009). The second applies what is known about marketing strategies to programme dissemination (e.g. Sandler et al., 2005; Wharf Higgins, 2011). The contributions of each perspective are briefly reviewed. Together these theories delineate dimensions of uptake and early programme use that are the focus of our interviews with school staff.

The growing literature on the effectiveness of knowledge transfer mechanisms that bring research to action argues that dissemination success is context specific, requiring a detailed understanding of the authority structure, informal power relations, day-to-day activities, time use, goals, values and mission of targeted organizations (Banister, Leadbeater & Marshall, 2011). From a community-based or participatory action research perspective, transfer is most successful when knowledge users are involved in assessing the need for an innovation and in its development or adaptation in local partnerships (Leadbeater, Banister & Marshall, 2011; Spoth et al., 2007). Theories of knowledge transfer within health service organizations (Landry et al., 2001; Straus et al., 2009) show that the application of new knowledge (such as an evidence-based programme) involves an iterative process through which early knowledge users (1) discover, (2) work to understand the knowledge base, (3) employ effort to incorporate the knowledge into their own activities and, subsequently, (4) influence others to use the knowledge. Although similarities are expected, it is not clear how this framework applies to public health interventions that target schools, which are typically less hierarchically organized than health service organizations. Moreover, the content that could elaborate these four steps to inform the adoption of innovation in schools is lacking.

In the second approach to knowledge transfer, Sandler et al. (2005) align the traditional prevention science ladder for programme development and dissemination with a marketing perspective. These authors focus attention on how evidence-based programmes are typically developed through 'front end planning' in collaboration with consumers and, subsequently, must be 'introduced to the market' again with consumer feedback (p. 138). As in community–university collaborations, front-end planning with consumers anticipates marketing concerns by (1) aligning the service innovation with the target organization's mission and values, (2) identifying and building on existing organizational competencies, (3) assessing the programme's feasibility and resource supports and (4) evaluating the competition in terms of other programmes and time constraints. But again how local champions in schools might take on these steps is not known. Similar to the knowledge transfer process perspective described above, from a marketing perspective, answers are needed to questions such as: How do organizations or potential users discover evidence-based mental health promotion programmes? Who enables programme start-up in schools? What motivates programme start-up and adoption by program champions and early users? How do they reach out to others to promote programme use? What strategies are tried and what barriers must be addressed?

### Empirical studies of pre-implementation processes of programme dissemination

Past research adds to our understanding of the pre-implementation *factors* (but not processes) that affect uptake of evidence-based programmes in schools (e.g. Corboy & McDonald, 2007; Elias, Bruene-Butler, Blum, & Schuyler, 2000; Han & Weiss, 2005; Spoth et al., 2007). A review by Han & Weiss (2005) identifies four pre-implementation factors that can influence teachers' adoption of evidence-based programmes: namely teachers' efficacy beliefs, professional burnout, programme acceptability (e.g. judgement of appropriateness of programme for students) and principal support (e.g. resources, training, incentives for change and accountability to the programme). Using semi-structured individual and group interviews with 69 school personnel, Corboy & McDonald (2007) found that low levels of site readiness and pre-planning by schools (e.g. time release for staff) negatively affected start-up. Using a marketing tool, discrete choice conjoint analysis, Cunningham et al. (2009) assessed teachers' and administrators' views of the relative importance of 20 programme design attributes that would lead them to adopt or reject a bullying prevention programme. More highly endorsed design features included universal programmes (compared to targeted programmes), perceived simplicity and sustainability, staff, student and parent support, anecdotal evidence from other schools, multicultural sensitivity and comprehensive teaching processes. For a smaller number of participants, programme costs as well as time and training demands were most important, and this group was also less likely to believe that bullying prevention was their responsibility. Also, Elliott & Mihalic (2004), in their assessment of the implementation processes of evidence-based violence prevention programmes, identify the need for 'a well-connected and respected local champion' among the key components (p. 48).

This growing understanding of what might be needed to enhance the introduction of evidence-based programmes in schools suggests that multiple *characteristics* of programmes, staff and schools need to be considered. However, scant information exists about the *in vivo*, early *processes* by which schools and communities discover, embrace, share and prepare for or promote the widespread implementation of evidence-based mental health promotion programmes within their schools, or how they sustain uptake momentum across potential barriers in the crucial early phase. Greater understanding of strategies that are used to enhance discovery, adoption and decisions to implement multi-systemic, evidence-based mental health promotion programmes within the complex organization of schools is needed.

### The current study

To begin to fill this gap, this study examines the start-up processes related to the pre-implementation phase of exemplar multi-system, evidence-based bullying prevention programmes – the WITS<sup>®</sup> Programs – in rural school districts in British Columbia (BC), Canada. Bullying and victimization have become a pervasive problem in many schools (Nansel et al., 2001), and Canadian and United States evidence indicates that peer victimization is 5–10% more prevalent in rural than in urban samples (e.g. Eisler & Schissel, 2004; Dulmus, Sowers, & Theriot, 2004; Nansel et al., 2001). Despite this need, rural schools, with small tax bases and high transportation costs may be least likely to gain access to evidence-based programmes.

Many jurisdictions have legislated imperatives for schools to protect children from bullying, and schools are working to create codes of conduct and to implement measures to stop bullying. However, bullying frequently occurs in school settings, particularly in places where children are less likely to be supervised (playgrounds, school buses or lunch rooms) and

it can frequently go unnoticed by adults, etc. (Craig, Peplar & Atlas, 2000; Leff, Power, Costigan, & Manz, 2003). Evidence-based programmes for elementary school children have the potential to establish proactive, community and school-wide expectations for social responsibility and prosocial behaviours that can prevent bullying (e.g. Frey et al., 2005; Hoglund, Hosan, & Leadbeater, 2012). The WITS Programs also take this goal a step further by opening conversations about bullying that can encourage victimized children to 'Seek Help'.

The WITS<sup>®</sup> Programs (<http://www.witsprograms.ca>) seek to unite adults and children across the school, family and community ecologies to protect children from peer victimization. The WITS<sup>®</sup> Programs have two components: the WITS<sup>®</sup> Primary Program for Kindergarten to Grade 3 children and the WITS<sup>®</sup> LEADS Program (The LEADS acronym stands for *Look and Listen, Explore Points of View, Act, Did it Work?* and *Seek Help.*) for Grades 4–6 children. They give a common language and shared norms for adults and children to use as expected responses to peer victimization. WITS<sup>®</sup> LEADS adds a leadership component to the WITS<sup>®</sup> messages for older elementary school children. The WITS<sup>®</sup> Programs are literacy-based and include a list of children's books accompanied by lesson plans. Classroom and school activities integrate WITS<sup>®</sup> messages with curriculum in language arts, social studies, health and personal planning. The WITS<sup>®</sup> language (e.g. using your WITS<sup>®</sup> to solve peer problems) can quickly become a school-wide code word that unites the Program components with a common theme. Curricula and activities are used to open discussions with children about peer victimization and WITS<sup>®</sup> strategies. The Program is highly accessible and low cost: a standardized, 90-min training module is available for teachers at no cost on the WITS<sup>®</sup> interactive website. The Program also has resources that reach out to community leaders, parents and children themselves. The WITS<sup>®</sup> Programs have been evaluated in two quasi-experimental, longitudinal studies and findings give evidence for the effectiveness of the Programs in reducing peer victimization and enhancing social responsibility among elementary school children (Giesbrecht et al., 2011; Leadbeater & Hoglund, 2009; Leadbeater & Sukhawathanakul, 2011).

To study the uptake of the programmes, we conducted qualitative interviews with 10 self-selected Program champions in February and May of the first year of Program use. An additional 10 early starters were recruited for the spring interviews to enhance the number and diversity of our participants. These interviews provide a window into the pre-implementation processes of uptake as they occur in a real-world setting.

## Methods

Participants came from seven elementary schools in BC, Canada who responded to a district-wide invitation to implement the WITS<sup>®</sup> Programs during the 2010–2011 school year. Schools were located in rural communities with populations of 2700–22,000. Invitations to participate in both the start-up of the Programs and the research were disseminated during a WITS<sup>®</sup> workshop targeting users, in an online professional newsletter for principals and vice principals and in emails directed at all BC school principals. Five elementary schools came from the same school district, and the other two schools were from separate school districts. Written agreement to implement the Programs and to be involved in the research was provided by school administrators. To support Program start-up and incentivize participation in the research, participating schools received all programme books and resources (valued at \$1000) in August or September of the start-up year in 2010. All schools planned to continue to implement the WITS Programs and each also received supplies needed to continue the Programs

(worth about \$200) in September of 2011. Contact with the research team was minimized to conducting the qualitative interview. Requests for help were handled by the WITS<sup>®</sup> Programs' community coordinator, employed by our community partner and co-developer of the programs, the Rock Solid Foundation.

### *Participants*

Overall, the 20 individuals interviewed included three principals, one vice-principal, three school counsellors, 11 teachers, one librarian and one police officer (acting in the role of a community leader). Several held dual roles as principals, vice-principals, teachers, librarians, parents and counsellors. Participants at Wave 1 (February 2011) included 10 school personnel who volunteered as the 'Program champions' or key facilitators of the WITS<sup>®</sup> Programs in their school each champion was the individual responsible for promoting the WITS<sup>®</sup> Programs and liaising with the research team. All of the 10 Program champions were interviewed at both Waves 1 and 2. At Wave 2 (May and June 2011), an additional 10 participants including community leaders and school staff members were identified by Program champions as individuals actively involved in the Programs' start-up. These early starters were interviewed only at Wave 2. All 30 interviews were audio-recorded and transcribed verbatim, omitting identifying information and using pseudonyms and ID numbers to identify the speaker.

### *Procedure*

Face-to-face interviews were conducted with self-selected Program champions of the WITS<sup>®</sup> Programs by trained interviewers in a private office or classroom at the school. Four interviews were conducted by telephone to accommodate participants' schedules. Interviews were 10–90 min in length, with the modal interview lasting 40 min. All interviewees had been employed at the school setting for at least 1 year, with the exception of one principal who moved into a WITS<sup>®</sup> school shortly before the Wave 1 interviews, replacing the champion. The 10-min interview was with this new principal. University ethics approval was obtained, and written consent was obtained from all interviewees.

A semi-structured questionnaire was used to elicit responses to questions that focused on the key aspects of early uptake. A semi-structured questionnaire was used to elicit responses to questions that focused on the key aspects of early uptake. Questions were open-ended and non-directive and are as follows: How did you get involved with the WITS<sup>®</sup> Programs? What interested you in them? How do you think the WITS<sup>®</sup> Programs fit into your school's activities? What is working well? What is not working? Are the Programs integrated with other activities in your school? Are there ways you have modified the Programs to make them fit better with your school or community goals? Who has begun to use the Programs in your school? Given the timing of the interviews in the first year of Program start-up, responses to all questions focused on program uptake processes.

### *Analysis*

Transcribed interviews were coded using QSR International's NVivo9 (2010) Software. Using descriptive thematic analyses, we sought to describe how program champions discover and begin to use the WITS<sup>®</sup> Programs online materials, as well as the strategies that they use to share this information with others. The goal in coding the interviews was to illuminate the themes in the participants' interviews regarding how the Programs were

Table 1. Coding categories and reliability and frequency for interview data at Wave 2.

Coding categories	Cohen's $\kappa$	Per cent of interviews showing category (%)	Number of statements identified	Examples
1. <i>Discovery of program</i> . Ways people found out about the WITS® Programs.	0.73	50	56	Inherited the program; Initiative of local champion; New staff member's initiative; Professional workshops and meetings; WITS advertising; Word-of-mouth
2. <i>Motivation for use</i> . Reasons for wanting to use the WITS® Programs.	0.65	100	87	Program accessibility; Appeal of a book-based program; Creates community tone and language; Easy to use; Helps kids; Meets ministry objectives; Pressure from parent/community leader; Saves time; Can see that it works
3. <i>Adaptation of program</i> . Active modifications to the original WITS® Programs manual.	0.86	68	56	Increase fit and integration into the school or classroom; Solve problems in implementation; Increase involvement in program or visibility of program; Added resources; Development of new teaching strategies; Creation of school songs, etc.
4. <i>Logistical fit</i> . Statements that assess whether the programs fit or do not fit with the day-to-day logistics, systems, infrastructures or roles within the school.	0.70	47	62	Fits with the classroom, Adequacy of access to books and supplies; Flexibility in implementation; Time needed; Training; Other
5. <i>Integration/compatibility</i> . Compatibility with the other things already happening at the school.	0.70	50	65	Program alignment with teaching philosophies or strategies; School or classroom curriculum; Other programs in place
6. <i>Barriers</i> . Challenges or issues that interfere with optimal programme implementation.	0.56	63	121	Lack of leadership; Lack of openness; Already overloaded; Program is too complicated; Too many other programs
7. <i>Boosters</i> . Strategies that enhance programme uptake.	0.88	32	25	Efforts made by key players; Positive staff attitudes; Supportive relations between administrators and staff
8. <i>Outreach strategies</i> . How knowledge of the programme is transferred to others including strategies to try and involve others.	0.60	95	72	Piloting the program; Using targeted strategies to involve others; Expanding the program within the school or classroom
9. <i>Early indicators of success</i> . Methods people use to evaluate the programme themselves.	0.86	79	52	A better atmosphere within the school; Teacher enthusiasm; Community involvement; Parent involvement; Declining need for disciplinary action; Children using the language

discovered and what the processes of Program start-up had been. The coding categories shown in Table 1 are informed by the theories of knowledge transfer described above and reflected in the open-ended interview questions (e.g. discovery, motivation to use, adaptations of the Programs, assessment of fit and barriers). These categories were also informed and revised in relation to the interview data, and coding categories not anticipated in the interview were added (e.g. outreach strategies and early indicators of success).

Coded elements encompassed all sentences that expressed a single thought on a topic. To develop coding categories, three Wave 1 interviews were independently reviewed by the first author and four graduate students to identify distinctive elements with sample quotes from the interviews. The coding categories were applied to the remaining seven Wave 1 interviews, and the coding structure was revised to include unanticipated categories. Codes were then applied to all Wave 2 interviews; reliability (Cronbach's  $\alpha$ ) between two trained coders ranged from 0.56 to 0.86. Disagreements were resolved by discussion. The low reliability of 0.56 for the barriers codes appeared to be due to a lack of distinction between barriers related to fit of Program materials with teachers' skills (e.g. having difficulties in navigating the Internet and finding the materials too complicated) and barriers related to the overall school context (teacher overload, lack of staff openness and too many other programmes). Taking account of this distinction clarified our reporting of the results.

Participant statements within each category were examined to describe specific processes identified by the interviewees (see examples in Table 1, far right column). Throughout the coding process, we sought to be inclusive and themes were selected for their distinctiveness and insights into start-up processes, rather than their prevalence across interviews. Although many categories were mentioned by several interviewees, in this exploratory study, describing the range of ideas was the focus of our analyses.

## Results

Next, we describe the processes of uptake that were coded from the interviews. These results are organized and illustrated by quotes under the following four descriptive content areas:

1. Pathways leading to the discovery of the Programs;
2. Personalizing motivations for learning about and adopting the Programs in the school context;
3. Aligning programme characteristics with ongoing teaching strategies, school policies and other programmes;
4. Influencing others to use the Programs or to overcome the barriers that challenge programme adoption.

## Overview

The results revealed that complex uptake processes are used in selecting programmes and in starting to introduce the Programs in a school setting: Program discovery typically involved multiple exposures to the Program's brand name from a variety of sources. Here, knowing something about the WITS<sup>®</sup> Programs preceded the acceptance of our invitation to implement it. The self-selected Program champions also articulated personalized motivations for using the Program. These local champions reviewed and sometimes personally piloted the Programs with children they taught or supervised prior to sharing it with others. They drew connections between the Programs and their existing beliefs and teaching strategies and with existing school Programs and policies. They then used their own knowledge and experience with the Programs to influence others to use the Programs,

occasionally recruiting endorsements from other school staff who knew about the Programs from other settings. In some schools, the staff was highly responsive to the champion's advocacy for starting the Programs, but in a few schools champions faced resistance to their efforts to engage others.

### *Pathways leading to the discovery of the Programs*

The principals and Program champions interviewed indicated a variety of pathways that influenced their discovery and willingness to consider the WITS<sup>®</sup> Programs in their school, beyond the direct emailed invitations they all received. Participants often recalled that they had already heard about the Programs 'from somewhere' and they rediscovered the Programs when someone they knew mentioned it, when they saw a poster in another school and when they attended a professional development workshop or moved into a school already using the programs. As one participant says:

A lot of us on staff had heard of it before maybe had done bits and pieces at other schools, [when] counsellors have introduced it. I remember hearing it years and years ago from a counselor when I was teaching at [school name].

Another Program champion describes how the 're-discovery' process helped to convince a new principal to support programme uptake across a transition, saying:

So [our new principal] took over from [the previous one] just at the beginning of this year and he pretty much inherited this initiative – that he was going to kick off! He was quite enthusiastic and supportive. He had, actually a couple of years back when he was in [his previous school], gotten a hold of the curricular material. But it had never been implemented there.

Although many of these encounters reflected a kind of passive diffusion, one principal 're-discovered' the Programs and then used a targeted Internet search to build on what she had heard. Here, the branding of the Program may have served as the marketing tool. She says:

How I found out about it was I wanted to know more about WITS<sup>®</sup> because, as I say, being at other schools you hear about using your WITS<sup>®</sup> and we use it at a surface level but I wanted to go deeper with it so I 'googled' it. So I just did my homework and did my research and just saw what it was all about.

Word-of-mouth and peer-to-peer exchanges also stimulated many participants to consider the Programs. School counsellors played a key role in programme dissemination, often because they worked in multiple schools and talked about their experiences with WITS<sup>®</sup> with teachers and administrators in multiple settings. Presentation of the Programs at a counsellors association conference spawned a sharing opportunity in a local counsellors meeting as described below:

Actually we found out from, I was at a district counseling meeting, I guess last year? It was a counselor from [another school] . . . Umm and she just presented it to us, 'Do you know about this program? Maybe you want to take a look at it.'

A WITS<sup>®</sup> Programs community leader who worked with several schools also describes how information travelled between schools through counsellors, saying: 'because a lot of our schools have counsellors in the schools, word got around and all of the sudden, this year, we're getting calls, we're looking at four other schools'.

Staff turnovers are built into the fabric of rural schools where principals are routinely shifted. Teachers also can choose where they work as they move up the seniority ladder. Staff changes are often thought to disrupt programme implementation by diffusing teacher training; however, turnovers played a positive role in programme discovery and uptake by

facilitating the flow of information across schools. Staff who had positive experiences with WITS<sup>®</sup> in a previous school sparked its uptake in the new setting. As one teacher says:

[WITS<sup>®</sup>] was a program that the counselor implemented with certain students in my class. So he briefed me on little cards that he was giving the students to help them. So when the principal came on board this year, because we have a new principal, and said, 'Do you think we would be interested in this as a staff?' I raved about it and said, 'I think it would be great!'

Staff turnovers also facilitated programme uptake when staff and administrators moved into a school that was already using the WITS<sup>®</sup> Programs. A principal, who agreed to start the Programs in his school, describes his first encounter with WITS<sup>®</sup> saying:

I'll give you the history of it. I didn't know about WITS<sup>®</sup> until three years ago, I came to the school and they had WITS<sup>®</sup> where it was rolling. So the vice principal told me '[whenever the kids get in trouble], just ask them if they use their WITS<sup>®</sup>' and I went 'really?' and sure enough a little discipline form comes in, a kid comes in and [I said] 'Did you use your WITS?' [and he says] 'No, . . . I tried to walk away but it was hard to ignore him' and he went through the whole thing and 'so now I'm telling somebody'. And I thought 'wow seeking help'. So I was very impressed.

#### *Personalizing motivations for learning about the WITS<sup>®</sup> Programs*

From both knowledge mobilization and marketing perspectives, it can appear that consumers (i.e. potential program users) perceive and articulate a need (e.g. for preventing bullying) that can be addressed by implementing a specific evidence-based programme. The solution to the uptake problem, then, is to improve conduits that connect users with needs to programmes that offer solutions. Indeed, one participant says:

I was looking for a social responsibility program and I noticed your email and I read through it and I thought this would be perfect for our school. [We have a] K-3, low socioeconomic, [school with] lots of verbal and physical aggression, maybe this would help.

Often, however, when asked 'What interested you in the WITS<sup>®</sup> Programs?', Program champions first gave their personal beliefs about what children need to thrive. Rather than citing the need to have a programme to address curriculum objectives, respond to needs or provide solutions to a recognized problem, these participants emphasized how the WITS<sup>®</sup> Programs were consistent with what they were already doing. They talked about looking for ways to save time, help kids, enhance social skills or to teach children to solve their own problems and think for themselves.

Consistency of the WITS<sup>®</sup> Programs with already held beliefs also influenced motivations to try them out, and personal beliefs were articulated in response to questions about why the Programs were of interest. Participants believed that it is important for children to know that they have a support system and that they are listened to (an explicit goal of the Programs), but they also believed that children who have WITS skills would experience other effects such as building children's confidence or providing life skills (not explicit goals of the Programs). As one administrator says:

I just really strongly believe that we need to equip kids in society today for what society is like and it's totally different. Not totally different there were still bullies when I went to school. But I just feel there are so many stories that break my heart that you hear in the news and you think that these kids need to know that they have got support. That they have someone they can turn to . . . And I think that [WITS<sup>®</sup>] helps build their confidence, makes them feel ok because you talk things out. Because before it was like yeah whatever, it was brushed off unless you really took the time. I think a lot of kids went through school very frustrated and I think this is what kids need.

Another participant articulates her belief that the Programs would provide children with their own life skills and make them less dependent on adults, saying:

What I struggle with is that we, as the adults in the building, problem solve for the kids. We do the problem solving for the kids. We don't give them the tools to use their own brains, and figure out how to deal with problems out . . . in the community, out on the playground, and what I want is I want them to start using their own skills because if we do the entire problem solving for them, then they're not going to have it. It's a life skill.

Another participant who believed that implementing the Programs would help to build a sense of community within the school says: 'I just see the power, the power in creating a sense of community in our classroom where they care about one another there is so much that goes on in their life that you don't know about.'

*Aligning programme characteristics with ongoing teaching strategies, school policies and other programmes*

Program content and resources were valued if they were accessible, simple, easy to use and flexible, and if they could be integrated with the teachers' unique teaching strategies and with overall school norms and values. The perceived fit with personal teaching styles and strategies created momentum for using the WITS<sup>®</sup> Programs. One champion describes how she incorporated the WITS<sup>®</sup> Programs into 'her program' saying:

It's easy to integrate it into my program, because every Friday in my class, we have classroom meetings and you know what, [WITS<sup>®</sup>] goes hand in hand with classroom meetings because in a classroom meeting we have a time where we give everyone compliments, we have a time where they get to discuss how they feel on a scale of one to ten, and we'll deal with problems that come up. And we also say, well 'Did you use your WITS<sup>®</sup>?' Can you tell us what you did first to help solving the problem?

The response of teachers and children were all keys to the Programs' attractiveness for another administrator who says:

Like the simple part I really like that and with teachers doing the lessons, just their repetitiveness, I think that will help. But they love it. The kids love it. And the reason why it's not a huge undertaking is it's not an addition to what [the teachers] already have to do where they feel overwhelmed and [then also] have to do all this curriculum stuff . . . It fits right in. You know like they're doing it, they reaching all for these outcomes not just social responsibility outcomes, because it's literature-based they're addressing all these other outcomes as well.

Program flexibility and the book-based curriculum created the elements of fit with the personal goals of another teacher who tells us, 'It's just my thinking, right?' She says:

I think the biggest one for me is that it's based on literature right. We're reading books anyways so why wouldn't you read this one and why wouldn't you have a conversation about bullying or rumor telling and why wouldn't you then do your journal entry, because really does it matter if you're doing it about bullying or you're doing it about chickens hatching eggs? So why wouldn't we make it about a safe environment, a safe culture. You know, you're sort of killing two birds with one stone. You're teaching about books, you're teaching about all those reading strategies, you're doing your journal entries or whatever, other writing lesson you're doing, why not add that element of teaching the WITS<sup>®</sup> protocol as well. It's just my thinking right?

In an atmosphere of teacher overload, changing curriculum demands, and 'too many' programs, personal beliefs can also weigh in against the adoption of innovative programs. One participant reported that teachers were reluctant to start yet another program that would not be sustained over time saying: 'I guess what's happened with teachers is they

see these glossy, fancy, new packages and programs come along, [and they think] ‘oh here’s the flavor of the day.’

Beyond personal beliefs and teaching strategies, the perceived fit of the new program with existing programs and school policies figured into motivations for program uptake, particularly for administrators. Rather than competing for time and attention, the WITS<sup>®</sup> Programs served the existing approaches by enhancing messages, tying together messages, adding tools, etc. As one participant says, new programmes need to become part of the whole:

We have the ‘[School] Way,’ which is a ‘way’ of treating other people and [WITS<sup>®</sup>] fits into that. We have to a lesser extent the Six Pillars Programs and there are posters of that in the hallway. We are planning a big ‘Pink Shirt Day’ and a big anti-bullying campaign leading up to that, and WITS<sup>®</sup> will be part of that. So I think it really helps the school stay focused. And it’s not like ‘now we are doing WITS<sup>®</sup> and we are throwing all the other stuff out or now we are doing something else and we are throwing WITS<sup>®</sup> out.’ It, kind of, ties together nicely.

The idea of a programme contributing significantly to an existing or more encompassing approach to school activities is also echoed by another participant who says the new programmes blend into other work being done:

No I think that we’ve just kind of blended it with our other social responsibility lessons. So it’s kind of like the glue that’s holding everything together and we keep coming back to the four simple strategies of WITS<sup>®</sup>. But then, like looking at each individual strategy, and then giving the kids some really specific skills about how to do that.

Another participant describes how going a bit beyond, but not too far beyond, what was already happening in the school was important in adopting a new program that the school did not ‘have to have’, saying:

Prior to implementing the WITS<sup>®</sup> Program, the school really had paid pretty good attention to values development . . . so it wasn’t as if the school had to have WITS<sup>®</sup> to, start addressing the kinds of things that WITS<sup>®</sup> does address. It’s just been another new tool to further . . . work not only on the development of the right kind of prosocial values, but to have a common language around it.

### *Efforts to influence others to use the Program or to overcome the barriers that challenge programme adoption*

Even once the Program champion is personally convinced that a programme might address his or her personal goals and that it fits adequately with their own style of teaching and school goals, promoting school or community-wide uptake of a programme can be a formidable challenge. Support from everyone getting on board or resistance from frequently overburdened school staff can determine the fate of a program. One participant describes programme uptake as a process of exchanging old for new, saying:

Like every program, if it is seen as an add-on teachers will always say, ‘Ok my plate is this big. You’ve given me something to put on that plate. What comes off?’ So if you can convince them that what is going to come off is five or six interactions a day between children that they are able to handle on their own then you’ll see ‘Ok give me a helping of that. Put it on my plate.’ But if you say, ‘no it’s just another extra thing that we want you to do’ then teachers’ backs will start to go up, they’ll tune out at staff meetings.

Other Program champions also focused on the benefits for helping teachers reduce their workloads once they see a program works, saying:

So how do you motivate teachers? The biggest thing is to try to show them how it helps them. And that’s where WITS<sup>®</sup> comes in. ‘Here, this can really help you out.’ And when you market

that way with them, 'This will save you time. This will save you energy, frustration.' Then I think that's the biggest thing. So, it works. That's, that's why, when teachers see that something works, it's great.

Similarly, another champion sells her personal conviction that WITS<sup>®</sup> will help children learn to manage their own problems, and only seek help after 'doing everything' themselves. This will have benefits for everyone's workloads. She says:

So that's how I presented it to the teachers, that it's, it's a program that gives the kids the language, and the strategies to problem solve. And then, when they've come to a place where 'I've done everything' then come to us as the adults, and that's how I presented it in September and they agree. Because, me, in this room, I can't do it all as a counselor. And they can't be doing it as a classroom teacher, so having something like this is beneficial.

Staff characteristics also provide different contexts for the strategies used to influence others to use the WITS<sup>®</sup> Programs. Cohesive staff and openness to change made marketing the Programs easy in some schools. As one champion says: 'Our staff is really very good, even though we are a small school. Somebody makes a suggestion and we all just kind of jump on board which is good.' Another champion says everyone saw the fit with their school's existing efforts and they got on board:

We have a very involved group of teachers at the school too, I mean, they've adopted it. It is the [school] Way they call it, anti-bullying is huge for them so it was kind of cool to work with everybody that was really on board.

However, efforts to influence others to adopt the Program also encountered barriers. In some schools, attempts to overcome or even skirt resistance and avoid immediate rejection resulted in covert or long-term uptake trials that limited dissemination of the Program. One champion anticipated a negative reception from staff, resulting in a tempered down introduction, use of the WITS<sup>®</sup> acronym without the Programs resources, and then gradually planned to work on a consensus for focusing on WITS<sup>®</sup> next year, saying:

If you are not in a big hurry, it's probably a good thing to just introduce the acronym and work on getting a familiarity with that and once teachers have some experience with WITS being very handy as a way of talking about strategies with kids, [then] get a little more explicit and a little more organized around upping the emphasis and buying in to the whole program package. I think getting kind of a consensus prior to starting it off in the coming year from the staff group, that this can be our main project for next year . . . . So it has to feel like 'this is what we all want to take on right now and because we have decided this we are not going to have to worry about having a large number of other initiatives this coming year,' this is what we are focusing on.

Another also wanted to extensively build her own expertise over an entire school year before asking others to take it on. She says:

So that is why I don't want to just take it to staff and say, 'we have this program, why don't we try this?' I would rather take this year in some of my little prep time to try some of these lessons, get a feel for these lessons, and build more of these lessons. I think if we have a key player who goes 'this really works well. I have tried it. I think we should try it.'

Another champion dealt with teacher disinterest by bypassing classroom teachers' involvement in the Program and taking on all responsibility for the Program. He says:

I just kind of talked to the staff and didn't really work up lots of interest from the staff, because they seemed quite resistant as I was talking about it; [They] were asking, How much time it would cost them? How much effort they would have to invest in it? So I said, 'You won't have to do much. This is what I'll do. I'll facilitate it in the library, we'll use our social responsibility time. All you'll have to do is contact the emergency service personal so that [their visit] works with your schedule.'

Similarly, another champion tried to think of ways to get the Programs to students without burdening the classroom teachers, saying:

As an administrator, I cover some prep time for five classes so that could be five classes that I could say to the teachers I want to do this program with your kids. There are ways, so if a teacher, themselves, didn't buy into it, or they didn't feel that it fit what they wanted to do, we could find other ways to move it in.

Embedding the Programs at the school level was also used to engage students with the hope of eventually bringing teachers into the Programs. One champion says:

In the morning, and I'll do that, the positive part of it. I'll say, you know, 'Boys and girls, I've got to tell you that I was so impressed. We had a problem and... Actually, we had three problems on the playground yesterday. And when I had to speak with those children, guess what? The problems were solved; people's feelings weren't hurt as bad as they could have been, because people used their WITS®. So it is an easy way to embed it.'

**Discussion**

Despite the growth in evidence-based mental health promotion or primary prevention programmes for children and youth, few are disseminated at a scale that could influence population levels of mental health. Moreover, while schools are frequently the target for dissemination of programmes to children, the strategies for discovery and uptake of these programs in the real-world settings of busy elementary schools are not well understood. The important pre-implementation role of programme champions has been noted in previous research (Elliott & Mihalic, 2004; Wandersman, 2009), but what they do to advance programme uptake is not well described. In this qualitative study, key users or consumers of the WITS® Programs (administrators, teachers, counsellors and community leaders) are asked to describe their thoughts and actions related to the start-up of these programs.

Findings here are consistent with past knowledge transfer literature (Klesges, Dzewaltowski, & Glasgow, 2008; Nutley, Walter, & Davies, 2007; Wharf Higgins, 2011) showing that in adopting innovation, users at the front line do indeed work hard to 'translate' programme materials for local use. Similar to the knowledge mobilization

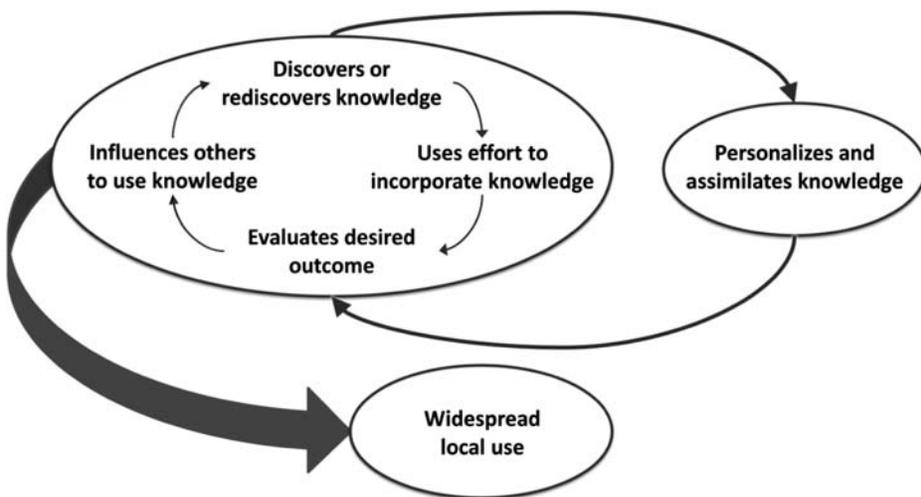


Figure 1. The iterative process of programme uptake in elementary school settings.

processes that characterize the uptake and implementation of innovations in health service organizations (Landry et al., 2001), the Program champions and early starters in our elementary schools describe iterative processes of personalization in their discovery and early review of the WITS<sup>®</sup> Programs. This iterative process is depicted in Figure 1. Specifically, hearing about a programme from several sources seemed essential to the rediscovery process that tipped the balance towards trying out the programme. While watching the introductory video, perusing the website curriculum resources or completing the formal online teacher training module, Program champions actively assessed the 'fit' of the WITS<sup>®</sup> resources to their personal beliefs about children's needs, to their own teaching strategies, to their schools' philosophy, culture and code of conduct, and to the other programmes already in place. As one individual puts it, the WITS<sup>®</sup> resources were 'easy to integrate it into *my program*.' Like trying on new clothes, the Program needed to fit not just in terms of need or size but also in terms of its match with the rest of the wardrobe, planned activities and style of the user. Rather than an innovation *per se*, some Program champions saw the WITS<sup>®</sup> Programs as another tool to move an existing agenda forward.

The Program champions and early starters also described a personal piloting and assessment phase that could last for a few weeks or in some instances, where resistance was anticipated, across an entire school year. Program materials were personally piloted in classrooms, libraries, on the playground, in disciplinary actions or in school-wide announcements and their effects on the targeted children were closely observed. In the course of this piloting phase, personalized outcome evaluations focused on noting that the potential users (children or teachers) started to use the 'WITS<sup>®</sup> language' or 'really liked it'. In some instances, reductions in disciplinary actions or success in handling peer conflicts inspired programme adoption. Champions also looked for evidence of support from other early users who 'really liked it' and agreed to try out Program resources or speak up for the Program in front of other staff.

Efforts to influence others to use the Programs resources followed the champions' personal commitment to and evaluation of the WITS<sup>®</sup> Programs resources. In receptive environments, the champion's informed advocacy for the Programs also became the foundation of their personal marketing strategy. Equipped with their knowledge about the programs and anecdotes about changes they had witnessed themselves, champions and early starters told others about the Programs. Champions sold the personalized Programs that they had bought. Their personal marketing strategies referred directly to how the WITS<sup>®</sup> Programs 'fit' their schools' ongoing activities and addressed the needs of the school staff for less work and more effective ways of helping children to help themselves.

Roadblocks to carrying out prevention programmes that have been previously identified (Elias et al., 2000) also surface in these interviews. Program champions noted the voices of resistance in teachers' complaints that there was too little time for new programmes, that they were already doing what was needed or that the new programme was just the latest fad or 'flavour of the day'. Communication gaps between teachers and administrators aggravated by an ongoing teachers' union job action also limited programme uptake by teachers in some schools. These also sometimes engendered strategies that allowed some components of the Program (the WITS<sup>®</sup> language) to be used but not others (the classroom lesson plans). Use of the 90-min teacher training module was also limited to schools that could compensate teachers for this training time or organized training as part of a professional development day.

### *Limitations of the study*

As in all qualitative studies, limits to the generalizability of our findings beyond our participating schools should be recognized. There are similarities between the start-up strategies described by these elementary school staff and the knowledge transfer mechanisms identified in the literature on the uptake of innovations in health organizations (Landry et al., 2001); however, there are important differences that may be unique to rural school settings in BC. Schools are less hierarchically organized than typical health organizations and programme dissemination relied on personally motivated and persuasive programme champions. District or principal mandated uptake of innovations is atypical in BC, and it is likely to be resisted by teachers who have considerable independence for choosing the learning activities that they use at the classroom level. Well-liked and respected teachers, counsellors and administrators were accepted as self-chosen programme champions. The political context of these rural BC schools may have affected programme uptake in some schools. At the time of the wave 2 interviews, teachers in BC schools were involved in union-led job actions that may have created a context that is unique to the participating school districts. These actions can create tensions in communications with administrators and avert some teachers from embracing new initiatives, and may have contributed to the barriers to uptake reported by a few schools. However, the relationships already established among the champion and school staff appeared to prevail in most schools.

It is possible that the uptake strategies described also reflect unique efforts to use the web-based WITS<sup>®</sup> Programs resources. The online resources include brief training modules and targeted resources for school staff, parents, children and community visitors. Web-based approaches with self-paced training modules and access to live consultants can lower training costs and improve access to prevention programmes (Kolko et al., 2010). For rural schools with typically small tax bases, web-based approaches may be the only way to promote equitable access and overcome the high costs of transportation for trainers, programme materials and retraining new staff following staff turnovers. Past research relying on motivated trainers and community–university partnerships has shown advantages for programme uptake and fidelity (Spath et al., 2007); however, online resources need to speak for themselves and may be more susceptible to the personalization processes that are identified here. Our findings suggest that uptake in rural areas relies on the capacity of local self-motivated champions who create personal and school-specific reasons to surf, search and self-educate using online materials before persuading others to do the same. Discovering the breadth of online materials can also be hampered when catchy brand names and acronyms such as ‘WITS<sup>®</sup>’, are used in isolation without fidelity to the Program’s training resources. Continued research is needed to examine the effects of the differing long- and short-term strategies used by local champions on the programme fidelity, effectiveness and sustainability that is established over time.

This study underscores the complexity of school organizations as sites for the delivery of mental health promotion or primary prevention programmes for children and youth. Incorporating evidence-based programmes and lifelong learning philosophies into pre-service teacher training may relieve some demands for uptake of programmes that can be rejected as the ‘flavour of the month’. Support for the programme champions’ efforts to assess the integration and synergies among new and existing programmes within a school may also help to reduce pressures to implement multiple distinct programmes (Bohanon & Wu, 2011). It may also be that pressures on schools could be relieved if programme developers begin to reach out to other organizations that routinely engage children

including afterschool programmes, sports teams, religious and community service groups, Scouting or 4-H groups or Big Brothers and Sisters (Durlak, Mahoney, Bohnert, & Parente, 2010; Hirsch, Deutsch, & DuBois, 2011).

### ***Conclusions: pre-implementation planning needs support***

Overall, this study illuminates the uniquely assimilatory processes of programme discovery, uptake and spread in rural schools using web-based materials. Targeting potential users of mental health promotion and primary prevention programme in schools is not merely a matter of training trainers or programme champions. Examining the successes related to uptake process and local goals may need to precede evaluating how a programme ‘works’ from the perspective of programme developers. Here, we assess the pre-implementation processes that may influence whether a programme is adopted or not. Personalized tests of programme fit with personally held beliefs and teaching strategies, school philosophies, schedules and union regulations, and local outcome evaluations were used to assess how the new programs could strengthen ongoing actions. The WITS<sup>®</sup> Programs goals related to reducing bullying or improving children’s mental health were only part of the initial discourse about adopting the evidence-based WITS<sup>®</sup> Programs. More immediate goals such as reducing disciplinary actions, helping children learn skills to solve their own problems and saving time also figured prominently into motivations for using the WITS<sup>®</sup> Programs. Research assessing the effects of personalized goals and consumer-driven results on programme fidelity and programme effectiveness over time will also be needed.

Effective marketing strategies are crucial to the success of bringing programmes to scale and realizing their potential for effectiveness in new communities. National, provincial and local infrastructures and funding are needed to support the dissemination of evidence-based programmes. Marketing strategies that actively support local champions’ personal efforts to pilot, assimilate, evaluate and influence others to use a prevention programme may require a variety of approaches that could include programme branding, free access to programme start up kits and advice for champions, as well as tools for evaluating both personalized and intended programme effects. Marketing which emphasizes programme innovation and the need for fidelity may also need to shift to marketing that emphasizes programme integration and adaptability to strengthen current practices. Advancing the wide-spread dissemination of evidence-based mental health promotion and primary prevention programmes in elementary school settings may enhance the population level effectiveness of these programmes. The first steps to getting started may be the most important.

### **References**

- Banister, E.M., Leadbeater, B.J., & Marshall, E.A. (2011). *Knowledge transition in context: Indigenous, policy, and community settings*. Toronto: University of Toronto Press.
- Bohanon, H., & Wu, M. (2011). Can prevention programs work together? An example of school-based mental health with prevention initiatives. *Advances in School Mental Health Promotion*, 4, 35–46.
- Corboy, D., & McDonald, J. (2007). An evaluation of the CAST program using a conceptual model of school-based implementation. *Australian e-Journal for the Advancement of Mental Health*, 6, 1–15.
- Craig, W.M., Pepler, D., & Atlas, R. (2000). Observations of bullying in the playground and in the classroom. *School Psychology International*, 21(1), 22–36. doi: 10.1177/0143034300211002

- Cunningham, C.E., Vaillancourt, T., Rimas, H., Deal, K., Cunningham, L., Short, K., & Chen, Y. (2009). Modeling the bullying prevention program preferences of educators: A discrete choice conjoint experiment. *Journal of Abnormal Child Psychology: An Official Publication of the International Society For Research In Child and Adolescent Psychopathology*, 37, 929–943. doi: 10.1007/s10802-009-9324-2
- Dulmus, C., Theriot, M., Sowers, K., & Blackburn, J. (2004). Student reports of peer bullying victimization in a rural school. *Stress, Trauma and Crisis: An International Journal*, 7(1), 1–16. doi: 10.1080/15434610490281093
- Durlak, J.A., Mahoney, J.L., Bohnert, A.M., & Parente, M.E. (2010). Developing and improving after-school programs to enhance youth's personal growth and adjustment: A special issue of AJCP. *American Journal of Community Psychology*, 45, 285–293. doi: 10.1007/s10464-010-9298-9
- Durlak, J.A., & Wells, A.M. (1997). Primary prevention mental health programs: The future is exciting. *American Journal of Community Psychology*, 25, 233–243. doi: 10.1023/A:1024674631189
- Eisler, L., & Schissel, B. (2004). Privation and vulnerability to victimization for Canadian youth: The contexts of gender, race, and geography. *Youth Violence and Juvenile Justice*, 2(4), 359–373. doi: 10.1177/1541204004267784
- Elias, M.J., Bruene-Butler, L., Blum, L., & Schuyler, T. (2000). Voices from the field: Identifying and overcoming roadblocks to carrying out programs in social and emotional learning/emotional intelligence. *Journal of Educational and Psychological Consultation*, 11, 253–272.
- Elliott, D.S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5(1), 47–52. doi: 10.1023/B:PREV.0000013981.28071.52
- Frey, K.S., Hirschstein, M.K., Snell, J.L., Edstrom, L., MacKenzie, E.P., & Broderick, C.J. (2005). Reducing playground bullying and supporting beliefs: An experimental trial of the steps to respect program. *Developmental Psychology*, 41(3), 479–491. doi: 10.1037/0012-1649.41.3.479
- Giesbrecht, G.F., Leadbeater, B.J., & MacDonald, S.S. (2011). Child and context characteristics in trajectories of physical and relational victimization among early elementary school children. *Development and Psychopathology*, 23, 239–252. doi: 10.1017/S0954579410000763
- Greenberg, M.T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention and Treatment*, 4, 1–62.
- Han, S.S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology*, 33, 665–679.
- Hirsch, B.J., Deutsch, N.L., & DuBois, D.L. (2011). *After-school centers and youth development: Case studies of success and failure*. New York: Cambridge University Press.
- Hoglund, W.L.G., Hosan, N., & Leadbeater, B.J. (2012). Using your WITS: A six year follow-up of a peer victimization prevention program. *School Psychology Review*, 41, 193–214.
- Klesges, L., Dzewaltowski, D.A., & Glasgow, R.E. (2008). Review of external validity reporting in childhood obesity prevention research. *American Journal of Preventive Medicine*, 34, 216–223. doi: 10.1016/j.amepre.2007.11.019
- Kolko, D.J., Hoagwood, K., & Springgate, B. (2010). Treatment research for children and youth exposed to traumatic events: Moving beyond efficacy to amp up public health impact. *General Hospital Psychiatry*, 32, 465–476. doi: 10.1016/j.genhosppsych.2010.05.003
- Landry, R., Amara, N., & Lamari, M. (2001). Climbing the ladder of research utilization: Evidence from social science research. *Science Communication*, 22, 396–422.
- Leadbeater, B. (2010). The fickle fates of push and pull in the dissemination of mental health programs for children. *Canadian Psychology/Psychologie Canadienne*, 51, 221–230. doi: 10.1037/a0020486
- Leadbeater, B.J., Banister, E.M., & Marshall, E.A. (2011). How-what-we-know-becomes-more widely-know is context dependent and culturally sensitive. In E.M. Banister, B.J. Leadbeater & E.A. Marshall (Eds.), *Knowledge transition in context: Indigenous, policy, and community settings* (pp. 3–11). Toronto: University of Toronto Press.
- Leadbeater, B.J., & Hoglund, W.G. (2009). The effects of peer victimization and physical aggression on changes in internalizing from first to third grade. *Child Development*, 80, 843–859. doi: 10.1111/j.1467-8624.2009.01301.x
- Leadbeater, B.J., & Sukhathanakul, P. (2011). Multi-component programs for reducing peer victimization in early elementary school: A longitudinal evaluation of the WITS® Primary Program. *Journal of Community Psychology*, 39, 606–620.

- Leff, S.S., Power, T.J., Costigan, T.E., & Manz, P.H. (2003). Assessing the climate of the playground and lunchroom: Implications for bullying prevention programming. *School Psychology Review*, 32(3), 418–430.
- McCall, R.B., & Green, B.L. (2004). Beyond the methodological gold standards of behavioral research: Considerations for practice and policy. *Social Policy Report*, 17, 1–20.
- Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA: Journal of the American Medical Association*, 285(16), 2094–2100. doi:10.1001/jama.285.16.2094
- Nutley, S., Walter, I., & Davies, H.T.O. (2007). *Using evidence: How research can inform public services*. Bristol: University of Bristol, The Policy Press.
- Ryan, W., & Smith, J.D. (2009). Antibullying programs in schools: How effective are evaluation practices. *Prevention Science*, 10, 248–259.
- Sandler, I., Ostrom, A., Bitner, M.J., Ayers, T., Wolchik, S., & Daniels, V.S. (2005). Developing effective prevention services for the real world: A prevention service development model. *American Journal of Community Psychology*, 35, 127–142. doi: 10.1007/s10464-005-3389-z
- Spoth, R., Gyll, M., Lillehoj, C.L., Redmond, C., & Greenberg, M. (2007). Prosper study of evidence-based intervention implementation quality by community-university partnerships. *Journal of Community Psychology*, 35, 981–999.
- Straus, S., Tetroe, J., & Graham, I.D. (2009). *Knowledge translation in health care: Moving from evidence to practice*. Wiley-Blackwell, Oxford, UK.
- Wandersman, A. (2009). Four keys to success (theory, implementation, evaluation, and resource/system support): High hopes and challenges in participation. *American Journal of Community Psychology*, 43(1–2), 3–21. doi: 10.1007/s10464-008-9212-x
- Wharf Higgins, J. (2011). Navigating through translational research: A social marketing compass. *Health Marketing Quarterly*, 28, 1–15. doi: 10.1080/07359683.2010.495302