

Implementing and Testing Evidence-based Practices in Norway:

Crossing National, Cultural and Language Borders

The Family Check-up International Conference:
*Building bridges across contexts, cultures
and intervention models*

June 12-13, 2017 VGR Campus,
Nya varvet, Gothenburg

Terje Ogden (PhD)
Norwegian Center for Child Behavioral Development,
University of Oslo

**Multisystemic
Therapy (MST)**
MST/CM & MST/CAN

**Interventions
implemented
in Norway**

**Treatment Foster
Care Oregon
(TFCO)**

**Functional Family
Therapy (FFT)**

**«Early Interventions
for children at
risk»**

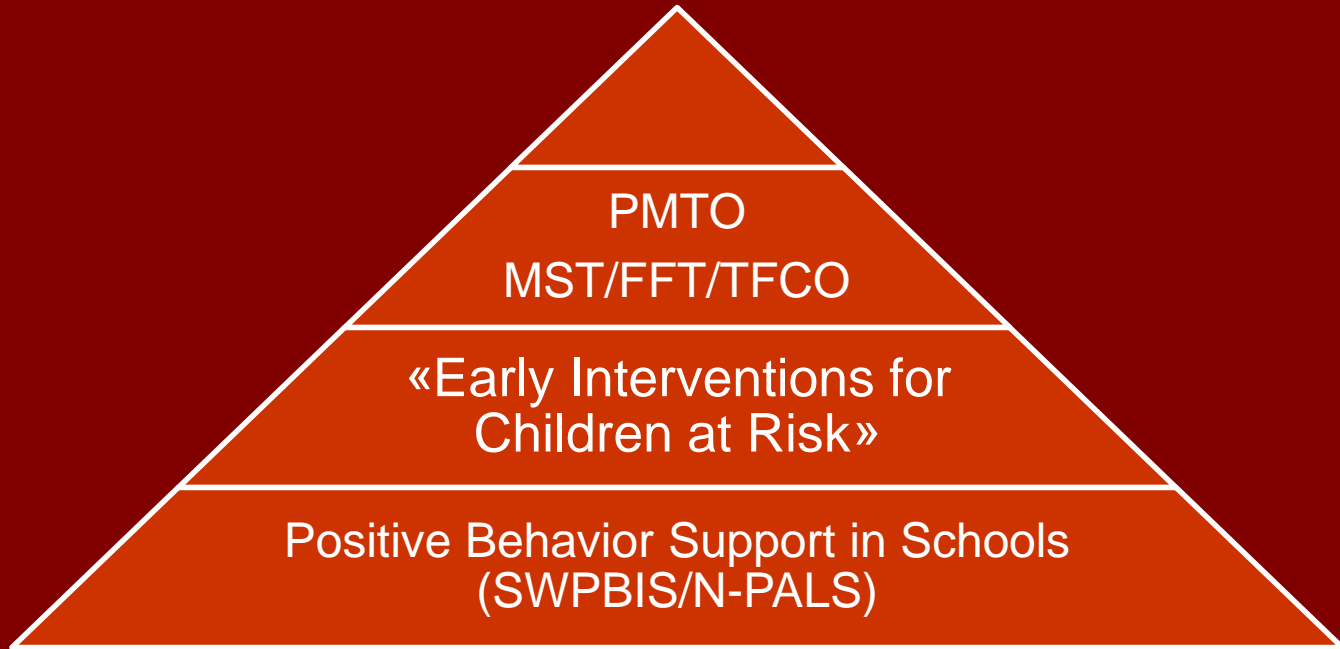
TIBIR

**Parent
Management
Training
Oregon**

**School-wide positive
Behavior support and
Intervention (PALS)**

MATCH
Modularized treatment of
children with anxiety,
conduct problems
and depression

The multi-level intervention pyramid



The Norwegian national implementation initiative

- A Norwegian governmental initiative to increase the capacity and competence of the child and family service systems to manage the challenges of child conduct problems (1999),
- Evidence-based home- and community based interventions should be the first priority in the treatment of conduct problems among children and youth,
- Early intervention of parent training and family treatment programs in order to decrease the use of incarcerations and out of home placements.

Ogden, T., Forgatch, M., Askeland, E., Patterson, G. R., & Bullock, B. (2005). Implementation of Parent Management Training at the national level: The case of Norway. *Journal of Social Work Practice*.

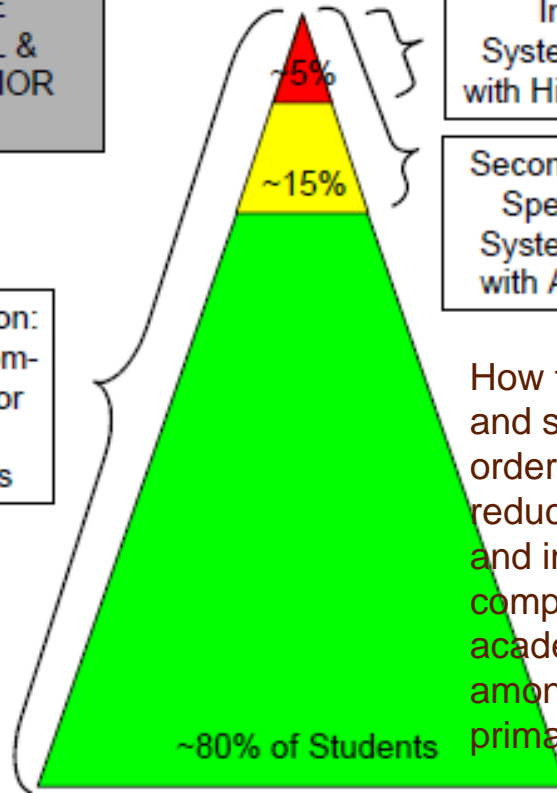
Main components of the implementation strategy

- A national center for implementation and research on evidence based interventions – established as the Norwegian Center for Child Behavioral Development (NCCBD) in 2003,
- Combining “top-down” and “bottom-up” implementation in a hybrid approach with recommendations and support of evidence-based programs from the ministries and capitalizing on a growing interest among practitioners for evidence-based practices,
- Recruiting trainees through the regular services to ensure that they would be able to apply their competencies following training,
- Continuous recruitment, training, supervision, support and evaluation of practitioners.

Ogden, T., Forgatch, M., Askeland, E., Patterson, G. R., & Bullock, B. (2005). Implementation of Parent Management Training at the national level: The case of Norway. *Journal of Social Work Practice*.

CONTINUUM OF
SCHOOL-WIDE
INSTRUCTIONAL &
POSITIVE BEHAVIOR
SUPPORT

Primary Prevention:
School-/Classroom-
Wide Systems for
All Students,
Staff, & Settings



Tertiary Prevention:
Specialized
Individualized
Systems for Students
with High-Risk Behavior

Secondary Prevention:
Specialized Group
Systems for Students
with At-Risk Behavior

How to change school
and staff practices in
order to prevent and
reduce problem behavior
and increase social
competence and
academic achievements
among students in
primary school?

The N-PALS multi-level and multi-component model

- A school-wide positive behavior approach ,
- Evidence based academic and social interventions,
- Skills based intervention components,
- Implementation quality and intervention fidelity,
- Team based approach with leadership commitment,
- Multi-level interventions (universal, selected and indicated).
- Monitoring students' school behavior (eg. SWIS/CiCu).

(Sprague & Walker, 2005)

(Sørli & Ogden, 2015; Sørli, Ogden & Olseth, 2015; 2016)

PALS research

- PALS was piloted during 2002-2005 in 4 schools and evaluated after 2 years of implementation - with promising results (Sørliie & Ogden, 2007).

Scandinavian Journal of Educational Research
Vol. 51, No. 5, November 2007, pp. 471-491



Immediate Impacts of PALS: A school-wide multi-level program targeting behaviour problems in elementary school

Mari-Anne Sørliie* and Terje Ogden
University of Oslo, Norway

International Journal of School & Educational Psychology, 2, 235-246, 2014
Copyright © International School Psychology Association
ISSN 2168-3603 print/ISSN 2168-3611 online
DOI: 10.1080/21683603.2014.881309



ARTICLES

Reducing Threats to Validity by Design in a Nonrandomized Experiment of a School-Wide Prevention Model

Mari-Anne Sørliie and Terje Ogden
The Norwegian Center for Child Behavioral Development (Aferdsenteret), Oslo, Norway

- A second evaluation using a more robust design started in 2007 with 6 time points in 65 primary schools (28 schools with full scale PALS, 17 schools with PALS short version and 20 control schools) (Sørliie & Ogden, 2014).

School-Wide Positive Behavior Support–Norway: Impacts on Problem Behavior and Classroom Climate

Mari-Anne Sorlie and Terje Ogden

Norwegian Center for Child Behavioral Development, Oslo, Norway

World Journal of Educational Research
ISSN 2375-9771 (Print) ISSN 2333-5998 (Online)
Vol. 2, No. 2, 2015
www.scholink.org/ojs/index.php/wjer

Preventing Problem Behavior in School through School-Wide Staff Empowerment: Intervention Outcomes

Mari-Anne Sorlie^{1*}, Terje Ogden¹ & Asgeir Røyrvhus Olseth¹

¹ Norwegian Center for Child Behavioral Development (NCCBD), Oslo, Norway

* Mari-Anne Sorlie, E-mail: m.a.sorlie@atferdssenteret.no



Examining Teacher Outcomes of the School-Wide Positive Behavior Support Model in Norway: Perceived Efficacy and Behavior Management

Mari-Anne Sorlie¹, Terje Ogden¹, and Asgeir Røyrvhus Olseth¹

SAGE Open
April-June 2016: 1–13
© The Author(s) 2016
DOI: 10.1177/2158244016061914
sso.sagepub.com


N-PALS The Schoolwide positive behavior support and intervention model

- **OUTCOMES OF THE NORWEGIAN STUDY:**
 - Reduced teacher rated problem behavior in school,
 - Improved learning climate in the classrooms,
 - Less exclusion of students,
 - Improvements in the staffs' behavioral practice
 - Increased individual and collective efficacy among staff.
- **BEST OUTCOMES IN:**
 - schools with high implementation quality (fidelity),
 - small to moderately sized schools and for
 - high-risk students.

(Sørli & Ogden, 2015; Sørli, Ogden & Olseth, 2015 & 2016)

Multisystemic Therapy (MST)

- An intensive family- and community- based treatment for adolescents ages 12–17, with serious antisocial behavior,
- Aims to reduce risk factors and increase protective factors in the family, as well as in the adolescent's social network, including friends and school,
- Each team has a supervisor and three to four therapists, who are available for the families 24/7,
- Therapists caseload of three to five families, with meetings on a daily or frequent basis in the course of the treatment, which typically lasts 3–5 months,
- The Child Welfare services hire the teams and cover salaries and expenses, while the training and the quality assurance are funded by the Ministries and carried out by the NCCBD.

(Ogden, Askeland, Christiansen, Christensen, & Kjøbli, 2017)

Norwegian MST outcome studies

TABLE 22.2. Characteristics and Outcomes of the MST Studies

Publication	Target problem	Sample size	Design	Intervention	Control condition	Outcomes
Ogden & Halliday-Boykins (2004)	Antisocial behavior	96	RCT	MST	RS	Mean $d = 0.23$
Ogden & Amlund-Hagen (2006)	Antisocial behavior	75	Follow-up	MST	RS	SRD: $d = 0.26$ CBCL: $d = 0.50$ TRF: $d = 0.68$
Ogden, Amlund-Hagen, & Andersen (2007)	Antisocial behavior	105	Group comparison	MST	RS	MST > RS on externalizing and internalizing composite
Holth, Torsheim, Sheidow, Ogden, & Henggeler (2011)	Antisocial behavior and substance abuse	41	Block randomized	MST and contingency management	Regular MST	Cannabis abstinence increased as a function of time in treatment

Note. CBCL, Child Behavior Checklist; RS, regular services including outpatient services and residential care; SRD, self-report of delinquency; TRF, Teacher Report Form.

(Ogden et al., 2017)

What is a large effect size?

- «The folklore of social research»: Cohen's standards are used as benchmarks for interpreting effects sizes (ES) as «small, medium, or large effect»,
- Cohen's (1977) book on statistical power: rules of the thumb for power calculations - only to be applied if no other info was available
- «Just as children are best understood in context, so are effect sizes» (McCartney & Rosenthal, 2000).
- How does the ES compare to previous findings with same age, outcome, and type of intervention?

(Zachrisson, 2017)

«Treatment as usual»

- There are national differences, for instance in RCTs, treatment-as-usual (TAU) groups in the United States were often exposed to risk factors that are both more severe and more numerous than those in Norway,
- The prevalence of stressors such as neighborhoods with poverty, high crime rates, availability of guns and substance abuse are more common in the US,
- The regular services (RS) to which MST was compared in Norway were likely to be more comprehensive and to have more elements of treatment than RS offered to comparison groups in the US (e.g. probation office visits and referral to social services when deemed necessary).

(Ogden & Halliday-Boykins, 2004)

Parent Management Training – Oregon model (PMTO)

- Based on Patterson's (1982) theory on social interaction and coercion model and PMTO protocols from previous clinical trials (Forgatch, 1994).
- 18-months training program developed by Forgatch (1994) and colleagues, described in a Norwegian handbook outlining the principles, procedures and core program components (Askeland et al., 2005),
- Site assessments were carried out in the municipalities and contracts stating the mutual responsibility of the implementation team and the local authorities were signed.

Challenges of the PMTO training

- A comprehensive and intensive, 18 months training program, and many agency leaders were unfamiliar with structured programs,
- Based on behavioral and systemic principles which did not match the eclectic or dynamic theoretical orientation of several of the therapists,
- Some concepts did not go down well with Norwegian trainees and had to be substituted, with PMTO congruent alternatives (discipline = limit setting; punishment = negative consequences; timeout = time for a break)
- The skill orientation of the training, with emphasis on role-plays and video recordings of therapies was also new to many of the trainees.

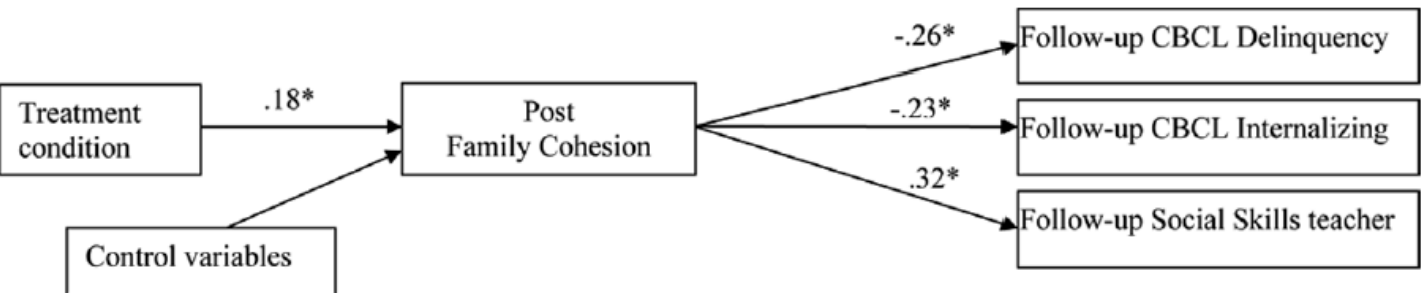
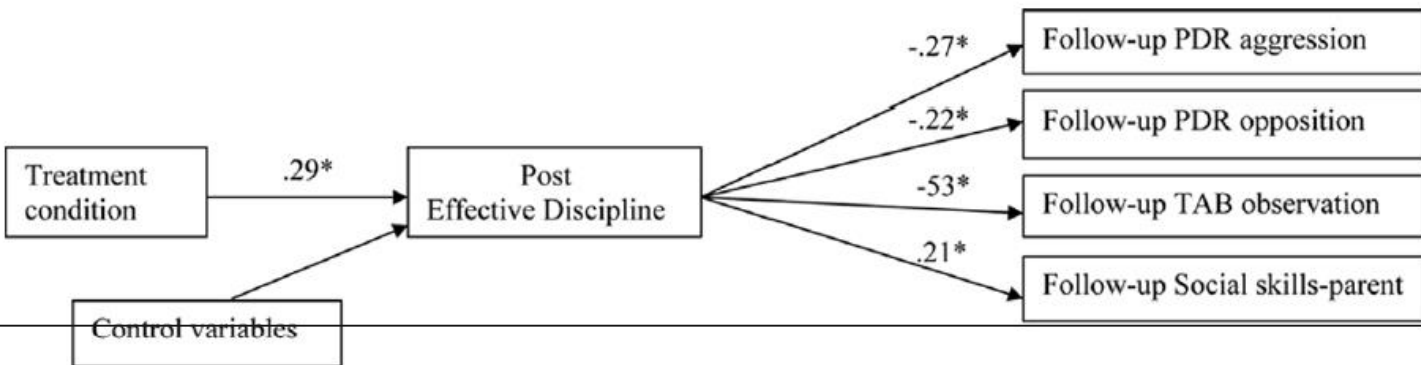
Forgatch, Patterson & Gewirtz, (2013) *Perspectives on Psychological Science*.
Ogden, Askeland, Christensen, Christiansen, & Kjøbli, 2017

TABLE 22.1. Characteristics and Outcomes of the PMTO and TIBIR Studies

Publication	Target problem	Sample size	Design	Intervention	Control condition	Outcomes
Ogden & Amlund-Hagen (2008)	Conduct problems	112	RCT (ITT)	PMTO	RS	Mean $d = 0.15$
Amlund-Hagen, Ogden, & Bjørnebekk (2011)	Conduct problems	75	Follow-up (TOT)	PMTO	RS	TRF: $d = 0.12$ SSRS—teacher: $d = 0.29$ TAB: $d = 0.17$
Bjørknes & Manger (2013)	Conduct problems	96	RCT (ITT)	PMTO group treatment	Wait-list control	CP composite: $d = .27$ ECBI—problem: $d = 0.27$ TRF: $d = 0.11$
Hukkelberg & Ogden (2013)	Conduct problems	331	Prediction	PMTO	None	Treatment fidelity > alliance
Kjøbli & Ogden (2012); pre-post assessment	Conduct problems	216	RCT (ITT)	BPT	RS	Mean $d = 0.37$
Kjøbli & Bjørnebekk (2013); 6-month follow-up	Conduct problems	216	Follow-up	BPT	RS	Mean $d = 0.31$
Kjøbli, Hukkelberg, & Ogden (2012); pre-post assessment; 6-month follow-up	Conduct problems	137	RCT (ITT) follow-up	PMTO Group training	RS	Mean $d = 0.37$ Mean $d = 0.39$
Kjøbli & Ogden (2014); pre-post assessment; 6-month follow-up	Conduct problems	198	RCT (ITT) follow-up	Individual social skills training	RS	NSG
Tømmeraa & Ogden (2015)	Conduct problems	322	Group comparison	PMTO	None	NSG

Treatment Outcomes and Mediators of Parent Management Training: A One-Year Follow-Up of Children with Conduct Problems

Amlund-Hagen, Ogden & Bjørnebekk, (2011) *Journal of Clinical Child and Adolescent Psychology*,



The Do-do bird verdict: «All have won and all should have prices»: common factors (alliance) and program factors (fidelity) as outcome predictors

- 331 Norwegian parents rated the client-therapist working alliance at 3 time points with the *Short Working Alliance Inventory* (Sessions 3, 12, and 20),
- Competent adherence was assessed by PMTO specialists from videotaped therapy sessions using the Fidelity of Implementation (FIMP) system (Knutson, Forgatch, & Rains, 2003).
- Parents rated children's problem behaviors at baseline and at the end of therapy,
- Treatment fidelity was found to be an active ingredient in PMTO and working alliance was a negative predictor of post assessment parent reported externalizing behavior.

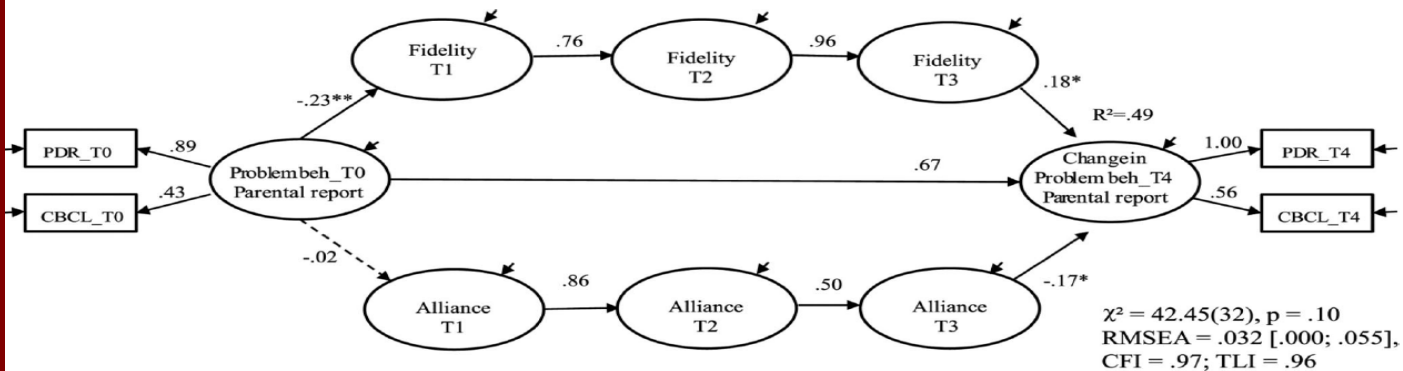
(Hukkelberg & Ogden, 2013)

Working Alliance and Treatment Fidelity as Predictors of Externalizing Problem Behaviors in Parent Management Training

Silje S. Hukkelberg and Terje Ogden
Norwegian Center for Child Behavioral Development, Oslo, Norway

ALLIANCE AND FIDELITY AS PREDICTORS OF PROBLEM BEHAVIORS

7



Hukkelberg & Ogden (2013). *Journal of Consulting and Clinical Psychology*.

Predictors of changes in child behaviour following parent management training: Child, context, and therapy factors

Kristine Amlund Hagen¹ and Terje Ogden²

- Results suggested that children with higher symptom scores and lower social skills score at pre-treatment were more likely to show improvements in these areas.
- According to both parent- and teacher-ratings, girls tended to show greater improvements in externalising behaviour and social skills following treatment,
- Finally, 1) observed increases in parental skill encouragement, 2) therapists' satisfaction with treatment and the 3) number of hours spent in therapy by children were also positive and significant predictors of child outcomes.

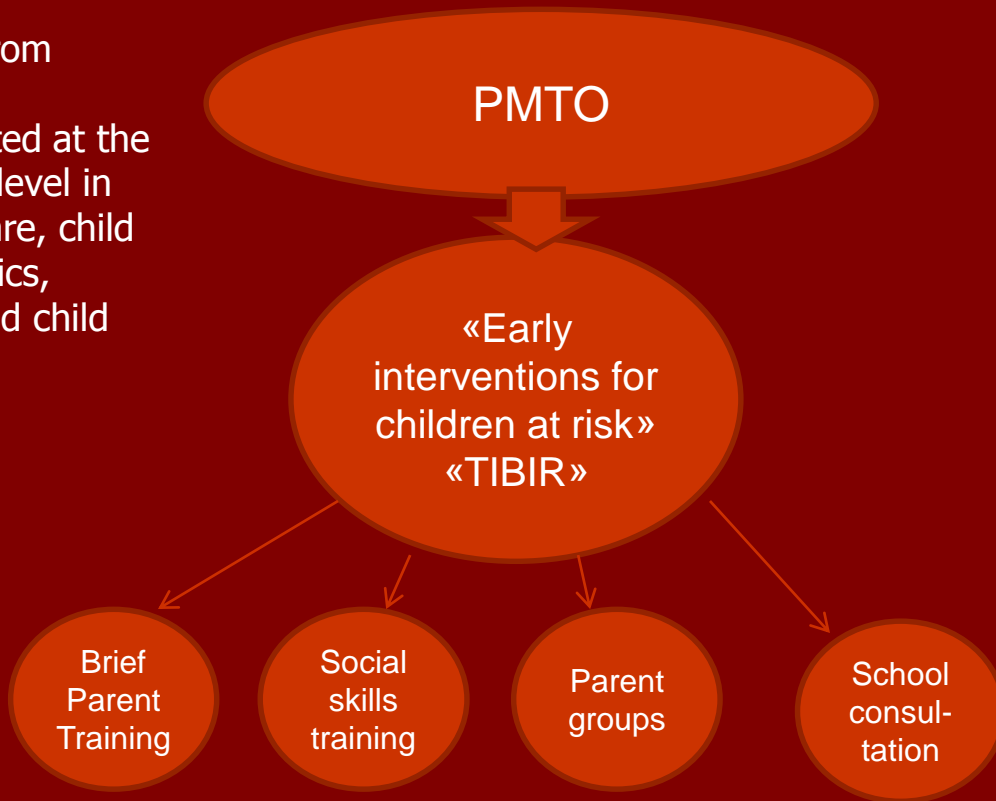
Is There a Scale-up Penalty? Testing Behavioral Change in the Scaling up of Parent Management Training in Norway

Truls Tommeraas¹ · Terje Ogden¹

- The scaling up of PMTO in Norway was examined by investigating how a large-scale dissemination affected the composition of the target group and the service providers,
- The larger heterogeneity of the service providers and the intake characteristics of the target group, did not result in attenuation of program effects when scaling up PMTO,
- The ratings were based on coding of video recordings (FIMP: Knutson et al., 2009) and the mean ratings across 6 generations with 402 therapist showed no drop in fidelity.

Tømmeraas, & Ogden, (2015). *Administration and Policy in Mental Health and Mental Health Services*.

Adapted from PMTO and implemented at the municipal level in child welfare, child health clinics, schools and child care.



Solholm, R., Kjøbli, J. & Christiansen, T. (2013). Early Initiatives for Children at Risk – Development of a program for the prevention and treatment of behavior problems in primary services. *Prevention Science*.

PMTO and adapted short term preventive interventions by local services

Intervention components	Training of practitioners	Target group	Research
PMTO (full scale)	20 days training over 18 months while receiving supervision on clinical work with five or more families	Parents with children aged 4-12	RCT: Ogden & Hagen, 2008
Brief parent training	9 days training over 6 months followed by 6 months supervision of practitioners in local services	Parents	RCT: Kjøbli & Ogden, 2012
Social skills training	6 days training and supervision over 6 months	Children	RCT : Kjøbli & Ogden, 2013
PMTO group intervention for minority families	PMTO therapists and 5 days training of bi-lingual link workers	Ethnic Minority Mothers	RCT: Bjørknes & Manger, 2013
PMTO group intervention	2 days training of certified PMTO therapists	Parents	RCT: Kjøbli, Hukkelberg & Ogden, 2013
Consultation to practitioners in schools and child care	4 days consultation training for PMTO therapists and counselors in local services	Staff in schools and child care	RCT: In progress

Solholm, R., Kjøbli, J. & Christiansen, T. (2013). Early Initiatives for Children at Risk – Development of a program for the prevention and treatment of behavior problems in primary services. *Prevention Science*.

The support of long term effectiveness and sustainability of EBP in Norway

- A genuine interest and commitment at the central political and administrative level for the national implementation of evidence-based interventions,
- Increased interest among practitioners for evidence-based practice,
- Establishing a self-sustaining national center for implementation and research,
- The ability of the program developers to support the implementation and research efforts,
- Positive feedback from families and positive media feedback.

Can parent training alter parent practice and reduce conduct problems in ethnic minority children?

- A PMTO *minority project* was tested in an RCT with wait-list control that examined the effectiveness of PMTO group training on maternal parenting practices and child behavior,
- Participants were 96 mothers from Somalia and Pakistan and their children ages 3 to 9 years,
- PMTO significantly enhanced positive parenting practices ($d = 0.54$) and reduced mother- reported child conduct problems (ECBI and Parent Daily Report [PDR] composite score: $d = 0.32$), but no behavioral changes were reported by the teachers.

Achievements and challenges

- PMTO has been tested in real world settings with positive outcomes in both individual and group trainings and in high and low dosages of treatment,
- Moreover, gender differences, and differences between ethnic minority and majority groups, and children with and without ADHD diagnoses were tested,
- The new generation of adapted PMTO interventions significantly outperformed usual care and demonstrated larger effect sizes than the clinical trial of PMTO,
- Across the studies, multi-informant outcomes ranged from small to large, but the lack of improvements in problem behavior reported by teachers in most of the studies remains a challenge.

Implementation challenges in Norway

- Studies documenting that EBPs worked in the US, were not readily accepted in Norway,
- Manual-driven programs as a threat to professional autonomy and the principle of freedom of method choice,
- Critics claimed that the 'relation' was more important than the 'evidence' and that the practitioners had to be more important than the programs,
- Learning clinical skills through role-play and video-feedback, and adapting to user evaluations of practice and measurement of fidelity (TAMS & FIMP),
- Overcoming the language barrier in transporting the programs from the US to Norway.

What is the problem?

- The US evidence-based approach is often perceived as a «top-down» implementation of manualized interventions with emphasis on behavioral outcomes and fidelity of implementation,
- In Europe, the focus has not only on behavioral change, but also on changes in attitudes, beliefs and values, emphasizing principles like empowerment, autonomy, local adaptability and ownership,
- But the outcomes of this flexible need-responsive approach, have proved difficult to evaluate in controlled research designs (Weare & Nind, 2011).

European improvements?

- In Europe, evidence has become a secondary consideration, and a broader selection of research has been included in the process of determining the evidence level of interventions,
- The European approach has often led to diluted and vague versions of EBP which lack clarity and direction making it difficult to measure outcomes and demonstrate effectiveness,
- The European approach may therefore be in need of a more prescriptive elements to ensure consistent implementation, evaluation and the sustainability of evidence-based interventions.

Institute of Medicine Workshop on Scaling Family-Focused Preventive Interventions to Promote Children's Cognitive, Affective, and Behavioral Health

- When Dr. William Beardslee from Boston Children's Hospital and Harvard Medical School asked Dr. Ogden to compare the differences between scale implementation that occurs in the Norwegian system versus the American system, he responded,
- *"What impresses me when I come to America is the breakthroughs. You're cutting edge on research, you're developing new programs, new methods, new approaches that are highly impressive so we come to you for inspiration"*
- *"But you're not that good at carry-through so when you're about to implement these programs, models, and approaches you export them to Europe and other countries. I think what is lacking is some kind of implementation infrastructure in the United States so your own children and youth can benefit from your tremendous high quality research"*

Beyond programs

- Integrating programs or models within one service system within a community to reduce the prevalence of problem behavior and to promote healthy development (Dishion, Forgatch, Chamberlain & Pelham, 2016).
- A broader approach to formulating intake criteria and the development of dynamic treatment feedback systems,
- Refining, elaborating and integrating intervention programs,
- Scaling up of programs in order to increase «reach», but without the loss of competent adherence and positive child and family outcomes.



Thank you!

The
Norwegian
Center for Child
Behavioral
Development
research group



REFERENCES:

- Amlund-Hagen, K., & Ogden, T. (2016). Predictors of changes in child behaviour following parent management training, child, context and therapy factors. *International Journal of Psychology*, DOI: 10.1002/ijop.12365.
- Amlund-Hagen, K., Ogden, T., and Bjørnebekk, G. (2011). Treatment outcomes and mediators of Parent Management Training: A one-year follow-up of children with conduct problems. *Journal of Clinical Child and Adolescent Psychology* 40(2):1-14.
- Askeland, E., Apeland, A., & Solholm, R.(eds.) (2014). *PMTO. Foreldretrening for familier med barn som har atferdsvansker*. Oslo, Gyldendal Akademisk.
- Bjørknes, R., & Manger, T. (2013). Can parent training alter parent practice and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science*, 14, 52-63.
- Cohen, J. (1977). *Statistical power analysis for the behavioural sciences*, New York, Academic.
- Forgatch, M. S. (1994). *Parenting through change A programmed intervention curriculum for groups of single mothers*. Eugene: Oregon Social Learning Center.
- Dishion, T., Chamberlain, P., Forgatch, M., & Pelham, W.E. (2016). The Oregon model of behavior family therapy, From intervention design to promoting large-scale system change. *Behavior Therapy*, <http://dx.doi.org/10.1016/j.beth.2016.02.002>
- Forgatch, M.S., Patterson, G.R., & Gewirtz, A.H. (2013). Looking forward: The promise of widespread implementation of parent training programs. *Perspectives on Psychological Science*, 8, 682-694.
- Hukkelberg, S., and Ogden, T. (2013). Working alliance and treatment fidelity as predictors of externalizing problem behaviors in parent management training. *Journal of Consulting and Clinical Psychology* 81(6):1010-1020.
- Kjølbli, J., Hukkelberg, S. & Ogden, T. (2012). A randomized trial of Group Parent Training: Reducing child conduct problems in real-world settings. *Behaviour Research and Therapy*, 51, 113–121.
- Kjølbli, J., & Ogden, T. (2012). A Randomized Effectiveness Trial of Brief Parent Training in Primary Care Settings. *Prevention Science*, 13(6), 616-626.
- McCartney, K., & Rosenthal, R. (2000). Effect Size, Practical Importance, and Social Policy for Children. *Child Development*, 71, 173-80.
- Ogden, T., and K. Amlund-Hagen. (2008). Treatment effectiveness of Parent Management Training in Norway: A randomized controlled trial of children with conduct problems. *Journal of Consulting and Clinical Psychology* 76(4):607-621.
- Ogden, T., Amlund-Hagen, K., Askeland, E., & Christensen, B. (2009). Implementing and evaluating evidence-based treatments of conduct problems in children and youth in Norway. *Research on Social Work Practice*, 19, 582-591.

REFERENCES:

- Ogden, T., Askeland, E., Christensen, B., Christiansen, T., & Kjøbli, J. (2017). Crossing National, Cultural, and Language Barriers: Implementing and Testing Evidence-Based Practices in Norway. In: J. Weisz & Kazdin, A. (eds.) *Evidence-based psychotherapy with children and adolescents*. 3rd edn. New York, Guilford.
- Ogden, T., Forgatch, M., Askeland, E., Patterson, G.R., & Bullock, B. (2005). Implementation of Parent Management Training at the national level: The case of Norway. *Journal of Social Work Practice*, 19, 317-329.
- Ogden, T. & Halliday-Boykins, C.A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and adolescent mental health*, 9, 76-82.
- Solholm, R., Kjøbli, J. & Christiansen, T. (2013). Early Initiatives for Children at Risk – Development of a program for the prevention and treatment of behavior problems in primary services. *Prevention Science*, 14(6), 535–544.
- Sprague, J. R., & Walker, H. M. (2005). Safe and healthy schools. Practical prevention strategies. New York, NY: Guilford Press.
- Sørli, M.-A., & Ogden, T. (2007). Immediate impacts of PALS: A school-wide multi-level programme targeting behaviour problems in elementary school. *Scandinavian Journal of Educational Research*, 51(5), 471-492.
- Sørli, M.-A., & Ogden, T. (2014). Reducing threats to validity by design in a nonrandomized experiment of a school-wide prevention model. *International Journal of School & Educational Psychology*, 4, 235-246.
- Sørli, M.-A., & Ogden, T. (2015). School-Wide Positive Behavior Support–Norway: Impacts on problem behavior and classroom climate. *International Journal of School & Educational Psychology*, 3, 202-217.
- Sørli, M.-A., & Ogden, T., & Olseth, A. R. (2015). Preventing problem behavior in school through school-wide staff empowerment: Intervention outcomes. *World Journal of Educational Research*, 2 (2) 117-139.
- Sørli, M.-A., & Ogden, T., & Olseth, A. R. (2016). Examining Teacher Outcomes of the School-Wide Positive Behavior Support Model in Norway: Perceived Efficacy and Behavior Management. *Sage Open*, DOI: 10.1177/2158244016651914
- Tømmerås, T., & Ogden, T. (2015). Is there a scale up penalty? Testing attenuation effects in the scaling up of Parent Management Training in Norway. *Administration and Policy in Mental Health and Mental Health Services*. DOI:10.1007/s10488-015-0712-3.
- Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promotion International*, Vol. 26 No. S1 doi:10.1093/heapro/dar075.
- Zachrisson, H. (2017). *What is a large effect size?* Presentation at NCCBD workshop.