



# The implementation and dissemination of an evidence-based program: the LifeSkills Training Lombardia

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# Dissemination of evidence based-programs

- The **dissemination of evidence-based practices** has been identified as one way to influence social policy and create positive social change (Mayer and Davidson, 2000).
- The **gap between science and practice** has long been noted in literature and in the prevention practice (Wandersman et al., 2008):
  - *"The field has created some prevention programs that work but we have failed amidst that success to bridge the gap between useful knowledge and wide community practice"* (Backer, 2000)
  - *"Despite the development of effective interventions to improve health care quality, most of these interventions have only been implemented in the academic settings in which they were developed, and few have been successfully disseminated into non-academic-affiliated (i.e., community-based) organizations"* (Kilbourne et al., 2007)
- We have many efficacy study but few **effectiveness** ones:
  - *"The best candidates for effectiveness studies—and later dissemination—are interventions that prove successful in certain types of efficacy research... This assumption has often led to interventions that have low probability of success in real-world settings"* (Glasgow et al., 2003)

# Who we are

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- The Regional Government has promoted in the last 10 years the **improvement of the quality** of drug and alcohol prevention programs:
  - It has developed the **Regional Network for Addiction Prevention** (junction of the 15 Health Units and a private no-profit organizations delegate) which is responsible for regional programming development about substance abuse prevention
  - It has approved the "**Guide lines** for the prevention of all kinds of addiction among preadolescents and adolescents" and the "*Recommendations about prevention activities of all kinds of addiction among general population*"
  - It has adopted 3 **evidence-based programs**: **LifeSkills Training**, Unplugged and Strengthening Families Program (dwarf on giants shoulders)
- The Regional Observatory on Drug Addiction (OReD) and Éupolis Lombardia support the development of **regional policies** and interventions in the social, health and educational field in Lombardy.
- One of their task is to support the Region in the development of **effective and evidence-based preventive actions** and innovative trainings.

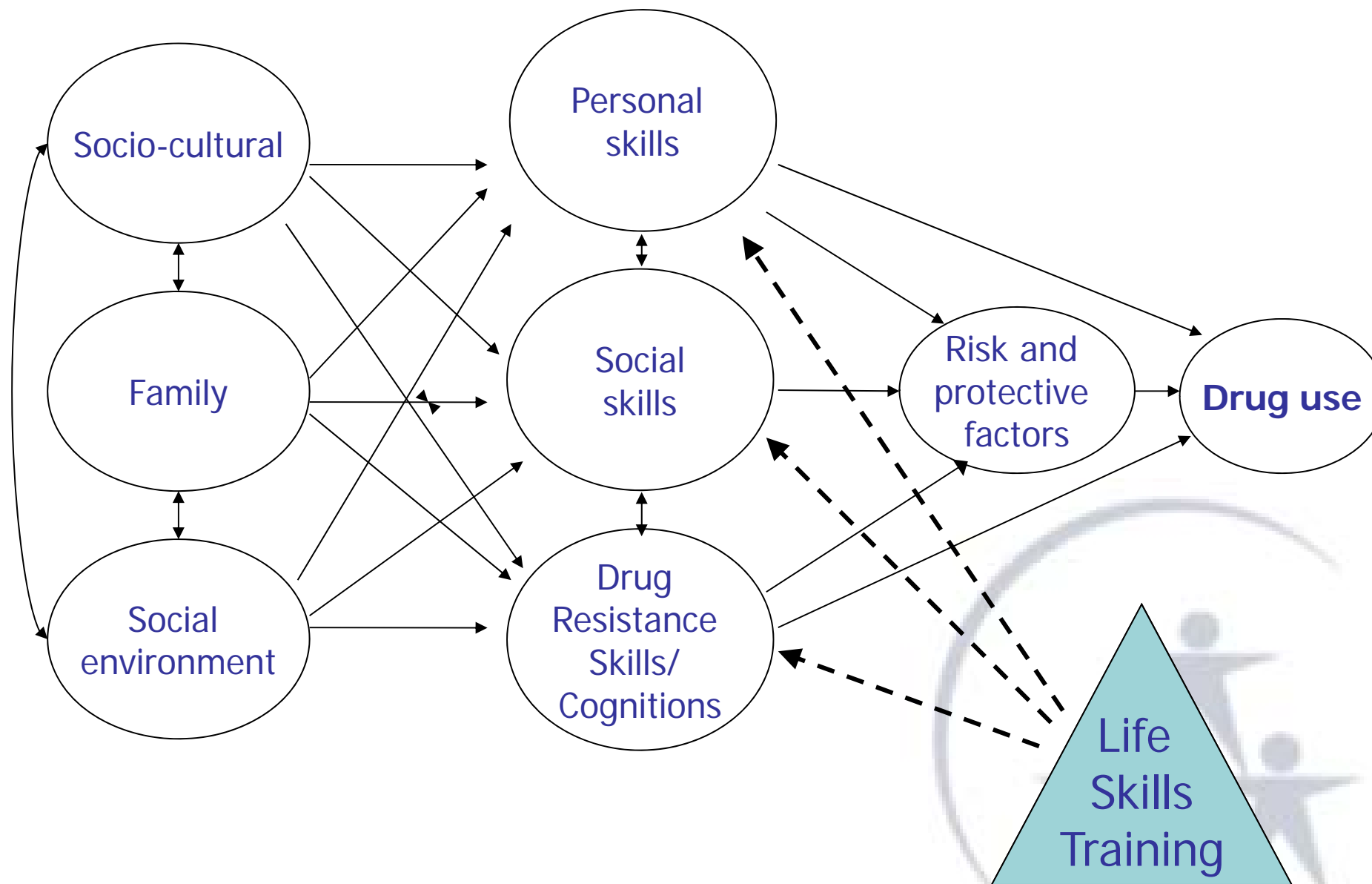
# LifeSkills Training (LST)

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- The LST (Botvin, Griffin & Nichols, 2006; Griffin, Botvin & Nichols, 2004) is a **research-validated substance abuse prevention program** proven to reduce the risks of alcohol, tobacco, drug abuse, and violence.
- It is recognized as a model or exemplary program by an array of government agencies including CDC, NIDA, CSAP and WHO.
- The Middle School curriculum is a three-level program consisting of 34 sessions (base level and **booster sessions**):
  - ✓ Level 1: 15 sessions (3 optional); 19 hours
  - ✓ Level 2: 10 sessions (2 optional); 14 hours
  - ✓ Level 3: 9 sessions (2 optional); 10 hours
- It is based on evidences about drug use **determinants** and it deals with several factors (cognitive and behavioral skills)
- It uses **effective methodologies** to promote skills
- **Effects** have been proven to last for up to 6 years (also 12 years)



# Model on Adolescent drug use and LST



# Why we decided to use LST program

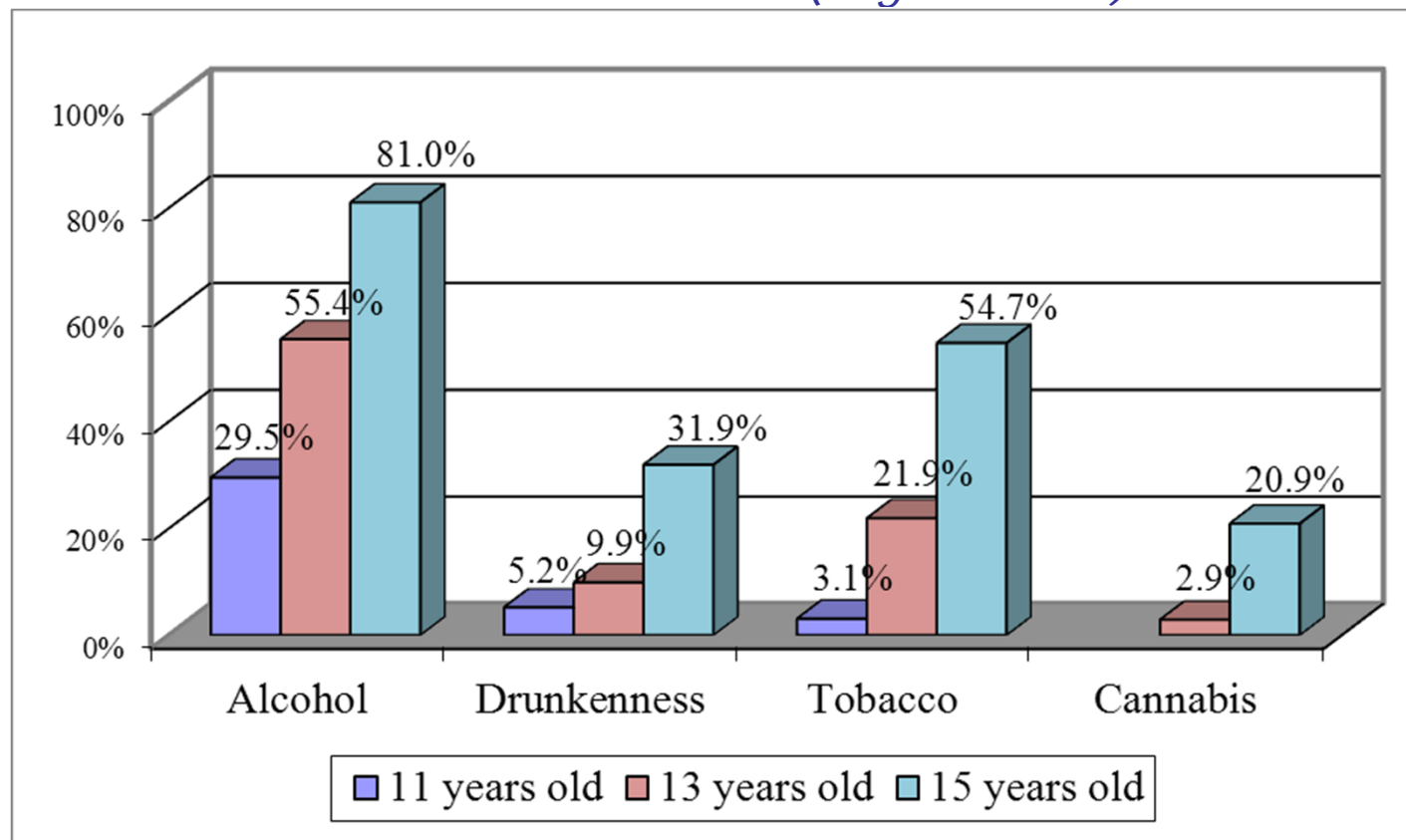
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- We needed to improve the **quality** of preventive projects delivered in Lombardy:
  - new and innovative programs
  - evidence-based prevention programs (“Dwarf on giants shoulders”)
- **Regional Guide Lines** *(for preadolescents and adolescents and for general population)*: we referred to the 16 NIDA principles (2003), literatures reviews and a community approach  
The LST program fits with all principles.
- **Life Skills education** is extensively used in Italy but few evidence-based programs exist.  
Botvin’s LST program have been selected as a prevention excellence by many government agencies.
- We considered **Middle Schools a priority target** according to data about substance use behaviours (HBSC survey)



- ***Health Behaviour in School-aged Children*** (HBSC) is a cross-national survey of school students about health and well-being, social environments and health behaviours.
- Italy and the Lombardy Region are involved in the network.

*% of lifetime use (Regional data)*



(OReD, 2012) [www.hbsc.org](http://www.hbsc.org)

# The pilot project

- The project was managed by the Milan Health Unit - Addiction Department, Prevention Division
- It started in 2008 and it took 3 years (more other 2 to implement booster sections)
- It involved 23 schools, 146 classes, 220 trained teachers and 3650 students of 11-14 years old students

Progetto  
**PUNTI DI PARTENZA**  
*Per leggere, scrivere e far di conto...  
sulle droghe e sui loro significati*

## ACTIVITIES

- ✓ Study the program
- ✓ Translation and first adaptation
- ✓ Implementation of LST Middle school (first adaptation version) and Parent program
- ✓ Evaluation of the program



## FUNCTIONS

- ✓ Identification implementation barriers
- ✓ Developing an expert group of LST trainers
- ✓ Adaptation of the program and define the new package



# The project LST Lombardia

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- The LST has been identified as one of the three evidence-based programs to be implemented in Lombardy
- OReD coordinates the Regional project and the **Regional Network of Addiction Prevention** coordinates activities in health units
- We have involved many institutions and stakeholders, at local and regional level
- The project started in 2011-12
- We have already implemented Level 1 and 2 of LST – Middle School and we are implementing Level 3 this year

<http://www.ored-lombardia.org/lifeskills-training>



# Collaboration with the author

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- Collaboration with Dr. Botvin, NHPA & Cornell University:
  - 2 formal agreements for license and translation and for research
  - April 2011 & 2012: **LST TOT Training** in Milan with NHPA
  - Reciprocal visiting



# Cascading training

s.y. 2011-2012

359 classes and about  
8300 **students**

767 trained  
**teachers** of 100  
**schools**

135 health  
professionals of the  
15 Health Units

OReD staff



s.y. 2012-2013

790 classes (480 Level  
1 and 310 Level 2) and  
about 19.000  
**students**

1648 trained  
**teachers** of 150  
**schools**

163 health  
professionals (145  
trained for Level 2)

OReD staff



s.y. 2013-2014

1237 classes and  
about 30.000  
**students**

1800 trained  
**teachers** of 181  
**schools**

233 health  
professionals (125  
trained for Level 3)

OReD staff





## 1. Adaptation of LST program:

- Adaptation of LST Manuals
- Development of new Manuals
- Barriers identification



## 2. Activities related to implementation:

- Training to health professionals and teachers
- Technical assistance to health professionals and teachers
- Monitoring of local activities
- Integration of the program into the community

## 3. Dissemination of the program:

- Involvement of different stakeholders



## 4. Evaluation activity:

- Process evaluation
- Efficacy evaluation study



# 1. Adaptation of LST program



# Problems for the adaptation

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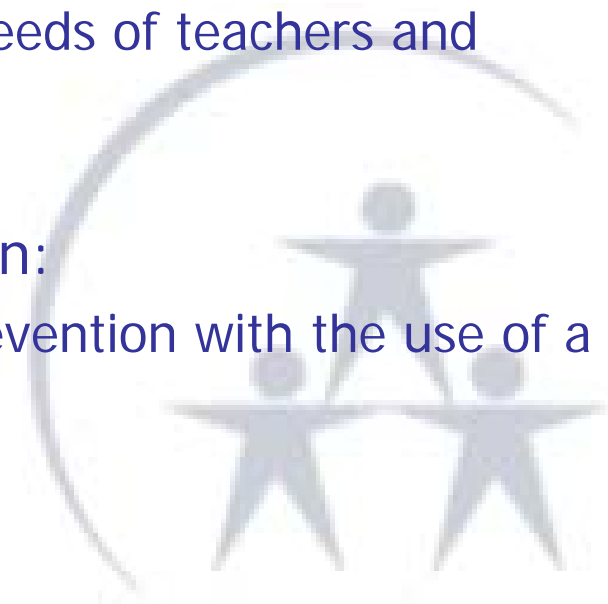
- We should **adapt** manuals to our culture and context
- We had to **integrate** the program **in our community** (prevention community and school community)
- We need to disseminate an **innovation** (to jump from research to practice)
- We had to make the project **sustainable**
- At the beginning we identified 3 different **problems/barriers**:
  - a. Prevention culture barriers
  - b. School context barriers
  - c. Drug culture barriers



## a. Prevention culture problems

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- Prevention programs were **not so structured** in Italy :
  - Very few programs use manuals and lists of activities
  - They count mainly in discussion, reflection, etc.
  - Professionals usually start from school and teachers' needs
- Professionals were **afraid** of structured programs:
  - Which is the role of the professionals: trainers or educators/ proposers/ supporters?
  - How these programs can fit with individual needs of teachers and schools?
- LST program was a **new tool**, not very known:
  - We have to combine Italian experience in prevention with the use of a new tool (the LST program)



## b. School problems

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- Schools and teachers were **not used** with this kind of activities:
  - Activities so structured
  - Longitudinal activities
- Schools **don't credit teachers** for their work in health promotion
  - No extra money
  - No formative credits
- The school context is very **fragmented**:
  - Teachers are isolated; they usually don't work in team
  - Principals have difficulty in managing schools
  - There is a gap between teachers and parents
  - Schools have few links with the community
- There is a **dissipation of the resources**:
  - There is a high teachers turn-over
  - There aren't resources for extra-didactic activities
  - Schools have to face more and more complex situations (foreign students, etc.)





## c. Drug culture problems

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- There is a different culture of **alcohol** in Italy compared with US:
  - Italy: Mediterranean culture
  - US: dry culture
- There are ambiguous **social norms** about drug use among adults:
  - Drug use as harmless testing
  - Drug use as a right
  - Demonization is not useful

For example many teachers smoke at school; as a consequence they have difficulty in dealing with tobacco units

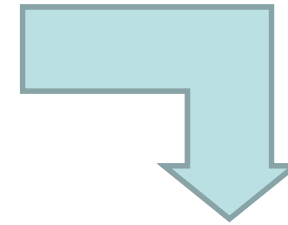


# Adaptation project

The objective is to adapt Botvin's LifeSkills Training program to the Italian culture and to validate the Italian version of the program:

## STAGES:

- **Step 1:** translation of all materials necessary to the implementation of the program; first adaptation of LST; first experimental implementation at the city level in the Municipality of Milan.
- **Step 2:** second adaptation of the materials, Lombardian professionals training and carrying out of a questionnaire for teachers.
- **Step 3:** analysis of the process evaluation, focus groups, learning standard alignment.
- **Step 4:** implementation and testing at the regional level in Lombardy.



- ✓ Modified the LST Manuals
- ✓ Planned the trainings
- ✓ Planned the technical assistance
- ✓ Developed new manuals/instruments

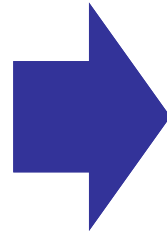
## 2. Activities related to implementation and dissemination



# To build a process

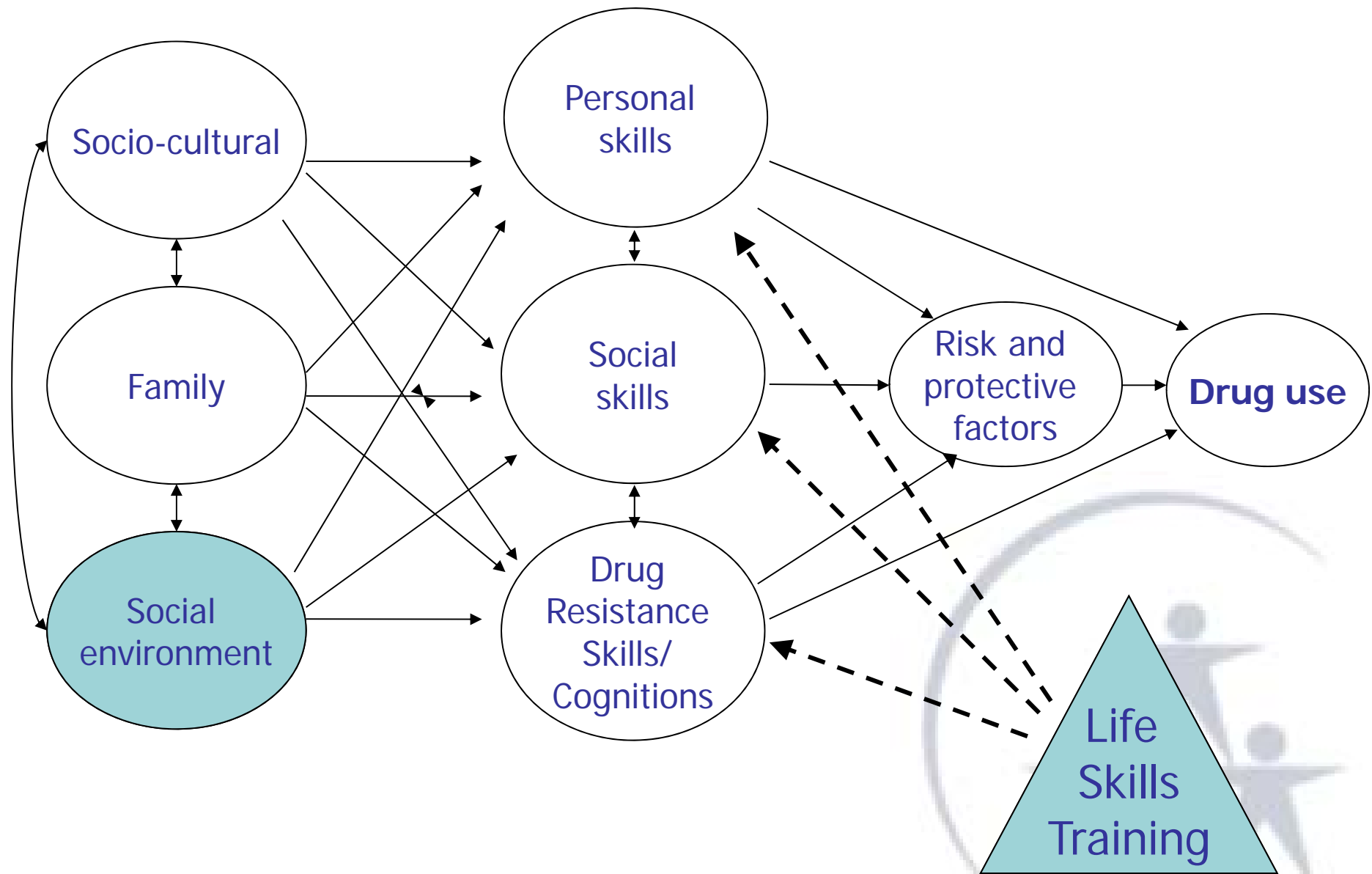
We had built a process with...

- Health professionals
- Teachers and schools
- Intervention system

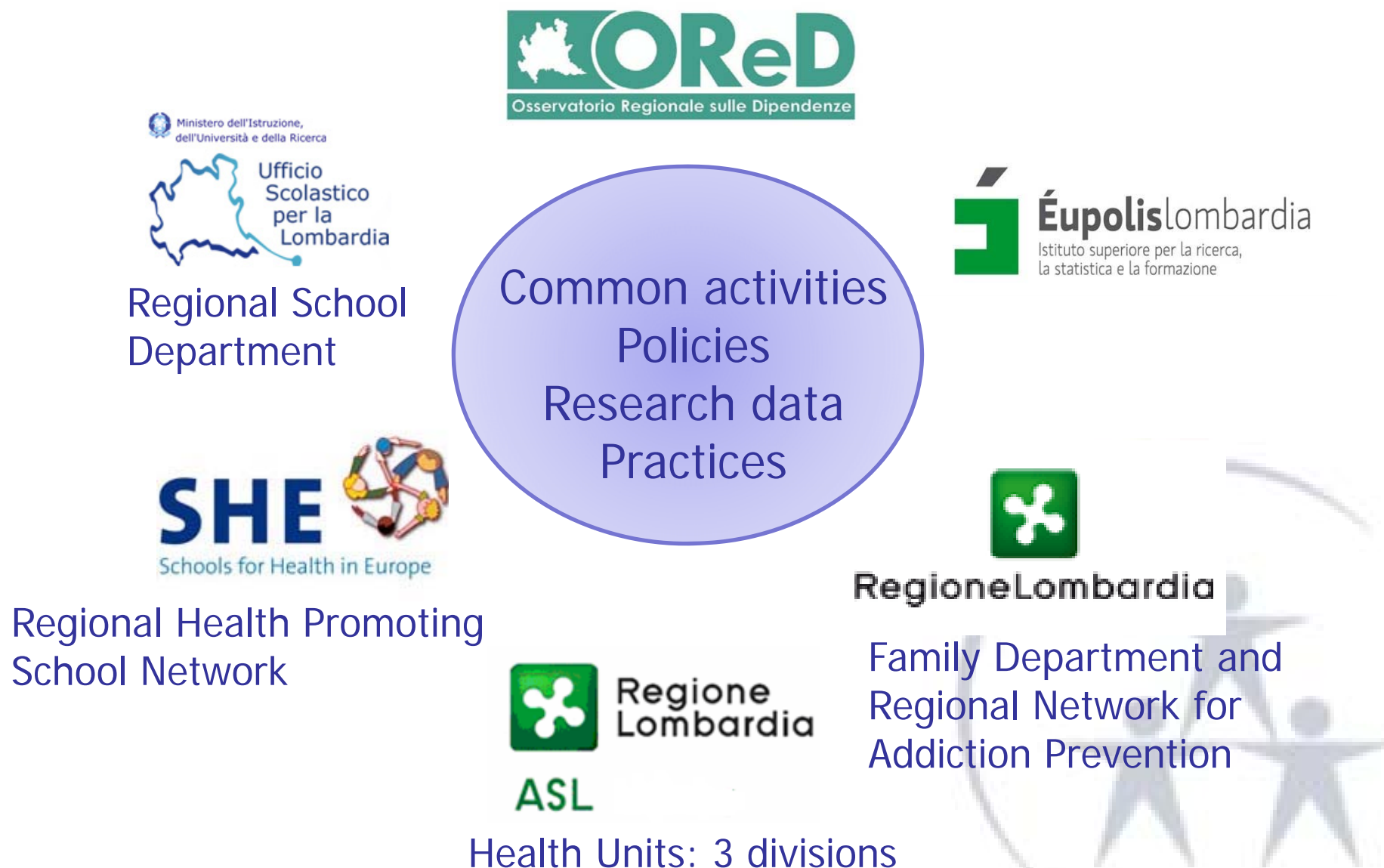


- ✓ to get over the barriers
- ✓ to develop new competencies
- ✓ to reinforce the key characteristics and methods used in the LST
- ✓ to find a right balance between the fidelity and the adaptation of the program
- ✓ to teach a new working method based on the practice analysis and on the integration of research and operation
- ✓ to transform the LST program into an instrument of schools and of Health Units.

# Model on Adolescent drug use and LST

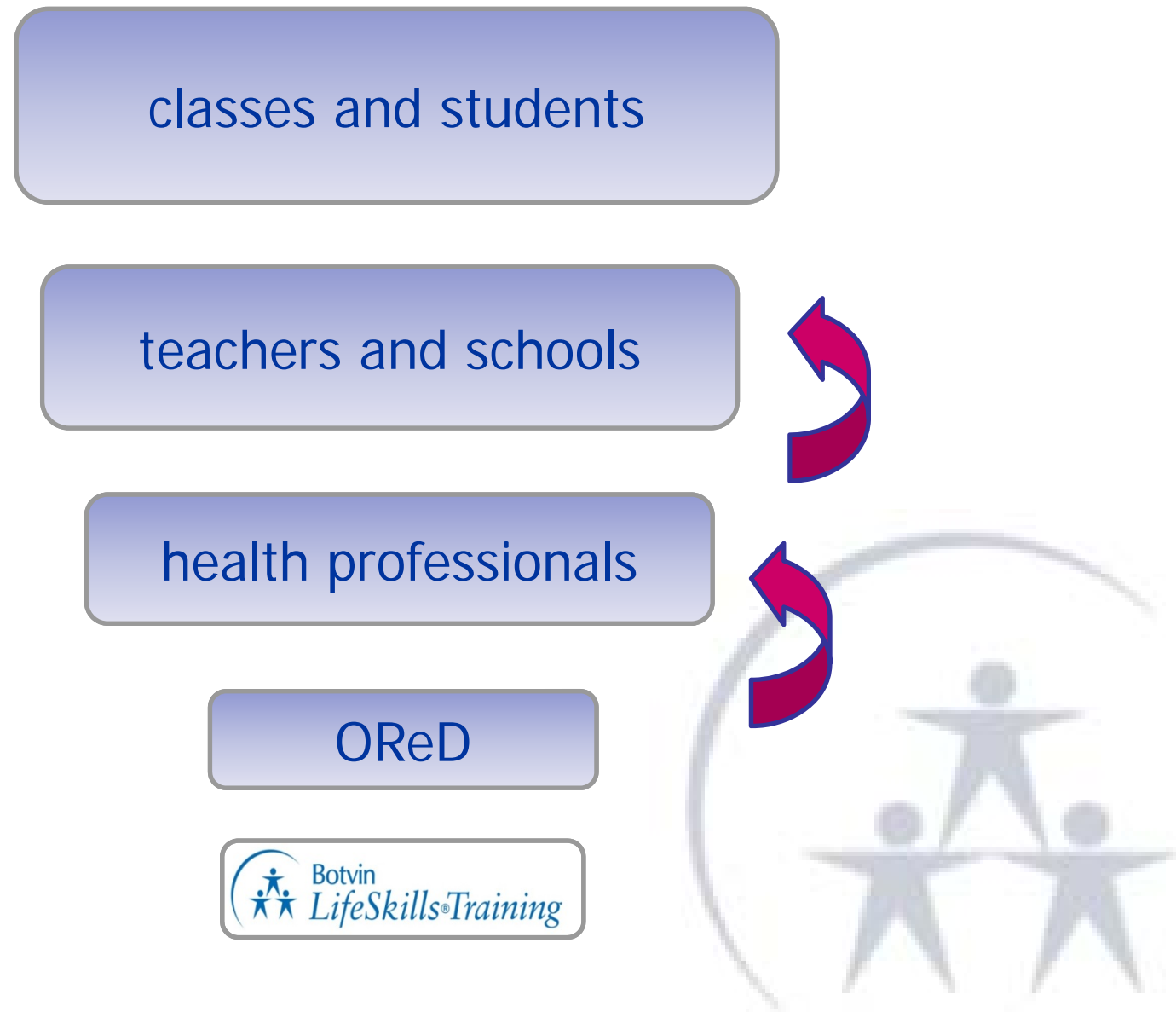


# LST Lombardia stakeholders



# Cascading training and assistance

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# Assistance activities

## Training and assistance

- Training: Level 1, 2 and 3
- 3 technical assistance meetings for each health units
- Continuous supervision and monitoring to representatives of each Health Unit: e-mail box, help line, confidential website:
- Theme-based workshops (intensive implementation)
- Regional workshops

## Manuals and instruments

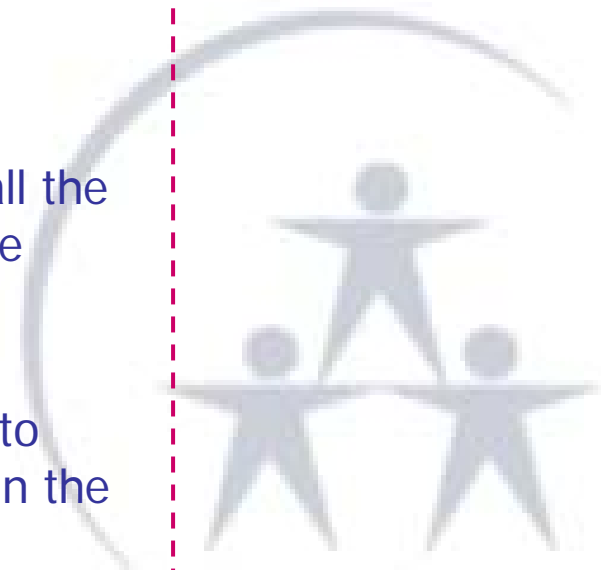
- Manual for trainers – Level 1, 2 and 3
- Good practices for the TA to teachers manual
- Outlines of technical assistance meetings
- Evaluation manual
- Outline about Levels' differences
- Website
- Teachers' good practices

## Process Consultation

- To transform the LST program into an instrument of schools and of health units
- To create teams and shared procedures
- To involve principals
- To involve all the school in the project
- To define constraints to participate in the project

## Evaluation

- Process evaluation
- Efficacy evaluation
- Sharing and “translation” of data
- Data reports

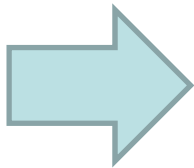




# Activity 4: process evaluation

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- Teachers:
  - Monitoring form for teachers for each Unit: translation and supplement of LST Fidelity checklists
  - Customer satisfaction questionnaire – after each Training: translation and supplement of the LST Parent Program Evaluation
- Health professionals:
  - Monitoring form after each training delivered
  - Monitoring form for each school involved
  - Data collection about activities



- To adapt manuals and trainings
- To plan technical assistance meetings (reports)
- To identify the implementation fidelity



## Evaluation data

# Efficacy evaluation

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- Teachers:
  - To understand if their perceptions and attitudes change after their involvement in the project



- Students:
  - To verify if their skills increase after LST participation
  - To understand if LST can reduce drug use behaviours or delay the first use



# Teachers evaluation

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- Teachers considered them-self more **effective** in dealing with **health promotion** topics and in **preventing** drug use
- Teachers changed their **normative belief** about drug use among adults and students
- Teachers increased their **self-efficacy** in managing their students in class and recognized the importance of their **educational role**



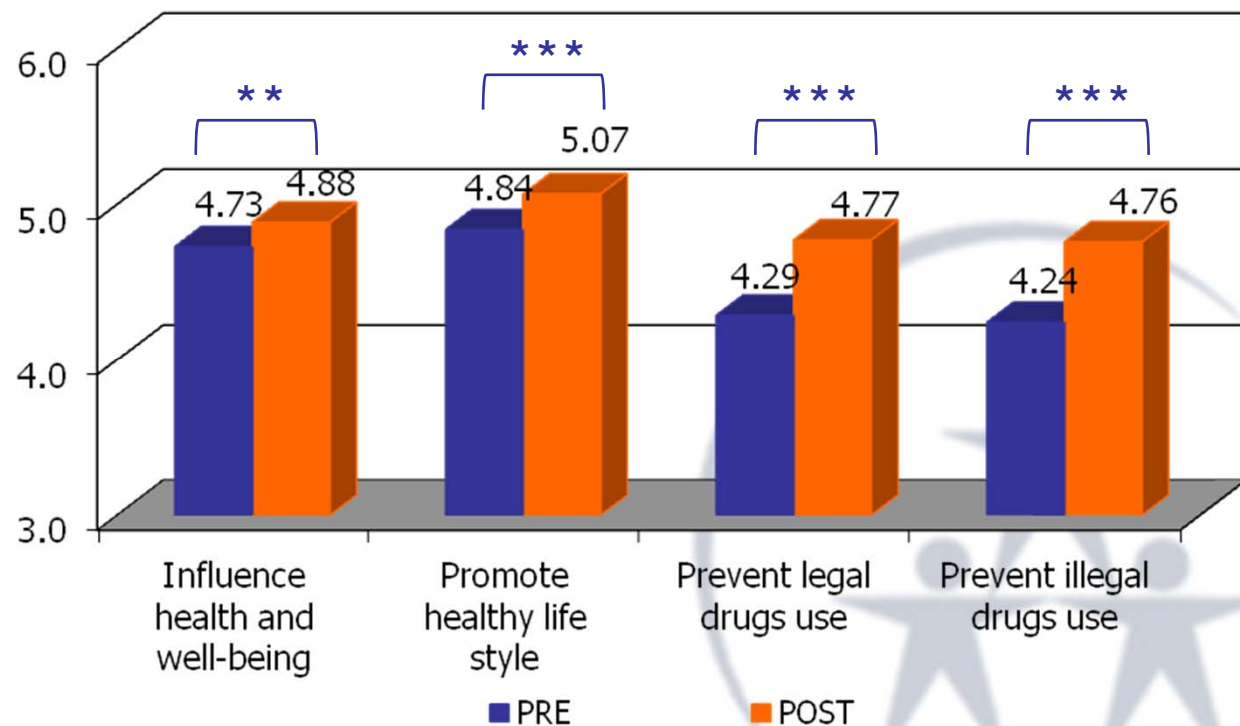
# Efficacy in health promotion

Efficacy perception about health promotion with students:

- To promote students' health and well-being
- To prevent legal and illegal drugs

1=At all able; 7=Definitely able

Teachers feel more able to promote health students and most of all to prevent drug use



# Self-efficacy

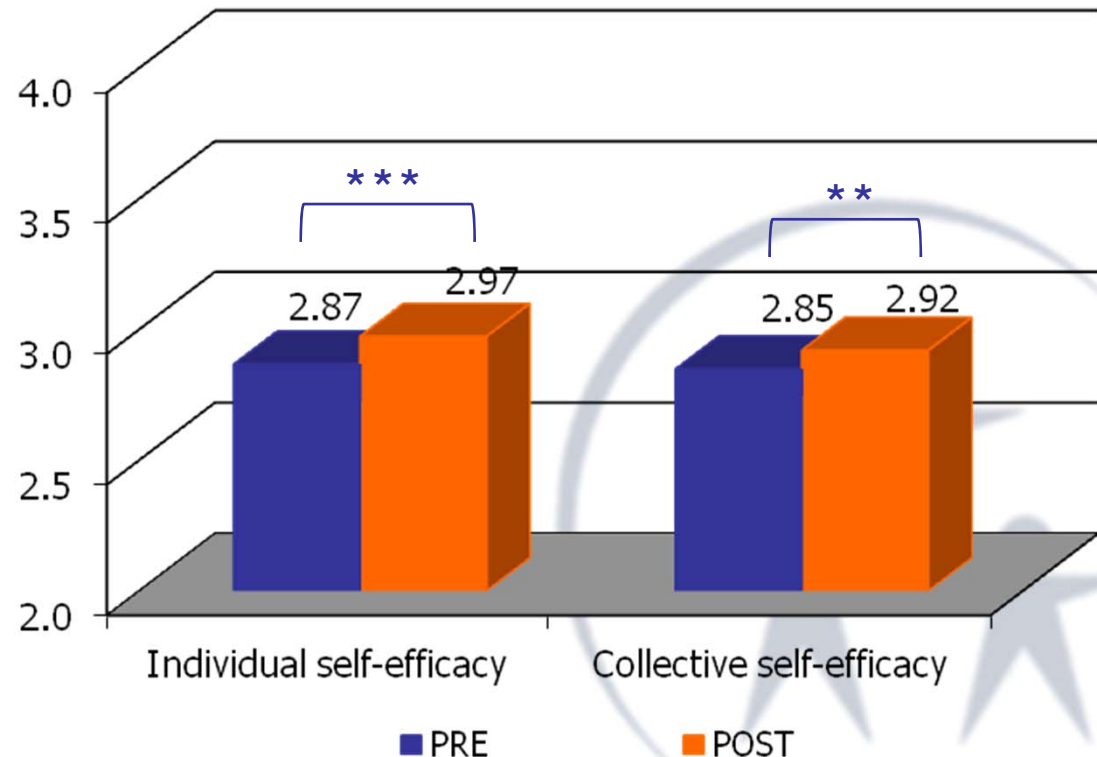
Self-efficacy in teachers profession:

- Individual self-efficacy: individual efficacy in managing students
- Collective self-efficacy: efficacy of the teaching body in managing difficulties

1=Not true at all; 4=Exactly true

**Teachers felt more effective both at individual and collective level at the end of the year than at the beginning.**

However, the increase in the collective dimension was very low.

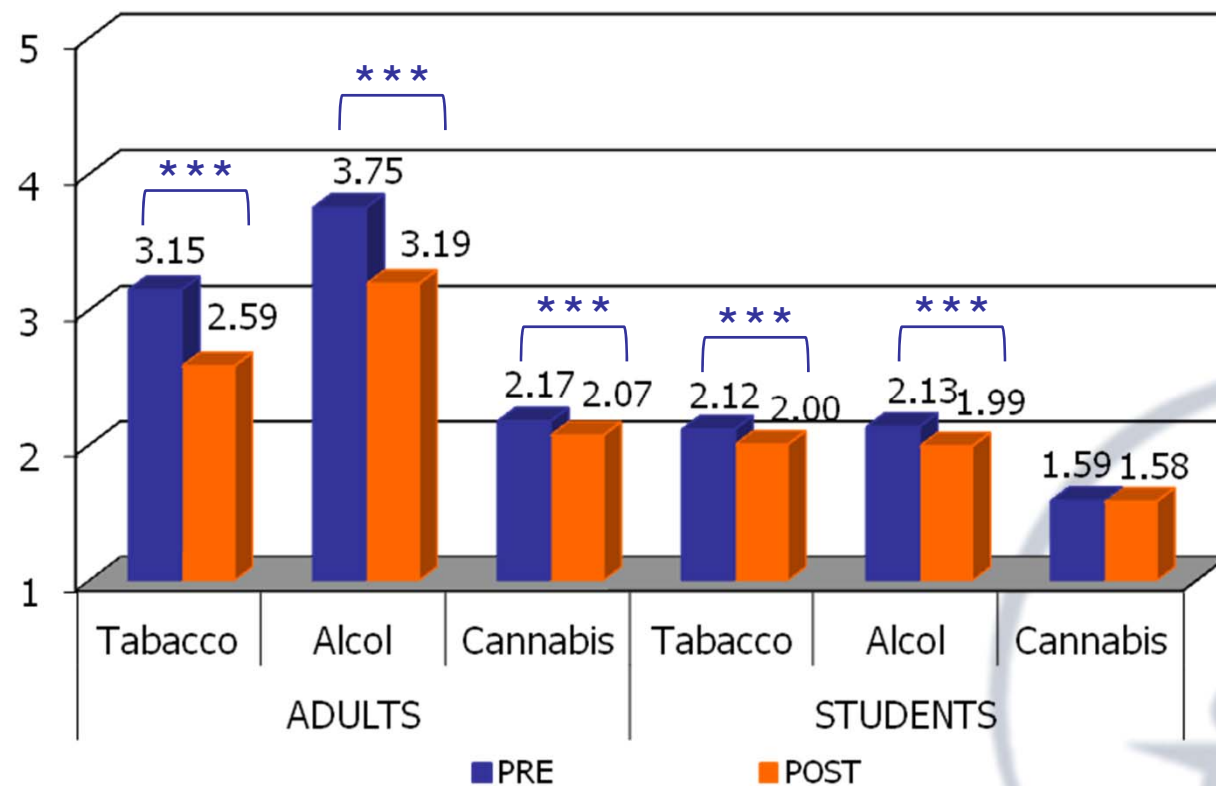


# Normative belief

Normative belief:

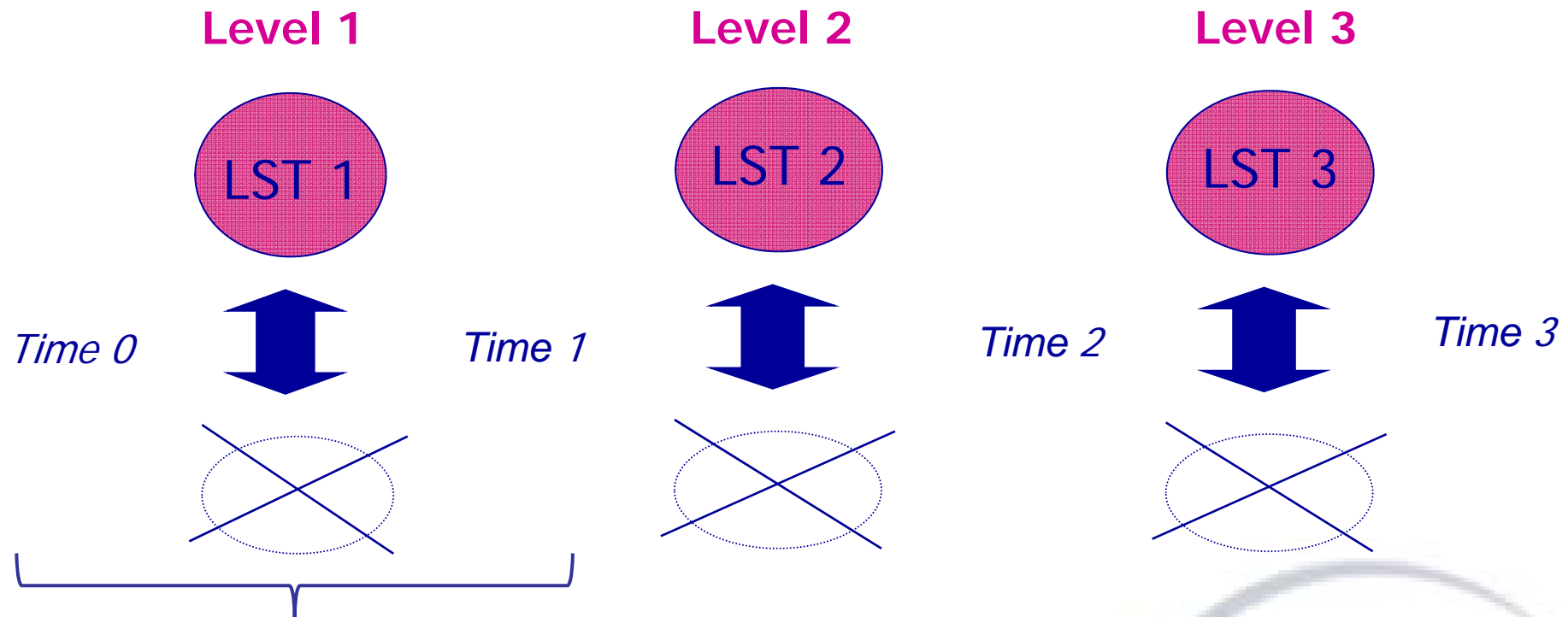
- Tobacco, alcohol, cannabis and other drugs use among adults

*1=none;5=all or almost all*



**Teachers believe that legal drugs are less used than what they thought at the beginning of the year**

# Students' evaluation



**2365 paired questionnaire:**

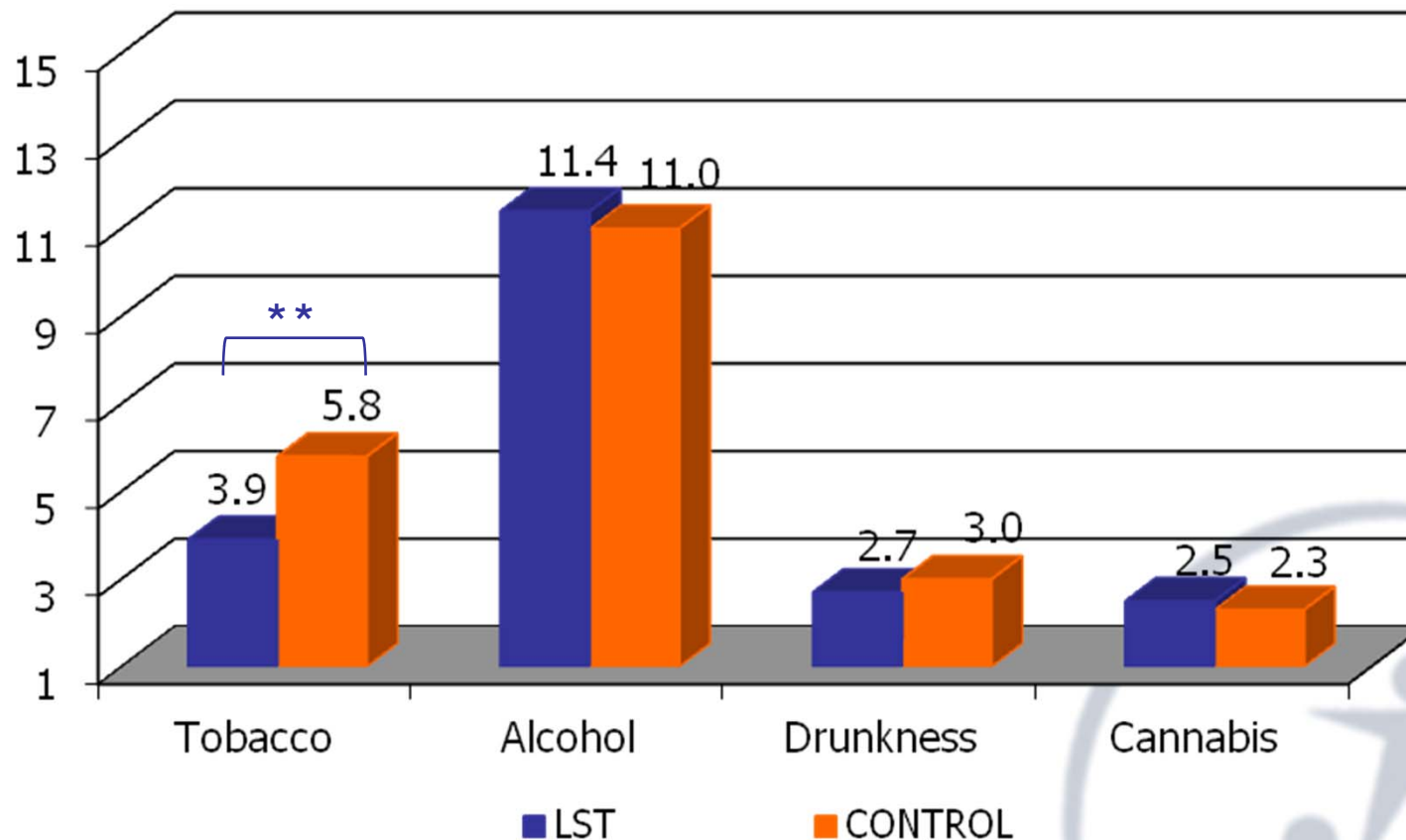
1350 LST; 1015 control

- ✓ Validated measures
- ✓ Reliability and validity controls
- ✓ Attrition controls
- ✓ Mixed methods analysis:  
covariates cluster, pre-test,  
gender, age



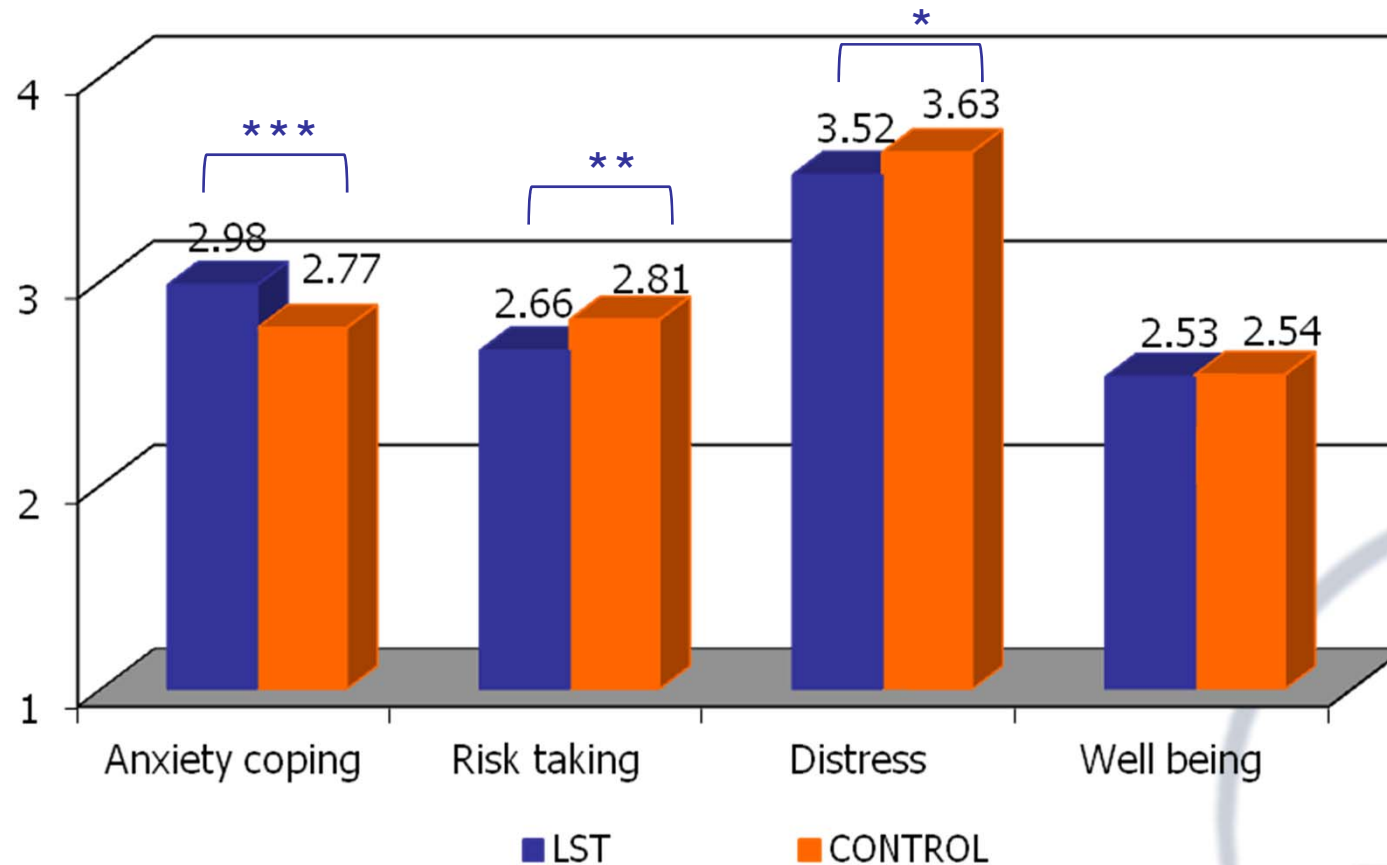
# Drug use

*% of people who declared they have used drugs at least once*



**The LST looks able to protect students from the typical increase in drug use**

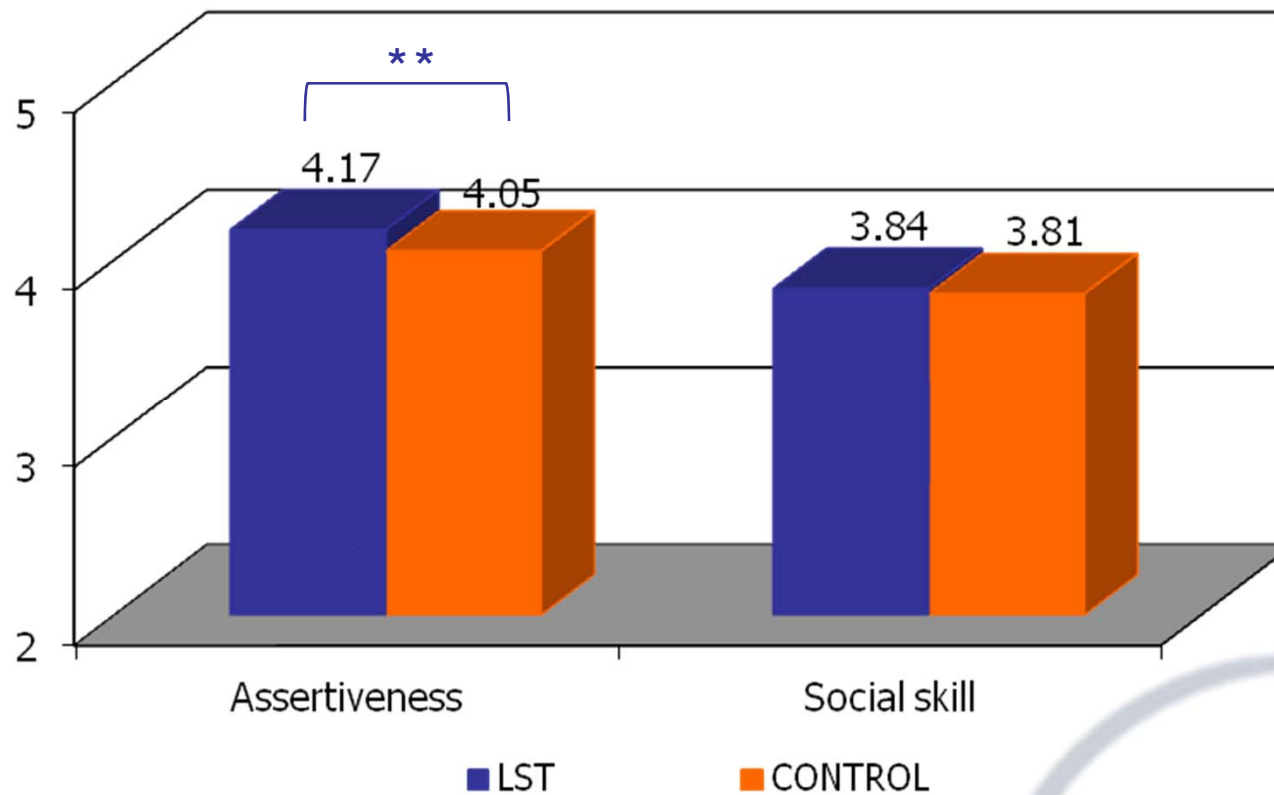
# Personal skills



*\*Estimated means*



# Social skills



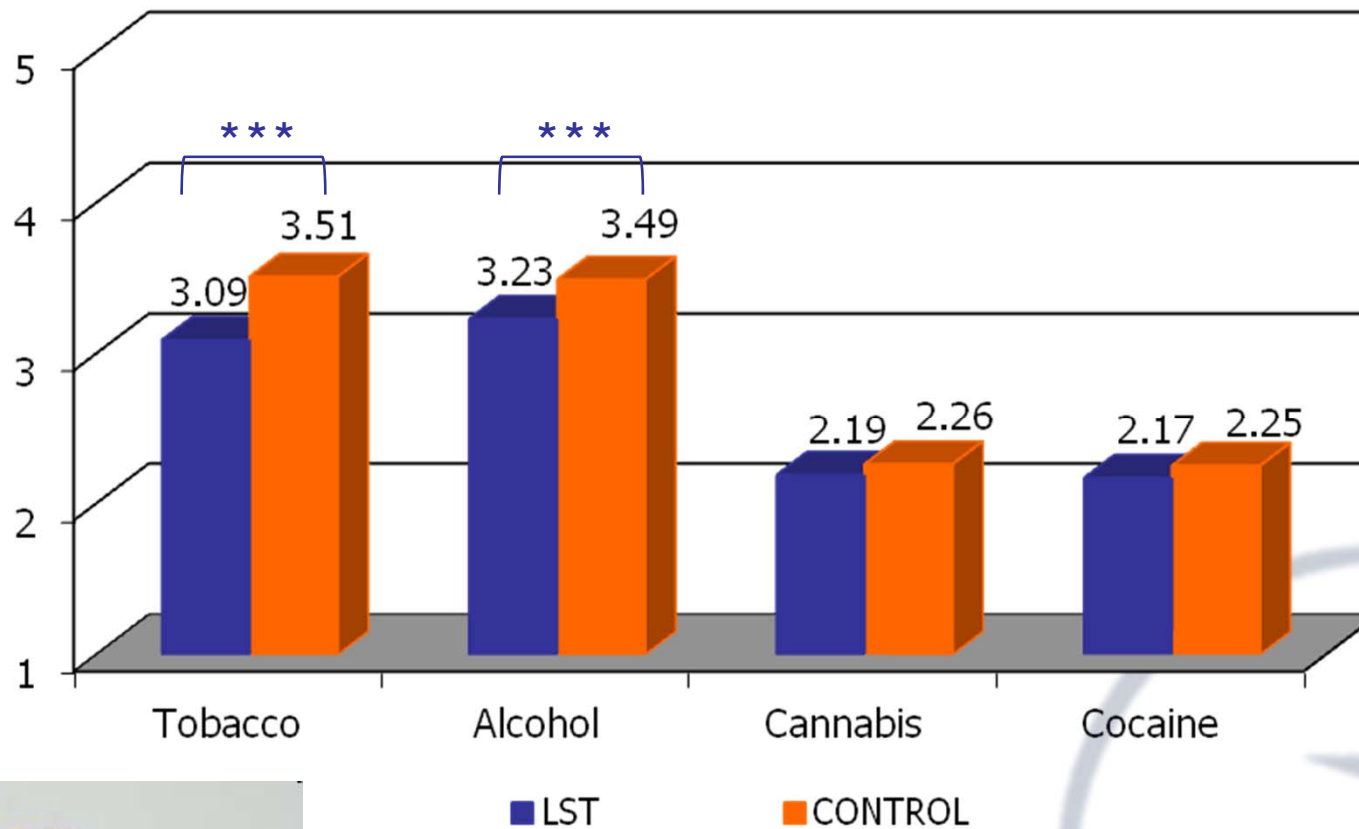
*\*Adjusted means*

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We had implementations problems.  
Several teachers skip some activities  
in these units

# Normative belief

## Normative belief - adults



*\*Estimated means*

# Conclusions

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- Its not easy to disseminate an evidence-based program and to implement it in communities
- The LST implementation in Italy required an innovation: new competences were necessary, many barriers had to be overcome, the program had to be sustainable
- Three elements were fundamental:
  - The **evaluation**: to monitor and improve the quality of the implementation
  - The collaboration with the **author** of the program
  - The involvement of all **stakeholders**
- Conceptual models for the implementation and dissemination of evidence-based programs should be developed and tested





Thanks!

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**Work in Progress**