

# STUDY OF IMPLEMENTATION QUALITY OF PREVENTION PROGRAMS IN CROATIA

Miranda Novak Josipa Mihic, Clemens Hosman, Celene Domitrovich

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#### **MOTIVATION FOR RESEARCH**

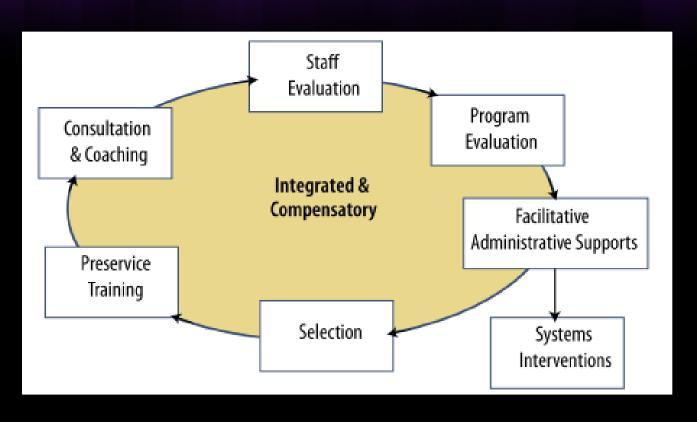
- O Although the efficacy of various evidence-based interventions has been established through carefully designed trials in control conditions, there is a lack of evidence for its utilization in natural community conditions (Kam, Greenberg and Weiss, 2003; Greenberg et al., 2005; Fixsen et al., 2005, Proctor and Rosen, 2008)
- A more systematic process is warranted to translate efficacy results into positive participants' outcomes

**IMPLEMENTATION RESEARCH** 

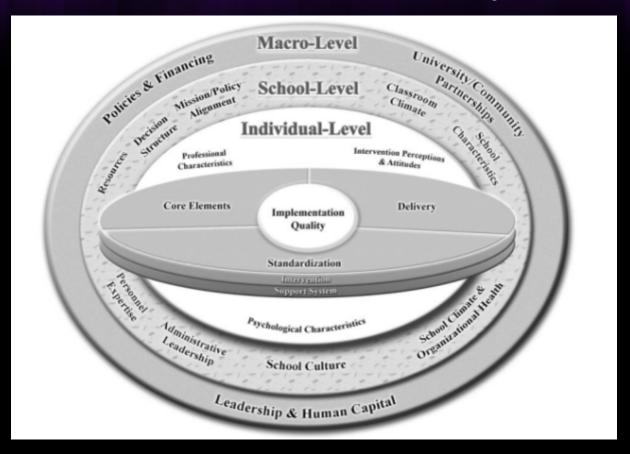
#### **IMPLEMENTATION**

- o implementation refers to what a program consist of when it is delivered in a particular setting (Durlak and Dupre, 2008)
- characteristics of intervention itself and characteristics of the intervention support system
- o it is important to differentiate between factors affecting implementation quality (Fixsen et al., 2005, 2009) and implementation aspects (Durlak and Dupre, 2008)

### FIXSEN ET AL., 2005, 2009

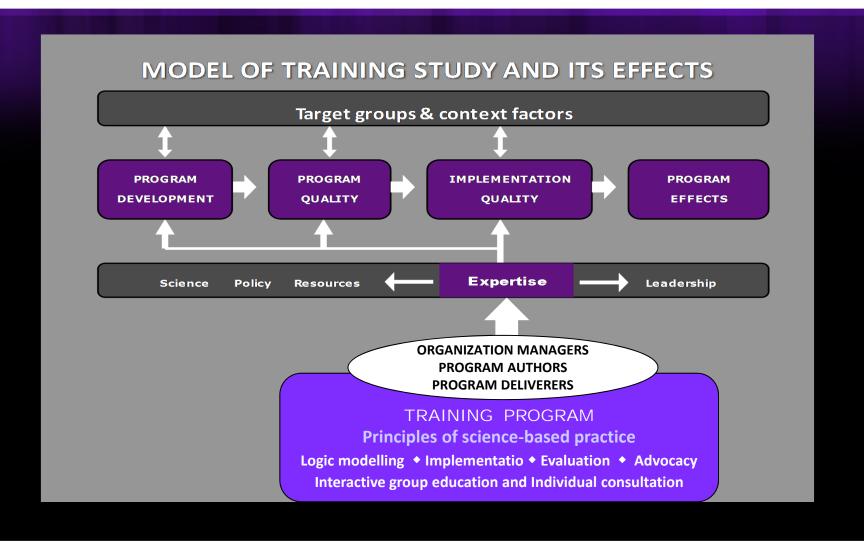


### DOMITROVICH ET AL., 2008



#### RESEARCH PROJECT

»Preffi – Quality assurance in the Region of Istria«
Department of Health and Social Care,
Region of Istria
Faculty of Education and Rehabilitation Sciences,
University of Zagreb



### IMPLEMENTATION MODEL

#### IMPLEMENTATION FACTORS - CAPACITY FOR INDICATORS OF IMPLEMENTATION QUALITY **PROGRAM IMPLEMENTATION ORGANIZATIONAL CAPACITY FIDELITY** ATTITUDES **CHARACTERISTICS OF A PROGRAM** TOWARDS THE QUALITY OF IMPLEMENTATION PARTICIPANT INTERVENTION PROGRAM **RESPONSIVENESS** QUALITY DELIVERY TRAINING AND IMPLEMENTER'S SKILL KNOWLEDGE **DOSAGE** SUPPORT FOR **IMPLEMENTER** ATTITUDES TOWARDS PROGRAM THE INTERVENTION STANDARDIZATION MONITORING SYSTEM **PERCEIVED PROGRAM IMPACT**

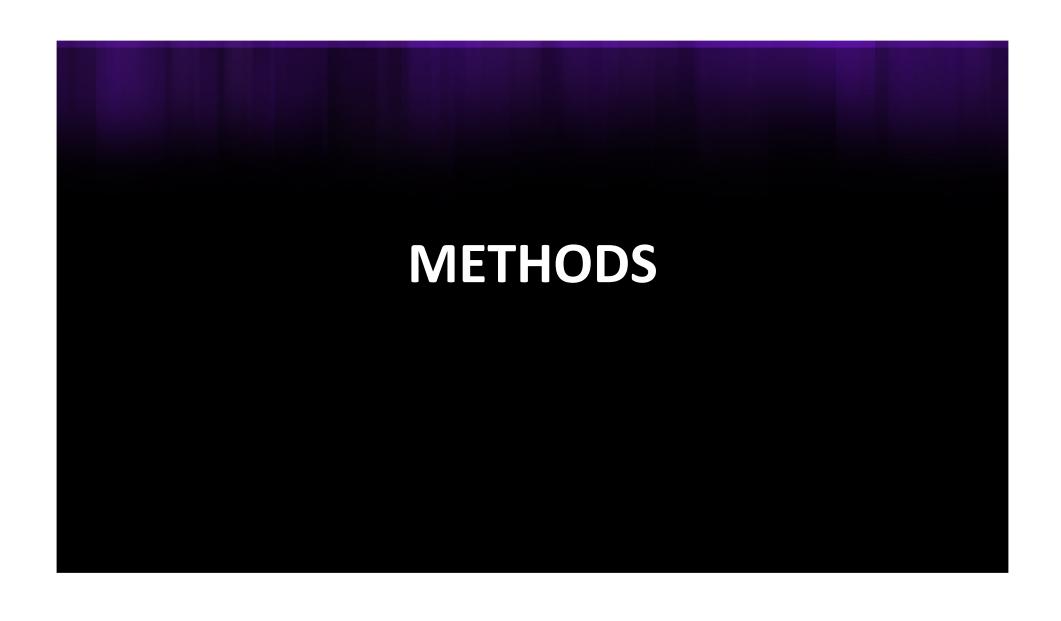
The general aim was to study implementation processes and their outcomes in prevention



To explore the level of implementation quality in preventive programs in Istria

 To explore the differences in perception of implementation quality between program managers, program implementers and program participants

 To test the impact of the Training for Prevention on the level of implementation quality in experimental group



**SAMPLE:** 

**Parenting** 

Positive development and SEL

Substance abuse

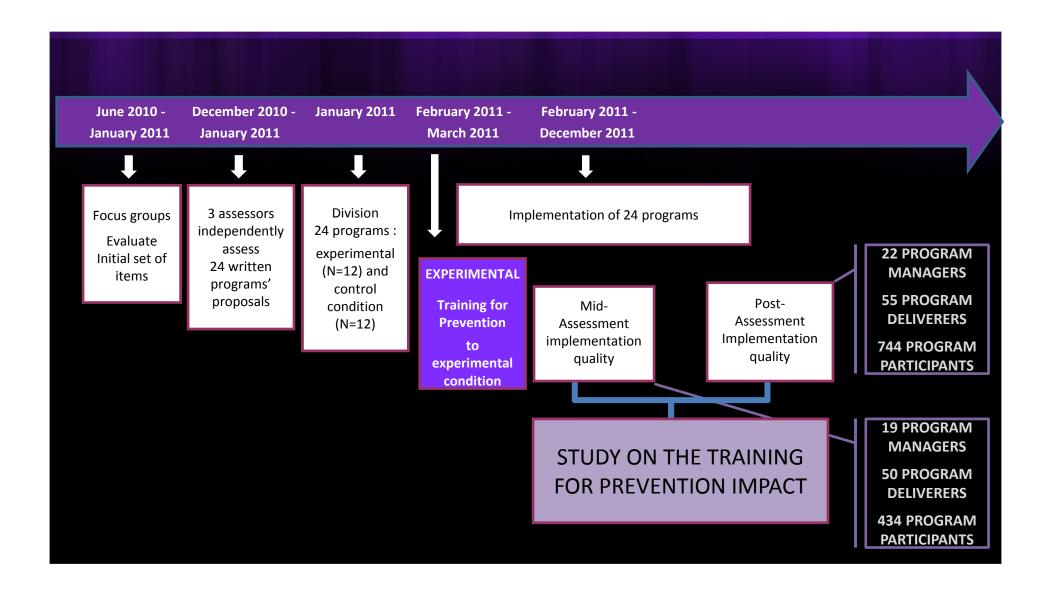
programs

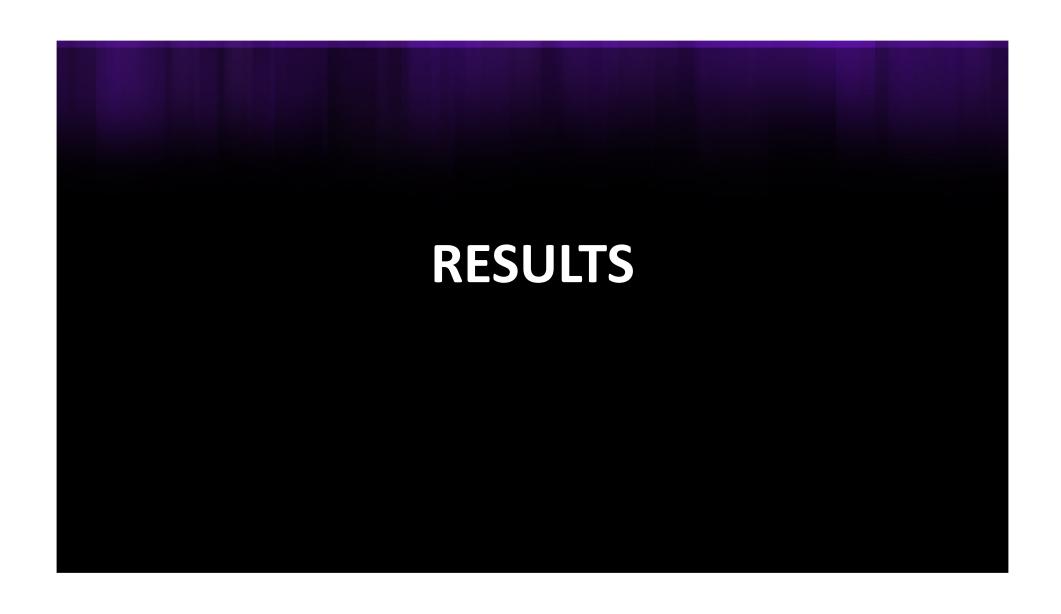
	MANAGERS	IMPLEMENTERS
IMPLEMENTATION FACTORS	Standardization	Standardization
	(mplementers' skills	
	Attitudes	Attitudes
	Training	Training
	Support	Support
	Monitoring	Monitoring
	IMPLEMENTERS	PARTICIPANTS
INDICATORS OF IMPLEMENTATION	Fidelity	Dosage
QUALITY	Quality of delivery	Quality of delivery
	Responsiveness	Responsiveness
	Perceived program impact	Perceived program impact

#### **MEASURES**

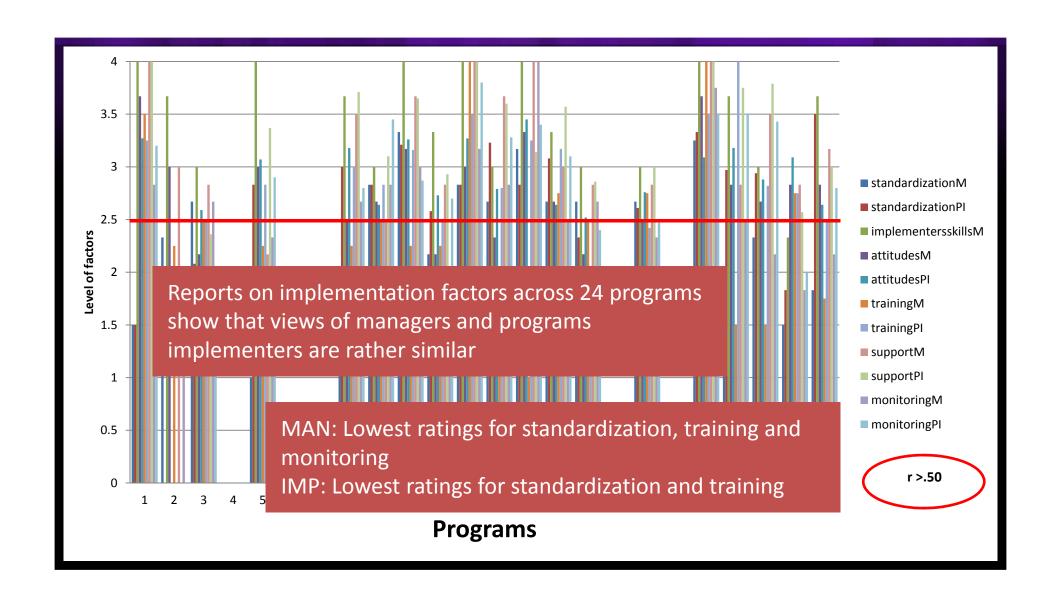
- Implementation Factors Questionnaire for Program Managers
- Implementation Factors Questionnaire for Program Implementers
- Indicators of Implementation Quality
   Questionnaire for Program Implementers
- Indicators of Implementation Quality
   Questionnaire for Program Participants

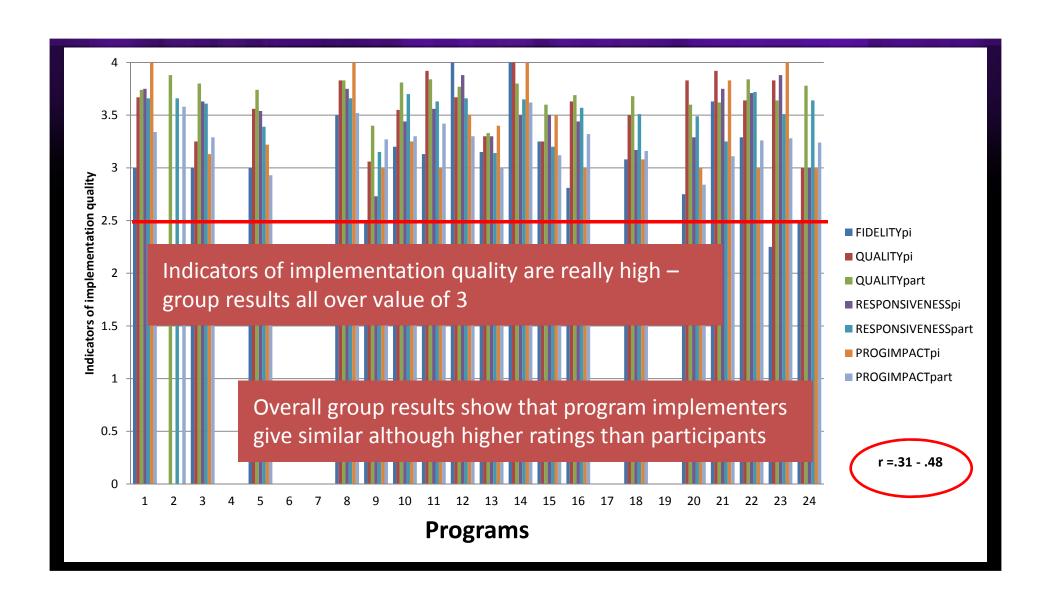
The Preffi 2.0 instrument





# STUDY OF IMPLEMENTATION QUALITY





# STUDY OF THE TRAINING FOR PREVENTION IMPACT

#### IMPLEMENTATION FACTORS

• Managers from experimental conditions give more critical answers about implementation factors than those from control = CHANGE OF CRITERIA

Implementers from experimental conditions give more critical answers about implementation factors than those from control = CHANGE OF CRITERIA

## At post-test, program implementers from the experimental group did not report improved indicators of implementation quality in comparison with the control group

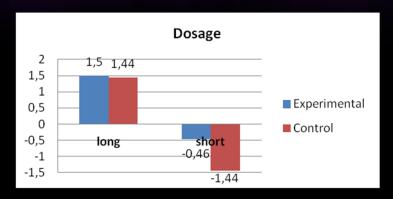
	POST INTERVENTION		INTERVENTION EFFECT		
	CONT	INT	BETA	Р	EFFECT SIZE
			(SE)		
Fidelity					
М	3,29	3,22	-0.02	0.85	-0.19
SD	0,37	0,36	(0.13)		
Quality					
М	3,55	3,49	-0.03	0.82	-0.16
SD	0,40	0,36	(0.14)		
Responsiveness					
М	3,36	3,49	0.12	0.45	0.34
SD	0,41	0,36	(0.15)		
Perceived program impact					
М	3,34	3,25	0.02	0.93	-0.19
SD	0,48	0,48	(0.19)		
N	33	22			

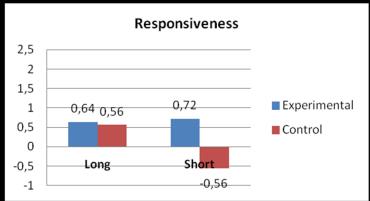
# At post-test, participants from the experimental group report on higher levels of implementation quality, two of them being significant - quality of delivery and responsiveness.

	POST INTERVENTION		IN		
	CONT	INT	BETA	Р	EFFECT SIZE
Dosage					
М	92,33	99,45	6.96	.13	0.71
SD	18,00	2,13	(4.41)		
Quality					
M	3,43	3,64	0.17	.02*	0.49
SD	0,52	0,34	(0.07)		
Responsiveness					
М	3,09	3,50	0.26	.04*	0.76
SD	0,67	0,41	(0.12)		
Perceived program impact					
М	2,94	3,23	0.19	.14	0.43
SD	0,74	0,62	(0.12)		
N	391	353			

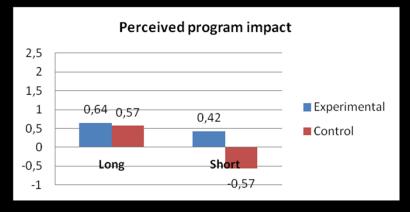
# PERSPECTIVES OF THE TRAINING FOR PREVENTION

### Moderator analyses have shown that Training for Prevention is more effective for SHORT PROGRAMS

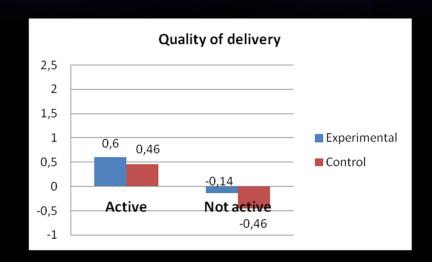


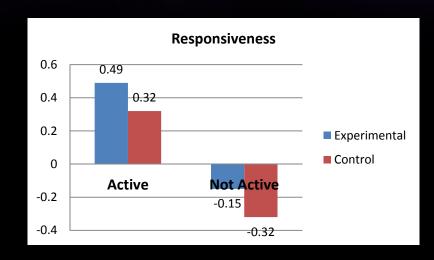






### Moderator analyses have shown that Training for Prevention is more effective for PROGRAMS WHERE MANAGER IS NOT ACTIVE





# CRUCIAL CONDITIONS FOR SUCCESFUL IMPLEMENTATION

# INVEST IN IMPLEMENTATION FACTORS

**ORGANIZATIONAL CAPACITY** 

ATTITUDES TOWARDS THE INTERVENTION

TRAINING AND KNOWLEDGE

SUPPORT FOR IMPLEMENTER



**CHARACTERISTICS OF A PROGRAM** 

ATTITUDES TOWARDS THE INTERVENTION

**IMPLEMENTER'S SKILL** 

PROGRAM STANDARDIZATION



mnovak@erf.hr