



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

Department of Addictology

First Faculty of Medicine and General University Hospital in Prague

Charles University in Prague

Pilot implementation of the National qualification system based on interdisciplinary approach for professionals in prevention of risk behaviour

Michal Miovsky

Project VYNSPI II (2014-2015), CZ.1.07/2.4.00/17.0111 OP VK

This project is co-funded by the European Social Fund and the state budget of the Czech Republic



Introduction: why new assessment system?

- The **National qualification system is a formal frame** for assessment of qualification to preventive work with kids and adolescents.
- The system is based on principle of **normative evaluation** and its quality standards for staff in preventive practice.
- There are no quality standards for staff in school prevention in the Czech Republic now and this task was a reaction on **missing tool for this purpose. Standard mechanisms failed** (qualification criteria given by relevant professions like teachers, psychologist etc.) and we were not able **manage and moderate situation** in the field (troubles with voluntaries, groups like scientologist and generally people with no adequate education and training).



Specific situation in the Czech Republic 1

- We have started with **quality standards for school prevention** in 2000 and first complex version was implemented by Ministry of education in 2005 including certification procedure of providers in the field.
- We choose just **quality standards of school prevention providers** (outside the schools) for many reasons: tradition and experiences with same approach in treatment, difficult legislative frame in CZ, strong position of some professions (e.g. psychologist, GPs) and missing experiences with another approach.
- We assess **just general conditions and criteria** like a safety regulation, providing information to target population, need assessments, general requirements on interventions (e.g. continuity, age relevance etc.).



Specific situation in the Czech Republic 2

- There is **poor collaboration between relevant ministries** in the area of school prevention in the Czech Republic. Ministries have different strategies and strategy documents.
- There are **a lot of professions participated on school prevention** of risk behaviour with zero communication and sharing what is the minimum level for qualification for preventive work in schools. Some of these professions don't care about discussions like this **and completely ignored quality standards** for staff.
- The most important providers (from capacity perspective) are (1) teachers, (2) police workers, (3) NGOs, (4) health P.
- **All providers have different financial sources and different motivation to participate on quality standards/assessment.**



II.

Four-level Model of qualifications

For full-text:

Charvát, M., Jurystová, L., & Miovský, M. (2012). Four-level model of qualifications for the practitioners of the primary prevention of risk behaviour in the school system. *Adiktologie*, (12)3, 190–211.

**Four-level Model of Qualifications for
the Practitioners of the Primary Prevention
of Risk Behaviour in the School System**

***Čtyřúrovňový model kvalifikačních stupňů
pro pracovníky v primární prevenci rizikového
chování ve školství***



CHARVÁT, M., JURYSTOVÁ, L. & MIOVSKÝ, M.

Department of Addictology, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague,
Czech Republic



Four-level Model of qualifications: basic requirements

- The assessment system has to be **simple, easy manageable and economically adequate** to the purpose.
- It has to **follow the Czech legislation** and don't be destructive to on-going qualification system.
- It has to be based on interdisciplinary approach and integrative: (1) the assessment has to be **relevant to wider concept of school prevention** of risk behavior and (2) the **assessment of all relevant professions** through this system has to be **comparable and compatible** (independently on sector: education, health, social etc.).
- The system has to **follow concept used by EMCDDA** (universal, selective and indicated prevention).
- The system has to be **a hierarchic model** for life-long education **shared by all relevant professions**.



Risk behaviour: general framework - A

- 1) *Risk behaviour* is understood to be (Ministry of Education, 2010) those behaviour models whose consequences result in a proven increase in educational, health, social and other risks for the individual or society.
- 2) *High-risk behaviour models* are considered a set of phenomena, the existence and consequences of which can be subjected to scientific investigation and may be influenced through prevention and treatment interventions.



Risk behaviour: general framework - B

The following are most frequently classified as being high-risk behaviours in the Ministry documents:

bullying and violence in schools, including other forms of extremely aggressive behaviour; truancy; use of addictive substances; non-substance addictions (gambling, problems associated with uncontrolled computer use, etc.), use of anabolic substances and steroids; criminal behaviour in general; sexually risky behaviour; vandalism; xenophobia, racism, intolerance and anti-Semitism; commercial abuse of children; child neglect and mistreatment; etc.

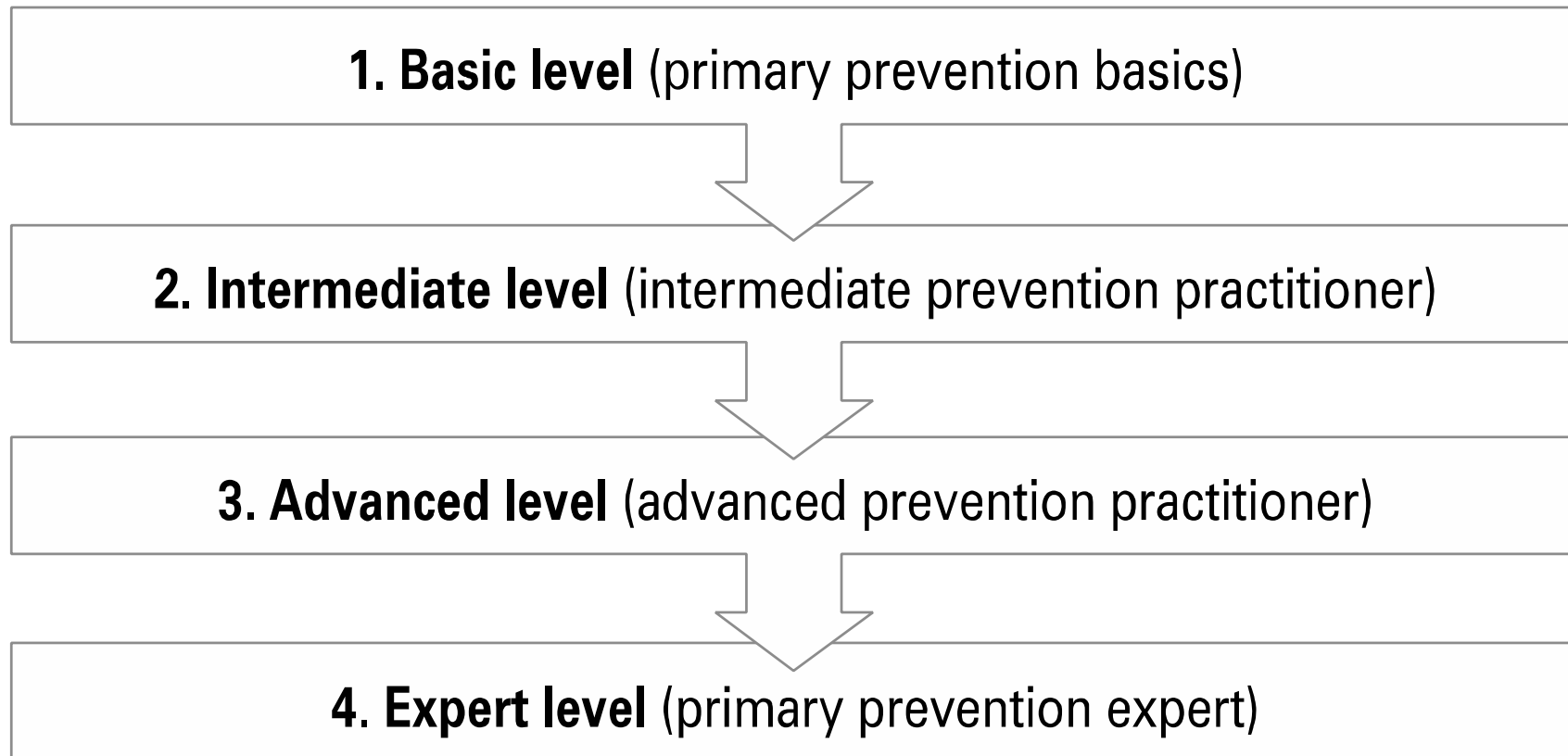


Four-level Model of qualifications: basic parameters

- The assessment system has 3 fundamental levels of expertness and 4th (the highest) level for a leadership position and supervision.
- The core of the model use **concept knowledge-skills-competencies** what is shared by EU universities for creating of “descriptors” (learning outcomes) in the university programs context (NUV, 2012).
- For all 4 level we created list of knowledge, skills and competencies (according to terminology of learning outcomes concept) **independently on perspectives of different professions**. We used just review of literature and concepts what were published and used the preventive context.
- For all 4 levels we defined how to test/evaluate these knowledge, skills and competencies.



The core structure of 4-level Model





(A) First level: basic level

- **This qualification level is the requirement for delivering prevention at the lowest complexity level.** It governs the minimum requirements applicable to all individuals pursuing prevention activities with groups of children and young people in the school settings. In terms of the type of activities, this may include, for example, educational and awareness-building activities, work with the community circle and atmosphere in the class, and other common **means of universal prevention.**
- **Examples of typical positions:** Teachers, a voluntary worker conducting a prevention programme of an NGO at a school under the supervision of an on-staff school prevention worker.



(B) Second level: intermediate level

- The main scope of this level is to work with the target group of pupils and students. **It concerns more complex prevention efforts such as universal prevention or selective prevention programmes.** In terms of the type of activities, it includes managing programmes with an interactive component (e.g. the training and acquisition of life skills etc.). The important factors include the use of feedback, the ability to motivate the group to undertake more complex interactions, and specific knowledge of the individual types of risk behaviour.
- Examples of typical positions: a trained prevention practitioner who is **a teacher implementing an interactive universal prevention programme** based on developing life skills; an external NGO **implementing a long-term and comprehensive universal prevention programme** at the school etc.



(C) Third level: advance level

- An advanced prevention practitioner **is able to work with all types of prevention programmes, including the indicated prevention.** The programmes concerned are more complex and **also apply methods close to the therapeutic ones** (typically, simple cognitive-behavioural techniques). In a school, an advanced prevention practitioner may provide professional guidance to prevention practitioners at the basic and intermediate qualifications.
- **Examples of typical positions: a special educator or psychologist** carrying out an indicated prevention programme based on **the screening** of the risk personality factors; a teacher or special educator in the role of the school prevention worker, an NGO manager responsible for the form and quality of primary prevention activities under a certified programme.



(D) Fourth level: expert level

- **An expert primary prevention practitioner mainly performs coordination, guidance, counselling, training and supervisory tasks.** They coordinate the primary prevention system and the cooperation among the stakeholders within larger units such as municipalities, areas or regions. Their jurisdiction includes **the provision of guidance** to other prevention practitioners with a lower qualification level.
- **Examples of typical positions:** a regional prevention worker in pedagogical-psychological counselling centres; a prevention worker or prevention coordinator in larger municipal, regional or other offices; **a trainer, a prevention trainer with long-standing self-experience training to hold intervisory or supervisory meetings** for his/her colleagues.



Recommended reference scope of training by level and component

Qualification level	Number of hours recommended for individual training components							
	Theoretical knowledge		Practical skills		Self-experience		Level total	Aggregate
1. Basic level	16	40%	16	40%	8	20%	40	40
2. Intermediate level	8	20%	16	40%	16	40%	40	80
3. Advanced level	40	33%	40	33%	40	33%	120	200
4. Expert level	32	33%	32	33%	32	33%	96	296
Column aggregate:	96	—	104	—	96	—	—	—



The proposed content and prevailing form of examination and additional requirements for the individual levels

	Theoretical part – knowledge	Practical part – skills	Additional requirements for the candidate
1. Basic level (The exam is conducted by a single expert practitioner)	50% written test, oral examination	50% practical demonstration, model situations	secondary education certificate
2. Intermediate level (The exam is conducted by a single expert practitioner)	30% written test, oral examination	70% practical demonstration, model situations	university (bachelor's) degree, level 1 certificate, min. 24 hours of self-experience
3. Advanced level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, paper, video recording	university (master's) degree, level 2 certificate, proof of 2 years of experience, min. 64 hours of self-experience
4. Expert level (examining board of two authorised persons – experts)	50% oral examination	50% practical demonstration, video recording	university (master's) degree, level 3 certificate, proof of 5 years of experience, min. 96 hours of self-experience



III.

Pilot testing 2014-2015

in collaboration with Ministry of education
and participation by Ministry of Health



Parameters of the pilot test

- Duration: 10 months.
- 4 teams of professionals in 4 regions (selected from 13) of the Czech Republic.
- All teams have same instructions and tasks but all teams work independently (for comparative study) according to the identic structure and list of outputs.
- Min. professionals evaluated by the teams: 30-40 (each) with different original background/profession.
- The second task: to describe what and how they do it and record it including all troubles and difficulties etc.
- **The outputs will be evaluated** by co-ordination team with **task to create uniform general model** recommendable for the National-wide context.



Expected outputs (June 2015)

- Practical experiences with **assessment of different professionals** with different original background.
- Practical experiences **how to prepare, manage** and provide independent assessment of qualification to preventive work in schools.
- **Assessment of costs** for the assessment and personal and institutional requirements.
- Practical guide how the assessment system can be **provided on the national level** and how to promote it and implemented and spread in to the all 13 regions.
- How to connect the assessment system **with current legislation** and what is necessary to do step by step for future possible sharing the system by all ministries.



Department of Addictology

First Faculty of Medicine and General University Hospital in Prague
Charles University in Prague



**Thank you for
your attention**