Example of evaluation of the prevention program

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Context

The period of transition has had a strong effect on health-related behaviors among youth population in Poland

Increased consumption of alcohol and other substances among youth in the 1990s

Increased <u>iuvenile</u>

<u>delinquency</u> and <u>school</u>

<u>violent behavior</u>

including verbal,
psychological and
physical bullying

In the 1990's, prevention programs were implemented under the pressure of worsening situation among youth

- Usually school-based and universal
- Based on personal beliefs or group ideologies (e.g. sobriety groups)
- Not theoretically or empirically informed
- Implemented without any formal evaluation



Evaluations of the most popular prevention programs conducted by different groups of researchers found no impact on drinking and drug behavior despite increase in related knowledge & attitudes (Bobrowski & Ostaszewski 1997, Sochocki 1998, Fatyga et al. 2000)

These results triggered a public discussion on low effectiveness of school-based prevention programs and started a reorientation process



Critical review and reorientation

Public discussion on low effectiveness

disappointment

suggestions for reorientation

harm reduction instead of no use message

high risk groups instead of universal school-based

evidence-based programs

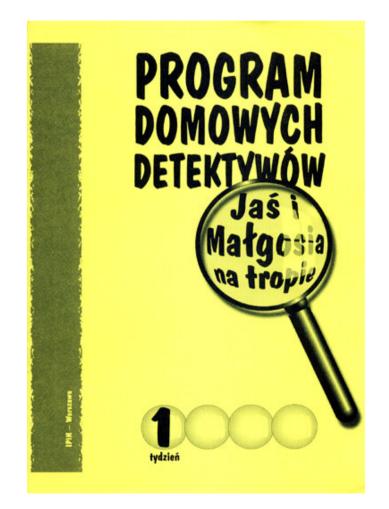


Opportunities

- New polices implemented at the national and local level:
 - prevention activities are funded thru local communities,
 - all schools have to prepare and implement a school prevention program
- Development of the evidence-based programs (e.g. culturally appropriate adaptation of foreign evidence-based programs)

Culturally appropriate adaptation of the US prevention program







Aims and objectives

PDD aims to prevent under-age drinking is addressed to 10-11 year olds & their parents

Consists of teacher-led sessions combined with homebased activities that help to:

- facilitate parent-child communication about alcohol,
- establish family rules to deal with drinking,
- provide age-appropriate information on alcohol advertising, peer pressure, drinking consequences

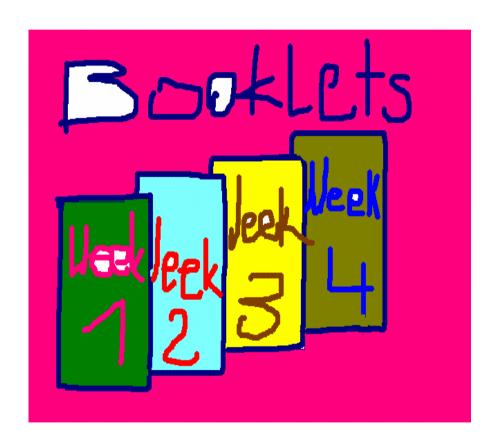
Classroom sessions combined with home activities

Five classroom sessions led by a teacher and peer leaders





Activity booklets



There are four booklets, one to be worked at home thought each week



Parent-child activities

Booklets are designed to facilitate parent-child communication and to establish family rules to deal with underage drinking





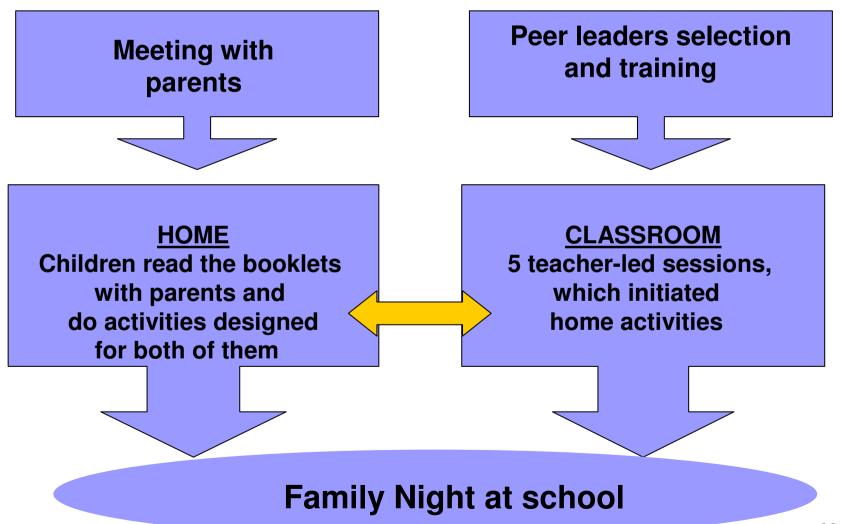
Fun & learning - Family Night



At the end of the program a Family Night is organized where students present posters to parents and participate in other fun activities



Key elements of PDD



Links between a program model and types of evaluation questions

Concept

Resources

activities

Program Immediate Results

Outcomes

Concept **evaluation**

Questions on theoretical model, needs, goals, links between them

Process evaluation

Effort and process questions

Outcome evaluation

Effectiveness questions

Efficiency evaluation

Questions about cost-effectiveness Compare costs and outcomes (effects)



Example of program model

Concepts (assumptions)

1. Early onset of drinking is a strong risk factor 2. Parents and peer leaders are main sources of influence 3. Parent-child communication

Resources

Trainers
 Teachers and schools contribution
 Materials, teacher manual, booklets, peer leader manual .
 Local community

Program activities

8-hour training for teachers
 Meeting with parents
 Peer leaders selection and training
 Five teacher led sessions
 Family Night

sponsorship

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Example of program model

Immediate results

- 1. Increase of students knowledge on drinking consequences
- 2. Strengthen parentchild communication
- 3. Strengthen family rules to deal with underage drinking
- 4. Lower intention to drink

Outcomes

- 1. Delayed onset of alcohol drinking among students
- 2. Less alcohol problems among school children
- 3. Less smoking and drug taking among school children



Three phases of the project

- Formative evaluation focused on crosscultural adaptation
- II. Outcome evaluation (summative) of the Polish version of the program
- III. Dissemination and monitoring of routine implementation in schools



Phase I. Program adaptation

- Program was tested in two Warsaw schools by trained teachers to assess program feasibility
- Evaluation consisted of:
- observations,
- analyses of program documentation,
- focus group interview with teachers,
- phone interview with parents
- questionnaire for students



Evaluation questions

- What was the parental participation in the program?
- What was the pupils' and peer leaders peer-leader involvement in the program?
- How did teachers assess the program and its elements?
- How did parents and pupils assess the program its elements?



Results: teacher-parent cooperation

- It was quite a new experience for Polish teachers to share responsibility with parents for delivering a prevention program
- As a result several modifications were made to improve teacher-parent cooperation



Modification to improve teacher-parent cooperation

Evaluation results:

- teachers questioned whether parents did booklet activities and read materials for them
- teachers wanted to have much bigger control over what students are taught

Modifications:

- new content was added to teacher manual to explain role of parents and teachers in the program
- teacher training was adapted to emphasize parent involvement
- Parent consent was recommended



Results: Poor participation of children at risk

- Evaluation identified that about 7% of students did not participate in the home activities
- All these students experienced low academic achievements
- According to the teachers the poor participation of these students was associated with alcoholrelated problems in their families



Modifications to improve participation of children at risk

- Evaluation helped identify that some children at risk would need special attention
- Teacher training was adapted to emphasize needs of children at risk
- Children whose parents do not participate in program activities obtain an individual care from a teacher and, if necessary, a "parent substitute"



Phase II. Outcome evaluation

- Evaluation was focused on immediate outcomes
- School accepted random assignment to either intervention or control group
- The quality of program delivery was also controlled



Outcome questions

Has the program influenced:

- pupils' alcohol use
- pupils' intention to use alcohol
- pupils' peer norms
- parent—child communication about the consequences of drinking and smoking
- pupils' perceived resistance skills
- pupils' alcohol-related knowledge



Results of outcome evaluation

Outcome variables	Results (Ostaszewski et al. 2000)	
Peer norms Refusal skills	No differences No differences	
Alcohol-related knowledge	Increased (p<0.001)	
Parent-child communication	Increased (p<0.03)	
Intention to drink alcohol	Decreased (p<0.03)	
Alcohol use	Decreased (p<0.02)	



Results of process evaluation

- Of 10 classes involved, students from 3 classes had much lower rates of participation and satisfaction
- What influenced the quality of delivery?
- poor cooperation
- insufficient parents' acceptance
- some defects in program implementation



Differences in program delivery

(Ostaszewski et al. 2000, Okulicz-Kozaryn et al. 2000)

	Seven classes (n= 172)	Three classes (n=59)	p
% participation in three or four booklets	94	64	0,001
% participation in the family evening (student plus parents)	65	24	0,001
% of high or very high satisfied students	75	37	0,001
Expected outcomes	Yes	No	



Phase III. Dissemination

 Evaluation results allowed to create minimum standards of program routine implementation



According to study results

At least

80% - all home-based activities

50% - parents at family evening

60% - pupils satisfied

"thresholds"

Minimum degree of implementation necessary to create desired outcomes



Conclusions

- Evaluation was really crucial:
- to adapt and develop culturally appropriate program – Program Domowych Detektywow
- > to prove its effectiveness and gain interests
- to establish criteria for routine implementation and monitoring



References

- Okulicz-Kozaryn K. Bobrowski K., Borucka A., Ostaszewski K., Pisarska A. (2000): Poprawność realizacji Programu Domowych Detektywów a jego skuteczność. Alkoholizm i Narkomania t. 13(2); 235-254.
- Ostaszewski K, Bobrowski K, Borucka A., Okulicz-Kozaryn K., Pisarska A. Evaluating innovative drug-prevention programmes: Lessons learned (in:) EMCDDA Scientific Monograph Series No 5. Evaluation: a key tool for improving drug prevention. Luxembourg: Office for Official Publications of the European Communities, 2000, 75-85.
- Program Domowych Detektywow Examples of evaluated practices: EDDRA http://www.emcdda.europa.eu/html.cfm/index52006EN.html?by=country&value=Poland
- Williams C., Perry C., Dudovitz B., Veblen-Mortenson S., Anstine P., Komro K.A., Toomey T.L. (1995): A Home-Based Prevention Program for Sixth-Grade Alcohol Use: Results from Project Northland. The Journal of Primary Prevention, Vol,16 No.2;125-147.