Translating Bullying Research into Policy and Practice: Implementation of Prevention Programs in Schools

Luanne Rohrbach
Department of Preventive Medicine
University of Southern California
rohrbac@usc.edu
Prevention Research Cycle

Pre-intervention (Epidemiology/etiology) → Efficacy Studies → Effectiveness Studies → Adoption → Implementation → Sustainability → Going to scale

Translation (T2) (Dissemination & Implementation)

Translational Research Feedback Loop

Adapted from NRC/IOM, 2009 and Spoth, Rohrbach et al., 2013
What has been accomplished

- Increased number of empirically validated prevention interventions
- Efficacy has been established
  - However, less is known about effectiveness when implemented under real-world conditions
- Reviews of evidence-based programs are available
- Best-practice guidelines have been published and local communities are encouraged to implement only these “proven programs”
Use of Evidence-based Substance Use Prevention Programs in U.S. Middle Schools

Proportion of schools using evidence-based program

- 1999
- 2005

Ringwalt et al., 2009 (N=1721)
The Context: Challenges in Implementing Prevention Programs in Schools

- Focus on academic achievement
- Limited time and resources
- School reform, staff turnover, etc.
- Limited capability to monitor implementation and collect outcome data
- Complex decision-making mechanisms
  - Stakeholders at many levels
  - Inadequate access to tools for decision-making about prevention
- Inequality in school resources
- Limited funding for sustained prevention efforts
Factors that Influence Adoption and Use of Evidence-based Prevention Programs in Schools

- **Program-related**
  - Attractive and user-friendly, easy to use, flexible, methods are familiar, perceived advantage over current practice
  - Fit with organization goals, work practices

- **Organizational**
  - Leadership, administrative support, presence of program champion, positive school climate, organizational norms, effective communication, openness to change, existing capacity

- **Implementer Characteristics**
  - Motivated, positive attitudes, comfortable with approach, skill proficiency, self-efficacy

- Durlak & DuPre, 2008; Rohrbach et al., 1996, 2006, in press
Systems Framework for Effective Program Implementation

- Community Context
- Provider Factors
- Evidence-based Program Factors

Prevention Delivery System + Prevention Support System

Effective IMPLEMENTATION

Adapted from Durlak & DuPre, 2008

-Funding
-Policy
-Climate
Importance of Infrastructure and Capacity for Prevention Program Delivery

- **Training and technical assistance (Support System)**
  - Enhances self-efficacy, skills, motivation, attitudes
  - Associated with stronger implementation fidelity and outcomes
  - Ongoing training (technical assistance) appears to be important

- **Organizational capacity (Delivery System)**
  - Resources (funds, staffing)
  - Managerial/administrative support
  - Effective partnerships with other organizations
  - Data systems for continuous quality improvement

Durlak & DuPre, 2008; Spoth, Rohrbach et al., 2013; Wandersman et al., 2008
Implementation Fidelity

- Extent to which program is implemented as intended by developers
  - Adherence, dosage, engagement
- Substantial variability in school settings (20-85%)
- Teachers report:
  - Eliminating some of key modules
  - Less likely to use interactive methods
  - Generally deviating from the program as written
- Combining lessons from more than one program is common

Rohrbach et al., 2006; Durlak & DuPre, 2008
Why is fidelity important?
Fidelity is associated with outcomes

Adolescent Alcohol Prevention Trial

Program acceptance
Substance use Attitudes
Program-specific Knowledge
Normative Beliefs
Behavioral Intentions
Resistance Skills

Rohrbach et al., 1993
Adaptations

- Is strict adherence feasible?
  - Tension between fidelity and adaptation

- Adaptation is common (ubiquitous?) in real world; unintentional and intentional to:
  - Increase cultural relevance
  - Address participants’ cognitive-information processing and motivation
  - Improve the fit between program and context

- Flexible programs are more likely to be implemented and sustained

- Little is known about effects of adaptation on outcomes
  - Some evidence that it can result in poorer outcomes

Castro et al., 2004; Norton et al., 2009
The guided or planned adaptation approach

- Theory-based
- Provide options within or among program components
- Conceptualize program as a process rather than standardized set of activities
- Develop guidelines for cultural adaptations

August et al., 2010; Bopp et al., 2013; Ozer et al., 2009; www.etr.org;
Implications of Implementation Science
Implications for Practice

- Conduct readiness assessment
- Develop broad base of supporters for programs; involve stakeholders in planning
- Establish leadership
- Implement strategies to build capacity
- Integrate prevention programs with the school’s primary mission (learning) and ongoing prevention delivery systems in the community
- Develop systems for collecting data that will guide implementation and continuous quality improvement
- Develop better systems of information about what is available and how it might fit locally
  - Increase understanding of what program implementation involves
Challenges for Researchers

- Develop assessments of prevention program (health) outcomes that can easily be utilized by schools as part of their accountability process
- Evaluate implementation of evidence-based programs under real-world conditions
- Investigate how varying models of training and TA affect implementation and student outcomes
- Ground programming in realities of school setting
- Conduct more cost-benefit analyses
- Investigate effects of adaptations
- Conduct research on how evidence-based programs work in order to identify key ingredients
References


