Overview

Program Domowych Detektywow

Quality level

Quality level : 3

Executive summary

Program Domowych Detektywow is the Polish version of the US programme The Slick Tracy Home Team Program. The program aims to prevent under-age drinking and consists of five teacher- and peer-led sessions combined with parent-child activities to be undertaken at home.

Type of intervention: prevention
Sub-area: universal
Setting: family,school
Type of approach: community involvement (bottom up), peer
Target group (universal): general population,family/parents,children/young people
Age group: 10-12-years old students, in poland attending 4-th or 5-th grade of primary school
Target group (specific): general population,family/parents,children/young people
Annual coverage: 10000
Substances addressed: alcohol
Evaluation type: outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)
Country: Poland
Start date: 06/10/1999
**Overall objective**

The program aims to prevent under-age drinking among 10-12 year olds by facilitating parent-child communication about alcohol, establishing family rules to deal with drinking and strengthen other protective factors (resistance skills, peer norms, age appropriate alcohol-related knowledge).

**Abstract**

Program Domowychy Detektywów is the Polish version of the US programme The Slick Tracy Home Team Program. The Polish version is the result of cultural adaptation of the programme including adapting the US teaching material, a pilot study focusing on cross-cultural adaptation of the programme and an outcome evaluation. The program aims to prevent under-age drinking and consists of five teacher- and peer-led sessions combined with parent-child activities to be undertaken at home. Four booklets, one to be worked through each week, provide information on under-age drinking, alcohol advertising and modelling, peer pressure and the consequences of alcohol consumption. The activities in the booklets are designed to facilitate parent-child communication about alcohol and other substance use and to establish effective family rules to deal with under-age drinking. Elected peer leaders, trained by their teachers, introduce each booklet to their classmates and encourage them to participate with their parents in the activities. Pupils receive small incentives, such as sweets, markers or pens, to encourage their active participation. At the end of the programme, a family evening is organised where pupils present posters to their parents and participate in other fun activities. The entire programme requires about 12 weeks to complete. The results of the first evaluation focused on immediate outcomes confirmed programme effectiveness in terms of decreasing students' alcohol use and intention to drink, increasing parent-child communication about the effects of both alcohol and cigarette use, and increasing age-appropriate knowledge. The results of the second evaluation focused on delayed outcomes (4-month follow-up) confirmed programme effectiveness in terms of increasing students' appropriate knowledge and strengthening their desirable attitudes. Routine implementation of the programme began in the 1999 to 2000 school year and included producing materials, promoting the initiative and teacher training. Since then on average about 10,000 of 10-12 years old students and their parents participate in this programme on an annual basis.

**Context and theory**

**Initial situation**

In the late 1990s, political decentralization in Poland had influenced alcohol and drug policy at the local community level. Preventive tasks and public funds have been delegated to local communities. All local communities have to
prepare and implement a local alcohol prevention programme. As a consequence communities started to look for ready-to-use effective prevention programmes. At that time most of the prevention programs were implemented with no formal evaluation. Only a few programmes were evaluated with mixed results. The need to develop an effective prevention programme to be implemented by local communities was identified. In the 1990 we were lacking in programmes targeting pre-adolescents. The age of onset for alcohol is usually 11 to 14 in Poland. Most of the prevention efforts were designed for older age groups. There were no programmes to delay alcohol onset, which was proved as effective strategy to reduce alcohol-related problems among youth. Moreover, most of our school-based programmes were implemented with no or little parental involvement. To improve effectiveness of school-based prevention, more effective ways to facilitate parental involvement were needed. These were the rationale for choosing and adapting the Slick Tracy Home Team Programme.

**Basic assumptions/theory**

Modelling and strengthening desired child behaviour by parental and significant peer involvement are the main prevention strategies utilized in the programme. These strategies are drawn from grounded psychosocial theories: social learning theory (Bandura 1986), problem-behaviour theory (Jessor 1987, 1998) and theory of reasoned action (Ajzen & Fishbein 1980). Prevention research has shown that parental involvement is one of the key elements in effective programmes (Rohrbach et al. 1995, Williams et al. 1995). Parental involvement in prevention interventions may influence important protective mechanisms e.g. may improve parent-child communication about alcohol and other risky behaviours (Willimas et al. 1995) or may influence child friend selection and parental monitoring practices (Rohrbach et al. 1995). Parental involvement in prevention efforts depends on methods used to attract them for the programme. Administering the prevention programme via booklets from classrooms to families is a very effective way of involving parents in drug-prevention activities aimed at children aged 10 to 12, with 80 % to 90 % of parents participating in one or more parent-child activity. This method is much more effective than more traditional ones such as training in parenting skills or workshop activities organised in schools (National Institute on Alcohol Abuse and Alcoholism, 1997). Prevention research has also suggested that peer participation may have positive impact on programme effectiveness (Botvin et al. 1990, Perry et al. 1989, Komro et al. 1996). Trained peer leaders work effectively through modelling and subjective norm building, a mechanism described by Ajzen and Fishbein in their theory of reasoned action. 1.Ajzen I., Fishbein M. (1980), Understanding attitudes and predicting social behavior, Englewood-Cliffs, N.J. Prentice-Hall. 2.Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Engelwood Cliffs, NJ: Prentice Hall; 47-105. 3.Botvin, G., Baker, E., Filazzola, A., Botvin, E. (1990) 'A cognitive-behavioral approach to substance abuse prevention: One year follow-up', Addictive Behaviour, 15, 47-63. 4. Jessor R. (1987), Problem-Behavior Theory, Psychosocial Development, and Adolescent Problem Drinking, „British Journal of Addiction", 82, 331-342. 5.Jessor R., (1998): New perspectives on adolescent risk behaviour. W: Jessor R. (red.) New

Objectives and indicators

Process evaluation

Operational objectives

To assure high quality of the programme delivery including implementation of all key elements of the programme: rates of parental participation in the programme and its elements, satisfaction of all actors of the program (teachers, peer leaders, students and parents).

Process indicators

Parents and students involvement: rate of participation in home-based booklet activities (students and parents), rate of participation in the family evening (students and parents).

Methods of peer leader selection and peer leader performance.

Rates of students satisfaction.

Instruments used

Type of quantitative instrument

Type of qualitative instrument

Focus group interview with teachers, observation of classroom activities, self-report questionnaires
Type of evaluation carried out

Evaluation design
outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)

Specific objectives and outcome indicators

Specific objective 1
To reduce alcohol use among 10-12-year-olds and their intention to drink.

Outcome indicator 1
Alcohol use scale (four items, Alpha, 74) and intention to drink scale (three items, Alpha, 70)

Specific objective 2
To strengthen selected protective factors related to alcohol use: students skills of identifying and resisting social pressure to drink alcohol, perceived peer norms against drinking, and to decrease pro-alcohol attitudes. To facilitate parent-child communication about alcohol and other risky behaviors.

Outcome indicator 2
Peer norms scale (six items, Alpha, 63) Perceived resistance skills scale (five items, Alpha, 74) Parent-child communication scale (three items, Alpha, 79)

Specific objective 3
To improve students knowledge on alcohol advertising and modelling, peer pressure and the consequences of alcohol consumption.

Outcome indicator 3
Alcohol-related knowledge test (five items).

Instruments used

Name of instrument (modified standardised instrument)
"Slick 98" Questionnaire

Type of qualitative instrument
Action

The programme consists of five teacher- and peer-led sessions combined with parent-child activities to be undertaken at home. Four booklets, one to be worked through each week, provide information on under-age drinking, alcohol advertising and modelling, peer pressure and the consequences of alcohol consumption. The activities in the booklets are designed to facilitate parent-child communication about alcohol and other substance use and to establish effective family rules to deal with under-age drinking. Elected peer leaders, trained by their teachers, introduce each booklet to their classmates and encourage them to participate with their parents in the activities. Pupils receive small incentives, such as sweets, markers or pens, to encourage their active participation. At the end of the programme, a family evening is organised where pupils present posters to their parents and participate in other fun activities. The entire programme requires about 12 weeks to complete. Before programme begins teachers and school pedagogues (school coordinators) are trained in 8-hour training course and provided with relevant materials (teacher manual and peer leader manual, and booklets for students). Parents are consented to the use of the programme before it starts.

Results

Process evaluation

Results

The process evaluation was based on a combination of qualitative and quantitative methods: - post-test questionnaires for students (n=226) and parents (n=158); - two group interviews with teachers (n=10); and - analyses of programme documentation. The evaluation found that the programme had been fully implemented in all intervention schools. According to self-report data from both students and parents, over 90 % of the students participated in the booklet activities, most frequently with their mothers. Similar rates were identified from the teachers' classroom records. Girls, pupils in two-parent families and 'good' students were significantly more likely to complete more booklets. The rate of participation in the family evening was also high, with 74 % of students attending, 56 % with at least one parent. Teachers were given two alternative methods of selecting peer leaders in the classroom: election from a whole group of students; or election from small, pre-selected groups. Although most of the selections were based on student popularity, group interviews with teachers established that the peer-leader election procedure differed from class to class. Being a peer leader was perceived by students as an honour. In the teachers' opinions, the trained peer leaders were very motivated and fully engaged in the programme activities. Although they experienced some difficulties with discipline during small group activities, they generally performed their tasks well or very well. The process evaluation also identified some significant differences in the quality of the programme delivery. Students from three classes reported significantly lower rates of
participation in the activities and much lower rates of satisfaction. Analyses of
documentation and interviews with teachers confirmed that in these three
classes there had been some defects in the programme implementation - such
as shortening the classroom activities and poor preparation of the family
evening - as well as inadequate co-operation between school staff involved in
the programme, insufficient parental acceptance of the programme and lack of
commitment by the school authority. Quality of program delivery was assessed
by: focus group interviews with teachers, phone interviews with randomly
selected parents, student's feedback (questionnaire). Process evaluation
indicated that programme was successfully implemented in majority of
classes, but in some participating classes there were important defects in
quality of programme delivery evidenced by low level of students satisfaction,
low level of teachers motivation, and difficulties in completing all key
programme elements (e.g. family evenings).

References

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Contact

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<tr>
<th>Responsible organisation</th>
<th>Institute of Psychiatry and Neurology, Department of Psychology and Mental Health Promotion</th>
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<tbody>
<tr>
<td>Name of organisation</td>
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Additional information

There are five people - members of the Youth Unit who developed the Polish version of the programme: Krzysztof Bobrowski, Anna Borucka, Katarzyna Okulicz-Kozaryn, Krzysztof Ostaszewski and Agnieszka Pisarska. Besides, there is a group of 27 instructors who were certified by the Institute of Psychiatry and Neurology to organize and conduct training courses for teachers. Most of them are local prevention leaders working in communities all over the country. It is a part-time job for them to run training courses and coordinate programme implementation. A list of certified instructors is available at the Institute of Psychiatry and Neurology website www.ipin.edu.pl/0211.htm In a school which implements this programme, for example, in four classes, it is a part-time job for four leading teachers, a school pedagogue (school coordinator) and a community local leader (local level coordinator).

Number of staff involved
Primary school teachers and school pedagogues.

Status/profession of staff involved
Internal evaluator

Budget

Annual budget Annual budget is not available
Sources of funding Local authorities, Other
Percentage from each source Local authorities = 80%, Other = 20%

Additional remarks

Evaluation of the programme consisted of a pilot study held in the 1997 to 1998 school year, and an process/outcome study held in 1998 to 1999. Second process/outcome evaluation was conducted in 2003 school year. Measures used in outcome evaluation: Alcohol use scale (four items, Alpha coefficient 0.74), adapted from Johnston et al.(1993), Williams et al.(1995b); examples of items: Q: 'How often have you drunk alcohol in your lifetime, last year, last month, last week?', A: 'none', 'once', 'twice', 'three or more times'; Intention to
use alcohol scale (three items, Alpha coefficient 0.70), adapted from Johnston et al. (1993), Williams et al. (1995b), examples of items: Q: 'How likely is it that you will drink alcohol: in your lifetime, in the next year, in the next month?' A: five ranging from 'I would not drink' to 'I would drink'. Peer norms scale (six items, Alpha coefficient 0.63), adapted from Williams et al. (1995b); examples of items: Q: 'Does your best friend drink alcohol?', A: 'yes', 'no'. Parent-child communication scale (three items, Alpha coefficient 0.79), adapted from Williams et al. (1995a); examples of items: Q: 'Do your parents talk to you about the problems drinking alcohol can cause young people?', A: 'yes', 'no'. Perceived resistance skills scale (five items, Alpha coefficient 0.74), adapted from Williams et al. (1995b); examples of items: Q: 'How sure are you that you could say "no" if you were offered alcohol in the following situations: at a friend's house?...?', A: five ranging from 'I could say no' to 'I could not say no'. Alcohol-related knowledge test (five items), adapted from Williams et al. (1995a); examples of items: Q: 'Alcohol gives people energy', 'Beer, alcohol, and wine advertisements try to get people my age to think it's cool to drink', A: 'yes', 'no', 'don't know'. Standards for routine programme implementation: Although positive evaluation results mean that use of the programme in schools can be recommended, defects in routine implementation may impair its effectiveness or even cause undesirable side-effects. To ensure the quality of the programme delivery, teacher training is needed as well as simple quality standards to be used during routine implementation. According to the process evaluation results, the following three aspects of programme implementation should be monitored: rates of parent-child booklet activities (with an expected 80% to 90% of students working with parents on three to four booklets); rates of parental participation in the family evening event (with an expected 50% to 60% of parents attending); and rates of student satisfaction (with over 60% of pupils having high or very high satisfaction rates).