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# **What is dead may never die: a case study of creating and implementing national quality policy and system in school prevention**



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**8<sup>th</sup> EUSPR conference, Quality in Prevention**

Vienna, Austria, September 21<sup>st</sup> 2017



# Examples of Existing Quality standards

## **Examples of International Quality Standards:**

- Canadian Standards for community-based youth substance abuse prevention (CCSA, 2010).
- European Drug Prevention Quality Standards EDPQS (Brotherhood & Sumnall, 2011).
- International Standards on Drug Use Prevention (UNODC, 2015)
- Society for Prevention Research Standards of Knowledge for the Science of Prevention (Gottfredson et al., 2015).

## **Example of National Quality Standards:**

- National Quality Standards on School Drug Prevention (Czech Republic – ME, 2005).



## Availability of Quality Standards (Burkhart, 2015)

	Coverage	Levels	Areas	Targets	Language
UNODC	World	n. a.	Prevention	Evidence for interventions	EN ES PT FR RU +
EDPQS	Europe	Basic + Expert	Prevention	Intervention design and process + Workforce	EN + >10 languages
CCSA	Canada	n. a.	Prevention	Intervention design and process + Evidence	EN FR
COPO-LAD	Latin America	Basic + Advanced	Prevention Treatment Harm Reduction Reintegration	Intervention design and process + Evidence	ES PT
CICAD	South-America	Minimum	Prevention Treatment	Intervention process + Workforce	ES EN
SPR	US	Highly advanced	Prevention	Evidence of interventions	EN

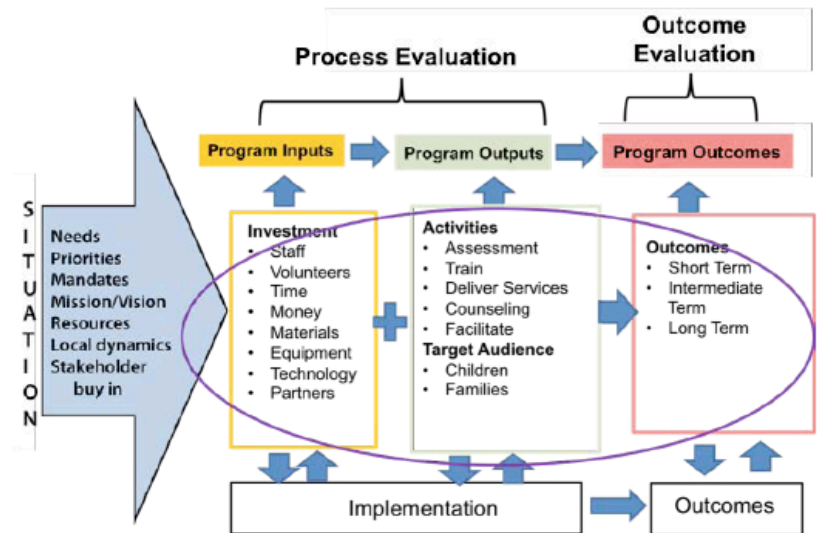


# Various Perspectives in Quality

- Quality of interventions/methods (content, parameters).
- Quality of implementation process and providing of interventions (process/delivering).
- Quality of institutional frame and provider (institutional aspects, safety rules etc.).
- Quality of qualification, training, staff skills and competencies, knowledge (staff/professionals).
- Ethical rules and standards.

(Sloboda et al., 2015)

## Monitoring and Evaluation System





# The Czech Republic: a case study





## If you want to call from Chicago, you have to be in Chicago...

- Phare Twinnig Project 2000 (working group School prevention): **Needs assessment** (Miovsky, Van der Kreeft, 2001)
- **Results:** (a) there is **no frame** in school prevention in the CZ, (b) there is **no enough expertise** and support by central bodies and (c) there is dominantly **a mass** of different particular programs and commercial and ideological interests = no logical system and vision where we go and how.
- Subgroup (project component) targeted on quality standards in school prevention: wonderful **contribution by NGOs** and very positive collaboration.
- Using experiences and learning by working group for **quality standards in treatment and rehabilitation** (has started in 1995 also with intensive support by NGOs).





# From zero level to join vision of creating a national system in school prevention

- Step by step working with Ministry of education and originally more or less chain of unexpected small successes.
- Several parallel branches/selective issues with **no join strategy**: quality standards, terminology, examples of good practice, first research projects and relatively positive feedback by media and some politicians (selectively).
- **Challenge**: new personal situation on Ministry of education during 2008 gave the new chance: create join concept and support it by ESF grant system and self-reflection was the crucial point (*“we have a lot of plans but no experts and conditions on ministry = we have to do it together”*).
- **VYNSPI-1 project**: 3 years for creating new system: separate branch for quality standards and assessment.



# Result of VYNSPI project: national system for wider discussion and implementation (VYNSPI-2)

(1)

## **General/basic frame for school prevention**

A/ Theoretical frame (Miovsky et al., 2010, 2015)

B/ Explanatory Dictionary (Miovsky et al., 2012, 2015)

C/ Research project facilitated by our Journal and Institute (Special issues etc.)

(2)

## **Evaluation, quality standards and certification of providers and interventions**

A/ Quality standards (2001, 2005, 2012).

B/ Guidelines for certification and officers (Martanova et al., 2012).

C/ Classification of preventive interventions and monitoring (Gabrhelík, 2015).

(3)

## **Complex school preventive intervention: knowledge, skills and competencies**

(elementary school: 90 hours according to 4 age groups and different kind of risk behavior)

(Miovsky, et al., 20012)

(4)

## **4-level model for assessment of qualification special skills (Charvat et al., 2012)**

A/ Learning outcomes: knowledge, skills and competencies.

B/ An independent on disciplinary assessment of qualification and competencies





# Standards Development 1999-2017

- 1999-20001: Work on the Substance Use Standards initiated = 1<sup>st</sup> draft (2001)

## **1st phase: Phare Twinning 2000 project component (1999 – 2005)**

- 2005: Development of the Substance Use Standards and publication

## **2nd phase: VYNSPI-1 project (2005 – 2012)**

- Pilot implementation of the Substance Use Standards
- 2008: 1st revision of the Substance Use Standards and of the whole certification process
- 2008 – 2012: Pilot implementation continued

## **3rd phase – VYNSPI-2 project (2012 – 2014)**

- 2011 – 2012: 2nd extensive revision of the Standards and of the whole certification process (all kind of risk behaviour: substance use prevention, sexual RB, extreme aggression, etc.)
- 2012-2014: Pilot implementation in practice is supported by the Czech ME

## **4th phase – Beginning of full implementation Phase (2015 – still)**

- Balancing on the edge: benefits versus costs and troubles
- Finding and formulating Legal perspective (legislation) and executive aspects



# 1. Structural perspective

- Under umbrella of on-going process we have created **(1) quality standards for providers** = assessment for management, safety rules, information and general requirements for providing of preventive programs in schools etc. (quality of management and providing/delivering preventive interventions and quality of methods).

## Problems/limits:

- The crucial problem is **how to cover and integrate (2) assessment of direct preventive work and particular interventions**. There is a really long list of interventions (in the field) with unclear theoretical background and no testing of impacts (effectiveness) and we are not able to do it in real time because of capacity and costs.
- **(3) The assessment of professionals (4-level model) has a problem with legislation:** categories of professions and implementation of concept “preventive worker” into the system (different context and structure of curriculum in different relevant professions). The crucial issue is how to use this concept formally in current legislative frame.



## 2a. Initial phase: voluntary approach

- The original objective of the Standards is **to assess the preventive programs/interventions** aimed at **any type of risk behaviour**, differentiating for **three levels of interventions** (universal, selective, and indicated), the aimed at **school-based** prevention of risk behavior.
- **2001-2006**: Dominant purpose was formative effect and using the standards as a tool for **formative evaluation**.
- **NGOs were more motivated**: how to present their work and distinguish it from low quality programs/interventions.
- **Ministry of education**: understandable concept for them and general attitude was: “better to do something what looks sympathetic and our role as a moderator is not so terrible...”
- **First positive feedbacks** facilitated discussion and work and led to the crucial issue: formative or normative assessment?



## 2b. Normative concept: better norms than anarchy

Main facilitator of standards development procedure were NGOs because:

- No permanent **discussion about quality** and public space in media was full of wrong interpretations and confusing info.
- Public sector means **limited budgeted** and there is no space for everybody and everything.
- How to make the field better structured for **basic orientation**: who provide what and whom (incl. monitoring interventions, providers)?
- How to make the system more **stable and sustainable**?
- How **to avoid creating of imbalance system** (some target groups consume 80% of interventions, somewhere we are missing basic work and nobody cares about it)....
- Normative system means a lot of troubles and administration but **it makes the scene clear**: certificated program or not.



## 2c. Why compulsory quality assessment system?

Final reasons why we have decided and prefer compulsory system:

- **Limited budgeted** with horrible practice in existing grant system and unfair assessment of interventions and providers,
- Connection between **certification quality and registration** procedure: **how to easy recognize enough quality provider and intervention for schools (directors, teachers).**
- **Need to have a consistent policy of quality:**
  - (a) if government pay for preventive interventions its logical requirement to have a goal **to reduce real risk behavior and its consequences** (cost and benefit perspective).
  - (b) Guarantee means **responsibility** for providing safe interventions.
  - (c) If we speak about **evidence-based**, its good to do something like a evidence based approach and not ideological “war on evil”



# The practical impacts of the 2<sup>nd</sup> (last) revision of the Standards

- The practical impacts of the 2nd revision of the Standards include partial changes in the revised **Certification Rules** and **On-site Inspection**.  
...are the following:
  - **100% of the price** of the process is paid by the applicant and there can be a competition for the amount within the subsidy proceedings held by the individual ministries (*the applicants previously paid only 30% of the costs*);
  - **proposal for restricting the access of the programs to schools** – according to the draft, the ME would only recommend entry into schools for certified programs (this would also regulate the flow of the schools' spending in the area of prevention);
  - **Higher direct involvement of professional associations on decisionmaking** in the context of certification process (their participation in the Certification Committee at the Ministry of Education); and
  - **extending the validity** of the certificate **to 5 years**.





# Certification process (1)

- The process **assesses the service according to the criteria** specified by the approved Standards and grants/rejects the certificate of compliance with such Standards.
- The certification of the professional competency of the providers of school-based prevention programs refers to the **assessment and formal acknowledgement of the program's compliance** with the determined **quality and comprehensiveness criteria** (Pavlas Martanova (Ed.), 2012c).



## Certification process (2)

- **The certification process is governed by a prescribed procedure** (defined by the *Certification Rules* and *On-Site Inspection Guidelines*) which follows the applicant's request to **the certification agency** (a service body appointed by the Ministry of Education) to conduct an on-site inspection.
- The **certification team** sent by the certification agency to perform the on-site inspection consists of three **members** who are experts in the area of risk behaviour, **have passed the certifying officer training course**, receive continued training, **and are supervised**.
- The certificate granted is respected as the guarantee of the quality of the provider and it **affects the flow of the subsidies from the state**.



## Certification process (3): summary

- The **certifying officers have extensive experience in prevention** and know the school environment well.
- The certification team members are selected by the agency based on a **register of certifying officers** with a view to ensuring impartiality and preventing any conflict of interest.
- In their work they **(a) study the relevant documents** and **(b) visit the programme** to **(c) assess** whether it meets the requirements of the Standards. They **(d) submit their findings** to the **Certification Committee** of the ME in the form of the *On-Site Inspection Sheet* and *Final Report*.
- The professional competency certificate is finally awarded by the ME on the basis of the opinion of the **Certification Committee**. Similarly, it is revoked by the Minister of ME following the identification of significant deficiencies which do not meet the requirements of the Standards for the quality of the programme being provided.
- **AIM: To have more donors (grant systems) follow the standards.**

## II.

# Four-level Model of qualifications

**For full-text on ResearchGate:**

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***



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# Why an assessment system for staff?

- The **National qualification system is a formal frame** for assessment of qualification to preventive work with kids and adolescents.
- **Safety means qualified staff – safety for kids and staff.**
- 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

- 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.**
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# 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**.

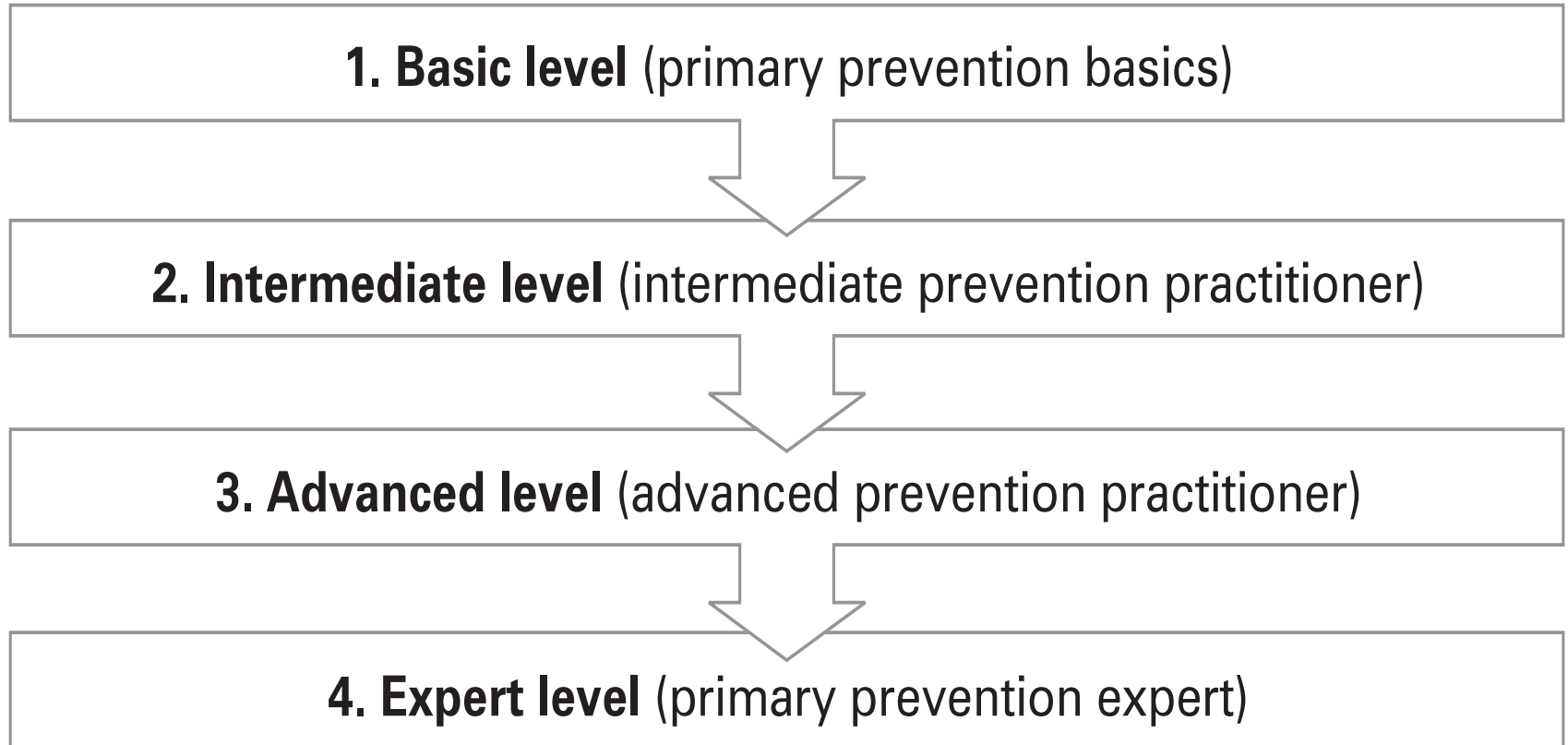


# Four-level Model of qualifications: basic parameters

- 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 interventions, including the indicated prevention.** The interventions 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 intervention 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 interventions.





## (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.



# **Preparatory and process evaluation of testing procedure and materials**

Pilot testing 2014-2015

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



# 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
<b>1. Basic level</b> (The exam is conducted by a single expert practitioner)	50% written test, oral examination	50% practical demonstration, model situations	secondary education certificate
<b>2. Intermediate level</b> (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
<b>3. Advanced level</b> (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
<b>4. Expert level</b> (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



## Parameters of the pilot test

- Duration: 10 months. 103 testing subjects.
- 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. no. of professionals evaluated by the teams: 30 (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 were evaluated** by co-ordination team with **task to create uniform general model** recommendable for the National-wide context.



# Tasks and Research Questions

- 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.





# University education perspective: International Consortium ICUDDR

- All universities have **different study programmes with different content and structure**, etc.
- There is **long-term networking** between universities under the umbrella of the Colombo plan (a financial development programme for Asian countries with a 65-year tradition).
- Within the last decade **a joint academic curriculum** for treatment (UTC) and for prevention (UPC) was formulated (US initiative). One or two (or both) curricula were implemented in 47 countries and just recently with EU participation.
- There are **three existing regional focuses/coordinating centres** (for the US/Canada, for Asia/South America/Africa, and for Europe).
- In March 2016 a **consortium of universities sharing UTC/UPC** was established, **called ICUDDR** (International Consortium of Universities with Drug Demand Reduction study programmes).
- **[www.icuddr.com](http://www.icuddr.com)**



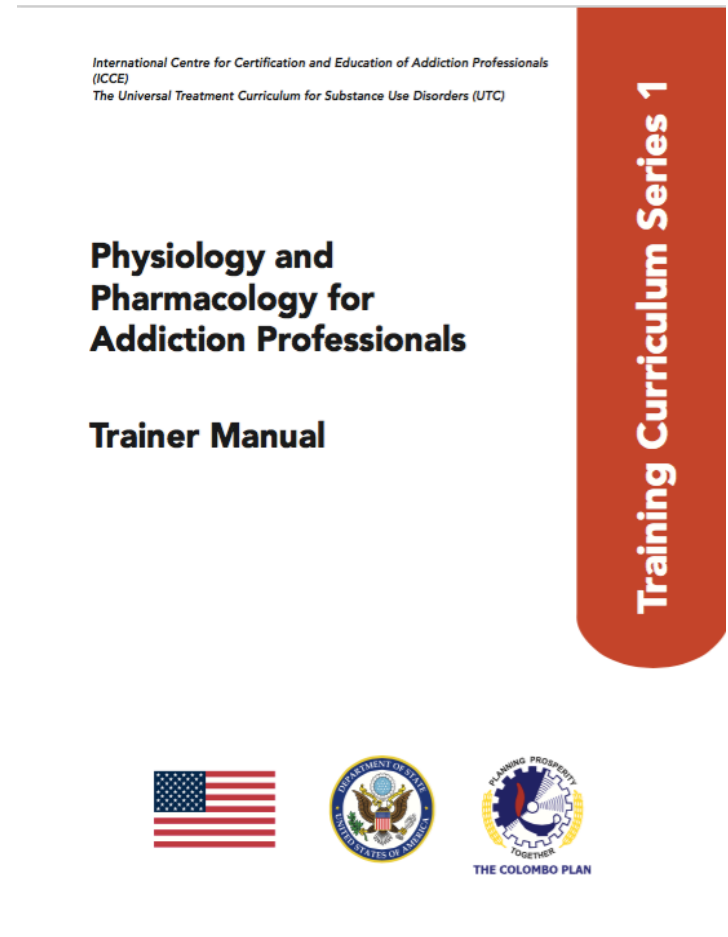
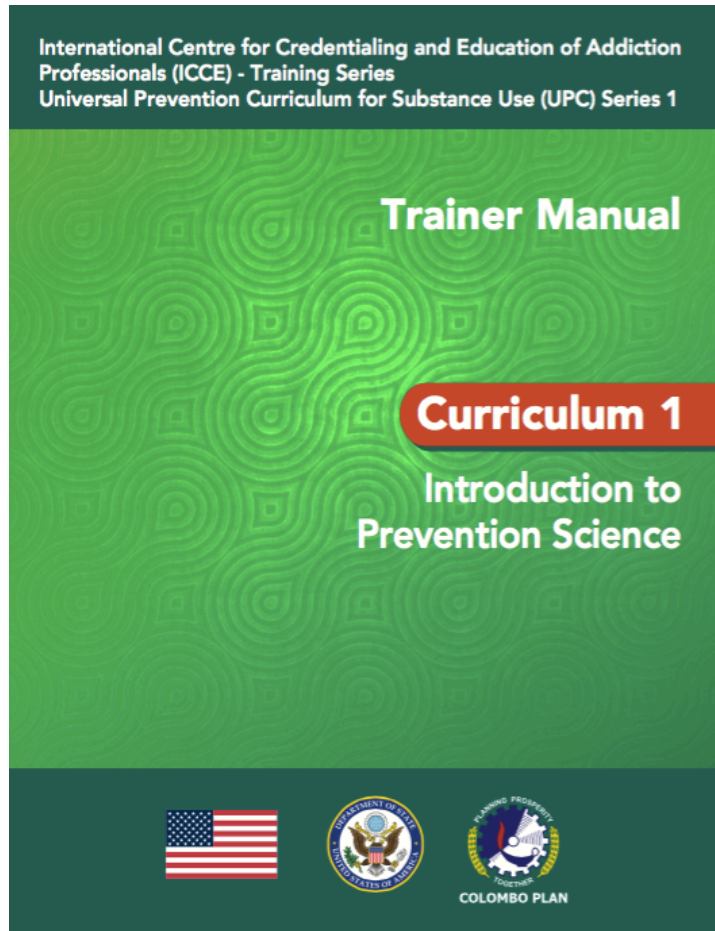
# ICUDDR

International Consortium of Universities on Drug Demand Reduction





# UPC international curriculum



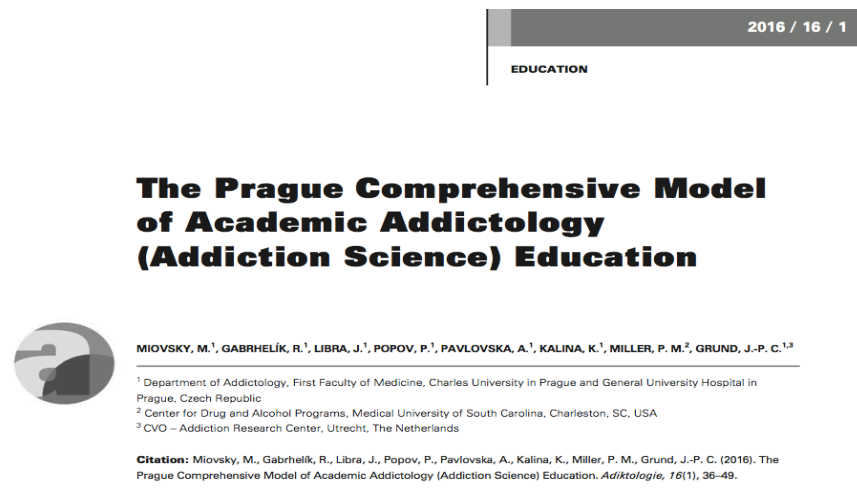
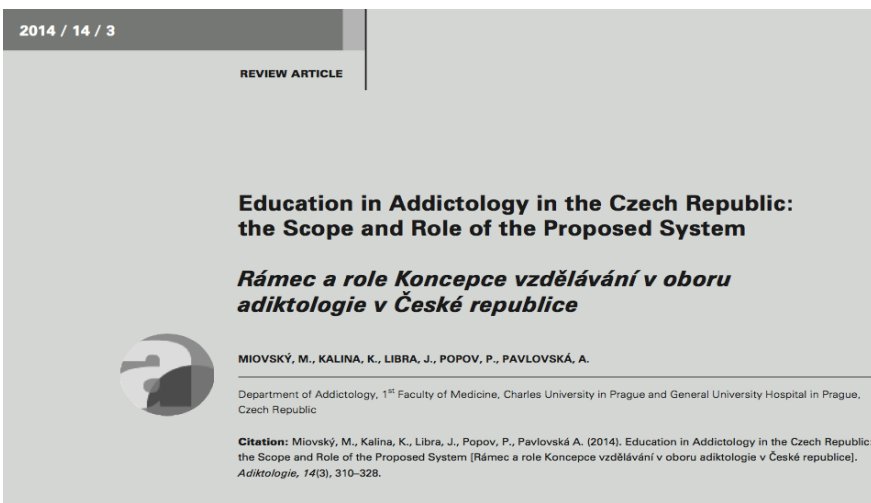


# The Czech original education programme: for more details

Miovsky, M., Kalina, K., Libra, J. (2014). **Education in Addictology in the Czech Republic: the Scope and Role of the Proposed System.** *Adiktologie* 14(3), 310-328.

Miovsky, M., Gabrhelík, R., Libra, J., Popov, P., Pavlovská, A., Kalina, K., Miller, P. M., Grund, J.-P. C. (2016). **The Prague Comprehensive Model of Academic Addictology (Addiction Science) Education.** *Adiktologie*, 16(1), 36-49.

Both papers available on ResearchGate profile:  
[https://www.researchgate.net/profile/Michal\\_Miovsky](https://www.researchgate.net/profile/Michal_Miovsky)







# Summary 1: What is needed, comments on sustainability

The revisions outline certain future visions; the following trends, which are a challenge for the future, persist:

- **introducing the general context and comparison** with the European standards;
- the **pilot and actual implementation** of the certification process under the new conditions (all areas, providers etc.);
- **implementation of the Four-level Model** of Qualifications for School Prevention Practitioners; after the model is applied in practice some requirements may be omitted from the Standards;
- **a coherent procedure** in school prevention **across ministries** – the need for mutual communication and cooperation;
- in connection with the previous point, a **uniform flow of subsidies**
- **protection of the school against low-quality, low-efficiency** and non-certified preventive interventions;
- promoting the system and inviting more central and local bodies..

# An evidence-based approach in school prevention means an everyday fight: a case study of the Czech Republic's experience with national quality standards and a national certification system

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## Resumen

La República Checa ha conseguido por fin, tras un largo periodo de 15 años, el desarrollo de un sistema nacional de prevención en las escuelas. La reflexión sobre este desarrollo puede constituir un interesante caso práctico que demuestre las dificultades generales que participan en la creación de una política general de prevención y de implementación de los principios de un enfoque basado en la evidencia. A través de su contexto histórico se presentan los resultados actualizados de los últimos proyectos como 'documentos clave' (estándares de calidad, manual, diccionario explicativo, ejemplos de buenas prácticas, etc.) y un sistema nacional de evaluación de la calidad denominado procedimiento de certificación, que tiene un impacto práctico en el sistema de subvenciones del Ministerio de Educación de la República Checa. También se utiliza este contexto para mostrar cómo ciertas redes europeas (EUSPR, IREFREA, etc.) pueden ser de gran utilidad para generalizar esta idea en toda Europa. Todos los ejemplos de actividades presentados, tanto a nivel nacional como internacional, parecen prometedores y apoyan una tendencia cada vez más indiscutible de utilizar la evidencia científica en la práctica real, lo que a su vez contribuye en que todo el campo resulte más atractivo tanto para los estudiantes como para los investigadores jóvenes.

**Palabras claves:** prevención escolar, intervenciones preventivas, calidad, evidencia científica, política preventiva.

## Abstract

The Czech Republic has reached the end of a 15-year-long period of the development of a nationwide preventive system in schools. Reflection on this development can offer an interesting case study that demonstrates the general difficulties involved in creating a national prevention policy and implementing the principles of an evidence-based approach. Through its historical context the up-to-date outputs of the latest projects are presented as "key documents" (quality standards, textbook, explanatory dictionary, examples of good practice etc.) and a national system of assessment of quality called a certification procedure, which has a practical impact on the grant system of the Ministry of Education of the Czech Republic. This context is also used to show how certain European networks (EUSPR, IREFREA, etc.) can be very helpful in generalizing this idea across Europe. All the examples of activities on the national or international level seem to be promising and supportive of the increasingly noticeable trend of using research evidence in real practice and making the whole field more attractive for students and young researchers.

**Key words:** school prevention, preventive interventions, quality, evidence-based, preventive policy.



# Klinika adiktologie

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**Thank you for  
your attention**

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