



Evaluating the Implementation Quality of the MindOut Programme in Irish Post-Primary Schools

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Background

Social and Emotional Learning (SEL)

The process through which people acquire and develop their social and emotional skills and competencies.



CASEL, 2015

Research shows SEL programmes have been linked to a number of positive outcomes:



- Improved mental health and wellbeing
- Increased academic performance
- Improved attitudes towards self, school and others
- Increased pro-social behaviour
- Reduced behavioural and conduct problems
- Reduction in risky behaviours

However, a science to practice gap remains:

- Lack of SEL programmes and evaluation in Europe
- Lack of SEL programmes and evaluations with older adolescents (<14 years old)
- Lack of SEL programmes/research with disadvantaged groups
- Lack of programme implementation research



MindOut

Development

1. Common Elements Approach



2. National Working Group



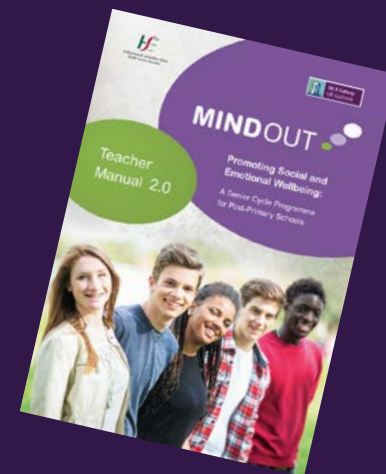
3. Consultations with programme users

Sessions:

- Intro Session - Minding your Mental Wellbeing
- Session 1 - Boosting Self-Esteem and Confidence
- Session 2 - Dealing with Emotions
- Session 3 - Challenging Thoughts
- Session 4 - Coping with Challenges
- Session 5 - Support from Others
- Session 6 - Walking in Someone Else's Shoes
- Session 7 - Managing Conflict
- Session 8 - Connecting with Others
- Session 9 - Giving and Getting Help
- Session 10 - Making Decisions
- Session 11 - Happiness and Wellbeing
- Session 12 - Review

Characteristics:

- Universal Programme
- SPHE
- 13 x 35 min
- 15-18 years olds
- Skills-based
- CASEL's Framework



Dowling, K., Ryan, J., Clarke, A.M., Sheridan, A. & Barry, M.M. (2017). *MindOut Teacher Manual 2.0 – Promoting Social and Emotional Wellbeing: A senior cycle program for post-primary schools (2nd Edition)*. Health Promotion Research Centre, National University of Ireland Galway and the Health Service Executive, Ireland

MindOut Evaluation

Study 1:

To determine if the revised MindOut programme has significant effects on adolescents' social and emotional skills; mental health and wellbeing and academic outcomes.

Study 2:

To examine the process of implementation to determine the implementation quality of schools delivering MindOut and to examine differences in delivery between high and low implementing schools.

Study 3:

To assess how quality of implementation impacts on students' outcomes and to determine what conditions are needed to ensure successful outcomes.









Study 1: Outcome Evaluation

Methods:

- Cluster-RCT; Mixed Modelling
- Sample: n=32 DEIS schools (17 intervention; 15 control); n=497 students
- Measures: Quantitative data collected at two time-points pre- and post-intervention. Questionnaires measured adolescents' social and emotional skills; mental health and wellbeing and academic outcomes.

Results:

- Social Emotional Skills:
 - Increased social support coping 
 - Decreased avoidance coping 
 - Decreased suppression of emotions 
- Mental Health and Wellbeing:
 - Decreased stress scores 
 - Decreased depression scores 
 - Decreased anxiety scores (females) 

Implementation Quality

To increase the likelihood of producing successful outcomes, interventions need to give attention to two key components: effective evidence-based practices as well as effective implementation quality.

What is Implementation Quality?

- How well a programme is implemented as intended by developers.
- Evidence-based programmes can show promising results, but they are unlikely to have a positive effect on participant outcomes if implementation quality is poor.


Why is it important?

- Implementation quality is key to the success of any programme.
- Strong implementation quality = intervention effects are much higher; Poor implementation quality = programmes may fail to achieve intended outcomes.
- Without understanding the conditions under which the programme was delivered, it is difficult to determine what factors lead to the best outcomes.
- Advances knowledge for effective intervention adoption, scale-up and sustainability.
- Need to monitor implementation to ensure investments are worthwhile and are not being wasted due to poor implementation.

(Dane & Schneider, 1998; Durlak, 2016, 2017; Durlak & DuPre, 2008; Domitrovich & Greenberg 2000; Mihalic et al., 2002)

Implementation Quality

What does the research say?

- Programmes implemented with a higher degree of quality are more likely to produce successful outcomes (Dane and Schneider, 1998; Durlak and Dupre, 2008; Sklad et al., 2012).
 - Studies have found that implementation quality was the most important factor leading to larger effect sizes (Wilson & Lipsey, 2000).
 - Study showed that higher implementation groups can benefit from a programme 12x more than low implementation groups (DuBois et al., 2002; Durlak and Dupre, 2008; Smith et al., 2004).
 - Large number of evidence-based programmes, however the implementation of these is inconsistent.
 - Compared to outcome evaluations, process evaluations have received far less attention in terms of research and practice (Durlak and Dupre, 2008; Greenberg, 2010; Spoth et al., 2013).
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Implementation Quality Dimensions:

1. Dosage: Often called 'exposure' refers to how much of the original programme was delivered (e.g., whether the quantity, frequency and duration of the intervention sessions is full)

2. Adherence: How much the delivered programme matches the programme as designed and intended by developers (e.g., core activities, use of resources, videos, review etc.)

3. Quality of delivery: The way the facilitator delivers the programme (e.g., implementer enthusiasm, leader preparedness, attitudes toward program etc.).

4. Participant responsiveness: Participant responsiveness measures participants' response to and engagement with the programme.

(Dane and Schneider, 1998; Durlak, 2016)



Study 2: Process Evaluation

Aim:

To examine the process of implementation to determine the implementation quality of schools delivering MindOut and to examine differences in delivery between high and low implementing schools.

Objectives:

1. Examine the levels of implementation quality across dimensions and identify low vs. high-implementing schools.
2. To assess the views of teachers and student participants on their experiences and perspectives regarding the implementation process of MindOut as well as suggestions for improvement.
3. Examine the process of implementation for high- vs. low-implementing schools.

Study 2: Process Evaluation

Methods:

- **Design**
 - Mixed methods approach – Quantitative and Qualitative methods; Concurrent Triangulation
- **Sample**
 - DEIS schools
 - 16 schools (intervention); 280 students *1 school eliminated from analysis.
- **Measures:**
 - Teacher Weekly Reports, Student Review Questionnaires, classroom observations (n=6), participatory workshops (n=5) and Teacher telephone interviews (n=17).
 - Indicators selected for each of the four dimensions from TWR and SRQ:
 - Dosage (2), Adherence (2), Quality of Delivery (2) and Participant Responsiveness (4)
- **Analysis:**
 - Internal reliability checks and correlations completed for all indicators.
 - Indicator scores summed and final percent scores for each of the four dimensions calculated.
 - Classroom observations used to validate teacher and student responses.
 - Visual Binning procedure done SPSS to determine implementation quality levels. (Dix and colleagues, 2010)
 - Schools falling into the lowest 3rd for each dimension were considered 'low implementers' (Saunders et al., 2006).

Implementation Indicators

Fidelity Measure	Instrument	Question/Indicator	Rating Scale	Max Score
Dosage (Teacher)	Weekly Report	Delivery of each session (12 sessions) <ul style="list-style-type: none"> Did you deliver this session? 	No=0 Yes=1	12
Dosage (Student)	Student Review Questionnaire	Student attendance for each session (12 sessions) <ul style="list-style-type: none"> Tick all the sessions you remember being present for? 	No=0 Yes=1	12
SUBTOTAL				24
Adherence (Teacher)	Weekly Report	Key lesson activities implemented (12 sessions) <ul style="list-style-type: none"> Were you able to complete activity 1 in the time? Were you able to complete activity 2 in the time? Did you play the recommended video? 	No=0 Yes=1	36
Adherence (Teacher)	Weekly Report	Teacher rated adherence to each session (12 sessions) <ul style="list-style-type: none"> What percentage of the session did you complete? 	0% = 1 100% = 6	6
SUBTOTAL				42
Quality of Delivery (Student)	Student Review Questionnaire	Individual student rating of aspects of teacher quality of delivery <ul style="list-style-type: none"> Was confident in their own knowledge and skills around each session. Was enthusiastic (passionate) when delivering the sessions. Made critical or negative remarks about the students during the sessions (Reverse) Showed appreciation when students shared comments and participated Kept students engaged and interested in the session. Seemed well-prepared and organised for the sessions. 	Never = 1 Always = 5	5 5 5 5 5 5
Quality of Delivery (Student)	Student Review Questionnaire	Individual student rating teacher quality of delivery overall <ul style="list-style-type: none"> Please rate from 1 (poor) to 10 (excellent) how well your teacher delivered the <u>MindOut</u> programme? 	Poor = 1 Excellent = 10	10
SUBTOTAL				40

Study 2: Process Evaluation

Results:

- **Dosage:**
 - 12 of the 16 schools (75%) delivered the MindOut programme in its entirety.
 - 2 of these delivered less than 60% of the programme and the other 2 delivered over 75%.
- **Adherence:**
 - On average teachers reported delivering 71% of the key activities.
 - When eliminating the schools that did not complete the programme the remaining teachers reported delivering an average of 85% of the key activities.
 - Half the schools reviewed less than 50% of whole school resources. Only 3 schools reported that they reviewed all of the whole school resources.
- **Quality of delivery**
 - The average student rating on teachers' quality of delivery was 76%. (Range 51% - 92%)
 - 5 schools had a quality of delivery rating below 70%. 8 schools rated teachers' quality of delivery above 80% .
- **Participant Responsiveness:**
 - Total participant responsiveness was rated as 76% across schools. (Range = 62% - 89%)
 - 5 schools reported participant responsiveness below 70% and 5 schools reported participant responsiveness above 80%.

School	Dosage Total	Adherence Total	Quality of Delivery Total	Participant Response Total	Total
1	3	2	1	1	2
2	2	3	2	2	4
3	1	1	2	1	1
4	2	3	1	1	2
5	1	1	1	1	0
6	1	1	1	2	1
7	3	3	3	3	4
8	3	3	3	2	4
9	3	2	2	2	4
10	1	1	1	2	1
11	2	3	2	2	4
12	1	2	2	3	3
13	3	3	3	3	4
14	2	2	3	3	4
15	2	1	2	1	2
16	2	3	3	2	4

Results:

- 1 school fell into the LOW implementation group for **ALL** of the dimensions



- 3 schools fell into the LOW implementation group for **3 of the 4** dimensions



- 3 schools fell into the LOW implementation group for **2 of the 4** dimensions



- 1 school fell into the HIGH implementation group for **3 of the 4** dimensions



- 8 schools fell into the HIGH implementation group for **ALL** of the dimensions



***Clear variation between schools on implementation quality as assessed by each of the dimensions.**

Next Steps

Study 2:

Objectives:

1. Examine the levels of implementation quality across dimensions and identify low vs. high-implementing schools.

Methods: Quantitative

2. To assess the views of teachers and student participants on their experiences and perspectives regarding the implementation process of MindOut as well as suggestions for improvement.

Methods: Qualitative; Thematic analysis

3. Examine the process of implementation for high- vs. low-implementing schools.

Methods: Concurrent Triangulation Method



Study 3:

Aim:

To assess how quality of implementation impacts on students' outcomes and to determine what conditions are needed to ensure successful outcomes.

Methods:

- Cluster-RCT; Mixed modelling
- Groups (3): Control; Low-implementers; High-implementers
- Time points (3): pre-, post-, 1-year follow-up

References

- Dowling, K., Simpkin, A., and Barry, M.M. (2019). A Cluster Randomized-Controlled Trial of the MindOut Social and Emotional Learning Program for Disadvantaged Post-Primary School Students. *Journal of Youth and Adolescence*. <https://doi.org/10.1007/s10964-019-00987-3>
- Sheridan, Dowling and Barry “MindOut programme: Implementation of the MindOut programme in Irish post-Primary Schools” in chapter 11, Barry, Clarke, Petersen and Jenkins (2019). *Implementing Mental Health Promotion*, (2nd Edition), New York: Springer (in press).
- Dowling, K. and Barry, M.M. (2018). An Evaluation of the MindOut Programme in Disadvantaged Post-Primary Schools: Executive Summary Report. Produced by the Health Promotion Research Centre, National University of Ireland Galway.
- Dowling, K., Ryan, J., Clarke, A.M., Sheridan, A. & Barry, M.M. (2017). *MindOut Teacher Manual 2.0 – Promoting Social and Emotional Wellbeing: A senior cycle program for post-primary schools (2nd Edition)*. Health Promotion Research Centre, National University of Ireland Galway and the Health Service Executive, Ireland.
- **Video:** <https://tinyurl.com/mindoutprogramme> 