



Fourth R Programs: Are Educators Implementing 1 to 2 Years after Training?

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Overview: The Fourth R

The Fourth R collectively refers to an array of universal, evidence-based programs that utilize a skills-focused, relationship based approach to preventing adolescent violence and related risk behaviours. The classroom-based Fourth R programs are aligned to health education curriculum guidelines for grades 7 through 9, and are delivered by classroom teachers. The Fourth R covers four main units, each with built in knowledge, skills practice, and assessment and evaluation resources; Personal Safety and Injury Prevention, Substance Use, Addictions and Related Behaviours, Human Development and Sexual Health, and Healthy Eating. Evaluations of the Fourth R programs identify multiple benefits for youth, including decreased rates of physical violence perpetration and increased condom use, decreased peer violence among maltreated youth, increased use of peer resistance skills, increases in knowledge of violence, and increased awareness of healthy coping strategies (Wolfe et al., 2009; Wolfe, Crooks, Chiodo, Hughes, & Ellis, 2012; Crooks, Scott, Broll, Zwarych, Hughes, & Wolfe, 2015; Crooks, Scott, Ellis, & Wolfe, 2011).

Understanding Implementation and Scale-up

Access to evidence-based programs such as the Fourth R is an important component of effective implementation, but there are other challenges in the implementation and sustainability processes. There is a need to explore the extent to which educators trained in the Fourth R implement it in the first place, and continue to use it in subsequent years.

This report summarizes the findings from an implementation survey for educators utilizing the Fourth R and to examine the extent to which they were still using Fourth R programs one to two years after training. The survey also asked educators about the facilitators and barriers to long-term implementation and sustainability of the programs.

Survey Methods

One to two years after being trained in the Fourth R program, educators were contacted at the end of the school year by email to complete the implementation follow up survey. The survey was comprised of 12 close-ended questions, which asked educators to provide information about their current use of Fourth R programs, including whether or not they had ever, or were currently using the program, reasons why they were or were not currently implementing, and whether they would consider implementing the program in the future. Educators who indicated that they had implemented a Fourth R program within the past year were asked to complete one



open-ended question detailing what supports educators would need to continue to deliver the program at their school or organization.

Survey Sample

One hundred and eighty-four educators from five provinces/territories who were trained in a Fourth R program between 2014 and 2017 completed the implementation follow up survey. Within this sample were some educators from a local school board who had been trained prior to 2014, but received updated curriculum materials within this timeframe and were also invited to complete the survey. (n =17).

Table 1 summarizes demographic information for educators in this sample, including gender, highest level of education, years working in education, and year trained in the Fourth R.

Table 1. Educator Demographics

Demographic	<i>n</i>	%
Gender ^a		
Male	27	28
Female	67	71
Not Specified	1	1
Highest Level of Education ^a		
Certificate or diploma	7	7
University- Bachelor's degree	64	67
Master's degree	24	25
Years in Education ^a		
Less than 5	27	28
6-10	26	27
11-15	20	21
16+	22	23
Year Trained in Fourth R ^b		
Before 2014	17	9
2014-2015	11	6
2015-2016	43	24
2016-2017	109	60

^a N= 95; Of the total sample of respondents, 95 educators completed demographic questions.

^b N= 180; Total sample of respondents who provided training information.

Implementation of the Fourth R one to two years after training

More than half of educators (60%; n= 110) indicated that they had implemented a Fourth R program one to two years after training. Of these facilitators, 48 delivered the Grade 7 program, 54 implemented the Grade 8 program, and 43 reported facilitating the Grade 9 Fourth R. Many implemented more than one program. For more than half of respondents (58%), this was their second year delivering a Fourth R program. Of the remaining educators, 23% were delivering a Fourth R program for the first time, and 19% had three or more years of experience with the Fourth R.

Figure 1. Percentage of educators Implementing a Fourth R program at 1-2 year follow up

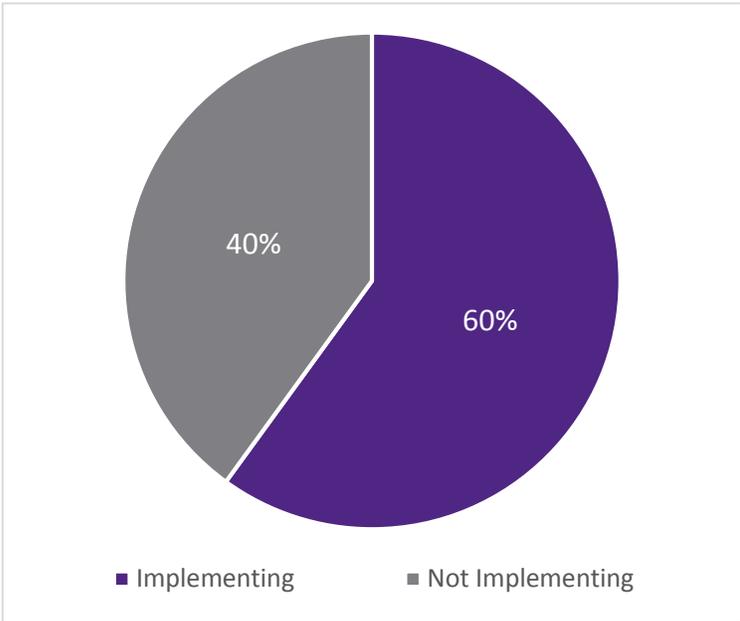


Table 2 lists demographic information for educators who had implemented a program and those who did not. While gender, and number of years working in education does not seem to distinguish the experience of implementation for these two groups of educators, it seems that more than half of the educators (57%) who were trained in the most recent year did not have an opportunity to deliver the program

Table 2. Demographic information for educators who implemented a program and those who did not

Demographic	Implemented a Fourth R Program		Did Not Implement a Fourth R program	
	N	%	N	%
Gender ^a				
Male	17	30	10	26
Female	38	68	29	74
Not Specified	1	2	0	0
Years in Education ^a				
Less than 5	16	29	11	28
6-10	19	34	7	18
11-15	9	16	11	28
16+	12	21	10	26
Year Trained in Fourth R ^b				
Before 2014	13	12	4	6
2014-2015	6	6	5	7
2015-2016	22	20	21	30
2016-2017	68	62	41	58

^a N= 95 (Implementers N= 56, Non-Implementers N= 39) ; ^b N= 180 (Implementers N= 109, Non-Implementers N= 71)

Factors Related to Continued Implementation of the Fourth R

Educators who delivered Fourth R program one to two years after training identified multiple factors that contributed to their continued use of the program. These factors are listed in Table 3. Noteworthy, 99% of respondents who implemented a Fourth R program in the most recent school year (n= 110) indicated that they would consider using a Fourth R program again in the future.

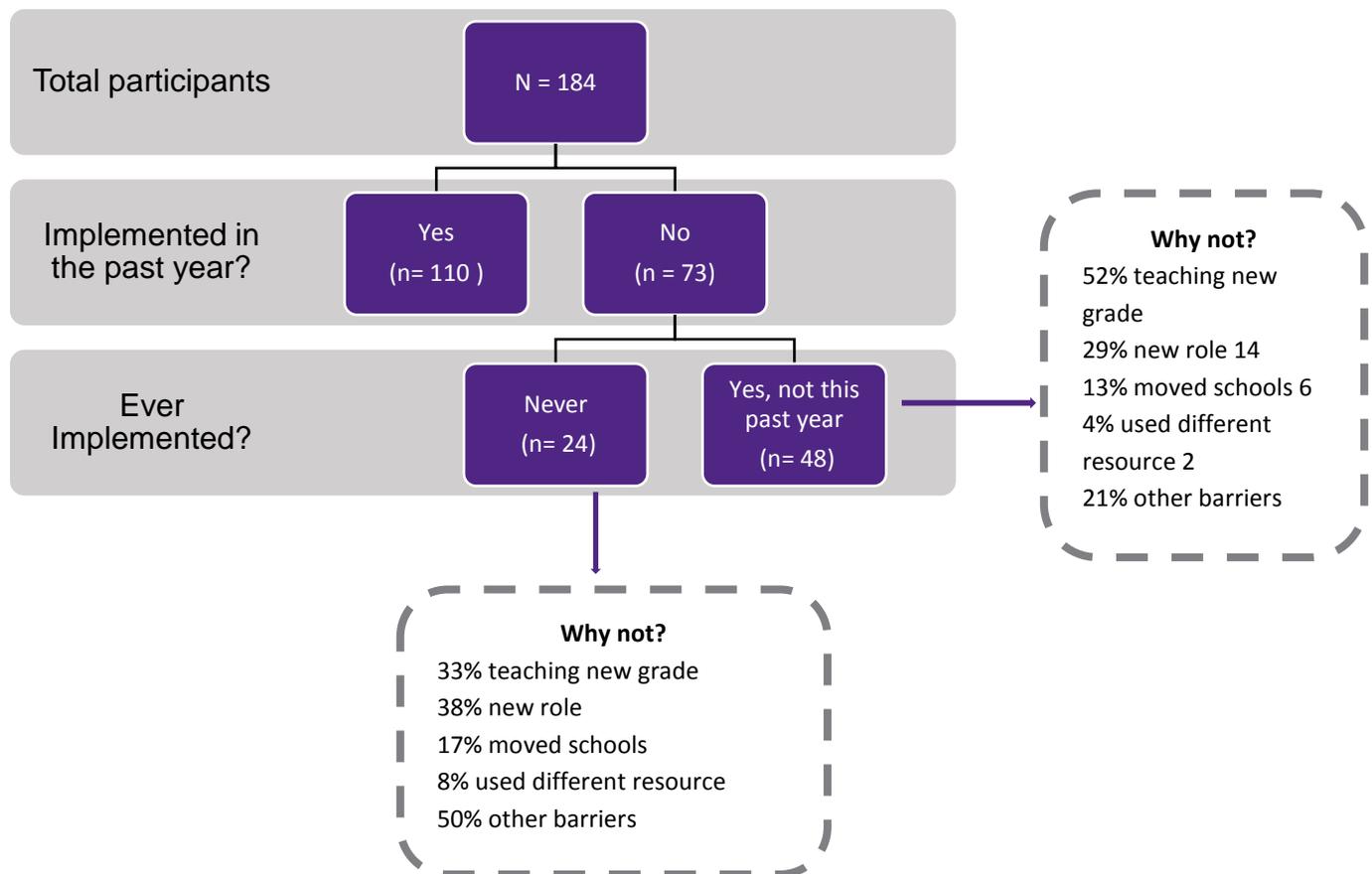
Table 3. Reasons for Continued Implementation of Fourth R Programs

	% Identifying Reason
I like teaching the program	48%
Students like the program	45%
Fourth R program fits with my beliefs about health education	44%
Fourth R program is better than my previous resource(s)	38%
The Fourth R is the recommended resource at my school/organization	37%
There is research to support the effectiveness of the program	23%
I have seen changes in students after delivering the program	10%
I didn't have a choice	3%
Other	3%

Why are Educators not Implementing a Fourth R Program?

Thirty-eight percent (n= 73) of educators indicated that they did not implement a Fourth R program during the current school year (at the time of survey completion; one to two years following training). Approximately one third of respondents (n= 24) indicated that they never had the opportunity to implement a Fourth R program, while the remaining educators (n= 48) reported that they had implemented a Fourth R program, just not in the past school year. One educator did not answer this question. Respondents were asked to report on the reasons why they were not able to implement the Fourth R program during the past school year. Figure 2 depicts the breakdown of educators who implemented and those who did not at different points and for what reasons. Notably, the majority of educators were unable to implement a Fourth R program due to lack of opportunity related to structural reasons (i.e. changes in school, role, or grade assignment) rather than factors related to the program itself.

Figure 1. Reasons for Not Implementing Fourth R Program



Respondents reported specific reasons for using a resource other than the Fourth R, including: returning to a program the educator was more familiar with (n=1), youth did not respond well to the program (n=1), no one else delivering the Fourth R at the educator’s school (n=1), and the program not being an appropriate fit for the needs of all students (n=1).

Analysis of responses from facilitators who indicated “Other” reasons for not implementing Fourth R programs identified additional barriers related to the individual educator and barriers related to the setting.

Implementation Barriers at the Educator Level

Barriers at the educator level included medical or maternity leaves (n= 2), constraints of their specific role (i.e. assisting another educator, lay-offs, no longer working in a school, program being assigned as prep) (n= 6), or most commonly, that they are no longer teaching health this year (n= 6). One educator indicated that they did not complete program training.

Implementation Barriers at the Organizational/Setting Level

For some educators, organizational characteristics prevented them from implementing the program, such as job action, which prevented the educator from adequately preparing and implementing the program (n= 1), and not enough time to deliver the program (n= 1). A small percentage of educators did not implement the program as it did not fit with the needs of certain groups of students (n= 4). For example, one respondent indicated that they were currently teaching a class of adults, and another reported that they did not implement a Fourth R program as they had the same group of students for a second year, who had presumably completed the program the year before.

Factors Predicting Implementation Sustainability

Educators who reported continued implementation of a Fourth R program at one to two year follow up were asked what they would need to deliver the program again. Of the 115 respondents who indicated that they delivered a Fourth R program in the most recent school year, 63 provided answers in open-ended format. Responses were analyzed to determine factors that facilitate sustained implementation. Notably, approximately one third of respondents who answered this question (n=21) reported that they felt comfortable with the program as is, and did not require additional supports or resources to implement it again. Educators identified a number of factors that would support continued implementation. Responses mainly fit within four themes.

Resources

Educators identified modifications to current resources that would support continued implementation. Better access to video content (i.e. embedded links, providing video files) was commonly requested. Respondents also suggested that electronic copies of resources and SmartBoard or PowerPoint files for lessons would be helpful.

Curriculum

While many respondents reported a positive view of the Fourth R curriculum, up to date content was identified as an important factor for continued implementation. Specifically, some educators requested updated information in the substance use unit regarding the legalization of marijuana.

Views on the activities in the program were mixed; some educators requested more hands-on activities to engage students, while others preferred more individual activities to facilitate evaluation. Many educators also identified the need for adapted, modified or extended Fourth R curricula for unique groups of students. Needs included a French version of the curriculum, as well as modified curriculum for students with low literacy levels. Respondents also highlighted the need for a resource for split classes, and a curriculum for younger students (i.e. Grade 6 version).

Training

Additional training in facilitating role plays was requested by one educator. Specialized training for specific populations (i.e. trainings for Catholic teachers, teachers in alternative education settings) was also suggested.

Support

Educators acknowledged the importance of support from multiple stakeholders to continued implementation of Fourth R programs. This included structural support from school boards and organizations (i.e. support from administrators), as well as support from the Fourth R resource team. Respondents identified the importance of the school in backing these types of programs, and cited internal support for health programming as an important factor in successful implementation. Ongoing communication and updates from the research team (i.e. training updates, ideas for time management) were also identified as beneficial for continued program delivery. One respondent noted the benefits of having a trained resource person within the school board/organization to facilitate these goals.

Limitations

There are several important limitations to be aware of with respect to these data. First, all data are self-report and do not take implementation quality into account. That is, educators reported on whether or not they were implementing Fourth R programs, but we are not able to ascertain the quality or completeness with which these programs are being implemented. Second, the base rates and proportions we established apply only to the subset of educators who responded to our survey invitation one to two years after training; presumably, many educators who did not implement the program even once would have simply ignored the invitation.

Summary

According to a survey completed by 187 educators trained in Fourth R programs, approximately two thirds reported continued implementation of the program one to two years following training. Educators who reported implementing the program during the most recent school year reported that both their own and their students' enjoyment of the program, its fit with their beliefs about health education, and preference over previous materials as reasons for sustained implementation. All but one educator (99%) reported intentions to use the program again in the future.

Most educators who did not continue to implement the program reported that they did not have the opportunity to do so, due to changes in assignment (i.e. teaching a new grade, changing roles, moving to a new school). Additional individual level barriers included medical or maternity leaves, educators leaving the teaching profession, and no longer teaching the topic of health specifically. Setting and context were also identified as contributing factors that prevented educators from continued implementation.

Many educators felt well-prepared to deliver Fourth R programs. Some supports for sustainable implementation were identified. It is noteworthy that many of the curriculum and resource changes requested by educators (i.e. French translation, literacy supported version) have been previously developed by the Fourth R team and are currently available to educators. Explicit communication and updates about these options may be required to ensure that educators' knowledge of the availability of these additional supports and resources is up to date. Importantly, many educators identified the importance of having school and organizational support for successful and sustainable implementation of programs such as the Fourth R.

Thus, while sustained implementation is possible, it is not automatic. The results of this survey point to several strategies that could further promote ongoing implementation of the evidence-based Fourth R programs.

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