The power of a collaborative relationship between technical assistance providers and community prevention teams: A correlational and longitudinal study

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ABSTRACT

Background: Historically, effectiveness of community collaborative prevention efforts has been mixed. Consequently, research has been undertaken to better understand the factors that support their effectiveness; theory and some related empirical research suggests that the provision of technical assistance is one important supporting factor. The current study examines one aspect of technical assistance that may be important in supporting coalition effectiveness, the collaborative relationship between the technical assistance provider and site lead implementer.
Methods: Four and one-half years of data were collected from technical assistance providers and prevention team members from the 14 community prevention teams involved in the PROSPER project.
Results: Spearman correlation analyses with longitudinal data show that the levels of the collaborative relationship during one phase of collaborative team functioning associated with characteristics of internal team functioning in future phases.
Conclusions: Results suggest that community collaborative prevention work should consider the collaborative nature of the technical assistance provider – prevention community team relationship when designing and conducting technical assistance activities, and it may be important to continually assess these dynamics to support high quality implementation.

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1. Background

There has been increasing use of community collaborations and teams as organizing units to implement prevention programs and advocate for change in policies related to the prevention of health risk behaviors over the last 20 years (Butterfoss, Goodman, & Wandersman, 1996; Chinman et al., 2004; Greenberg & Feinberg, 2002; Hallfors, Cho, Livert, & Kadushin, 2002; Hawkins et al., 2008).

Indeed, federal dollars to implement prevention programming or to work for changes in policies (e.g., Weed and Seed and Drug Free Communities) have required the formation of community coalitions as part of the implementation process (Community Capacity Development Office, 2005; Substance Abuse & Mental Health Services Administration, 2014). However, the effectiveness of these efforts has been somewhat mixed, which is likely in part due to the quality of team processes limiting or supporting what the coalition can achieve (Hallfors et al., 2002).

Recent research has started to link the quality of prevention team functioning to outcomes concerning the quality of work products and sustainability efforts (Brown, Feinberg, & Greenberg, 2010; Perkins et al., 2011; Spoth, Clair, Greenberg, Redmond, & Shin, 2007).

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Given the possible connections between prevention team functioning and outcomes of the team's efforts, a valid question is: what factors promote high quality community prevention team functioning? In the study described in this paper, we analyzed data collected over the first 4.5 years of the PROSPER (PROmoting School-university-community Partnerships to Enhance Resilience) trial (Spoth, Greenberg, Bierman, & Redmond, 2004) to closely examine a key potential predictor of community prevention team functioning. Specifically, we examined the degree to which a collaborative approach to technical assistance was related to the quality of team functioning.

2. Defining technical assistance

Technical assistance (TA), or the support and assistance that a prevention effort receives from someone or some organization that is not a part of a community team, has been theorized as very important in supporting high quality implementation of prevention programs specifically, and prevention systems more generally (Chinman et al., 2005; Forman, Olin, Hoagwood, Crowe, & Saka, 2009; Mitchell, Florin, & Stevenson, 2002; Wandersman & Florin, 2003; Wolff, 2001). A TA provider typically has specialized knowledge, experience, and expertise in the issues that are salient to such efforts that likely would support improved outcomes. Despite apparent consensus that technical support is an important aspect of prevention programming, there is less agreement on exactly what types of activities technical support should include. A review of the literature related to TA for prevention programming reveals that TA providers commonly employ a wide variety of techniques including, but not limited to: training, coaching, consulting, supervising, modeling, problem solving, providing feedback, supporting, instructing, demonstrating, and assisting with evaluations (Becker, Bradshaw, Domitrovich, & Ialongo, 2013; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Pas, Bradshaw, & Cash, 2014; Stormont & Reinke, 2014). Creating supportive interpersonal relationships seems to be assumed across each of these aspects of TA (Kilburg, 1996), yet the degree to which supportive interpersonal relationships occur likely varies. Consequently, the current study examined the quality of the collaborative relationship between TA providers and lead prevention implementers that were part of the PROSPER project (Spoth et al., 2004).

3. Effects of technical assistance

There is relatively strong evidence that implementation of prevention programs is of higher quality when supported by TA (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Durlak & DuPre, 2008; Fixsen et al., 2005; Kelly et al., 2000; Olson, 2010; Rabin et al., 2010; Spoth et al., 2013). Preliminary research on the effectiveness of TA systems has focused largely on the degree to which such support affects both the quality of program implementation and overall program effectiveness. Results of such studies have suggested that a wide variety of forms of TA have been associated with improved program implementation. Although implementation quality could be operationalized broadly, and could include multiple characteristics such as overall quality of instruction within a prevention program, time management, and individual capacity or preparation to implement prevention strategies (Becker et al., 2013; Chinman et al., 2008), it has most commonly been defined as the degree to which a program has been implemented with fidelity to the original program model (Fox, Hemmeter, Snyder, Binder, & Clarke, 2011; Noell et al., 2005). Research on the links between TA and implementation quality have yielded mixed results, with some researchers finding that more TA is better (Chinman et al., 2008; Stevenson, Florin, Mills, & Andrade, 2002), and others finding a

more complicated relationship between TA and outcomes (Becker et al., 2013; Feinberg, Chilenski, Greenberg, Spoth, & Redmond, 2007; Feinberg, Ridenour, & Greenberg, 2008; Mihalic & Irwin, 2003; Mitchell, Stone-Wiggins, Stevenson, & Florin, 2004). Given that empirical research focused on the mechanisms through which positive effects of TA might occur is in its formative stages, it is not yet possible to make firm research-based decisions on how exactly to structure the TA process for community collaborative prevention efforts.

Despite limited information regarding the exact components of successful TA efforts, evidence seems to indicate that such support holds promise as a way to improve both the quality and effectiveness of evidence-based programming efforts. Nevertheless, many prevention stakeholders remain resistant to adopting formal TA systems. One primary reason for such resistance is likely due to the fact that providing TA, either at the program- or the community coalition-level, can add substantial costs to an already significant investment in implementing new evidence-based programs. Indeed, our experience with PROSPER suggests that many stakeholders continue to question the cost-effectiveness of adding these "infrastructure" costs to direct program implementation costs.

Implementation-related outcomes. A growing body of literature has focused on the effects of TA on the quality of implementation of packaged prevention programs. Most of these studies have found small to moderate positive relations between TA activities and implementation with fidelity to the underlying program model. For example, Becker and colleagues (Becker et al., 2013) examined the effects of coaching on teachers' implementation of the Good Behavior Game. Coaches engaged in a wide variety of TA activities, including regular check-ins with teachers, needs assessments, modeling of proper implementation, and other forms of rapport building and supplemental support. Quality of implementation was assessed through subjective ratings of independent observers using a 29-item rubric. Results indicated small but statistically significant improvement in implementation fidelity among teachers who received TA that was tailored to their unique needs. Effects of coaching appeared to be particularly strong among teachers who started out with implementation scores that were at the lower end of the spectrum.

Other studies have revealed similar findings. For example, Fox and colleagues (Fox et al., 2011) found that TA in the form of professional development for teachers such as workshops, implementation support, and performance feedback—was associated with ratings of improved program fidelity. However, such findings may not be broadly generalizable, given that the study focused on a very small sample of three teachers.

There is some evidence that the effects of TA on implementation vary based on the intensity of the support offered. For example, Noell and colleagues (Noell et al., 2005) found higher levels of implementation fidelity associated with a school-based behavioral intervention among teachers who received more intensive support as compared to those who received simple weekly check-ins. In this study, the intensive TA included tailored performance feedback in which consultants worked closely with teachers to assess implementation of the intervention and recommend strategies to improve treatment integrity.

Behavioral outcomes. Several researchers have focused on relationships among various types of TA and program outcomes. To date, results have been mixed, with findings from some studies indicating significant relationships between TA and positive outcomes among program participants. Other studies, however, have revealed no or mixed effects. For instance, one study found that a combination of consultation with teachers and performance feedback related to intervention implementation resulted in a variety of positive outcomes among those who were implementing