**Chapter 11: Implementing Prevention and Promotion Programs**

1. Durlak and Dupre (2008) discuss eight different aspects of program implementation. Which of the following NOT one of those aspects? (pp. 382–383)
   1. Fidelity
   2. Program reach
   3. Dosage/Intensity
   4. Program specification
2. Dane, an evaluation scientist, is concerned with how many sessions are included and how often the local school bullying prevention program is delivered to the varying middle schools in the county. What aspect of program implementation is Dane concerned with? (p. 382)
   1. Dosage/Intensity
   2. Fidelity
   3. Program reach
   4. Program differentiation
3. Which program implementation concept refers to the process of expanding a program’s original concept to a more widespread application? (p. 376)
   1. Replication
   2. Adaptation
   3. Scaling up
   4. Dissemination
4. Chapter 11 describes four stages of program development and implementation. They include widespread implementation, diffusion of innovation, technological application, and: (pp. 376–377)
   1. Scaling up
   2. Experimental development
   3. Refinement
   4. Action research
5. What is the Interactive Systems Framework for Dissemination and Implementation designed to do? (p. 378)
   1. Describe the systems that needs to be in place for the implementation of a program to be successful
   2. Describing stages involved in program dissemination
   3. Integrate ideas from the research-to-practice model with the stages of implementation
   4. All of the above
6. What does the Prevention Synthesis and Translation System of the Interactive Systems Framework for Dissemination and Implementation address? (p. 378)
   1. The need to provide training and support to providers of prevention programs
   2. The fact that information on effective prevention programming is often published in scientific reports or journals that may not be easily accessible
   3. The ability of researchers to obtain funding to develop effective prevention programs
   4. The ability of organizations to successfully implement prevention programs
7. When Durlak and Dupre studied factors affecting successful implementation of child and adolescent prevention and promotion programs they found: (p. 378)
   1. Program fidelity had minimal relationship to the success of the program
   2. Successful implementation of effective prevention and promotion programs requires doctoral level staff
   3. Factors related to the organizational capacity of the Prevention Delivery System were key to successful implementation
   4. Effective programs could be successfully implemented regardless of the characteristics of the organization adopting them
8. What are the aspects of prevention/promotion innovations that are central to its effectiveness and must be included in any implementation? (p. 397)
   1. Longitudinal components
   2. Adaptive components
   3. Operator components
   4. Core components
9. What are iatrogenic effects? (p. 386)
   1. Significant, positive effects of an intervention
   2. Unintended, harmful consequences of what was meant to be a beneficial intervention
   3. Non-significant effects
   4. Intervention effects that are true for some types of participants
10. How do innovation-specific capacity and general capacity differ? (p. 379)
    1. General capacity refers only to an organization's financial resources
    2. General capacity refers to the skills and overall level of functioning necessary for program implementation while innovation specific capacity refers to the skills necessary to implement a specific innovation
    3. Innovation-specific capacity refers to program implementation while general capacity refers to innovation of a program
    4. Innovation-specific capacity applies to organizations while general capacity applies to communities
11. Why is it important to distinguish between adaptive and core components? (p. 397)
    1. Core components can be altered but adaptive must be implemented exactly as planned
    2. Adaptive components can be modified to fit the specific needs of the setting
    3. Core components must be implemented with fidelity to ensure effectiveness of the program
    4. Both b and c
12. For a program to become effective on a long term, or longitudinal basis, the innovation must become a routine part of the host setting. In other words, the intervention must be: (p. 402)
    1. Context dependent
    2. Rationalized
    3. Institutionalized
    4. Permanent
13. It is especially important for program implementation and adaptation to proceed from a(n) \_\_\_\_\_\_\_\_, or be grounded in and arising from the community itself. (p. 403)
    * + - 1. emic perspective
          2. community perspective
          3. etic perspective
          4. grounded perspective
14. All of the following are characteristics of social-emotional learning programs EXCEPT: (pp. 387–388)
    * + - 1. Based in schools and designed to foster social and emotional learning
          2. Theoretically grounded in concepts of positive youth development
          3. Specifically designed as promotion programs but have demonstrated prevention in some settings
          4. Costly to initiate and fund but generally well accepted by school administrators
15. All of the following are characteristics of home-visit programs EXCEPT: (p. 390)
    * + - 1. These programs, while successful, lack widespread support because of their intensive nature
          2. They are often time intensive requiring weekly or monthly visits for 2 to 5 years
          3. They involve trained staff visiting pregnant women and mothers in their homes
          4. Both b and c
16. The current state of prevention theory research and politics indicates funding and policy considerations is/are \_\_\_\_\_\_\_\_ affecting the implementation process. (p. 381)
    * + - 1. provider characteristics
          2. community-level factors
          3. innovation characteristics
          4. organizational capacity
17. What three systems are included in the Interactive Systems Framework for Dissemination and Implementation? (pp. 378–379)
    * + - 1. Prevention synthesis and translation system, community-centered system, and research-to-practice system
          2. Capacity development system, leadership development system, staff development system
          3. Prevention synthesis and translation system, prevention support system, and prevention delivery system
          4. Prevention support system, leadership development system, and capacity development system
18. What concept, which was added to the Prevention Support System, identifies the degree to which one is prepared and willing to tackle a goal based on motivation, general capacity, and innovation-specific capacity? (p. 382)
    * + - 1. Readiness
          2. Preparedness
          3. Fitness
          4. Eagerness
19. Chapter 11 listed seven organizing principles of a participatory action research cycle of program implementation. Which of the following is NOT one of those principles? (p. 385–386)
    * + - 1. Training and supporting staff
          2. Assessment of the setting
          3. Developing the funding process
          4. Reviewing available interventions
20. Research to practice models of program implementation… (p. 377)
    * + - 1. focus on pushing communities to adopt evidence-based programs.
          2. are generally developed from the perspective of the community adopting the program.
          3. only consider programs developed by communities as successful.
          4. assume that implementation issues are of little importance for program effectiveness.