Exemplary Programs and Best Practices to Address Risk Factors

Program Options for CIS Affiliates

Once risk factors are identified, practitioners face the decision of which program or programs to implement to address these factors. One option is for practitioners to select from among the number of quality evidence-based programs already proven to address particular risk factors. Another option is for program planners to develop their own programs using components and strategies incorporated in best practices as a guide.

CIS enlisted NDPC/N to assist local CIS Affiliates to implement either option. To assist those wanting to adopt an existing evidence-based program, NDPC/N identified exemplary programs that could be purchased and implemented by Affiliates. For those wanting to develop their own programs, NDPC/N outlined the evidence-based strategies used in exemplary programs to help guide program development.

The following narrative describes processes used and information gathered during this review. The first section discusses the importance of using evidence-based strategies as well as lessons for program implementation stemming from risk factor research. In the next section on identified exemplary programs, the process and criteria used to select programs are described and general information given on the programs. The third and final section includes a discussion of elements of best practices found in the identified exemplary programs, including key program components and evidence-based strategies. A brief summary of the steps taken in identifying exemplary programs and their key components and strategies appears in Appendix A, Charts A-2 and A-3.

Importance of Evidence-Based Programs

The success of prevention efforts depends greatly on the types of strategies used, making it crucial to select strategies that have been proven effective for identified risk factors. Positive outcomes are more likely when the program's "theoretical rationale, goals, and objectives, and outcome evaluation data have been carefully reviewed" (Center for the Study and Prevention of Violence, n.d.).

Many programs, however, are being used around the country with little or no knowledge about their development or actual program effects. In fact, some argue that what evaluation evidence there is indicates that most prevention programs are ineffective and sometimes even harmful or counterproductive (Kumpfer & Alvarado, 1998; Office of Surgeon General, 2001).

One substance abuse prevention program developed in the 1990s is a good example of this problem. The program was federally funded and highly marketed before any extensive evaluation had been carried out. After evaluations were finally completed at several sites, it was found that the program had few, if any, short- or long-term effects on substance use. In addition, other competing programs were found to be more effective. On the surface, when compared to competing programs, this highly marketed program appeared to be quite similar. However, rigorous program evaluation pointed to significant differences between programs and their outcomes. The methods used by the highly marketed program were found to be less effective than those used by competing programs. The highly marketed program relied on class lectures and non-research-based teaching techniques, rather than on more proven interactive methods used in the other programs, such as role-playing and rehearsal of skills. This program also did not include sections on social competency skills development or use experienced teachers to deliver content (instead it used police officers), practices found to be essential to successful prevention programs (Gottfredson, 1998, p. 184-187).

Reliance on evidence-based programs and evaluation of programs being implemented can help ensure that the most effective programs are being used. The challenge lies in identifying effective programs.

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Many sources have identified “effective” or “model” programs or “best practices.” But often the criteria used were not made explicit or the standards used were very low (Center for the Study and Prevention of Violence, n.d.; Office of Surgeon General, 2001).

Even when using rigorous criteria, reviewers often have difficulty finding programs that meet them. For example, in a review of dropout prevention programs, only six programs met Fashola and Slavin’s (1998, p. 163) criteria of (1) rigorous evidence of effectiveness (“in comparison to control groups showing significant and lasting impacts on dropout or related outcomes”), (2) having an active dissemination program, and (3) having been replicated in other sites with evidence of effectiveness at those sites. They found, as have others, problems in the level of evaluation and measurement used to assess program impact as well as a lack of replication of programs at different types of sites.

Rigorous data on the effectiveness of dropout prevention programs is particularly lacking. Rumberger (2001) outlines two reasons why this is the case: (1) there have been few rigorous evaluations carried out on programs, and (2) many evaluations that have been carried out fail to prove that the program was effective.

Lessons From Risk Factor Research for Program Implementation

A number of lessons can be gleaned from the research on risk factors and evidence-based programs for practitioners implementing either existing programs or developing new ones. First, multiple risk factors should be addressed wherever possible to increase the likelihood that the program will produce positive results. Research clearly shows that the likelihood of dropping out increases with multiple risk factors and that the effects of these factors may snowball over time. Programs should take this into account and target as many factors as possible.

Second, multiple strategies should also be used to help assure program impact. Reviews of evidence-based substance use and violence prevention, dropout prevention, and youth development programs all found that effective programs used more than one strategy, often using some combination of personal assets and skill building, academic support, family outreach, and environmental/organizational change (Catalano et al., 1999; Gottfredson, 1998; Lehr et al., 2004).

Third, when adopting an existing exemplary program, research points to the need for these programs to be fully implemented *and* to be implemented as they were designed (Midwest Regional Center for Drug-Free Schools and Communities [MRC], 1994A; National Institute on Drug Abuse [NIDA], 2004). Any changes to the strategies or partial implementation of the program will alter the program’s outcomes. Exemplary programs have been carefully developed, based on current theory and research. Program components and strategies are designed to work together to produce particular outcomes and have been evaluated to ensure that they have the desired effect on problem behavior. Practitioners wanting to adapt an existing model program to meet local needs should retain core program elements to ensure fidelity to the original program design (NIDA, 2004; Schinke, Brounstein, & Gardner, 2002).

Fourth, program planners who develop their own strategies need to use evidence-based strategies proven to impact the risk factors they are addressing and develop strategies based on best practice. For example, programs that build social competency skills have been found through evaluation to help prevent substance use, violence, and other types of antisocial behavior among adolescents (Catalano et al., 1999; Gottfredson, 1998). Research on best practice for these types of programs has demonstrated that the most effective social skills programs include an assessment of the level of skill deficits because different types of deficits—acquisition, performance, or fluency—require different types of interventions to successfully change skill levels.

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Finally, whether adopting an existing program or developing a new one, practitioners need to use evidence-based strategies to evaluate programs to assure effectiveness. If adopting an existing exemplary program, evaluation can ensure that the program was implemented as designed and had the desired outcomes on local children and youth. Evaluation is particularly crucial for those developing their own programs and strategies to make sure that the most effective strategies were selected and that they effectively address identified risk factors.

Exemplary Programs That Address Risk Factors

Exemplary Program Search

Given the scope of this study, NDPC/N began the search for exemplary programs with an existing matrix of evidence-based programs compiled by Sharon F. Mihalic (2005) at the Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder.[1] *The Matrix of Prevention Programs* was selected as a starting point for program identification because of the following: (1) the purpose of the matrix was to help identify effective, evidence-based programs "designed to reduce or eliminate problem behaviors, such as delinquency, aggression, violence, substance use, school behavioral problems, and risk factors identified as predictive of these problems,"[2] including most of the risk factors identified by this project as keys to school dropout; (2) programs were rated as effective by 12 highly respected federal and private agencies and several researchers based on evaluation results usually from experimental or quasi-experimental designs; (3) program selection was based on relatively stringent criteria, such as the theoretical/research basis for program components and quality of implementation; and (4) programs were ranked based on these content, evaluation, and outcome criteria.[3] The *Matrix* is included in Appendix E.

The Matrix of Prevention Programs. The *Matrix* includes rankings of 360 prevention programs from federal agencies like the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration and the Office of Juvenile Delinquency Prevention of the U.S. Department of Justice. It also includes several efforts and web sites funded through the Office of Juvenile Justice and Delinquency Prevention, such as Strengthening America's Families and Blueprints for Violence Prevention. Also included are studies by several researchers that have reviewed and rated these prevention programs, including one carried out for the Center for Mental Health Services by Greenberg, Domitrovich and Bumbarger (1999).

Each matrix source reviewed programs for evidence of effectiveness. Assessments were made based on specified criteria and programs were ranked into tiers or levels, based on how closely they met the criteria. The number of tiers varied from one to four. A summary of the criteria used by each source and number of program tiers or levels appears in Table F-1 in Appendix F. Criteria included some measure of the rigor of evidence supporting program effectiveness and then a variety of other measures. For example, selection of "Model" or "Promising" programs on the Blueprints for Violence Prevention web site was based on (1) level of evidence of a deterrent effect with a strong research design (experimental design or those using comparison groups with statistical controls), (2) evidence of a sustained effect, (3) multiple site replication, (4) whether analysis was carried out on mediating factors, and (5) whether the program was cost effective.[4]

Removal of four matrix sources. A review of the criteria used by sources in the matrix revealed inconsistencies in the rigor of standards used for judging program effectiveness. Four sources were deemed to use criteria much less rigorous than the others and ratings from these sources were excluded from this analysis. Sources included as well as those excluded from the analysis are outlined in Table F-1 in Appendix F.

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Exemplary Program Selection Criteria
Even though some problematic sources in the matrix were removed, inconsistencies in criteria remained across the remaining eight sources. To better assure program quality, for the first cut, it was decided to include only those programs that:

- were ranked in the top tier or level by at least *two* sources.

Fifty programs met this standard. These programs were then reviewed and only those programs with the following were included:

- currently in operation;
- no major revisions since the ranking of the program;
- consistent, positive evaluation outcomes; and
- target K-12 school populations (not children under five or college-age students).

The resulting list included 37 programs. The revised matrix outlining these programs, the sources for these programs, and their rankings appear in Table F-2 in Appendix F.

Additional Program Search
Later in the analysis, it became apparent that the 37 programs resulting from the revised matrix did not adequately address all of the identified risk factors. Other sources were consulted to fill in identified gaps. Four quality afterschool programs identified in January 2006 by the NDPC/N for CIS were added. Afterschool programs in that review were selected based on availability of rigorous evaluation evidence and a high quality ranking from at least two sources. Nine more programs were added after they were identified as being effective in at least two additional sources that ranked programs based on relatively rigorous criteria.[5]

Identified Exemplary Programs
The final 50 identified exemplary programs in the NDPC/N review are listed in Chart 9. This list of programs is by no means intended to be definitive and is viewed more as a work-in-progress than a finished product. There are many promising programs that target identified risk factors that are quality, effective programs, but they lack rigorous evaluation data to support their effectiveness. CIS views this as an ongoing project and will continue to review programs and add additional ones as evidence becomes available.

Tables 6 and 7 show the number of exemplary programs that address each of the risk factors. All 50 programs target individual risk factors. Twelve programs (24 percent) address family risk factors and all 12 address both individual and family factors.

A majority of the identified programs (66 percent) target risk factors in the social attitudes, values, and behaviors category, particularly high-risk social behavior. Forty-two percent of the programs target the factors in the category of school behavior. Not surprisingly, only six (12 percent) programs target family background characteristics and eight (16 percent) target individual background characteristics. Although these characteristics are major contributors to risk, they are considered unalterable factors and, therefore, generally not addressed by prevention programs.

As was supported in research on model programs, a majority (64 percent) of the exemplary programs address more than one risk factor, as shown in Table 8. About one quarter (26 percent) of identified programs address three factors, and 18 percent address four or more factors. A little over one third of the identified programs (36 percent or 18 programs) address a single risk factor. The programs and the specific risk factors that they target are outlined in Table F-6 in Appendix F.

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Prevention and Intervention Focus of Exemplary Programs

One way to distinguish among programs and approaches is to distinguish between those programs attempting to prevent risk factors from developing and those trying to intervene when risk factors may have already appeared. Some of the exemplary programs identified in this project focus primarily on prevention and others on intervention. A few do a combination of the two. To help practitioners distinguish between programs and approaches, each program's approach has been categorized into any of three program types: (1) primary prevention programs that address the conditions that increase the likelihood of the development of high-risk attitudes or behaviors, (2) selected intervention/prevention programs that target certain groups of students considered to be at greater risk of dropping out or developing antisocial behavior, and (3) indicated intervention programs that target youth already exhibiting early signs of leaving school or antisocial behavior.[6] Programs may include one or more of these types. The program type of each of the identified exemplary programs is outlined in Table 9.

Table 9 also shows how the CIS delivery levels fit into these program types. CIS local affiliate programs deliver two levels of service for students: Level One services are widely accessible services that are short-term, last for a few hours or days, and are open to any student at a site supported by CIS; and Level Two services are targeted and sustained services that are targeted to the specific needs of students and/or families and are sustained over a period of time (Linton, Moser, Holden, & Siegel, 2006). Given the definitions for the program types, CIS Level One services fall under the "primary prevention" program type. These types of services might include general assemblies, health screenings, and career fairs that target risk factors for all youth at a site. CIS Level Two services, because they target specific students or families, would fall into either the "selected prevention/intervention" or the "indicated intervention" program types, depending on the group targeted. For example, tutoring programs targeted to all students at risk of failing courses but not yet failing would be considered "selected prevention/intervention" programs. On the other hand, tutoring programs that are designed for students already failing or who were retained because of course failure would be considered "indicated intervention" program types.

Exemplary Program Descriptions

To assist CIS Affiliates with program selection, brief overviews of the identified exemplary programs have been developed and include the following kinds of information: (1) program name and web site, if applicable; (2) program overview; (3) primary program components; (4) primary program strategies; (5) targeted risk factors/groups; (6) relevant impacted risk factors; (7) research evidence; and (8) program contact information. These descriptions are included in Appendix G.

Note on Relevant Impacted Risk Factors and Research Evidence. Only risk factors that were found to be significantly impacted by the program (when possible to discern) and that were viewed as most directly relevant to the 25 identified risk factors are highlighted in these descriptions. Programs may have had other outcomes that were not documented in the narrative; the listings here were not meant to be a comprehensive list of all identified program outcomes.

Information for program overviews was gathered from a number of sources, including the sources that generated the list of programs for *The Matrix of Prevention Programs*. The web sites of the *OJJDP Model Programs Guide* of the Office of Juvenile Justice and Delinquency Prevention, the *Effective Substance Abuse and Mental Health Programs for Every Community Model Programs Guide* of the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, and the *Blueprints for Violence Prevention* of the Center for the Study and Prevention of Violence at the University of Colorado at Boulder were particularly helpful in providing information. Much of the information provided here was gleaned from these sites. Specific sources are footnoted and full references given at the end of the program description section. Web addresses have also been provided so that anyone interested in obtaining additional program information can go directly to the source.

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Elements of Best Practice: Components and Strategies for Program Development

Program planners not satisfied with existing evidence-based programs may want to design their own prevention or intervention program. To assist practitioners in developing their own evidence-based programs, the following section outlines some important aspects of best practice to help guide program development, including discussion of key program components and evidence-based strategies.

Key Program Components

Notes on Components From the Literature

Eight of the reviews that identified exemplary programs highlighted major components that were found to be incorporated into effective programs addressing problem behaviors and/or risk factors. Three components were mentioned by at least three sources. First, programs need to be implemented for a long enough period of time to have an impact on problem behaviors (Catalano et al., 1999; Gottfredson, 1998; MRC, 1994a). Time frames given ranged from nine months to several years with repeated sessions during those periods and an average of 12 sessions (Catalano et al., 1999; MRC, 1994a). Second, programs should be evaluated (MRC, 1994b) and use behavioral outcome measures to monitor resulting reduction in problem behaviors and addition of positive behaviors (Catalano et al., 1999; Gottfredson, 1998). Third, multiple interventions should also be used, with one source recommending implementing at least two quality programs simultaneously (Gottfredson, 1998; Lehr et al., 2004; NIDA, 2004).

Reviews not only emphasized using multiple interventions, but also stressed the importance of targeting factors in multiple domains to achieve success in addressing risk factors (Catalano et al., 1999; Kumpfer & Alvarado, 1998). One group of researchers, after reviewing family-oriented prevention programs, observed that “the most effective prevention approaches involve complex and multicomponent programs that address early precursors of problem behaviors in youth. The most effective approaches often are those that change the family, school, or community environment in long-lasting and positive ways” Kumpfer & Alvarado, 1998, p. 6). Catalano and colleagues (1999) also found this to be the case, with most of the effective programs analyzed addressing both student and family issues.

Exemplary Program Component Description

Identified exemplary programs incorporated a variety of components in the areas of program resources, staff management practices, and program administration that provided the infrastructure for program strategies and activities to operate. Components ranged from professional development for staff training, administrative support for the program, provision of child care and meals to planned, sequential curriculum guides, and materials. Components for each program are highlighted in the program descriptions in Appendix G.

Key Components Identification

There were a number of components that consistently appeared across programs. Two key staff management practices were utilized by exemplary programs. The primary one, used by slightly more than half of the programs, was the provision of quality staff training in program philosophy, strategies, and materials; usually through the group that developed the program. The other major staff practice was to provide program oversight through technical assistance and monitoring of staff to ensure that the program was delivered as it was designed.

All programs developed and provided key program materials and resources to those wanting to adopt the program to aid program replication. Resources generally included a basic implementation guide or manual (sometimes with a scripted instructor package), student and/or parent workbooks, and other instructional materials/handouts. Some programs offered videos, self-help materials for students and/or parents, home activities for families, and parent letters and/or newsletters. A few had developed games or other interactive materials.

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A key component of program administration for all programs was the level of "dosage" of the program for participants. The length of the intervention and the frequency and duration of sessions was an important part of program success. This was particularly the case for programs involving some type of therapy but was also important for those focusing on skill building or family strengthening. Follow-up and booster sessions were also key for a number of programs.

Evidence-Based Strategies

Notes on Strategies From the Literature

Reviews of exemplary programs also summarized primary strategies incorporated into these programs. A major strategy used in prevention programs is the building of social competency skills, such as communication and problem-solving skills, in children and youth (Catalano et al., 1999; Gottfredson, 1998; NIDA, 2004). A key to the success of this training is to give youth ample opportunities to practice skills in real-world circumstances and to reinforce skills as often as possible. It also is important to make sure that changes in skills are recognized as they occur.

Successful programs also provide academic support to students through strategies such as academic skills enhancement, homework assistance, and tutoring. Successful outcomes have been reached by a number of programs by providing students a combination of academic support and social skills building (Fashola & Slavin, 1998; Lehr et al., 2004; NIDA, 2004).

Another strategy appearing across programs is the provision of normative education for children and youth (Catalano et al., 1999; NCREL, 1994; Office of Juvenile Justice and Delinquency Prevention [OJJDP], n.d.). One aspect of this education is to change norms held by youth about appropriate behavior by helping them to develop more prosocial and healthy norms (e.g., by promoting healthy eating habits or the peaceful resolution of conflicts). Another aspect of training on norms is to help adolescents get a more realistic view of the norms of their peers on a number of issues, such as sexuality, violence, and substance use.

Reviews have also found that for any training on norms or skills to be successful and result in behavior change, it has to involve interactive strategies, such as using discussion and role-playing (Kumpfer & Alvarado, 1998).

Strategy Category Selection for Exemplary Programs

Similar to findings in other reviews of effective programs, the 50 exemplary programs identified through the NDPC/N review use a variety of evidence-based strategies to address risk factors. To assist in describing programs and their approaches, strategies have been grouped into 22 categories. These categories were derived from a combination of sources:
(1) program categories used by the OJJDP's Model Program Guide web site,
(2) list of CIS-approved services for local Affiliate reporting, and
(3) categories that emerged from a review of the approaches used by the 50 identified quality programs.

The list of 22 strategy categories appears in Table 10 and descriptions for each category are included in Chart 10.

Strategy Category Identification

Strategies used in each of the quality programs were summarized and put into the 22 categories in program descriptions included in Appendix G. Table 10 includes the numbers of programs incorporating each type of strategy category. The most used strategy category, implemented in 60 percent of the 50 exemplary programs, is *life skills development*. These programs include a variety of skills, ranging from communication and critical thinking to peer resistance, conflict resolution, and social skills building.

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The second most common strategy category is *family strengthening*, with 46 percent utilizing these types of strategies. Family strengthening programs generally provide some type of education or training for parents on building parenting skills, family management, communication skills, or possible ways for parents or family members to help their child academically. Programs may also include some time for parents and children to work together to practice new skills.

Twenty-six percent of programs incorporate *academic support* strategies into their programs. Academic support can include a wide range of strategies from tutoring, computer labs, and homework assistance to experiential learning.

Twenty percent of programs incorporate *behavioral interventions* strategies into programs. These strategies generally include some form of behavior modification to change problem behaviors. A popular type is cognitive-behavioral therapy.

Exemplary programs also reflected approaches recommended by reviewers. Sixty-four percent of the identified exemplary programs combine strategies directed at students with some type of strategy to include their families, whether through engagement, strengthening, or therapy strategies. In addition, a little over half (54 percent) of the 13 exemplary programs that provide academic support to students also provide some type of life skills training.

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Chart 9. Exemplary Programs

Across Ages
Adolescent Sexuality & Pregnancy Prevention Program
Adolescent Transitions Program
Advancement Via Individual Determination (AVID)
Athletes Training and Learning to Avoid Steroids (ATLAS)
Big Brothers Big Sisters
Brief Strategic Family Therapy
Career Academy
CASASTART
Check & Connect
Children of Divorce Intervention Program
Coca-Cola Valued Youth Program
Cognitive Behavioral Therapy for Child Sexual Abuse
Coping Power
Families & Schools Together (FAST)
Family Matters
Fast Track
Functional Family Therapy
Good Behavior Game
Guiding Good Choices (formerly Preparing for the Drug-Free Years)
Helping the Noncompliant Child
Keepin' it REAL
LifeSkills Training
Linking Interests of Families & Teachers
Los Angeles' Better Educated Student for Tomorrow (LA's BEST)
Midwestern Prevention Project (Project STAR)
Multidimensional Family Therapy
Multidimensional Treatment Foster Care
Multisystemic Therapy
Nurse-Family Partnership
Parenting Wisely
Preventive Treatment Program
Project Graduation Really Achieves Dreams (Project GRAD)
Project Toward No Drug Abuse
Project Towards No Tobacco Use
Prolonged Exposure Therapy for PTSD
Promoting Alternative Thinking Strategies (PATHS)
Quantum Opportunities
Responding in Peaceful and Positive Ways
Safe Dates
Schools & Families Educating Children (SAFE Children)
Skills, Opportunities, and Recognition (SOAR)
School Transitional Environment Program (STEP)
Strengthening Families Program
Strengthening Families Program for Parents and Youth 10-14
Success for All
Teen Outreach Program
The Incredible Years
Too Good for Violence
Trauma-Focused Cognitive Behavioral Therapy

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Table 6. Number of Exemplary Programs That Address Individual Risk Factors

Individual Risk Factors for School Dropout	Total Number of Programs Addressing Factor
Individual Background Characteristics	**15**
Has a learning disability or emotional disturbance	15
Early Adult Responsibilities	**5**
High number of work hours	0
Parenthood	5
Social Attitudes, Values, and Behavior	**33**
High-risk peer group	6
High-risk social behavior	33
Highly socially active outside of school	0
School Performance	**18**
Low achievement	16
Retention/overage for grade	2
School Engagement	**14**
Poor attendance	6
Low educational expectations	3
Lack of effort	4
Low commitment to school	4
No extracurricular participation	8
School Behavior	**21**
Misbehavior	18
Early aggression	9
Total Number Addressing Individual Risk Factors	**50**

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Table 7. Number of Exemplary Programs That Address Family Risk Factors

Family Risk Factors	Total Number of Programs Addressing Factor
Family Background Characteristics	**6**
Low socioeconomic status	1
High family mobility	0
Low education level of parents	1
Large number of siblings	1
Not living with both natural parents	4
Family disruption	4
Family Engagement/Commitment to Education	**8**
Low educational expectations	0
Sibling(s) has dropped out	0
Low contact with school	7
Lack of conversations about school	1
Total Number Addressing Family Risk Factors	**12**

Table 8. Programs and Number of Factors Addressed

Number Factors Addressed	#	%
1 risk factor	10	20.0
2 risk factors	11	22.0
3 risk factors	11	22.0
4 risk factors	10	20.0
5 or more risk factors	8	16.0
Address both individual and family factors	12	24.0

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Table 9. Program Type of Identified Quality Programs

	CIS LEVEL ONE	CIS LEVEL TWO	
Program	**Primary Prevention***	**Selected Prevention/ Intervention****	**Indicated Intervention*****
Across Ages		X	
Adolescent Sexuality & Pregnancy Prevention Program	X		
Adolescent Transitions Program	X	X	
Advancement Via Individual Determination (AVID)		X	
Athletes Training and Learning to Avoid Steroids	X		
Big Brothers Big Sisters		X	
Brief Strategic Family Therapy		X	X
Career Academy	X	X	
CASASTART		X	
Check & Connect		X	X
Children of Divorce Intervention Program		X	
Coca-Cola Valued Youth Program		X	
Cognitive Behavioral Therapy for Child Sexual Abuse			X
Coping Power			X
Families & Schools Together		X	
Family Matters	X		
Fast Track	X	X	
Functional Family Therapy		X	X
Good Behavior Game	X		
Guiding Good Choices	X		
Helping the Noncompliant Child		X	X
Keepin' it REAL	X		
LA's BEST		X	
LifeSkills Training	X		
Linking Interests of Families & Teachers		X	
Midwestern Prevention Project (Project STAR)	X		
Multidimensional Family Therapy		X	X
Multidimensional Treatment Foster Care			X
Multisystemic Therapy			X
Nurse-Family Partnership		X	
Parenting Wisely		X	
Preventive Treatment Program			X
Project GRAD		X	
Project Toward No Drug Abuse	X		
Project Towards No Tobacco Use	X		

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	CIS LEVEL ONE	CIS LEVEL TWO	
Program	**Primary Prevention***	**Selected Prevention/ Intervention****	**Indicated Intervention*****
Prolonged Exposure Therapy for Posttraumatic Stress Disorders			X
Promoting Alternative Thinking Strategies	X		
Quantum Opportunities		X	
Responding in Peaceful and Positive Ways	X		
Safe Dates	X		
Schools & Families Educating Children (SAFE Children)		X	
School Transitional Environment Program (STEP)		X	
Skills, Opportunities, and Recognition (SOAR)	X	X	
Strengthening Families Program	X	X	
Strengthening Families Program for Parents and Youth 10-14	X	X	
Success for All		X	
Teen Outreach Program	X		
Too Good for Violence	X		
Trauma-Focused Cognitive Behavioral Therapy			X
The Incredible Years		X	X

* Primary prevention programs address risk factors for all youth.
**Selected prevention/intervention programs are for youth identified as being at greater risk of dropping out of school or developing antisocial behavior.
***Indicated intervention programs are for youth already exhibiting early signs of leaving school or antisocial behavior.

Notes:
Programs included are quality programs ranked in the highest tier/category in at least two sources.

Program categories are adapted from: The path to school failure, delinquency, and violence: Causal factors and some potential solutions, by H. M. Walker and I. R. Sprague, 1999, *Intervention in School and Clinic, 35*, 67-73.

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Table 10. Categories of Services/Strategies and Number of Programs Using the Strategy

Category of Services/Strategies	No. of Programs Using Strategy
Academic support	13
Adult education	0
Afterschool	6
Behavioral interventions	10
Career development/job training	1
Case management	7
Conflict resolution/anger mgmt	4
Court advocacy/probation/transition	2
Family engagement	6
Family strengthening	23
Family therapy	10
Gang intervention/prevention	0
Life skills development	30
Mental health services	4
Mentoring	7
Pregnancy prevention	2
School/classroom environment	8
Service-learning	1
Structured extracurricular activities	9
Substance abuse prevention	9
Teen parent support	2
Truancy prevention	1
Other	10
TOTAL NUMBER PROGRAMS	50

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Chart 10. Descriptions of Service/Strategy Categories

Service/Strategy Category	Description
Academic Support	Help with remediation, support learning, other than tutoring, such as computer labs; academic skills enhancement programs that use instructional methods designed to increase student engagement in the learning process and hence increase their academic performance and bonding to the school (e.g., cooperative learning techniques and "experiential learning" strategies)[1]; includes homework assistance and tutoring.
Adult Education	Educate adults through a variety of means, such as continuing education courses or online courses; adult secondary education, including GED preparation; English-as-a-Second-Language programs; adult basic education, literacy; work skills or work-based education; lifelong learning/opportunities for adult growth and development.
Afterschool	Rewarding, challenging, and age-appropriate activities in a safe, structured, and positive environment after regular school hours. They may reduce delinquency by way of a socializing effect through which youth learn positive virtues such as discipline or simply reduce the opportunity for youth to engage in delinquency.[1]
Behavioral Interventions	Individualized interventions designed to decrease a specific behavior, by shaping and reinforcing a desired alternative replacement behavior, while tracking changes over time; designed to improve the individual's overall quality of life (i.e., student development).
Career Development/Job Training	Provision of social, personal, and vocational skills and employment opportunities to help youth achieve economic success, avoid involvement in criminal activity, and subsequently increase social and educational functioning.[1]
Case Management	Coordinate services for youth/families; linking child and/or parents to resources and or services, such as job counseling, mental health counseling, financial management, medical/dental care; serve as liaison between family and school or family and court.
Conflict Resolution/ Anger Management	Encourage nonviolent dispute resolution through a wide range of processes; teach decision-making skills to better manage conflict; learn to identify interests, express own views, and seek mutually acceptable solutions to disputes. Common forms of conflict resolution include: negotiation, mediation, arbitration, community conferencing, and peer mediation.[1]
Court Advocacy/Probation/Transition	Individuals who serve as advocates for youth with social services, the juvenile justice, or school system to make sure they receive appropriate services; provision of resources and support during transition and reintegration after being released; probation services, monitoring, and support through intensive supervision programs or school-based probation.[1]
Family Engagement	Encompasses a broad range of events from picnics and field trips to activities that involve families in their children's education.
Family Strengthening	Educating parents on specific parenting skills, management skills, and communication skills; providing education on various topics such as abuse and sexuality; training on ways to assist child academically.
Family Therapy	Focuses on improving maladaptive patterns of family interaction and communication.[1]

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Chart 10. Descriptions of Service/Strategy Categories (cont.)

Service/Strategy Category	Description
Gang Prevention/Intervention	Prevent youth from joining gangs; intercede with existing gang members during crisis conflict situations.[1]
Life Skills Development	Communication skills; the ability to cope effectively with relationships; problem solving/decision making; critical thinking; assertiveness; peer selection; low-risk choice making; self-improvement; stress reduction; consumer awareness;[2] peer resistance; recognize and appropriately respond to risky or potentially harmful situations; appreciation for diversity; social influences on behavior; overviews of conflict resolution skills and social skills;[1] leadership skills/training; and health education.
Mental Health Services	Substance abuse treatment such as 12-step programs such as Alcoholics Anonymous or Narcotics Anonymous; counseling related to substance use.
Mentoring	Relationship over a prolonged period of time between two or more people where an older, caring, more experienced individual provides help to the younger person as he or she goes through life.[1]
Pregnancy Prevention	Aims to reduce the incidence of teen pregnancy through education and provision of comprehensive information.
School/Classroom Environment	Reducing or eliminating problem behaviors by changing the overall context in which they occur; interventions to change the decision-making processes or authority structures; redefining norms for behavior and signaling appropriate behavior through the use of rules; reorganizing classes or grades to create smaller units, continuing interaction, or different mixes of students, or to provide greater flexibility in instruction; and the use of rewards and punishments and the reduction of down time.[1]
Service-Learning	Community service with integration of service experience into classroom curricula.
Structured Extracurricular Activities	Recreation/sports and/or creative/performing arts, usually in afterschool programs; community service opportunities.
Substance Abuse Prevention	Reduce the use or abuse of illegal drugs, alcohol, or steroids by educating youth about the effects of drugs/alcohol/steroids. [1]
Teen Parent Support	Parenting skills training; financial management; other types of training and/or services to assist teen parents in staying in school and developing family life; includes pre-post natal care; and provision of child care for children of teen parents while they attend programs, schools, etc.
Truancy Prevention	Promotes regular school attendance through one or more strategies including an increase in parental involvement, the participation of law enforcement, the use of mentors, court alternatives, or other related strategies.[1]
Other	Motivational/professional guest speakers; middle-school youth groups; multifamily support groups; safe environment; planning for future; family identification assessment; alternative program; community-enhanced policing; incentives; health policy; community awareness/mobilization.

[1]OJJDP model programs database, Program Types, retrieved April 13, 2006, from http://www.dsgonline.com/mpg2.5/program_types.htm.
[2]*Effective comprehensive prevention programs: A planning guide*, March 1996 (p.29), by A. N. Duncan, S. Stephens-Burden, & A. Bickel, Portland, OR: Northwest Regional Educational Laboratory, retrieved June 19, 2006, from http://www.nwrac.org/pub/library/e/e_effective.pdf.

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Exemplary Programs and Best Practices Section Notes

1. Program matrix available online at http://www.colorado.edu/cspv/blueprints/matrix/overview.htm
2. *The Matrix of Prevention Programs*, by S. F. Mihalic, 2005, Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, retrieved online June 23, 2006, at http://www.colorado.edu/cspv/blueprints/matrix/overview.htm
3. For a list of the 12 sources, see the References for Quality Programs and Program Descriptions, Matrix Sources section at the end of Appendix E.
4. Available from http://www.colorado.edu/cspv/blueprints/model/criteria.html
5. Sources used: Effective dropout prevention and college attendance programs for students placed at risk, by O.S. Fashola & R.E. Slavin, 1998, *Journal of Education for Students Placed at Risk*, 3(2), 159-183; *Essential tools: Increasing rates of school completion: Moving from policy and research to practice*. A manual for policymakers, administrators and educators, May 2004, by C.A. Lehr, D.R. Johnson, C.D. Bremer, S. Cosio, & M. Thompson, Minneapolis, MN: National Center on Secondary Education and Transition, Institute on Community Integration, University of Minnesota and the Office of Special Programs, U.S. Department of Education; Pathways, Family Programs, Program Focus or Features, by J. Caplan, G. Hall, S. Lubin, & R. Fleming, 1997, North Central Regional Educational Laboratory and Learning Point Associates, retrieved May 22, 2006, from http://www.ncrel.org/sdrs/pidata/pi0focus.htm; *Effective models*, National Dropout Prevention Center for Students with Disabilities, retrieved September 14, 2006, from http://www.ndpc-sd.org/practices/models.htm; *No more islands: Family involvement in 27 school and youth programs*, 2003, by D. W. James & G. Partee, Washington, DC: American Youth Policy Forum.
6. Program categories are adapted from: The path to school failure, delinquency, and violence: Causal factors and some potential solutions, by H. M. Walker and I. R. Sprague, 1999, *Intervention in School and Clinic, 35*, 67-73.

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