Making a Difference n the Lives of Youth… Does it Make a Difference What we Do?

Best Practices In Youth Programs

Newspaper Headlines:
"Eagle scout embezzles county funds…
"DARE graduate operates Meth ring…
"Teen killers 'ideal students' in anger control program…"

Americans care about their kids and dangers or opportunities that face them. Every year, dozens of programs or informal efforts spring up to "help." As often as initiatives are launched, headlines such as those above question their impact. Are these "headliners" the exception or the rule? Do positive headliners validate a youth program for all kids? What does make a difference and for what individuals or groups? How should we invest our time, effort, and money…and how much should we expect from these investments?

In the past decade, scholars and practitioners have closely examined "what works" to steer youth away from risks and/or enhance capabilities.

Best practice principles, strategies, or programs emerging from research:

• Research-based approaches implemented precisely with capable staff
• Developmentally- and culturally-appropriate
• Comprehensive in scope and level of activities and leadership

Most important, a "cook-book" or one-size-fits-all cannot do the job.

Educators, like increasing numbers of grant funders, public officials, and knowledgeable citizens must look to invest in programs with evidence of impact. A yardstick for judging best practice in SAMHSA* Typology of Science-based Merit:

1 Public recognition; no effectiveness research
2 Professional journal publication; limited or no critical review
3 Scientific publication refereed for quality and methods
4 Many studies in critically reviewed for clarity, quality, impact
5 Extensive evidence for principles/program effectiveness and transferrability

*Source: Substance Abuse & Mental Health Administration. (1997). Science-based practices in substance abuse prevention. Rockville,MD: SAMHSA.

This newsletter seeks to <u>briefly</u> summarize what we know about programs which effectively minimize risks and build competence in youth.

Inside this issue:

For additional resources, visit

Dreamcatcher
Family Life website

www.uwyo.edu/ag/ces/dream.htm

Research Update: Best Practices

Risk and Protective Factors

J.A.Durlak. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry, 68*, (4), 512-520

Notes complex mix of risks and protections in problem behaviors, need to target multi-levels to impact behavior problems, school failure, poor health, injury, abuse, pregnancy, drug abuse, or AIDS. ***Targets for risk reduction***:

- Community mobilization; social policies
- Improve school quality
- Decrease peer pressure, rejection
- Reduce family poverty, Psychopathology, marital discord, punitive discipline
- Decrease early onset of target problems, stress

Targets for protection:

- Improve social norms, community boundaries
- Improve school quality
- Positive peer models
- Build positive parenting skills
- Teach social skills, self-efficacy to youth
- Social support of youth

Program Focus: Both Risks and Protection

J.A.Pollard, J.D.Hawkins , & M.W.Arthur. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research, 23* (3), 145-158.

A five-state self-report survey of nearly 80,000 early-middle adolescents reaffirms the importance of focus on both risk prevention and health promotion behaviors for substance abuse, crime, violence, and school performance outcomes. Low-prevalence behaviors (marijuana use, guns in school, delinquency) are much more typical or mid-to-high risk youth; Wide-spread behaviors (alcohol use) can be found in all risk groups.

*Increasing risks of exposure are exponentially related to problem behavior (increased participation with greater temptation).
*Since mid-to-high asset youth may engage in risky behaviors, prevention plus asset-building is needed.
*Protective effects are most critical at the highest levels of risk
*Multi-problem prevention programming is critical to reducing risk and enhancing protections

Prevention Theory

J.C.Buckner & A.Cain. (1998). Prevention science research with children, adolescents, and families: Introduction. *American Journal of Orthopsychiatry, 68*, (4), 508-511.

Reviews debates about value of prevention (vs. crisis intervention) and health promotion. Notes need to (1) track causal chain to changeable risks, assets; (2) lab-test programs in *efficacy trial*; (3) world-test interventions in *effectiveness trial*. Outlines prevention target levels: (1) universal efforts to reduce risk, build competence for all; (2) selective strategies for those exposed to risk; (3) indicated interventions for those demonstrating early indicators of risk.

Prevention Principles

(developed for substance abuse program planning)

- Knowledge of target population
- Clarity/realism of expected results
- Empirical evidence of potential effectiveness
- Conceptual soundness
- Inclusive participation
- System integration
- Structuring of effort
- Appropriateness of timing, intensity, duration
- Quality of delivery
- Commitment to evaluation, improvement

Source: SAMHSA. (1997). Guidelines and benchmarks for prevention programming. Rockville, MD: DHHS (Pub SMA 9703033)

Stats and Facts: Best Practices

For perspective on program audiences, see Chinook, Vol. 8, No. 1, Stats and Facts regarding risk behaviors and levels. The majority of participants in youth programs are low-moderate risk. These youth are less likely to engage in negative behaviors, more likely to benefit from guidance, and more likely to succeed. While such programs contribute to individual growth, family and community development, prevention and intervention which produces similar results with moderate-to-high-risk youth is in short supply.

Youth participating in community-based organizations are:
26% more likely to be recognized for good grades
20% more likely to plan on graduating
Have higher self-esteem and self-efficacy
2 ½ times more likely to view community service as important

Source: The National Assembly. (2000*). Community counts: How youth organizations matter for youth development.* Washington, DC: National Assembly (see also www.nassembly.org)

Risk-Prevention Program Reviews (a sampling**)**

Communities that Care Prevention Strategies (Mult-issue prevention) (1996)
Developmental Research and Programs, Inc., 130 Nickerson Suite 107, Seattle, WA 98109
PH: (206) 286-1805. Web site: www.drp.org
* Exhaustive review of research-validated programs with family (marital, prenatal/infancy, early childhood education, parent training, family therapy), school (organizational change, classroom strategies, social competence, behavior management, community-based programs (recreation, mentoring, youth employment), and community focus (mobilization, policies, policing strategies), keyed to risk and protective factors, audience age and description, context. Technical assistance at the state and local level.

Best Practices & Promising Practices (Multi-issue prevention) (1999)
Western Regional Center for the Application of Prevention Technologies, Mail Stop 279, University of Nevada-Reno, Reno, NV 89557-0202 PH: 1-888-734-7476. Web site: www.unr.edu/westcapt
* Brief synopses of research-validated youth risk-prevention efforts by intervention level (community, school, family, individual), risk level and factor (laws & norms, family function, antisocial behavior), and audience (ethnicity, age)
* Technical assistance in implementation available

Blueprints for Violence Prevention Programs (1997)
Center for the Study and prevention of Violence, University of Colorado, Campus Box 442, Boulder, CO 80309-0442. PH: (303) 492-8465 Web site: www.colorado.edu/cspv
* Detailed review, recommendations of programs with strong research design, significant and sustained deterrence effects, multiple site replication, cost and practicality: Olds' Nurse Visitation, Bully Prevention, Promoting Alternative Thinking Strategies, Big Brothers/Big Sisters, Quantum Opportunities, Multisystemic Family Therapy, Functional Family Therapy, Midwestern Prevention Project, Life Skills Training, Treatment Foster Care
* Available assistance with assessment, grant-seeking, program design, implementation

Measuring the Difference: Effect Size

Effect size describes differences between experimental and control groups, expressed in standard deviation from mean score. An effect size of +1.0 indicates that experimental group outperformed control group by one standard deviation: for standard IQ that would translate to 15 points, equal to a move from 20th to 50th percentile. Studies with an effect size of +.25 or more are considered practically significant.
Source: Wyoming Initiative, Governor's Task Force on Substance Abuse and Violent Crime.

How Youth Programs Can Make a Difference

Sports & Recreation: Improve physical health, self-concept, interests, school success, resistance to drugs. Keys: Positive leader, balancing commitments, parent involvement, participation into teens

Camps: Improved self-esteem, skills, acceptable behavior, realistic goals, self-care. Keys: Focus on specific areas of development

Service: Improved grades, helping, problem-solving, healthy development, self-confidence, career exploration, adult-youth relationships. Keys: Youth and adult leadership, hands-on learning, relationship emphasis, decision-making

Mentoring: Decreased substance abuse, violence; improved success, relationships. Keys: mentor commitment, training and support

Drop-in Centers: Decreased substance abuse, support for youth; Keys: Design center to be youth-friendly

School-to-Work: Career exploration, decreased unemployment, increased self-confidence. Keys: Positive interaction, on-the-job training, career goals

Support for Teen Parents: parenting skills, use of birth control, increased employment, health, education of teen moms. Keys: Full range of services, long-term

support, partner involvement, pregnancy prevention
Source: Search Institute: Youth-serving organiza-tions. (www.search-institute.org)

Successful Programs: Strategies

*Community-owned and located
*Prevention-oriented
*Expertly implemented and evaluated
*Social competence
*Peer and/or adult models
*Social marketing
*Policy/norm-supported
*Developmentally appropriate (foster competence, connection, character, confidence)
*Culturally appropriate
*Comprehensive, multi-level, integrated
*Intensive and sustained

Sources: National Institute on Drug Abuse. (1997). Preventing drug use among children and adolescents. NIH Publication 99-4412. Rockville, MD: National Institutes of Health/DHHS.; R.M Lerner. (1995). Features and principles of effective youth programs. Journal of Family and Consumer Sciences, 87, (4), 16-21.

"Vitamins" for Youth

Adult supports
Good non-school activities
Work & service options
Community leadership
Support in transitions

Source: C.Sipe. (1996). *Mentoring.* Philadelphia: Public/Private Ventures

What does not work
Legalization
Crisis-oriented services
Scare tactics
"Foreign war" approaches
Programs that label kids (e.g., 'at-risk')
Negative programs (e.g., 'just say no') without positive attractions
Single-event programs (e.g., school assemblies)
Recovering celebrity programs
Short-term, quick-fix approaches

Source: The National Assembly. (1994). Building resiliency: What works! Washington: National Voluntary Health and Social Welfare Organizations.

Youth Contributing-Communities Supporting
Youth participation as:
- *Critical to immediate well-being of community, not just youth*
- *Occurring everywhere, not just in youth projects*
- *In many forms-service, goverance, advocacy, organizing*
- *Involving learning & work skills (vs. just volunteering)*
- *An expected right and responsibility of all youth (not just middle class youth) to "give back"*

Source: K.Pittman. (2000). Balancing the equation. *CYD Journal, 1*, (1), 1-10. See also www.cydjournal.org

Best Practice: Mentoring

"Best Practice" describes a prevention strategy or activity shown to be effective in reducing risk or promoting positive behavior via program evaluation research. Best Practices are most likely to be effective when they replicate strategies and conditions of a successful program. For instance, *mentoring which is brief (< 1 yr.), inconsistent or aversive tends to promote negative outcomes*. Best Practices featured in this newsletter reflect a framework presented by educator Clay Roberts at the 1998 Healthy Communities conference.

Characteristics of a successful mentor relationship

✓ Do not push children to disclose sensitive personal information (school performance, criminal records, family problems, etc.) or engage in emotionally challenging activities (stiff competition, touching). A confidante relationship is earned, not assumed.
✓ Allow youth to suggest activities and set the agenda (including just "hanging out").
✓ Problem-solving skills, including considering alternatives, decision-making step-by-step, imagining consequences, and selecting best strategies, are important to guiding. Also important is patience and confidence, avoiding judgment, preaching, or criticism.
✓ Good mentors are good listeners, and active listeners.
✓ Good mentors are sensitive to issues of race, class, and culture. They attempt to relate to youth by drawing from their own experience.
✓ Respect for the youth's family is very important. This requires a delicate balance of respect for parent authority and youth privacy. Good mentors may become a trusted refuge from toxic parents or may create a bridge to understanding parents.

Source: M.B.Styles & K.V.Morrow. (1996). Understanding how youth and elders form relationships, pp. 28-33, In C.Sipe. (Ed.). *Mentoring*. Philadelphia: Public/Private Ventures.

Building Rapport and Problem Solving: Key Skills for Mentors

Sharing experiences and feelings openly builds trust through:
✓ Focusing on the issue*: "Let's talk about getting here on time."*
✓ Acknowledging tension: *"I am a little nervous talking about this."*
✓ Giving and getting feedback: *"I'm not sure what you're saying. Can you explain that again?"*
✓ Looking for change: "Let's think of other ways we could do this."
✓ Listening effectively: *"Uh, huh…go on…I see…"*
✓ Sharing vulnerability: *"I'm not that sure of myself sometimes."*
✓ Finding harmful patterns or noting future change: *"I didn't realize…what needs to be done?"*
✓ Finding strengths in self and others: *"I knew you could do it…that's something to build on."*

Logically, objectively discussing problems communicates respect and bonding via:
✓ Identifying issues: *"Here are some choices we need to make together."*
✓ Encouraging thinking: *"Let's understand these issues/options and what can be done."*
✓ Finding solutions: *"How would this choice sound to you?"*
✓ Providing explanations: *"OK, I see why you're upset. From my viewpoint, it looks like this."*
✓ Making interpretations: *"I see. Is that what you want then?"*
✓ Brainstorming: *"Can we think of several solutions to this problem?"*
✓ Offering positive advice: *"That's great. I know you'll do just fine if you plan ahead."*

Adapted from: S.Miller, D.Wackman, E.Nunnally & P.Miller (1988). *Connecting with self and others*. Littleton, CO: Interpersonal Communications.

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Best Practice: Social Skills/Assertiveness

"Best Practice" describes a prevention strategy or activity shown to be effective in reducing risk or promoting positive behavior via program evaluation research. Social Skills Training includes assertiveness, decision-making, friendship, impulse control, problem solving, and resistance to negative pressures. Best Practices are most likely to be effective when they replicate strategies and conditions of a successful program. For instance, *assertiveness which discounts others' rights or needs tends to promote negative outcomes*. Best Practices featured in this newsletter reflect a framework presented by educator Clay Roberts at the 1998 Healthy Communities conference.

Assertive Responses when dealing with youth

1. ASSERTIVE TALK: Do not allow others to control or manipulate you. Insist that you are to be treated fairly. Examples of this would be: "You still must complete your assignment even though you were sick" or "We cannot go to the park until all the forms are completed."
2. FEELING TALK: Practice honesty and express what you like and do not like. Do not keep your emotions bottled up. Examples would be: "Interrupting Jamie when she's talking is not polite. Please wait for your turn" or 'I really like what you have done here. It shows a lot of creativity!"
3. GREETING TALK: Be genuinely happy to see people. Smile and use eye contact. Avoid shyness. Examples would be: "Hello, how are you" or "I am glad to see you back in class."
4. DISAGREEING PASSIVELY AND ACTIVELY: When faced with something you do not agree with, do not simply nod or feign interest. Change the topic or look away. If you are on firm ground, disagree actively and emotionally.
5. ASKING WHY: Youth and adults should question authority, and not just take orders passively. All rules should be reasonable, and have explanations that make sense.
6. TALKING ABOUT ONESELF: Let others know when someone has something to be proud of, talk about feelings and experiences. The opposite of this would be someone that monopolizes conversations.
7. AGREEING WITH COMPLIMENTS: Allow no one to self-deprecate or have a difficult time accepting compliments. Examples such as "I appreciate that" or "thank you" or explaining the object of the compliment are appropriate and build confidence.
8. AVOIDING TRYING TO JUSTIFY OPINIONS: When someone tries to take issue with everything you say, point out the behavior instead of continually justifying your opinion. Examples would be: "Are you always so disagreeable" or "you seem to spend a lot of time trying to be right, don't you?"
9. LOOKING PEOPLE IN THE EYE. Do not avoid eye contact. In American culture, we empower ourselves by engaging eye contact with others. Whether you are greeting someone, arguing or expressing an opinion make sure to maintain eye contact.
10. SAYING NO: As we all know, this is a crucial asset to have as an adult or a child. Be firm but do not be defensive. Explain why you are saying "No." Teach youth how to say "no" and feel good about it.

Source: University of Pennsylvania Leadership Resource Center. http://dolphin.upenn.edu/~leadersh/

Assertiveness Skills for Leaders and Youth

Guidelines for Assertive Behavior

1. When expressing refusal, express a decisive "no"; explain why you are refusing, but do not be unduly apologetic. Where applicable, offer the other person an alternative course of action.

2. Give as prompt and brief a reply as you can, without interruptions.

3. Insist that everyone is treated with fairness and justice.

4. Request an explanation when asked to do something unreasonable.

5. Look the person in the eye. Check your other body language for things that might convey indirectness or lack of self-assurance (i.e., hand over mouth, shuffling feet). Watch your voice tone and inflection, making sure that it is neither a sub-audible whisper nor overly loud.

6. When expressing annoyance or criticism, remember: Comment on the person's behavior, rather than attacking.

7. When commenting on someone's behavior, try to use "I statements." Example: "When you keep consistently forget your homework assignment that you asked me to help you with, I feel frustrated and I get the sense that you don't really want help." When possible, offer another a solution to the behavior. "Perhaps I can send a note to your parent for them to remind you of your responsibilities with this tutoring class."

8. Keep a log of your assertion-related responses; review them, go over them with a peer. Watch for what works.

9. Tackle less anxiety-evolving situations first; do not leap into the most emotionally laden situation first. People do not unlearn bad habits or learn new skills overnight.

10. Reward yourself in some way each time you've pushed yourself to make an assertive response – whether or not you get the desired results from the other person.

11. Do not be too hard on yourself when you behave non-assertively or aggressively; simply try to figure out what went wrong and how you could improve next time.

Source: University of Pennsylvania Leadership Resource Center. http://dolphin.upenn.edu/~leadersh/

Assertiveness Fact Sheet Prepared by Adam Wall, CYFAR Project Assistant

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Best Practice: Social Marketing

"Best Practice" describes a prevention strategy or activity shown to be effective in reducing risk or promoting positive behavior via program evaluation research. Social Marketing describes public and personal media messages which discourage risk behavior or promote healthy behavior. Best Practices are most likely to be effective when they replicate strategies and conditions of a successful program. For instance, *media messages designed for adults or which glorify negative behavior are counter-productive.* Best Practices featured in this newsletter reflect a framework presented by educator Clay Roberts at the 1998 Healthy Communities conference.

Conditions that Favor Social Change

- *Monopolization:* Absence of messages contrary to campaign objectives
- ➢ Limit exposure to negative messages (as with alcohol, tobacco, and firearms ads available to youth; inconsistent role models, policies/practices which condone or excuse illegal/unhealthy behavior)
- *Canalization*: Reinforcing attitudes which favor or already support a desired change
- ➢ Emphasizing positive things already happening (e.g., invite parents to join fun club, employers to enlist in job shadowing)
- *Supplementation*: Supporting mass media with face-to-face contact
- ➢ Sponsoring door-to-door campaigns, public forum, demonstrations

Averting Predictable Failures of Mass-media Campaigns

- *Audience* naivety (don't understand) or defensiveness (resist)
- ➢ Conduct focus groups or interview prospective audiences to assess awareness
- *Messages* which fail to communicate benefits of a change (uninspiring)
- ➢ Involve prospective audiences in targeting and designing messages
- *Media* which are uninteresting or inappropriate to audience or message
- ➢ Invite experts in several media to help design a variety of approaches

Sources: P. Kotler & E.L.Roberto. (1989*). Social marketing: Strategies for changing public behavior.* New York: The Free Press.

For reflection/discussion/integration:
Social marketing uses concepts of market segmentation, consumer research, product concept development, and testing, directed communication, facilitation, incentives, and exchange theory to maximize change (Kotler & Roberto, 1989).
Human development and family life education uses some social marketing strategies, but is based on nurturing and community-building rather than competitive and consumerist philosophy. Messages which "sell" may not foster long-term, consistent care and self-efficacy (good parenting as a fad, special education as an investment). For a thoughtful discussion of this theme in nutrition, consult F.A.VandenHeede & S.Pelican, (1995). Reflections on marketing as an inappropriate model for nutrition education. Journal of Nutrition Education, 141-145.

Resources and Policy: Best Practices

National Youth Development Information Center
Extensive site on issues, programs, publications, research, evaluation, career, funding, and policy information and links.
www.nydec.org

National Youth Employment Coalition
Promising and Effective Practices Network (PEPNet) provides guide-lines from successful program models for youth development, workforce preparation, and quality management.
www.nyec.org/pepnet

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Provides facts and figures, state-of-the art fact sheets, funding resources, program descriptions and resources, publications.
www.ojjdp.ncjrs.org

Substance Abuse & Mental Health Services Administration (SAMHSA)
Prevention, treatment, and rehabilitation services related to drugs, alcohol, and mental health issues. Extensive resources, links.
www.samhsa.gov

Regional Labs
Educational labs in each region of the US provide updated information and resources on school and out-of-school practices with children and youth. Northwest USA:
www.nwrel.org

Books and Publications

L.B.Schorr. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books. Excellent outline of issues of poor and at-risk families and why best practices are not being applied.

N.Henderson, B.Benard, & N.Sharp-Light. (1999). *Resiliency in action: Practical ideas for overcoming risks and building strengths in youth, families, and communities*. Gorham, ME: Resiliency in Action. Philosophy and strategies for promoting youth competence in a variety of situations.

N.Henderson, B.Benard, & N.Sharp-Light. (1999). *Schoolwide approaches for fostering resiliency.* Gorham, ME: Resiliency in Action. Stories, strategies, and programs which promote positive, proactive approaches to learning.

P.L.Benson, P.C.Scales, N.Leffert, E.C.Roehlke-partian. (1999). *A fragile foundation: The state of developmental assets among American Youth*. Minneapolis: Search Institute. Update on asset profile, with implications on child and youth develop-ment and community response.

"Best Practice" describes a prevention strategy or activity shown to be effective in reducing risk or promoting positive behavior via program evaluation research.

Like most research strategies, best practices represent in-depth results in a particular setting or generalization across varied settings. Thoughtful conformity to established rubrics together with adaptation to a particular context is essential for replication.

Public Policy

15,000 Hours Initiative
In response to escalating drug and alcohol use (esp. methamphetamine) statewide, the state Substance Abuse and Violence Prevention task force funded a school-based project with:
➢ Universal "dose" programs, K-12 + law enforcement, mental health, community elements for all kids (positive norms, meaning-ful roles, prosocial activity/ recognition)
➢ Medium "dose" for K-12 students at risk or indicated difficulties
➢ High "dose" for K-12 students with more serious risk or problem behaviors.
As target community, Rawlins initiated efforts in Spring 2000. For more information, contact Diane Galloway, Project Manager, 307-777-7782.

Paradoxes: A Parting Thought

The Science and Art of Good Work with Youth

"Best" sounds like such an inflated claim: Who can really say what's best? If I do my best, why should I be compared with an artificial standard? Since we're working with human beings, how can we apply a quantitative standard? …especially a short-term outcome, since our best results show up many years down the road!

The notion of best practices *is* filled with paradoxes. If we want what's best for kids (and for understanding and working well with kids), these rules transcend the paradoxes:
1. "Best" is meant to describe practices that work…as tested in the real world. Results (outcomes) count, although no result is the final measure.
2. "Best" describes what we know now—the cutting edge. Like Olympic records or diet/exercise regimens, standards change…hopefully because what we know now helps us learn to do better.
3. "Best" describes what works in particular settings with particular audiences. By continued application and adaptation we can both generalize and particularize.
4. "Best" is not always numbered; patterns of life stories can tell much of what statistics cannot.. Both are useful in describing why a program is effective.
5. "Best" describes a process as well as an outcome. "How" and "Why" is as important in working with youth as is "What."