EXEMPLARY PRACTICES IN ADOLESCENT DEVELOPMENT

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BACKGROUND AND INTRODUCTION

In 2003, Sierra Health Foundation's Board of Directors selected school-aged youth as the target for its next focused grantmaking effort. As part of the program research and development phase, staff and consultants examined evidenced-based practices that appear promising in positively affecting adolescent health and development for young people 10 – 15 years of age. Attachment A to the following report depicts the cognitive, physical, and social and emotional development of the targeted age group. This is provided as reference. The rest of the report is a summary of studies collected and examined as part of this research effort and is organized as follows:

- **Exemplary Practices of Issue-Focused Efforts:** Common themes from the research on six common health-related issues of youth are presented. Detailed descriptions of the research papers examined are included in Attachments B through G at the end of the report.

- **Exemplary Practices of Strengths-Based Efforts:** Three approaches were examined:
  - Youth Asset Development;
  - Resiliency; and
  - School and Community Based Peer Programs.

  A summary of these approaches and findings from the research are presented.

EXEMPLARY PRACTICES OF ISSUE- OR RISK BEHAVIOR-FOCUSED EFFORTS

An important step in developing a grant program is the examination of approaches that have proven to cause positive change in the desired program outcomes. Because most funding is categorical in nature, likewise are evaluation studies. Therefore, staff and consultants examined a set of target outcomes or issue areas common to young people to determine what program practices can be attributed to causing positive changes in the development of youth. Six issue areas or risk behaviors were examined:

- Teen pregnancy prevention;
- Violence and bullying;
- Mental health and depression;
- Alcohol and other drug use;
- Obesity and eating disorders; and
- Academic success.

Only studies with completed, independent evaluations were considered.

Common Themes Across Exemplary Programs

Summaries of studies examined for each of these issues is included as Attachments B through G. Recurring program themes from these studies can be identified. Programs that tended to be more successful:

- Were designed and implemented in partnership with participants and their families. Participants developed leadership skills by helping determine how program dollars were spent, helped run programs and were responsible for teaching others.

- Recognized and addressed individual, specific needs of the participant with a multi-disciplinary team and approach. Activities were tailored to meet needs and individual plan or action guides were developed. There was a continuum of services but delivery of these services was individualized.

- Included:
    - An educational component to the program, i.e., learning content is included.

    - A life-skills component. Communications, conflict management, development of self and self-identity are examples of these. Often desired or new behaviors are practiced, sometimes with role playing.

    - Goal setting and visualization of the future as a part of the program. Behaviors are examined in relation to the self-identified goals.

    - Self-awareness, self-identification and confidence building activities.

- Included parent or family strengthening strategies. This was particularly true with violence prevention and obesity.

- Were organized to serve youth in smaller groups, up to 25.

- Provided contact time of at least 250 hours. The connection with the youth was over an extended period of time.

- Provided opportunities for positive relationship building.

- Provided target messages and lessons multiple times, in many ways, from multiple sources.

- Recognized the importance of connecting young people with the larger community through activities or service.

- Recognized the importance of academic success in helping to achieve other goals.

- Provided positive alternatives to at-risk behavior, e.g., alcohol-free events.

EXEMPLARY PRACTICES OF STRENGTHS-BASED EFFORTS

Youth Asset Development

Background

For the past 30 years a growing body of research has looked at the environmental and internal factors that support youth in growing up to be successful adults. This research includes the work of Search Institute, The National Institutes of Health, Michele Gambone and Emmy Warner. Key findings from this work are included on the following pages, preceded by a core set of principles and beliefs that frame the Youth Development approach. Like other strengths-based approaches, Youth Development focuses on assets and not deficits or risks. Also see Attachment H for a Youth Development literature review.

Youth Development (YD) Principles

- *Problem-free is not fully prepared* – The YD approach notes that simply preventing problems in youth today does not mean they will develop the skills or connections to be successful adults. YD suggests there are strategies that go beyond prevention that encompass preparation and developmental aspects of youth. Karen Pitman, Forum for Youth Investment, talks about four service delivery objectives – Protection, Prevention, Preparation and Participation.[1]

- *Youth are continually developing.* Brain research has confirmed that youth's brains go through significant developmental changes during high school years. Current research from Stanford suggests that youth need supports up through age 25.[2]

- *Development occurs across all settings and at all times of the day.* Developmental supports need to extend beyond school hours to take advantage of creating positive influences and opportunities for youth during their waking hours. Milbery McLaughlin noted in her study on community programs that such programs can help counter environmental adversities youth face and help youth acquire skills needed to be successful.[3]

- *Development occurs through relationships.* Services alone are not enough. Youth development is strongly influenced by relationships and opportunities to learn about self and others. The relationship variable has been shown in many studies to be key to helping youth develop in positive directions.

- *Youth are not objects but resources.* Development occurs best via engagement and participation, Youth have the capacity to contribute and be leaders if provided the right skills and opportunities.[4]

Recent practice models emphasize that youth are assets and resources to a community. Some of the more widely known assets research comes from the Search Institute, National Institutes of Health (NIH) and research associated with the youth development field,

including that done by Michele Gambone. Following are brief summaries of what these research data are showing.

Search Institute

The Search Institute is a nonprofit organization that has studied the environments and supports youth need to achieve success despite risks in their lives. Through a survey tool of several hundreds of thousands of youth since 1984, the Search Institute concluded that the more assets a youth has the less likely he or she will engage in risky behaviors like drug and alcohol use and the more likely she or he will have positive self esteem, life skills, communication skills and the ability to control behavior. Recent studies by the State of California Healthy Kids Survey supports this research.

The Search Institute has identified 40 assets as critical to successful development, noting that youth who have at least 20 assets are more likely to be successful. The assets fall into four categories of internal assets and four categories of external assets. Internal Asset categories include commitment to learning, positive values, social competencies, and positive identity (see www.search-insitute.org). External Asset categories include support from family and schools, empowerment including opportunities to contribute and feel valued, boundaries and expectation related to what is expected of them, and constructive use of time, related to how free time during out-of-school hours is spent developing various skills.

National Institutes of Health (NIH)

NIH, with a study group consisting of a variety of experts in the field, recently completed a study of 36 community programs that support youth development in youth ages 10-18. The programs were included in seven major research studies and meta-analysis of violence prevention, drug and alcohol prevention, mental health, crime prevention and youth development programs. The study goals were to review data on programs, assess strengths and limits of data on youth programs, and identify gaps, framework and agenda for research on healthy development of youth. The study group identified the following personal and social asset categories that increase the healthy development of youth:

- Social;
- Physical;
- Intellectual;
- Psychological; and
- Emotional.

The study group concluded that youth do not need the entire range of assets to thrive. Having more assets is better than having fewer assets. Exposure to various experiences, opportunities to develop skills, environments in certain settings and connection to caring people supports youth in acquiring assets.

NIH also concluded that youth programs must have the following conditions in place to meaningfully impact outcomes on young people:

- Emotional and physical safety;
- Structure and boundaries;
- Supportive relationships;
- Opportunities for participation and belonging;
- Positive social norms;
- Support for efficacy and mattering;
- Opportunities for skills building; and
- Integration between families, schools and community.

NIH concluded that youth who spend time in communities rich in developmental opportunities have less risk and show higher rates of positive development. The report authors also concluded that:

- Diversity of programming is more likely to meet diverse needs and interests of youth;

- Local entities are needed to coordinate the many programs offered for youth;

- Mechanisms need to be in place to measure the quality, availability and accessibility of programs for better planning purposes;

- More funds are needed to provide evaluation support for youth programs – both for collecting local data and for doing comprehensive longitudinal research across programs.

NIH noted three exemplary programs: Teen Outreach Program, Quantum Opportunities Program and Big Brothers Big Sisters.[5]

Research by Michele Gambone

Researcher Michele Gambone identifies early adult outcomes desired for youth as being productive (graduating from school, doing well in school), being able to navigate adolescent challenges, and being connected to others and community in a positive way. Her research has identified several key factors that contribute to these outcomes:

- Adequate basic needs (food and shelter);
- Positive peer and adult relationships;
- Meaningful opportunities for involvement and membership, challenging activities and skill building opportunities; and
- Safety.

Furthermore, she identifies the kinds of institutional and community conditions that need to be in place to support programs that offer these opportunities to youth – trainings and capacity building, coordination of services and policies, increasing the number of developmental activities for youth, and aligned policies and resources.[6]

In a follow-up study by Gambone, Klem and Connell called *Finding Out What Matters for Youth: Testing Key Links in a Community Action Framework for Youth Development*,[7] the power of three developmental outcomes are tested:

1) Being productive (e.g., grades, extracurricular activities);
2) Being connected (to at least two groups of peers and adults); and
3) Being able to navigate (e.g., effective problem solving, low anti-social behavior).

Doing well in two out of three areas puts students at the optimal level for overall development. Serious problems in two out of three put them in the overall risk category. Using data from several longitudinal data sets, the authors found:

- Teens with high-quality supportive relationships early in high school were twice as likely as those with average relationships to have optimal developmental outcomes at the end of high school.

- Youth with opportunities to participate in challenging, engaging learning activities as teens have a 71 percent higher chance of having good developmental outcomes than youth in general, while youth reporting low levels of challenging learning experiences early in high school are 59 percent more likely than youth in general to have poor outcomes at the end of school.

- Youth who have opportunities to participate in decision making about their lives are 42 percent more likely than youth in general to have optimal developmental outcomes at the end of high school.

Other Youth Development Research

A variety of other studies of programs that include youth development strategies (mentoring, community services, connection to school, skills building activities) indicate that youth who participated in these programs, especially over time, were more likely to have positive changes in adolescent behavior and attitudes; improved interpersonal skills, quality of peer and adult relationships, self control, problem solving and self efficacy; as well as reduced antisocial or harmful behaviors.[8]

Resiliency

What is resiliency? "Simply put, resilience is the ability to 'bounce back' from adversity; to overcome negative influences that block achievement. Resilience research focuses on traits and coping skills and supports that help kids survive, or even thrive, in a challenging environment."[9]

Bonnie Bernard identifies four attributes of a resilient child:

1) Social competence including empathy, communication skills, and a sense of humor;
2) Problem solving skills;

3) Autonomy; and
4) A sense of purpose/future.

Beyond the youth's internal resiliency factors there are community, family, and school factors that can foster youth resilience including caring and support, high expectations, and opportunities for children to participate (Bonnie Bernard).

- Emmy Werner's 30-year study of children determined that "apart from immediate family, a favorite teacher provided the most positive adult for resilient children."[10]

- A 1993 National Research Council study "concluded that adolescents depend not only on their families, but also on the neighborhoods in which they live, the schools that they attend, the health care system, and the workplace from which they learn a wide range of important skills. If sufficiently enriched, all of these settings and social institutions in concert can help teenagers successfully make the transition from childhood to adulthood."[11]

- Bonnie Bernard recommends peer-resource programs based on a review of research on the cognitive and social benefits of such programs.

Many programs are utilizing the resiliency literature to structure their programs. It is no easy task, however. According to San Francisco based The Community Network for Youth Development, "Adopting a youth development approach requires nothing short of the re-alignment of the entire system."

One approach is to identify which resiliency factors are linked to reducing specific risk factors. The NIDA Resiliency and Risk Workgroup convened a group of senior researchers who noted that a "significant part of the origin of drug abuse is often the abusers' families' dysfunctions and inadequacies and a significant factor in resistance is often the positive characteristics and influences of the family." Another approach program providers may employ is to seek to reduce a specific risk factor by fostering multiple protective factors. For example, Oakland based Prevention Institute encourages "school violence prevention experts to recognize individual, family, and community assets and capacity to resist violence. Violence prevention strategies that build and support these capacities will not only help to prevent school violence, but also foster healthy child and adolescent development and build community strengths in the long term."[12]

School- And Community-Based Peer Programs

School-Based Peer Programs

According to a statewide evaluation of California school-based peer programs, most California peer programs are offered as a daily class and have been in operation for two to ten years. They provide a number of services including peer/cross-age prevention education, conflict resolution, community-based service, personal support, peer/cross-age mentoring, and peer/cross-age academic tutoring. The services they provide augment school counseling

services and help young people make healthy decisions about a variety of challenges facing youth today including the decision to use alcohol, tobacco, and other drugs, and to resist negative peer pressure. The Statewide Assessment of Peer Programs revealed that the ratio of peer program members to students is 21-1 compared to a counselor-student ratio of 588-1.

Research Findings

Peer programs are found to positively impact students who are members of peer programs, students served by peer programs and the general school population.

- Those who are members of peer programs indicated an improvement in their ability to peacefully resolve conflicts as a direct result of the peer program and an improvement in their ability to communicate openly and honestly. Seventy percent (70%) felt that the peer program involvement had helped them at school and at home.

- Seventy-three percent (73%) of middle school and high school students that had received services from peer program members felt that those services were useful. Ninety-one percent (91%) of those same students said they would recommend peer program services to others. Life-skills improved as a direct result of the peer program include academic achievement, self-esteem, connectiveness to school and community, communication, decision-making/problem-solving, and conflict resolution/violence prevention. Peer programs help create a more positive school climate.

- Forty-two percent (42%) of middle school students served by the program and 21 percent of high school students served by the program reported improved academic achievement.

- Middle school and high school Peer Program Advisors surveyed reported reduction in fighting, hate crimes, and vandalism on campus and an increased cooperative spirit among students on their campuses leading to a more tolerant attitude towards ethnic groups different from their own. Administrators also reported improvement in students' abilities to solve their own problems and reduced incidents of suicide attempts, smoking, and substance abuse as a result of youth participating in the peer program.

Community-Based Peer Programs

Friday Night Live

Friday Night Live (FNL) is designed for high school-aged youth in California. Activities are organized by youth to appeal to youth. Dances, haunted houses, community service and social action activities, movie nights, and participation in advocacy for safe and healthy environments are just some of the activities that FNL youth both participate in and organize. One of the most distinguishing aspects of Friday Night Live is that high school-aged youth can act as mentors and tutors to middle school and elementary school students.

Club Live

Club Live is a component of Friday Night Live designed for middle school-aged youth. This program focuses on developing and expanding social skills. Activities are organized to engage youth socially, to expand their ability to express themselves in social environments, and to help youth help themselves actively engage with peers. Club Live activities may include holiday decorating contests, raffles, bingo nights, etc.

Youth Assisting Youth, Canada

This is a community-based program that matches youth volunteers, aged 16-29 in a one-to-one relationship with at risk children aged 6-15. Since 1976, YAY's unique approach has served over 10,000 children and youth. The success rate of the program is 98 percent (only 2 percent of past clients come into conflict with the law again). YAY was named the 2001 Winner of the Ruth Atkinson Hindmarsh Award for a charitable organization that makes the greatest difference in life prospects of children at-risk. A study done in cooperation with the Ontario Probation and Community Services concluded, "Youth Assisting Youth has been cost-effective in keeping children out of the criminal justice system." The estimated cost of retaining a juvenile in the justice system for a year is between $119,000 and $135,000. The cost of maintaining a YAY Peer Mentoring match for a year is $1,600.

Children are referred to YAY from community sources such as schools, social workers, doctors, community groups and child protection agencies. A home assessment is completed for each referral received to determine the needs of the child and family in order to find an appropriate volunteer. Youth volunteers are recruited from high schools, colleges, universities, churches and the work place. The mentees receive monthly supervision by coordinators and a parent support worker. Consultations with other agencies and professionals are arranged when necessary. Contact: Robert Pierre Tomas, Development Officer, Youth Assisting Youth, 1992 Yonge Street, Suite 300, Toronto, Ontario M4S 1Z7; Tel: (416) 932-1919.

Teen Talk

Established by Kristine Barr of the Teen Talk Project at Klinic Community Health Centre, youth receive a week-long training workshop during the summer months. Each workshop is focused on helping youth develop tools to dispel myths and misinformation surrounding birth control and teenage pregnancy. The peer trainings attract youth from schools around Winnipeg, some of whom have already been trained as peer helpers. The Teen Talk Project leaders provide ongoing support in the form of monthly meetings during the year. Contact information: Klinic Community Health Centre, 870 Portage Avenue, Winnipeg, MB, R3G 0P1; Tel: (204) 784-4010; Fax: (204) 772-7998.

Other web sites: www.ncalcc;org/peer-helping, www.peer.ca/peerprograms, www.calpeer.org
See also An Evaluation of State AODA Funded Peer Programs in Wisconsin 2001-02 November 2002, State of Wisconsin, Dept of Education

ATTACHMENTS
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Child Development Stages
Middle Childhood and Adolescence

Stage	Cognitive Development	Physical Development	Social & Emotional Development
Late Middle Childhood *Ages 9 – 11*	Capable of understanding concepts without having direct hands-on experience. Interested in reading fictional stories, magazines, and how-to project books. May develop interest in collections or hobbies. Fantasizes and daydreams about the future. May be interested in discussing a future career.	Girls generally as much as two years ahead of boys in physical maturity. Increasing body strength and hand dexterity Improving coordination and reaction time.	Developing a sense of self and finds it important to gain social acceptance and experience achievement. Begins to see parents and authority figures as fallible. Rituals, rules, secret codes, and made-up languages are common. Enjoys being a member of a club. Increased interest in competitive sports. Outbursts of anger less frequent. May belittle or defy adult authority.
Early Adolescence *Age 11 or 12 to 14 or 15*	Realizes she and another person can both consider each other's point of view at the same time. Also realizes that mutual perspective taking doesn't always lead to agreement. Thought becomes more abstract, incorporating the principles of formal logic. Can consider the hypothetical as well as the real and consider multiple dimensions of a problem at the same time.	Biological changes related to puberty. Girls earlier than boys. All at different rates. Many young teens have an unrealistic view of themselves and need to be reassured that differences in growth rates are normal. Body parts may grow at different times and rates. Young adolescents may be clumsy and awkward in their physical activities.	A central task of adolescence is to develop a sense of oneself as an autonomous individual. Acquires self-certainty as opposed to self-consciousness and self-doubt. Begins to establish self identity, or is confused about what future roles to play. Begins a "separation" process from parents. Needs opportunities to bond with non-familial adults. A key task is the development of a stable peer group. Confidence in physical appearance and social acceptance often a more important predictor of self-esteem than is confidence in cognitive/academic competence. This age can be one of mood swings, sulking, a craving for privacy and short tempers; emotions exaggerated. May worry about issues affecting them and worry about the future. Many young teens are self-conscious and overly sensitive about themselves.

Stage	Cognitive Development	Physical Development	Social & Emotional Development
Middle Adolescence *Age 14 to 16*	Continues to gain meta-cognitive abilities and improve study skills; writes longer, more complex sentences; adapts language to different contexts; uses teen slang. Mastering abstract thinking. Egocentric; believes in imaginary audience and personal fable. Has difficulty understanding compromise; may label adult efforts to cope with inconsistencies as "hypocrisy." Explores and prepares for future careers and roles in life. Set goals based on feelings of personal needs and priorities; goals set by others are likely to be rejected. Development of ideals and selection of role models. More consistent evidence of conscience. Interest in moral reasoning.	Physical changes accepted by most middle adolescents, and most awkwardness has been overcome, although some boys are still growing quickly. Most females reach maximum height by 14, most males by 16. Males reach puberty. Males gain muscle cells, females gain fat cells. Anorexia and bulimia may be a problem for some females. Most teens know their own abilities/talents. Reach fastest reaction time.	A key task of middle adolescence is the formation and consolidation of an identity, including a personal identity and a racial ethnic identity. Achieving satisfactory adjustment to sexuality and defining career goals are important. Seeks emotional autonomy from parents, although may experience periods of sadness as the psychological loss of the parent takes place. Learning to cooperate with each other. Learning to interact with the opposite sex may preoccupy middle adolescents. Unsettled emotions may cause teens to be stormy or withdrawn. Takes pride in responsibility and respect from others.

Literature Review: Targeted Activities to Reduce Teenage Pregnancy

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
California's Adolescent Sibling Pregnancy Prevention Program **Location:** 44 CBOs, school districts, county health departments, and nonprofit organization sites across CA **Evaluation**: 1997-1999 evaluation of 16 sites. Surveyed 1,176 predominately Hispanic 17-19 year olds with at least one sibling who was an adolescent parent or had been pregnant. Included target and comparison group. (East, Patricia, Elizabeth Kiernan, and Gilberto Chavez)	**Target group:** Siblings of pregnant/parenting teens **Program Components**: Unique combination at each site including individual case management, academic guidance, training in decision making skills, job placement, self-esteem enhancement, and contraceptive and sexuality education. While no services were required, at least one in-person contact with every client at least monthly was required. Average of 18 service hours over a nine- month period (varied between 45 minutes and 95 hours) Examples from Santa Cruz site: Connect students with tutors, take clients to the library to do research, education on healthy eating and exercise, field trips, provide access to sports teams, make appointments to take youth to the doctor.	• Female program clients had a lower pregnancy rate (4% vs. 7%) and rate of sexual initiation (7% vs. 16%) than comparison/control group (CG). • Decreased truancy (CG increased) • More intentions of abstinence • Consistent use of contraceptive use increased among males (decreased with CG). • Increased school- and job-related services was correlated with truancy for males and more consistent contraceptive use for females. • More hours of sexuality or health education were related to declines in perceived likelihood of early parenting among males and females, and males' perceived likelihood of abstinence. • One on one service delivery related to reductions in perceived likelihood of early pregnancy for both genders, gang activity for males, and contraceptive use.	• Offer different levels of service. • Individually tailor service delivery. • Provide a saturation of services across multiple contexts likely reinforces the prevention message. • Provide group services for abstinent males. • Provide services that strengthen psychosocial skills for sexually active females. • Target high-risk youth.

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Safer Choices **Location:** urban areas of northern California and southeast Texas **Evaluation:** 1993-1996 Randomized controlled design involving 20 public schools. A cohort of 3,869 ninth grade students was tracked for 31 months following a baseline survey. (Recapp Resource Center for Adolescent Teenage Pregnancy)	**Target Group:** 9th and 10th graders. **Curriculum**: *Safer Choices* is a two-year, school-based HIV, other STD and pregnancy prevention program for high school students which includes five components: (1) school organization, (2) curriculum and staff development, (3) peer resources and school environment, (4) parent education, and (5) school/community linkages. Ten 45 minute lessons each year. **Objectives:** Increase knowledge about HIV and other STDs; more positive attitudes about choosing not to have sex or using condoms if having sex; greater confidence in ability to refuse sexual intercourse or unprotected intercourse, use a condom, and communicate about safer sexual practices; perceive fewer barriers to condom use; have more accurate perceptions of their risk for HIV and other STDs; communicate more with their parents regarding sexual issues; be able to use refusal and negotiation skills in sexual situations; reduce sexual risk behaviors.	• Reduced frequency of intercourse without a condom • Reduced number of sexual partners with whom students had intercourse without a condom • Increased use of condoms and other protection against pregnancy at last intercourse. • Participants scored significantly higher on the HIV and other STD knowledge scales, expressed significantly more positive attitudes about condoms and reported significantly greater condom use self-efficacy, fewer barriers to condom use, and higher levels of perceived risk for HIV and other STD compared to CG. • Participants reported greater normative beliefs about condom use and communication with parents; these differences neared statistical significance.	• Provide information about teen pregnancy, HIV, abstinence, birth control and the risks and consequences of teen pregnancy and HIV/STD. • Provide opportunities to personalize information. • Provide opportunities to recognize social pressures and anticipate risky situations. • Reinforce norms for abstinence or protected sex in each of the classes. • Provide opportunities to learn and practice skills. • Address models of school change through the use of the school health promotion council and other school-wide strategies. • Based on social cognitive theory, social influences theory, and models of school change.

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Making A Difference! An Abstinence Based Approach to Prevention of STDs, HIV and Teen Pregnancy **Location:** unknown **Evaluation:** 1998 Randomized control trial, 659 6th and 7th grade African-American male and female adolescents received one of three 8-hour curricula in groups of 6-8 youth: an abstinence HIV curriculum (*Making A Difference!*), a safer sex HIV curriculum (See below), or a health promotion curriculum (which served as the control group). (Recapp Resource Center for Adolescent Teenage Pregnancy)	**Target Group:** African-American, Hispanic and White adolescents, ages 11-13, who attend middle schools and youth-serving community based programs. **Curriculum**: Three components: (1) Goals and dreams and adolescent sexuality; (2) knowledge about HIV, STDs, and teenage pregnancy and attitudes about abstinence, HIV, STD, and pregnancy; and (3) skills and self-efficacy. Negotiation and refusal skills, time for practice, reinforcement, and support. Eight 60-minute modules including videos and role-play. **Objectives:** Increased knowledge about prevention of HIV, STDs and pregnancy; more positive attitudes/beliefs about abstinence; increased confidence in their ability to negotiate abstinence; increased negotiation skills; stronger intentions to abstain from sex; a lower incidence of STD/HIV risk-associated sexual behavior; and a stronger sense of pride and responsibility in making a difference.	• Participants were less likely than control group participants to report having sexual intercourse in the three months after intervention. • Among youth who reported no previous sexual experience at the baseline, the participants were less likely to report having sexual intercourse at the three-month follow-up than those in the control group • Adult and peer facilitators were equally effective. • The participants felt more strongly that practicing abstinence would prevent pregnancy and AIDS, expressed less favorable attitudes toward sexual intercourse, and reported weaker intentions of having sexual intercourse the next three months, than did those in the control group or the safer sex group. • The participants believed more strongly that practicing abstinence would help them achieve their career goals than those in the control group.	• Encourage adolescents to be proud and to abstain from sex as a way to prevent the sexual transmission of HIV, not only for themselves, but their families and community. • Teach participants to make responsible decisions regarding their sexual behavior, respect themselves and others, and the importance of developing a positive image. • Encourage and reinforce youth sense of pride, self-confidence, and self-respect regarding making abstinence their choice. • The curriculum draws upon three theories: the Social Cognitive Theory, the Theory of Reasoned Action, and its extension, the Theory of Planned Behavior.

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Making Proud Choices! A Safer Sex Approach to STDs, Teen Pregnancy, and HIV Prevention **Location:** unknown **Evaluation:** 1998 Randomized control trial, 659 6th and 7th grade African-American male and female adolescents received one of three 8-hour curricula in groups of 6-8 youth: an abstinence HIV curriculum (see above) a safer sex HIV curriculum (Making Proud Choices), or a health promotion curriculum (which served as the control group). (Recapp Resource Center for Adolescent Teenage Pregnancy)	**Target Group:** African-American, Hispanic and White adolescents, ages 11-13, who attend middle schools and youth-serving community based programs. **Curriculum**: Four components: (1) goals and dreams and adolescent sexuality (2) knowledge of STDs, HIV, and teenage pregnancy, (3) beliefs and attitudes, (4) skills and self-efficacy. Negotiation-refusal skills, condom use skills, and time for practice, reinforcement, and support. **Objectives:** Increased knowledge about prevention of HIV, STDs and pregnancy, more positive attitudes/beliefs about condom use, increased confidence in their ability to negotiate safer sex and to use condoms correctly, increased negotiation skills, improved condom use skills, stronger intentions to use condoms if they have sex, a lower incidence of STD/HIV risk-associated sexual behavior and a stronger sense of pride and responsibility in making a difference.	• Participants reported more consistent condom use and less unprotected sex in the three months after the intervention than CG. • Participants reported a higher frequency of condom use at all three follow-up surveys than CG. • Among students who were sexually experienced at baseline, the participants reported less sexual intercourse and less unprotected sex at all three follow-up surveys than CG. • Adult and peer facilitators were equally effective. • Participants scored higher in condom use knowledge, believed more strongly that condoms can prevent pregnancy, STDs and HIV, and using condoms would not interfere with sexual enjoyment, expressed greater confidence that they could have condoms available when they needed them, and that they could exercise sufficient impulse control to use condoms and greater self-efficacy for using condoms than CG.	• Encourage adolescents to be proud and to use condoms as a way to prevent the sexual transmission of HIV, not only for themselves, but their families and communities. • Teaches participants to make responsible decisions regarding their sexual behavior, respect themselves and others, and appreciate the importance of developing a positive image. • Encourage adolescents' sense of pride, self-confidence, and self-respect regarding their choice to practice safer sex. • The curriculum draws upon three theories: the Social Cognitive Theory, the Theory of Reasoned Action, and its extension, the Theory of Planned Behavior.

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
<u>Preventing Teen Pregnancy: Youth Development and After-school Programs:</u> (Literature Review) <u>Evaluation</u>: Analysis of research on (1) risk and protective factors that affect adolescent sexual risk-taking behavior, and (2) the ability of different kinds of programs to improve selected risk and protective factors and (3) the effectiveness of different kinds of programs to reduce teen sexual risk-taking or pregnancy. (ETR Associates and YWCA)	**Programs:** • Planning for an education, jobs, and careers • Tutoring • Entrepreneurship • Arts and creative expression • Service Learning • Mentoring • Sports and Fitness • Substance Abuse • Curriculum-based sex education and HIV education • Power in relationships • Drop-in-Centers and groups for youth at high-risk of engaging in unprotected sex • Involving parents in sexuality education • Comprehensive, intensive programs that "put it all together"	• Numerous studies have linked the programs listed under "strategies" and/or the targeted risk factors they address with reduction in teenage pregnancy. • Some of the most important risk and protective factors of adolescent pregnancy involve sexual belies, attitudes and skills, as well as attachment to family, educational aspirations, and plans for the future. • A number of important risk and protective factors: attachment to family, school, faith community, and other youth-serving organizations that typically provide structure, increase connections with adults and express norms about sexual risk-taking.	• To make a significant impact, programs either singly or in combination need to address multiple risk and protective factors. • Utilize the logic model for program design • Include a number of different components: – Tutoring – Life-skills – Career Development activities – Opportunities for youth to be in charge and learn leadership skills – Structured opportunities for community service – Components to address stress and emotional problems – Ongoing small group and individual discussions – Comprehensive sexuality education – Arrangements/linkages that improve reproductive health models.

CG= Comparison/Control Group participants

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Literature Review: Activities to Reduce Youth Violence

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Juvenile Crime Prevention Program (JCPP) **Location**: 12 California sites between 1996 and 2004 through OCAP **Evaluation**: External evaluation conducted by Philliber Research Associates, internal process evaluation (Shear, Liz and Nancy Smith iii-64)	**Target Group:** Single mothers with adolescent sons **Program Components:** Community oversight council, family resource center, school involvement, early intervention for families with a youth who committed first juvenile offense, and after-school programs **Objectives:** Increase the number of healthy families and communities by reducing juvenile crime, strengthening families and communities, and improving school outcomes and relationships.	**Families:** • Changes in seven basic needs indicators • Improvements in parenting • Fewer reported at case closure: family member with SA issues, on probation, parole or incarcerated or arrested or incarcerated within six months prior **Youth:** • Increase in positive behaviors • Decrease in negative school behaviors, substance abuse, gang-related and delinquency behaviors, social maladjustments, crime related behaviors	• Combination of services offered with a philosophy that respects and involves the youth, family, and community; • Seamless continuum of services that youth and families may move into and out of as their needs change • All youth and families are actively encouraged to become involved in the community through community service opportunities. As youth and families begin to see themselves as substantial resources for other families in the community, their risk factors are reduced and resiliency factors grow.
US Crime Prevention and Assistance Programs **Evaluation:** Comprehensive review presented to Congress in 1997 of 500 scientific evaluations of US Department of Justice funded programs conducted by a group from U of Maryland. Programs included have at least two evaluations with statistical significance tests including a control group and before/after testing. (Sherman, Lawrence, Denise Gottfredson, Doris MacKenzie, John Eck, Peter Reuter, and Shawn Bushway 1-13)	**Program Strategies:** 1. Family therapy and parent training about delinquent and at-risk preadole scents 2. Building school capacity to initiate and sustain innovation through the use of school teams or other organizational development strategies 3. Communication and reinforcement of clear, consistent norms 4. Training/coaching in thinking skills for high risk youth using behavior modification techniques or rewards/punishments	Note: The following are actual outcomes of the strategies listed in the adjacent column by corresponding number. 1. Reduced risk factors for delinquency such as aggression and hyperactivity 2. Reduced crime and delinquency. 3. Clarifying and communicating norms 4. Reduced substance abuse	• For families: family therapy and parent training about delinquent and at-risk preadolescents • For schools: organizational development; communication and reinforcement of clear, consistent norms, teaching of social competency skills, coaching of high-risk youth in "thinking skills"

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Omega Boys Club Academic Program **Location:** San Francisco, CA Evaluation: by John Haller, Ph.D, June 1998 Funded by the California Wellness Foundation (i.e Communications LLC)	**Target Group:** African-American youth ages 11-25; but accepts youth from all over the San Francisco Bay Area. The program serves both boys and girls, although classes are single sex. **Program Components:** Free weekly course throughout academic year to help students develop verbal, research, and writing skills, and discipline needed for college and work environments. Also includes, life-skills, college and tuition assistance, job placement.	• Omega has sent nearly 180 youth to colleges around the country. • 70 Omega graduates have graduated college to date. • 78% of students who completed the Omega Academic Program between 1995-1998 had either graduated or were still in college as of June 1998.	• Taking a public health approach to violence and incorporating that approach into the academic curriculum • Single-sex classes • Participation in three or more 12-week cycles of the academic program a prerequisite for scholarship assistance • Careful career planning and college selection • Rigorous requirements for scholarship recipients • Ongoing counseling and support after entering college
Quantum Opportunities Program **Evaluation:** Longitudinal experimental evaluation of five sites in Philadelphia, San Antonio, Saginaw, Oklahoma City and Milwaukee with control group. In the summer of 1989, in each of the five sites above, 50 students were randomly selected from lists of eighth-grade students whose families received public assistance. Each was then assigned to an experimental (QOP) group or a control group (25 in each group at each site). Compared the baseline (ninth grade) to post high school (approx 15% attrition). Funded by Ford Foundation and Department of Labor (Blueprints for Violence Prevention)	**Target Group**: Ninth graders, program continues through high school graduation **Program Components**: Counselors conduct program with small groups, staying with them for four years. Each participant is eligible to receive annually: (1) 250 hours of education (computer assisted instruction, peer tutoring education, etc., to enhance basic academic skills; (2) 250 hours of developmental activities such as cultural enrichment, life/family skills, planning for college, or advanced technical/vocational training and job preparation and (3) 250 hours of service activities.	• More likely to be high school graduate (63% vs. 42%) • More likely to go on to post-secondary schools (42% vs 16%) • Less likely to be school dropouts (23% vs 50%) • More likely to have received an honor or award in past year (34% vs 12%) • Less likely to become teen parent (24% vs 38%) • Less likely to be arrested (19% vs 23%)	• Small groups of 20-25 young people bonding with caring adults • Community-based case mgmt approach tied to school, and individually tailored • Start early and invest year round for four years by providing learning, development, and service • Multiple dimensions: basic life and social skills, broadening horizons, and community service • Financial incentives (job wages, bonuses, long-term fund match) • Program administrators go extra mile • Multi-year round funding

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
Neighborhood Alternative Center **Location:** Program conducted in Sacramento by Sacramento County Probation Department **Evaluation:** Internal evaluation (The California Wellness Foundation)	**Target Group:** 8-17 year old youth who exhibit "beyond control" behavior (W&I601) and some youth on probation. **Program Components:** 24/7 collaborative program including doctor, mental health, CPS, and resource specialist. Brief assessment, crisis intervention and referral, skill development groups on-site, truancy mediation and a leadership academy. **Objectives:** Intervene with youth early on to prevent future delinquency, while ensuring community, family, and child safety; prevent at-risk youth from formally entering the j.j. system; provide intervention for youth with severe truancy; and promote individual/family accountability and competency development.	• More likely to complete court-ordered community service (4% more) and restitution orders (10% more) • 8% less likely to violate probation • 0.5% lower arrest rate	• Interdisciplinary collaboration • Early intervention to prevent future delinquency • Twenty four hour access • Careful evaluations that track participant progress.

Program Model Evaluated	Strategies	Actual Outcomes	What Works: Best Practices
The Olweus Bullying Prevention Program **Location:** Developed in Norway, implemented in several hundred US schools **Evaluation**: Quasi-experimental with control groups in Norway, Oslo and of 39 schools in South Carolina (US Dept of Health and Human Services)	**Target Group:** Students age 6-15. All students participate in most aspects of the program, while students directly involved receive additional interventions. **Program Components**: (1) Schoolwide: Administration of anonymous questionnaire about bullying, formation of a Coordinating Committee, staff training, development of schoolwide rules against bullying and coordinated system of supervision during break periods; (2) Classroom: regular meetings about bullying and peer relations, class parent meetings and (3) Individual: meetings with children who bully and children who are targets of bullying, meetings with parents of children involved	**Norway** • 30-70% reduction in student reports of being bullied and bullying • Significant reductions in student reports of general antisocial behavior (vandalism, fighting, theft, truancy) • Significant improvements in classroom order and discipline • More positive attitude toward school work and school **South Carolina:** • Self-reported bullying reduced by 20 percent at participating schools while it was increasing at other schools • Reductions in school misbehavior, vandalism, and general delinquency. **Expected Outcomes:** • May reduce substance use/abuse.	• Qualified as a model program by The Center for the Study of Prevention of Violence and the Federal Substance Abuse and Mental Health Services Administration • Implementation of the Olweus Bullying Prevention Program requires significant and ongoing commitment from school administrators, teachers, and other staff. • A first step is to establish a Bullying Prevention Coordinating Committee composed of administrators, teachers, students, parents, and the program's onsite coordinator. • Follow curriculum and planning guide.

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Literature Review: Targeted Activities to Reduce Youth Depression

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
Comprehensive Community Mental Health Services for Children and Their Families Program Funded by the federal Center for Mental Health Services Worthington, J., et al. Center for Effective Collaboration and Practice; American Institutes of Research	**Approach:** "System of Care" in which activities are child- and family-centered, individualized, and community-based. **Program Components:** Mental health assessment and therapy; meeting basic family needs; developing strong bonds between provider and family. **Target Group:** Families with children who suffer from emotional and behavioral disorders.	**Outcomes for youth:** • Increased ability to manage emotions • Improved grades and behavior • Better peer-to-peer and other relationships and interpersonal skills • Improved self esteem **Outcomes for families:** • More stable • More able to function independently and find informal supports	• Engaging parents as partners • Providing caring, accessible service providers • Identifying and maintaining a commitment to family's goals • Emphasizing connection between family and community • Focusing on family strengths rather than deficits • Opportunities for family learning and skill-building
Multisystemic Therapy Approach reviewed in the publication *Youth in a Difficult World* National Institute of Mental Health	**Components:** Interventions are individualized to the family and child, and provided by treatment teams including counselors, crisis caseworkers, and psychiatrists or psychologists. **Approach:** Focuses on the child's natural environment (home, school) and aims to strengthen the ability of parents to raise children who have complex problems. **Target Group:** Families with youth who have problems with depression, delinquency, or substance abuse.	• Significantly prevents psychiatric hospitalization • Significantly decreases behavior problems • Increases school attendance compared with hospitalization • Reduces symptoms of internalizing distress and depression • Reduces long-term rates of criminal offending in serious juvenile offenders and rates of out-of-home placements • Reduces long-term rates of re-arrest by 25 to 70 percent • Increases family cohesion	• Therapy focuses on promoting positive social behavior while decreasing problematic behavior • Identifying strengths in the families and using these strengths to develop natural support systems and to improve parenting skills • Therapy approached as a collaboration between the family and the therapist; • Family sets treatment goals

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
Coping with Stress Course (Adaptation of the Adolescents Coping with Depression Course) Programs found in various states; reviewed in publication: *Child and Adolescent Violence Research at the National Institute of Mental Health*	**Approach:** After-school program based on cognitive therapy and social problem-solving techniques; delivered by school staff. **Target Group:** Adolescents who report high levels of depressive symptoms.	• Fewer cases of depressive disorder • Fewer depressive symptoms • Better adjustment	• Teaches adolescents cognitive skills to identify and challenge negative or irrational thoughts and beliefs that may contribute to the development of depression. • Utilizes role-plays, cartoons, and group discussions.
Reconnecting Youth Program 2 large-scale studies in 1994 and 1997	**Program Components:** • Semester-long, daily personal growth class • Social activities and school bonding • School system crisis response plan, for addressing suicide prevention approaches **Approach:** The program teaches skills to build resiliency. **Target Group:** High school students with problem behaviors including substance abuse, depression, and suicidal ideation.	• Improves school performance • Reduces drug involvement • Decreases deviant peer bonding • Increases self-esteem, personal control, school bonding, and social support • Decreases depression, anger and aggression, hopelessness, stress, and suicidal behaviors. contributes to decreases in drug involvement and suicide risk behaviors	• Class is designed to enhance self-esteem, decision-making, personal control, and interpersonal communication. • Activities are designed to establish drug- free social events and friendships, as well as improving a teenager's relationship to school.
Child Trends Comprehensive review of 300 studies to determine best practices for reducing depression and related behaviors in youth	**Program Components:** • Multiple intervention and prevention strategies (on individual level, but also take into account factors involving friends, family, neighborhood, and school) • Psychotherapy • Drug therapy • Making a youth's environment more supportive • Moving youth from high-risk to low-risk environment (EX. From area with few resources, to area with plentiful resources)	• Reduced symptoms of depression, anxiety, and related problems of acting out • Environments that are positive and warm, linked to more positive feelings of self, emotional well-being • Positive changes in one area of environment lessen negative effects of other areas	• Start as early as possible • Multiple intervention strategies (such as skill-building, developing positive relationships, changing youth environment)

Literature Review: Targeted Activities to Reduce Alcohol and Drug Abuse

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
National cross-site evaluation of High Risk Programs Evaluated by Center for Substance Abuse Prevention (CSAP)	Approaches varied. CSAP examined trends across 48 different prevention programs **Target Group:** High-risk youth populations	• Certain best practices significantly reduced alcohol and drug abuse in youth and teens • High risk youth connected to positive social environments (school, family, peers, community) used substances less than those who had no connections.	• Communities gave young people opportunities to take part in prevention activities (advocacy, rallies, special events). • Practices focused on reducing risk factors and/or strengthening protection in youths' lives. • Program involved participants actively.
Cross-site study of model programs Compiled by CSAP	CSAP examined seven model programs in search of common best practices	Certain exemplary practices significantly reduced drug and alcohol abuse	• Multifaceted interventions (including, but not limited to, relationship-building, social skills, and substance abuse education). • All programs focused on building caring and supportive relationships.
Big Brother/Big Sister Loscuito, Rajala, Townsend and Taylor (1996)	**Program Components:** Supportive adults serve as mentors to adolescents. Adolescents receive life skills training. Adolescents provide service for frail elders. **Target Group:** 6th graders from high-risk neighborhoods in Philadelphia	Participants less likely to start using alcohol or drugs	Activities with mentor that promote social, emotional, cognitive, and behavioral competencies: • Positive identity • Bonding • Resiliency • Self-efficacy • Pro-social norms
Life Skills training 1) Botvin, Baker, Dusenbury, Botvin, and Diaz (1995) 2) Botvin, Epstein, Baker, Diaz, & Williams, 1997	**Approach:** School-based program designed to prevent initiation of drug and alcohol and tobacco use **Target Group:** 7th graders (two studies: one targeted primarily middle class Caucasian youth; second study with comparable results targeted ethnic minority children in urban NYC schools)	Test group showed decreased alcohol and tobacco use long-term (six years out)	Skill-building with students: • Cognitive behavioral skills for self-esteem building • Resistance to media influences • Anxiety management • Effective communication • Development of personal relationships • Resistance to peer and other pressures to use tobacco

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
Project Northland University of Minnesota School of Public Health (Perry et al., 1996)	**Approach:** Community-based alcohol prevention program **Target Group:** 6th, 7th, and 8th graders	• After three years, target group drank 20% less often weekly, and 30% less often monthly. • Target group used fewer cigarettes and less marijuana. • Participants showed increase in parent-youth communication, knowledge and attitudes for resisting peer influence, and self-efficacy	• Parent education • Participation by youth in alcohol-free activities outside of school
Creating Lasting Connections Johnson, Strader, Berbaum, Bryant, Bucholtz, Collins & Noe, 1996	**Program Strategy:** Increase youth's resistance to drugs by promoting strong, healthy, and supportive youth and families. **Approach:** The program is designed to be delivered through community-level organizations such as places of worship, recreation centers, and schools, although the institution must already have social outreach programs and links with other human service providers	Significant decrease in the age of onset and frequency of drug use. Most effective with high-risk youth ages 11-15	Strengthen family bonds and teach children skills for personal growth and communication through community organizations (e.g., places of worship and recreation centers)

Literature Review: Successful Practices for Prevention of Obesity in Youth

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
Child and Adolescent Trial for Cardiovascular Health (CATCH) Luepker, et al., 1996; Nader, et al., 1999	**Target Group:** Elementary youth, tracked over three years until students were in 6th, 7th, and 8th grade. **Components:** Educational curriculum along with behavioral component and school environmental change.	Three years out, the test group: • Consumed less dietary fat than control group; • Consumed less sodium than control group; and • Maintained more minutes of daily physical activity than control group.	Multi-component program combining health education with behavioral components, and school environmental change
Pathways Obesity Prevention in Native American Schoolchildren Benjamin Caballero, Theresa Clay, Sally M Davis, Becky Ethelbah, Bonnie Holy Rock, Timothy Lohman, James Norman, Mary Story, Elaine J Stone, Larry Stephenson and June Stevens for the Pathways Study Research Group, Johns Hopkins University	**Target Group:** Three year intervention targeting 3rd-5th grade children. **Approach:** To develop, implement, and evaluate a culturally appropriate, school-based intervention to promote healthful eating behaviors and increased physical activity and to prevent obesity in American Indian children. **Components:** Physical activity, school food service, classroom curriculum, and family support	The program produced significant positive changes in fat intake and in food- and health-related knowledge and behaviors.	School-based intervention complemented by community and household programs

Program Model Evaluated	Strategies	Outcomes	What Works: Best Practices
Prevention of Childhood Overweight – What Should Be Done? Prepared by The Center for Weight and Health, College of Natural Resources, University of California at Berkeley	**Approach:** To reduce the prevalence or degree of overweight in children **Target Group:** Youth ages 6-17	Certain practices are proven to be most successful in reducing prevalence or degree of overweight in children.	**Physical:** • Increase PE participation • Increase level of physical activity • Decrease television viewing **Nutritional:** • Decrease sweetened beverages **Family:** • Improve limit setting • Decrease use of food as a reward • Parental modeling of healthy behaviors
Targeting Parents Exclusively in the Treatment of Childhood Obesity: Long-Term Results	**Approach:** Prevention of childhood obesity by exclusively targeting the parents	1-, 2- and 7-year studies show greater obesity reduction in children of parent-only group than children in child-only group	Group support and educational sessions where diet was prescribed, plus covered topics of: • Limits of responsibilities • Nutrition education • Eating and activity behavior modification • Decreasing stimulus exposure • Parental modeling • Problem solving • Cognitive restructuring • Coping with resistance

Literature Review: Activities to Improve Youth Academic Success

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Jobs for America's Graduates (JAG) **Evaluation** oversight by the National Data Management System monitors process and outcomes was designed and maintained by J&J Computer Consulting in consultation with JAG Field Services. Evaluation funding was provided by a Congressional Earmark Grant and administered by the United States Department of Labor (Jobs for America's Graduates, Inc.)	**Target Group:** Students are targeted for services based upon the number of barriers to staying in school through graduation and/or transitioning from school to a career. **Program Components**: A 30 to 48-month intervention beginning as early as the 9th grade year and concluding after 12 months of follow-up services after graduation. Classes are normally offered for one hour per day, five days per week, for 36 weeks. Mentoring, job placement, advisement. **Objectives:** Youth will stay in school through graduation and be placed in an entry level job leading to a career and/or pursuing a postsecondary education. Extended servic es for 12 months after receipt of GED or high school diploma and follow-up services for 12 months for non-completers.	**Actual Outcomes:** • Graduation Rate: 90% • Positive Outcome Rate (full-time or part-time employment; postsecondary enrollment; or full-time military) 91% • Employment Rate 60% • Total Full-Time Jobs Rate 60.0% • Full-Time Placement Rate 94.5% • Further Education Rate 20%	• Career Specialist provides individual and group instruction to 35-45 selected students • Curriculum equips participants with 37 employability competencies • Adult Mentoring • Advisement, Support, Referrals • Summer Employment Training • Student-Led Leadership Dev. • Job and Postsecondary Education Placement Services • Linkages to School and CBO's • 12-Month Follow-up Services • Accountability System • Professional Development • Strict accountability • Activity-based classroom instruction • Motivating learning environment • 12 months of follow-up services • Cost-effective program • See full review for detailed "Best Practices" for Board selection and development

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Teen Outreach Program (TOP) **Location:** 25 high schools, and after-school and community-based youth organizations nationwide **Evaluation:** (1991-1995) Randomized experimental program including control group involving 695 students. Pre- and post-questionnaire on background characteristics and histories of problem behaviors. **Funding:** The Charles Stewart Mott Foundation and the Lila Wallace Reader's Digest Fund (Proven and Promising Practices)	**Target Group:** **Program Components:** Two Components: (1) The classroom component includes structured discussions, group exercises, role-playing, talks by guest speakers, and traditional lectures and presentations. The curriculum focuses on life-skills building, such as personal growth and self-understanding, decision-making, and building communication skills. (2) 20 hours per year of community service required **Goals:** Increase the percentage of students performing at grade level or meeting state curriculum standards, who graduate from high school, and who abstain from sexual activity or do not engage in risky sexual behavior.	**Actual Outcomes:** • Suspension rate decreased 4% (CG up 5%). • Course failure rate decreased 4% (CG up 9%). • Pregnancy rate decreasing 2 percent (CG decreased 0.2%). • The number of volunteer hours that were worked approached significance as being related to course failure, with a greater number of volunteer hours worked being associated with a lower risk for failure. • There was no significant relationship between dosage and pregnancy rates or dosage and suspension.	**Promising Practices:** • The "Changing Scenes" classroom component takes place at least once per week. • Classroom-based discussions allow students to share and learn from others' volunteer experiences. • The role-playing component of the curriculum helps students to practice and prepare for their volunteer service experience. • Participants must take part in a minimum of 20 hours of community service during the program year. • A wide range of volunteer activities is available, including work as hospital and nursing home aides, peer tutoring, and fund-raising.

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Carolina Abecedarian Project **Location**: One site in North Carolina **Evaluation:** Randomized experimental design with longitudinal follow-up of four groups of 92 total youth: (1) Eight years of intervention, five in pre-school and three in primary school (EE group); (2) Five years of intervention in preschool only (EC group); (3) Three years of primary school intervention only (CE group); and (4) No intervention (CC group). Data collected at ages 8, 12, 15, 18, and 21. (Proven and Promising Practices)	**Target Group**: At-risk families with infants up to six months of age. Primarily low income, low education, African American. **Program Components:** Two components: (1) The preschool intervention 6wks-5yrs: essentially a day care service. Curriculum designed to enhance cognitive and linguistic development and enriched language environment. Children received nutritional supplements, disposable diapers, pediatric care and supportive social work services. (2) The school-age intervention program: K-3. Resource teacher made an average of 17 school visits and approximately 15 home visits per year for each child and prepared an individualized set of home activities in reading and math. Parent education, tutoring, school/community advocacy, .summer activity packets **Objectives**: Increase the % of youths not using alcohol, tobacco, or illegal drugs, and performing at grade level or meeting state curriculum standards, and increase the percent of children 0-5 who exhibit age-appropriate mental and physical development.	**Actual Preschool Outcome Highlights:** • EE/EC scored significantly higher than CC on Indexes at many time intervals: Mental, IQ, Cognitive, Verbal, Perceptual-Performance, Quantitative and Memory. • EE/EC outscored no-day-care group on all measures at all time intervals. • Higher grade retention for non-preschool groups: CC 50%, CE 38%, EC 29%, EE 16% • Higher math and reading achievement scores for EE than CC. **Actual Long-Term Outcome Highlights:** • A follow-up study to age 12 found a significant effect for: (1) EE/EC on verbal and performance intelligence reading, math, knowledge, and written language score.; (2) CE on performance intelligence • A follow-up at age 21 found significant differences favoring the EE/EC group vs CC: (1) The full-scale Weschler intelligence test and verbal intelligence test; (2) math and reading scores, average years of education by age 21; (3) attending/ have attended college, (4) fewer became teenaged parents; (5) fewer self-reporting marijuana use within the past 30 days and (6) fewer regular cigarette smokers.	• Toddlers/preschoolers grouped according to age and developmental levels • Families encouraged to participate in parent group sessions. • Social workers available to provide housing, counseling, and social service assistance to parents • Pediatric care provided by team of on-site nurses and pediatricians • See full review for curriculum • Preschool program focused on the communication skills, each child conversed with/read to daily • Resource teachers were graduate-level teachers who met with classroom teachers to design enjoyable/compatible home activities. Ratio 12:1 • Teacher-child ratios began at one-to-three in nursery and increased to one-to-six in last preschool year. • In-service training and technical assistance were provided to the educational staff.

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Class Wide Peer Tutoring Program **Evaluation**: Over 30 evaluations conducted including experimental design with control group. (Proven and Promising Practices)	**Target group:** K-6 model program for regular, learning disabled, and educable mentally disabled, currently being implemented middle schools. **Program Components:** On each Monday during the duration of the program, all participating students are individually pre-tested on that week's classroom material, then paired up and partners take turns tutoring each other on their spelling, math, and reading passages, and test each other's learning. Awards and recognition given in group teams. Monday through Thursday for 30 minutes. On Friday, students are tested on that week's and next week's material.	• When students began in the 1st grade, by end 4th grade they scored over 11% higher than control groups on a nationally standardized test in reading and math (adjustments made, e.g., IQ). • Average gains of 12% on spelling tests among 3rd and 4th graders, with 80% of students receiving grades in the A range. • 20 to 70 percent more likely to stay on task, remain engaged with their lessons, and respond to the teacher than before program. • On average 1st graders tested above the 2nd grade level on comprehension and vocabulary. • Participants in economically depressed areas performed almost as well as CG from higher socioeconomic groups and significantly better than a CG in economically depressed areas.	• Monday pre-tests and Friday post-tests give an indication of a student's progress and skill mastery. • Program can be implemented with existing spelling words, oral reading comprehension questions, reading workbooks, vocabulary words, math problems, etc. • A curriculum book is available from Juniper Gardens. Can implement without prescribed curriculum. • A Juniper Gardens consultant trains teachers, who then implement.

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
No Student Left Behind: Douglas County School District RE-1 **Location**: Colorado **Evaluation**: Internal documentation **Funding:** Colorado Department of Education (Expecting Success)	**Target Group:** All students. Expelled Students in grades 7-12 and at risk of expulsion students grades 5-8 **Program Components:** All students are directly monitored by staff on individual plan goals and progress based on assessment and age-appropriate tests. For expelled students: computer-based instruction, GED preparation, tutoring, mentoring, job shadowing and employment assistance, counseling, and mental health support. For struggling middle school students: academic tutoring. **Objectives**: 1. Aggregate assessment test scores will improve over time; 2. Gaps in scores in reading, writing, math, and science between student demographic groups will decrease; 3. Assessments of student language progress in meeting district standards will improve in all areas; 4. Each student will achieve his/her highest potential; 5. Increase graduation rates over time; and 6. All students will be prepared for post-secondary options.	• Middle school suspensions and expulsions have remained consistent over a four-year period despite a significant growth in middle school population. • Suspensions for drugs have decreased from 164 to 151. • Dropout rates decreased to 0.4% in 2002 from 0.5% in 2000. • Graduation rates increased (90% in 2000, 95% in 2003). • The district has outperformed state in assessment tests. • Matched cohorts of 4^{tth}/5th and 5th/6th grade youth made a year's worth of growth in reading (85%) writing (78%) and math (68%). • Attendance rates are 90%. • Colorado Dept of Ed was named one of "Exemplary Programs." • Gender, socio-economic, and ethnic gaps in achievement scores.	Strategies (No experimental data to define as "Best Practices") • Enhance instructional practices in literacy and math; • Increase the use of differential instruction in all subject areas; • Provide remediation programs for students performing below grade level; and • Help teachers to use student data to guide instruction.

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Community Schools **Location:** Examples: Children's Aid Society, New York, Stevenson YMCA Community School, Long Beach, New York and San Francisco Beacons, Communities in Schools, Health Start Sites in California, Schools Uniting Neighborhoods (SUN) Initiative, Multnomah County, Oregon **Evaluation:** The Coalition for Community School, an alliance of more than 160 national, state, and local organizations, summarized research findings on community schools (Blank, Martin J.)	**Target Group:** School aged youth and their families. **Program Components:** Community schools are centers of the community – open all day, every day, during evenings, weekends, and summers. Partnerships are at the core of community schools. Partners can include health and social agencies, family support groups, universities, youth development organizations, government agencies, faith-based institutions, and community groups. **Objectives:** These partnerships are organized around two common goals: helping students learn and succeed and strengthening families and communities.	• Signific ant and widespread gains in academic achievement, student attendance, improved behavior and suspension rates • Reductions in rates of substance abuse, teen pregnancy and disruptive classroom behavior • Increased family stability (improved child development practices of parents, reduced stress, less money spent on child care, and fewer days missed at work) • Greater family involvement with schools • Increased teacher satisfaction and more positive school environments • Better use of school buildings and increased se curity and pride in neighborhoods • Better access to health care, lower hospitalization rates, higher immunization rates and access to dental care were reported at least once. After-school programs cited access to child care as a significant outcome.	Linking school and community resources is an integral part of community schools' design and operation. They enjoy three major advantages that traditional schools lack. • Garner additional resources and reduce non-instructional demands on school staff. • Provide learning opportunities that enhance young people's social, emotional, and physical development as well as academic skills. • Connect young people and their families to role models and life options. (Blank, Melaville, & Shah, 2003).

Program Model Evaluated:	Strategies	Outcomes	What Works: Best Practices
Families and Schools Together (FAST) **Location:** National (45 States) and International **Evaluation:** Experimental. Proven Program. Over the last 12 years, evaluation has been sponsored by the United States Department of Health and Human Services, the Department of Education, and the Department of Justice. The evaluation strategy is twofold: (1) large multi-site studies have been conducted that employed rigorous experimental designs; and (2) requiring pre-post outcome evaluations of every new site in order to be certified to ensure program fidelity (The Board of Regents of the University of Wisconsin System)	**Target Group:** A multifamily group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to be the primary prevention agents for their own children. **Program Components:** Three components: (1) Outreach to recruit whole families to attend 8 weekly multifamily support groups and monthly multifamily meetings. (2) Weekly multifamily support groups (made up of 5-25 families) are held for 8-12 weeks including family meal and communication games, self-help parent support, one-to-one parent-mediated play therapy, family lottery that every family wins once, and opening and closing routines which model the effectiveness of family rituals. (3) After completion of the 8-week program on-going multifamily meetings are held monthly. With team support, parents design the agenda to maintain developed family networks and identify/develop community development goals. **Objectives:** Enhanced family functioning, prevention of school failure by the targeted child, prevention of substance abuse by the child and other family members, and reduced stress from daily life situations for parents and children	**School Outcomes:** • Improved youth academic competence and performance • Improved youth behavior (social skills and attention span) • Reduced youth problem behaviors (aggression, anxiety, and depression in classroom) • Increased parent involvement in school **Family Outcomes:** • Improved youth social skills and cooperation, attention span • Reduced youth aggression and anxiety at home • Reduced family conflict **Community Outcomes:** • Increased the friendship networks for families • Increased parent leadership in the community • Reduction of juvenile delinquency and substance abuse problems in the neighborhood • Parents pursue further adult education	• Universal recruitment: A collaborative team of parents, trained professionals and school personnel recruit then deliver FAST program components to 5 to 25 families at a time. • Team members do not lecture at FAST, but structure highly participatory, research-based activities with turn taking, experiential learning, and parent support.

See Also: Quantum Opportunities Program and The Olweus Bullying Prevention Program on Violence Prevention Summary Table. Have been identified as proven programs for Academic Success as well as Violence Prevention.

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Program Model Evaluated	Strategies	Outcomes	Recommendations
Youth Leadership Development Initiative **Location:** 12 CBOs in US **Evaluation:** July 2001-December 2003 Mixed method qualitative and quantitative including two rounds of site visits including document review, and two waves of surveys of youth measures of experience, supports, and opportunities in addition to civic engagement, identity development, and coping and a comparison group of nine youth-serving organizations. Conducted by the Social Policy Research Associates for the Innovation Center for Community and Youth Development. Funded by the Ford Foundation *Lessons in Leadership: How Young People Change their Communities and Themselves: An Evaluation of the Youth Leadership Development Initiative Executive Summary.* Social Policy Research Associates for the Innovation Center for Community and Youth Development 2003 December. June 23, 2004. http://www.theinnovationcenter.org	**Selected organizations:** Broad spectrum including African American, Latino and Latina, Native American, Asian Pacific American, low income white suburban, young women, gay, lesbian, bisexual, transgender and questioning, faith involved, and low income Asian immigrant women and children. **Program Components**: Programs used one of two strategies: (1) engaged youth in organizing for achieving community change; or (2) focused on creating safe spaces for youth to develop positive identities, through adult mentoring, education of history and identity of group, celebration of culture and identity through art, dance, spirituality, etc, workshops on power and oppression, and community education and advocacy on identity-specific issues.	**Actual Program Outcomes:** • Civic activism is a powerful approach for reaching youth who are often not reached by conventional youth development programs. • Civic activism provides a forum for youth to reflect on and address the day-to-day challenges faced by their families and communities. • Civic activism provides applied vocational and leadership opportunities. • Civic activism organizations provide youth the space to focus on their own cultures and backgrounds. • Several civic activism practices offer new models for working with young people: popular education and identification of personal and civic challenges; hands on immersion and exposure to history; exploring oppression through "political" and "critical" education; popular youth culture as a medium for political analysis expression, and identity; and direct community engagement. • Technical assistance from the Innovation Center supported YLDI organizations' ability to develop and nurture leadership skills for young adult workers and to strengthen their work in civic activism and youth development.	**Program Related Recommendations**: • Use the core of youth development framework as a foundation for all organizations that work with young people. • Make identity support a crucial focus of youth development. • Use youth organizing strategies to engage young people as leaders in their communities. • Create formal and well-defined decision making roles for youth. • Teach adults to step back without tuning out. • Make time for youth decision making and input • Use a focused approach with a targeted set of young people to yield the strongest results. **Organizational Recommendations:** • Link organizational development to programming goals • Make organizational development sustainable by focusing on it parallel to-not in place of-programming work. • Carefully structure leadership and staff transitions to maintain organizational stability and capacity. • Tie program evaluation to the civic activism program theory of change and strategic/continuous improvement planning process. • Document each step of the process to minimize institutional memory loss and promote best practices. • Offer stipends and/or hourly pay for youth

Program Model Evaluated	Strategies	Outcomes	Recommendations
<u>Youth Leadership Development Initiative</u>, continued		**Youth Organizing Practice Outcomes:** Higher numbers of youth reporting they get the following consistent opportunities compared to identity support practices: • For decision making (37% vs. 12%) • To build their knowledge of the community (71% vs.42%) • For leadership (26% vs. 3%) • To "give back" to their community (69% vs. 46%) **Youth Support Practice Outcomes:** Higher numbers of youth reporting the following compared to organizing practice participants: • Consistently "interested" (50% vs. 40%) • Consistently "challenged" (52% vs. 38%) • Consistently "physically safe" (48% vs 38%)	in leadership positions to help with recruitment and retention of youth. **Recommendations for Funders** • Build capacity through the use of intermediaries and local technical assistance providers. • Sponsor collaborative learning communities to enhance networking and field development. • Build in project deliverable s that help advance organizational goals rather than just report project outcomes. • Stabilize funding streams for civic activism work, including youth organizing and identity support strategies. • Support further research on civic activism.

NOTES

[1] Pittman, Irby, and Ferber. "Unfinished Business: Reflections on a Decade of Youth Development." *Public Private Ventures: Youth Development Issues, Challenges and Direction* (pp. 17-64). Philadelphia, PA.

[2] Michael Auld, Stanford University, "Connected by 25." www.youthtransitions.org/pub. If youth are continually developing, adults can influence that development at any age in a young person's life, if we are intentional and age appropriate in our approach.

[3] McLaughlin. *Community Counts: How youth organizations matter for youth development.*, Public Education Network. (2000) Washington, DC. See Also Forum for Youth Investment publications on out of school time.

[4] Gambone, M.A. "How Young People Change their Communities and Themselves." *Forum for Youth Investment and Lessons in Leadership*. Innovation Center for Community and Youth Development.

[5] *Community Programs To Support Youth Development.* National Research Council, National Institute of Medicine.

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[8] *Positive Youth Development.* Grantmakers in Health issue brief number 15, Dec 2002.

[9] North Central Regional Education Laboratory, p.1. Researchers have identified reasons why some youth are able to bounce back from adverse conditions and coined them "resiliency and protective factors." Programs that focus on resiliency try to support the development of assets in the young people as well as create these supports in their environment.

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