From Theory to Practice in the Design and Evaluation of Youth Development Programs

A Case Study

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Demands to justify their programs scientifically have led park and recreation practitioners to seek training in research methods. A recent training program shows how this need was met.

There is a growing interest in the concept of youth development, prevention courses, and related evaluation assessments among educators, researchers, and practitioners (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Baldwin, 2000; Ennett et al., 2003; Hallfors & Godette, 2002). This interest has challenged professional practices relative to the design, implementation, and evaluation of youth development programs. According to Ellis, Braff, and Hutchinson (2001), there is an interest to move beyond the provision of facilities and equipment for traditional sports activities to the development of programs that will achieve specific goals beneficial to youths. Health professionals are giving more attention to what constitutes effectiveness in programs: structured versus nonstructured, interactive versus noninteractive, and evidence-based versus departmentally created. Moyer, Verhovsek, and Wilson (1997) postulated that health professionals have become interested in the use of a logic model to facilitate program evaluation. However, the application of this research knowledge has been limited and remains a challenge for youth development professionals (Ennett et al., 2003; Hallfors & Godette, 2002).

This article aims to shed light on the need for continuous training and staff development in the areas of program development and documentation, using the observations and deductions from a field occurrence experienced by the author as she worked with a group of youth development practitioners in Florida. The author shares a strategy (the Step-by-Step Flow Chart) designed to help practitioners to understand the research process and translate it into action.

These practitioners, parks and recreation professionals, offered programs on sport, leisure education, drug education, decision making, conflict resolution, and self-esteem building through dance and cultural events. To expand the program offerings, they were interested in seeking funding from the Governor's Drug-Free Communities Title IV Program. To the practitioners' surprise, they were required to demonstrate the effectiveness of their programs and theory-driven approach before competing for state funding. Specifically, they were required to show how theory had influenced the development of their programs, strategies, and learning outcomes, and how it had been documented. This requirement seemed overwhelming and intimidating to them, and they did not know where to start in order to fulfill this requirement. They realized their program designs were ineffective because they were not theory-driven or based on prevention standards. They reported this dilemma to the executive director of the Florida Recreation and Park Association, who involved the author.

The response of these parks and recreation practitioners corroborated Henderson's

(2002) assertion that "practitioners are intimidated by scientific research and have problems translating research methods into practice." Parks and recreation programs are often based on common sense, good intentions, or prevailing social trends. Baker and Witt (2000) stated that recreation professionals are quick to advocate outcomes such as increased self-esteem, improved school achievement, and better communication skills, without adequately explaining the actual relationship between recreation and these outcomes. Some health, physical education, and recreation programmers have short-term, single-focused programs, like one-day workshops on self-esteem as prevention programs. However, scientific research requires a comprehensive and systematic process that is governed by critical decisions (Cato, Chen, & Corbett-Perez, 1998; Hallfors & Goodette, 2002; Moyer et al., 1997).

Youth development professionals increasingly find themselves operating in a world requiring diverse, comprehensive research-based programs and complementary program justifications.

Youth development professionals increasingly find themselves operating in a world requiring diverse, comprehensive research-based programs and complementary program justifications. For the sake of credibility, it has become essential for youth development providers to link the theoretical foundation, the program design, and the evaluation (McKenzie & Smeltzer, 1997). Ennett et al. (2003) noted that the transfer of research knowledge concerning best practices is an issue in substance-use prevention programs in United States schools. Hallfors and Godette (2002) concluded that many school districts are selecting research-based curricula, but that the quality of implementation is poor. They cited several factors that contributed to this challenge, including a lack of teacher training, lack of requisite materials, and the failure to deliver age-appropriate lessons to students. Policies require that school districts and public agencies conduct needs assessments, set measurable objectives, choose research-based programs, and evaluate progress towards objectives. Despite these requirements, agencies neglect to train teachers in essential methods or guide them in choosing research-based programs (Hallfors & Godette, 2002).

Ennett et al. (2003) and Hallfors and Godette (2002) also indicated that despite the availability of evidence-based programs, many schools still do not use them. Greenberg, O'Brien, Zins, Resnik, and Elias (2003) stated that the current impact of these programs is limited because of insufficient coordination with other components of school operation and inattention to the implementation and evaluation factors necessary for a strong program. They asserted that it is critical to establish research-based training and technical assistance for superintendents, principals, teachers, and parents to foster high-quality implementation of school innovations. The authors noted the importance of providing yardsticks to measure growth and to document a broader range of success.

This has presented several challenges for youth development professionals, and especially for practitioners. Practitioners have been involved in youth development for years and are able to identify the benefits youths reap by participating in recreation and sport programs. Practitioners have empowered youths with the necessary skills and attitudes for resisting risk factors prevalent in the communities. Because of the effectiveness of their programs, practitioners are often baffled by the demand to scientifically justify that what they are doing really works.

Hallfors & Godette (2002) asserted that professionals must be able to explain their prevention programs using both theory and scientific approaches to assess the short-term as well as the long-term effects. As Jessor (1991) noted, it is advantageous for prevention practitioners to strengthen their programs by taking into consideration both risk and protective factors. Risk comprises the environmental conditions that threaten the social development of youths, such as academic failure, poverty, or drug use. The protective factors are the environmental conditions that serve as a buffer in moderating the risky conditions; these include family attachment or structured recreation programs. Youth development practitioners must be able to show that they understand the correlation between various risk factors—that is, how various risk factors may compound a person's risk potential. For example, low self-esteem may be due to the risk factor of poverty or racial inequality, which may explain why some youths have become involved in behaviors such as drug use or sexual promiscuity. Failure to consider this theoretical notion may limit program effectiveness because of a poor program design or an unrealistic time-frame. Such adolescents would require a comprehensive, multi-tier program that addresses these topics using a long-range time-frame.

A final challenge for Floridian practitioners was the increased demand on their time and effort to deliver programs consistent with funding agencies' standards. Most of these practitioners were not in supportive environments that provided the resources necessary to conduct research-based programs or surveys. According to Hallfors & Godette (2002), this is a common problem for all youth development professionals. In their study of 104 school districts in 12 states, they found that well-organized central infrastructures (like school districts) that selected, disseminated, and monitored the quality of substance-abuse-prevention implementation were rare. They identified low-level funding as the dominant reason for the practice.

The author, working in cooperation with the Florida Recreation and Parks Association and the Florida Recreation and Parks Foundation, received a grant from the Governor's

Table 1. Goals and Objectives for the Florida Prevention Evaluation Training

Goal 1

To enhance understanding of the prevention evaluation process through the use of theory and a logic model.

Objectives

1. Understand the protective/risk factor notions of Jessor (1991).
2. Understand steps included in the CSAP Logic Model.
3. Apply CSAP Logic Model to parks and recreation using the WISE-UP Logic Model (Cato, 1999).
4. Know and apply the social learning and attribution Theories to parks and recreation prevention programs.

Goal 2

To understand research methods and implement the FRPA/UF Survey.

Objectives

1. Become familiar with survey questions.
2. Relate survey questions to the protective/risk factors notions.
3. Develop a survey methodology appropriate for parks and recreation programs.
4. Learn how to code data.
5. Learn how to analyze data using basic parametric statistics.

Drug-Free Communities Title IV Program to develop an evaluation instrument and educational workshop to train practitioners to conduct scientific research.

About the Training

The Florida Prevention Evaluation Training, offered at three central locations in Florida on different days, drew 122 practitioners. The Center for Substance Abuse Prevention (CSAP) Logic Model for Evaluation became the foundation for the training objectives and content. The CSAP Logic Model provides a systematic guide to assist practitioners in achieving learning outcomes. It consists of five units: need/assets assessment, capacity building, program selection, implementation and assessment, and final evaluation. Each unit covered in the training was organized around activities and tasks that incorporated each step in the research process. The author also shared the WISE-UP Logic Model used in the development and implementation of a three-year prevention project funded by the Florida Department of Juvenile Justice (Cato, 1999). The training included lectures, discussions, breakout sessions, and question-and-answer sessions. The goals and objectives of the training appear in table 1.

Challenges Encountered

At the end of the training, participants were asked to fill out an evaluation form. The form consisted of 15 questions about the relevence of the workshop, the logic and sequence of topics, fulfillment of objectives, and knowledge of the presenters. It also included an open-ended question that asked attendees what other topics they would have liked to discuss in the workshop.

The evaluation results were consistently high, averaging 4.3 to 4.7 on a 5-point Likert Scale, with 5 being the highest rating. Despite the high rating of the workshops, the practitioners' questions and concerns suggested they were not ready to put the research methods into practice. They were unable to transfer these methods to the design of a specific survey plan. About 50 percent of the participants noted that they were not ready to select a sample. Two concerns fueled this lack of confidence: (1) "If I stratify my sample, what criteria or characteristic do I use?" and (2) "How do I justify denying the intervention to control-group participants who also need the content?" The author spent time explaining options for selection of a control group. For example, the author suggested that they invite participants who are unable to participate in the regular program, but who may be available for the pre- and post-test, and perhaps for a follow-up session. It was also suggested that participants in a similar program who were not selected for the sample be selected for the control group.

There was also a small number who were unable to integrate theory into their program content, nor structure it in a sequential manner. Others had not decided whether to focus their program on prevention or reduction. A small minority asked questions about developing behavioral objectives and about how to sequence learning outcomes into immediate and intermediate outcomes. To aid the participants in solidifying their focus and learning outcomes, the author discussed at length Jessor's (1991) Protective/Risk Factor Framework (table 2).

Jessor's Protective/Risk Factor Framework was very helpful in translating theory into action. It enabled the practitioners to understand the specific outcomes they might include in their focus.

Because the transfer of methods into practice is a common problem in social science research, the Step-by-Step Flow Chart was also introduced to guide participants' efforts, and the author was available for further consultation via personal agency visits and phone calls.

The Step-by-Step Flow Chart

The Step-by-Step Flow Chart (figure 1) is based on the CSAP Logic Model for Evaluation. Practitioners were asked to respond to yes-or-no questions. Depending on their response, they were directed to the next step. To enhance the analysis process, several specific questions appear under each broad question.

In the *first step*, practitioners were asked whether they had conducted a needs assessment. In this step, they were instructed to note whether they had determined the target group(s) or identified the youth risk factors they were going to address. Were they going to focus on prevention (self-esteem, poverty, or peer pressure) or on the reduction of a prevalent community problem (e.g., teen pregnancy or drug abuse)? Participants were asked to identify the risk factors, time-frame, and their theory of change. They were encouraged to include components that would enhance family participation for the purpose of mitigating the risky conditions. Educating parents may stop them from modeling the very behavior one is aiming to prevent in the youth group (e.g., smoking or alcohol abuse).

To further develop an understanding of the correlation between various risk factors and how they may influence a person's risk potential, participants were taught Bandura's social learning theory (SLT). This theory postulates that human behavior is explained in terms of a three-way, dynamic, reciprocal structure in which personal factors, environmental influences, and behavior continually interact. A basic premise of SLT is that, in addition to learning through their own experiences, people also learn by observing the actions of others and the results of those actions. Participants were instructed to integrate program components that included observations of others modeling the desired behavior. For example, allow participants to observe other participants playing a game of chess or solving a problem using the taught decision-making strategies. Additionally, field trips and mentoring opportunities were emphasized.

Participants in training were also provided with information on attribution theory, which focuses on processes through which everyday people interpret the events around them and come to know their world. This theory provides an explanation of the cause-and-effect reason that underlies a given feeling or action. Attribution theorists have identified a range of causal dimensions that may denote ways in which a person might account for success or failure. They range from internal influences (ability, effort/hard work, mood, and fatigue) to external controls (task difficulty and luck). Many youths in today's society feel they have no control over the personal aspects of their lives, such as what they wear to school, where they attend school, curfews, and so on. These perceptions of lack of control cause youths to rebel against authority or have antagonistic attitudes. The theory provides a rationale for such perceptions.

This step required practitioners to narrow their target market. The adage, "We cannot reach every target market with the same carrot," was used to help practitioners understand

Table 2. Jessor's Protective/ Risk Factors Framework

Community Risk Factors

- Availability of drugs
- Low neighborhood attachments
- Media portrayal of violence
- Availability of firearms
- Extreme economic deprivation

School Risk Factors

- Early and persistent antisocial behavior
- Low bonding to school
- Frequent school transfers
- Academic failure
- Low commitment to school

Family Risk Factors

- Family history of problem behaviors
- Parental drug use
- Family management problems
- Frequent moves or transitions

Individual and Peer Risk Factors

- Early use of alcohol, tobacco, or drugs
- Friends who engage in problem behaviors
- Favorable attitudes toward problem behaviors

Community Protective Factors

- Low unemployment
- Access to high-quality health and social services
- Positive supportive networks with community
- Community laws and norm discouraging alcohol, tobacco, and other drug use
- Stability of resident

School Protective Factors

- Schools encourage and reward academics
- Curricular and extracurricular activities
- Feeling of belonging
- Pro-social interaction with school peers

Family Protective Factors

- Adequate family income
- Structured and nurturing family
- Parents promote learning
- Few stressful life events

Individual and Peer Protective Factors

- Positive outlook
- Pro-social attitudes and activities
- Adaptability and flexibility
- Self-efficacy

Source: Jessor (1991)

Figure 1. Step-by-Step Flow Chart for Survey Implementation

Directions:
The steps are based on the Center for Substance Abuse Prevention (CSAP) Logic Model for Evaluation. The first three steps are essential to enhance your effectiveness in the prevention process. Follow your track of answers: if you answered yes, follow the yes; no, follow no.

Step 1

Have you conducted a needs assessment?
- Determined target group?
- Identified risk factors?

No →

YES ↓

Step 2

Have you examined your capacity?
- Examined agency resources?
- Built collaboration or sought community agencies to assist you?

No →

YES ↓

Step 3

Have you solidified your program?
- Decided focus: prevention or reduction?
- Created goals (final outcomes)?
  - Created measurable objectives?
  - Immediate Objective
  - Intermediate Objectives?
- Developed written program components?
- Sequenced program activities?
- Planned implementation strategies?
- Determined budget needs?
- Developed training?
- Developed a monitoring plan?

No →

You are not ready to implement the survey. Return to appropriate step.

YES ↓

Step 4

Are you ready to assess final outcomes or general impact of program?
- Have you written down your process measures?
- Have you determined your research design?

No →

YES ↓

Step 5

Developing your research design.
Have you developed your research design?
Step 1—Identify treatment group.
Step 2—Determine # of participants for intervention group.
Step 3—Select a random or stratified-random sample.
Step 4—Decide on a control group.
Step 5—Identify process measures.
- Number of sessions
- Duration of sessions
- What you have done (activities/programs)

No →

YES ↓

Step 6

Implementing the Survey
Step 1—Follow agency requirements for involving participants in research.
Step 2—Inform participants of the purpose of the survey/research.
Step 3—Invite participants in writing to participate.
Step 4—Inform participants all responses are confidential and anonymous.
Step 5—Secure parental consent in writing.
Step 6—File all letters.
Step 7—Select a room where participants will be able to comfortably write.
Step 8—Get pencils.

No →

However, if you would like to develop a research design, seek consultant help.

YES ↓

Step 7

Steps in data analysis
Step 1—Code data.
Step 2—Decide on research questions to answer with data.
Step 3—Analyze data or contract out.
Step 4—Compare data to other agencies.
Step 5—Report results.
Step 6—Remeasure final outcomes after 12-18 months, if possible.

No →

the necessity of focusing on one target group at a time, and maybe include another target in an indirect way. For example, if the members of the targeted prevention group were middle school students, a component of the program may involve the elementary students or they may encourage each middle school student to teach a younger sibling, if they had one. This provided the means for the program staff to focus more on middle school students, but with some carry-over to the elementary age group.

Step Two required practitioners to assess their capability to conduct the research project by examining their resources. They needed to assess whether they had staff to develop the program and interpret survey results, computer programs to analyze the data, or space to conduct the program. They were required to examine the support they received from their administrators, because this is often a limitation for youth development providers. They were asked whether there was sufficient time to conduct the program and/or research and to consider whether they needed to collaborate with another community agency to accomplish their goals. Collaboration was emphasized as an important strategy to enhance resources and acquire strengths that one's agency may lack (e.g., understanding and applying theory, analyzing data, or even teaching structured courses).

Step three asked practitioners whether they had solidified their program. Too often prevention efforts are based on common sense, good intentions, or myths about adolescents, and not on theoretical notions. This step challenged the practitioners because they failed to approach youth development using a comprehensive or systematic process. Some practitioners noted that their programs were not yet written, others stated that they were not approaching their programs in a structural, pedagogical manner. About 30 percent indicated that their program objectives were not always stated in measurable terms. The author offered the WISE-UP Logic Model, which provides a linear, systematic model to guide one in delineating the theoretical notions, programmatic components, and immediate, intermediate, and final outcomes or goals (Cato, et al., 1998; Cato, in press).

These practitioners also had trouble establishing the length of their intervention. Most of the programs were offered in the summer and lasted eight to ten weeks. Practitioners were required to change their paradigm regarding what constitutes prevention and youth development. They had to accept the fact that changing youth behavior requires time. Drawing from the medical model, the author used the notion of "in-depth dosage" (programs designed for periods of six months to a year, with incremental levels of content) as a strategy to assist practitioners in expanding their programs in order to achieve outcomes. Jessor's Protective/Risk Factor Framework helped the practitioners to understand the necessity of in-depth, structured content in order to reduce some of the risk factors.

Step four asked the practitioners four direct questions that were self-explanatory. This step provided the means for practitioners to further crystallize and establish step three.

Step five asked practitioners whether they had developed their research design. This question dealt with sampling techniques and alternative research methods, which included a discussion on the use of quasi-experimental design. This discussion generated the concern about denying youths who needed the intervention. Several strategies representing alternative ways of accommodating participants were discussed. For example, one suggestion was to offer the prevention programs at alternative levels. Some students may receive half of the educational component and another group the entire intervention. After the program, the group that received only half of the educational component may be invited back to receive the other half. A second suggestion was to entice those students who did not consent to participate in the program to at least participate in the pre- and post-test.

Another issue that surfaced during training was the lack of an instrument to evaluate the effectiveness of park and recreation prevention programs. The author shared a previously designed survey based on Jessor's (1991) framework. Federal, state, and community prevention planners now include risk and protective factor indicators as a central component of prevention-needs assessment (Office of Juvenile Justice and Delinquency Prevention, 1995). The survey was composed of two independent parts, referred to as Component I and Component II. All questions were stated in multiple-choice and true-or-false. Component I included four parts: part one included questions about the individual's peers, family, recreation attitudes, and behaviors; part two contained additional individual and peer risk-factor questions, and self-efficacy questions regarding drug knowledge and behaviors; part three included self-efficacy questions regarding drug knowledge and decision making; and part four included demographic questions. Copies of the survey may be obtained from the author.

Step six raised the question "Are you ready to implement the survey?" This step presented a list of management tasks that needed to be completed before implementing the survey. Since the participants were unfamiliar with research procedures, the author identified eight specific tasks that needed to be accomplished before proceeding to the next step.

Step six also presented challenges for the participants, especially the task of "securing the participants' commitment." The challenge manifested itself in several ways: (1) sustaining participants from pre- and post-tests; (2) ensuring that participants completed the entire instrument; and (3) motivating participants to answer the questions honestly. The author shared strategies that included offering participants incentives to complete the program, ensuring participants' anonymity regarding their responses to the survey, offering incentives to complete the survey, and checking surveys for completion as they were turned in after each session.

Step seven focused on data analysis. This step involved answering the research questions, reporting results, and comparing the results to other reports. Ninety percent of the 122 practitioners noted that they would seek help for this step. A list of potential consultants was provided.

Summary and Implications

School districts and public agencies are increasingly requiring practitioners to conduct needs assessments, set measurable objectives, choose research-based programs, and evaluate program effectiveness (Hallfors & Godette, 2002). Several environmental factors are influencing this trend: (1) school districts and organizations want to offer and promote reputable prevention programs; (2) federal and state agencies are requiring educators, researchers, and practitioners to use comprehensive, research-based programs; (3) these federal and state agencies are requiring longitudinal data; and (4) school districts and youth-serving agencies need and desire funding from federal and state agencies. However, agencies neglect to train professionals in essential methods, according to Hallfors and Godette.

The Floridian experience is but one example of how this trend is surfacing in today's society. Participants at previous conferences have identified the same challenges encountered by the practitioners in Florida. For example, the majority of the 100 participants attending the 2004 Maryland State Conference/NRPA Prevention School noted that a logic model to communicate the intricacies of their prevention programs was necessary in order to apply for funding. Additionally, they recognized the challenges related to implementation, such as the high mobility of families in some communities, or budget shortfalls that limited resources and required some programs to be eliminated or downsized.

Similarly, participants at the National Recreation and Park Association Society of Parks and Recreation Research Roundtable, in 2002, indicated that they were challenged by the need to provide stakeholders with more than descriptive data. One participant said "that her state agency wanted longitudinal data that had been established for at least two to five years."

A lack of training and the inability to transfer research knowledge and methods into practice continues to be a dominant issue relative to these challenges. Recognizing that this demand will undoubtedly continue, it is the author's belief that training is imperative to advance practice and provide yardsticks to reveal growth and document success. As highlighted in this case study, the transfer of research methods into practice is difficult for youth development providers in health, pedagogy, sport, and recreation. However, documentation through the use of scientific research methods becomes essential as these providers seek to move from youth recreation programming based on traditional sports activities to the development of programs that target specific outcomes that benefit youths.

This case study demonstrates that training content should reflect the prevalent prevention theories and strategies promoted at the national level by the CSAP Logic Model for Evaluation, Jessor's Protective/Risk Factors Framework, the Office of Juvenile Justice and Delinquency Prevention, or other reputable sources. Additionally, the training should consist of experiential exercises designed to help participants to transfer concepts and methods into real-life situations. It is very important to break down the research process into incremental steps that may make it easier for practitioners to translate them into action. Practitioners in Florida found the Step-by-Step Flow Chart advantageous, because it provided a sequential framework of steps that were essential in conducting scientific research and in implementing a survey.

Conclusion

Youth development professionals continuously strive to become a vital catalyst in youth development; however, they are challenged in this pursuit. The evaluation process seems to become more complex as the profession seeks to establish itself as a vital force in meeting community needs. The experiences of parks and recreation professionals in Florida serve as an example of how this challenge manifests itself. As a result, Floridian parks and recreation professionals are beginning to approach the programming process in a more comprehensive and scientific manner. They are attempting to integrate the theories, concepts, and methods of allied health and prevention or counseling disciplines. Now the initiative has been taken to establish a statewide database of effective youth-prevention programs. It is hoped that these efforts will continuously be strengthened by future training and professional development opportunities.

While this Step-by-Step Flow Chart has not yet been tested, it does offer a useful framework for practitioners to apply what they have learned. This flow chart provides a starting point by describing a process. The model will need to be tested.

In conclusion, given the author's experience in Florida and the literature findings, teachers and practitioners need specific direction and reinforcement in implementing the research process. Administrators need to create supportive environments for teachers and practitioners to conduct and evaluate youth development programs. This support needs to be both financial and intellectual. As more and more youth development agencies seek funding from state and federal agencies, evaluation and training must move to center stage.

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performed quite well.

Perhaps the biggest challenge to be faced was student transportation. It was imperative for the middle schoolers to know which activity bus they would ride home. The second year of the program, enrollment was broadened to include sixth graders. Unfortunately, few of them knew which bus to ride that first afternoon. The author spent the afternoon on the phone with parents trying to determine how children were to get home. Activity bus information is now included on the permission form. In addition, the program now uses sign-out sheets for children being picked up early.

Conclusion

In an after-school program such as *PE x 3*, everyone wins. The middle school students received a quality, organized physical education experience. They participated in small groups, with enough equipment for every child, and received individual attention from motivated, enthusiastic young professionals.

The teacher candidates helped to develop a quality program in which to work with students. They were invested in the program and the children. In every aspect *PE x 3* provided a "best practices" experience. The teacher candidates learned about lesson plan development and implementation, classroom organization, behavior management, and supervision. The wide range of skill levels and the various characteristics of middle school students taught the teacher candidates to "think on their feet." The growth in the teacher candidates was incredible.

Coordinating an after-school practicum experience was much more labor intensive for the author than merely assigning PETE majors to schools. However, the benefits of the program far outweighed the challenges. Longwood University's PETE majors point to *PE x 3* as an excellent learning opportunity. The teacher candidates gained valuable teaching experience, the middle school students learned new skills, and a strong bridge with the community became even stronger.

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