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Family-Based Prevention Programs

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Overview

Prevention programs for adolescents and their families are designed to reduce youth problems and promote positive development by addressing assets and risk and protective factors at the family level. A growing body of research conducted over the past 30 years on the efficacy of family-based prevention models provides increasing support for the value of this approach. The literature on evidence-based family programs provides some insight into the common characteristics underlying effective, family-based prevention programs and can provide guidance to those interested in improving existing programs and designing new ones. Although prevention programs directed at families with adolescents can be an important tool for addressing youth issues, there remain a number of barriers that hinder their wider adoption. Effectively addressing these obstacles is necessary if such programs are to gain wider acceptance

and ultimately make a significant difference in the lives of youth and their families.

A Brief History of Prevention Programs for Families with Adolescents

Over the past three decades, there has been a significant growth in the number of prevention programs aimed at reducing adolescent problems and supporting positive youth development. These programs have evolved over the years from fairly simplistic approaches that relied on fear tactics, exhortations to say “no,” or merely providing information about the dangers of particular risky behaviors to more sophisticated interventions that are based on current scientific research, theory, and evaluation of program effectiveness. Such preventive interventions have also expanded the settings and processes that are targeted. While the majority of prevention programs for youth have traditionally been school based, in recent years more have begun to target families. Even as the physical and social worlds of young people expand, parents and families continue to be one of the most important influences on adolescent development and well-being. As Kumpfer and Alvarado (2003) pointed out in their review of preventive family interventions for youth, “Effective parenting is the most powerful way to reduce adolescent problem behaviors.”

Most programs directed at families of adolescents are well intended, but many of them have lacked evidence regarding whether or not they are effective (Kumpfer and Alder 2003; Spoth 2007). In addition, many of these programs do not incorporate the most recent science regarding adolescent growth, brain development, parent-child relations, parenting, prevention strategies, or best practices regarding program design, implementation, and evaluation.

There has been a growing trend toward the development and use of family-based and other preventive interventions that are referred to as *evidence-based programs*. Evidence-based programs are interventions that have undergone rigorous evaluation and have strong evidence demonstrating that they are effective in achieving their intended outcomes (Cooney et al. 2007; Center for Substance Abuse Prevention 2009). In general, programs that are considered evidence-based are built on solid scientific theoretical foundations, have been carefully implemented, and have been evaluated using rigorous scientific methods. These methods usually include a longitudinal design, well-established measures, and a control or comparison group. Ideally, the programs have been evaluated in a variety of settings with a range of audiences, and evaluation findings have been subjected to critical review by other researchers and published in respected scientific journals.

The goal of this chapter is to provide an overview of what is known about effective prevention programs directed at families with adolescents. The chapter is divided into three sections. First, the common characteristics underlying effective, family-based prevention programs for adolescents are reviewed. Second, guidance is offered on where to find family-based prevention programs and how to critically evaluate their quality and appropriateness for particular audiences. Finally, some of the challenges, gaps, and future directions for prevention programs for families with adolescents are presented.

Common Characteristics of Evidence-Based Family Programs

In order for any prevention program to be considered evidence-based, it must meet specific standards of evaluation and external review. Scholars have identified some of these common elements as they pertain to youth and family-focused prevention programs. Drawing on the work of other prevention scholars (e.g., Bond and Hauf 2004; Borkowski et al. 2006; Kumpfer and Alvarado 2003; Nation et al. 2003; Small et al. 2009; Small and Huser 2015), we will discuss below the most common principles that characterize evidence-based prevention programs targeting youth and families. An understanding of such principles can be helpful to scholars and practitioners who are interesting in designing, improving, or selecting family-based prevention programs for adolescents and their families. We build on Small, Cooney, and O'Connor's model (2009) which organizes principles of effective programs into four categories reflecting (1) program design and content, (2) program relevance, (3) program delivery and implementation, and (4) program assessment and quality assurance.

Program Design and Content

The principles related to the design and content of a program include the importance of having clear and appropriate program goals and objectives, a strong theoretical and empirical foundation, well-designed program activities, and a strong program theory for how these activities and content are linked to one another and to attainable program outcomes.

Effective programs have clear goals and objectives. When designing or selecting any kind of program, it is essential to have a clear understanding about who the program is for and what will ideally be achieved if the program is successful. It is difficult to design an intervention or select an appropriate one that will meet the needs of its participants if there is a lack of clarity about the program's goals and objectives (Small and Huser 2015). Consequently, effective

programs have clear and realistic goals that are aligned with the needs of their participants (Kettner et al. 2013). It is not unusual for programs to have only vaguely defined program goals and objectives or ones that are unrealistic or poorly aligned with the needs of the target audience. This can sometimes occur when a funder's requirements to meet certain objectives are given priority over participants' needs. Program goals can also change over time as program designers and staff gain a better understanding of the audience and how their needs and strengths evolve. In well-functioning, effective programs, staff and stakeholders agree on and have a mutual understanding of the objectives that need to be attained along the way if the intended goals are to be achieved.

Effective programs are theory driven and research based. Effective family-focused prevention programs are based on empirically supported theoretical models. They target risk factors (e.g., deviant peers) and protective factors (e.g., authoritative parenting) or assets (e.g., self-efficacy) that research shows are related to the program's targeted outcomes (e.g., reducing drug use or enhancing academic success). In addition, an effective program's design and implementation are guided by a clear and logical program theory about how the program's activities are expected to lead to its intended goals. For example, a program directed at preventing adolescent risk-taking behavior might address known risk factors such as poor parental monitoring and low parent-adolescent bonding and incorporate activities that specifically enhance parents' skills in supervision and bonding.

Effective programs have sufficient dosage and intensity. Participants need to be exposed to enough of a program or intervention for it to have a lasting, positive effect. Dosage or program intensity can be measured in quantity of contact hours, duration of the total program, intensity and complexity of the program's activities, and participants' level of engagement. Generally, the more severe or entrenched the problem or issue being addressed, the greater the dosage and intensity need to be. For example, universal family-focused prevention programs targeted at low-risk

audiences may be fairly short in duration, while family programs directed at high-risk youth and their families tend to be more intensive, include more sessions, and are delivered over a longer period of time. In addition, many effective programs also include booster or follow-up sessions to help reinforce behaviors and knowledge that might have faded over time.

Effective programs are comprehensive. The most effective programs recognize that youth develop within many settings such as school, family, peer group, workplace, and neighborhood. As a result, effective programs often target more than one setting or partner with other programs that reach the same audience in different settings. For example, one of the most effective programs for adolescents includes both family and school-based components. In addition, effective programs often simultaneously address more than one process related to targeted outcomes, such as increasing family bonding while also enhancing parental limit setting and discipline practices.

Effective prevention programs use active learning techniques. People tend to learn best when they are actively engaged and have opportunities to practice new skills rather than just be passive recipients of information. Whether providing parents with opportunities to practice staying calm while disciplining their adolescents or role-playing with youth on how to refuse drugs in a real-world situation, programs that use active and varied teaching methods and keep participants interested tend to be the most successful.

Program Relevance

A second category of effective family-based program principles involves matching the program with key characteristics of the target population such as the participants' developmental stage, readiness to change, psychosocial needs, and cultural characteristics.

Effective programs are developmentally appropriate. Tailoring programs and their activities to the particular age or developmental stage of the participants can greatly enhance an intervention's success. For example, effective

programs targeting adolescents may take into account the powerful influence (both positive and negative) of peers in the learning process. For parents, a program that addresses their child's current developmental issues will typically be more appealing, engaging, and effective than a more general program. During adolescence there can be vast differences in the needs of families with younger and older teens (e.g., concerns of parents with middle school age versus high school age youth). For universal prevention programs, timing the delivery is important so that it is neither too early (e.g., drug prevention curriculum in first grade) nor too late (e.g., abstinence promotion among teens who are already sexually active).

Effective programs reach participants when they are ready to change. This can mean reaching out to families or individuals as they go through a transition (e.g., divorce or transition to middle school) or when a problem first becomes apparent (e.g., a youth's first contact with law enforcement). In addition, effective programs are careful to confirm that participants are "program-ready" to take advantage of the resources, support, and Intervention activities that the program provides. Ensuring readiness might mean connecting participants to other programs and resources to help them first meet more immediate needs such as receiving food and shelter, addressing legal problems, or getting treatment for mental health or substance abuse problems.

Effective programs are socioculturally relevant. Tailoring a program to the cultural practices and traditions of youth and their families can improve recruitment, retention, and sometimes overall program effectiveness (O'Connor et al. 2007). A family's culture encompasses not only their racial and ethnic background but also socioeconomic status or class; urban, suburban, or rural community locale; religious affiliation; educational attainment; and, for recent immigrant families, their degree of acculturation. In addition, program staff should feel comfortable working with the targeted cultural group and have a good understanding and appreciation of the culture.

Program Delivery and Implementation

When most people think about what constitutes a program, it is usually the curriculum and its content that first comes to mind. However, the effectiveness of a program is as much a function of how it is delivered as what is delivered.

Effective programs foster good relationships. Behavior change most often happens in the context of positive, supportive relationships where individuals feel safe and trust one another. Effective programs are structured to foster trusting relationships over time among participants, staff, and volunteers. For instance, it may be better to schedule program activities that require participants to reveal personal information to staff or each other later in the program when there has been time for trusting and supportive relationships to develop. Maintaining confidentiality can also be important for fostering a trusting environment among participants. For example, in family programs where both adolescents and parents participate, it can be helpful to schedule some separate sessions for each group, where parents and youth can talk with their peers about personal issues while not having to endure the scrutiny of the other generation.

Effective programs are delivered by well-trained, qualified, and committed staff. Staff effectiveness is often dependent on receiving ongoing training, support, supervision, and recognition from managers, boards, and administrators. Staff members of the most effective programs are able to establish rapport with participants, gain trust, relate well to others, and remain nonjudgmental. Additionally, programs have greater impacts and higher retention rates when staff do not turn over regularly and when the same staff members are present for the duration of a program.

Program Assessment and Quality Assurance

The final category of principles deals with program documentation and evaluation. Program assessment is concerned with the many forms of

evaluation that are critical to program development and improvement as well as the documentation of what the program does and its overall effectiveness.

Effective programs evaluate at the right time using the right tools. In order for a program to be considered evidence-based, it needs to have been evaluated using rigorous scientific methods and have demonstrated significant impact. But most programs are not born fully mature and usually need to go through various phases of improvement and development. This requires that evaluation be an integral part of a program from its very beginning and that different evaluation strategies should be implemented at different phases in a program's history. Such a continuous improvement approach to evaluation is well described in Jacobs's five-tiered approach to program evaluation (Jacobs et al. 2000). In the implementation phase of a program (Tier 1), before the program has even been developed, evaluation might take the form of a needs assessment to document conditions and needs and help identify potential audiences and program goals. After a program has been launched (Tier 2), evaluation might focus on documenting who is participating and which parts of the program are most often used. In the program clarification phase (Tier 3), information may be gathered on program implementation and how well the program is aligned with current research and principles of effective practice. This process evaluation information can be used to improve and refine the program's design. As the program moves toward maturity (Tier 4), short-term outcomes, such as knowledge gain or simple behavior changes, might be assessed. Once the program is well established (Tier 5), a rigorous, summative evaluation, using a control or comparison group and assessing long-term behavioral impacts, may be appropriate. Small and Huser (2015) propose a sixth evaluation tier after a program has had a long history of documented effectiveness. In this phase, dissemination strategies (e.g., approaches for bringing the program to broader audiences) might be evaluated as well as the potential economic benefits of the program (e.g., cost-benefit or cost-effectiveness analyses).

Effective programs are well documented and implemented with fidelity. It is important that the details about a program are documented so it will be consistent from one session to the next and so that others can replicate it as closely as possible. Ensuring that the staff is knowledgeable about the program goals and core components can also help facilitate successful implementation and evaluation. Staying true to the originally tested program design is referred to as program fidelity. In general, the more closely a program is implemented following the tested program design, the greater the likelihood that it will produce the results it was designed to impact. Consequently, when implementing an evidence-based program or a program that has shown promising results, it is important for staff to have a good understanding of the program's components and how they should be delivered. This includes having an understanding of a program's "core components" that are the essential ingredients to its effectiveness. It is also valuable to track how well the program's implementation matches the program's intended delivery so that inconsistencies can be corrected and fidelity improved.

Finding and Selecting Family-Based Prevention Programs

Over the last 30 years, there has been a growing number of family-based prevention programs that target the family's role in promoting child development and well-being as well as preventing unhealthy and negative adolescent behaviors. As the number of available programs has grown, so too has the challenge to search for, identify, and select effective programs that best meet the needs of youth and families, practitioners, and funders.

Much of the growth in available programs can be attributed to funding that federal agencies have made available for the development, implementation, and rigorous evaluation of prevention programs. This funding was directed to prevent, reduce, or eliminate specific problem behaviors. As a result, most of these programs are problem oriented and categorized around the specific unhealthy and negative adolescent behavior

outcomes they are intended to alter. Typical outcomes that existing family-based prevention programs address include alcohol, tobacco and other drug use, risky sexual activity (HIV/AIDS, teen pregnancy), injuries, depression and suicide, school failure, delinquency, and violence. Occasionally, prevention programs are organized according to a strengths-based orientation and address outcomes related to positive youth development, academic achievement, and family strengthening.

Practitioners looking for an effective prevention program to implement in their community or wanting to learn more about these programs will find the Web to be the best source. A number of federal agencies and respected research organizations have established processes to review and list programs that meet the organization's specified standards for effectiveness. Most of these agencies have created online registries listing prevention programs that they have identified as effective or promising. While there are some differences in the standards used by various organizations to assess whether a program should be endorsed and thus included on their registry, most share the primary criteria regarding the need for strong empirical evidence of program effectiveness. However, many agencies and organizations endorse programs at different rating levels based on evidence of effectiveness for particular participant outcomes. In general, registries are designed to be used for finding evidence-based programs for implementation. However, registries can also be used to learn about effective programs that may serve as models as organizations modify aspects of their own programs.

Organizations that maintain prevention program registries typically either limit such listings to those programs that have shown an impact on the specific outcomes of interest to their organization or they accept any programs for review and rate them by evidence of effectiveness. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) maintains the National Registry of Evidence-Based Programs and Practices (NREPP 2016), <http://www.nrepp.samhsa.gov/>, a searchable database of nearly 400 mental health and substance abuse prevention

and treatment interventions. Interventions included in the database have been reviewed and rated by certified reviewers. Searches can be done to narrow program findings by such characteristics as special populations including "families", ethnicity, gender, and settings (including "home").

Another popular federal agency registry that is a source of family-based prevention programs was developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP 2016). At their Model Programs Guide, <http://www.ojjdp.gov/mpg/>, users can search the database for prevention programs shown to have an impact on juvenile delinquency or well-known precursors to delinquency. Like the NREPP, programs targeting substance abuse, mental health, and educational outcomes are included. Practitioners searching on "parent" or "family" can find numerous prevention programs, yet a more refined search of the database by age or risk and protective factors (including "family") will find programs rated as "effective," "promising," or "no effects." A careful in-depth analysis of program details is necessary to find program descriptions, evaluation methodologies and outcomes, cost, implementation information, and the evidence base for each program. Below is a select list of popular registries where you can find prevention programs directed at adolescents and their families:

- Blueprints for Healthy Youth Development
<http://www.colorado.edu/cspv/blueprints/index.html>
- California Evidence-Based Clearinghouse for Child Welfare
<http://www.cebc4cw.org/>
- Child Trends What Works
<http://www.childtrends.org/what-works/>
- Coalition for Evidence-Based Policy, Social Programs That Work
<http://evidencebasedprograms.org/>
- Commissioning Toolkit of Parenting Programmes – United Kingdom
<http://webarchive.nationalarchives.gov.uk/20140311170415/http://education.gov.uk/commissioning-toolkit/Programme/>

- Institute of Educational Sciences, What Works Clearinghouse
<http://ies.ed.gov/ncee/wwc/>
- Office of Juvenile Justice and Delinquency Prevention, Model Programs Guide
<http://www.ojjdp.gov/mpg>
- Promising Practices Network on Children, Families and Communities
<http://www.promisingpractices.net/programs.asp>
- SAMHSA’s National Registry of Evidence-Based Programs and Practices
<http://www.samhsa.gov/nrepp>
- What Works Wisconsin: Evidence-Based Parenting Program Directory
http://fyi.uwex.edu/whatworkswisconsin/files/2014/04/whatworks_08.pdf

While registries of evidence-based programs are usually organized around the particular outcomes the programs have been evaluated against, many programs, especially those focused on primary prevention, often have broader effects. This is especially true for family-based programs that are commonly aimed at improving parenting skills and enhancing the parent-adolescent relationship. Some of the most successful evidence-based programs have been found to be effective for reducing multiple problems and promoting a number of positive outcomes. For example, the Strengthening Families Program: For Parents and Youth 10–14 successfully promotes effective parenting practices and builds stronger parent-child relationships while also reducing the likelihood of underage alcohol and marijuana use and aggression. For this reason, you will often see the same program appear on multiple registries that focus on different types of outcomes.

Some online registries follow the Institute of Medicine (IOM) (1994) categories of *universal*, *selective*, and *indicated* to note the risk level of the targeted population. This can be especially helpful to match programs to audiences. For example, the National Institute on Drug Abuse (NIDA 2009) organizes their listing of research-based prevention programs (including family-based) by the IOM’s audience categories.

When it comes to family-based programs targeting adolescents, more programs are available that reach *selective* subpopulations of adolescents (those who have identified risk factors) and/or *indicated* subgroups of youth (those who already possess negative symptoms or detectable problems) than programs that encompass all youth (i.e., universal programs). Other distinguishing characteristics that are useful when searching for family-based prevention programs for adolescents include:

- Age and/or developmental stage of the target audience
- Ethnic or cultural characteristics
- Specific risk or protective factors such as parent-child bonding, parental monitoring, and family conflict
- Settings or contexts of intervention (e.g., families, school, community)
- Parent only or family involvement
- Method of delivery (e.g., face to face, self-study, online, newsletter)
- Individualized or group strategies

Family-focused prevention programs that meet evidence-based standards are not equally effective or equally likely to work across different communities or populations. In addition, some evidence-based programs have been rigorously studied in several large-scale evaluations that followed participants for a long period of time. Others have only undergone one or two less rigorous evaluations over a shorter timeframe. And, while studies have documented positive outcomes for select well-designed and carefully implemented family-focused prevention programs, the majority of family-based programs currently being used have not been rigorously evaluated (Farrington and Welsh 2003). Those programs that are shown to be effective in multiple experimental studies are generally considered to be of a higher standard. Moreover, programs that have been found to be effective across a variety of communities and with different audiences are more likely to have an impact when implemented elsewhere.

Reading the “fine print” of online registries will more fully inform the practitioner about a program’s strengths and weaknesses and the review process used. Simply being listed on a registry is not evidence that a program is effective. Most registries use a labeling system that summarizes the review into a simple, easily understood rating. There is little consistency across registries in the nomenclature used and there can be variability within programs on ratings. In late 2015, NREPP implemented a new review system that moves away from a more descriptive manner of reviewing findings to outcome ratings of *effective*, *promising*, and *ineffective*. Because NREPP has identified 55 outcomes on which programs may be judged, programs often have more than one rating. For example, one program is rated as *effective* for addressing depression outcomes, *promising* with antisocial outcomes, and *ineffective* when it comes to healthy relationship outcomes. To date, only a limited number of the nearly 400 programs on NREPP have been screened on the new criteria. Thus, the majority of programs are deemed *Legacy* programs; practitioners must use an especially discerning eye to evaluate the descriptive information for these programs. Practitioners and consumers need to be aware that these variations exist and critically analyze available information to determine a program’s strengths and weaknesses and its potential appropriateness to their local situation.

Challenges, Gaps, and Future Directions for Family-Based Prevention Programs

Family-based prevention programs face a number of challenges if they are to become more effective and more widely adopted. In this section, we review some of these challenges and suggest some future steps that might be taken to overcome them.

Limited Resources. Although there is growing pressure from policy-makers and funders for organizations to use programs that have evidence of effectiveness, such programs typically require significant financial and human resources to be properly implemented. In contrast, many

grassroots family programs are created around the resources that they have available. Most evidence-based programs are developed, copyrighted, and sold at rather substantial costs. Program developers often require that organizations purchase expensive curricula and other specially developed program materials, that staff attend time and cost intensive training, and that program facilitators hold certain degrees or certifications. Unfortunately, many local organizations typically do not have access to the same level of financial resources, grants, and staff expertise as the institutions that originally designed and evaluated the interventions. While these steps may be necessary to insure that a program is properly implemented and successfully achieves its intended outcomes, they serve as major obstacles to the widespread adoption of such programs by community organizations.

There are several strategies that could be used to address the challenge of limited resources faced by local organizations interested in implementing effective family-based prevention programs. Program developers can adopt policies that give priority to affordability. A number of well-tested family programs, originally developed with federal funding, are now widely available but at fairly high cost. For small, nonprofit agencies with limited financial resources, such costs may make the program unaffordable. One way to address this is to use sliding fee scales, based on the resources of the adopting agency. Similarly, while federal agencies have invested significant funding in the development and testing of many prevention programs, fewer funds have been made available to bring these programs to scale by supporting their adoption, implementation, and sustainability.

Another promising approach to increasing program adoption and sustainability and improving local implementation of family-based prevention programs is developing evidence-based delivery networks that can provide support, training, and technical assistance to local organizations. One such network that may serve as prototype is the PROSPER Partnership model (Spoth 2007; Chilenski et al. 2014). Using the existing networks of land-grant universities and the Cooperative Extension System, PROSPER connects

local extension personnel, public school staff, state prevention specialists, university researchers, and other interested community players into a partnership network that delivers scientifically tested youth and family programs to local communities. This rich network of collaborators provides ongoing training, technical assistance, and resource support for local practitioners which enables high quality delivery of evidence-based programs to youth and their families.

Fidelity Versus Adaptation. Another challenge hindering the broader use of effective prevention programs for families with adolescents is related to the tension between maintaining a program's fidelity and allowing for local adaptation. As noted earlier, it is generally accepted that the more closely an evidence-based program is implemented in line with how it was originally designed and evaluated, the greater the chances that it will produce similar results when transported to other sites. On the other hand, allowing some adaptations to a program can increase local ownership and staff buy-in. For instance, practitioners sometimes resent having an evidence-based program imposed upon them because they feel that it ignores their professional experience and fails to take into account their own expertise and knowledge. By allowing local adaptation, practitioners may feel more ownership of the program and less resentment, leading to higher implementation quality. In addition, local modifications, such as cultural adaptations, can make a program more attractive to participants, leading to better recruitment and retention. A cautionary note: while adding new elements to a program may be seen as adding value, practitioners must be certain the supplemental materials, activities, or sessions do not undermine or contradict the program's underlying theory or more general principles of effective programs.

One strategy for addressing this tension between adaptation and fidelity is to identify the *core elements or components* of effective family interventions. These are the "active ingredients" of a program and include the activities and strategies that are responsible for a program's effectiveness. A better understanding of a program's core elements can afford program providers more

flexibility when implementing a program because they have a clearer understanding of which components can be modified and which need to remain as originally designed. A starting point to identify a program's core elements is to contact the program author. If the core components have not been delineated, gaining more information about the theory of change underlying the program may help point to critical elements (Olson et al. 2015). Unfortunately, at this point in time, a great deal more is known about whether or not a program works than about which components of a program are responsible for these effects (McCall 2009; Blase and Fixen 2013). Consequently, gaining a better understanding of a program's core elements is an important direction for future study.

The Continual Need to Address New and Emerging Issues. A general quandary facing the field of preventive family-based programs for adolescents is the lag in the availability of evidence-based programs that address the wide range of audiences and emerging issues faced by families and their teenage children. When a well-established evidence-based family prevention program is available that is well matched to the needs of the target audience and the resources of the sponsoring organization, then its adoption is an easy decision. However, because social problems usually precede research, the need for new interventions will always exist. To meet this ongoing demand, there will be a constant need for new effective family interventions to be either created or developed through the improvement of promising existing programs. This means that resources need to be devoted to the development of new interventions and the improvement and testing of existing programs that show promise.

Lack of Support from Decision-Makers. Another barrier to the wider adoption of effective family-based prevention programs for adolescents involves the lack of support by public decision-makers who often control the funding for such initiatives. While most prevention scholars and family and youth practitioners understand the benefits of family-based interventions for reducing youth problems and promoting youth well-being, there is a sizeable gap between what the

science indicates is effective and the funding and support that has been traditionally provided (Cooney et al. 2010). A significant part of the problem is that policy-makers often do not see the value of such interventions and consequently fail to invest in them. As the evidence for proven family-based interventions grows, there is a corresponding need to showcase and communicate the value of these programs. One of the most powerful tools for communicating the public value of such programs is by presenting evidence of a program's future cost savings through the use of cost-benefit analysis. When programs have longitudinal data demonstrating their long-term impacts, it is often possible to conduct cost-benefit studies that can provide estimates of the public cost savings for every dollar invested in the program. Similarly, cost-effectiveness analysis can be conducted where comparisons are made between the financial costs of alternative programs seeking to achieve the same outcomes. Cost-benefit and cost-effectiveness analyses can be very influential tools for conveying to decision-makers the economic value of investing in such programs.

Limited Support by Local Practitioners. While an increasing number of practitioners see the value of evidence-based programs, they also are aware of the challenges to implementing and sustaining these programs. Increasing demands on staff resulting from budget cuts, staff reductions, and increasing demands for program delivery can present seemingly overwhelming obstacles to the adoption of an evidence-based program. An important step to address this is to develop a process that secures the buy-in of staff who will ultimately implement the program and a support structure for these staff that fosters their success.

There is a "middle-ground" approach that we have found to be quite promising for increasing the effectiveness of existing preventive interventions and increasing the number that might someday be considered evidence-based. This approach focuses on the principles or characteristics that underlie effective programs (McCall 2009; Small et al. 2009; Small and Huser 2015). Small and his colleagues have developed one such approach for use with youth and family programs that they term evidence-informed program improvement (EIPI).

EIPI draws on the principles of effective evidence-based prevention programs discussed earlier in this chapter. This process has been found to be very helpful to the staff of existing programs as well as those interested in designing new ones. In the case of an existing program, the process involves critically examining how well the program aligns with the principles of effective programs and then developing a plan to improve the program so that it is more in line with these principles. For new programs, the principles are used as a template to guide the program design process and ensure that key elements are followed and critical content is included. A number of tools have been developed to guide organizations through the EIPI process and are available online (What Works Wisconsin 2016).

Conclusion

Prevention programs directed at families of adolescents have shown significant potential for contributing to the prevention of youth problems and the promotion of youth development and well-being. In recent years, there has been significant growth in the number and quality of such programs. Research has begun to identify principles that are likely to increase the quality of family-based prevention programs as well as identify interventions that are known to work. However, like other areas of prevention science, there remain many barriers that need to be overcome before the field can more fully realize its potential, and such programs gain wider acceptance and greater political support and ultimately impact the lives of youth and their families.

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