

The Caroline County Board of Supervisors recognized that an assessment of youth programs was needed as an initial step in deciding whether additional programs were needed and/or an enhancement of programs presently operating. A Request for Proposals was issued with the following assignment:

Research youth services provided in Caroline County;

Ascertain the number of youth served;

Identify any redundancy in services and

Determine gaps in youth services.

A survey (attachment 1) was developed and tested based on a literature review of positive youth development and effective youth programs. The survey was sent to members of the Youth Task Force as well as to all members of the Caroline County Chamber of Commerce. In addition to the completion of surveys, interviews were conducted of stakeholders in the community. The questions presented were

Describe the youth program your organization offers, if any

how many children participate

what programs do you believe are needed for the youth in Caroline County.

The activities identified in the surveys can be categorized as either services or programs. Services are those activities that are offered for the purpose of participation in an event such as a sport, 4-H projects and library events. These services have positive impacts and may have positive side benefits such as mentoring but the service is not created with that particular goal. However, a program is created with the mission and goal of targeted behavior modification. If designed appropriately, programs can be evaluated for its success in impacting or changing specific behaviors.

**WHAT ARE THE CHARACTERISTICS OF
POSITIVE YOUTH PROGRAMS?
WHAT PROGRAMS HAVE BEEN PROVEN TO BE
EFFECTIVE YOUTH PROGRAMS?**

Prior to the development of a survey of community stakeholders, the Board of Supervisors directed a literature review, seeking scientific, evidence-based research that defined positive youth development and current findings regarding effective and ineffective youth programs. With growing concerns about funding levels and funding sources for all social programs, youth programs are particularly vulnerable to both government cutbacks and reduction in participation. All programs are competing for public sector and private sector dollars to maintain program existence. Identifying effective youth programs that reduce problem behaviors and increase positive youth development is even more critical.

Mere anecdotal report of a successful program is insufficient evidence for decision-makers today. Scientifically based evaluations of both the successful youth program itself and the implementation of that program will assist in the delineation of those factors that are common among successful programs.

Given a less than seventy-five year history, government funded design, implementation and evaluation of programs specifically directed to the positive growth and development of children and young people is a relatively new research area. Government responsibility for youth programs began generally in the 1950s and increased in the 1960s. Most of these programs focused on targeted problem behaviors such as substance abuse, teenage pregnancy, school drop-out and teenage crime with intervention and treatment components. The effectiveness of these treatment programs

was evaluated in several studies conducted in the 1980s. (Agee, 1979, DeLeon and Ziegenfuss 1986, Friedman and Beschner 1985; Gold and Mann, 1984). (Calalano, 2004)

These evaluations found that not all the programs were successful in their reduction or modification of problem behaviors.

In the 1970s and 1980s, more prevention programs were added to the type of programs offered with the added concern for environmental factors such as family and community situation. Some evaluations found that these problem focused prevention programs did not reduce youth crime, teenage pregnancy or academic failure and began to consider social and environmental predictors as components of program design.

(Thomas et al 1992; Pittman, O'Brien and Kimball, 1993; Greenberg, 1996; Greenberg and Kusche 1997; Hahn, Leavitt and Aaron 1994; Weissberg and Caplan 1998).

This literature review search was conducted through PsychINFO, Criminal Justice Abstracts, Social Science Abstracts and Social Services Abstracts from 1990 to 2008 with key words "effective youth programs," "prevention programs," and "positive youth development." Articles reviewed included government reports, narrative literature reviews and program evaluations. The articles selected described the status of programs evaluated. Articles that only addressed theoretical issues were not included. This is not presented as an exhaustive literature review but rather a gathering of relatively recent research and academic discussion regarding effective youth programs. The purpose of the review was to gather a listing of the criteria generally accepted in program evaluation for determining effective youth programs and the characteristics most often found in those programs.

It must be recognized that some well known and continually funded issue focused programs such as DARE have repeatedly been shown to be ineffective. Although DARE failed to show a reduction in substance abuse and drug use by young participants, there are those who argue that it has proven helpful in providing a police presence in the school environment and improving the public image of law enforcement in the community. (Greenwood, 2006)

Whether the program is single issue focused and/or preventative, the goal in this study is to recognize those programs that have shown to both reduce problem behaviors and increase positive behaviors. This is presently recognized as positive youth development.

While acknowledging that there is little agreement as to an accepted list of youth outcome measures, a definition of positive youth development was developed by one investigator as:

An approach that seeks to achieve one or more of the following objectives:

- a. promotes bonding**
- b. fosters resilience**
- c. promotes social competence**
- d. promotes emotional competence**
- e. promotes cognitive competence**
- f. promotes behavioral competence**
- g. promotes moral competence**
- h. fosters self determination**
- i. fosters spirituality**
- J. fosters self-efficacy**
- k. fosters clear and positive identity**
- l. fosters belief in the future**
- m. provides recognition for positive behavior**
- n. provides opportunities for prosocial involvement**
- o. fosters prosocial norms (Catalano, 2004, page 107)**

Catalano reviewed 161 youth programs and found 77 programs that addressed one or more of the objectives of the definition of a positive youth program. In addition, the program included a strong program evaluation which met the study's criteria. In 25 programs the competence, self-efficacy and prosocial norms objectives were evident and emphasized. Catalano found that it is important for the program to address outcome measures for reductions in problem behaviors and increases in positive behavior, provide opportunities and recognition for young people, have a structured curriculum or structured activities, provide frequent and more long term interventions, include program evaluations for quality and consistency of program implementation and increase in the bond between children, young people and adults. (Catalano, 2004, p. 117)

An alternative approach used by many communities for making program allocation decision is based on the youth needs assessment conducted by the local government. These assessments identify risk factors to be addressed with matching service programs. Public officials then fund the most pressing community need. This approach does not include evaluation criteria by which the effectiveness of the program can be examined. "Picking programs just on the basis of needs ignores the very real limitations on what programs can actually accomplish." (Greenwood, 2006, p. 170).

In 2001, a U.S. Department of Health and Human Services report was issued that identified programs that were determined to be ineffective such as peer counseling, mediation, alternative recreation, social competency instruction and school drug testing. However, many early childhood programs were found to reach and exceed their intended goals including home visits by nurses, PATHS program, The Incredible Years program, Big Brother/Big Sisters programs, Life Skills Training and the Bullying Prevention

project. Infancy and early childhood programs that prevent delinquency can also prevent a number of other developmental and family problems such as unemployment, unwanted births, and arrests for the mother and school or health problems for the child. A cost-benefit study of the Olds Nurse Home Visitation Project found it produced a \$5 savings in future government expenses for every \$1 invested in the program when applied to high-risk families. Reduced criminality and criminal justice system costs accounted for only about one-fourth of the savings. Because of their relatively high cost, on an individual case basis, promising delinquency-prevention programs for very young children appear to require that they target at-risk families in order to be cost effective.

Only one of the programs in this the Olds program is currently a serious contender for widespread replication. It is the only program rated as proven by the most authoritative reviewers and is the only one that has developed a detailed training, data collection, and monitoring process to assist sites in replicating the model.

Although home visits, parent training and enriched preschool programs all appear to make some contribution to improving school performance all appear to make some contribution to improving school performance and reducing antisocial behavior, the challenge for program developers attempting to have a significant positive impact on this age group is to find a cost-effective combination of these services that local service providers and funders will find attractive. The Nurse Family Partnership appears to have met this challenge in at least seven states, but is still getting stiff competition from less expensive home-visitation programs that do not have the same track record of proven success. (Changing Lives, pg. 55-56)

Promoting Alternative Thinking Strategies (PATHS) is a universal program taught by regular elementary classroom teachers who have participated in three days of training. The aim of PATHS is to increase student self-control, emotional competence, and problem solving skills. The curriculum is implemented with entire classrooms of children ranging from kindergarten to fifth grade. The curriculum included separate units that deal with feelings and interpersonal cognitive problem solving. There is a strong focus on encouraging students to apply the newly learned skills in their everyday lives. Evaluations of PATHS have shown that it improves self-control and planning skills and produces reductions in hyperactivity, peer aggression, and conduct problems. For students with special needs, it was found to reduce symptoms of anxiety, depression, and conduct problems (Greenberg et al., 1998; Sherman et al., 1997.)

The parent, teacher, and child training series that are part of The Incredible Years Program targets children between the ages of three and eight with conduct problems. Its two primary goals are to provide cost effective, early-intervention programs that all families and teachers of young children can use to promote social, emotional, and academic competence; and to provide comprehensive interventions for teachers and parents to deal with the early onset of conduct problems in young children (Webster-Stratton, 2001). The training for parents includes a series of three separate programs to foster parenting and personal skills, the use of incentives for difficult behavior problems, and proactive teaching strategies. It also shows how to teach empathy, social skills, and problem solving in the classroom. (Changing Lives, pg. 66-67)

The Quantum Opportunities Program is a more comprehensive approach that works with small groups of high-risk youth from poor families and neighborhoods. The program

provides an opportunity for education, development, and service activities. Students remain part of the same group through four years of high school. This continuity is meant to provide a sustained relationship with a positive peer group and a caring adult leader. All of the program activities take place outside of regular school hours. The participants receive 250 hours per year of competency based, basic-skills training; development opportunities such as cultural enrichment; and service opportunities in their communities. Financial incentives are used to increase participation and completion. Results of a multi-site evaluation indicated that participants were less likely to be arrested during their high-school years than a control group of similar high-risk teens. In addition, QOP participants were more likely to complete high school and continue on to college than the control group (Lattimore et al., 1998).

Life Skills training is a drug-use-prevention program targeted at children in junior high or middle school. In the first year of the program, teachers conduct fifteen sessions focusing on general life skills and strategies for social resistance. Booster sessions are provided in years two and three of the program (ten and five sessions, respectively). Teachers use a variety of techniques including instruction, demonstration, feedback, reinforcement, and practice to train students in the three core areas of self-management skills, social skills, and information and skills related to drug use.

Multiple evaluations of LST have shown it to reduce the use of alcohol, cigarettes, and marijuana among participants. The reductions in alcohol and cigarette use are sustained through the end of high school (Botvin et al., 1990, 1995).

Brief Strengthening Families Program is a short-term, problem-focused intervention with an emphasis on modifying maladaptive patterns of interaction among family

members. It targets families of children between the ages of eight and seventeen who display or are at risk for behavior problems. The program consists of twelve to fifteen one-hour sessions delivered over a three-month period. Individual components include understanding resistance and motivating families to join in the effort; identifying intervention patterns that support problem behavior; and developing a specific plan to restructure maladaptive intervention patterns by reframing and working with boundaries and alliances. AN evaluation of post treatment impacts showed significant reductions in Conduct Disorder and Socialized Aggression for BSFT adolescents compared to controls participating in group therapy (Szapocznik & Williams, 2000).

The Bullying Prevention Program was developed for use with students in elementary and junior high schools in Bergen, Norway. The program involves the collaboration of teachers and parents in setting and enforcing clear rules against bullying behavior. Two years after the intervention, bullying problems decreased by 50 percent in schools with BPP. Other forms of delinquency declined as well and school climate improved (Olweus et al., 1998).

The Midwestern Prevention Project (MPP) is another communitywide intervention that attempts to reduce gateway drug use by targeting sixth and seventh graders. The five major components of the program, implemented in a stepwise fashion over a four-year period, are a mass-media program; a school program; parent education and organization; community organization; and local health policy. Evaluations have found reduced use of tobacco and marijuana, and reduced hard-drug use through are twenty-three (Pentz et al., 1998).

Elliott emphasized that strong evidence of effectiveness exists for some interventions addressing children and youth across the developmental and risk involvement spectrum. However, "there is a lot of confusion in the field, because different agencies have published lists of what they consider to be model or effective programs, and those lists differ from one another." To reduce the confusion, Elliott used criteria established by the Working Group for the Federal Collaboration on What Works, an informal group comprised of representatives from the U.S. Department of Justice, U.S. Department of Education, National Institute on Drug Abuse and Center for Substance Abuse Prevention. Programs designed to reduce substance abuse, delinquency or violence was classified by whether or not they met the following criteria:

- A randomized controlled trial (RCT);
- Statistically significant positive effect;
- Effect sustained for at least one year post intervention;
- At least one external RCT replicating the results;
- RCTs adequately addressed threats to internal validity, such as questions of selection and quality of measurement; and
- No known health-compromising side effects associated with the intervention.

Programs were classified "effective" if they met all of those standards. Programs were classified "effective with reservation" if the replication was an internal rather than external evaluation-randomized controlled trial. Elliott found four programs that met the standards for being effective: Functional Family Therapy (FFT), Multisystemic Therapy (MST), the Incredible Years: Parent, Teacher, and Child Training Series (IYS) and the Life Skills Training program (LST).

The IYS is designed to treat children ages 2 to 8, at risk for and/or presenting with conduct problems (high rates of aggression, defiance, oppositional and impulsive behaviors). The LST is three-year intervention designed to prevent or reduce gateway drug use, such as marijuana or alcohol. The panel (NIH, 2004) specifically emphasized the effectiveness of FFT and MST, noted for reducing arrests or violence precursors. Functional Family Therapy treats high-risk youth and their families using a short-term family-based prevention and intervention program. Participating youth and families usually attend 12 one-hour sessions over three months, although up to 30 sessions may be available for difficult cases. Program evaluations demonstrated reductions in re-arrest rates and in out-of-home placements; these reductions were sustained over four years. In addition, clinical trials demonstrated that FFT can effectively treat adolescents with CD, ODD or disruptive behavior disorder, as well as alcohol and other drug abuse disorders (Center for the Study and Prevention of Violence, 2004).

Multisystemic Therapy provides community-based clinical treatment for violent and chronic juvenile offenders who are at risk for out-of-home placement (NIH, 2004). Included in the average four-month treatment period is approximately 60 hours of therapist-family contact. Case loads are kept low (four to six families), and therapists are available 24 hours per day, seven days per week. Program evaluations demonstrated reductions in long-term rates of rearrest and in out-of-home placements; these results were maintained for nearly four years after treatment ended.

Although Elliott identified 11 programs as "effective with reservation," only six were highlighted in the NIH panel's report: Big Brothers, Big Sisters of America, reduction in

hitting; Multidimensional Treatment Foster Care, reduction in incarceration; Nurse-Family Partnership, reductions in arrests and crime; Project Towards No Drug Abuse, reduction in weapon carrying; Promoting Alternative Thinking Strategies, reduction in peer aggression; and Brief Strategic Family Therapy, reductions in CD and socialized aggression. The others mentioned by Elliott were the Midwestern Prevention Project, Guiding Good Choices, Cognitive-Behavioral Therapy, Iowa Strengthening Families Program, and Athletes Training and Learning to Avoid Steroids.

A number of strategies also appear to be effective, said Elliott, who was senior scientific editor for the U.S. Surgeon General's Report to the Nation on Youth Violence. These strategies include: self-control and social competency programs when cognitive/behavioral methods are employed, individual counseling when used with non-institutionalized juvenile offenders, behavior modeling and behavior modification, restitution with probation or parole, and the use of multiple services.

In a study conducted in 2003, Maury Nation, Ph.D. found 35 peer reviewed journal articles specifically discussing the characteristics of effective programs which were published between 1990 and 1999. He compiled a list of 252 characteristics from these articles and developed a list of characteristics that were important in relation to specific problem behaviors, were generalizable and were accepted in 80% of the articles as an important principle for an effective program.

He further cataloged the characteristics which he defined as the most important principles to prevention programs. He found that "programs were comprehensive, included varied teaching methods, provided sufficient dosage, were theory driven and provided opportunities for positive relationships ... were "appropriately timed and were

socioculturally relevant." (Nation, 2003, p. 450) **In** addition, prevention programs included "outcome evaluation and involved well trained staff." (Nation, 2003, pASO.)

Generally effective programs are:

Delivered at a high dosage and intensity

Tend to have a relatively greater amounts of contact time with participants whether it be number of sessions, hours, weeks, or years.

Comprehensive - Multi component programs that address a variety of risk and protective factors are usually more effective than single component programs.

Appropriately timed – address relevant factors or processes at specific times of need, and when participants are most receptive to change.

Developmentally appropriate - Programs should be age and developmentally appropriate for the target audience of children, youth, or adults.

Socio-culturally relevant - Tailoring the program to the cultural traditions of youth and their families enhances recruitment, retention and sometimes outcome attainment.

Implemented by well trained, effective staff - The effectiveness of a program is tied to the staff's personal characteristics such as efficacy and confidence, and their level of training, either by education or experience.

Supported by strong organizations - Effective programs receive administrative support, have low employee turnover rates, and have staff members who share the same vision.

Implemented using varied, active methods - Interactive skills training methods are much more likely than didactic lecturing to increase program effectiveness and client satisfaction.

Based on strong theory - High quality programs have a strong theoretical justification, are based on accurate information, and are supported by empirical research.

Evaluated regularly - Staff members are able to make modifications and improve program effectiveness when they systematically document and reflect on implementation, processes, and results.

WHAT WERE THE SURVEY AND INTERVIEW FINDINGS?

a. NUMBER OF YOUTH WHO PARTICIPATE

Little if any data is kept regarding the number of children who participate in services and programs. A number is generally known but responses to the survey indicated ranges and estimates of numbers of participants. Because there is no on-going evaluation component to the services and programs, there is little incentive to collect and maintain such data.

b. REDUNDANCY & GAPS IN YOUTH PROGRAMS

Based on the responses to the survey and interviews, there appears to be little if any overlap of services and definitely no unnecessary duplication of services. In fact, all programs purchased by CPMT in 2007-2008 were from service providers located outside of the community. The Rappahannock Area Community Services Board which is based in Fredericksburg does maintain an office in Caroline County; however, staffing of services may be an issue.

c. YOUTH PROGRAMS NEEDED IN THE COIVIMUNITY

All of the surveys addressed services and issues needed by youth in Caroline County, including the following:

Mentoring (35%)

Life skills programs (25 %)

Job Training and Vocational programs (30%)

The most frequently cited needs are after school enrichment and mentoring (35%) followed by job training and placement (30%); life skills, bullying prevention, parent education, behavioral training, and team building (25%). Other areas not included in the table and were reported 20% or less include family training, peer to peer tutoring, in home therapy, mental health services, and group and individual counseling. In addition, transportation problems, need for a community center and vocational programs for those with disabilities were also listed on at least one survey.

The survey was created after an assessment of the "what works" youth prevention and correctional literature. The selection of the questions and responses come directly from the available literature. It is important to point out that many of the respondents who provided information would not be considered risk reduction "programs" when applying the current "what works" literature. That is, many of the respondents provided information for what might be referred to as "services" rather than risk reduction or prevention programs. For example, the sporting and nutritional opportunities are important for youth, however, they are not shown to incorporate risk reduction or prevention strategies because the focus is not on targeting and treating youth based on their risks or needs.

A variety of issues were examined in the survey including: program information, youth assessment, program characteristics, and future programming needs.

Many (55%) of the respondents report using a reward system to change the behavior; followed by anger management (45%), and moral recognition, mentoring, and behavioral training all 40%. Other possible responses include, life skills, vocational training, bully prevention, family training, parent education, peer to peer tutoring, in home therapy, *AA/NA*, group and individual counseling.

Only 15% of the programs report the incorporation of theory within the treatment protocols. So although a moderate percentage of the respondents engaged in some appropriate treatment strategies, most of them are absence of theory, so the lasting impact is limited.

Three primary areas emerged as challenges for new programs. 75% of the respondents are concerned about the budget (note: this is before the "current national budget" crisis), 50% view the hiring of quality staff as an issues, and 45% did not feel the community would be supportive of such an effort

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The Areas that Lack Service Providers

