Aligning Youth Programs with Evidence on Core Components

Children, Youth, and Families At-Risk Professional Development Event

June 11, 2021
Welcome!

• Introductions and Poll

• Plan for the Session: Improving youth prevention programs through core components
  – Introduce core components approaches to evidence-based practice
  – Present an application of core components for youth prevention programs
  – Discuss practice guidelines and how to use them in the field

• Objectives
  – Share our work with you
  – Listen to feedback and suggestions from you
  – Discuss how we can improve our work and work like it to better support youth-serving organizations
Poll 1

• Who are you? Please select your professional role (you may select more than one):
  – Researcher/evaluator
  – Practitioner, service provider
  – State/local administrator
  – Policymaker
  – Funder (non-federal)
  – Federal staff
  – Other
Evidence-based Practice Landscape

• Federal efforts to support evidence-based practice and evidence-based decision-making
  – Systematic reviews of existing high-quality research on program effectiveness.
    • What Works Clearinghouse, CLEAR, HomVEE, CrimeSolutions, Blueprints, etc.
  – Tiered evidence schemes that incentivize evidence-based programs
    • Grantmaking (e.g., i3/EIR, Teen Pregnancy Prevention, Workforce Innovation Fund)
    • Federal financing (e.g., Family First Prevention Services Act; Maternal, Infant, and Early Childhood Home Visiting Program)
• Typically based on model programs with evidentiary support
Poll 2

• Are you currently implementing, evaluating, or working with model programs (like those found on a registry) or homegrown programs?
  – Model program
  – Homegrown program or local adaptation
  – Both
Core components: A different approach

• How do you ensure a high level of quality when it’s not practical to select and replicate a single evidence-based program?

• Core components is a different way of thinking about evidence that considers specific programs and their components, such as program content, delivery format, dosage, implementation strategies, and delivery personnel, that may influence whether a program is effective.

• Complements the model programs approach and leverages the large body of evidence on both model and home-grown programs.
Core Components

• What are core components?

• How can we align existing programs with evidence on core components?

• Practice guidelines available here:
  https://aspe.hhs.gov/pdf-report/core-component-approaches
STEP 1
Choose a target outcome
What outcome, issue, or problem are you most concerned about addressing?

STEP 2
Choose an intervention family
An intervention family is a group of interventions that share a strategy or principles on how to address challenges with the selected outcome.

STEP 3
Review the available recommendations
Each recommendation includes a description of the evidence, guidance on assessing the feasibility of implementing the recommendation, and action steps to incorporate the recommendation into your existing program.
Relational: Interventions that emphasize positive and supportive relationships with others, including mentors and counselors, as a means to influence desirable positive and undesirable negative behaviors, attitudes, motivation, insight, perceptions, and behavioral intentions. Most, but not all, take place in school settings.

Skill-Building: Interventions that teach youth skills to manage social interactions in ways that reduce the potential for conflict and externalizing behavior. Most, but not all, take place in school settings.

Academic-Educational: Interventions focused on improving school performance, school engagement, and academically-oriented behavior, which may yield collateral benefits on youth behavior by promotion of positive youth development. Most, but not all, take place in school settings.

Behavior Management: Interventions with primary focus on shaping or modifying problem behavior and precursors via rewards and punishments. These interventions can be stand-alone or integrated with other types of interventions.
Outcomes in the skill-building family train youth to manage challenging social interactions and improve their internal emotional responses to social interactions. This type of skills training is intended to reduce the potential for conflict and externalizing behavior. Skill-building interventions may focus directly on interpersonal skills, social problem-solving, and conflict resolution skills. They may also focus on skills for managing emotional or executive responses to social situations, such as anger or impulsivity, that may inhibit positive social interactions.

Skill-building interventions typically take place in school settings, and can be delivered by teachers, counselors, or others who work with youth to build skills, usually with a detailed curriculum or manual. Providers often model the skills for youth and then use role-playing, practice, and reinforcement to promote internalization of skills.
**Recommendation 2**

Teach from dedicated lesson plans

- **Delivery model.** Determine whether, or to what extent, your program draws on a manualized or lesson-plan based service delivery model. Is typical delivery close enough to the manual to say you are providing "that" program?

- **Program content.** Identify all program content and pedagogy that you do not have documented in writing. To what extent could you standardize and systematize program delivery?

- **Understanding of the program.** Review your staff training materials and process. Do all staff members understand your program’s theory of change, rationale, key content, and areas where adaptation are allowed?
RECOMMENDATION 2
Teach from dedicated lesson plans

Consider the following courses of action depending on the results of your assessment:

- Write down/document the key components, activities, content and learning objectives for your program as a way to manaulize your program. Include how you think the program should be taught and how it is actually delivered by staff.
- Crosswalk your program delivery with your program's theory of change. Revise delivery as needed to ensure you are following the philosophy and assumptions that you believe will reduce externalizing behaviors.
- Determine what adaptations facilitators can make without affecting the program theory.

For example, you may determine that role playing is integral to your program, but that facilitators can vary the specific examples based on participants.
- Train facilitators in the documented program, ensuring they understand the underlying theory of change, and monitor their fidelity to the manual. Schedule booster sessions for experienced facilitators.
- Emphasize the importance of consistent use of your standardized lesson plans across facilitators, cohorts, and over time so that every program participant receives largely the same intervention.
Recommendation 3
Provide opportunities for youth to learn and practice interpersonal skills and intrapersonal development

<table>
<thead>
<tr>
<th>INTERPERSONAL SKILLS CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family communication and relationships</td>
</tr>
<tr>
<td>Peer communication, peer relationships, peer group interaction</td>
</tr>
<tr>
<td>Prosocial behavior (voluntarily helping, sharing, cooperating with others)</td>
</tr>
<tr>
<td>General interpersonal communication skills (e.g., active listening)</td>
</tr>
<tr>
<td>Identifying, understanding, and communicating feelings</td>
</tr>
<tr>
<td>Conflict Resolution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTRAPERSONAL DEVELOPMENT CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values clarification</td>
</tr>
<tr>
<td>Individual responsibility</td>
</tr>
<tr>
<td>Self-confidence, self-efficacy, self-competence</td>
</tr>
<tr>
<td>Self-concept or understanding yourself</td>
</tr>
<tr>
<td>Self-worth or self-esteem</td>
</tr>
<tr>
<td>Goal setting</td>
</tr>
<tr>
<td>Decision-making</td>
</tr>
</tbody>
</table>
RECOMMENDATION 3
Provide opportunities for youth to learn and practice interpersonal skills and intrapersonal development

- **Current content.** Assess the extent to which your program already covers interpersonal skills and intrapersonal development. See Box 1 below for the type of content to look for.

- **Program structure.** Assess whether there is room to add this content to your curriculum or program guidance. Where would it fit? What would need to change? For example, would you need to add sessions? Increase time spent on this content relative to other areas? Train staff to deliver the content?

- **Funding requirements.** Are there funding constraints on what content must be delivered? Is there flexibility to modify content?

- **Resources.** Review current resources. What resources might need to be added or shifted to accommodate content changes?

- **Organizational readiness.** Engage your team for input on the type of support they will need. What kind of information, training, or resources do they need to implement these changes to content?
RECOMMENDATION 3
Provide opportunities for youth to learn and practice interpersonal skills and intrapersonal development

Consider any of the following depending on the results of your assessment:

- **Identify subject matter experts** who can provide in-service training to your organization and teams to learn best practices for integrating interpersonal skills into relational interventions like mentoring or counseling.

- **Revise lessons plans, staff training content or internal program guidance** to ensure coverage of interpersonal skills.

- **Incorporate interpersonal skills as a case management goal** for mentor-mentee matches and counseling clients.

- **Train mentors** on ways to practice interpersonal skills with their mentees, and suggest activities that provide these opportunities.

- **Engage youth in planning** to ensure content is youth-focused and designed to meet their needs.
Discussion

• How could these guidelines – or this approach – be useful:
  – to your organization or agency?
  – to the programs that you work with?

• How could you use core components in your work?
Discussion

• What kinds of models or resources are out there for implementing something like the practice guidelines we’ve developed?
  – Are there useful CQI models that we can adapt?
Discussion

• What kinds of barriers to using core components approaches can you envision in your work?

• How can we address those barriers?
Discussion

• What are some ways to spread the word about this work?

• Where do you get new information about evidence-based programs and practices?

• What might be some effective ways to share our recommendations with the field?
Thank you!

Sandra_Wilson@abtassoc.com

Sarah.Oberlander@hhs.gov