Comparison Matrix
of Science-Based Prevention Programs

A Consumer's Guide for Prevention Professionals

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

Acknowledgments

This document marks CSAP's progress towards fulfilling its commitment to bringing effective, science-based prevention to every community across the country.

One of several in a new series developed by CSAP, this conference-edition document articulates CSAP's policy direction and guidance to the field on prevention programs that we know can be effective in creating positive change. These documents are products of the collaboration among CSAP, the National Prevention Network (NPN), Community Anti-Drug Coalitions of America (CADCA), and representatives from both the research and practice communities. As such, they represent our collective best thought and guidance on effective prevention.

As CSAP continues to build its National Dissemination System to identify and encourage effective prevention and provide capacity building opportunities for States and communities, these documents will evolve in nature and content. Throughout this evolutionary process, CSAP will collaborate with States, intermediary organizations, and community practitioners, and will listen and learn about the challenges encountered in moving the field of prevention forward. CSAP will integrate this feedback, developing new guidance to support the field as it continues to grow and advance.

CSAP is proud of our collaboration with the field and the documents that have resulted. We especially would like to acknowledge the significant contributions of Steven Schinke, Ph.D., a senior social scientist affiliated with CSAP's *National Center for the Advancement of Prevention*.

Ruth Sanchez-Way, Ph.D.
Director, Center for Substance Abuse Prevention

and

Paul J. Brounstein, Ph.D.
Director, Division of Knowledge Development & Evaluation

Comparison Matrix of Science-Based Prevention Programs

A Consumer's Guide for Prevention Professionals

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Center for Mental Health Services
Center for Substance Abuse
Prevention
Center for Substance Abuse
Treatment
Rockville MD 20857

NOV 2 7 2001

Dear Colleague:

The Center for Substance Abuse Prevention (CSAP) is pleased to present a new series of knowledge tools intended to assist States, communities, and health providers in delivering effective substance abuse prevention. Designed to promote the use of effective substance abuse prevention programs and practices, these products present the current state of knowledge on effective prevention programming and chart a practical process for demonstrating results.

Prepared for the National Leadership Forum XII of the Community Anti-Drug Coalitions of America (CADCA), CSAP's *2001 CADCA Conference Editions* include:

2001 Annual Report of Science-Based Prevention Programs
From the Center for Substance Abuse Prevention

Comparison Matrix of Science-Based Prevention Programs
A Consumer's Guide for Prevention Professionals

Finding the Balance: Program Fidelity and Adaptation in
Substance Abuse Prevention
A State -of- the- Art Review

Prevention Works! A Practitioner's Guide to Achieving Outcomes

Developed by CSAP with its National Center for the Advancement of Prevention, the *2001 CADCA Conference Editions* will be presented at the Forum and made available electronically on CSAP websites specifically identified on the inside back cover of each product.

Please know that you are a valued partner in the national effort to advance the field of prevention. We look forward to working in partnership with you to bring effective prevention to all States, communities, and health providers across the country.

Sincerely yours,

Ruth Sanchez-Way, Ph.D.
Director
Center for Substance Abuse
Prevention

Table of Contents

Comparison Matrix
of Science-Based Prevention Programs

Introduction

Selecting an effective prevention program or set of programs for a comprehensive intervention can be a daunting task. Not only must the program address the specific needs and assets of the targeted population or neighborhood of interest, but also there should be a level of confidence about its ability to produce positive outcomes regardless of differing settings and differing populations.

Fortunately, it is possible today to make more informed decisions about the critical step of selecting prevention programs, including environmental interventions, than was possible just a few years ago. SAMHSA's Center for Substance Abuse Prevention (CSAP) has played a major role in recent years to this end by identifying programs that have demonstrated successful outcomes.

Other agencies also have made contributions in this field. The Science-Based Prevention Program Comparison Matrix presented in this document is a table listing some 150 substance abuse and other problem behavior prevention programs that have been rated by six Federal and non-government agencies according to their effectiveness. The Comparison Matrix is intended for use by professionals in the field—including policymakers, local decisionmakers, collaboratives, and other service providers—who wish to identify science-based prevention programs

for implementation or for further research purposes.

The Comparison Matrix consists of ratings or evaluations of prevention programs made by the Federal and nongovernment agencies that are most widely recognized as offering credible science-based assessments of prevention programs. Other agencies have reported on prevention programs but listings produced by those agencies do not enjoy such wide distribution or influence as the six agencies shown in the matrix.

CSAP, in particular, has rated more programs than other agencies and uses a broader and more scientifically rigorous framework in evaluation, employing a wider variety of criteria. CSAP's National Registry of Effective Prevention Programs (NREPP) includes not only CSAP-sponsored programs and those not rated elsewhere, but also programs already rated by other agencies. The mission of NREPP is to identify, review, and disseminate effective prevention programs; it also provides a platform for experts to review and evaluate programs using the scientific method.

The comparison matrix reveals considerable overlap with ratings among the agen-

cies surveyed. However, this redundancy is a positive feature of the evolving prevention field. When independent evaluations are carried out on a program—even if they do not necessarily present uniform conclusions—the prevention field   benefits overall due to differing perspectives and evaluation criteria of the separate agencies.

Where different or conflicting ratings for a prevention program appear in the table, information regarding the assessment criteria used by the various agencies is provided, so that consideration may be given to the differing approaches or perspectives of the rating agencies.

The Importance of Science-Based Prevention Programs

The field of substance abuse prevention has evolved considerably in recent years. Prevention programs can now be selected and implemented in the knowledge that they will target specific populations, address specific risks, and can achieve specific outcomes.

This is because the foundation of contemporary substance abuse and other problem behavior prevention programs is science-based knowledge: that which has been studied, tested, or researched in a standardized way. Science-based prevention programs may have evolved from the practice community or they may have been developed from the body of research produced by universities and other academic institutions studying the nature of substance abuse problems. Either way, science-based programs have been rigorously tested and studied during their evaluation to determine that their *outcomes are due to the program itself*, and that the results may be achieved over and over in other suitable locations.

Many *science-based* programs have been reviewed by experts in the field according to predetermined standards of empirical research. They are theory-based, have sound research methodology, and can demonstrate that effects are clearly linked to the program itself and not to extraneous factors, elements, or events.
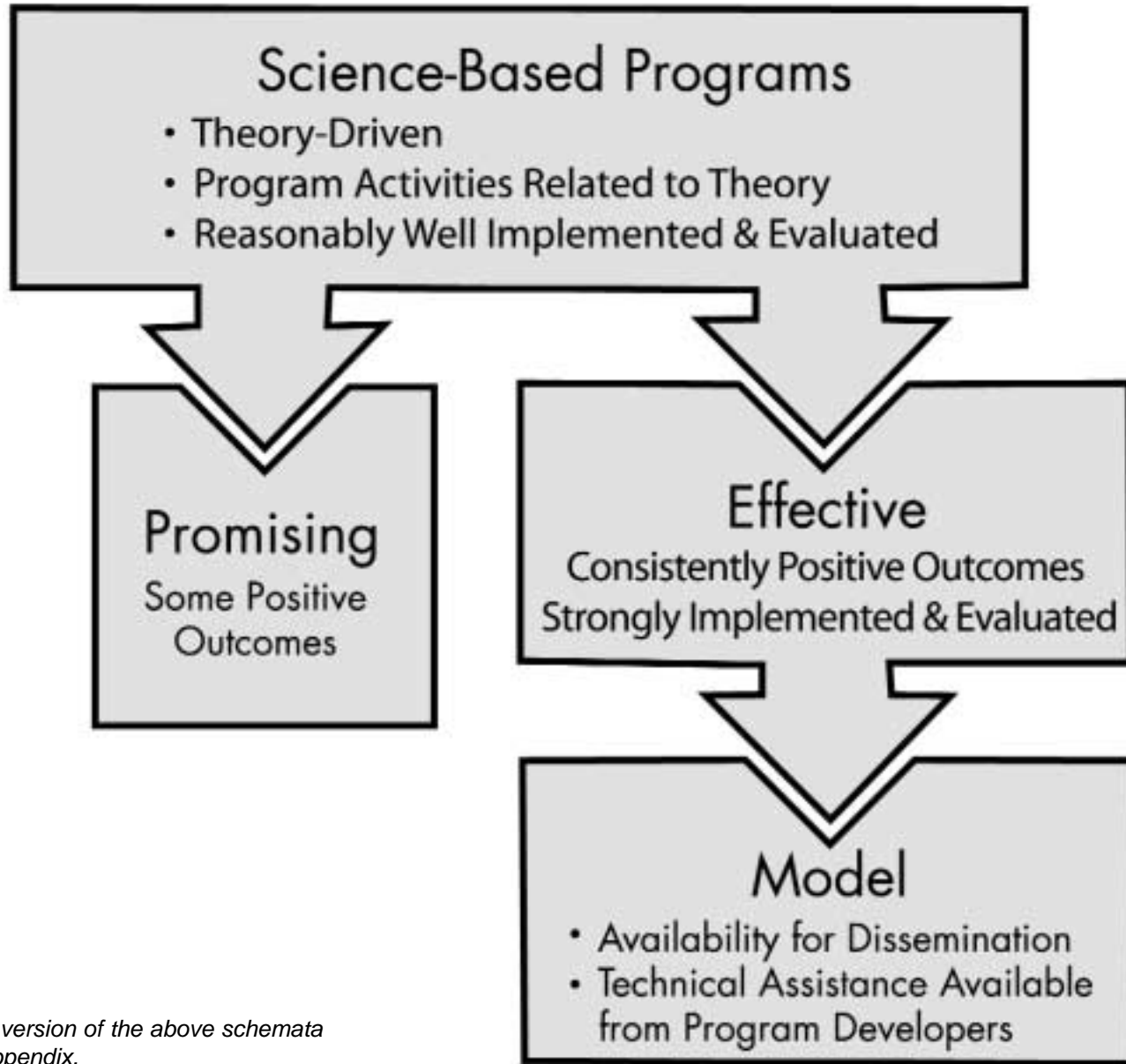
The chief significance of science-based prevention programs for the prevention field lies in their potential for effectiveness and reproducibility. It is important that emphasis be placed on programs using tested theories or interventions. Innovation is highly desirable, so long as it is based on credible theory.

The deployment of science-based programs listed in the Comparison Matrix in appropriate community, school, or workplace settings will increase the likelihood of success because part of their rating as successful programs is due to their reproducibility.

CSAP defines an *effective* program as a science-based program that produces a consistently *positive* pattern of results. Only programs positively affecting the majority of intended recipients or targets are, therefore, considered effective. Moreover, once a program has been evaluated and a determination is made that it is directly related to positive results for participants, the program can be implemented with confidence that the same positive results will accrue to new participants.

Furthermore, programs earn the rating *"model"* in CSAP's estimation if they are effective programs whose developers have agreed to participate in CSAP's dissemination efforts and to provide training and technical assistance to practitioners who wish to adopt their programs. Ensuring that programs are carefully implemented maximizes the probability of repeated effectiveness.

See Exhibit 1 for a chart of CSAP's rating system for science-based programs.

Science-Based Programs

- Theory-Driven
- Program Activities Related to Theory
- Reasonably Well Implemented & Evaluated

Promising

Some Positive
Outcomes

Effective

Consistently Positive Outcomes
Strongly Implemented & Evaluated

Model

- Availability for Dissemination
- Technical Assistance Available
  from Program Developers

Note: A more detailed version of the above schemata can be found in the Appendix.

Using the Science-Based Prevention Program Comparison Matrix: Criteria Used in the Evaluation of Programs

The Comparison Matrix displays the program assessments made independently by the six agencies included in the matrix. Because each agency made their own determinations, using their criteria, the matrix displays the disparate conclusions sometimes arrived at by different agencies regarding the same program.

There are several reasons for such discrepancies. Differing terminology accounts for some of them. Different conclusions may be drawn from a program if the agencies involved have different priorities or concerns or are interested in particular features of a program. For example, whereas the Office of Juvenile Justice and Delinquency Programs (OJJDP) is interested in delinquency prevention outcomes, the Department of Health and Human Services (DHHS) is more inclined to substance abuse outcomes. High-risk youth may be the concern of one agency, while another is considering the wider general population. Some agencies seek to report on many programs, whereas others are interested only in reporting on a few.

For example, CSAP, via its platform National Registry of Effective Prevention Programs (NREPP), reports on many programs across the board; clearly the focus of the Centers for Disease Control (CDC) is HIV-prevention programs. Reports written more recently will include programs not covered by earlier reports. And, naturally, recent reports may include fresh data or material not available to earlier researchers—information that may alter a program's rating from, for example, "Promising" to "Model," to use CSAP's terminology.

Agencies also express different criteria for evaluating programs, and this contributes to varying evaluations of the same program. For example, while

CSAP has numerous screening criteria for programs, the National Institute on Drug Abuse (NIDA) largely relies on a program's adherence to a set of principles that the agency has developed internally.

An overview follows of criteria employed by agencies listed in the Comparison Matrix. *Detailed information on the criteria employed by each rating agency can be found in the Appendix.*

- *National Institute on Drug Abuse* (NIDA), one of the first Federal agencies to catalog effective prevention programs, includes in its "Red Book" programs that have emerged from NIDA-funded research. Though screening criteria for the NIDA "Red Book" remain unspecified, programs need to address 14 principles for inclusion. Those principles are listed in the Appendix. NIDA does not distinguish among programs according to different levels of effectiveness.

- *U.S. Department of Education* (DOE) has identified a number of prevention programs as effective and distinguishes among them by categorizing programs as demonstrated models or promising models. Whereas the former have been subjected to rigorous field testing, the latter (though considered to be well designed) lack careful evaluation data. Extensive criteria for Department of Education programs appear in the Appendix.

- *U.S. Office of Juvenile Justice and Delinquency Prevention* (OJJDP) has included in its "Blueprints" compendium several prevention programs that meet its five criteria for inclusion, as detailed in the Appendix. As with other programs, OJJDP employs the two-tiered designation of "model" and

"promising" to distinguish prevention programs based on its evaluation data.

- *Centers for Disease Control* (CDC) lists prevention programs aimed at reducing the spread of HIV/AIDS. Criteria for inclusion in this listing categorize programs according to whether the intervention employed was behavioral, social, or policy-oriented. The CDC listing includes 24 programs.

- *Drug Strategies* is a private nonprofit organization that evaluates school-based prevention programs. Using scientific criteria and grading each program, Drug Strategies examined nine parameters of interest to arrive at its final listing.

- *Center for Substance Abuse Prevention*, through NREPP, employs a sophisticated and scientifically rigorous process using 15 criteria (see page 7) to distinguish whether programs are "promising" or "effective" (or "model"). Examining a range of candidate programs, CSAP includes in its database

programs rated by other agencies as well as prevention programs originating from the field or from the archival scientific literature. Evaluations of these programs are conducted by independent prevention scientists.
The criteria* employed by NREPP include:

- Theory: The degree to which programs reflect clear and well-articulated principles about substance abuse behavior and how it can be changed.

- Intervention Fidelity: How the program ensures consistent delivery.

- Process Evaluation: Whether program implementation was measured.

- Sampling Strategy and Implementation: How well the program selected its participants and how well they received it.

- Attrition: Whether the program retained participants during program implementation.

Note: For more information on CSAP's program evaluation process, see the "Guide to Science-Based Practices" series, specifically "Promising and Proven Substance Abuse Prevention Programs," and the "2001 Annual Report of Science-Based Prevention Programs." These documents are available at www.samhsa.gov/centers/csap/csap.

- Outcome Measures: Assessment of actual behavior change—whether program recipients use substances—as well as other variables associated with substance use.

- Missing Data: How developers addressed incomplete measurements.

- Data Collection: The manner in which data were collected.

- Analysis: The appropriateness and technical adequacy of data evaluation.

- Other Plausible Threats to Validity: The degree to which evaluators considered other possible explanations for program effects.

- Integrity: Overall level of confidence that the program findings (implementation and evaluation) are rigorous.

- Utility: Overall usefulness of program findings to inform program theory and practice.

- Replications: Number of times the program has been used in the field.

- Dissemination Capability: Readiness of program to be implemented by others in the field.

- Cultural- and Age-Appropriateness: The degree to which the program addresses different cultural and age-related factors.

A detailed discussion of each of the above criteria is included in the Appendix.

Comparison Matrix

The Comparison Matrix displays the program assessments made independently by the six agencies included in the matrix. Because each agency made its own determinations, using its criteria, the matrix displays the disparate conclusions sometimes arrived at by different agencies regarding the same program.

Comparison Matrix

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Across Ages						Model
Actions for Health					Good	
ADEPT Drug and Alcohol Community Prevention Program						Promising
Adolescent Alcohol Prevention Trial	Effective					Promising
Adolescent Transition Program	Effective					Under Review
African American Adolescent and Drug Program						Promising
Aggression Replacement Training		Promising				
Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence		Promising				
AIDS Community Demonstration Project						Effective
AIDS/Drug Injection Prevention						Promising
AKOMA						Insufficient Current Support
Alcohol Misuse Prevention Program					Very Good	Model
All Stars		Promising			Good	Model
Al's Pals: Kids Making Healthy Choices		Promising				
Asian Youth Alliance						Promising
Athletes Training and Learning to Avoid Steroids (ATLAS)	Effective	Exemplary				Model

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Baby Safe Hawaii						Promising
Baltimore Mastery Learning and Good Behavior Game			Promising			Insufficient Current Support
Be A Star						Promising
Be Proud! Be Responsible!				Effective		Effective
Becoming A Responsible Teen				Effective		
Behavioral Monitoring and Reinforcement Program						Promising
Big Brothers and Big Sisters			Model			Promising
Border Binge Drinking Reduction Program						Model
Brief Strategic Family Therapy						Model
Bullying Prevention Program			Model			Model
CASASTART		Exemplary	Promising			Under Review
CASPAR Intervention Program						Under Review
Challenging the Collegiate Rite of Passage						Model
Child Development Project	Effective	Promising				Model
Children at Risk						Promising
Choosing Health High School					Good	
Club Hero						Promising
Coalition for Chemical Abuse Prevention						Promising

Comparison Matrix

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Collaborative Prevention Education Program						Insufficient Current Support
Communities Mobilizing for Change on Alcohol						Model
Community Partnerships						Model
Community of Caring		Promising				
Community Trials Project						Model
Comprehensive Health for the Middle Grades					Good	
Comprehensive Youth and Family Excellence Project						Promising
Coping Power Program						Model
Counter Act					Poor	
Creating Lasting Connections		Promising				Model
D.A.R.E.					Good	Insufficient Current Support
Dare To Be You						Model
Developing Capable People						Insufficient Current Support
Discover: Decisions for Health					Satisfactory	
Discover: Skills for Life					Satisfactory	
Drug Proof					Satisfactory	
Drugs and Alcohol Curriculum Modules					Good	

Comparison Matrix of Science-Based Prevention Programs

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Drugs in the Schools					Satisfactory	
Early Childhood Substance Abuse Prevention Project						Promising
Early Intervention Program with Delinquent Substance-Using Adolescents						Promising
Early Riser's Skills for Success						Model
East Texas Experiential Learning Center						Effective
Eastern Suffolk Boces Student Assistance Services						Insufficient Current Support
Elderly Substance Abuse Prevention Project						Insufficient Current Support
Enhancing Emotional Competence Program						Insufficient Current Support
Facing History and Ourselves		Promising				
Facts, Feelings, Family, and Friends					Satisfactory	
Fairfax Leadership & Resiliency Program						Model
Faith-based Prevention Program						Promising
Familia Latina						Insufficient Current Support
Families and Schools Together						Promising
Families in Action						Insufficient Current Support

Comparison Matrix

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Families in Focus-Texas United for the Future						Promising
Families United						Insufficient Current Support
Family Advocacy Network (FAN Club)						Effective
Family Connections						Effective
Family Effectiveness Training						Model
Family Health Promotion						Promising
Family MAASAI						Insufficient Current Support
Family Development Research Program			Promising			Model
FAST Track			Promising			
First Step to Success						Insufficient Current Support
Focus on Families	Effective					Under Review
Focus on Kids				Effective		
Friendly PEERsuasion						Insufficient Current Support
From Peer Pressure to Peer Support					Satisfactory	
Functional Family Therapy Program			Model			Under Review
Gatekeeper Case Finding & Response System						Under Review
GenerAsians						Effective

Comparison Matrix of Science-Based Prevention Programs

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Get Real about AIDS 1992				Effective		Effective
Get Real about Tobacco					Good	
Get Real about Violence						Promising
Great Body Shop					Good	
Growing Healthy		Promising			Good	
Growing Up Strong					Poor	
Growing Up Well					Satisfactory	Promising
Health Skills for Life					Satisfactory	
Helping Children and Their Families Face Drug Abuse						Promising
Here's Looking at You					Good	Insufficient Current Support
High/Scope Perry Preschool Project			Promising			Effective
HIV Education, Testing, and Counseling						Promising
Home-Based Behavioral Systems Family Therapy						Effective
Home Instruction Program for Preschool Youngsters(HIPPY)						Insufficient Current Support
I Can Problem Solve		Promising	Promising			Insufficient Current Support
I'm Special					Satisfactory	Insufficient Current Support
Incredible Years						Model

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Informational and Enhanced AIDS Education						Insufficient Current Support
Intensive AIDS Education in Jail						Insufficient Current Support
Intensive Protective Supervision Project (IPSP)			Promising			
Iowa Strengthening Families Program			Promising			Under Review
Jackson County Church Coalition						Promising
Just Say I Know How					Poor	
Keep a Clear Mind						Model
Know Your Body					Good	
La Familia Fuerte						Promising
Latinas: Supportive Connections for Growth						Insufficient Current Support
Learning About Alcohol and Other Drugs					Satisfactory	
Learning to Live Drug-Free					Satisfactory	
Let Each One Touch One Mentor Program		Promising				
Life Skills Training	Effective	Exemplary	Model	Effective	Very Good	Model
Linking the Interests of Families and Teachers (LIFT)		Promising				Promising
Lions-Quest Skills for Adolescence		Promising				
Lions-Quest Working Toward Peace		Promising				

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Logan Square Prevention Project						Insufficient Current Support
Massachusetts Tobacco Control Program						Promising
MELD						Insufficient Current Support
Michigan Model for Comprehensive School Health Education		Promising			Very Good	
Midwestern Prevention Project/ Project STAR	Effective		Model			Effective
Minnesota Smoking Prevention Program		Promising			Good	Insufficient Current Support
Mpowerment Project						Effective
Multimodel School Based Prevention Demonstration						Promising
Multimodel Substance-Abuse Prevention for Male Delinquents						Promising
Multisystematic Therapy Program			Model			Model
Neighbors for a Smoke-Free North Side						Insufficient Current Support
NEW CONNECTIONS - Infant Intervention Program						Promising
New Jersey Peer to Peer Program						Under Review
NICASA Parent Project						Insufficient Current Support

Comparison Matrix

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
No PutDowns Program						Insufficient Current Support
NTU						Promising
Nurse-Family Partnership						Model
Nurse Home Visitation Program			Model			Model
Ombudsman					Satisfactory	
Open Circle Curriculum		Promising				
OSLC Treatment Foster Care		Exemplary				
Paper People					Satisfactory	
Parent Child Development Center			Promising			Effective
Parenting Adolescents Wisely						Under Review
Parenting Partnership						Promising
Parents and Children Together (PACT)						Effective
Parents Who Care						Insufficient Current Support
P.A.S.S. Program						Promising
Peace Builders		Promising				
Peacemakers Program: Violence Prevention for Students in Grades Four though Eight		Promising				
Peer Assistance and Leadership						Promising
Peers Making Peace		Promising				
Perinatal CARE Program						Promising

Comparison Matrix of Science-Based Prevention Programs

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Popular Opinion Leader						Effective
Positive Action Program		Promising			Satisfactory	Model
Preparing for the Drug-Free Years	Effective	Promising	Promising			Model
PREVENT!						Insufficient Current Support
Preventing High-Risk Drinking and Alcohol Trauma: A Community Trial						Model
Preventive Intervention			Promising			
Preventive Treatment Program			Promising			Insufficient Current Support
Prima Youth Partnership						Insufficient Current Support
Primary Mental Health Project		Promising				
Prime Time					Good	
Project Achieve						Model
Project ALERT		Exemplary			Very Good	Model
Project BASIS						Promising
Project Care						Promising
Project Charlie					Satisfactory	
Project Family	Effective					
Project Involvement						Promising
Project Link						Promising

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Project MARTIN						Insufficient Current Support
Project Northland		Exemplary	Promising		Very Good	Model
Project Oz					Satisfactory	
Project PACE						Promising
Project PATHE			Promising			Insufficient Current Support
Project Self Discovery						Promising
Project SMART						Insufficient Current Support
Project STATUS			Promising			
Project SUCCESS						Model
Project Towards No Drug Abuse						Model
Project Towards No Tobacco Use		Exemplary		Effective	Very Good	Model
Project Venture						Insufficient Current Support
Project Youth Connect						Insufficient Current Support
Projecto Chac						Promising
Promoting Alternative Thinking Strategies (PATHS)		Promising	Model			Model
Quantum Opportunities Program			Model			Under Review
Quest: Skills for Action					Good	

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Quest: Skills for Adolescence					Satisfactory	
Quest: Skills for Growing					Good	
Raising a Thinking Child: I Can Problem Solve Program for Families						Insufficient Current Support
RAP, Jr.						Insufficient Current Support
Reaching High Risk Youth in Public Housing						Promising
Recapturing the Wisdom						Insufficient Current Support
Reconnecting Youth Program	Effective				Very Good	Model
Reducing the Risk				Effective		
Residential Student Assistance Program						Model
Responding in Peaceful and Positive Ways		Promising				
Riverside Futures Prevention Demonstration Project						Insufficient Current Support
Rural Educational Achievement Project (REAP)						Effective
SAFE Children Project						Model
Say It Straight Training		Promising				
SCARE Program		Promising				
School and Community Action to Prevent Violence						Insufficient Current Support

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
School Transitional Environment Project (STEP)			Promising			
Science for Life and Living					Satisfactory	
Second Step		Exemplary				Model
Sembrando Salud						Promising
SISTERS						Promising
Skills Building Program						Insufficient Current Support
Skills, Opportunity, and Recognition (SOAR)	Effective	Promising	Promising			Model
SMART Leaders						Effective
SMART Team		Promising				Model
Social Competence Promotion Program					Satisfactory	Model
Social Decision Making/Problem Solving		Promising				
SPARC Program						Promising
Stars with Technology and Affective and Remedial Support (STARS)						Promising
STARS for Families (Start Taking Alcohol Risks Seriously)						Model
Stop Teenage Addiction to Tobacco						Effective
Storytelling for Empowerment						Promising
Straight Talk About Risks (Project STAR)		Promising				
Strengthening Families Program	Effective	Exemplary				Model

Programs	Endorsing Agency/Organization					
	NIDA	DOE	OJJDP	CDC	Drug Strategies	CSAP
Strengthening Hawaii Programs						Promising
Student Taught Awareness and Resistance (STAR)					Very Good	
Substance Abuse Resources and Disability Issues (SARDI)						Promising
Sunshine Project						Promising
Super Stars Replication Project						Promising
Support for At-Risk Children						Model
Teams-Games-Tournaments Alcohol Prevention						Promising
Teenage Health Teaching Modules		Promising			Good	Promising
That's Life					Satisfactory	
Think Time Strategy		Promising				
Tinkham Alternative High School						Promising
Too Good for Drugs II					Good	Model
Treatment Foster Care		Exemplary	Model			Effective
UJIMA						Effective
Urban Women Against Substance Abuse						Promising
Virginia Model Detection & Prevention Program						Insufficient Current Support
Woodrock Youth Development Program						Promising
Yale Child Welfare Project			Promising			Insufficient Current Support

Appendix

Standards for Rating and Including
Prevention Programs in the Comparison Matrix

National Institute on Drug Abuse (NIDA) "Red Book"

Programs included by NIDA in its "Red Book" address 14 principles:

1. Prevention programs should be designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."

2. Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.

3. Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.

4. Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.

5. Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning, such as facts about drugs and their harmful effects, and that opens opportunities for family discussions about use.

6. Prevention programs should be long-term, presented over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based programs directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

7. Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.

8. Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.

9. Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.

10. Schools offer opportunities to reach all populations and also serve as important settings for specific sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

11. Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.

12. The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

13. Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.

14. Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save $4 to $5 in costs for drug abuse treatment and counseling.

U.S. Department of Education (DOE)

According to the Department of Education's Web site, which can be found at www.ed.gov/pubs/AnnSchoolRept98/, prevention programs were rated by DOE as demonstrated or promising models depending on how they met the following standards:

1. Demonstrated models have been rigorously tested in the field and have solid evidence of their effectiveness. In the evaluation of demonstrated models, two groups of youth were examined before and after an intervention; one group received the intervention, while the other (the control group) did not. For a program to be considered a demonstrated model, the intervention group demonstrated a larger reduction in violence over time compared to the control group.

2. Promising models are well designed but have not yet been thoroughly tested. Some promising models have been evaluated, but they need further testing with stronger evaluation designs to prove their effectiveness. Other promising models have not yet been evaluated, but they are based on previous research. While some models have effects in more than one area, they are categorized by their emphasis or demonstrated effects. Some models have been developed, implemented, and evaluated in multiple sites, while others have been used only in a single school.

Prevention programs were rated on a scale of 0-3 on each of the following criteria:

A. Evidence of Efficacy
   Criterion 1. The program reports relevant evidence of efficacy/effectiveness based on a methodologically sound evaluation.

Condition a. The program evaluation indicates a measurable difference in outcomes that is based on statistical significance testing or a credible indicator of magnitude of effect. Relevant outcomes are factors related to making schools safe, disciplined, and drug-free: reducing substance use, violence, and other conduct problems and positive changes in scientifically established risk and protective factors for those problems.

Condition b. The program evaluation used a design and analysis that adequately controls for threats to internal validity, including attrition.

Note: Some evaluation designs do not meet the criteria for Exemplary or Promising status. Such designs include the following: (1) pre-post designs without comparison groups; (2) one-time, post-test only, comparison studies without randomization or other efforts to control threats to internal validity; and (3) case studies without comparisons.

Condition c. The program evaluation used reliable and valid outcome measures.

Note: Some evaluation measures do not meet the criteria for Exemplary or Promising status. Such measure of program effects include the following: (1) judgments based on clinical experience, and (2) authoritative evidence such as reports by expert committees and testimonials.

Condition d. The program evaluation used analyses appropriate to the date.

B. Quality of Program

Criterion 2. The program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting.

Condition a. The program's goals are explicit and clearly stated.

Condition b. The program's goals are appropriate to the intended populations and setting.

Criterion 3. The rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals.

Condition a. the rationale (e.g., logic model theory) underlying the program is clearly stated and includes appropriate documentation (e.g., literature reviews and previous research).

Condition b. The program's content and processes are aligned with its goals.

Criterion 4. The program's content takes into consideration the characteristics of the intended population and setting (e.g., developmental stage, motivational readiness, ethnicity, gender, socioeconomic status, language, disabilities, culture) and the needs implied by these characteristics.
Note: Content appropriateness will be determined on the basis of the application narrative and the program materials submitted.

Criterion 5. The program implementation process effectively engages the intended population.

Condition a. The program provides a relevant rationale to participants for its implementation.

Condition b. The program actively engages the intended population.

Condition c. The program attends to participants' prior knowledge, attitudes, and commonly held conceptions.

Condition d. The program implementation methods promote participants' collaboration, discourse, and reflection.

Where applicable:
Condition e. The methods foster the use and application skills.

Condition f. The program promotes multiple approaches to learning.

C. Educational Significance

Criterion 6. The application describes how the program is integrated into schools' educational missions.

D. Usefulness to Others

Criterion 7. The program provides necessary information and guidance for replication in other appropriate settings.

Condition a. The program clearly outlines the essential conditions required to replicate it with fidelity in other settings (e.g., strategies, resources, implementation plans, materials, etc.).

Condition b. The program includes guidelines and materials for training and supporting those who are to replicate it.

**Rating Scale:
Response to Criterion is: 0 = absent
1 = minimally acceptable
2 = adequate
3 = strong

For a prevention program to be deemed "Exemplary" by the DOE, it must:

a.   have at least one evaluation that has demonstrated an effect on substance use, violent behavior, or other conduct problems one year or longer beyond baseline,

AND

b.   receive a rating of "3" on Criterion 1, AND

c.   receive a rating of "2" on criteria 2-7.

For a prevention program to be deemed "Promising" by the DOE, it must

a.   have findings from at least one evaluation demonstrating an effect on substance use, violent behavior, conduct problems OR one or more risk and protective factors that research has established as major predictors of these behaviors.

b.   receive a rating of "2" or higher on criteria 1-5, AND

c.   receive a rating of "1" or higher on criteria 6 and 7.

Office of Juvenile Justice and Delinquency Programs "Blueprints"

According to the "Blueprints" Web site, www.colorado.edu/cspv/blueprints/htm, prevention programs were rated based on the following criteria:

1. *Strong Research Design.* Experimental designs with random assignment provide the greatest level of confidence in evaluation findings, and this is the type of design required to fully meet this standard. Two other design elements are also considered essential for the judgment that the evaluation employed a strong research design: low rates of participant attrition and adequate measurement. Attrition may be indicative of problems in program implementation; it can compromise the integrity of the randomization process and the claim of experimental-control group equivalence. Measurement issues include the reliability and validity of study measure, including the outcome measure, and the quality, consistency, and timing of their administration to program participants.

2. *Evidence of Significant Prevention or Deterrent Effects.* Relatively few programs have demonstrated effectiveness in reducing the onset, prevalence, or individual offending rates of violent behavior. We have accepted evidence of deterrent effects for delinquency, drug use, and/or violence as evidence of program effectiveness. We also accepted program evaluations using arrests as the outcome measure. Evidence for a deterrent effect on violent behavior is certainly preferable, and programs demonstrating this effect will be given preference in selection, all other criteria being equal. However, this has not probed to be a determining factor in the selection of the first 10 model Blueprints programs.

    Both primary and secondary prevention effects (i.e., reductions in the *onset* of violence, delinquency, or drug use compared to control groups and

pre-post reductions in these *offending rates* compared to control groups) meet these criteria. Demonstrated changes in the targeted risk and protective factors, in the absence of any evidence of changes in delinquency, drug use, or violence, was not considered adequate to meet this criterion.

3. *Multiple Site Replication*. Replication is an important element in establishing program effectiveness. It establishes the robustness of the program and its prevention effects and its exportability to new sites. This criterion is particularly relevant for selecting model programs for a national prevention initiative where it is no longer possible for a single program designer to maintain personal control over the implementation of his or her program. Adequate procedures for monitoring the integrity of implementation must be in place, and this can be established only through actual experience with replications.

4. *Sustained Effects*. A number of programs have demonstrated initial success in deterring delinquency, drug use, and violence during the course of treatment or over the period during which the intervention was being delivered and reinforcements controlled. This selection criterion requires that these short-term effects be sustained beyond treatment or participation in the designed intervention. For example, if a preschool program designed to offset the effects of poverty on school performance (which, in turn, affects school bonding, present and future opportunities, and later peer group choice/selection, which, in turn, predicts delinquency, drug use and violence) demonstrates its effectiveness when children start school, but these effects are quickly lost during the first two to three years of school, there is little reason to expect this program will prevent the onset of violence during the junior or senior high school years when the risk of onset

is at its peak. Unfortunately, there is clear evidence that the deterrent effects of most programs deteriorate quickly once youth leave the program and return to their original neighborhoods, families, and peer groups, (e.g., gangs).

The standard we have set for program selection is very high. Not all of the 10 programs selected meet all of the four individual standards, but as a group they come the closest to meeting these standards that we could find. With one exception, they have all demonstrated deterrent effects with experimental evaluation designs using random assignment to experimental and control groups (the bullying Prevention Program involved a quasi-experimental design). All involve multiple sites and thus have information on replications and implementation integrity, but not all replication sites have been evaluated as independent sites (i.e., the Big Brothers/Big Sisters program was implemented at eight sites, but the evaluation was a single aggregated evaluation involving all eight sites). With one exception, all selected programs have demonstrated sustained effects for at least one year post-treatment.

Programs that did not fit all of the criteria for a Model Program were designated Promising programs. Promising programs have a demonstrated quantitative effect on one or more of the following outcome variables: delinquency/crime, violence, drug use, and pre-delinquent aggression (e.g., Conduct Disorder). Promising programs must have good experimental or quasi-experimental (with control group) design. Programs that have failed to produce a sustained effect do not qualify as Promising, although programs that have not yet demonstrated their long-term effects may remain in the Promising category. Promising programs can be single site, unreplicated projects or have a small effect on outcome measures. Some of these programs may move up into the Model Program category as more information becomes available.

Centers for Disease Control (CDC)

In 1996, the Centers for Disease Control (CDC) began the HIV/AIDS Prevention Research Synthesis (PRS) project to create a database of all HIV/AIDS behavioral, social, and policy studies. The PRS project has several aims:

(1) To permit systematic reviews that address the population, intervention, study design, setting, and outcome factors associated with intervention effectiveness;

(2) To identify methodologically rigorous studies that have significant positive results; and

(3) To identify gaps in the existing research and directions for future study.

The PRS database will be updated annually. At present, it contains approximately 5,000 articles and reports on HIV prevention. Of these, about 200 are intervention studies that meet relevance criteria such as having behavioral or biological outcomes. Further, using criteria for methodological rigor, we identified a subset of 124 primary studies representing the best available intervention science within the scope conditions of the PRS project.

A. PRS Criteria

1. *Relevance criteria* allows the selection of studies that aim to reduce sex-and/or drug-related risk behaviors. Criteria include:

(a) *Studies are reported from 1988 onward*
     The study typically was conducted two or three years earlier.   This coincides approximately with the start-up of HIV intervention research.

(b) *Published or unpublished*
     Unpublished reports are included in the PRS database to minimize the possibility of "publication bias." (For purposes of the "Compendium," unpublished reports are included in the database to provide access to the latest studies.)

(c) *Conducted anywhere in the world*
     Research conducted both in and outside the United States enhances our understanding of risk reduction.

(d) *Had positive, negative and/or no change (null) findings*
     The PRS database includes all studies that meet specific standards of scientific vigor, regardless of outcome. Negative and no-change (null) outcomes contribute to our knowledge of what does and does not work.

(e) *With one or more of the outcomes shown in the table:*

Sex–related behaviors	Drug-related behaviors
• use of male condoms	• multi-person use of drug para-phernalia
• use of female condoms	• cleaning/bleaching drug para-phernalia
• use of condom negotiation	• use of new sterile needles/syringes
• not having sex, if condom not used	• injecting drugs
• having unprotected sex	• initiation of drug injection
• number of sex partners	• non-injecting drug use
• mutually monogamous relation-ship	• sex with substance use
• partner selection	• return of used syringes
• return to abstinence	
• initiation of first sexual inter-course	
• exchanging sex for money/drugs	

HIV testing behavior	Health outcomes
• repeat testing	• incidence rates of HIV, AIDS, STDs, HBV, and HCV
• return for results	• prevalence rates of HIV, AIDS, STDs, HBV, and HCV

2. Methodological criteria are based on study design and vary by intervention category* (i.e., eligible behavioral and social interventions, require control/comparison groups and pre-post data whereas policy interventions may have less rigorous designs).

(a) For behavioral and social intervention studies:

• Random assignment to intervention and comparison groups with pre-post data OR post-only data

• Non-random assignment to intervention and comparison groups with pre-post data AND no apparent assignment bias OR adjustment for apparent assignment bias

(b) For policy studies:

• Random assignment to intervention and comparison groups with pre-post data AND no apparent assignment bias OR adjustment for apparent assignment bias.

• Non-random assignment to intervention and comparison groups with post-only data AND non apparent assignment bias OR adjustment for apparent assignment bias.

• Pre-post data with no comparison group

*There are three broad categories of interventions:

(1) Interventions in the behavioral category aim to change individuals' behaviors. These tend to emphasize individual and small group approaches (e.g., counseling, small group discussion with skills demon-stration).

(2) Interventions in the social category aim to change social norms or struc-tures that influence individuals' behaviors. These interventions may use small group or community-level approaches (e.g., engaging key opinion leaders as educators, community mobilization).

(3) Policy studies aim to change individuals' behavior or norms or social structures through administrative or legal decisions (e.g., condom availability in public settings, HIV education in schools).

B. Compendium Criteria

To identify interventions for this Compendium we reviewed the primary studies using additional selection criteria:

1. Studies conducted in the United States
2. Behavioral and social interventions, excluding policy studies
3. Studies with reported positive results on relevant outcomes

We then examined this subset, further selecting studies that met the following criteria:

1. Studies where the positive results represented a statistically significant difference between the intervention and the control or comparison condition

2. Studies with no negative findings

3. Studies that are state-of-the-science

Applying all six of these criteria resulted in the 24 interventions contained in the Compendium. Within the constraints indicated by the criteria listed above, these represent the best state-of-the-science interventions available as of June 30, 1998. Consistent with these pre-established criteria, many studies were not selected for the Compendium. We did not select, for instance, studies where there was no control or comparison condition in the study design. Many of these studies with other designs provide valuable information but are out of the scope of this Compendium.

Drug Strategies: Making the Grade

Prevention programs were rated, or graded (A-F), according to the following criteria:

1. Prevention curricula should help students recognize internal pressures (e.g., wanting to belong to the group) and external pressures (e.g., peer attitudes and advertising) that influence them to use alcohol, tobacco, and other drugs.

2. Prevention curricula should facilitate development of personal, social, and refusal skills to resist these pressures.

3. Prevention program should teach that using alcohol, tobacco, and other drugs is not the norm among teenagers, correcting the misconception that "everyone is doing it," and promote positive norms through bonding to school and constructive role models.

4. Prevention curricula should provide developmentally appropriate material and activities, including information about the short-term effects and long-term consequences of alcohol, tobacco, and other drugs.

5. Prevention curricula should use interactive teaching techniques, such as role plays, discussions, brainstorming, and cooperative learning.

6. Prevention curricula should cover necessary prevention elements in at least eight well-designed sessions a year (with a minimum of three to five booster sessions in one or more succeeding years.)

7. Prevention curricula should actively involve the family and the community, so that prevention strategies are reinforced across the settings.

8. Prevention curricula should include teacher training and support, in order to assure that curricula are delivered as intended.

9. Prevention curricula should contain material that is easy for teachers to implement and culturally relevant for students.

Each curriculum evaluated in "Making the Grade" was given an overall rating for program quality. That rating, or grade (A-F), is defined as follows:

A = very good
B = good
C = satisfactory
D = poor
F = very poor

To determine the overall rating, each curriculum was rated (A-F) according to fidelity of implementation and rehearsal of role plays as well as scored (0-3) for normative education, awareness of social influences, advertising pressures, refusal skills, decisionmaking, stress management, communication skills, social skills, and assertiveness skills. The 0-3 score is defined as follows:

0 = not covered
1 = inadequate coverage
2 = adequate coverage
3 = very good coverage

Center for Substance Abuse Prevention (CSAP)
National Registry of Effective Prevention Programs

To assist its practice and policymaking constituents in learning more about science-based prevention programs, CSAP created a National Registry of Effective Prevention Programs (NREPP) to identify, review, and disseminate effective prevention programs. In identifying programs, NREPP seeks candidate prevention programs from the practice community and from the archival scientific literature. NREPP's review function is carried out by teams of experts who analyze candidate prevention programs according to specific criteria, listed below.

NREPP employs a sophisticated and scientifically rigorous process through which independent prevention scientists rate programs according to 15 criteria.

NREPP Review Criteria

- *Theory* – The degree to which programs reflect clear and well-articulated principles about substance abuse behavior and how it can be changed.

- *Intervention fidelity* – How the program ensures its consistent delivery.

- *Process evaluation* – Whether program implementation was measured.

- *Sampling strategy and implementation* – How well the program selected its participants and they received it.

- *Attrition* – Whether the program retained participants during its evaluation.

- *Outcome measures* – The relevance and quality of measure for the evaluation.

- *Missing data* – How the developers addressed incomplete measurements.

- *Data collection* – The manner in which data were gathered.

- *Analysis* – The appropriateness and technical adequacy of data analyses.

- *Other plausible threats to validity* – The degree to which the evaluation considers other explanations for program effects.

- *Integrity* – Overall usefulness of program findings to inform prevention theory and practice.

- *Replications* – Number of times the program has been used in the field.

- *Dissemination capability* – Whether program materials are ready for implementation by others in the field.

- *Cultural- and age-appropriateness* – The degree to which the program addresses different ethnic, racial, and age groups.

Materials on candidate prevention programs are distributed to the independent raters who score the programs on each criterion. Then, ratings are compiled, averages calculated, and summary scores assigned. Summary scores are based on a program's overall integrity, for which raters assess the scientific foundation of program effectiveness, and on a program's utility, for which raters determine the positive valence of outcome change for a program. For these two parameters, programs that score between 3.33 and 4.0 on a 5-point scale, where 5 represents the best score, are designated as promising. In this context, promising means that the programs hold promise for the prevention field, though the available scientific data does not permit a strong recommendation that these programs are ready for large-scale dissemination. Programs that have integrity and utility scores of 4.0 or greater are designated as effective, meaning that their underlying data are strong and support their wide dissemination. Effective

programs undergo an additional level of review by a second panel of experts who evaluate the program's suitability for eventual distribution. Programs that are neither promising nor model are considered to have insufficient current support for their efficacy and are thereby designated.

Once reviewed and found effective, model programs are disseminated through a Web site that CSAP has dedicated to this task: www.samhsa.gov/csap/modelprograms/default.htm. Practitioners and organizations wishing to adopt model programs may receive additional technical assistance from CSAP. In addition, model program developers are committed to assisting the field in implementing their programs under conditions optimal to achieving positive effects.

Review Criteria
Recognizing the importance of the NREPP process for moving the field toward greater adoption of science-based programs, each of the 15 criteria for evaluating candidate programs is discussed in detail below.

Theory refers to the principles that underlie a prevention program. For substance abuse prevention, theory explains substance abuse and how it can be changed. Understanding the determinants of substance abuse behavior is the first step in tailoring a successful intervention to reduce or eliminate the behavior. For example, social-learning theory argues that substance abuse is a learned behavior, resulting from modeling, influence, and reinforcement. Mindful of that theory, a program developer can build an intervention aimed at positively affecting social influence. Such an intervention might focus on building personal skills, such as assertion and problem solving, to counter negative social influences.

Intervention fidelity is the quality of program delivery. Fidelity of a program is essential to determining whether the program caused measured outcome effects. The absence of fidelity would happen if practitioners differed in the number of

program sessions they delivered, in the length of time they provided for each session, or in the number of curriculum objectives addressed. Some delivery agents may choose to skip certain sessions of a prevention curricula altogether; others may reorder sessions; and still others may deliver the program exactly as written. Not surprisingly, research suggests that when field agents are faithful to the details of a program, its recipients benefit more.

Process evaluation measures assess program implementation. These measures include attendance data, participant feedback, and whether program delivery adhered to implementation guidelines. As such, process data can reveal how a program was implemented. These data in turn may explain the success or failure of the program. If, for example, a program is designed to be delivered sequentially and with peer leaders, but process data reveal that the program was delivered out of sequence and with other leaders, researchers gain a better understanding of why the program may have failed to achieve the desired effects.

Sampling strategy and implementation concern the selection and handling of program recipients. For this criterion category, prevention program reviewers focus on the size and type of test sample, on the adequacy of controls over who received the program and who did not, and on the way program developers determined how the program was tested. For example, greater weight is placed on programs tested with large, representative samples and employing control or comparison groups and random assignment to them. Any compromises in these standards result in a lower assessment of the rigor of program evaluation procedures.

Attrition refers to the number of participants lost over the course of a program evaluation. Though some loss is inevitable due to transitions among program recipients, attrition rates that exceed 30 percent generally do not bode well for the confidence that reviewers place in outcome findings.

Outcome measures should assess actual behavior change—whether program recipients use substances—as well as other variables associated with substance use. Outcome measures also should quantify what they allegedly assess (i.e., they should be valid) and they must show consistent results (i.e., they must be reliable).

Missing data is not the same as attrition. Whereas the latter refers to the rate at which participants prematurely leave a prevention research study, missing data is information unavailable from participants who remain involved. A large amount of missing data implies flawed measurement procedures or faulty assumptions about study participants and can threaten the integrity of an evaluation.

Data collection, as a criterion in rating prevention programs, focuses on the quality of measurement procedures. Strong prevention studies collect data using unbiased procedures. Participant subject data are anonymous or at least confidential, and researchers ensure that data are coded and stored in a manner that protects individual identities.

Analysis means the appropriateness of data analytic techniques for determining the success of a prevention program. Effective substance abuse prevention programs employ state-of-the-art data analytic techniques, and analyze by participant subgroup. Researchers should use the most suitable and current methods for measuring outcome change. Subgroup analyses allow researchers to find outcomes by participants' gender, age, and ethnicity, for example.

Other plausible threats to validity are those factors that permit alternative explanation of prevention program outcomes. To satisfy this criterion, a study design must establish a causal link between the program and its alleged outcomes. If, for example, researchers claim that their prevention program caused lower use rates, the researchers must be able to rule out such other factors that could explain reductions in use as competing programs, concurrent media campaigns, and the effects of maturation among study participants.

Integrity reflects the overall confidence reviewers can place in the findings of a prevention program's evaluation. Confidence is derived from positive assessments of the quality of the intervention implementation, the design of the evaluation study, and how well the evaluation was carried out. This criterion requires the reviewers to summatively rate the merits of the science that went into the evaluation.
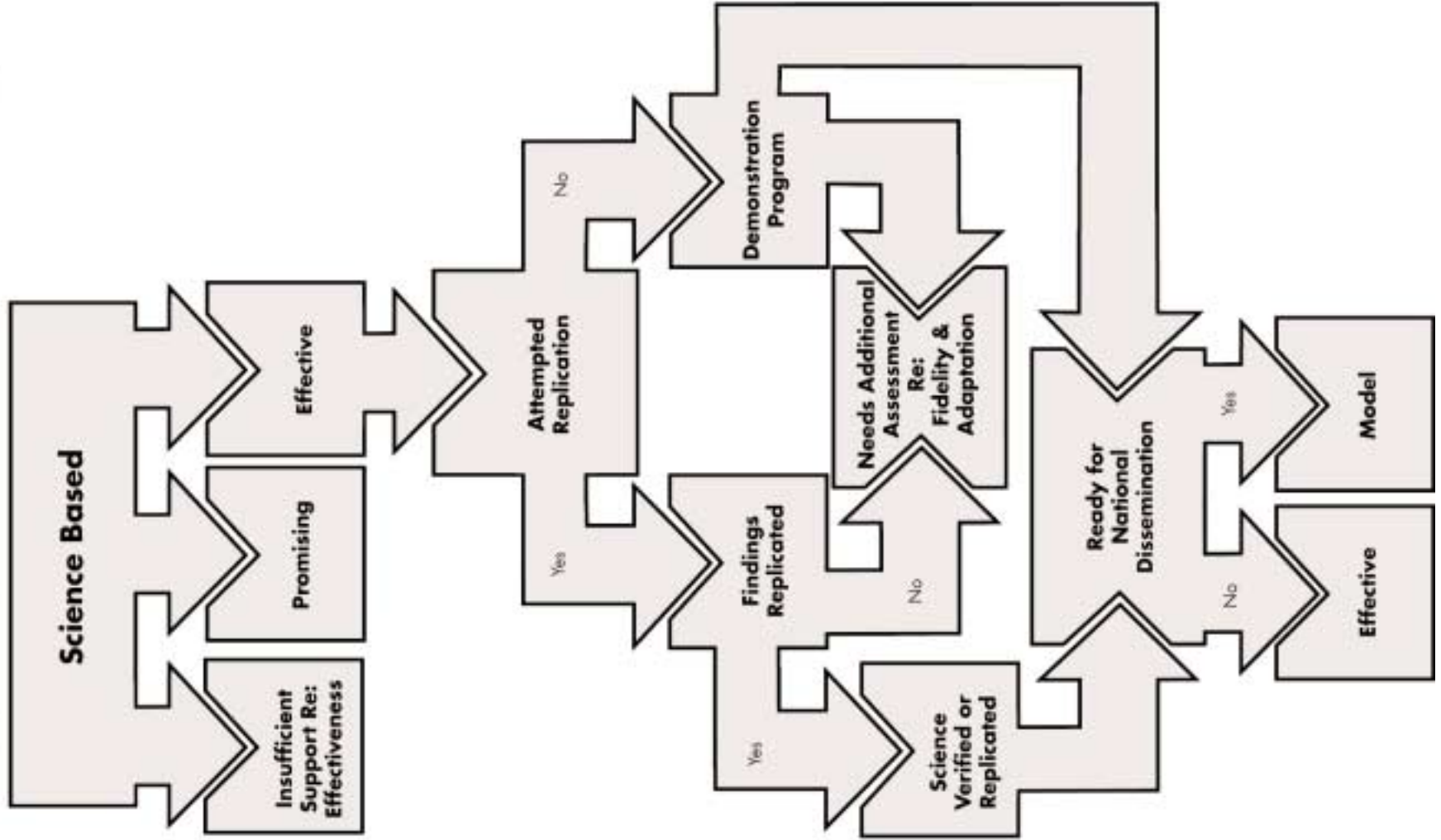
Utility parallels integrity as a summative rating and is an overall assessment of the value of program findings to guide subsequent prevention programs. Simply put, the criterion of utility describes whether and to what degree a program is appropriate for widespread application and dissemination.
Replications are the number of instances in which a program has been evaluated. Even when a program shows effectiveness in one study, other independent evaluations can prove that the study findings were not unique to a single investigation.

Dissemination capability concerns the readiness of program materials for use by others. For example, a program with strong dissemination capability would offer such services and materials as training, technical assistance, standardized curricula, manuals, fidelity instrumentation, videos, recruitment forms, and other program resources to facilitate dissemination.

Cultural- and age-appropriateness is a hallmark of programs that have been tested with diverse groups of participants. Culturally appropriate prevention programs mirror the cultural values of the target group, and include intervention strategies and components that reflect cultural characteristics and behavioral preferences and expectations of the targeted group. Similarly, developmentally appropriate substance abuse prevention programs are tailored for the cognitive and emotional proclivity associated with different age ranges.

CSAP's Typology of Science-Based Programs

Science Based

Effective

Promising

Insufficient Support Re: Effectiveness

Attempted Replication

No

Yes

Demonstration Program

Findings Replicated

Science Verified or Replicated

Yes

No

Needs Additional Assessment Re: Fidelity & Adaptation

Ready for National Dissemination

Yes

No

Model

Effective

Comparison Matrix of Science-Based Prevention Programs
FAXBACK FEEDBACK

This "Comparison Matrix of Science-Based Prevention Programs" is intended for use
by prevention practitioners and professionals at the State and local levels.

Please rate your satisfaction with following dimensions of the Comparison Matrix:

C O N T E N T	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1. Relevance of the information					
2. Accuracy of the information					
3. Timeliness of the information					

F O R M A T	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1. Overall Presentation					
2. Readability					
3. Organization					

U T I L I T Y	Very Useless	Somewhat Useless	Neutral	Somewhat Useful	Very Useful
1. This product will be useful this time next year.					
2. This product is useful to the selected audience.					
3. This product is useful given the expected expense.					

COMMENTS: _____

_____

SUGGESTED TOPICS FOR SIMILAR PRODUCT DEVELOPMENT: _____

_____

AFFILIATION: _____   POSITION: _____

Please fax your feedback forms to the National Center for the Advancement of Prevention at (301) 984-6095.

CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

NCAP National Center for the Advancement of Prevention
Center for Substance Abuse Prevention

How to obtain this document:

This document can be obtained online at Internet sites sponsored by the Federal Center for Substance Abuse Prevention (CSAP):

> CSAP Prevention Decision Support System (DSS) Web site:
> www.preventiondss.org
>
> CSAP Prevention Pathways Web site:
> www.samhsa.gov/preventionpathways
>
> CSAP Model Programs Web site:
> www.samhsa.gov/centers/csap/modelprograms/

How to obtain information about this document:

Contact CSAP's
National Center for the Advancement of Prevention (NCAP)
11400 Rockville Pike, Suite 209
Rockville, MD 20852
tele: (301) 984-8470
fax: (301) 984-6095
jarmstrong@ncap2000.net

NCAP National Center for
the Advancement
of Prevention
Center for Substance Abuse Prevention