

Using Prevention Principles to Improve Local CCR Prevention Strategy Implementation

Background:

At its heart, the DELTA Program is a capacity-building program. Successful capacity-building within DELTA is not defined by having each local CCR implement and evaluate prevention strategies with the same sophistication and resources as a PhD researcher with a multi-million dollar research grant. Successful capacity-building within DELTA is defined as taking each CCR to its 'next level' of implementation and evaluation, based on its and its community's resources and capacity. The purpose of this document is to provide information that can assist state DELTA coordinators and Empowerment Evaluators¹ in assisting local CCRs in taking the implementation of their prevention strategies to their 'next level.'

Since the beginning of the DELTA Program, local CCRs have faced two significant challenges associated with the development and implementation of prevention strategies:

1. Effective IPV prevention strategies, as determined by formal evaluation and research, are scarce.
2. Information on how to build strategies that have the most promise of being effective has also been scarce.

To address these challenges, the Prevention Principles subcommittee looked to the literature to identify what makes prevention programs and strategies effective in addressing other public health problems. The first article we examined was *What works in prevention: Principles of effective prevention programs* (Nation, Crusto, Wandersman, Kumpfer, Seybolt, Morriseey-Kane & Davino; 2003) that appeared in the journal American Psychologist. This article reviewed other articles that had assessed youth programs that were effective in preventing such problems as drug abuse, delinquency, and violence. The focus was on identifying program principles or qualities that were associated with youth prevention programs that were effective in actually preventing these problems from initially occurring. This article identified nine prevention principles of effective prevention programs: *comprehensive, varied teaching methods, sufficient dosage, theory-based, positive relationships, appropriately timed, socio-culturally relevant, outcome evaluation, and well-trained staff*.

With the Nation et al.(2003) article as a starting point, the Prevention Principles subcommittee did a cross-comparison of the principles identified in the Nation et al. (2003) article with several other articles and materials submitted by subcommittee members (A list of these articles and materials is available upon request from Pam Cox). Only two additional principles were identified: Accessibility and Process Evaluation. The six

¹ The exact roles and responsibilities of the state DELTA coordinator and Empowerment Evaluator are to be determined by each state domestic violence coalition.

prevention principles that are presented on the following pages correspond directly to GTO Step 3. The other five prevention principles (accessibility, socio-culturally relevant, process evaluation, outcome evaluation, and well-trained staff) correspond to other GTO Steps and will be addressed at a later date.

Application of Material

The six prevention principles that are presented on the following pages are intended to:

1. provide CCRs with information on how to build prevention strategies that have the most promise of being effective
2. provide CCRs with a basis for assessing the current implementation of their prevention strategies
3. provide CCRs with a basis for taking the implementation of their current prevention strategies to the 'next level' based on the CCR's and community's current resources and capacity.

These six principles are:

Appropriately Timed
Sufficient Dosage

Comprehensive
Theory-Based

Positive Relationships
Varied Teaching Methods

While these six principles were identified based on literature reviewed that assessed effective programs or strategies at the individual level of the social ecology, in many ways they can also apply to strategies implemented at other levels of the social ecology. For instance, mentoring, a relationship level strategy, would need to promote positive relationships² and be of sufficient dosage³ to be effective. A one-time mentoring session would probably not have lasting effects, while a mentoring program that did not promote a positive relationship between the mentor and mentee might not have any positive effects in preventing first-time IPV perpetration. All strategies should be theory-based⁴.

The strategy and program examples that appear on the next few pages are used only to illustrate the use of a prevention principle. The inclusion of a specific strategy or program is not an endorsement of that strategy or program. Some of the strategies and programs have been evaluated, while others have not. Again, the inclusion of a specific strategy or program is only for the purpose of illustrating the use of a prevention principle.

Under RFA 05039, local CCRs are currently required to develop an IPV Progress Report that documents the status of prevention strategies *implemented* at the beginning of the 4th year of funding, the status of *evaluation* activities of prevention strategies at the beginning of the 4th year of funding, plans to *improve the implementation and evaluation* of these strategies, and *evaluation results*. These six prevention principles are intended to assist local CCRs in taking the implementation of their prevention strategies to the 'next level.' The 'next level of implementation' will often be very different for each CCR. For some CCRs, the next level of implementation may mean increasing the current dosage of their prevention strategy (e.g. applying the sufficient dosage principle), while for other CCRs the next level of implementation may mean mapping out their prevention strategy using a Theory of Change (e.g. applying the Theory-Based principle).

² The principle of positive relationships is explained on page X of this document.

³ The principle of sufficient dosage is explained on page X of this document.

⁴ The principles of theory-based is explained on page X of this document.

More information on the Local IPV Progress Report can be found in the *Timeline* High Detail Multilevel Cycle 1/Cycle 2 recently reviewed on a DELTA call. The outline of the Local IPV Progress Report, as it pertains to Prevention Strategies and not CCR Capacity and as listed in the *Timeline* document, is as follows:

Prevention Strategies Implemented:

- a. LISR or Equivalent
- b. Plans: Implementation, Process & Outcome Evaluation, and CQI
- c. Results: Implementation, Process & Outcome Evaluation, CQI
- d. Sustainability Plan
- e. Successes, Challenges and Lessons Learned

Comprehensive

Prevention strategies comprehensive in that they include *multiple activities* and take place in *multiple settings* to address the wide range of risk and protective factors associated with IPV.

Important Points:

- Effective prevention strategies include several activities, such as a curriculum complemented by a theatrical play and poster contest. By including multiple activities in a prevention strategy, more avenues are available through which to address risk factors and promote protective factors than a single activity, such as a curriculum. Other activities may include role plays, parent training, changes in policies, value clarification exercises, environmental changes (i.e. reducing exposure to media images that promote intimate partner violence), and buddy systems that support respectful intimate partnerships.
- Rarely can a single activity promote changes in all four key areas: the knowledge, attitudes, beliefs and behaviors associated with IPV. Thus, by including several activities in a prevention strategy, each activity can emphasize a different key area. For instance, a curriculum may emphasize knowledge and skill building, while a theatrical play may emphasize changes in attitudes and behaviors.
- Often programs, such as Safe Dates discussed below, that have been developed and evaluated, and found to be effective with significant resources, are not always able to adhere to every prevention principle in every activity included in the program. However, not adhering to every prevention principle within every activity does not mean that the program is ineffective or bad. Most commonly this lack of adherence to every prevention principle in every activity means that the program developer had to make choices about where to put the program's resources. Choices of this type are not unknown to DELTA CCRs. DELTA CCRs are encouraged to reach comprehensiveness in one area before moving on to the next area.
- Effective prevention strategies take place in *multiple settings within and across the social ecology*. *Within one level of the social ecology*, several activities can take place in several settings such as curriculums at both school and church and through after-school activities. *Across the social ecology*, prevention strategies at the individual, relationship, and community levels could complement each other. For instance, an individual level curriculum implemented in a high school could be reinforced by a relationship level mentoring program and a community social norms campaign.

Action Checklist:



Does the prevention strategy include multiple activities, where a specific activity emphasizes change in a specific risk factor, a specific protective factor, knowledge, attitudes, beliefs or a behavior?

Activities	What risk factor, protective factor, knowledge, attitude, belief, or behavior does this activity focus on changing?



Does the prevention strategy take place in multiple settings within or across the social ecology? List settings: _____



Does the prevention strategy and its activities address risk and protective factors associated with IPV? List risk and protective factors addressed: _____

DELTA Primary Prevention Strategy Example

Safe Dates is a school-based strategy designed to stop or prevent the initiation of psychological, physical, and sexual abuse on dates or between individuals involved in a dating relationship. Some Safe Dates goals are to change adolescent dating violence norms, change adolescent gender-role norms, improve conflict resolution skills for dating relationships, and improve peer help-giving skills. Safe Dates is intended for male and female middle- and high-school students 12 to 18 years of age.

Safe Dates has *five activities*: a nine-session curriculum, a play script, a poster contest, parent materials, and a teacher-training outline. Safe Dates implements activities in settings *across the social ecology* as its curriculum and play addresses the individual level, while its parent letter and parent brochure addresses relationships with family members. The curriculum is delivered in nine 50-minute sessions and includes interactive exercises such as games, small- and large-group discussions, role-playing, and writing exercises. In schools, teachers and counselors can deliver Safe Dates, and some schools have trained student peer leaders to assist with program delivery. The nine session topics include:

- | | |
|--|--|
| Session 1: Defining Caring Relationships | Session 6: Overcoming Gender Stereotypes |
| Session 2: Defining Dating Abuse | Session 7: Equal Power Through Communication |
| Session 3: Why Do People Abuse? | Session 8: How We Feel, How We Deal |
| Session 4: How To Help Friends | Session 9: Preventing Sexual Assault |
| Session 5: Helping Friends | |

More information on Safe Dates can be found out at:

<http://modelprograms.samhsa.gov/pdfs/FactSheets/SafeDates.pdf>

Theory Based

Prevention strategies should be based on theories that have been shown, usually through research, to lead to behavior change or social change. Theories are used to explain, promote, or predict behavior or social change.

Theories attempt to explain 1) what influences behavior or social change and 2) how various influences interact to lead to behavior or social change. Theories often contain their own definitions of various influences and their own definition of behavior change and social change.

For Instance

Social Learning Theory proposes that a person's behavior, personal characteristics (i.e. history, attitudes, and beliefs), and the environment all interact and influence behavioral change (example of definition of influences).

The *Transtheoretical Model* states that behavior change has been adopted fully only when the individual has maintained the behavior for at least 6 months (example of definition of behavior change).

Influences may be similar across theories. For instance, many theories note that knowledge, attitudes, and beliefs influence, but do not always determine, behavior. *In terms of DELTA*, theories can help promote the behavior you want others to adopt and the social changes that need to occur to prevent first-time perpetration and first-time victimization of intimate partner violence (IPV).

Behavior and social change theories are applied to many public health problems such as HIV prevention, teen pregnancy prevention, and smoking cessation. *When applied to a specific public health problem such as IPV, the application of any theory to that problem should be informed by data on risk factors and protective factors that are associated with first-time perpetration and first-time victimization.* For instance, research has indicated that traditional gender norms are a societal (i.e. environmental) risk factor that increases the likelihood of IPV occurring. Thus, behavior and social change theories used to address IPV should be informed by a gender analysis. The gender analysis frequently used in IPV strategy development derives from feminist theories.

Additionally, other data suggest that Native America women and Black women are at increased risk of experiencing IPV as compared to White women and men with lower incomes are at increased risk of perpetrating IPV. These data suggest that a feminist intersectionality perspective may be more appropriate than a singular gender analysis as intersectionality supports the assessment of how various social and environmental influences – such as sexism, racism, and classism – interact to increase the likelihood of IPV occurring.

Theory-based prevention strategies **often use evidence or data, but the term 'theory-based prevention strategies' does not mean the same as 'evidence-based prevention strategies.'**

DELTA Prevention Strategy Development Checklist



What Problem Theory is the DELTA Prevention Strategy based on?

The strategy is based on a theory that describes how IPV develops. (Problem Theory)



What Change Theory is the DELTA Prevention Strategy utilizing?

The strategy utilizes a theory to promote the behavior you want others to adopt or the social changes that need to occur to prevent first-time perpetration and first-time victimization. (Change Theory)



Are Problem and Change Theories informed by data on risk and protective factors and other evidence?

The strategy utilizes data on risk and protective factors and other evidence to inform their Problem Theory and their Change Theory. Are there common themes across all strategy components (i.e., if a gender analysis is included in one component is it included in all?)



Does the logic model indicate that strategy implementation proceeds in a logical manner and in a manner that would lead to the outcomes desired?

What are the key components of the Change Theory and Logic Model that are likely to lead to the outcomes desired? A logic model is an Action Theory in that it describes who, what, when, and how to implement the Change Theory.

DELTA Primary Prevention Strategy Example

Men of Strength (MOST) Clubs, developed by Men Can Stop Rape, utilize Social Learning Theory based on a feminist analysis of gender to promote gender equity and build men's capacity to be strong without being violent. MOST Clubs acknowledge the interaction of a young man's current characteristics, his current behavior, and the environment to promote gender equity among participants. MOST Clubs help participants assess how masculinity is defined in our society (i.e. environment) and how society's definitions of masculinity impacts how they are defining (i.e. young man's current characteristics) and currently displaying their own masculinity (i.e. current behavior). Participants are given the opportunities to explore how different displays of masculinities affect themselves and the women in their lives (i.e., expectations and expectancies). Participants learn from other participants' stories, challenges and successes and receive reinforcement on adopting masculine behavior that is not harmful to themselves or the women in their lives (i.e. Observational learning). Over the course of time, participants increase their confidence in themselves to reject societal definitions of masculinity that are harmful to themselves and the women in their lives (i.e. Self-efficacy). This is the behavior change being sought.

Sufficient Dosage

Prevention strategies should offer participants enough exposure, also referred to as dosage, to an activity over a period of time in order to achieve the desired change and/or outcome. The amount of dosage needs to be directly related to the degree of risk factors across the social ecological model in order to be effective.

Dosage, or activity intensity, may be measured in quantity and quality of contact hours. Effective programs on average provide more contact with participants than ineffective programs. Aspects of dosage include:

- Session length – If a session requires 60 minutes to cover the content, then dedicate 60 minutes to the session. Short changing the time will short change the result.
- Number of sessions – If a curriculum is designed as 12 separate sessions, then implement 12 sessions. Modified programs should not go from 12 sessions to 6.
- Spacing of sessions – If the program is designed to be delivered once a week for 12 weeks, then the time in between sessions should not be increased or decreased.
- Duration of the program – If an activity is designed to be implemented over 12 weeks, then implement it over 12 weeks. Changing duration could change results.

Sufficient dosage will bring communities one-step closer to implementing programs that prevent IPV perpetration and victimization. **Research has consistently shown that programs that emphasize a one-time presentation focused on raising awareness rarely produce behavioral change.** Since at the core of DELTA is social change, this sufficient dosage is essential to the success of DELTA

When communities are implementing evidence-based prevention programs, *fidelity* is critical. *Fidelity* is defined as delivering the program exactly as it was designed, including the content delivered, how the content is delivered, session length, the number sessions offered, the spacing of sessions, and for the same duration. If evidence-based prevention programs are not implemented with fidelity, then they may not result in the desired change and/or outcome.

In terms of DELTA, the lack of evidence based IPV prevention programs presented a challenge for communities, and left communities with little alternative but to modify existing violence prevention programs. Fidelity is still applicable however, in relation to the session length, number of sessions, spacing of sessions, and duration of the programs that are being modified. Communities can replicate the prevention programs in these four aspects in order to affect behavior. Using any evidence-based program will require a compromise between the original program design and the setting in which its being implemented.

The amount of dosage needed to produce positive outcomes is contingent on the participant's level of risk and the amount of deficits - the greater the needs or deficits of the participants, the greater the dosage or intensity of the intervention (Carnahan, 1994). **In terms of DELTA**, this principle will allow communities to saturate populations with multiple prevention strategies over a period of time in order to achieve the desired change. While research suggests considering individual, relationship, community and societal level risk factors when determining the amount of dosage needed, DELTA also promotes the consideration of protective factors. For example, a community may attempt to implement a

prevention strategy that benefits the entire population such as passing an ordinance banning violent and sexual images on all billboards.

Finally, effective prevention programs provide some type of *follow-up or booster* sessions to help sustain the effects of the original activity, since the effects strategies often diminish over time. *Booster sessions* support the continued use of information and skills learned in the original activity. As DELTA communities should consider and plan complementary strategies at various levels of the social ecology that will enhance the learning from previous prevention activities. If resources allow, communities can plan follow-up sessions.

DELTA Prevention Strategy Development Checklist



Does the strategy provide more than one session?

Research has consistently shown that programs that emphasize a one-time presentation focused on raising awareness rarely produce behavioral change.



Does the strategy provide sessions long enough to present the program content?

- **Is the session length adequate?**
- **Are there enough sessions being offered?**
- **Are the sessions being spaced out properly?**
- **What do we know about the duration of the program?**

Is the strategy appropriately timed? Is the time allotted for the program realistic?



Does the intensity of the activity match the level of risk of the participants?

The amount of dosage needed to produce positive outcomes is contingent on the participant's level of risk-the greater the need, the greater the dosage or intensity of the activity. If the primary prevention strategy is directed towards a selected population then additional sessions made be necessary as opposed to a universal population. **Have risk factors across the social ecology been considered? Have protective factors been considered?**



If resources allow, does the strategy include follow up or booster sessions?

Studies indicate that the effects of many preventive strategies tend to gradually decay over time (Zigler, Taussig, & Black 1992). This suggests that booster sessions focusing on prior skills learned or on new developmentally appropriate skills are needed to maintain positive outcomes.

DELTA Primary Prevention Strategy Example

In Newport Rhode Island, a CCR decided that they would showcase the film "Beyond Beats and Rhymes: A Hip Hop Head Weighs in on Manhood in Hip Hop Culture" to help recruit members for their youth driven CCR and to begin dialogues around sexism, racism, and homophobia in their community. The CCR contacted the filmmaker Byron Hurt and asked him to facilitate a community forum on one day and then lead a focused discussion with young males only the following day. In order to get young males to see the film and participate in the discussion, the CCR organized a basketball tournament with prizes for the top teams, and made it a mandatory eligibility requirement to participate in the forum.

Recognizing that this one time event was not likely to lead to behavior change, the CCR initiated one hour monthly "Fellas Night" at the local teen center, where males would further analyze and discuss gender roles and violence against women and girls. As the conversations became more intense, the sessions increased in frequency and in length. Fellas Night is now being held for two and half hours, every three weeks.

Varied Teaching Methods

Prevention strategies should involve multiple interactive processes and techniques in order to achieve the desired change and/or outcome.

Learning is the process by which (relatively permanent) behavior changes result from experiences (Merriam & Caffarella). Therefore, effective strategies provide hands-on experiences for participants. Rather than only depending on sharing knowledge, information and discussion, effective strategies facilitate activities (e.g., group work, verbal and written practice, behavioral rehearsal or role plays) that allow participants to develop and practice new skills. Teaching methods that are engaging and offer opportunities to practice are vital for helping participants integrate new skills into their lives.

Because people learn in different ways, we must not only offer active teaching methods but we must use many different kinds of teaching methods. Effective strategies might include individual role play with group work as well as watching videos or writing in journals. Each participant connects differently with the various exercises allowing all types of learners to be engaged.

Primary prevention of IPV requires a focus on changing the knowledge, attitudes, beliefs and behaviors of participants. In designing strategies we must match our interactive teaching methods with the change we are seeking. Changing beliefs and behaviors will take more intensive and practice-based methods than changing knowledge or attitudes.

Depending on your desired change, activities can assist participants in learning cognitive (thinking), language and social skills such as decision making and active listening. In addition, successful active skill building activities will ask participants to practice negotiating real life situations thus helping them to change their behaviors.

It is best practice to utilize multiple teaching methods within each strategy at each level of the social ecology. For example, if we are conducting an individual level strategy in the form of a curriculum with students, this principle requires that various teaching methods be utilized throughout the curriculum. If we are adding another level of the social ecology such as relationship level by creating a program with parents it is best to utilize multiple process at this level as well.

DELTA Prevention Strategy Development Checklist



Does the strategy include more than one teaching method?

Using multiple teaching methods ensures that all learning styles are reached through your strategy.



Does the strategy include interactive hands on learning, such as role-play or other techniques for practicing new behaviors?

Do the interactive methods match the desired change being sought? Does your teaching method go beyond presenting information or other form of passive instruction? Participants must have the opportunity to practice new skills in order to begin to gain confidence and incorporate them into their lives.



Does each strategy at each level of the social ecology utilize multiple teaching methods?

Comprehensive prevention plans incorporate several strategies across the levels of the social ecology – individual, relationship, community, society. It's important to utilize varied teaching methods in each strategy instead of varied teaching methods in different strategies at different levels of the ecology.

DELTA Primary Prevention Strategy Example

Through the course of the nine weekly sessions, the Safe Dates⁵ program uses a variety of teaching methods. Three are described below:

Education and Interpretation

Session 7: Equal Power through Communication – The Safe Dates facilitator describes eight communication skills that can help someone work through an argument with a boyfriend or girlfriend without being hurtful or abusive. After the eight communication skills are described, students are provided with an opportunity to identify these communication skills in a role play acted out by two volunteer students.

Environmental Re-evaluation⁶ of Gender Stereotypes

Session 6: Overcoming Gender Stereotypes - During this exercise, you'll work in pairs. One person will say a word that refers to the gender that is different than that of the other person in the pair. For example, if my partner is male, I'm going to use a word that refer to females (such as woman, girl, mom). As the first person calls out a word, the second person simply says the first word that pops into his or her head.

Role Plays

Session 7: Equal Power through Communication – Students are provided the opportunity to practice the eight communication skills presented earlier in the session.

⁵ A more thorough overview of the Safe Dates program can be found under the Comprehensive principle on page 5.

⁶ Environmental re-evaluation focuses on having a participant assess their feelings and thinking about their behavior, the behavior of others, or their environment. Part of this assessment can also include increasing one's awareness of how they can serve as a positive or negative role model for others.

Appropriately Timed

Prevention strategies occur at a time (developmentally) that will facilitate the maximum (and appropriate) impact on program participants.

Two core-tenants of effective prevention strategies are appropriately addressing the *developmental stage of participants* and addressing the specific *stage(s) of change of the participants*. Prevention strategies that are developed to address the specific developmental levels and stages of change of participants are generally more effective than those that are not. Such a prevention strategy would probably begin by raising awareness of the threat of IPV to individuals and communities, identify the consequences of IPV to individuals and communities, and work to develop individual behaviors, relationships, community norms, and community policies to change to reduce the risk of IPV to individuals and communities.

Although assessing the developmental level(s) and stage(s) of change of participants in order to develop prevention strategies that fit different subgroups of participants may make prevention strategy development more complicated than finding an existing “one size fits all” strategy, the appropriately timed prevention principle offers a greater possibility of prevention strategy efficiency and effectiveness than the one-size-fits all principle (Weinstein and Sandman, 2001).

Developmental stage of participants: Effective prevention strategies occur in a person’s life when they will have maximal impact: before participants exhibit the unwanted behavior and when the material is relevant and appropriate to their intellectual and social development. In this way, effective prevention strategies work to interrupt the development the problem behavior in a manner that fits the developmental stage of participants.

Stage(s) of change of participants: Prochaska and DiClemente (1983) noted that “behavior change unfolds through a series of stages.” Stage(s) of change refers to the ongoing process of changes in a participant’s knowledge, attitudes, beliefs, and behaviors that unfold over time through a sequence of stages. “One of the fundamental principles for progress in behavior change is that different processes of change (i.e. activities – see the attached principles of Comprehensive and Varied Teaching Methods) need to be applied at different stages of change.” (Prochaska, Redding, Evers, 2002). For example, action-oriented prevention activities will not meet the needs of a community or individual participants who do not believe that IPV is a problem in their community.

Developmental level and Stages of change integrated: Participants learn and integrate prevention oriented information differently based upon their developmental level, age, and previous experience with the concept(s). These strategies recognize that individual behavior change and learning are ongoing processes that unfold over a continuum through a series of stages. These strategies might include one specific prevention activity or curriculum developed strategically for middle-school students, while using a different, but complementary, set of activities and/or curriculums developed for use with high-school students. By utilizing such an approach, participants are “matched” with exercises and activities that best fit their developmental level and stage of change.

The sequencing of prevention strategies is also important when assessing whether a given activity is “appropriately timed.” Effective prevention strategies recognize that prevention activities for youth who have never participated in any previous IPV prevention activity should be different than prevention activities for youth who have previously participated in IPV prevention/healthy-relationship promotion strategies. The first set of activities may include specific content designed to raise awareness about IPV and address individual risk and protective factors, whereas the second set of activities may be oriented towards getting participants to adopt desired behavior changes and/or model those changes for others.

The Appropriately Timed principle is important not just for prevention strategy development focused at the individual level, but also for developing prevention strategies focused at the relationship, community, and societal levels of the social-ecological model.

DELTA Prevention Strategy Checklist



Does the strategy occur before or after participants develop a “problem behavior?”

For prevention strategies to be effective, it is important to recognize whether or not an activity or curriculum was developed for persons who may be at elevated risk for, but who have not yet perpetrated or been victimized by, IPV.



Is the prevention strategy strategically timed to impact specific developmental milestones or stages of change related to the “problem behavior?”

Does the program or activity recognize that when working with different individuals (and within different settings), it is important to assess current developmental levels or stages of change? Does the program or activity offer specific components for different developmental levels or stages of change? Effective prevention efforts are not “one size fits all” but are instead designed to address specific markers on the continuum from lack of awareness to action.



Is the prevention strategy developmentally appropriate for your target audience, including their individual and collective stage(s) of change?

Effective prevention strategies carefully define the stage of change or developmental level for which it has been designed to target, including the how the stage of change or developmental level was determined and defined. Effective prevention strategies should also recognize the barriers to change between developmental levels and stages of change, and recognize that although developmental and “stage definitions apply across behaviors, the barriers to progress between stages may be behavior-specific” (for example, prevention efforts should be wary of over-comparing tobacco-prevention efforts with IPV prevention in developing appropriately timed prevention activities).

DELTA Primary Prevention Strategy Example

Safe Dates is a research-based program with strong, long-term outcomes. It has been identified as a Model Program in the National Registry of Effective Programs (NREP), as well as may other federal- and foundation-funded publications. Additional information on Safe Dates can be found under the Comprehensive principle.

Safe Dates addresses the differing developmental levels and stages of change of program participants in the following ways:

6th – 8th grade: Thinking and Reasoning

- Identifies alternative courses of action and predicts likely consequences of each
- Selects the most appropriate strategy or alternative for solving a problem
- Examines different alternatives for resolving local problems and compares the possible consequences of each alternative
- Identifies situations in the community and in one's personal life in which a decision is required
- When appropriate, takes action to implement the decision.

9th – 12th Grade: Thinking and Reasoning

- Applies problem-solving strategies to complex real-world situations

6th – 12th Grade: Working With Others

- Demonstrate respect for others in the group.
- Engages in active listening.
- Communicates ideas in a manner that does not irritate others.
- Determines the causes of conflicts.
- Identifies explicit strategies to deal with conflict.
- Displays empathy for others.
- Communicates in a clear manner during conversations.”

Excerpts Taken from Hazelden Publishing

Positive Relationships

Prevention strategies should foster strong, stable, and positive relationships between children and adults.

Healthy relationships with adults benefit children in a number of ways, both by modeling respectful relationships and by increasing adult involvement in their lives. Children develop knowledge, attitudes, beliefs and behaviors about appropriate relationship behaviors by observing and experiencing the relationships of those around them. For children growing up in environments lacking in healthy relationship models, prevention strategies designed to foster these relationships can be key to promoting the positive behavior that you wish participants to adopt. For example, effective prevention strategies might include supporting the development of positive parent-child relationships with programming intended to strengthen parenting or communication skills.

Healthy relationships with adults do more than just model desired behaviors, however. Positive relationships between adults and children, characterized by mutuality, trust and empathy, have been shown to be a protective factor for numerous potential risky behaviors among youth (Rhodes, 2005). Healthy adult involvement in the lives of children increases success in school and decreases the use of violence and drugs and alcohol. In the absence of a good parent-child relationship, prevention strategies can promote opportunities for youths to establish positive relationships with at least one adult who is invested in their well-being. For example, programs that provide an adult mentor, such as Big Brothers/ Big Sisters, appear to be effective in providing a positive relationship for children and preventing poor outcomes.

Prevention strategies that seek to foster positive relationships between adults and children must also pay attention to the quality of the relationship, if they are to be effective. Emotional closeness in relationships between mentors and youth is a stronger and more direct predictor of the benefits and longevity of the relationship than frequency of contact (Parra et. al. 2002). Effective prevention strategies should be careful not to depend too heavily on relationships focused on case management or therapy. These types of professional relationships do not replace the need for positive connections with other adults.

DELTA Prevention Strategy Development Checklist



Does the prevention strategy promote *opportunities for healthy relationship development between adults and children*? Positive relationships between adults and children have been shown to offer multiple positive outcomes. Prevention strategies should ensure that these opportunities exist beyond a therapeutic context.



What activities are included in the prevention strategy to *support the development of healthy relationships between children and adults*? These might include parenting classes, mentoring training or other activities to improve the ability of adults and children to connect.

DELTA Primary Prevention Strategy Example

Love and Logic is a program designed to improve parenting skills based on the concept of empowering children to make decisions and to explore the consequences of those decisions. The program emphasizes parenting in ways that allow children to grow and develop with dignity, respect and confidence. Since the program emphasizes healthy relationships and positive communication, it can provide an important component in a comprehensive prevention strategy. Key principles of the program include parental empathy, positive reinforcement and decreasing power struggles between adults and children. A variety of training and support materials for the program are available, offering opportunities for repeated exposure to the concepts (sufficient dosage) and varied teaching methods.