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## Evidence-Informed Program Improvement: Using Principles of Effectiveness to Enhance the Quality and Impact of Family-Based Prevention Programs

*In recent years, federal, state, and local governments and other funding organizations have increased pressure for greater effectiveness and accountability of prevention programs, including those oriented toward families. This rising demand for program accountability has fueled a growing interest in evidence-based programs. Drawing on what is known about evidence-based prevention programs, we discuss some common principles of effective programs and present a process for how practitioners can use these principles to improve the quality and impact of existing family programs. We term this approach evidence-informed program improvement.*

In recent years, federal, state, and local governments and other funding organizations have increased pressure for greater effectiveness and accountability of prevention programs, especially those targeting the needs of children, youth, and families (Kyler, Bumbarger, & Greenberg, 2004). This rising demand for program accountability has fueled a growing interest in evidence-based programs (EBPs). EBPs are well-defined programs that have demonstrated their efficacy

through rigorous, peer-reviewed evaluations and have been endorsed by government agencies and well-respected research organizations. EBPs are not simply characterized by known effectiveness; they are also well documented so that they are more easily disseminated (Cooney, Huser, Small, & O'Connor, 2007). EBPs can be distinguished from evidence-based practices, which are commonly defined as the integration of the best available research evidence with clinical expertise and client values (American Psychological Association, 2001). Evidence-based practices are most commonly used in conjunction with individual clients and are not necessarily part of a larger program. In contrast, EBPs usually have an identifiable curriculum and comprise an organized series of practices, activities, and strategies, some of which might be considered evidence-based practices.

There are numerous advantages to implementing EBPs with children, youth, and their families (Center for Substance Abuse Prevention, 1999; Cooney, Huser, et al., 2007; Kyler et al., 2004). First, the use of EBPs can help organizations obtain and sustain program funding. Not only do funders increasingly want to invest their dollars in programs that have scientifically demonstrated their effectiveness, but the public also wants to know that tax dollars are being spent on programs and services that actually work. A related advantage to implementing EBPs is that they are more likely than other programs for youth and families to have undergone

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analyses on their costs and benefits (see Aos, Lieb, Mayfield, Miller, & Pennucci, 2004). Increasingly, information is available to indicate that the financial benefits of EBPs outweigh their costs, especially for preventive programs that address the needs of children, youth, and their families. This information can be very influential in an era where accountability and economic factors often drive public policy and funding decisions. Thus, by using evidence-based prevention programs, family-serving organizations can demonstrate that their initiatives are worthy investments with the potential to produce long-term cost savings. An additional advantage to implementing EBPs is the efficiency associated with their use. Instead of putting resources toward program development, organizations can select from the growing number of EBPs, which are known to be effective and often offer well-packaged program materials, staff training, and technical assistance. To this end, EBPs enable limited resources to be used wisely. Finally and most importantly, when EBPs are implemented appropriately, they have a high likelihood of improving the health and well-being of participating families (Cooney, Huser, et al., 2007; Kumpfer & Alvarado, 2003).

Despite the advantages of implementing evidence-based prevention programs with children, youth, and families, and the remarkable growth in the number of these programs over the past decade, their use by family practitioners has not been widespread. In 2003, Kumpfer and Alvarado estimated that only 10% of family program practitioners in this country were using an EBP. Moreover, the great majority of family-based prevention programs currently being implemented have never undergone a rigorous impact evaluation to assess their effectiveness (Prinz & Sanders, 2007). As Spoth (in press) recently declared, "If a pie chart represented the sum total of family-focused preventive interventions in this country it would show that, by far, the largest 'piece' of the pie would consist of interventions that have not been rigorously tested" (p. 4).

One approach to increasing the use of effective prevention programs with families is to address the barriers that impede the wider adoption and appropriate implementation of EBPs. This is an important direction for future research and one that is beginning to show promise (e.g., Spoth & Greenberg, 2005). However, even if it is possible to increase the adoption of existing family-

based EBPs, new issues and audiences are continually emerging, and there will always be a lag in the availability of rigorously evaluated EBPs to successfully address them. In other words, a need for new interventions will always exist. To meet this ongoing demand, effective family programs will need to be either created from scratch or developed through the improvement of existing programs that show promise.

In this article, we present an approach that we believe has significant potential to improve the quality and impact of existing prevention programs targeting children, youth, and their families. This approach, which we term "evidence-informed program improvement" (EIPI), draws on what has been learned from the growing body of evidence regarding evidence-based prevention programs as well as our own experience working with youth and family programs. Research on EBPs intended for children and families strongly suggests that these programs share a number of core features that appear to be responsible for their positive effects. Alongside approaches that address common barriers to EBP implementation (Held, 2003; Spoth & Greenberg, 2005), the process of EIPI, which incorporates principles of effectiveness into current programs, offers another potential route toward achieving the larger goal of widespread implementation of effective family-based prevention programs.

#### PRINCIPLES OF EFFECTIVE PREVENTION PROGRAMS

In recent years, scholars have begun to distill the components of effective prevention programs that seem to be responsible for their positive impacts. These common features are sometimes called "principles" (Nation et al., 2003), "active ingredients" (Farrington & Welsh, 2003; Reynolds, 1998), or "best practices" (Bond & Hauf, 2004). In this article, we highlight what appears to be the most vital elements of effective prevention programs, with an emphasis on programs targeting children, youth, and their parents. When appropriate, we illustrate these principles by using examples from well-established, family-focused, preventive EBPs. These examples are not intended to convey our opinions on which programs are "exemplars" in the field but rather those that we believe are likely to be familiar to readers. We also provide some counterexamples

to illustrate approaches that have been found to be less effective or problematic.

Table 1 summarizes the 11 principles of program effectiveness discussed in this article and identifies a selected number of works that have previously identified these program features. The articles cited are based on a review of the prevention science literature spanning the past decade. Most of these articles are themselves reviews or summaries of the literature, and they identify what has become generally accepted principles of effective prevention programs. Our intention is not to provide an exhaustive account of every contribution to the topic but to highlight those works we believe contain the most thorough discussions of these principles and are the most relevant to youth and family prevention programs. The principles cited by each article are indicated in Table 1. We should note that although the meanings attributed to each principle were almost identical across the cited articles, the authors did not always use the same terminology.

Over the past several years, we have tested the EIPi process with practitioners who work with a broad range of youth and family programs. Our work has led to some extension of the original principles of effectiveness. For instance, we have elaborated on the principle of program evaluation. Although the majority of the articles reviewed identify evaluation as a key principle of effective prevention programs, the discussion is usually limited to the idea that effective programs have undergone well-designed, rigorous impact evaluations. We find this to be an incomplete and somewhat tautological perspective on effective prevention programs. Of course, for a program to earn the distinction of an EBP, it must have evidence of effectiveness from a well-designed and rigorous evaluation. From the EIPi perspective, it seems more important to highlight the importance of programs undergoing other forms of evaluation so that they can be better understood, implemented, and ultimately improved.

On the basis of the literature reviewed and our experiences working with youth and family programs, we organized the 11 principles of effective prevention programs into four categories. The four general categories into which we group these principles are our own, although several of the authors cited have used similar classifications. The categories of principles reflect (a) program design and content, (b) program relevance, (c) program

Table 1. *Selected Supporting Literature on the Principles of Effective Programs*

	Bond & Hauf (2004)	Borkowski et al. (2006)	Bronte-Tinkew et al. (2008)	Caspe & Lopez (2006)	Durlak (2003)	Kumpfer & Alder (2003)	Kumpfer & Alvarado (2003)	Nation et al. (2003)	Weissberg et al. (2003)
Program design and content									
Theory driven	X	X	X		X			X	X
Of sufficient dosage and intensity	X	X	X			X	X	X	X
Comprehensive	X	X			X	X	X	X	X
Actively engaging		X	X	X					
Program relevance									
Developmentally appropriate	X				X	X	X	X	X
Appropriately timed	X	X			X			X	X
Socioculturally relevant	X	X	X	X	X	X	X	X	X
Program implementation									
Delivered by well-qualified, trained, and supported staff		X	X	X				X	X
Focused on fostering good relationships		X	X			X	X	X	
Program assessment and quality assurance	X								
Well documented	X	X							
Committed to evaluation and refinement	X	X		X	X			X	X

implementation, and (d) program assessment and quality assurance. These categories are not mutually exclusive but provide a general framework for thinking about different aspects of what a family-based prevention program does, how it does it, who it reaches, and how it is monitored and evaluated.

### *Program Design and Content*

The first category of principles is related to the design and content of a program, including component parts such as the activities that are implemented, the skills that are taught, and the knowledge that is conveyed, as well as how these activities and content are linked to one another. Within this category, we identified four principles of effective programs.

*Theory driven.* The first principle related to program design and content is that *effective programs are theory driven*. Being theory driven takes two forms. First, the components of the program, such as their activities and content, are based on well-established, empirically supported theory (Bond & Hauf, 2004; Borkowski, Akai, & Smith, 2006). The most effective prevention programs use theory to guide program development, assessment, and improvement. To illustrate, using theory can provide insight into what factors a program should address in order to be optimally effective. Such factors often include risk and protective factors or assets that are known to be related to the programs' outcomes of interest. For example, the Families and Schools Together (FAST) program, an EBP aimed at preventing substance abuse, delinquency, school failure, and child abuse, is guided by three theories common to the family studies field: family stress theory, family systems theory, and social ecological theory (Wisconsin Center for Education Research [WCER], 2007). The influence of these theoretical models can be seen in the program's core activities as well as in the way the program is structured and implemented. For instance, reflecting social ecological theory, "positive bonds and social relationships are directly promoted on six distinct levels of the child's social ecology," and efforts are made to link families to other families and to important social settings (WCER).

Programs are also theory based when they have a well thought-out and logical program theory that describes how the program's activities are

related to clear, identified, and achievable outcomes (Sussman & Sussman, 2001). Program theories are often represented by logic models depicting hypothesized associations between activities and desired outcomes. Ideally, there is not only an intuitive logic to the program theory but also empirical evidence to suggest that the activities can be effective in producing the desired changes (Sussman & Wills, 2001).

Most family-based EBPs have logic models that visually depict their program theories. In contrast, it has been our experience that many family programs are generally not guided by an empirically supported theory and that even fewer have a clearly articulated program theory or logic model to guide the program's implementation. In our work with family programs, we have been surprised how frequently "hodgepodge" programs are implemented, consisting of whatever contributions staff or community partners are willing to make and lessons or materials "borrowed" from a variety of other programs. Although family practitioners undertake these efforts with the best of intentions, the evidence suggests that a program is much more likely to be effective if its activities are guided by empirical research and well-articulated theory (Durlak, 2003; Sussman & Wills, 2001).

*Of sufficient dosage and intensity.* A second design and content principle is that *effective programs have sufficient dosage and intensity*. Program dosage and intensity are usually operationalized in terms of quantity of contact hours, duration of the program, and intensity and complexity of the program's activities (Bronte-Tinkew et al., 2008; Kumpfer & Alder, 2003). For a prevention program to be effective, participants' exposure must be substantial enough to not simply create changes but to create changes that endure over time. The research indicates that dosage and intensity need to be adequate, given characteristics of the targeted population. Generally, the required dosage and intensity are reflections of the severity of the problem being addressed or the extent of change desired (Borkowski et al., 2006). As one example, the Strengthening Families program is similar to Strengthening Families for Parents and Youth 10-14 (SFP 10-14), but because it targets high-risk families rather than the general population of families, it requires twice the number of sessions for positive effects to occur. Strengthening Families runs for 14 weekly sessions compared

to only 7 for its universal program counterpart (Strengthening Families 10-14, 2008).

Because participant recruitment and retention are often difficult for family-based prevention programs of longer duration and agencies must work within their financial means, it is not uncommon for practitioners to develop programs that run for only a few sessions. For example, some state and local governments fund universal short-term home visiting, consisting of only one or two visits for every newborn in a particular geographic area (Johnson, 2001). Although these programs may effectively meet short-term goals such as making parents aware of the available services in a community or screening for families who might benefit from more intensive services (Gomby, Larson, Lewit, & Behrman, 1993), it is rather unlikely that these short programs will produce the types of substantial positive impacts that have been found in more intensive home visiting programs such as the Nurse-Family Partnership (NFP; Olds, 2006).

*Comprehensive.* A third program design principle is that *effective programs are comprehensive* (Durlak, 2003; Kumpfer & Alvarado, 2003). Multiple factors influence how well individuals and their families function. The development of problems, in particular, tends to correlate with the presence of multiple risk factors at the individual, family, and community levels (Small & Memmo, 2004). Similarly, the presence of multiple assets has been shown to be related to more positive youth development (Benson, Leffert, Scales, & Blyth, 1998).

Multicomponent prevention programs that address a variety of risk and protective factors or assets are usually more effective than single-component programs. As one example, the Parents as Teachers program addresses a variety of risk and protective factors through home visits, group meetings, developmental screenings, English language classes, and referrals to other resources in the community (Wagner, Spiker, & Linn, 2002). Comprehensiveness can also be reflected in the participation and engagement of both parents and children. Family-based prevention programs that include children, especially teens, are generally more effective than parent-only programs (Kumpfer, 1999; Kumpfer & Alvarado, 2003).

*Actively engaging.* The final principle of program design and content is that *effective programs use*

*active learning techniques.* Programs are more effective when they use active and varied teaching methods that engage participants and enable them to learn and practice new skills (Bronte-Tinkew et al., 2008; Caspe & Lopez, 2006). Simply presenting information is often not enough to create and sustain lasting effects. Whether allowing parents to role-play negotiations with their teenagers or practice using a calm tone of voice while disciplining their children, effective programs engage participants in the material and encourage them to practice and apply new behaviors.

For example, EBPs, such as the Creating Lasting Family Connections program (CLFC), include among their core components the active learning of new skills and behaviors. This program lets parents and youth practice communication skills in separate groups before coming together as a family to role-play different communication scenarios (Johnson et al., 1998). Other common, but less effective, programs often do not go far enough in engaging the participants. When programs simply present information, whether it be in a brochure, lecture, or computer program, they have a lesser chance of fostering habits and behaviors that will endure in participants.

### *Program Relevance*

A second category of effective family prevention program principles is that materials and activities are intentionally designed to reflect and meet the targeted population's characteristics and needs. Effective programs are tailored to families experiencing particular problems, developmental stages, and life transitions and those sharing common cultural experiences.

*Developmentally appropriate.* The first principle of program relevance is that *effective programs are developmentally appropriate*. Effective programs avoid attempting to address the widest possible audience of families and instead respond to the developmental differences that often characterize children and youth of even slightly different ages (Durlak, 2003; Weissberg, Kumpfer, & Seligman, 2003).

For example, family-based EBPs typically treat adolescence as a distinct developmental stage requiring special skill- and knowledge-building activities. Programs for families with early adolescent children, such as SFP 10-14 and CLFC, are

designed to bolster parenting skills and strengthen family relationships as youth enter a stage associated with increased risk taking and family conflict (Johnson et al., 1998; Strengthening Families 10-14, 2008). In addition to bringing families together as they encounter these changes, these EBPs teach rule-setting and effective monitoring strategies, which are particularly relevant for families with early adolescents.

It is imperative that a prevention program is delivered neither too early nor too late in the individual's development (Nation et al., 2003). For instance, programs focused on preventing or delaying a particular behavior should intervene before the behavior is likely to begin. For instance, EBPs designed to prevent youth substance use, such Guiding Good Choices and the Adolescent Transitions Program, work with families when children are 8–14 years old (Dishion & Andrews, 1995; Kosterman, Hawkins, Spoth, Haggerty, & Zhu, 1997). Some prevention programs struggle with being developmentally appropriate. Programs intervening too late (e.g., when youth are more likely to have begun experimenting with alcohol and other drugs) or too early have greater obstacles to their effectiveness. One online parenting program marketed to parents of children of all ages contains learning modules for communicating and building children's self-esteem—certainly worthwhile goals for most family-based prevention programs. However, the program also contains modules for helping youth deal with negative peer pressure, an issue that is particularly important as children approach adolescence but not too long before. Such techniques will not be very relevant to parents of 4-year-old children, and without any follow-up during the adolescent years, it is unlikely that any positive effects of the program on parents' knowledge will endure.

*Appropriately timed.* A second program relevance principle is that *effective programs are appropriately timed to reach families when they are most receptive to change* (Durlak, 2003; Lowenkamp, 2004). Reaching out to families as they go through a salient transition, such as divorce, the birth of a first child, a child's transition to middle school, or when a problem first becomes apparent, such as a youth's first contact with law enforcement, can help ensure that participants are ready to learn new skills and adjust their behaviors. As a prime example, Children in the Middle is an educational and

skill-building intervention for divorcing or separating parents and their children. The program aims to reduce the parental conflict, loyalty pressures, and communication problems that can place significant stress on children when parents divorce (Arbuthnot & Gordon, 1996). The success of the program is undoubtedly at least partially because of its timing; families participate in Children in the Middle as parents are transitioning into coparenting roles and children are coping with their parents' separation. During this time, parents and children may be especially receptive to learning new communication styles and behaviors.

*Socioculturally relevant.* Finally, in addition to recognizing the importance of timing, *effective programs are socially and culturally relevant to their participants*. A prevention program is likely to be effective only to the extent that aspects of the program, such as the language and content, are relevant to the participants' lives (Caspe & Lopez, 2006; Miranda et al., 2005). When programs reflect their target audiences' cultural experiences—which are determined by factors including racial and ethnic background, length of residency in the United States, socioeconomic status, geographic setting (e.g., rural vs. urban), religious traditions and beliefs, and educational level—they experience better recruitment and retention (Kumpfer, Alvarado, Smith, & Bellany, 2002). As one example, the Effective Black Parenting Program uses historical and modern perspectives on African American families to promote positive parenting and healthy family functioning; moreover, this EBP is taught solely by African American professionals (Myers et al., 1992).

### *Program Implementation*

When one thinks about what constitutes a program, it is usually the curriculum and its content that first come to mind. However, the effectiveness of a program is as much a function of how it is delivered as what is delivered. In this section, we examine two factors that are important for ensuring that a program is implemented with the highest possible quality.

*Delivered by well-qualified, trained, and supported staff.* The first principle of program implementation is that *effective programs are delivered by well-qualified, trained, and supported staff*

*members.* In our experience, the staff running a program is one of the most important factors in determining whether or not the program is successful. Program effectiveness is related to the staff's experience, confidence, training, and commitment (Mihalic, Fagan, Irwin, Ballard, & Elliot, 2004). Staff members of the most effective programs are able to establish rapport with participants, gain trust, relate well to others, and remain nonjudgmental (Daro, 2000). Additionally, programs have greater impacts and higher retention rates when staff do not turn over regularly and when the same staff members are present for the duration of a program (Borkowski et al., 2006). Effective programs also tend to have staff who share the same vision and receive the support of their administrators (Mihalic et al.).

A good illustration of the importance of staff training and supervision comes from the literature on effective home visitation programs. Such programs have become increasingly popular, but they are not all equally effective. NFP, which has consistently demonstrated the greatest impacts in rigorous evaluations (Olds, 2006), illustrates the importance of supporting staff members. Each NFP home visitor is part of a team that meets regularly to discuss clients and receive ongoing guidance from a supervisor. Other rigorous evaluations of home visiting programs that have failed to demonstrate equally strong results have reported failures in training and supervision of home visitors (e.g., Duggan et al., 2004).

*Focused on fostering good relationships.* Recognizing that positive behavior change happens most often in the context of supportive relationships, a second program implementation principle is that *effective programs foster safe, trusting relationships among participants and staff* (Nation et al., 2003). In order for a program to be successful, participants need to feel that they can trust and relate to staff members. As such, minimizing staff turnover is important; continuity is key to positive relationships between program staff and participants. In home-based and one-on-one programs, of course, the relationship with the staff member is absolutely critical. The psychotherapy literature, for example, clearly demonstrates that the success of treatment depends to a large extent on the quality of the relationship between the professional and the client (Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002).

Effective group-based programs also pay attention to relationships among participants. In our work with family practitioners, it is not uncommon for them to note that good relationships among participants are important for retention because people value the sense of community. In addition, as Horton (2003) has suggested, relationships formed in a program may help sustain program effects over time as participants reinforce program messages and behavior strategies for each other.

For these reasons, it is important to allow time for participants to get to know each other in a program. For example, both FAST and SFP 10-14 typically incorporate a family meal into each program session (Strengthening Families 10-14, 2008; WCER, 2007), allowing families to spend relaxed time together but also giving participants a chance to get to know each other outside of structured class activities. In contrast, many programs do not include any informal group interaction time in their programs, perhaps because they are hesitant to take up more of participants' time. However, in the case of SFP 10-14, FAST, and other similar programs, the family meal not only facilitates families' attendance of evening classes but also aids the development of participants' social support networks.

### *Program Assessment and Quality Assurance*

The final category of principles deals with program documentation and evaluation. Program documentation involves having a written record of what the program actually does and what it intends to accomplish. Program assessment is concerned with the many forms of evaluation that are critical to program development and improvement and the documentation of effectiveness.

*Well documented.* The first principle of assessment and quality assurance is that *effective programs are well documented*. Although this principle is not often explicitly highlighted in the prevention science literature, documenting what occurs in a program is key to understanding and maintaining its effectiveness. When a program is not well documented, it is difficult for others to implement or replicate it. Moreover, it becomes nearly impossible to maintain program fidelity and understand which, if any, components are responsible for positive participant outcomes. For these reasons, having a detailed implementation manual is usually

a prerequisite for a program to be “certified” or “endorsed” by organizations that sponsor EBP registries (e.g., Strengthening America’s Families, 1999; Substance Abuse and Mental Health Services Administration, 2007).

Although the importance of documenting a program might seem self-evident, in our own work, we have encountered family-based programs where the only individual who really knows and understands the program is the one responsible for implementing it. In contrast, effective programs document their specific goals, program components, descriptions of activities and sessions, and directions for implementation.

*Committed to evaluation and refinement.* Finally, beyond simply documenting their programs, *effective programs have staff and administrators who are committed to program monitoring and evaluation* (Nation et al., 2003; Weissberg et al., 2003). Evaluation is an essential tool for learning how well a program is being implemented, whether a program has any effects on its participants, and how it produces those effects. Program staff are better able to identify areas for further improvement and make modifications when they systematically document and reflect on implementation, process, and results.

Ultimately, in order for a program to be considered evidence based, it will need to undergo a rigorous impact evaluation. However, before undertaking such an evaluation, it is important that significant time has been spent assessing and improving the program’s functioning. Most, if not all, EBPs have undergone such process evaluations and made adjustments. This process of program evaluation and improvement is important not only because the program’s sponsors may want to know it is worthy of the resources an impact evaluation requires but also because there is a danger in concluding too soon that a program does not work. As the eminent evaluator Campbell (1987) once noted regarding the timing of summative evaluation, “evaluate no program until it is proud” (p. 347).

#### THE PROCESS OF EIPI

Practitioners who understand the principles of effective programs and use them to improve their own programs are positioned to not only create positive impacts with families but also convince funders to provide valuable resources for improving, evaluating, and sustaining their programs.

Here, we discuss the process of EIPI, which uses the principles of effective programs. We suggest specific ways to incorporate these principles into current programs and highlight questions that practitioners might ask themselves while engaged in the EIPI process.

A good way to begin the EIPI process is by comparing how well a program fits with empirically supported theories and social science research. For instance, if the program aims to prevent child abuse, what does the social science literature indicate are the most important risk and protective factors? What does the research and evaluation literature suggest are the most effective or critical strategies for achieving the desired outcomes in the targeted population? Program practitioners may find it useful to compare their own program practices with these findings and make adjustments accordingly. In a related fashion, a logic model that thoroughly details a program’s activities and how they are expected to lead to positive short- and long-term outcomes can be very useful for program staff. Discussions of how to create a program logic model and put it to use can be found elsewhere (see Hernandez, 2000; Taylor-Powell & Henert, 2008). It is generally helpful to examine current program components and determine if and how they are related to the program’s goals. If a particular program activity does not have an obvious link to the intended outcomes, practitioners may benefit by dropping the activity and freeing up time and resources for other activities that the literature identifies as important.

Program staff may want to consider the adequacy of their program’s duration and intensity, given characteristics of the targeted population, the desired outcomes, and the means by which those outcomes can be produced. Many evidence-based prevention programs use follow-up or booster sessions to reinforce knowledge, skills, and behaviors that may have faded over time. Would additional sessions increase program effectiveness or only produce diminishing returns? Examining the duration of established EBPs that work with comparable audiences and address similar issues can help practitioners answer this question.

Practitioners should also consider whether their program addresses the most important settings, people, and processes that are known to be related to the outcomes of interest. What additional factors, if any, should be targeted? It is important to consider that comprehensiveness can also be achieved by looking at the range of



services and resources available to families in a given community. Collaboration at the community level increases the likelihood that consistent messages are communicated and that a greater array of risk and protective factors and assets are addressed. A single program may be unable to meet all the needs of a distressed family, but when working in collaboration with other organizations, it may be able to offer a part of the necessary resources and supports. In addition, housing multiple programs or service agencies in one location (such as a family resource center) can simplify access to services for families—an especially critical feature for families facing multiple risk factors (Schorr, 1993).

Drawing on the principle that effective programs use active learning techniques, program staff should examine to what extent participants are engaged in the program activities. When necessary, staff can consider incorporating more opportunities for participants to practice new skills and behaviors and reflect upon and apply knowledge to their own situation. Although some program activities will probably require simple presentation of information, programs will generally be more effective when they create opportunities for participants' active, engaged learning.

Program staff can increase recruitment, retention, and overall impact by assessing both whether the program is developmentally appropriate for the target population and how to reach potential participants at times when they are most receptive. Do the program activities and educational components reflect the ages of the children in the family? At what turning points might potential participants see the value in the family program and be most receptive to participating? Can the program benefit from collaborating with local agencies, such as those working in courts, hospitals, schools, and workplaces, to recruit participants at the most appropriate times?

Additionally, practitioners may want to think about how their programs can be altered to reflect the social and cultural characteristics of their intended participants. At the very least, a program should be acceptable to the targeted population of families. During the EIP process, practitioners may find value in working with community members, who can help assess whether any program components would be problematic for potential participants. In addition, they can help translate or alter program

content and activities to make them more relevant for the intended population of participants. Practitioners might also ask themselves whether the demographics of families participating in their programs reflect the demographics of the surrounding community. Are there cultural or ethnic groups in the community that are not represented in their programs? In some cases, it may be that another organization is meeting their needs. It is also possible that some cultural groups are simply unaware of prevention program opportunities available to families, are not reached by the program's recruitment strategies, or do not perceive the program to be a good fit for them. Practitioners might start by monitoring their recruitment and retention rates with various cultural groups in the community. Program staff may also want to consider what hiring, training, or support practices can promote cultural competence within their organization.

Recognizing that positive relationships are critical for a program's success, there are a number of things that organizations should consider when selecting, training, and supporting program staff. Strong interpersonal skills should be regarded as a key staff qualification. In addition, if possible, staff hired to facilitate a program should be asked to commit to the length of the program. If a program facilitator or other staff member does leave his or her job while a program is being implemented with families, efforts could be made to minimize the disruption and smooth the transition (Cooney, Small, & O'Connor, 2007). If staff turnover is persistent, supervisors may want to explore what can be done to make staff feel more supported and rewarded for their work on the program.

Furthermore, in order for a program to foster good relationships among participants, it is important to create a friendly, trusting environment and provide opportunities for participants to socialize with one another. Because it takes time for trusting relationships to develop, program activities should be designed to allow participants to gradually get more comfortable with each other before asking them to reveal personal information to the full group. Similarly, starting with "safe" or relatively easy activities will allow participants to warm up to one another and experience the group as friendly and trustworthy.

Programs that are not well documented will be difficult to implement, replicate, evaluate, and describe to others. Consequently, documenting

a program's details, including each session's purpose, objectives and agenda, needed materials (e.g., handouts, equipment), and directions on how particular program activities are to be implemented, will increase the chances that a program is being carried out as planned and make it easier for others to implement it. The documentation process itself can be a valuable experience by providing staff and other stakeholders with a better understanding of the program as well as an initial opportunity to begin to reflect on its content, relevance, and quality.

Ongoing assessment activities are an essential part of EIPI. Needs assessment should be considered the first step in the evaluation process. Without an understanding of the needs and characteristics of the target audience, it can be difficult to match the appropriate intervention to the problems or issues in need of attention. Similarly, having a method for assessing whether family members are ready to participate can greatly increase the likelihood that they receive the services needed most and enhance the chances that they will benefit from the intervention. Participants are much more likely to benefit from a program if they are "program ready." Before trying to engage them in a program focused on behavior change, staff may need to connect participants to resources in the community that focus on more immediate needs, such as housing, legal assistance, or medical care.

Beyond needs assessment, staff should become familiar with both process and impact evaluations. Evaluations tend to be most useful and staff are more likely to embrace them when they focus on both process and outcomes (Patton, 1997). Gathering both types of information is essential if a program is to continually improve and ultimately demonstrate effectiveness; process information may be most valuable to staff, whereas outcome information is often of greatest interest to funders and external stakeholders. Process evaluation questions might include: Were all of the program activities implemented as planned? Did a significant proportion of participants drop out of the program, and if so, what were the reasons? Which parts of the program were participants most receptive to and why? Common outcome evaluation questions are: Did the program have the intended effects? and Were these effects sustained over time?

Because some forms of evaluation are more difficult than others, we encourage staff to seek outside evaluation assistance when necessary.

Especially if administrators, boards, and funders are interested in program impacts, the evaluation will need to be fairly sophisticated and resource intensive. Good impact evaluations often require expertise exceeding that of program staff. Additionally, rigorous evaluations call for funding well beyond what is typically allocated for program implementation. Thus, program staff may find value in educating their funders and stakeholders about process and impact evaluations and what resources they might require.

### IMPLEMENTING THE EIPI PROCESS

Putting EIPI into action requires time, resources, and the commitment of program staff and stakeholders. We have developed a procedure for how organizations can implement the EIPI process, thereby improving upon their current family-based prevention programming. We have found it helpful to begin the process by creating a work team comprising stakeholders committed to improving the program of interest. The group might include staff responsible for developing and administering the program, past or current program participants, board members, funders, and community colleagues with expertise in the program's content area.

Because a number of program dimensions need to be examined in this process, it is usually desirable to complete the process over the course of multiple meetings. Another strategy is to divide the group into smaller work teams, each taking responsibility for a particular task or subset of program characteristics. Each work team can then share its findings and insights with the rest of the work team.

Each member of the group or work team should have a printed copy of the *Program Assessment Tool* that can be found in the *Evidence-Informed Program Improvement Manual* (Small, O'Connor, & Cooney, 2007) and any other relevant materials gathered in advance. Such materials might include a program implementation manual or curriculum, recent evaluation results, a draft of the program's logic model and research-based information on risk and protective factors, assets, or best practices related to the particular type of program. The Program Assessment Tool and other materials should be reviewed individually and then discussed as a group. The *Assessment Tool* provides a description of each principle and related

questions to be used by the program's EIPI work team.

People may have different perceptions of what goes on in a program and its strengths and weaknesses. Differing opinions should be taken into consideration and noted. Sometimes, additional information or perspectives may be needed to help resolve disagreements.

Although the EIPI process can be completed without outside assistance, programs can often benefit from working with an external consultant. This is especially true after the initial process has been completed and the EIPI work team has identified a number of challenging program improvement tasks. An outside consultant can not only bring an objectivity to the process that can often evade those who work closely with the program but he or she can also contribute expertise about program design, improvement, and evaluation as well as knowledge about the content area of the program. The *Evidence-Informed Program Improvement Manual* and the Program Assessment Tool, as well as additional information on the EIPI process, can be found at our Web site (What Works, Wisconsin, 2007).

### CONCLUSIONS

Although there has been a significant growth in recent years in the number of evidence-based prevention programs available, it is not always feasible or desirable for family practitioners to abandon current programming in favor of adopting and implementing EBPs. However, family program practitioners can use the EIPI process to improve existing programs. The EIPI process, along with the increased adoption of existing EBPs, holds the potential for increasing the effectiveness of family programs, improving our ability to promote child and family well-being, and reducing social problems.

Although we discuss EIPI primarily as a method of program improvement, practitioners developing new programs should also find some value in consulting the principles discussed here. In addition, although our current discussion has been primarily focused on family-based programs, most of the principles of effectiveness are not unique to this program type. Consequently, we believe the EIPI process could be successfully applied to other types of prevention programs. Readers should recognize that although we propose the EIPI process here as

a method for improving family programs, the process does not guarantee success. The only way to know whether or not a modified program is effective is to conduct a rigorous impact evaluation. Although improving, documenting, and evaluating family prevention programs are no easy feat, we believe the EIPI process is a step in the right direction, offering another pathway by which family practitioners can increase the quality and impact of their programs.

### NOTE

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### REFERENCES

- American Psychological Association. (2001). Policy statement on evidence-based practice in psychology. Washington, DC: APA. Retrieved November 20, 2008 from <http://www2.apa.org/practice/ebpstatement.pdf>
- Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and intervention programs for youth*. Olympia: Washington State Institute for Public Policy. Retrieved May 18, 2008, from <http://www.wsipp.wa.gov/pub.asp?docid%20=%2004-07-3901>
- Arbuthnot, J., & Gordon, D. A. (1996). Does mandatory divorce education work? A six-month outcome evaluation. *Family and Conciliation Courts Review*, 34, 60 – 81.
- Benson, P., Leffert, N., Scales, P., & Blyth, D. (1998). Beyond the village rhetoric: Creating healthy communities for children and adolescents. *Applied Developmental Science*, 2, 138 – 159.
- Bond, L. A., & Hauf, C. A. M. (2004). Taking stock and putting stock in primary prevention: Characteristics of effective programs. *Journal of Primary Prevention*, 24, 199 – 221.
- Borkowski, J., Akai, C., & Smith, E. (2006). The art and science of prevention research: Principles of effective programs. In J. Borkowski & C. Weaver (Eds.), *Prevention: The science and art of promoting healthy child and adolescent development* (pp. 1 – 16). Baltimore: Brookes.
- Bronte-Tinkew, J., Carrano, J., Allen, T., Bowie, L., Mbawa, K., & Mathews, G. (2008). *Elements of promising practice for fatherhood programs: Evidence-based research findings on programs for fathers*. Gaithersburg, MD: National Responsible Fatherhood Clearinghouse.

- Campbell, D. T. (1987). Problems for the experimenting society in the interface between evaluation and service providers. In S. L. Kagan, D. Powell, B. Weissbourd, & E. Zigler (Eds.), *America's family support programs: Perspectives and prospects* (pp. 345 – 351). New Haven, CT: Yale University Press.
- Caspe, M., & Lopez, M. E. (2006). *Lessons from family-strengthening interventions: Learning from evidence-based practice*. Cambridge, MA: Harvard Family Research Project.
- Center for Substance Abuse Prevention. (1999). *Understanding substance abuse prevention—Toward the 21st century: A primer on effective programs*. Bethesda, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Cooney, S. M., Huser, M., Small, S. A., & O'Connor, C. (2007). *Evidence-based programs: An overview. What works, Wisconsin research to practice series, 6*. Madison: University of Wisconsin—Extension. Retrieved August 1, 2008, from [http://www.uwex.edu/ces/flp/families/whatworks\\_06.pdf](http://www.uwex.edu/ces/flp/families/whatworks_06.pdf)
- Cooney, S. M., Small, S. A., & O'Connor, C. (2007). *Strategies for recruiting and retaining participants in prevention programs. What works, Wisconsin research to practice series, 2*. Madison: University of Wisconsin—Extension. Retrieved August 1, 2008, from [http://www.uwex.edu/ces/flp/families/whatworks\\_02.pdf](http://www.uwex.edu/ces/flp/families/whatworks_02.pdf)
- Daro, D. (2000). Linking research to practice: Challenges and opportunities. *Journal of Aggression, Maltreatment & Trauma, 4*, 115 – 137.
- Dishion, T. J., & Andrews, D. W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and 1-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538 – 548.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect, 28*, 597 – 622.
- Durlak, J. (2003). Effective prevention and health promotion programming. In T. P. Gullotta & M. Bloom (Eds.), *Encyclopedia of primary prevention and health promotion* (pp. 61 – 68). New York: Kluwer Academic/Plenum.
- Farrington, D. P., & Welsh, B. C. (2003). Family-based prevention of offending: A meta-analysis. *Australian and New Zealand Journal of Criminology, 36*, 127 – 151.
- Gomby, D. S., Larson, C. S., Lewit, E. M., & Behrman, R. E. (1993). Home visiting: Analysis and recommendations. *Future of Children, 3*(3), 6 – 22.
- Held, G. (2003). Putting science into practice. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention* (pp. 649 – 670). New York: Kluwer/Plenum.
- Hernandez, M. (2000). Using logic models and program theory to build outcome accountability. *Education and Treatment of Children, 23*, 24 – 40.
- Horton, C. (2003). *Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect*. Washington, DC: Center for the Study of Social Policy.
- Johnson, K., Bryant, D. D., Collins, D. A., Noe, T. D., Strader, T. N., & Berbaum, M. (1998). Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work, 43*, 297 – 308.
- Johnson, K. A. (2001). *No place like home: State home visiting policies and programs*. New York: The Commonwealth Fund.
- Kohlenberg, R. H., Kanter, J. W., Bolling, M. Y., Parker, C., & Tsai, M. (2002). Enhancing cognitive therapy for depression with functional analytic psychotherapy: Treatment guidelines and empirical findings. *Cognitive and Behavioral Practice, 9*, 213 – 229.
- Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent training intervention on observed family interactions: Proximal outcomes from preparing for the drug-free years. *Journal of Community Psychology, 25*, 277 – 292.
- Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Kumpfer, K. L., & Alder, S. (2003). Dissemination of research-based family interventions for the prevention of substance abuse. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention* (pp. 75 – 119). New York: Kluwer Academic/Plenum.
- Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist, 58*, 457 – 465.
- Kumpfer, K. L., Alvarado, R., Smith, P., & Bellany, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science, 3*, 241 – 246.
- Kyler, S. J., Bumbarger, B. K., & Greenberg, M. T. (2004). *Technical assistance fact sheets: Evidence-based programs*. University Park, PA:

- Prevention Research Center for the Promotion of Human Development. Retrieved May 30, 2008, from <http://cache.trustedpartner.com/docs/library/000238/PUBResearchReview.pdf>
- Lowenkamp, C. T. (2004). *Results and lessons learned from Ohio: The principles of effective intervention*. Cincinnati, OH: University of Cincinnati corrections Institute. Retrieved June 1, 2008, from [http://www.uc.edu/criminaljustice/Articles/Lessons\\_Learned.ppt](http://www.uc.edu/criminaljustice/Articles/Lessons_Learned.ppt)
- Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliot, D. (2004). *Blueprints for violence prevention*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W. C., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1, 113 – 142.
- Myers, H. F., Alvy, K. T., Arrington, A., Richardson, M. A., Marigna, M., Huff, R., Main, M., & Newcomb, M. D. (1992). The impact of a parent training program on inner-city African-American families. *Journal of Community Psychology*, 20, 132 – 147.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., & Morrissey-Kane, E. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58, 449 – 456.
- Olds, D. L. (2006). The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal*, 27, 5 – 25.
- Patton, M. Q. (1997). *Utilization-focused evaluation*. Thousand Oaks, CA: Sage Publications.
- Prinz, R. J., & Sanders, M. R. (2007). Adopting a population-level approach to parenting and family-support interventions. *Clinical Psychology Review*, 27, 739 – 749.
- Reynolds, A. J. (1998). Confirmatory program evaluation: A method for strengthening causal inference. *American Journal of Evaluation*, 19, 203 – 221.
- Schorr, L. (1993). What works: Applying what we already know about successful social policy. *American Prospect*, 13(1), 43 – 54.
- Small, S., & Memmo, M. (2004). Contemporary models of youth development and problem prevention: Toward an integration of concepts, terms and models. *Family Relations*, 53, 3 – 11.
- Small, S. A., O'Connor, C., & Cooney, S. M. (2007). *Evidence-informed program improvement manual. What works, Wisconsin research to practice series*. Madison: University of Wisconsin—Extension. Retrieved September 1, 2008, from [http://www.uwex.edu/ces/flp/families/whatworks\\_manual.pdf](http://www.uwex.edu/ces/flp/families/whatworks_manual.pdf)
- Spoth, R. L. (in press). Translation of family focused prevention into public health impact: Toward a translational impact paradigm. *Current Directions in Psychological Science*.
- Spoth, R. L., & Greenberg, M. T. (2005). Toward a comprehensive strategy for effective practitioner-scientist partnerships and larger-scale community benefits. *American Journal of Community Psychology*, 35, 107 – 126.
- Strengthening America's Families. (1999). *Effective programs for prevention of delinquency*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention (OJJDP). Retrieved September 1, 2008, from <http://www.strengtheningfamilies.org/>
- Strengthening Families 10-14. (2008). *The Strengthening Families Program: For parents and youth 10-14*. Ames: Iowa State University. Retrieved September 1, 2008, from <http://www.extension.iastate.edu/sfp/>
- Substance Abuse and Mental Health Services Administration. (2007). *National registry of evidence-based programs and practices*. Washington, DC: Author. Retrieved December 18, 2007, from [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- Sussman, S., & Sussman, A. N. (2001). Praxis in health behavior program development. In S. Sussman (Ed.), *Handbook of program development for health behavior research and practice* (pp. 79 – 97). Thousand Oaks, CA: Sage.
- Sussman, S., & Wills, T. A. (2001). Rationale for program development methods. In S. Sussman (Ed.), *Handbook of program development for health behavior research and practice* (pp. 3 – 30). Thousand Oaks, CA: Sage.
- Taylor-Powell, E., & Henert, E. (2008). *Developing a logic model: Teaching and training guide*. Madison, WI: University of Wisconsin—Extension. Retrieved May 25, 2008, from <http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidecomplete.pdf>
- Wagner, M., Spiker, D., & Linn, M. I. (2002). The effectiveness of the Parents as Teachers program with low-income parents and children. *Topics in Early Childhood Special Education*, 22, 67 – 81.
- Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003). Prevention that works for children and youth. *American Psychologist*, 58, 425 – 432.
- What Works, Wisconsin. (2007). *Family Living Programs*. Madison, WI: University of Wisconsin—Extension. Retrieved September 1, 2008, from <http://www.uwex.edu/ces/flp/families/whatworks.cfm>
- Wisconsin Center for Education Research. (2007). *Theories and concepts supporting FAST*. Madison, WI: University of Wisconsin—Madison. Retrieved November 30, 2007, from <http://www.wcer.wisc.edu/fast/theory/index.htm>