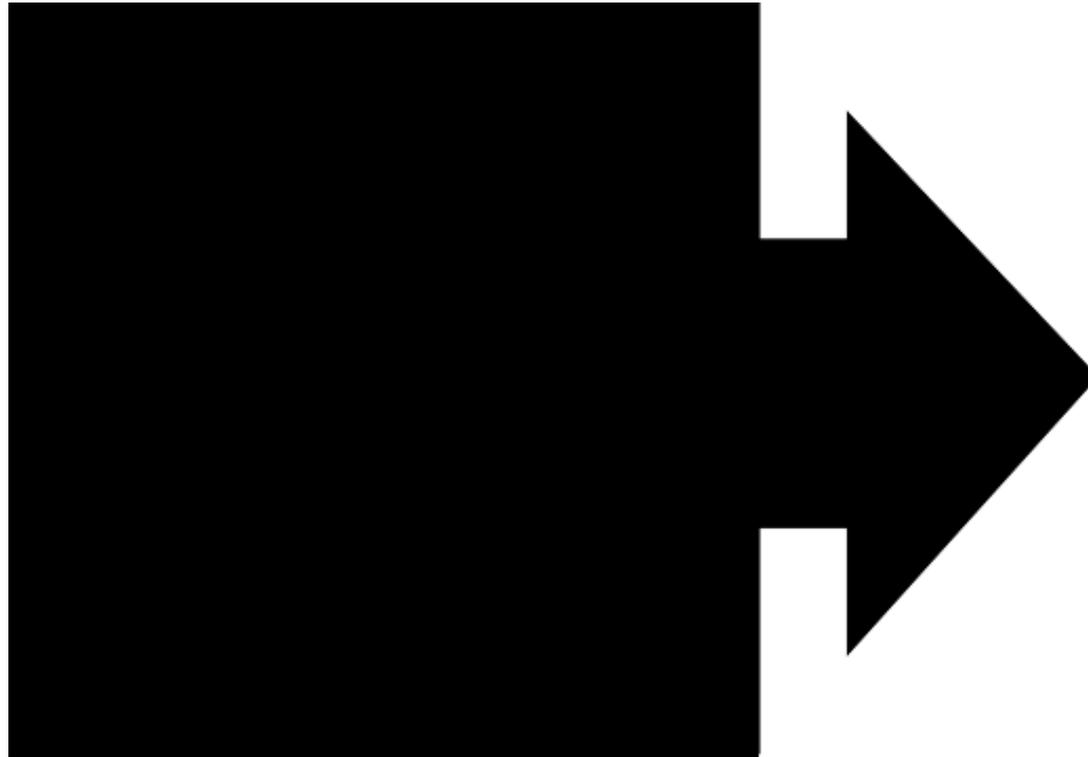


Chapter 3

Select/Adapt/Innovate Programs



Introduction

By now you have completed a thorough and well-crafted needs and resources assessment and have identified the substance abuse problem(s) affecting your community, the specific population(s) who are contributing to the problem(s) or are at risk, and the risk and protective factors relevant to the identified population(s). If you are a coalition, you and your coalition partners have taken this information, searched the literature, and developed a theory about how change specific to your geographic area of interest will take place. Each of your partners will be working collaboratively to develop a theory of change relevant to their role in effecting area-wide change. Likewise, if you are not a formal coalition, but are contemplating a comprehensive program across several domains and intend to collaborate with community agencies, your theory of change will incorporate the role of each of your collaborators. If you are contemplating your prevention efforts as a single service provider, your theory will define how change in the underlying risk and protective factors will reduce or prevent substance use for your target population(s).

Now it is time to develop a plan for addressing the problem(s) you have identified. If you are a single practitioner, this plan might involve a single program or intervention. If you are a coalition, you will be looking at multiple programs*: the multiple approaches over multiple domains strategy. Coalition members (for example, a school system or a segment of the faith community) might want to look at a specific program; the coalition as a whole might consider environmental interventions aimed at changing community norms about the identified problem(s).

Whatever your approach, your chances for achieving positive outcomes will increase if your programs are evidence based and adhere to the following standard:

- They are directly responsive to your needs assessment.
- They build upon an established theory of change.
- They are composed of elements and activities related to that theory.
- They have demonstrated positive outcomes in different settings over time.

**As used throughout this publication, the term “program” refers to the sum total of organized, structured interventions, including environmental initiatives, designed to change social, physical, fiscal, or policy conditions within a definable geographic area or for a defined population.*

Program Selection

- Identify which programs address the theory, or theories, of change suggested by your needs/resources assessment and gap analysis.
- Determine how the results of the program you are considering fit your goals and objectives and the culture and characteristics of the population to be served.
- Assess the resources you will need (human, technical, and financial).
- Repeat this process for all programs you are considering, so you can compare pros and cons of each program.
- Select a program*.

Evidence-based Programs

An evidence-based program is one that is theory driven, has activities/interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

Your best chance of selecting a program or intervention that meets those standards is one that has been designated by SAMHSA as a *model program* through its National Registry of Effective Prevention (NREP). Model and effective programs are SAMHSA's gold standard. They share good theory and program components linked to that theory, implementation standards that have been replicated over time, and good evaluation methodology that has consistently documented positive outcomes. In short, their effectiveness is scientifically defensible. Model programs are particularly attractive because their developers have put together the materials necessary for "off-the-shelf" implementation. In many cases, the developers also are available for consultation and technical assistance. Listings of these programs are available on SAMHSA's Web site at www.modelprograms.samhsa.gov. (Other organizations also rate substance abuse prevention programs, but many ratings are not ongoing, or as rigorous as the standards set for SAMHSA's NREP.)

SAMHSA's NREP also categorizes substance abuse prevention/reduction programs as "promising." While promising programs have not been as rigorously implemented/evaluated as effective and model programs, the quality of design and research is of sufficient rigor that positive outcomes are observed and the programs are included in SAMHSA's registry of evidence-based programs.

Evidence-based programs are best because they are theory driven, have activities related to the theory of change underlying the whole program model, and have been reasonably well implemented and well evaluated. They have been shown to produce empirically verifiable outcomes, which are assumed to be positive. This is important to funders, your community, and the field as a whole. However, this should not discourage program developers and coalitions from innovation. Your job in documenting outcomes may be more difficult, but you will have contributed new approaches and new ideas to the field. Moreover, there may not be an appropriate evidence-based program available for your specific conditions. Developing a new program, while difficult, could be worthwhile.

This chapter outlines how you will use your initial theory, or theories, of change to select a program(s). The process is also valuable for innovators and coalitions. Selecting domains of concentration, prioritizing risk and protective factors, and assessing resources will help focus your work so that your innovative, evolving program might soon be eligible for an NREP rating.

If your program was pre-selected because of funding mandates or other requirements, you should still familiarize yourself with the contents of this chapter. The discussions of program criteria and fidelity and adaptation, in particular, will enhance your ability to implement a successful program.

Important Terms

Adaptation: Modification made to a chosen intervention (e.g., qualitative and/or quantitative changes to components); changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when (a) underlying program theory is understood; (b) core program components have been identified; and (c) both the community and the needs of the population of interest have been carefully defined.

Core Components: Program elements that are demonstrably essential to achieving positive outcomes.

Effective Program: In SAMHSA's terminology, an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of *positive* outcomes.

Evidence-based Program: A program that is theory-driven, has activities/interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

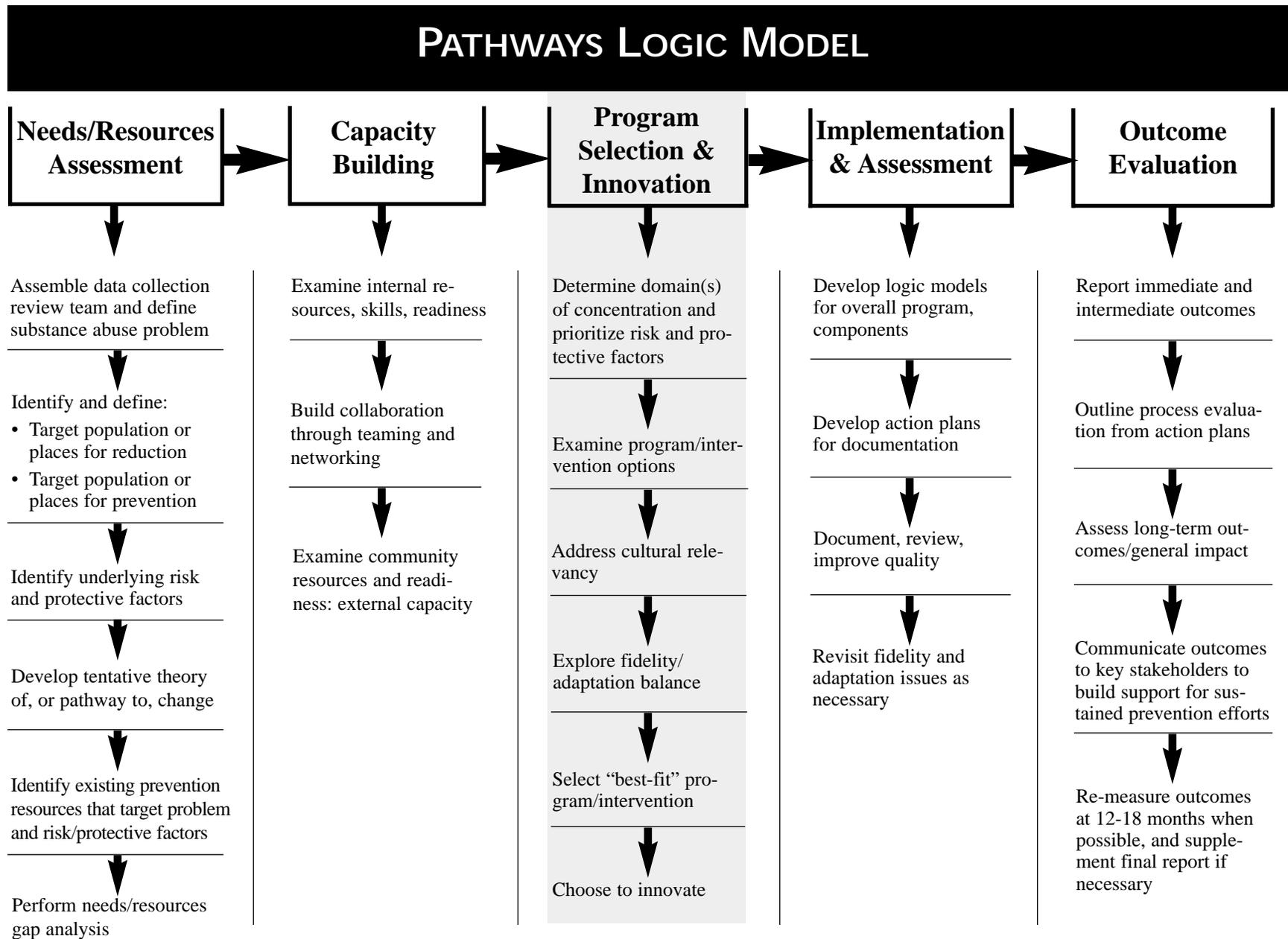
Evolving Program. A program that is theory driven, has activities related to its underlying theory of change, and has an ongoing evaluation mechanism. While there may be anecdotal or even documented evidence of outcomes, the program has not been subject to a rigorous evaluation that includes at least one methodologically sound and reasonably well-implemented effectiveness trial.

Fidelity: In operational terms, the rigor with which an intervention adheres to the developer's model.

Innovate: As used in this publication, to develop a new program or environmental intervention according to a systematic approach that includes needs and resources assessment, capacity review and development, rigorous implementation, and thorough evaluation involving control groups.

Model Program: In SAMHSA's terminology, model programs have all of the positive characteristics of effective programs with the added benefit that program developers have agreed to participate in SAMHSA-sponsored training, technical assistance, and dissemination efforts.

Promising Program: Promising programs are those that have been reasonably well evaluated, but the positive findings are not yet consistent enough, or the evaluation not yet rigorous enough, for the program to qualify as an effective program.



Logic Model Discussion for Program Selection

The program logic model on the previous page shows how chapter 3 (the shaded area) fits into the overall PATHWAYS framework. The activities and tasks that make up the program selection/innovation component of the PATHWAYS process are described below. You will find more information about logic models and their role in achieving outcomes in chapter 4.

Program Selection/Innovation Action Steps

- **Determine Domains of Concentration and Prioritize Risk and Protective Factors**
 - If domains have not been pre-determined, then:
 - Guided by your initial theory of change, prioritize the risk and protective factors that characterize your prevention and/or reduction goal
 - Select domain(s) after considering:
 - Prioritized risk and protective factors
 - Capacity
 - Community resources
 - Adjust your theory of, or pathway to, change to reflect your domain(s) of concentration and additional assessment
- **Examine Program Options**
 - Using a variety of resources, especially SAMHSA's National Registry of Effective Programs (NREP), examine each program option for fit with:
 - Your theories of change, goals, and objectives, and the social and cultural characteristics of your defined population
 - Your human, technical, and financial capacity
 - Other programs already available
- **Address Cultural Relevancy**
- **Explore Fidelity/Adaptation Balance**
 - Understand the theory behind each option
 - Locate a core components analysis for each option, or contact a developer, skilled evaluator, or other implementers for their implementation experiences
 - Determine what adaptations may be necessary, given your identified population, community environment, and capacity

- **Select Best-Fit Option**
 - Develop a general logic model of the program(s)
 - Consult with the organization and/or community in which implementation will take place
 - Develop a general action plan to identify potential implementation problems

- **Choose to Innovate (when there is consensus that the fit between existing evidence-based programs and targeted population or community-wide needs does not exist)**
 - Re-examine risk and protective factors for your population(s) or community of interest
 - Develop a program(s) based on a theory(ies) of change well supported by prevention literature
 - Review SAMHSA's logic models of promising, effective, and model programs
 - Engage a skilled evaluator for assistance with short- and long-term evaluation designs

Steps to Facilitate Selecting/Innovating a Program

As described in chapter 1, a well-executed, comprehensive needs assessment will enable you to establish a theory (or theories) that explains the relationship(s) among the underlying risk and protective factors of your identified population or geographic area of interest and how those factors or conditions contribute to substance abuse problems. You are now ready to think seriously about a program* or several programs across domains, your capacity permitting.

You may find a program(s) that matches your needs almost perfectly if it could be slightly altered. For example, there might be a school-based program that you think is well suited to your afterschool group. In situations like this, you may need a skilled evaluator to help you determine which program(s) can be adapted most successfully to fit your needs without jeopardizing the components that account for its effectiveness. This is the process of balancing fidelity and adaptation. You may also find that your needs can not be met by an existing program, even with adaptation. If you opt to develop your own program and seek to demonstrate its effectiveness, be sure that your effort is anchored with a clear and documentable theory of change, with links between assumptions, activities, and anticipated outcomes; that implementation is carefully tracked and documented; and that your evaluation design and its implementation are as rigorous as possible.

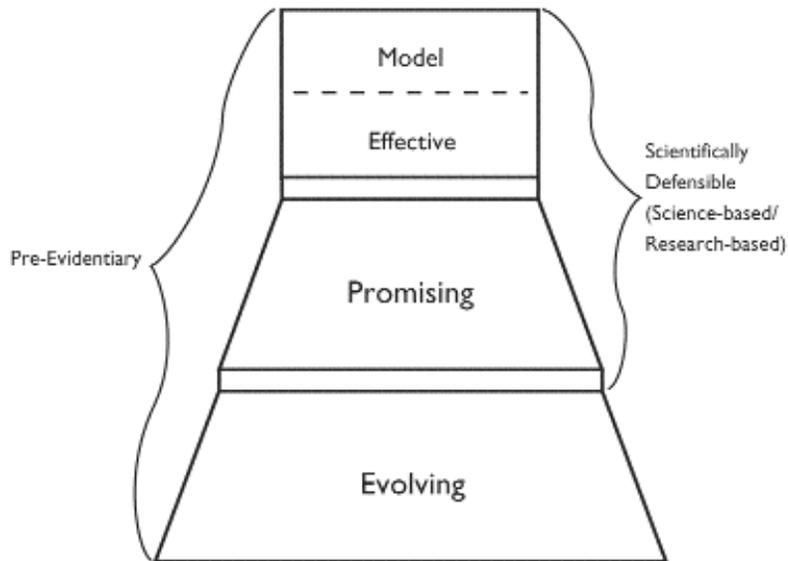
The following steps will facilitate program selection and innovation that will eventually “value add” to the prevention field and ease both your implementation and your evaluation burdens:

1. Examine which programs address the underlying conditions suggested by your needs assessment. The resources section at the end of this chapter includes information to help you identify potential programs.
2. Determine how the underlying logic—from assumptions to activities—fits the underlying conditions. Long-term outcomes should match your goal(s); the immediate and intermediate outcomes should closely match your objectives.

**As used throughout this publication, the term “program” refers to the sum total of organized, structured interventions, including environmental initiatives, designed to change social, physical, fiscal, or policy conditions within a definable geographic area or for a defined population.*

4. Make sure that your choices reflect the characteristics of the population and community to be served. Not every program will fit the cultural characteristics of your community.
5. Contact other groups that have implemented the program for information about their experiences. If you are considering an NREP model program, the program developer can help you locate these groups.
6. Assess the organizational and community resources you will need. Review chapter 2 to help determine if your organizational capacity—human, technical, and financial—and the “readiness” characteristics of your community match the requirements of the program you hope to implement. Costs of the proposed program, or implementation resources beyond your capacity or your community’s level of readiness, will suggest bypassing that program in favor of another, or, perhaps, selecting a program that addresses community readiness as your first step in a more comprehensive approach.

Figure 3.1 Levels of Effectiveness



7. Repeat this process for other programs you have identified as potentially viable for your needs. You can then compare the pros and cons.
8. Working with a skilled evaluator, make the selection. Amend your theory of, or pathway to, change if necessary (and appropriate) to facilitate selection.

Substance abuse prevention has evolved considerably in recent years. It is now possible to select prevention programs that address specific populations, risk and protective factors, and outcomes. The foundation of prevention is evidence-based knowledge—knowledge that has been studied, tested, or researched using the tools or process of scientific inquiry. Programs and interventions that are evidence based are almost universally theory based. This means that they are grounded in well-developed concepts about how and why the intervention should work. Further, they have been at least reasonably well evaluated, so you can rely on their effectiveness.

Figure 3.1 illustrates the ranking system used by SAMHSA’s NREP process. It includes space for *evolving programs* that have not yet met the

qualifications for saying the evidence base has been validated through rigorous science/evaluation. Evidence-based programs that have met the test of acceptable scientific rigor and that show some positive outcomes, but that are not consistent over time, are called *promising programs*. The more proven science-based programs are defined as *effective programs* because they produce consistently positive outcomes. Science-based programs that are available for dissemination and provide access to technical assistance through the program developer are known as *model programs*.

Selecting a model program, if one is appropriate or can be adapted to your identified population and its risk and protective factors (reflected in your theory of, or pathway to, change), is usually preferable. These programs are listed in a SAMHSA report, titled “Annual Report of Science-Based Prevention Programs.” They are also available online at www.modelprograms.samhsa.gov/

But what if you cannot find an effective or model program to meet your needs or specific objective(s)? In such a case, you might consider selecting a promising program or even developing a unique program to meet the needs in your community. If you do select a promising program rather than an effective or model program, using the PATHWAYS process to document your outcomes could help the field move promising programs closer to effective status.

Of course, you may decide to implement an undocumented or innovative program of your own. This is acceptable as long as you understand the additional heavy burden of documentation and evaluation using separate comparison or control series data if you wish to become part of the evidence-based movement in prevention.

If you have a choice, however, there is much to recommend programs that have been successfully replicated across venues and populations. Programs that are in earlier stages of replication may be more difficult to assess in terms of clear outcomes. And, while needed to advance the field, demonstrating positive outcomes for innovative and promising programs, compared to those that have already been rigorously evaluated, increases your evaluation burden.

Determine Domains of Concentration

As discussed in chapter 1, your assumptions about how and why the change(s) you desire will occur are known as your theory (or theories) of change. (Remember, a theory of change can be described as a pathway to change.) Once you have established a theory to explain the relationship among the underlying conditions that characterize your identified population, place, or policy change and how they contribute to the substance abuse problem, you can examine program(s) to address those specific conditions. Chances are that your theory, or theories, of change encompass(es) risk and protective factors from several of the domains discussed in chapter 1. Current research indicates that the most successful prevention efforts are those that work across multiple life domains.

In general, a comprehensive approach is easier for coalitions than for an individual organization or agency. Having several collaborative partners with proven track records in different domains makes it possible to probe for a more comprehensive picture of the risk and protective factors you will be addressing as you refine your theory, or theories, of change. Such a partnership also enables you to approach several domains simultaneously. If, however, you are a new coalition, or a single service provider, it may be wise to focus your prevention effort on only one or two domains at a time. How will you make an informed choice about domain focus? Here are three factors to consider:

1. The priorities among the risk and protective factors that have been identified for your identified population;
2. Your capacity to work effectively within the domain(s) suggested by the prioritized risk and protective factors; and
3. Your assessment of the domain(s) in which (given staff and financial capacity) you are most likely to produce the desired change.

Think back to example A in chapter 1 about the middle school boys who were substance abusers and who shared a range of risk factors—poor school performance, dysfunctional family life, and negative peer influences. Which of these factors should be the focus of your effort?

Example: “Unidos Family Life Center”

The Unidos Family Life Center has been working successfully with families struggling with the effects of alcohol abuse. The Life Center worked with school administrators to identify middle school boys who were using alcohol and were members of Life Center families. The Life Center team recognized that school performance was certainly an important domain to address, but that it was beyond the Life Center’s capacity. The Life Center team chose to stay in its area of expertise—the family domain. The Center expanded its involvement with families, using its best outreach efforts to include the families of all the middle school boys involved in the troublesome behavior, as well as the middle school children of other Life Center participants. The Life Center also established closer ties to the county coalition. Although Life Center staff chose not to affiliate with the coalition, they recognized that reciprocal information sharing and referrals might help both the coalition and the Center fulfill their missions.

Consider, on the other hand, that your coalition supports an afterschool initiative that has focused successfully on positive youth development. As a concerned community group, you, too, wish to be helpful to these middle school boys. The family domain holds no promise for you at this time, but you have had considerable success with an afterschool citizenship development program for young people in grades six through nine. Some of your success comes from the hands-on, problem-solving projects that typically connect youths with their civic mentors from local governments and public sector agencies.

School administrators have reported the positive effects your program has had on many facets of school life. In fact, the schools and parents are encouraging you to expand the use of high school tutors and continue to require ongoing academic skill building as a condition for civic internship. Further, your staff has done its homework and has suggested that outreach to the middle school boys be accompanied by comprehensive educational assessment. The result of this assessment could aid your decisions about the adequacy of the present tutoring program for the needs of this particular population. If the present tutoring program is adequate for the needs of most of the boys, outreach and recruitment of those boys for this program should be a priority. Besides, your staff argues, if you are successful in the school and community domain, negative peer influences might well be diminished without specific intervention.

Evidence-based Options:

Using SAMHSA's National Registry of Effective Prevention (NREP), review evidence-based program options that fit

- Your theories of change, goals and objectives;
- The social and cultural characteristics of your population; and
- Your human, technical, and financial capacity.

Prioritize Risk and Protective Factors Within Your Domain of Concentration

Whether you are one of several partners in a coalition, an informal participant in a partnership, or a single agency provider, you will want to know as much as you can about the strengths and weaknesses of your particular population or geographic area of interest. The more carefully you have identified your population or place, the more likely you are to select the most appropriate program. Even if your program was pre-determined in a grant award, you should complete the individual-level assessment, concentrating on the needs and resources within the domain in which you will be working. Otherwise, you will not be fully informed when you come to the inevitable decisions about adaptation.

When you are satisfied with the quality and specificity of your individual-level data for the identified population in the domain(s) you have chosen, prioritize the risk and protective factors. As you did when choosing your domain(s) of concentration, you should consider the relative importance of the risk and protective factors, your group's capacity, and where you think your efforts will be most successful. You are now ready to adjust your initial theory, or theories, of change to reflect your sharpened focus.

Examine Your Program Options

Examine the programs that are available for the domain you have chosen. You can locate these through a literature search that includes the following Web sites: <http://preventionpathways.samhsa.gov/> and www.modelprograms.samhsa.gov/. Different agencies have differing definitions for evidence-based programs. You will find SAMHSA's *Annual Report of Science-Based Prevention Programs* to be helpful in your selection effort. The report links model programs identified by SAMHSA to domains and to their risk and protective factors. SAMHSA's CSAP continues to work with program developers to move promising programs into the effective and model categories. Therefore, the number of model programs increases regularly. Nonetheless, you may not have the resources to implement one of NREP's effective evidence-based programs, you may not find one that meets your needs, or you simply may wish to develop or use another. Keep in mind that if you wish to become part of NREP's registry at some point, your program should be theory driven and systematically implemented and evaluated.

Address Cultural Relevancy

Determine how the characteristics of the programs you are considering fit the individual needs of your identified population or place, your adjusted theory of, or pathway to, change, and your consequent goals and objectives.

It is important that the program be culturally relevant for your purpose. A program designed to prevent alcohol and drug abuse for urban African-American youth may not be a good fit for Hispanic youth from migrant farm families.

When considering cultural relevance, take into account the community's values and existing practices and the culture and characteristics of the identified population. For example, well-baby and home visit support programs for teen mothers may not fit into a context in which young mothers are suspicious of social workers. Some young mothers may not allow social workers into their homes for fear that their babies will be removed. If you were considering this program, you would want to identify leaders within the culture you have defined to help you assess the probable reaction to such a program and recommend ways to increase its acceptance.

Here are some considerations for assessing the cultural fit of a program:

- Consider the cultural context and readiness of the identified population. Are they aware of, and knowledgeable about, the problem?
- Consider the values and traditions that affect how your identified group regards health promotion issues. What do they consider to be appropriate ways to communicate and provide helping services?
- Consider the extent to which the community is ready for the program (chapter 2). Are they willing to accept help and/or programs that ask for changes in their behavior, attitudes, and knowledge? What is their level of resiliency and their capacity to make these changes?

- Determine whether the proposed program is appropriate given the cultural context and community readiness issues. What modifications/adaptations are needed? Consider the cost and feasibility of these adaptations/modifications (e.g., the cost of translating an entire curriculum into another language).

SAMHSA's Model Programs Web site (www.modelprograms.samhsa.gov) notes which programs have proven effective with different populations as well as which have translations and/or other cultural adaptations.

- Consider how this program fits with other programs that are already being offered to the group you will be serving. Do similar programs exist? Are they complementary to yours? Do they work at cross-purposes?

Explore Fidelity and Adaptation Needs and Balances

Communities differ, of course, and you may not find an exact match between a program and the needs of your community or population. You may, however, find a program that you feel could be adapted to fit those needs. It is important that you take care before adapting an evidence-based program. Your changes could affect the outcomes. The need to adapt programs to fit local needs while addressing the developer's concern that such changes might cancel the program's demonstrated effectiveness is called the fidelity/adaptation balance.

Finding an appropriate balance between *fidelity* (the degree to which an intervention adheres to the developer's model) and *adaptation* (modification to a chosen intervention) can be a real challenge. Researchers and program developers are legitimately concerned that changes to an evidence-based program will dilute or even dissipate its effectiveness. Practitioners are concerned that a "one-size-fits-all" formula may not match actual community needs.

It is widely accepted that evidence-based prevention programs must be implemented with a certain level of fidelity to their developer-defined *core components*, but that there must also be latitude to adapt the program to meet individual community circumstances. A series of discussions with developers and implementers alike confirms that belief and yields additional information. (See "Finding the balance: An implementer's guide to program fidelity/adaptation." CSAP, 2003, in print, part of a series of implementation publications.)

Developers differ in their approach to, and acceptance of, adaptations. In general the more narrowly drawn and curriculum driven the program is, the less acceptable are adaptations, except for essential purposes like cultural appropriateness or language comprehension. Most developers agree that "good" adaptations (e.g., those that increase the power of the materials to communicate with cultural appropriateness, language comprehension, and illustrative examples) either are neutral or enhance outcomes. "Bad" adaptations (e.g., insertions of old or extraneous material, reduction in number, purpose, or intensity of sessions) have a negative impact on outcomes.

One program developer points out that if the facilitator adds his/her values and feelings, it really hurts the program. Switching the order, or sequencing, of content; cutting the number of prescribed trainers;

cutting session time; and eliminating non-curricular elements such as meals, child care, and incentives for homework completion are other adaptations that could diminish or detract from expected program outcomes.

The developers also observed that outcomes can be affected by the personality and delivery methods of the facilitator. Many commented that one of the more consistent threads throughout all of the programs is the idea that particular teaching methodologies, especially the didactic (lecture) method, are less effective than the interactive methods. Some teachers are natural learning facilitators and perform in this role with great ease, while others have difficulty. In general, the highest degree of fidelity occurs when a program is presented by people whose sole purpose is delivery of the program.

Many developers use a cooking analogy when discussing fidelity and adaptation, suggesting that the program is a recipe that experienced cooks can adjust without damaging the outcome, but inexperienced cooks need to follow exactly. Continuing that analogy, consider how just the smallest addition (or deletion) of an ingredient can ruin the final results.

The following steps should help you balance fidelity in an evidence-based prevention program with the adaptation you need to accommodate local needs:

1. Define what you mean by fidelity/adaptation balance, and share your definition with everybody who is collaborating on the program's implementation.
2. Assess community concerns about fidelity/adaptation with everybody who is collaborating on the program's implementation.
3. Conduct a review of the program with the developer and other implementers to help determine fidelity/adaptation issues.
4. Further refine fidelity/adaptation issues by analyzing the program's theory of change, logic model, and core components.
5. Determine what resources may be needed to deal with fidelity/adaptation issues, and how to present the need for these resources to funders.

6. Look at the training the program developer offers that might help you address fidelity/adaptation issues.
7. Determine whether an individualized program developer consultation on fidelity/adaptation issues might be feasible and useful.
8. Define how you will document your efforts to address fidelity/adaptation issues, including whether you will use the program developer's fidelity instrument, if there is one. A fidelity instrument is a written form that gathers information about fidelity/adaptation balance, usually as a series of checklists for assessing the degree or quality of implementation.
9. Involve the community in addressing the fidelity/adaptation issues you've identified.
10. Weave results from all these steps into a plan for addressing fidelity/adaptation balance and make this part of your overall implementation plan.
11. Include fidelity/adaptation issues in the design of the program's evaluation strategy.
12. Incorporate an ongoing process for addressing fidelity/adaptation issues that are likely to come up after the program has been implemented, and throughout its lifetime.

Select the “Best-Fit” Program Option

Three periods of development have affected the evolution of substance abuse prevention programs. The first period was driven by common sense, ideology, or intuition. A number of good ideas emerged from applying intuitive thinking to prevention; however, intuitive or innovative ideas alone do not always produce effective methods of prevention.

The second period involved the development of programs based on theory from other content areas. Social psychologists, sociologists, developmental psychologists, and researchers grounded in public health issues drew on their respective disciplines to create a matrix of theoretical support for many programs, but the lion’s share of the actual research was only indirectly related to substance abuse.

The third and current period is distinguished by a significant body of research. Much of what we now know about prevention is data driven as well as theory based. This means that the developers of many evidence-based programs are able to measure change as it applies to each of the components of their programs, as well as to demonstrate positive outcomes at program conclusion. The most rigorously evaluated programs among the evidence-based group—those that are effective or model—have used control groups for comparisons and can attribute positive outcomes directly to the program or intervention.

In fact, the programs that have been most rigorously evaluated (effective and model programs as identified on SAMHSA’s model program Web site—www.modelprograms.samhsa.gov) can demonstrate positive outcomes that are achievable for different populations in different settings.

Selecting a program from among SAMHSA’s identified effective and model programs provides you with two immediate advantages. First, if you have been thoughtful about linking the needs of your identified population or area of interest to the selection of an effective or model program, and you implement that program with fidelity to its core components, your ability to produce positive outcomes is almost assured. Second, in a related vein, your evaluation is much easier. The program developer has already used control groups to demonstrate that outcomes were directly related or attributed to the program and not to other conditions. Not only are you more likely to produce positive outcomes if your selection is from among SAMHSA’s effective or model programs, but you need not worry about a control group.

Note, however, that if you are part of a demonstration project or other type of special research, you might be compelled to use a control group or comparison group as part of your research design.

Keep in mind that effective evidence-based programs, although theory based and therefore related to a body of knowledge about substance abuse, have not been evaluated with equal rigor. This means that the more removed your selection is from a recognized effective or model program, the more rigorous you should be in evaluating your outcomes.

As you select your “best-fit” option, the following steps should guide your decision:

- Develop or review, as appropriate, a logic model of the program.
- Consult with the broader community outside the coalition in which the implementation will take place to ensure that community readiness and capacity are in place.
- Develop a plan of action—the steps you will follow to implement the program (more information on logic models and action plans can be found in chapter 4)—to identify potential implementation problems.

Choose to Innovate

As was pointed out earlier in this chapter, selecting an evidence-based program that has shown positive outcomes and perhaps has been implemented and evaluated in a variety of venues simply makes good sense. This is especially true if the selected program or intervention is one that has been rated by SAMHSA and is listed in the National Registry of Effective Prevention (NREP) on SAMHSA's Web site. If your needs assessment data indicates that one of these programs is a good "fit," or can be adapted appropriately, then your chances for positive outcomes are greatly enhanced.

However, it may be that there is no NREP-listed model, effective, or promising program to fit your selected population's risk and protective factors, or there may be capacity issues that dictate against such a choice. Additionally, you may wish to expand the field, either to fill the void you found, or simply to share innovative ideas. In such instances, practitioners and coalitions may decide to *innovate*, to develop a new program. This is helpful to the field if carried out in a rigorous, scientific fashion because it will lead to a larger pool of evidence-based programs available to all practitioners.

Innovation, however, can be difficult, and you should be sure that you have the capacity to do it properly before taking on the task. Any program or intervention that you develop or adapt must be carried out systematically. It is not innovation and does not contribute to the field, to the body of evidence-based approaches, if it is not done properly. Innovations require careful attention to needs and resources, a theory of change well grounded in previous research, development of elements and activities related to that theory, and consistent, carefully designed evaluations. Reviewing the logic models of NREP-listed programs as preparation for your own innovative approach will enable you to understand the steps involved in moving from your theory of change through the activities that will lead to final outcomes. Refer also to Chapter 1 to see how this works. If you are using a skilled evaluator, he or she should be able to help ensure that your program design is valid.

Note that in some instances there are programs, usually designed for a small group of individuals, that may not qualify as evidence based, but that do no harm and may even work to expand the horizons of the target group. It is important to understand that while such programs cannot add to the field overall if they do not follow the evaluative process such as the one outlined in this PATHWAYS process, their developers may not be interested in an evidence-based designation.

In Summary

Fortunately, because of the growing body of research and evaluation in this field, we can now make more informed decisions about the critical step of selecting prevention programs that are likely to lead to meaningful change in our communities. SAMHSA's Center for Substance Abuse Prevention (CSAP) has played a major role in recent years by identifying programs that have demonstrated successful outcomes. Your best solution most likely will be to choose programs that have been successfully replicated across venues and populations, demonstrating credibility, utility, and an ability to generalize. However, innovation may be the option you choose, especially if an NREP-designated program cannot be found and/or adapted to meet your community's needs.

Now it is time to put all of this into practice. It is time for implementation and evaluation—the components covered in chapters 4 and 5.

SAMHSA Resources

SAMHSA-related Web sites:

Center for Substance Abuse Prevention/National Center for the Advancement of Prevention
<http://preventionpathways.samhsa.gov/>

Centers for the Application of Prevention Technologies: www.captUS.org

SAMHSA model programs: www.modelprograms.samhsa.gov/

A number of useful SAMHSA reports and publications are available through the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847. A full list is available at <http://store.health.org/catalog/>.

2002 annual report of science-based prevention programs and principles.
Available: www.preventiondss.org

2002 comparison matrix of science-based prevention programs. Available: www.preventiondss.org

Prevention Enhancement Protocol Systems (PEPS) Series systematically evaluates research and practice evidence on substance abuse prevention. Available:
<http://text.nlm.nih.gov/ftsr/dbaccess/csap>

Preventing problems related to alcohol availability: Environmental approaches reference guide. (1999). Washington, DC: Substance Abuse and Mental Health Services Administration.

Preventing substance abuse among children and adolescents: Family-centered approaches reference guide. (1998). Washington, DC: Substance Abuse and Mental Health Services Administration.

Reducing tobacco use among youth: Community-based approaches. (1997). Washington, DC: Substance Abuse and Mental Health Services Administration.

Resources and References

Brounstein, P.J., Zweig, J.M., & Gardner, S. (2002). *Science-based practices in substance abuse prevention: A guide*. Available: http://modelprograms.samhsa.gov/template.cfm?page=pubs_science

Centers for the Application of Prevention Technologies. *Science-based substance abuse prevention: A checklist of key characteristics of effective prevention interventions* [Online]. Retrieved May 1, 2003: www.captus.org/publications/publications.htm

Mulhall, P., & Hays, C. (n.d.) *Levels of effectiveness of science-based prevention* [Online]. Retrieved May 1, 2003: www.ccapt.org/levels.html

National Clearinghouse for Alcohol and Drug Information (NCADI): www.health.org

National Institute on Drug Abuse. *Preventing drug abuse among children and adolescents: A research-based guide* [Online]. Retrieved May 21, 2003: www.nida.nih.gov/Prevention/Prevopen.html

Office of National Drug Control Policy, prevention resources: www.whitehousedrugpolicy.gov/prevent/programs.html