

**MATRIX OF PROGRAMS  
AS IDENTIFIED BY VARIOUS FEDERAL AND PRIVATE AGENCIES**

The following document identifies various federal and private agencies, as well as a few researchers, who have rated the effectiveness of prevention programs designed to reduce or eliminate problem behaviors, such as delinquency, aggression, violence, substance use, school behavioral problems, and risk factors identified as predictive of these problems. This document describes the set of criteria that has been identified for program inclusion by each agency and also describes the focus of each work (i.e., school-based programs, violence programs, substance abuse programs, etc.). The Matrix of Prevention Programs is a table listing approximately 300 programs that have been rated by each agency. The Matrix can aid the practitioner by showing how various programs have been rated across different agencies. Greater confidence can be placed in programs with consistently higher ratings, since their outcomes have been achieved using more rigorous evaluation. So whenever possible, use programs that have achieved the highest ratings.

It is our hope that this document will shed some light on the many programs that have identified as “best programs” or “best practices” by various agencies promoting child and adolescent development and well-being.

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**CENTER FOR THE STUDY AND PREVENTION OF VIOLENCE**  
**Matrix Overview of Focus and Program Criteria Standards**

**1) Coalition for Evidence-Based Policy**

Social Programs That Work Website (2008). [www.evidencebasedprograms.org](http://www.evidencebasedprograms.org)

Programs are categorized as *Effective, Ineffective, No Effects/Adverse Effects*.

The Coalition for Evidence-Based Policy seeks to promote programs that meet critical needs of our society in areas such as education, crime, substance use, and poverty reduction. Their efforts focus solely on randomized controlled trials, since these study designs provide the “gold standard” in the field. Studies must be well-designed and implemented and have significant policy implications.

**2) Blueprints for Violence Prevention**

Elliott, D. S. (Series Editor) (1997). *Blueprints for Violence Prevention* (Vols. 1-11). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Programs are divided into *Model and Promising* (refer to [www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)).

As evident by its title, Blueprints for Violence Prevention’s main objective is that of violence prevention in children and adolescents from birth to age 19. Programs focus on violence, delinquency, aggression (including predelinquent aggression), and substance abuse. Criteria for Model and Promising programs include: evidence of deterrent effect with a *strong* research design (experimental or quasi-experimental) on one of the above outcomes. Other criteria that Model programs must meet include sustained effects for at least one year post-treatment and replication at more than one site with demonstrated effects.

**3) Center for Mental Health Services, U.S. Department of Health and Human Services**

Greenberg, Mark T., Domitrovich, Celene, & Bumbarger, Brian (1999). *Preventing mental disorders in school-aged children: A review of the effectiveness of prevention programs*. State College, PA: Prevention Research Center for the Promotion of Human Development, College of Health and Human Development, Pennsylvania State University.

Programs are divided into *Effective and Promising* (refer to [www.prevention.psu.edu](http://www.prevention.psu.edu)).

With help from the Center for Mental Health Services, the Prevention Research Center for the Promotion of Human Development at Pennsylvania State University reviewed different intervention programs dealing with the reduction of risks or effects of psychopathology in school aged children. Studies were excluded in which children were given diagnostic interviews and met criteria for DSM-III R or DSM-IV disorders. The age focus was restricted to children from ages 5 to 18. Programs that met the review requirements had to be evaluated using an adequate comparison group with either randomized or quasi-experimental design with an adequate control group. Studies had to have pre and posttest data and preferably follow-up data. They also had to have a written implementation manual. Universal, selective and indicated prevention programs were identified that produced improvements in specific psychological symptomology or factors directly associated with increased risk for child mental disorders. Programs showing reduction in psychiatric symptoms were also included in the review.

#### **4) SAMHSA, Dept. of Health & Human Services National Registry of Effective Programs (NREPP)**

This website is under redesign. No longer on matrix.  
(refer to <http://modelprograms.samhsa.gov>).

With the redesign of this website, program outcomes are now rated, rather than whole programs. There is a quality of research rating for each criminal and substance abuse outcome, ranging from 0 to 4, on six criteria: reliability, validity, intervention fidelity, missing data and attrition, potential confounding variables, and appropriateness of analysis. An overall rating for each outcome is also provided. Readiness for dissemination is also rated on a scale from 0-4, based upon three criteria: availability of implementation materials, availability of training and support resources, and availability of quality assurance procedures.

#### **5) Department of Education, Safe Schools**

Programs are divided into *Exemplary and Promising*  
(refer to [www.ed.gov/offices/OSDFS/expert\\_panel/drug-free.html](http://www.ed.gov/offices/OSDFS/expert_panel/drug-free.html))

Relevant outcomes are related to making schools safe, disciplined, and drug-free: reducing substance use, violence, and other conduct problems and positive changes in scientifically established risk and protective factors. Program criteria is carefully and thoroughly described on the website, and includes (1) evidence of efficacy/effectiveness based on a methodologically sound evaluation that adequately controls for threats to internal validity, including attrition; (2) the program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting; (3) the rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals; (4) the program's content takes into consideration the characteristics of the intended population and setting; (5) the program implementation process effectively engages the intended population; (6) the application describes how the program is integrated into schools' educational missions; and (7) the program provides necessary information and guidance for replication in other appropriate settings.

#### **6) Communities That Care, Developmental Research and Programs**

Posey, Robin, Wong, Sherry, Catalano, Richard, Hawkins, David, Dusenbury, Linda, Chappell, Patricia (2000). *Communities That Care prevention strategies: A research guide to what works*. Seattle, WA: Developmental Research and Programs, Inc.

Programs are categorized as *Effective* (refer to [www.preventionscience.com/ctc/CTC.html](http://www.preventionscience.com/ctc/CTC.html); Developmental Research and Programs, Inc., Seattle, WA).

Communities That Care focus on preventing adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence as well as promoting the positive development of youth and children. Programs focus on the family, school, and community. The criteria include: (1) programs address research based risk factors for substance abuse, delinquency, teen pregnancy, school dropout and violence; (2) increase protective factors; (3) intervene at developmentally appropriate age; and (4) show significant effects on risk and protective factors in controlled studies or community trials.

#### **7) Mihalic and Aultman-Bettridge (2004)**

Mihalic, Sharon, & Aultman-Bettridge, Tonya (2004). A guide to effective school-based prevention programs. In William L. Tulk (Ed.), *Policing and school crime*. Englewood Cliffs, NJ: Prentice Hall Publishers.

Programs are divided into *Exemplary, Promising, and Favorable*.

Programs are all school-based. Model and Promising programs utilize Blueprints criteria and outcomes. Favorable programs broaden the outcomes to include factors relevant for school safety and success, such as school disciplinary problems, suspensions, truancy, dropout, and academic achievement. These programs may also have weaker research designs than the standard held for Blueprints, however, there is “reasonable” scientific evidence that behavioral effects are due to the intervention and not other factors. These programs all have experimental or matched control group designs.

### **8) National Institute of Drug Abuse**

Programs are categorized as *Effective* (refer to National Clearing House for Alcohol and Drug Information, Preventing drug use among children and adolescents: A research-based guide, #734 at 1-800-729-6686).

The focus is on drug prevention and reduction. Although prevention principles are mentioned in the report, there are no specific criteria for program inclusion.

### **9) Sherman, et al (1997)**

Sherman et al. (1997). *What works, what doesn't, what's promising*. College Park: University of Maryland Department of Criminology and Criminal Justice. NCJ 165366.

Programs are listed as *Effective*.

(refer to [www.ncjrs.org/works/wholedoc.htm](http://www.ncjrs.org/works/wholedoc.htm) or [www.preventingcrime.org](http://www.preventingcrime.org))

The main focus of the Sherman report is crime prevention. The methodological rigor of each program was rated on a scale of 1 to 5. In order to obtain a score of “3,” programs had to employ some kind of control or comparison group. If the comparison was to more than a small number of matched or almost randomized cases, the study was given a score of “4.” If the comparison was to a large number of comparable units selected randomly, the study was scored as a “5.” Programs were assessed as “working” if they had two or more evaluations with 3 or higher and statistical significance tests showed the program effective. Programs were assessed as “promising” if they had at least one evaluation with a score of 3 or higher showing effectiveness. For this report, all “working” and “promising” programs were classified as “Effective.”

### **10) Strengthening America's Families**

Programs are divided into *Exemplary 1, Exemplary 2; Model and Promising* (refer to [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)).

The National Program Review Committee, the University of Utah, and CSAP reviewed the programs that focused on family therapy, family skills training, in-home family support, and parenting programs. Each program was rated on theory, fidelity, sampling strategy, implementation, attrition, measures, data collection, missing data, analysis, replications, dissemination capability, cultural and age appropriateness, integrity, and program utility and placed into the following categories:

*Exemplary I:* Program has experimental design with randomized sample and replication by an independent investigator. Outcome data show clear evidence of program effectiveness.

*Exemplary II:* Program has experimental design with randomized sample. Outcome data show clear evidence of program effectiveness.

*Model:* Program has experimental or quasi-experimental design with few or no replications. Data may not be as strong in demonstrating program effectiveness.

*Promising:* Program has limited research and/or employs non-experimental designs. Data appears promising but requires confirmation using scientific techniques.

## **11) Surgeon General's Report (2001)**

U.S. Department of Health and Human Services (2001). *Youth violence. A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health.

Programs are divided into ***Model and Promising: Level 1-Violence Prevention: Level 2-Risk Factor Prevention*** (refer to [www.surgeongeneral.gov/library/youthviolence](http://www.surgeongeneral.gov/library/youthviolence)).

The primary focus of the report by the Surgeon General is violence prevention and intervention. The criteria the Surgeon General set were appropriately rigorous methods of inquiry and sufficient data to support the conclusions. *Model* programs have rigorous experimental design (experimental or quasi-experimental), significant effects on violence or serious delinquency (Level 1) or any risk factor for violence with a large effect size of .30 or greater (Level 2), replication with demonstrated effects, and sustainability of effect. *Promising programs* meet the first two criteria (although risk factors of .10 or greater are acceptable), but programs may have either replication or sustainability of effects (both not necessary).

## **12) OJJDP Model Programs Guide**

Title V. Training and technical assistance programs for state and local governments: Model Programs Guide. Washington D.C.: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Dept. of Justice.

Programs are divided into ***Exemplary, Effective, and Promising*** (refer to [www.dsgonline.com](http://www.dsgonline.com)).

OJJDP has a focus on assisting communities with delinquency prevention strategies. The overall rating is derived from four summary dimensions of program effectiveness: the conceptual framework of the program, the program fidelity, the evaluation design, and the empirical evidence demonstrating the prevention or reduction of problem behavior, the reduction of risk factors related to problem behavior, or the enhancement of protective factors related to problem behavior. There are three categories of programs. To be classified as *Exemplary*, the programs demonstrated robust empirical findings using a reputable conceptual framework and an evaluation design of the highest quality (experimental). *Effective* programs when implemented with sufficient fidelity, using a sound conceptual framework, had evidence obtained with a control or matched comparison group but without randomization (quasi-experimental). *Promising* programs, when implemented with minimal fidelity demonstrated promising (perhaps inconsistent) empirical findings using a reasonable conceptual framework and a limited evaluation design (single group pre-posttest) that requires causal confirmation using more appropriate experimental techniques.