

The Big 9: Principles of Effective Prevention Programs “At a Glance”

Nation M., Crusto C., Wandersman A., Kumpfer K. L., Seybolt D., Morrissey Kane E. & Davino K. (2003). What Works in Prevention: Principles of Effective Prevention Programs. American Psychologist, 58, 449-456.

- 1) **Comprehensive:** Strategies should include multiple components (e.g., increasing information and awareness, promoting skills development, etc.) and affect multiple settings (e.g., individual, relationship, community, institutional, societal) to address a wide range of risk and protective factors of the target problem.
- 2) **Varied Teaching Methods:** Strategies should include multiple teaching methods, including some type of active, skills-based component (e.g., verbal or written practice in negotiating situations).
- 3) **Sufficient Dosage:** Participants need to be exposed to enough of the activity for it to have an effect (e.g., session length, number of sessions, spacing of sessions, duration of the total program, follow-up or booster sessions, etc.)
- 4) **Theory Driven:** Prevention strategies should have a scientific justification or logical rationale. *Etiological theories* focus the causes (e.g., risk or protective factors and processes) of the target problem. *Intervention theories* focus on the best methods for changing these etiological risks.
- 5) **Positive Relationships:** Programs should foster strong, stable, positive relationships (e.g., improving relationships between children and significant others, leveraging peer influences on preventing problem behavior, etc.)
- 6) **Appropriately Timed:** Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life (e.g., focusing on changeable *precursor behaviors* prior to the full blown problem). The message of the intervention should suit the developmental stage of the participants.
- 7) **Socio-Culturally Relevant:** Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms. Culturally tailoring prevention programs goes beyond *surface structure* language translation to *deep structure* modifications sensitive to cultural factors that influence development and receptiveness to the intervention (e.g., cultural attitudes). In addition, programs must address the *individual needs* of participants. It is suggested that the intended participants be included in the program planning and implementation to ensure that their needs are recognized.
- 8) **Outcome Evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked. Evaluation strategies should emphasize *continuous quality improvement*.
- 9) **Well-Trained Staff:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision. Additionally, even when staff members are sufficiently competent, their effectiveness can be limited by high rates of turnover, low morale, or a lack of “buy-in”.