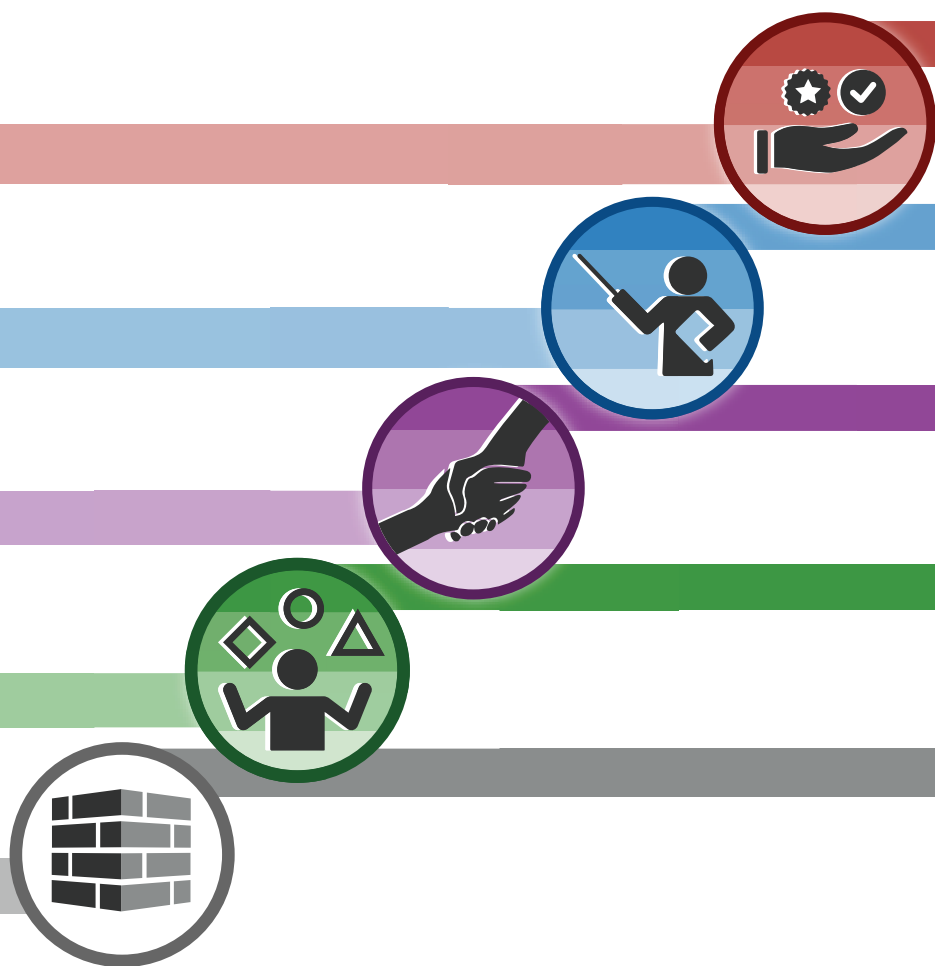


# Improving Programs for Children and Youth that Address Behavioral Problems

Recommendations for Aligning Programs with Evidence on Core Components



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## Recommendations for Aligning Programs with Evidence on Core Components

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Submitted to:  
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Evidence for Program Improvement was established by The Assistant Secretary for Planning and Evaluation (ASPE) to develop evidence-based practice guidelines for youth programs using a core components approach. Our goal is to better understand the characteristics of effective programs for youth and share guidelines about how to make those programs more effective with those who design, support, and implement them.



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# Introduction

Although the majority of young people in the United States are physically and emotionally healthy, attend and progress through school, and successfully transition to adulthood, some children and youth have behavioral problems that can present challenges for positive youth development and overall well-being. Many factors can play a role in placing children and youth at greater risk of behavioral problems, such as exposure to violence in the community or in the home, other adverse childhood experiences, family stressors, and inconsistent parenting. These community and family factors may hinder the development of cognitive and interpersonal skills, which in turn may lead to behavioral problems in school and with peers.

To address these issues, many communities and schools in the U.S run programs designed to reduce aggression, bullying, and other disruptive behaviors, referred to in this guide as **externalizing behavior**. Programs that address externalizing behavior may focus on strengthening social and emotional learning, conflict resolution and problem-solving skills, building relationships, or promoting parenting skills. A large body of research on the effectiveness of these programs offers insight into which types of youth programs are more effective than others at reducing externalizing behaviors – and **which core components of these programs are associated with program effectiveness**.

## Examples of Externalizing Behavior

- Fighting or arguing
- Bullying, cruelty, meanness to others
- Threatening others
- Having temper tantrums
- Disrupting class
- Destroying things belonging to self or others
- Pushing, shoving, hitting

This guide takes that research and translates it into a set of recommendations intended to help practitioners make evidence-based decisions about ways to improve programs aimed at preventing or reducing externalizing behavior.

## Why a Core Components Approach?

**Core components are the parts, features, attributes, or characteristics of a program that research shows are associated with its success.**<sup>1</sup> Because many aspects of a program can contribute to successful outcomes, core components can be *the activities or content within a program* (e.g., social problem-solving instruction or assertiveness training), *how a program is delivered* (e.g., in a group, individually), *who delivers a program* (e.g., social workers, teachers), *the program's length and frequency*, and even *implementation strategies* such as whether and how providers are trained and supervised. A core components approach to evidence-based practice:

- Offers a way to flexibly apply evidence-based principles within constraints of funders and service environments.
- Focuses on improving existing programs, rather than adopting and replicating model programs that may not be a good fit for the population of interest.
- Allows for aligning interventions with several recommendations or just a few based on context and resources.
- Provides organizations with evidence-based information to help prioritize and direct resources to specific features of interventions that research shows are most important.

<sup>1</sup> Ferber, T., Wiggins, M. E., & Sileo, A. (2019). *Advancing the use of core components of effective programs*. Forum for Youth Investment.

## The Evidence for Core Components

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We based the recommendations in this guide on what the research suggests are the core components of effective programs to reduce externalizing behavior. The core components are supported by an extensive array of well-controlled research studies on programs for children and youth across many program environments, including both model programs and a variety of locally-developed programs.

The core components of programs that address externalizing behavior result from an analysis of a large meta-analytic database of research on programs for children and youth, using a statistical procedure that identified a profile of program, participant, and implementation features (the *core components*) that are empirically related to positive outcomes across an array of programs. The evidence for these core components comes from research with children and youth who were referred or identified for services because of particular issues such as externalizing behavior problems, academic difficulties, or risk factors for these issues. We have not analyzed research on universal prevention programs or residential programs and, as such, the core components and associated practice recommendations may not apply in those settings. A full description of our methodology and results can be found in the accompanying technical report (<https://aspe.hhs.gov/system/files/pdf/263931/Technical-Report-Externalizing.pdf>).

# How to Use the Recommendations

There are three steps to use the recommendations in this guide:

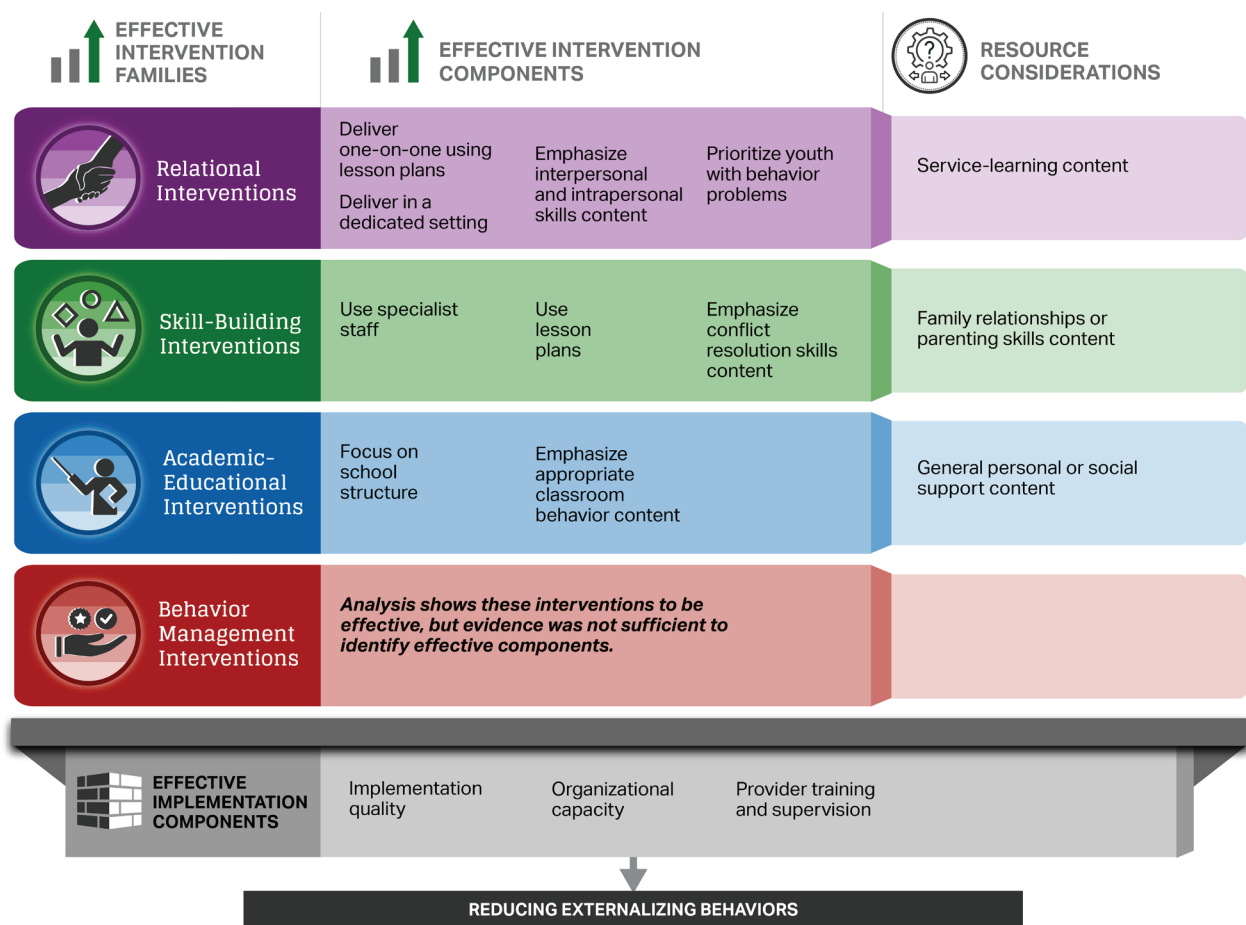
1. **Review the Core Components Profile (Figure 1)**
2. **Choose the "Intervention Family" that best fits your program:**
  - Review the "Intervention Family" definitions and examples
  - "Unpack" your program
3. **Review the practice recommendations for that Intervention Family:**
  - Assess feasibility and alignment with your context and resources
  - Take action

- **Intervention Family:** a broad category of interventions that share the same underlying strategy or principles for how to reduce externalizing behavior.
- **Program:** a consistent implementation of one or more interventions with shared practices, policies, leadership, and (usually) funding.
- **Intervention:** a distinct activity or service provided as part of a program, designed to achieve a specific purpose for specific participants.
- **Core Components:** the parts, features, attributes, or characteristics of an intervention that research shows are associated with its success.

## Step 1. Review Core Components Profile for Programs Targeting Externalizing Behavior

The core components profile in Figure 1 provides an overview of our practice recommendations. We suggest you review the full core components profile in Figure 1 first to familiarize yourself with the terminology and get a sense of the evidence base as a whole. In Steps 2 and 3 below, we illustrate how to identify the appropriate recommendations derived from evidence on programs most like yours.

Figure 1: Core Components Profile for Interventions Targeting Externalizing Behaviors



As Figure 1 shows, we organized the recommendations in the core components profile by four **Effective Intervention Families** (Relational, Skill-Building, Academic-Educational, and Behavior Management), broad categories of interventions that have the same underlying strategy or principles for how to reduce externalizing behavior. The interventions in each intervention family are generally effective in reducing externalizing behavior among the children and youth who participate in them. Within three of the intervention families, our analysis found specific *components* that are related to reductions in externalizing behavior.



**Effective Intervention Components** are strongly related to reductions in externalizing behavior and are specific to an intervention family. To have the best chance at improving youth outcomes, an effective intervention component should only be implemented in the context of an intervention that uses the underlying strategy of the intervention family to which the component is linked. We do not know if implementing an effective component with an intervention from a different intervention family would be as effective.



Our analysis also found that interventions with certain components tended to have smaller, though still positive, impacts on externalizing behaviors; these components are called **Resource Considerations**. In the practice recommendations that follow, resource considerations are meant to inform decisions about what services to prioritize when resources are scarce. Importantly, these components are not ineffective or harmful; rather, they did not contribute as much to reducing externalizing behavior as other components in the context of a particular intervention family.



In contrast, **Effective Implementation Components** cut across all intervention families and can be applied regardless of the family you choose. Our analysis found that these effective implementation components were associated with improved outcomes across all types of interventions. The effective implementation components are:

- implementation quality
- degree of service delivery complexity
- provider training or supervision.

The recommendations associated with effective implementation components are designed to be broadly applicable across interventions and service environments.

Together, these components form the basis of the practice recommendations in this guide. The practice recommendations are *modular*, giving practitioners information to inform choices as well as the *flexibility* to implement as few or as many as is reasonable in the face of limited resources and other constraints.

## Step 2: Choose the Intervention Family that Best Fits Your Program

To find the recommendations that fit your program, you must first decide which intervention family best represents your program.

Our evidence base and recommendations are divided into four mutually exclusive intervention families: Relational, Skill-Building, Academic-Educational, and Behavior Management (see Figure 2). Programs within these intervention families are diverse but share common principles about how to reduce externalizing behavior.

We provide additional guidance for this step on the next page.

**Figure 2. Four Intervention Families Related to Reductions in Externalizing Behavior**

Intervention Family	Relational	Skill-Building	Academic-Educational	Behavior Management
Definition	Interventions that emphasize positive and supportive relationships with others, including mentors and counselors, as a means to influence desirable positive and undesirable negative behaviors, attitudes, motivation, insight, perceptions, and behavioral intentions. Most, but not all, take place in school settings.	Interventions that teach youth skills to manage social interactions in ways that reduce the potential for conflict and externalizing behavior. Most, but not all, take place in school settings.	Interventions focused on improving school performance, school engagement, and academically-oriented behavior, which may yield collateral benefits on youth behavior by promotion of positive youth development. Most, but not all, take place in school settings.	Interventions with primary focus on shaping or modifying problem behavior and precursors via rewards and punishments. These interventions can be stand-alone or integrated with other types of interventions.
Intervention Examples	Counseling for behavior change	Interpersonal or social skills training	Tutoring and enrichment intervention	Behavioral modification and reinforcement techniques
	Peer mentoring	Anger management training	Schools-within-schools and other alternative school structures	Behavioral contracting
	Counseling focused on interpersonal issues	Social problem-solving skills training	Remedial or developmental instruction	Token economy
	Adult mentoring focused on support and guidance	Conflict management or resolution training	Individualized academic instruction	Classroom management training
	Community mental health services and case management	Perspective taking and emotional awareness training	After-school academic intervention	
	Student service center that provides support and counseling	Assertiveness training		



Reflecting on how your program works can help you choose which intervention family fits best:

- **First, “unpack” your program into its key service(s) or intervention(s).** This means identifying the primary service or services that all or almost all of your participants receive, the main services or activities that make up most of your program, and the predominant strategies aimed at reducing externalizing behavior.
- **Second, classify the service(s) or intervention(s) into an intervention family.** Using the definitions of intervention families in Figure 2, determine which family (relational, skill-building, academic-educational, or behavior management) best describes the key service(s) or intervention(s) of your program. You will also find intervention examples listed under the intervention families that may be similar to yours, which you can use to help guide your decision. These are examples of real interventions taken from the evidence base.

**Tip: Use a “Logic Model” to Unpack Your Program**

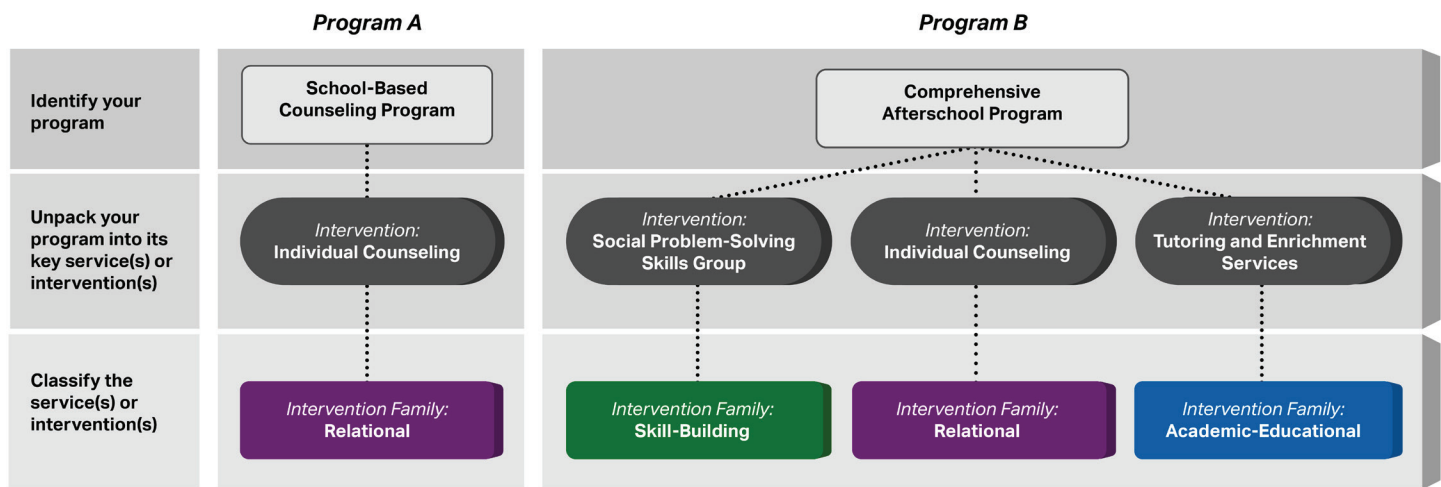
Creating a visual depiction of what your program is aiming to achieve and how (sometimes called a program “logic model”) is one way to identify the different features of your program and how each feature is supposed to produce the desired outcome. An exercise like this can be helpful for unpacking your program in order to choose which intervention family or families best fit your program (Step 2), and for deciding whether certain recommendations apply to your program (Step 3). Please see “Additional Resources” at the end of this section for links to user-friendly resources on creating a visual of the linkages between your resources, services, and intended outcomes.

**What if my program has more than one service or intervention?** Youth-serving organizations may offer a variety of distinct services or interventions for children and youth at risk for externalizing behaviors. Some organizations may offer a single intervention for their participants focused on externalizing behavior, while others may weave together multiple types of interventions into a cohesive program. To find the recommendations derived from evidence on programs similar to yours, **the key is to identify the predominant interventions you use, whether there is one or a combination of several.**



Figure 3 shows how to choose an intervention family using two example programs. Program A provides individual counseling to youth at school during the week. To use this guide, the program director has a single intervention to consider – individual counseling. The program director would look in the Relational intervention family for guidance on ways to align her program with the evidence.

Another example program (Program B) contains three interventions provided in an integrated way to youth participating in a comprehensive afterschool program. This program director “unpacked” the program into three distinct interventions – a social problem-solving skills group, individual counseling, and tutoring and enrichment services. The program director would look to the Skill-Building intervention family for recommendations on his social problem-solving skills program, the Relational intervention family for recommendations on the individual counseling program, and the Academic-Educational intervention family for recommendations on the tutoring portion of the program.

**Figure 3: How to Choose the Intervention Family that Best Fits Your Program**



### Step 3. Review the Practice Recommendations for the Appropriate Intervention Family

Each recommendation in this guide begins with a description of the ideas that underlie it, as well as evidence from our analysis to support the recommendation. Each recommendation has a set of “**Assess Feasibility**”  steps designed to help practitioners consider the alignment of their programs with the recommendation and how they might improve alignment given their circumstances. A set of “**Take Action**”  suggestions offers specific ideas for how the recommendation could be incorporated into existing programs.

#### Determining Which Recommendations to Apply to Your Program

**The recommendations offered for each intervention family should be viewed as a “menu” of options from which to choose based on your local circumstances.** In general, when considering the recommendations that follow, think about balancing them with:

- Applicability to your context
- Applicability to the children and youth you serve
- Ease or feasibility of implementation

#### Additional Resources

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Here are some links to user-friendly resources on creating a visual description of the linkages between your resources, services, and intended outcomes:

##### **W.K. Kellogg Foundation Logic Model Development Guide**

<https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide>

##### **Centers for Disease Control Program Evaluation Framework**

<https://www.cdc.gov/eval/steps/step2/>

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##### **University of Kansas Community Tool Box**

<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

##### **FRIENDS National Center for Community-Based Child Abuse Prevention**

<https://friendsnrc.org/evaluation-toolkit/evaluation-planning/logic-models>



# Relational Interventions

Relational interventions aim to change youth behavior primarily through the development of positive and supportive relationships with adult or peer mentors, counselors, therapists, or others. Programs in this intervention family range from loosely structured and open-ended programs to more structured programs grounded in a specific curriculum or orientation.

**Open-ended.** The needs and interests of individual participants often drive the content of open-ended relational interventions. Services can range from mentoring or facilitating discussion groups with young people to individual and group counseling. Open-ended relational interventions may use professional counselors or therapists or trained paraprofessionals, peers, teachers, or adult volunteers to deliver services.

**Structured.** In contrast, structured relational interventions are guided by specified principles or goals. Common goals of structured relational interventions include helping youth develop a sense of self-competence and self-worth, improve school engagement, or take individual responsibility for behavior change. Structured relational interventions are delivered by trained adult paraprofessionals, teachers, or professional counselors or therapists typically using group counseling and discussion methods.

Both kinds of relational interventions are delivered one-on-one or in group formats. Most are integrated into schools during the school day or after school, while others are in community-based settings.

## Characteristics of relational interventions (91 studies contributed evidence):

- ▶ Interventions lasted 28 weeks, on average.
- ▶ Sessions typically took place once or twice per week.
- ▶ Interventions took place in the classroom (34%), in a separate space within the school (resource room or school counselor's office; 37%), or a community setting (29%).
- ▶ One quarter were delivered using a one-on-one format; the rest were delivered in a group format.

## Intervention Examples

- ▶ High school mentors met weekly with middle school students at lunch for 8 weeks. The mentors related self-regulatory strategies by sharing their own use of the strategy, modeling, and asking how the student planned to use the strategy. Mentors also provided support and acceptance through the relationship.
- ▶ A counseling intervention was part of the disciplinary process at a large urban junior high school. Students met one-on-one with a school psychology graduate student prior to a disciplinary meeting with the Vice Principal. Counseling emphasized problem solving skills, rational thinking, and self-control.

## RECOMMENDATION 1

# Incorporate opportunities for individualized format

Although group formats are often necessary for a variety of practical reasons, the evidence indicates that relational interventions using individualized services may be more effective at reducing externalizing behaviors. Because relational interventions emphasize positive and supportive relationships with the provider as a driver of change, one-on-one formats may promote or stimulate those relationships more effectively than group-based formats. Working one-on-one also means that there is greater flexibility to tailor the activities of the program more closely to the individual needs of the youth. This makes it more likely that individual problems or conditions will be a) accurately identified and b) addressed effectively.

In addition, one-on-one formats eliminate the distraction of other peers, which may increase the likelihood that youth engage fully with the intervention and with the provider. Participant responsiveness is a key dimension of successful implementation, and this may be somewhat easier to achieve in an individualized format compared to group. Greater engagement may also mean that youth are able to learn and retain the benefits of the intervention more effectively. Providers have more time to use repetition and modeling, and they can tailor activities to be more relevant to specific problems or interests.

### EVIDENCE



The 23 relational interventions **delivered one-on-one** showed greater reductions in participants' externalizing behavior than those using group-based formats.

### ASSESS FEASIBILITY



- **Program objectives.** Revisit what your program is trying to achieve and the role of group services in meeting those objectives. If you primarily use group formats, is this format a necessary step toward achieving other outcomes besides externalizing behavior?
- **Program structure.** Can your program's infrastructure and staffing accommodate an individualized format? What would need to change about how your program operates?
- **Funding requirements.** Do funders require a group-based curriculum, or is there flexibility? Are there ways to still meet expectations for numbers served while incorporating an individualized format?
- **Resources.** What resources would need to be added or shifted to accommodate format changes? Would you need additional staff to continue serving the same numbers of youth?
- **Organizational readiness.** Engage your team for input and support. What information, development, or resources do they need to implement changes to format?
- **Context.** Assess where you might implement one-on-one services. Can you identify additional space that allows for privacy?

**TAKE  
ACTION**



Consider any of the following depending on the results of your feasibility assessment:

- **Adjust group formats.** It is often necessary to use a group format. If using group sessions, discuss with your team how to structure them to create opportunities for individual attention, eliminate distractions, and minimize unstructured time. Use delivery personnel with strong skills to support the development of positive one-on-one relationships with youth participants.
- **Increase the amount of time spent in individualized services** relative to group services, or augment current group formats with individualized formats, if feasible.
- **Consider prioritizing individualized services** for just the youth presenting with behavior problems to help balance costs, rather than try to provide all youth with individualized services.
- **Identify additional funding and billing practices** that might be needed to cover the costs of individualized services.
- **Increase the number of staff or trained volunteers as necessary.** For example, connect with pro-bono counseling programs or graduate schools (e.g. social work, counseling, family therapy) in your community to add capacity, with appropriate supervision.

## RECOMMENDATION 2

# Consider delivering relational interventions in a school setting outside the classroom

Relational interventions that are provided during the school day in a dedicated setting outside of the classroom (e.g., a school counselor's office or resource room) show stronger effects on externalizing behavior than those provided in the classroom or in community settings. In our evidence base, relational interventions in these settings tended to be counseling programs – both individual and group – often delivered by specialist staff, but also by paraprofessionals or trained peer counselors. These types of settings share a few features that may make them more effective:

- Counselors in these settings are integrated members of the school team, whether they are school employees or part of a community agency. This means they are likely to be in communication with the classroom teacher and other support staff, and may have opportunities to observe the youth in their school environment. This proximity can give staff a keen understanding of youth's daily challenges related to peers, teachers, and academics, as well as their strengths. Being part of the school also means they are a familiar and consistent face to the youth, which can make it easier to build trust and rapport.
- Programs that take place in school reduce barriers like transportation and can increase the likelihood that the young person will attend the program and receive the full benefits, assuming that they are in school already. Creating a space away from the classroom setting allows the program staff to focus more individualized attention on the participants, and reduces distractions that come with a full classroom.

While the strong effects we observed that support this recommendation may be due to other intangible reasons related to a school environment, some characteristics of a school environment may be transferrable to a community setting if it does not make sense for you to work within the school system.

### EVIDENCE



**The 34 relational interventions delivered in schools outside of the classroom setting showed greater reductions in participants' externalizing behavior than those delivered during class or in community settings. Interventions using school-based out of classroom settings tended to offer counseling services.**

### ASSESS FEASIBILITY



- **Locations and partnerships.** Take stock of the available options based on past or current partnerships with schools or school health centers. Are there opportunities to create new partnerships or build on these relationships? Is it realistic to forge new partnerships with school districts and individual schools?
- **Identify schools with needs aligned to your program.** Use local data and existing partnerships to identify schools with needs aligned to the goals of your program. Are there opportunities for partnerships?
- **Resources.** Consider what resources are necessary to deliver services in schools outside of the classroom. Would you need to hire additional staff? Negotiate with current funders or identify additional resources?
- **Context.** Consider where and how you might implement services within schools. Is your intervention adaptable to a school context? Is your target population accessible in schools, or are many of them not in school? What administrative norms and rules govern whether students can leave class and under what conditions?
- **Other requirements.** Staff who perform these services may need background checks or additional training and certifications to be allowed in schools. What are the state or local requirements for partnering with your school system?



If it's not feasible to implement in schools:

- **Create similar features in your community settings.** If school-based implementation is not feasible, consider ways to create circumstances that mimic the positive characteristics of school-based programs. For example, form collaborations with schools to ensure strong linkages between your community program, teachers, and school counseling staff; minimize distractions; focus on retaining staff; and provide individualized attention.

If you are thinking about implementing in schools:

- **Build relationships and trust.** Seek permission to attend school meetings, afterschool activities, or other events to learn about school culture and become a consistent presence.
- **Cultivate champions.** Identify a school staff person who believes in your program and can connect you with decision-makers. Ask to present at a staff meeting to share your ideas and engage with educational support staff. Show how your program helps the school meet its goals, such as state educational standards.
- **Tackle logistics.** Coordinate with school staff to determine how scheduling will work: how to coordinate student schedules, select classes that can be missed, and reserve space.
- **Increase professional or paraprofessional staff** to accommodate one-on-one or small group sessions in schools as needed. Connect with pro-bono counseling programs or graduate schools to add capacity, with appropriate supervision.

## RECOMMENDATION 3

# Provide opportunities for youth to learn and practice interpersonal skills and intrapersonal development

Youth who lack interpersonal skills tend to have difficulty expressing themselves, understanding others, and navigating social interactions with peers, teachers, and parents. They may become frustrated more easily, and lack the healthy coping skills needed to avoid aggressive or disruptive behavior. Youth with less-developed interpersonal skills also are more likely to be rejected by their prosocial peers, which can lead to associations with anti-social peer networks, further exacerbating externalizing behavior. Many of the interventions contributing evidence to this recommendation addressed both interpersonal skills and intrapersonal development – values, norms, and beliefs about the self, and personal skills like goal-setting. Some of these intrapersonal factors, in combination with interpersonal skills, may help buffer or reduce the risk of engaging in externalizing behaviors.

### EVIDENCE



The 79 relational interventions that included any content relating to interpersonal skills or intrapersonal development showed greater reductions in participants' externalizing behavior than those that did not include this content. More than half (46) of these interventions included content related to both interpersonal skills and intrapersonal development.

### ASSESS FEASIBILITY



- **Current content.** Assess the extent to which your program already covers interpersonal skills and intrapersonal development. See Box 1 below for the type of content to look for.
- **Program structure.** Assess whether there is room to add this content to your curriculum or program guidance. Where would it fit? What would need to change? For example, would you need to add sessions? Increase time spent on this content relative to other areas? Train staff to deliver the content?
- **Funding requirements.** Are there funding constraints on what content must be delivered? Is there flexibility to modify content?
- **Resources.** Review current resources. What resources might need to be added or shifted to accommodate content changes?
- **Organizational readiness.** Engage your team for input on the type of support they will need. What kind of information, training, or resources do they need to implement these changes to content?

### Box 1

#### INTERPERSONAL SKILLS CONTENT

- Family communication and relationships
- Peer communication, peer relationships, peer group interaction
- Prosocial behavior (voluntarily helping, sharing, cooperating with others)
- General interpersonal communication skills (e.g., active listening)
- Identifying, understanding, and communicating feelings
- Conflict Resolution

#### INTRAPERSONAL DEVELOPMENT CONTENT

- Values clarification
- Individual responsibility
- Self-confidence, self-efficacy, self-competence
- Self-concept or understanding yourself
- Self-worth or self-esteem
- Goal setting
- Decision-making



**TAKE  
ACTION**



Consider any of the following depending on the results of your assessment:

- **Identify subject matter experts** who can provide in-service training to your organization and teams to learn best practices for integrating interpersonal skills into relational interventions like mentoring or counseling.
- **Revise lessons plans, staff training content or internal program guidance** to ensure coverage of interpersonal skills.
- Incorporate interpersonal skills as a **case management goal** for mentor-mentee matches and counseling clients.
- **Train mentors** on ways to practice interpersonal skills with their mentees, and suggest activities that provide these opportunities.
- **Engage youth in planning** to ensure content is youth-focused and designed to meet their needs.

## RECOMMENDATION 4

# Prioritize youth presenting with behavior problems

Youth with the highest risk for externalizing behavior or those who are already exhibiting externalizing behavior problems often show greater improvement from relational interventions compared to their lower-risk peers. Youth who are referred primarily for behavior problems, as identified by teachers or parents, may have the greatest need for services and, thus, more room to improve on measures of aggressive or disruptive behavior than do youth referred for other kinds of challenges.

Relational interventions that focus on the specific risk and protective factors of youth presenting with behavior problems are aiming limited resources where they can be the most cost-effective. Understanding the specific risk profiles of youth can help program administrators have a better sense of what impacts to expect when serving youth with behavioral versus other difficulties. This may be helpful for planning or funding purposes, or may signal a need to consider programming with a different focus for different risk profiles.

### EVIDENCE



The 29 relational interventions that selected youth participants based on behavioral issues showed greater reductions in participants' externalizing behavior than those that based selection on other issues such as academic problems, mental health symptoms, family conflict, or a combination of many risk factors.

### ASSESS FEASIBILITY



- **Program objectives.** Review what your program is trying to achieve and consider whether a targeted focus on youth with behavior problems is appropriate.
- **Focal population.** Programs that focused on youth experiencing problems such as disruptive or aggressive behavior were more effective. Do you have a reliable way to assess the needs, risks, and protective factors of your youth participants? Consider using a reliable assessment tool [see Additional Resources on p. 16].
- **Program data.** Review program data and consider the proportion of youth who present with behavior problems that receive relational program services. Is there room to increase this percentage?
- **Organizational readiness.** Consider what would need to change for your program to start serving more youth who present with behavior problems. Is your organization ready to increase the population you serve? Serve youth with greater risk factors?

### TAKE ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- **Build the capacity** to focus your efforts on youth with behavior problems. For example:
  - Train staff on engaging youth experiencing behavioral problems from a strength-based, trauma-informed perspective.
  - Partner with other community programs that serve this population for opportunities to expand capacity.
- **Re-orient services** to accommodate a variety of youth with other risk factors as well as those experiencing behavior problems. For example, reserve more intensive one-on-one formats just for this higher risk group within your larger participant population.
- **Develop plan to manage expectations.** It may not be appropriate to change the focus of your program. In such cases, consider creating a plan to share information with funders or agency administrators about differences you might see in results for youth with different constellations of problems or levels of risk.



## For relational interventions, service-learning content may not be as beneficial as other content that targets externalizing behavior.

Is your program faced with tight resources and the need to prioritize which services you offer? It may be useful to weigh the costs and benefits of offering content that had smaller effects on externalizing behavior.

For interventions in the relational family, those that included service-learning content tended to have smaller effects on externalizing behaviors than programs without this content. Service-learning is a type of experiential learning that provides youth with opportunities to apply their academic knowledge and skills to address community needs. While you might use service-learning in your program for a number of reasons – e.g., to improve school attendance and grades, develop self-efficacy, or increase sense of connection to the community – if your primary goal is to reduce externalizing behavior problems, service-learning may not be required to achieve positive impacts on that outcome.

If you are already using or contemplating using service-learning, consider the following:

- What are the reasons for using service learning, and what is its role in driving the priority outcomes for your program?
  - Is it expected to improve academic outcomes? Enhance youth development and personal growth? Reduce externalizing behaviors? If your reasons for using service-learning include reducing externalizing behavior, and this is a priority outcome, consider de-emphasizing it relative to other content, or replacing it with content that evidence shows is more beneficial in supporting positive behavioral outcomes, such as interpersonal skill-building.
- Do you have evaluation results that point to whether service learning is associated with your intended outcomes? Consider keeping the service-learning component if it is a crucial part of your program and you have evidence that it is contributing to improving outcomes that are important to you and/or your community partners, like school engagement and academic success.
- If you serve a variety of youth with a range of risk factors, think about shifting the service-learning component to serve those with fewer risk factors or with risk factors other than behavior problems.

## ADDITIONAL RESOURCES

### **Screening for behavioral problems**

<https://ncyoj.policyresearchinc.org/img/resources/2003-R2P-Screening-and-Assessing-Mental-Health-and-Substance-Use-Disorders-836279.pdf>

<https://nationalmentoringresourcecenter.org/index.php/toolkit/item/240-about-this-toolkit.html>

### **Social Emotional Learning**

*(Programs include interpersonal skills and personal development content)*

<https://casel.org/>

<https://haaweb.org/resources/sel-to-the-core>



## Skill-Building Interventions

Interventions in the skill-building family train youth to manage challenging social interactions and improve their internal emotional responses to social interactions. This type of skills training is intended to reduce the potential for conflict and externalizing behavior. Skill-building interventions may focus directly on interpersonal skills, social problem-solving, and conflict resolution skills. They may also focus on skills for managing emotional or executive responses to social situations, such as anger or impulsivity, that may inhibit positive social interactions.

Skill-building interventions typically take place in school settings, and can be delivered by teachers, counselors, or others who work with youth to build skills, usually with a detailed curriculum or manual. Providers often model the skills for youth and then use role-playing, practice, and reinforcement to promote internalization of skills.

### Characteristics of skill-building interventions (121 studies contributed evidence):

- ▶ Interventions lasted 15 weeks, on average.
- ▶ Sessions typically took place once or twice per week.
- ▶ Interventions took place in the classroom (30%), in a separate space within the school (resource room or school counselor's office; 55%), or a community setting (15%).
- ▶ Most used a manual or dedicated lesson plan (69% of programs).
- ▶ Almost all were delivered using a group format (91% of interventions).

### Intervention Examples

- ▶ A school-based social problem-solving intervention trained students in the use of the following problem-solving sequence: (1) identify the problem, (2) inhibit inappropriate responses, (3) find alternative actions, and (4) consider consequences.
- ▶ A school-based social skills intervention aimed to improve the emotional awareness, social problem-solving, behaviors, and cognitive/academic performance for participating children. The intervention followed a structured curriculum covering three main units: 1) self-control, 2) identifying feelings, and 3) interpersonal cognitive problem solving. During the structured sessions, students participated in group discussions, role-playing, and educational games. Classroom behavioral reinforcement was sometimes used in tandem with the lessons.
- ▶ An intervention for students who exhibited inappropriate control of their anger and related behaviors included 15 semi-structured lessons that focused on: 1) handling and identifying anger, 2) effective communications, 3) relaxation techniques, and 4) problem-solving skills. The students engaged in role-playing and modeling, recorded situations that provoked anger in logs, and used them as examples in the lessons. Students learned to walk themselves through a procedure for solving problems and to self-reinforce their behaviors.

## RECOMMENDATION 1

# Have “specialized” staff deliver your program

When possible, use “specialized” staff such as social workers, psychologists, case workers, or other trained prevention professionals or paraprofessionals to deliver your program. What specialized skills do these roles have in common that might drive more effective skill-building programs? Individuals with skills such as teaching, crisis intervention and counseling, and building rapport with youth may be better equipped to help young people navigate the complexities of social interactions and understand and manage their emotional responses to them. When staff have an understanding of cognitive, social, and emotional development in youth, they can explain or model social skills for youth in ways that are appropriate for their skill level and stage of development.

The interventions in our database that used “specialists” included staff with training in education, social work, or counseling and psychology, as well as trained paraprofessionals. Staff with these qualifications may be employed by the school or school district, or by organizations external to the school. In either case, they may be more effective than other types of delivery personnel because teaching social skills to youth is a core part of their job function. For example, a school psychologist will likely see a coping skills intervention as a key part of her contribution to the school, while a teacher would not.

### EVIDENCE



**The 23 skill-building interventions delivered by specialists such as school psychologists, social workers, or trained youth prevention specialists, showed greater reductions in participants’ externalizing behavior than those taught by other personnel, including volunteers, teachers, researchers, and law enforcement officers.**

### ASSESS FEASIBILITY



- **Training and qualifications.** Consider the types of training and experience among your staff who work directly with youth. Are there key gaps in knowledge or skills?
- **Resources.** Consider your staffing budget. Are there opportunities for you to hire specialized staff members? Provide professional development to existing staff?
- **Planning.** In the future, do you have a pipeline or access to staff with specialized skills? Does your job description clearly indicate a preference for training or experience with child and youth development, teaching social-emotional skills, or social work and counseling, as appropriate?

### TAKE ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- If your delivery personnel are teachers, volunteers, or others without special training or experience:
  - Ensure that they have **adequate time to prepare, practice, and focus on delivering the intervention.**
  - **Provide ongoing professional development** to help them develop relevant skills.
- **Integrate specialists into your organization** or program as appropriate. For example, many social work students need to complete practicum hours in a community setting. However, ensure that your program has the supervisory infrastructure necessary to host student clinicians.

## RECOMMENDATION 2

# Teach from dedicated lesson plans

Interventions with lesson plans or manuals organize content in a logical format and sequence. For example, many of the skill-building interventions supporting this recommendation used lesson plans to first teach the concept of a skill, then provide opportunities to practice the skill through role playing, and, finally, to apply the skill in a “real life” setting. Many interventions with lesson plans include specific, additional mechanisms to further engage participants in program content, including videos, worksheets, and homework. These additions may reinforce the program’s key skills.

Lesson plans should include the number and frequency of lessons, the content that should be delivered during each session, and the pedagogy (the way the content is taught) they should employ. Documenting clear expectations for program delivery better ensures that participants experience the same content regardless of where or when it is delivered or which facilitator provides it. Some manualized interventions also recommend ways facilitators can adapt or vary the content to be responsive to participants without jeopardizing the program’s underlying logic. Many of the manualized interventions contributing evidence to this recommendation either: 1) provided pedagogical supports for program delivery, such as videos, skill cards, or scripted role plays; and/or 2) offered supports for extending learning outside of the formal program, such as homework or journals to document real-life instances of conflict and how they were resolved.

EVIDENCE



The 83 skill-building interventions that used **manuals and dedicated lesson plans** showed greater reductions in participants’ externalizing behavior than those that were not manualized.

ASSESS  
FEASIBILITY



- **Delivery model.** Determine whether, or to what extent, your program draws on a manualized or lesson- plan based service delivery model. Is typical delivery close enough to the manual to say you are providing “that” program?
- **Program content.** Identify all program content and pedagogy that you do not have documented in writing. To what extent could you standardize program delivery?
- **Understanding of the program.** Review your staff training materials and process. Do all staff members understand your program’s motivation? Its objectives and the key steps needed to achieve them? The key content and areas where adaptation is allowed?
- **Organizational context.** Assess the level of support in your organization and among key partners for standardizing service delivery. Do administrators and program directors understand why it is important, and are willing to support the effort? Are frontline staff receptive, or is additional work needed to gain buy-in? Do the partners that you rely on for service delivery understand their role in ensuring consistency?

TAKE  
ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- **Document the key activities, content, and learning objectives** for your program. Consider how you think the content should be taught and how it is actually delivered by staff.
- **Compare the actual delivery of your program with what it is trying to achieve** and how it proposes to get there. Revise service delivery strategies as needed to ensure you are following the philosophy and assumptions about how your program is expected to reduce externalizing behaviors.
- **Determine what adaptations staff can make** without affecting the underlying assumptions about why the program should successfully reduce externalizing behaviors. For example, you may determine that role playing is integral to your program, but that facilitators can vary the specific examples based on participants.
- **Ensure delivery staff understand the rationale for standardizing** service delivery, and provide support for them as they strive to deliver the program with fidelity. For example, schedule peer support sessions and refresher training sessions.
- **Emphasize the importance of consistently using standardized lesson plans** across your organization, agency, or school, and reinforce its importance over time to guard against staff turnover.

ADDITIONAL  
RESOURCES

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**Example Adaptation Guidance**

<https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>

## RECOMMENDATION 3

# Emphasize conflict resolution skills

Children and youth who have not developed the ability to manage and resolve interpersonal conflicts occurring at school, home, and in their communities may be more likely to engage in aggressive responses to such conflicts. Including specific training in conflict resolution skills as part of a skill-building intervention, such as mediation, negotiating with peers, and collaborative problem solving, may help mitigate these problems. Peer-to-peer interventions are another common way to build conflict resolution skills, which may also help drive changes in school climate. In these situations, peers in a potentially conflicted relationship are equipped with the same vocabulary and skill sets to engage with each other in a safer, more appropriate way.

### EVIDENCE



**The 18 skill-building interventions that included conflict resolution skills content showed greater reductions in youth externalizing behavior than those that did not include this content.**

### ASSESS FEASIBILITY



- **Program content.** Assess the extent to which your program already covers conflict resolution skills, including time for modeling, practice, and role plays.
- **Staff development.** Do staff have the necessary skills to manage classrooms, and facilitate role plays effectively? Do they need training on creating safe and supportive environments for youth to feel comfortable participating?
- **Program structure.** Assess the current length of your program and whether there is room to add conflict resolution content to your lesson plans. What might need to change to accommodate additional material and practice time for participants? What accommodations are needed to include youth with disabilities in role plays?

### TAKE ACTION



Consider the following courses of action depending on the results of your feasibility assessment:

- **Revise lesson plans, staff training content or internal program guidance** to ensure coverage of conflict resolution skills.
- **Provide training and support for staff as needed to facilitate role plays.** Consult with resource teachers on ways to include youth with disabilities in the lesson activities.
- **Involve youth** in creating safe and supportive environments for learning and practicing conflict resolution skills.
- **Engage youth and parents in planning** to ensure content is relevant and designed to meet their needs.
- **Insert opportunities for youth to practice conflict resolution skills.** Ideas include role play, resolving actual conflicts through negotiation, suggesting solutions, and asking for alternatives.
- **Use reflection to help youth assess and build their conflict resolution skills,** e.g., recording and reviewing practice sessions.





**For skill-building interventions, content addressing parenting skills or family relationships may not be as beneficial as other content targeting externalizing behavior.**

Is your program faced with tight resources and the need to prioritize which services you offer? It may be useful to weigh the costs and benefits of offering content that the evidence indicated had smaller effects on externalizing behavior.

While the skill-building family of interventions showed some of the strongest impacts on externalizing behavior in our analysis, those that included parenting and family relationship services tended to have smaller, though still positive, effects on externalizing behavior compared to interventions without this content. Including parenting skills or family functioning content in a skill-building intervention may not be the most direct way to address youth behavior problems, especially among youth who may already be exhibiting such problems.

Programs may have other goals, such as child-parent attachment, that require parenting and family relationship services; our analysis suggests that skill-building programs with the primary goal of decreasing externalizing behavior may not require them. Thus, if resources are limited, you might consider reallocating resources to other content that the evidence shows would be more beneficial in supporting youth behavior change.

Consider the following in examining your program:

- Assess the degree of focus your program has on improving parenting skills and family relationships, and the reasons for including these services. If the primary reason is to decrease youth externalizing behaviors, consider shifting emphasis toward youth-focused content, such as conflict resolution skills. However, if you include these services to address other outcomes besides externalizing behavior, there is likely no need to make changes.
- If you continue to include parenting or family content, ensure you have the resources to implement with quality. One reason for the smaller impacts we observed might be due to the implementation challenges related to complex, multi-dimensional programs.

**ADDITIONAL  
RESOURCES**

***Conflict Resolution  
Peacebuilding Toolkit for Educators:***

[https://www.usip.org/sites/default/files/GPC\\_EducatorToolkit-%28HighSchool%29\\_combined.pdf](https://www.usip.org/sites/default/files/GPC_EducatorToolkit-%28HighSchool%29_combined.pdf)



# Academic-Educational Interventions

Academic-educational interventions aim to **improve school performance, school engagement, and academically-oriented behavior** and are, therefore, somewhat different from the other intervention families in the guidelines that focus more directly on youth behavior. Academic performance is a risk factor for externalizing behavior, which, as many teachers will confirm, can manifest in school settings. Although not usually the primary focus, interventions with an academic or educational focus may provide collateral benefits on youth behavior by promoting positive youth development in general. Our recommendations in this chapter highlight the effective core components of academic and educational programs that we found produced the best impacts on externalizing behavior. These programs may also have positive effects on academic performance and school engagement, but our recommendations focus on effective components that you may consider emphasizing or adding to an existing program should you be interested in also improving youth behavior.

Our evidence base for academic-educational interventions includes tutoring and academic support, academic interventions with a vocational focus, and interventions that change or reorganize the school environment or structure. Changes to school structure include small class sizes, varied class paces to meet student needs, alternative schools, “schools-within-schools,” and dedicated time for academic interventions within or outside the school day. School structure interventions typically include a full spectrum of course work using interdisciplinary curricula best suited to students’ needs, often with a focus on reading, math, and/or career experiences.

## Characteristics of academic-educational Interventions (75 studies contributed evidence):

- ▶ Interventions lasted 37 weeks on average, or approximately one school year.
- ▶ Sessions typically took place more than twice a week – often daily during the school week.
- ▶ Most took place in the classroom (68%). Others took place in a separate space within the school (resource room or school counselor’s office; 9%) or a community setting (23%).
- ▶ Many of the interventions in this category were delivered by teachers (59%).

## Intervention Examples

- ▶ **School within a school:** An intervention focused on school structure included sophomore students at risk of dropping out of high school with a history of academic, attendance, or motivation problems. Class sizes were smaller than those for the rest of the school. Students were organized into cohorts that attended blocks of classes together. Courses were designed to have a career/vocational theme; students participated in field trips and attended guest presentations related to the theme. Students were also matched with a mentor in the same industry who committed to working with the student monthly.
- ▶ **Tutoring and enrichment:** This intervention used early morning sessions to increase learning time. The sessions were designed to improve achievement and attendance and reduce disciplinary referrals. Classroom teachers volunteered to provide tutoring and enrichment activities for targeted skill development in critical thinking and conflict resolution as well as tutoring in math and reading. They also provided counseling support to improve student self-concept and school attitudes. Sessions were a mix of one-on-one, group, and computer-based activities. Parents were also involved through workshops, trainings, and visits to the sessions, and students engaged with community role models and participated in field trips.

# RECOMMENDATION 1

## Emphasize school structure

If you are a school-based academic-educational program seeking to address youth behavior problems, consider ways to create smaller or more cohesive groups of students for part or all of the school day. Schooling in smaller structural units, whether in small schools or schools-within-schools, may yield a number of benefits: teachers are better able to adjust the curriculum and learning environment, behavior is more easily managed, and students feel a stronger sense of connection. Perhaps most importantly, teachers can better monitor students' performance, assess students' strengths and weaknesses, and provide greater individualized attention.

The youth served by the interventions contributing evidence to this recommendation usually had academic difficulties, often combined with behavior problems. Interventions of this type may offer specific services to help address academic struggles, such as one-on-one instruction, subject-specific tutoring, or individualized education programs. They also provide additional non-academic supports to address behavioral and other needs, such as counseling, assistance with interpersonal skills, and connections to essential social services.

### EVIDENCE



The 21 academic-educational interventions focused on school structure showed greater reductions in externalizing behavior than those focused on tutoring and academic supports or career and vocational topics.

### ASSESS FEASIBILITY



- **Program structure.** Assess your program structure to determine if there are opportunities to create smaller units for instruction or learning. Are there activities or parts of your program that are adaptable to a different schooling structure? Is the program structure amenable to changes in the length of time spent on a specific subject or task?
- **Needs assessment.** Consider conducting an assessment of students' needs, both academic and non-academic. Are there specific types of issues or struggles your students face?
- **Resources.** Explore internal and external resources to assist with students' non-academic needs. Are there local social service agencies that could assist in providing services to students?

### TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Provide academic instruction in formats other than traditional classroom.** Explore alternative options, such as individual or group tutoring sessions, one-on-one instruction, or small group formats. Consider other forms of pedagogy, such as cooperative learning, small-group instruction, or hands-on learning.
- **Provide non-academic services to help address students' needs.** Counseling supports – delivered by teachers or specialized staff – may address school attitudes and behavior problems.
- **Consider offering assistance with social services** and other formal supports.
- **Increase the amount of time spent on learning.** Often this change can be done through lengthened class periods or back-to-back classes on the same subject (block scheduling).

## RECOMMENDATION 2

# Focus on classroom behavior

For students, a classroom environment that is free of behavior or disciplinary problems is one in which they are better able to learn. Fewer distractions in the classroom allow students to better focus on their academic work. In addition, teachers are better able to focus on teaching and student learning when they do not have to spend time managing student behavior or addressing disruptions in their classrooms.

Creating a distraction-free environment takes skill and effort. Teachers, paraprofessionals, and other school staff play a role in setting and enforcing normative expectations, including establishing rules about when it is appropriate to raise your hand, to take turns in speaking, to pay attention to instructors and other school staff, and how to contribute to a positive and orderly environment (i.e., not creating distractions).

### EVIDENCE



The 11 academic-educational interventions with content focused on **appropriate classroom behavior** showed greater reductions in participants' externalizing behavior than those that did not have these elements.

### ASSESS FEASIBILITY



- **Program content.** Assess the extent to which your program is already focusing on classroom behavior. If there is room for improvement, consider whether a focus on appropriate behavior can be incorporated into your program. Are there early opportunities to lay out and reinforce rules and expectations for students?
- **School structure.** During the school year, are there aspects of classroom behavior that could be added to existing school activities? Could behavioral norms be taught as part of other activities?
- **Staff development.** Do teachers and others implementing the intervention have the training and support they need to manage classroom behavior? Are there resources available to provide training?
- **Opportunities to intervene.** Assess when and where the need for behavior management is greatest. Are there specific disruptions that occur frequently? Identify these, including when and where they occur. Are there particular settings or times (e.g., later in the day) in which disruptions are more likely to occur?

### TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Make sure that classroom expectations and rules are explained clearly** to students.
- **Reinforce rules and norms** with praise, rewards, and recognition for good behavior.
- **Model appropriate behavior** and provide opportunities for students to demonstrate appropriate behavior.
- **Incorporate classroom rules and behavior expectations into academic curriculum.**
- **Plan for increased focus on addressing disruptions** that occur during the program, anticipating likely times to reinforce normative expectations.



## **For academic-educational interventions, content focused on general personal or social support for youth may not be as beneficial as other content targeting externalizing behavior**

Is your program faced with tight resources and the need to prioritize which services you offer? It may be useful to weigh the costs and benefits of offering content that had smaller effects on externalizing behavior. While interventions in the academic and educational family showed strong effects on externalizing behavior in our analysis, those that included general personal or social support content tended to have smaller effects on externalizing behavior than interventions without this content.

Examples include peer support groups, open-ended discussion groups, or individual counseling where the facilitator or counselor does not teach specific skills. Such activities, when provided in the context of an academic-educational intervention, may not have the direct or sustained focus on behavior needed to produce large impacts on externalizing behavior.

Consider the following in examining your program:

- Assess the level of focus your intervention has on general personal or social support, and the reasons for including these services. If your primary reason is to decrease externalizing behavior, consider shifting the emphasis of these services to behavioral strategies to improve classroom behavior. However, if you include these services to address other outcomes besides externalizing behavior, there is likely no need to make changes.

### **ADDITIONAL RESOURCES**

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#### ***College & Career Academy Support Network:***

<https://casn.berkeley.edu/>

#### ***National Career Academy Coalition:***

<https://www.ncacinc.com/>



# Behavior Management Interventions

Behavior management interventions aim to reduce problem behavior or increase desirable behavior by manipulating rewards and punishments. These interventions address externalizing behaviors by reinforcing desirable behaviors and discouraging undesirable behaviors.

The specific mechanisms vary, but examples include incentives, disincentives, and behavioral contracting. Some programs incorporate “contracts” between youth and adults, specifying behavioral and other goals, as well as rewards and sanctions associated with those goals. Others use “token systems,” which provide rewards for specific behaviors or for completing tasks. These tokens can be exchanged for rewards, such as toys or snacks. Many programs use a combination of these and other elements, based upon the assessed needs of the youth they serve. These techniques can be used either alone or in conjunction with other interventions.

## Characteristics of behavior management interventions (27 studies contributed evidence):

- ▶ Interventions lasted 23 weeks, on average.
- ▶ Sessions typically took place once or twice a week.
- ▶ Most interventions took place in the classroom (70%). Others took place in a separate space within the school (resource room or school counselor’s office; 15%) or a community setting (15%).
- ▶ About half of the interventions were delivered in a one-on-one format (52%).

## Intervention Examples

- ▶ **Behavioral contracting:** A behavioral consultant assisted the classroom teacher with four phases of behavior management and modification. In the first phase, the consultant observed the child in the classroom and identified the problem behavior. Next, the consultant shared the observation with the teacher and they created a plan for behavioral change using reinforcement and monitoring. The teacher and student worked together to create a behavioral contract that included a description of the desired change, the monitoring strategy, and the methods for reward delivery. Then, in the implementation phase, which typically lasted for three weeks or more, the teacher and student both monitored student behavior and the teacher provided feedback and reinforcement as goals were met. Once goals were met, the consultant returned for the final evaluation phase and conducted another observation of the student’s behavior. The teacher and consultant compared data to determine next steps (fade, continuation, or change of intervention).
- ▶ **Token economy:** An 8-week preventative mental health program applied behavioral reinforcement techniques with children of military personnel. During the first two weeks, providers determined a baseline for child behavior and did not offer reinforcement. Starting in the third week, providers introduced a token system where children could earn tokens for good behavior and then use those tokens to ‘buy’ toys, candy, and school supplies. Through the seventh week of the program, children were able to earn tokens and verbal praise when they performed target behaviors. During the eighth week, the token system ended, but children continued to receive verbal reinforcement for desired behavior.

## EVIDENCE



The 27 behavior management interventions produced meaningful reductions in externalizing behavior, but the analysis did not identify additional effective core components. That is, there were no specific **content, format, or setting components** that distinguished more effective behavior management interventions from less effective ones.

## ASSESS FEASIBILITY



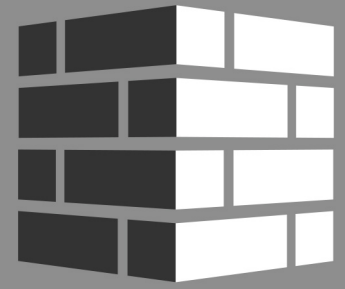
- **Needs assessment.** Assess whether your program has a need for a greater level of behavior management. Do behavioral disruptions cause program interruptions or alter program outcomes for some participants?
- **Program design.** Identify potential benefits and drawbacks of adding behavior management structures into your program. Would doing so change critical elements of your program?
- **Program structure.** Examine whether there are opportunities to add a behavioral management intervention. Could it be folded into an existing program?
- **Resources.** Consider what resources are necessary to implement a behavior management intervention. What types of specialized training or professional development would be required for staff?
- **Specific needs.** Are there specific types of behavioral disruptions that could be addressed? Are there approaches that might work best with the youth you serve?

## TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Incorporate behavioral management interventions into your program.** Identify an approach to try, whether a token economy system, a behavioral contract, or some other form. Evaluate its fit and adjust as needed.
- **Evaluate the effectiveness of specific forms of reward or punishment for the youth in your program.** Try different approaches to determine which is best suited for your context.



# Effective Implementation Components

This section differs from those above. Rather than recommending changes to what you do, here we provide advice about how to implement what you do well. These **effective implementation components** may increase the chances that your program is delivered in the way you intended, and that the effective intervention components are best able to drive behavior change.

Our analysis found that the most effective interventions for reducing externalizing behavior had one or more of these three implementation components:

- **Staff training or supervision** – Focus on training staff for their roles as part of the startup process and provide ongoing supervision, coaching, and technical assistance to help staff implement the program with quality.
- **Simplified service delivery or complex delivery paired with strong implementation** – A simplified or streamlined delivery approach can be more effective than a complex approach – but complex approaches pay off if there is appropriate support to implement them well.
- **A lack of reported implementation problems** – Incorporate implementation monitoring into Continuous Quality Improvement (CQI) or other feedback improvement loops to ensure it is an ongoing process.

Together, these three components reinforce the notion that supporting strong implementation is necessary to produce positive impacts on behavioral outcomes. The interrelatedness of the three recommendations is important. For example, a strong approach to monitoring implementation coupled with training and support for frontline staff can help balance any necessary service delivery complexity.



## RECOMMENDATION 1

# Focus on training, coaching, and ongoing supervision for staff

Training and ongoing coaching of program staff is a key driver of implementation quality and fidelity. Research on successful program implementation suggests that a combination of initial training, periodic refresher training, and ongoing coaching, technical assistance, or consulting is the most effective way to transfer knowledge and skills and ensure they will be put into practice. Another driver of high-quality implementation is a supervisory structure that uses fidelity monitoring tools to assess frontline staff's adherence to intervention protocols, and then uses that information to provide tailored coaching and training for staff. Ongoing training not only increases staff knowledge, skills, and confidence; the opportunity to take a course or workshop, or attend a conference may increase morale and commitment, which can contribute to overall staff retention and program quality.

### EVIDENCE



**The interventions that trained service delivery staff prior to the start of the intervention or supervised, coached, and trained them throughout the intervention showed greater reductions in participants' externalizing behavior than those that did not.**

### ASSESS FEASIBILITY



- **Training.** Assess current training approach and identify any areas for improvement.
- **Needs assessment.** Conduct a needs assessment with frontline staff to learn what topics and formats they prefer.
- **Program data.** Use results from implementation monitoring or Continuous Quality Improvement process to pinpoint possible gaps in knowledge or skills.

### TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Ensure adequate resources are allocated** for ongoing staff training and professional development.
- **Determine the best option for accessing training** (e.g., in-house trainers/train-the-trainer; using an intermediary; using the program developer).
- **Incorporate annual refresher training** on the intervention content and theory of change.
- **Incorporate quarterly or semi-annual training** on professional development topics related to staff responsibilities.
- **Provide peer learning and coaching opportunities** such as Communities of Practice and peer observations.
- Integrate staff supervision and observations into **CQI feedback** loops.

## RECOMMENDATION 2

# Ensure organizational capacity to support complex service delivery

Service delivery complexity is a combination of different settings (e.g., classroom, home, community setting), different types of delivery personnel (e.g., teachers, laypeople, program specialists) and different formats (e.g., group, one-on-one, self-directed). The more of these elements a program has, the more complex and challenging it can be to implement with quality and consistency. However, many health and human services programs for youth are intentionally complex, due to factors such as the constellation of needs of populations of interest, community context, and funding requirements. Moreover, many programs for youth are multi-dimensional, reinforcing content in multiple spheres of a child's life – home, school, and community – and with multiple people who influence that child – caregivers, teachers, and peers. Because service delivery complexity can be desirable, it is crucial for programs that involve multiple settings, formats, or delivery personnel to have the capacity to ensure they are well implemented.

By organizational capacity, we mean “the range of capabilities, knowledge, and resources that nonprofits need to be effective.”<sup>2</sup> There are many different dimensions of organizational capacity – here are four common dimensions, but you may have your own favorite framework for defining organizational capacity:

- **Leadership** – the active involvement of leadership in providing direction, creating a positive climate, and inspiring others to achieve the organization's mission.
- **Operational** – the people, skills, competencies, space, funding, partnerships, technology, etc. necessary to carry out the organization's activities.
- **Management** – policies, systems, and procedures that provide structure and support the delivery of services. For example, training and supervision, continuous quality improvement (CQI), decision-making structures, and policies that guide service delivery.
- **Adaptive** – the ability to respond to changing circumstances within and outside the organization.

### EVIDENCE



**Interventions with complex service delivery – those implemented in different setting types, with multiple formats, and/or that used multiple types of providers – tended to have smaller reductions in participants' externalizing behavior than those with more streamlined operations. However, among well-implemented interventions, those with higher complexity tended to have larger impacts than those with less complexity.**

#### EXAMPLES OF HIGH COMPLEXITY PROGRAMS

- A day treatment program for children exhibiting disruptive behavior provided a daily 2.5 hour block of special education, a 3-hour block of psychotherapy, and weekly family therapy. Though conducted in a single setting, the intervention was delivered by multiple types of providers such as teachers, psychologists, a social worker, and child care workers. In addition, each component of the program required a different format: group special education, one-on-one psychotherapy, and child-parent dyads with a provider for family therapy.
- A program designed to reduce inattention, impulsivity, and improve motivation among 2nd – 4th graders was implemented in a school-based setting and a home setting. At school, classroom teachers used positive reinforcement techniques to reinforce desired behaviors, coupled with parental praise for positive teacher reports. At home, parents consulted with therapists and implemented behavior modification and tutoring, and children received individual counseling from the therapist.

<sup>2</sup> Grantmakers for Effective Organizations (2015). Strengthening Nonprofit Capacity. Washington, DC: Author.

## ASSESS FEASIBILITY



- **Program design.** Review the number of different setting types, types of delivery personnel, and formats your program uses, and confirm they are necessary elements based on your intervention's design and implementation context (e.g., your population of interest, your program's logic model for how behavior change happens, community norms and expectations). Identify any areas where simplification could be practical.
- **Organizational capacity.** Assess and identify gaps in organizational capacity that may be hindering your ability to implement with quality in a diversity of places and formats. Weaknesses in any part of the organization could affect the staff and resources needed to implement your program as intended.

## TAKE ACTION



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Build specific capacity** to support complex service delivery, as needed. For example:
  - **Clear manuals** or written guidance for frontline staff;
  - **Ongoing training and professional development** tailored to specific settings and formats;
  - **A system to monitor staff's adherence** to implementation guidance to identify areas in need of improvement.
  - **Take steps to improve communication** with key partners who are hosting the intervention.
- **If you don't have the resources to build capacity, think about streamlining service delivery into one type of setting or format to ensure more uniformity and control over implementation quality.** For example, try multiple community center settings that share characteristics, instead of a mix of different community centers, schools, and home settings.

## RECOMMENDATION 3

# Monitor implementation and address challenges

The best way to know if you have an implementation problem, what it is, what is causing it, and how to address it, is to have a systematic process for monitoring implementation. Without a system in place, program managers must rely on what they hear or happen to observe, which may not fully represent the problem or problems or tell them what is causing it.

Creating a process to identify implementation problems is critical to ensuring strong implementation. Moreover, monitoring implementation is one part of an overall Continuous Quality Improvement (CQI) approach that can ensure what you learn from monitoring is incorporated into staff training and professional development, and program operations and program design.

### EVIDENCE



**Interventions that explicitly identified program implementation problems or suggested possible issues showed smaller reductions in participants' externalizing behavior than those that did not mention implementation at all or indicated no problems.**

**Examples of implementation problems reported by these interventions included low participant attendance, lack of fidelity to a manual or guideline, incomplete or inconsistent service delivery, and lack of capacity to monitor and support implementation.**

### ASSESS FEASIBILITY



- **Current systems.** If you already have a system to monitor implementation, examine whether it provides you with the information you need to identify problems. For example, are you able to:
  - Track program dosage with attendance records or sign-in sheets?
  - Monitor adherence to lesson plans or program guidance with fidelity checklists?
  - Assess service delivery quality with observations or participant surveys?
  - Identify patterns and areas for improvement? Can you sort or filter the data by staff member, day of the week, or participant characteristics to help pinpoint possible causes?
- **Fidelity thresholds.** Do you have agreed upon thresholds for what constitutes an acceptable level of implementation? For example, what parts of a program are essential to complete? How often do staff need to offer a particular activity to be considered full implementation?
- **Organizational capacity.** If you do not have a way to systematically monitor implementation, do you have organizational capacity to introduce something new? Is your organization's leadership supportive and committed to integrating new processes into the workflow?



Consider any of the following courses of action depending on the results of your feasibility assessment:

- **Consider adding elements to your implementation monitoring system** that may be helpful, such as benchmarks for acceptable levels of implementation based upon past program performance or minimum program requirements. Otherwise, wait until your program has accumulated enough data to set realistic benchmarks.
- **Use Continuous Quality Improvement or feedback loops** to incorporate what you learn into staff training and program operations decisions.
- **Ensure staff have adequate training and ongoing support** so they understand the importance of adhering to program guidelines, and have tools to enhance the quality of services they deliver (also see Recommendation #1).
- **Monitor data** over time to see if there is improvement in the areas you are targeting.
- **Create a Learning Collaborative or Community of Practice** to encourage peer learning, share promising practices, learn about staff perceptions of improvement, and troubleshoot implementation challenges.
- **Consider working with an external evaluator, or conduct your own internal process evaluation** to learn if your program is being implemented as planned and leading to desired results.

## ADDITIONAL RESOURCES

### **Organizational Capacity**

- Organizational capacity assessment tools:
  - <https://hewlett.org/wp-content/uploads/2017/11/A-Guide-to-Using-OCA-Tools.pdf>
  - <https://opa.hhs.gov/sites/default/files/2020-07/organizationalcapacity-assessment.pdf>
  - [https://www.nationalservice.gov/sites/default/files/resource/CNCS\\_Organization\\_Assessment\\_Tool\\_Final\\_082517\\_508\\_0.pdf](https://www.nationalservice.gov/sites/default/files/resource/CNCS_Organization_Assessment_Tool_Final_082517_508_0.pdf)
  - <http://cypq.org/assessment>

### **Continuous Quality Improvement**

- CQI Basics
  - [https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/CQI-Tip-Sheet-FYSB\\_0.pdf](https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/CQI-Tip-Sheet-FYSB_0.pdf)
  - <https://www.rand.org/pubs/tools/TL179.html>
- Getting to Outcomes Framework
  - <https://www.rand.org/health-care/projects/getting-to-outcomes.html>
- Plan-Do-Study-Act Framework
  - <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

### **Process Evaluation**

- Getting to Outcomes – Process Evaluation
  - <https://www.rand.org/pubs/tools/TL259/step-07.html>

### **Communities of Practice**

- <https://www.cdc.gov/phcommunities/resourcekit/index.html>