

2023



EVIDENCE-BASED PRACTICES SELECTION & PLANNING WORKBOOK

The Evidence-Based Practice Selection and Planning Workbook provides an overview of the Evidence-Based Practice Workgroup and an approved list of evidence-based practices for Idaho.

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The Idaho Office of Drug Policy (ODP) leads Idaho's substance use and misuse policy and prevention efforts by developing and implementing strategic action plans and collaborative partnerships to reduce drug use and related consequences.

The State Epidemiological Outcomes Workgroup (SEOW) is a state-level advisory committee that provides information and guidance to policymakers and practitioners working to improve behavioral health among all Idahoans. Its members include owners of epidemiological and other data sources, representatives of agencies impacting behavioral health in Idaho, and others with data-related skills or data decision-making authority relating to the overall health and well-being of Idaho residents. The SEOW was established under the Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded to the Idaho Office of Drug Policy in 2013 and continues under the Strategic Prevention Framework Partnership for Success (SPF PFS) grant.

Serving as the State's Evidence-Based Practices (EBP) Workgroup, the SEOW evaluates the efficacy of substance use prevention programs implemented in Idaho. This workbook is the result of a collaborative effort between the ODP and members of the EBP Workgroup. The *Evidence-Based Practice Selection and Planning Workbook* aims to:

- Highlight the importance of strategic planning in identifying priorities for strategy development
- Determine which options are the most appropriate and best fitting for a community
- Provide a list of evidence-based primary prevention programs and strategies

WHAT DOES IT MEAN FOR A STRATEGY TO BE "EVIDENCE-BASED?"

An "evidence-based" practice generally refers to approaches that are validated by documented evidence. Evidence-based practices (or, EBPs) stand in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

SAMHSA'S STRATEGIC PREVENTION FRAMEWORK

Over the years, prevention scientists have developed many programs and practices to produce positive change in communities struggling with substance use. However, a community must carefully select a strategy that best serves its specific needs. SAMHSA's **Strategic Prevention Framework (SPF)**¹ can help support a community through the strategic planning process.

The SPF is a proven model comprising of five steps:

- **Assessment:** gathering and using data to identify a priority problem, factors influencing this problem, and resources and readiness to address it.
- **Capacity:** building resources and readiness to address the priority problem and its associated factors.
- **Planning:** developing a comprehensive plan that details prevention priorities, programs and practices selected to address them, and anticipated outcomes.
- **Implementation:** moving the prevention plan into action by fine-tuning selected programs and practices and delivering them as intended.
- **Evaluation:** examining how programs and practices are working and using lessons learned to improve them.



Figure 1: SAMHSA's Strategic Prevention Framework

In addition, the SPF process is guided by two principles that should be integrated into each step:

- **Cultural Competence:** the ability of an individual to interact effectively with members of diverse populations.
- **Sustainability:** the capacity of a community to produce and maintain positive prevention outcomes.

¹ [A guide to SAMHSA's Strategic Prevention Framework](#)

HOW DOES THIS DOCUMENT FIT WITHIN THE SPF MODEL?

As prevention providers work through the beginning stages of the SPF – assessment, capacity, and planning – they gather information to determine the community's problems, root causes, and local conditions, then select priorities and complete action plans for each issue. This document will help grantees select strategies that complement the community's specific needs as addressed in the assessment and capacity phases to ensure a greater likelihood of success for prevention strategies. Before choosing a strategy, needs, priorities, community readiness, coalition capacity, and existing prevention efforts should all be evaluated.

PUBLIC HEALTH MODEL

Another evidence-based model prevention providers should consider is the **Public Health Model**. This model demonstrates the relationship that substance use can have with the individual. Three components play a role in substance use and misuse: the host, the agent, and the environment. It takes all three components of the Public Health Model to develop a substance misuse problem within the community. Prevention efforts target one or more areas of the Public Health Model to combat substance use and misuse.²

Three components play a role in substance use and misuse:

- **The Host:** the person or people affected by substance use.
- **The Environment:** the situation in which substance use occurs.
- **The Agent:** the substance used.

The Public Health Model embraces a comprehensive approach to community change. Manipulating the environment that allows substance use in the community greatly impacts prevention efforts.

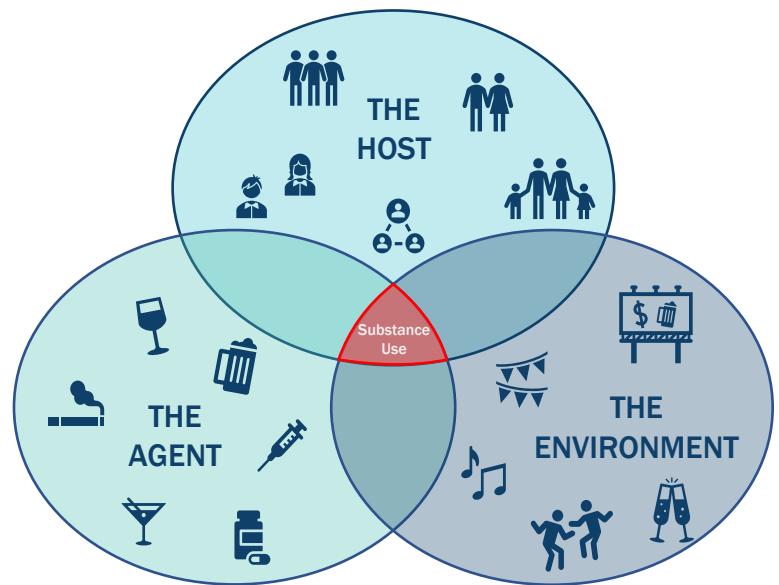


Figure 2: The Public Health Model

ROOT CAUSES AND LOCAL CONDITIONS

When identifying a priority problem, prevention providers must reflect on local conditions and root causes as they exist in their community. **Local conditions** are specific issues in a community that allow root causes to exist. **Root causes** and local conditions are used to identify appropriate strategies. Each root cause must have two or more local conditions.

Root causes drive the problem that an evidence-based prevention strategy will directly try to affect. Local conditions should be specific and actionable and answer the question, "Why is this local condition a problem in

² [Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals](#)

my community?" In some instances, root causes may need further thought and discussion. Here is an example of when this might occur:

“Based on the results of a survey, you have identified social availability as one of your root causes for underage drinking. While social availability is important to your community prevention efforts and grounded in solid evidence, it is not actionable without further information. To refine the root cause, one must ask why the problem is occurring in the community. From various focus group interviews, it becomes evident that, parents think that it is OK to provide alcohol to minors for special occasions. Possible local conditions for this example could be: 1) parents don’t know that it is illegal or do not understand the law; 2) the law is not enforced (which provokes other questions and relates to other root causes); or 3) parents believe it is safer for kids to drink at home.

Assessment data determines the problems, root causes, and local conditions and should be affected by prevention strategies. More assessment may be necessary if no data exists.³

RISK AND PROTECTIVE FACTORS

After a community understands the root causes and local conditions related to their priority problem, they must work to define the associated risk and protective factors their community should address to influence that problem. **Risk factors** precede and are associated with a higher likelihood that a person will experience a problem. **Protective factors** are associated with a lower likelihood that a person will experience a problem or that reduce the impact of one or more risk factors. Since a community cannot change substance use-related problems directly, it must work through the underlying risk and protective factors that influence these problems.⁴



Figure 3: Risk and Protective Factors

Many factors can make a person vulnerable to or resilient in the face of potential substance use-related problems. However, individuals do not exist in isolation; they are influenced by numerous risk and protective factors at the relationship, community, and societal levels.

³ [Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals](#)

⁴ [Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Practitioners](#)

SOCIAL-ECOLOGICAL MODEL

Before choosing a strategy, it is appropriate to determine what will likely stimulate the most significant changes to a community's root causes, local conditions, and prevention priorities. A comprehensive prevention plan should identify a mix of strategies that target local conditions in multiple contexts and levels. The **Social-Ecological Model**⁵ is a multi-faceted public health model grounded in the belief that to achieve sustainable changes in individual behavior, prevention efforts must target the societal environment that individuals interact with.

The Social-Ecological Model consists of four levels that a prevention effort should strive to impact:

- **Individual:** the knowledge, attitudes, and skills of individuals within the target population.
- **Relational:** the relationships that impact individuals. This level includes the family, friends, and peers of individuals within the target population.
- **Community:** the communities that impact individuals. This level includes unique environments in which the individuals in the target population spend their time (i.e., media, workplaces, schools, churches, neighborhoods, sports teams, volunteer groups, etc.)
- **Society:** the societies that impact individuals. This level includes the larger factions that influence the behaviors of the individuals in the target population (i.e., laws, policies, history, social conditions, economic systems, culture, etc.)

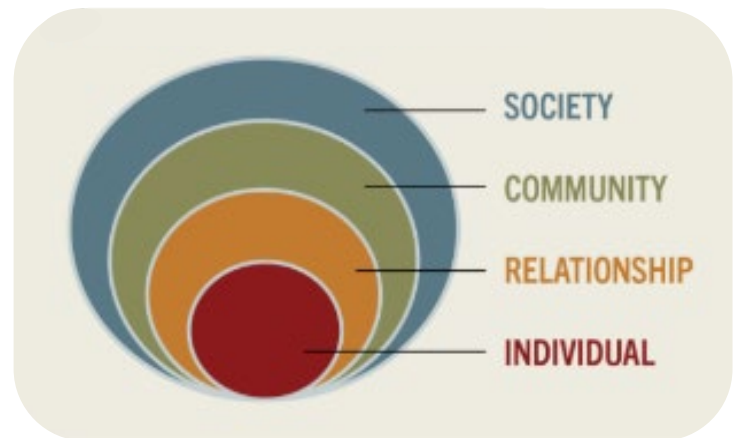


Figure 4: The Social-Ecological Model

PREVENTION STRATEGIES

As part of a multi-strategy approach, it is important for prevention providers to choose one or more **individual** and **environmental strategies** to impact all levels of the community and target population. Failure to implement strategies at multiple levels dramatically decreases the likelihood that providers will achieve long-term success in a community.

Prevention strategies typically fall into two categories:

- **Individual:** target the knowledge, attitudes, and skills of an individual; also referred to as program-level or direct-service strategies. Examples include ongoing education, mentoring, therapeutic efforts, etc.
- **Environmental:** target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors; also referred to as community-level strategies. Examples include modifications to policies, practices, systems, and norms.

⁵ [The Social-Ecological Model: A Framework for Prevention](#)

Particular attention should be given to the implementation of evidence-based environmental strategies. According to the **Community Anti-Drug Coalitions of America (CADCA)**, environmental strategies can produce widespread and lasting behavior change by making appropriate and healthy behaviors more achievable for individuals in the target population.⁶

SAMHSA'S CENTER FOR SUBSTANCE ABUSE PREVENTION STRATEGIES

Depending on the substance misused and the groups affected, various circumstances can prompt a community to take action. Several broad prevention strategies can be applied to most substance use issues. SAMHSA's **Center for Substance Abuse Prevention (CSAP)**⁷ has identified six approved strategies to help providers shape their community's prevention plans.

SAMHSA's CSAP Strategies:

- **Information Dissemination:** one-way learning that increases knowledge and changes attitudes through communications. Examples include classroom speakers, media campaigns, town halls, brochures, health fairs, etc.
- **Prevention Education:** a two-way approach to teaching important social skills. Examples include parent/family management classes, classroom curriculum, peer leadership programs, etc.
- **Positive Alternatives:** fun, challenging, and structured activities with supervision that promote constructive and healthy ways to enjoy free time and learn skills and help people stay away from situations that encourage substance use. Examples include alcohol- and drug-free social/recreational activities, mentoring programs, afterschool/extracurricular activities, etc.
- **Problem Identification and Referral:** processes that determine when the behavior of people who are at high risk or who are using substances requires education or other intensive interventions. Examples include employee/student assistance programs, DUI educational programs, etc.
- **Community-based Process:** strong resources such as community coalitions that work to prevent substance use and misuse; organizing, networking, and planning are included in this strategy to increase capacity. Examples include systematic planning, community team building, assessment services and funding, etc.
- **Environmental Strategies:** aim at the settings and conditions in which people live, work, and socialize. As these changes are carried out at the community level, they can have a sweeping impact. Examples include review of alcohol, tobacco and other drug policies, modification of alcohol and tobacco advertising, technical assistance to maximize local enforcement.

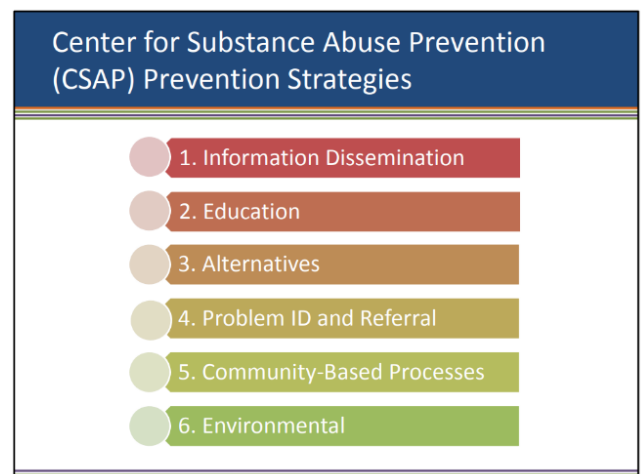


Figure 5: CSAP Strategies

⁶ [The Coalition Impact: Environmental Prevention Strategies](#)

⁷ [Focus On Prevention: Strategies and Programs to Prevent Substance Use](#)

Remember that combining prevention strategies usually improves results. However, even a proven strategy requires careful evaluation to see how well it works in a community and what adjustments might be needed.

SAMHSA'S INSTITUTE OF MEDICINE CLASSIFICATIONS

While strategies are determined based on the service delivery method, classifications of strategies are determined based on the target population. Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population. The **Institute of Medicine (IOM)**⁸ model, often referred to as the continuum of care, classifies prevention interventions according to their target population and identifies the following categories based on the level of risk:

SAMHSA's IOM Classifications:

- **Universal:** efforts that focus on general audiences who have not been identified based on substance use-related risk.
 - **Indirect:** interventions that support environmental strategies.
 - **Direct:** interventions that directly serve a group of participants.
- **Selective:** efforts that focus on audiences with known risk factors for a substance use-related problem.
- **Indicated:** efforts that focus on audiences who are already experiencing a substance use-related problem.

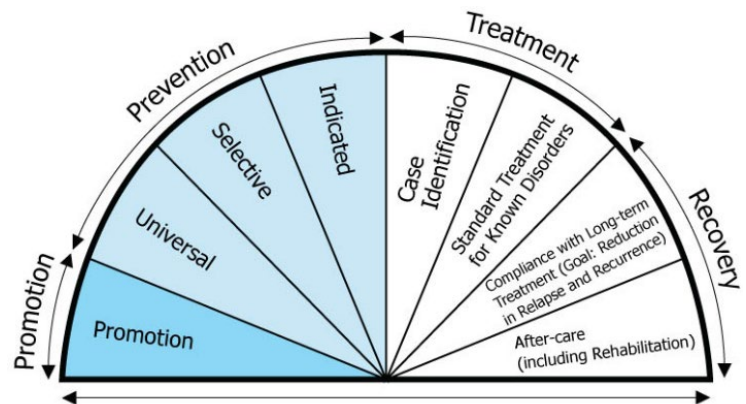


Figure 6: Prevention IOM Classifications on the Continuum of Care

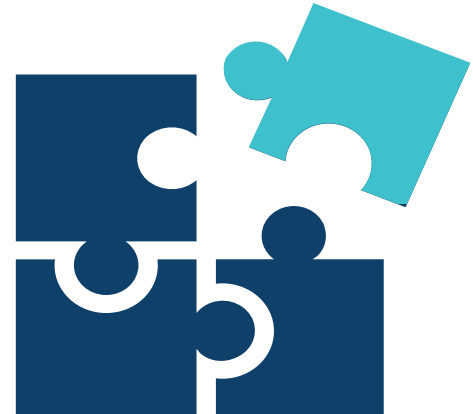
⁸ [Focus On Prevention: Strategies and Programs to Prevent Substance Use](#)

SELECTING GOOD FIT PREVENTION EBPs

Communities want to establish prevention strategies that work. By focusing on evidence-based programs and practices, communities will have the greatest likelihood of impacting substance use-related issues. But, no matter how much evidence of effectiveness exists for an EBP, it will only be appropriate for a community if it is the right fit. To be a good fit for a community, EBPs must meet several criteria.

Best-fit prevention programs and practices are those with strong **conceptual fit**, **practical fit**, and **evidence of effectiveness**.¹⁰

- **Conceptual Fit:** the degree to which a program or practice is a good match for the job that needs to be done.
- **Practical Fit:** the degree to which a program or practice is a good match for the people involved and the community overall.
- **Evidence of Effectiveness:** the proof that a program or practice can (or cannot) do the job that needs to be done.



There will always be work involved in getting a new program or practice up and running. But, if it has a strong fit, this work should meet with little resistance. Figure 9 presents this process for identifying best-fit programs and practices. Each step in this process is described in detail below.

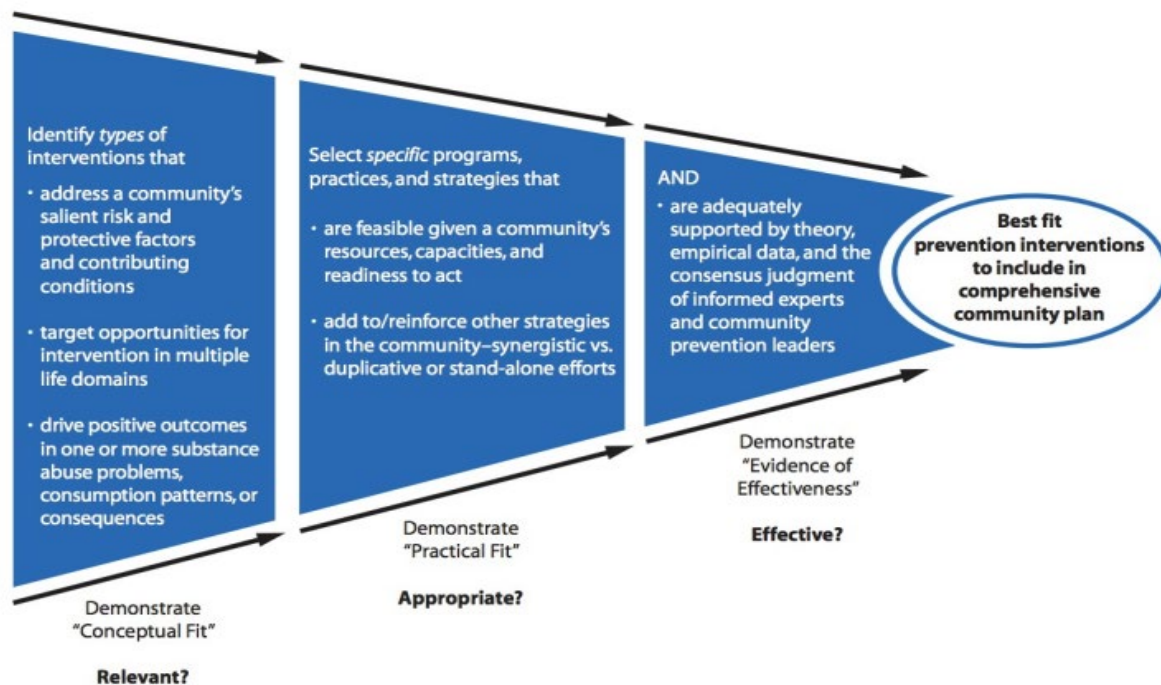


Figure 9: Process for Selecting Best Fit Evidence-Based Strategies

⁹ [Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Practitioners](#)

Conceptual Fit

To determine conceptual fit, or how well-suited a program or practice is for doing a specific job, planners can look closely at their community's action plan for prevention. An EBP with strong conceptual fit is one that:

- Directly addresses the community's priority substance use-related problem as well as one or more priority risk and protective factors associated with that problem.
- Has been shown to produce positive outcomes among members of the community's focus population(s).

Practical Fit

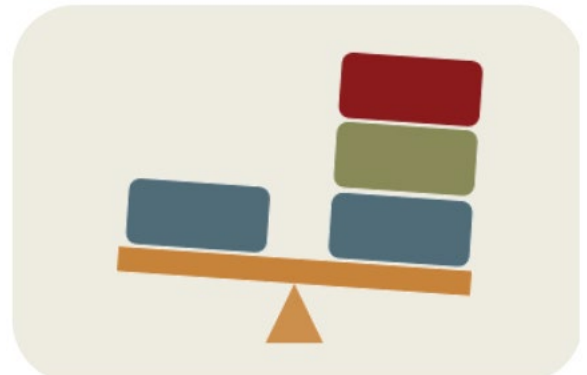
To determine practical fit, or how well-suited a program or practice is to a community overall, prevention planners should consider their community's capacity – that is, its readiness to support new prevention efforts and the resources it has in place, or that could be leveraged, to do so.

- Is supported by key prevention stakeholders and the broader community.
- Is feasible for the organization/community to implement well.
- Complements existing prevention efforts in the community.

Considering Evidence of Effectiveness

Considering the strength of an EBP's evidence of effectiveness involves closely examining how the evidence was gathered and determining how much confidence it deserves.

Evidence of effectiveness falls along a continuum, from strong to weak. The stronger the evidence, the more confidence it deserves. Evidence that an EBP is or is not effective comes from strong evaluation studies. The more scientifically rigorous, numerous, and varied the studies, the more compelling the evidence.



A NOTE ABOUT GOOD FIT

At a minimum, selected strategies must be evidence-based, fit conceptually, and fit practically within the community. In addition, strategies should be implemented with fidelity (meaning implemented as intended by the author). An EBP should also be culturally appropriate for the target population, and sustainable within the community.¹¹

If the strategy does not meet the components of a good fit, identify what is missing and how to add those missing pieces. To help determine whether a strategy is a good fit, use the proposed Strategy Fit Test Form on page 12. This form can help prevention planners create useful snapshots of program and practice viability for their communities.

¹⁰ [Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Practitioners](#)

Strategy Fit Test Form

This form will help your community determine if the proposed strategy meets the "good fit" criteria. **This form does not need to be submitted to ODP.**

1. *What strategy approval category does this strategy fall under?*

- It is included as a certified program on the Idaho EPB list.
- It has been provisionally approved by the Idaho SEOW for implementation.
- It is not included as a certified program on the Idaho EPB list.

2. *Who is the target population for this strategy?*

3. *Is this strategy culturally appropriate and relevant for the target population? (Cultural Fit)*

4. *Which of your local conditions will this strategy try and impact?*

5. *Which of your root causes will this strategy try and impact?*

6. *Complete a theoretical if-then proposition for this strategy. (Conceptual Fit)*

7. *Demonstrate that your community has the readiness and capacity to implement this strategy. (Practical Fit)*

8. *Will this strategy be implemented as intended in your community? (Fidelity)*

- Yes, this strategy will be implemented as intended.
- No, we will be making some changes to how this strategy is implemented.

9. *What will be needed to sustain this strategy in your community? (Sustainability)*

- Almost nothing; it should be sustainable on its own.
- Additional funding.
- Strong support from stakeholders.
- Other (please specify): _____

Evidence-Based Strategies

ODP primary prevention programs and services are designed and implemented using a research-based planning framework and model to reduce risk factors and increase protective factors to help teens stay healthy and succeed in school.

To ensure publicly funded services are effective, ODP has identified and assembled a roster of evidence-based programs and practices. This Evidence-Based Practice (EBP) list can be found at the end of this document on page 16. The programs on the EBP list meet the **following criteria identified by the Idaho SEOW Evidence-Based Practices Workgroup**:

CRITERIA AND RESOURCES USED IN DETERMINING IDAHO'S EBP LIST

CERTIFIED

Research-Based: *A program is considered Research-Based if...*

- It has a Blueprints rating of **Model** or **Model Plus**, OR
- It is deemed **Effective by multiple studies** on CrimeSolutions, OR
- It has been reviewed and approved by the Idaho SEOW for implementation **AND** has shown similar outcomes when implemented in multiple communities.

Promising: *A program is considered Promising if...*

- It has a Blueprints rating of **Promising**, OR
- It is deemed **Effective by a single study** on CrimeSolutions, OR
- It is considered **Promising** on CrimeSolutions, OR
- It has been reviewed and approved by the Idaho SEOW for implementation.

Innovative: *A program is considered Innovative if...*

- The Idaho SEOW has provisionally approved the program after being submitted using the Evidence-Based & Promising Program Application.
- Program research is provided but does not meet the threshold for "Promising" as defined above. Therefore, the program research needs to be reviewed by the Idaho SEOW.

NON-CERTIFIED

Null: *A program is considered Null if...*

- It is considered **Insufficient** or **Inconclusive** on Blueprints, OR
- It is considered to have **no effects** on CrimeSolutions.

Poor: *A program is considered Poor if...*

- It is considered **Ineffective** on Blueprints, OR
- It is considered to have **harmful effects** on CrimeSolutions.

RESOURCES

Blueprints for Healthy Youth Development: <https://www.blueprintsprograms.org/blueprints-standards/>

National Institute of Justice Crime Solutions: <https://crimesolutions.ojp.gov/about/how-we-review-and-rate-program-start-finish>

College Alcohol Intervention Matrix (CollegeAIM): <https://www.collegedrinkingprevention.gov/collegeaim/>

Idaho SEOW Evidence-Based Practices Workgroup

ODP and the SEOW Evidence-Based Practices Workgroup have established an annual submission and review process for additional programs to be considered for provisional inclusion on Idaho's EBP list. Interested in submitting your program for review? Complete the [Evidence-Based & Promising Program Application](#) or contact info@odp.idaho.gov.

Evidence-Based Programs						
PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
Active Parenting: 4th Edition	A video-based family education program targeting parents of teens who want to improve their parenting skills and their child's behavior. It is based on the application of Adlerian parenting theory, which includes mutual respect among family members, nonviolent discipline, problem-solving, communication skills training, family enrichment, and encouragement.	Early adolescence (12-14 years of age); Middle School	Prosocial Behavior; Parenting Practices; Close Relationships with Parents	Prevention Education	Universal Direct; Selective; Indicated	Promising
Brief Alcohol Screening and Intervention for College Students (BASICS)	A brief motivational intervention for high-risk college students that uses alcohol screening and feedback to reduce problem, excessive, and binge drinking by enhancing motivation to change, promoting healthier choices, reviewing myths and facts about alcohol, and teaching coping skills to moderate drinking.	Early adulthood (19-24)	Alcohol	Problem Identification and Referral	Selective; Indicated	Research-based

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Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
Boomerang Project	A school orientation and transition program that welcomes new middle/high school students and makes them feel comfortable throughout the first year of their middle/high school experience. Built on the belief that students can help students succeed, the program trains mentors from older classes to be leaders. As positive role models, student leaders are mentors who guide the new middle/high school students to discover what it takes to be successful during the transition to middle/high school and help facilitate success.	Early adolescence (12-14 years of age); Middle School Late adolescence (15-18 years of age); High School	Success in School Transitions; Prosocial Behavior; Academic Performance	Prevention Education; Alternatives	Universal Direct	Innovative
Class Action (Project Northland)	A multi-level program designed to reduce teen alcohol use through classroom curricula, peer leadership, youth-driven extra-curricular activities, parent involvement programs, and community activism. The program looks at the real-world social and legal consequences involving teens and alcohol. Teens are divided into six to eight Class Action legal	Early adolescence (12-14 years of age); Middle School Late adolescence (15-18 years of age); High School	Alcohol; Illicit Drug Use; Tobacco	Prevention Education	Universal Direct	Promising

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Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	teams to prepare and present hypothetical civil cases in which someone has been harmed as a result of underage drinking. Each team is given a casebook containing their case's facts, affidavits, depositions, and all legal and other information needed to argue their case.					
eCHECKUP TO GO (formerly, e-CHUG)	Alcohol eCHECKUP TO GO is a web-based survey that provides students with personalized feedback about their drinking patterns and how their alcohol use might affect their health and personal goals. The program has a special focus on two high-risk groups: first-year students and athletes. eCHECKUP TO GO is a commercial program. Campuses pay an annual subscription fee of about \$1,000 for unlimited use of a customized program.	Early adulthood (19-24)	Alcohol; Cannabis; Nicotine; Sexual Violence; Well-being	Problem Identification and Referral	Universal; Selective; Indicated	Research-based
Families in Action (Active Parenting of Teens)	A school- and community-based intervention for youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use;	Parents of Early adolescence (12-14 years of age); Middle School	Alcohol; Family Cohesion; Academic Performance; Prosocial Behavior	Prevention Education	Universal Direct	Promising

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Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	irresponsible sexual behavior; and violence. Family, school, and peer bonding are important objectives. The program includes a parent and teen component.					
Good Behavior Game	A classroom behavior management game providing a strategy to help elementary teachers reduce aggressive, disruptive behavior and other behavioral problems in children, particularly highly aggressive children, while creating a positive and effective learning environment.	Late childhood (5-11)	Antisocial-aggressive Behavior; Internalizing; Mental Health – Other; Suicide/Suicidal Thoughts; Tobacco	Prevention Education	Universal	Promising
Guiding Good Choices	A family competency training program that aims to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.	Early adolescence (12-14)	Alcohol; Delinquency and Criminal Behavior; Depression; Illicit Drugs	Prevention Education	Universal	Promising
Keepin' It Real Rural	A substance use prevention and social and emotional competency enhancing program focused on the competencies linked to preventing	Early adolescence (12-14 years of age); Middle School	Alcohol; Tobacco; Marijuana/Cannabis; Self-Awareness; Self-Management; Social	Prevention Education	Universal Direct	Innovative

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Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	substance use and misuse. This program is based on the real stories of young adolescents, and program videos provide social modeling of effective strategies. Youth have opportunities to create their media as part of the program. Lessons are designed to teach students how to assess risk, value their perceptions and feelings, and communicate effectively.		Awareness; Relationship Skills; Refusal Skills; Responsible Decision-Making			
LifeSkills Training (Elementary)	A classroom-based substance use prevention program designed to prevent teenage drug and alcohol use, tobacco use, violence, and other risk behaviors by teaching students self-management skills, social skills, and drug awareness and resistance skills.	Late childhood (5-11 years of age); K-Elementary	Alcohol; Delinquency and Criminal Behavior; Marijuana/Cannabis; Sexual Risk Behaviors; STIs; Tobacco; Violence	Prevention Education	Universal Direct	Innovative
LifeSkills Training (Middle School)	A classroom-based substance use prevention program designed to prevent teenage drug and alcohol use, tobacco use, violence, and other risk behaviors by teaching students self-management skills, social skills, and drug awareness and resistance skills.	Early adolescence (12-14 years of age); Middle School	Alcohol; Delinquency and Criminal Behavior; Marijuana/Cannabis; Sexual Risk Behaviors; STIs; Tobacco; Violence	Prevention Education	Universal Direct	Research-Based

Evidence-Based Practices Selection & Planning Workbook

Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
LifeSkills Training (High School)	A classroom-based substance use prevention program designed to prevent teenage drug and alcohol use, tobacco use, violence, and other risk behaviors by teaching students self-management skills, social skills, and drug awareness and resistance skills.	Early adolescence (12-14 years of age); Middle School	Alcohol; Delinquency and Criminal Behavior; Marijuana/Cannabis; Sexual Risk Behaviors; STIs; Tobacco; Violence	Prevention Education	Universal Direct	Research-Based
Nurturing Parent Program	A family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long-term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol use, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.	Parents of Early adolescence (12-14 years of age); Middle School	Safety; Child/Family Wellbeing; Parenting Practices; Close Relationships with Parents	Prevention Education	Selective; Indicated	Innovative
Positive Action (Elementary)	A school-based social-emotional learning program for students in elementary schools to increase positive behavior, reduce negative behavior, and improve social and emotional learning and school	Late childhood (5-11 years of age); K-Elementary	Academic Performance; Alcohol; Anxiety; Bullying; Close Relationships with Peers; Delinquency	Prevention Education; Problem Identification and Referral	Universal Direct; Selective; Indicated	Research-Based

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Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	climate. Positive Action is based on the intuitive philosophy that we feel good about ourselves when we do positive actions. The essence of the program is to emphasize those actions that promote a healthy and positive cycle.		and Criminal Behavior; Depression; Emotional Regulation; Illicit Drugs; Marijuana/Cannabis; Positive Social/Prosocial Behavior; Sexual Risk Behaviors; Tobacco; Truancy - School Attendance; Violence			
Positive Action (Middle School)	A school-based social-emotional learning program for students in middle schools to increase positive behavior, reduce negative behavior, and improve social and emotional learning and school climate. Positive Action is based on the intuitive philosophy that we feel good about ourselves when we do positive actions. The essence of the program is to emphasize those actions that promote a healthy and positive cycle.	Early adolescence (12-14 years of age); Middle School	Academic Performance; Alcohol; Anxiety; Bullying; Close Relationships with Peers; Delinquency and Criminal Behavior; Depression; Emotional Regulation; Illicit Drugs; Marijuana/Cannabis; Positive Social/Prosocial	Prevention Education; Problem Identification and Referral	Universal Direct; Selective; Indicated	Research-Based

Evidence-Based Practices Selection & Planning Workbook

Evidence-Based Programs List

PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
			Behavior; Sexual Risk Behaviors; Tobacco; Truancy - School Attendance; Violence			
Project ALERT	A classroom-based substance use prevention program designed to reduce the experimental and continued use of drugs. Through comprehensive lessons, Project ALERT aims to motivate students against drug use, cultivate new nonuse attitudes and beliefs, and equip teens with the skills and strategies they will use to resist drugs.	Early adolescence (12-14 years of age); Middle School	Alcohol; Tobacco; Marijuana/Cannabis; Refusal skills; Responsible Decision-Making	Prevention Education	Universal Direct; Selective	Innovative
Project Towards No Drug Abuse (PTNDA)	A classroom-based drug prevention program designed for at-risk youth that aims to prevent teen drinking, smoking, marijuana, and other hard drug use. Project Towards No Drug Abuse (PTND) focuses on three factors that predict substance use and other problem behaviors among youth, including motivation factors, skills, and decision-making.	Late adolescence (15-18 years of age); High School	Alcohol; Illicit Drugs Marijuana/Cannabis; Tobacco; Violence	Prevention Education; Problem Identification and Referral	Universal Direct; Selective; Indicated	Research-Based
Project Towards No Tobacco Use (PTNT)	Project Towards No Tobacco Use (PTND) is designed to counteract multiple causes of tobacco use	Early adolescence (12-14 years of	Tobacco	Prevention Education; Problem	Universal Direct; Selective; Indicated	Research-Based

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PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	simultaneously. PTNT is based on the theory that youth will be better able to resist tobacco use if they are aware of misleading information that facilitates tobacco use, have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequences of tobacco use.	age); Middle School		Identification and Referral		
Refuse, Remove, Reasons (RRR) (High School)	A substance use prevention program that is designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs, decrease their misperception of normative peer use, and increased their refusal skills.	Late adolescence (15-18 years of age); High School	Perceived Risk of Drug Use; Refusal Skills; Alcohol; Tobacco; Marijuana; Opioids	Prevention Education	Universal Direct	Research-Based
Second Step (Elementary School)	A universal, classroom-based program designed to increase children's school readiness and decrease problem behaviors by promoting social-emotional competence and self-regulation. It offers direct instruction and teaches skills that strengthen students' ability to learn, have	Late childhood (5-11 years of age); K-Elementary	Social/Prosocial Skills; Student Conduct and Engagement; Academic Performance	Prevention Education	Universal Direct	Innovative

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PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	empathy, manage emotions, and solve problems.					
Second Step (Middle School)	A universal, classroom-based program designed to increase children's school readiness and decrease problem behaviors by promoting social-emotional competence and self-regulation. It offers direct instruction and teaches skills that strengthen students' ability to learn, have empathy, manage emotions, and solve problems.	Late childhood (5-11 years of age); K-Elementary	Social/Prosocial Skills; Student Conduct and Engagement; Academic Performance	Prevention Education	Universal Direct	Innovative
Strengthening Families	A group parenting and youth skills program aimed to promote good parenting skills and positive family relationships; reduce aggressive, hostile behavior; reduce substance use in adolescence; and improve family relationships through weekly parent effectiveness training and child skills-building, followed by a family session.	Parents of Late childhood (5-11 years of age); K-Elementary	Alcohol; Antisocial-aggressive Behavior; Close Relationships with Parents; Internalizing; Tobacco	Prevention Education; Problem Identification and Referral	Universal Direct; Selective; Indicated	Promising
Too Good for Drugs (Elementary)	A developmentally appropriate prevention program that builds resiliency by teaching social competence and problem-solving skills. It aims to increase social and emotional competencies, mitigate	Late childhood (5-11 years of age); K-Elementary	Setting Goals; Decision-Making Skills; Prosocial Behavior; Anger Management; Communication Skills	Prevention Education	Universal Direct	Innovative

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PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	<p>the risk factors, and build protective factors related to substance use and other problem behaviors. Substance use topics are discussed in the context of expectations, peer pressure and influence, and the media. Complex social challenges and influences that present a greater risk for escapism and risky behavior are explored and met with strategies for managing them in a positive, healthy way. Interactive games and activities create an experiential learning environment so students can learn and apply the skills in the classroom setting.</p>					
<p>Too Good for Drugs (Middle School)</p>	<p>A developmentally appropriate prevention program that builds resiliency by teaching social competence and problem-solving skills. It aims to increase social and emotional competencies, mitigate the risk factors, and build protective factors related to substance use and other problem behaviors. Substance use topics are discussed in the context of expectations, peer pressure and</p>	<p>Early adolescence (12-14 years of age); Middle School</p>	<p>Setting Goals; Decision-Making Skills; Prosocial Behavior; Anger Management; Communication Skills</p>	<p>Prevention Education</p>	<p>Universal Direct</p>	<p>Innovative</p>

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PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	influence, and the media. Complex social challenges and influences that present a greater risk for escapism and risky behavior are explored and met with strategies for managing them in a positive, healthy way. Interactive games and activities create an experiential learning environment so students can learn and apply the skills in the classroom setting.					
Too Good for Drugs (High School)	A developmentally appropriate prevention program that builds resiliency by teaching social competence and problem-solving skills. It aims to increase social and emotional competencies, mitigate the risk factors, and build protective factors related to substance use and other problem behaviors. Substance use topics are discussed in the context of expectations, peer pressure and influence, and the media. Complex social challenges and influences that present a greater risk for escapism and risky behavior are explored and met with strategies	Late adolescence (15-18 years of age); High School	Setting Goals; Decision-Making Skills; Prosocial Behavior; Anger Management; Communication Skills	Prevention Education	Universal Direct	Innovative

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PROGRAM NAME	DESCRIPTION	TARGET POPULATION	OUTCOMES	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	for managing them in a positive, healthy way. Interactive games and activities create an experiential learning environment so students can learn and apply the skills in the classroom setting.					

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Evidence-Based Practices						
STRATEGY NAME	DESCRIPTION	TARGET POPULATION	CADCA STRATEGY FOR COMMUNITY CHANGE	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
Alcohol Server Training	Implement responsible beverage server and manager training programs (voluntary or mandatory).	All ages	Change Consequences; Modify/Change Policies	Environmental	Universal Indirect	Approved
Alternative Activities	Expand opportunities for individual, youth, and families to make social choices that do not include illegal drugs and alcohol	All ages	Provide Support	Alternatives	Universal Direct	Approved
Campus Substance Use Policies	Establish and enforce school penalties for possession or intoxication on school property or at school-related events	All ages (College Campuses)	Change Consequences; Modify/Change Policies	Environmental	Universal Indirect	Approved
Compliance Checks	Law enforcement officials supervise undercover youth who attempt to purchase alcohol; if the attempt is successful, the establishment is penalized.	Persons under 21 years of age	Change Consequences; Modify/Change Policies	Environmental	Universal Direct	Approved
Education/Awareness Campaign (i.e., “Be the Parents”)	Mass media campaigns (i.e., television, radio, billboard, print; including counter-advertising campaigns)	All ages	Provide Information	Information Dissemination	Universal Indirect	Approved

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STRATEGY NAME	DESCRIPTION	TARGET POPULATION	CADCA STRATEGY FOR COMMUNITY CHANGE	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
Freshman and Transfer Student Substance Use Prevention Policy Education	Distribute the campus substance abuse policies with information on associated punishments to all incoming and returning students and their parents. Provide prevention information on the campus website and in campus venues such as student housing and sports facilities	Incoming freshman and transfer students (College Campuses)	Change Consequences; Modify/Change Policies	Environmental	Universal Direct	Approved
Interdiction Activities	Enhance law enforcement capacity and commitment to address substance use laws in high-traffic areas (especially near state borders) to prevent drugs from reaching their intended destination.	All ages	Change Consequences; Modify/Change Policies	Environmental	Universal Indirect	Approved
Party Patrols	Systematic, comprehensive plans that are designed to dedicate appropriate resources to contain underage drinking participants in party situations.	Persons under 21 years of age	Change Consequences; Modify/Change Policies	Environmental	Universal Direct	Approved
Safe Storage and Disposal of Medications	Activities to promote the safe storage and disposal of prescription drugs, including drug take-back events, dissemination	All ages	Provide Information; Provide Support	Environmental	Universal Indirect	Approved

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STRATEGY NAME	DESCRIPTION	TARGET POPULATION	CADCA STRATEGY FOR COMMUNITY CHANGE	CSAP STRATEGY	IOM CLASSIFICATION	EBP STATUS
	of drug deactivation bags, lockboxes, timer cap kits, etc.					
School Policies for Preventing Substance Use	Enforcing school penalties for substance possession or intoxication on school property or at school-related events.	Persons under age 18 / Persons in Elementary, Middle, and High School	Enhance Access/ Reducing Barriers; Change Consequences; Modify/Change Policies	Environmental	Universal Indirect	Approved
Shoulder Tap Operations	An underage decoy, supervised by an officer, approaches an adult going into an establishment to buy alcohol and asks the adult to purchase alcohol for them. If the attempt is successful, the provider is detained and penalized.	Persons under 21 years of age	Change Consequences; Modify/Change Policies	Environmental	Universal Direct	Approved

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