

Chapter One

Planning, Implementing, and Evaluating an Intervention—An Overview

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Introduction

Planning, implementing, and evaluating an intervention can be a daunting project, especially for someone who has never been involved in such an effort. However, you can improve your chances of success if you follow certain steps. This chapter gives a brief overview of those steps.

In this chapter, we will explain how—and why—to do the following:

- Describe the problem of youth violence in your community
- Identify intended participants for an intervention
- Identify possible settings in which to reach intended participants
- Set goals and objectives
- Select an intervention—or multiple interventions—that will most appropriately address your goals and objectives and meet the needs of your participants
- Locate resources for your intervention
- Involve the community in your effort
- Develop activities and materials for your intervention
- Hire and train staff
- Monitor your intervention’s progress
- Evaluate the success of your intervention

If after reading this chapter, you have questions or concerns about developing an intervention for your community, take a look at the *Additional Resources* section at the end of the chapter. The publications listed there contain helpful information about such topics as assessing a community’s resources and readiness to change, working with diverse populations, and evaluating a program.

Definitions

You will see the terms strategy, intervention, and program repeated many times throughout this sourcebook. Because these terms may mean slightly different things to people in different professions, we have defined them here so all readers will know how they are used in this publication.

Strategy: A general conceptual approach to preventing violence by children and adolescents. For example, home visiting can offer basic training in parenting skills for pregnant teens.

Intervention: A specific set of activities and accompanying materials developed to prevent youth violence and the factors that contribute to it. For example, a school may implement a curriculum and role-playing activities to help students develop conflict-resolution skills.

Program: A grouping of strategies (and, therefore, of various kinds of interventions) designed to prevent youth violence. For example, a community might combine a school-based curriculum with a home-visiting intervention.

Describe the Problem

Before you can plan an intervention to prevent violence committed by children and adolescents in your community, you need an accurate description of the problem. This description will help you identify who is affected most by the problem and where the problem occurs most frequently so you can better target an intervention. It will guide you in developing realistic objectives for your intervention and will provide a baseline against which to measure progress. You also need a clear definition of the problem to convince lawmakers, community leaders, parents, volunteers, and potential funders that your intervention is necessary.

The information you need to describe the problem can be obtained from several sources. Quantitative data is available from a number of agencies and organizations that collect statistics on youth violence, and you can interview or survey members of your community to get qualitative information (e.g., opinions, attitudes). Regardless of where you get your information, be sure the individuals collecting it are respected and trusted by the community.

Factual information

Many sources of data exist to help you define the problem of youth violence in your community. Table 1 lists some of those sources. Appendix A at the end of this sourcebook also provides data about youth violence at a national level. Before asking agencies and organizations for information, do a little research.

Before you plan an intervention to prevent violence committed by children and adolescents in your community, you need an accurate description of the problem.

Table 1
Sources of Factual Information
about Youth Violence

Police records
Vital statistics division of state or local health department
Medical examiner
Hospital or emergency department records
Outpatient records from public or private clinics
Emergency medical service (ambulance) records
School nurse's records, attendance records, and records of disciplinary infractions
Youth risk behavior surveys (see *Additional Resources* for details)
Federal agencies (see *Additional Resources* for details)

Find out what information each entity has and limit your request to that information. Don't send out one blanket request to several agencies, hoping to find information you need.

Because information about children and adolescents who commit violent acts is often kept confidential, you may have to get summary data. Summary data provide the statistics without any information that could identify the people involved. If you are working with a research organization or university, its staff should know how to get legal access to records.

Once you know how many young people committed violent acts, when and where the acts took place, and what circumstances surrounded those acts, you may want to find out about factors in your community that could contribute to violence.

Once you know how many young people committed violent acts, when and where the acts took place, and what circumstances surrounded those acts, you may want to find out about factors in your community that could contribute to violence. Examples of contributing factors include racism, poverty, unemployment, and other social, cultural, or economic conditions. Some of this information can be obtained from the U.S. Census (available through your local library), the Department of Labor's employment statistics, and the Department of Housing and Urban Development.

Opinions from community members

How do members of your community perceive the problem of youth violence, and what do they think is causing it? To find out, survey residents, community leaders, school personnel, legal and police personnel, health workers, and parents. For example, ask school principals and guidance counselors about violence they see in the schools and listen to their ideas for reducing it. Talk to young people, particularly those who might be in trouble or at risk for trouble (for example, those who are expelled from school). Contact the youths and their parents at home and in as many community sites as possible, including supermarkets, shopping centers, basketball courts and other recreational areas, churches, and schools. Local colleges and universities may be able to help with opinion surveys.

Opinion surveys and interviews are valuable because they help you collect information that does not appear in the statistics. The survey responses help assess community members' beliefs, knowledge, and attitudes about youth violence. They may also identify social norms and determine community priorities. And you may learn about ideas for possible interventions.

Data interpretation

The data you obtain from statistical reports and opinion surveys may need to be analyzed and interpreted before you can use it. Enlist a statistician or other expert to help make your data easy

to understand before you present it to community leaders. After you have the data about your community, compare it with that of your state and the U.S. overall. This comparison will provide community leaders with some perspective.

Select Intended Participant Groups

An intended participant group is the group of people your intervention is designed to influence. The data you collected about your community will guide your decision about whom to target. This group may be general or specific, depending on the youth violence problem in your community and the resources available to address it. Table 2 lists potential participant groups.

General population of children and adolescents

Interventions directed at all children in a community typically require a lot of resources and, therefore, can be very expensive. The benefit of these broad interventions is that you reach a large number of young people with violence-prevention messages. The down side is that they may not affect high-risk youth as much as targeted interventions.

At-risk and high-risk children and adolescents

Research has shown that certain factors make children and adolescents more susceptible to developing violent behavior. These factors include an individual's characteristics or behaviors, including a history of aggression; beliefs that support the use of violence; social or cognitive problems; and the use of alcohol or drugs. They also include family and community circumstances such as a parent's use of alcohol or drugs; a lack of parental supervision or discipline; spousal abuse or child abuse; poor emotional attachment between parent and child; access to firearms; and divorce, relocation, or other family disruption. Problems at school, such as chronic discipline problems and associating with peers who are violent, can also put a young person at risk for developing violent behavior (Dahlberg 1998).

Table 2
Potential Participant Groups for Interventions to Prevent Youth Violence

All children and adolescents in a community

All children in a specific age group, school, grade

Children and adolescents with risk factors such as—
use of alcohol or other drugs

history of early aggression

social or learning problems

exposure to violence at home, in their
neighborhood, or in the media

parental drug or alcohol use

friends who engage in problem behavior

academic failure or poor commitment to school

poverty

recent divorce, relocation, or other family
disruption

access to firearms

Children and adolescents with high-risk behaviors such as—

criminal activity

fighting or victimization

drug or alcohol abuse

selling drugs

carrying a weapon

membership in a gang

dropping out of school

unemployment

homelessness

recent immigration

Parents and other family members

Influential adults such as—

teachers

coaches

child care providers

General population of a community

High-risk individuals are those who consistently engage in physical fights to resolve problems, have a criminal record, have a history of inflicting violent injury, have been the victim of violence, have failed or dropped out of school, carry a weapon, belong to a gang, or use drugs. Children and adolescents who move a lot, including children of immigrants or migrant workers, are also considered high risk.

If you choose to target at-risk or high-risk groups, be prepared for special challenges. You may need to enlist outreach workers to locate and engage high-risk youths, many of whom are no longer in school. You may also find it hard to establish trust and receptiveness among these young people.

Young children (10 years and younger)

Violence is a learned behavior. The values, attitudes, and interpersonal skills acquired early in life play a key role in the development of violent behavior. Because a person's violent or nonviolent tendencies may be set in early childhood, preschool- and elementary school-age children are often thought to be ideal participants in interventions that promote nonviolent values and enhance conflict-resolution skills.

Parents and other family members

Family experiences play a critical role in causing, promoting, or reinforcing violent behavior by children and adolescents.

Therefore, it is important to develop interventions targeted to parents, siblings, or the entire family unit. Interventions that involve the family often complement interventions carried out in the schools or other parts of the community.

Other influential adults

Parents are not the only adults who shape the beliefs and behavior of young people. Individuals such as teachers, coaches, child care providers, and neighbors often influence how a child or adolescent feels about violence. As with interventions targeting family members, interventions that involve other adults in the community may be effective in supporting the interventions that target the young people themselves.

General population

Social norms affect how violence is portrayed, whether violence by young people is tolerated, and how many resources a community will devote to stopping youth violence. Interventions for the general population can increase knowledge about the magnitude of youth violence in a community, help inform legislation or policies regarding youth violence, and create an environment that fosters and supports other interventions to

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prevent violence by young people. However, as with interventions targeting all young people in a community, efforts designed to change the values, attitudes, or behaviors of the entire community are costly. And they may fail to reach those most in need of change.

Select a Setting

The setting for an intervention is where activities will occur. Select a setting that is convenient and comfortable for participants; ask them where they would like to meet. Also consider the type of intervention you are planning. While many interventions have a logical setting, others—especially those targeting high-risk youth—may be less obvious. You may need to collect additional data about your intended participants to determine where your intervention can be carried out most effectively. Table 3 lists possible settings for interventions to prevent youth violence.

Table 3
Possible Settings for Interventions
to Prevent Youth Violence

General population of young people	schools
	churches
	playgrounds
	youth activity centers
	homes
	shopping centers and malls
	movie theaters
High-risk youth	alternative schools
	juvenile justice facilities
	social service facilities
	mental health and medical care facilities
	hospital emergency departments
	recreation centers
Young children	child care centers
	homes
	schools
Parents	homes
	workplaces
	churches
	community centers

Set Goals and Objectives

Once you have identified whom you should reach with an intervention and where to reach them,² decide what the goal of your intervention will be. Your goal should be a broad statement of what you want to achieve. Then determine the specific things you will need to do to achieve your goal. These are your objectives. Objectives should be measurable and attainable given the resources you have. They should tell who should achieve how much of what, where it should occur, and by when (NCIPC 1993). Table 4 provides an example of a goal and its corresponding objectives.

Objectives are important because they clarify the tasks to be done and provide a means of tracking an intervention's progress. If you have many objectives, consider grouping them by the type of outcome—health effects such as injuries or deaths; behaviors such as fighting, expulsions, or dropping out of school; or other aspects of the program such as the number of students in a class or the number of newspaper articles published about youth violence. Presenting the objectives this way may make it easier for community leaders, supporters, funders, and others to see what you are trying to achieve.

Keep these important guidelines in mind when developing your goal and objectives:

- Make sure they fit the characteristics and resources of your community.
- If you are working with other organizations, get their input to ensure that the goals and objectives of the intervention are consistent with those of each organization.
- Do not include objectives to satisfy another organization's research agenda if they are unrelated to your goal. (However, it may be worthwhile to make minor additions to your objectives if doing so will generate substantial resources for your effort.)

Remember, your objectives are not static. Modify them as new information becomes available, as resources change, or as activities proceed faster or more slowly than planned.

Objectives clarify the tasks to be done and provide a means of tracking an intervention's progress.

²As discussed previously, you may select your intervention before making a final decision on the setting.

Table 4 Example of a Goal and Its Objectives

Goal: Reduce expulsions resulting from fights in middle schools.

Objectives:

1. By 2000, offer a 25-lesson program in 6th-grade classes to help students develop social skills and learn nonaggressive responses appropriate for dealing with conflict.

Who: Prevention specialists

What: 1-hour sessions offered twice a week for one school year on topics such as self-understanding, conflict resolution, anger control, and prosocial actions

How much: All 6th-grade classes

When: By 2000

Where: Columbia County schools

2. By 2001, implement a school-wide program to mediate behavior problems and disputes between adolescents.

Who: Teachers and peer mediators

What: Weekly mediation clinics

How much: All 6th-, 7th-, and 8th-grade students

When: By 2001

Where: Columbia County schools

3. By 2002, reduce the number of fights among 8th-grade students from five per month to two per month.

Who: Middle school students

What: Incidents of physical aggression

How much: Reduce by 60 percent

When: By 2002

Where: Columbia County schools

4. By 2004, reduce by half the number of middle school students (grades 6 through 8) expelled because of fights or other disruptive incidents in the schools.

Who: Middle school students

What: Expulsions related to fights in schools

How much: Reduce from an average of two per month to one per month

When: By 2004

Where: Columbia County schools

Select an Appropriate Intervention

We can teach young people how to avoid violent situations. We can help them develop the skills they need to resolve conflicts without resorting to violence. We can help parents provide a nonviolent home for their children. We can provide young people with mentors who serve as nonviolent role models.

With so many types of interventions, how do you choose? Start by reviewing the characteristics of your community and your intended participants. Also consider the most appropriate settings for your intervention, based on research about the intended participants. And review your goals and objectives. The intervention you choose should best suit all of these factors. It should also be appropriate given your resources.

Build on the experience of others. If you know of interventions that have worked in other communities similar to yours, use them as models for your effort. Chapter 2 of this sourcebook offers many examples of interventions and the best practices for planning and implementing them. Keep in mind, however, that you may need to modify an intervention to make it appropriate to your community.

Selecting multiple interventions

A single intervention conducted in isolation is not likely to solve the problem of youth violence; too many factors contribute to violent behavior to be addressed by one strategy. The most effective programs include several types of interventions and strategies that complement one another. For example, a mentoring program to help teens avoid gang membership may be complemented by an intervention that offers alternative after-school activities. Instruction on nonviolent conflict resolution for school children may be complemented by an intervention that teaches families how to foster nonviolence at home. Carefully consider your resources, community support, and level of experience when selecting interventions. And make sure that the interventions you choose fit together well.

Locate Resources for Your Intervention

Implementing an intervention to prevent violence by young people takes a variety of resources. Funding and other material resources—such as office space, equipment, and supplies—are critical to your effort. But they, alone, do not ensure success. You also need a commitment of time, effort, and support from the members of your community. These resources may come from public or private sources. You can also generate your own resources by organizing fundraisers and other events that publicize your effort.

Build on the experience of others. If you know of interventions that have worked in other communities similar to yours, use them as models for your effort.

Public sources

Public funds come from federal, state, and local governments. Government agencies typically retain a great deal of control over how the money is spent because they are held accountable to the public. However, these agencies often provide substantial funding and may be easier to locate than private entities.

It may be easiest to start with local and state government agencies. If they don't have funds available, they can refer you to other government sources. Contact your local health department, department of housing, human resources or social services agency, department of parks and recreation, and department of education or school board. While few states publish a directory of available funds, many have web sites that tell you whom to contact about potential funding. You might also identify funding sources through personal contacts, such as elected officials. The Public Health Foundation is also a valuable source for funding information. They compile information on program areas that are funded in each state. You can reach the Foundation at www.phf.org or 202-898-5600.

**Public Health
Foundation:
202-898-5600
www.phf.org**

**Government
Printing Office:
202-512-1800
[www.access.gpo.gov/
su_docs](http://www.access.gpo.gov/su_docs)**

When contacting state and local officials, ask about block grants. Each state receives federal block grants to support activities in four key public health areas: preventive health; maternal and child health; alcohol, drug abuse, and mental health; and primary care. Table 5 provides contacts for information about block grants.

Federal agencies offer other funding in addition to block grants. There are several ways to find these resources. Agencies solicit proposals and grant applications in the *Federal Register* and the *Commerce Business Daily*. You can subscribe to these publications through the Government Printing Office by calling 202-512-1800 or visiting their web site at www.access.gpo.gov/su_docs. However, these subscriptions are expensive. You may find it more practical to review these publications in your local library or to access them on the Internet. Research using these two publications will be time-consuming, regardless of how you access them.

The *Catalog of Federal Domestic Assistance* is another source of information about federal funding. Published annually, the catalog describes major federal grants and contracts, outlines eligibility requirements, identifies criteria for selection, explains financial details, and provides contact information. Because the information in this publication can become outdated quickly, you should contact each agency before submitting a proposal. The *Catalog of Federal Domestic Assistance* is available from the Government Printing Office: 202-512-1800 or www.access.gpo.gov/su_docs.

Table 5 **Contacts for Information about Block Grants**

Preventive Health

Centers for Disease Control and Prevention
Procurement and Grants Office
2920 Brandywine Road
Suite 3000, Mailstop E-13
Atlanta, GA 30341-4146
770-488-2800
www.cdc.gov/od/pgo/funding/grantmain.htm

Maternal and Child Health

Health Resources and Services Administration
Division of Maternal and Child Health
Parklawn Building, Room 18-05
5600 Fishers Lane
Rockville, MD 20857
301-443-0205
www.mchb.hrsa.gov/html/grantsguidance.html

Alcohol, Drug Abuse, and Mental Health

Substance Abuse and Mental Health Services Administration
Division of Grants and Contract Management
Parklawn Building, Room 15C-05
5600 Fishers Lane
Rockville, MD 20857
301-443-4456
www.samhsa.gov/GRANT/GFA_KDA.HTM

Primary Care

Health Resources and Services Administration
Division of Primary Care Services
8th Floor, East West Towers Building
4350 East West Highway
Bethesda, MD 20814
301-594-4100
www.bphc.hrsa.dhhs.gov

The *Additional Resources* section of this chapter can also help you locate potential public funding sources. It contains a list of federal agencies with an interest in youth violence prevention, some of which provide grant money. You will need to contact them directly to find out if your intervention is of interest to them and if you meet their criteria.

Private sources

Private funds come from corporations and other businesses, voluntary organizations, foundations, charitable institutions, churches, and other local establishments. Private organizations

are typically more flexible than public agencies in the types of interventions they fund, and they often have less direct involvement in and oversight of the intervention. These organizations may also offer facilities, equipment, and volunteers.

While the process for requesting support tends to be less formal with private entities, you still need to convince their decision makers that your intervention is worthy of their resources. Provide them with data you gathered about youth violence in your community and explain how your intervention will address the problem. Share your goals and objectives. You may also need to show the business or organization how their involvement will benefit them directly (for example, increased visibility if you list them as a sponsor).

Corporations and businesses

Ask local businesses—including banks and stores—to support your program. They can often provide funds or give you office space, equipment, and other supplies needed for your intervention. U.S. corporations donate a great deal of money each year to help communities address public health issues. Look for a large company with facilities in your area and ask for their financial support.

Voluntary, community service, and religious organizations

Community groups or local divisions of state or national voluntary organizations (such as the Child Welfare League of America, Children’s Safety Network, National Crime Prevention Council, and KidsPeace) may be willing to donate funds or other materials to your effort. Community service groups such as sororities, fraternities, and associations of retired teachers will often provide volunteers to carry out your intervention. Churches and religious organizations may offer resources such as meeting space for intervention activities.

Hospitals and other health care facilities

These facilities may have meeting space you can use for intervention activities. Mental health services staff and pediatricians may help you enroll participants by referring patients to your program.

Local television and radio stations and newspapers

Community media may be willing to provide free publicity for your program, through announcements, interviews, and human interest stories. Local media personalities may also take part in fundraising efforts and other activities.

Educational institutions

Schools, including local colleges and universities, may be able to provide volunteers for your intervention and help conduct fundraisers. Universities may be willing to help you conduct research and develop your intervention.

Foundations

A foundation's sole purpose is philanthropic giving. Many foundations are willing to fund programs with good ideas but little experience. They are more likely than public agencies to take a chance on a new intervention. Because foundations may limit the types of interventions they fund or the geographic areas they serve, it is important to find out which foundations support violence prevention interventions. The Foundation Center can help you do that.

The Foundation Center provides detailed information about the interests and restrictions of individual foundations and about the money they have granted. They have four main offices as well as libraries in all 50 states. To locate the nearest Foundation Center library, call 800-424-9836 or visit www.fdncenter.org. You can also find listings of foundations and their areas of interest in your public library.

After identifying a foundation as a potential funding source, write a letter to the foundation that briefly states what you want to do in the community and ask whether the foundation is interested in this type of project. Through this inquiry, you will also find out the process for submitting a grant proposal.

Involve the Community

Involving the community in planning your intervention will benefit you, the intended participants, and the community as a whole. When community members are asked to help plan and implement the intervention, they develop a sense of ownership. They want the intervention to succeed and are more willing to invest the effort and resources needed to sustain it. Involving the community also makes it easier to obtain the resources and volunteers you need to carry out your intervention.

So what's the best way to involve the community? From the very beginning, enlist organizations and agencies that know about the youth in your community and have an interest in preventing injury and death among young people. Institutions that frequently get involved in efforts to prevent youth violence include schools, churches, parks and recreation centers, businesses, and civic, service, and cultural groups.

***The Foundation
Center:
800-424-9836
www.fdncenter.org***

Table 6 provides other ideas of community organizations that may offer important input and be interested in collaborating to prevent youth violence. Not every group listed in the table is appropriate for every community. And this list is not exhaustive—consider all organizations in your community. To increase collaboration, you may want to establish a youth violence prevention committee in your community.

Table 6
Organizations that May Collaborate in Youth Violence Prevention Efforts

Government and Community Agencies and Organizations	Professional Groups
Health department	Medical associations
Social services agencies	Nursing associations
Mental health agencies	Schools of public health
Department of Education	Associations of psychologists (APA)
Police department	Associations of sociologists (ASA)
Judicial system	Associations of anthropologists
Fire department	Legal associations (American Bar Assn)
Housing authority	Social workers associations
Schools, including alternative schools	Teachers associations (PTA, NEA)
Agricultural extension service	Private Organizations (for profit and nonprofit)
Tribal councils	Foundations
Neighborhood associations	NAACP
Tenant councils	Urban League
Volunteer Service Organizations	Churches/religious organizations
Service fraternities/sororities	General and specialty hospitals, including mental health hospitals
National Network of Runaway and Youth Services	Colleges and universities
Veterans organizations	Local businesses
Salvation Army	Media outlets, including newspaper, radio, and television
Goodwill Industries	YMCA/YWCA
Clubs	Entertainers
Big Brothers/Big Sisters	Professional sports organizations
Boys and Girls Clubs	Domestic violence prevention groups
Girl Scouts/Boy Scouts	Center for the Improvement of Child Caring
Other youth clubs	

In addition to involving organizations, get input and support from influential individuals. High-ranking officials, such as the town mayor or a state representative, can help you gain support for your intervention. Be sure to involve parents. Their support—or the lack of it—can greatly affect the success of your intervention.

Coordinating efforts

Once you have commitments from organizations that want to help you develop and implement your intervention, you need to decide what they are going to do and how to keep them working in harmony. Establish a leadership structure that includes members of the community and intended participant groups. Leadership roles may be informal and flexible until your intervention takes shape. However, as activities develop, leaders will be more formally designated, and their responsibilities—as well as those of the others involved in the effort—will be clearly delineated. Documenting the division of duties before an intervention is launched will help prevent duplication of effort and potential “turf wars” between organizations. It will also help you identify organizations that need technical assistance in order to prepare for and carry out their assigned activities.

Develop Your Activities and Materials

At this point, you have planned many of the key elements of your intervention—who your intended participants are, where you can reach them, what your goals and objectives are, and whom you will work with to achieve them. Now, it’s time to develop the activities and materials that your intervention will comprise.

Involving representatives of your intended participant group in this process is crucial. Conduct focus groups and surveys to identify participants’ needs, potential barriers, and cultural issues. This input will help you tailor your intervention to meet the needs and preferences of participants.

Considering culture

Cultural diversity is a term used to describe the differences found in our society due to race, ethnicity, religious beliefs, economic status, sexual orientation, and many other factors. These differences affect directly observable behavioral characteristics of a group such as language and dialect, verbal and nonverbal communication styles, customs, religious observances, dance, music, and child-rearing practices. They also affect characteristics that are less obvious, such as attitudes, values, and the ways in which we interpret the behaviors and actions of others (Szalay 1978).

Most research indicates that cultural factors, such as race, have little to do with an individual's tendency to be violent. However, these factors have a lot to do with how people respond to an intervention. Therefore, when developing the activities and materials for your intervention, you must consider the cultural characteristics of your intended participants. These characteristics will help shape the tone, content, source, and style of your activities and messages.

Pretesting materials and activities

Before you launch your intervention, test the activities and materials with representatives of your intended participant group. Pretesting will allow you to see whether your materials and activities achieve the desired outcome. It will also reveal any undesired effects. It will help you verify whether messages are accepted and understood by participants and whether the reading level of written materials is appropriate.

Staff Your Intervention

Once your intervention is developed, you need a staff to implement it. The composition of your staff will depend on several factors. First, think about the activities to be conducted. Some interventions will require a staff with specialized skills or formal education. For example, you may need registered nurses or licensed social workers to perform home visits. You must also consider the needs and preferences of your intended participants. If, for example, you learn that young boys prefer male mentors of the same race and ethnicity, staff your intervention accordingly.

Another big consideration is the resources available for your effort. If your intervention is well-funded, you may be able to hire several paid staff members. On the other hand, if you have limited resources (which is often the case) you will need to enlist volunteers. You may have already identified volunteers when you secured funding and other resources.

Also think about how much time your staff will need to spend working on your intervention. An intervention that involves home visits may require full-time staff members who can visit several homes each day. In contrast, an intervention that involves parenting classes at a community center may need only part-time staffers to teach classes a few evenings a week. In many cases, you may need individuals who can implement your intervention in conjunction with their other job duties. For example, you may ask coaches at the YMCA to implement a violence prevention curriculum during team practices.

Train Your Staff

Whatever the content of your intervention or the staff you select, everyone involved in implementing the intervention—including the administrative staff and others working behind the scenes—must receive training. This training should inform staff members about the problem of youth violence in your community and teach them how to carry out your intervention’s activities. Even professionals who have completed formal education or who have worked on violence prevention efforts before will benefit from training specific to your intervention.

Everyone involved in implementing the intervention must receive training.

Training content and schedule

Training content will depend, of course, on your intervention activities and materials, but the following elements are applicable to all staff members and all interventions.

- **Communication skills.** How your staff communicates—both verbally and nonverbally—can affect the success of your intervention. Train your staff to communicate in a way that expresses respect for participants’ situations; staff members must never be condescending or judgmental. They must convey confidence in participants’ ability to perform the intervention’s activities. And they must model the types of behavior encouraged in the intervention. Teach skills such as active listening, nonviolent responses to conflict, and positive reinforcement.
- **Team building.** It is extremely important to provide training experiences that enhance camaraderie among all staff members—both paid and volunteer. Volunteers must be treated as invaluable members of your staff, and they must receive acceptance and support from paid personnel. The absence of this acceptance and support is a primary reason for attrition of volunteers. Including team-building exercises can improve the cohesiveness of your staff and improve performance.
- **Intervention content.** All staff members should be familiar with the scope of youth violence in your community and should understand how your intervention can prevent that violence. Provide a comprehensive overview of your intervention’s activities, the objects of those activities, and how to overcome possible barriers to achieving

those objectives. It may be helpful to explain the public health approach, the process by which public health problems—such as youth violence—are identified and addressed. (See Appendix B for an overview of the public health approach.)

- **Training manual.** Develop a manual that staffers can refer to after they finish training. Include a summary or outline of the information discussed in the training, as well as exercises designed to help trainees practice the skills they have learned. Also include the intervention's procedures and operations, forms required for record keeping and data collection, and names and phone numbers of persons to contact with questions or concerns about implementing the intervention.
- **Skills practice.** Include time for trainees to practice new skills by role playing segments of your intervention. Offer feedback about their performance and encourage other trainees to do so. Give staff members an opportunity to evaluate their own performance, too.
- **Ongoing training.** Plan for additional training sessions during implementation of your intervention. These sessions can address difficulties that arise during implementation and provide additional skill-building activities to enhance your staff's performance. They can also help keep momentum going among staff members.

While there is no single formula for training, one day of training in a large group is clearly inadequate. Ideally, intervention-specific training should be conducted by personnel from or endorsed by the organization that developed and evaluated the intervention. However, when this is not feasible, provide materials that in-house staff can use to conduct the training. It is also helpful to offer a “train-the-trainer” curriculum so in-house trainers can better prepare.

Whatever the format used, training should be conducted at a time that is convenient for your staff. If you have a full-time, paid staff, all-day sessions during the week are appropriate. However, if your staff consists mainly of part-time employees or volunteers who have other jobs, conduct weekend or evening sessions that do not interfere with those other commitments. Or ask employers to pay their employees for the time spent in training—companies may be willing to do this as a way of supporting their community.

Before training begins

Before you conduct training, assess each staff member's readiness to learn violence prevention skills and implement the activities that compose your intervention. You can do this by measuring the extent to which individuals agree with three statements (Slaby 1998):

- People's violent behavior can be prevented (general beliefs).
- Particular interventions can be effective in helping to prevent violence (specific beliefs).
- I, myself, can make a difference in helping to prevent violence (personal beliefs).

If you find that members of your staff do not agree with these statements, you will need to start your training session with activities to help individuals overcome their doubts. Providing evidence of successful interventions may help convince your staff that its efforts can, in fact, impact youth violence.

Implement Your Intervention

You've developed your materials and activities. You've secured resources and personnel. You've trained your staff. Now it's time to implement your intervention.

Implementation will vary greatly from intervention to intervention in terms of duration (how long the intervention lasts), frequency (how many times in a given period activities occur), and intensity (how much material is covered and how much time is spent during each activity). Chapter 2 addresses these issues for each of four strategies for preventing youth violence. With all interventions, however, you will need to supervise and support your staff, maintain a consistent level of participation, and keep the community interested in your intervention. Chapter 2 offers guidance on these matters, as well.

Monitor Your Intervention

During all phases of your intervention, monitoring the implementation process is essential. Intervention monitoring will let you see if activities are occurring according to your plan. It will also allow you to identify unanticipated problems or barriers.

With all interventions, you will need to supervise and support your staff, maintain a consistent level of participation, and keep the community interested in your intervention.

Methods for monitoring interventions will vary (Chapter 2 addresses some issues specific to the four strategies), but at a minimum, intervention monitoring should include the following:

- **Measurement of key variables to see if your objectives are being met.** For example, if one of your objectives is to implement a school-wide program to improve students' conflict-resolution skills, you might measure how many times in a semester skill-building activities were conducted. You might also measure student attendance during the activities.
- **Evaluations by intervention staff.** This information can tell you whether staff members feel their training prepared them adequately for conducting a particular activity, whether participants seem comfortable with staff members and with the activity, and whether instructions for the activity were clear to participants.
- **Feedback from participants about the intervention's activities.** For example, you might assess whether participants enjoyed a particular activity and how well they understood the materials presented. You might also ask whether participants would change anything about the activity.

Review the data regularly. If you find that an activity is not achieving the outcome you desired, you may need to alter it. If staffers report that they are having a hard time implementing an activity, you may need to provide additional training. If you discover that activities are not being implemented as often as planned or that participation is much lower than anticipated, you may need to reexamine your objectives; perhaps they were overly ambitious for your intervention's time frame or resources. Whatever changes you make—whether to activities, materials, or objectives—be sure to inform all intervention staff members and supporters.

Evaluate Your Intervention

Throughout your intervention you will monitor progress to make sure you are on track and on schedule. At the end of your intervention, you must do a final (or summative) evaluation to determine how well you achieved your goals and objectives. You'll assess how well you reached your intended participants and whether the outcomes you obtained were what you planned. You'll also compare the costs of the program with the benefits of the program. You may also plan a follow-up study to assess the long-term effects of your efforts.

Many organizations have limited resources and may be tempted to skip evaluation, instead dedicating that money to intervention activities. However, evaluation is a critical step. It will enable you to demonstrate to funders, community leaders, and intervention staff that your efforts were a success. And if your intervention fell short of expectations, evaluation will help you identify what went wrong so you can make necessary changes to the intervention (Thompson and McClintock 1998).

If your organization does not have the expertise needed to evaluate your intervention but has resources to devote to it, you can hire a consultant. If you lack resources for evaluation, partner with a local university that would be willing to design and carry out a scientific evaluation.

Summary

The steps involved in intervention planning, implementation, and evaluation may seem time-consuming, labor-intensive, even overwhelming. However, by following this systematic process, you will increase the likelihood of your intervention's success and enable others to repeat your intervention in their communities.

References

Dahlberg LL. "Youth Violence in the United States: Major Trends, Risk Factors, and Prevention Approaches." *American Journal of Preventive Medicine* 1998;14(4):259-272.

National Center for Injury Prevention and Control. *The Prevention of Youth Violence: A Framework for Community Action*. Atlanta: Centers for Disease Control and Prevention, 1993.

Slaby RG. "Preventing Youth Violence Through Research-Guided Intervention." In Trickett PK, Schellenbach C, editors. *Violence Against Children in the Family and the Community*. Washington, DC: American Psychological Association, 1998: 371-399.

Szalay LB. *The Hispanic Cultural Frame of Reference: A Communication Guide for Use in Mental Health, Education, and Training*. Washington, DC: Institute for Comparative Social and Cultural Studies, 1978.

Thompson NJ, McClintock HO. *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1998.

Evaluation is a critical step. It will enable you to demonstrate to funders, community leaders, and intervention staff that your efforts were a success.

Additional Resources

Publications

The following publications provide information about youth violence in America and about planning, implementing, and evaluating interventions to prevent it.

Baucher E, Lamison-White L. *Poverty in the United States*, 1995. U.S. Bureau of the Census, Current Population Reports, Series P60-194. Washington, DC: U.S. Government Printing Office, 1996.

Provides statistics on children who live in poverty.

Elliott DS, Hamburg BA, Williams KR. *Violence in American Schools: A New Perspective*. New York: Cambridge University Press, 1998. (www.cup.org)

This anthology presents an overview of the problem of violence in American schools. It discusses an integrated approach to violence prevention that includes school- and community-based interventions.

Fox JA. *Trends in Juvenile Violence: 1997 Update*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, 1997.

(www.ojp.usdoj.gov/bjs/abstract/tjvfox.htm)

This report discusses demographic trends and their impact on crime. It concludes that the growth in juvenile population in the next decade will cause a dramatic increase in the level of juvenile violence. This report, produced under a Bureau of Justice Statistics grant, updates Dr. Fox's briefing of the Attorney General in 1995.

Gonzalez VM, Gonzalez JT, Freeman V. *Health Promotion in Diverse Cultural Communities*. Palo Alto, CA: Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991. (<http://scrdp.stanford.edu>)

This book presents practical guidelines for working in and with culturally diverse communities. The guidelines are written in such a way as to avoid perpetuating cultural stereotypes. They suggest ways to learn about the cultural characteristics of a community, with the understanding that each community's cultural identity and background is diverse and dynamic.

Goodman RM, Speers MA, McLeroy K, Fawcett S, Kegler M, Parker E, et al. "Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement." *Health Education and Behavior* 1998;25(3):258-278.

This article describes the dimensions that are central to community capacity, including participation and leadership, skills, resources, social and inter-organizational networks, sense of community, understanding of community history, community power, community values, and critical reflection.

Haglund B, Weisbrod RR, Bracht N. "Assessing the Community: Its Services, Needs, Leadership, and Readiness." In Bracht N, editor. *Health Promotion at the Community Level*. Newbury Park, CA: Sage Publications, Inc., 1990: 91-108.

This chapter discusses the importance of community analysis, the process of assessing and defining needs, opportunities, and resources of a community. It identifies methods for collecting both quantitative and qualitative data, including suggestions for special studies to increase information about selected social groups in a community. Community analysis is a critical first step in shaping the design of an intervention and in tailoring the implementation plan to a community's characteristics.

Heaney CA, Israel BA. "Social Networks and Social Support." In Glanz K, Lewis FM, Rimer BK, editors. *Health Behavior and Health Education*, 2nd ed. San Francisco: Jossey-Bass Inc., 1997: 179-205.

This chapter provides a conceptual overview of the link between social relationships and health. It briefly reviews the empirical support for that link, discusses intervention implications, and presents two cases illustrating how the health-enhancing potential of social relationships has been incorporated into health education practice.

Kaufman P, Chen X, Choy SP, Ruddy S, Miller A, Chandler K, et al. *Indicators of School Crime and Safety, 1999.* Washington, DC: U.S. Departments of Education and Justice, 1999. NCES 1999-057/NCJ-178906. (www.ojp.usdoj.gov/bjs/abstract/iscs99.htm)

This is the second edition of *Indicators of School Crime and Safety*, a joint effort by the Bureau of Justice Statistics and the National Center for Education Statistics. The report, which provides detailed statistical information about the current nature of crime in schools, is a companion document to the *Annual Report on School Safety: 1999*. The annual report, a joint publication of the Departments of Education and Justice, provides an overview of the nature and scope of school crime and describes actions schools and communities can take to address this critical issue. The two reports respond to a 1998 request by President Clinton for an annual report card on school violence.

Linney JA, Wandersman A. *Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level.* Rockville, MD: Office for Substance Abuse Prevention, 1991. DHHS [pub. no. (ADM) 91-1817]. (www.health.org/pubs/catalog/index.htm)

This workbook was developed to help programs with limited resources and expertise assess their programs in order to make informed decisions about resource allocation and program enhancement.

Milstein RL, Wetterhall SF, CDC Evaluation Working Group. "Framework for Program Evaluation in Public Health." *MMWR Recommendations and Reports*, September 17, 1999. *MMWR* 1999;48 (RR11):1-40.

This report summarizes the essential elements of program evaluation and encourages their integration with routine program operations. The emphasis is on practical, ongoing evaluation strategies that involve all stakeholders, not just evaluation experts.

Pirie PL. "Evaluating Health Promotion Programs: Basic Questions and Approaches." In: Bracht N, editor. *Health Promotion at the Community Level.* Newbury Park, CA: Sage Publications, Inc., 1990: 201-208.

This chapter addresses the concerns of individuals who are under pressure to evaluate their programs but consider evaluation to be a low priority in view of other program needs. It provides a framework for demonstrating the value of evaluation to program

planners, participants, and supporters.

Silberman M, Auerbach C. *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. New York: Lexington Books, 1990.

A complete guide on designing and conducting a training program, this book addresses how to assess the training group, develop training objectives, create alternative methods to lecturing, sequence training activities, and prepare oneself as trainer.

Snyder HN, Sickmund M. *Juvenile Offenders and Victims: 1999 National Report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, September 1999.

(www.ncjrs.org/html/ojjdp/nationalreport99/toc.html)

This report consolidates, in a user-friendly format, the most requested statistics on juvenile offenders and victims. National data were used when available. The document also lists other government sources that provide information on the topics covered in the report.

Thompson NJ, McClintock HO. *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1998. (www.cdc.gov/ncipc/pub-res/demonstr.htm)

This book discusses why program evaluation is important and provides guidance on conducting simple evaluation, hiring and supervising consultants for complex evaluation, and incorporating evaluation activities into a program's activities. Although it is focused on unintentional injuries, the principles apply to violence-related injuries, as well.

U.S. Department of Commerce. *Marital Status and Living Arrangements*. U.S. Bureau of the Census, Current Population Survey. Washington, DC: U.S. Government Printing Office 1996. Publication no. PPL-52.

Provides data on children who live with parents or others and the amount of parental supervision they receive.

U.S. Department of Health and Human Services. *Making Health Communication Programs Work—A Planner's Guide*. Bethesda, MD: National Institutes of Health, 1992. NIH Publication No. 92-1493.

(http://rex.nci.nih.gov/NCI_Pub_Interface/HCPW/HOME.HTM)

Although this publication is geared toward developing communication programs, the principles can be applied to planning, implementing, and evaluating any intervention.

Available online only.

Federal Data Sources

The following federal government agencies have useful data about youth violence and related factors:

Juvenile justice information

Federal Bureau of Investigation
Criminal Justice Information Services Division
Phone: 304-625-4995
Web site: www.fbi.gov
Provides reported crime and arrest data.

Juvenile Justice Clearinghouse
Phone: 800-638-8736 or 301-519-5500

Justice Statistics Clearinghouse
Phone: 800-732-3277 or 301-519-5500

National Archive of Criminal Justice Data—ICPSR
P.O. Box 1248
Ann Arbor, MI 48106
Phone: 800-999-0960 or 313-763-5010
Web site: www.icpsr.umich.edu/nacjd
Offers public use data files of many justice data sets.

National Center for Juvenile Justice
710 Fifth Ave.
Pittsburgh, PA 15219-3000
Phone: 412-227-6950
Web site: www.ncjj.org
Provides juvenile court data and analyses of state juvenile code statutes.

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
Web site: www.ncjrs.org

Office of Juvenile Justice and Delinquency Prevention
810 Seventh St., NW
Washington, DC 20531
Phone: 202-307-5929
Web site: www.ojjdp.ncjrs.org

Office of National Drug Control Policy
Drug Policy Information Clearinghouse

Phone: 800-666-3332 or 301-519-5500

Other data on youth-related issues

Bureau of Labor Statistics
Postal Square Building, Room 2850
2 Massachusetts Ave., NE
Washington, DC 20212-0001
Phone: 202-606-5886
Web site: www.bls.gov

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health
Promotion
4770 Buford Highway, NE
Atlanta, GA 30341-3717
Web site: www.cdc.gov/nccdphp/dash/yrbs/ov.htm
Provides data from the Youth Risk Behavior Surveys.

Centers for Disease Control and Prevention
National Center for Health Statistics
Division of Vital Statistics
6525 Belcrest Rd.
Hyattsville, MD 20782
Phone: 301-436-8500
Web site: www.cdc.gov/nchs
Provides teen pregnancy data and mortality statistics.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
4770 Buford Highway, NE
Atlanta, GA 30341-3717
Web site: www.cdc.gov/ncipc/dvp/yvpt/yvpt.htm
Offers data on violence by children and adolescents,
including school violence and dating violence.

National Center for Education Statistics
555 New Jersey Ave., NW
Washington, DC 20208
Phone: 800-424-1616 or 202-219-1828
Web site: www.nces.ed.gov

National Clearinghouse on Child Abuse and Neglect Information
330 C St., SW
Washington, DC 20447
Phone: 800-394-3366 or 703-385-7565
Web site: www.calib.com/nccanch
Provides information on child maltreatment.

National Clearinghouse on Families and Youth
P.O. Box 13505
Silver Spring, MD 20911-3505
Phone: 301-608-8098
Web site: www.ncfy.com

Offers information on runaways and homeless youth.

General- and special-population data

Bureau of the Census
Customer Services
Washington, DC 20233-8300
Phone: 301-457-4100
Web site: www.census.gov

Provides wide range of data on the American public, including race and ethnicity, language use, poverty, marital status, education, and employment.

Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
Phone: 800-444-6472 (TDD 301-589-0951)
Fax: 301-589-0884
Web site: www.omhrc.gov

Offers resources and referrals on minority health issues.

