

PREVENTION PRINCIPLES CHECKLIST

The following checklist can assist in determining whether specific programs include research-based prevention principles.

PREVENTION PRINCIPLES FOR COMMUNITY-BASED PROGRAMS	YES
1. To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations and health providers? Are the program components well integrated in theme and content so that they reinforce each other?	
2. Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents, and keep the public informed of the program's progress?	
3. Can the program components be coordinated with other community efforts to reinforce prevention messages (for instance, can training for all program components address coordinated goals and objectives)?	
4. Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?	
5. Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation and review to refinement, with feedback to and from the community at all stages?	
6. Are the objectives and activities specific, time-limited, feasible (given available resource), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?	
PREVENTION PRINCIPLES FOR SCHOOL-BASED PROGRAMS	YES
1. Do the school-based programs reach children from kindergarten through high school? If not, do they at least reach children during the critical middle school or junior high years?	
2. Do the programs contain multiple years of intervention (all through the middle or junior high years)?	
3. Do the programs use a well-tested, standardized intervention with detailed lesson plans and student materials?	
4. Do the programs teach drug-resistant skills through interactive methods (modeling, role playing, discussion, group feedback, reinforcement, extended practice)?	
5. Do the programs foster pro-social bonding to the school and community?	

Prevention Principles Checklist continued

6. Do the programs: <ul style="list-style-type: none"> a. Teach social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally and developmentally appropriate; b. Promote positive peer influence; c. Promote anti-drug social norms; d. Emphasize skills-training teaching methods; and e. Include an adequate “dosage” (10 to 15 sessions in year one and another 10 to 15 booster sessions)? 	
7. To maximize benefits, do the programs retain core elements of the effective intervention design?	
8. Is there periodic evaluation to determine whether the programs are effective?	
PREVENTION PRINCIPLES FOR FAMILY-BASED PROGRAMS	YES
1. Do the family-based programs reach families of children at each stage of development?	
2. Do the programs train parents in behaviorial skills to: <ul style="list-style-type: none"> a. Reduce conduct problems in children; b. Improve parent-child relations, including positive reinforcement, listening and communication skills, and problem solving; c. Provide consistent discipline and rulemaking; and d. Monitor children’s activities during adolescence? 	
3. Do the programs include an educational component for parents with drug information for them and their children?	
4. Are the programs directed to families whose children are in kindergarten through 12th grade to enhance protective factors?	
5. Do the programs provide access to counseling services for families at risk?	