Getting To Outcomes with Developmental Assets

TEN STEPS TO MEASURING SUCCESS
IN YOUTH PROGRAMS AND COMMUNITIES

Deborah Fisher

Pamela Imm, Ph.D.

Matthew Chinman, Ph.D.

Abraham Wandersman, Ph.D.



Foreword

A New Way to Work on Behalf of Children, Youth, and Communities

ommunity mobilization to improve outcomes for children and youth and the use of evaluation to refine interventions are not new ideas. Unfortunately, many community efforts have been limited by poor design, faulty execution, or disagreement among coalition members. Although evaluation techniques could help prevent these problems, this has rarely happened since evaluation is usually viewed as a hardship that is imposed by some external authority. This book represents a significant advance regarding how communities think about evaluation and how they target their efforts.

Both Developmental Assets® and Getting To Outcomes (GTO) ask community members to think differently about fundamental issues and then to act differently because of their new conceptualizations. In the case of Developmental Assets, it's thinking about what's right with children and youth and building from there—not viewing young people as problems to be fixed. In the case of GTO, the main ideas involve empowering people, both to plan and conduct evaluation themselves as well as to use it to improve collaboration and outcomes—not waiting until the end and hiring outside folks who've not been part of the process.

The linking of Developmental Assets and GTO is important because there is no one "silver bullet" that will help all children and youth to survive life's challenges and to flourish. Research suggests that a combination of three approaches is necessary to build resilience and ensure high life outcomes for all our children and youth:

- 1. Positive youth development;
- 2. Risk reduction through universal and early intervention; and
- 3. Effective treatment and support for children at greater levels of need.

Barry (2001) suggests that for these approaches to work, they must be child-and family-driven, strength-based, empowering, culturally and linguistically competent, ecological, and able to address the variety of individual and geographic needs. Also, the accumulation of practice knowledge demonstrates that to be effective, these approaches must be strategic, coordinated, collaborative, data-driven, results-oriented, accountable, and attentive to capacity building. Doing all of this is challenging. It requires mobilizing the community or schools, using collaborative planning and monitoring to sustain coalitions, selecting the right interventions, and implementing (including adapting) these interventions effectively. It also requires avoiding symbolic or ad hoc solutions as well as weak, ineffective, or even harmful interventions. The combination of Search Institute's approach to asset-driven community mobilization and Getting To Outcomes' data-driven approach to planning, continuous quality improvement (CQI), and evaluation provides communities with powerful, transformative tools to address these challenges.

Positive Youth Development

An increasing body of correlational and experimental research suggests that positive youth development can enhance short- and long-term outcomes for many youth (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Durlak & Weissberg, 2005). Positive youth development focuses on developing or enhancing individual and environmental assets.

Such an approach is necessary for at least four reasons. We cannot predict what environmental or individual risk factors individuals will encounter during the course of their development. Additionally, some risk factors are not amenable to change, and others (e.g., poverty) will not change in the short run (U.S. Public Health Service, 2000). Further, our knowledge about the impact of individual risk factors is sometimes imprecise and, even when it is correct, only can predict outcomes for groups, not individuals. Because of this, assets such as social competency and connections with adults may provide individual children and youth with the resources necessary to overcome a multitude of risk factors. Finally, as Karen Pittman, Peter Benson, Kristin Moore, and others suggest, we want our children and youth to thrive and flourish, not just avoid problems (e.g., Moore & Lippman, 2005). Search Institute's community mobilization strategy provides communities with an opportunity to coalesce around the goals and principles of positive youth development.

Risk Reduction

However, positive youth development cannot accomplish everything. As Scales and Leffert (1999, p. 217) stated in their book on Developmental Assets, "Building Developmental Assets is only part of what communities need to do to ensure healthy development for all adolescents." Risk re-education is still necessary for some children and youth because the accumulation of risk factors can override protective factors (Pollard, Hawkins, & Arthur, 1999). Although experienced individually, risk is socially structured, making it likely that some children and youth are more likely to be exposed to risk factors than others (Kendziora & Osher, 2004; Osher, 1998). Although, as resilience research suggests, many individuals can survive risk factors (e.g., Rutter, 1989), some will not. A community approach that ignores risk will leave some individuals behind. Hence, it is important to address risk factors as well as create settings that support resilience (Osher, Kendziora, VanDenBerg, & Dennis, 1999a, 1999b).

Communities can address risk through universal interventions (sometimes called primary prevention) that reduce or eliminate factors that place individuals at risk, such as punitive disciplinary practices at home and school (Osher et al., 2004; Reid & Eddy, 1997). When adult behavior itself is the risk factor, eliminating the problematic behavior makes it easier to create positive connections with children and youth. This, in turn, helps young people build Developmental Assets (McNeely, Nonnemaker, & Blum, 2002).

In addition, communities can enhance primary prevention by targeting specific mechanisms that prevent or buffer the impact of specific risk factors. While there is much overlap between protective factors, which have been identified with prevention research, and Development Assets, there are also conceptual and philosophical differences. These differences (in the words of the seminal 1994 Institute of Medicine Report) affect "how people talk about these endeavors, why they participate in them, what they expect to gain, and the manner and extent to which they are willing to support them" (Mrazek & Haggerty, 1994, p. 334). GTO, which was first developed within a prevention context, provides communities with tools that can bridge these conceptual and philosophical differences by focusing on needs, results, and evidence-based practices.

Support for Children in Greater Need

Since some children and youth will be at greater levels of risk, early interventions will be necessary for them. Some young people will be at an indicated level of risk (e.g., children whose behavior is getting them into trouble) and some may have experienced or are about to experience events and processes that research suggests may place them at a high level of risk (e.g., children who have experienced a major loss). Both types of individuals benefit from Developmental

Assets. However, they may also require targeted support to help them address their individual needs (e.g., grief counseling).

Still other children and youth have even more intense needs that require targeted treatment and supports, which can enable them to overcome these problems or manage them effectively. These children and youth also benefit from asset building. However, they may also need different interventions or more support to realize these benefits (Dwyer & Osher, 2005; Osher, Dwyer, & Jimerson, in press). For example, some children with depression or anxiety may benefit from cognitive behavioral approaches, which can help them implement cognitive strategies to deal with their thoughts. Similarly, although mentoring may remain an effective tool for some of these children and youth, its dosage may need to be higher and it may have to be combined with other interventions (e.g., Kendziora, Bruns, Osher, Pacchiano, & Mejia, 2001). Here, too, GTO's focus on needs, the mechanisms of change, and the monitoring of results provides a tool for communities to align interventions efficiently.

To be effective, all three approaches must address the challenges of engagement and attrition, which are related to the poor penetration and outcomes realized by many interventions. Doing this requires moving away from a professional- and provider-driven, deficit-oriented paradigm that ignores individual needs and differences and, instead, elaborating upon empowerment-oriented family- and youth-driven approaches that have gained momentum during the past decade. These approaches attend to relationships, actively involve consumers in planning and evaluation, identify and build strengths, and are ecological (Kendziora et al., 2001; Osher & Osher, 2002). The Developmental Assets model has the potential to do this by mobilizing natural resources, building individual assets, and addressing environmental supports. GTO can support the process when families and youth are engaged in planning, monitoring, and evaluating.

Intervention strategies must also address the fact that interventions may vary in how effective they are with different individuals and in different contexts (Osher, Dwyer, & Jackson, 2004). In fact, prevention research suggests that in some cases, efficacious universal interventions may even have a negative impact on some subpopulations (Gillham, Reivich, & Shatté, 2002). In addition, although assets, risk, and protective factors appear to be consistent across culture groups (Osher, Cartledge, Oswald, Artiles, & Coutinho, 2004; Sesma & Roehlkepartain, 2003), culture mediates and moderates outcomes (U.S. Public Health Service, 2001). GTO provides collaborations with the ability to select the right interventions, monitor impacts across different groups, and identify new interventions, when necessary.

Efficiency and effectiveness depend upon using resources wisely. This requires doing a needs assessment that includes mapping assets, setting realistic goals and objectives, developing a plan that identifies the mechanisms

of change necessary to create the changes in individuals and institutions to accomplish the specified goals and objectives, and identifying projects and programs that are consistent with the logic model—interventions that are sufficiently powerful to bring about the planned change and that can be implemented with fidelity, given the human and material resources available. Effectiveness requires assessing implementation to ensure fidelity, identify what is and is not working, and use this information for CQI to enhance outcomes. Assets-GTO provides a planning process that addresses all these matters.

Children and youth experience risk and require support across multiple domains (Catalano et al., 2002). Most schools and communities have multiple interventions and services, which are usually fragmented by funding streams, orientation (i.e., promotion, prevention, or treatment), discipline, and agency turf. This underalignment creates duplications, which waste money and undercut the ability of different initiatives and agencies to support each other (Adelman & Taylor, 2005; Osher, 2002). School and community efforts should be coordinated and integrated in a collaborative manner, which may include pooling resources and/or braiding funding (Osher, Dwyer, et al., 2004).

Effective coordination and collaboration, however, depend upon addressing the barriers to meaningful collaboration, which include professional socialization and agency mandates (e.g., Rappaport et al., 2002). Sustaining collaboration requires that every stakeholder's indicators—not just those of the lead agency—are part of the planning, CQI, and evaluation. The Developmental Assets model has demonstrated an impressive ability to engage the initial interests of potential collaborators. GTO provides the tools for them to use data collaboratively to improve outcomes and deepen their collaboration.

Finally, empowerment is important to both the GTO and asset frameworks—both models ask community members not only to change how they have traditionally viewed youth development and evaluation, but also to then use the new tools to act on their changed understanding. If communities do so and use them to connect with and build powerful supports for *all* their children and youth, many more children and youth will thrive, flourish, and become the types of parents and citizens that we need (Osher et al., 1999a, 1999b).

—David Osher Managing Research Scientist American Institutes for Research Washington, D.C.

References

- Adelman, H. S., & Taylor, L. (2005). The implementation guide to student learning supports in the classroom and schoolwide: New directions for addressing barriers to learning. Thousand Oaks, CA: Corwin Press.
- Barry, M. M. (2001). Promoting positive mental health: Theoretical frameworks for practice. *International Journal of Mental Health Promotion*, 3(1), 25–34.
- Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment*, 5, http://journals.apa.org/prevention/volume5/pre0050015a.html
- Durlak, J. A., & Weissberg, R. P. (2005, August). A major meta-analysis of positive youth development programs: Its important implications. Paper presented at the annual meeting of the American Psychological Association, Washington, DC.
- Dwyer, K., & Osher, D. (2005). Safeguarding our children: An action guide revised and expanded. Longmont, CO: Sopris West.
- Gillham, J. E., Reivich, K., & Shatté, A. (2002). Positive youth development, prevention, and positive psychology: Commentary on "Positive Youth Development in the United States." *Prevention & Treatment*, 5, http://www.journals.apa.org/prevention/volume5/pre0050018c.html
- Kendziora, K. T., Bruns, E., Osher, D., Pacchiano, D., & Mejia, B. (2001). *Wraparound: Stories from the field.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Kendziora, K., & Osher, D. (2004). Fostering resilience among youth in the juvenile justice system. In C. C. Clauss-Ehlers & M. Weist (Eds.), *Community planning to foster resiliency in children* (177–196). New York: Kluwer.
- McNeely, C. A., Nonnemaker, J. M., &. Blum, R. W. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health*, 72(4), 140–146
- Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for prevention intervention research*. Washington, DC: National Academy Press.
- Moore, K. A., & Lippman, L. H. (Eds.). (2005). What do children need to flourish? Conceptualizing and measuring indicators of positive development. New York: Springer.
- Osher, D. (1998). The social construction of being at risk. Introduction to R. Kronick (Ed.), *At-risk youth: Theory, practice, reform* (iv–xii). New York: Garland Press.
- Osher, D. (2002). Creating comprehensive and collaborative systems. *Journal of Child and Family Studies*, 11(1), 91–101.
- Osher, D., Cartledge, G., Oswald, D., Artiles, A. J., & Coutinho, M. (2004). Issues of cultural and linguistic competency and disproportionate representation. In R. Rutherford, M. Quinn, & S. Mather (Eds.), *Handbook of research in emotional and behavioral disorders* (54–77). New York: Guilford Publications.
- Osher, D., Dwyer, K., & Jackson, S. (2004). Safe, supportive, and successful schools step by step. Longmont, CO: Sopris West.

- Osher, D., Dwyer, K., and Jimerson, S. (in press). Foundations of school violence and safety. In S. Jimerson and M. Furlong (Eds.), *Handbook of school violence and school safety: From research to practice*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Osher, D., Kendziora, K. T., VanDenBerg, J., & Dennis, K. (1999a). Beyond individual resilience. *Reaching Today's Youth*, 3(4), 2–4.
- Osher, D., Kendziora, K. T., VanDenBerg, J., & Dennis, K. (1999b). Growing resilience: Creating opportunities for resilience to thrive. *Reaching Today's Youth*, 3(4), 38–45.
- Osher, T. W., & Osher, D. (2002). The paradigm shift to true collaboration with families. *Journal of Child and Family Studies*, *11*(1), 47–60.
- Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, 23(8), 145–158
- Rappaport, N., Osher, D., Dwyer, K., Garrison, E., Hare, I., Ladd, J., Anderson-Ketchmark, C. (2002). Enhancing collaborations within and across disciplines to advance mental health programs in schools. In M. D. Weist, S. Evans, & N. Tashman (Eds.), *School mental health handbook* (107–118). New York: Kluwer.
- Reid, J. B., & Eddy, J. M. (1997). The prevention of antisocial behavior: Some considerations in the search for effective interventions. In D.M. Stoff, J. Breiling, & J. D. Maser (Eds.), *The handbook of antisocial behavior* (343–356). New York: John Wiley & Sons.
- Rutter, M. (1989). Pathways from childhood to adult life. *Journal of Child Psychology* and Psychiatry, 30, 23–54.
- Sesma, A. Jr., & Roehlkepartain, E. C. (2003). Unique strengths, shared strengths: Developmental Assets among youth of color. *Search Institute Insights & Evidence*, 1(2), 1–13
- Scales, P. C., & Leffert, N. (1999). Developmental Assets: A synthesis of the scientific research on adolescent development. Minneapolis: Search Institute.
- U.S. Public Health Service. (2000). Youth violence: A report of the Surgeon General. Washington, DC: Author.
- U.S. Public Health Service. (2001). *Mental health: Culture, race, ethnicity: A supplement to the Surgeon General's Report on Mental Health.* Washington, DC: Author.

Getting To Outcomes: The Power to Build and Sustain Measurable Success

While researchers have developed many successful programs and policies to address positive youth development, local communities, schools, and youth-serving organizations can face significant challenges in trying to achieve positive outcomes. Often the significant amount of knowledge and skills required, the amount of resources needed, and the policies that need to be in place present barriers to success. Hoping to bridge this apparent gap between what works in the lab and the capacities in real life, Drs. Matt Chinman, Pam Imm, and

Abraham Wandersman wrote their manual, *Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation* (www.rand.org/publications/TR/TR101). The manual was initially tailored to substance abuse prevention, but numerous practitioners have found the Getting To Outcomes (GTO) steps applicable for a wider range of strategies that aim to prevent any type of behavioral health problem and promote positive development.

GTO weaves together several overlapping theoretical strands of evaluation and accountability into a system that includes all of the critical elements of program planning, implementation, and evaluation needed in order to achieve results. Alone, each strand of evaluation is incomplete in providing the guidance needed for prevention practitioners to achieve positive results; by weaving the strands together, GTO provides a more complete model for planning and outcome measurement.

The GTO approach is based first on *traditional program evaluation*, which is usually conducted by external (neutral and objective) evaluators to assess the effects of programs created and implemented by practitioners. While this traditional approach is the foundation of evaluation, in recent years additional approaches to evaluation have been proposed that support more collaborative relationships between evaluators and practitioners.

One such approach, *empowerment evaluation*, is the second theoretical strand of GTO. While still retaining the basic tenets of traditional evaluation, it calls for evaluators to provide program implementers with both the tools and the opportunities to plan, implement with quality, evaluate outcomes, and develop a continuous quality improvement system themselves, thereby increasing the probability of achieving results. (For more on this strand, see D. Fetterman & A. Wandersman [2005], *Empowerment Evaluation Principles in Practice*. New York: Guilford Press.)

The third theoretical strand of GTO is *results-based accountability* (RBA). Based in part on Osborne and Graebler and on the Government Performance and Results Act of 1993, RBA moves practitioners away from collecting only outcome or output information—such as counting the number served—toward answering bottom-line questions about program effectiveness.

The fourth strand is *continuous quality improvement*, a technique in Total Quality Management (TQM). Developed for industry and successfully used in health-care settings, TQM suggests using an ongoing process to improve quality, reduce errors and costs, and increase customer satisfaction.

The GTO model interweaves these strands to enhance the capacity of practitioners and initiative members by empowering them to address all the key tasks involved in planning, implementing, tailoring, evaluating, and sustaining their own programs and policies. The original GTO model synthesizes the leading prevention research into ten easy-to-follow questions that address these tasks:

1. Needs/conditions/resources

6. Planning

2. Goals

7. Process

3. Evidence

8. Outcomes

4. Fit

o. Outcomes

5. Capacities

9. Continuous quality improvement

10. Sustainability

The GTO model has already demonstrated its value and impact. An earlier version of the GTO manual was used with an elementary school in rural South Carolina to build character, increase social and academic competence, and improve classroom behavior. In that effort, Dr. Wandersman and colleagues collaborated with members of a community-based prevention coalition—using GTO—to plan, implement, and evaluate their programs in the local elementary school. Compared to a school without the program or GTO, children in the experimental school exhibited significantly lower levels of acting-out behavior, higher levels of on-task behavior, improved spelling and reading grades, and increased levels of self-esteem. Later, in 2001, the GTO manual won an award for the best self-help manual from the American Evaluation Association. Beyond its use at the local level, the GTO model has been used to organize the prevention systems of entire states.

Recent tests of the revised GTO manual in two substance abuse prevention coalitions in California and South Carolina suggest the GTO process has improved program staff's capacity across the various areas of prevention known to be associated with outcomes. For example, survey data of coalition members who used the GTO model show that participation was associated with more positive prevention attitudes (e.g., evaluation data can be used to improve programs) and more frequent evaluation practice (e.g., how often one engages in evaluation) across almost all of the important prevention domains specified by the ten questions. Qualitative data from both coalitions' staff showed that GTO provided them with "a new language" about how to make their programs more accountable. Also, it helped them be more "proactive," "focused," and "orderly" so that key details about the programs were not accidentally neglected. In particular, staff noted that GTO helped them with various aspects of planning such as communicating with grant writers, understanding the limits of their own capacity, structuring priorities, developing realistic goals and objectives, and assessing whether new potential programs were evidence-based.

While the original GTO model was grounded in drug and alcohol prevention research, it is now being used more widely in other content areas, such as HIV/AIDs prevention, teen pregnancy prevention, intimate partner violence

and sexual violence prevention, juvenile justice, media literacy, and school readiness. Besides GTO's usefulness across many types of initiative activities, the ten steps of the GTO process are applicable at both the broad community level and the specific program level.



LEARN MORE: For more information on the research and evidence base for Getting To Outcomes, please see the article titled "Getting To Outcomes" in Appendix C of this book starting on page 299.

Combining Developmental Assets and Getting To Outcomes

The Assets-GTO process provides practitioners, program directors, and initiative leaders with the full range of perspectives and activities needed to improve the quality of prevention and positive youth development services, as well as to measure and report on performance. The two approaches are highly complementary, bringing together compatible language, perspectives, content, tools, and resources. Each system offers expert guidance in certain areas of high-quality prevention and community mobilization on which the other system has not concentrated and is therefore less well developed.

For example, GTO, as a generic process that can be used to plan, implement, and evaluate any prevention strategy, has less information about community mobilization and coalition building. The Developmental Assets model, with its community empowerment approach, has extensive materials in these areas. Search Institute's community-based approach emphasizes the integration of the assets model into community and program activities, while GTO offers concrete guidance in the form of text and tools to plan the details of such a process, implement it with high quality, and then evaluate its effectiveness. While GTO includes data collection tools for design, implementation, and evaluation, Search Institute has a strong positive youth development framework and well-developed and validated community assessment processes and measures, which can be used for conducting the needs, strengths, and resources assessment for either programs or community initiatives.

Succinctly, the Assets-GTO process is described in the following sequence of ten questions:

- What are the needs, risks, resources, and conditions to address? (NEEDS/RESOURCES)
- 2. What are your goals and desired outcomes? (GOALS)
- 3. How will you achieve your goals effectively? (EFFECTIVENESS)

- 4. How does your work fit with existing programs and community-wide initiatives? (FIT)
- 5. What capacities will you need to implement your program or asset-building initiative? (CAPACITIES)
- 6. What is your plan? (PLAN)
- 7. How will you assess the quality of implementation? (PROCESS)
- 8. How will you determine if the program or asset-building initiative is working? (OUTCOMES)
- 9. What continuous quality improvement efforts do you need to improve your initiative or program over time? (CQI)
- 10. If the program or asset-building initiative is successful, how will it be sustained? (SUSTAINABILITY)