
CHAPTER 2:
BEST PRACTICES TO REACH WELLNESS GOALS

Key Chapter Topics:

BEST PRACTICE 1: Recognize ecological context

BEST PRACTICE 2: Respond to developmental level

BEST PRACTICE 3: Reduce risk and increase protective processes

BEST PRACTICE 4: Build developmental assets

BEST PRACTICE 5: Respond to diversity

BEST PRACTICE 6: Create a continuum of support and care

CHAPTER 2:

BEST PRACTICES TO REACH WELLNESS GOALS

To achieve Oregon's wellness goals, we must develop effective prevention and intervention strategies and track their outcomes. In turn, developing effective strategies and identifying realistic outcomes requires addressing the complex behaviors and environmental factors (Dumka, Roosa, Michaels, & Suh, 1995). For example, to reach the goal of healthy, thriving young children, requires understanding and addressing many inter-related community, family, individual, and societal issues.

Despite their importance, relatively few prevention or intervention strategies have been empirically examined and knowledge of empirically proven strategies and realistic outcomes is often limited among policy-makers, advocates, and service providers (Chynoweth & Dyer, 1991; Schorr, 1994).

This guide reviews current research to identify reliable strategies and realistic, interim outcomes that will lead us to achieve Oregon's goals for children, youth, families, and communities. Six best practice concepts are critical to all efforts to reach our goals. These best practice concepts are:

1. Recognize ecological context
2. Respond to developmental level
3. Reduce risk and increase protective processes
4. Build developmental assets
5. Respond to diversity
6. Create a continuum of support and care

These six concepts are discussed in this chapter. Then, in the later chapters (3-9) of this guide, research is summarized that identifies successful strategies and realistic, interim outcomes for each of Oregon's wellness goals. Only research findings that are strongly and consistently supported by multiple studies are included.

BEST PRACTICE 1: Recognize ecological context

The ecological context of development is critical to children, youth, and families. "Ecological contextualism" argues that children, youth, and families are shaped not only by their own characteristics, but by the environments in which they live. Psychological, social, and interpersonal behavior are rooted in these multiple environments.

Six best practice concepts are critical to reaching our goals.

Children, youth, and families are shaped by the environments in which they live.

Best Practices to Reach Wellness Goals

Peers, neighborhoods, schools, workplaces, and communities are all important environments that influence children, youth, and families. Families are influenced by the community in which they live and the work they do. In turn, families create the first and most important environment for children. As children grow, the direct influence of peer, school, and community environments expands. Positive environments can dramatically improve the well-being of children, youth, and families.

Research clearly supports the following ideas about ecological context:

- **Cognitive functioning, language and other skills, and eventual academic success are influenced by social and physical environments.**

From infancy to adolescence and beyond, cognition, language, and other abilities are enhanced by environments which recognize individual differences, and which encourage exploration and competence.

- **Positive family environments are essential to the healthy development of children and youth.**

Children and youth flourish in positive, supportive environments where there is variety without chaos, where adults are accepting and encouraging, where behavior is guided and monitored but not overly restrictive, and where a sense of competence is rewarded fostered (Search Institute, 1996).

Positive family environments are characterized by effective communication, active problem-solving, authoritative guidance strategies, and stress management. These skills can be learned.

- **Support is most effective when it provides individual attention and is offered across many different environments - personal, family, peer group, school, and community.**

Because many environments interact to influence the well-being of children, youth, and families, effective strategies offer support *across* different environments - personal, family, peer groups, school, and community. Within such comprehensive strategies, attention to individual needs and resources of children, youth, and families is essential (Dryfoos, 1990).

Effective communication, active problem-solving, authoritative guidance strategies, and stress management characterize positive family environments.

Connections between environments are important. For example, when parents know and interact with their children's friends and schools, these parents are better able to support and guide their children. School systems, child care systems, and workplaces that recognize the needs of families can help to reduce the stressors experienced by many families.

Because many environments interact to influence well-being, effective strategies offer support across different

Often successful prevention and intervention programs are carried out in schools in collaboration with families and community agencies. While some high-risk youth, such as youth who've dropped-out or others who are very alienated by school, may be best served outside of school walls, schools offer a natural opportunity for connection and support for most children and youth. (See Chapter 8 on Educational Progress and Success.)

- **Individuals of all ages thrive when they can effectively influence their environments and their lives.**

Infants first learn that they can influence their environment when their cries bring loving caretakers. Family and school environments are especially important to children; here feelings of effectiveness can be nurtured or crushed.

By early adolescence, youth who believe they can effect their own lives and that they have a positive future are empowered to avoid teen pregnancy, school failure, drug and alcohol abuse, and other serious life problems.

When families feel effective, they are more likely to guide their children and to take action to improve their own and their children's lives.

In all that is done with and for children, youth, and families, this essential sense of personal control must be fostered.

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BEST PRACTICE 2: Respond to developmental level

As children and youth develop, their needs and resources change. The same is true for families. What is needed, and what is effective, at one life stage, is inappropriate and ineffective at another.

Effective prevention and intervention efforts respond to the developmental and experience levels of participants.

Effective prevention and intervention efforts respond to the developmental and experience levels of participants. In sum, research supports the following conclusions:

- **Effective prevention and intervention strategies match the developmental and experiential levels of children, youth, and families.**

For example, peer teaching has been shown to be more effective in early adolescence when the influence of peers is highest, compared to later adolescence when peer influences begin to wane and abstract cognitive abilities increase (Bogenschneider, 1996; Steinberg, 1991). "Just Say No" programs appear to be least effective with sexually active teens who have already said "yes" (Chase-Landale & Brooks-Gunn, 1996) or teens who use drugs and alcohol regularly (Ellickson & Bell, 1990; Pentz, 1994).

Youth need support that matches their experience levels and current needs. Sexually active teens need assistance to make responsible decisions to abstain, utilize effective contraceptives or, if they become parents, care for themselves and their child responsibly (Chase-Landale & Brooks-Gunn, 1996).

Youth who regularly use tobacco, alcohol, or other substances can benefit from intense educational and medical interventions to reduce dependence and problematic use but rarely benefit from general primary prevention efforts (Pentz, 1994).

- **Transition points in the lives of children, youth, and families are critical times for risk and growth.**

Walking, talking, beginning school, moving into middle school or high school, having a child, divorcing, entering the labor force, and other events are more than developmental milestones. They are times of challenge and opportunity. Support at such transition points can be especially important and effective.

BEST PRACTICE 3: Reduce risk and increase protective processes

Risk and protective processes greatly influence outcomes for children, youth, and families (Hawkins, Catalano, & Miller, 1992). Risk processes are essentially hazards that increase vulnerability to negative outcomes.

Risk processes occur in many environments from intra-personal to societal. These processes include exposure to a violent or drug-affected communities and neighborhoods, anti-social peers, chaotic or conflictual family relationships, poverty, learning disabilities, and other factors.

Protective processes offer safeguards in the face of risk. Like risk processes, protective processes can occur in all environments - societal, community, school, family, peer, and individual.

The risk and protective factor framework (Bogenschneider, 1996; Hawkins & Catalano, 1992) provides a solid foundation for prevention and intervention efforts. Research supports several important ideas about the risk and protective factors framework, including the following ideas:

- **Risks processes are cumulative; when multiple risks exists, vulnerability is greatest.**

Compared to youth who experience no major risk factors in their lives, youth who experience only one risk do not experience the increased vulnerability for poor outcomes (Bogenschneider, 1996). However, when youth experience two or more risks, their vulnerability to problem behaviors is greatly increased.

For example, youth with only one risk factor (low income) experienced no increase in problem behaviors in response to stress while youth with two risks (low income, marital discord) experienced a four fold increase in problem behaviors and youth with four or more risk factors experience a *twenty fold* increase in problem behaviors (Bogenschneider, 1996; Rutter, 1979).

In Oregon's annual survey of drug and alcohol use among adolescents, a similar pattern is found. Among surveyed eighth graders who reported three risk factors (their peers use drugs; their neighbors use drugs; their parents had permissive attitudes), almost 60% had used marijuana in the last month. Among surveyed youth who did not experience these risk factors, less than one percent reported such use (Finigan, 1996).

- **Protective processes are safeguards that protect individuals and enable them to adapt well DESPITE risks.**

One-third to one-half of at-risk youth overcome the risks or hazards facing them by drawing on protective processes. Protective processes operate when a risk is present and offer the greatest benefit to individuals who face risks.

Risk processes are hazards...

Protective processes offer

When youth experience two or more risks, their vulnerability to problem behaviors is greatly increased.

For example, social support is "good" for all new parents. In terms of reduced risk for child abuse, however, social support is more important among low income mothers than among middle income mothers (Hashima & Amato, 1994).

Similarly, high quality child care benefits all children (Howes et al., 1995) but high quality care appears most essential for children whose families are poor and less able to provide stimulating home environments (Phillips & Bridgman, 1995). Thus, high quality child care is a protective process for young children who are at risk because of impoverished homes.

- **Risk processes are reduced and protective processes are increased by early, on-going and comprehensive support.**

An ecological approach can be used to identify and address the multiple risk and protective processes that affect children, youth, and families. Comprehensive interventions that include schools, families, peers, and communities are most effective in reducing risks and building protective factors (Dryfoos, 1990; Kretzman & McKnight, 1993).

The earlier, and longer, an intervention occurs in the life of an at-risk individual, the higher the probability that problems will be reduced. Early and continuing support is essential and can be accomplished through comprehensive, integrated strategies that combine service access, counseling, tutoring, mentoring, case management, and other approaches that respond as individuals' needs and resources change (Dryfoos, 1990).

BEST PRACTICE 4: Build developmental assets

Developmental assets are important to all individuals, not only those who are at-risk of poor outcomes.

Developmental assets lead to positive outcomes for children, youth, and families. Developmental assets are important to *all* individuals, not only those who are at-risk for poor outcomes. In this way developmental assets differ from protective factors.

Developmental assets include personal, interpersonal, social, and community factors, thus incorporating the ecological perspective described earlier. For example, for children and youth, developmental assets include caring, supportive families, schools, and communities as well as positive attitudes toward one's future, educational aspirations, and interpersonal skills (Search Institute, 1996).

Research supports the following conclusions about developmental assets:

- **All individuals can build developmental assets.**

All individuals can build developmental assets with the support of nurturing families, schools, and communities. Good prenatal care, adequate nutrition and health care, rewarding learning environments, consistent guidance by parents and other adults, and supportive communities are the foundation on which children and youth develop social competency skills, values and commitment, cognitive abilities, and mental and physical health (see for example, Bernard, 1993; Dryfoos, 1990; Zeldin & Price, 1995).

- **More assets contribute to more positive development.**

When it comes to developmental assets, an old adage applies: “The more the better.” Among youth with fewer developmental assets, problem behaviors are more common (Blyth & Roehlkepartain, 1993).

For example, in studies that assess 30 possible assets among youth, 50% of youth with 10 or fewer assets were engaged in risky sexual or anti-social behavior. In comparison, among youth who reported having over 25 assets, less than 7% engaged in risky sexual or anti-social behaviors (Search Institute, 1996).

- **Continuity of caring relationships over time is essential to building developmental assets.**

Children and youth need caring, stable adults in their lives. These adults may have many different roles: parent, grandparent, friend, mentor, teacher, or other. The essential quality of these relationships is individual, consistent support for the child or youth (Werner, 1990). From infancy on, families and others help children and youth to gain developmental assets through daily interactions that are consistent, respectful, and nurturing.

Stable, positive peer relationships are also critical from very early childhood until the end of life. These relationships can be gained through group experiences from play to school to work. Stable, positive peer relationships help individuals to build positive identity and greater social skills, two critical developmental assets.

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Finally, continuity is important when health, community and educational services are offered to children, youth, and families. Such continuity is fostered by coordination, cooperation, and collaboration between agencies, schools, families, and other social networks.

Effective support strategies must recognize the importance of diversity.

BEST PRACTICE 5: Respond to diversity

Diversity has many sources. Some important sources of diversity include socio-economic status, culture and ethnicity, gender, and other experiences. Each of these sources of diversity can affect individual and family needs, resources, and responses to support and services. Effective support strategies must recognize the importance of diversity.

- **Socio-economic status affects the needs and resources of families as well as their responses to support and services.**

Socio-economic status is influenced by both income level and educational level (Rosenblum & Travis, 1996). In general, lower income families have lower educational levels, although this is not always the case. Temporary low income situations, such as those due to attending school or short-term unemployment, do not influence family lifestyles as much as long-term poverty.

Socio-economic status affects access to and quality of basic resources including health care, education, political power, housing, nutrition, and occupational opportunities. Socio-economic status also affects internal family patterns including age of marriage and child-bearing, child-rearing practices, division of household labor, aspirations for children, single parenting, and other family experiences.

Socio-economic status affects basic resources, internal family patterns, and responses to

Programs to support families must recognize the importance of socio-economic status. For example, compared to middle income families, lower income families are likely to work longer and more diverse hours, have fewer resources for child care, have lower reading levels, and experience greater daily stress in family life. In addition, lower socio-economic families may be more concerned with assessment, privacy, and confidentiality issues (Spoth, Redmond, Hockaday, & Shin, 1996). To reach lower income families, these issues **MUST** be addressed.

- **Cultural backgrounds affect everyday life.**

All human cultures contain norms and values that influence everyday life. Ethnic groups share a cultural and historical uniqueness. Ethnicity often affects fertility rates, marriage and divorce patterns, the distribution of labor and authority within families, and networks of extended kin relationships. Distinctive family patterns, such as family traditions, foods and food preparation, and other family activities sustain ethnic cultures. Cultural patterns also influence social roles and obligations. Cultural values, such as educational and occupational aspirations, are transmitted through adult family members to children (Mindel, Habenstein, & Wright, 1988).

Belonging to a racial or ethnic minority group affects family experiences (Mindel, Habenstein, & Wright, 1988). Minority groups have a unique cultural background *and* often experience less access to power and greater prejudice and discrimination than members of majority groups. These experiences affect the socialization of children and life opportunities.

Differences within ethnic or racial groups are great. These differences arise from the diversity of historical, cultural, and personal experiences found within a single group.

- For example, among people of “Spanish descent,” there are migrant laborers and White House advisors; Cubans, Puerto Ricans, Argentines, Mexicans and others; fifth generation U.S. citizens, newly naturalized citizens, legal aliens, and illegal aliens; people who are bi-lingual in English and Spanish, people who speak only English, and people who speak only Spanish, Portuguese *or* other languages.
- Among Native Americans, there are over 400 tribes, each with its own history, language, and traditions. Native Americans vary tremendously because of these differences as well as their current status as tribal members, residence on or off reservations, economic status, and *personal* identification with their ethnic history.

In short, it is critical to recognize diversity, including the diversity that *within* ethnic groups.

Differences within ethnic or racial groups are great.

- **Gender inequity exists in all known societies to the disadvantage of girls and women.**

Throughout the world, in the U.S., and in Oregon, gender greatly influences socialization and opportunities across the lifespan (Stockard & Johnson, 1992). By and large, girls and women are disadvantaged by educational, social, and family processes that devalue females compared to males. For example,

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- Poverty rates among women and families headed by women are much higher than rates for men (OED, 1995).
- Girls suffer more maltreatment, including 3 to 4 times more sexual abuse, than boys; most are victimized by family members (USDHHS, 1996).
- Girls are more likely to consider, and attempt suicide than boys; 13 girls attempt suicide for every 5 boys (USDHHS, 1996).
- When girls use drugs, drop out of school, and/or run away, the likelihood of sexual exploitation and teen pregnancy rises enormously (USDHHS, 1996).

Boys, too, are affected by their gendered experiences. For example, compared to girls, boys are more likely to be victims of violent juvenile crimes, homicides, and violent accidents (USDHHS, 1996).

In short, boys and girls face different problems as a result of their gender. If these differences are not acknowledged and responded to, prevention and intervention efforts will often fail. Most often, girls have been disadvantaged because programs, facilities, and treatment have not responded to their gender-specific concerns. Today in Oregon equal access for girls and boys is state policy (Coalition of Advocates for Equal Access for Girls, 1997). Specifically ORS 417.270 states that *both* girls and boys are entitled to equal access to gender appropriate programs, facilities, and treatment.

Diversity has many other sources

In addition to socio-economic status, culture, and gender, diversity arises from sexual orientation, religion, and other sources. Effective interventions must recognize and respond to these many sources of diversity in order to support a full range of individuals and families.

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BEST PRACTICE 6: Create a continuum of support and care

The final best practice guideline identifies the importance of a continuum of support and care. Such a continuum meets children, youth, and families where they are, and builds self-sufficiency and well-being from that point. In short, a continuum of support and care provides *what* families need *when* they need it.

A effective continuum of support and care builds on an infrastructure of effective public services, accessible health care, good schools, stable economic opportunities, positive child and youth activities, and other community resources. This infrastructure offers support to *everyone* who resides in a community regardless of their specific needs.

Children, youth, and families who are at-risk because of short-term crises or on-going threats to their well-being need greater support. Children, youth, and families who have identified problems, such as child abuse, criminal behaviors, school failure, or long-term unemployment, need the most intensive support.

The idea of a continuum of support and care builds on the previously reviewed best practice principles:

- the environment is critical to well-being;
- developmental or experiential levels affect needs and resources;
- risk and protective factors, and developmental assets, vary from individual to individual and from family to family;
- diversity of needs and resources must be addressed.

A continuum of support and care provides what families need when they need it.

A strategic continuum of prevention (Pentz, 1994) responds to the full range needs and resources. Such a strategic approach underlies the 1996 Oregon Governor’s Social Support Work Group’s identification of appropriate roles for state government. This work group defined state government roles to support three groups: the general population, at-risk populations, and populations with “identified needs.” As needs increase,

the intensity of state government responsibility increases from catalyst for private action to provider (or funder) of direct service.

Oregon's Healthy Start program is another example of a strategic continuum of prevention. Healthy Start helps families to provide positive environments for their new children. In the Oregon counties which offer Healthy Start programs, all first birth families are targeted to receive basic information about child development and community resources. Among families who are identified as more highly stressed, more intensive support is offered, including regular home visitation over several years. Most often the parents who need this extra support are young, low-income, have serious personal or social problems, and have experienced abuse in their own childhood. (See discussion at end of Chapter 1.)

To reach Oregon's goals and Benchmarks the continuum of support and care must include primary prevention, early intervention, treatment and rehabilitation. For example, to impact juvenile crime,

Primary prevention and early intervention are essential to reduce future risks and problems, including

- primary prevention efforts must prevent underlying problems such as childhood abuse, early anti-social behavior or school failure that lead to increased risk of delinquent behavior in future years;
- early identification and intervention efforts must reduce risks among youth who are already at-risk or involved in early problematic behaviors;
- treatment, rehabilitation, and public safety strategies must redirected and control youth convicted of delinquent or criminal behavior.

Compared to primary prevention and early intervention, rehabilitation and public safety strategies *may* bring about the most immediate reductions in juvenile crime rates. Primary prevention, and early intervention, however, are essential to reduce future crime and are cost effective when *all* of their positive consequences are considered.

Comprehensive, strategic prevention efforts offer a continuum of support that join primary prevention, early identification and intervention, and rehabilitation and treatment. Such strategic prevention efforts offer a comprehensive range of supports that match individual needs and that change as individuals grow in competence (Dryfoos, 1990; Pentz, 1994).

Summary. As communities implement policies and programs to improve the well-being of children, youth, and families, six over-arching best practice concepts must guide all community efforts. These best practice concepts are:

- Recognize ecological context
- Respond to developmental level
- Reduce risk and increase protective processes
- Build developmental assets
- Respond to diversity
- Create a continuum of support and care

In the following chapters, research is reviewed to identify other best practices and effective approaches to address specific concerns such as teen pregnancy reduction or guidance of young children. The six over-arching best practices reviewed here, however, should be applied on *all* prevention and intervention efforts.

The six best practices apply to all prevention and intervention efforts.

Best Practices to Reach Wellness Goals
