Using Theory to Inform Youth Interventions
Washington, DC
March 8, 2018

Using Theory and Logic Models to Prevent Youth Problems
Community Wide: Communities that Care

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www.sdrq.org
Objectives

- What evidence undergirds the Communities that Care (CTC) prevention system?
- What theory was used in developing CTC?
- What theory of change or logic model was used in the CTC evaluation?
- What results were produced?
- How does theory guide adaptation?
40 Years of Prevention Science Research Advances: From Nothing Works to Effective Prevention

- Longitudinal studies identified risk and protective factors for behavioral health problems and discovered overlap in these factors for different problems.
- Malleable risk and protective factors were addressed by preventive interventions and tested for impact.
- As a result of these discoveries, over 60 prevention programs and policies have been shown to prevent adolescent problems.
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of Drugs</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Availability of Firearms</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Media Portrayals of Violence</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitions and Mobility</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Extreme Economic Deprivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History of the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Family Management Problems</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Family Conflict</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Failure Beginning in Late Elementary School</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Lack of Commitment to School</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Individual/Peer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early and Persistent Antisocial Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Alienation and Rebelliousness</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Friends Who Engage in the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Favorable Attitudes Toward the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Early Initiation of the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Constitutional Factors</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
## Much Commonality in Protective Factors for Behavioral Health Problems

### Protective Factors

<table>
<thead>
<tr>
<th></th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Safe Sexual Behavior</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Competence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emotional Competence</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Social/Behavioral Competence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self Efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belief in the Future</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Family, School and Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for Positive Social Involvement</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition for Positive Behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonding to Prosocial Others</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What We Now Know About Risk and Protective Factors

- Both an individual’s level of risk and level of protection influence behavioral health problems
- Common risk and protective factors predict many behavioral health problems
- Risk and protective factors show much consistency in effects across diverse groups
- Different communities/neighborhoods have different levels of risk and protection, thus may need different effective prevention programs and policies
Recognition of Evidence-Based Prevention Interventions
Despite the Evidence, Tested and Effective Prevention Programs and Policies Are Not Widely Used

In fact...

Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective.
The Challenge

- How can we build prevention infrastructure to increase use of tested and effective prevention policies and programs **with fidelity and impact at scale**…

while recognizing that communities are different from one another and need to decide locally what policies and programs they use?
IDEA: Build Prevention Infrastructure at the Community Level

Develop prevention infrastructure to enhance community capacity to:

- Build cross-sector prevention coalitions
- Assess and prioritize risk, protection, and behavior problems
- Match priorities to efficacious preventive interventions
- Support/sustain quality implementation of efficacious preventive interventions to all those targeted
The Social Development Strategy (SDS) Undergirds all SDRG Interventions

The Goal…

Healthy Behaviors…for all children and youth

Ensure…

Healthy Beliefs and Clear Standards…in families, schools, and peer groups

Bonding—Attachment—Commitment…to families, schools, and peer groups

Build…

By Providing…

Opportunities Skills Recognition…in families, schools, and peer groups

Recognize…

Individual Characteristics

Recognize…
Use the SDS to Build Commitment to Prevention

- Build cross-sector prevention coalitions - **Opportunities for involvement**
- Assess and prioritize risk, protection, and behavior problems - **Skills**
- Match priorities to efficacious preventive interventions - **Skills**
- Support/sustain quality implementation of efficacious preventive interventions to all those targeted - **Recognition and Skills**
Also

Build Protection into Daily Interactions with Young People

SOCIAL DEVELOPMENT STRATEGY

Opportunities
Skills
Recognition

HEALTHY BEHAVIORS

Clear Standards
Bonding
Individual Characteristics
CTC: A Continuous Improvement Process

1. Get Started
2. Get Organized
3. Develop Community Profile
4. Create a Plan
5. Implement & Evaluate

communities that care
## Communities That Care Process and Timeline

<table>
<thead>
<tr>
<th>Process</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess readiness, Mobilize the community</td>
<td>Increase in priority protective factors</td>
</tr>
<tr>
<td>• Assess risk, protection and resources, Develop strategic plan</td>
<td>Increase in positive youth development</td>
</tr>
<tr>
<td>Implement and evaluate tested, effective prevention strategies</td>
<td>Decrease in priority risk factors</td>
</tr>
<tr>
<td></td>
<td>Reduction in problem behaviors</td>
</tr>
<tr>
<td></td>
<td><strong>Measurable Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>6-9 mos.</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>2-5 yrs.</td>
</tr>
<tr>
<td></td>
<td>3-10 yrs.</td>
</tr>
<tr>
<td></td>
<td>10-15 yrs.</td>
</tr>
</tbody>
</table>

**Vision for a healthy community**
Communities That Care: An Effective Approach to Building Prevention Infrastructure

CTC is a *proven* method for building infrastructure to prevent underage drinking, tobacco use, and delinquent behavior including violence.

- Developed in 1988, 15 years of implementation and improvement through community based participatory research prior to RCT
- CTC has been tested in a randomized controlled trial involving 12 pairs of matched communities across 7 states from Maine to Washington
- CTC’s effects have been independently replicated in a statewide test in Pennsylvania
Randomized Trial of CTC: Community Youth Development Study

24 incorporated towns
- Matched in pairs within state
- Randomly assigned to CTC or control condition
- 5-year implementation phase
- 5-year sustainability phase

Longitudinal panel of 4407 students
- Population sample of public schools
- Surveyed annually starting in grade 5

Funded by: National Institute on Drug Abuse, National Cancer Institute, Center for Substance Abuse Prevention, National Institute on Child Health Human Development, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism
CTC Theory of Change

Figure 1. Communities That Care Theory of Change

CTC Implementation
(Web-streamed Training & Technical Assistance)

CTC Coalition Development
(Member Knowledge, Board Functioning, & Coalition Capacity)

Prevention System Transformation
(Science-based Prevention, Collaboration, Prevention Support, Community Norms, & Social Development Strategy)

Community Resource Documentation

Appropriate Selection & Implementation of Tested, Effective Prevention Programs

Decreased Risk & Enhanced Protection

Positive Youth Outcomes

CTC Survey

Measured by:
CTC Milestones and Benchmarks Implementation Tool (MBIT)

Community Assessment Training Survey (CATS)

Measured by:
Coalition Board Interview (CBI)

Measured by:
Community Key Informant Interview Survey (CKIS)
Stages of Adoption by Intervention Status (2001)

- Control Communities
- CTC Communities

Stage of Adoption of Science Based Prevention

0.0 0.1 0.2 0.3 0.4 0.5 0.6
Probability

0 1 2 3 4 5
Stage of Adoption
Stages of Adoption by Intervention Status (2007)

Control Communities
CTC Communities

Stage of Adoption of Science Based Prevention

Probability
CTC Theory of Change

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Appropriate Selection & Implementation of Tested, Effective Prevention Programs
Community Resource Documentation

Decreased Risk & Enhanced Protection
Positive Youth Outcomes
CTC Survey
### Communities Targeted a Variety of Risk Factors

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>CTC Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Laws and norms favorable to drug use</td>
<td></td>
</tr>
<tr>
<td>Low commitment to school</td>
<td>X</td>
</tr>
<tr>
<td>Academic failure</td>
<td></td>
</tr>
<tr>
<td>Family conflict</td>
<td>X</td>
</tr>
<tr>
<td>Poor family management</td>
<td></td>
</tr>
<tr>
<td>Parental attitudes favorable to problem behavior</td>
<td></td>
</tr>
<tr>
<td>Drug using and antisocial friends</td>
<td>X</td>
</tr>
<tr>
<td>Peer rewards for antisocial behavior</td>
<td>X</td>
</tr>
<tr>
<td>Attitudes favorable to antisocial behavior</td>
<td>X</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>X</td>
</tr>
<tr>
<td>Low perceived risk of drug use</td>
<td></td>
</tr>
</tbody>
</table>
Effective Programs Implemented in CTC Trial

School-Based
- All Stars Core
- Life Skills Training (LST)
- Lion’s Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training

Selective After school
- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth

Family Focused
- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely
Adherence Rates
Averaged across four years

Percentage of material taught or core components achieved
CTC Theory of Change

Figure 1. Communities That Care Theory of Change

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CTC Coalition Development (Member Knowledge, Board Functioning, & Coalition Capacity)

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CTC Survey

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Community Assessment Training Survey (CATS)

Measured by:
Coalition Board Interview (CBI)

Measured by:
Community Key Informant Interview Survey (CKIS)
### Communities That Care Effects During and Post Intervention

<table>
<thead>
<tr>
<th>Randomize &amp; Train</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Randomize &amp; Train</strong></td>
<td><strong>Implementation (supported)</strong></td>
<td><strong>Sustainability (unsupported)</strong></td>
<td><strong>Long-Term Effects</strong></td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td><strong>Year</strong></td>
<td><strong>Year</strong></td>
<td><strong>Year</strong></td>
</tr>
<tr>
<td><strong>Youth Panel</strong></td>
<td><strong>Age 11 Grade 5</strong></td>
<td><strong>Age 12 Grade 6</strong></td>
<td><strong>Age 13 Grade 7</strong></td>
</tr>
</tbody>
</table>

#### Onset: Delinquency
- **Targeted Risk Factors**: Delinquency
- **Protective Factors**: Delinquency Alc, Cigs
- **Current**: Delinquency Alc, Binge Smokeless Tobacco
- **Onset**: Delinquency Alc, Cigs

#### Onset: Delinquency Violence
- **Male Onset**: Delinquency Cigarettes

#### Onset: Delinquency Violence Gateway Drugs
- **Male Onset**: Delinquency Violence Cigarettes Marijuana Inhalants Gateway Drugs

Hawkins et al., various
Adapting CTC in the Context of a School of Social Work and an Urban Community

• Dean’s investment: hire project manager, use faculty resources and Center for CTC support
• Work with practicum agencies, Board Leadership Workgroup, and Community Board members
• Work with practicum students to assist with, data organizing, resource assessment, agency coordination, community-organizing, and implementation monitoring
Communities in Action Used the SDS to Guide Adaptations

- Serve as a partner for agencies addressing our risk and protective factors
- Engage community members and organizations in supporting prevention
- Maintain resource bank of prevention programs related to priority areas
- Promote collaboration among human services agencies, schools, government, policy makers and community residents
- Promote the Social Development Strategy
  - Family Engagement
  - Youth Involvement

- Expand the reach of parenting, youth development, Pre-K programs:
  - Guiding Good Choices
  - The Incredible Years
  - LifeSkills Training
- Train middle-school staff in evidence-based practices using the Social Development Strategy

- Support the development of evaluation systems for community prevention programs
- Engage SSW Practicum Students in technical assistance and program implementation activities
- Prepare future community prevention practice professionals

- Provide technical assistance to school-based EBPs related to priority areas:
  - Promote implementation with fidelity

Skills

Opportunities Recognition

Communities that care
Key Leader Involvement
Opportunities for MSW Students

- Active MSW practicum site
- Summer internships
- $N = 23$

communities that care
Our vision is that our communities are thriving because they support and build strong young people and families who are empowered, connected, educated, and have meaningful opportunities for generations to come.
Our Priorities

- Analysis of 2012 Healthy Youth Survey

**Risk Factors**
- Laws and Norms Favorable to Drug Use
- Early Initiation of Anti-social Behavior
- Academic

**Protective Factors**
- Opportunities for Pro-social Involvement (Community)
- Opportunities for Pro-social Involvement (Family)
- Rewards for Pro-social Involvement (Individual/Peer)

**Behavioral Outcomes**
- Mental Health
- Violence & Aggression
Our Evidence-Based Prevention Programs

- *Guiding Good Choices®*: 5-week family competency training program
- *The Incredible Years®*: group-based parenting program that strengthens parent competencies
- *LifeSkills® Training*: promotes social, emotional, and academic competence
Using the Social Development Model To Build Protection for Young People

Communities in Action

Be Boundless
Conclusions

Theory and logic models are critically important to guide:

- Intervention development
- Measurement
- Implementation
- Evaluation
- Adaptation

CTC has achieved prevention intervention fidelity and impact at scale
Thank You

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