



Going from Research To Practice with High Fidelity

Richard F. Catalano, Ph.D.

Director

Social Development Research Group

School of Social Work

University of Washington

sdrg.org

Taking Efficacious Prevention to Scale



- Wonderful models of taking a prevention practice to scale
- Creative designs to evaluating efficacious prevention programs at scale
- Thoughtful comments by distinguished and experienced scientists



Keys to Diffusion of Innovation with Fidelity



- Effective Program that makes a difference



- Capacity to disseminate with fidelity



- Market demand-funders, practitioners and consumers must want it



Implementation Fidelity is Required if
Efficacious Programs are to be Effective
in Community Settings

What Boosts Implementation Fidelity?



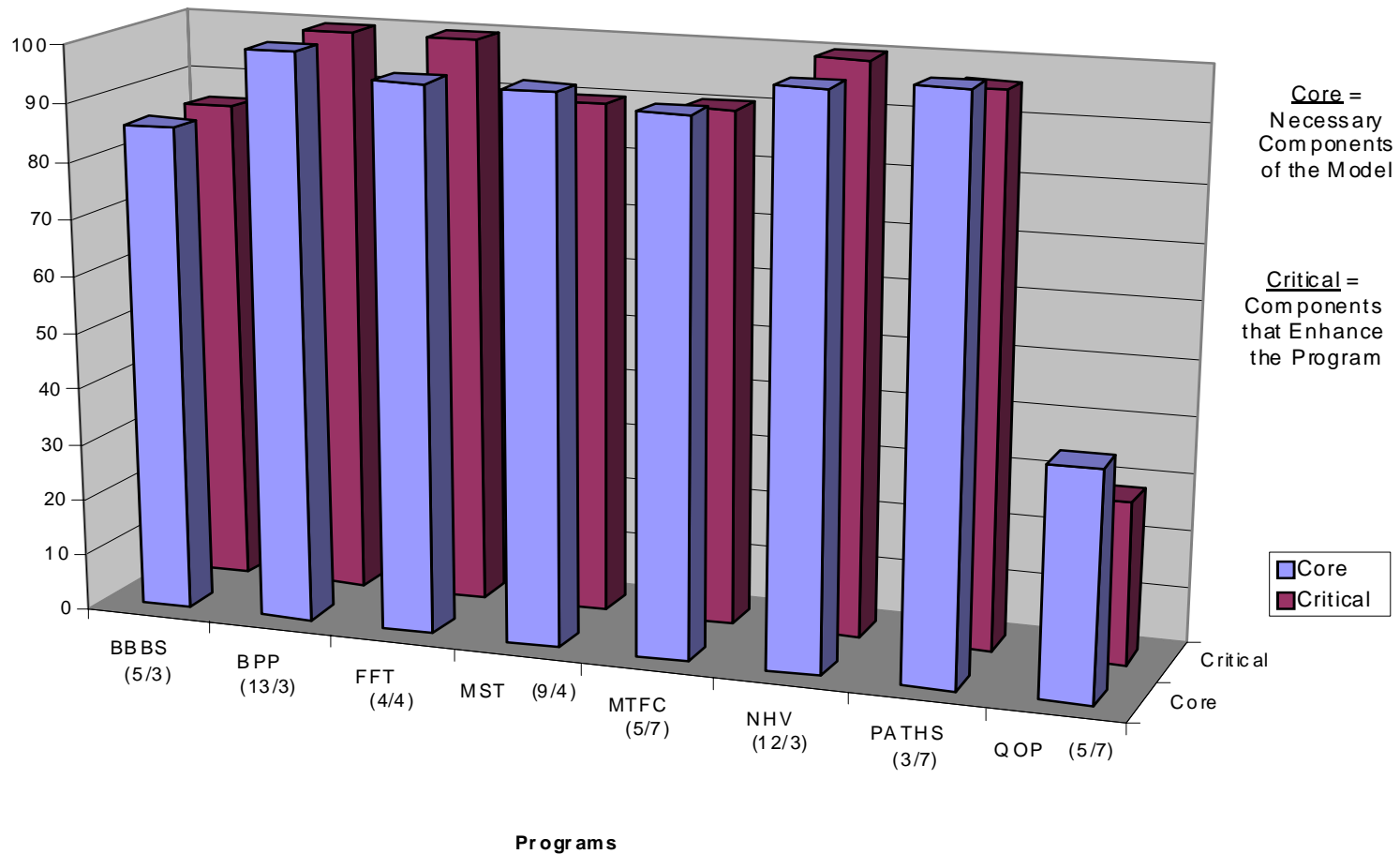
- Published material including manuals, guides, curricula.
- Certification of trainers.
- High quality, readily available technical assistance.
- Dissemination organization committed to distribution and delivery of tested program.
- Data monitoring system to provide feedback on implementation fidelity and outcomes.

With These Elements in Place Fidelity Can Be Achieved

(Elliott & Mihalic –Blueprints Project)



Chart 2
Core and Critical Component Progress - 2 years
Percentage of All Core and Critical Components Achieved



But...



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

(Gottfredson et al 2000, Halfors et al 2000, Hantman et al 2000, Mendel et al 2000, Silvia et al 1997; Smith et al 2002)

Challenges for Communities in Using Prevention Science to Go to Scale



- Matching tested, effective programs to local need
- Tested, effective programs/systems compete with “best practice” or usual practice
- Tested, effective programs require training, technical assistance, and monitoring to be delivered with fidelity

Models for Achieving the Vision of Science to Practice



- **Understanding the implementation site**
- **Mutual self interest**
- **Providing the skills and tools for decision making**
 - **Education and tools to empower communities to become advocates for tested, effective programs to meet their needs**
 - **Changes the paradigm from single program dissemination to dissemination of tested programs to meet community needs**



An Example: **Communities That Care System Activation and Education**



- Activates and educates communities about prevention science advances
 - Key leaders
 - Key implementers/planners in multiple sectors and grass roots
- Asks them to decide whether to apply this research base to address community health and behavior issues

Communities That Care System Tools for Decision Making



- Organize and influence decision makers
- Assess need (risk and protection), set priorities and goals
- Match need with effective programs
- Match need with tested, effective practices, programs and policies
- Assess fidelity and outcomes to monitor goal achievement

The Community Youth Development Study



- A 24 community randomized controlled trial to test the Communities That Care system started in 2003.

Tools Assisted Community Coalitions to Prioritize Risk Factors



- Family management problems
- Parental attitudes favorable to problem behavior
- Family conflict
- Low commitment to school
- Favorable attitudes toward problem behavior
- Friends who engage in problem behavior
- Academic failure
- Rebelliousness
- Laws and norms favorable toward drug and alcohol use

Tools Assisted Communities to Choose Tested, Effective Programs to Address Prioritized Risk/Protective Factors



CTC Community Board members selected prevention programs from a menu of programs* that:

- ~ Showed significant effects on prioritized risk/protective factors, drug use, delinquency, or violence in at least one high-quality research study
- ~ Targeted children or families in grades 5-9
- ~ Provided materials and training

**As described in the CTC Prevention Strategies Guide*

Programs Selected in 2004-2007



<u>PROGRAM</u>	<u>2004-05</u>	<u>2005-06</u>	<u>2006-07</u>
All Stars Core	1	1	1
Life Skills Training	2	4*	5*
Lion's-Quest Skills for Adolescence	2	3	3
Project Alert	-	1	1
Olweus Bullying Prevention Program	-	2*	2*
Program Development Evaluation Training	1	1	-
Participate and Learn Skills (PALS)	1	1	1
Big Brothers/Big Sisters	2	2	2
Stay SMART	3	3	1
Tutoring	4	6	6
Valued Youth Tutoring Program	1	1	1
Strengthening Families 10-14	2	3	3
Guiding Good Choices	6	7*	8*
Parents Who Care	1	1	-
Family Matters	1	1	2
Parenting Wisely	-	1	1
TOTAL	27	38	37

*Program funded through local resources in one or two communities

Exposure in the Community



Program Type	2004-05	2005-06	2006-07
School Curricula	1432	3886	5165
After-school*	546	612	589
Parent Training	517	665	476

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Fidelity Assessment Checklists



- Used to assess adherence and dosage of all 16 programs implemented.
- Over 6,000 checklists completed by program implementers and observers in 12 intervention communities.

Participant Attendance



Percent attending >60% of the total number of sessions

Program Type	2004-05	2005-06	2006-07
School Curricula	96%	91%	94%
After-school*	77%	81%	72%
Parent Training	79%	78%	79%

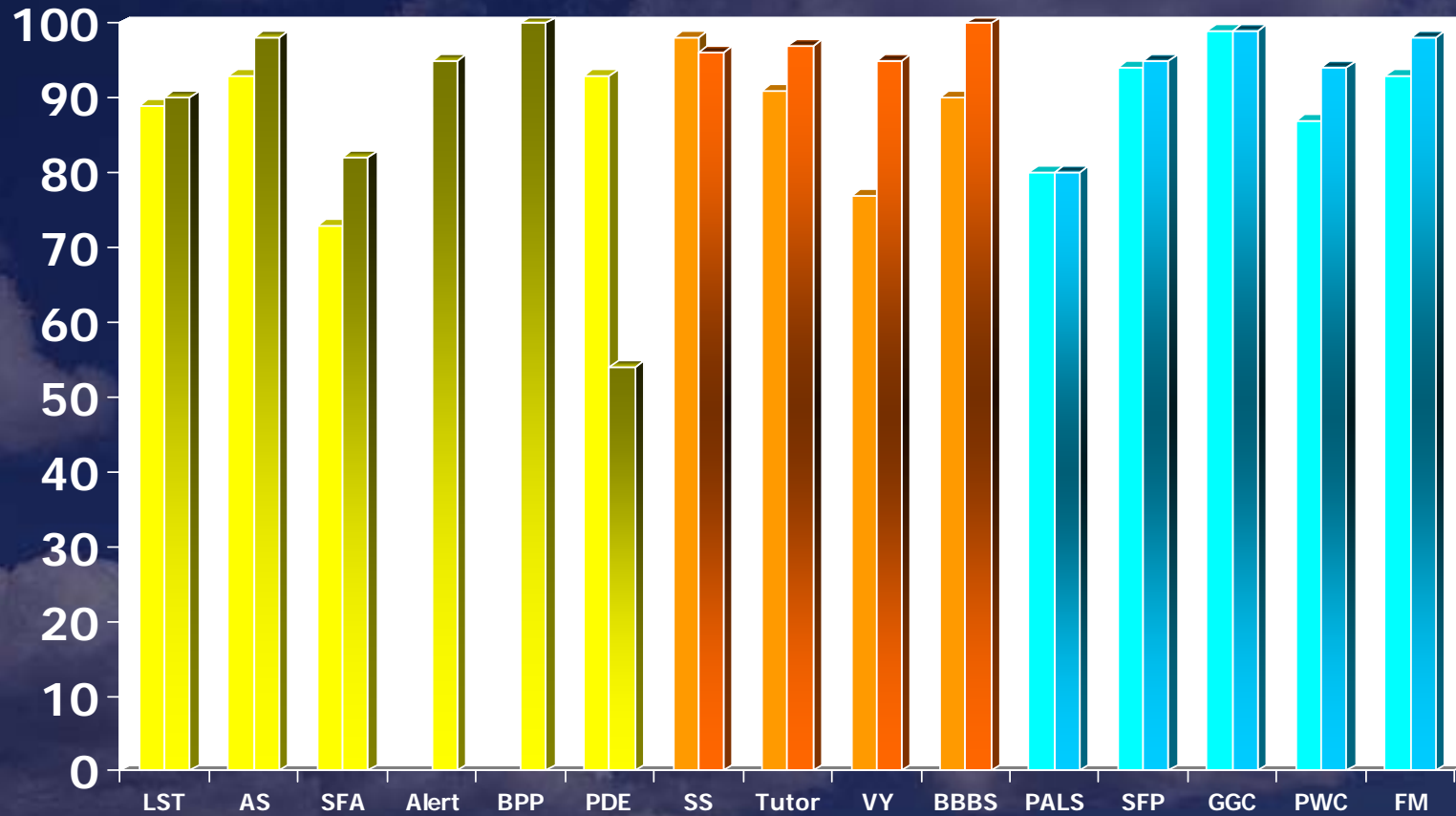
*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Adherence Rates

2004-05 and 2005-06 school years



Percentage of material taught or core components achieved



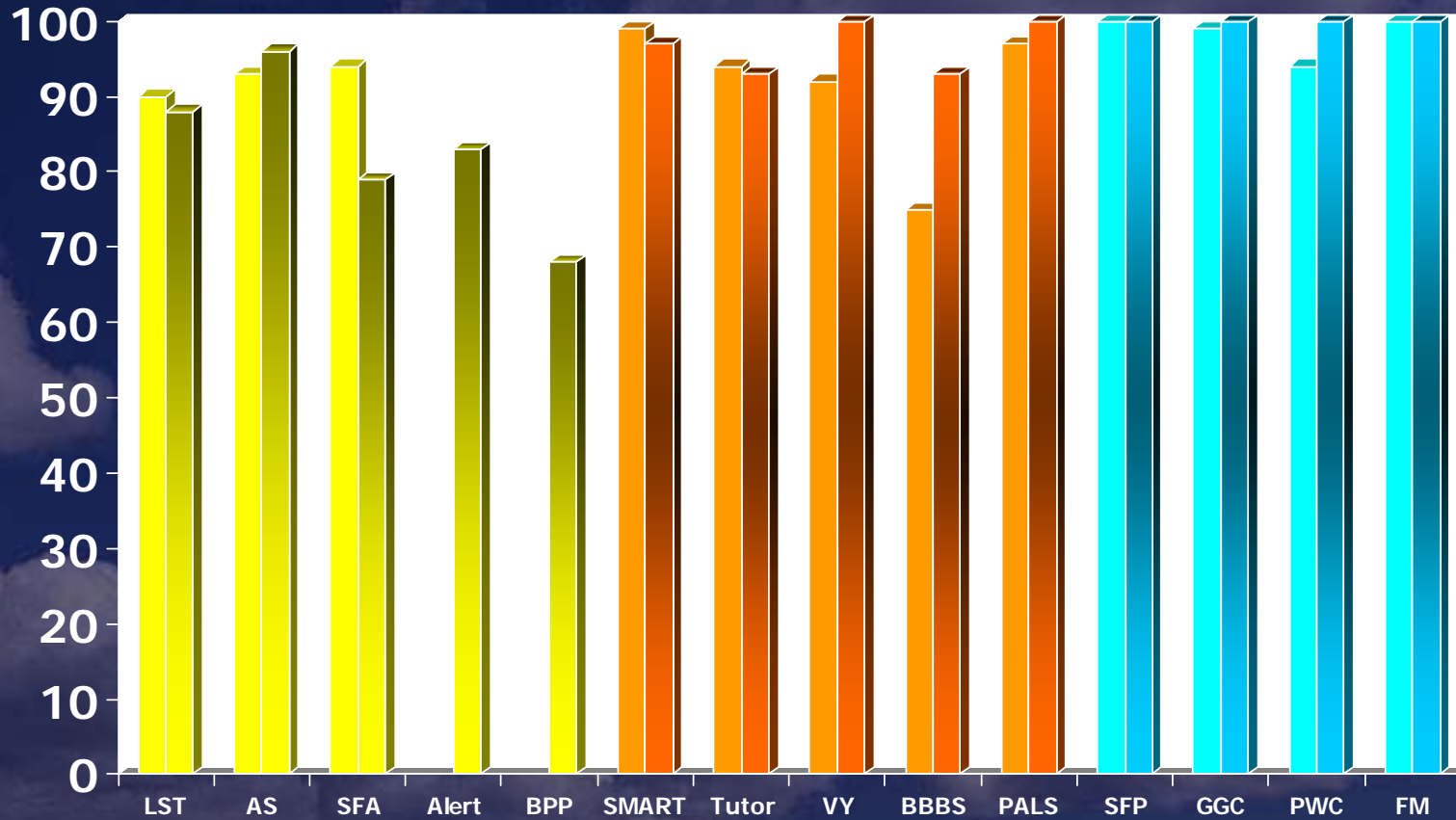
Dosage/Exposure

2004-05 and 2005-06 school years

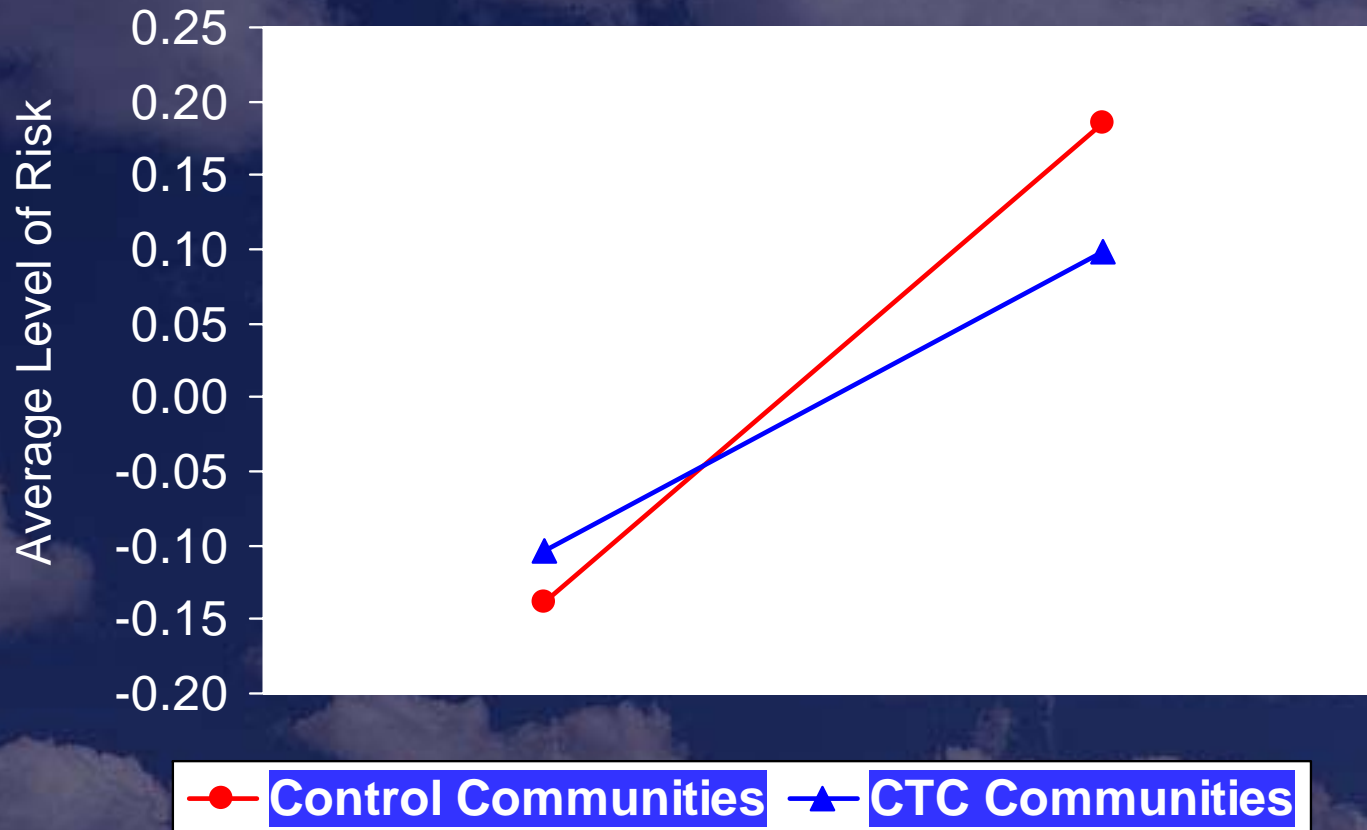
(number, length, and frequency of required sessions)



Percentage of delivery requirements met

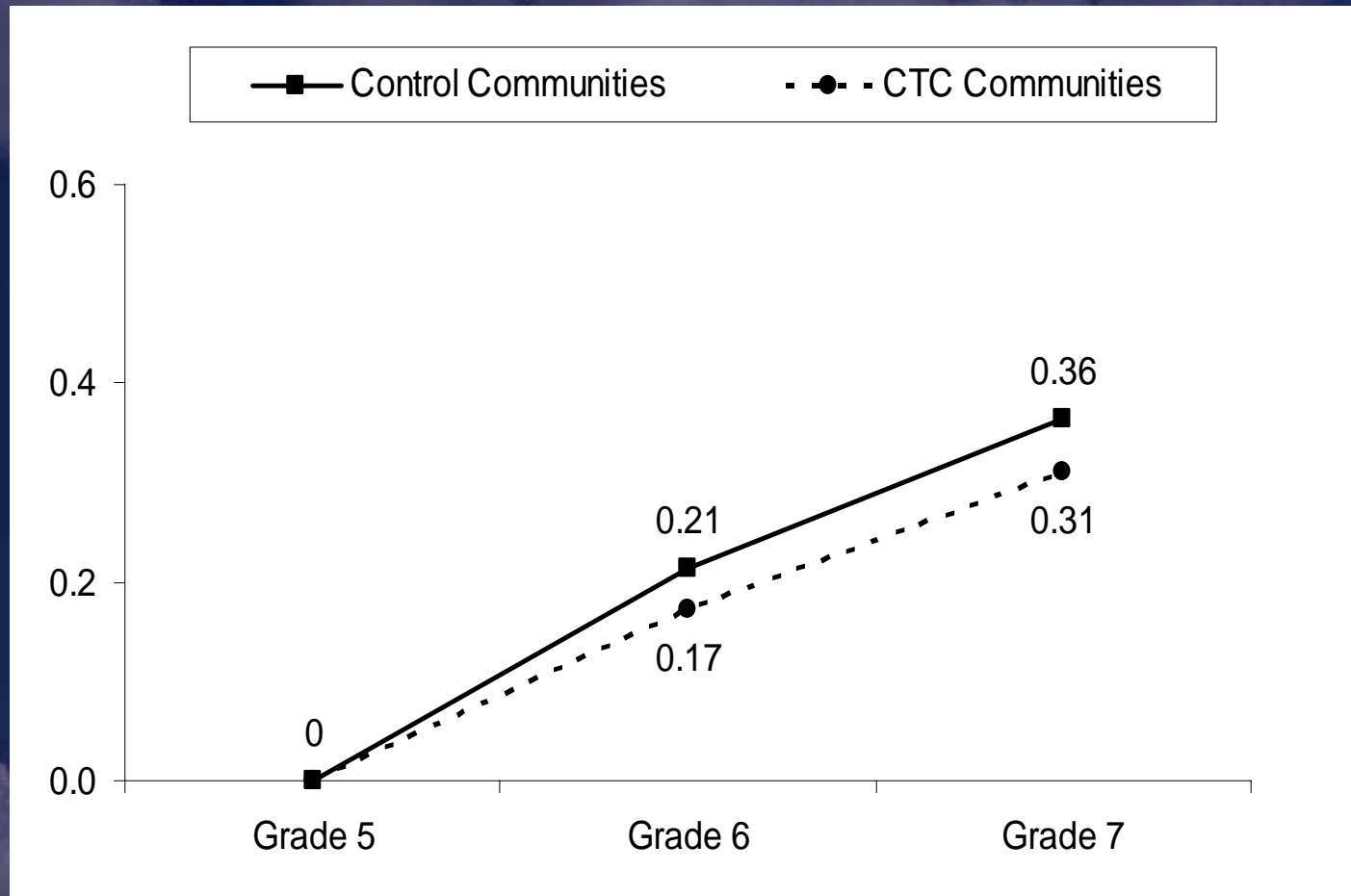


CTC Changed Prioritized Risk Factors



Note. Values are model-fitted levels of standardized average risk for students in the Youth Developmental Study panel sample. Nonsignificant difference in means at Grade 5, $t(11) = 0.61, p > .05$. Significant difference in means at Grade 7, $t(11) = -3.13, p = .01$.

CTC Reduced Initiation of Delinquency among Non-delinquents at Baseline





Implementation Challenges in Community Based Prevention



- Building community capacity for creating and sustaining partnerships/coalitions to promote use of tested and effective programs
- Creating a norm of “implementation fidelity” in communities.
- Finding an institutional home in communities for science based prevention.
- Continual need for orientation and training of new stakeholders in science based prevention.
- Creating shared outcome goals across community stakeholders.
- Recruiting parents to interventions in sufficient numbers to achieve community wide change





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