



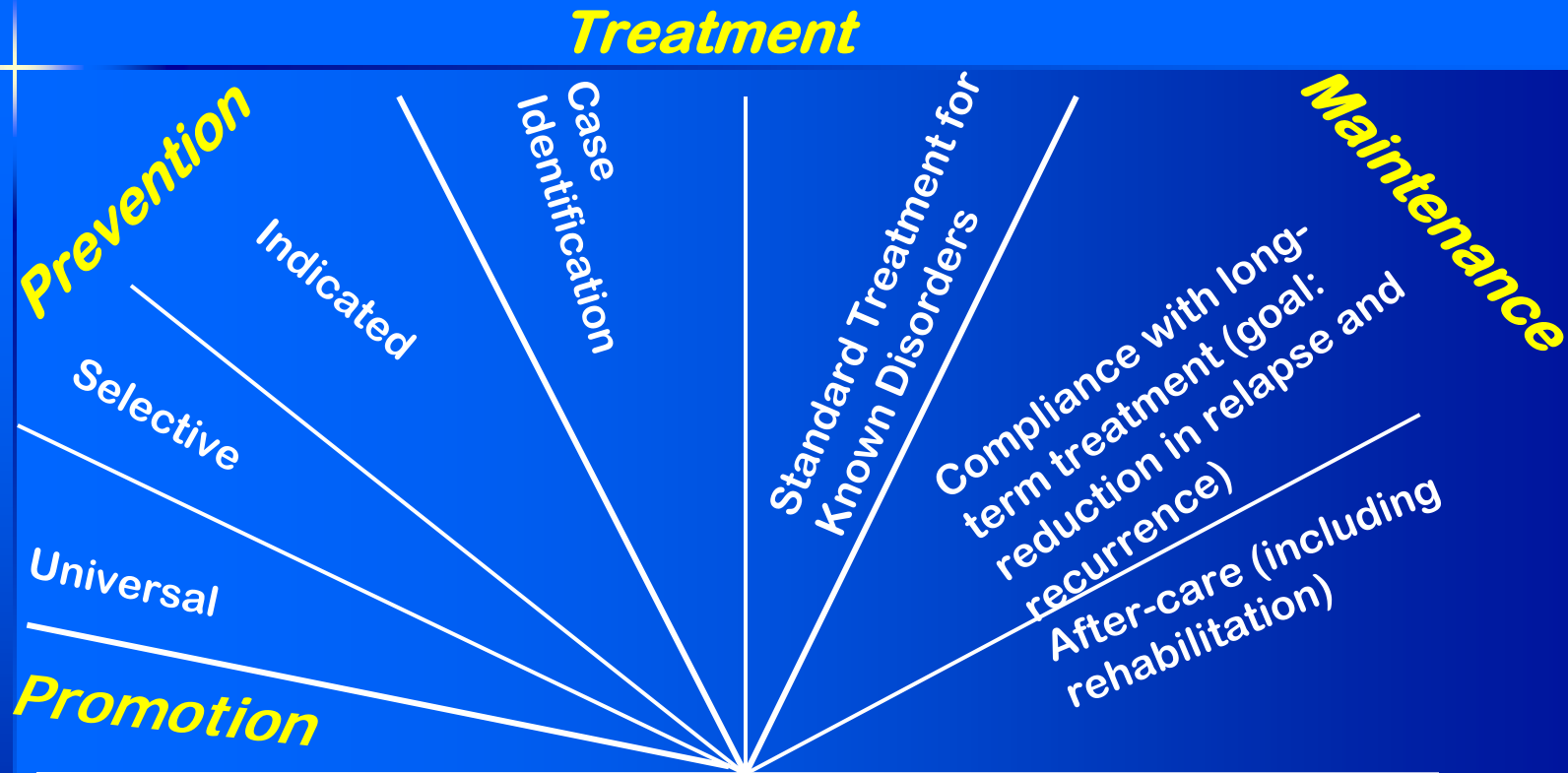
Johns Hopkins School of Public Health  
Baltimore, Maryland  
October 9, 2009

## Building Community Collaborations For Families: What Works? **Communities that Care**

Richard F. Catalano, Ph.D

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# Intervention Spectrum



Source: Institute of Medicine (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People. O'Connell, Boat & Warner (eds.) Washington DC: National Academy Press

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# Prevention Makes Sense!



YOU NEVER KNOW HOW LONG YOU'VE GOT! YOU COULD STEP INTO THE ROAD TOMORROW AND -WHAM- YOU GET HIT BY A CEMENT TRUCK! THEN YOU'D BE SORRY YOU PUT OFF YOUR PLEASURES!

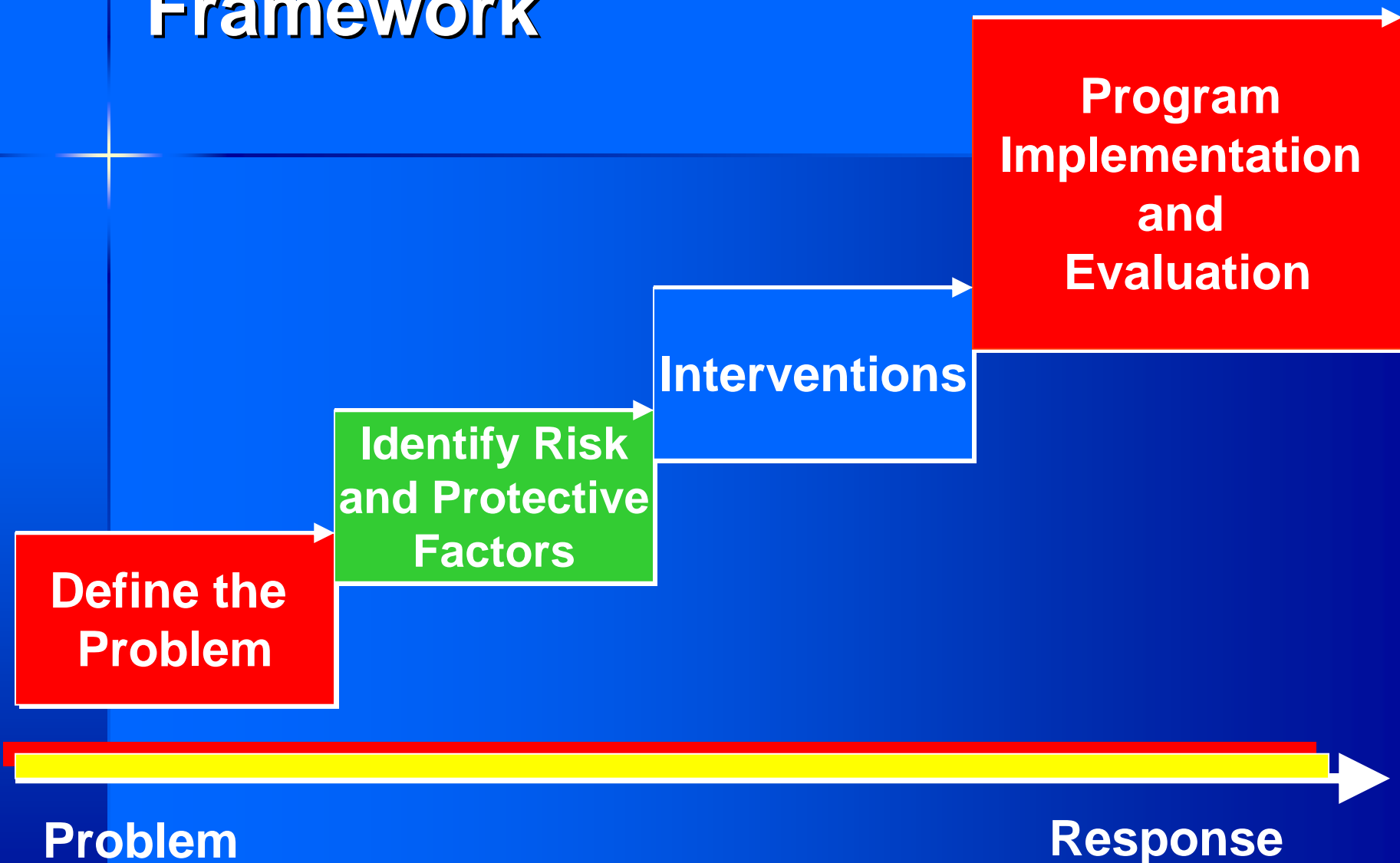


"LOOK DOWN THE ROAD."



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# Prevention Science Framework



# Prevention Science Research Advances

## Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

## Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

## Prevention Services Research

- Apply lessons learned about etiology and effective interventions in real world settings.



# Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals of Violence					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	



# Risk Factors for Adolescent Problem Behaviors

## Risk Factors

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
<b>Family</b>						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	



# Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
<b>School</b>						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	



# Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
<b>Individual/Peer</b>						
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

# Protective Factors

## Individual Characteristics

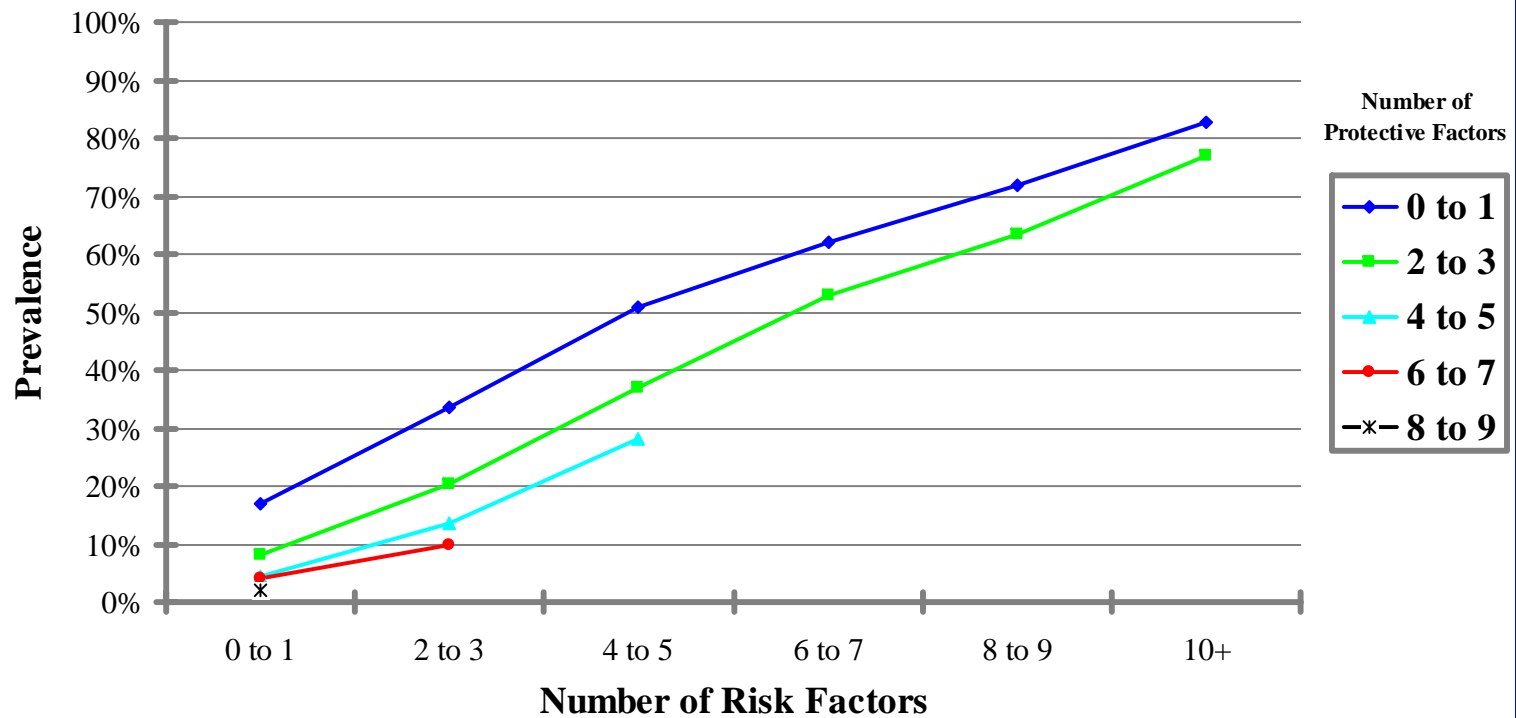
- High Intelligence
- Resilient Temperament
- Competencies and Skills

## In each social domain (family, school, peer group and neighborhood)

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards

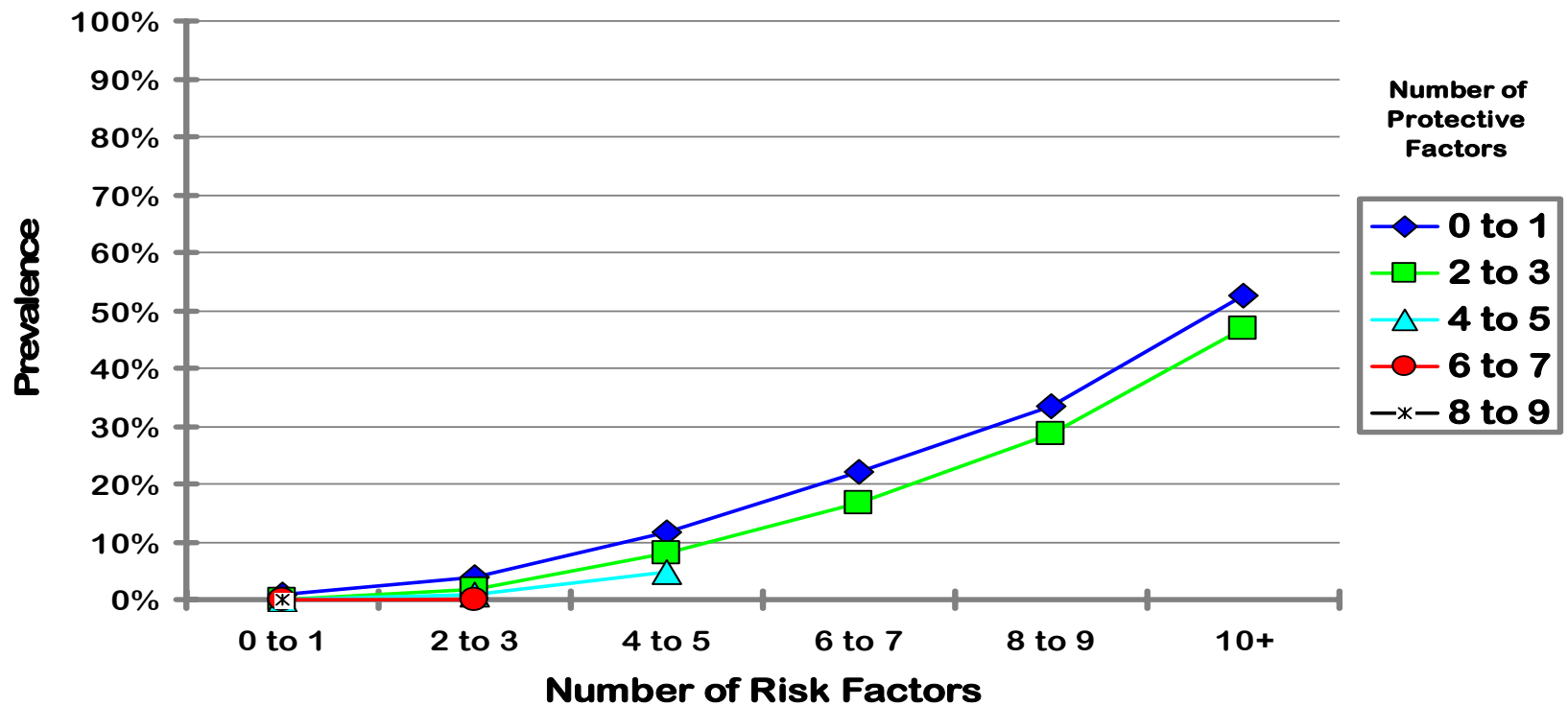
# Prevalence of 30 Day Alcohol Use by Number of Risk and Protective Factors

Six State Student Survey of 6th-12th Graders, Public School Students



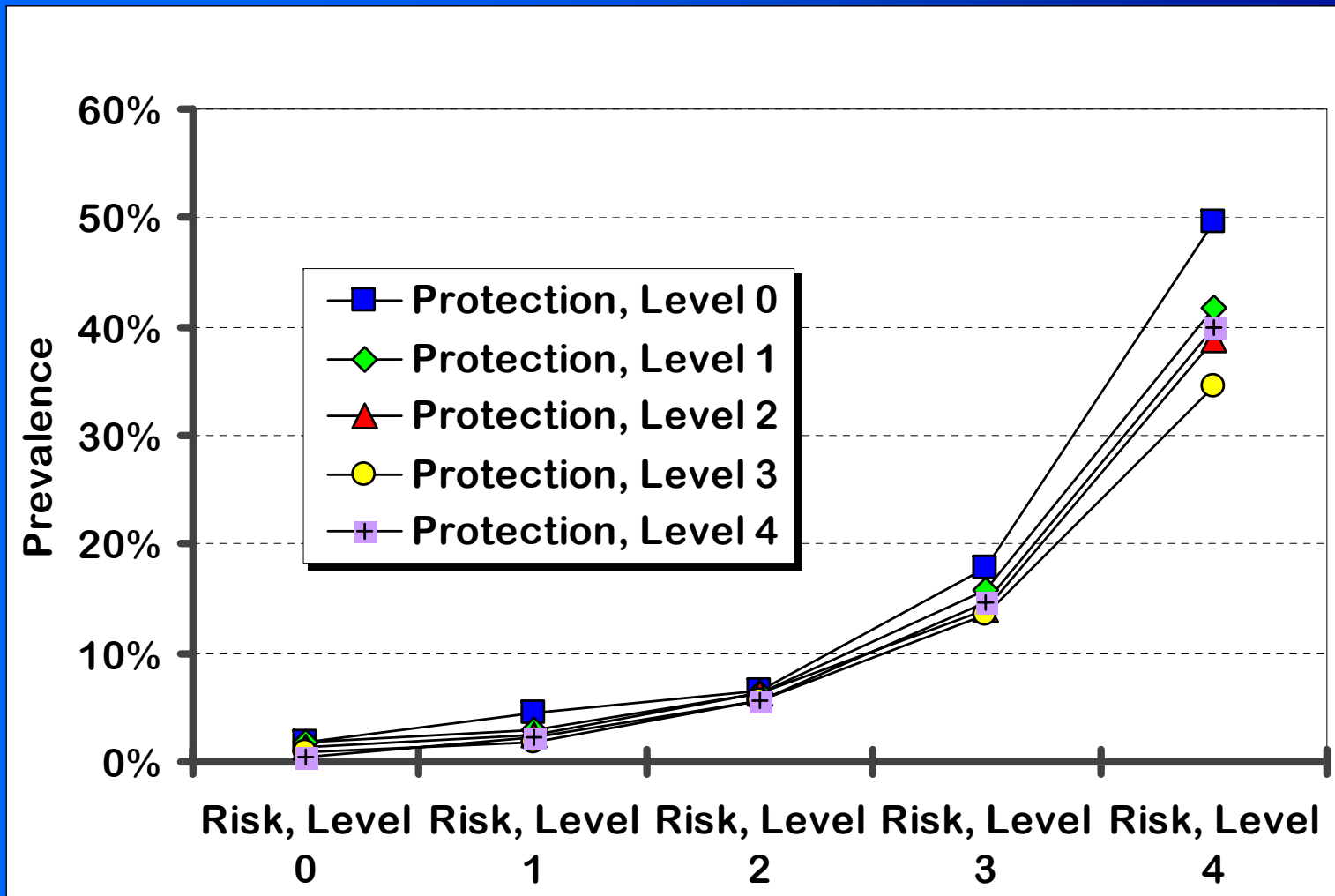
# Prevalence of 30 Day Marijuana Use By Number of Risk and Protective Factors

**Six State Student Survey of 6th-12th Graders,  
Public School Students**

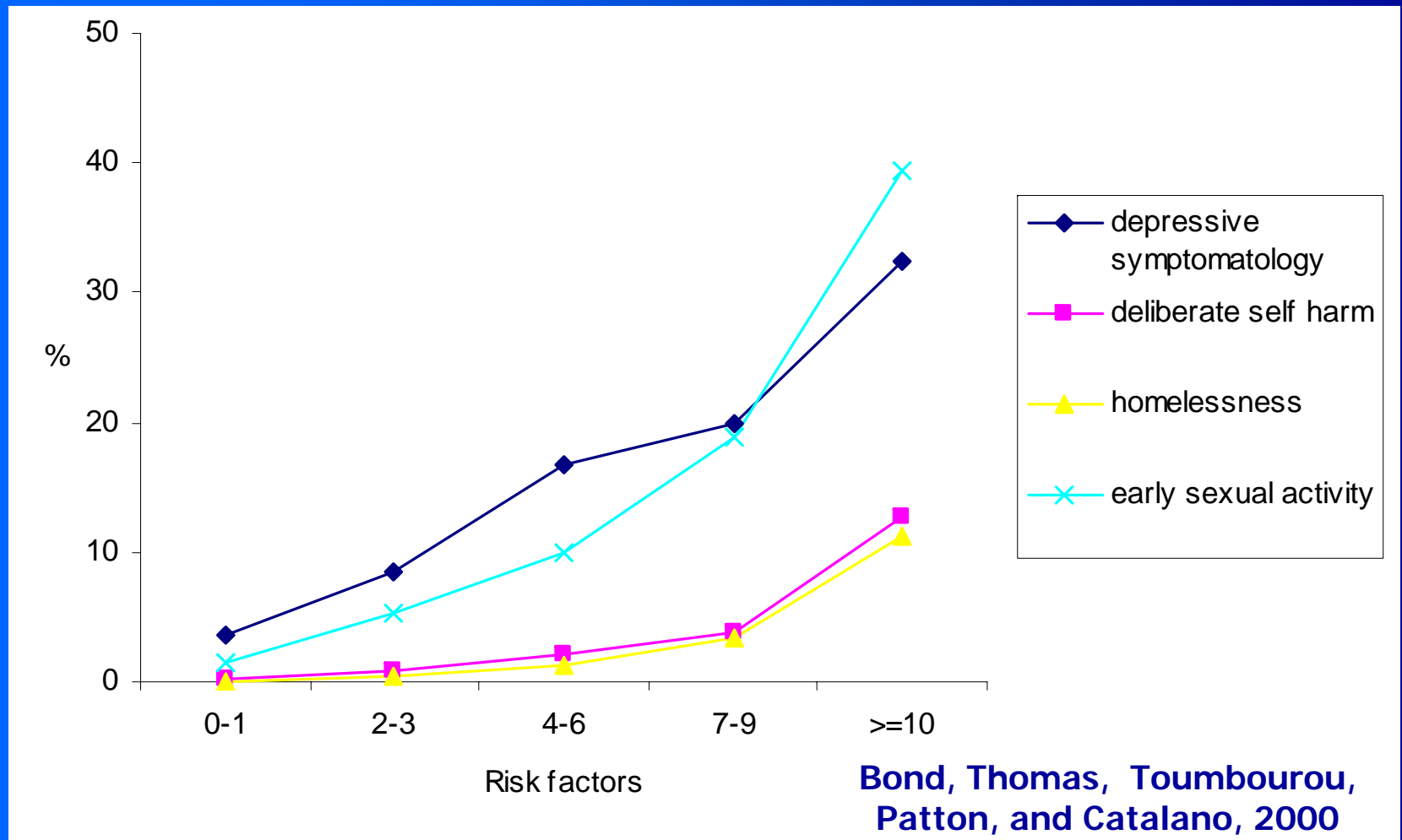




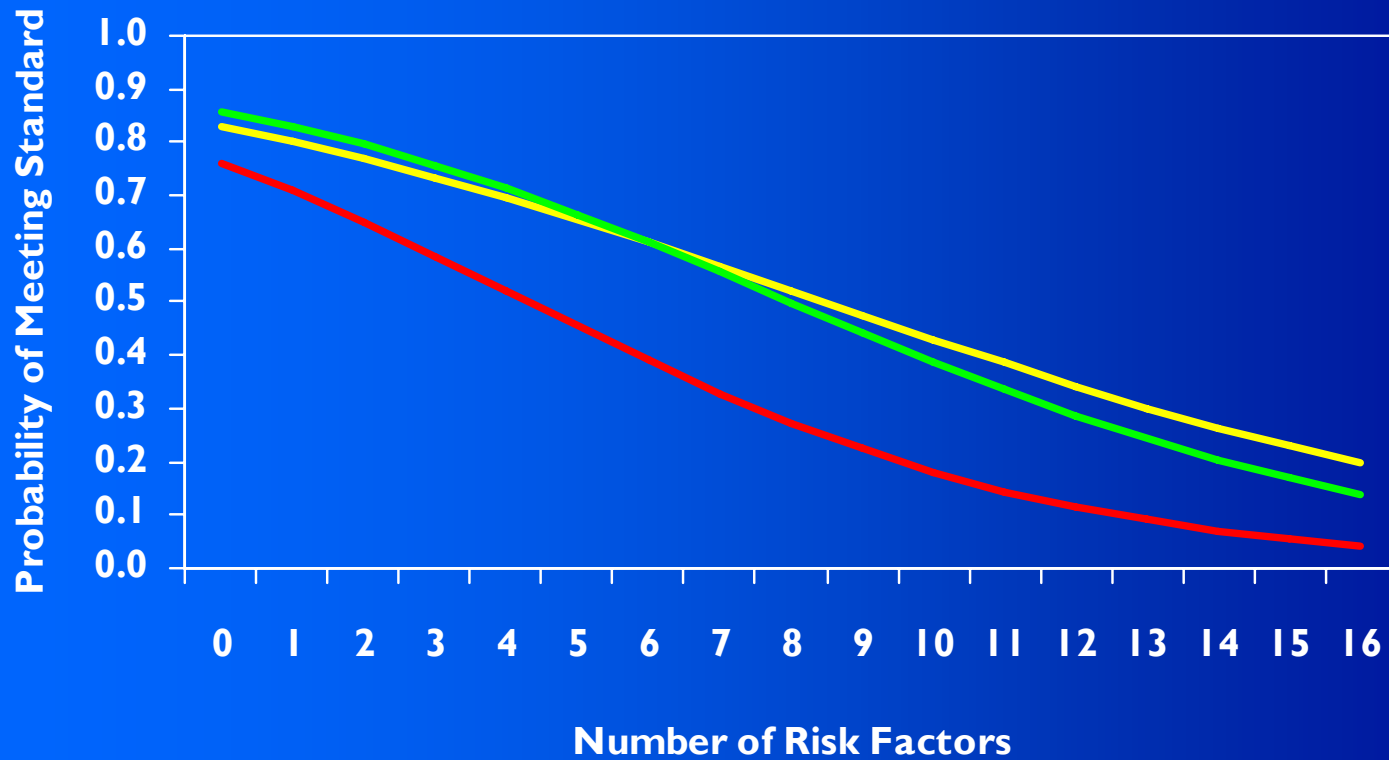
# Prevalence of "Attacked to Hurt" By Number of Risk and Protective Factors



# Prevalence of Other Problems by Number of Risk Factors



# Number of School Building Risk Factors and Probability of Meeting WASL Standard (10<sup>th</sup> Grade Students)



— **Math** — **Reading** — **Writing**

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# Snowstorm: Extended Exposure to Positive Norms and Models of Problem Avoidance in Developmental Challenges without Protection

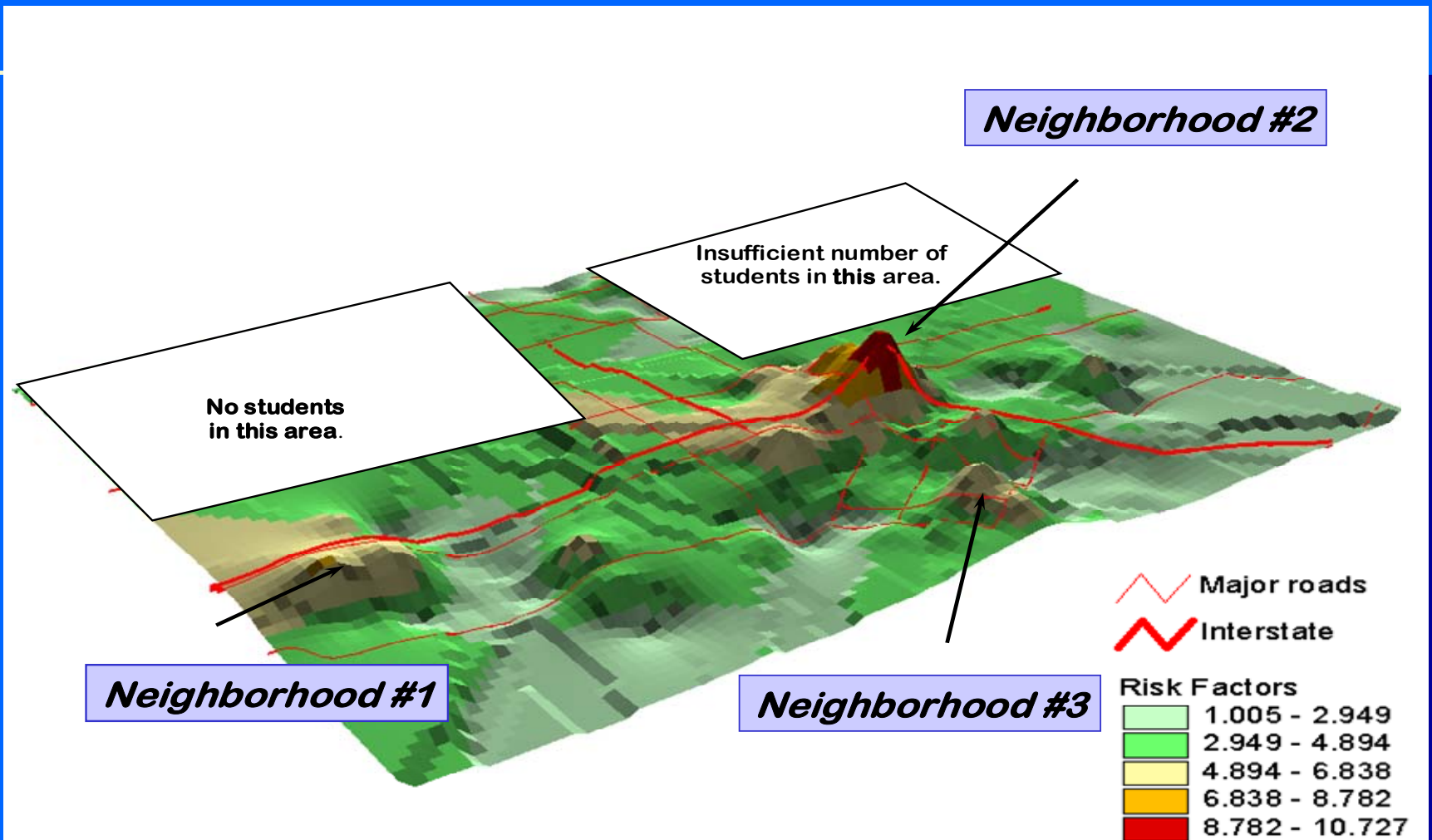


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# Epidemiology

- Different neighborhoods have different profiles of risk, protection, and outcomes.

# Distribution of Risk in a City



# What We Now Know About Risk and Protective Factors

- Both an individual's level of risk and level of protection make a difference
- Common risk and protective factors predict diverse problems and academic outcomes
- Risk and protective factors show much consistency in effects across diverse groups
- Different factors affect youth as they develop, some are affected by accumulated early challenges (**Snowball**), others by extended exposure to positive norms and models of problems with little protection (**Snowstorm**)
- Different neighborhoods have different levels of risk and protection

# Prevention Science Research Advances

## Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

## Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

## Prevention Services Research

- Apply lessons learned about etiology and effective interventions in real world settings

# Ineffective Prevention Strategies

## *Universal Prevention*

- Peer counseling, mediation, positive peer culture
- Non-promotion to succeeding grades
- After school activities with limited supervision, programming
- Drug information, fear arousal, moral appeal.
- DARE (new and old)

## *Selected, Indicated Prevention*

- Gun buyback programs
- Firearm training
- Mandatory gun ownership
- Redirecting youth behavior
- Shifting peer group norms
- Neighborhood Watch

# Wide Ranging Approaches Have Been Found To Be Effective

1. Prenatal & Infancy Programs
2. Early Childhood Education
3. Parent Training
4. After-school Recreation
5. Mentoring with Contingent Reinforcement
6. Youth Employment with Education
7. Organizational Change in Schools
8. Classroom Organization, Management, and Instructional Strategies
9. School Behavior Management Strategies
10. Classroom Curricula for Social Competence Promotion
11. Community & School Policies
12. Community Mobilization

# Selected Benefit Cost Findings

## Summary of Benefits and Costs (2003 Dollars)

Dollars Per Youth (PV)	Benefits	Costs	B - C
Early Childhood Education	\$17,202	\$7,301	\$9,901
Nurse Family Partnership	\$26,298	\$9,118	\$17,180
Life Skills Training	\$746	\$29	\$717
Seattle Soc. Dev. Project	\$14,246	\$4,590	\$9,837
Guiding Good Choices	\$7,605	\$687	\$6,918
Multi-D Treat. Foster Care	\$26,748	\$2,459	\$24,290
Intensive Juv. Supervision	\$0	\$1,482	-\$1,482
Big Brothers/Sisters (all costs)	\$4,058	\$4,010	\$48
(taxpayer costs only)	\$4,058	\$1,283	\$2,775

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# Prevention Science Research Advances

## Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

## Efficacy Trials

- Design and test preventive interventions to interrupt causal processes that lead to substance abuse and other problems.

## Prevention Services Research

- Apply lessons learned about etiology and efficacious interventions in real world settings.

# Keys to Diffusion of Innovation

- Effective Program that makes a difference



- Capacity to disseminate with fidelity



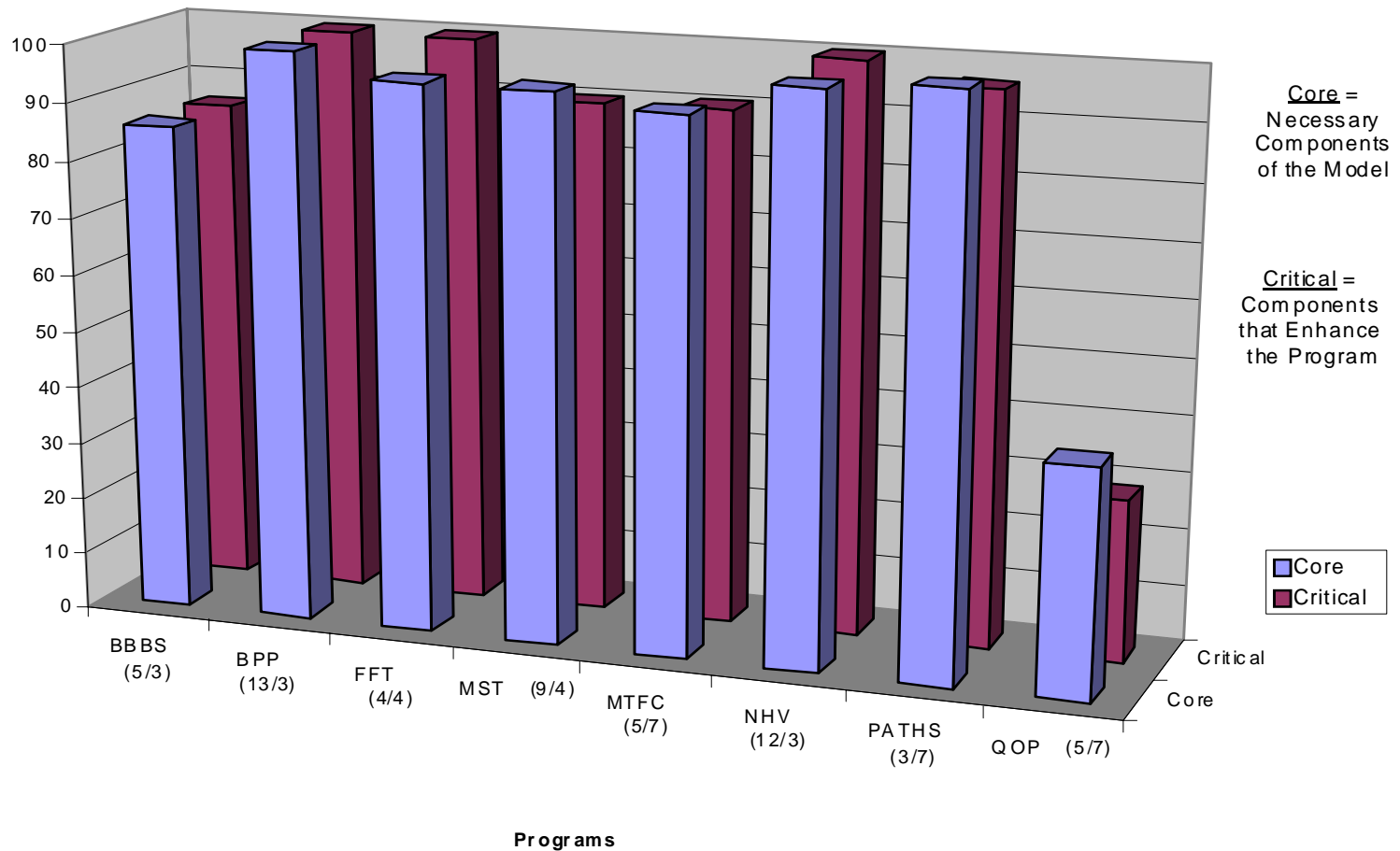
- Market demand-funders, practitioners and consumers must want it.



# With these elements in Place Implementation 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, Hallfors et al 2000, Hantman et al 2000, Mendel et al 2000, Silvia et al 1997; Smith et al 2002)

# Challenges for States and Communities in Using Prevention Science

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

# CTC Model for Achieving the Vision of Science to Practice



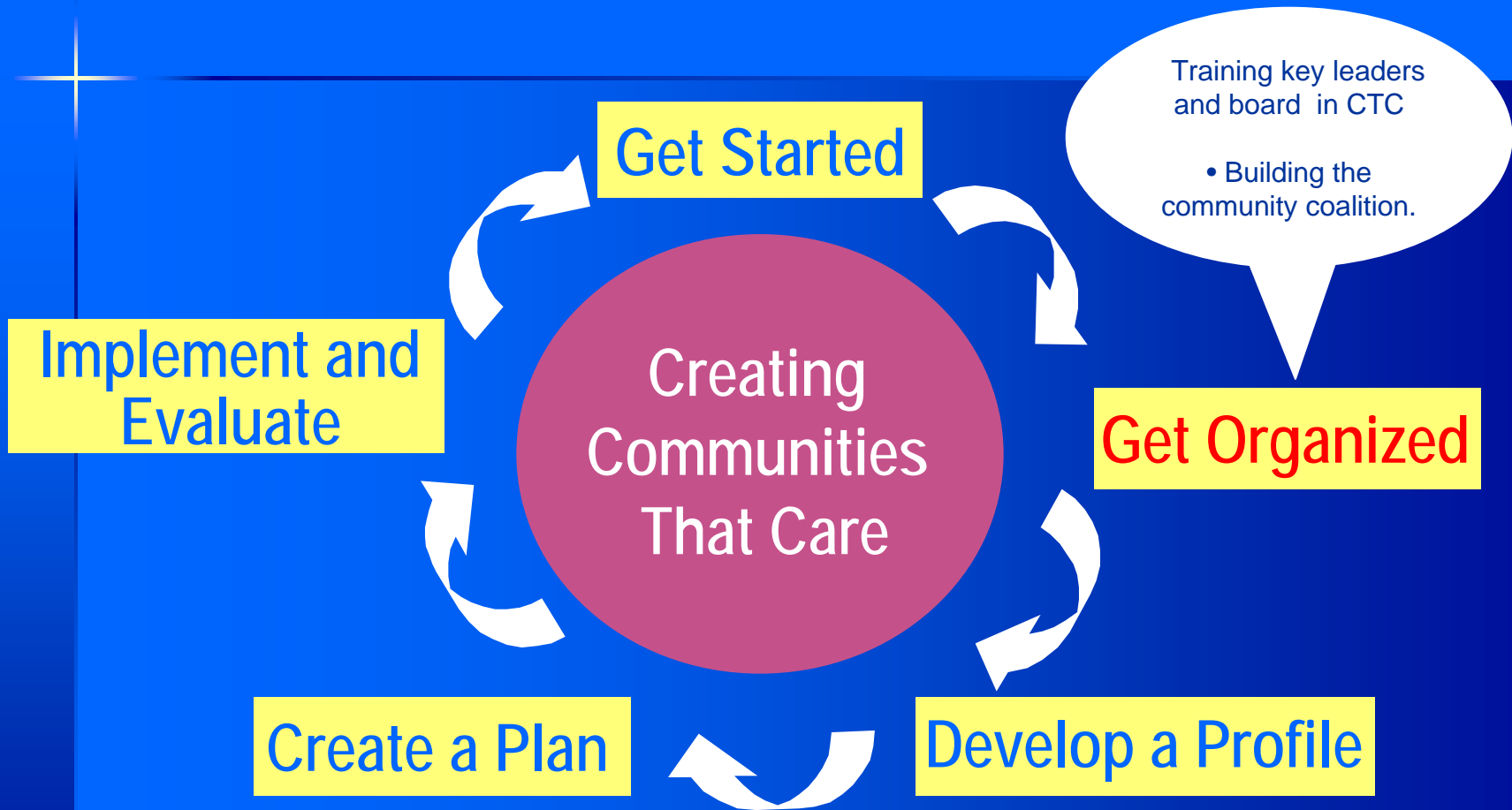
- **Providing the skills and tools for decision making**
  - Education and tools to empower communities to become advocates for tested, effective programs to meet their needs
  - Developed over the last 20 years through collaboration with community leaders



# The *Communities That Care* Operating System



# The *Communities That Care* Operating System



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# The *Communities That Care* Operating System



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# The CTC Youth Survey Tool Helps Match Need to Tested, Effective Programs

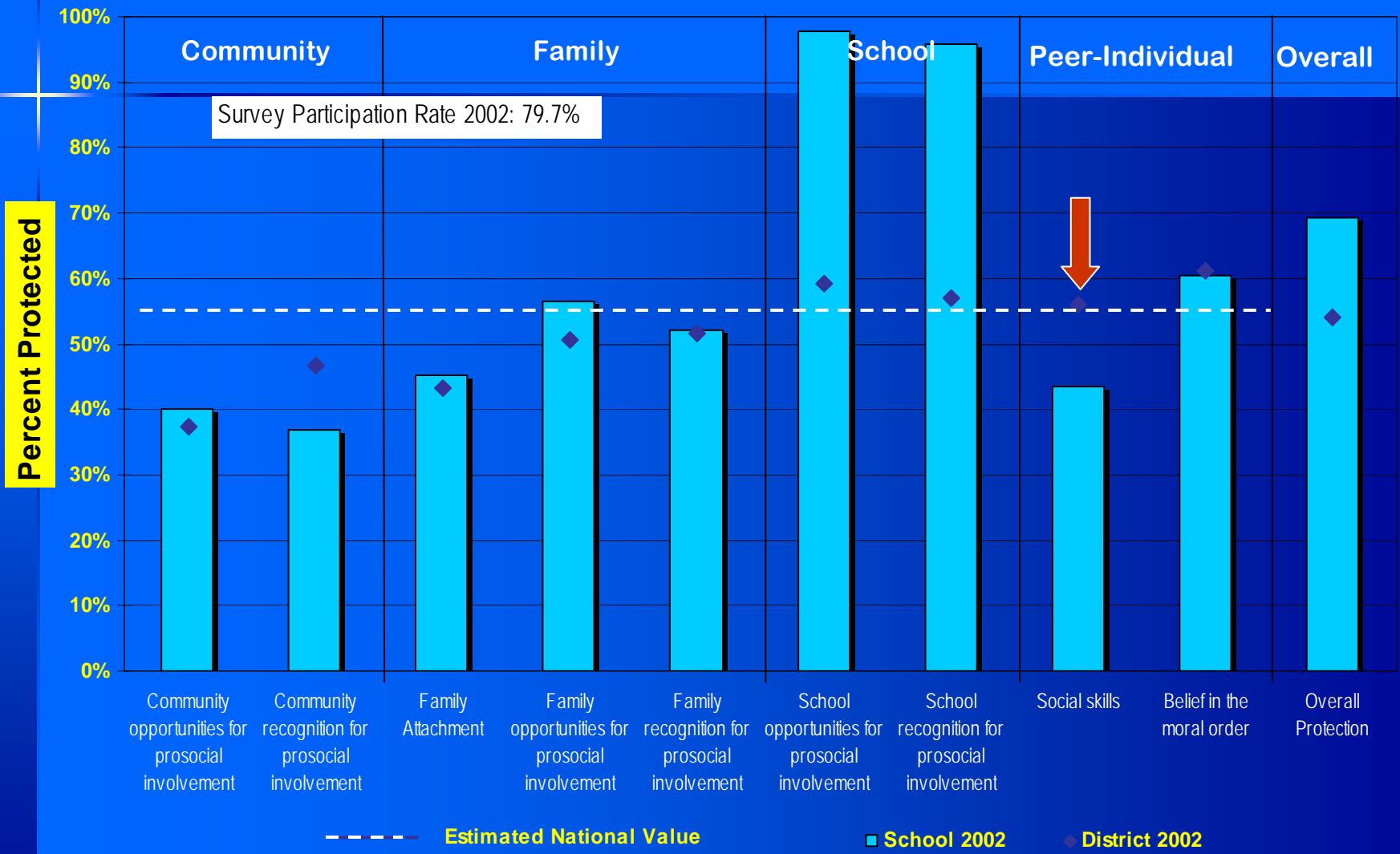
- Identifies levels of 21 risk and 9 protective factors and academic and behavioral outcomes
- Guides planners to select tested, effective actions
- Monitors the effects of chosen actions

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# The *Communities That Care* Operating System

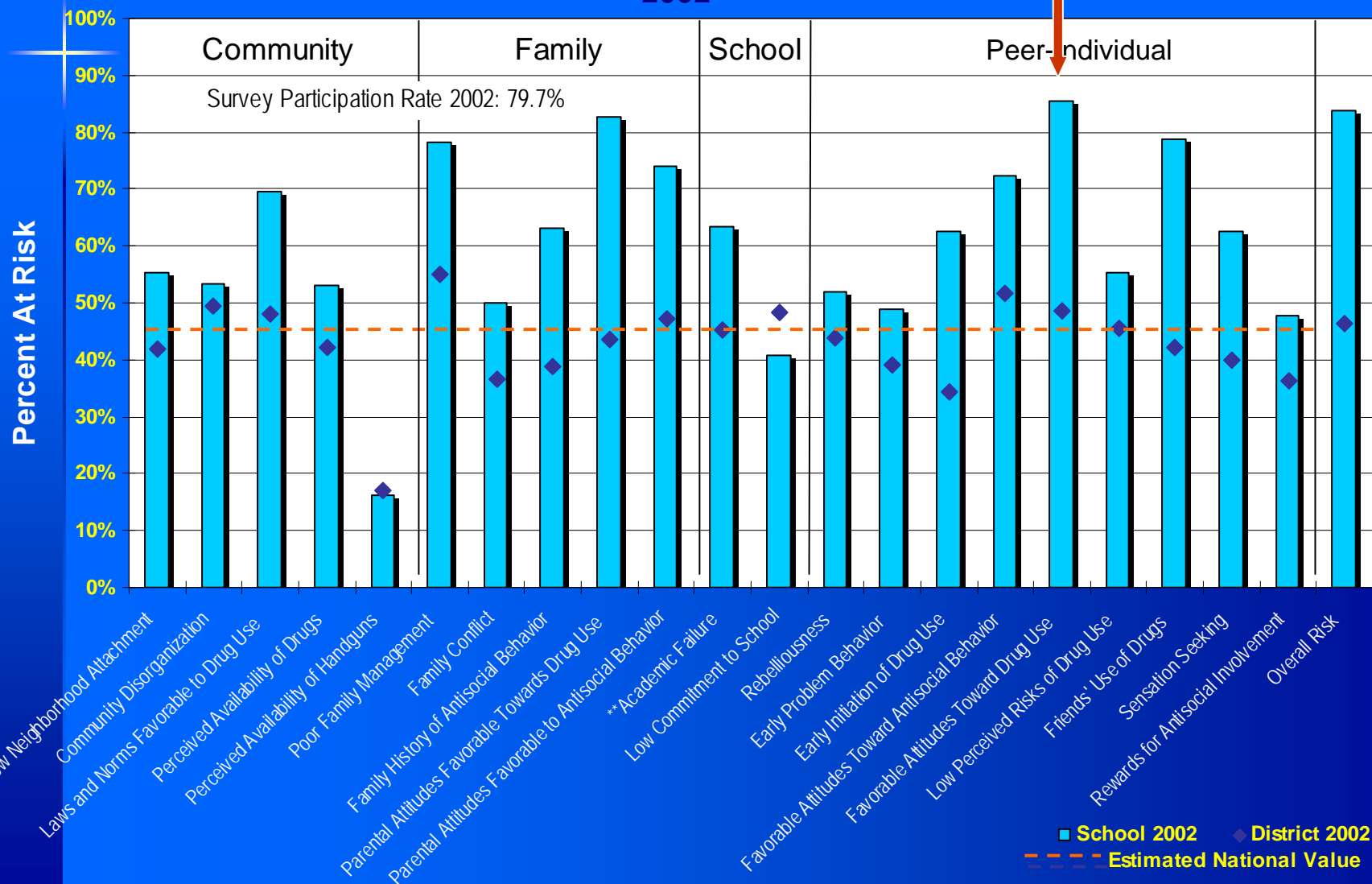


**Nova High School Protective Profile 10th Grade**  
**2002**



## Nova High School Risk Profile 10th Grade

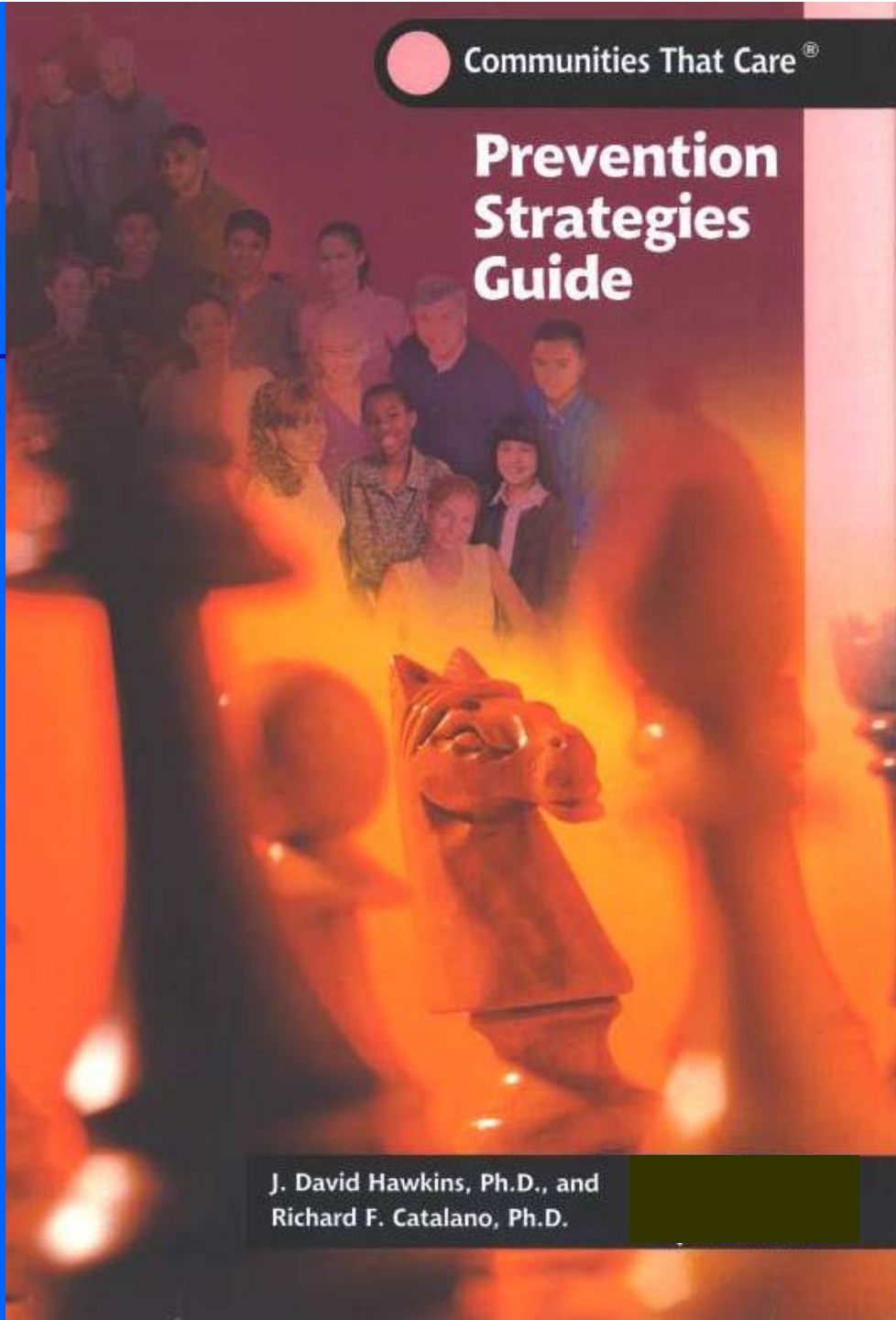
2002



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Communities That Care®

# Prevention Strategies Guide



J. David Hawkins, Ph.D., and  
Richard F. Catalano, Ph.D.

**Protective Factors**

	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
<b>Individual/Peer Domain</b>	<b>Rebelliousness</b>	Family Therapy	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		School Behavior Management Strategies	☐		☐		☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-10
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
		Youth Employment with Education	☐	☐	☐	☐	☐	15-18
	<b>Friends Who Engage in the Problem Behavior</b> →	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Afterschool Recreation	☐	☐	☐	☐	☐	6-14
		Mentoring with Contingent Reinforcement	☐		☐		☐	11-18
	<b>Favorable Attitudes Toward the Problem Behavior</b>	Classroom Curricula for Social Competence Promotion	☐	☐	☐	☐	☐	6-14
		Community/School Policies						
	<b>Early Initiation of the Problem Behavior</b>	Parent Training	☐	☐	☐	☐	☐	6-14
		Classroom Organization Management and Instructional Strategy	☐	☐	☐	☐	☐	6-10
		Classroom Curricula for Social Competence	☐	☐	☐	☐	☐	6-14
		Community/School Policies	☐					all
	<b>Constitutional Factors</b>	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2

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## Classroom Curricula for Social and Emotional Competence Promotion

- The Life Skills Training Program (Botvin et al., 1995)
- Project Alert Drug Prevention Curriculum (Ellickson et al., 1993; Ellickson and Bell, 1990)
- Alcohol Misuse Prevention (Maggs et al., 1998)
- ■ Towards No Drug Use (Sussman et al. 2003; 2003)



## THE PREVENTION STRATEGIES GUIDE

[New Search](#)

[Program Name](#) | [Recognition](#) | [Target Age](#) | [Protective Factors](#) | [Risk Factors](#) | [Components](#) | [Domains](#) | [Target Audience](#)  
| [Summary](#) | [References](#) | [Contact Information](#)

### **Program Name:**

Project Towards No Drug Abuse (Project TND)

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### **National Recognition:**

- \* SAMHSA Model Program
- \* NIDA Research-Based Prevention Program
- \* Blueprints for Violence Prevention Model Program

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### **Target Age Range:**

14-18 years

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### **Protective Factors Addressed:**

- \* Skills
- \* Healthy beliefs and clear standards

[Return to top](#)

### **Risk Factors Addressed:**

- \* Favorable attitudes toward the problem behavior

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### How does it work?

Project Towards No Drug Abuse consists of twelve 40- to 50-minute lessons, which can be delivered by a health educator or through self-guided learning. The program motivates young people to reject drugs through:

- helping them correct their own perceptions and the perceptions of others that continuation high school students are more likely to use drugs
- teaching them the social skills that will help them bond with peers who are at low risk of using drugs
- teaching them decision-making skills that will help them channel their motivation and skills into positive actions.

The program is interactive and includes group discussions, games, role-playing, videos and student worksheets. It also includes information on tobacco cessation for students who already are smokers (Sussman, Dent, Craig, Ritt-Olsen, & McCuller, 2002; Sussman, Sun, McCuller, & Dent, 2003).

### Program effectiveness

Evaluations of program effectiveness at continuation high schools showed that, relative to members of a comparison group:

- after one year, students in the program were less likely to use marijuana and hard drugs (all drugs except for alcohol, tobacco and marijuana), and students who had been using alcohol were less likely to continue to do so (Sussman, Dent, Stacy, & Craig, 1998; Sussman, Dent, & Stacy, 2002)
- after one year, male students in the program were less likely to be victims of violence (Simon, Sussman, Dahlberg, & Dent, 2002)
- after two years, students who were in health-educator-led sessions (as opposed to self-guided sessions) were less likely to have used tobacco or hard drugs in the past 30 days. In addition, boys who had not used marijuana before being exposed to the health-educator-led program were still significantly less likely to have used marijuana in the past 30 days (Sussman et al., 2003).

A similar evaluation at standard high schools showed that students who used alcohol or hard drugs before the program were less likely to continue to do so after the program than were students in a comparison group (Dent, Sussman, & Stacy, 2001).

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### Contact Information:

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### Ordering contact:

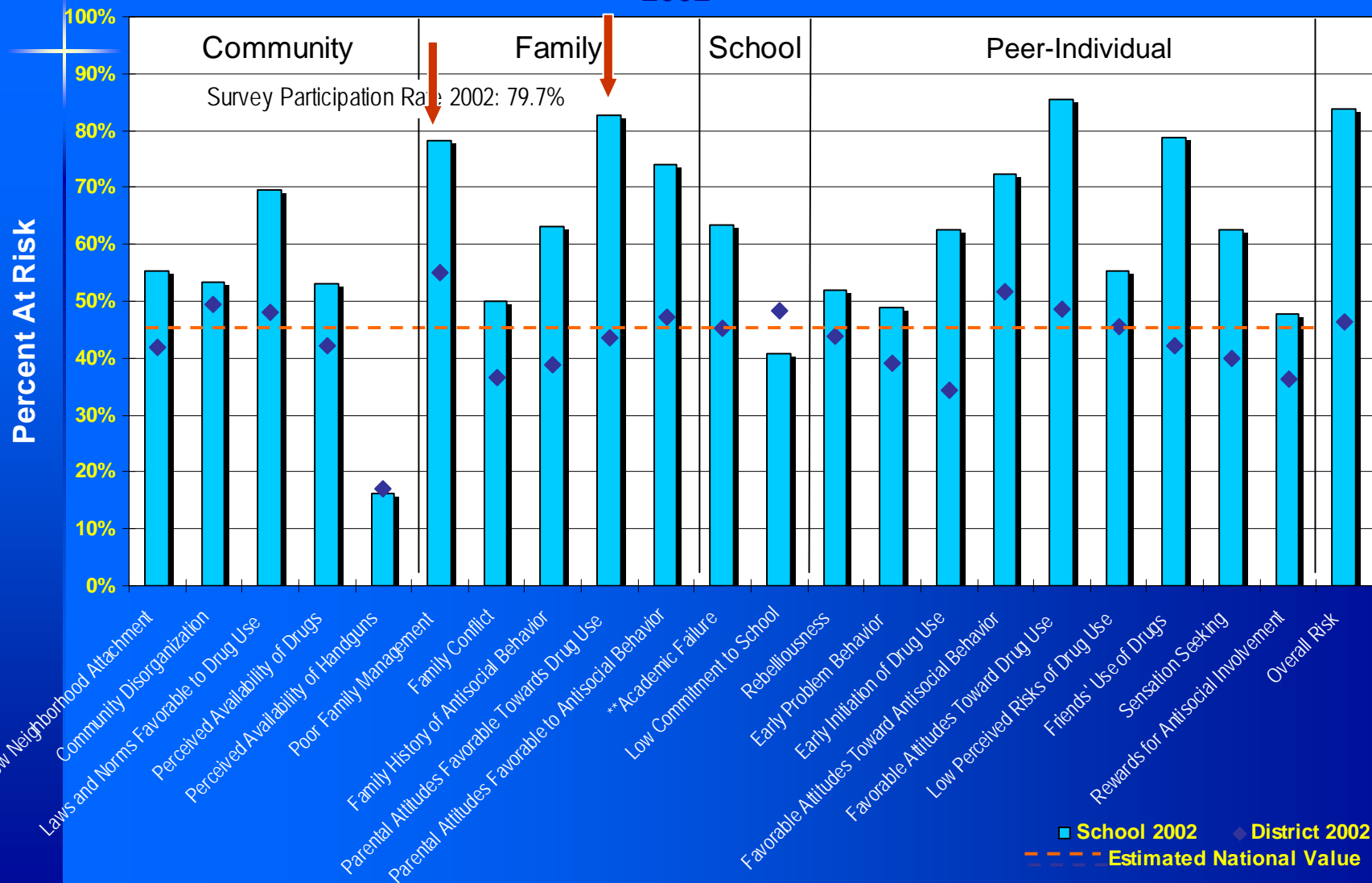
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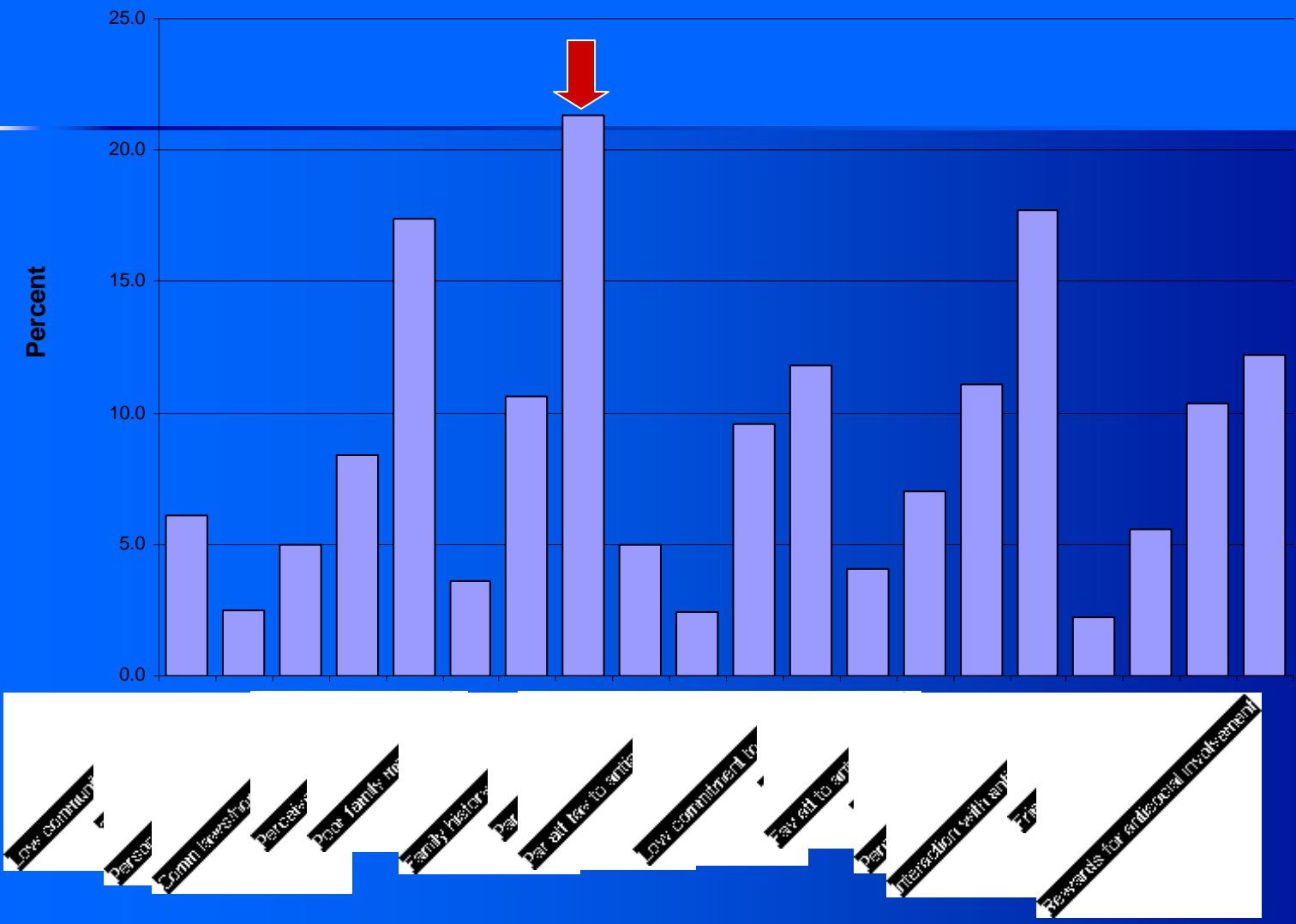
[New Search](#)

## Nova High School Risk Profile 10th Grade

2002



## School B



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**Protective Factors**

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
<b>Family Domain</b>	<b>Family History of the Problem Behavior</b> →	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
	<b>Family Management Problems</b>	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		Early Childhood Education	☐	☐	☐	☐	☐	3-5
		Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Family Therapy	☐	☐	☐	☐	☐	6-14
	<b>Family Conflict</b>	Marital Therapy	☐	☐	☐	☐	☐	prenatal
		Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Family Therapy	☐	☐	☐	☐	☐	6-14
	<b>Favorable Parental Attitudes and Involvement in the Problem Behavior</b>	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Community/School Policies	☐	☐	☐	☐	☐	all

# Prenatal and Early Infancy Programs



- Nurse Family Partnership (Olds et al., 1998; Olds et al., 1986; Olds and Kitzman, 1993)
- The Family Development Research Program (Lally et al., 1988)
- Early Detection and Treatment of Postnatal Depression (Murray, et al. 1999)
- The Infant Health and Development Program (Liaw et al., 1995; Ramey et al., 1990; Ramey, 1992)
- The Carolina Abecedarian Project (Campbell and Ramey, 1994; Horacek et al., 1987)
- Accelerating Language Development through Picture Book Reading (Arnold et al., 1994)

# The *Communities That Care* Operating System

- Form task forces.
- Identify and train implementers.
- Sustain collaborative relationships.
- Evaluate processes and outcomes for programs annually.
- Evaluate community outcomes every two years.
- Adjust programming.

Implement and Evaluate

Get Started

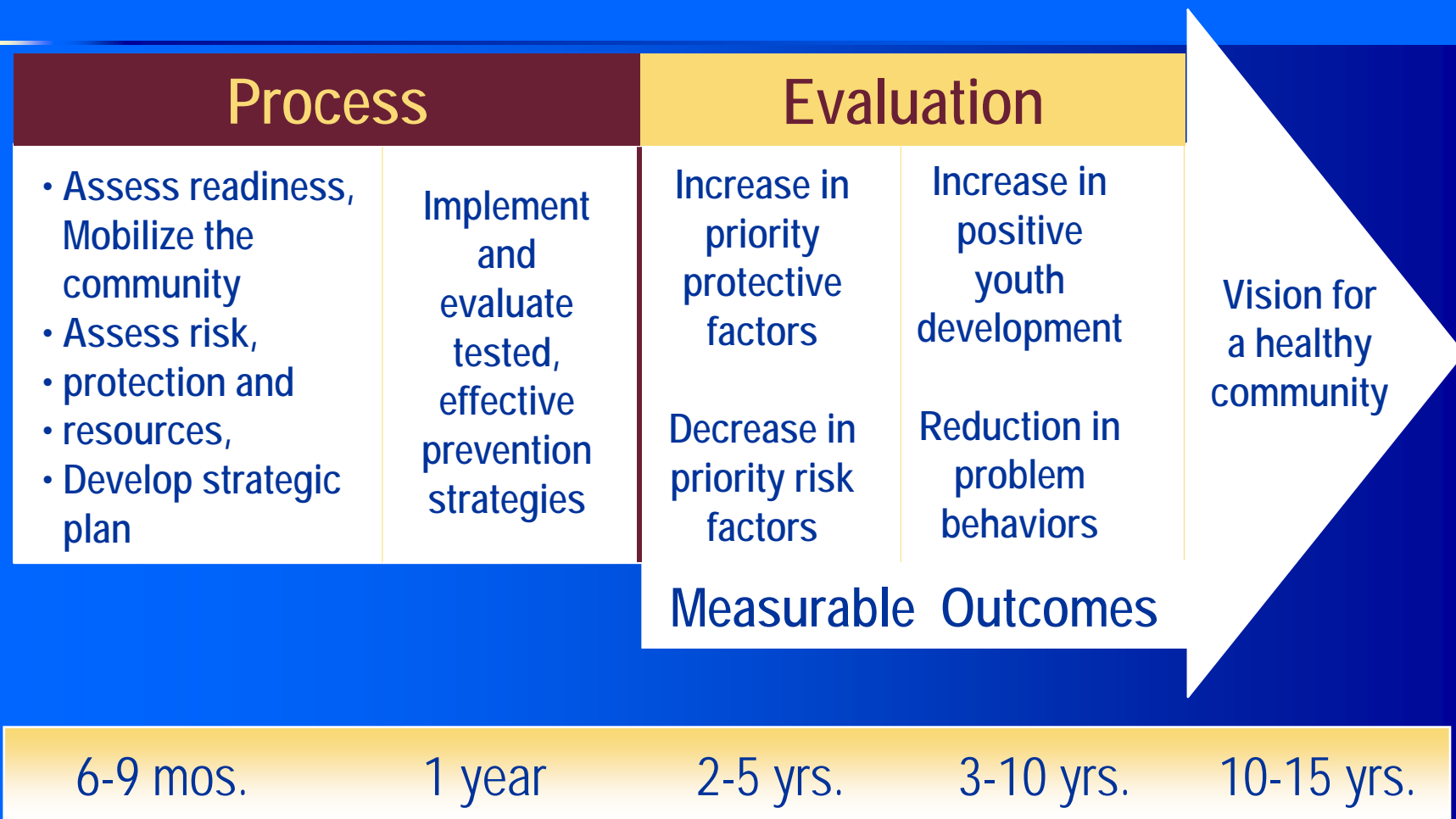
Get Organized

Create a Plan

Develop a Profile



# Process and Timeline



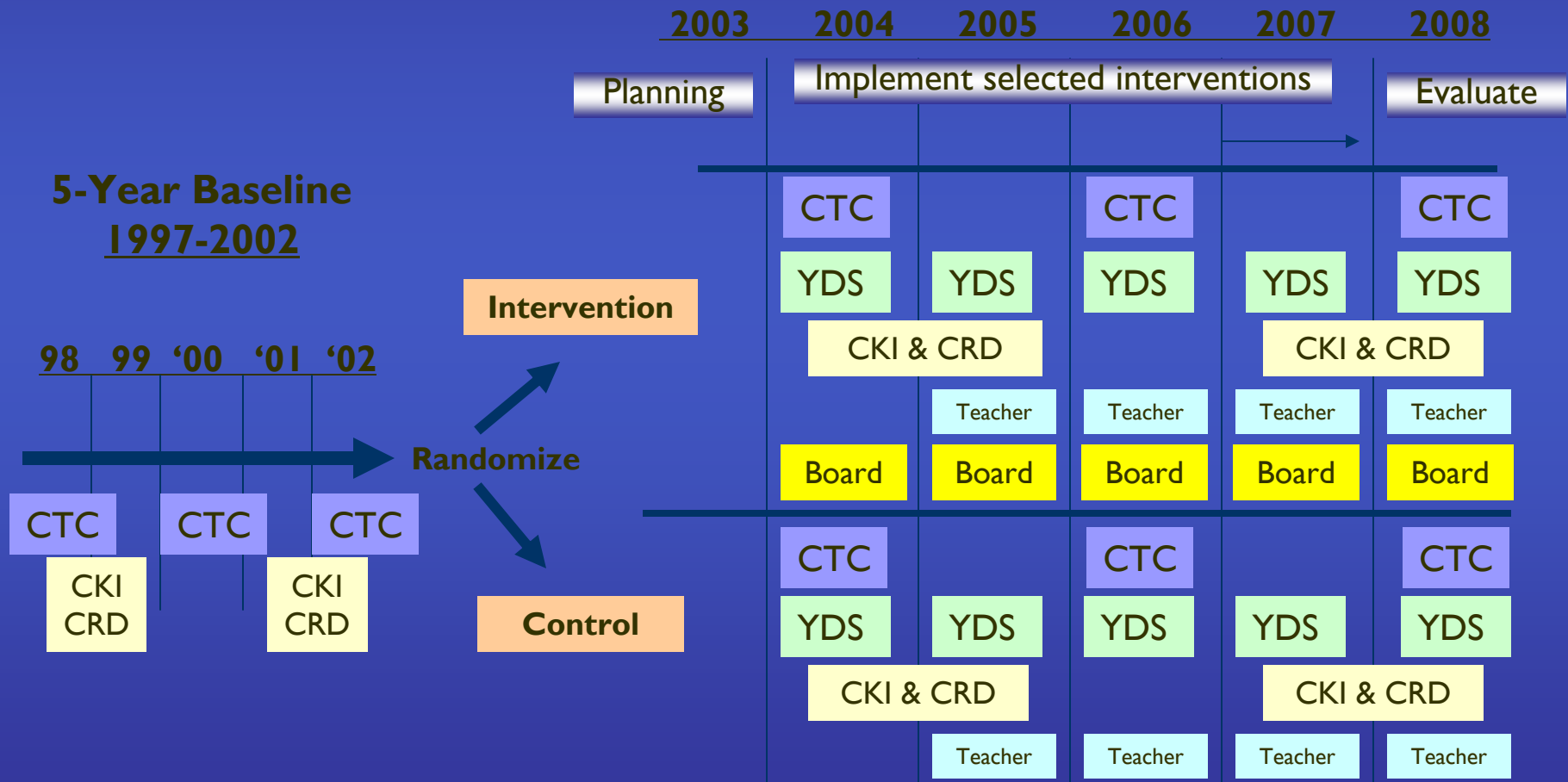




# CYDS Study Design

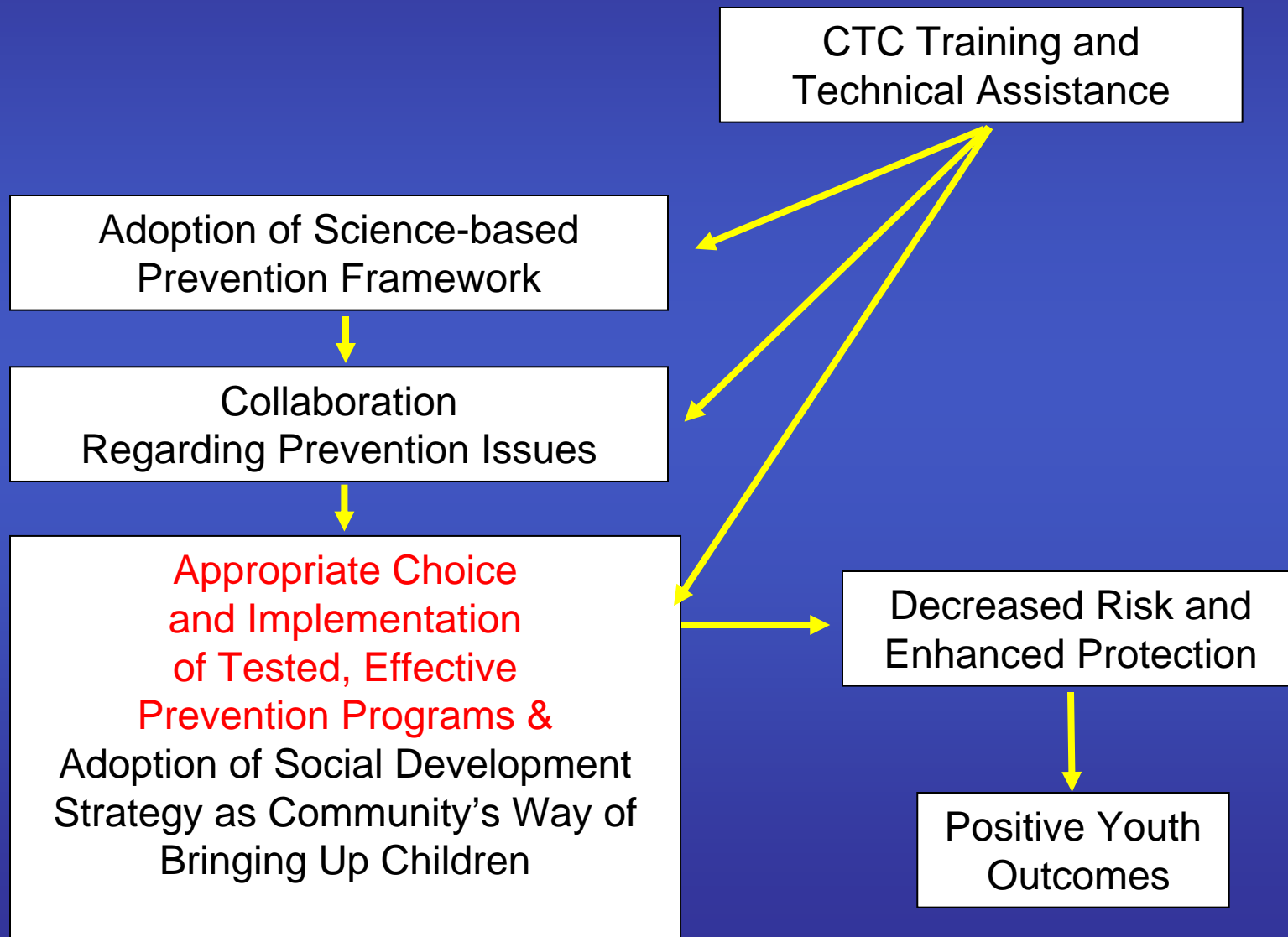


## Randomized Controlled Trial 2003-2008





# Communities That Care Theory of Change





# Tested, Effective 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
<b>TOTAL</b>	<b>27</b>	<b>38</b>	<b>37</b>

\*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

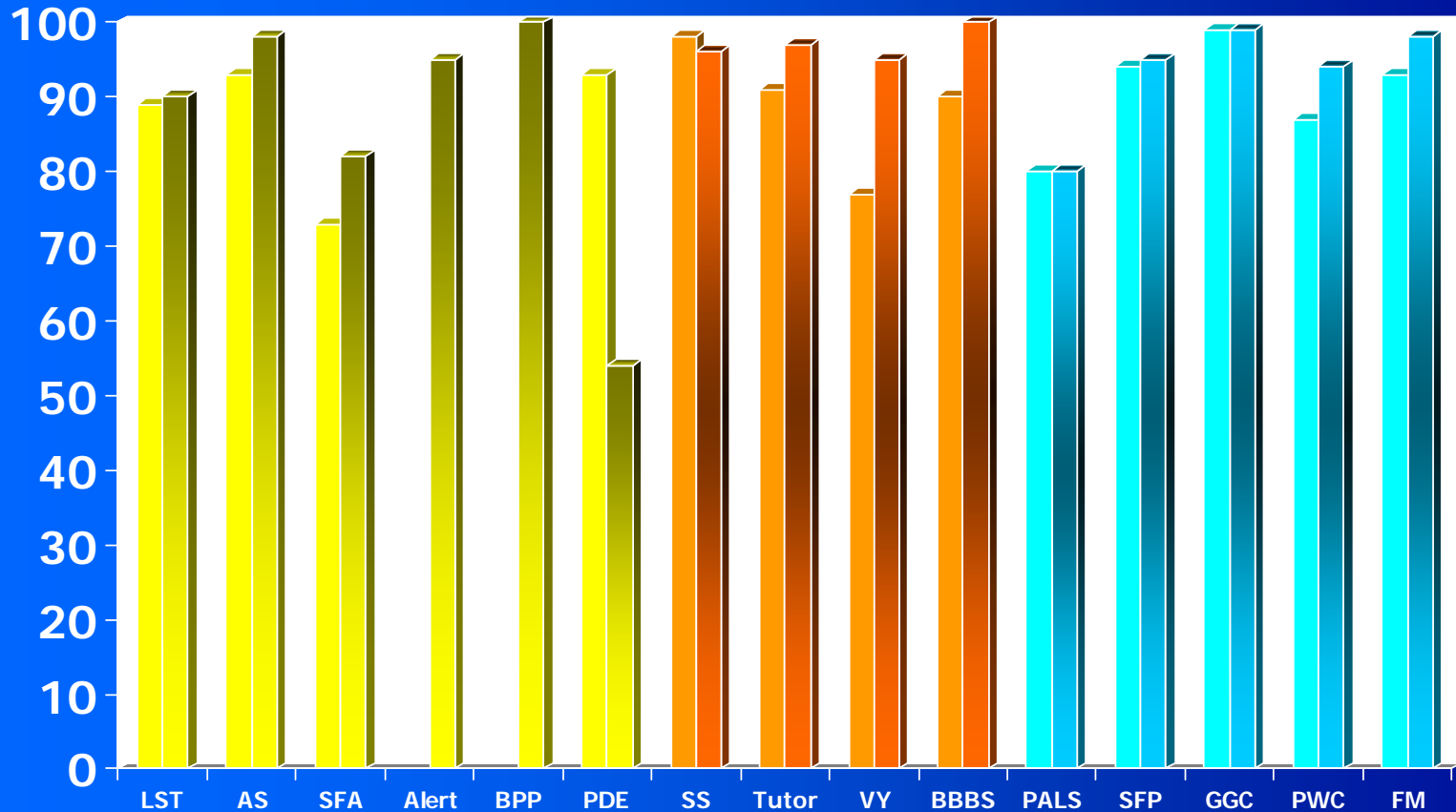
# Tools Assisted Community Members to Assess Fidelity

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

# Adherence Rates

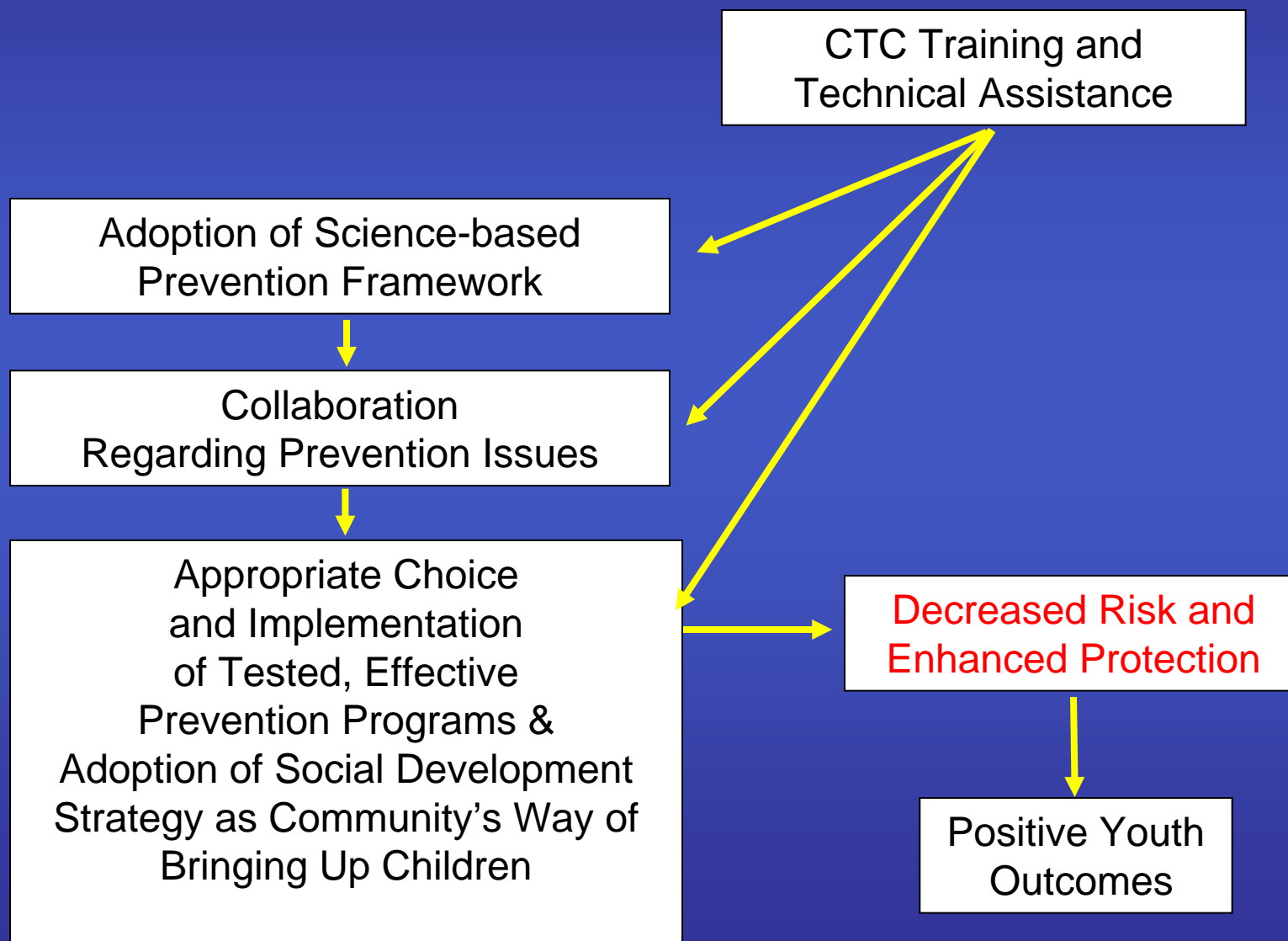
## 2004-05 and 2005-06 school years

Percentage of material taught or core components achieved





# Communities That Care Theory of Change

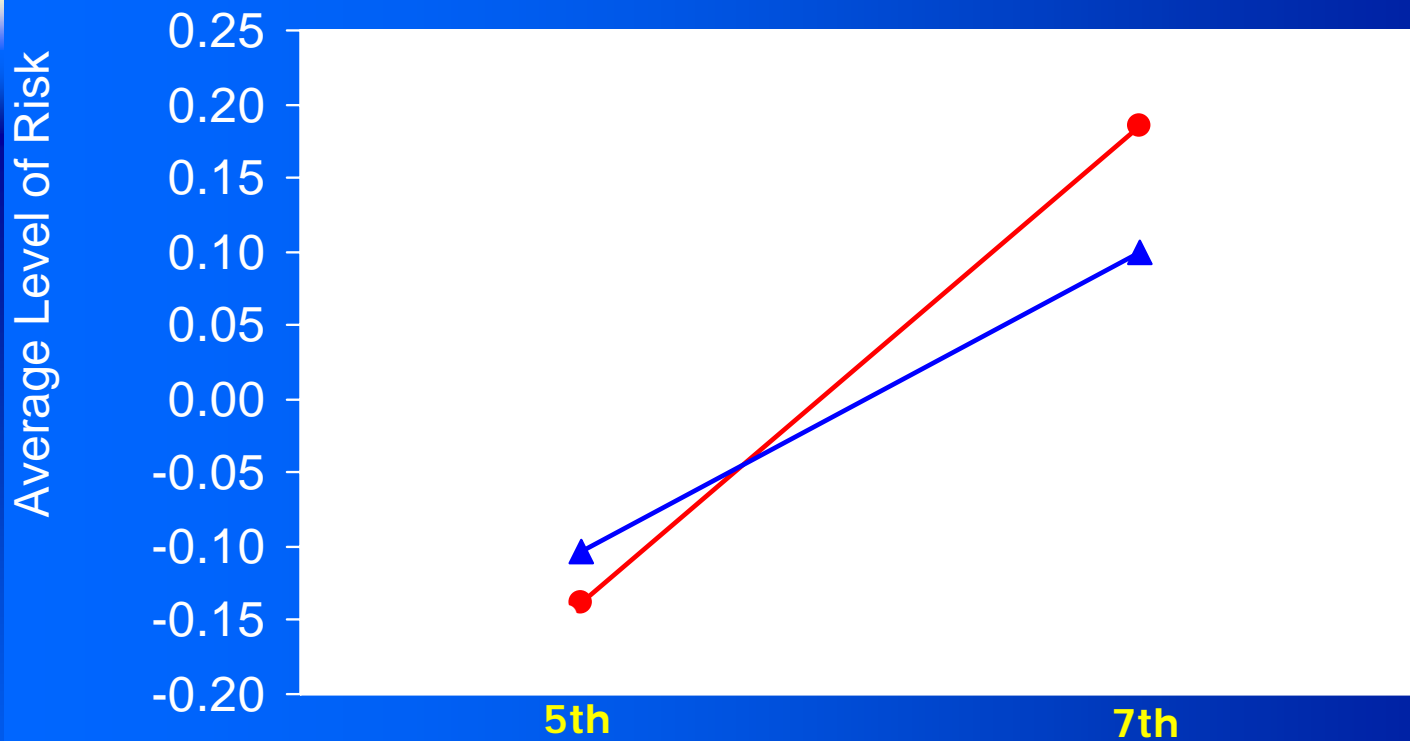


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# Tools Assisted Community Coalitions to Prioritize Risk Factors

- 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

# CTC Changed Prioritized Risk Factors for 7<sup>th</sup> Grade Population



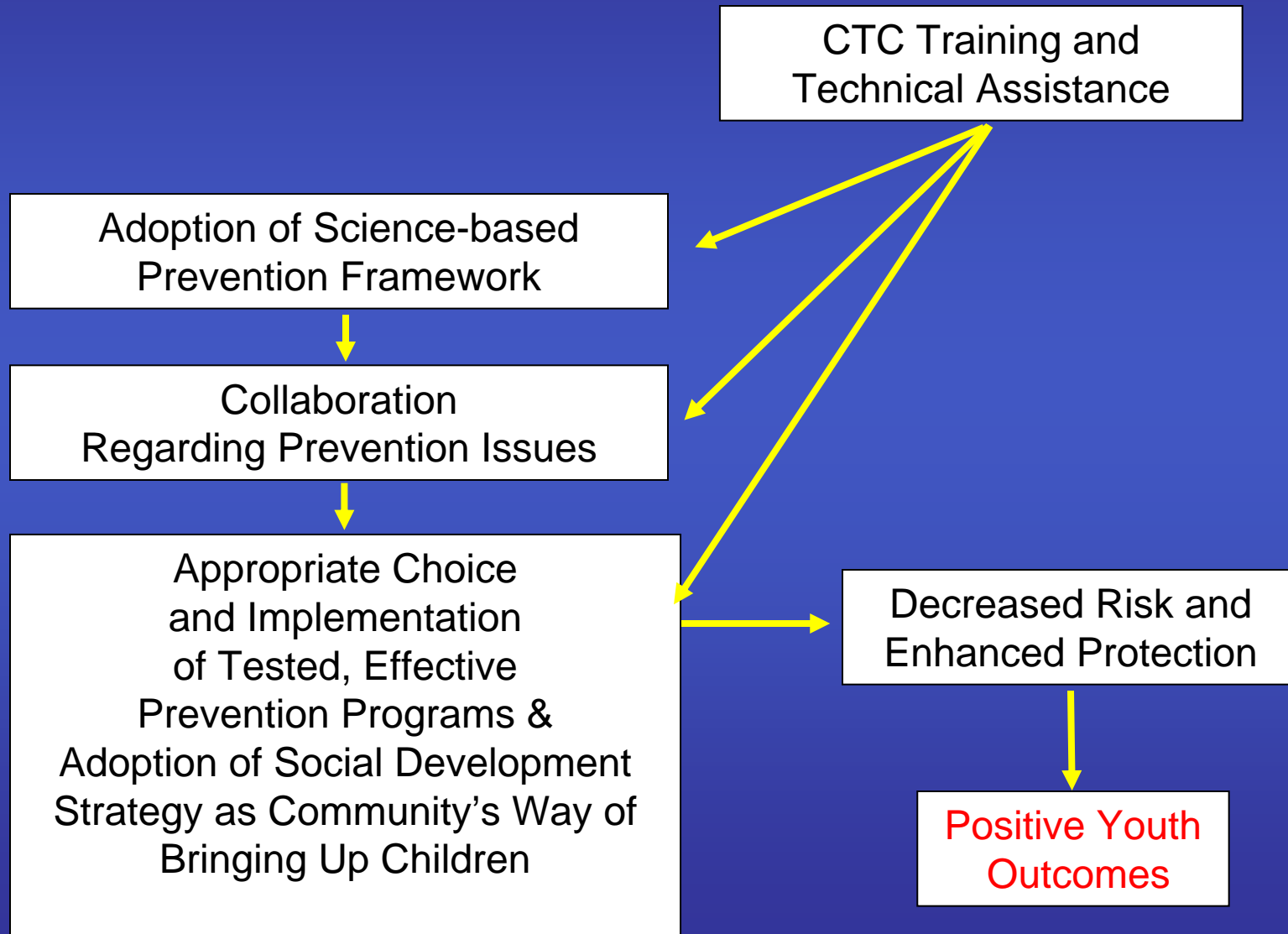
—●— Control Communities —▲— CTC Communities

Hawkins et al., in press

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,  $t(11) = -3.13, p = .01$ .



# Communities That Care Theory of Change





# Effects of CTC on Onset of Drug Use and Delinquency

- Onset of substance use and delinquency between grade 6 and 8:
  - Alcohol use\*
  - Cigarette smoking\*
  - Smokeless tobacco use\*
  - Marijuana use
  - Other illicit drug use
  - Delinquent behavior\*
- Among 5<sup>th</sup> grade students who had not yet initiated.

\*=Significant at  $p < .05$



# Effects of CTC on Current Drug Use and Delinquency in the Panel

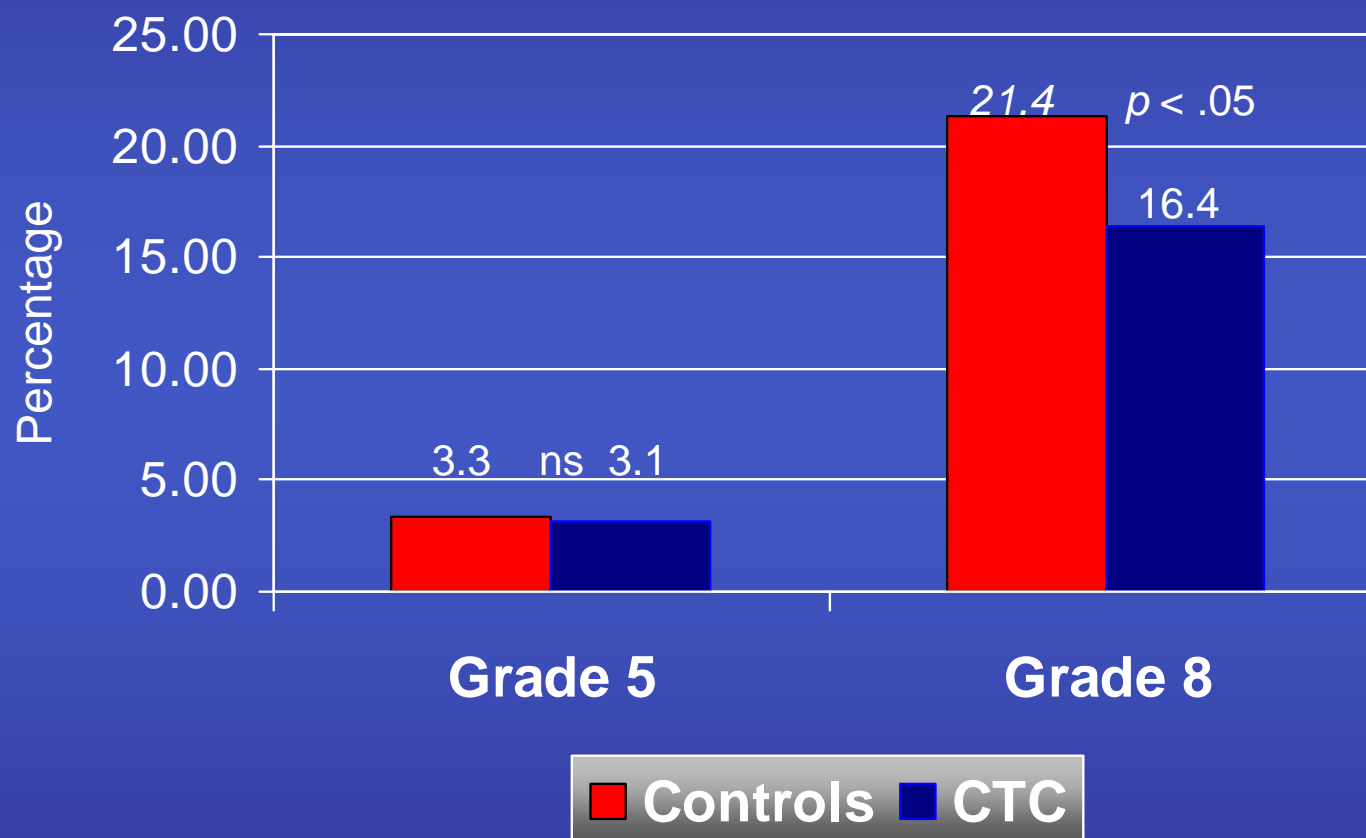


- Alcohol use\*
- Binge drinking\*
- Tobacco Use\*
- Delinquency\*

\*=significant at  $p < .05$



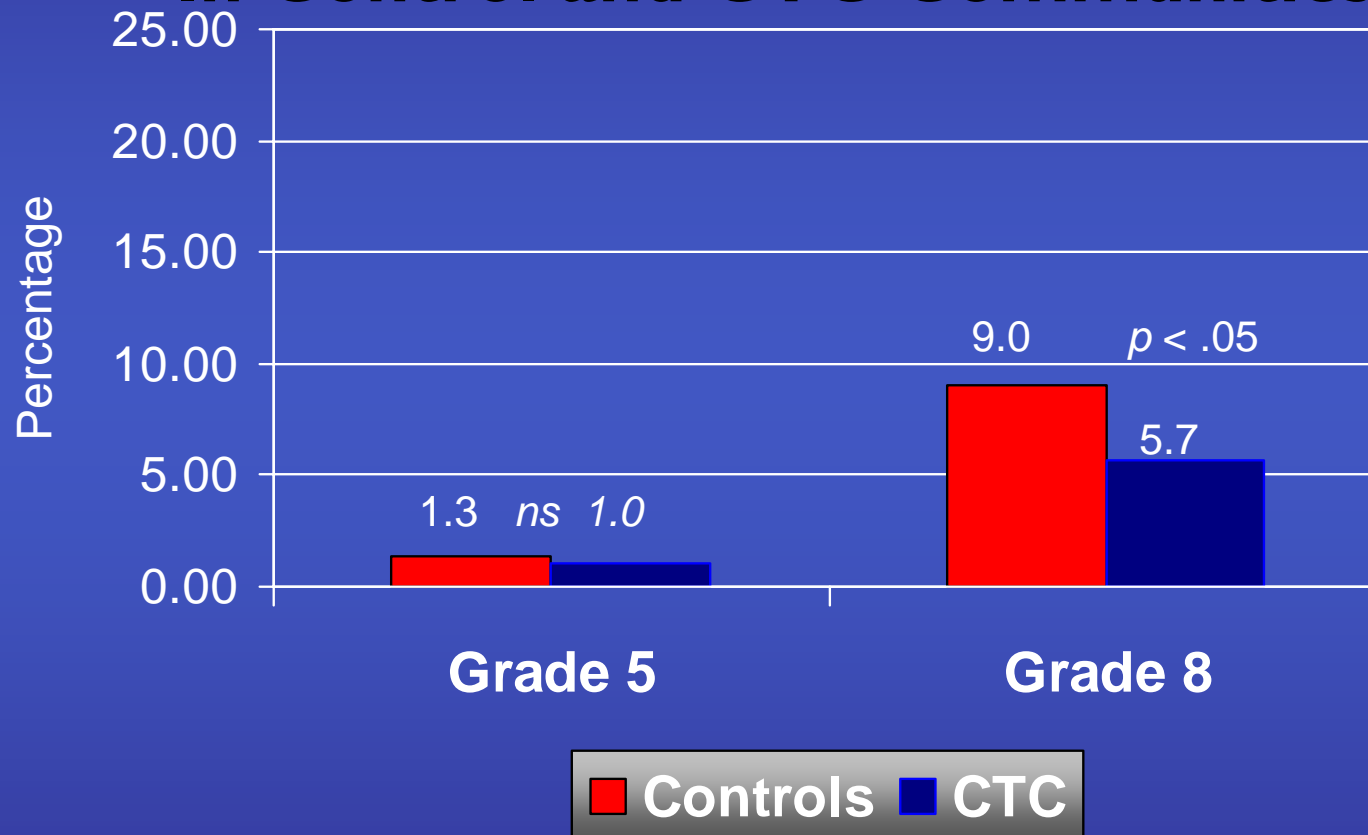
# Prevalence of 30 Day Alcohol Use In Panel In Control and CTC Communities



Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



# Prevalence of Binge Drinking in Past Two Weeks In Panel In Control and CTC Communities

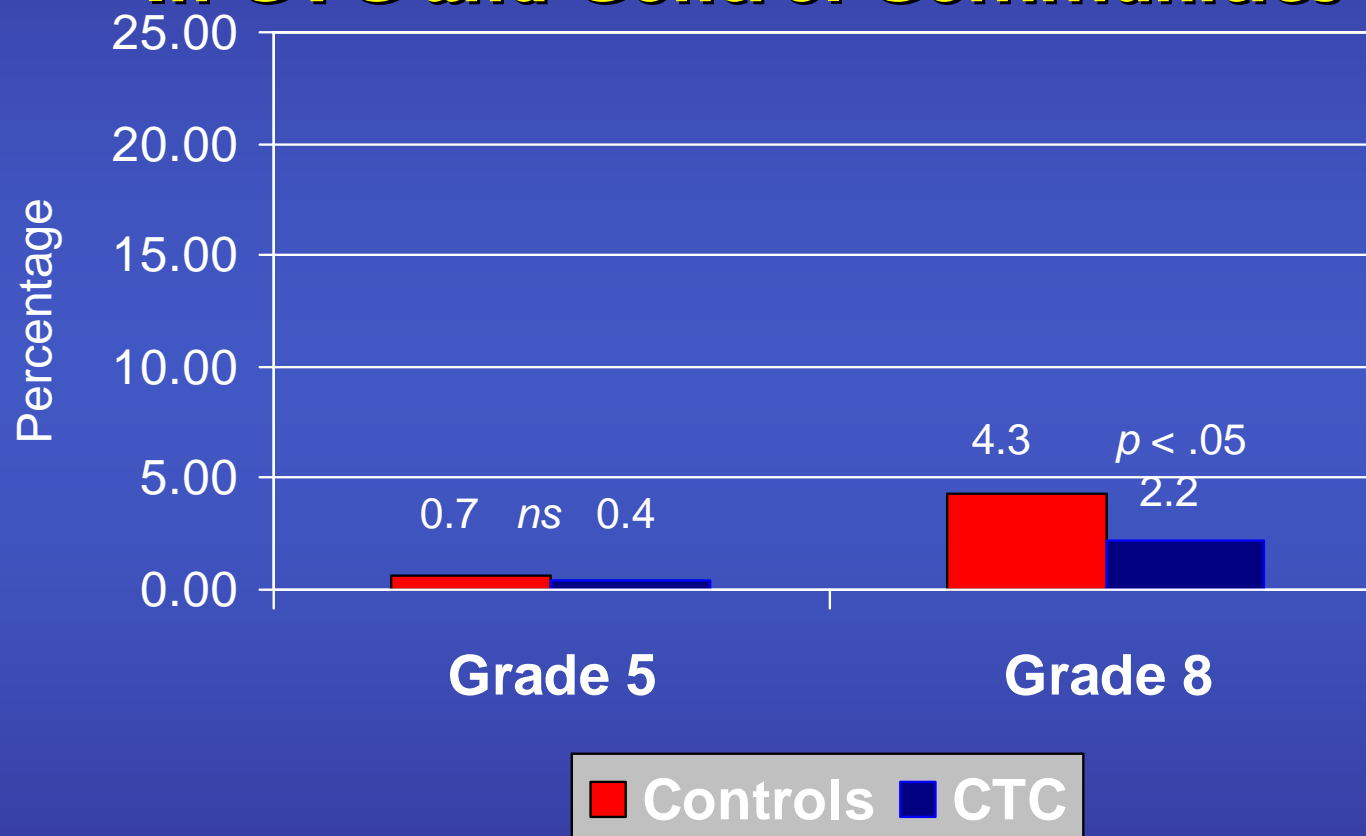


Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



# Prevalence of 30 Day Smokeless Tobacco Use In Panel

## In CTC and Control Communities

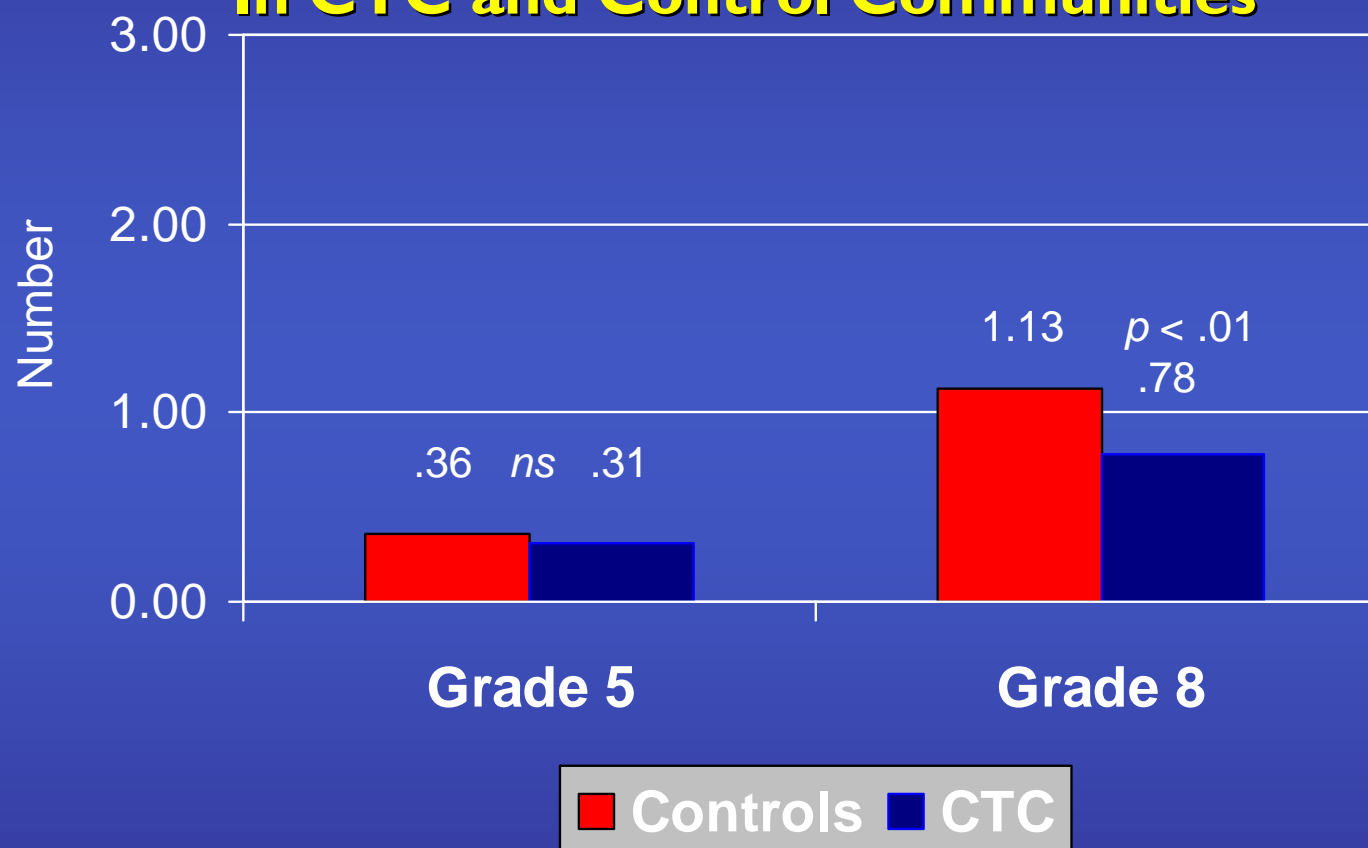


Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



## Mean Number of Different Delinquent Behaviors

### Committed by Panel in Past Year In CTC and Control Communities



Note. Observed means averaged across 40 imputations.  
ns = nonsignificant.  $N = 4407$



**Communities That Care** is owned by the federal government and is available at:

<http://preventionplatform.samhsa.gov/>

**NIDA Town Hall Meeting on CTC**

<http://www.visualwebcaster.com/event.asp?id=61945>

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# Summary

- There is a strong research base of predictors of substance and other problems as well as positive outcomes like academic success.
- Both early prevention and prevention during adolescence are needed to address Snowball and Snowstorm patterns of risk and protection
- Programs and policies that address these risk and protective factors have demonstrated efficacy
- Prevention approaches that do not work or have not been evaluated have been more widely used than those shown to be effective.
- There is evidence that we can advance public health and achieve population wide outcomes in our communities by using CTC



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Baltimore, Maryland  
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## Building Community Collaborations For Families: What Works? **Communities that Care**

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