

Improving Community Responses to the Risks We See Everyday
Jackson County COMBAT
Kansas City, Missouri
September 24, 2010

Using the Knowledge Base for Prevention Science: Communities That Care

Richard F. Catalano, Ph.D.

Bartley Dobb Professor for the Study and Prevention of Violence
Director, Social Development Research Group

School of Social Work

University of Washington

www.sdrp.org

Challenges for States and Communities in Using Prevention Science

- Assessing and prioritizing local risk and protective factors and youth problems
- Matching tested, effective programs to local priorities and delivering to those targeted
- Tested, effective programs compete with “best” or usual practice
- Tested, effective programs require training, TA, and monitoring to be delivered with fidelity
- Communities need coordinated planning, funding and accountability to overcome these challenges
- Achieving population wide outcomes

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Why Communities that Care?

- CTC provides a tool to assesses levels of risk, protection and outcomes and matches priorities to tested, effective programs.
- CTC organizes multiple sectors to directly address choices between best practice and tested, effective programs.
- CTC provides the support states, communities and schools need to build capacity to use the advances of prevention science.
- CTC has achieved community wide effects in a randomized trial

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The *Communities That Care* Operating System



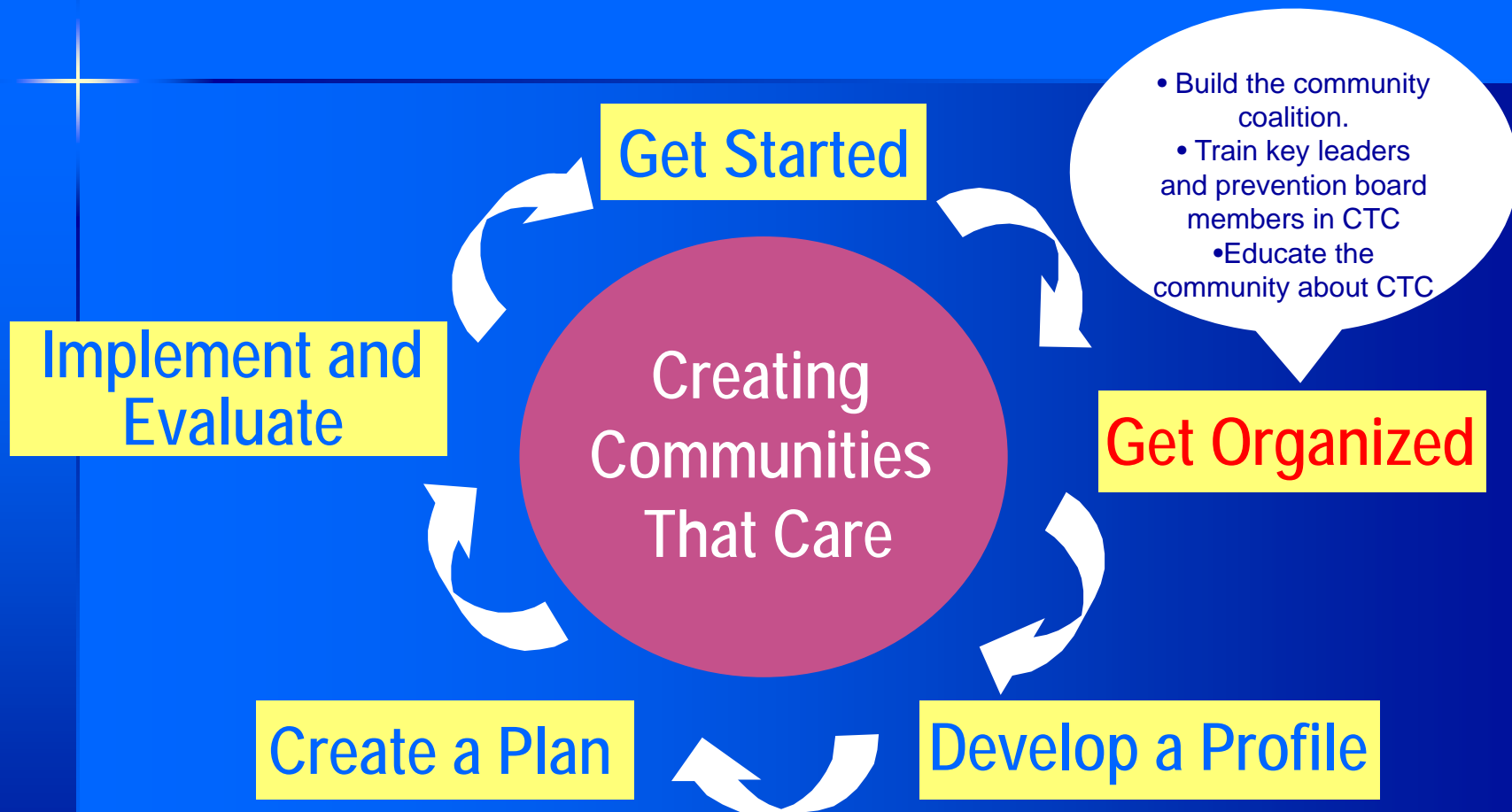
The *Communities That Care* Operating System



| Phase | Milestones | Training and Technical Assistance |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Phase One: Getting Started</p> | <ul style="list-style-type: none"> • Organize the community to begin the Communities That Care® process. • Define the scope of the prevention effort. • Identify community readiness issues. • Analyze and address community readiness issues, or develop a plan for addressing them. • The community is ready to move to Phase Two: Organizing, Introducing, Involving. | <p>Strategic Consultation</p> <p><i>Investing in Your Community's Youth: An Introduction to the Communities That Care® System</i></p> <p><i>Tools for Community Leaders: A Guidebook for Getting Started</i></p> |



The *Communities That Care* Operating System



| Phase | Milestones | Training and Technical Assistance |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Phase Two: Organizing, Introducing, Involving  | <ul style="list-style-type: none"> • Engage Key Leaders (positional and informal). • Develop a Community Board to facilitate assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices. • Educate and involve the community in the Communities That Care process. • The community is ready to move to Phase Three: Developing a Community Profile. | Key Leader Orientation Community Board Orientation Technical Assistance |

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The *Communities That Care* Operating System

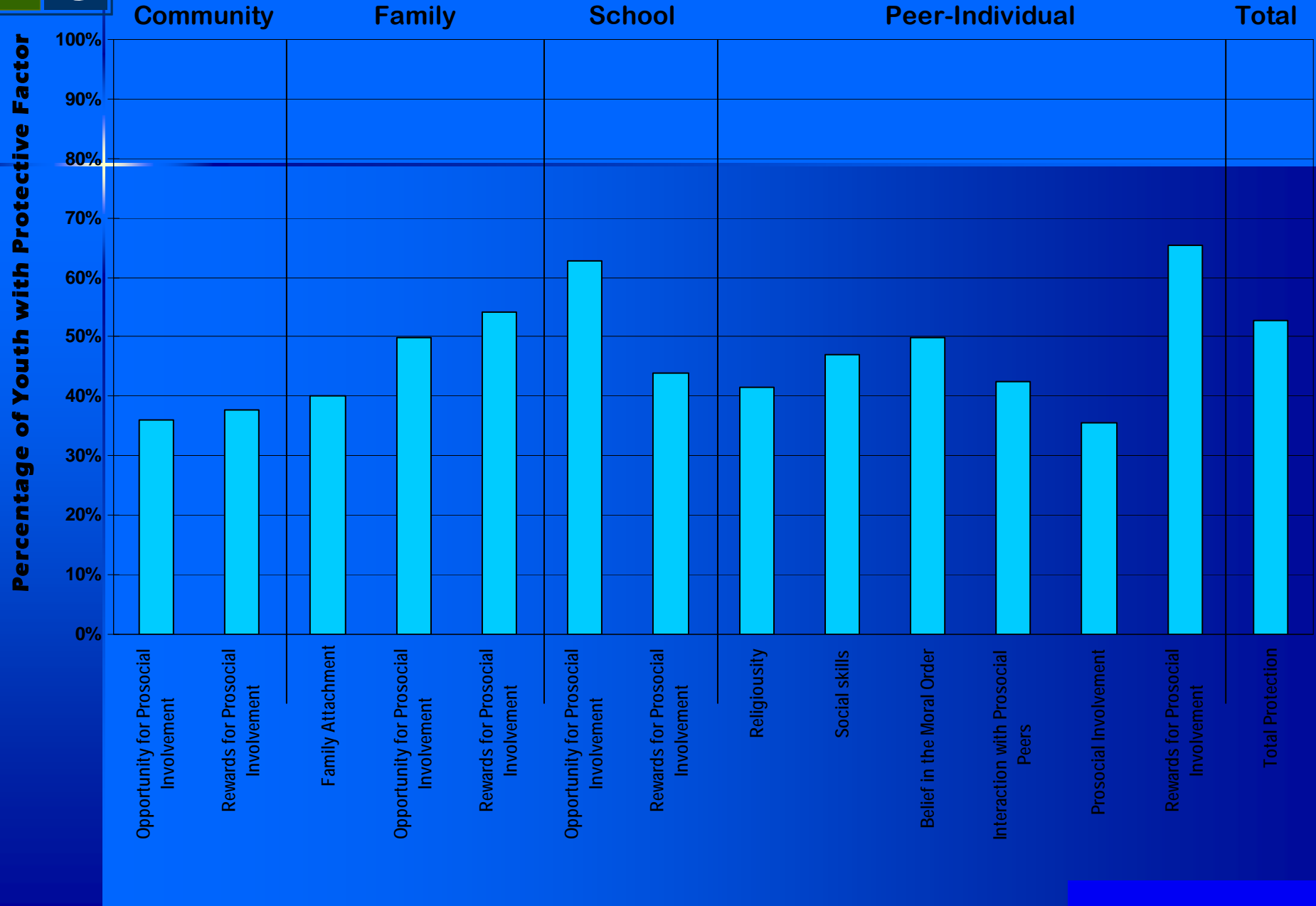


The CTC Youth Survey

- 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

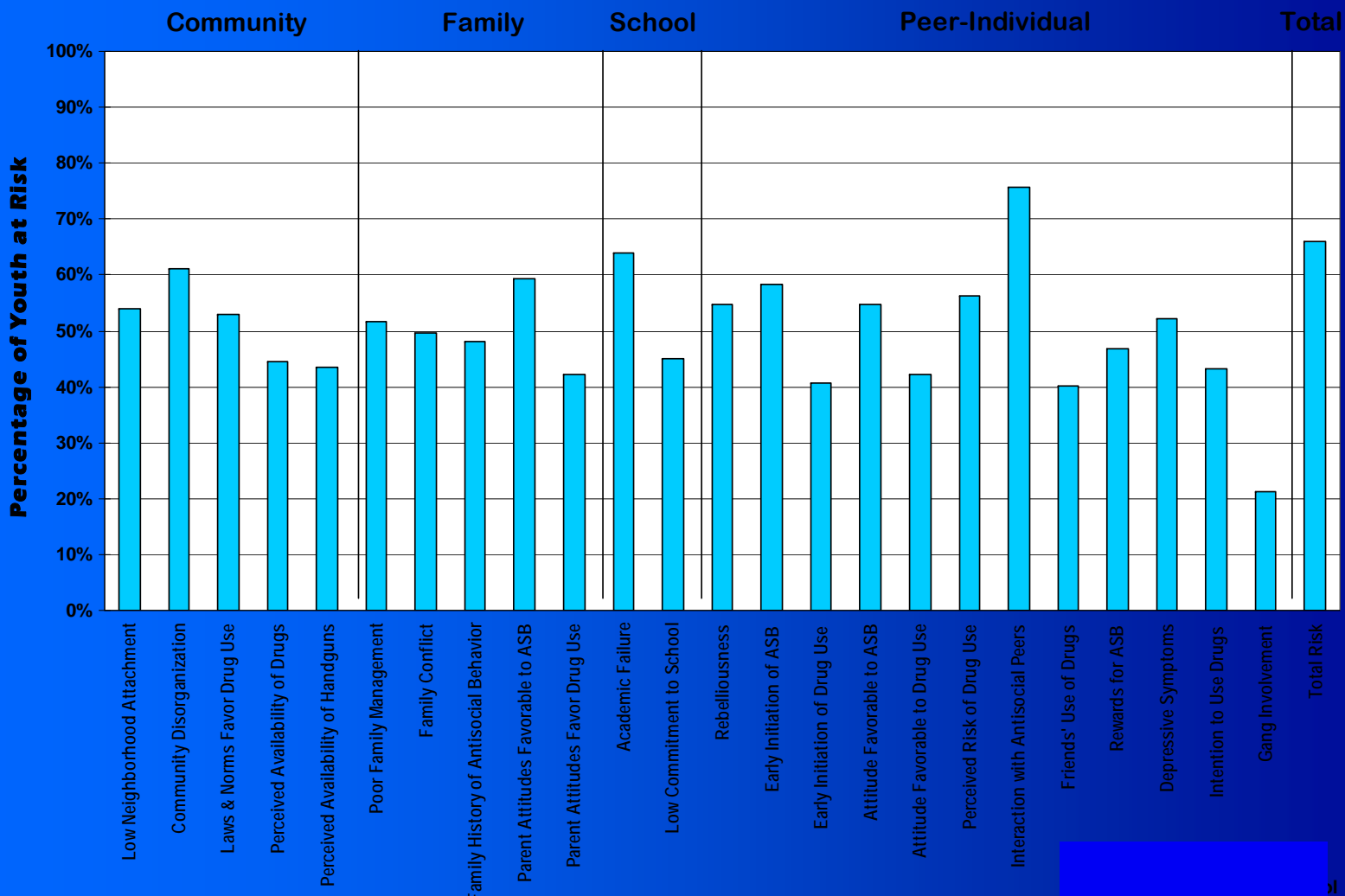
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School A 2005 Protective Profile



School A

2005 Risk Profile

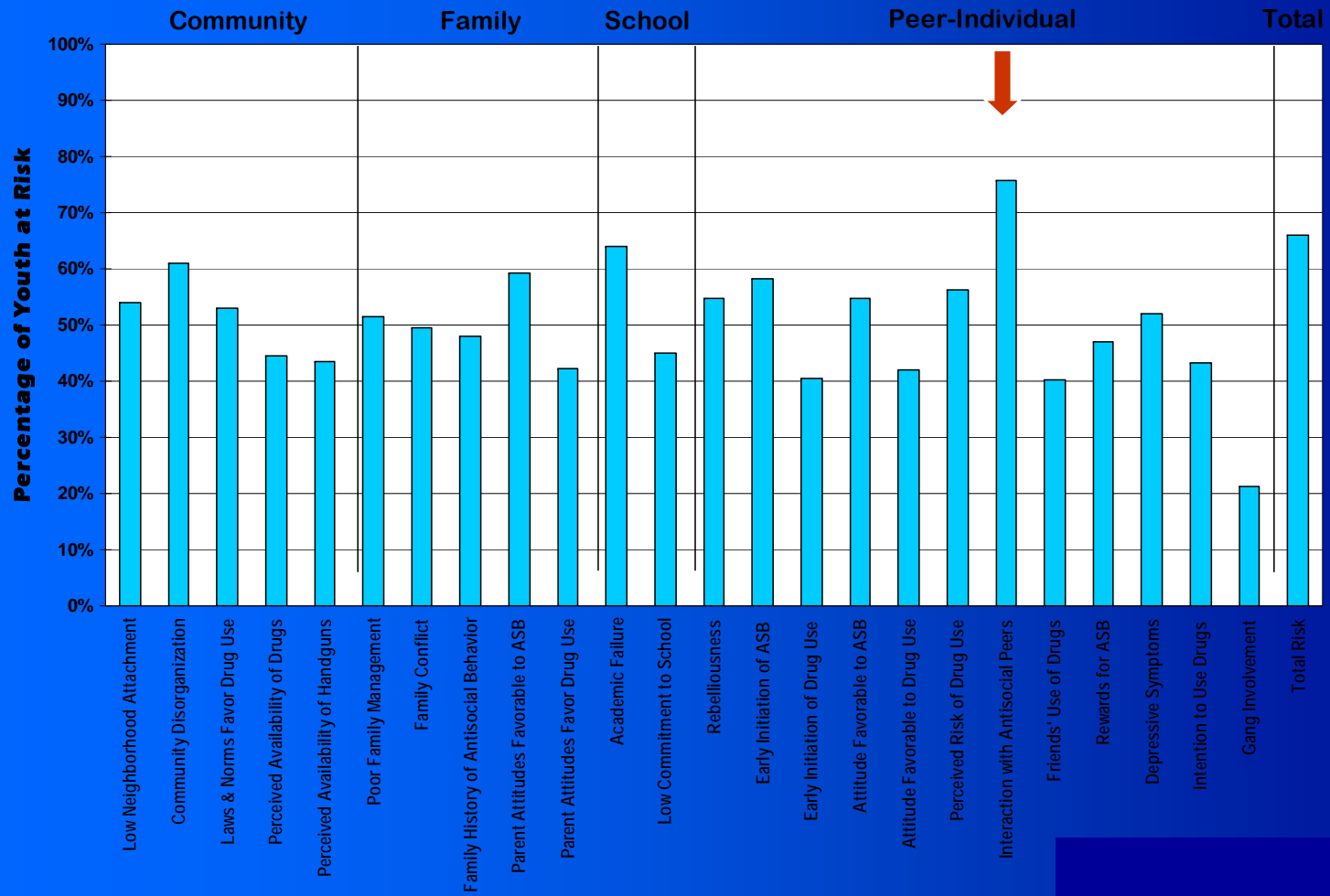


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The *Communities That Care* Operating System



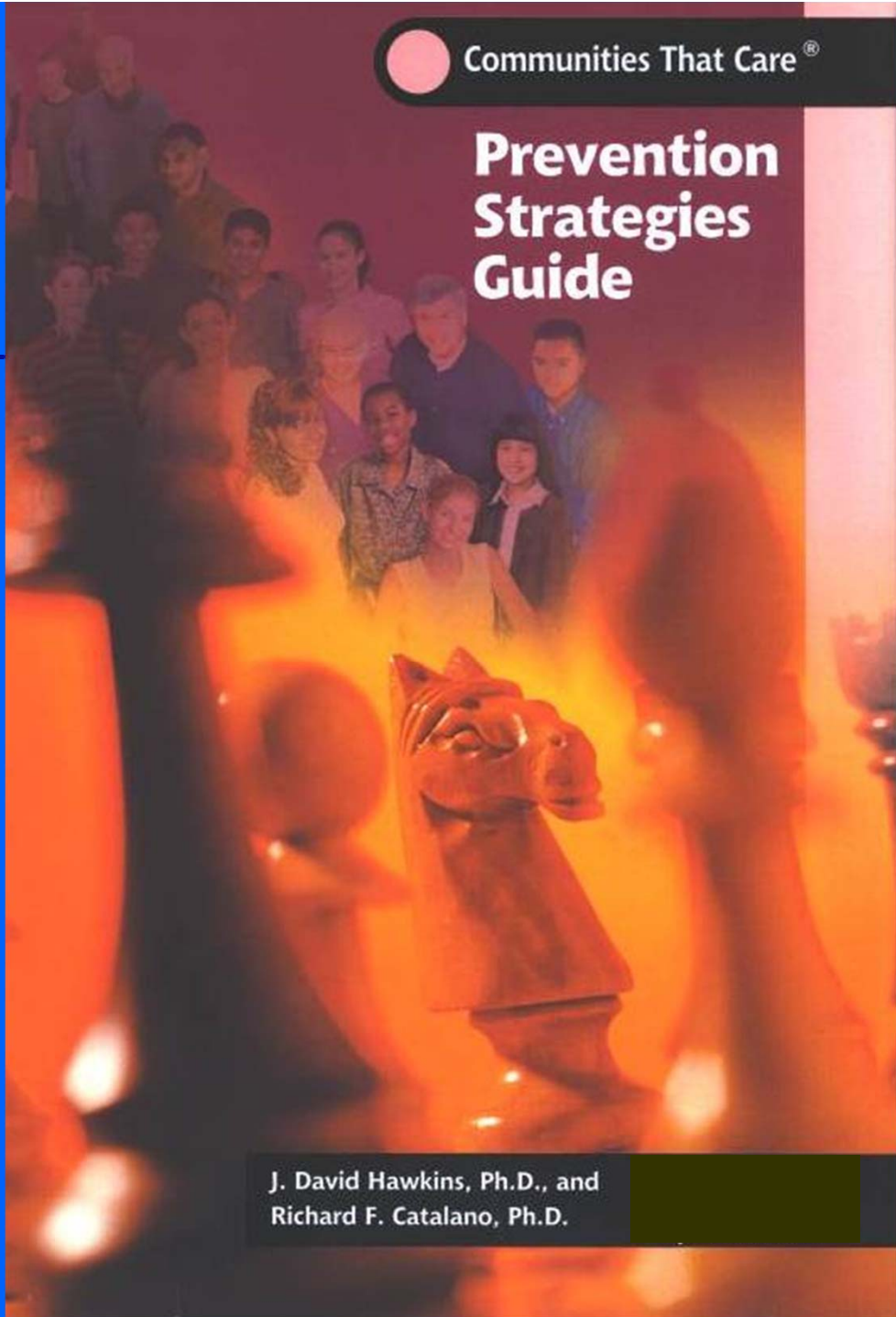
2005 Risk Profile



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

Classroom Curricula for Social and Emotional Competence Promotion Secondary School

- 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

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[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

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Risk Factors Addressed:

- * Favorable attitudes toward the problem behavior
- * Friends who engage in problem behavior

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Program Materials Available:

- * Program description
- * Videotapes
- * Evaluation tools
- * Technical assistance
- * Curriculum/program manual
- * Implementation guide

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Operating Domains:

- * School

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Target Audience:

- * Indicated
- * Universal
- * Selective

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Summary:

Background

Project Towards No Drug Abuse is a school-based program designed to help high school students resist substance use. It was originally developed for students in California's continuation high schools, which are for students who have transferred out of standard high schools because of academic or disciplinary problems. These schools typically have higher rates of substance use among students than do other schools. The project has since been replicated at standard high schools.



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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References:

Dent, C. W., Sussman, S., & Stacy, A. W. (2001). Project Towards No Drug Abuse: Generalizability to a general high school sample. *Preventive Medicine, 32*, 514-520.

Simon, T. R., Sussman, S., Dahlberg, L. L., & Dent, C. W. (2002). Influence of a substance-abuse-prevention curriculum on violence-related behavior. *American Journal of Health Behavior, 26*, 103-110.

Sussman, S., Dent, C. W., Craig, S., Ritt-Olsen, A., & McCuller, W. J. (2002). Development and immediate impact of a self-instruction curriculum for an adolescent indicated drug abuse prevention trial. *Journal of Drug Education, 32*, 121-137.

Sussman, S., Dent, C. W., & Stacy, A. W. (2002). Project Towards No Drug Abuse: A review of the findings and future directions. *American Journal of Health Behavior, 26*, 354-365.

Sussman, S., Dent, C. W., Stacy, A. W., & Craig, S. (1998). One-year outcomes of Project Towards No Drug Abuse. *Preventive Medicine, 27*, 632-642.

Sussman, S., Sun, P., McCuller, W. J., & Dent, C. W. (2003). Project Towards No Drug Abuse: Two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine, 37*, 155-162.

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Contact Information:

Steve Sussman, Ph.D.
Professor of Preventive Medicine and Psychology
Institute for Health Promotion and Disease Prevention Research and Research Center for
Alcoholic Liver and Pancreatic Diseases
1000 South Fremont Avenue, Unit 8
Building A-4, Room 4124
Alhambra, CA 91803
Phone: (626) 457-6635
Fax: (626) 457-4012
E-mail: ssussma@hsc.usc.edu

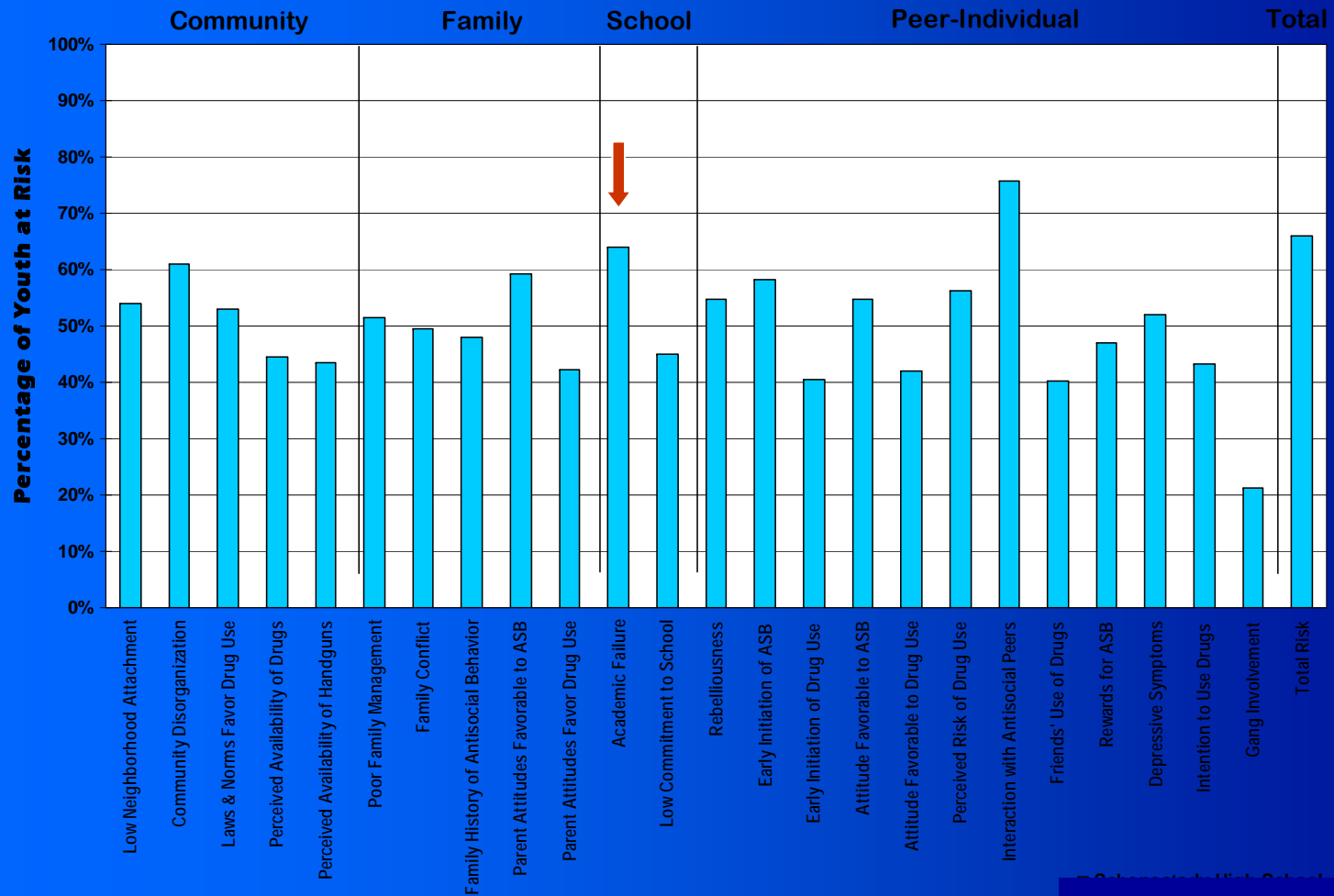
Ordering contact:

Stephen Hauk
Institute for Health Promotion and Disease Prevention Research and Research Center for
Alcoholic Liver and Pancreatic Diseases
1000 South Fremont Avenue, Unit 8
Building A-4, Room 4124
Alhambra, CA 91803
Phone: (626) 457-4045
E-mail: hauk@usc.edu

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New Search












































2005 Risk Profile



Percentage of Youth at Risk

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Protective Factors

| Risk Factor Addressed | | Program Strategy | Healthy Beliefs & Clear Standards | Bonding | Opport. | Skills | Recog. | Developmental Period |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|
| School Domain | Academic Failure (continued)  | Classroom Organization, Management and Instructional Strategies |  |  |  |  |  | 6-18 |
| | | Classroom Curricula for Social Competence Promotion |  |  |  |  |  | 6-14 |
| | | School Behavior Management Strategies |  | |  | |  | 6-14 |
| | | Youth Employment with Education |  |  |  |  |  | 15-21 |
| | Lack of Commitment to School | Early Childhood Education |  |  |  |  |  | 3-5 |
| | | Organizational Changes in Schools |  |  |  |  |  | 6-18 |
| | | Classroom Organization, Management and Instructional Strategies |  |  |  |  |  | 6-18 |
| | | School Behavior Management Strategies |  | |  | |  | 6-14 |
| | | Mentoring with Contingent Reinforcement |  | |  | |  | 11-18 |
| | | Youth Employment with Education |  |  |  |  |  | 15-21 |

Classroom Organization, Management, and Instructional Strategies

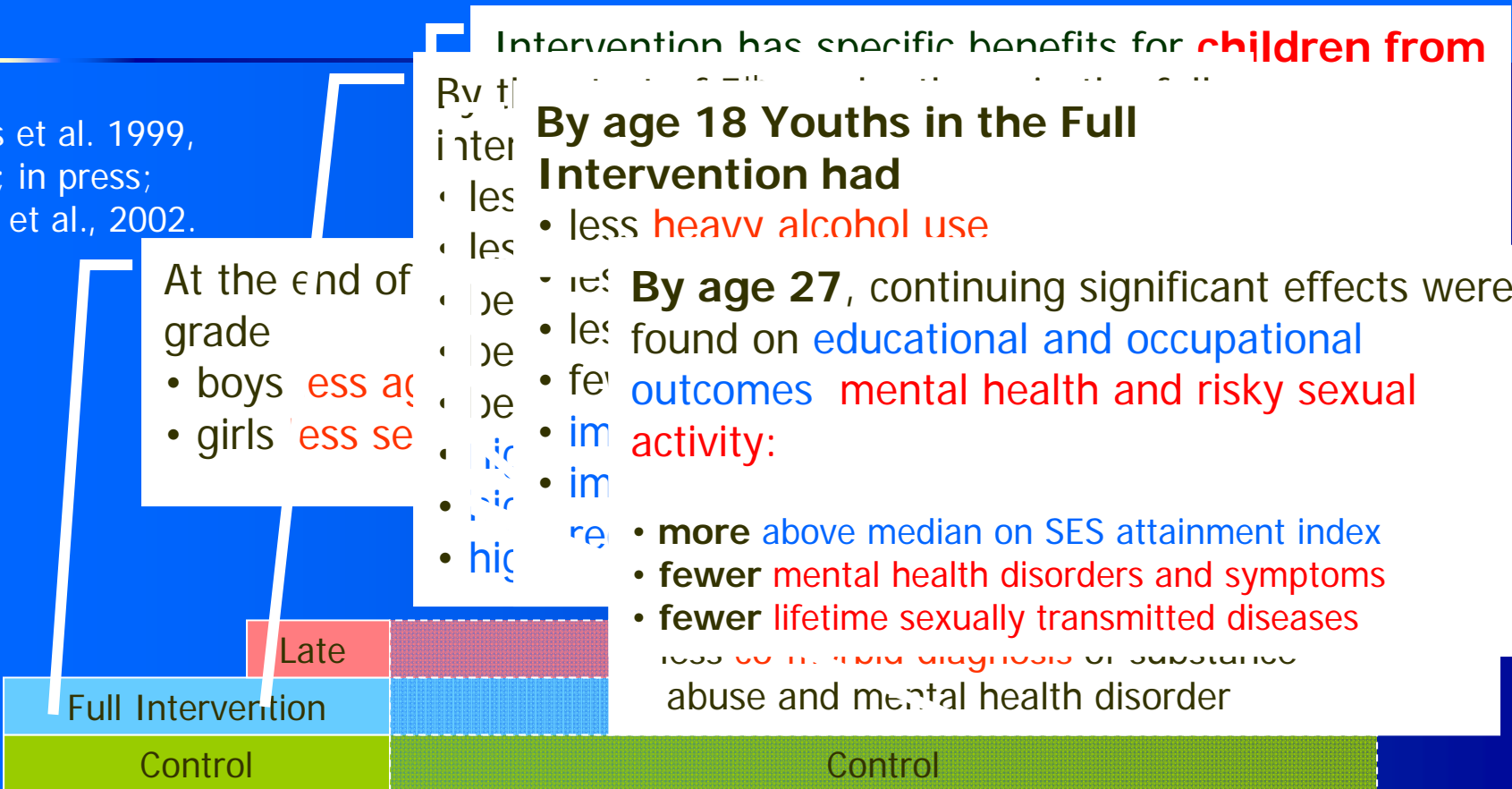
- The Good Behavior Game (Kellam and Rebok, 1992)
- ■ Seattle Social Development Project (SSDP) (Hawkins et al., 1999; 2005; Lonczak et al., 2002)
- Behavioral Intervention for Middle School Students (Bry, 1982)
- Cooperative Learning Programs (Slavin, 1983)
- Tutoring Programs (Coie et al., 1984; Greenwood et al., 1993)
- Success for All (Slavin et al., 1990)

SSDP: Intervention Components

- Component One: *Teacher Training in Classroom Instruction and Management*
- Component Two: *Parent Training in Behavior Management and Academic Support*
- Component Three: *Child Social and Emotional Skill Development*

SSDP Changed Risk, Protection and Outcomes

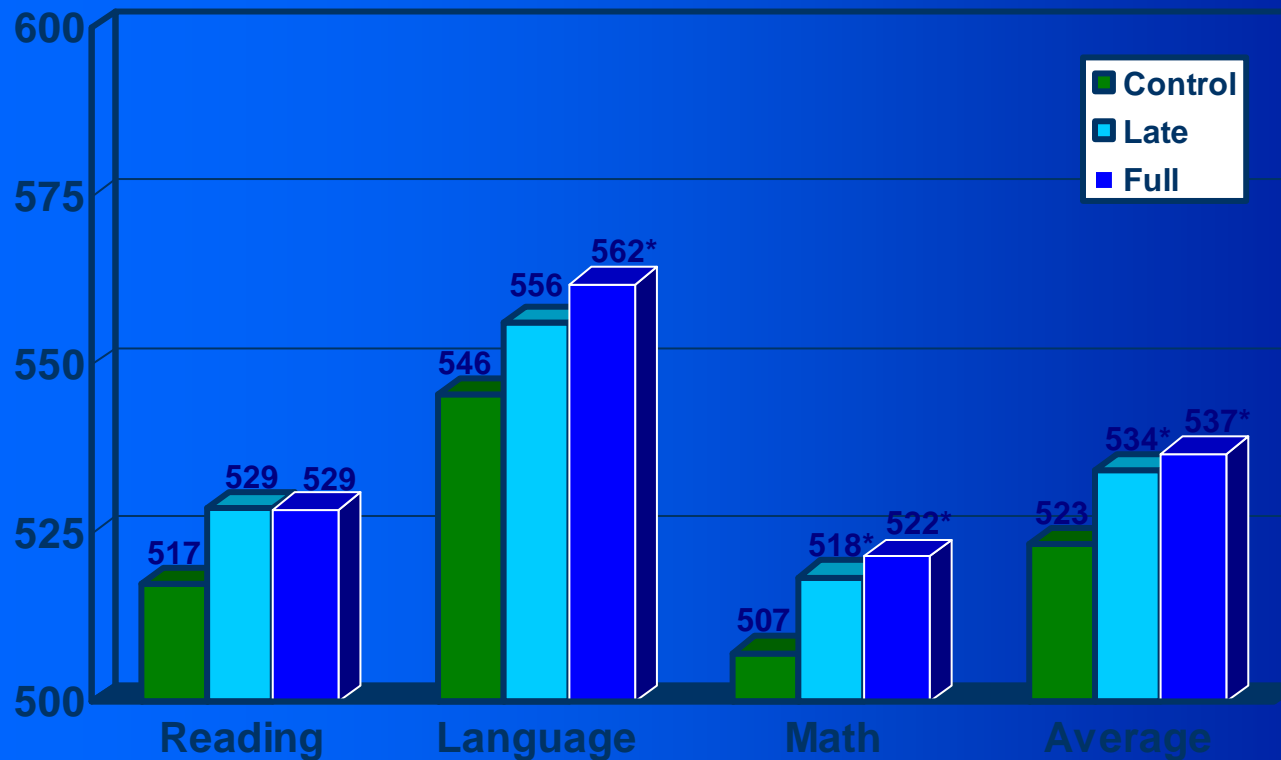
Hawkins et al. 1999, 2005; in press; Lonczak et al., 2002.



Grade
Age



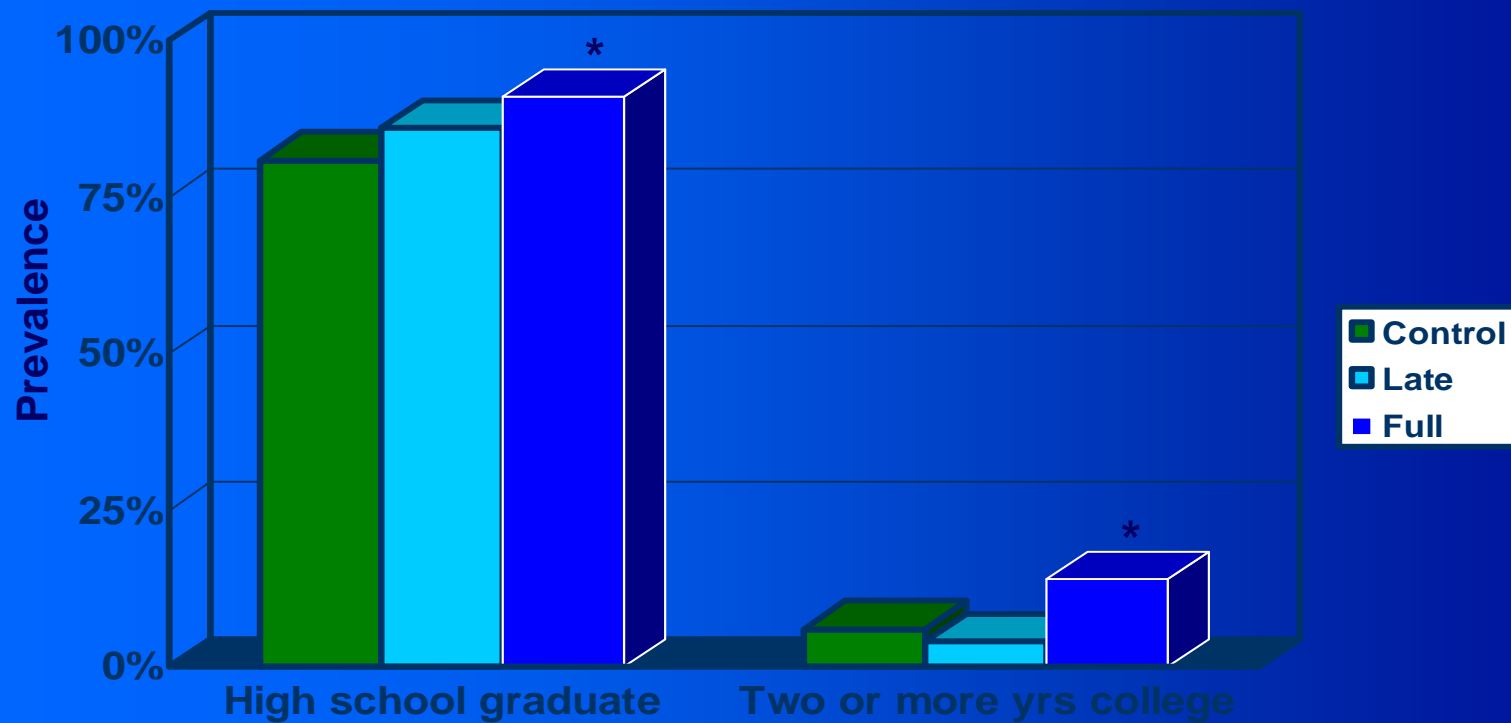
Seattle Social Development Project Effects at Age 12: California Achievement Test Scores



* $p < .05$ compared with controls; $N = 548$ to 551 .



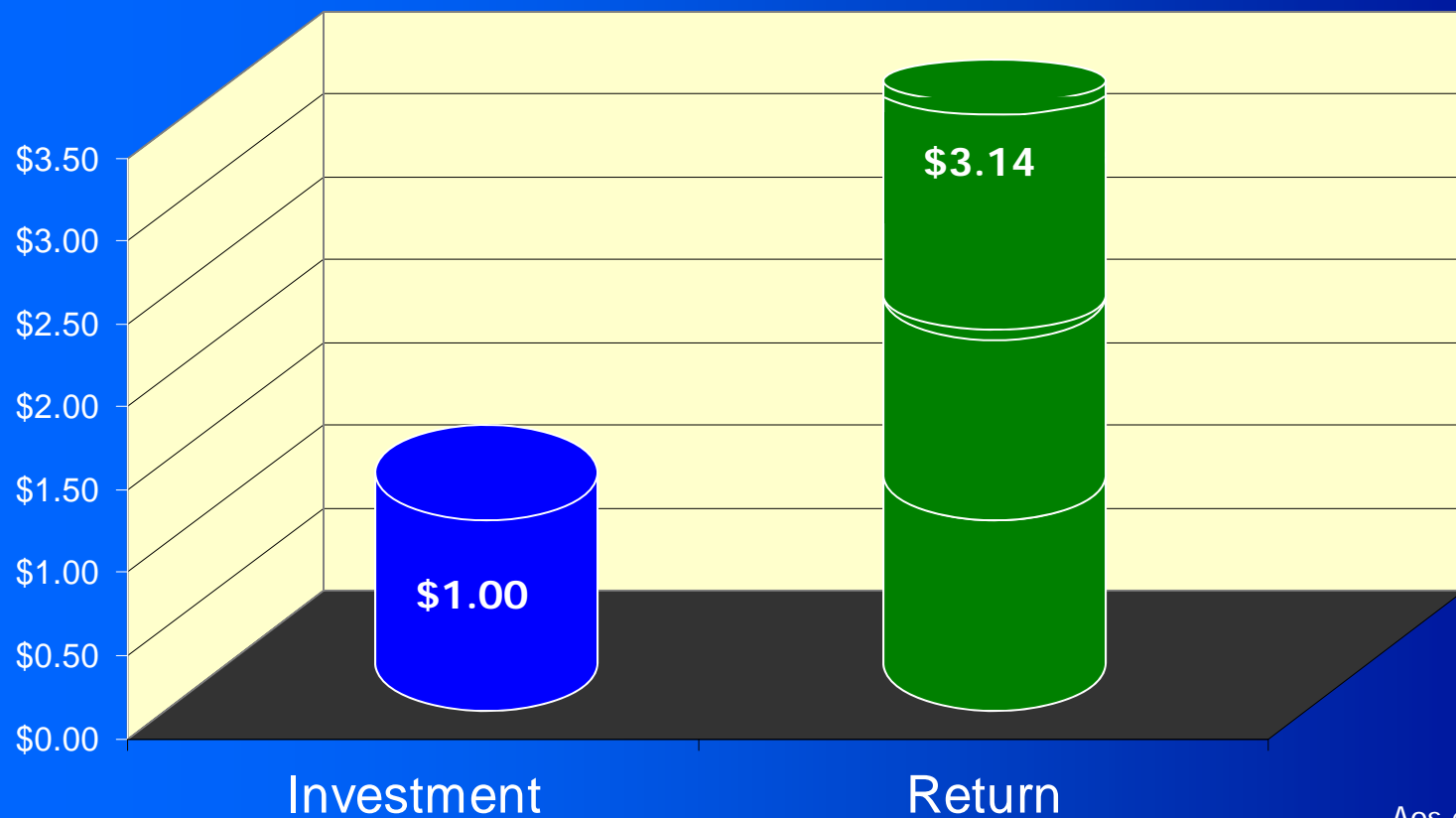
Seattle Social Development Project Effects at Age 21: Education



* $p < .05$
compared with controls.

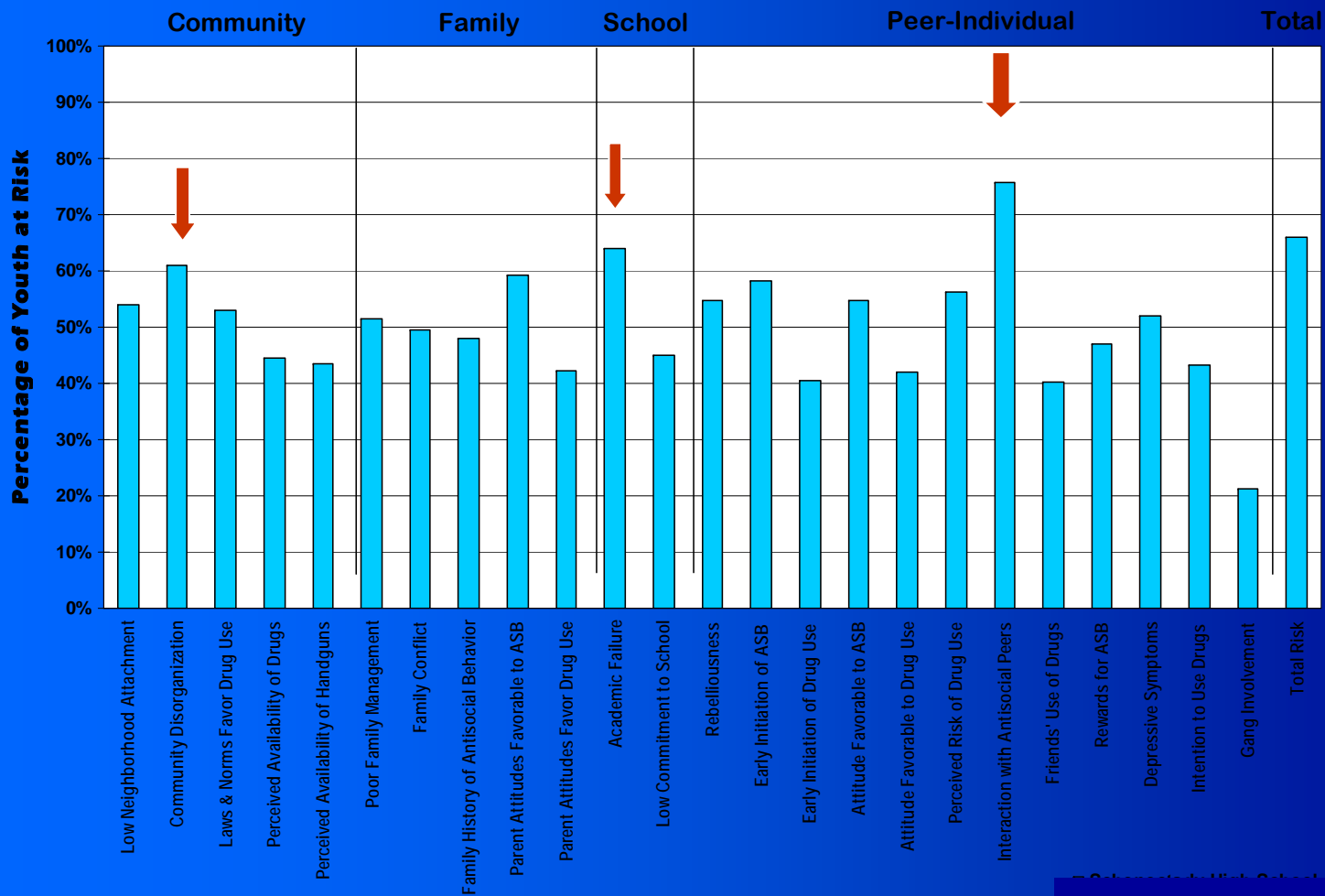
Cost-Benefit

An independent cost-benefit analysis estimated that projected benefits resulting from the SSDP intervention would produce a net positive return per participant.



School A

2005 Risk Profile



Community Policing Strategies

- Intensified Motorized Patrol (Sherman et al., 1995)
- Community Policing Strategies (Pate et al., 1985)

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

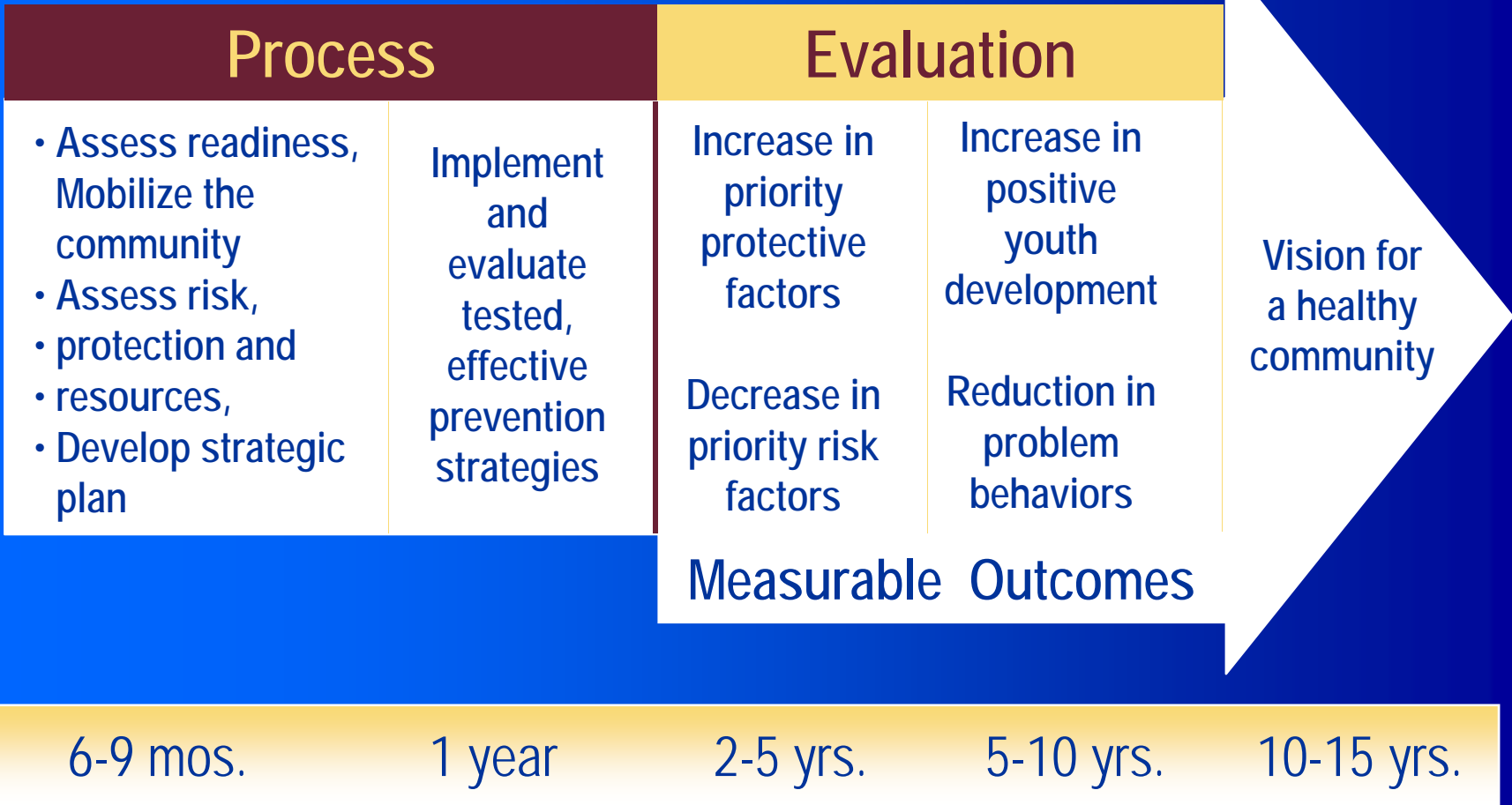
Get Organized

Create a Plan

Develop a Profile

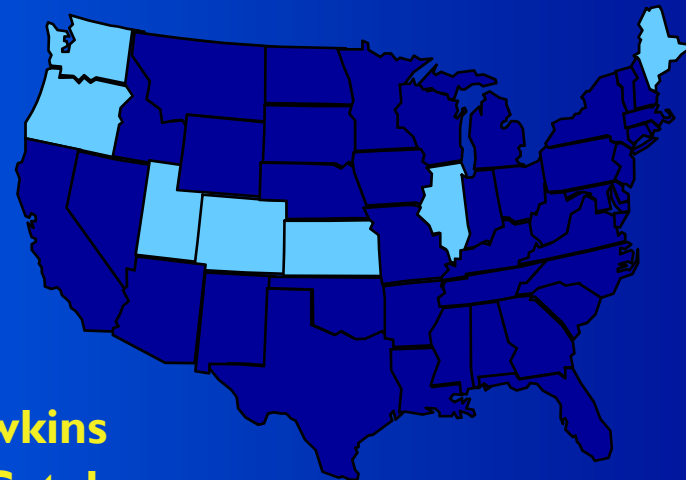


Communities That Care Process and Timeline





Evidence of Effectiveness of CTC from Community Youth Development Study A 24 Community Randomized Trial



PI: J. David Hawkins

Co-PI: Richard F. Catalano

Funded in 2003 by:

National Institute on Drug Abuse

Center for Substance Abuse Prevention

National Cancer Institute

National Institute on Child Health and Development

National Institute on Mental Health

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Communities That Care Theory of Change

CTC Training and Technical Assistance

Adoption of Science-based Prevention Framework



Collaboration Regarding Prevention Issues

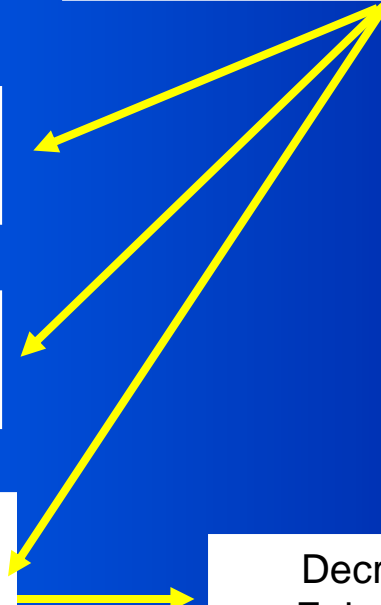


Appropriate Choice and Implementation of Tested, Effective Prevention Programs & Adoption of Social Development Strategy as Community's Way of Bringing Up Children

Decreased Risk and Enhanced Protection



Positive Youth Outcomes



(Brown et al, 2007)

(Quinby et al, 2008; Fagan et al., 2008)

Program Selection

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

- ~ Showed significant effects on risk/protective factors, and 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

* Communities That Care Prevention Strategies Guide

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 |
| TOTAL | 27 | 38 | 37 |

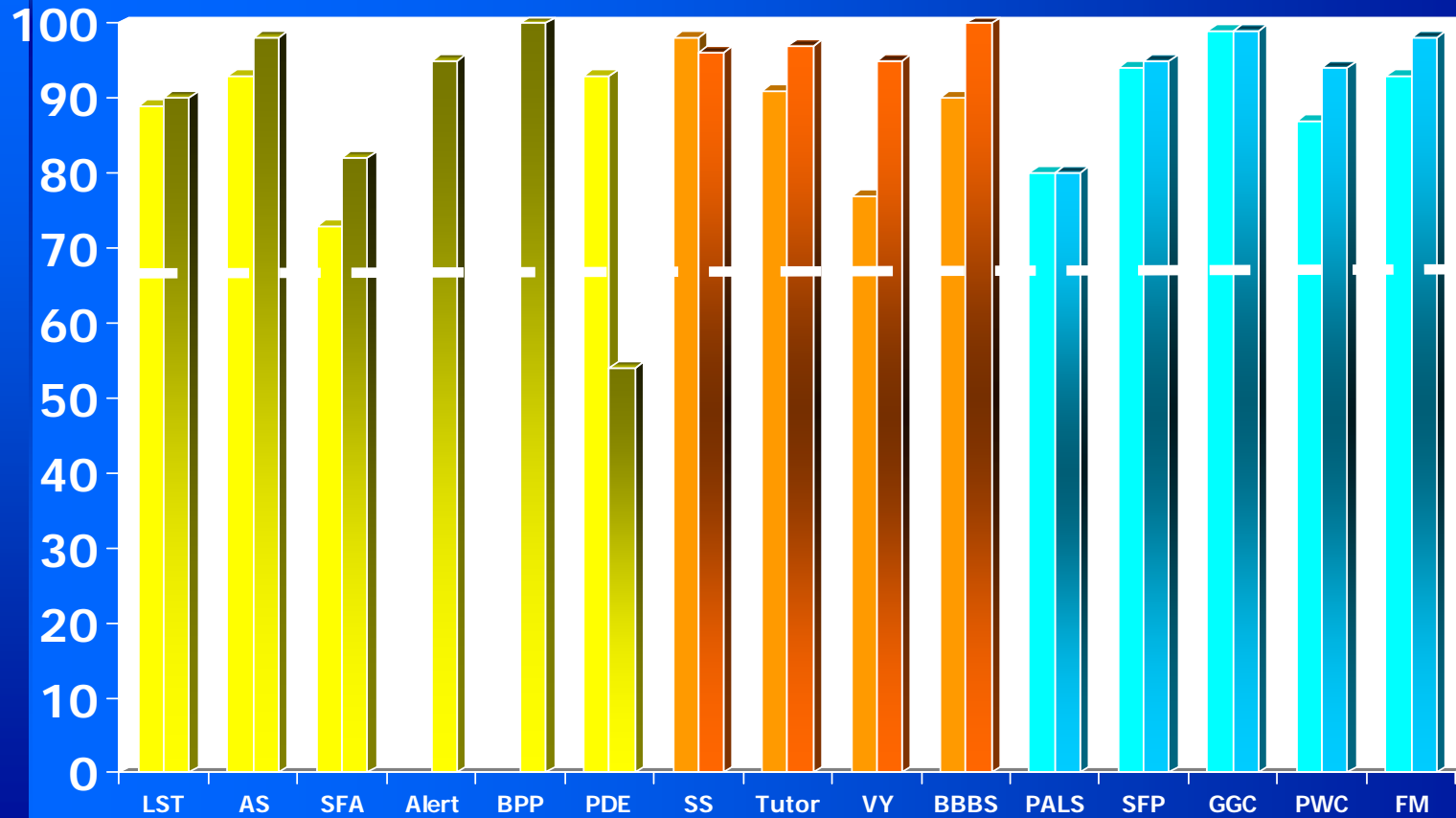
*Program funded through local resources in one or two communities

Adherence Rates

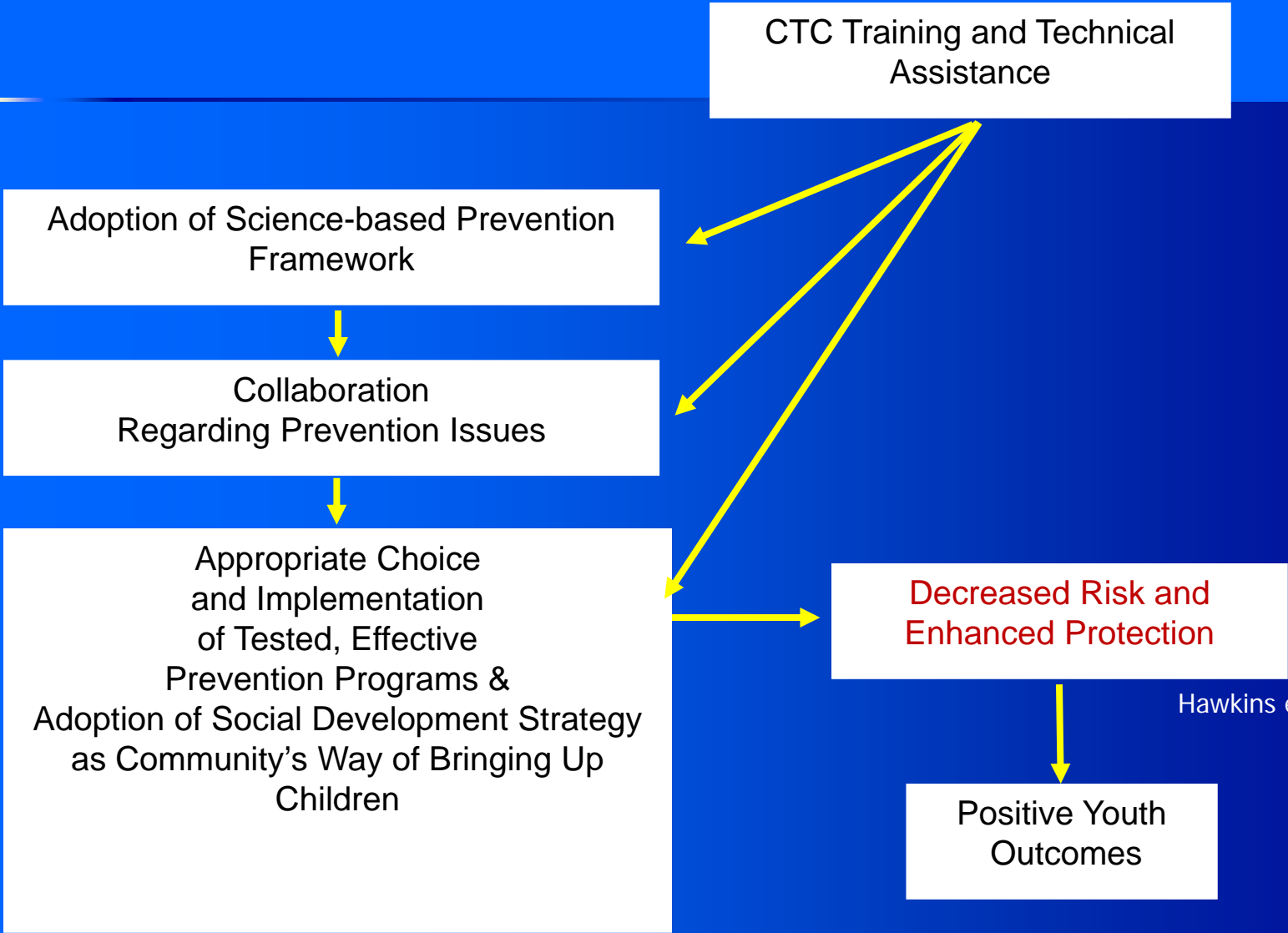
2004-05 and 2005-06 school years



Percentage of material taught or core components achieved



Communities That Care Theory of Change



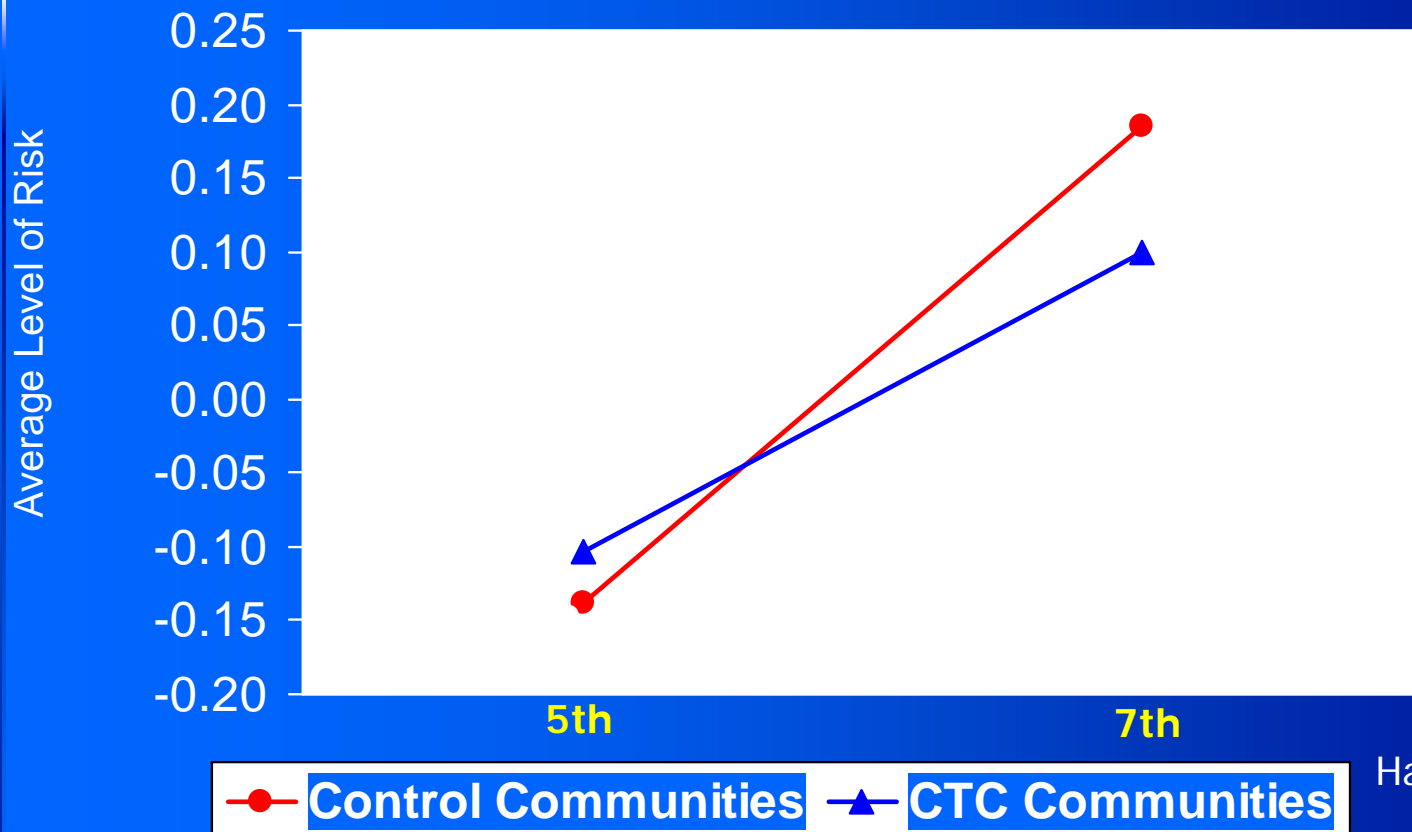
Hawkins et al., 2008

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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

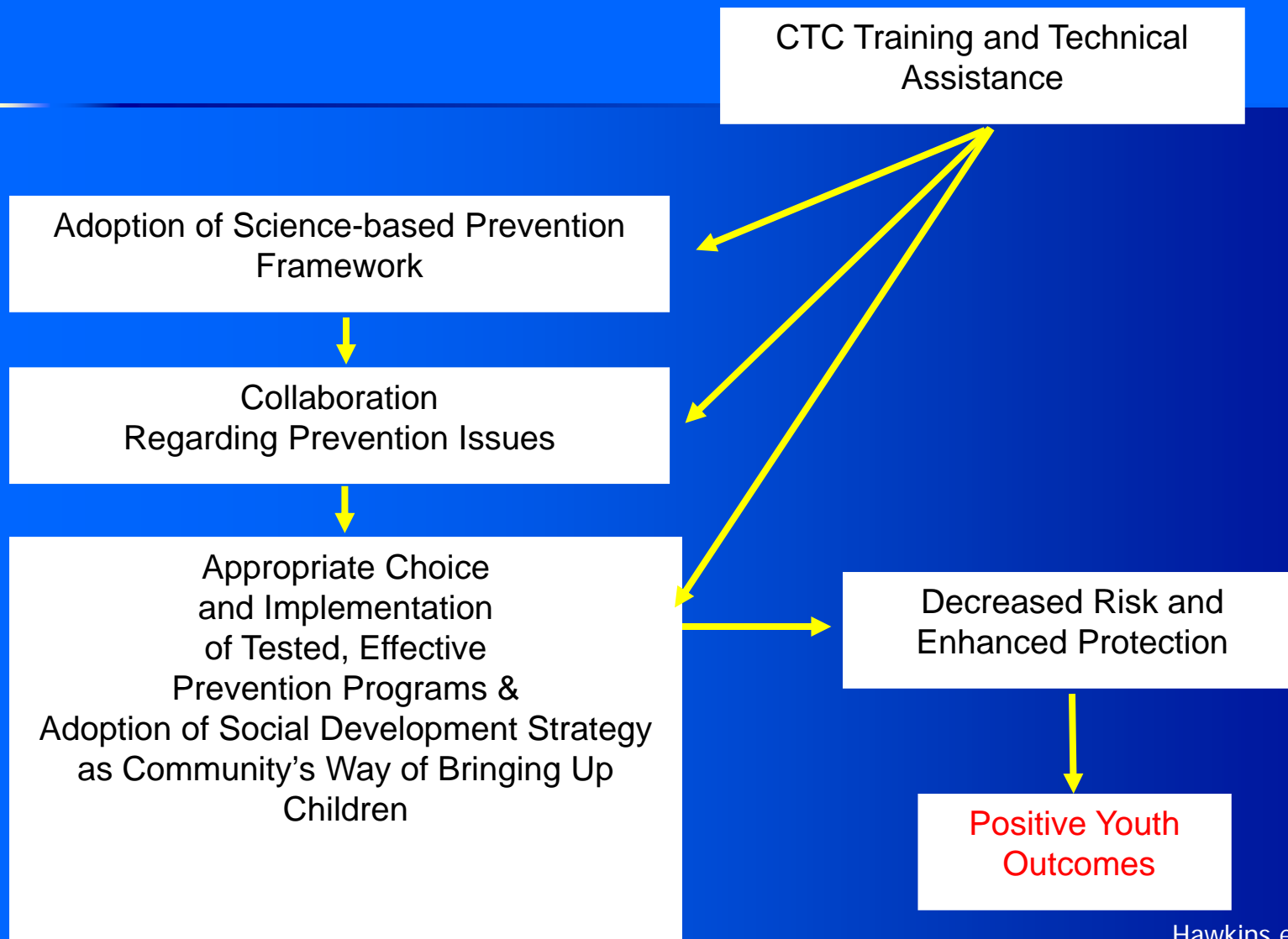
CTC Changed Prioritized Risk Factors for 7th Grade Population



Hawkins et al., 2008

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 5th grade students who had not yet initiated.

* = Significant at $p < .05$

Hawkins et al., 2009

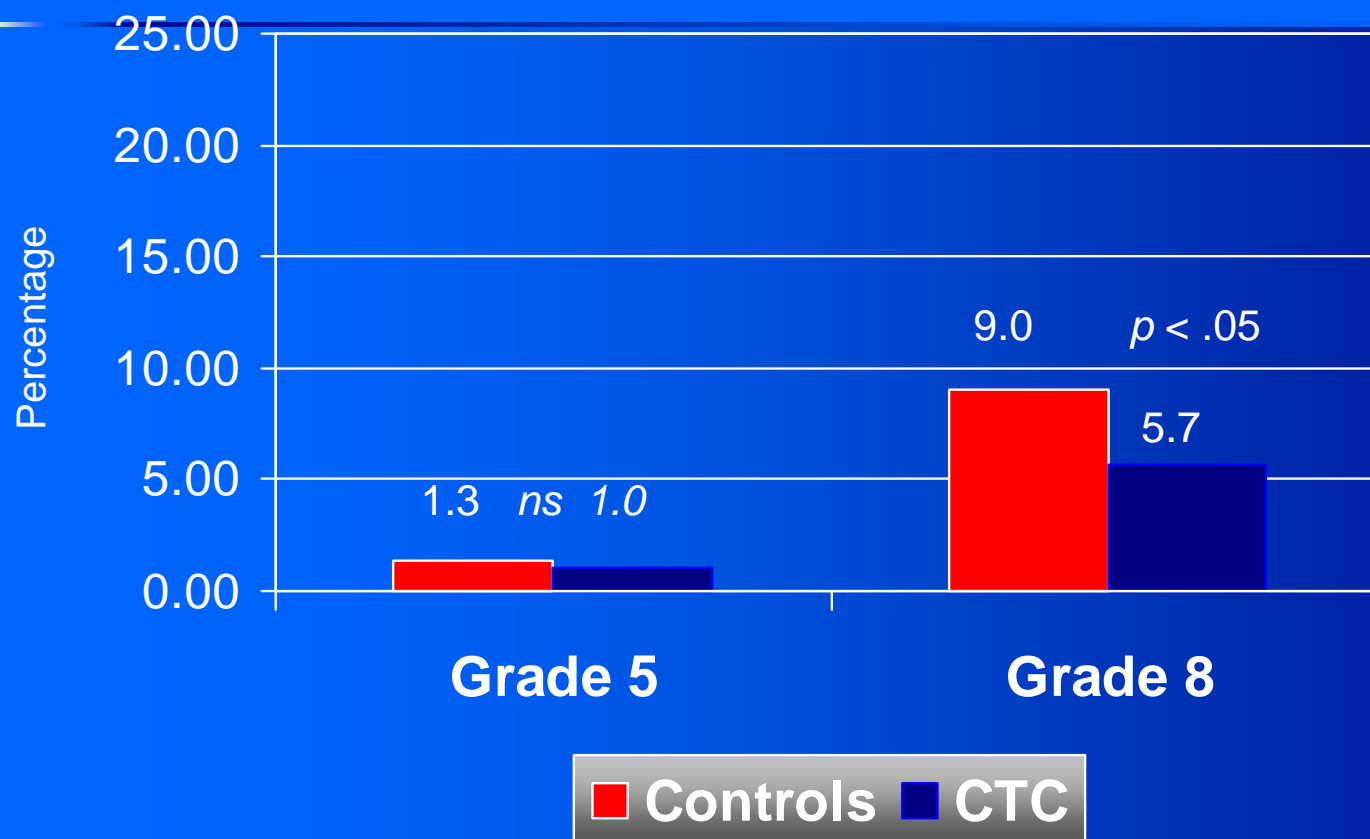
Effects of CTC on Current Drug Use and Delinquency in the Panel

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

*=significant at $p < .05$

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

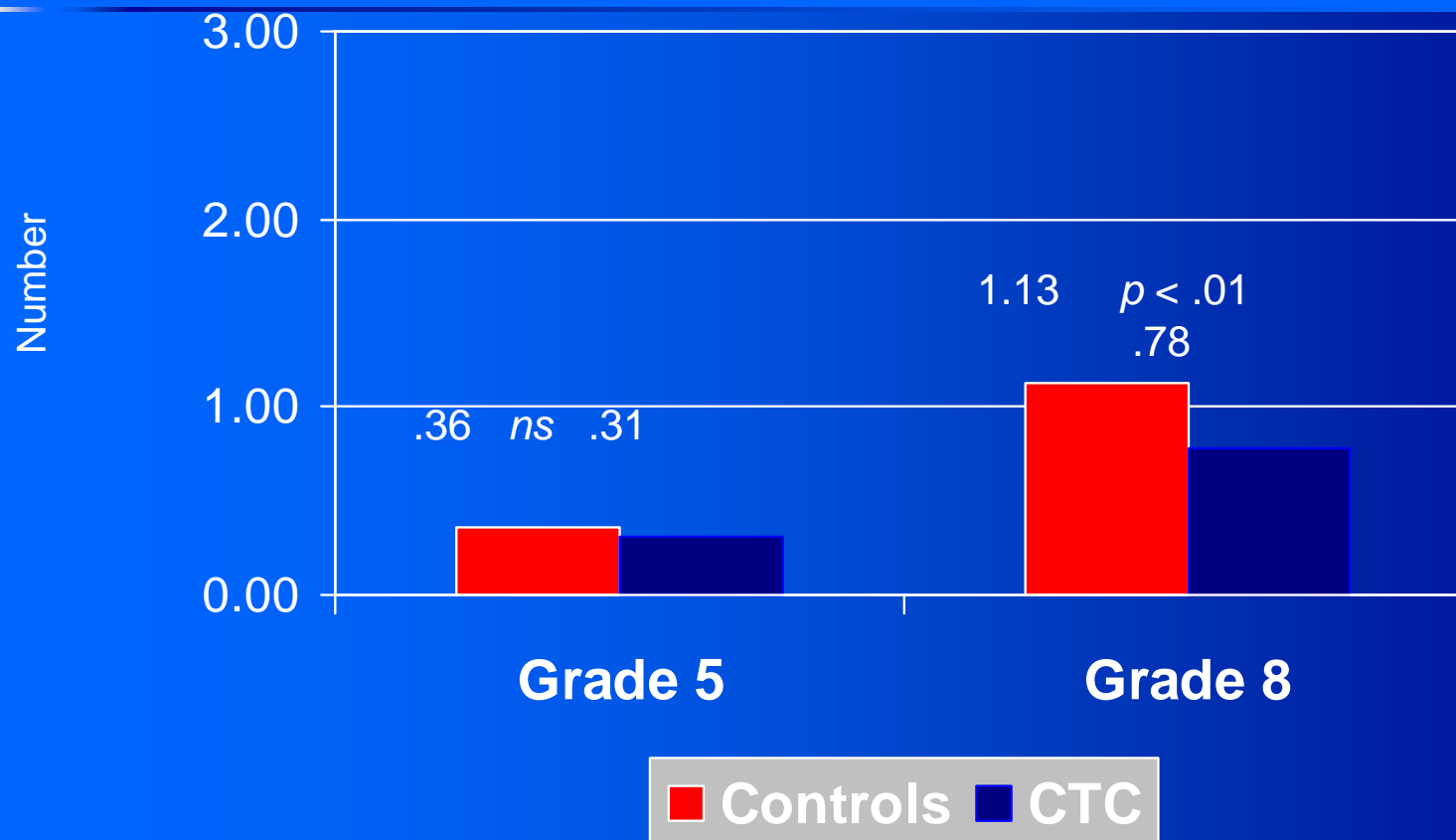


Note. Observed rates averaged across 40 imputations. ns = nonsignificant. $N = 4407$.

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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

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

<http://ncadi.samhsa.gov/features/ctc/>

NIDA Town Hall Meeting on CTC

<http://www.drugabuse.gov/newsroom/09/townhall.html>

Center for Substance Abuse Prevention Contact:

Patricia Getty, Ph.D.

Acting Director, Division of Systems Development

Center for Substance Abuse Prevention

patricia.getty@samhsa.hhs.gov


V

Communities That Care: What is required?

- ❖ Commitment of key leaders and community members
- ❖ Funding for a community coordinator
- ❖ Training in the CTC strategy
- ❖ Assessment/ survey every two years
- ❖ Funding for selected programs
- ❖ Training in selected programs
- ❖ Evaluation of implementation and outcomes
- ❖ Institutionalization requires
 - ❖ Monitoring and assessment system
 - ❖ Ongoing training and support for tested, effective actions

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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Richard F. Catalano, Ph.D.

Bartley Dobb Professor for the Study and Prevention of Violence
Director, Social Development Research Group

School of Social Work
University of Washington

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