

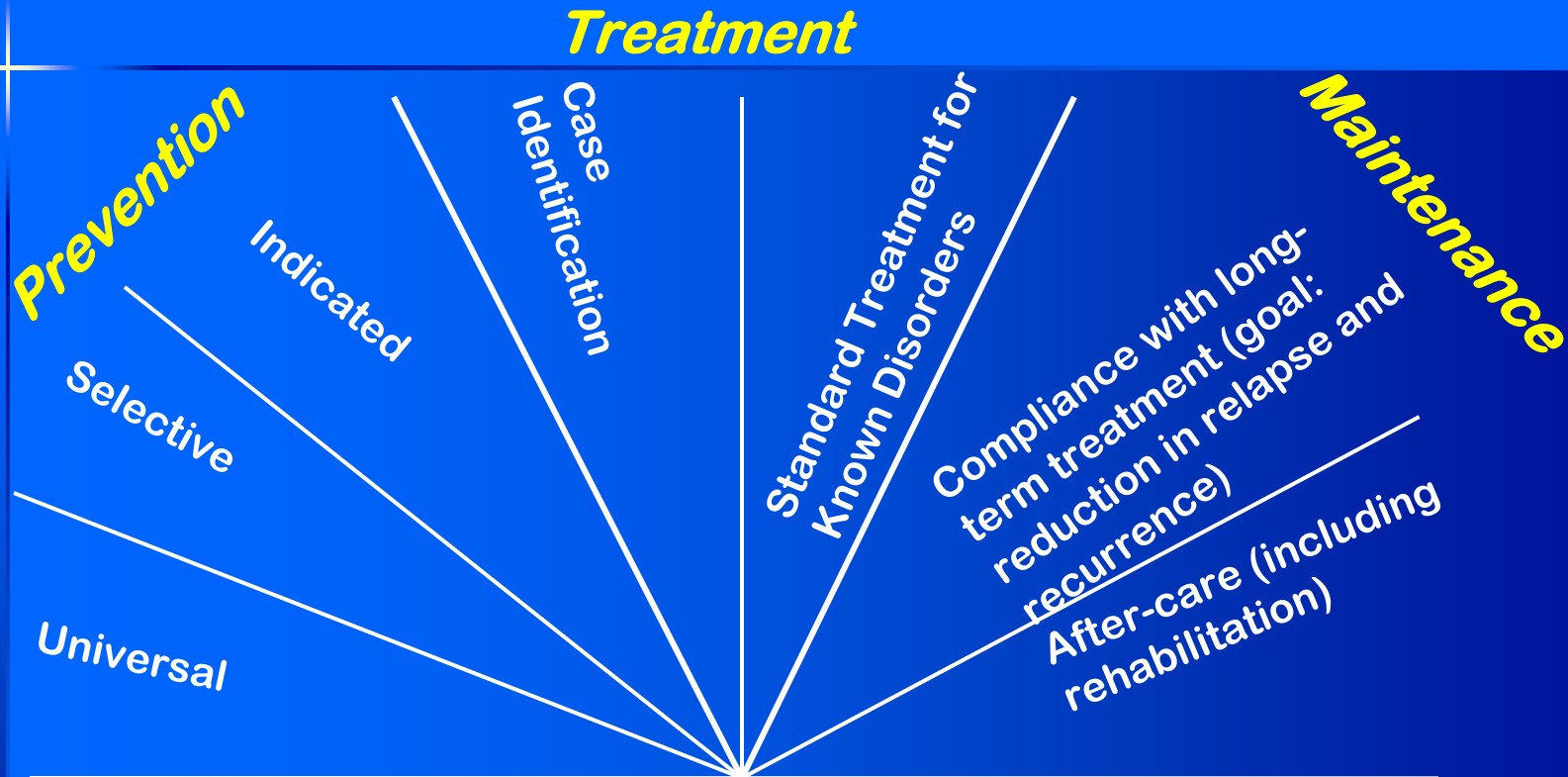
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Unite for Youth: The Future of Prevention  
Missoula Forum for Children and Youth  
Missoula, Montana  
September 23, 2009

## Research Advances in 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.sdrdg.org](http://www.sdrdg.org)

# Intervention Spectrum



Source: Institute of Medicine (1994). Reducing risks for mental disorders: Frontiers for preventive intervention research. Patricia J. Mrazek & Robert J. Haggerty, 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!

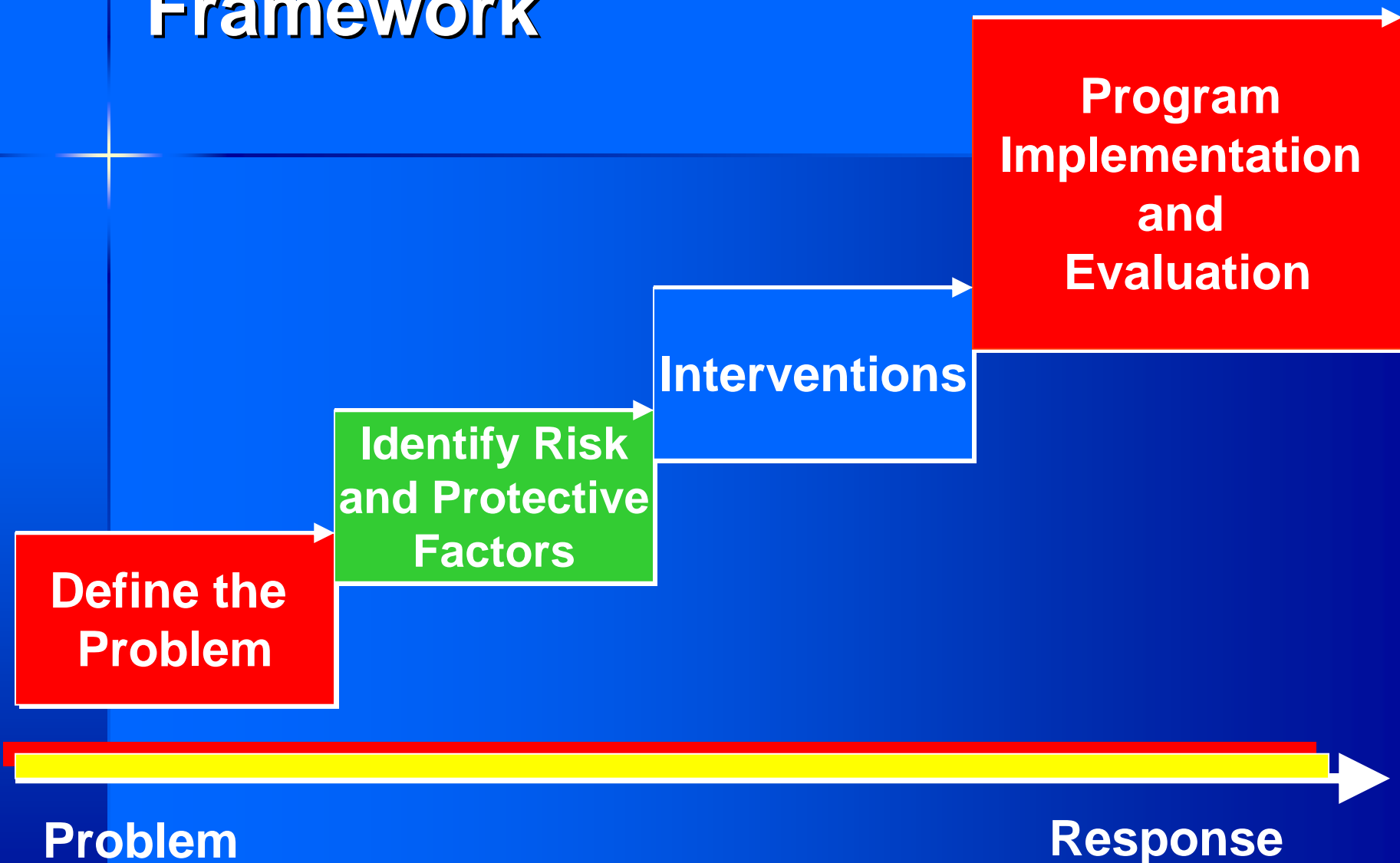


"LOOK DOWN THE ROAD."



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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.

# Research Advances in Prediction

- Longitudinal studies have identified the predictors of substance abuse, violence, and other problem behaviors...
- As well as the predictors of positive outcomes like success in school and work.



# 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	✓	✓			✓	✓

# The Social Development Strategy

The Goal...

**Healthy Behaviors**

...for all children and youth

Start with...

Healthy Beliefs and Clear Standards

...in families, schools, and peer groups

Build...

Bonding  
-Attachment  
-Commitment

...to families, schools, and peer groups

By providing...

Opportunities Skills Recognition

...in families, schools, and peer groups

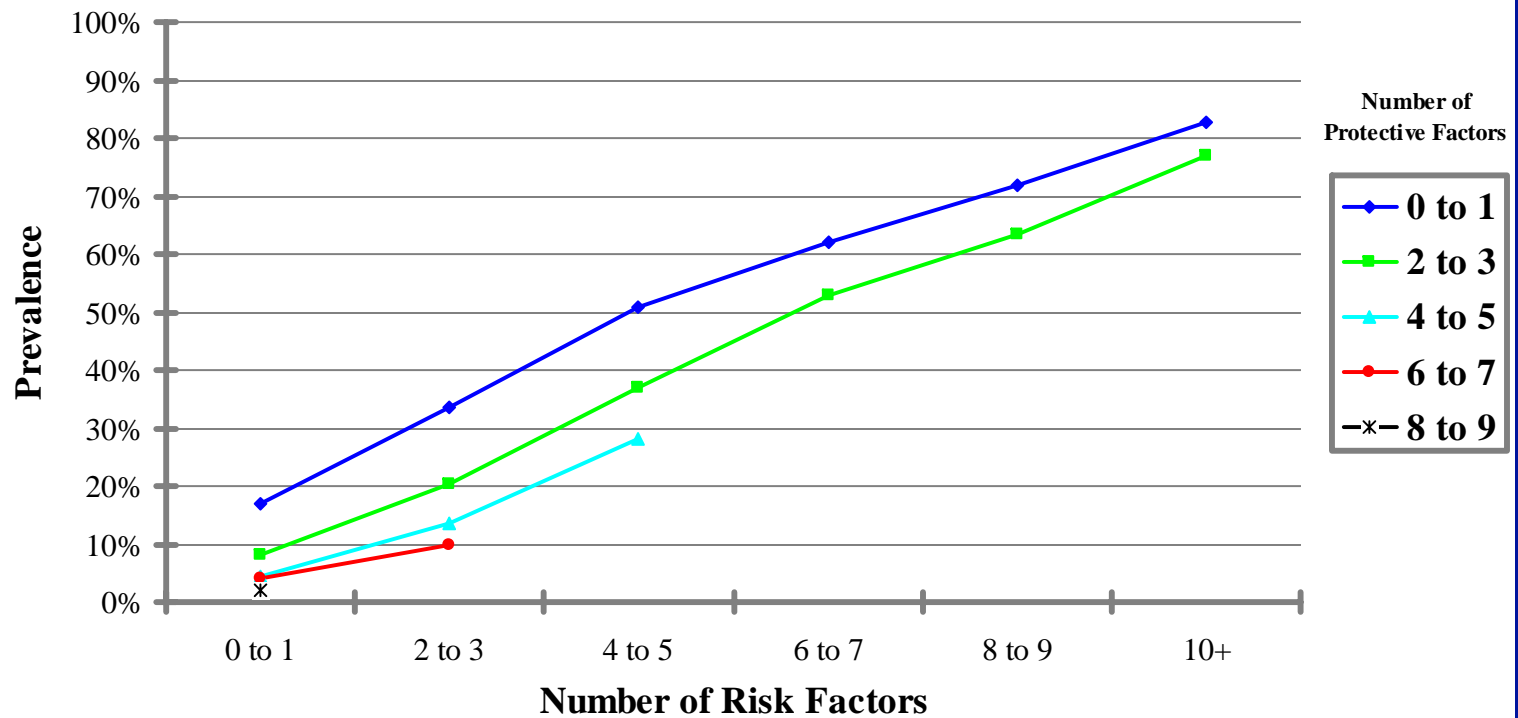
Be Aware of...

Individual Characteristics



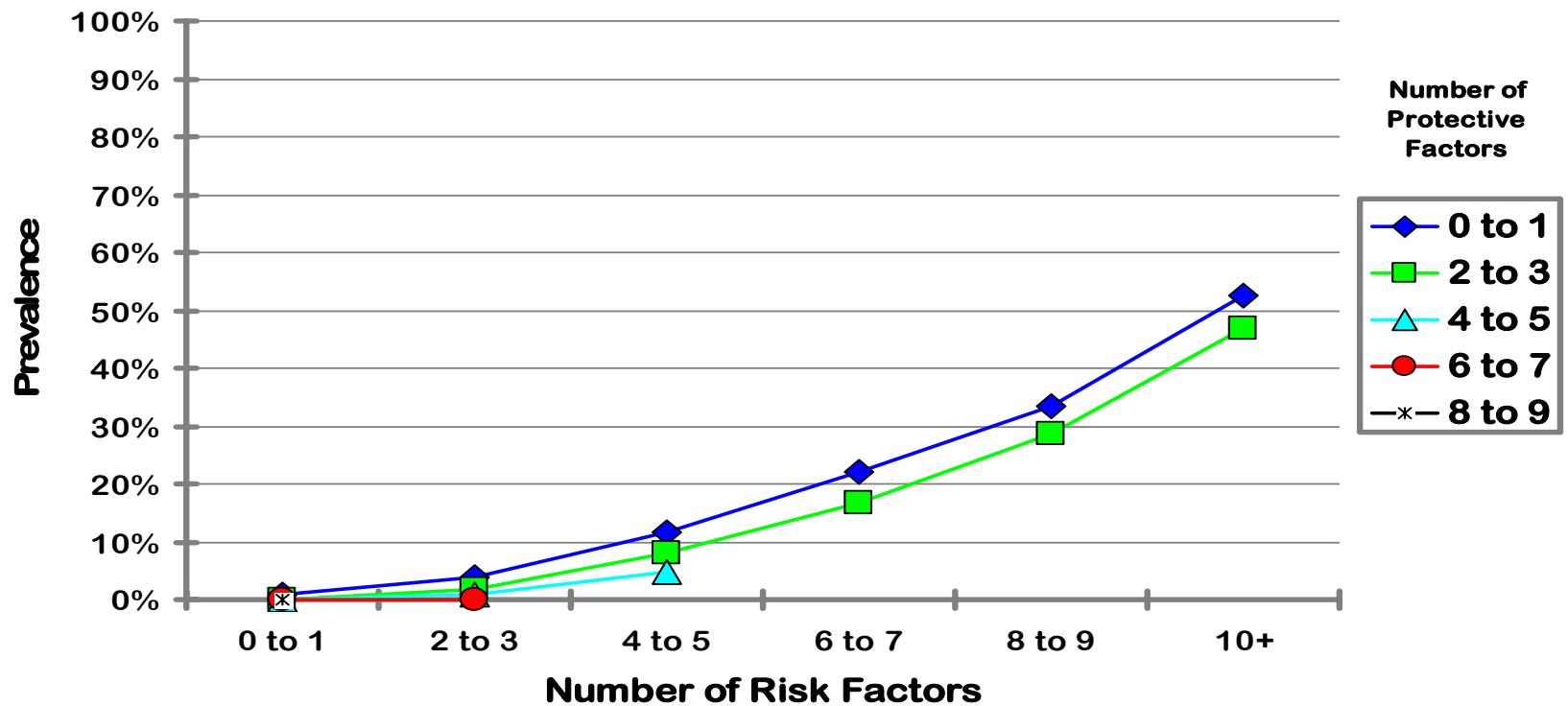
# Prevalence of 30 Day Alcohol Use by Number of Risk and Protective Factors

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



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

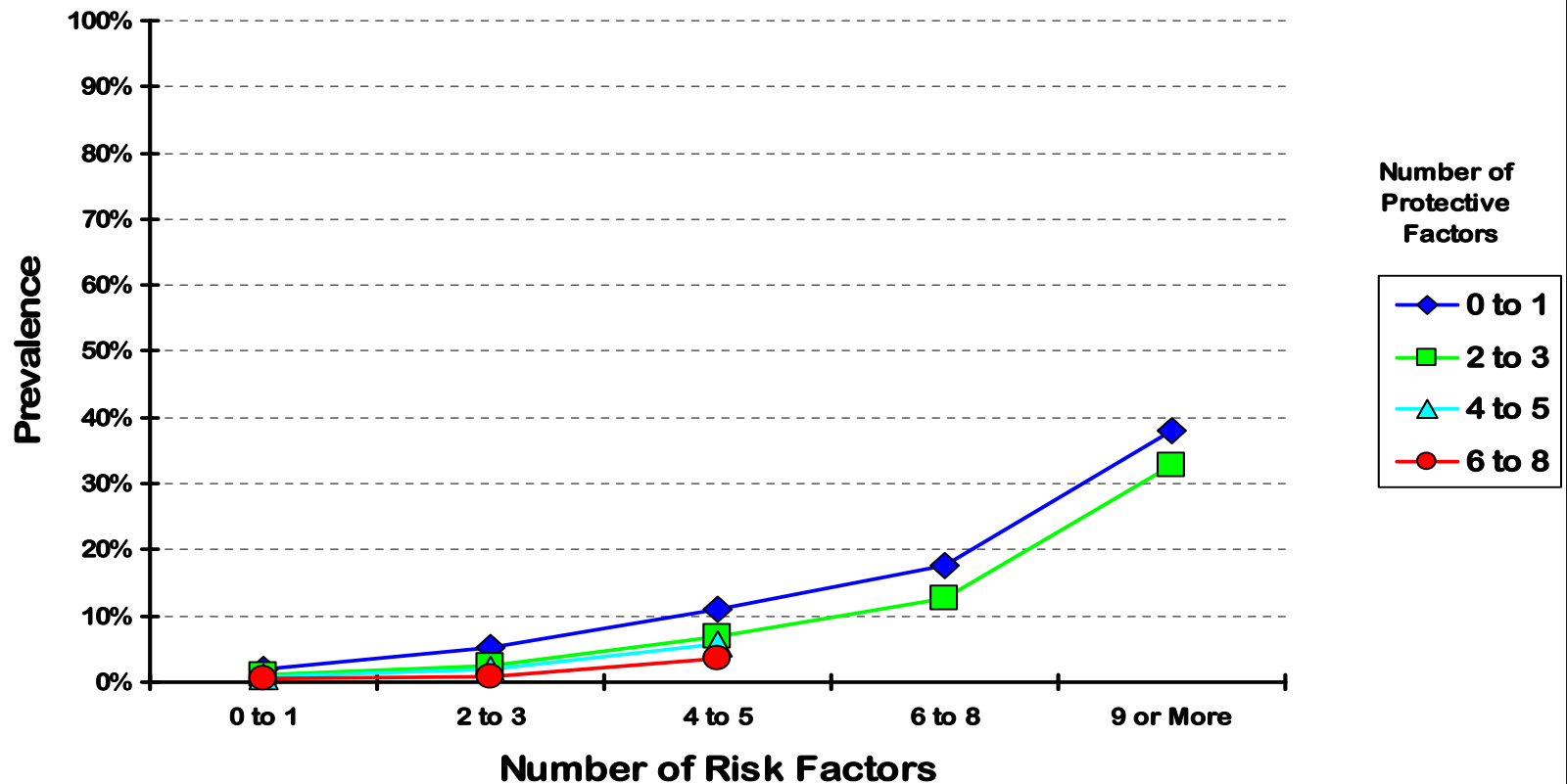
**Six State Student Survey of 6th-12th Graders,  
Public School Students**





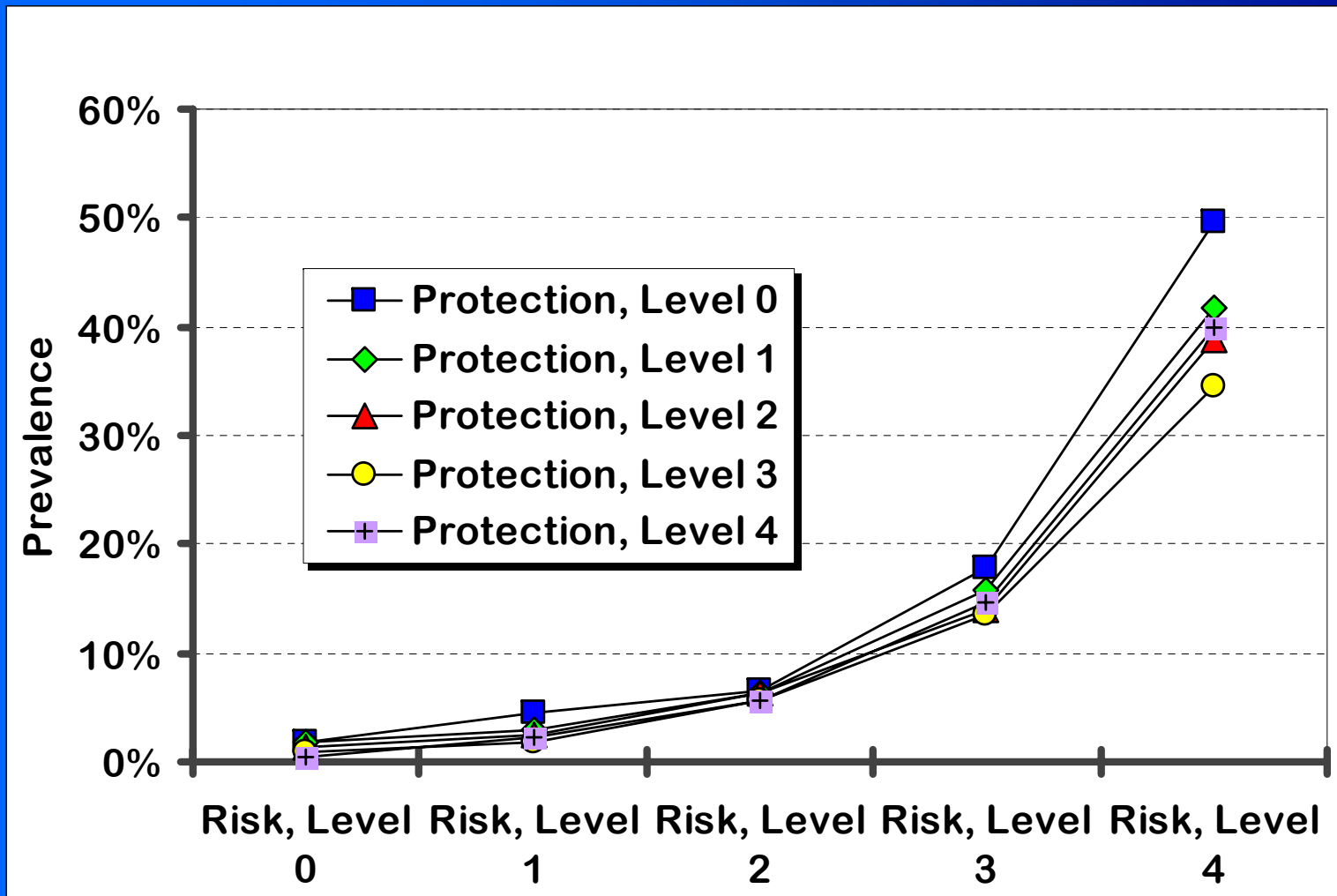
# Prevalence of Any Other Illicit Drug Use (Past 30 Days) By Number of Risk and Protective Factors

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

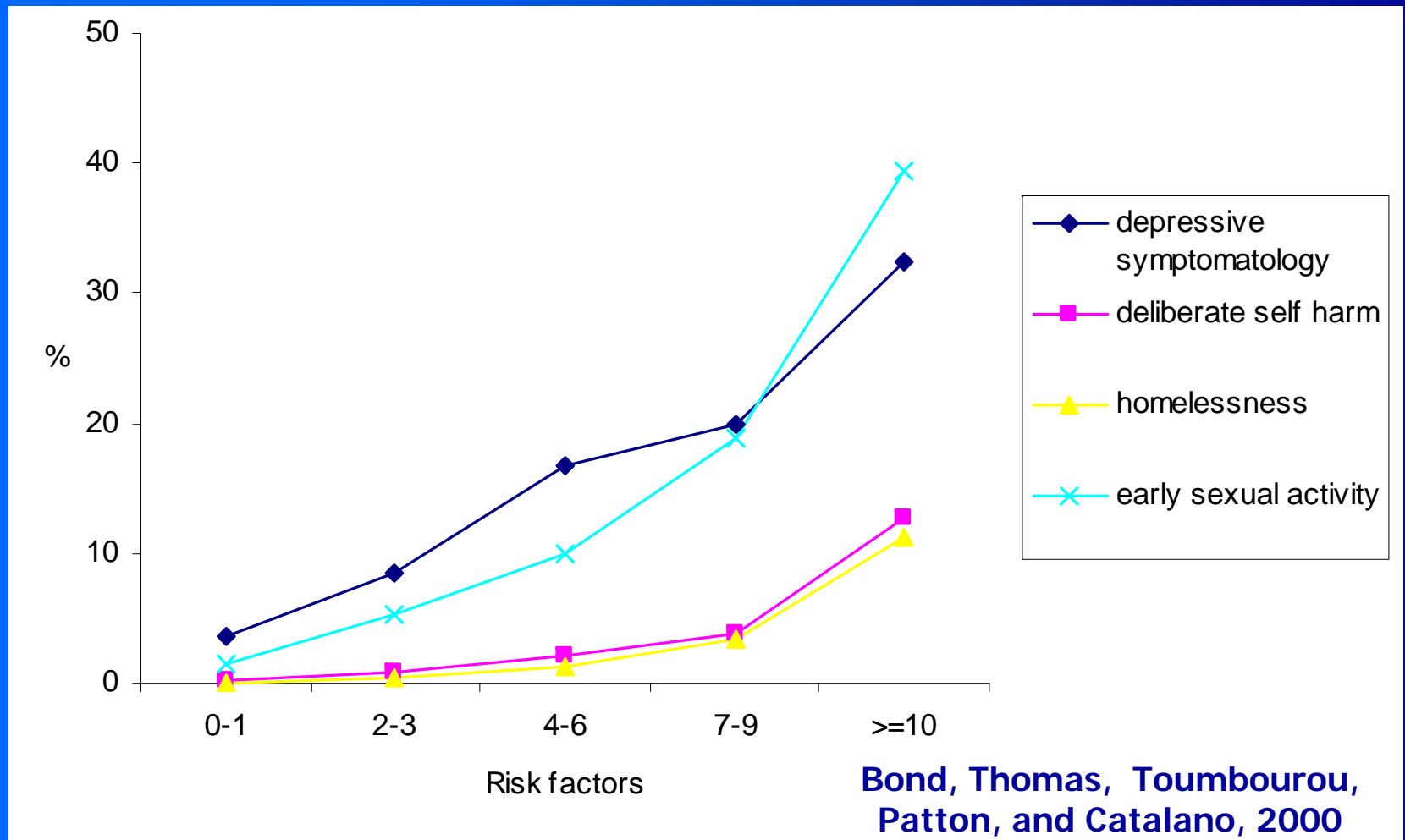




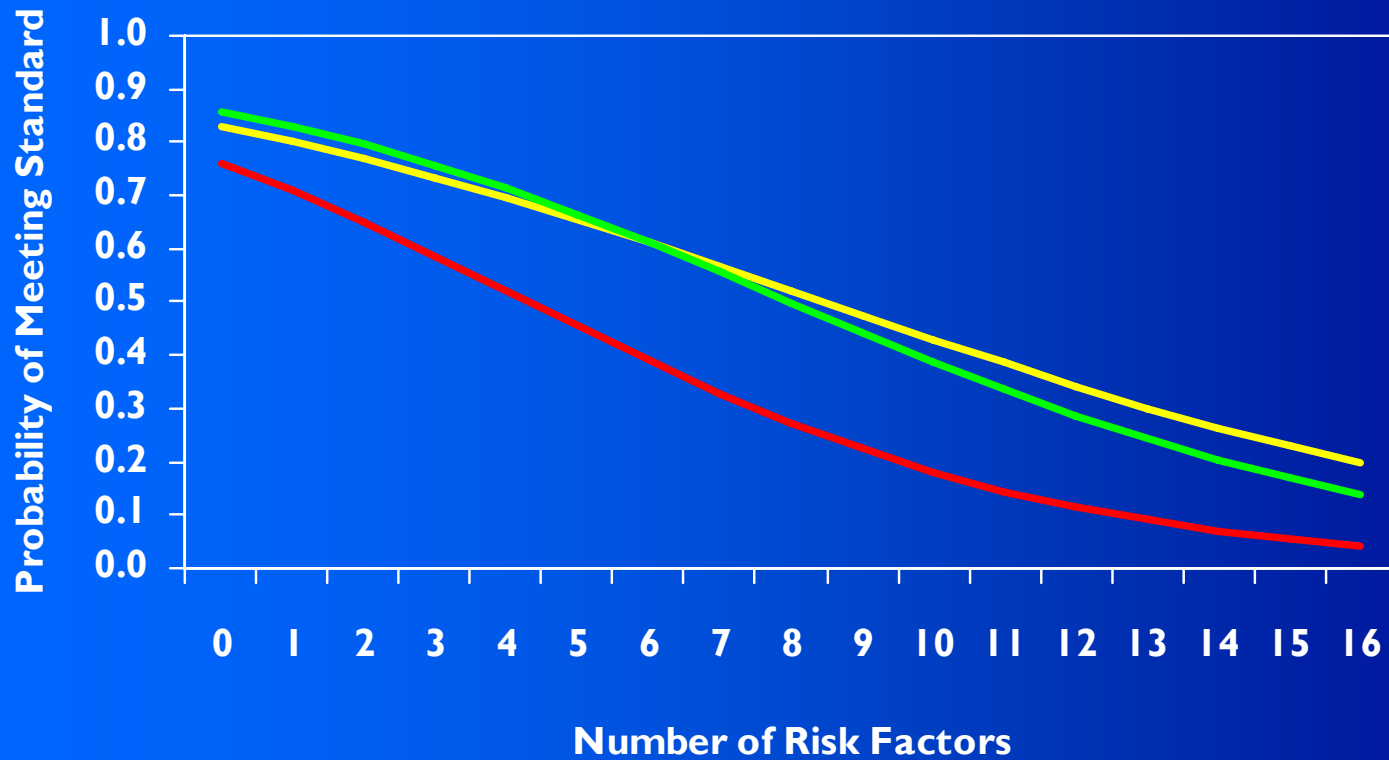
# Prevalence of "Attacked to Hurt" By Number of Risk and Protective Factors



# Prevalence of Other Problems by Number of Risk Factors

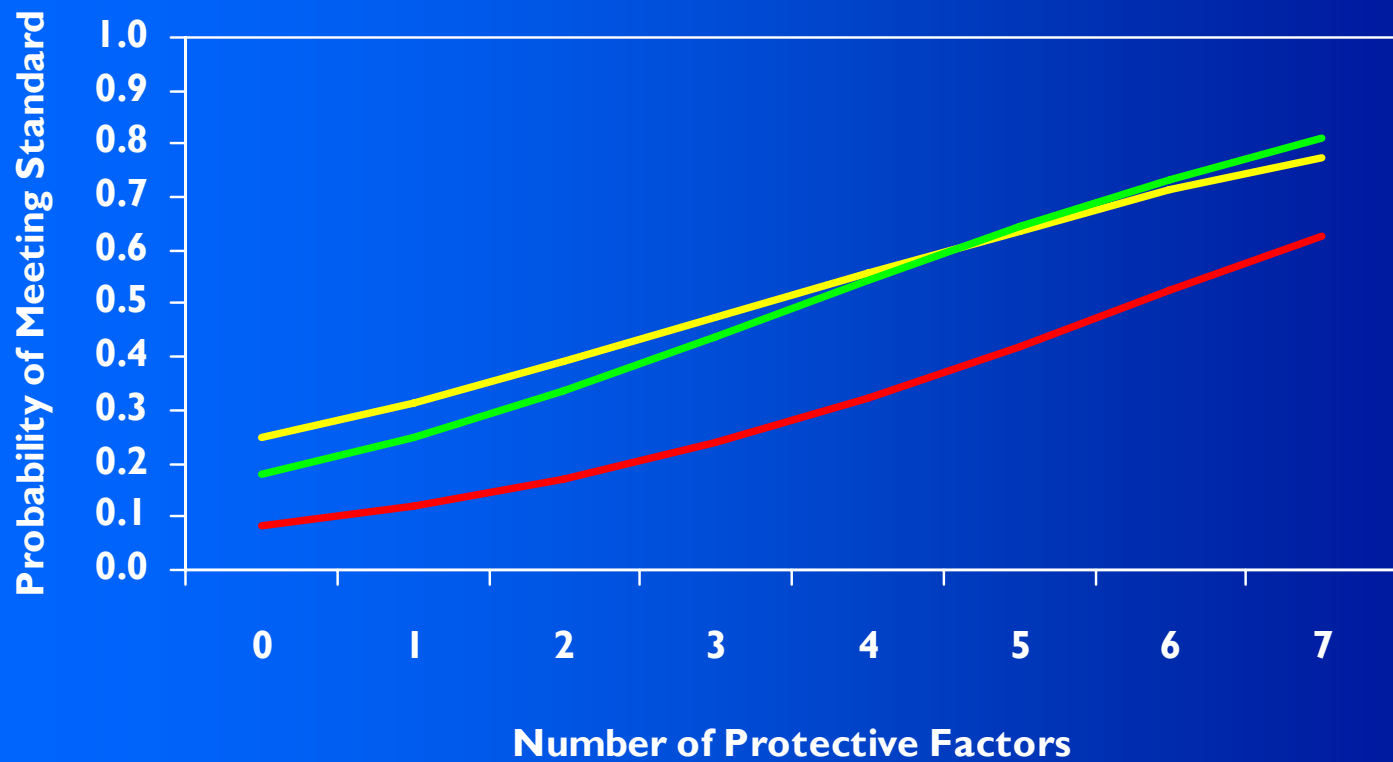


# Number of School Building Risk Factors and Probability of Meeting WASL Standard (10<sup>th</sup> Grade Students)



— Math — Reading — Writing

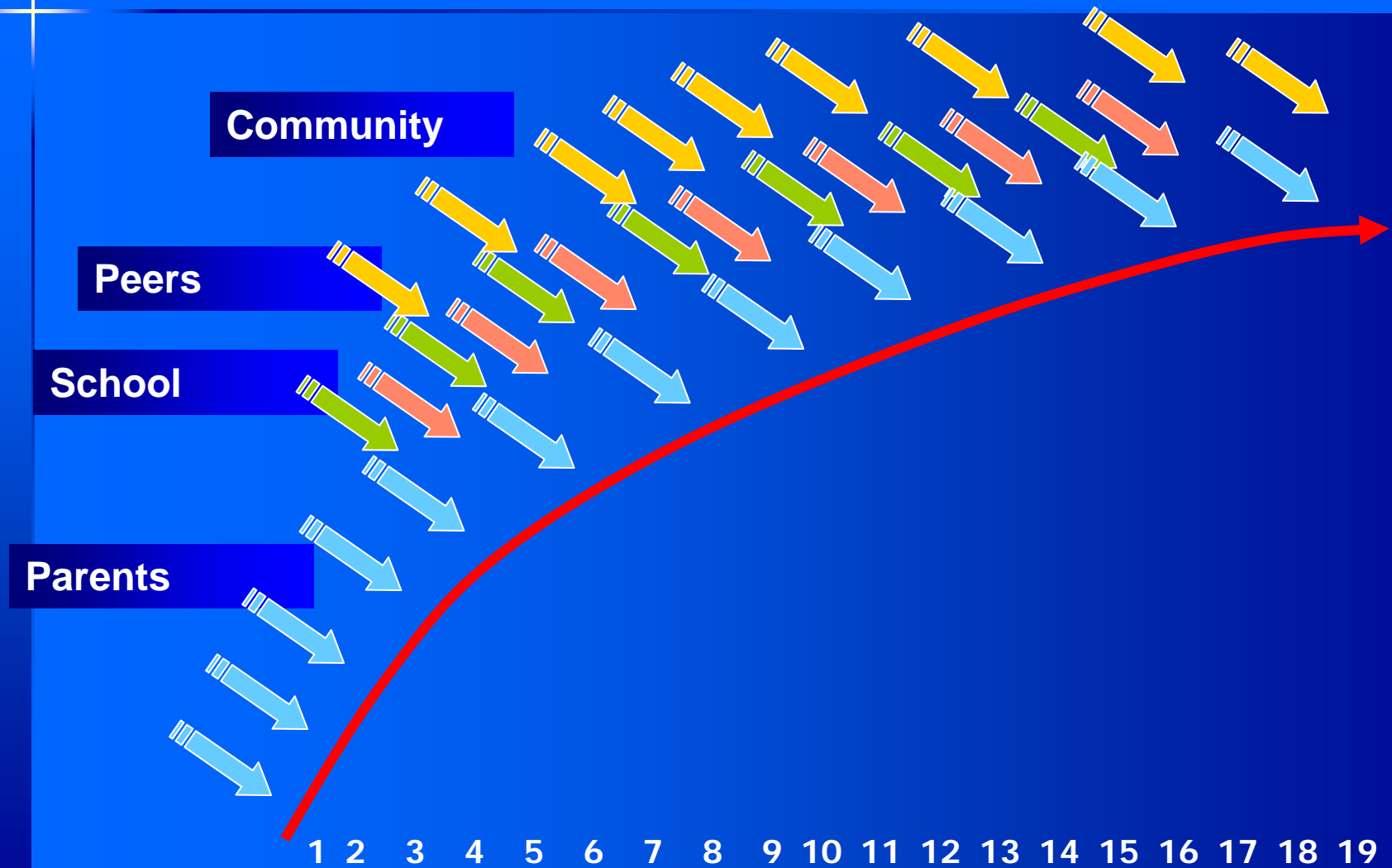
# Number of School Building Protective Factors and Probability of Meeting WASL Standard (10<sup>th</sup> grade students)



— Math — Reading — Writing

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# Factors Shaping Child and Adolescent Development



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# FS Snowstorm: Extended Exposure to Norms Favorable to Problem Behavior Through Early Developmental Challenges without Protection

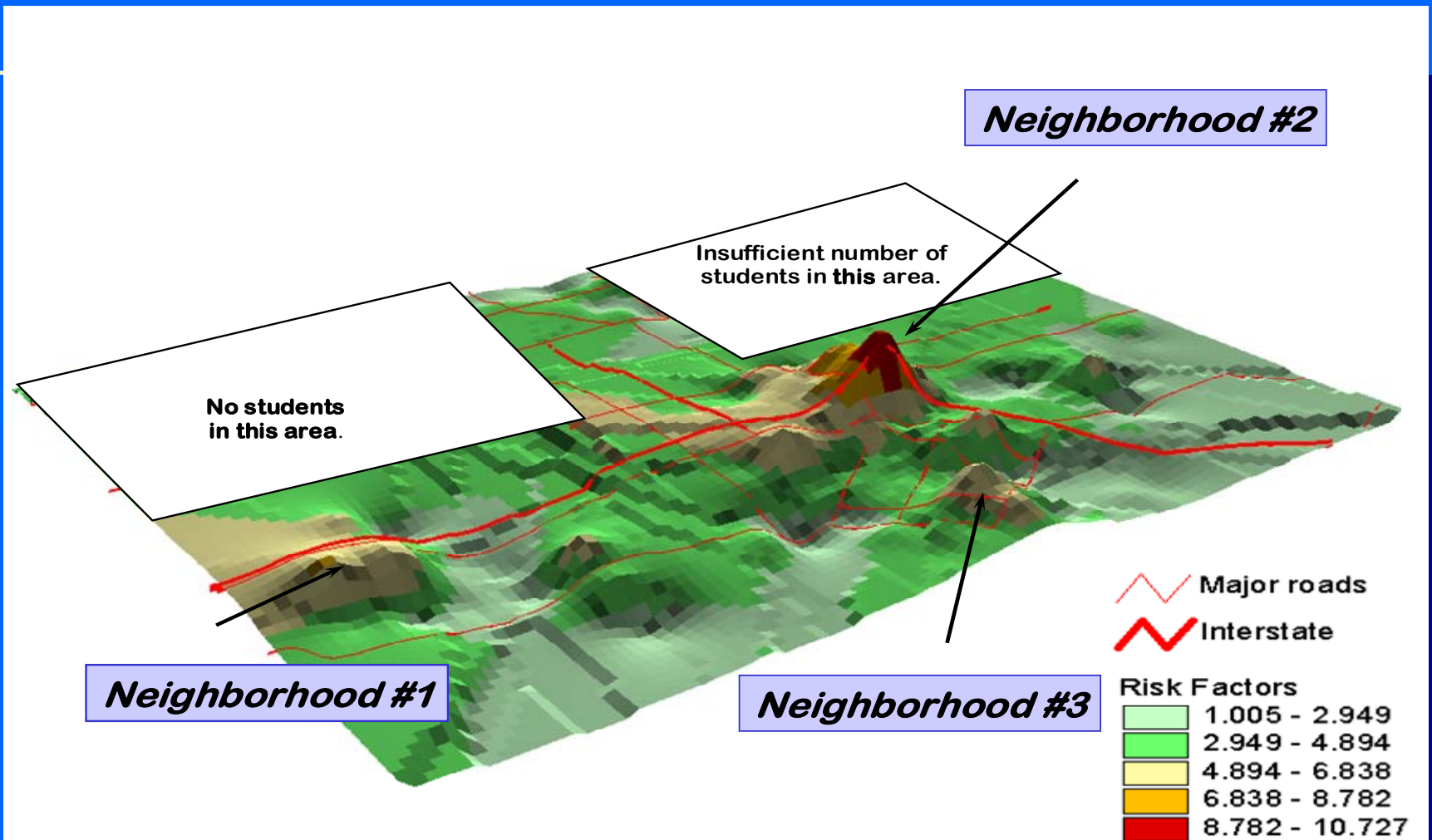


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# Epidemiology

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

# Distribution of Risk in a City

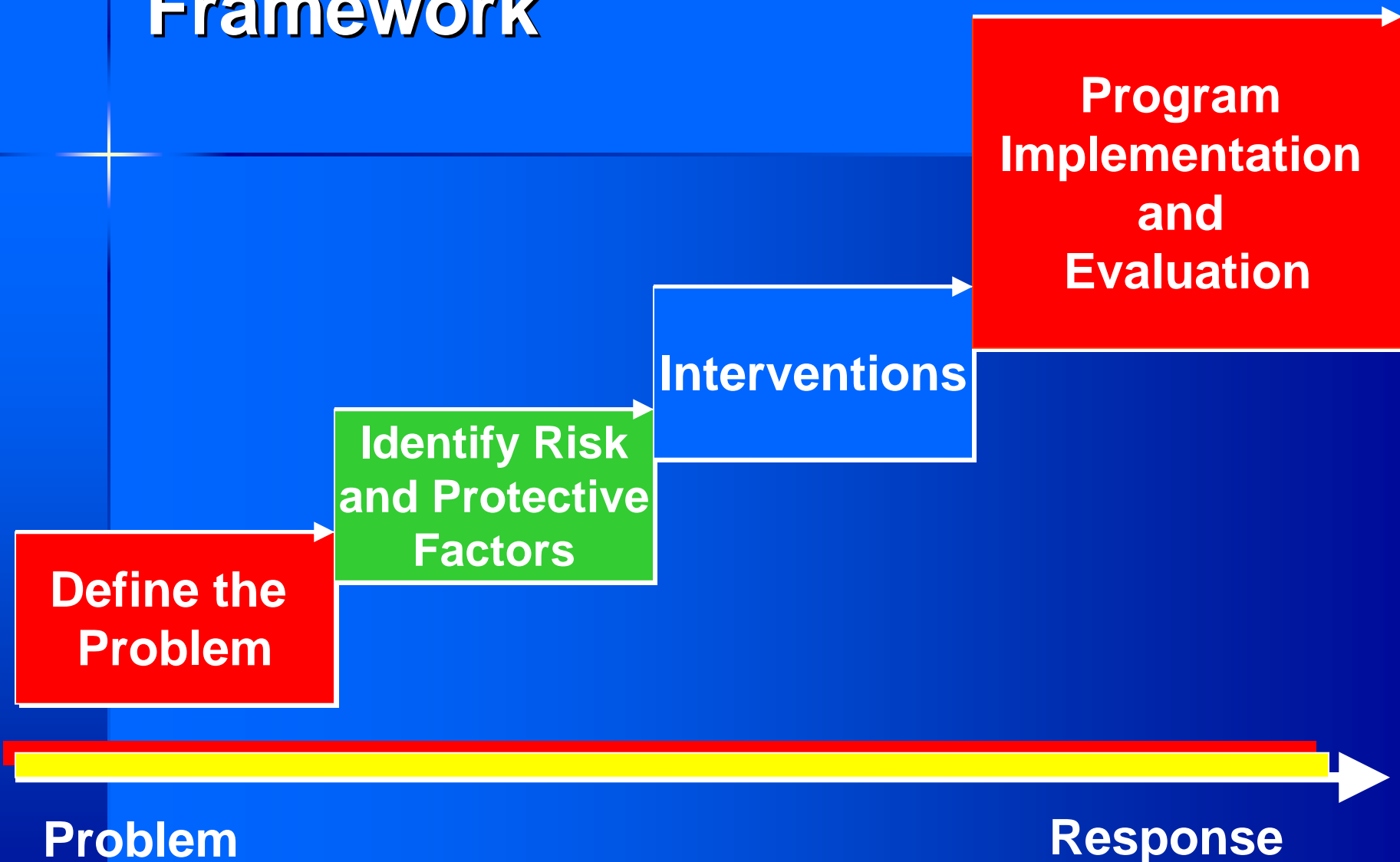


# What We Now Know About Risk and Protective Factors

- 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

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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.

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- 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

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# Benefits and Costs of Prevention and Early Intervention Programs for Youth

*Steve Aos, Associate Director*

Washington State Institute for Public Policy

Phone: (360) 586-2768

E-mail: [saos@wsipp.wa.gov](mailto:saos@wsipp.wa.gov)

**Institute Publications: [www.wa.gov/wsipp](http://www.wa.gov/wsipp)**

# Selected Findings

## Summary of Benefits and Costs (2003 Dollars)

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





# Developmental Prevention: An Example

Improving Parenting Practices

# Why Involve Families in Prevention of Problem Behavior?

- Parents want their children to be successful
- Children want to discuss important issues with their parents throughout development
- Many risk and protective factors can be affected by family action
- Parenting programs have shown impact on risk and protective factors
- Parenting programs have shown impact on increased positive development and reduced problem behavior

# Parent Training Primary School

- The Incredible Years: Parents, Teachers and Children's Videotape Series (Webster-Stratton and Reid, 1999;)
- Guiding Good Choices<sup>®</sup> (Spoth et al., 1998)
- Focus on Families (Catalano et al., 1999; 1997)

# Parent Training Secondary School

- Adolescent Transitions Program (Dishion and Andrews, 1995)
- Parents Who Care (Haggerty et al., 2008)
- Family Matters (Bauman et al., 2001)
- Guiding Good Choices (Spoth et al., 1998)
- The Iowa Strengthening Families Program (Spoth, 1998)
- Focus on Families (Catalano et al., 1999; 1997)
- Parenting Wisely (Kacir and Gordon (1997)

# Criteria for Effective Prevention Programs for Parents

- Address risk and protective factors which can be changed by family action
- Developmentally appropriate to age of child
- Understand the family culture of the groups to be engaged
- Empower parents to decide whether and how to apply the program
- Use skills training methods for teaching skills
- Create a parent peer network

# Guiding Good Choices<sup>®</sup> (GGC) Historical Development

- 1984 –Part of the Seattle Social Development Project
- 1987—Television enhanced recruitment test
- 1990-94—Tested in several states (Oregon, Kansas, Illinois, West Virginia) and in ethnic minority communities (Harachi et al., 1997)
- 1991-present—Randomized trial in Iowa to examine long- term effects
- 1998-Dissemination test through satellite downlink

# GGC Theoretical Base

- Social Development Strategy
  - Bonding
    - Opportunities
    - Skills
    - Recognition
  - Healthy Beliefs and Clear Standards
- Risk Reduction
  - Family management problems
  - Family conflict
  - Favorable attitudes toward use by parents and kids
  - Early initiation
  - Friends who Engage in Problem Behaviors

## GGC Content

- **Five 2 hour sessions led by 2 workshop leaders:**
  1. **Getting Started:** How to prevent drug abuse in your family
  2. **Setting Guidelines:** How to develop a family policy about drug use.
  3. **Avoiding Trouble:** How to say no to drugs.
  4. **Managing Conflict:** How to control and express your anger.
  5. **Involving Everyone:** How to strengthen family bonds.

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# Project Family

*Rural Family and Community Drug Abuse Prevention Project*

**Richard Spoth, Principal Investigator**

**Cleve Redmond, Co-Investigator**

**Chungyeol Shin, Co-Investigator**

Iowa State University

Partnerships in Prevention Science Institute

**J. David Hawkins, Principal Investigator**

**Kevin P. Haggerty, Project Manager**

**Rick Kosterman, Research Analyst**

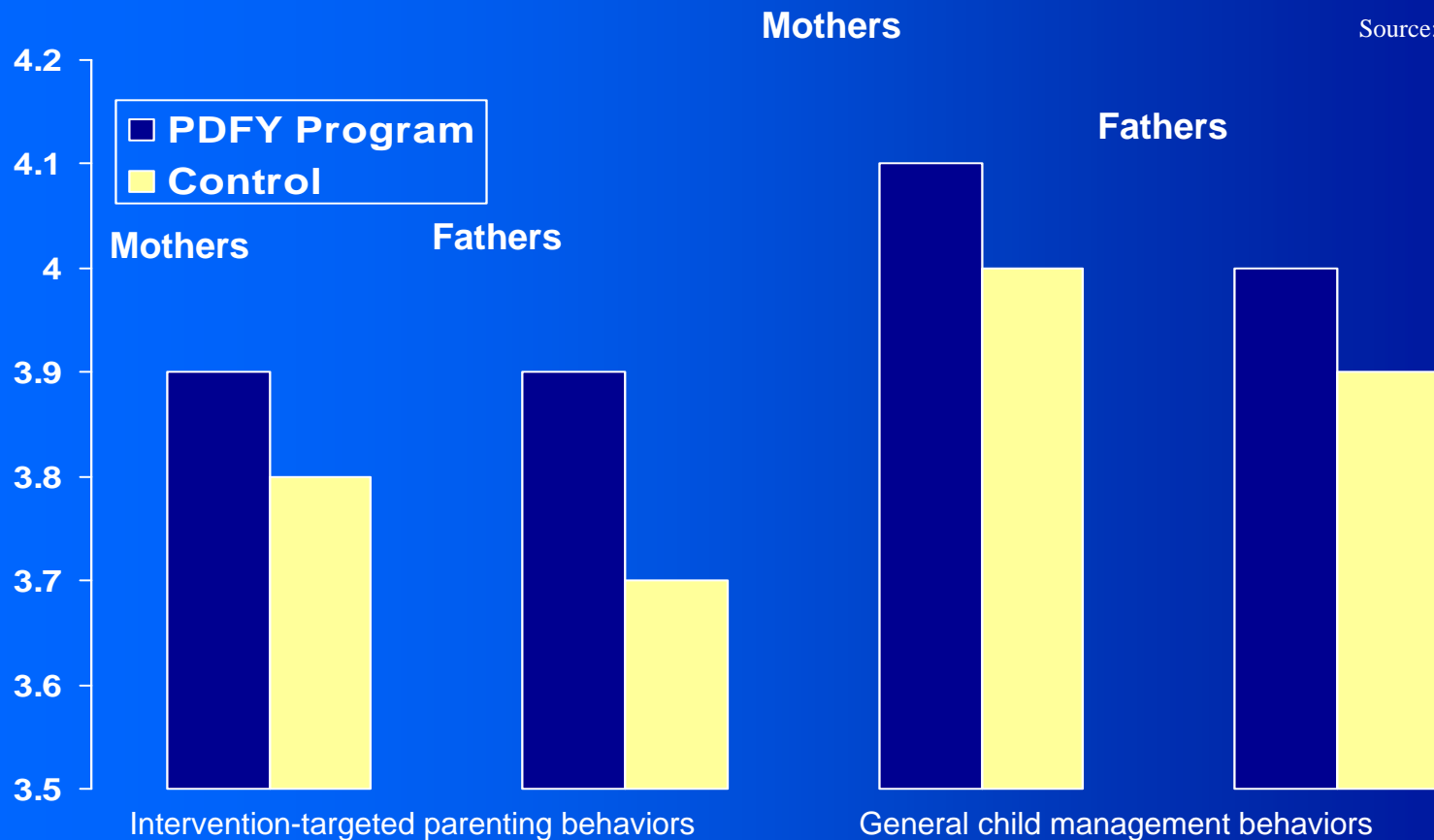
**W. Alex Mason, Research Analyst**

University of Washington

Social Development Research Group

# GGC Changed Parenting Behaviors

Figure 4: PDFY and Control Group Improvements in Parenting Outcome Means, by Experimental Conditions

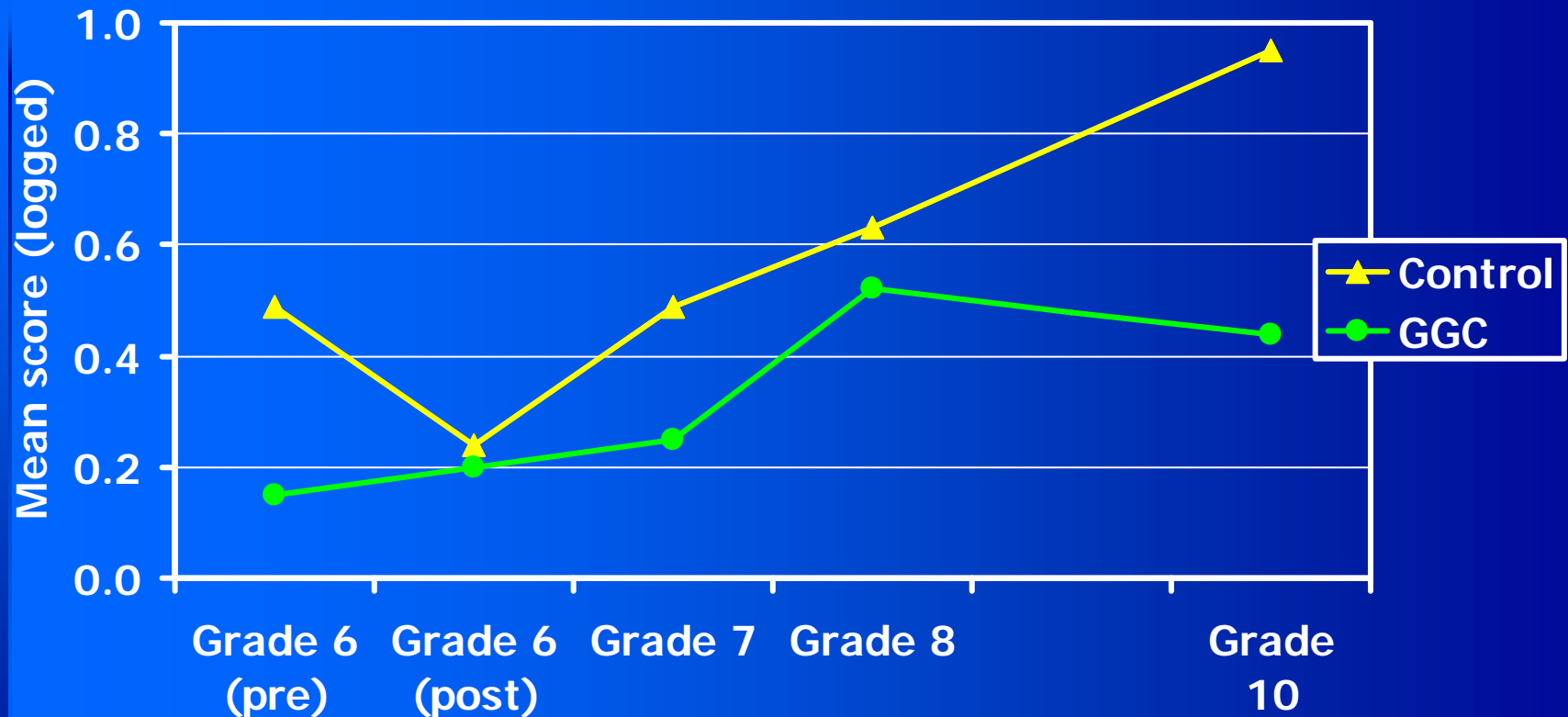


Source: Spoth et al., 1995

# GGC Reduced Problem Behaviors

- Reduced Growth in Substance Use (Mason et al., 2003)
- Reduced Growth in Delinquency (Mason et al., 2003)
- Reduced Depression (Mason et al., 2007)

# GGC Reduced Growth in Substance Use through Grade 10



# GGC Saves Money

An independent cost-benefit analysis estimated that GGC would return **\$11.07** in benefit for every dollar invested.



Outcomes examined: substance abuse, crime, education, child abuse/neglect, teen pregnancy, public assistance.

From Aos, Lieb, Mayfield, Miller, & Pennucci (2004) *Benefits and costs of prevention and early intervention programs for youth*. Olympia: Washington State Institute for Public Policy.

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# For More Information . . .

- *[www.channing-bete.com](http://www.channing-bete.com)*

# Conclusions from GGC

- In the elementary years parents can make a demonstrable difference that lasts through high school.
- Increasing opportunities, skills and recognition in the family during the elementary grades can put children on a positive developmental path.

# 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.

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

## What Boosts Implementation Fidelity?

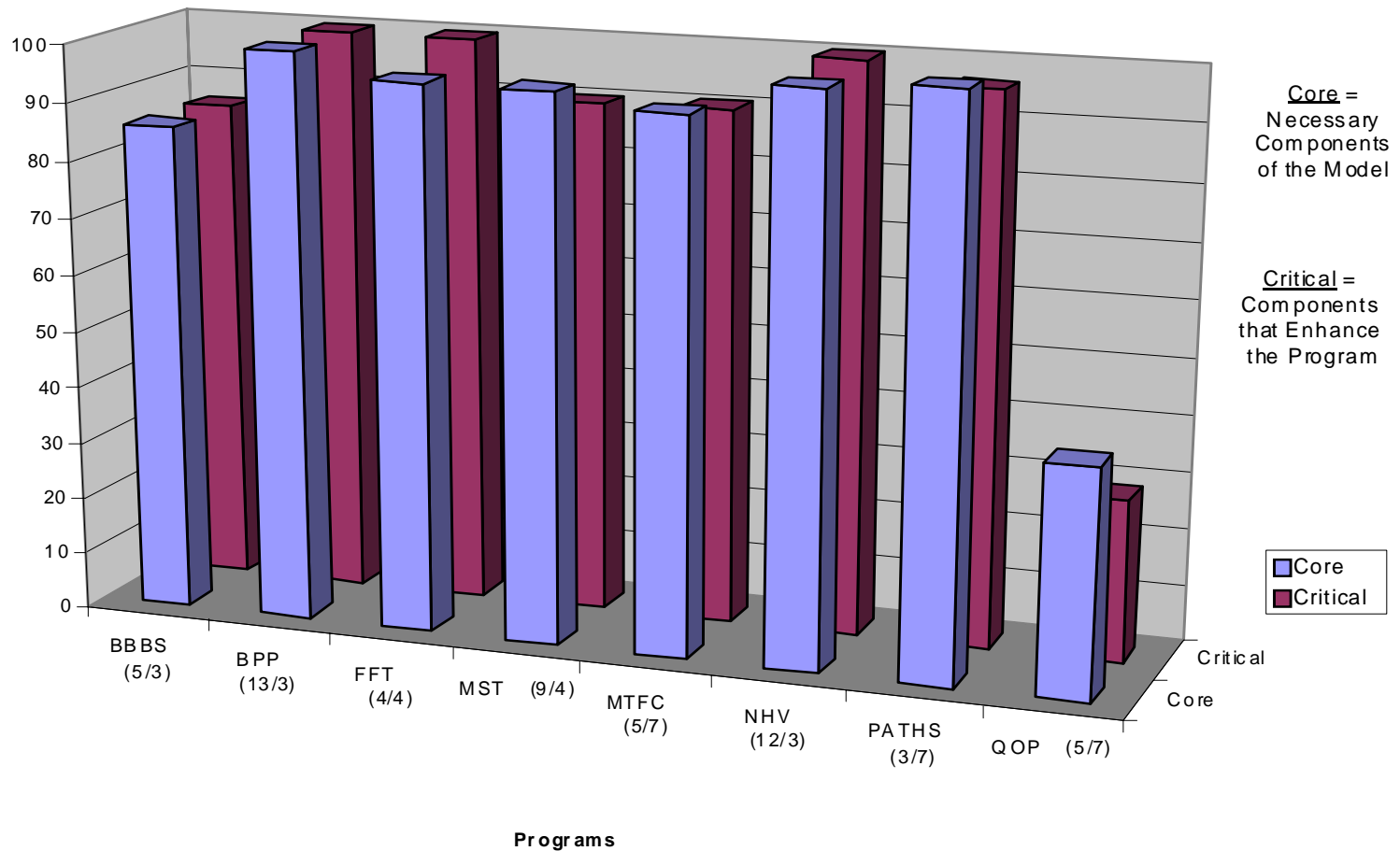
- Published material including manuals, guides, curricula.
- Certification of trainers.
- High quality, readily available technical assistance.
- Dissemination organization committed to distribution and delivery of tested program.
- Data monitoring system to provide feedback on implementation fidelity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



# With these Elements in Place 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 practice” or usual practice
- Tested, effective programs require training, technical assistance, and monitoring to be delivered with fidelity
- Achieving population-wide outcomes

# History of Models for Achieving the Vision of Science Informing Practice-Early Models



- **Scientists know best-Experts inform communities what to do**
- **Communities know best-Providing resources to support community coalitions without a structure or process**



# History of Models for Achieving the Vision of Science Informing Practice-More Recent Models



- Mutual self interest, collaboratively identifying, generating and testing potential solutions to locally relevant social problems
- Providing the skills and tools for community decision making
  - Education and tools to empower communities to become advocates for tested, effective programs to meet their needs



# Communities That Care (CTC) 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



# CTC Tools for Decision Making

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

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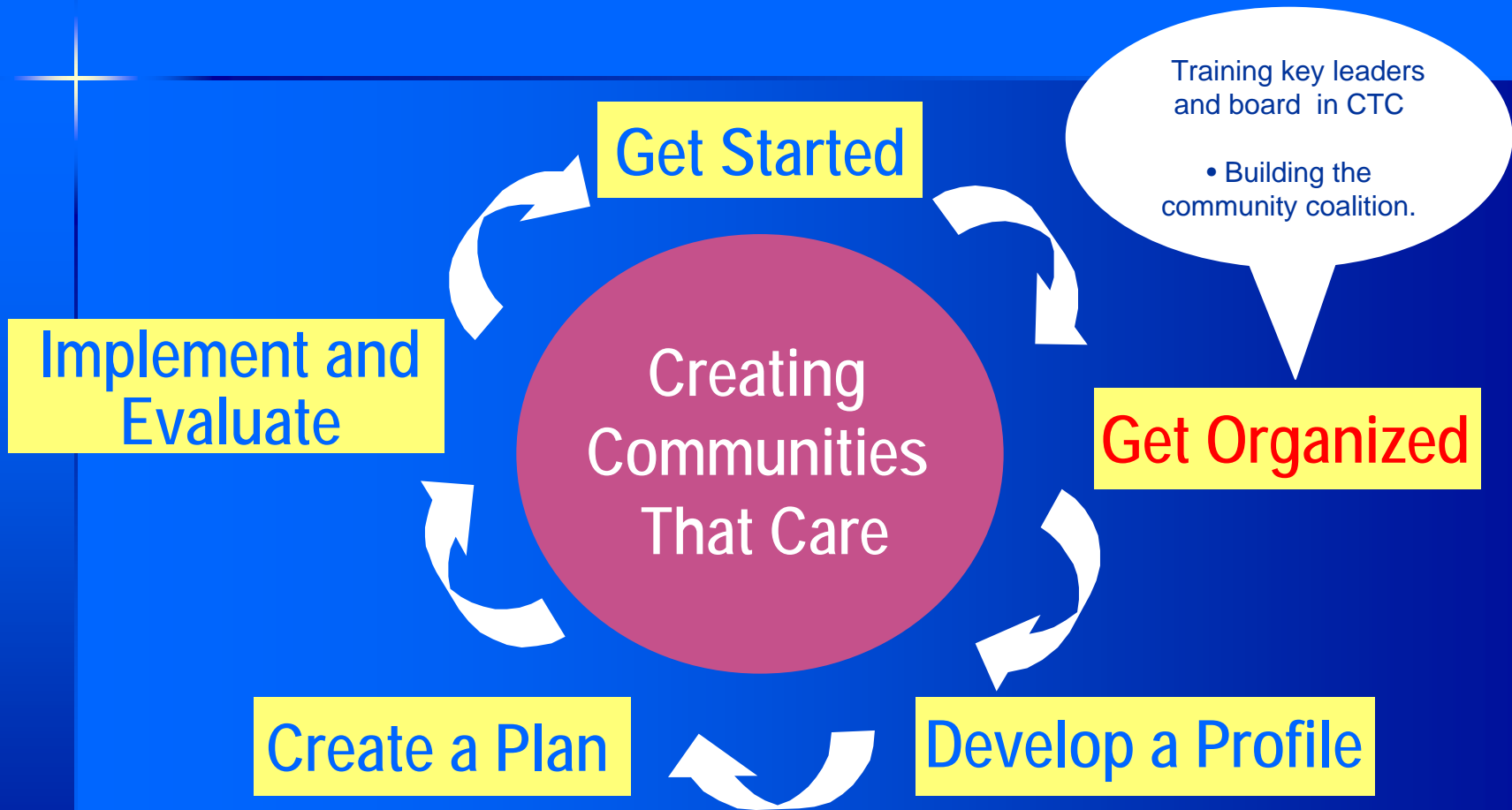
# The *Communities That Care* Operating System



# The *Communities That Care* Operating System



# The *Communities That Care* Operating System



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# The *Communities That Care* Operating System



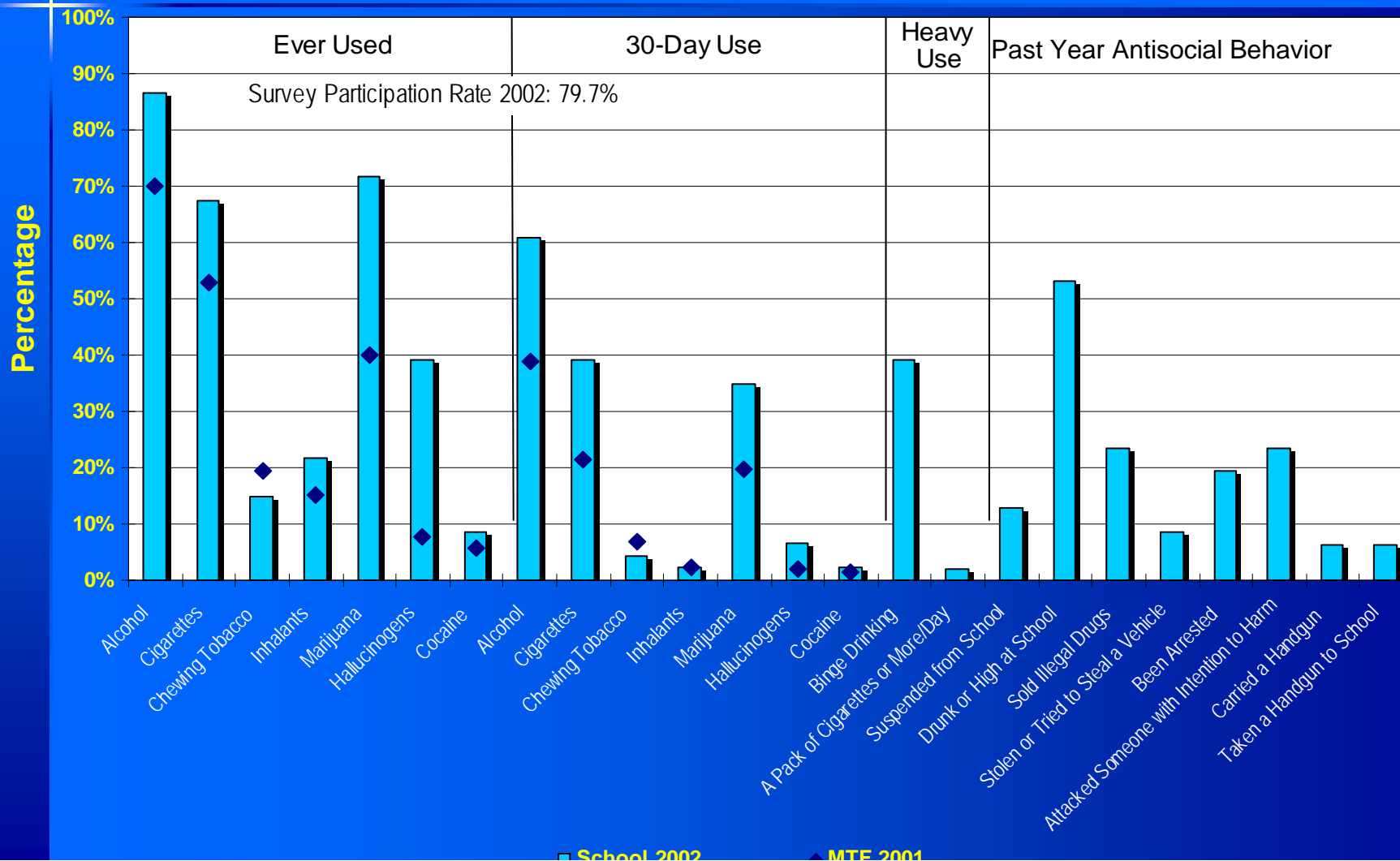
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# The CTC Youth Survey Tool Helps Match Need to Tested, Effective Programs

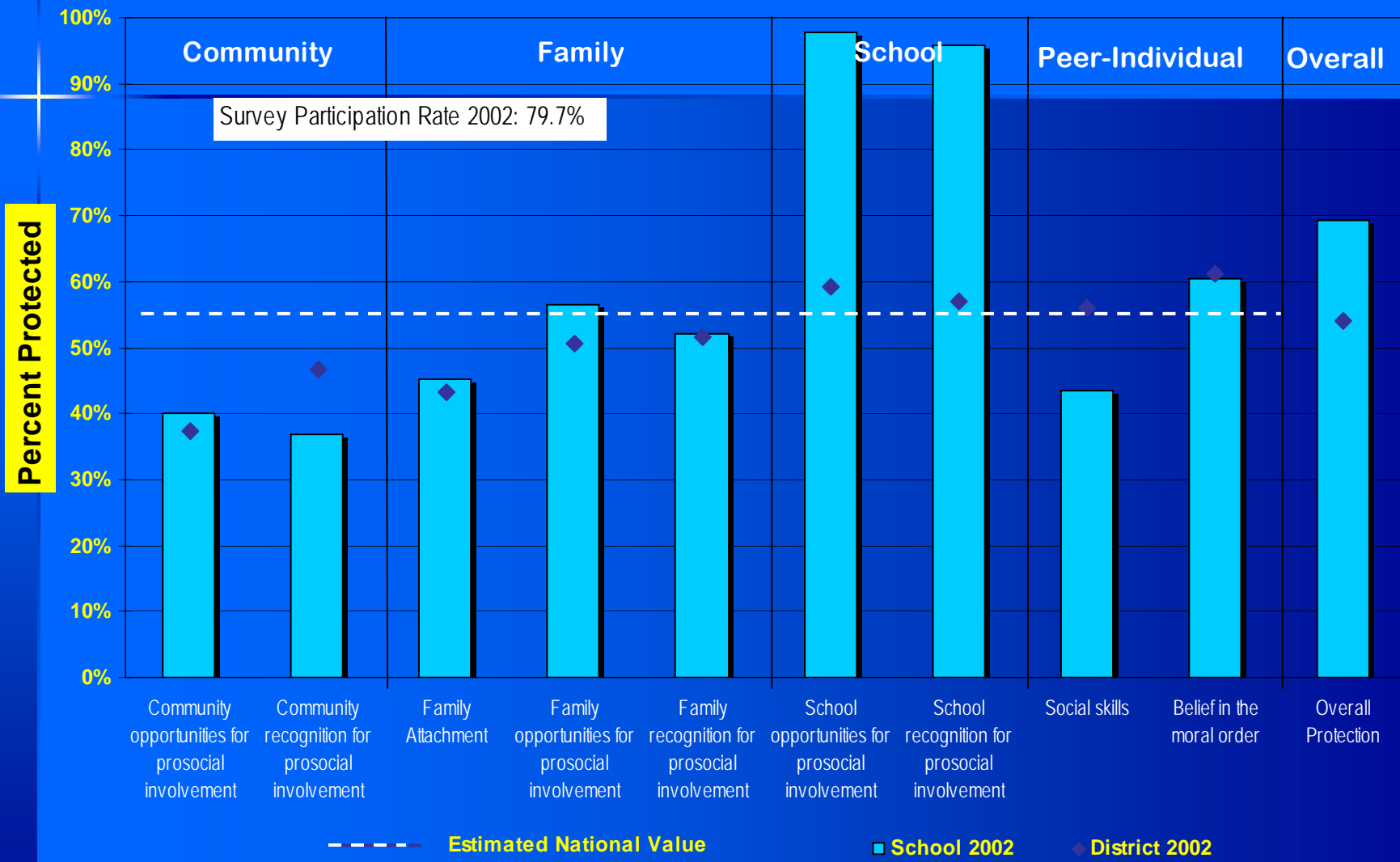
- Identifies levels of 21 risk and 9 protective factors and academic and behavioral outcomes
- Guides planners to select tested, effective actions
- Monitors the effects of chosen actions

## Nova High School Substance Use & Antisocial Behavior

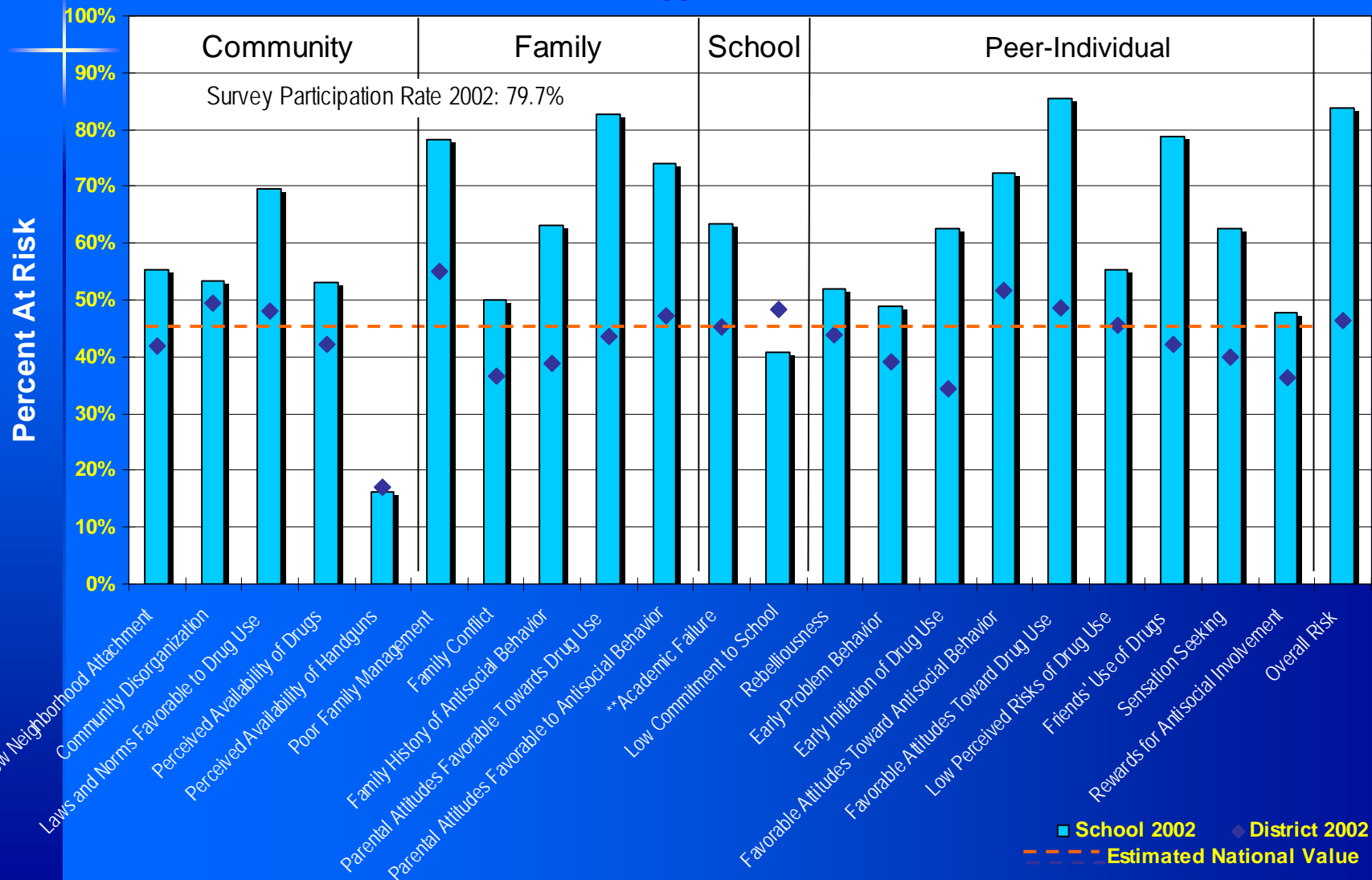
10th Grade: 2002



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



### Nova High School Risk Profile 10th Grade 2002

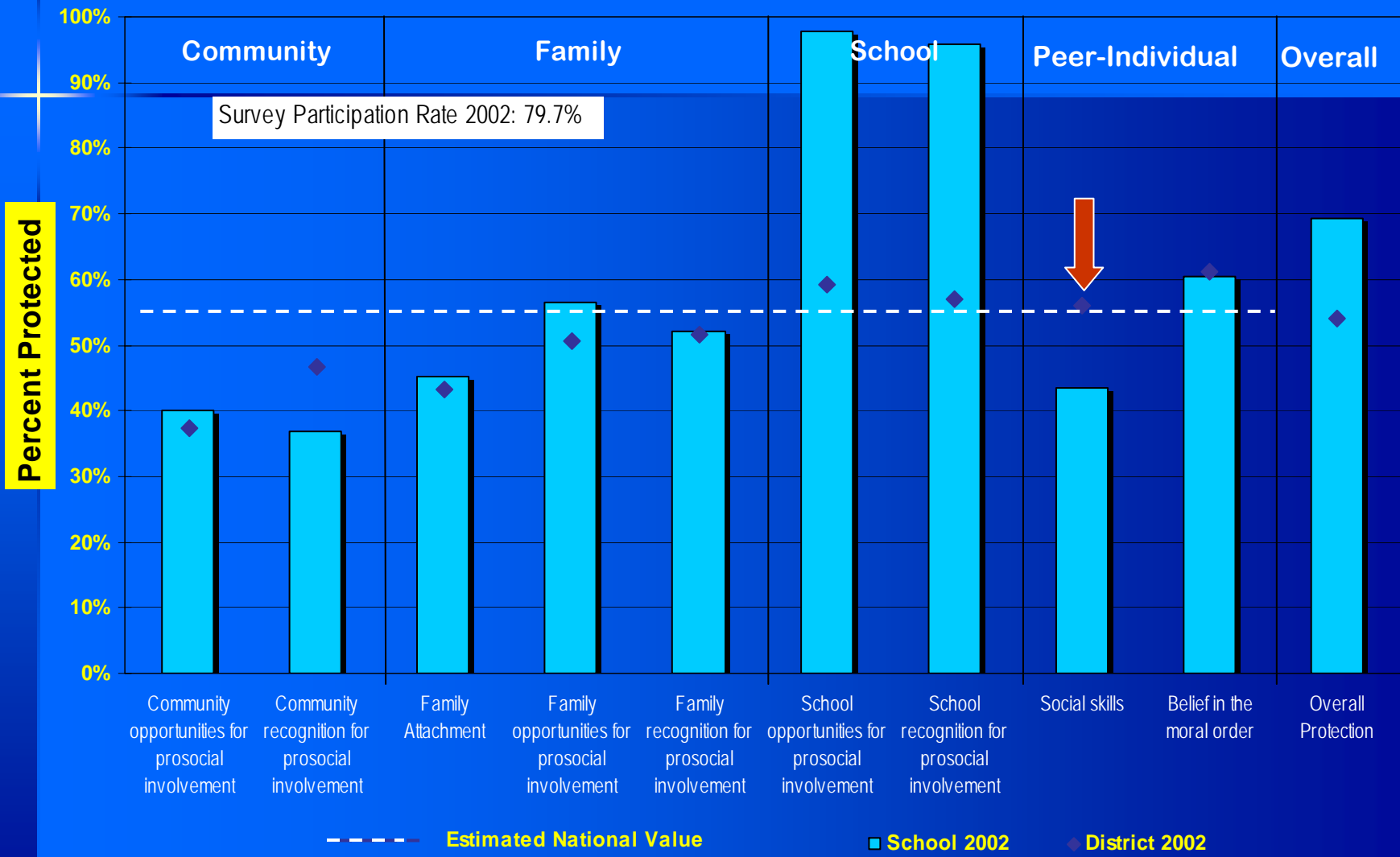


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# The *Communities That Care* Operating System

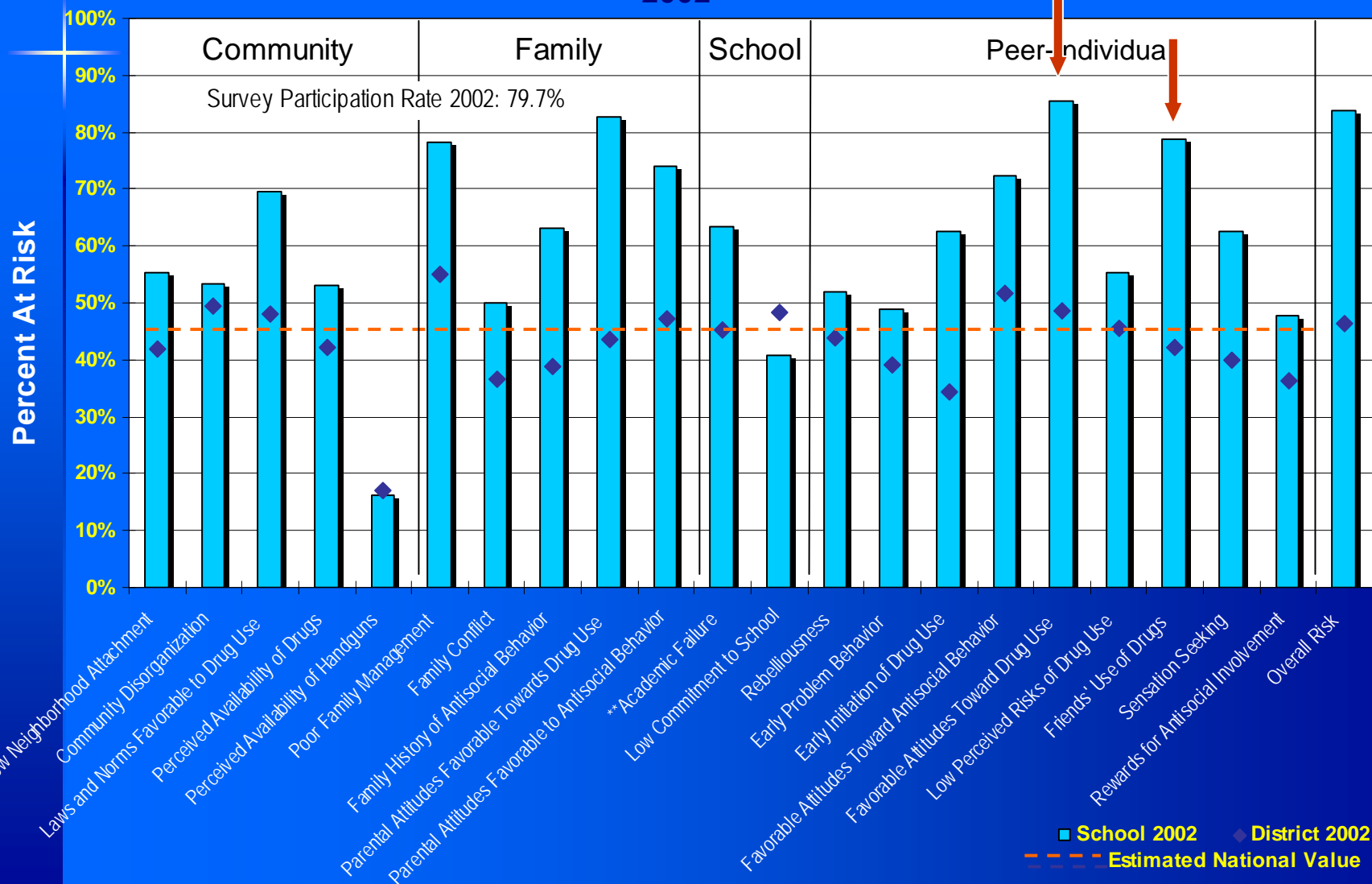


**Nova High School Protective Profile 10th Grade**  
**2002**



## Nova High School Risk Profile 10th Grade

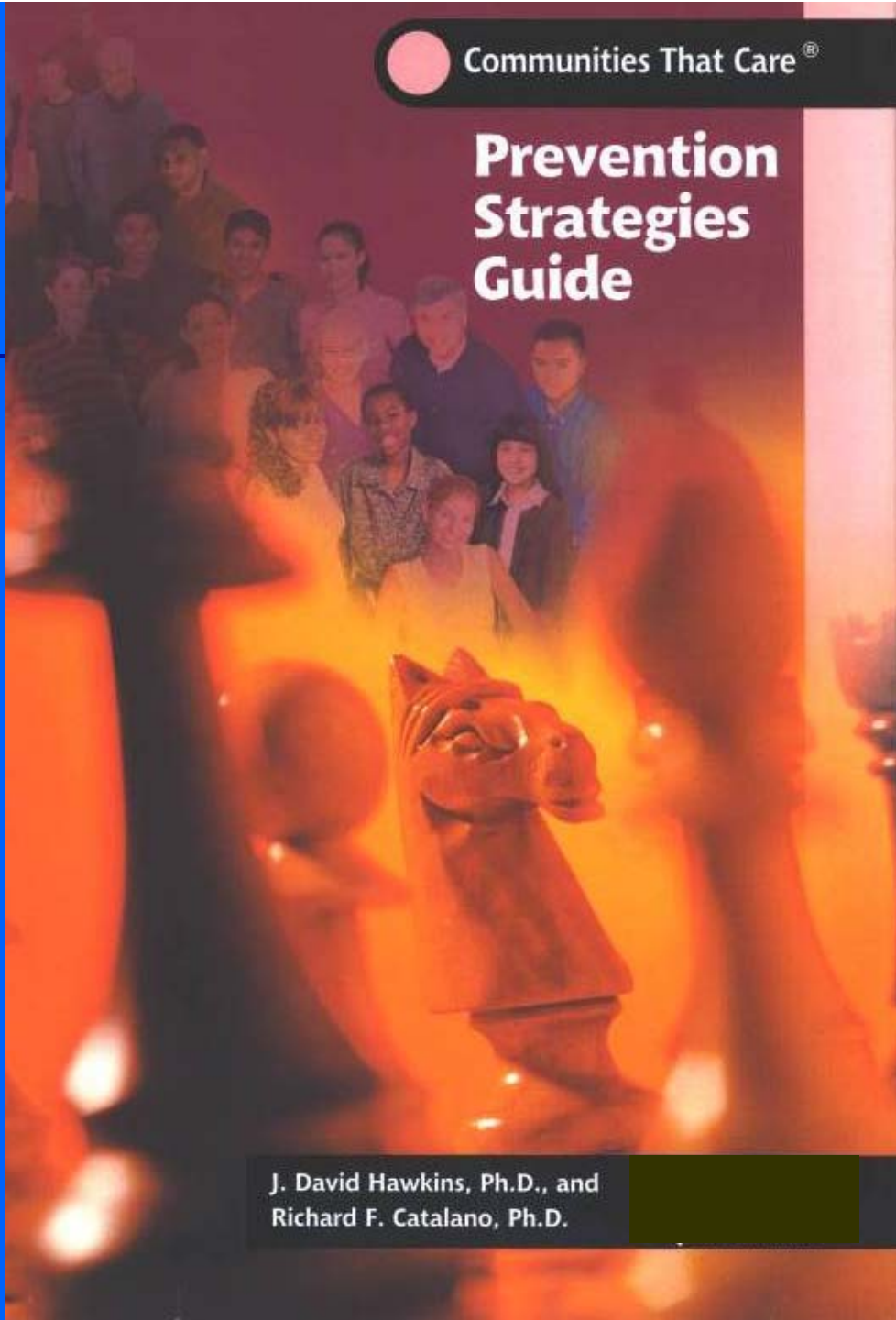
2002



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Communities That Care<sup>®</sup>

# 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

# 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

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### **Risk Factors Addressed:**

- \* Favorable attitudes toward the 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.

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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:

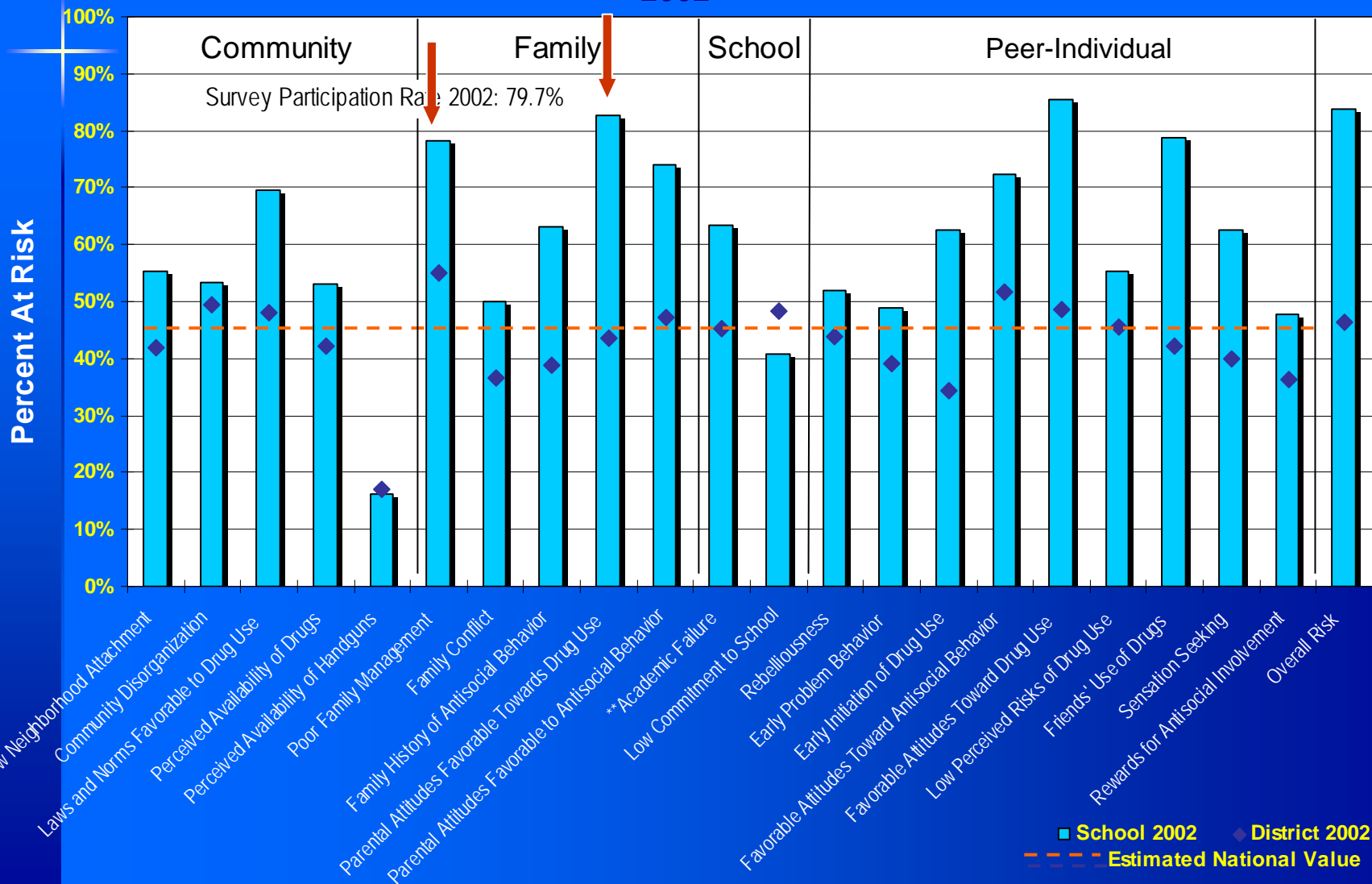
Stephen Hauk  
Institute for Health Promotion and Disease Prevention Research and Research Center for  
Alcoholic Liver and Pancreatic Diseases  
1000 South Fremont Avenue, Unit 8  
Building A-4, Room 4124  
Alhambra, CA 91803  
Phone: (626) 457-4045  
E-mail: hauk@usc.edu

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## Nova High School Risk Profile 10th Grade

2002



S	D
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**Protective Factors**

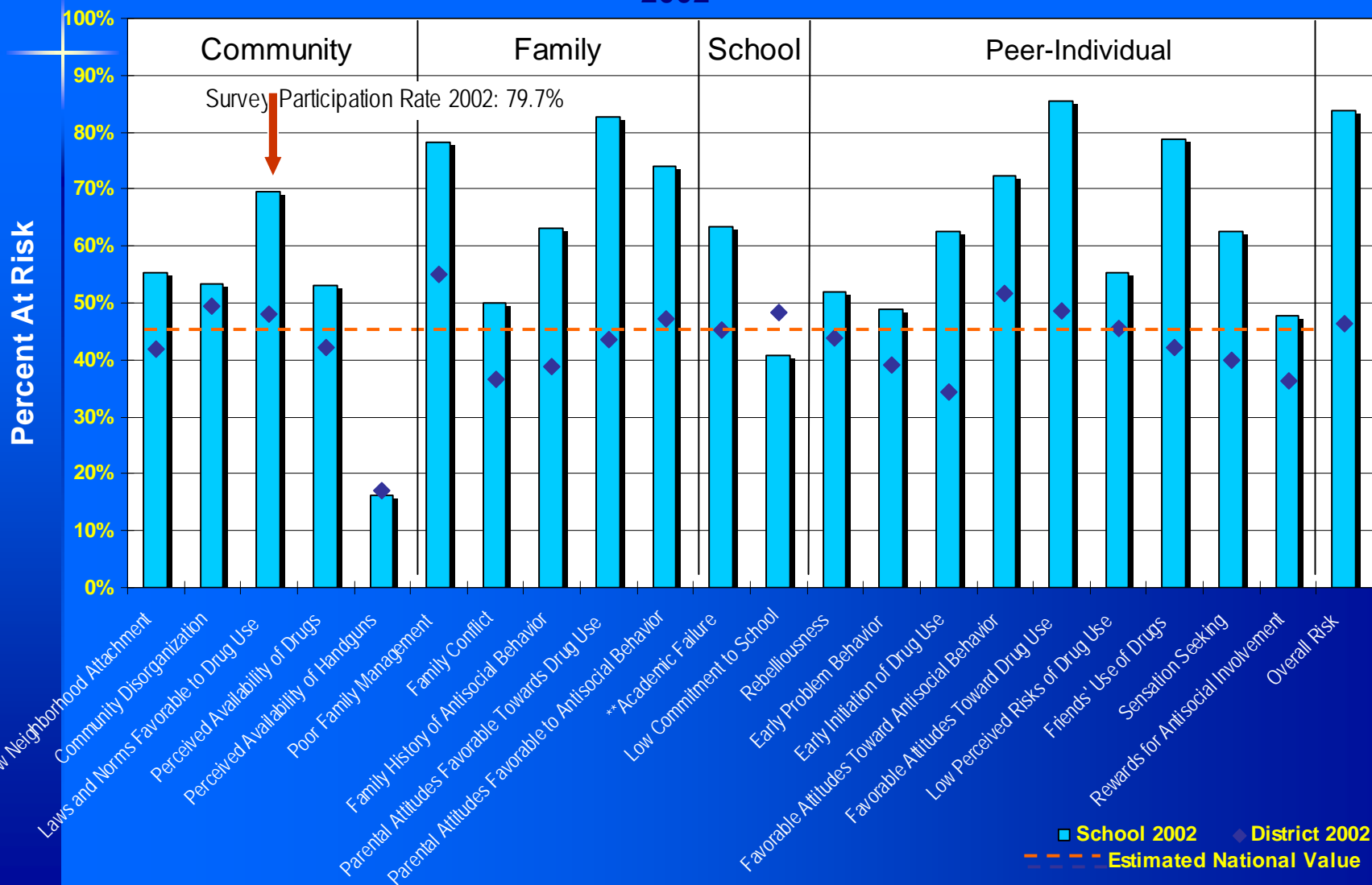
Risk Factor Addressed		Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	
<b>Family Domain</b>	<b>Family History of the Problem Behavior</b>	Prenatal/Infancy Programs	☞	☞	☞	☞	☞	prenatal-2	
	<b>Family Management Problems</b>	Prenatal/Infancy Programs	☞	☞	☞	☞	☞	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

# Parent Training Middle & High School

- Guiding Good Choices<sup>®</sup> (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen<sup>®</sup> (Haggerty et al., 2008)
- Parenting Wisely (Kacir and Gordon, 1997)
- Iowa Strengthening Families Program (Spoth et al, 1998)
- Focus on Families (Catalano et al., 1999; 1997; Haggerty et al., in press)
- Family Matters (Bauman et al., 2001)

## Nova High School Risk Profile 10th Grade

2002



**Protective Factors**

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
<b>Community Domain</b>	Availability of Drugs	Community/School Policies	☐	☐	☐	☐	☐	all
	Availability of Firearms	Community/School Policies	☐					all
	Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	Classroom Curricula for Social Competence	☐		☐			6-14
		Community Mobilization	☐	☐	☐	☐	☐	all
		Community/School Policies	☐	☐	☐	☐	☐	all
		Policing Strategies	☐					all
	Media Portrayals of Violence							
	Transitions and Mobility	Organizational Change in Schools	☐	☐	☐	☐	☐	6-18
	Low Neighborhood Attachment and Community Disorganization	Community Mobilization	☐	☐	☐	☐	☐	all
		Policing Strategies	☐					all
		Organizational Change in Schools	☐	☐	☐	☐	☐	all
		Classroom Curricula for Social Competence	☐		☐	☐		11-14
Extreme Economic Deprivation	Prenatal and Infancy Programs	☐	☐	☐	☐	☐	prenatal-3	
	Youth Employment with Education	☐	☐	☐	☐	☐	all	

# Community Mobilization Strategies

- Communities Mobilizing for Change on Alcohol-(Wagenaar et al., 2000)
- Community Trials Intervention to Reduce High Risk Drinking- (Holder et al., 2000)
- PROSPER -PROmoting School-  
community university Partnerships to  
Enhance Resilience-(Spoth et al., 2007)
- Communities that Care-(Hawkins et al., 2008; 2009;  
Feinberg, Greenberg, and Osgood, 2007)
- Midwestern Prevention Project – (Pentz et al., 2006)

# 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

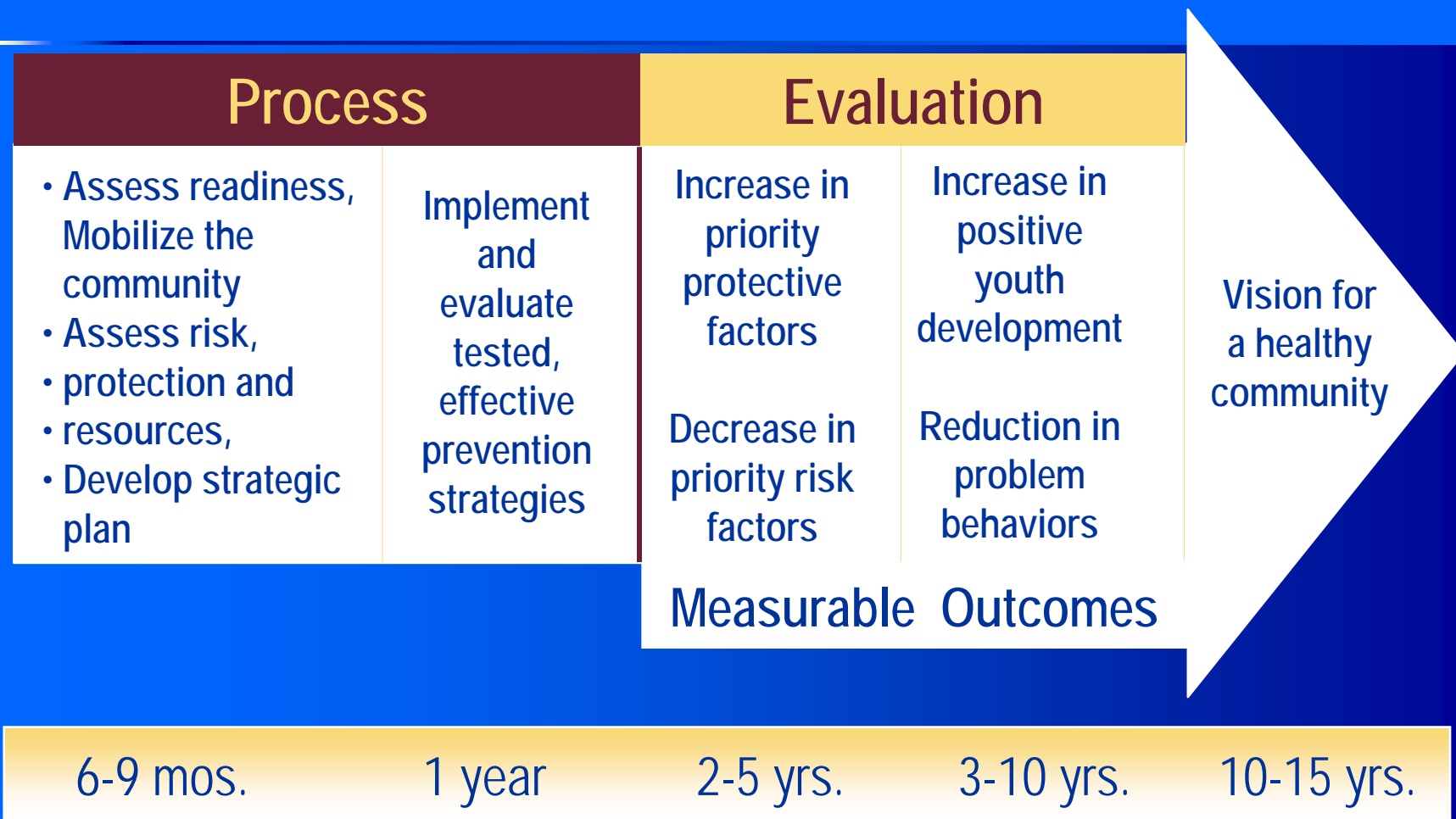
Develop a Profile



v



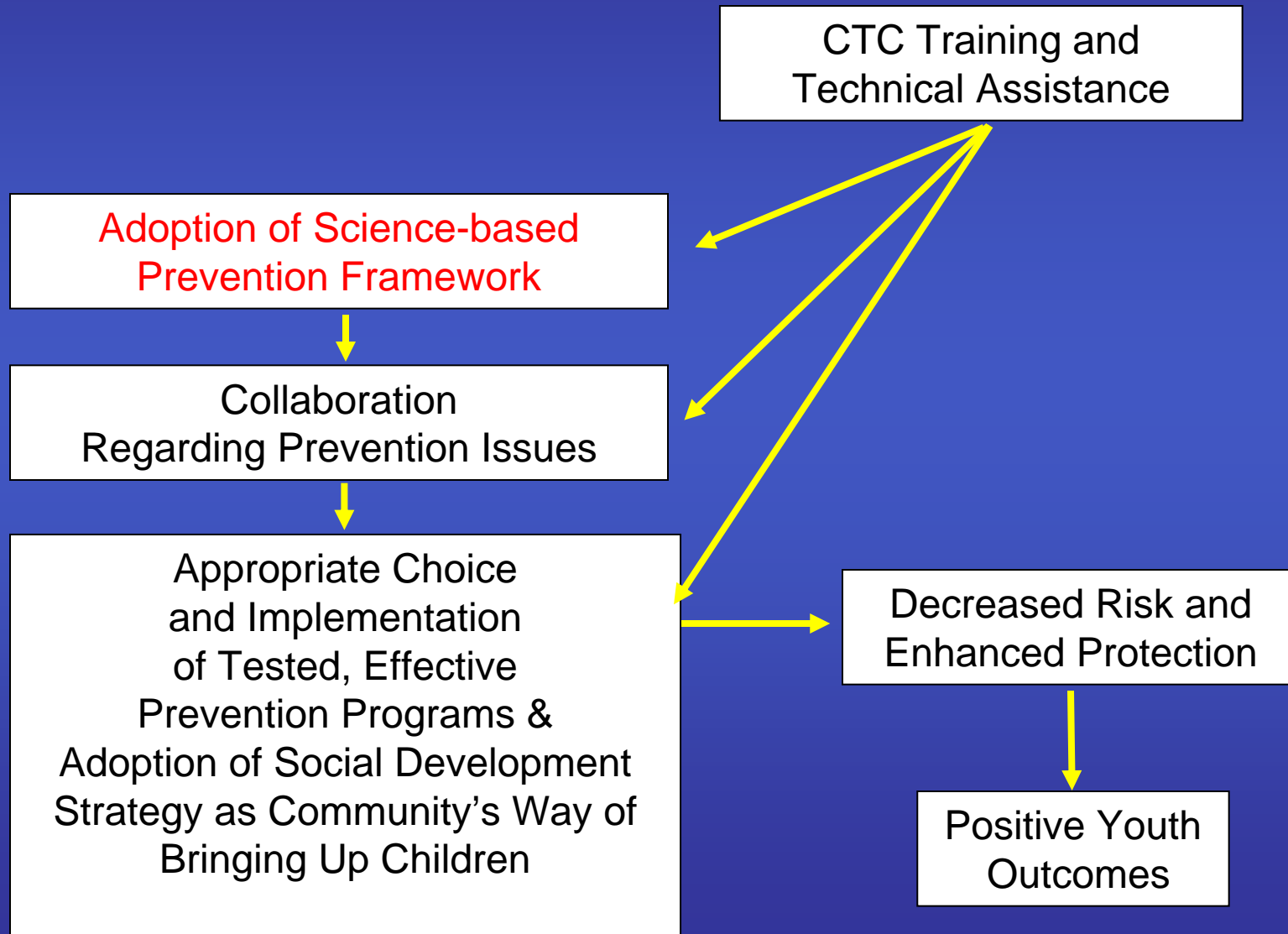
# Process and Timeline







# Communities That Care Logic Model





# Adoption of Science-Based Prevention

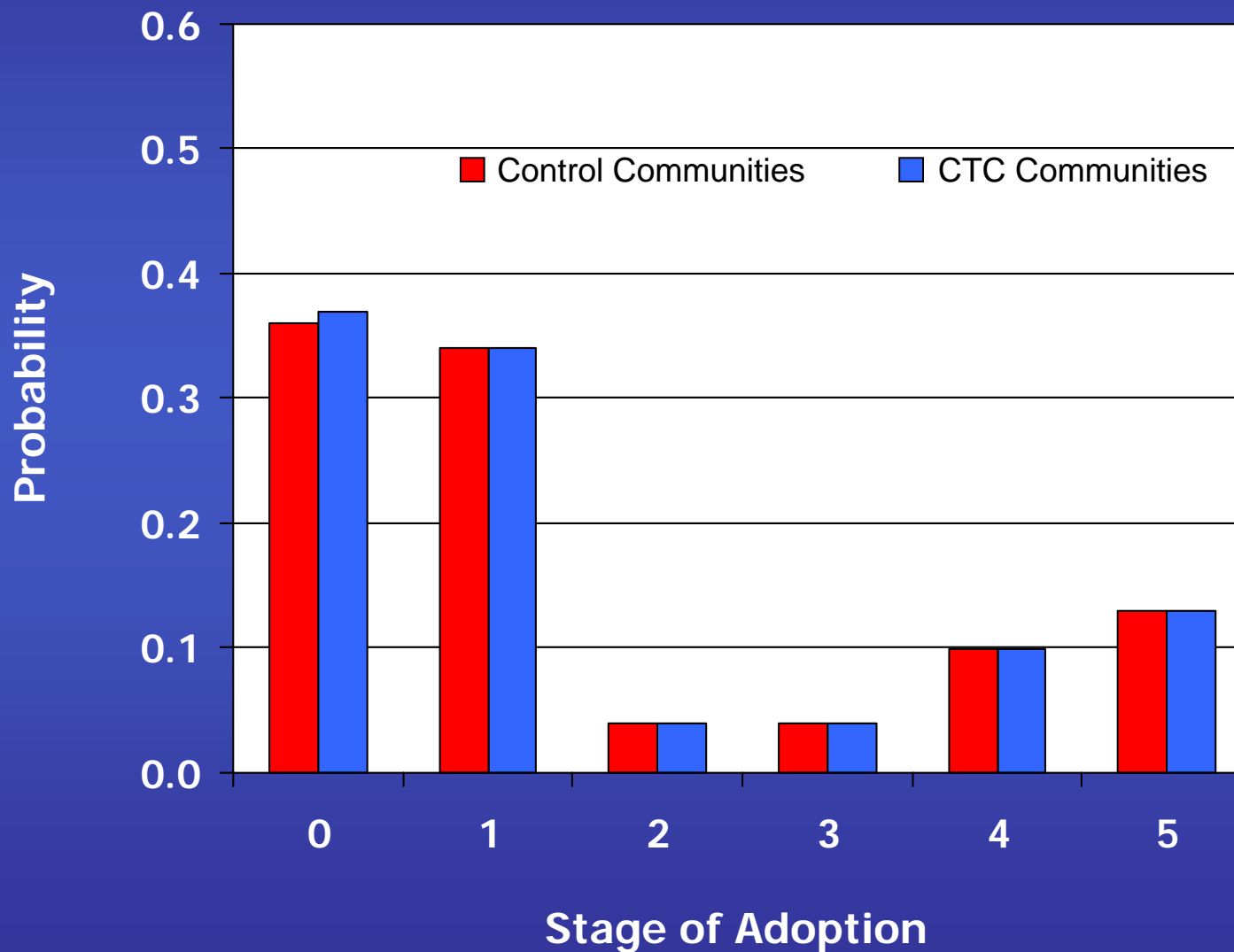


- Stage 0: No Awareness
- Stage 1: Awareness of Prevention Science Terms and Concepts
- Stage 2: Using Risk and Protection Focused Prevention Approach as a Planning Strategy.
- Stage 3: Incorporation of Community Epidemiological Data on Risk and Protection in Prevention System.
- Stage 4: Selection and Use of Tested and Effective Preventive Interventions to Address Prioritized Risk and Protective Factors.
- Stage 5: Collection and Feedback of Process and Outcome Data and Adjustment of Preventive Interventions Based on Data.

*Note. Community Key Informant Survey (CKI).*

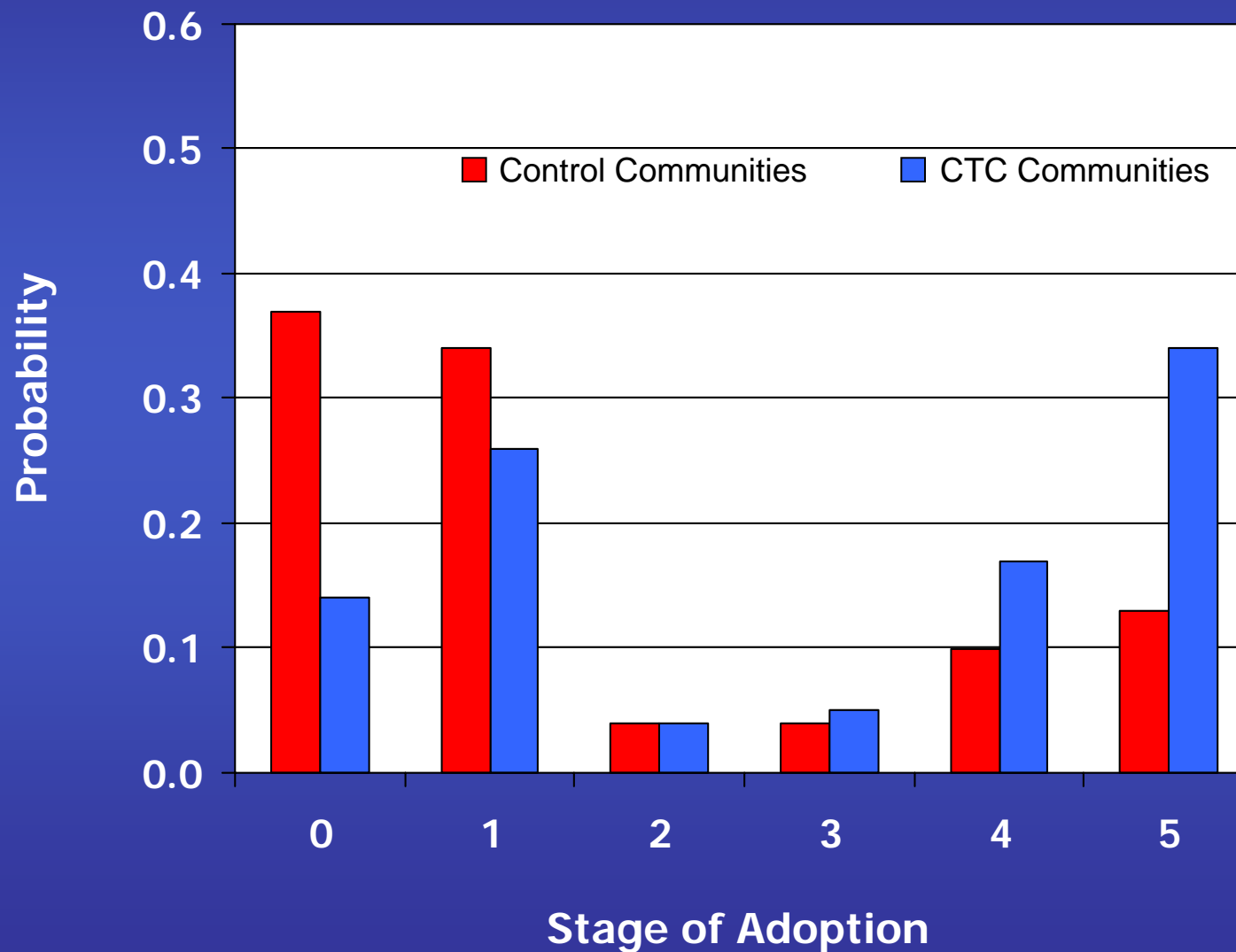


## Stages of Adoption by Intervention Status (2001)





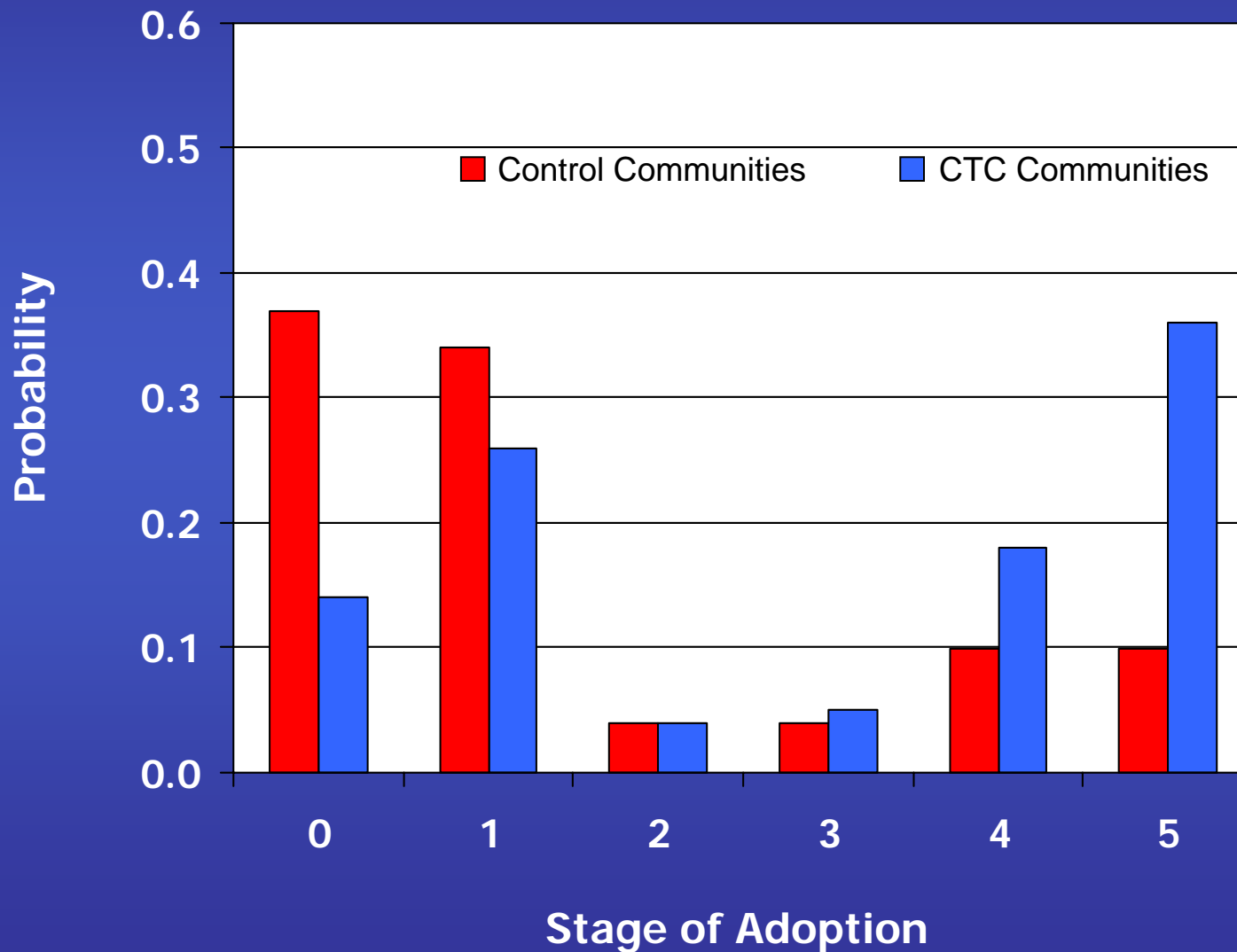
## Stages of Adoption by Intervention Status (2004)



Note. Change from 2001 to 2004,  $p < .05$ .

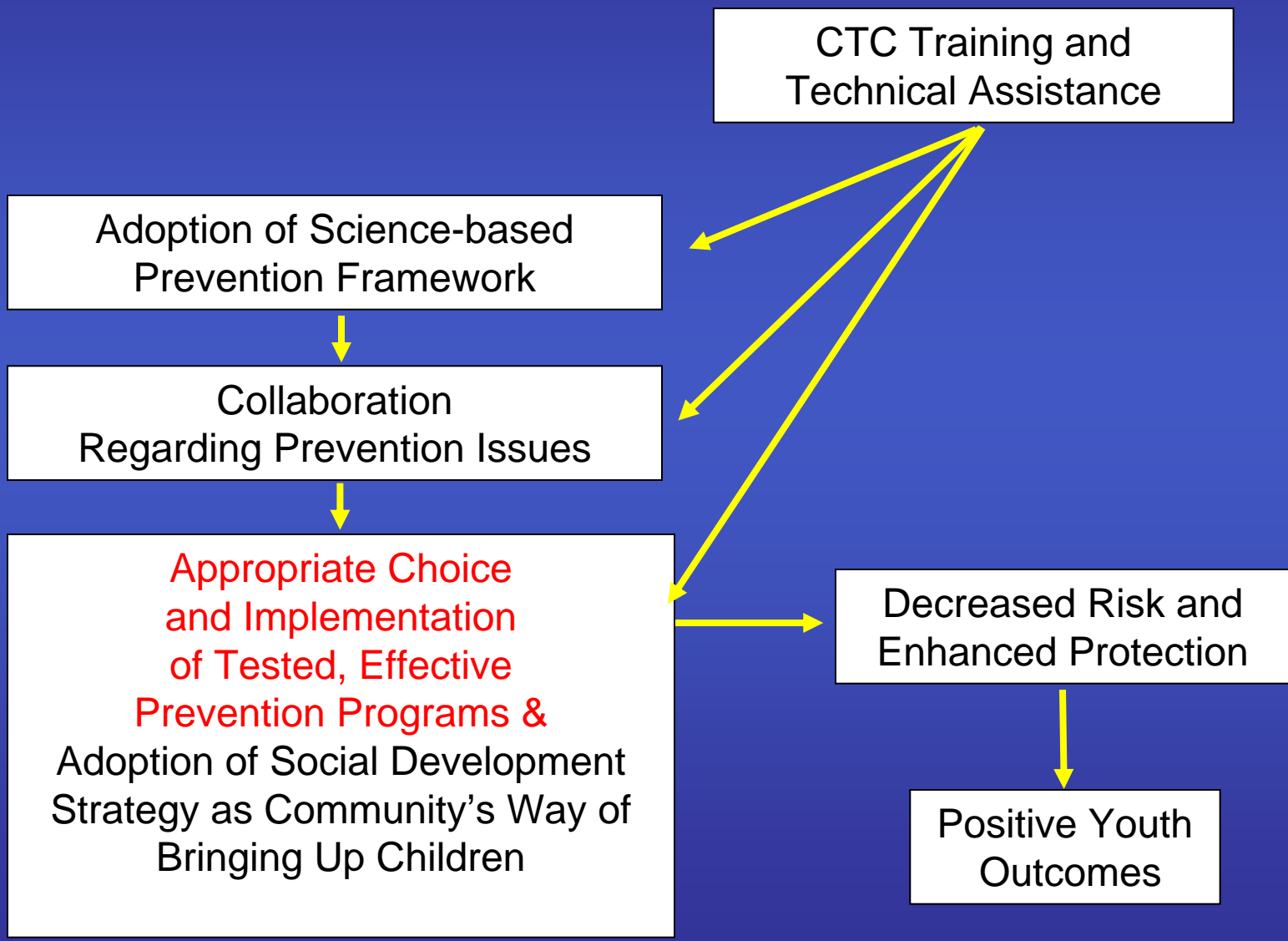


# Stages of Adoption by Intervention Status (2007)





# Communities That Care Theory of Change





## 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
<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.

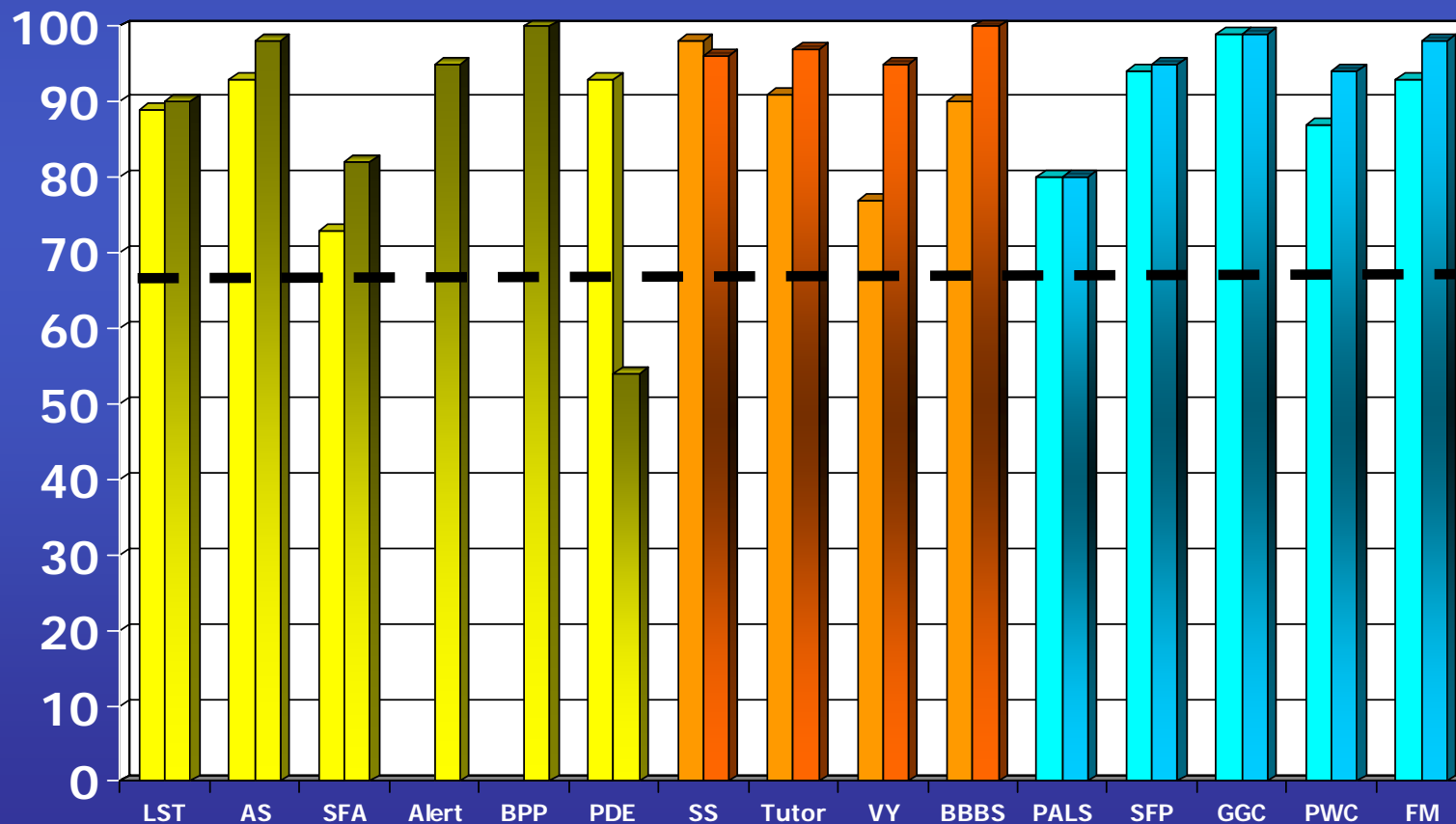


# Adherence Rates

## 2004-05 and 2005-06 school years

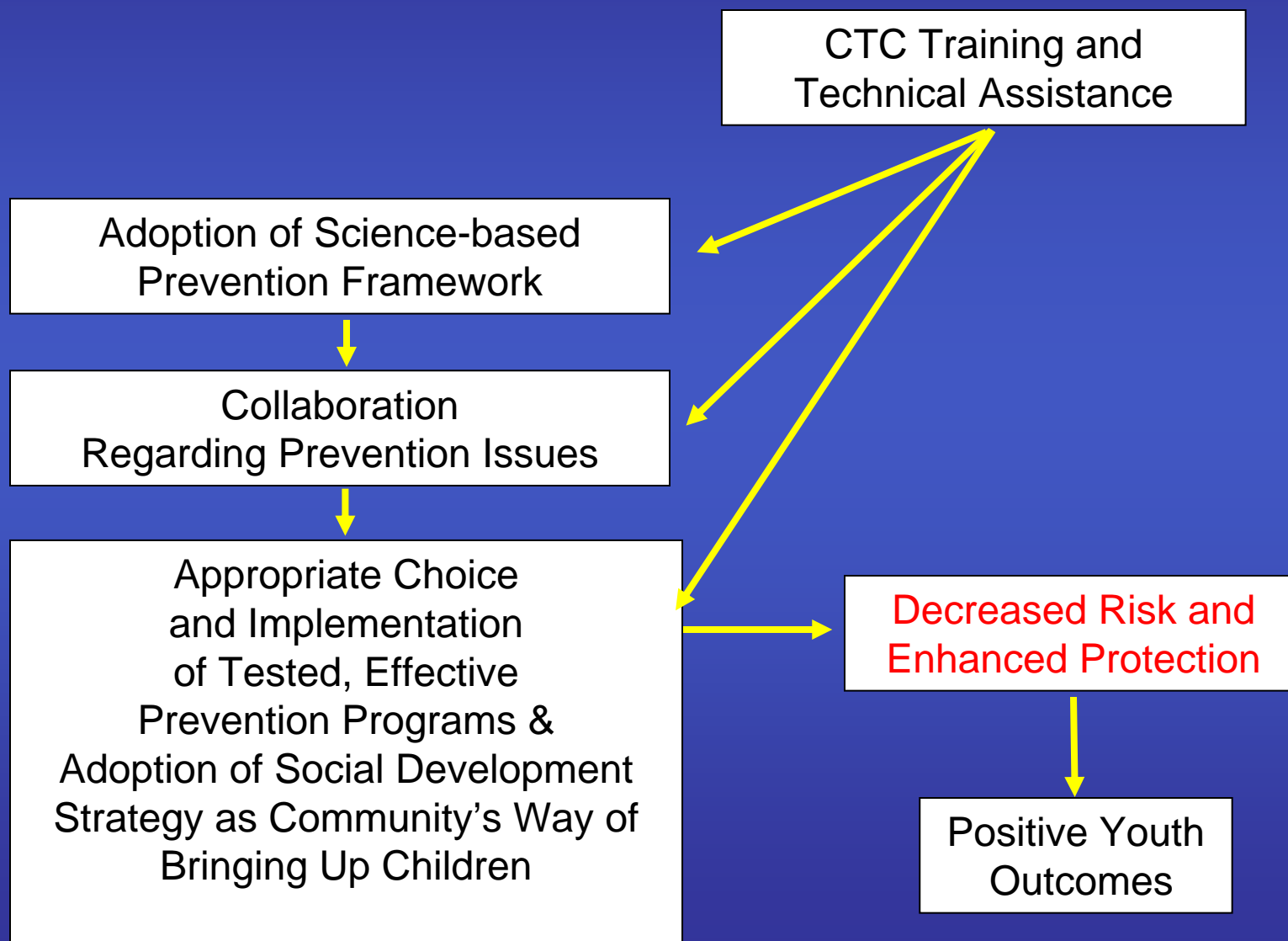


Percentage of material taught or core components achieved





# Communities That Care Theory of Change

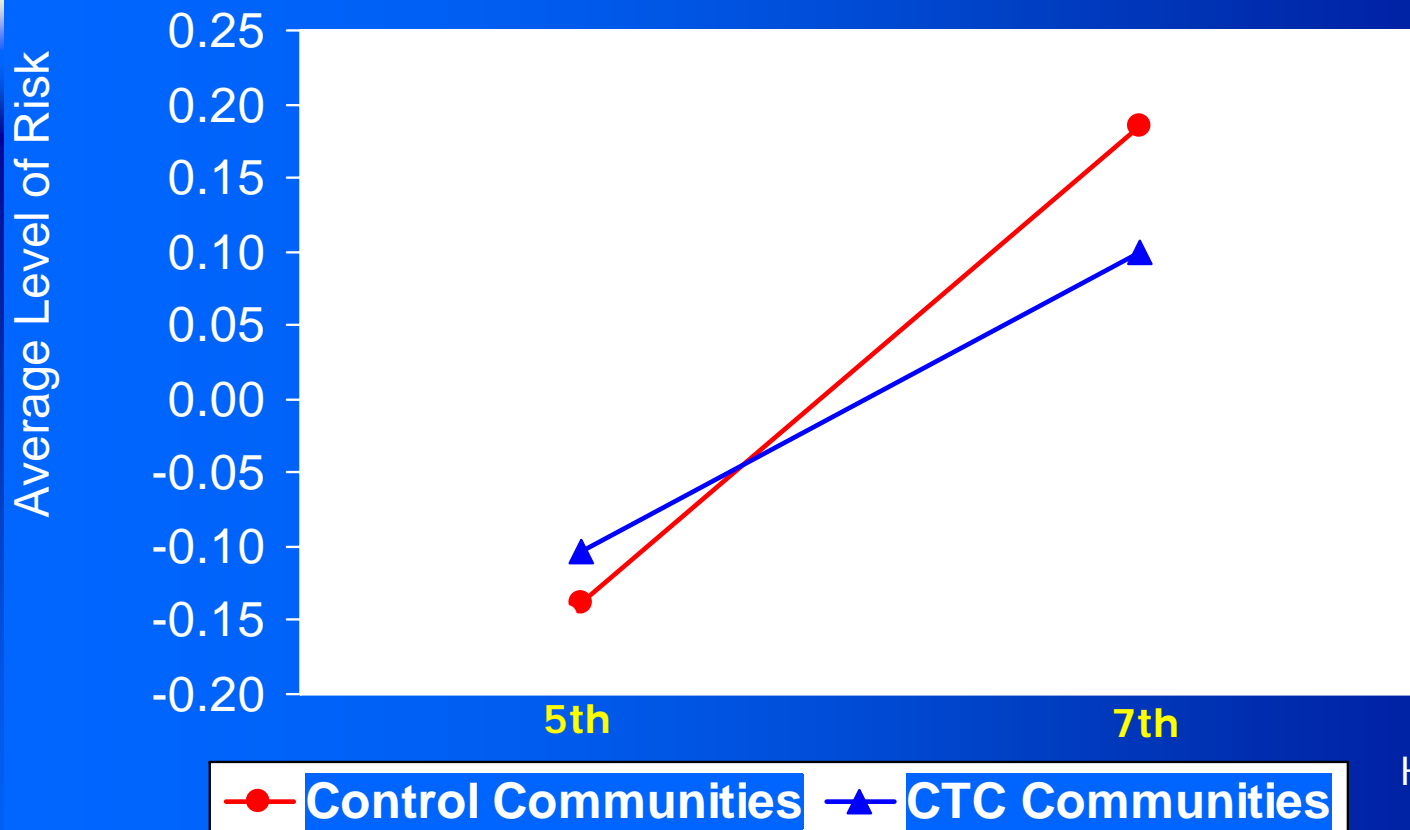


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# Tools Assisted Community Coalitions to Prioritize Risk Factors

- 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 Community-wide in 3 Yrs

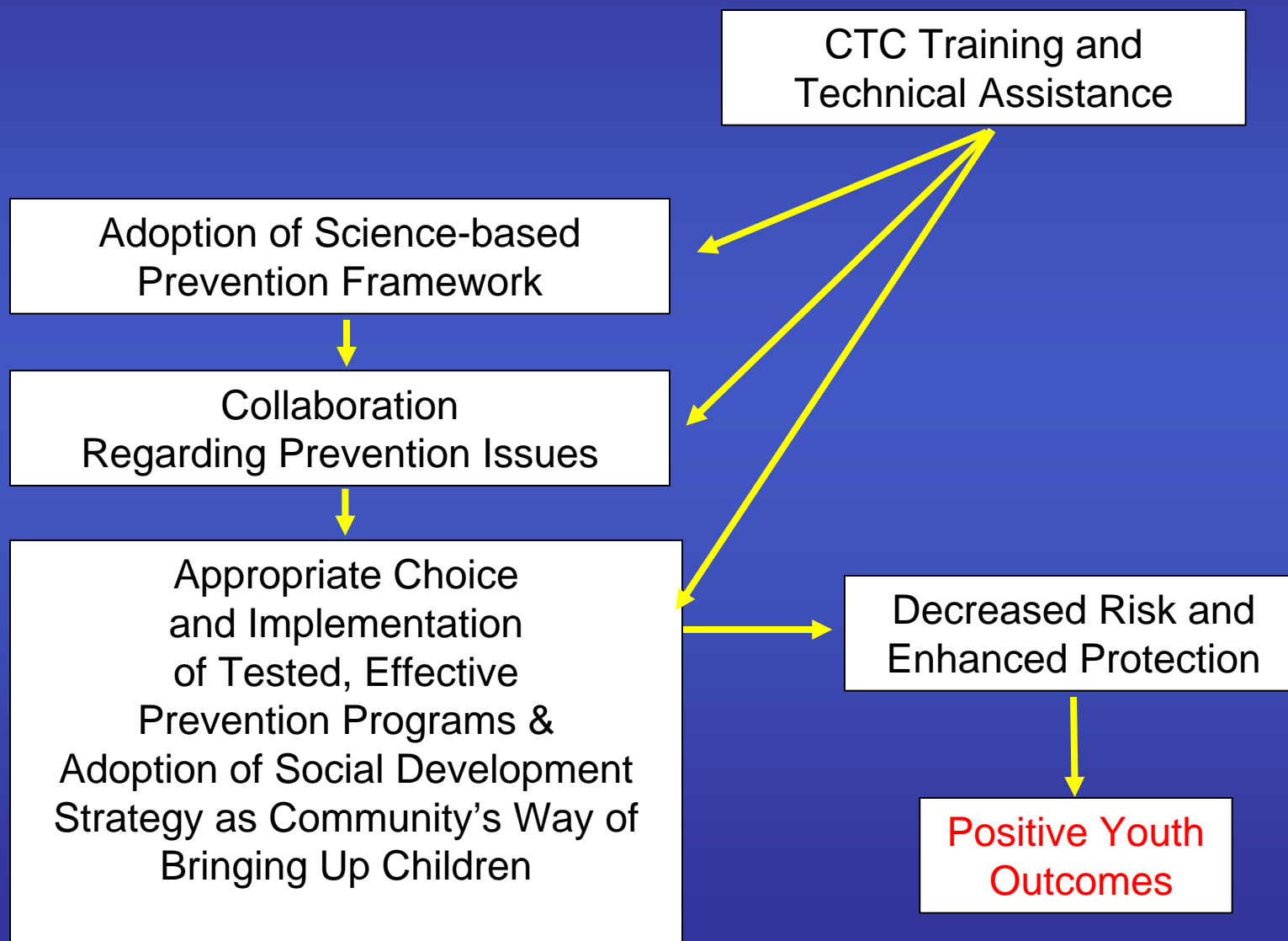


Hawkins et al., in press

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

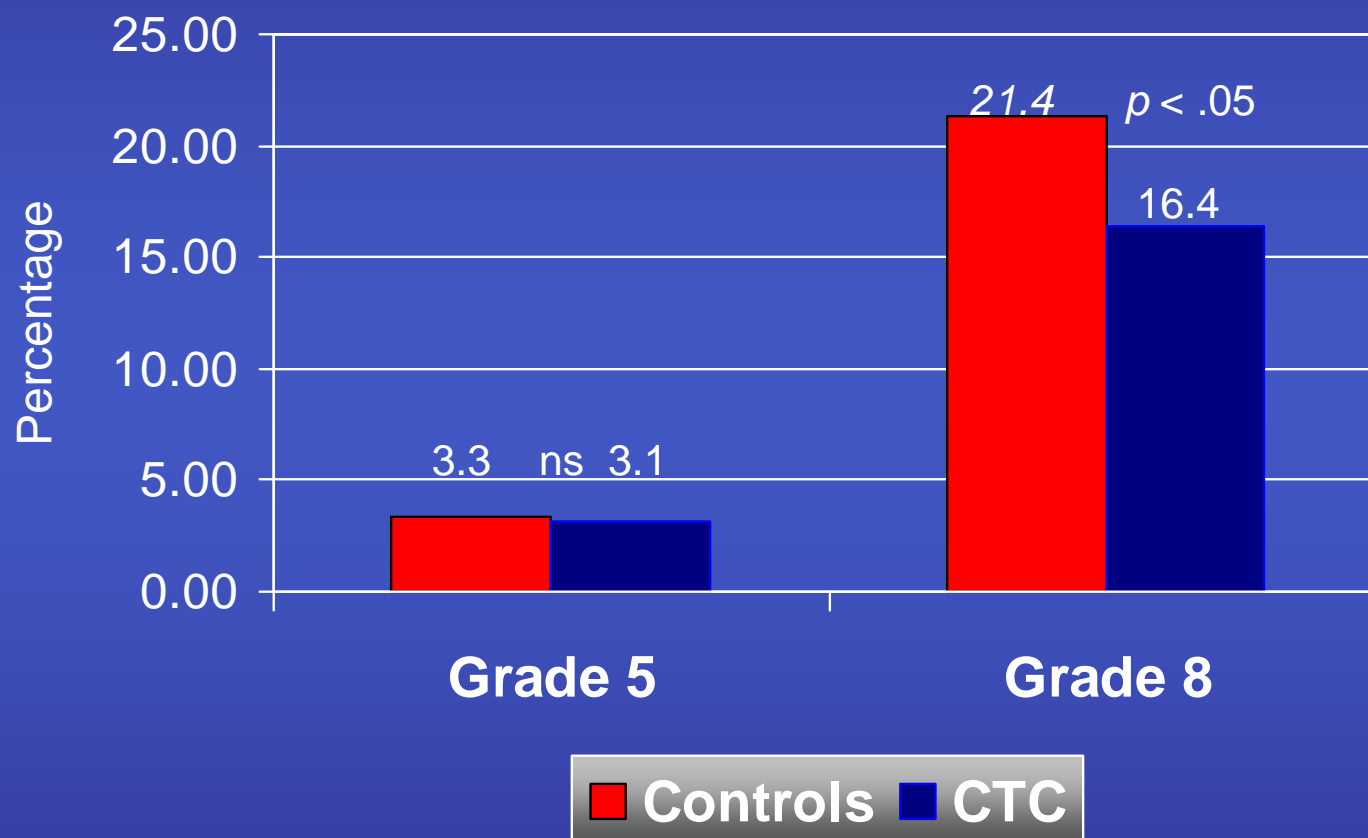


- Alcohol use\*
- Binge drinking\*
- Tobacco Use\*
- Delinquency\*

\*=significant at  $p < .05$



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



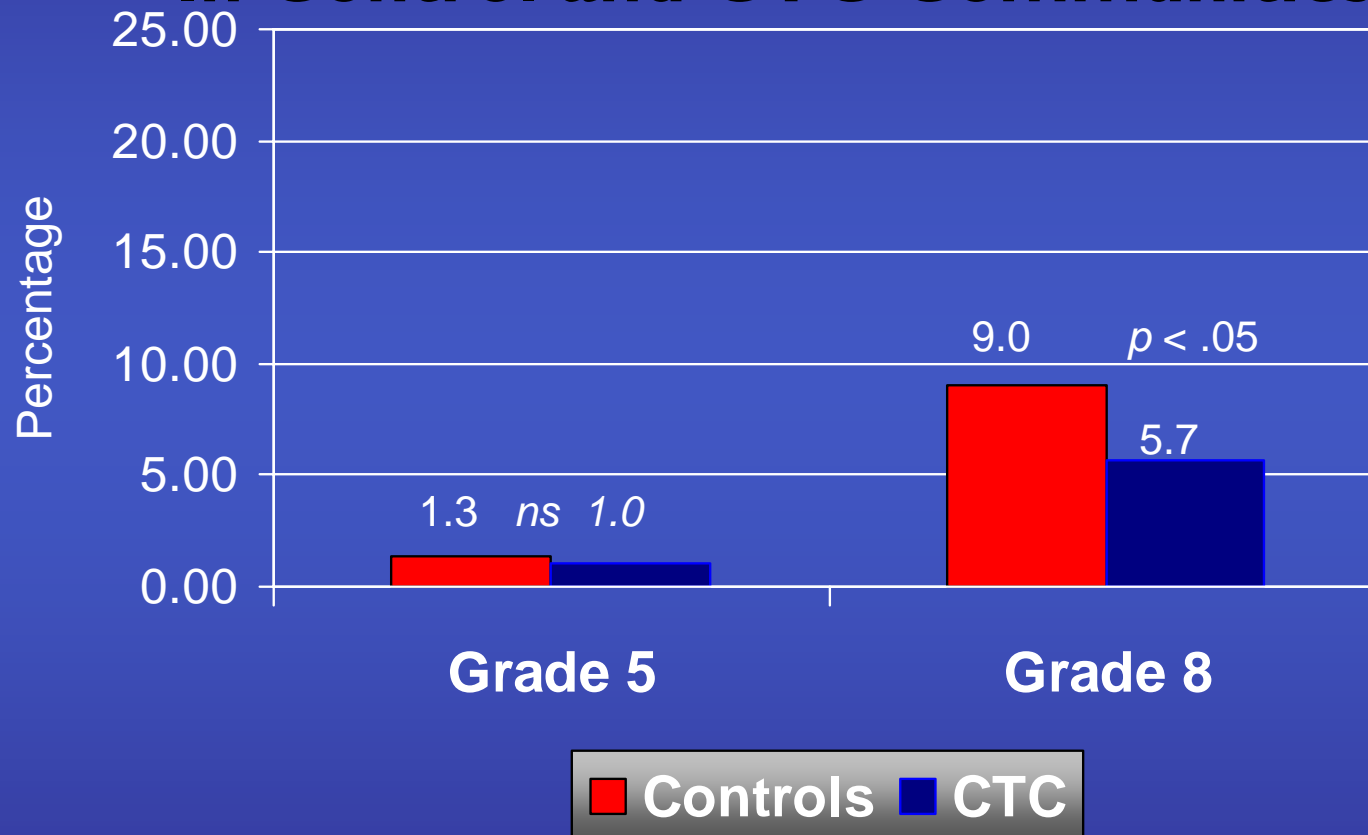
Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



# Prevalence of Binge Drinking in Past Two Weeks In Panel



## In Control and CTC Communities



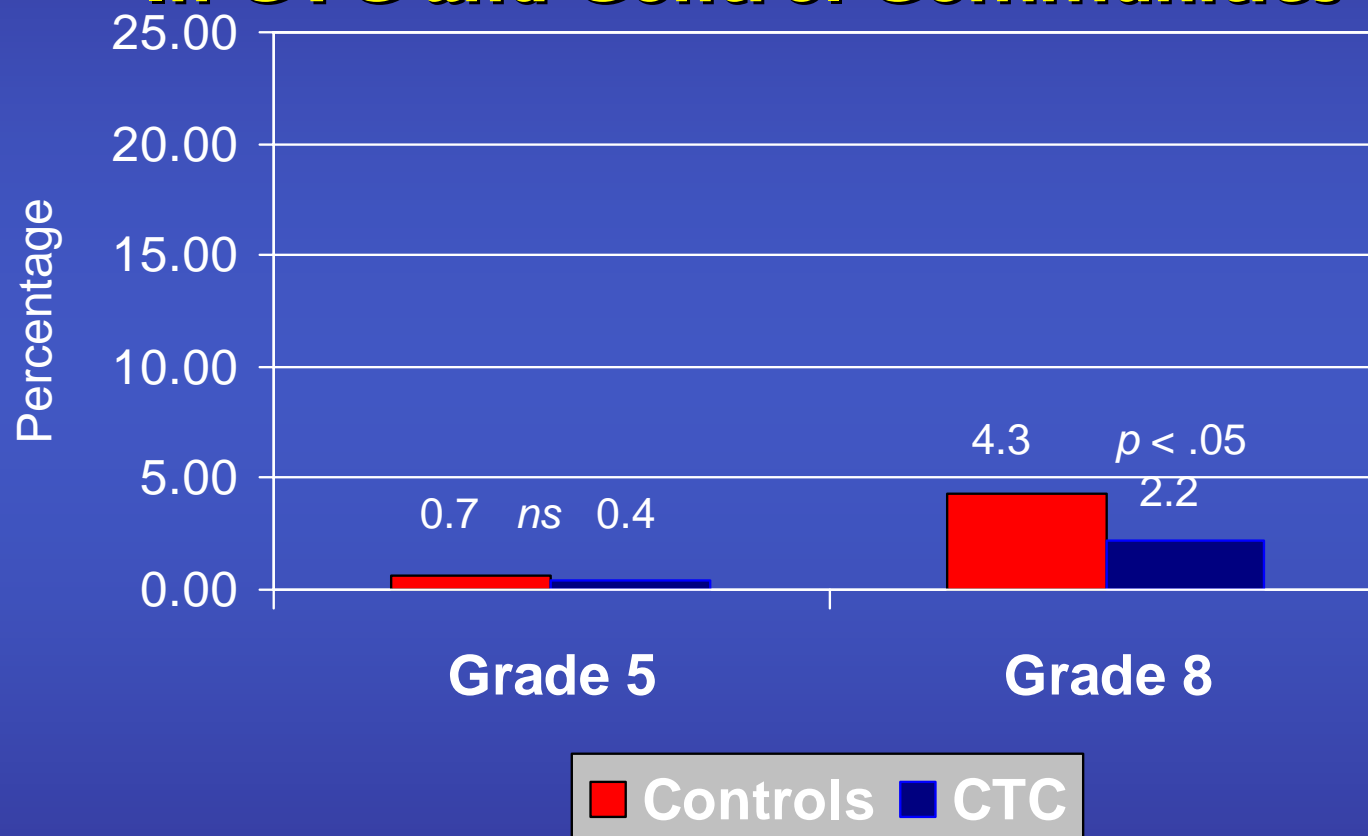
Note. Observed rates averaged across 40 imputations. ns = nonsignificant. N = 4407.



# Prevalence of 30 Day Smokeless Tobacco Use In Panel



## In CTC and Control Communities

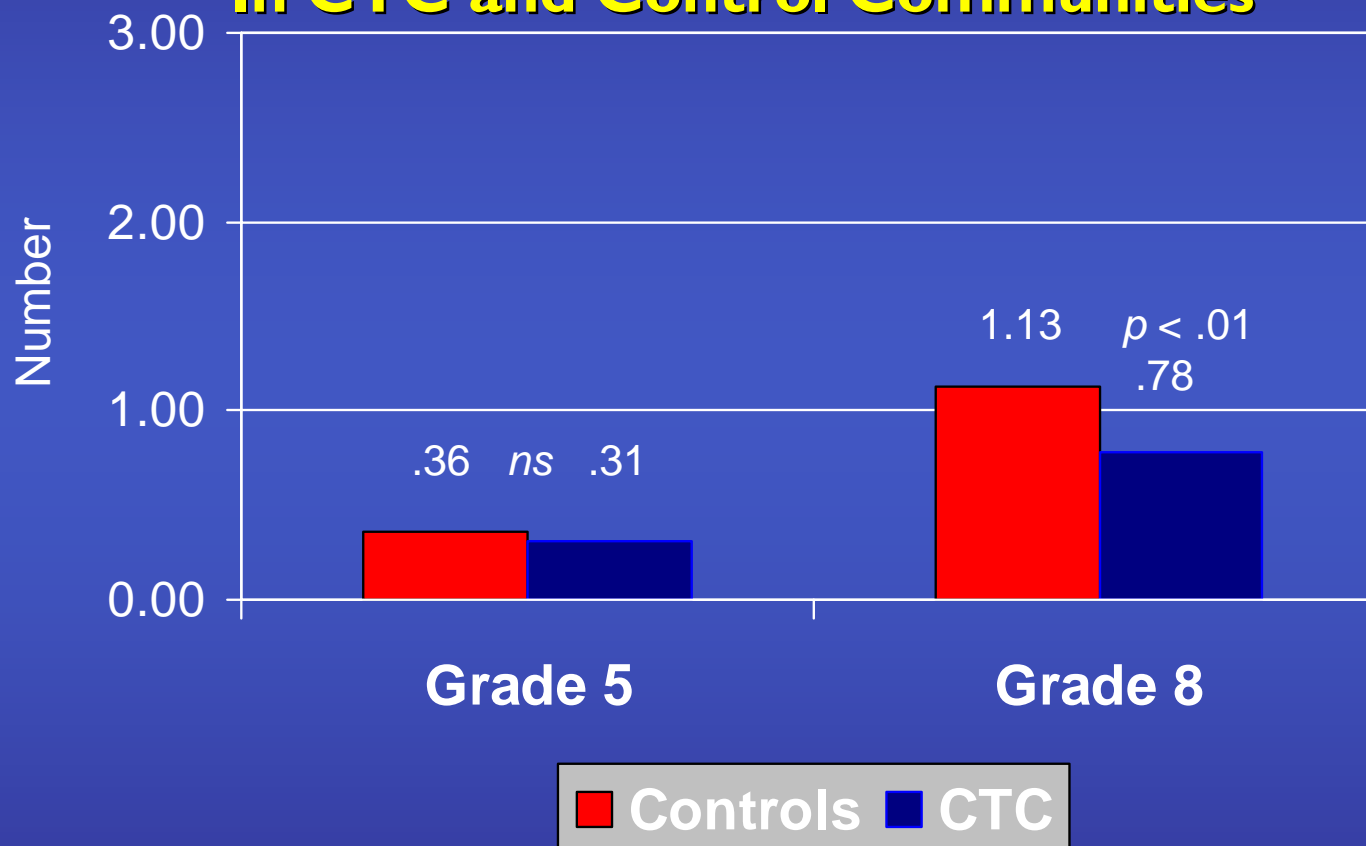


Note. Observed rates averaged across 40 imputations. ns = nonsignificant. N = 4407.



## 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.  $N = 4407$



## **What is required to maintain CTC?**

- **A coalition of community stakeholders.**
- **A coordinator for the CTC process.**
- **Manuals and curriculum materials.**
- **Training from certified trainers.**
- **Technical assistance when difficulties are encountered.**
- **A monitoring system to provide routine feedback on progress and outcomes.**



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

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

**NIDA Town Hall Meeting on CTC**

<http://nida.gov/>

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](mailto:patricia.getty@samhsa.hhs.gov)

V

# 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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Unite for Youth: The Future of Prevention  
Missoula Forum for Children and Youth  
Missoula, Montana  
September 23, 2009

## Research Advances in 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.sdrdg.org](http://www.sdrdg.org)