



Community Empowerment Through Knowledge
10th Anniversary of Squamish Communities That Care

Squamish, British Columbia

October 2, 2008

Using the Research Base for Prevention
Science to Promote Community Well Being:
Communities that Care

Richard F. Catalano, Ph.D

Director

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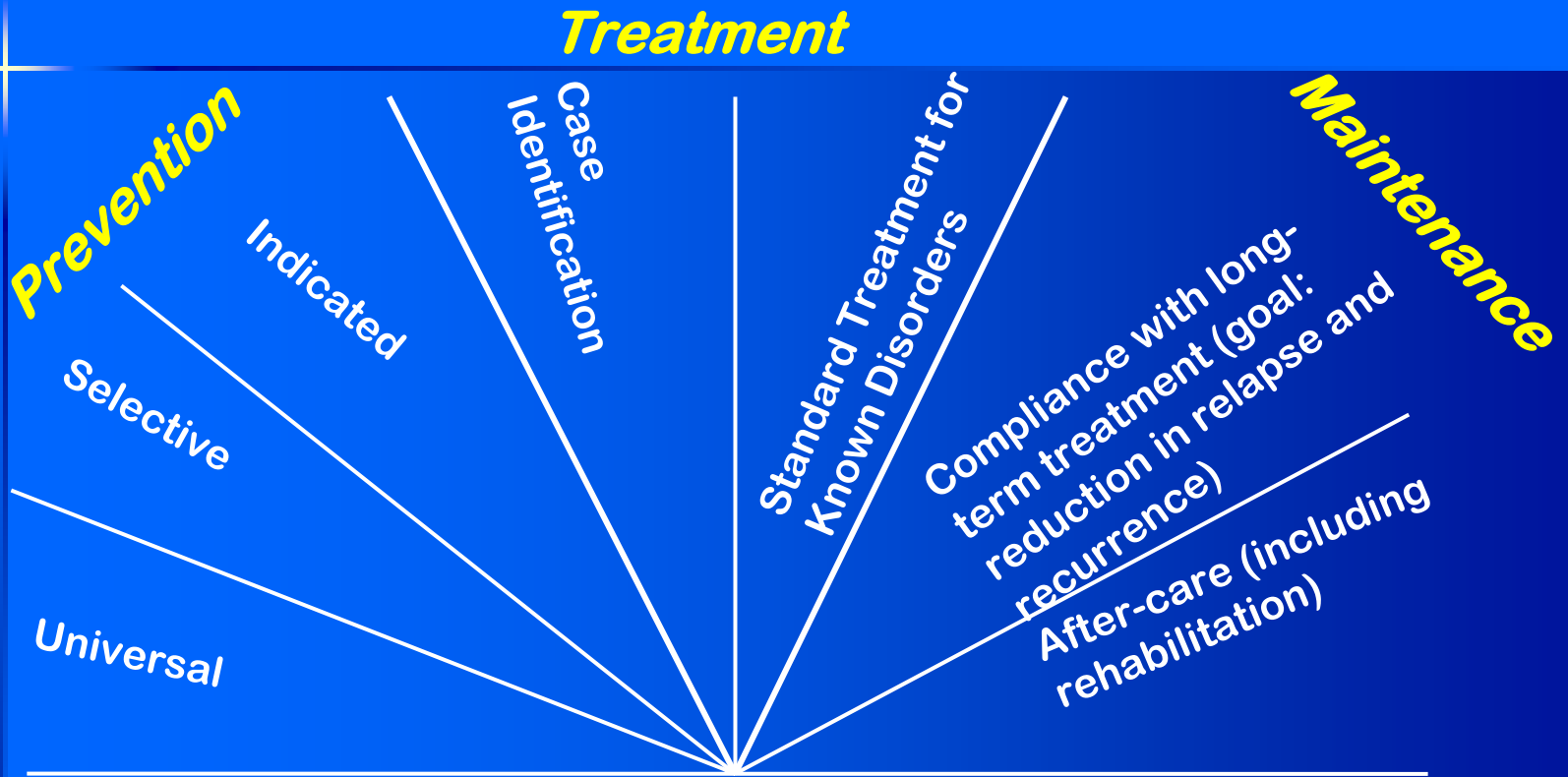
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University of Washington

www.sdrgr.org

Intervention Spectrum



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!

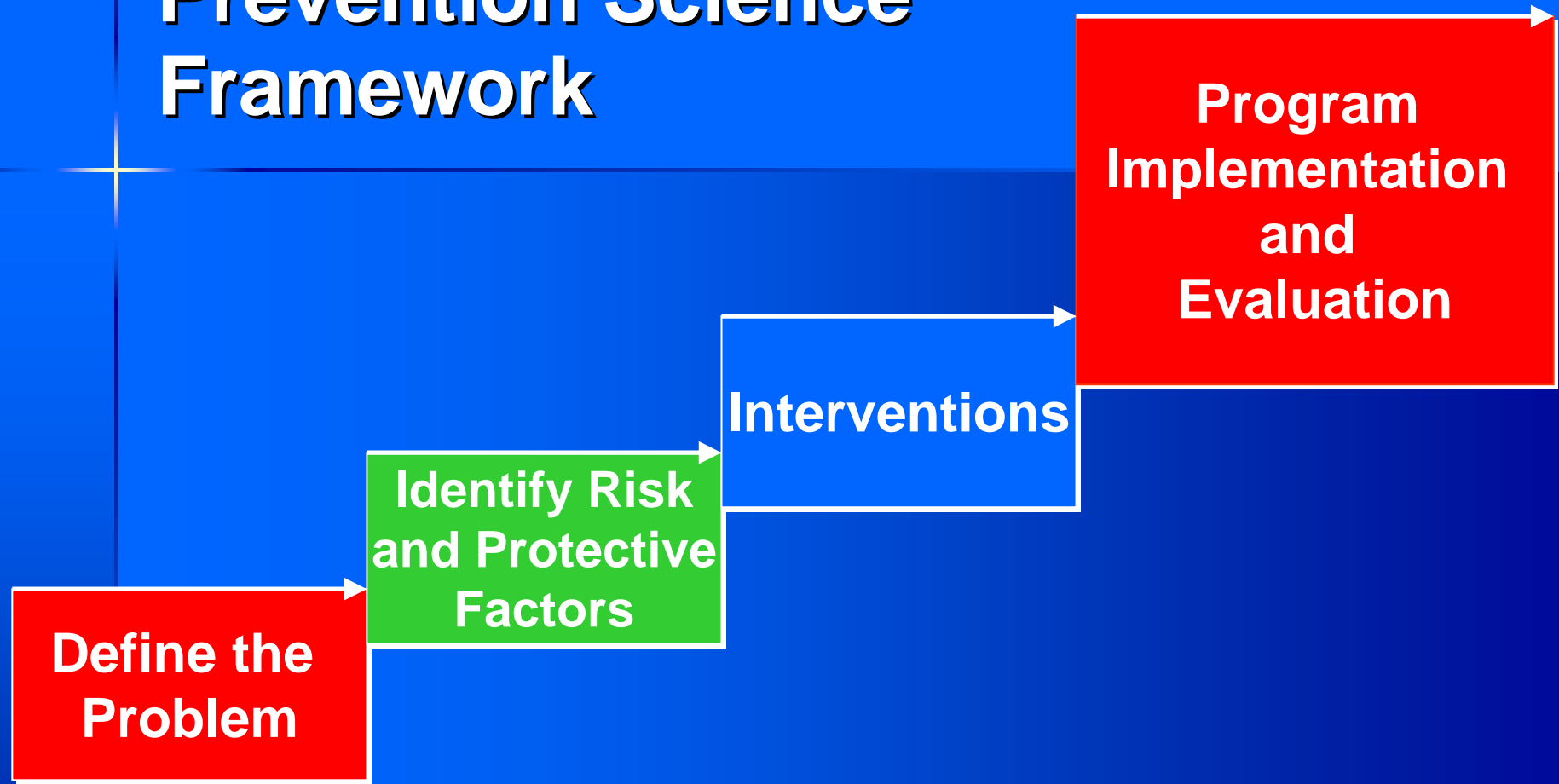


"LOOK DOWN THE ROAD."



S D
R G

Promotion and Prevention Science Framework



Problem

Response

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
Community						
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
Family						
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
School						
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
Individual/Peer						
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

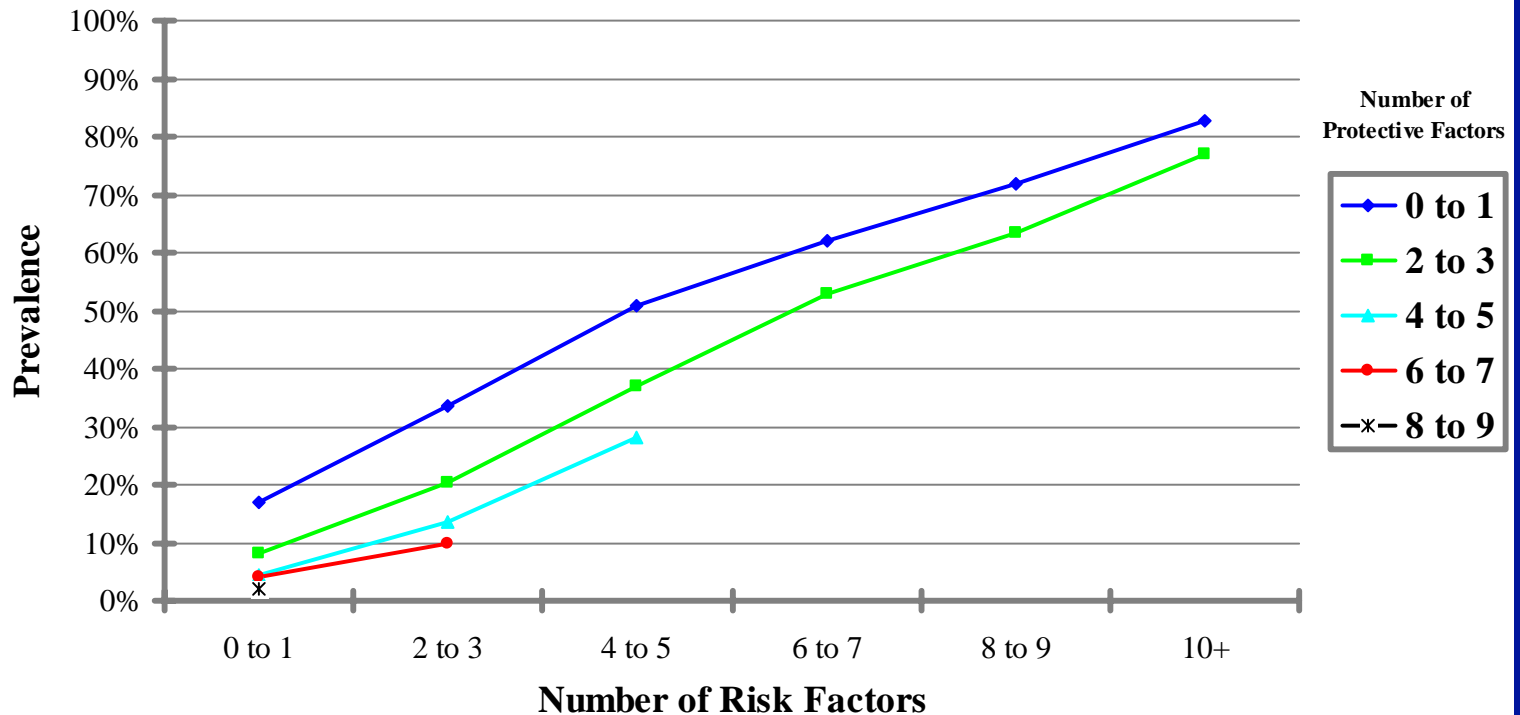
- High Intelligence
- Resilient Temperament
- Competencies and Skills

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

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

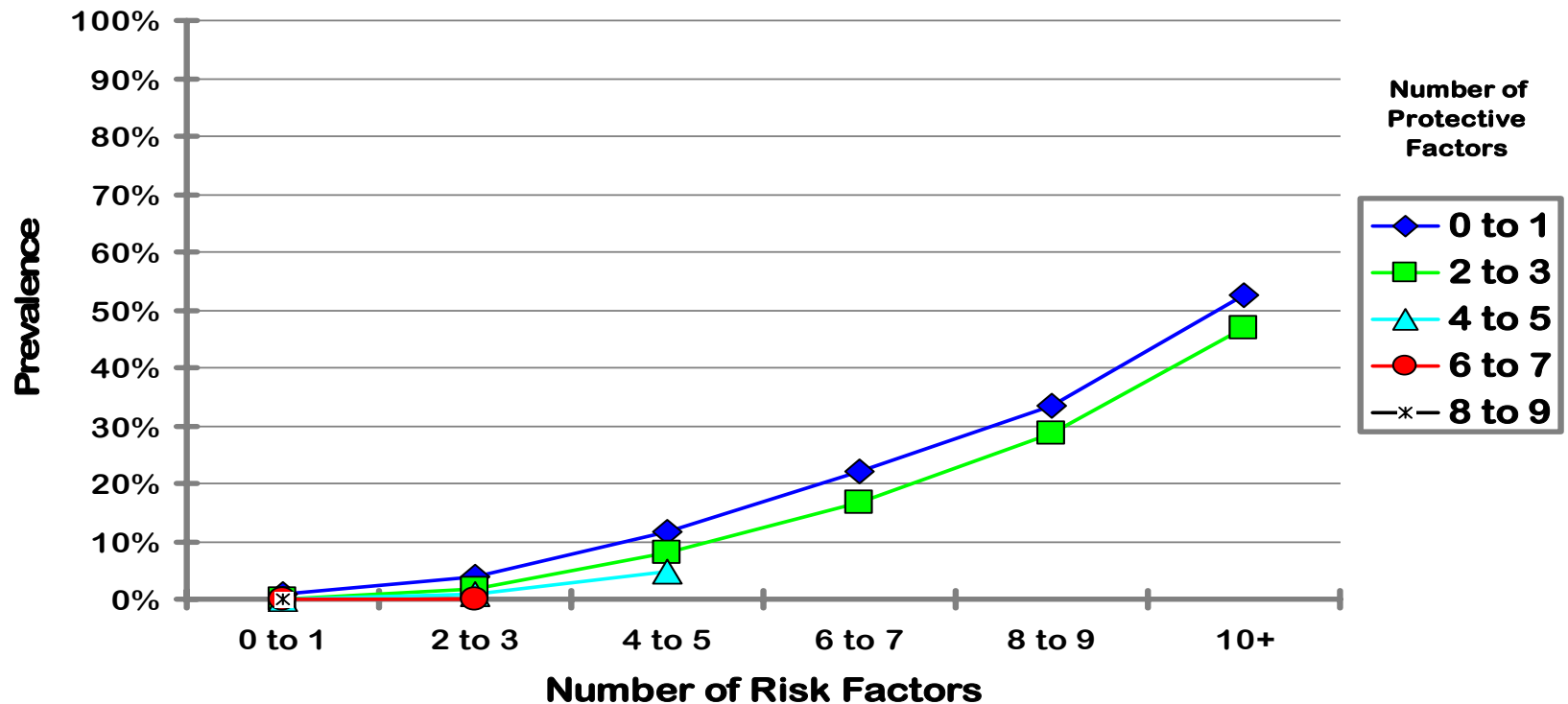
Prevalence of 30 Day Alcohol Use by Number of Risk and Protective Factors

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

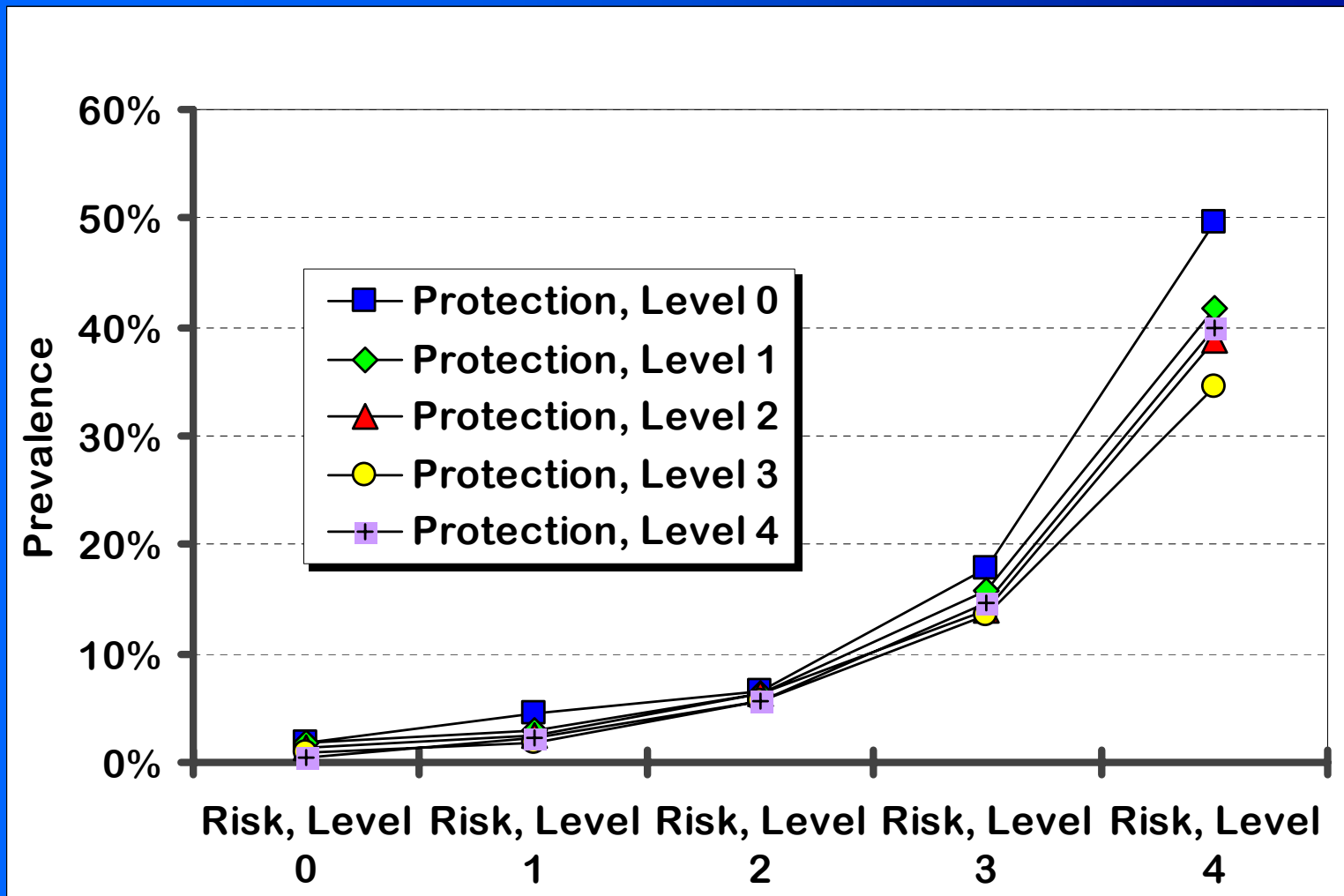


Prevalence of 30 Day Marijuana Use By Number of Risk and Protective Factors

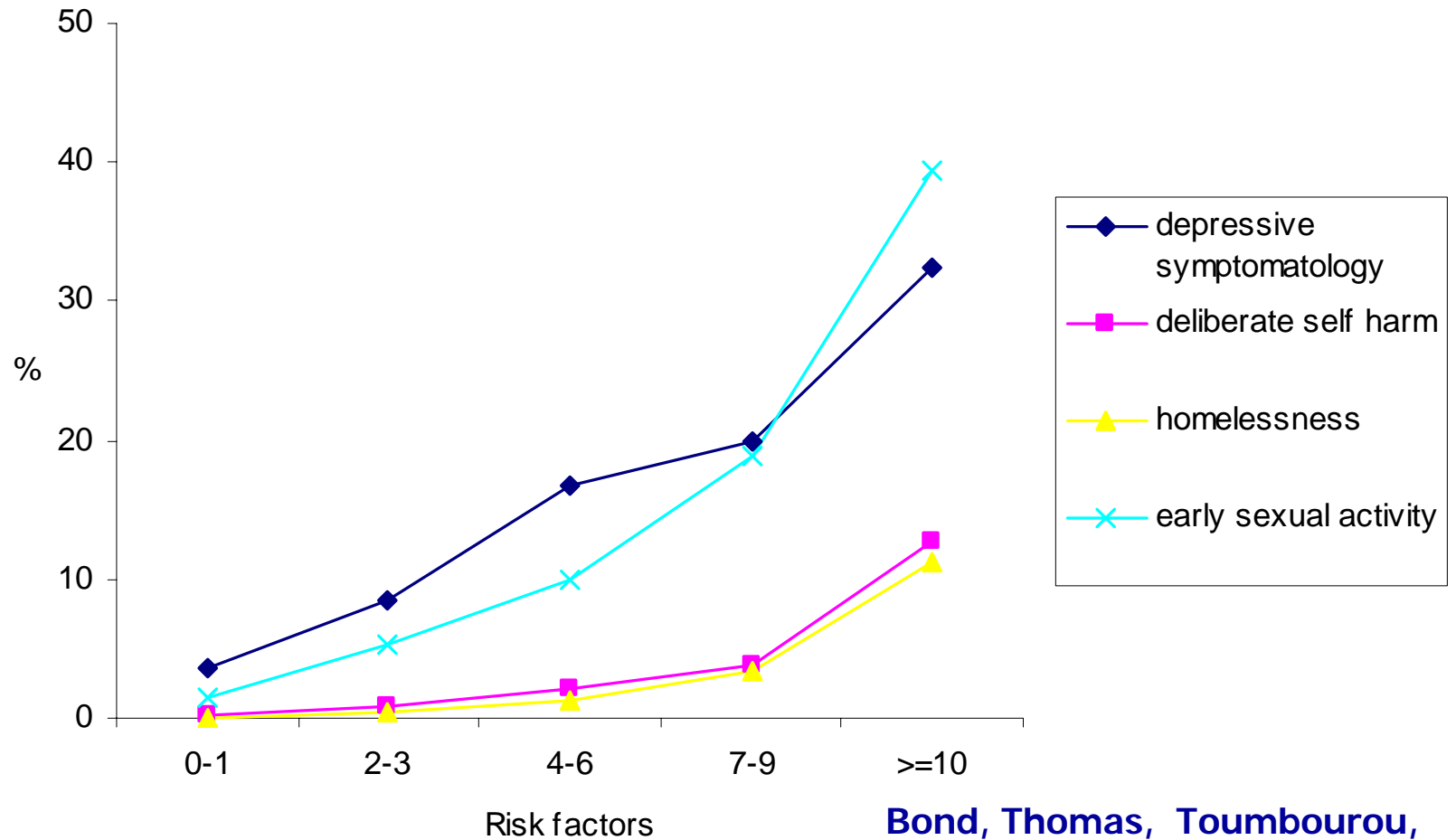
**Six State Student Survey of 6th-12th Graders,
Public School Students**



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

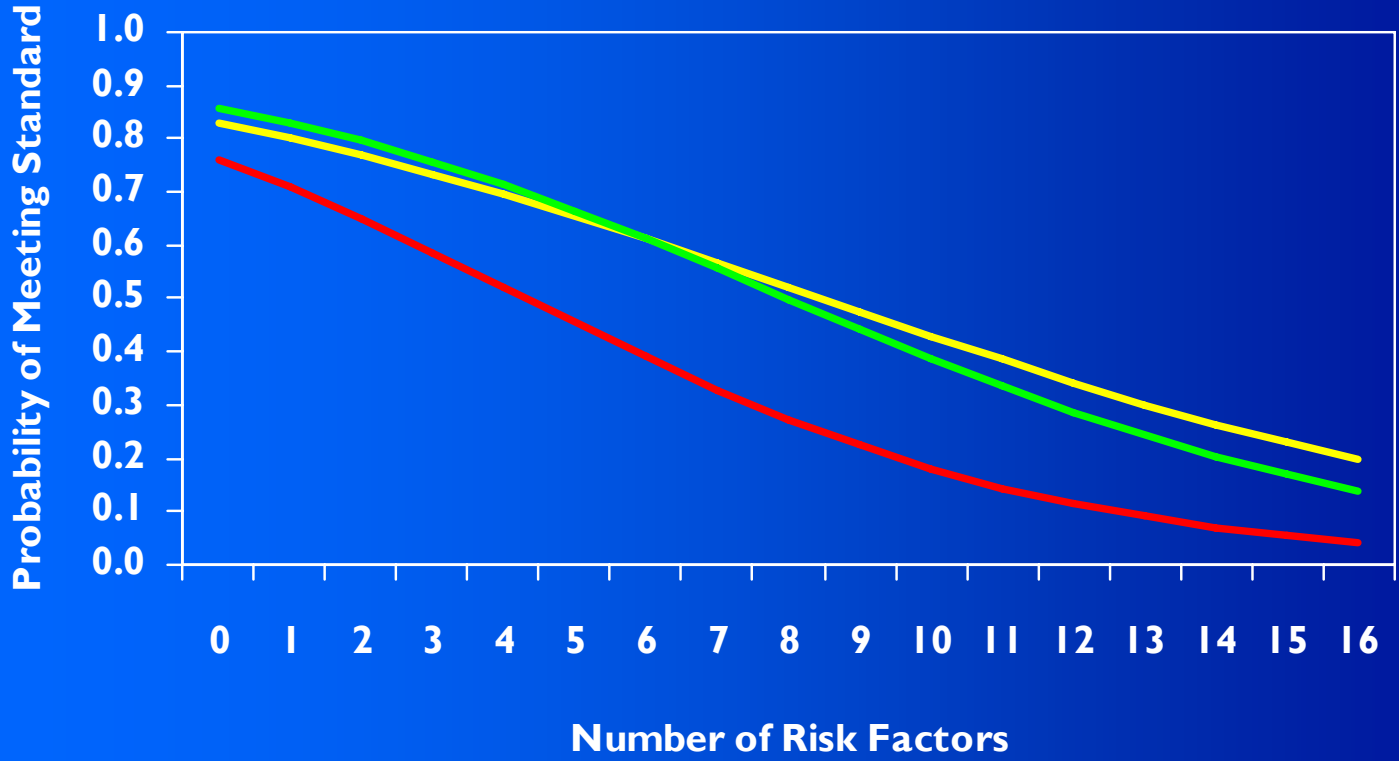


Prevalence of Other Problems by Number of Risk Factors



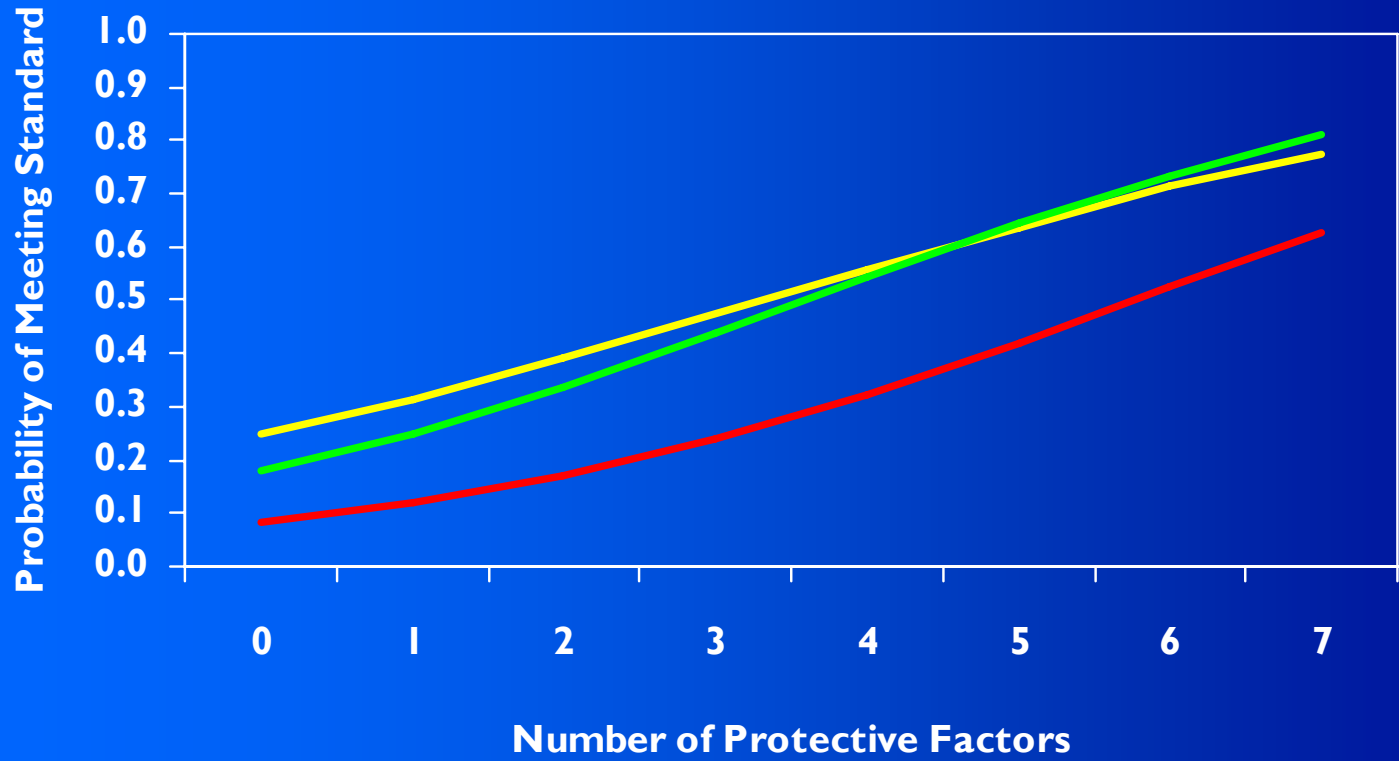
Bond, Thomas, Toumbourou, Patton, and Catalano, 2000

Number of School Building Risk Factors and Probability of Meeting WASL Standard (10th Grade Students)



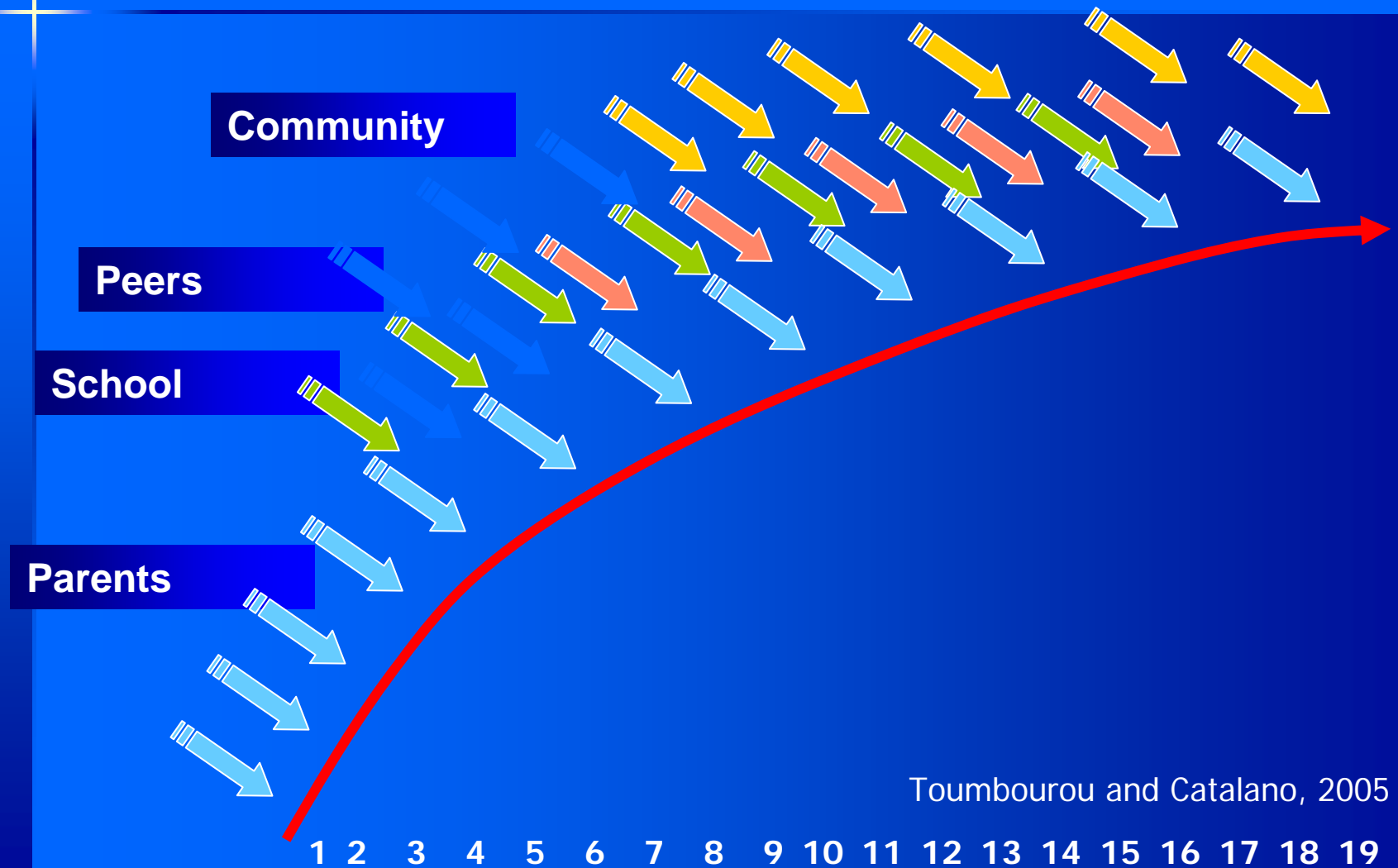
— Math — Reading — Writing

Number of School Building Protective Factors and Probability of Meeting WASL Standard (10th grade students)

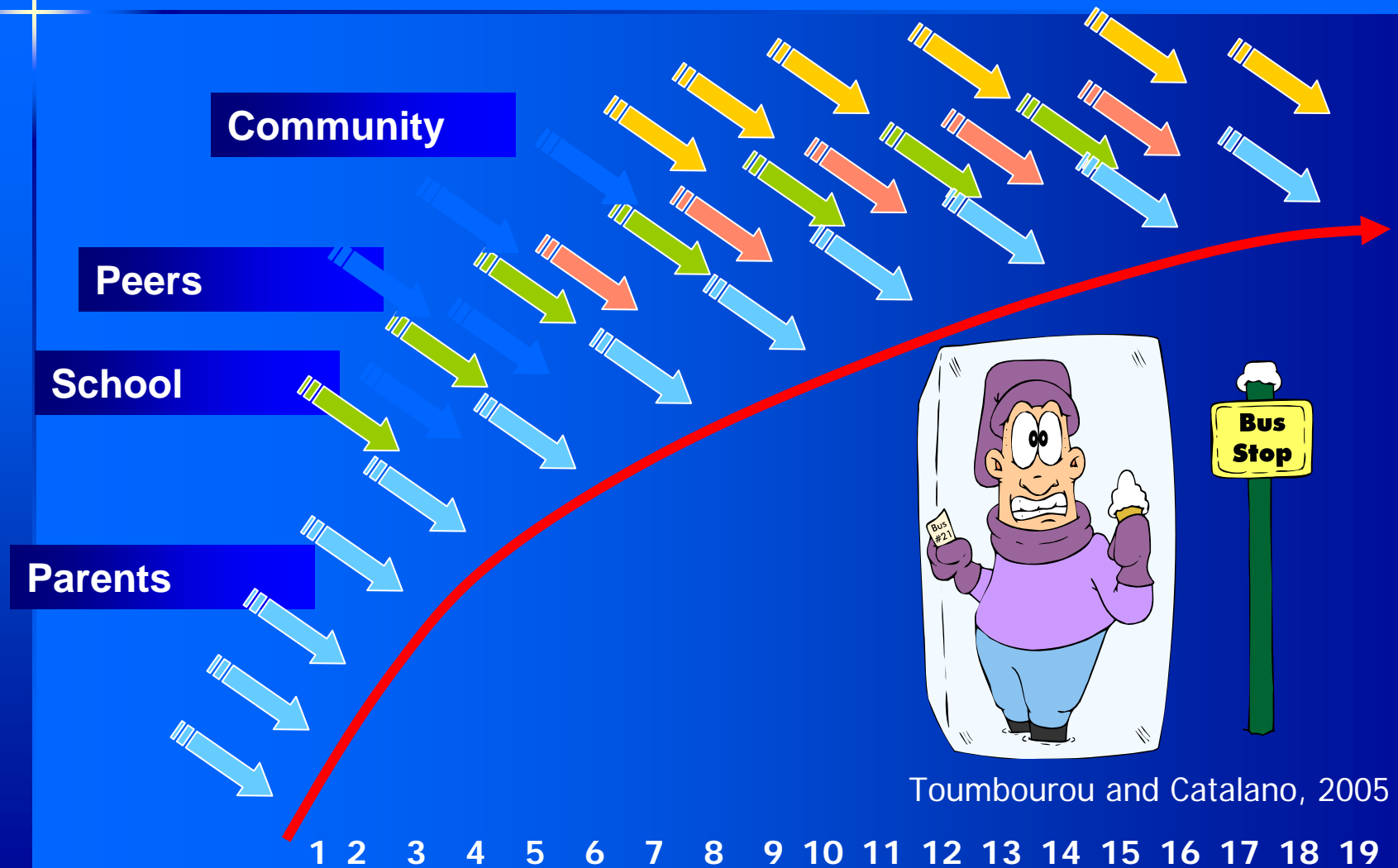


— Math — Reading — Writing

Factors Shaping Child and Adolescent Development

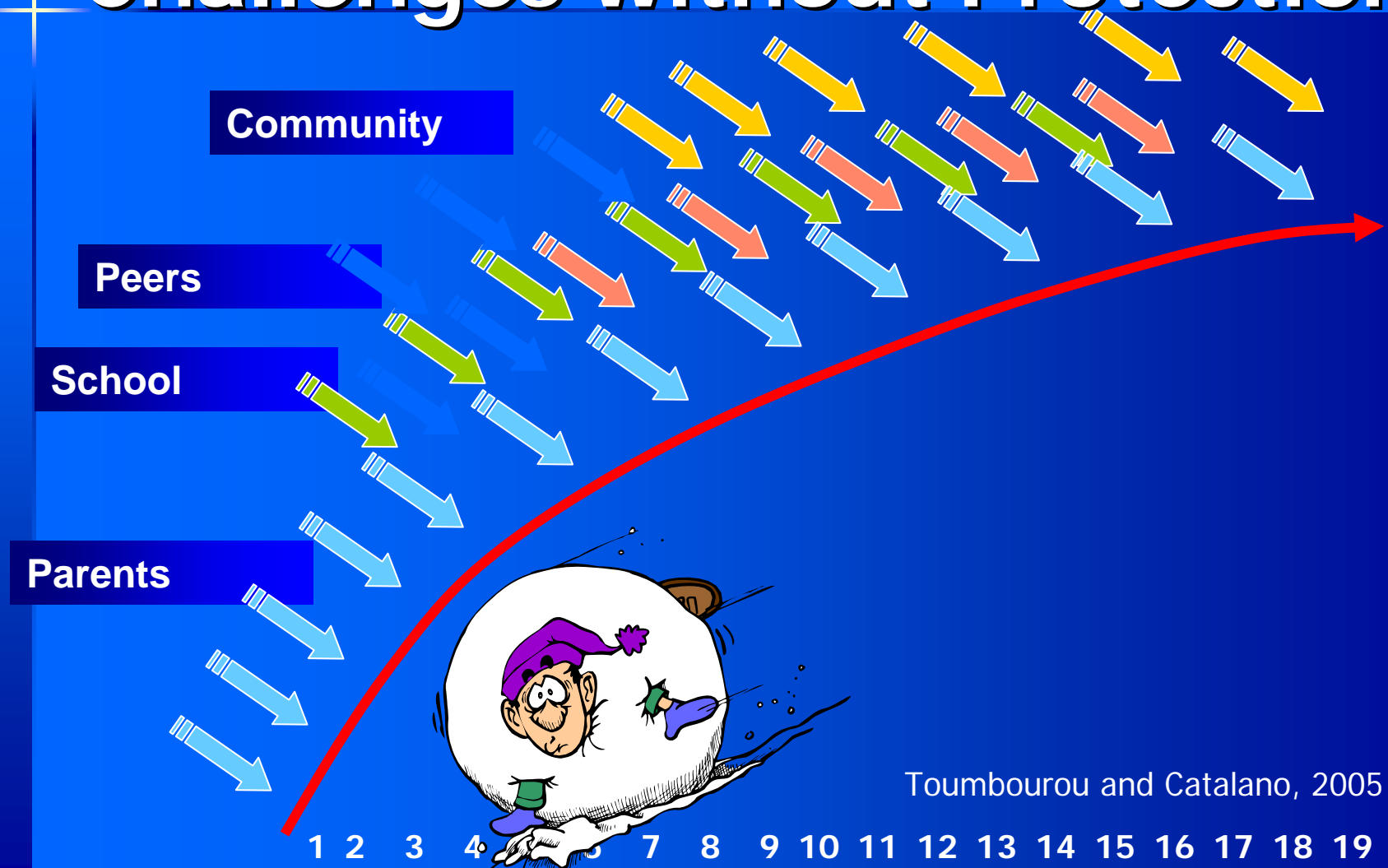


Snowstorm: Extended Exposure to Positive Norms and Models of Problem Behavior without Protection



Toumbourou and Catalano, 2005

Snowball: Risk Accumulates through Early Developmental Challenges without Protection

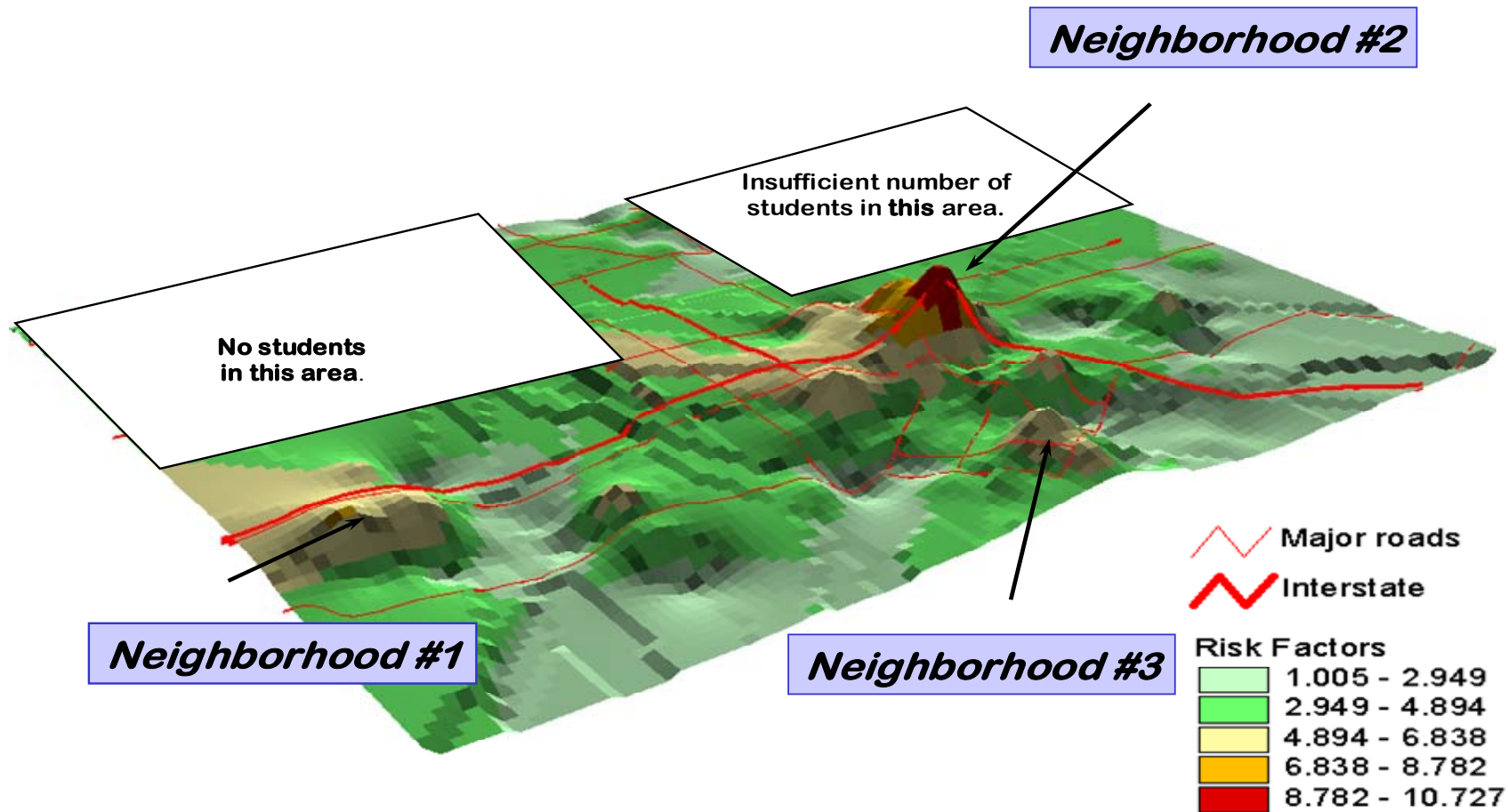


Toumbourou and Catalano, 2005

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 (prior version)

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



Benefits and Costs of Prevention and Early Intervention Programs for Youth

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Institute Publications: www.wa.gov/wsipp

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



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.

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

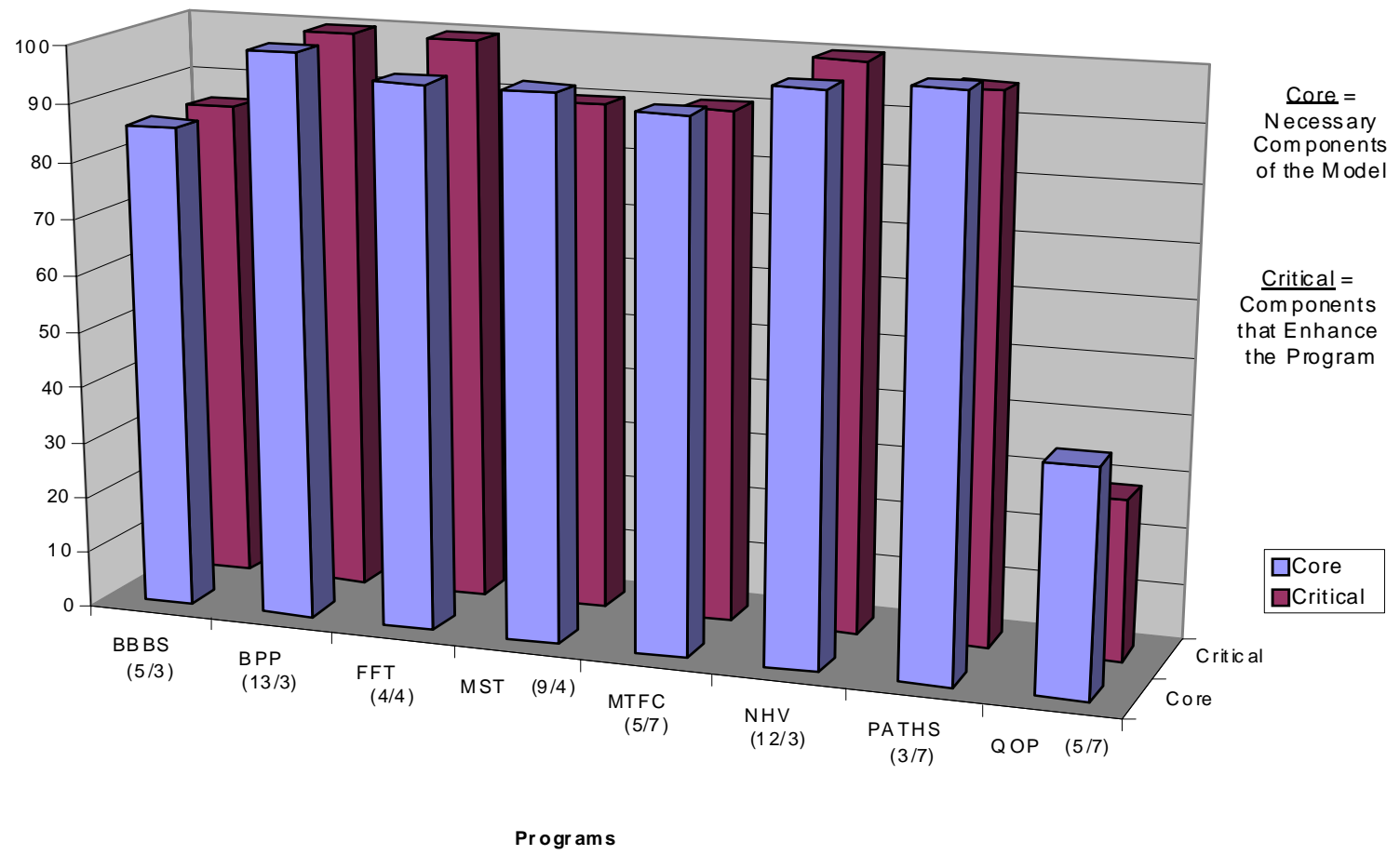
What Boosts Implementation Fidelity?

- 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

The *Communities That Care* Operating System



Communities that Care International History

- First US CTC program, 1988
- US Justice Department selects CTC, 1994
- CTC UK established, 1998
- CTC in BC, 1998
- CTC Survey Validation in Australia and CTC Australia established, 1999
- CTC Netherlands established, 1999

Communities That Care International History

- Call for international evaluation of CTC (Farrington, 1999)
- US, UK, Netherlands cooperation on evaluation, 1999
- CTC in training in Ottawa, 2004-5
- Cyprus initiates conversations on CTC, 2006
- CTC acquired by U. S. Center for Substance Abuse Prevention, making it freely available www.preventionplatform.samhsa.gov
- Netherlands randomized trial of CTC, 2007

Communities That Care Australia Partners

- Rotary Club of Melbourne
- Women's and Children's Health Care Network
- Developmental Research and Programs
- Victorian Health Promotion Foundation
- Victorian Government
- Local Government
- Philanthropic Sector

Communities that Care – Scotland 2006

◆ *“Long term prevention programme aiming to build a stronger, safer community where children and young people are valued, respected and encouraged to achieve their full potential.”*

- ◆ 3 Pilots in Scotland supported by Scottish Executive, Crime Prevention Unit
- ◆ 2 Edinburgh pilot programmes in Leith and South Edinburgh in 2002
- ◆ Both had ‘Audits’ and programmes based on audit findings
- ◆ Both seemed to be achieving results

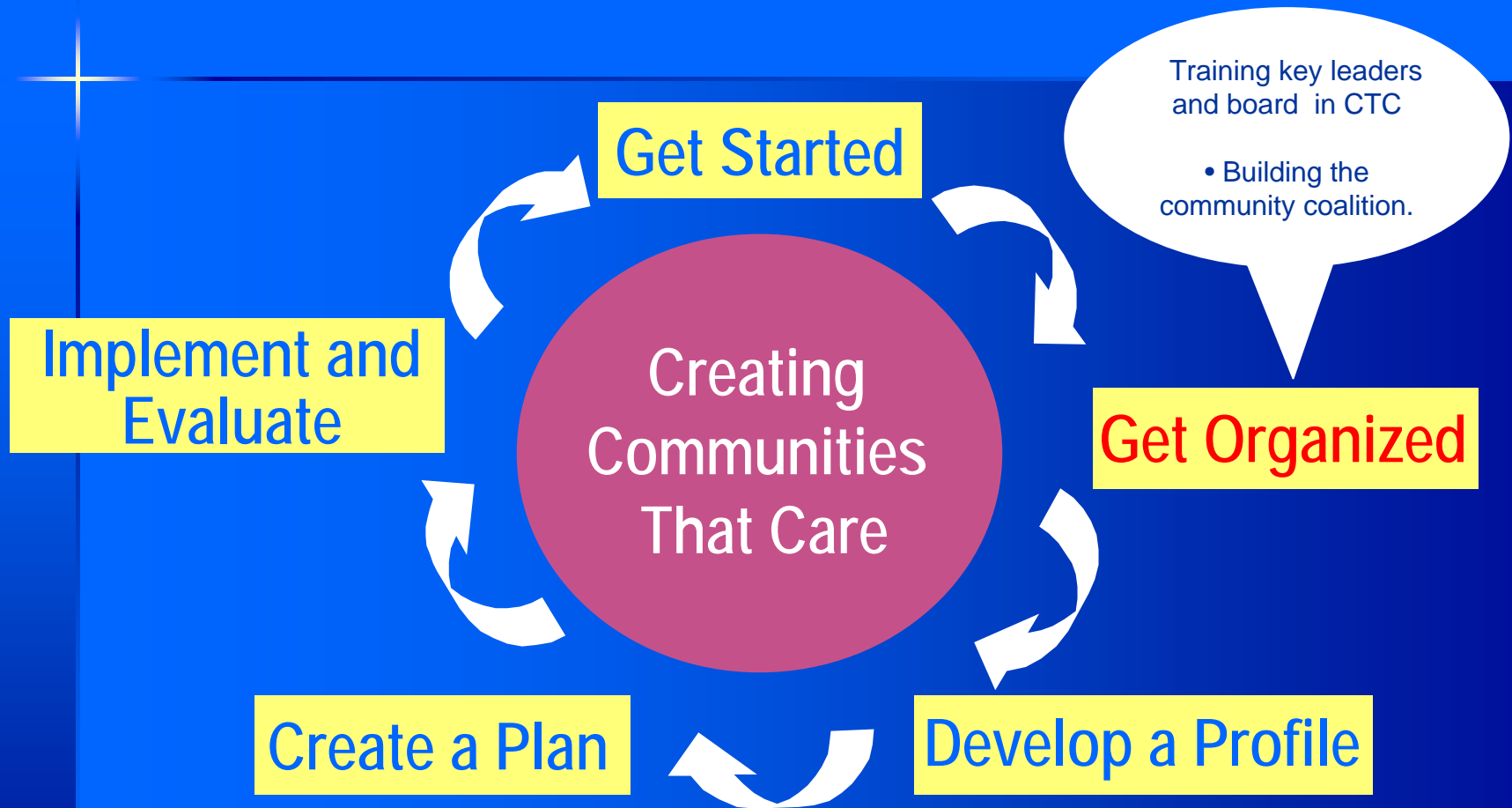
- ◆ CtC was highly respected with strong research base
- ◆ Supports an ‘evidence-based’ approach to service improvement
- ◆ Strong political support for CtC

-
- ◆ Decided to commission Risk & Protection Audit for whole City

The *Communities That Care* Operating System



The *Communities That Care* Operating System



The *Communities That Care* Operating System



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

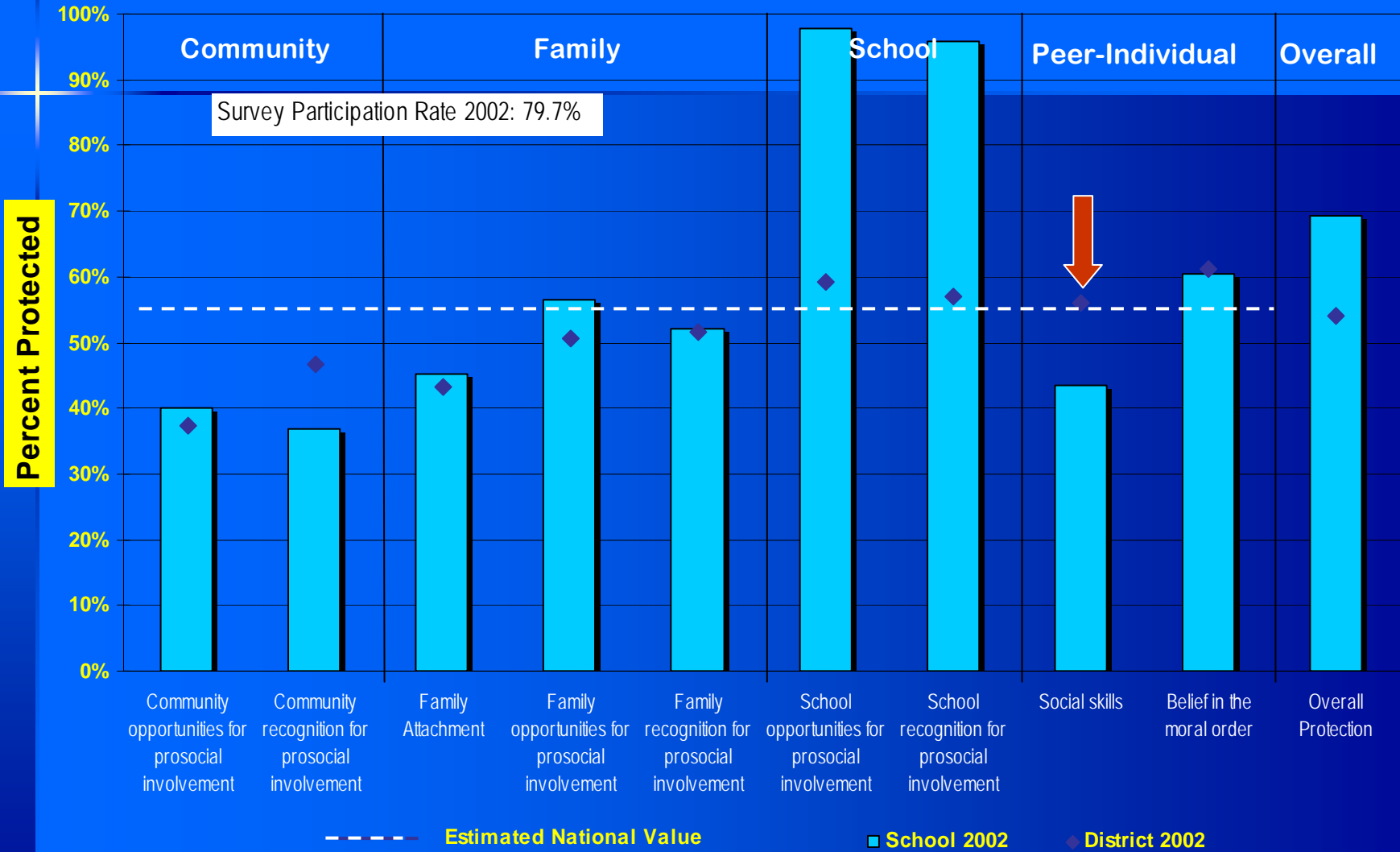
- Identifies levels of 21 risk and 9 protective factors and academic and behavioral outcomes
- Guides planners to select tested, effective actions
- Monitors the effects of chosen actions

The *Communities That Care* Operating System



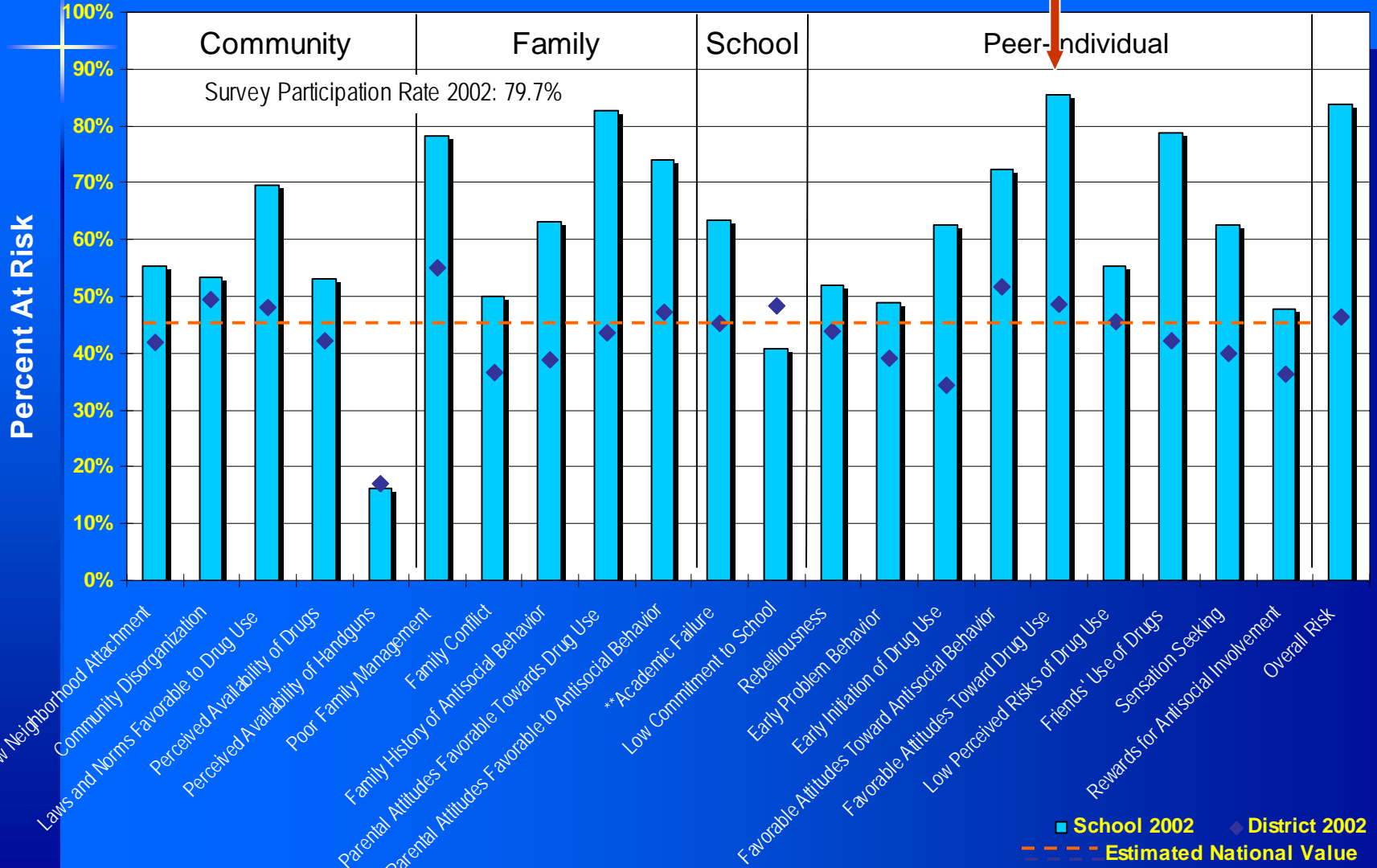
Nova High School Protective Profile 10th Grade

2002

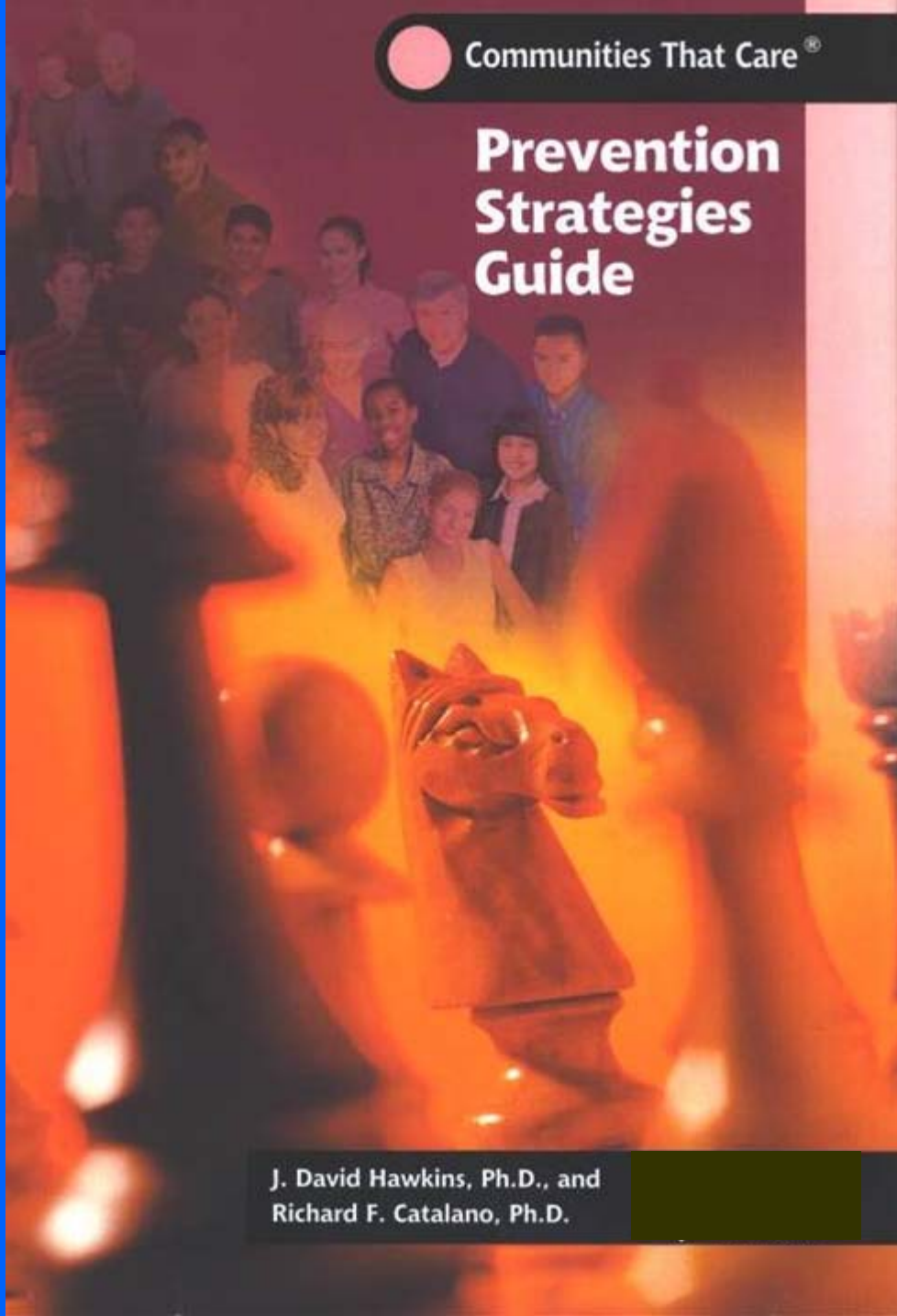


Nova High School Risk Profile 10th Grade

2002




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

- 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)

[Return to top](#)

National Recognition:

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

[Return to top](#)

Target Age Range:

14-18 years



[Return to top](#)

Protective Factors Addressed:

- * Skills
- * Healthy beliefs and clear standards

[Return to top](#)

Risk Factors Addressed:

- * Favorable attitudes toward the problem behavior

[Return to top](#)

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).

[Return to top](#)

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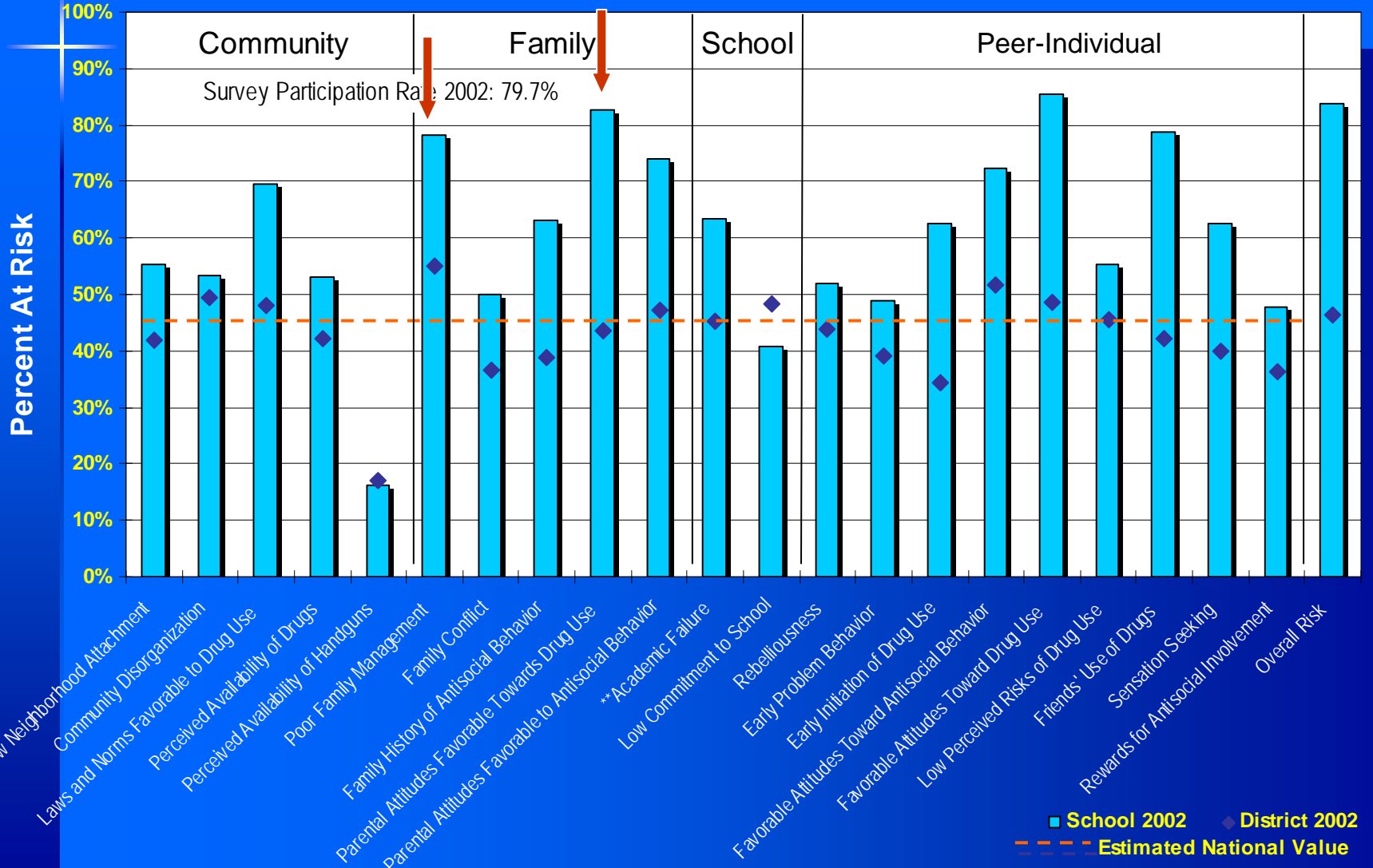
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Nova High School Risk Profile 10th Grade

2002



Protective Factors

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



Parent Training

Middle & High School

- ➔ ■ Guiding Good Choices[®] (Spoth et al., 1998, Mason et al., 2003)
- Creating Lasting Connections (Johnson et al., 1996)
- Iowa Strengthening Families Program (Spoth et al., 1998)
- Focus on Families (Catalano et al., 1999; 1997)

Guiding Good Choices: Selected Findings

- **A 5-session, 10-hour intervention when children were in 6th Grade had enduring effects:**
 - Reduced a number of risk factors
 - Reduced growth in substance use through 10th grade.
 - Reduced growth in delinquency through 10th grade.
 - Reduced growth in depression through 12th grade.

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

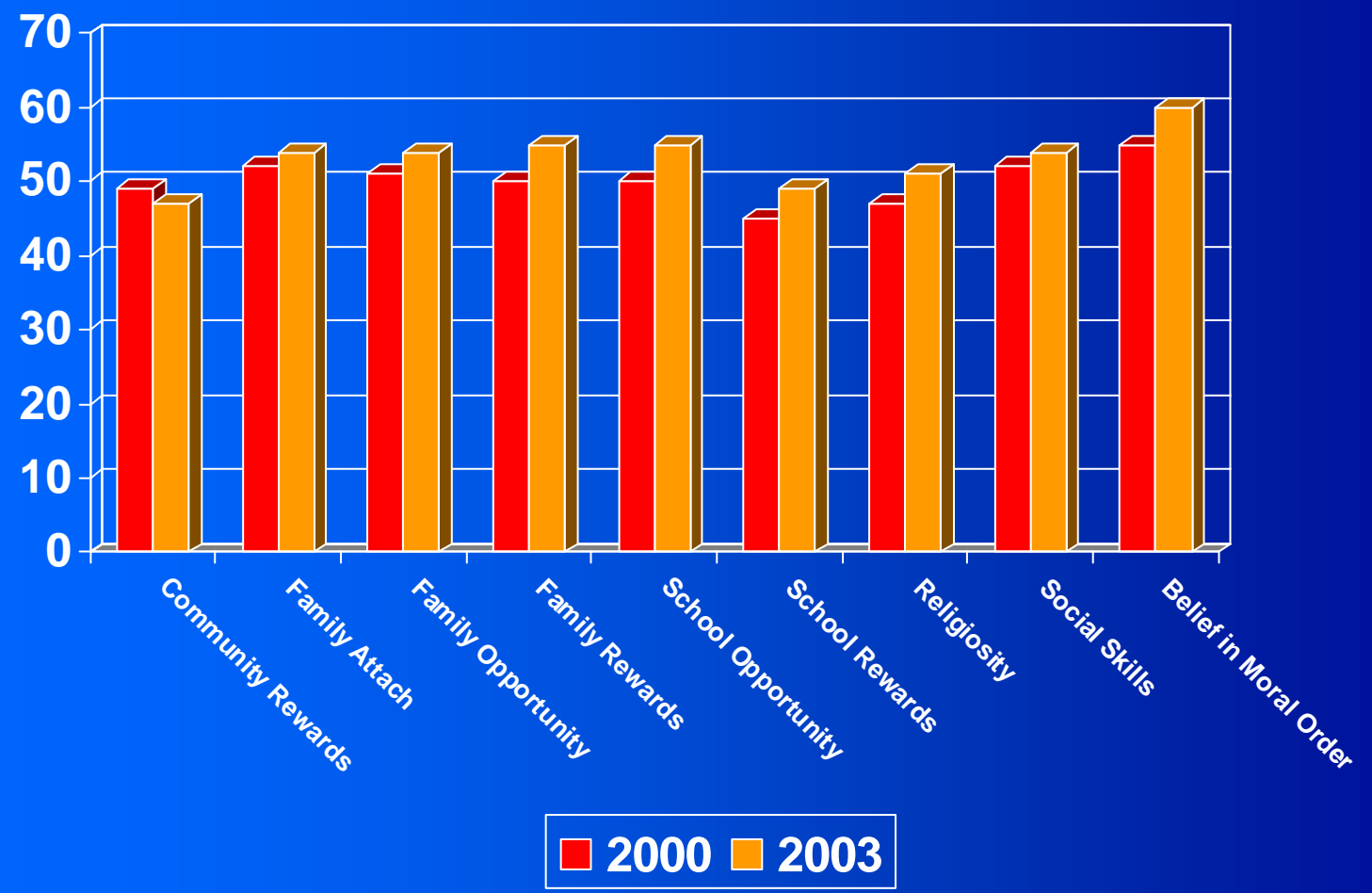
Get Organized

Develop a Profile

Create a Plan

Creating Communities That Care

Centre County, PA 3-year Progress Report Protective Factors



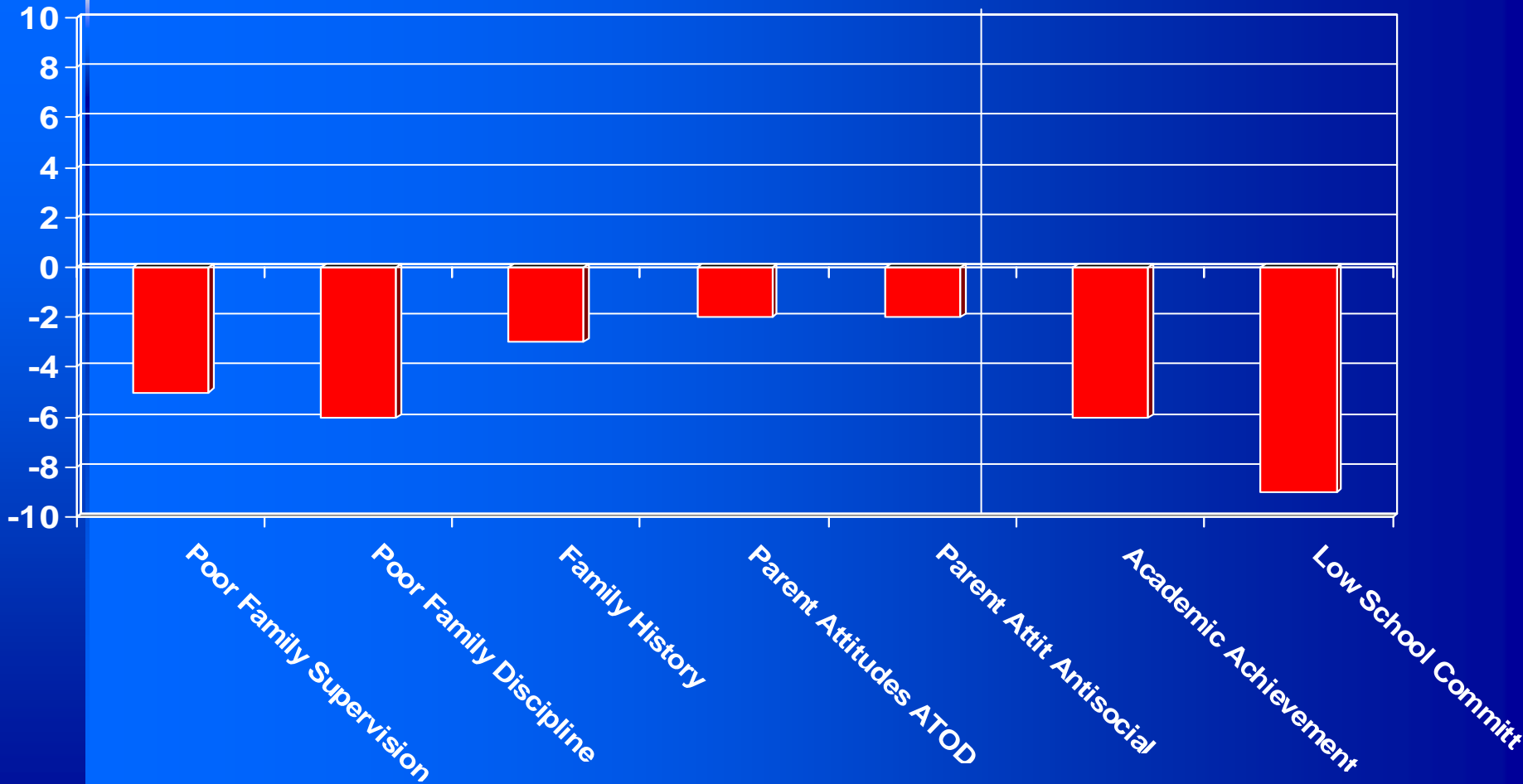


Centre County, PA

3-year Progress Report

Family & School Risk Factors

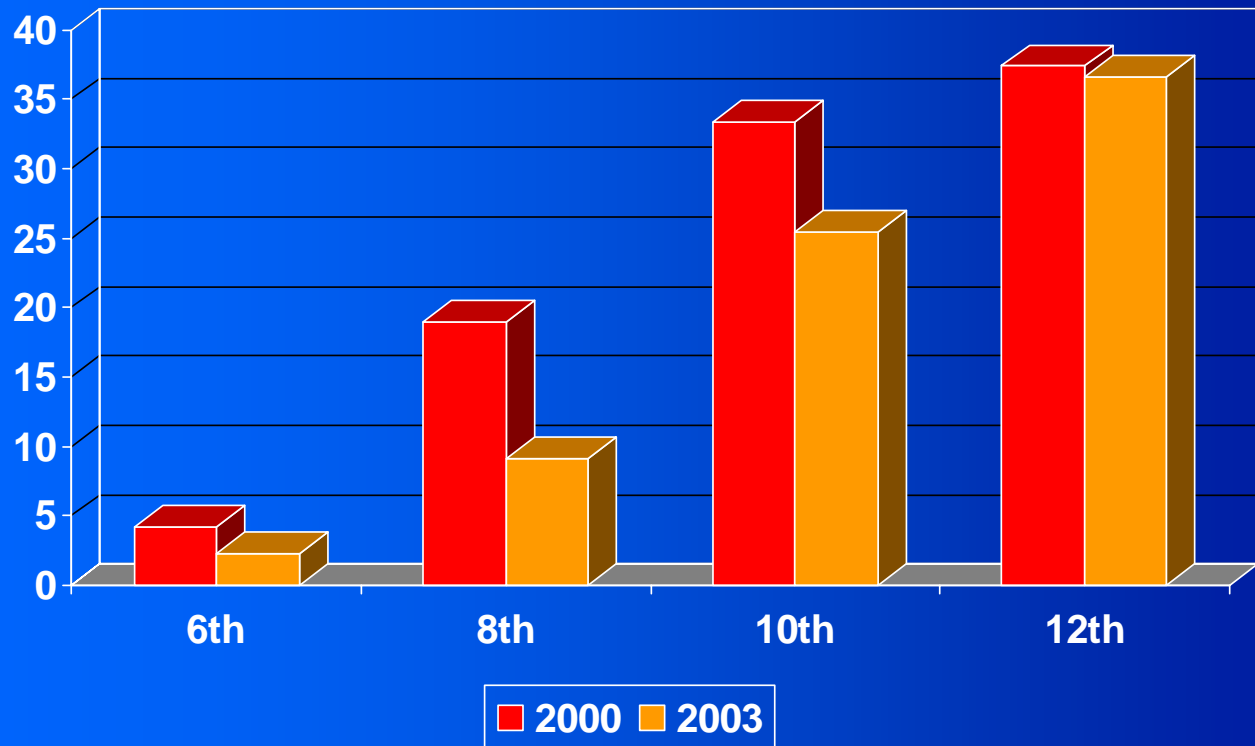
2000-2003 Change



Centre County, PA

3-year Progress Report

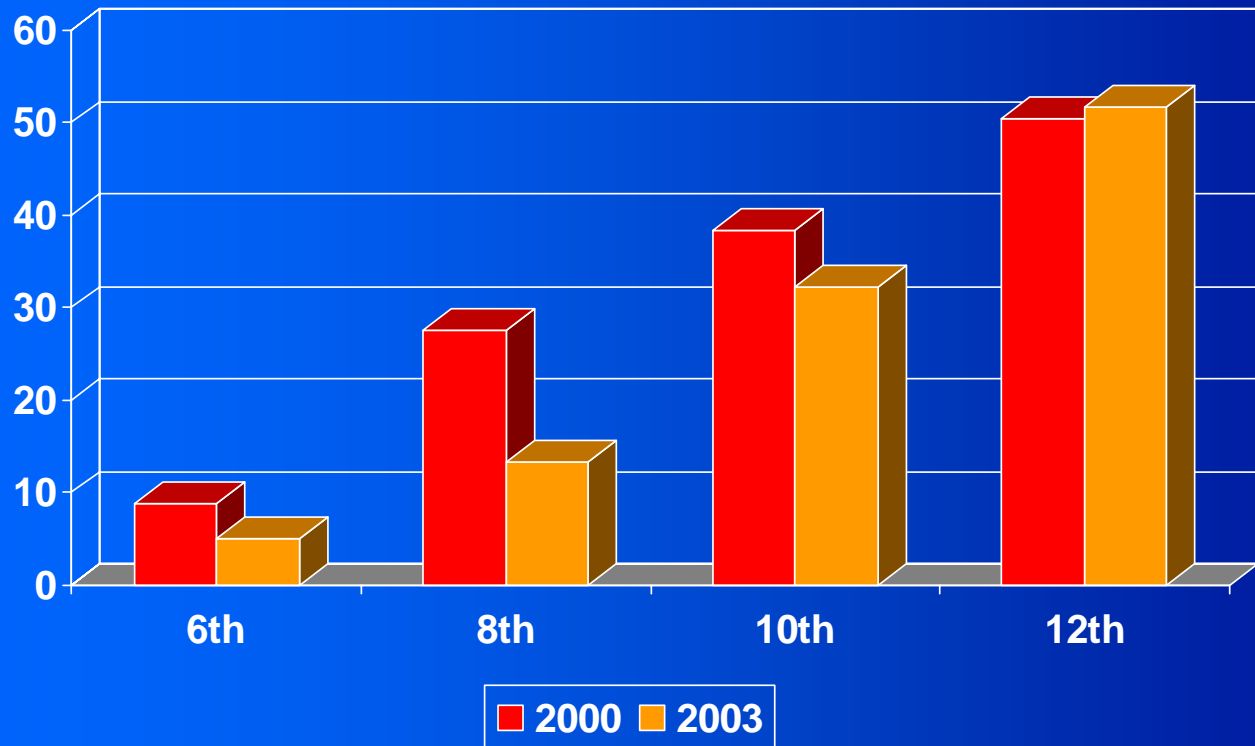
Cigarettes – Past 30 Day Use



Centre County, PA

3-year Progress Report

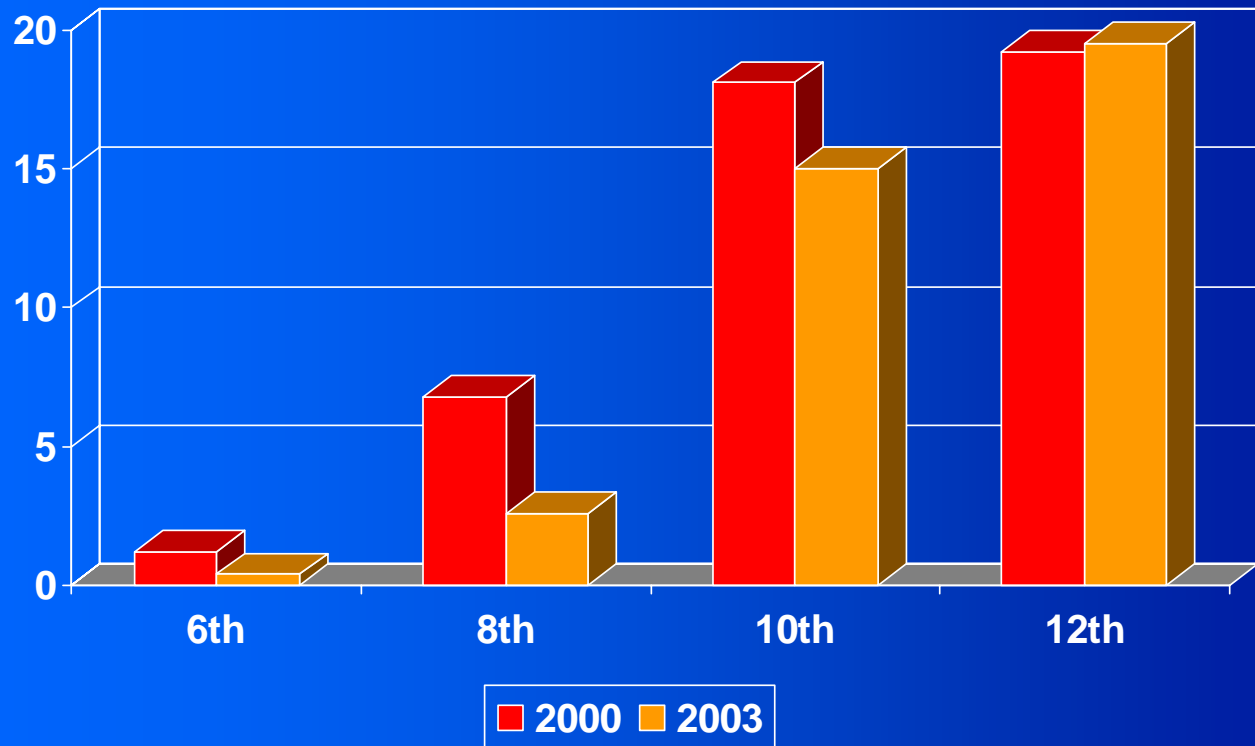
Alcohol – Past 30 Day Use



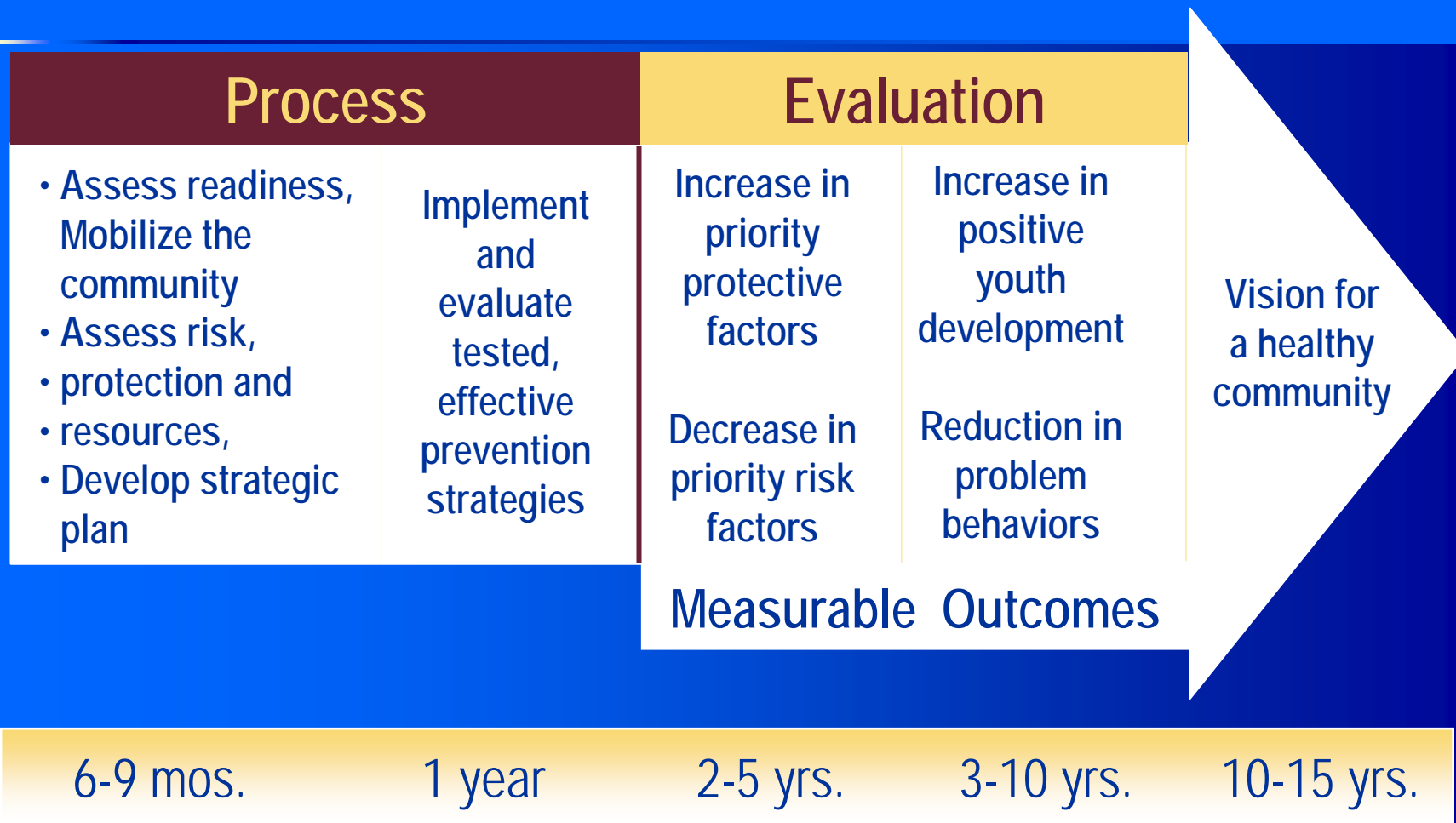
Centre County, PA

3-year Progress Report

Marijuana – Past 30 Day Use

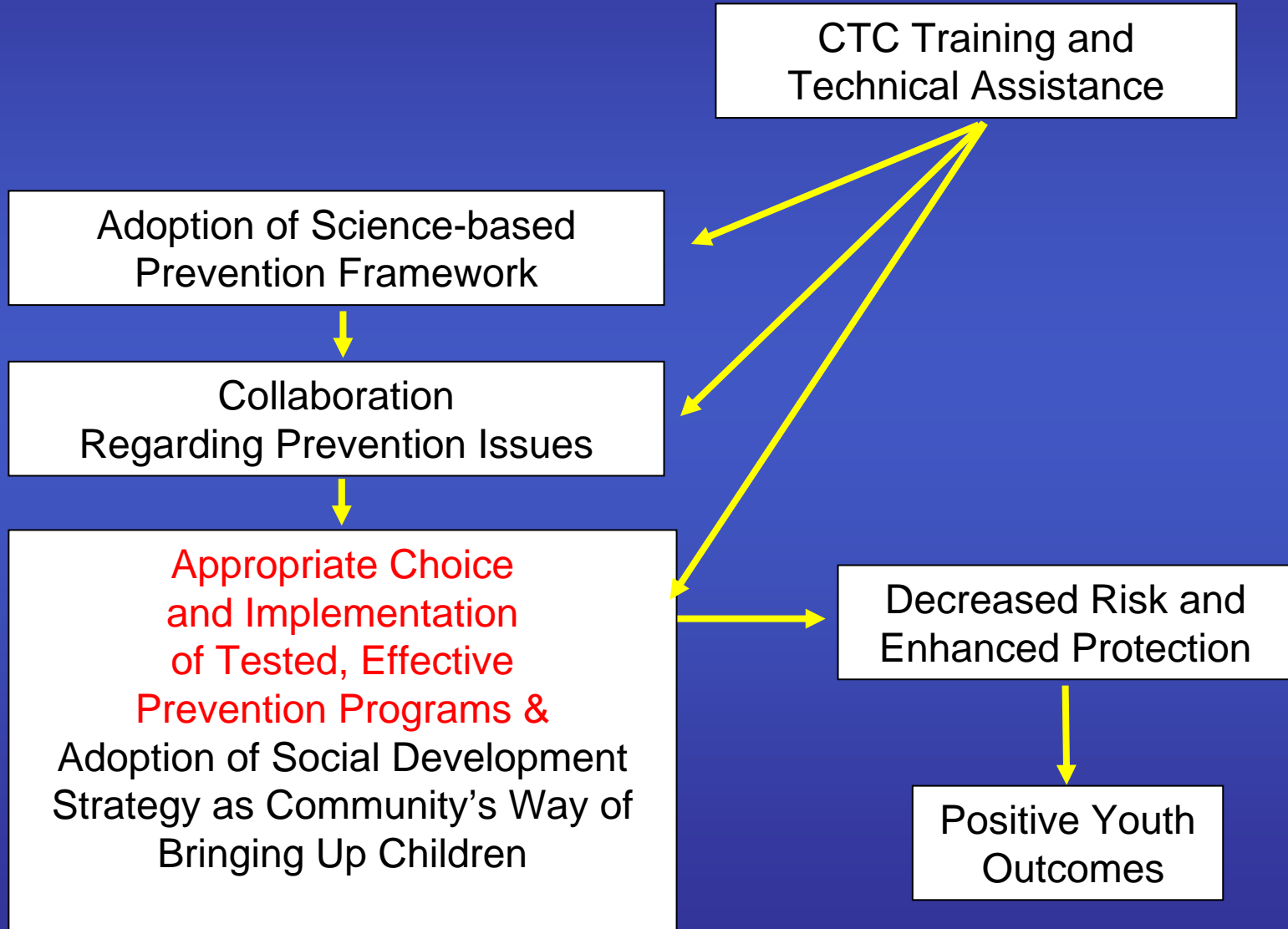


Process and Timeline





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
TOTAL	27	38	37

*Program funded through local resources in one or two communities

Exposure in the Community

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

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

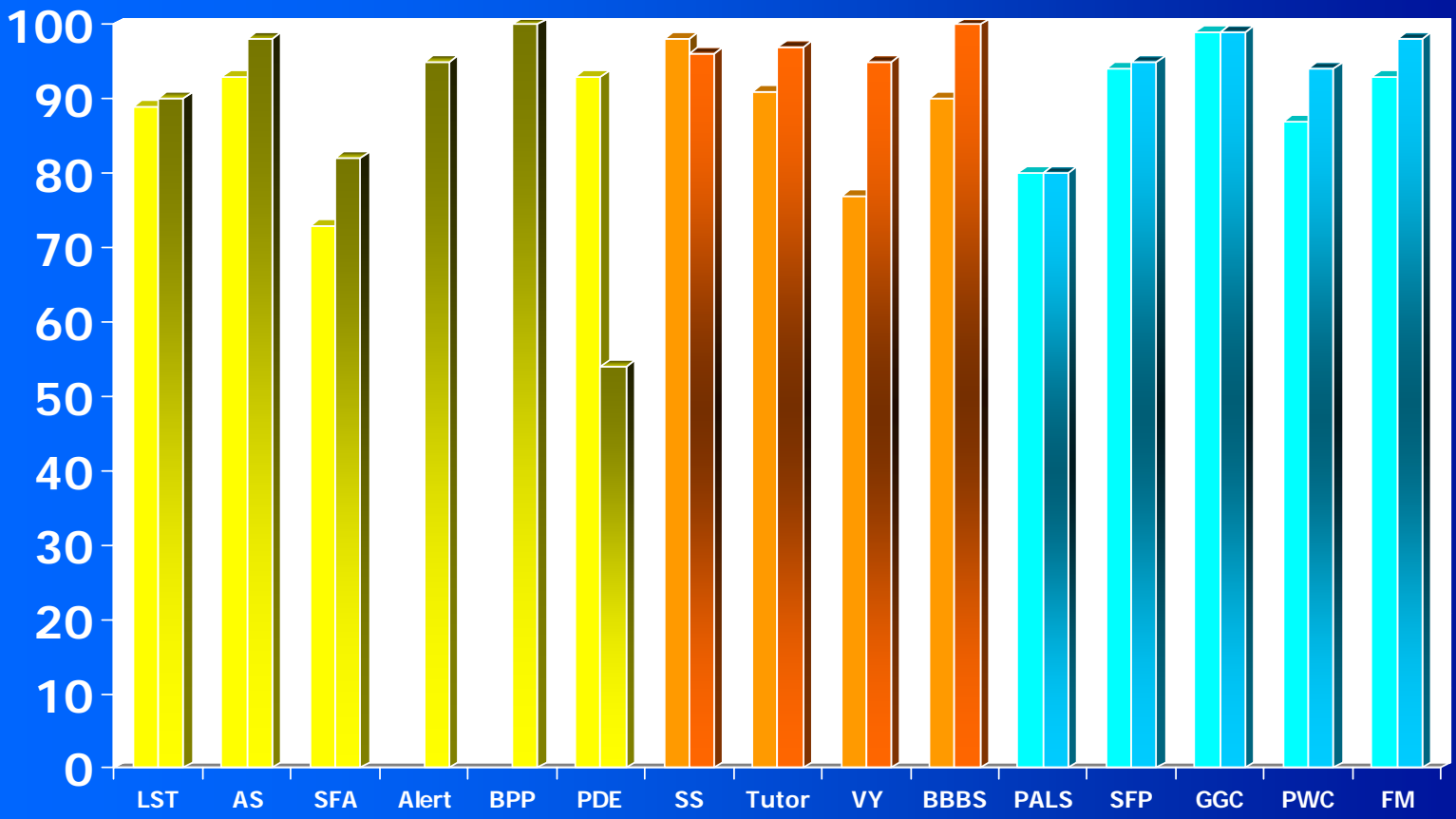
Tools Assisted Community Members to Assess Fidelity

- 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

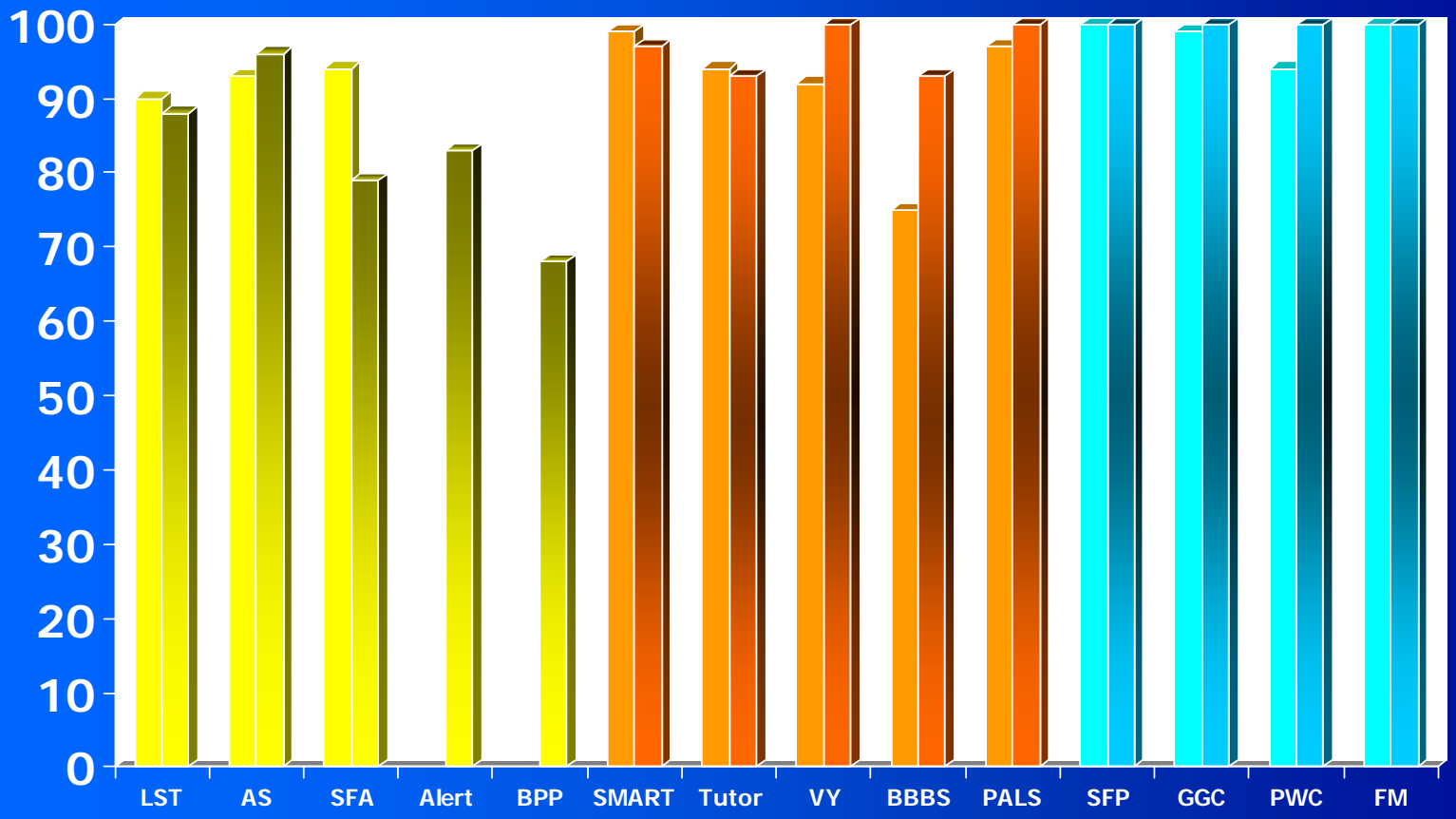
Percentage of material taught or core components achieved



Dosage/Exposure

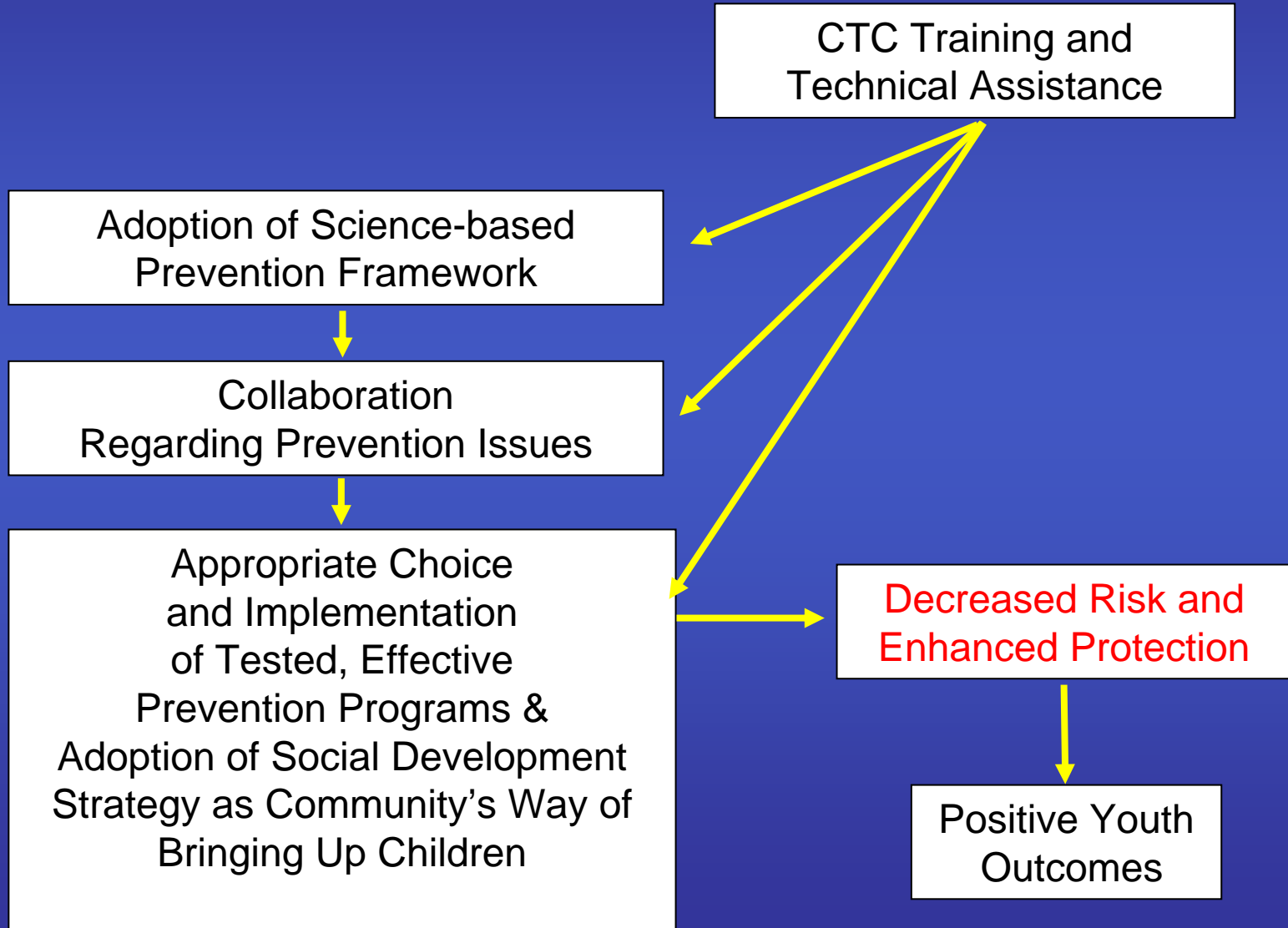
2004-05 and 2005-06 school years
(number, length, and frequency of required sessions)

Percentage of delivery requirements met





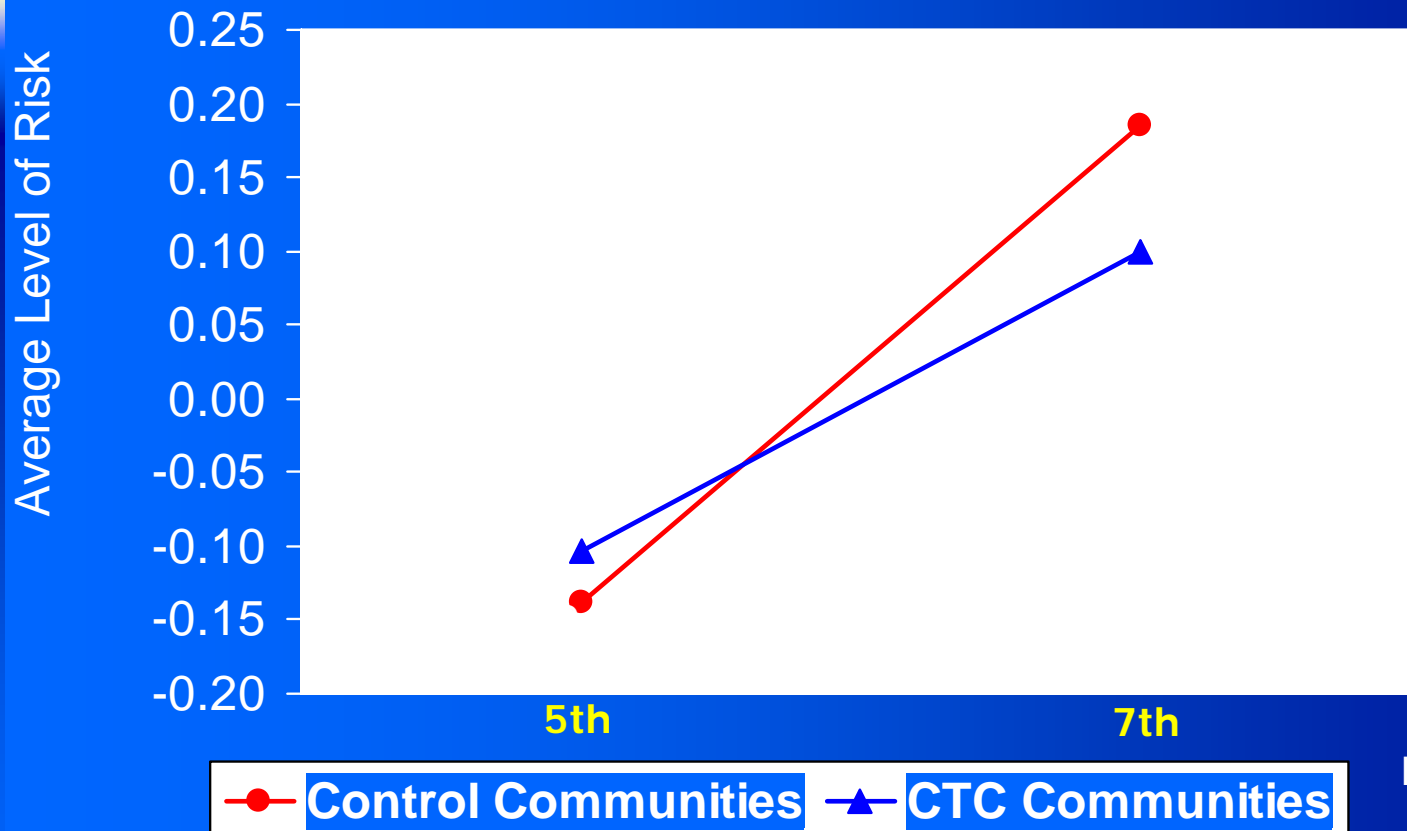
Communities That Care Theory of Change



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

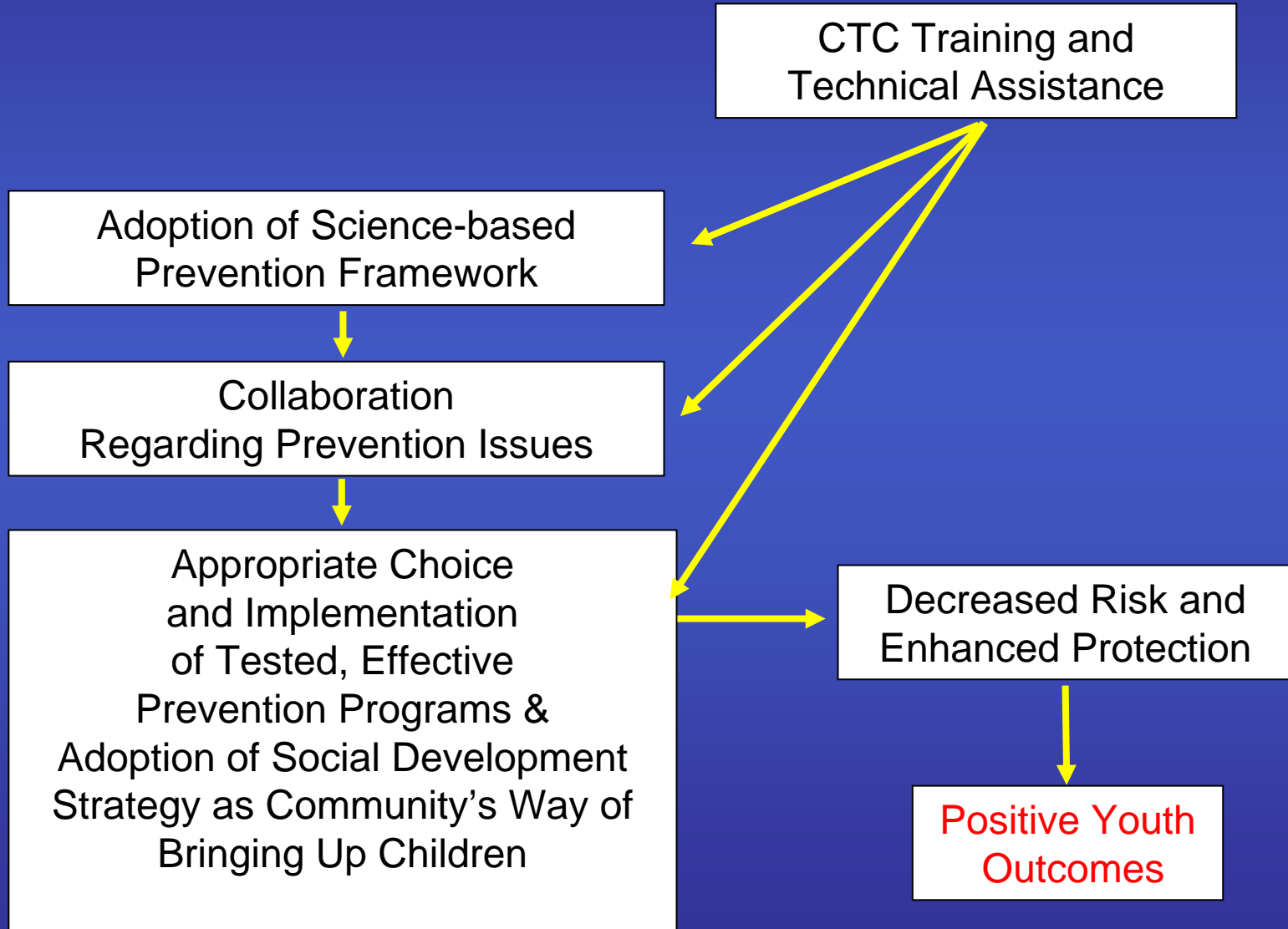


Hawkins et al., in press

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

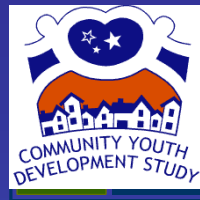




Effects of CTC on Onset of Drug Use and Delinquency

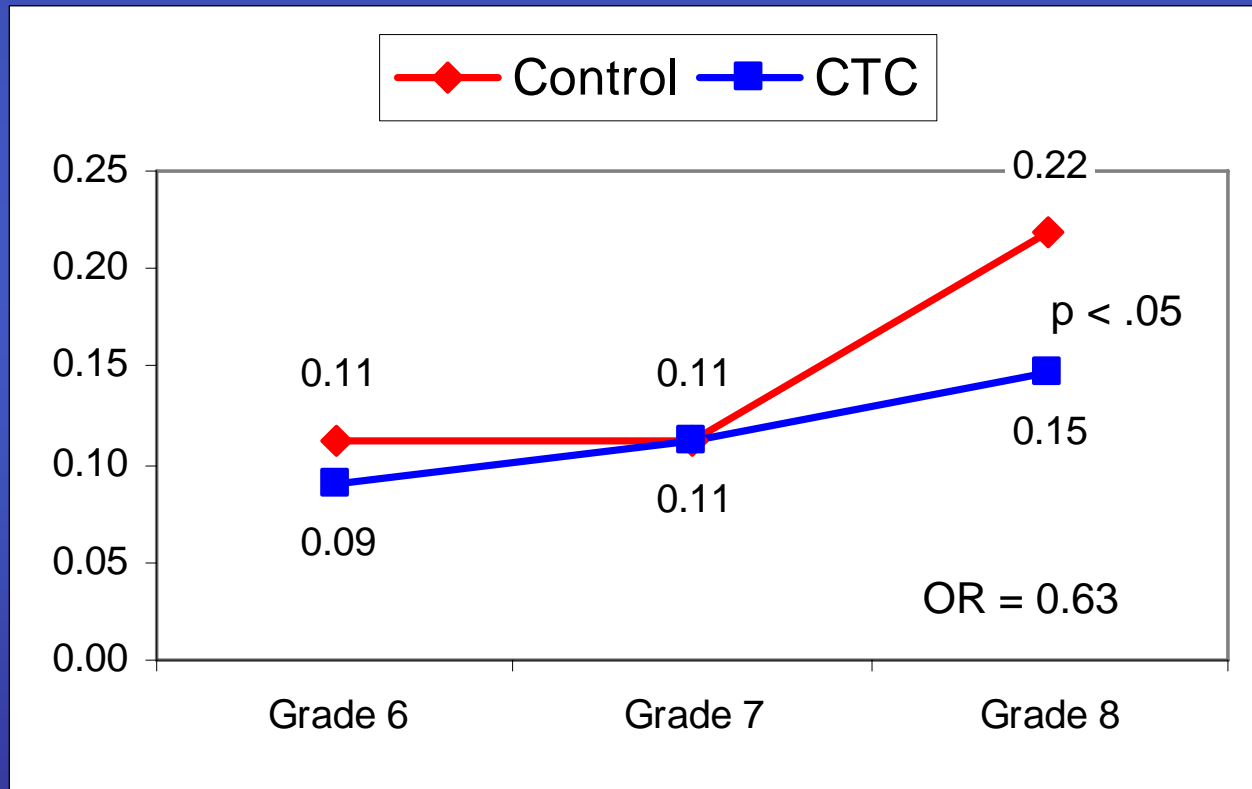
- Onset of substance use and delinquency between grade 6 and 8:
 - Alcohol use*
 - Cigarette smoking*
 - Smokeless tobacco use*
 - Marijuana use
 - Other illicit drug use
 - Delinquent behavior*
- Among 5th grade students who had not yet initiated.

***=Significant at $p < .05$**



Onset of Alcohol Use

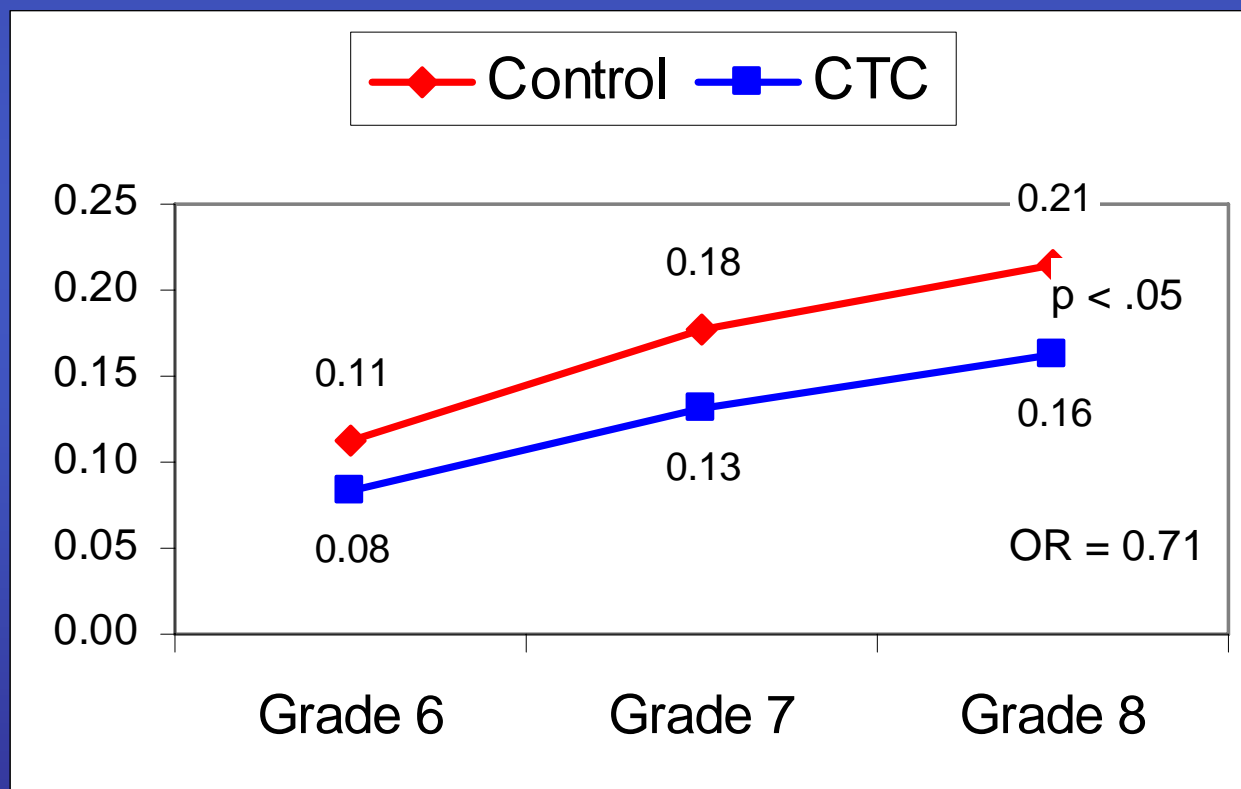
Adjusted Hazard





Onset of Delinquent Behavior

Adjusted Hazard





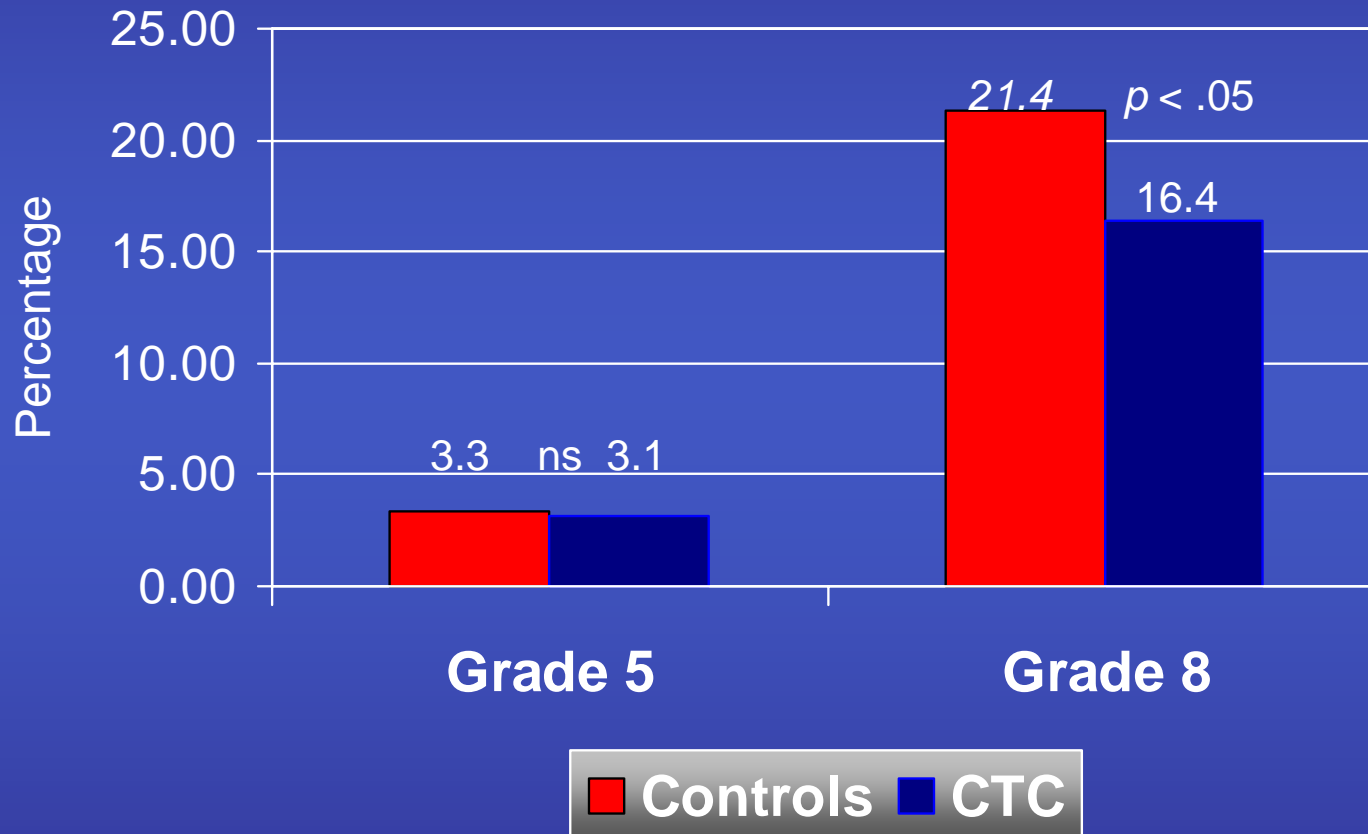
Effects of CTC on Current Drug Use and Delinquency in the Panel

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

*=significant at $p < .05$



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

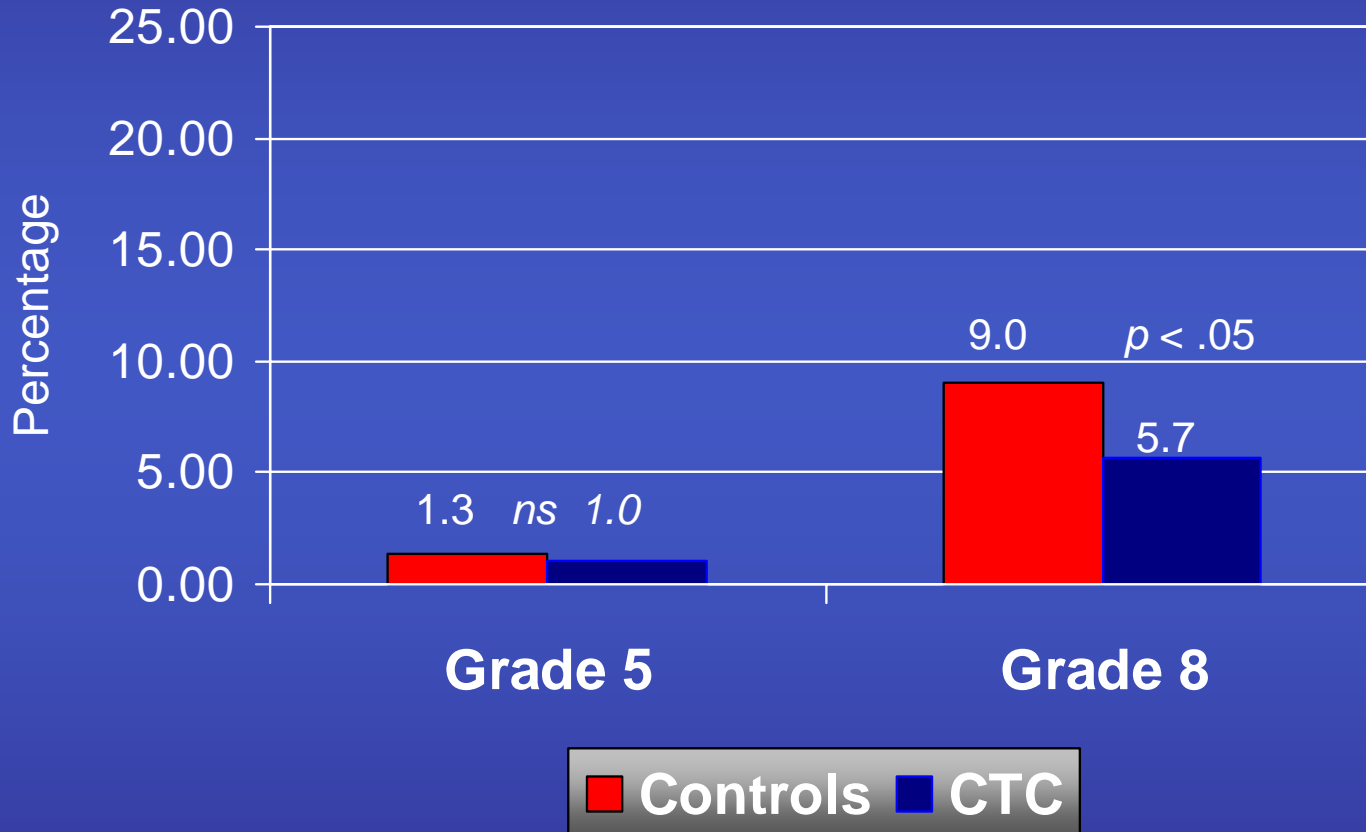


Note. Observed rates averaged across 40 imputations. ns = nonsignificant. $N = 4407$.



Prevalence of Binge Drinking in Past Two Weeks In Panel

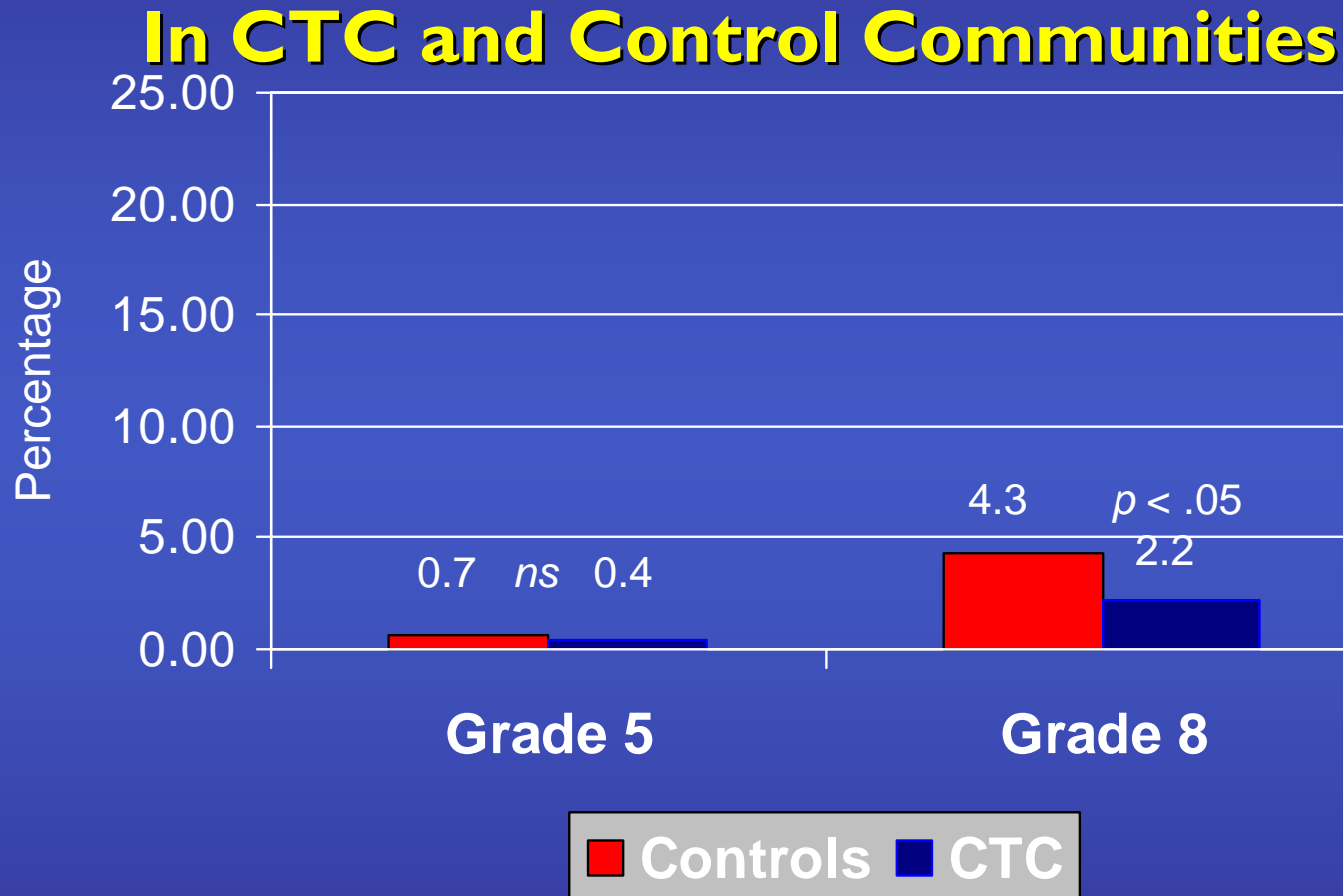
In Control and CTC Communities



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

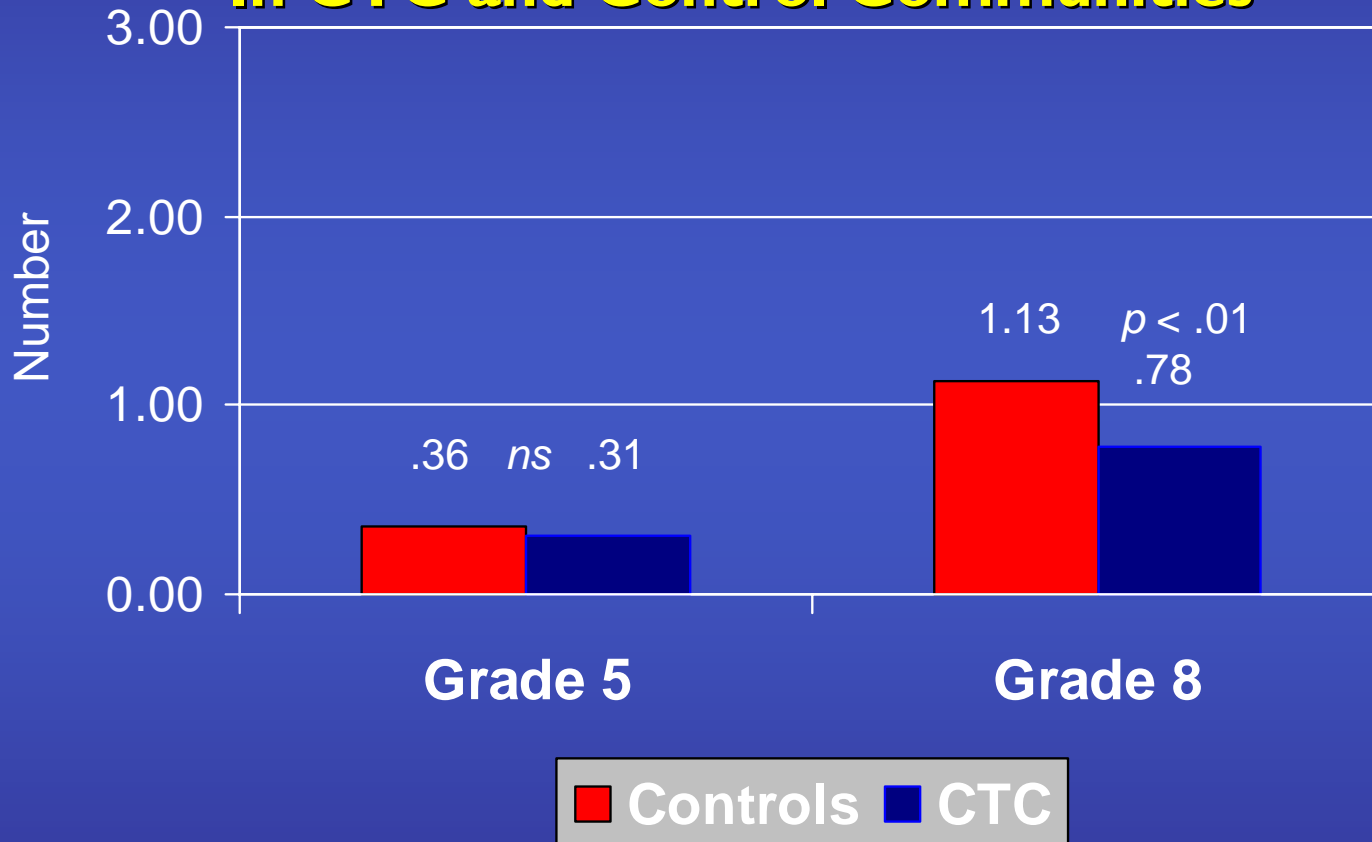


Note. Observed rates averaged across 40 imputations. ns = nonsignificant. $N = 4407$.



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: Evidence of Effects

- Adoption of science-based prevention is higher in CTC communities than in control communities.
- CTC communities and schools are adopting tested & effective programs.
- The new programs are being implemented with fidelity.
- Exposure to targeted risk factors is increasing less rapidly in the panel in CTC than in control communities.
- By the spring of grade 8,
 - significantly fewer panel students in CTC communities than controls have initiated smoking, smokeless tobacco use, alcohol use, and delinquent behavior.
 - Significantly fewer report drug use, specifically current alcohol use, binge drinking, and smokeless tobacco use.
 - Significantly lower rates of delinquent behavior.



Summary and Implications

There is evidence from the US that we can advance public health in our communities by using CTC to:

- Promote the collection of data on levels of risk and protection to focus community action on elevated risks.
- Engage in community efforts to strengthen protection and reduce risks.
- Sponsor, endorse and use tested and effective prevention programs.

International trials are underway



Community Empowerment Through Knowledge
10th Anniversary of Squamish Communities That Care

Squamish, British Columbia

October 2, 2008

Using the Research Base for Prevention
Science to Promote Community Well Being:
Communities that Care

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