



Embedding Effective Prevention in Communities: Results from the Community Youth Development Study

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History of Delinquency Prevention in the U.S.

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- Before 1980, nine experimental tests of delinquency prevention programs were conducted in the U.S.
- **NONE** found desired effects in preventing delinquency. (Berleman, 1980)

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Early Drug Abuse Prevention Findings

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- Tested approaches were largely ineffective (Elmquist, 1995; Hanson, 1992; Moskowitz, 1989).
- Drug information programs increased drug use in some studies (Tobler, 1986).

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The Premise of Prevention Science

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To prevent a problem before it happens, the factors that predict the problem must be changed.

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Advances in Prediction

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- Longitudinal studies have identified predictors of adolescent health risking behaviors-

Risk factors.

- **AND** predictors of positive outcomes including avoidance of health risk behaviors-

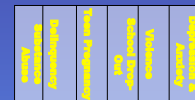
Promotive and protective factors.

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Risk Factors for Adolescent Problem Behaviors

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Risk Factors

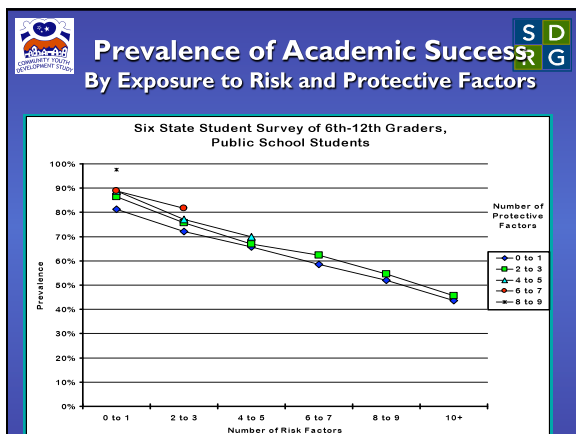
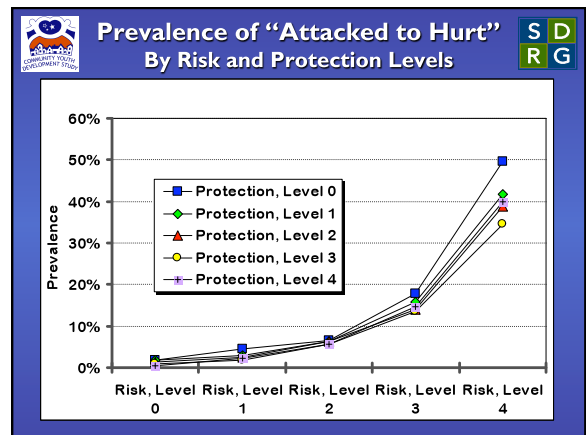
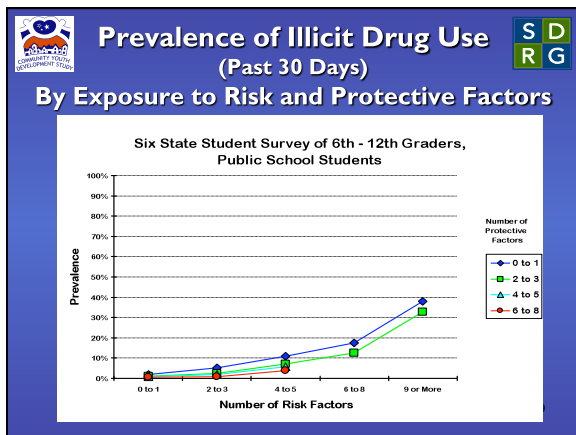
Risk Factor	1	2	3	4	5
Community					
Availability of Drugs	✓				✓
Availability of Firearms		✓			✓
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓
Media Portrayals of Violence				✓	
Transitions and Mobility	✓	✓		✓	✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓
Extreme Economic Deprivation	✓	✓	✓	✓	✓

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Risk Factors

	Substance Abuse	Competency
Risk Factors		
Family		
Family History of the Problem Behavior	✓	✓
Family Management Problems	✓	✓
Family Conflict	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓
School		
Academic Failure Beginning in Late Elementary School	✓	✓
Lack of Commitment to School	✓	✓
Individual/Peer		
Early and Persistent Antisocial Behavior	✓	✓
Alienation and Rebelliousness	✓	✓
Friends Who Engage in the Problem Behavior	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓
Early Initiation of the Problem Behavior	✓	✓
Constitutional Factors	✓	✓

- ### Promotive and 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 or Connectedness
 - Clear and Healthy Standards for Behavior
- 8



Research Guiding Practice

Malleable risk and protective factors identified through longitudinal studies should be targeted by preventive interventions.

(Coie et al., 1994; Woolf, 2008; O'Connell, Boat & Warner, 2009)

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Hypothesis

- If the same risk and protective factors predict a wide range of adolescent health risking behaviors, then changing these shared predictors should have effects on multiple outcomes.

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Advances in Prevention

Over the past 25 years, controlled trials have identified both ineffective and effective prevention policies and programs.

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Effective Programs and Policies Have Been Identified in a Wide Range of Areas

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

(Hawkins & Catalano, 2004)

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Lists of Rigorously Tested and Effective Youth Violence and Drug Abuse Prevention Programs and Policies

- Blueprints for Violence Prevention
www.colorado.edu/cspv/blueprints/
- Communities That Care Prevention Strategies Guide
<http://preventionplatform.samhsa.gov>

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Seattle Social Development Project: A Test of the Raising Healthy Children Program

Description: Promotes bonding to school and family by increasing youths' opportunities, skills and recognition for prosocial involvement at school and home.

Target: Grades 1-6 (ages 6-12)

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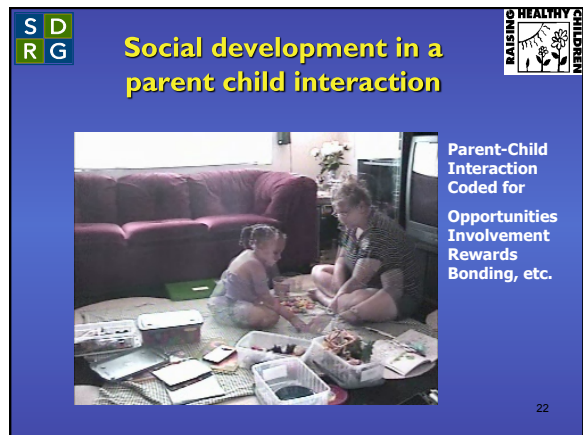
- **Funded by**
 - National Institute on Drug Abuse
 - National Institute of Mental Health
 - National Institute on Alcohol Abuse and Alcoholism
 - Office of Juvenile Justice and Delinquency Prevention
 - Robert Wood Johnson Foundation

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S D R G Risk Factors Addressed

		Substance Abuse	Delinquency
Risk Factors			
Family			
Family	X	Family History of the Problem Behavior	✓
	X	Family Management Problems	✓
	X	Family Conflict	✓
	X	Favorable Parental Attitudes and Involvement in the Problem Behavior	✓
School			
School	X	Academic Failure Beginning in Late Elementary School	✓
	X	Lack of Commitment to School	✓
	X	Individual/Peer	✓
Individual/Peer			
Individual/Peer	X	Early and Persistent Antisocial Behavior	✓
	X	Alienation and Rebelliousness	✓
	X	Friends Who Engage in the Problem Behavior	✓
	X	Favorable Attitudes Toward the Problem Behavior	✓
	X	Early Initiation of the Problem Behavior	✓
	X	Constitutional Factors	✓

- S D R G RAISING HEALTHY CHILDREN**
- Raising Healthy Children is guided by the **Social Development Model** (Hawkins & Weis, 1985; Catalano & Hawkins, 1996)
 - An integrative, life-course developmental theory that includes aspects of:
 - social learning theory
 - social control theory
 - differential association theory
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- S D R G The SSDP Study**
- In September 1985, 18 Seattle elementary schools were identified that over-represented students from high crime neighborhoods.
 - 808 (76%) of the 5th grade students in these schools and their parents consented to participate in the longitudinal study and constitute the study sample.
 - About 200 of these students had been in an earlier phase of SSDP starting in 1st grade.
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SSDP: Gender, Ethnicity & SES

- Gender**
 - Female 396 49%
 - Male 412 51%
- Ethnic Group**
 - European-American 381 47%
 - African-American 207 26%
 - Asian-American 177 22%
 - Native-American 43 5%
 - of these 44 5% were Hispanic
- SES**
 - Eligible for free/reduced lunch (5th, 6th or 7th) 423 52%

SSDP Panel Retention

Data have been collected on these Seattle youths and their parents from 1985 to 2006 (age 30).

	Elementary			Middle		High		Adult					
MEAN AGE G2	10	11	12	13	14	15	16	(17)	18	21	24	27	30
N	808	703	558	654	778	783	770	--	757	766	752	747	720
% 91%	87%	69%	81%	96%	97%	95%	--	94%	95%	93%	93%		

Interview completion rates for the sample have remained above 90% since 1989, when subjects were 14 years old.

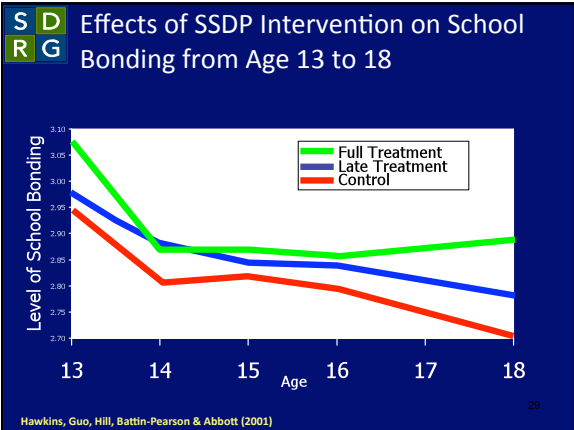
SSDP Intervention Design

- Initiated full intervention and control conditions in 1981 in 8 Seattle elementary schools.
- Expanded in 1985 to 18 Seattle elementary schools to add a late intervention condition, a parent training only condition, and additional control students.
- Quasi-experimental study
 - Full treatment (grades 1-6) = 149
 - Late treatment (grades 5-6) = 243
 - Control = 206
 - Parent training only (grades 5-6) = 210

SSDP Intervention: Raising Healthy Children

Core components

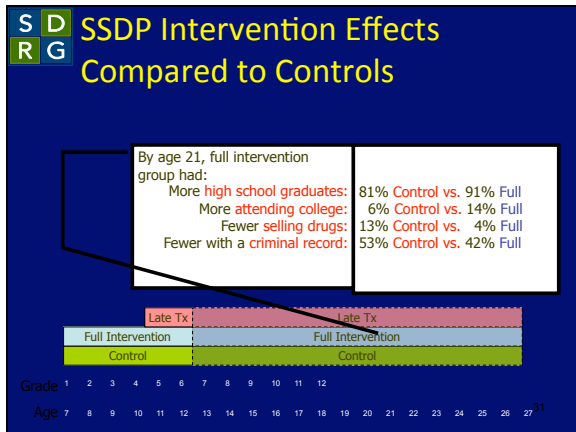
- Teacher In-Service Training
- Parent Workshops
- Child Social, Cognitive and Emotional Skills Training



SSDP Intervention Effects Compared to Controls

By age 18 Youths in the Full Intervention had

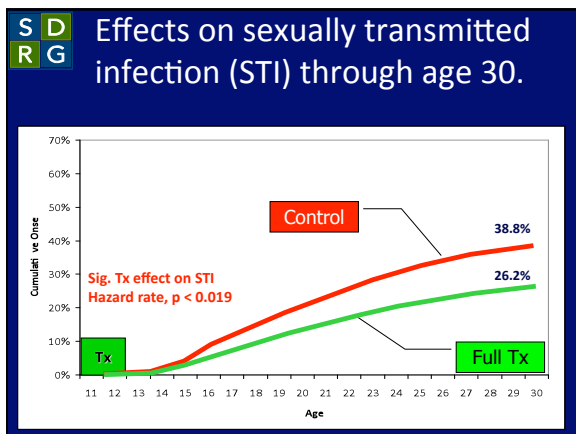
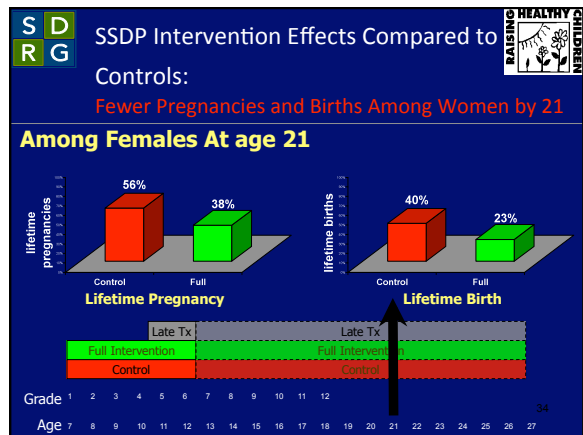
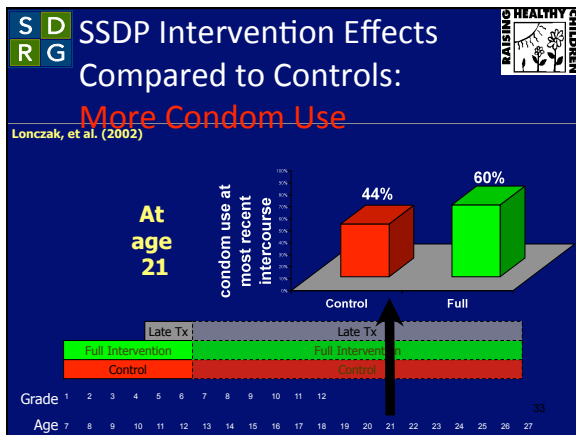
- less heavy alcohol use: 25.0% Control vs. 15.4% Full
- less lifetime violence: 59.7% Control vs. 48.3% Full
- less grade repetition: 22.8% Control vs. 14.0% Full



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SSDP has found intervention effects on sexual behavior

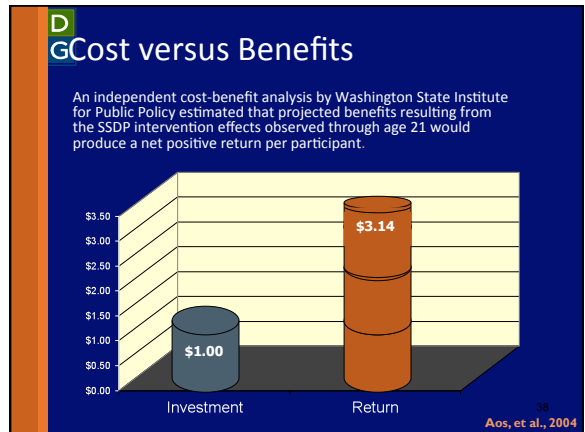
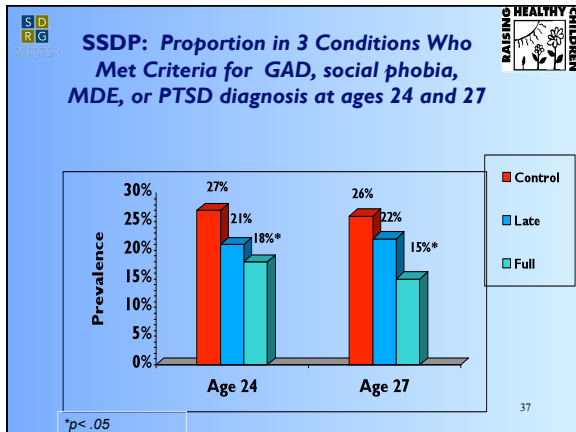
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The SSDP intervention has had long term effects on mental health outcomes at ages 24 and 27.

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But...

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

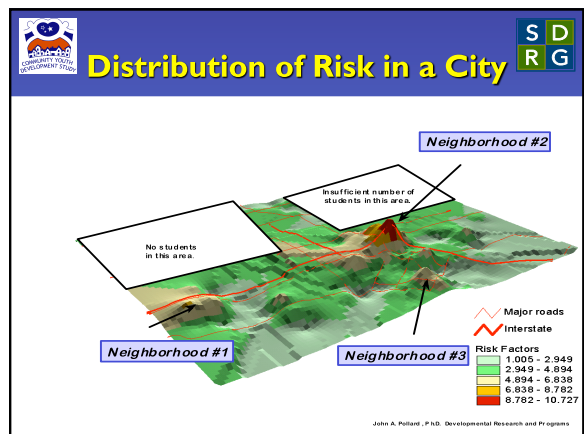
(Gottfredson & Gottfredson, 2002, Hallfors et al 2001, Ringwalt et al., 2002.)

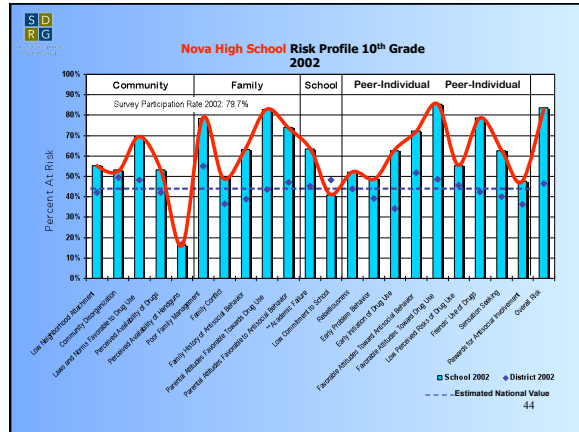
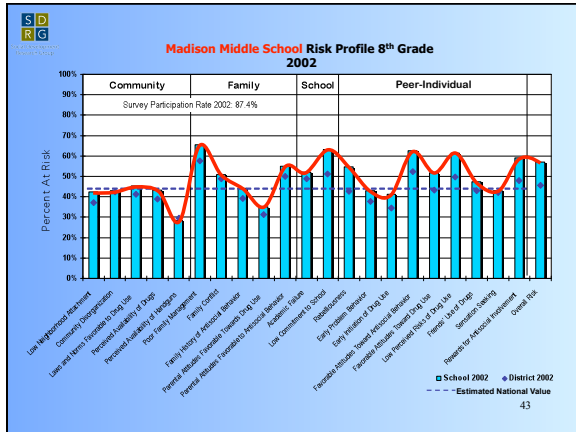
The Challenge

- How can we take tested and effective prevention programs to scale... while recognizing that communities are different from one another and that people want to have control over what programs they use?

Why "community" level?

- Preventive services are implemented locally.
- Youths in different communities are exposed to different levels of risk and protection.





A Goal for Community Prevention

To identify and address those risk factors that are most prevalent and those protective factors that are most suppressed with tested and effective policies and programs.

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The Communities That Care Prevention System

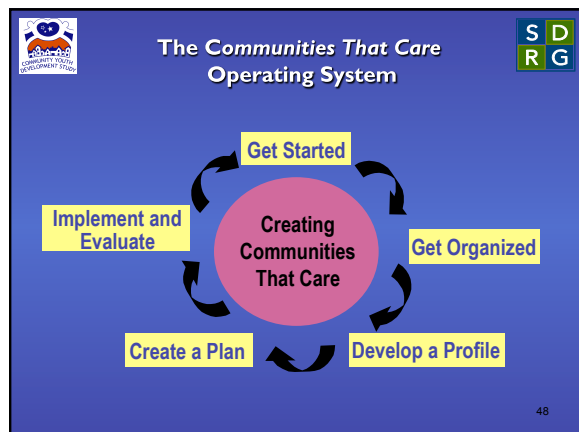
- A coalition/board of diverse community stakeholders applies prevention science to guide the work.
- Measures community levels of protection and risk by surveying young people themselves.
- Matches the community's profile of risk and protection with tested, effective programs and policies.

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The Communities That Care Prevention System

- Ensures that new programs and policies are implemented with fidelity.
- Focuses on measured outcomes : Are fewer teens using drugs? Fewer smoking? Fewer committing violent acts?
- Local control builds ownership to create sustainable change.

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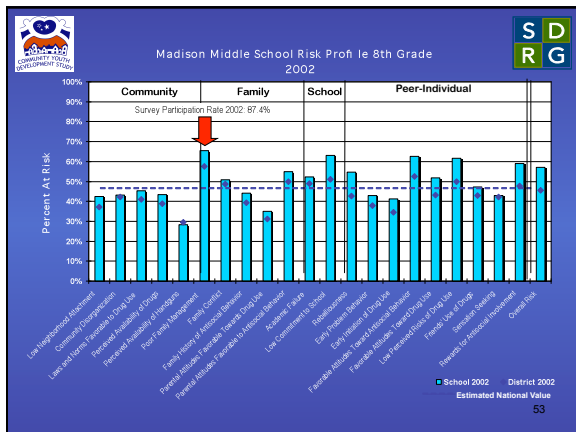
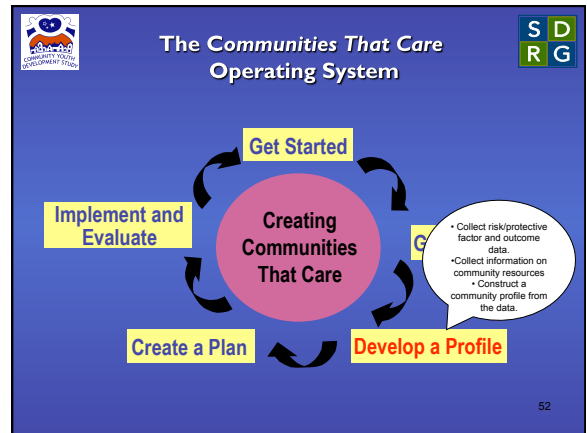




Organizations Represented by Community Board Members

Business	25	Parent	13
Citizen Advocacy Organization	13	Religious Group	21
Community Coalition	11	School	104
Community Member	17	Substance Abuse Prevention Organization	8
Health Agency	15	State, Town, City or Municipal Government	20
Human Service Agency	43	Youth Member	15
Juvenile Justice System	9	Youth Recreation Program	24
Law Enforcement	23	Other	8
Local Philanthropic Organization	3		
Media	4		
Total: 376 Members			

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Addressing Barriers with Effective Action S D
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Factor Addressed	Program Strategy	Developmental Period
Family Management Problems	Prenatal/Infancy Programs	prenatal-2
	Early Childhood Education	3-5
	Parent Training	prenatal-14
	Family Therapy	6-14

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Effective Prevention for Parents of Young Adolescents S D
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- Creating Lasting Connections
- Family Matters
- Guiding Good Choices
- Parents Who Care
- Parenting Wisely
- **Strengthening Families 10-14**

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The Communities That Care Operating System S D
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Get Started

Get Organized

Create a Plan

Develop a Profile

Implement and Evaluate

Creating Communities That Care

Get Started

Implement and Evaluate

Create a Plan

Develop a Profile

Get Organized

Get Started

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SDRG **Panel- Youth Development Survey (YDS)**

- Annual survey of panel recruited from the Class of 2011 (5th grade in 2004)
- Active, written parental consent

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SDRG **Youth Development Survey**

- Participants recruited in grades 5 and 6.
- Final consent rate = 76.4%

Sixth Grade	Eligible Population	Percent Consented	Percent Surveyed	Total Surveyed
Experimental	3170	76.2%	75.4%	2391
Control	2621	76.7%	76.3%	1999
Total	5791	76.4%	75.8%	4390

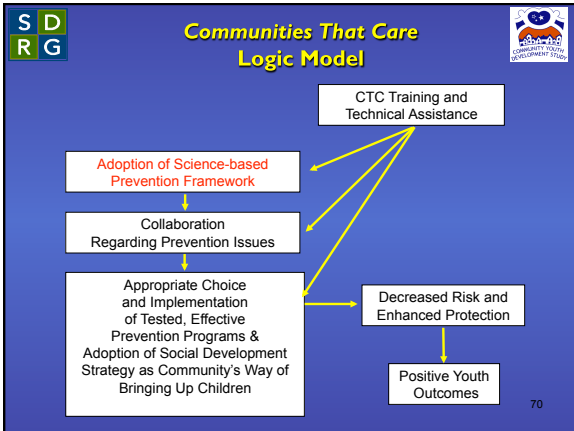
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SDRG **2007 YDS**

- 96.2% Overall Student Participation
- 11.9% (n=525) have moved out of project schools

8 th Grade	Eligible Population	Percent Surveyed	Total Surveyed
Experimental	2406	95.6%	2300
Control	2001	96.9%	1940
Total	4407	96.2%	4240

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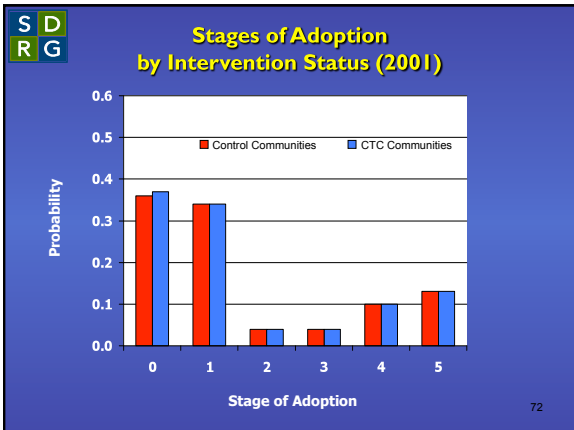


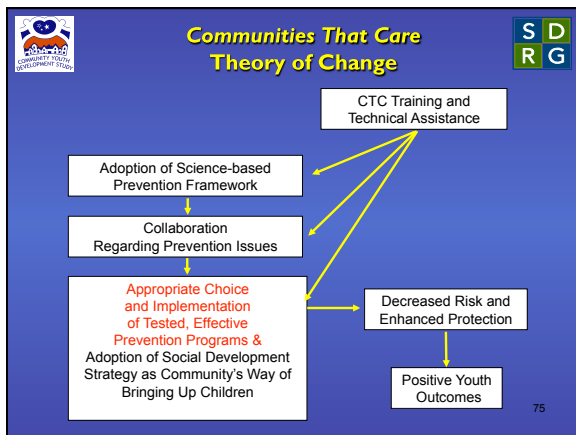
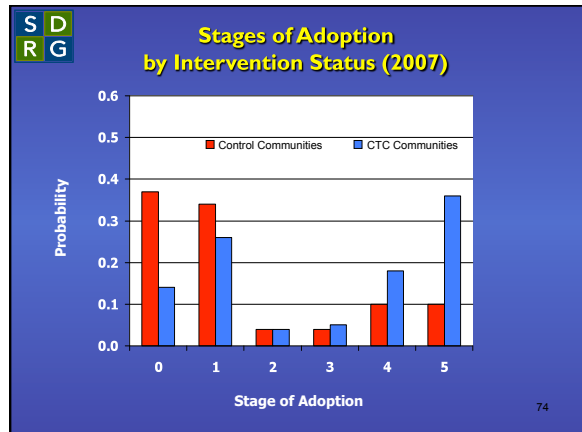
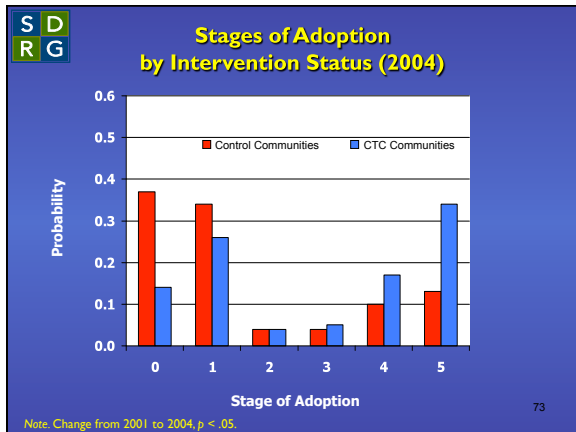
SDRG **Adoption of Science-Based Prevention**

- 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)

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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

Programs Selected in 2004-2007

PROGRAM	2004-05	2005-06	2006-07
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

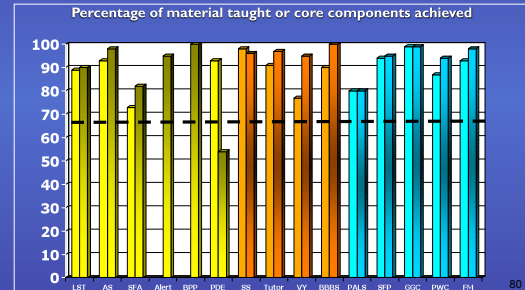
Note: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

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

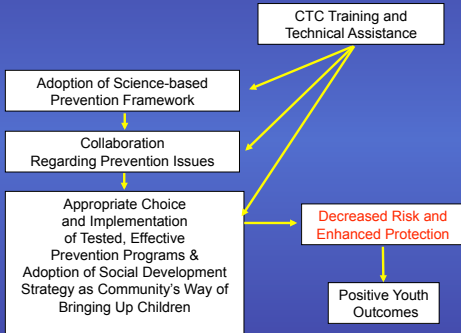
Fidelity Assessment Checklists

- Obtained from developers (9) or created by research staff (7)
- Provided similar information across all programs to measure 4 elements of fidelity
- Over 6,000 checklists were completed by program implementers and coordinators
 - ~ Minimal missing data (8.2% in 2004-05 and 2.1% in 2005-06)
- Checklists were collected and reviewed by communities, then sent to SDRG

Adherence Rates 2004-05 and 2005-06 school years



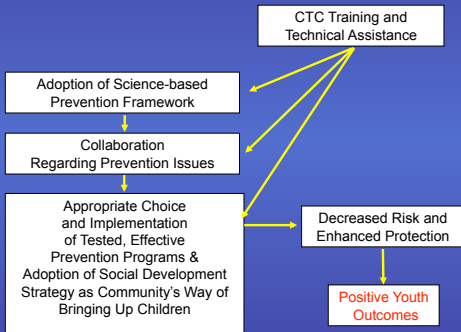
Communities That Care Theory of Change



Prioritized Risk Factors in CTC Communities

- 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

Communities That Care Theory of Change



Effects of CTC on Onset of Drug Use and Delinquency

Slides have been embargoed until publication. CTC has shown effects on initiation of tobacco use and alcohol use and on current alcohol use, binge drinking and delinquent behavior. Forthcoming in *Archives of Pediatrics and Adolescent Medicine*.



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What is required to install and 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.

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Implications

We can advance public health in our communities:

- 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.

For measurable results :

- USE COMMUNITIES THAT CARE.

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The **Communities That Care** Prevention Operating System is available at:

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

CSAP Contact:

Patricia Getty, Ph.D.

Acting Director, Division of Systems Development
patricia.getty@samhsa.hhs.gov

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The Future of Prevention in CTC Communities: Community Leader Support for Prevention

- If you were deciding how to spend money for reducing substance abuse, what percentage would you allocate to each of the following approaches?

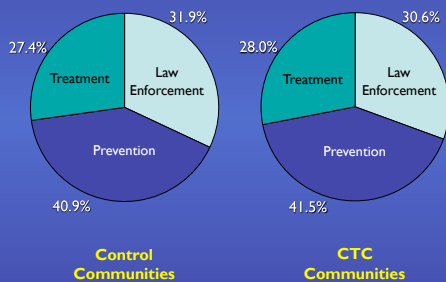
- Law Enforcement
- Treatment
- Prevention

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Funding Allocation by Intervention Status (2001)

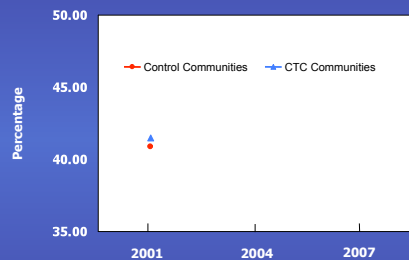


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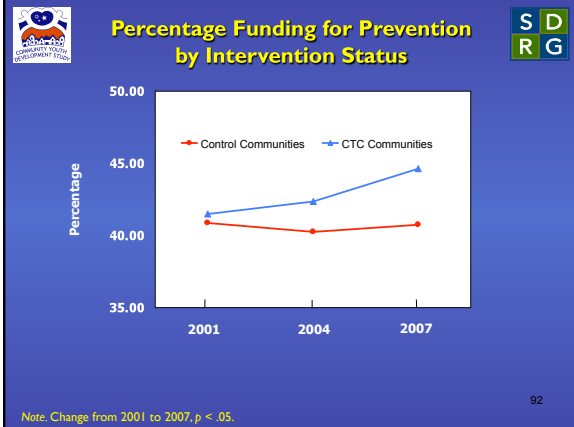
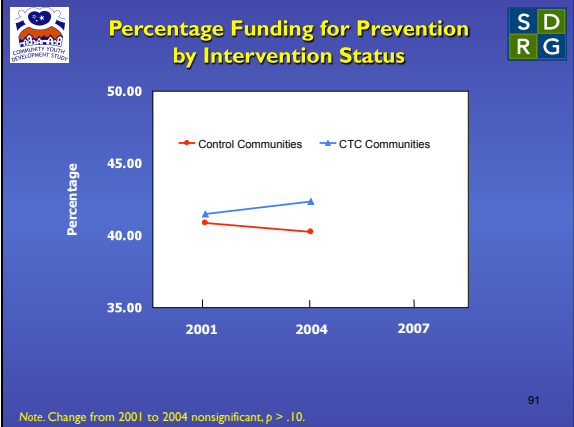


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Percentage Funding for Prevention by Intervention Status



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