Before 1980, nine experimental tests of delinquency prevention programs were conducted in the U.S.

- NONE found desired effects in preventing delinquency. (Berleman, 1980)

Tested approaches were largely ineffective (Elmquist, 1995; Hanson, 1992; Moskowitz, 1989).

- Drug information programs increased drug use in some studies (Tobler, 1986).

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

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.

Risk Factors for Adolescent Problem Behaviors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Availability of Drugs</td>
<td></td>
</tr>
<tr>
<td>Availability of Firearms</td>
<td></td>
</tr>
<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
<td></td>
</tr>
<tr>
<td>Media Portrayals of Violence</td>
<td></td>
</tr>
<tr>
<td>Transitions and Mobility</td>
<td></td>
</tr>
<tr>
<td>Law Neighborhood Attachment and Community Disorganization</td>
<td></td>
</tr>
<tr>
<td>Extreme Economic Deprivation</td>
<td></td>
</tr>
</tbody>
</table>
• 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

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)
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.

Advances in Prevention

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

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

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

(As noted by Hawkins & Catalano, 2004)

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

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)

• 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
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

**The Social Development Strategy**

The Goal...

Healthy Behaviors...for all children and youth

Ensure...

Healthy Beliefs and Clear Standards

...in families, schools, and peer groups

Build...

Bonding - Attachment - Commitment

...in families, schools, and peer groups

By providing...

Opportunities - Skills - Recognition

...in families, schools, and peer groups

Be Aware of...

Individual Characteristics

**Social development in a parent child interaction**

Parent-Child Interaction Coded for Opportunities Involvement Rewards Bonding, etc.

**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.
SSDP: Gender, Ethnicity & SES

- Gender
  - Female: 396 (49%)
  - Male: 412 (51%)
- Ethnic Group
  - European-American: 3814 (72%)
  - African-American: 207 (26%)
  - Asian-American: 177 (3%)
  - Native-American: 43 (5%)

- SES
  - Eligible for free/reduced lunch (5th, 6th or 7th)
    - 423 (52%)

Ethnic Group:
- European-American: 3814 (72%)
- African-American: 207 (26%)
- Asian-American: 177 (3%)
- Native-American: 43 (5%)

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

SSDP Panel Retention

<table>
<thead>
<tr>
<th>MEAN Age G2</th>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>808</td>
<td>703</td>
<td>558</td>
<td>654</td>
</tr>
<tr>
<td>%</td>
<td>87%</td>
<td>69%</td>
<td>81%</td>
<td>96%</td>
</tr>
</tbody>
</table>

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

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: 39.7% Control vs. 48.3% Full
  - less grade repetition: 22.8% Control vs. 14.0% Full

SSDP Intervention Effects Compared to Controls

By age 21, full intervention group had:
- More high school graduates: 81% Control vs. 91% Full
- More attending college: 6% Control vs. 14% Full
- Fewer selling drugs: 13% Control vs. 4% Full
- Fewer with a criminal record: 53% Control vs. 42% Full

SSDP has found intervention effects on sexual behavior

SSDP Intervention Effects Compared to Controls:
More Condom Use

Among Females At age 21

Effects on sexually transmitted infection (STI) through age 30.

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

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.

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.

The Communities That Care Operating 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.
Creating Communities That Care

Get Started
Get Organized
Implement and Evaluate

Create a Plan
Develop a Profile

Organizations Represented by Community Board Members

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

Total: 376 Members

Estimated National Value: $50,000

Madison Middle School Risk Prof 8th Grade

Get Started
Get Organized
Implement and Evaluate
Create a Plan
Develop a Profile

- Define outcomes.
- Prioritize factors to be targeted.
- Select tested, effective interventions.
- Create action plan.
- Develop evaluation plan.

- Collect risk/protective factor and outcome data.
- Collect information on community resources.
- Construct a community profile from the data.
- Training key leaders and coalitions in CTC.
- Building the community coalition.
### Addressing Barriers with Effective Action

<table>
<thead>
<tr>
<th>Factor Addressed</th>
<th>Program Strategy</th>
<th>Developmental Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Management Problems</td>
<td>Prenatal/Infancy</td>
<td>Prenatal-2</td>
</tr>
<tr>
<td></td>
<td>Programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early Childhood</td>
<td>3-5</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent Training</td>
<td>Prenatal-14</td>
</tr>
<tr>
<td></td>
<td>Family Therapy</td>
<td>6-14</td>
</tr>
</tbody>
</table>

### Effective Prevention for Parents of Young Adolescents

- Creating Lasting Connections
- Family Matters
- Guiding Good Choices
- Parents Who Care
- Parenting Wisely
- Strengthening Families 10-14

### The Communities That Care Operating System

- Get Started
- Creating Communities That Care
- Get Organized
- Implement and Evaluate
- Get Started
- Develop a Profile
- Create a Plan

### CTC Trainings

1. Key Leader Orientation
2. Community Board Training
3. Community Assessment Training
4. Community Resource Assessment Training
5. Community Planning Training
6. Community Program Implementation Training

### Communities that Care Process and Timeline

<table>
<thead>
<tr>
<th>Process</th>
<th>Measurable Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess risk, implement and evaluate prevention strategies</td>
<td>Increase in priority protective factors</td>
</tr>
<tr>
<td></td>
<td>Decrease in priority risk factors</td>
</tr>
<tr>
<td>Increase in positive youth development</td>
<td></td>
</tr>
<tr>
<td>Reduction in problem behaviors</td>
<td></td>
</tr>
</tbody>
</table>

- 6-9 mos.
- 1 year
- 2-5 years
- 5-10 years

### The Community Youth Development Study (CYDS)

A 24 community randomized controlled trial to test the Communities That Care system started in 2003.
The Community Youth Development Study

Funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute on Child Health and Human Development
National Institute of Mental Health

The Community Youth Development Study Team

Robert D. Abbott
Michael W. Arthur
Megan M. Baldwin
John S. Briney
Blair Brooke-Weiss
Eric C. Brown
Rick Cady
Richard F. Catalano
Abigail A. Fagan
John Graham
Kevin Haggerty
Koren Hanson
J. David Hawkins
David M. Murray
Sabrina Oesterle
M. Lee Van Horn

Cyds State Collaborators

- Colorado Alcohol & Drug Abuse Division
- Illinois Division of Community Health & Prevention
- Kansas Alcohol and Drug Abuse Services
- Maine Office of Substance Abuse
- Oregon Office of Alcohol & Drug Abuse Programs
- Utah Division of Substance Use
- Washington Division of Alcohol & Substance Abuse

Cyds Primary Aim

To test the effects of the Communities That Care system in
- reducing levels of risk
- increasing levels of protection
- reducing health and behavior problems among adolescents
using a true experimental design.

Study Design

Randomized Controlled Trial 2003-2008

Demographics of 24 Cyds Communities

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>14,616</td>
<td>1,578</td>
<td>40,787</td>
</tr>
<tr>
<td>Percent Caucasian</td>
<td>89.4%</td>
<td>64.0%</td>
<td>98.2%</td>
</tr>
<tr>
<td>Percent Hispanic</td>
<td>9.6%</td>
<td>0.5%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Percent African-American</td>
<td>2.6%</td>
<td>0.0%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Percent Eligible for Free/Reduced Lunch</td>
<td>36.5%</td>
<td>20.6%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>
Panel-Youth Development Survey (YDS)

• Annual survey of panel recruited from the Class of 2011 (5\textsuperscript{th} grade in 2004)

• Active, written parental consent

Youth Development Survey

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Eligible Population</th>
<th>Percent Consented</th>
<th>Percent Surveyed</th>
<th>Total Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>3170</td>
<td>76.2%</td>
<td>75.4%</td>
<td>2391</td>
</tr>
<tr>
<td>Control</td>
<td>2621</td>
<td>76.7%</td>
<td>76.3%</td>
<td>1999</td>
</tr>
<tr>
<td>Total</td>
<td>5791</td>
<td>76.4%</td>
<td>75.8%</td>
<td>4390</td>
</tr>
</tbody>
</table>

2007 YDS

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Eligible Population</th>
<th>Percent Surveyed</th>
<th>Total Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>2406</td>
<td>95.6%</td>
<td>2300</td>
</tr>
<tr>
<td>Control</td>
<td>2001</td>
<td>96.9%</td>
<td>1940</td>
</tr>
<tr>
<td>Total</td>
<td>4407</td>
<td>96.2%</td>
<td>4240</td>
</tr>
</tbody>
</table>

Adoption of Science-Based Prevention

- Stage 5: 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

Adoption of Science-based Prevention Framework

Collaboration Regarding Prevention Issues

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

Positive Youth Outcomes

Decreased Risk and Enhanced Protection

CTC Training and Technical Assistance

Communities That Care Logic Model

Stages of Adoption by Intervention Status (2001)
The image contains text and tables related to community programs and their adoption. Here is a structured representation of the content:

### Probability Control Communities vs. CTC Communities

#### Stage of Adoption by Intervention Status (2004)

- Probability: 0.6
- Stage of Adoption: 0, 1, 2, 3, 4, 5
- Control Communities
- CTC Communities

#### Stage of Adoption by Intervention Status (2007)

- Probability: 0.6
- Stage of Adoption: 0, 1, 2, 3, 4, 5
- Control Communities
- CTC Communities

---

### Communities That Care: Theory of Change

- Adoption of Science-based Prevention Framework
- Collaboration Regarding Prevention Issues
- Appropriate Choice and Implementation of Tested, Effective Prevention Programs & Adoption of Social Development Strategy as Community’s Way of Bringing Up Children
- Decreased Risk and Enhanced Protection
- Positive Youth Outcomes

### 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

<table>
<thead>
<tr>
<th>Program</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stars Core</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>3</td>
<td>4*</td>
<td>5*</td>
</tr>
<tr>
<td>Lion's Quest Skills for Adolescence</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Project Alert</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ohio’s Bullying Prevention Program</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Program Development Evaluation Training</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Participate and Learn Skills (PaLs)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Big Brothers/Big Sisters</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stay SMART</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Training</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>After-School Tutoring Program</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Strengthening Families 10-14</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Guiding Good Choices</td>
<td>6</td>
<td>7*</td>
<td>8*</td>
</tr>
<tr>
<td>Parents Who Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Family Matters</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Parenting Wisely</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

---

### Exposure in the Community

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2004-05</th>
<th>2005-06</th>
<th>2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Curricula</td>
<td>1432</td>
<td>3886</td>
<td>5165</td>
</tr>
<tr>
<td>After-school</td>
<td>546</td>
<td>612</td>
<td>589</td>
</tr>
<tr>
<td>Parent Training</td>
<td>517</td>
<td>665</td>
<td>476</td>
</tr>
</tbody>
</table>

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

Adoption of Science-based Prevention Framework
Collaboration Regarding Prevention Issues
Appropriate Choice and Implementation of Tested, Effective Prevention Programs & Adoption of Social Development Strategy as Community’s Way of Bringing Up Children
CTC Training and Technical Assistance

Decreed Risk and Enhanced Protection
Positive Youth Outcomes

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

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.
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.

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.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Control Communities</th>
<th>CTC Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>40.9%</td>
<td>31.9%</td>
</tr>
<tr>
<td>2004</td>
<td>31.9%</td>
<td>41.5%</td>
</tr>
<tr>
<td>2007</td>
<td>41.5%</td>
<td>30.6%</td>
</tr>
</tbody>
</table>

Control Communities
CTC Communities

Percentage Funding for Prevention by Intervention Status

- 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

For the year 2001:
- 31.9% Law Enforcement
- 27.4% Treatment
- 40.9% Prevention

For the year 2004:
- 41.5% Law Enforcement
- 28.0% Treatment
- 41.5% Prevention

For the year 2007:
- 30.6% Law Enforcement
- 30.6% Treatment
- 41.5% Prevention
Note. Change from 2001 to 2004 nonsignificant, $p > .10$.

Note. Change from 2001 to 2007, $p < .05$.

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

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