

# Child TRENDS RESEARCH BRIEF

Publication #2011-25

4301 Connecticut Avenue, NW, Suite 350, Washington, DC 20008  
Phone 202-572-6000 Fax 202-362-8420 www.childtrends.org

## ***Mobilizing Communities to Implement Tested and Effective Programs to Help Youth Avoid Risky Behaviors: The Communities That Care Approach***

By J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and Margaret R. Kuklinski, Ph.D. October 2011

**Overview.** *Communities across the country have a vested interest in making sure that young people develop into healthy productive citizens and avoid behaviors that can jeopardize their own health and well-being and threaten the well-being of their families and neighborhoods as well. Substance abuse and delinquency are prime examples of behaviors that get in the way of positive development. Researchers in the field of prevention science have identified a number of factors that make it more likely or less likely that a young person will adopt problem behaviors. Prevention scientists have drawn on these findings to design programs aimed at preventing youth from getting caught up in delinquency, drug use, and other problem behaviors, and they have evaluated these programs using rigorous scientific criteria.*

*In spite of these advances, tested and effective approaches to help youth develop into productive citizens and avoid problem behaviors have not been used widely in schools and communities, and efforts to establish effective prevention systems have been limited. The Communities That Care (CTC) system was developed to address this gap.<sup>1</sup>*

*This Research Brief describes the Communities That Care prevention system, the steps involved in implementing this system, and major findings from a community randomized controlled trial (considered the “gold standard of research”) of Communities That Care.<sup>2</sup> That study followed a panel of students from fifth through tenth grade. By the end of eighth and tenth grades, those in Communities That Care sites were less likely to start smoking cigarettes, to start drinking, and to start engaging in delinquent behavior than were their counterparts in control communities that did not use the CTC system.*

### **BEHIND COMMUNITIES THAT CARE**

A major challenge for prevention scientists committed to applying research in the “real world” is to increase the use of tested and effective prevention policies and programs while recognizing that communities are different from one another and need to decide locally what policies and programs to use. Communities That Care (CTC), a coalition-

based system for preventing a wide range of adolescent problem behaviors, was developed by J. David Hawkins and Richard Catalano of the Social Development Research Group to narrow the gap between science and community priorities and practices.

One of the CTC tools is a youth survey that assesses risk, protection and youth outcomes. The survey

This *Research Brief* was adapted from a paper that formed the basis of Dr. Richard F. Catalano’s presentation of the Fifth Annual Kristin Anderson Moore Lecture on October 6, 2011, in Washington, D.C. The title of his presentation was “Communities That Care: Using Research to Prevent and Reduce Delinquency and Drug Use.” Dr. Catalano is the Bartley Dobb Professor for the Study and Prevention of Violence and Director, Social Development Research Group, at the University of Washington’s School of Social Work. The Community Youth Development Study (PI: J. David Hawkins, Ph.D.) was funded by a variety of federal agencies: the National Institute on Drug Abuse, the Center for Substance Abuse Prevention, the National Cancer Institute, the National Institute of Child Health and Human Development, the National Institute on Mental Health, the National Institute on Alcohol Abuse and Alcoholism.

Editor: Harriet J. Scarupa

is administered to all 6, 8, 10 and 12th grade students and display technologies provide a comparative view of the levels of risk factors and protective factors facilitating prioritization. The second, tool is a prevention strategies guide that provides a list of effective programs identifying which risk and protective factors each program addresses.

Local control is built into CTC from the beginning. CTC guides communities to use the advances of prevention science, building capacity of stakeholders in a given community determine which risk factors and youth outcomes to prioritize and which tested, effective programs and policies to implement to address their local concerns. CTC also guides communities to implement these programs and policies so that they achieve what they set out to achieve, and to measure progress in meeting CTC goals regularly and make any needed adjustments.

The CTC approach is guided by the **Social Development Model**. This model holds that, to develop healthy, positive behaviors, young people need to be immersed in family, school, community, and peer environments that consistently communicate healthy beliefs and clear standards for behavior and that youth with strong bonds to caring individuals are more likely to mirror these beliefs and standards. The model is based on a recognition that bonds are fostered when youth have opportunities to be involved in meaningful, developmentally appropriate activities; when they are able to develop skills to be successful in those activities; and when they receive recognition for their efforts, achievements, and contributions to the group.<sup>11</sup> The Social Development Model also underlies community mobilization and training efforts by creating opportunities for coalition members to develop a shared vision for positive youth development based in prevention science, to develop skills to work together effectively, and to strengthen the commitment to implementing effective preventive interventions with fidelity.

## FROM THEORY TO IMPLEMENTATION

CTC has been developed over more than 20 years and has been implemented in more than 500 communities across the nation and in other countries, including Australia, Canada, Germany, the Netherlands, and the United Kingdom. A CTC “community” is a geographically specific place large enough for educational and human services

to be delivered at that level. It can be an incorporated town or suburb, or a neighborhood or school catchment area of a large city. In the United States, Pennsylvania has developed the largest infrastructure for supporting statewide implementation of the approach.

Using CTC, it takes communities approximately one year to develop the skills and knowledge to choose and faithfully implement tested and effective prevention programs to address community priorities.<sup>1,3</sup> Implementation occurs in a series of five phases, each with specific milestones and benchmarks to be accomplished, with a certified CTC trainer providing technical assistance in each phase. More detailed information on these phases is presented on page 3.

## EXPECTATIONS

When communities complete phase five of the CTC process, they have the knowledge, tools, and skills to faithfully implement tested and effective prevention policies and programs to address locally prioritized risk factors, protective factors, and behaviors among community youth. However, the CTC process is ongoing. Every two years, the CTC Youth Survey is re-administered, and other community assessment data are updated. The CTC board reviews these data to evaluate progress and revise action plans as needed.

Community-level changes in youth risk and protection are expected to occur two to five years after tested and effective prevention programs are implemented, and community-level effects on youth behaviors are expected four to ten years following initial implementation

## FROM IMPLEMENTATION TO EVALUATION

Communities That Care has been rigorously evaluated in the Community Youth Development Study (CYDS), which was initiated in 2003. This study involved 24 communities that were randomly assigned to receive CTC (the “treatment” communities) or not receive it (the “control” communities) in seven states across the United States. In these communities, a sample of 4,407 children has been surveyed annually from Grade 5 through Grade 10, one year after intervention support for CTC ended, so that the sustainability of the CTC prevention system and effects on youth outcomes could be evaluated.

## Five Phases of Implementation

### Phase 1: Get Started

In the first phase, community leaders concerned with preventing youth problem behaviors assess community readiness to adopt the CTC system, as well as local barriers to implementation. Other major activities during this initial phase of implementation include identifying one or two key leaders to champion CTC, hiring a coordinator to manage CTC activities, and obtaining school district support for conducting a youth survey that will provide data on local patterns of youth risk, protection, and behaviors.

### Phase 2: Organize, Introduce, and Involve

The major task in phase two is to identify and train two pivotal groups of individuals from the community in the principles of prevention science and the CTC prevention system. The first group consists of influential community leaders (e.g., the mayor, police chief, school superintendent; and business, faith, community, social service, and media leaders). The main responsibilities of this group are to secure resources for preventive interventions and identify candidates for the CTC Community Board. This board constitutes the second pivotal group needed to advance the CTC approach. Among the board's tasks are developing a vision statement to guide its prevention work and establishing workgroups to tackle the details involved in putting this vision into action.

### Phase 3: Develop a Community Profile

In phase three, the board develops a community profile of risk factors, protective factors, and problem behaviors among community youth; targets two to five of these factors for preventive action; and identifies existing prevention resources and gaps. (Social scientists use the term protective factors to refer to influences that protect an individual against risk or problem behavior; for example, having involved parents is a protective factor against delinquency for many adolescents.)

The major source of data for the community profile is the CTC Youth Survey,<sup>4</sup> a questionnaire that students in grades 6, 8, 10, and 12 fill out in school. This information is supplemented by archival data (e.g., statistics on school dropout rates and teenage pregnancy or arrest records). The resulting community profile provides baseline data against which areas targeted for intervention can be evaluated. Related to this, board members survey service providers to measure the extent to which high-quality, research-based prevention programs that address particular youth problems are already available in the community and then identify existing gaps in prevention efforts.

### Phase 4: Create a Community Action Plan

In phase four, board members use information gathered in phase three to develop a Community Action Plan. The board chooses programs from the *CTC Prevention Strategies Guide*, a compendium of information on prevention programs found effective in changing risk and protective factors and problem behaviors in at least one high-quality controlled trial. These programs include parent training programs, such as Parenting Wisely and Parents Who Care; after-school programs, such as Big Brothers/Big Sisters and Stay SMART; and school-based programs, such as Olweus Bullying Prevention and Life Skills Training.

### Phase 5: Implement and Evaluate the Community Action Plan

The last phase consists of implementing the Community Action Plan. Training to implement the plan emphasizes the importance of adhering faithfully to the content, amount, and manner of delivery specified in program protocols. Through this training, board members and program staff learn to track implementation progress, assess changes in participant outcomes, and make adjustments to achieve program objectives. Monitoring is accomplished through the use of program-specific implementation checklists, observations, and surveys administered to participants before and after the program has been introduced. During this phase, the board also reaches out to local media as a way to educate the community about the rationale for the program and generate public support for the new preventive interventions.

CTC communities prioritized two to five risk factors to be targeted by tested and effective prevention programs. Survey data revealed that significantly lower levels of the targeted risk factors were first reported by youth in the CTC sample 1.7 years into the intervention, in Grade 7, and have remained lower through Grade 10.

**Effects on specific youth outcomes.** Results of the Community Youth Development Study indicate that by the spring of Grade 8 and by the spring of Grade 10, outcomes for youth in the panel in CTC communities were significantly better than outcomes for their counterparts in communities that did not use CTC. For example:

- By the spring of Grade 8, CTC youth were 33 percent less likely to start smoking cigarettes, 32 percent less likely to start drinking, and 25 percent less likely to start engaging in delinquent behavior than were control youth.<sup>2</sup>
- Similarly, by the spring of Grade 10, CTC youth were 28 percent less likely to start smoking cigarettes, 29 percent less likely to start drinking, and 17 percent less likely to start engaging in delinquent behavior than were control youth.<sup>5</sup>
- These differences in the initiation of delinquency, alcohol use, and cigarette smoking from Grade 5 through Grade 10 led to cumulatively lower rates of initiation over time, as illustrated by Figure 1. 62 percent of 10th-grade youth in the study sample from CTC communities had engaged in delinquent behavior, compared with 70 percent of 10th-grade youth in the study sample from control communities; 67 percent vs. 75 percent had initiated alcohol use; and 44 percent vs. 52 percent had smoked cigarettes.<sup>5</sup>
- Effects on the prevalence of substance use and delinquency were generally universal, meaning they applied equally to girls and boys, as well as to youth who differ in risk exposure.<sup>6</sup>

**Adherence to “implementation fidelity.”** The Community Youth Development Study also evaluated how well communities were implementing the CTC prevention system and programs as intended (or with “implementation fidelity,” in the words of prevention science). Overall, the study found that CTC communities achieved high implementation fidelity at the system and program levels when supported by training and technical

assistance in the CTC approach. Control communities did not have access to this help.

- At the **system level**, results of the study showed that in each year of the intervention, CTC communities enacted an average of 90 percent of the key features of the CTC prevention system, such as developing a community board, prioritizing risk and protective factors, and selecting tested and effective preventive interventions from the *CTC Prevention Strategies Guide*.<sup>3, 7</sup>
- At the **program level**, CTC communities implemented an average of 2.75 tested and effective programs a year (range: 1-5). High rates of fidelity were achieved consistently over time with respect to adherence to program objectives and core components (average = 91-94 percent per year) and dosage (number, length, and frequency of intervention sessions; average = 93-95 percent per year). Importantly, faithful implementation continued two years after study support ended. CTC communities still offered significantly more tested and effective intervention programs, implemented them with high quality, monitored implementation to a significantly greater degree, and reached significantly more children and parents, compared with control communities.<sup>8,9</sup>

## MONEY MATTERS

Research continues to demonstrate the benefits of CTC for youth and the communities in which they live. However, in these tight fiscal times, people will want to know how much CTC costs and whether evidence shows that implementing the approach is worth the investment. The Social Development Research Group joined with colleagues from the Washington State Institute for Public Policy to conduct a cost-benefit analysis of whether CTC is a sound investment of public dollars, based on significant preventive effects on cigarette smoking and delinquency initiation found in Grade 8.<sup>10</sup> The research concluded that, very conservatively, it costs \$991 per young person to implement CTC for five years. CTC leads to \$5,250 in benefits for every young person involved, including \$812 from the prevention of cigarette smoking and \$4,438 from the prevention of delinquency. The benefit-cost ratio indicates a return of \$5.30 per \$1.00 invested, compelling evidence that CTC is a cost-beneficial investment.<sup>10</sup>

## CONCLUSION

This Research Brief has provided background and evaluation information indicating that CTC is an effective approach to helping young people avoid destructive behaviors that can rob them of their potential. The name says it all: *Communities That Care*. One reason CTC is so promising is that it brings science and community practice together, enabling individuals in the two realms to work together and learn from each other to advance a goal that benefits society as a whole.

## MORE INFORMATION

The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services has placed all the manuals and materials needed to implement CTC in the public domain; these materials can be accessed at <http://www.communitiesthatcare.net>. Further information about training and technical assistance for implementing CTC can be obtained by contacting Blair Brooke-Weiss at the Social Development Research Group.

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