



COMMUNITIES THAT CARE™

RISK- FOCUSED PREVENTION USING THE SOCIAL DEVELOPMENT STRATEGY

An Approach to Reducing Adolescent Problem Behaviors

Developmental Research and Programs, Inc.

143996



COMMUNITIES THAT CARE

RISK-FOCUSED PREVENTION : What Does It Mean for Community Prevention Planning?

143996

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Communities That Care

A Risk-Focused Approach to Reducing Adolescent Problem Behaviors

All across our country, adults concerned about the health and development of young people are searching for answers to the adolescent behavior problems of drug abuse, delinquency, school drop-out and teen pregnancy. Although the problems have been with us for a long time, there is a renewed sense of urgency now, when we need more than ever to cultivate the best potential of young Americans . . .

A suburban school board meets late into the night, trying to reach agreement on a policy to address serious high school problems: weapons and drugs smuggled into school in book bags, and widespread indifference to studies even among some of the most talented students.

A school principal in a disadvantaged inner city neighborhood notices more and more students engaged in gang activities: hanging out by the corner store known for drug deals, wearing gang colors, engaging in beatings and drive-by shootings.

In a comfortable small town, the parents of a 16-year old high school junior are stunned when he attempts suicide. Their shock is doubled when the hospital emergency room tells them his blood alcohol is near a lethal level. Later they learn he has been drinking daily for months, is failing in school and has been asleep until they arrive home from work.

We all recognize these stories; they are the reality of our lives. But what are we to do?

What has been tried? Until recently we have responded with treatment, which attempts to change problem behaviors after they have surfaced. Unfortunately, our efforts to control problems by treating them after the fact have been disappointing in several ways.

Dealing with adolescents once they have exhibited problem behaviors has shown only modest success. It is costly because it must be directed individually at each person with a problem, and even a large investment

in treatment does nothing to break the cycle of the problems spreading to other young people through peer networks. It is as if we were providing expensive ambulances at the bottom of a cliff to pick up the youngsters who fall off, rather than building a fence at the top to keep them from falling in the first place.

Communities That Care is about stepping in ahead of the problems with solutions that are far-reaching and lasting.

Historically, when Americans have been challenged by serious threats like disease epidemics, we have responded with an all-out effort that includes intensive research, training, and even life-style changes.

Communities that Care proposes a similar all-out community effort to prevent adolescent problem behaviors through a comprehensive approach. The strategy has grown out of a decade of research conducted by Dr. J. David Hawkins and Dr. Richard F. Catalano, a team of researchers at the University of Washington and colleagues across the country, building on and integrating diverse research efforts.

A research foundation. Research has shown that there are a number of *risk factors* that increase the chances of adolescent problem behaviors. Understanding these risk factors is the first

step toward identifying effective means of prevention.

Equally important is the evidence that certain *protective factors* can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young people's development, we can prevent these problems and promote healthy, pro-social growth.

As our understanding of risk and protective factors has grown, we have searched for effective ways to address them. *Communities That Care* organizes what has been learned about prevention strategies into a comprehensive approach to preventing adolescent problems. This requires broad vision and many participants.

With the leadership and commitment of local leaders, communities can take significant steps toward preventing the personal tragedy and social costs associated with the rising levels of drug abuse, delinquency, dropping out of school and teen pregnancy among our young people.

What is Risk-Focused Prevention?

Risk-focused prevention is based on a simple premise: to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks in ways that enhance protective or resiliency factors.

Dr. Hawkins, Dr. Catalano, and their colleagues have reviewed over 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for drug abuse and delinquency in multi-ethnic communities. They identified risk factors in important areas of daily life: the family, the school, the community, peer groups and within individuals themselves.

Other researchers, including Joy Dryfoos, Robert Slavin and Richard Jessor, have reviewed the literature on school drop-out and teen pregnancy and identified risk factors for these problems (Dryfoos, 1990). All four problems — delinquency, substance abuse, school drop-out, teen pregnancy— share common risk factors.

The more risk factors to which an individual is exposed, the greater the likelihood that the individual will engage in problem behaviors.

What is the importance of risk factors in dealing with adolescent social problems? One clear implication is if we can reduce the risks in young people's lives or counter those risks, the chances of preventing problems associated with those risks will be greatly increased. Further, since problem behaviors share common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

The following is a summary of the risk factors and the problem behaviors they predict.

Community Risk Factors

Community laws and norms favorable toward drug use and crime (substance abuse and delinquency). Community norms—the attitudes and policies a community holds in relation to drug use and crime—are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectation parents and other members of the community have of children.

One example of a community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. Policies and

regulations in schools and workplaces are also linked with the rates of drug and alcohol use in those settings.

When laws, tax rates, and community standards are favorable toward substance abuse or crime, or even when they are just unclear, young people are at higher risk for drug abuse and crime.

Availability of drugs (substance abuse). The more available drugs and alcohol are in a community, the higher the risk that young people will abuse drugs in that community. Perceived availability of drugs is also associated with increased risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

Low neighborhood attachment and community disorganization (substance abuse and delinquency). More drug problems and juvenile delinquency occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism and crime are high and where there is low surveillance of public places. This condition is distinct from income. It can be found in neighborhoods at any socio-economic level.

Economic and social deprivation (substance abuse, delinquency, teen pregnancy and school drop-out). Children who live in a poor, deteriorating neighborhood where the com-

munity perceives little hope for the future are more likely to develop problems with delinquency, teen pregnancy, and drop out of school. Also, children who live in these areas and have behavior or adjustment problems early in life, are more likely to have problems with drugs later on.

Transitions and mobility (substance abuse and delinquency). Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle or junior high school, or transition from middle school to high school, significant increases in the rate of drug use and anti-social behavior may occur.

Communities that are characterized by high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community move, the greater is the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to mitigate the effects of frequent moves and are more likely to have problems.

Family Risk Factors

A family history of high risk behavior (substance abuse, delinquency, teen pregnancy and drop-out). If children are born or raised in a family with a

with a history of criminal activity, their risk for juvenile delinquency increases. Similarly, children who are born to a teenaged mother are more likely to be teen parents and children of dropouts are more likely to drop out of school themselves.

Family management problems (substance abuse, delinquency, teen pregnancy and school drop-out). This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy and school drop-out. Poor family management practices include a lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they're with), and excessively severe or inconsistent punishment.

Parental attitudes and involvement (substance abuse and delinquency). Parents attitudes and behavior towards drugs and crime influence the attitudes and behavior of their children. Parents approval of children's moderate drinking, even under parental supervision, increases the risk for their children's using marijuana and developing a substance abuse problem. Similarly, parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency.

In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. The risk is further

increased if parents involve children in their own drug or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Similarly, in families where parents or siblings are involved in criminal activity, children are more likely to become delinquent in adolescence.

School Risk Factors

Early antisocial behavior (substance abuse and delinquency). Boys who are aggressive in grades K-3 are at higher risk for substance abuse and juvenile delinquency. When a boy's aggressive behavior in the early grades is combined with social isolation or extreme withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity.

Academic failure in elementary school (substance abuse, delinquency, teen pregnancy and school drop-out). Beginning in the late elementary grades, academic failure increases the risk of both drug abuse and delinquency. Children fail for many reasons, and it appears that the *experience of failure* itself, not necessarily ability, increases the risk of problem behaviors.

Lack of commitment to school (substance abuse, delinquency, teen pregnancy and school drop-out). Low commitment to school means the child has ceased to see the role of student as a viable one. Often this risk factor is associated with academic failure.

Individual/Peer Risk Factors

Alienation/ rebelliousness and lack of bonding to society (substance abuse, delinquency and school drop-out).

Children who feel they are not part of society or are not bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency and school drop-out.

Antisocial behavior in early adolescence (substance abuse, delinquency, teen pregnancy and school drop out).

This risk factor includes misbehaving in school, skipping school, and getting into fights with other children. Children who engage in these behaviors are at increased risk for engaging in drug abuse, juvenile delinquency, school drop-out and early sexual activity.

Friends who engage in the problem behavior (substance abuse, delinquency, teen pregnancy and school drop out). Children who associate with peers who engage in a problem behavior, be it delinquency, substance abuse, sexual activity or dropping out of school, are much more likely to

engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when children come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the child's risk. However, children that experience fewer risks are less likely to associate with friends involved in problem behaviors.

Favorable attitudes toward the problem behavior (substance abuse, delinquency, teen pregnancy and school drop-out). In elementary school children usually express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places children at higher risk.

Early initiation of the problem behavior (substance abuse, delinquency, teen pregnancy and school drop out). The earlier young people drop out of school, begin using drugs, committing crimes and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems than those who wait until after the age of 19.

Adolescent Problem Behaviors

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	
Risk Factors					
Community					
• Availability of Drugs	✓				
• Community Laws and Norms Favorable toward drug use and crime	✓	✓			
• Transitions and Mobility	✓	✓			
• Low Neighborhood Attachment and Community Disorganization	✓	✓			
• Economic and Social Deprivation	✓	✓	✓	✓	
Family					
• Family History of High Risk Behavior	✓	✓	✓	✓	
• Family Management Problems	✓	✓	✓	✓	
• Parental Attitudes and Involvement	✓	✓			
School					
• Early Anti-Social Behavior	✓	✓			
• Academic Failure in Elementary School	✓	✓	✓	✓	
• Lack of Commitment to School	✓	✓	✓	✓	
Individual/Peer					
• Alienation/Rebelliousness/Lack of Bonding to Society	✓	✓		✓	
• Anti-Social Behavior in Early Adolescence	✓	✓	✓	✓	
• Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	
• Favorable Attitudes Towards the Problem Behavior	✓	✓	✓	✓	
• Early Initiation of the Problem Behavior	✓	✓	✓	✓	



COMMUNITIES THAT CARE

THE SOCIAL DEVELOPMENT STRATEGY:

Building Protective Factors in Your Community



Protective Factors

Some youngsters who are exposed to multiple risk factors do become substance abusers, juvenile delinquents, drop-outs or teen parents. Balancing the risk factors are protective factors — aspects of people's lives that counter risk factors or provide buffers against them. They protect by either reducing the impact of the risks or changing the way a person responds to the risks. A key strategy to counter risk factors in young people's lives is to enhance protective factors that promote positive behavior, health, well-being and personal success.

Research indicates that protective factors fall into three basic categories (Hawkins, Catalano & Miller, 1992; Werner & Smith, 1992; Rutter, 1987):

- **Individual characteristics.** Having a resilient temperament or a positive social orientation are protective factors.
- **Bonding.** Positive relationships that promote close bonds are protective. Examples of these protective relationships include warm relationships with family members,

relationships with teachers and other adults who encourage and recognize a young person's competence, and close friendships.

- **Healthy beliefs and clear standards.** The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach their children healthy beliefs and set clear standards for their behavior. Examples of healthy beliefs include believing it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing clear no drug and alcohol family rules, establishing the expectation that a youngster do well in school, and having consistent family rules against problem behavior.

Two of the protective factors, bonding and clear standards, concern the relationship between a young person and his or her social environment including the community, the family schools, and peer groups.

Individual Characteristics

Research has identified four individual characteristics that are protective factors. These attributes are considered inherent in the youngster and are difficult, if not impossible, to change. They include:

- **Gender.** Given equal exposure to risks, boys are more likely to develop health and behavior problem in adolescence than are girls.
- **A resilient temperament.** Young people who have the ability to adjust to or recover from misfortune or change are at reduced risk.
- **A positive social orientation.** Youngsters who are good natured, enjoy social interactions and elicit positive attention from others are at reduced risk.
- **Intelligence.** Bright children are less likely to become delinquent or drop out of school. However, intelligence does not protect against substance abuse.

Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers or other significant adults, and/or pro-social friends.

Children who are *attached* to positive families, friends, school and community and who are *committed* to achieving the goals valued by these groups are less likely to develop problems in adolescence. Children who are bonded to others with healthy beliefs are less

likely to do things that threaten that bond, such as use drugs, drop out of school or commit crimes. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things that their parents strongly disapprove of.

Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a care-giver can keep children from getting into trouble. Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics.

Healthy Beliefs and Clear Standards

Bonding is only part of the protective equation. Research indicates that another group of protective factors fall into the category of healthy beliefs and clear standards.

The people that children are bonded to need to have **clear, positive** standards for behavior. The content of these standards is what protects young people. For example, being opposed to youth alcohol and drug use is a standard that has been shown to protect young people from the damaging effects of substance abuse risk factors.

Children whose parents have high expectations for their school success and achievement are less likely to drop out of school. Clear standards against criminal activity and early, unprotected sexual activity have a similar protective effect.



The Social Development Strategy

The Social Development Strategy organizes existing evidence on protective factors into a theory for enhancing protection while addressing risk factors for problem behaviors. The strategy specifies how the key protective factors of bonding and healthy beliefs and standards can be developed, and how they interact.

Individual Characteristics. The strategy recognizes individual differences. Some of these, like gender and temperament, are biologically determined. Shyness or sociability and intelligence also have a biological base. These are characteristics an individual brings into the world.

Bonding. In contrast, the Social Development Strategy identifies bonding as a protective factor that can be changed. Increasing bonding is an appropriate target for preventive interventions.

To increase bonding it is necessary to increase the conditions that create social bonding. The Social Development Strategy identifies three conditions that are necessary for the development of strong bonds: opportunities, skills and recognition.

- **Opportunities:** Children must be provided opportunities to contribute to their community, their school, their family, and their peer groups. If children have opportunities beyond their abilities, they experience frustration and failure. If children have few opportunities for active involvement they may become bored. The task is to provide children with meaningful, challenging, developmentally appropriate opportunities that help them feel responsible and significant.

Examples of opportunities that have demonstrated protective effects include active learning roles for children in the classroom.

- **Skills.** Second, children must be taught the skills necessary to effectively take advantage of the opportunities they are provided. If children do not have the skills necessary to be successful they experience frustration and failure.

Skills that have shown the ability to protect children include good cognitive skills such as problem solving and reading skills, and good interpersonal communications skill, and the ability to ask for support.

- **Recognition.** Third, children must be recognized and acknowledged for their efforts. Recognition gives children the incentive to continue to contribute.

Teachers who reinforce students' progress and parents who recognize their children's efforts contribute to bonding.

Healthy Beliefs and Clear Standards. Healthy beliefs and clear standards are effective when children are bonded to the groups that hold these standards. These standards become part of children's beliefs or values.

To strengthen children's healthy beliefs, it is important for parents, teachers and communities to set clear standards for behavior. The standards must be pro-social and must be clearly stated to the children. Examples of pro-social standards include rules or positions against delinquent behavior, early sexual activity, or alcohol or drug use by young people and positive expectations that children will graduate from high school.

Bonding and clear standards for behavior work together to protect children. For example, when children live in families that expect them to do well in school and are opposed to their dropping out, and the children are bonded to their families, they are much less likely to drop out of school or associate with peers who have dropped out of school. These children know what their parents expect and their bond with their parents keeps them working to meet these expectations and prevents them from going against their parents' standards.

The Social Development Strategy: At Work in the Family

If we want children to be bonded to the family they must be actively and meaningfully involved. They need opportunities to contribute to the family.

Opportunities might include helping to make family rules, making dinner once a week, or researching where the family can get the best buy on a VCR they've decided to buy.

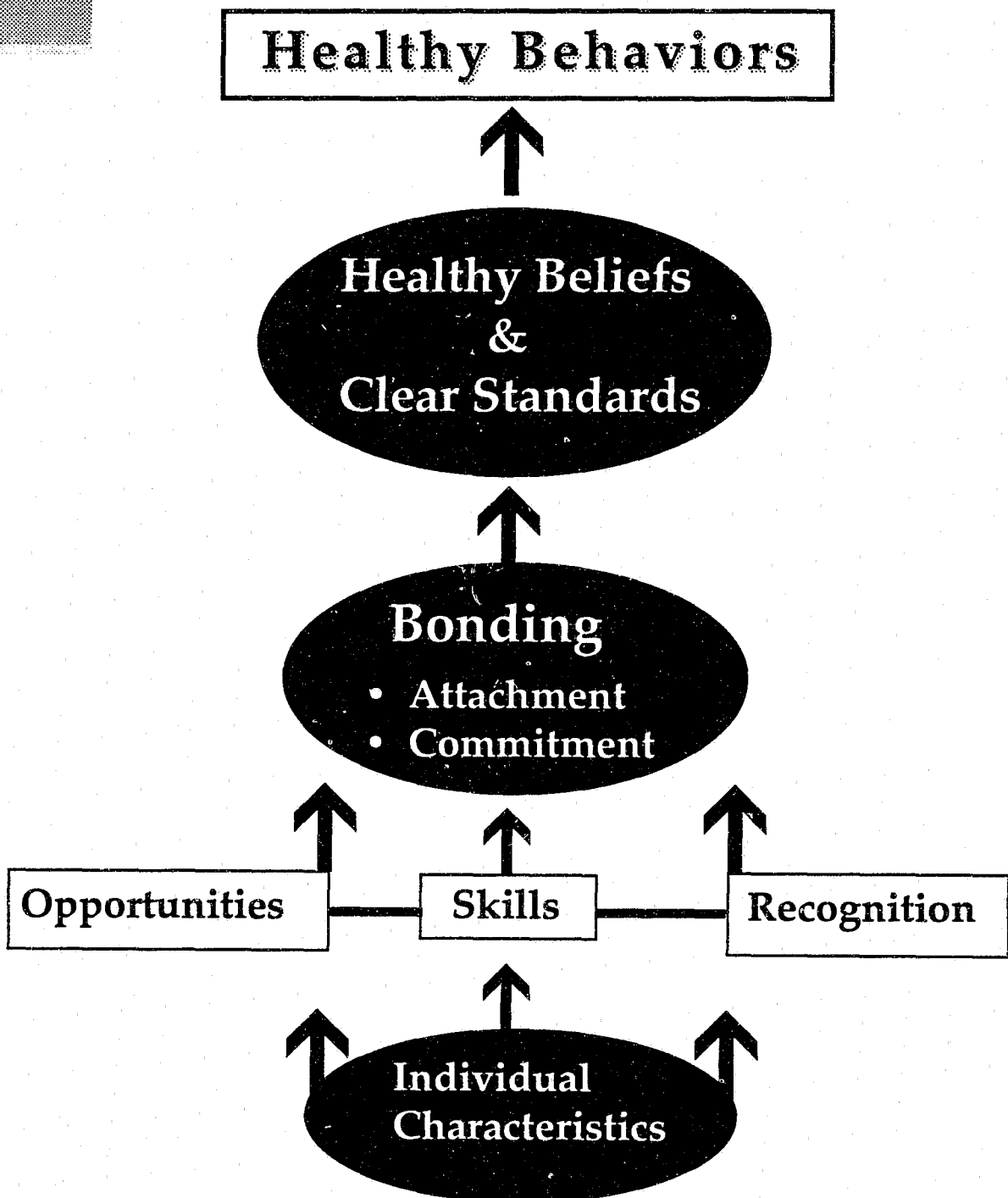
Once children have been given the opportunity to contribute, they need the *skills* necessary to be successful. For example, if children are going to make dinner they have to have the skills necessary to measure ingredients and use the stove.

Finally, they need to be *recognized* for their efforts to contribute to the family. Parents need to express their appreciation of a child's efforts to make dinner.

When these three conditions are met, children are more likely to become actively involved with and bonded to their families.



The Social Development Strategy





COMMUNITIES THAT CARE



**Mobilizing your Community
for Risk-Focused Prevention Planning**



Community Mobilization

The Communities That Care Model

Communities That Care[™] is a risk-focused prevention program that translates the Social Development Strategy into a comprehensive, community-wide approach. The project draws from previous community-wide prevention programs in the U.S. and Europe that have demonstrated significant impact. The Stanford Heart Disease Prevention Program and the Minnesota Heart Health Program, for example, employed extensive use of mass media, community mobilization, voluntarism, and educational strategies. Both were successful in reducing risks associated with heart disease (Maccoby and Solomon 1981, Carlaw 1984).

Communities That Care is aimed at achieving significant reductions in adolescent problem behaviors by reducing risk factors in ways that promote bonding. The process also recognizes that bonding without healthy beliefs and clear standards

regarding healthy behavior is not enough for a successful prevention effort.

Why a community approach? There are several advantages to a community-wide approach. Community approaches affect the entire environment and are oriented toward changing community norms, values and policies (Bracht, 1990.) Involving the whole community in a prevention effort reaches and engages more people than individual recruitment alone. And, this approach promotes widespread communication of consistent standards for behavior, the need for prevention, and risk and protective factors.

Because community approaches are likely to involve a broad spectrum of individuals, groups, and organizations, they create a greater base of support for behavior change. Unhealthy behaviors like drug abuse, delinquency, school drop-out and teen pregnancy are increasingly viewed in such communities as unacceptable. One by-product is likely to be lower costs for

intervention and treatment. Extensive involvement of volunteers also helps to reduce costs.

Finally, a broad base of community leadership and involvement in a prevention effort is likely to lead to long-term change as programs and strategies are integrated into the services and activities of local organizations and institutions. The community-wide focus creates a unique synergy; the whole is greater than the sum of its parts.

The importance of key leaders. The involvement of key leaders (e.g., the mayor, the superintendent of schools, the chief of police, business leaders, etc.) is an essential part of the process. Key leaders have the status, resources, and authority in their communities to launch a prevention project of this magnitude. Their leadership, approval, and support are needed to strengthen current policies and to provide new directions. They also can hold a community task force accountable for planning and carrying out the project.

Who should be involved in comprehensive community prevention efforts? Every community has movers and shakers. Every community also has people who get things done even though they may not occupy high-level positions. *Communities That Care* requires the involvement of a diverse group of people at

many different levels who will be responsible for getting the job done.

Goals of the Process

- ◆ To involve key leaders in the community from the outset, leading to the establishment of a community prevention task force or board to oversee the program.
- ◆ To create a community task force or board responsible for conducting a community risk and resource assessment, developing an action plan, and monitoring implementation of the plan.
- ◆ To develop a plan compatible with resources, groups, and programs already operating in the community.
- ◆ To establish a community prevention effort as a long-term strategy rather than a "quick-fix" solution.
- ◆ To enable communities to take ownership of their action plans so that effective programs will continue beyond the initial stage of enthusiastic support.
- ◆ To prepare communities to evaluate their own efforts in order to learn what parts of the process are effective and to assess the total impact of the project.

The Mobilization Process



Step One: Involvement of Key Leaders

Key Leader Orientation

The purpose of the orientation is to create an understanding of this prevention strategy, its basic premises, and recommended approaches for the Key Leaders.

One Day Orientation

This orientation prepares Key Leaders to:

- ◆ Develop a vision of common goals for the community;
- ◆ Decide whether or not to pursue a risk-focused prevention strategy and commit to a comprehensive, multifaceted, long-term undertaking;
- ◆ Decide who to invite to be on the community board or task force.

The orientation will also help the Key Leaders consider factors that could either support or stand in the way of a community mobilization effort. This

process of "forecasting" the community's capacity for change continues during the next steps of the process as more people from the community become involved.



Step Two: Formation of a Community Board

Once Key Leaders have decided to launch the program in their community, they invite proposed members of their community to participate. The prevention board or task force is the main mechanism for carrying out the day-to-day operations of the program, and some Key Leaders may be somewhat less involved as board members assume responsibility.

The board should represent diverse groups and areas in the community. The schools, law enforcement, and local government are among those likely to be represented. It is also important to include parents, human service agencies, service providers, youth, representatives of local businesses, service and civic organizations, religious and cultural groups, recreational organizations, existing community coalitions, and the media.

Board participation can include a series of training events, one for each of the following steps.



Step Three: Conducting a Community Risk and Resource Assessment

The third step in the process is for communities to conduct an assessment of the 16 risk factors for adolescent problem behaviors. The goal of risk assessment is to develop a coherent portrait of the community with regard to the levels of risk of its various populations and groups.

At the same time, communities will gather information on prevention programs and activities that are currently being offered in order to evaluate the level of protection that is available.

In assessing risk factors and local program delivery, the community is asked to focus primarily on *outcomes*—the extent to which local programs are having an actual impact on identified risk factors. In contrast to many situations in which communities rush to implement a program, this process will help focus on those parts of the community that are at highest risk and identify strategies that will address the major risks they identify.

Communities That Care training materials include the **Encyclopedia of Risk Indicators**, a detailed catalog of risk factor indicators that will help task force members assess risk factors according to different categories

(e.g., family, school, community) and age groups. How to use this catalog as an aid to assessment is part of the *Risk and Resource Assessment* training. Worksheets for evaluating current program efforts are also part of the *Risk and Resource Assessment* training materials.

Community Risk and Resource Assessment Training

The training prepares communities to:

- ◆ Understand risk and protective factor research;
- ◆ Apply the Social Development Strategy;
- ◆ Conduct a community risk assessment and current activities inventory;
- ◆ Examine local programs targeting adolescent problems behaviors and analyze how they do or do not address reducing risk factors and increasing protective factors.



Step Four: Planning the Program and Deciding on Evaluation Criteria

Once the risk and resource assessment has been completed, another training event can help initiate program

planning. The focus of the *Promising Approaches* training is on drawing connections between identified risks and effective programs that address these risks. The community board can then develop a risk-focused action plan.

Promising Approaches Training

The training prepares communities to:

- ◆ Prioritize the most salient risk factors in the community;
- ◆ Select appropriate strategies from a menu of program elements that have been tested and evaluated for effectiveness in addressing problem behaviors;
- ◆ Develop goals and objectives for an action plan in response to risks identified through the community assessment process;
- ◆ Identify obstacles to carrying out the plan and resources for overcoming those obstacles;
- ◆ Establish appropriate program evaluation methods.

Implementing research-based programs that have demonstrated effectiveness or shown promise of reducing risks while increasing protective factors does not necessarily require the development of new resources. Resources can be volunteer time, in-

kind contributions, or redesigned programs as well as (where available) money for new programs that have been shown to be effective in reducing targeted risks and enhancing protective factors.

All the program elements presented in *Promising Approaches*:

- ☑ Address known risk factors by increasing protective factors.
- ☑ Meet a set of program evaluation criteria developed for *Communities That Care*.
- ☑ Have a research warrant. Either they are based on research and show promise, or they have demonstrated significant effects in controlled field studies.

Community Focus:

- ◆ *Community mobilization.* An example of an effective community mobilization process is described in detail.
- ◆ *Community and school drug use policies.* This element focuses on ways to assess, revise, develop, publicize, and carry out policies to reduce tobacco, alcohol, and other drug use in communities and schools. These strategies recognize that the social and legal environment affects whether or not individuals use alcohol and other drugs.
- ◆ *Media mobilization.* Representatives of the media can be educated about the ways in which children are placed at high risk of problem behaviors and what protective actions

can be taken. Communities can learn to work with local media to develop, long-term campaigns that promote healthy standards and behaviors among youth. The media are also in a strong position to provide visibility for other program elements.

Preschool and Family Focus:

- ◆ *Prenatal and infant programs.* Programs, including prenatal medical care, parenting education, in-home services and clinic-based contact with social workers, psychologists and nutritionists offer support and guidance to parents and newborns at a critical time of physical and psychological development.
- ◆ *Early childhood education.* Effective programs including parent training and center-based education and activities are recommended for children ages 2-5. Parents, childcare workers, and teachers learn ways to promote language and reading skills, provide opportunities for active learning, build positive ways to set and enforce clear rules, and learn how to help children manage their own behavior.
- ◆ *Parent training.* Three parent training programs that improve family management skills in areas such as communication, problem solving, creating clear family expectations and managing children's problem behaviors in positive ways are described. Each program targets parents of children at different developmental stages.

School Focus:

- ◆ *School development and management.* The School Development & Management model recommends increased participation by parents, teachers, mental health staff, and administrators in managing schools at the building level. The Program Development Evaluation Method includes a data-based method for directing and monitoring the effectiveness of changes in school problems.
- ◆ *Instructional improvements.* Teachers can be taught ways to improve their instructional practices, including the use of proactive classroom management, effective teaching strategies, and cooperative learning methods. Teachers also learn peer coaching techniques to support their colleagues in adopting these new skills.
- ◆ *Classroom curricula.* Criteria for evaluating school social competence promotion curricula, developed by the W.T. Grant Consortium on School-Based Promotion of Social Competence, are described in this section. Communities can use these criteria to select from among the many programs available, including those addressing pro-social influences from peers, the media, and others.

These are examples of programs that reduce risk factors by strengthening protective factors. Other programs can be added or substituted if they meet the program evaluation criteria and if they have demonstrated effectiveness.

Matching Risk Factors with Programs and Services

As part of developing an action plan, each community will choose high-priority risk factors on which to focus. These risk factors can be matched with program elements consistent with the Social Development Strategy. Here are some examples of possible choices.

**If this risk factor
is a problem**

**This might be a program
or service to implement**

Family management
problems

Parent training/
education

Aggressiveness of
children in the early
elementary grades

- Early childhood
education programs
- Social competence
promotion programs

Academic failure/little
commitment to school
(upper elementary -
middle grades)

Instructional
improvements

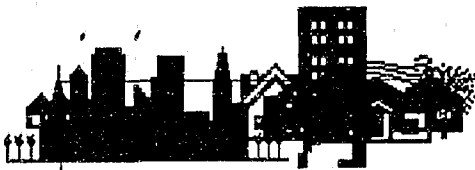
Transitions and mobility

School Management
and Development



COMMUNITIES THAT CARE

TRAINING DESCRIPTIONS



Communities That Care™

Training Descriptions

Key Leaders Orientation to Risk-Focused Prevention

Length: One Day

This one-day seminar will provide participants a comprehensive overview of risk-focused prevention, along with in-depth information on the research behind risk factors and the Social Development Strategy, a research-based method of community mobilization, and a menu of *Promising Approaches* program elements.

Business, political, school, law enforcement agency, and other key decision-makers at the state and local level should attend. This seminar will educate the leadership structure about those factors that help place children in their community at risk of adolescent behavior problems and give them information about what they can do to support comprehensive prevention activities.

This is a must for leaders who make decisions about resource allocation. Key leaders will have the opportunity to assess their community's capacity for change and will begin the process of selecting appropriate representatives to help direct prevention activities.

Activities and Exercises

- ❖ Creating a Shared Vision
- ❖ Creating Your Planning Board
- ❖ Assessing Readiness for Change
- ❖ A Checklist of Community Risk and Protective Factors



Risk-Focused Prevention: Applying the Strategy

Length: Two Days

Learn to apply the risk-focused prevention framework to your prevention planning and implementation efforts. Participants will use the Hawkins/Catalano risk factors and the Social Development Strategy to informally assess levels of risks and protection in communities, to evaluate program strategies, and to make informed decisions about resource allocation.

Participants are also introduced to *Promising Approaches* model program strategies and have an opportunity to work with this information in the context of how to enhance, augment or improve current community prevention efforts.

On completion of this training participants will be able to:

- ❖ Explain risk-focused prevention, the Hawkins/Catalano risk factors and the Social Development Strategy;
- ❖ Assess the potential effectiveness of various prevention strategies;
- ❖ Apply information on risk and protective factors to the development of a community prevention plan.

Participants will have an opportunity to work with issues surrounding the introduction of risk-focused prevention to diverse communities.

Risk-Focused Prevention: Applying the Strategy is an intermediate training event designed for prevention specialists, activists or anyone working with their community to prevent adolescent problem behaviors. It is not mandatory that participants be part of a team.



Community Risk and Resource Assessment

Length: Three Days

This training event is designed for community prevention teams or groups charged with planning, developing and implementing prevention strategies at the state or community level.

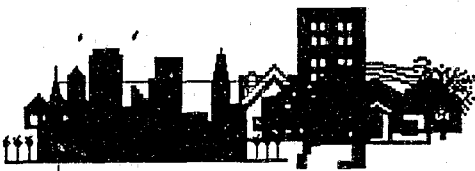
Participants will attain an application level with the 16 Hawkins/Catalano risk factors and the Social Development Strategy. Participants will learn how to collect and analyze data in order to prioritize the key risk factors for specific areas and/or target populations. Communities will learn to compare their results to state or national norms.

Participants will have an opportunity to work with issues surrounding how to assess community readiness in order to apply risk-focused prevention in diverse communities.

Teams will learn how to conduct an inventory of existing programs, resources and services and to evaluate them for their effectiveness in reducing risks and increasing protective factors. The outcome of this training event should be a team action plan for completing a risk and resource assessment for their community.

Activities and Exercises

- ❖ **Identifying Risk and Protective Factors in Sample Communities**
- ❖ **Applying Risk-Focused Prevention in Diverse Communities**
- ❖ **Collecting and Analyzing Data**
- ❖ **Conducting a Resource Assessment**



Promising Approaches

Length: Two Days

This training event is designed for community prevention teams who have completed a community risk and resource assessment.

Participants will draw connections between identified risks and effective programs that address these risks by reviewing and analyzing the results of their risk and resource assessment.

Teams will prioritize risk factors, identify gaps in existing programs and services, and be introduced to *Promising Approaches* programs. *Promising Approaches* are examples of existing programs that reduce risk factors by strengthening protective factors, have some research warrant, and meet program assessment criteria presented in the *Risk and Resource Assessment* training. Teams may select from the *Promising Approaches* programs or from other programs that meet these criteria when developing their action plans.

The outcome of this training is a comprehensive community action plan.

An optional third day of training may be added for those teams who need additional help in organizing information and selecting priority risks. Additional charges will be added for this service.

Activities and Exercises

- ❖ Prioritizing Risk Factors in the Community
- ❖ Identifying Gaps in Addressing Risks
- ❖ Reviewing *Promising Approaches*
- ❖ Prioritizing Goals
- ❖ Developing a Comprehensive Community Plan



Communities That Care™ Training Events

Training Event	Basic Price
One Day Orientation	\$ 2,800
Applying the Strategy (2 Days)	\$ 5,300
Risk & Resource Assessment (3 Days)	\$ 7,300
Promising Approaches (2 Days)	\$ 5,300

- ☆ **Basic price includes 2 trainers and all materials for a maximum of 40 participants. An additional amount will be charged for training team travel expenses which will be billed for actual amounts incurred.**
- ☆ **Groups of more than 40 participants can be accommodated. There will be additional charges for additional trainers, travel expenses and participants materials based on the total number of participants.**
- ☆ **For more information on scheduling a Communities That Care training contact Developmental Research and Programs, Inc. at 1(800)736-2630 or FAX (206) 286-1462.**



DEVELOPMENTAL RESEARCH AND PROGRAMS, INC.

Preparing the Next Generation for the Future

Corporate History, Experience and Qualifications



DEVELOPMENTAL RESEARCH AND PROGRAMS, INC.

Corporate History

Developmental Research and Programs, Inc. (DRP) was incorporated in 1984 to translate current research findings into programs promoting the healthy development of children and families in communities.

Founded by Dr. J. David Hawkins and Dr. Richard F. Catalano of the University of Washington, the goal of the firm is to develop and distribute planning tools and training programs for families, schools and communities based on the Social Development Strategy, the foundation of their continuing research.

In addition to their roles as principals of DRP, Dr. Hawkins is the Director of the Social Development Research Group at the University of Washington and Dr. Catalano is the Associate Director of that group.

The firm's first national release, *Preparing for the Drug Free Years*, is an award-winning prevention program designed to empower parents to reduce the risks that their children will abuse drugs and alcohol. The program has earned the National Association of Broadcaster's Service to Children award, the National Council on Alcoholism's Markie Award, and the President's Private Sector Initiatives Award.

Since its introduction in 1987, *Preparing for the Drug Free Years* programs have been conducted in 28 states and more than 75,000 families have been trained in the program's concepts. Illinois, Oregon and Kansas sponsored statewide implementations of PDFY. Major state efforts are underway in California, West Virginia and Maine, with more states actively investigating statewide campaigns for 1992-93.

DRP has also developed a series of comprehensive community training events. These events, the *Communities that Care* series, train communities to implement a risk-focused, community-wide planning effort that combines community mobilization strategies with risk-focused prevention programs that can target a community's priority risk factors. Field-tested for four years under the name *Together! Communities for Drug-Free Youth*, this program has provided training and technical assistance that is already demonstrating success in Washington, Oregon, California, Kansas, South Carolina, Rhode Island and Texas.



An OSAP Conference grant, awarded to DRP in 1990, allowed the firm to develop training materials and events dealing with the issues surrounding risk-focused prevention in communities of color.

As our children enter the 21st Century, will they have the strength, vision and character to manage the challenges of an increasingly complex world? At Developmental Research and Programs, we see our role as linking those who do research to those who must prepare the next generation for the future.