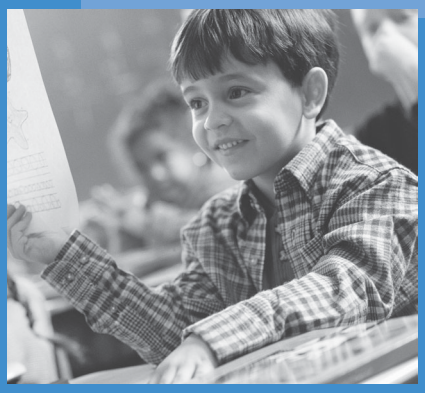
School of Social Work ❖ University of Washington

Social Development Research Group

2004-2005 Report



Message from the Director

Colleagues and Friends,

Two years have passed with many changes, transitions, and accomplishments to share with you.

David Hawkins, SDRG's Founding Director since 1979, stepped down in September 2004. In my first week in his place, we completed an important site visit from the National Institute on Drug Abuse. At the conclusion of the first day, the Director of the Division of Epidemiology, Services and Prevention Research, Dr. Wilson Compton, declared "The breadth, range, and elegance of (SDRG) research is remarkable!"

Following a successful site visit, we gave tribute to David Hawkins for his 25 years as Director. Thank you, David, for all your contributions in allowing us to express our best, develop our ideas, and contribute to improving the lives of children, adolescents, and young adults.

I also want to introduce Renee Petrie, our new Assistant Director. Renee has been our Data Operations Director, heading up all data collection, data management, programming, and locating activities. She has been an excellent contributor to SDRG's science, ensuring accurate, high-quality data collection with high response rates. Her new duties will include leading our strategic planning process, maintaining excellent relations between projects and units, incorporating Information Technology into the Data Operations Unit, and exploring ways to secure funding to support administrative and data collection activities.

I am excited about SDRG's future and my immediate goals include strengthening SDRG's existing and future lines of research and developing more support for SDRG science and operations. With active involvement from all full- and part-time staff, in 2005 we completed a strategic plan for the next five years. We reaffirmed our mission and values and adopted five goals, including (1) expanding our research range to incorporate health disparities, health and wellness, and biogenetic processes, and increasing the number of experimental tests of preventive intervention; (2) understanding and implementing the best methods of using our research to affect policy and practice; (3) assessing the feasibility of offering survey research services to other researchers; (4) institutionalizing our organizational values adopted in 2004; and (5) expanding the support for SDRG science. As we move into new areas we will be looking for partnerships and collaborations among scientists, policy makers, practitioners, and grant makers.

Richard F. Catalano, Ph.D., Director
Social Development Research Group

Though always looking forward, I would like to share with you a few of SDRG's accomplishments of the past two years:

Community Youth Development Study

We are conducting a randomized trial of Communities That Care in 24 communities across seven states. Each community in the experimental condition completed the prevention planning phase, and based on their assessment of risk and protection among their students, each community developed and has implemented an action plan to add tested, effective prevention programs to their community. These plans were approved by our program advisory board and each community has implemented these programs for over one year.

International Youth Development Study

The International project published an article linking pubertal development, independent of age, with development of substance use (Patton et al., 2004—see page 19). This article has received international press coverage and makes a significant contribution to the literature on biological predictors of substance use.

Seattle Communities That Care

This project with Seattle Public Schools in implementing *Communities That Care* in middle schools and high schools was one of 32 UW research projects showcased in October 2004 at *Come Together Washington*, the public launch event for *Campaign UW: Creating Futures*. Bill Gates Senior, the development campaign chair, was so impressed by the work of Michael Arthur and Susan Haws that he singled out the project in his report in the December 2004 issue of *Columns*, the UW Alumni magazine (see http://uwfoundation.org/how_gifts/faculty_support.asp).

Seattle Social Development and Raising Healthy Children Projects

These two projects recently published important reports of intervention effects. For more details, see the feature article on pages 4-7.

Rural Adolescent Psychopathology Study

Alex Mason joined the ranks of SDRG Principal Investigators in 2005 with his study of the effects of conduct problems and depressive symptoms on later problem drug use (see page 15).

Additional updates on these, as well as other important SDRG research projects, can be found on pages 8-15 of this report.

Even with such outstanding accomplishments, there is still so much to be done. **You can help!** We seeking financial partners who will help increase our capacity to provide training, technical assistance, and monitoring so that children in local school districts and around the country can benefit from solid social development interventions. If you would like to make a financial contribution to help further SDRG's research and dissemination activities, please use the enclosed envelope. We thank you in advance for your partnership and support.

I look forward to meeting and speaking with many of you as we at SDRG move forward with groundbreaking new projects and exciting work. SDRG has many talented investigators, a strong support staff, and great colleagues who help drive the important work we do.

Thank you for your continued support and interest in our work. Remember to check out our web site for updates (www.sdrg.org).

Richard F. Catalano, Ph.D., Director

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Our Mission

The Social Development Research Group is an interdisciplinary team of researchers united in a common mission...

To understand and promote healthy behaviors and positive social development among children, adolescents, and young adults by:

- Conducting research on factors that influence development;
- Testing the effectiveness of interventions;
- Studying service systems and working to improve them;
- Presenting science-based solutions to health and behavior problems; and
- Disseminating knowledge produced by this research.

Social development approaches to prevention target risk and protection across childhood and adolescence. Two studies at SDRG, the Seattle Social Development Project and Raising Healthy Children, demonstrate that this strategy can reduce risk and enhance protection in the family, school, and peer environments, and improve behavior.

Guiding social development interventions is evidence that adolescent problems, including substance use, delinquency, violence, teen pregnancy, school dropout, and depression are influenced by multiple, often overlapping risk and protective factors that exist in individuals and in their social environments. Some predictors of adolescent problems have a constant effect, while others increase or decrease in importance over the course of child and adolescent development.

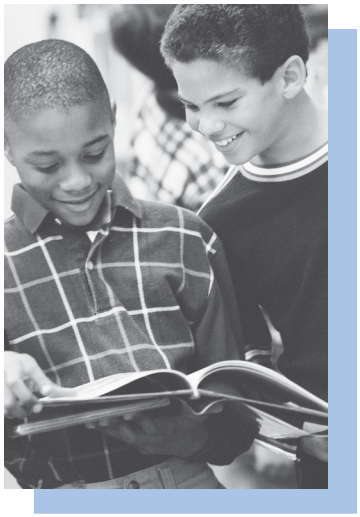
Social development approaches to prevention target the individual and the environment to affect risk and protection across childhood and adolescence. Exposure to early risk factors often impairs the course of development, leading to early developmental failures and a "snowball" effect with risk factors in subsequent developmental stages tending to adhere and accumulate as a consequence of earlier problems. For children who do not have early life risk exposure but engage in problem behaviors, the effect of risk may be more analogous to a "snowstorm" in which adolescents are exposed to models of problem behavior, favorable attitudes towards problem behavior, and peer engagement in problem behaviors. Even those without early risk may succumb to the snowstorm with lengthy exposure without protection.

Social development interventions that address risk factors are designed to strengthen protection while reducing risk. The Social Development Model is our theory of how protective factors work together to reduce risk. Social development interventions seek to strengthen protection by enhancing meaningful opportunities for youth to contribute to social units of family, school, and peer groups; by teaching appropriate skills so that they can be effective in their contribution; and by reinforcing effort and accomplishment so that they will be motivated to keep contributing to the social unit. When these three processes are supported, youth develop bonds to the social unit. When they develop bonds to those who hold prosocial values they are more likely to adopt those values.

Seattle Social Development Project

The Seattle Social Development Project (SSDP) is a controlled trial of preventive programs that began with first-grade students, teachers, and parents in 1981. Its goal was to improve the socialization experience of children within schools, families, and peer groups, and thereby affect multiple risk and protective factors. Parents and students attending schools in high-crime neighborhoods were asked to participate in program or comparison conditions.

During the elementary school years children learn patterns of behavior from socializing units of family and school, with peers playing an increasing role as children progress through the elementary years. Risk factors that were addressed by the SSDP intervention during elementary school included poor family management, family conflict, parental involvement in and favorable attitudes towards problem behaviors, academic failure, exposure to negative peer influences, favorable attitudes towards problem behaviors, and early antisocial behavior. The protective factors addressed by the intervention included healthy beliefs and clear standards; bonding to prosocial individuals, institutions, and groups; appropriate and meaningful opportunities for involvement; the social, emotional, and cognitive skills to be successful in those involvements; and recognition for effort and accomplishments.



We tested whether delivering the intervention package over the full course of elementary school (full intervention) had greater effects than delivering the intervention just prior to adolescence (late intervention), or providing no project intervention.

Teacher Component

Each year, as the study children moved through the elementary grades, teachers in intervention classrooms received five days of in-service training

in a package of instructional methods with three major components: proactive classroom management, interactive teaching, and cooperative learning.

Child Component

First-grade teachers of the full treatment group also received instruction in the use of a cognitive, emotional, and social skills training curriculum, *Interpersonal Cognitive Problem Solving*, which teaches children to think through and use alternative solutions to problems with peers. This curriculum developed children's skills for involvement in cooperative learning groups and other social activities without resorting to aggressive or other problem behaviors. In addition, when students in both intervention conditions were in Grade 6, they received training from project staff in skills to recognize and resist social influences to engage in problem behaviors and to generate and suggest positive alternatives in order to stay out of trouble while still keeping friends.

Parent Component

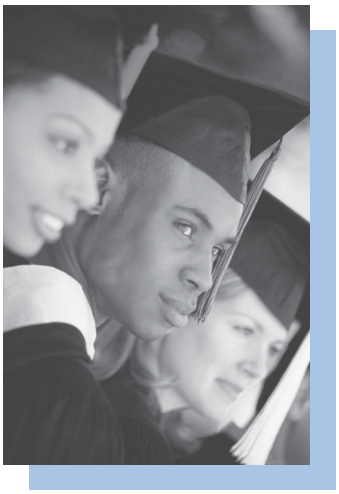
Parent training classes appropriate to the developmental level of the children were offered to parents or adult caretakers of children. Parents in the full intervention condition were offered training in child behavior management skills when their children were in the first and second grades through a seven-session curriculum, *Catch 'Em Being Good*. In the spring of second and third grades, parents of children in the full intervention also were offered a four-session curriculum, *Supporting School Success®*, to strengthen their skills for supporting their children's academic development. When their children were in Grades 5 and 6, parents of children in both the full and late intervention conditions were offered a five-session curriculum, *Guiding Good Choices®*, to enhance family bonding and strengthen parents' skills to reduce their children's risks for drug use.

SSDP Intervention Findings

The Seattle Social Development Project (SSDP) intervention has demonstrated positive effects on child and adolescent development. At the end of the second grade, following two years of intervention, teachers rated experimental group males as less aggressive than controls, and experimental group females less self-destructive than controls. At the start of fifth grade, intervention group children reported less initiation of delinquency, higher attachment to family, and higher school bonding compared to controls. SSDP had specific effects for low-income students. At the end of sixth grade, intervention group low-income girls reported more classroom learning opportunities, more classroom participation, and more bonding to school compared to controls. Low-income boys in the intervention group displayed better social skills, schoolwork skills, school bonding, achievement test scores, and grades than controls and were less likely to have antisocial peers. By age 18, fewer full intervention youths reported lifetime violence, lifetime sexual activity, and lifetime multiple sex partners than controls. They also reported improved school bonding and achievement and reduced school misbehavior compared to controls. Also at age 18, the intervention had specific benefits for students from low-income families, including better bonding to school and better academic achievement, and fewer were held back in school, engaged in school misbehavior, or drove after drinking. We have also found intervention effects on preventing decline in bonding to school during high school, with students who received the full intervention showing less decline.

Continued on next page ▶

Further, SSDP intervention effects have been found in young adulthood. At age 21, nine years after the program was delivered, the full intervention group reported fewer sexual partners and a greater probability of condom use at last intercourse, compared to controls. Fewer females in the full intervention had become pregnant and fewer had given birth. After controlling for socioeconomic status, the intervention was effective in reducing sexual risk behavior among African Americans. Among African Americans, those in the full intervention condition were more likely to use a condom and fewer had contracted a sexually transmitted disease. Also, compared to controls, fewer participants from the full intervention group were involved in a wide variety of crimes at age 21, including property crimes, violent crimes, and fraud. In addition, full intervention students are functioning better as young adults. Those in the full intervention group had completed more education, were more likely to be constructively engaged in school or work, were less likely to have changed jobs in the past year, and had more responsibility at work. Full intervention students were more likely to have positive emotional regulation (less depression, suicide ideation, and social phobia) and were less likely to have comorbid substance use and mental health disorders.



Raising Healthy Children Project

The Raising Healthy Children project (RHC) began in 1993 and, like SSDP, tested a social development approach to prevention with strategies that focused on three key socializing domains: school, family, and peer/individual. RHC was implemented in a suburban school district with 10 schools chosen because students' families had the lowest average income and children had higher rates of academic problems in these schools. The schools were randomized to experimental or control conditions.

In the experimental condition, RHC replicated the components of the SSDP intervention and extended the social development approach. Enhancements are described here.

Teacher Component

Because reading has been identified as a predictor of academic success, RHC trained teachers in effective strategies for teaching reading in early elementary school. RHC teacher training in elementary school was delivered to the whole school so that teachers gained experience with the practices before RHC program students entered their classrooms. In addition, the teacher component was extended to the first year of middle school to maintain commitment to school that often drops off during the transition to middle school.

Family Component

RHC used a variety of recruitment efforts with parents which resulted in increased exposure to parenting programs. A variety of delivery mechanisms were used, including parenting skills workshops delivered in single- to five-session formats, an all-day family fair offering multiple parenting skills sessions, and individual sessions with parents in their homes. Parenting content was reinforced and extended through a monthly newsletter distributed to all families in intervention schools. As a support component, families most at risk received 12 weeks of home-based services which provided the content of the curricula. During middle and high school, in-home, two-session family visits were offered to families through age 18 at each of three developmental milestones: moving into high school, getting a driver's license, and transitioning out of high school.

Child Component

RHC augmented the SSDP child component in several ways. Teachers learned to provide direct instruction in social, emotional, and cognitive skills in the classroom through developmentally appropriate units across Grades 1-6, creating a school-wide scope and sequence of these skills.

Interpersonal and problem-solving skills were integrated with literature and social studies. A school-wide focus on staff development encouraged schools to adopt a "skill-of-the-month" to further enhance implementation. RHC also extended learning opportunities beyond the school day by providing an after-school study club and a two-week, half-day summer camp to reinforce social, emotional, and cognitive skills. RHC offered tutor training to seventh-grade program students who were having academic difficulties, and these seventh-grade students tutored fourth-grade students. Special retreats offered middle school students the opportunity to learn and practice skills for recognizing and resisting social influences to engage in problem behaviors, and to generate and suggest positive alternatives in order to stay out of trouble while keeping friends.

RHC Intervention Findings

We examined outcomes of the intervention at several time points by comparing students who were assigned to receive the RHC program to those who were not assigned to receive the intervention. After 18 months of intervention, RHC students in intervention schools had significantly higher academic performance and a stronger commitment to school compared to their peers in the control group. Similarly, teachers rated RHC students to be less involved in antisocial behaviors and to have higher social competence than their peers in control schools.

Substance use during middle and early high school was also examined. Results indicated that intervention students had less growth in the frequency of alcohol and marijuana use over this time, and by 10th and 11th grades they used both substances less frequently than the nonintervention students.

We examined driving-related outcomes when study participants were in 11th and 12th grades and found that program students and parents were more likely to have a written driving contract than students in the control group. Program students also were less likely to report driving while under the influence of alcohol or riding in a car driven by a minor who had been drinking.

Summary

These two studies provide evidence that a social development approach to prevention can be reliably effective. The Seattle Social Development Project and Raising Healthy Children both addressed early life risk exposure and enhanced protection to stop the snowballing of accumulated risk. RHC added new components to extend the social development approach through middle and high school to provide added preparation for adolescents as they enter the snowstorm years when students are exposed to peer models of problem behavior, favorable attitudes towards substance use, and weakening protection from the family. Both interventions have reduced risk factors, enhanced protective factors, and reduced problem behaviors. Young adults in the full intervention condition of SSDP continue to demonstrate enhanced outcomes nine years after the intervention was completed.

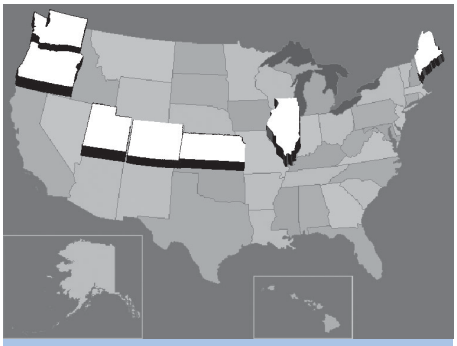
We are currently seeking partners to develop the capacity to provide training, technical assistance, and monitoring so that children in school districts around the country can benefit from this social development intervention. Your donation can help!

The Social Development Research Group gratefully acknowledges our partnership with the following school districts that we have worked with over the past 25 years: Edmonds School District #15, Renton School District, and Seattle Public Schools. We especially thank the principals, teachers, counselors, and district staff who have made this partnership successful. We also acknowledge our funding agencies, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, the Office of Juvenile Justice and Delinquency Prevention, the Robert Wood Johnson Foundation, the Burlington Northern Foundation, and Safeco Insurance Company.

Community Youth Development Study

The Community Youth Development Study is a five-year intervention trial designed to determine the effectiveness of the *Communities That Care* (CTC) system in promoting healthy youth development and reducing levels of youth substance use, violence, delinquency, and school drop out in communities. CTC is a strategic framework for planning and managing prevention activities at the community level. It promotes the use of community-specific data on risk and protective factors to guide the selection of tested, effective prevention programs and to monitor their effects over time.

The study is a collaborative effort between SDRG and state and local prevention and substance abuse agencies in seven states (Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington). Twenty-four communities in these states were randomly assigned either to receive training and technical assistance in CTC, or to act as control communities that will continue to implement their current prevention systems. SDRG will monitor the implementation and effectiveness of the CTC process in the experimental communities through ongoing communication with local coordinators, through surveys of students in Grades 5 through 12, and through interviews with local key leaders and service providers regarding their prevention activities. A longitudinal panel survey of the Class of 2011 will be conducted each year of the study in order to obtain information on changes in risk and protective factors and youth behaviors.



States in the Community Youth Development Study

START DATE: 2003

PRINCIPAL INVESTIGATOR: J. David Hawkins

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

ADVISORY BOARD: David Farrington, Cambridge University; Mark Greenberg, Pennsylvania State University; David Murray, Ohio State University; Mary Ann Pentz, University of Southern California; Cheryl Perry, University of Minnesota; Stephen Raudenbush, University of Michigan

Preventing Adolescent Cannabis Use in the Netherlands and the United States: A Binational Investigation of the Communities That Care Prevention System. *(Administrative Supplement to the Community Youth Development Study)*

This supplemental project is being conducted collaboratively by researchers from SDRG and from the Verwey-Jonker Institute, the Netherlands Institute for Care and Welfare, and Tilburg University. It expands the scope of the parent project to compare and contrast U.S. and Netherlands data on student cannabis use.

This project will compare cannabis and other drug use prevalence as well as levels of risk and protective factors experienced by adolescents from two countries that have very different national policies regarding cannabis. The U.S. policy approach toward marijuana use has been weighted toward no tolerance and punishment, while depenalization of cannabis use has yielded an explicitly tolerant, harm-minimization stance toward cannabis use in the Netherlands.

This supplemental project will also allow an assessment of the common and unique barriers and outcomes of implementing the Communities That Care (CTC) strategic prevention framework in different cultural and policy contexts and will evaluate the effectiveness of such prevention efforts. Comparing implementation processes and sharing "lessons learned" regarding material, structural, and perceptual barriers to prevention planning with our colleagues in the Netherlands will result in better understanding of how communities can be engaged in using scientific advances in prevention to guide their substance abuse prevention and youth development efforts.

START DATE: 2005

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: National Institute on Drug Abuse

Diffusion of State Risk/Protective-Focused Prevention

This project is a study of the development and effectiveness of state and local drug abuse prevention systems using epidemiological data on research-based risk and protective factors as the basis for prevention planning and program monitoring. It is a collaborative effort involving the state alcohol and drug abuse or prevention agencies of Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. The project is examining the processes by which each of the states has implemented a prevention planning system based on current prevention science, and the diffusion and impact of this approach on prevention practices and

the levels of risk and protection, drug use, and crime in 41 communities within these states.

The focus during the final year of the project has included continued analysis and reporting of project findings. Analyses have been completed confirming the validity of the study's measures of risk and protective factors for males and females across racial and ethnic groups. Analysis of descriptive data on the history of each state's prevention system has supported hypotheses about factors influencing the diffusion of risk/protective-focused prevention and has revealed additional important factors influencing the adoption of science-based prevention planning by state agencies. Examination of school and community prevention systems has found variation across communities in the use of epidemiological data to plan prevention actions, in levels of collaboration among prevention service providers, and in the types of prevention programs and strategies used. Examination of variation across schools and communities in levels of risk factors, protective factors, and youth outcomes has confirmed relationships between epidemiological levels of risk, protection, and adolescent problem behaviors at both school and community levels.

START DATE: 1997

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: National Institute on Drug Abuse

Division of Alcohol and Substance Abuse (DASA) Training and Evaluation

This cooperative project provides training and technical assistance to Washington State counties and communities implementing risk- and protective-focused prevention. Evaluation assistance to DASA is provided, including summarizing current county activities and developing guidelines for evaluation of future county plans using a risk- and protective-focused prevention approach.

START DATE: 1993

PRINCIPAL INVESTIGATOR: Richard F. Catalano

FUNDING: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse

The Endowed Professorship in Prevention of Behavioral Problems Among Children and Youth

In 1999-2000, the School of Social Work at the University of Washington established its first endowed position: The Endowed Professorship in Prevention of Behavioral Problems among Children and Youth. The first recipient of this honor is J. David Hawkins, Kozmetsky Professor of Prevention and Founding Director of SDRG. Funding for the professorship was provided through a major challenge gift from George and Ronya Kozmetsky.

START DATE: 2000

FUNDING: Larry Benaroya, Nancy M. Campbell, Bartley Dobb, Vic and Connie Ericson, Heide and Matthew Felton, William and Mimi Gates, Nan and Thomas Grayston, David and Maureen Hawkins, Robert W. Howard, Ronya and George Kozmetsky, Ken MacDonald, Yaffa and Paul Maritz, Nancy and John McConnell, Patricia and Richard Otley, Lisa and George Parker, Susan and William Potts, Jack and Charlotte Spitzer, Don Summers, Alvin and Faye Thompson, Dwight Thompson and Irene Arden, Kirby and Nancy Walker, Bruce and Nancy Walters, Marilyn Ward

Identifying Dimensions of Successful Adult Development

This collaborative project with the Search Institute resulted in a coauthored report for the Bill and Melinda Gates Foundation that identified key dimensions of successful development in early adulthood, indicators of these dimensions, and measures currently available for assessing those indicators.

START DATE: 2004

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: The Bill and Melinda Gates Foundation

COLLABORATORS: Peter L. Benson and Peter Scales, The Search Institute

Raising Healthy Children Through Communities That Care

This project is developing a book that will weave together stories and science to tell what we know about the development of aggression and violence, drug abuse, and teen pregnancy, and how families, schools, and communities can prevent these problems and promote healthy development. This book will describe what community leaders can do to reinvent their communities as healthy environments for human development.

START DATE: 1999

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: Bruce and Jolene McCaw Foundation

Effects of Classroom Practices and School Context

The focus of this study is to evaluate the impact of classroom and school context on the development of children's social skills and problem behaviors. Initially the project is examining the impact of the use of Developmentally Appropriate Practices (DAP), a teaching style that emphasizes the role of the child as an active participant in learning. Classrooms using DAP have learning centers where children participate in hands-on activities that integrate learning across different domains. This study utilizes a national data set including standardized assessments of children, observations of classrooms, interviews with parents, and survey data from teachers and principals to answer the primary research questions. Further work is being conducted to model how classrooms impact the development of social skills and problem behaviors.

START DATE: 2003

PRINCIPAL INVESTIGATOR: M. Lee Van Horn

FUNDING: National Institute of Child Health and Human Development

COLLABORATORS: Sally Atkins-Burnett, University of Toledo; John Graham, Pennsylvania State University; Sharon L. Ramey and Scott W. Snyder, University of Alabama at Birmingham

International Youth Development Study

The International Youth Development Study (IYDS) investigates the prevalence and prediction of substance use and abuse in Washington State and the state of Victoria, Australia. This longitudinal study compares the levels of risk and protective factors for substance use and related problem behaviors to determine the cross-national validity of these predictors. The IYDS also examines whether cultural and policy differences between the U.S. and Australia predict substance use and abuse, perhaps leading to the discovery of new risk factors. Specifically, we seek to demonstrate the extent of differences in normative messages of harm reduction versus abstinence in school policies and the impact of school policies on student behavior.

In 2002, a student survey was administered to samples of fifth-, seventh-, and ninth-grade students in 153 schools in Washington and 152 schools in Victoria. In addition, a mail survey was conducted with principals at each school and a phone interview was administered to a parent of each participating student. The final sample sizes included 2,885 Washington students and 2,884 Victoria students. We successfully administered the first follow-up surveys to 99% of these students in both states in 2003. Between 2002 and 2003, students had moved to almost 600 different schools in Washington and Victoria, as well as outside of both states. In both states the school administrator survey was successfully returned by 90% of schools that had students who completed surveys. The second follow-up in 2004 was conducted for the Washington State seventh-grade cohort only (with a response rate of 99%), and school policy data was obtained for 90% of these students. The Victoria team successfully resurveyed 98% of students in two cohorts (the fifth- and seventh-grade cohorts) and school policy data is available for 91% of these students.

The analysis teams in both Washington and Victoria continue to be productive, publishing 14 manuscripts and submitting an additional 5 articles for review to date.

START DATE: 2000

PRINCIPAL INVESTIGATOR: Richard F. Catalano

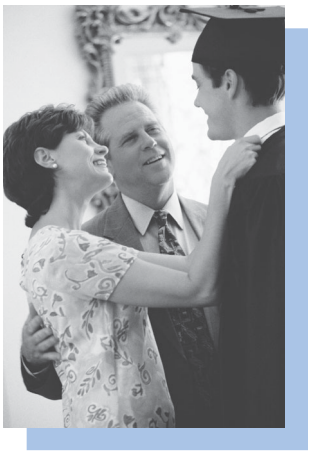
AUSTRALIA PRINCIPAL INVESTIGATOR: John W. Toumbourou

FUNDING: National Institute on Drug Abuse

Raising Healthy Children

This study examines the efficacy of the Raising Healthy Children (RHC) intervention—a social development approach to prevention. Teacher and parent workshops to promote school success and family bonding were delivered schoolwide. This approach involves teachers, parents, and peers in reducing the risk factors of early antisocial behavior, poor family management, and academic failure. Concurrently, it strengthens the protective factors of family bonding and commitment to school, and establishes healthy beliefs and clear standards.

Raising Healthy Children has been following a panel of over 1,000 first- and second-grade students through their high school years and a number of positive effects of the program have been reported (see story on pages 4-7). A supplement to collect data twice a year during the first two years post high school will examine the impact of changes in post high school environments on behavior and the influence of drug use on HIV risk behaviors. RHC students currently are 18 and 19 years old.



START DATE: 1993

PRINCIPAL INVESTIGATOR: Richard F. Catalano

FUNDING: National Institute on Drug Abuse

COLLABORATORS: Edmonds School District #15

ADVISORY BOARD: Margaret Ensminger, Johns Hopkins University; John Graham, Pennsylvania State University; Hyman Hopps, Oregon Research Institute; Michael Newcomb, University of Southern California; Helene White, Rutgers University

Risk and Protective Factors and Academic Achievement

This project examined relationships between the prevalence of substance use and risk and protective factors in schools, and the academic achievement of students within those schools. Multilevel statistical analyses were conducted using data from the statewide Healthy Youth Survey and data on student achievement in mathematics, reading, and writing from the Washington Assessment of Student Learning (WASL) tests. Analyses examine relationships between past-month prevalence of alcohol, marijuana, and cigarette use, and the levels of risk and protective factors aggregated at the school-building level reported by students in the Fall of 2002 and the likelihood of students in those schools meeting the mathematics, reading, and writing standards on the WASL tests conducted in the Spring of 2003.

START DATE: 2005

PRINCIPAL INVESTIGATOR: Michael W. Arthur

FUNDING: Washington State Office of Superintendent of Public Instruction (OSPI)

ADVISORS: Martin Mueller, OSPI; Michael Langer and Linda Becker, DSHS-DASA

Seattle School District's Safe Schools/Healthy Students Project

In March of 2002, SDRG began the *Evaluation of the Seattle Public Schools Communities That Care (CTC) Project*. The Seattle CTC Project was funded by a three-year federal grant under the Safe Schools/ Healthy Students Initiative. As the project evaluator, SDRG has been able to form an exciting partnership with Seattle Public Schools, enabling us to work together to leverage scientifically based resources and technical expertise for the purpose of reducing barriers to learning. A major focus of the project has been the adoption of the *Communities That Care* prevention services planning framework to reduce barriers to learning for students in more than 20 secondary schools. Other project activities range from an intensive program to promote early learning by supporting pregnant and parenting teens, to individual case management for violent and truant youth.

In December 2004, SDRG reported findings from multiple process evaluation measures and made recommendations to district project managers for the final year of activities. Overall, we reported strong progress toward each of the major program aims. Of the original 26 schools, 22 have completed strategic CTC plans and received grant funding to implement tested, effective prevention programs. Through key informant interviews, we found that the CTC mobilizers who were hired through the grant have been effective in promoting the adoption and implementation of CTC. We also found that, district-wide, there is increased use of tested, effective strategies and programs to address student needs in the areas of bullying, violence, teen parenting, and substance use. The program supports the development of stronger networks and communication systems among district and community service providers.

SDRG Staff at the CTC Project Showcase at *Come Together Washington*

(photo courtesy of University of Washington/Kathy Sauber)

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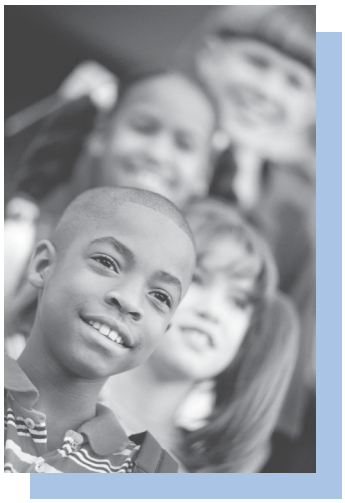
While progress in this area is more difficult to measure, there is some evidence that these systems are improving.

During the final year of the project, the SDRG evaluation team worked closely with district staff to strategize around sustainability. Although the loss of grant funding resulted in the loss of several staff positions and programs initiated under the Safe Schools program, the Seattle Public Schools continued to expand bullying prevention efforts into new schools in the Fall of 2005, and has incorporated a science-based approach to student services and prevention programming into its long-range strategic plan.



START DATE: 2002

PRINCIPAL INVESTIGATOR: Michael W. Arthur

FUNDING: U.S. Departments of Education, Justice, and Health and Human Services

COLLABORATORS: Seattle Public Schools: Raj Manhas, Superintendent, Lin Carlson, Terry Chadsey, Larry Farrar, Margaret Kihara, Pegi McEvoy, Ruth McFadden, Michael O'Connell, John Thorp. Channing-Bete Company: Sherry Wong.

Seattle Social Development Project

The Seattle Social Development Project (SSDP) began in 1981 to test strategies for reducing childhood risk factors for school failure, drug abuse, and delinquency. First graders in five Seattle schools were assigned to intervention or control classrooms. Each year through the elementary grades, parents and teachers in intervention classrooms learned how to actively engage children in learning, strengthen bonding to family and school, and encourage children's positive behaviors. In 1985, when the original first graders entered the fifth grade, the panel was expanded to 808 students from 18 Seattle elementary schools. These participants and their parents have been interviewed regularly since 1985.

The study has produced important findings on the development of alcohol abuse and dependency; on risk factors for school dropout, violence, and gang membership; and on long-term effects of preventive intervention in the elementary grades. The Seattle Social Development Project has generated many studies drawing on the same panel of participants. The currently funded projects are *Substance Use and the Consolidation of Adult Roles; The Intergenerational Influence of Substance Use on Children; and Developmental Risks for Depression, Anxiety, and Violence*.

Substance Use and the Consolidation of Adult Roles

The Seattle Social Development Project (SSDP) is engaged in the age 30 data collection wave, having interviewed 93% of the original fifth-grade sample at age 27! Our analyses have focused on examining development in this period of emerging adulthood and the factors that affect successful consolidation of adult roles of work, being a partner, being a parent, and being a citizen. In addition, we are examining factors that influence adult health behaviors and health outcomes. Analyses for 15 papers are currently in progress or planned for the coming year. These include analysis of positive adult behavior; patterns of binge drinking, smoking, and marijuana use for moms and dads around the birth of their child; trajectories and health outcomes; predictors of risky sexual behavior; monthly patterns of crime; and the onset of smoking. The current study will again collect data at age 33 and seeks to examine the course and consequences of substance use into the 30s. In addition, the study will examine the long-term effects of the social development intervention. SSDP has obtained additional support to examine the degree of disproportionate minority arrest and confinement and the factors that might account for this disparity.

START DATE: 1985

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: National Institute on Drug Abuse

COLLABORATORS AND ADVISORS: Linda Collins, Pennsylvania State University; Rand Conger, University of California - Davis; Robert Crutchfield, University of Washington; David Farrington, Cambridge University; John Graham, Pennsylvania State University; Ann Masten, University of Minnesota; Michael Newcomb, University of Southern California; Jenae M. Neiderhiser, George Washington University; Stephen Raudenbush, University of Michigan; Terence Thornberry, University of Colorado at Boulder; Helene White, Rutgers University; James Herbert Williams, Washington University, St. Louis

The Intergenerational Influence of Substance Use on Children

Many of the members of the Seattle Social Development Project (SSDP) sample are now raising children of their own. The SSDP Intergenerational Project (TIP) is a five-year study to extend the SSDP panel by examining the effects of past and current parental substance use on development in the subsequent generation. Participants in TIP include those SSDP participants actively parenting a biological child, their oldest child, and an alternate caregiver (typically the spouse). Data collection is annual and is tied to the child's birthday.

Currently, The Intergenerational Project is analyzing the first three waves of data and is collecting data in Wave 4. Analyses for eight papers are currently in progress or planned for the coming year. Additionally, TIP has worked with the Family Connections Project to develop a family interaction coding system which videotapes family interactions and provides observational data to this study. The TIP study examines the intergenerational transmission, influence, and consequences of substance use on child developmental progress and difficulties, parenting practices, and family conflict. By studying the patterns and mechanisms of intergenerational transmission of substance use as well as the intergenerational consequences of positive adult development, these studies will aid in the development of preventive interventions aimed at breaking cycles of intergenerational transmission of problem behaviors.

START DATE: 2000

PRINCIPAL INVESTIGATOR: Karl G. Hill

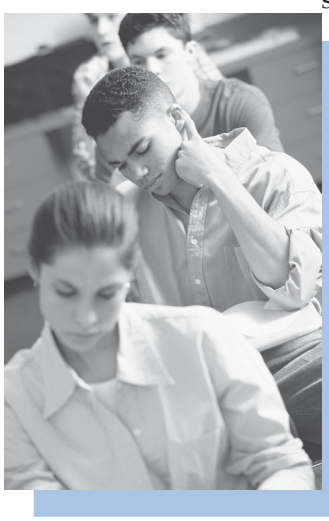
FUNDING: National Institute on Drug Abuse

COLLABORATORS AND ADVISORS: Stephen Raudenbush, University of Michigan; Daniel Shaw, University of Pittsburgh; Terence Thornberry, University of Colorado at Boulder

Developmental Risks for Depression, Anxiety, and Violence

This is a four-year study of existing Seattle Social Development Project (SSDP) data to examine risk factors for depression, social phobia, and violent behavior in early adulthood. The project seeks to understand the consequences of childhood and adolescent behavior problems, and the role of social developmental mechanisms in predicting depression, social phobia, and violence in early adulthood. The study also examines the effects of the SSDP intervention in the elementary grades on these outcomes.

In 2004 and 2005 the project had five papers published, examining (a) predictors that distinguish among youths on different trajectories of violent behavior (*Social Service Review*); (b) long-term effects of the SSDP intervention in childhood in promoting positive adult functioning and mental health (*Archives of Pediatrics & Adolescent Medicine*); (c) measures of positive behavioral outcomes in adulthood and their relationship to crime and substance use (*Prevention Science*); (d) the relation between physical child abuse and violence directed to an intimate partner at age 24 (*Violence and Victims*); and (e) the extent to which childhood behavior problems predict young adult depression, social phobia, and violence (*Journal of the American Academy of Child and Adolescent Psychiatry*). Additionally, four papers have been submitted for publication in peer-reviewed journals, examining (a) adolescent predictors of alcohol use disorders, depression, and the co-occurrence of these problems at age 21; (b) predictors of age 21 depressive episode, focusing on the effects of several externalizing and internalizing problems assessed over multiple years through childhood and adolescence; (c) a test of the dual failure model of depression, suggesting that child conduct problems increase risk for depression; and (d) the extent to which childhood predictors of depressive symptoms at age 21 are mediated by social development model constructs in adolescence, and the specific paths by which this mediation occurs.



START DATE: 2001

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: National Institute of Mental Health

COLLABORATORS: Todd Herrenkohl, Lilliana Lengua, Carolyn McCarty, Elizabeth McCauley, University of Washington

ADVISORY BOARD: William Beardslee, Childrens Hospital of Boston; William Eaton, Johns Hopkins University; Ronald Kessler, Yale University

Family Projects

Cross Cultural Families

The Cross Cultural Families program seeks to investigate the developmental trajectories of Vietnamese and Cambodian children in late childhood and early adolescence. Children of immigrants have become the fastest growing and most ethnically diverse segment of the U.S. child population. Yet little longitudinal research has been conducted to better understand why some immigrant or refugee children fare more poorly in terms of educational attainment and health outcomes while others demonstrate healthy adaptations and adjustment. Data were initially collected in 1998 on the sample of 302 mothers in a pilot study focused on measurement equivalence when students were in the second through fourth grades. The longitudinal study began in 2000 with data being collected from mothers, students, and teachers. More families were recruited into the study in 2000, and 327 families are now participating. Results seek to better understand the factors and mechanisms that are contributing to maladaptive developmental processes as well as those that buffer risk.

The National Institute of Mental Health awarded additional funding for Dr. Emiko Tajima to investigate the prevalence of domestic violence and to identify risk factors for intimate partner violence among Vietnamese and Cambodian populations. Analyses also explore risk factors for harsh parenting practices, considering factors such as acculturation, co-occurring domestic violence, and the intergenerational transmission of violence.

START DATE: 2000

PRINCIPAL INVESTIGATOR: Tracy W. Harachi

FUNDING: National Institute of Mental Health; National Institute of Child Health and Human Development

Family Connections

This project is testing the efficacy of a theory-based, universal drug abuse prevention program for families with eighth-grade students in the Seattle School District. The project examines the efficacy of two family programs for improving family interactions and reducing family and peer risks for drug abuse. Three hundred thirty-one African American and European American families from the Seattle School District are participating in the study. The intervention is based on "Parents Who Care," a parent and adolescent family-centered program.

Based on the social development model, the intervention incorporates elements of family style (family affect and patterns of involvement and bonding) and family processes (parenting practices). The study compares families randomly assigned to group- or self-administered program conditions and a nonintervention control condition. Analyses reveal a greater likelihood of exposure to program materials for those assigned to the self-administered condition. The study is currently examining the mediating processes through which the intervention affects patterns of drug use initiation and escalation. We are also currently evaluating the proximal and distal impact of the program two years post-intervention. The National Institute on Drug Abuse awarded additional funding for Dr. Elizabeth MacKenzie to investigate etiological and theoretical constructs related to adolescent parenting using observational data, and for Dr. Kendra Roberson to investigate factors associated with family, school, and community commitment and bonding, using both self-report and observational data.

START DATE: 2000

PRINCIPAL INVESTIGATOR: Kevin P. Haggerty

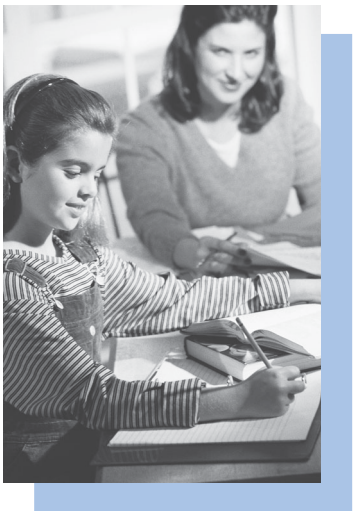
FUNDING: National Institute on Drug Abuse

COLLABORATORS: Seattle Public Schools

ADVISORY BOARD: Hyman Hopps, Oregon Research Institute; Richard Spoth, Iowa State University

Long-term Follow-up of Focus on Families

This project is a long-term follow-up of the Focus on Families (FOF) program. Data on FOF participants are being collected and analyzed about 12½ years after they were enrolled in the project and about 10 years after they were last interviewed. Focus on Families is a randomized clinical trial of a preventive intervention with parents in methadone treatment and their families. The goal of the intervention was to prevent parents' relapse, help them cope with relapse if it occurred, and reduce the likelihood of substance abuse among their children. Obtaining follow-up data will make it possible to assess long-term program outcomes for parents and their children.



START DATE: 2004

PRINCIPAL INVESTIGATOR: Richard F. Catalano

FUNDING: National Institute on Drug Abuse

COLLABORATORS: Therapeutic Health Services; Randy Gainey, Old Dominion University

Project Family

SDRG is teaming with Iowa State University to implement and evaluate the "Preparing for the Drug-Free Years" (PDFY; now called "Guiding Good Choices") parent training as a strategy to prevent problem behavior in rural youth. This study tests the effectiveness of PDFY in improving family interactions and reducing family risks for drug abuse. Joint funding was recently awarded from the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse to evaluate the long-term impact of the intervention at age 21 and age 24. Data have been collected from the sample at age 21 and analyses are currently underway. In the past year we published a paper examining the unique influence of mothers and fathers on their children's antisocial behavior. Another paper recently accepted for publication describes the effects of PDFY on growth in adolescent depressive symptoms.

START DATE: 1991

PRINCIPAL INVESTIGATOR: J. David Hawkins

FUNDING: National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse

COLLABORATORS: Richard Spoth (Iowa Principal Investigator), Cleve Redmond, Chungyeol Shin, Iowa State University

Rural Adolescent Psychopathology Study

This study uses existing longitudinal data from Project Family to investigate the role of psychopathology in the development of adolescent problem drug use. The project examines effects of earlier conduct problems and depressive symptoms on later problem drug use, and seeks to understand gender differences in those predictive relationships. The broader context of social development within the family, the school, and the peer group is also considered.

Initial analyses have demonstrated that, among boys, conduct problems (but not depressive symptoms) as early as age 11 are related to problem drug use at age 18, and that this relationship is fully mediated by increased adolescent alcohol use. Among girls, depressive symptoms (but not conduct problems) as early as age 11 are directly related to problem use over and above level of alcohol drinking. Current analyses are examining the interactive effects of conduct problems and depression on problem use, and are investigating family, school, and peer mediators of those effects.

START DATE: 2005

PRINCIPAL INVESTIGATOR: W. Alex Mason

FUNDING: National Institute on Drug Abuse

NIDA Interns

Representation of persons of color pursuing post-baccalaureate studies or graduate school remains uneven. In some fields, such as prevention science, few senior scholars are ethnic minorities. To encourage greater diversity in the next generation of scholars, the Society for Prevention Research (SPR) began partnering with the National Institute on Drug Abuse in 2002 to provide a summer research internship program for undergraduate students of color.

The program typically has involved 9 to 12 interns placed at three to four different universities. Students begin their internship in May by attending the SPR annual meeting, a professional conference with presentations by leading scientists in the field of prevention research. For many interns this is the first opportunity to attend a professional conference. After the conference, students proceed to their respective universities for an 8- to 10-week mentored, experiential, and seminar-based learning opportunity. As a capstone event, interns deliver a Powerpoint presentation of their individual research findings at a debriefing event which in 2005 was held via video-conferencing.

Summer 2004 NIDA interns (from left to right): Leakhena Leng, Khanie Ha, Laura Harver, and Linda Song

In 2004, four undergraduates were placed at SDRG. They came from the University of Baltimore and the University of Washington. In 2005, three undergraduates participated from San Francisco State University, the

Summer 2005 NIDA interns (from left to right): Ariana Cantu, Dean Sanematsu, Cindi Flores

University of California San Bernadino, and the University of Washington.

Interns in both years unanimously offered very positive comments about their summer experiences. Their feedback suggests that they learn a lot through the overall program and would definitely recommend it to other students in the future. Of our 14 past interns, seven are attending or have completed graduate school and four are currently applying for entrance into graduate school next year.

> "I think that this summer has been a once in a lifetime experience. ... this internship is above and beyond what I expected. All my goals for the summer were met and I also had fun. I thank everyone who made this possible and I hope that this program continues."
>
> SDRG Summer Intern

Staff at SDRG are the key ingredient to making the internship a quality learning experience. Jennifer Bailey, Beth Egan, Tracy Harachi, Alex Mason, Barbara McMorris, and Martie Skinner played key roles in the program. Many other staff contributed to the seminar series, oversaw project activities and were "conference buddies" with the interns. Staff continue to remark that the interns bring enthusiasm and fresh ideas to our work and that they contribute with their positive energy.

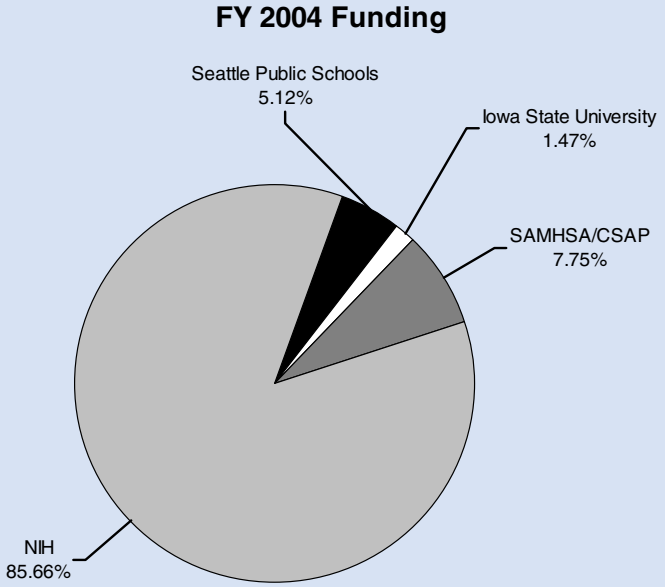
New SDRG Investigator

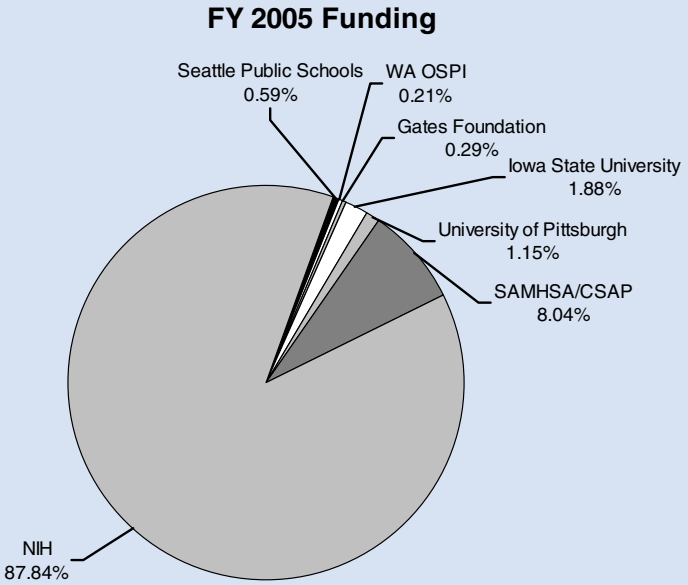
In 2005 Alex Mason joined the ranks of SDRG Principal Investigators, receiving funding from the National Institute on Drug Abuse for his project, the Rural Adolescent Psychopathology Study.

W. Alex Mason earned his Ph.D. in Social Psychology from the University of Nevada-Reno in 1998, and completed post-doctoral training in Developmental Psychology at the University of Alabama at Birmingham. He joined SDRG as a Research Scientist in 2001, working on the Seattle Social Development

Project and Project Family. At SDRG, Dr. Mason's work focuses on the etiology and prevention of substance abuse and related problem behaviors among adolescents and young adults. His methodological interests include measurement and experimental design, as well as the application of latent variable techniques to the analysis of longitudinal data.

SDRG 2004-2005 Funding





In 1979 the Social Development Research Group was founded by Drs. Hawkins and Catalano with a staff of four and a research grant of $150,000. Twenty-six years later, we have more than 54 permanent staff and over $9 million in sponsored research funding. Our growth is a direct result of our commitment to conducting quality research and testing prevention programs to help youth recognize their full potential.

SDRG CORE VALUES ADOPTED IN 2004

Meaningful Work: We make a difference by conducting socially relevant research.

Excellence: We are committed to completing our work on time with quality and integrity.

Respect: We create an environment that emphasizes employee well-being, mutual respect, and teamwork.

Diversity: We have an inclusive work environment that honors diversity of ideas, perspectives, and people.

Opportunities, Skills, and Recognition: We provide opportunities to contribute, build skills for professional and personal growth, and recognize contributions and accomplishments.

Innovation and Learning: We lead our field by exploring new methods and advancing state-of-the-art knowledge.

SDRG 2004-2005 Publications

In 2004-2005 the 39 SDRG manuscripts below were published; an additional 12 manuscripts were accepted and are scheduled for publication, and 30 more were submitted for consideration and are still in the process of review.

Arthur, M. W., Glaser, R. R., & Hawkins, J. D. (2005). Steps towards community-level resilience: Community adoption of science-based prevention programming. In R. D. Peters, B. Leadbeater, & R. J. McMahon (Eds.), *Resilience in children, families, and communities: Linking context to practice and policy* (pp. 177-194). New York: Kluwer Academic/Plenum Publishers.

Beyers, J. M., Evans-Whipp, T., Mathers, M., Toumbourou, J. W., & Catalano, R. F. (2005). A cross-national comparison of school drug policy environments in Washington State, United States, and Victoria, Australia. *Journal of School Health, 75,* 134-140.

Beyers, J. M., Toumbourou, J. W., Catalano, R. F., Arthur, M. W., & Hawkins, J. D. (2004). A cross-national comparison of risk and protective factors for adolescent substance use: The United States and Australia. *Journal of Adolescent Health, 35,* 3-16.

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Evans-Whipp, T., Beyers, J. M., Lloyd, S., Lafazia, A. N., Toumbourou, J. W., Arthur, M. W., & Catalano, R. F. (2004). A review of school drug policies and their impact on youth substance use. *Health Promotion International, 19,* 227-234.

Fleming, C. B., Haggerty, K. P., Catalano, R. F., Harachi, T. W., Mazza, J. J., & Gruman, D. H. (2005). Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades? *Journal of School Health, 75,* 342-349.

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Glaser, R. R., Van Horn, M. L., Arthur, M. W., Hawkins, J. D., & Catalano, R. F. (2005). Measurement properties of the Communities That Care Youth Survey across demographic groups. *Journal of Quantitative Criminology, 21,* 73-102.

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Arthur, M. W., Van Horn, M. L., Hawkins, J. D. (2005). *Predicting substance use using community levels of risk and protective factors*. Society for Prevention Research Annual Meeting, Washington, DC.

Arthur, M. W., Williams, L., Quinby, R., Dutton, D., PoVey, C., Williams, E. (2005). *Panel: Collaborating across systems to promote effective state and community prevention programming*. Annual National Prevention Network Prevention Research Conference, New York, NY.

Bailey, J. A., Hill, K. G., Hawkins, J. D. (2004). *Pregnancy and monthly patterns of alcohol, cigarette, and marijuana use in young adulthood*. Nebraska Symposium on Survey Science, Omaha, NE.

Bailey, J. A., Hill, K. G., Hawkins, J. D., Catalano, R. F. (2004). *Employment changes and monthly patterns of cigarette use, binge drinking, and marijuana use*. American Society of Criminology Annual Meeting, Nashville, TN.

Bailey, J. A., Hill, K. G., Hawkins, J. D., Oesterle, S., McMahon, R. (2004). *Within and between generation continuities in substance use and its precursors*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Baldwin, M., Petrie, R., Hawkins, J. D. (2005). *A survey of teachers: Comparing web and mail survey modes*. International Field Director's and Technologies Conference, Miami Beach, FL.

Brown, E. C., Catalano, R. F. (2004). *An application of two-part latent growth modeling of adolescent substance use outcomes in the Raising Healthy Children Project*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Brown, E. C., Fleming, C. B., Catalano, R. F., Abbott, R. D., Haggerty, K. P. (2005). *Discrete time survival mixture analysis of alcohol use initiation in the Raising Healthy Children project*. Society for Prevention Research Annual Meeting, Washington, DC.

Brown, E. C., Van Horn, M. L., Arthur, M. W., Hawkins, J. D., Catalano, R. F. (2005). *Community-level variation in a measure of prevention collaboration from the Community Youth Development Study*. A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Catalano, R. F. (2004). *Keynote: Communities That Care: Using prevention science to improve our children's outcomes*. Third Australasian Conference on Drug Strategy, Alice Springs, NT, Australia.

Catalano, R. F. (2005). *Keynote: Communities That Care: Utilizing the scientific knowledge base for effective prevention*. Texas Substance Abuse and Mental Health Institute, Austin, TX.

Catalano, R. F. (2004). *Free to Grow and prevention science*. Free to Grow Annual Grantee Meeting: Celebrating Our Success: Now and Into the Future, Maui, HI.

Catalano, R. F. (2004). *Implications for intervention*. NIH State-of-the-Science Conference on Preventing Violence and Related Health-Risking Social Behaviors in Adolescents, Bethesda, MD.

Catalano, R. F. (2004). *John A. Tate Distinguished Professorship lecture: Developmental prevention in public schools: Promising results from two generations of studies*. University of North Carolina School of Social Work, Chapel Hill, NC.

Catalano, R. F. (2005). *Overview of the Blue Ribbon Task Force on Health Services Research at NIDA*, Bethesda, MD.

Catalano, R. F. (2004). *Keynote: Prevention services research*. Addiction Health Services Research Conference, Philadelphia, PA.

Catalano, R. F. (2005). *Requisite and current support for diffusion of prevention science*. Cornell Prevention Conference, Snowbird, UT.

Catalano, R. F. (2005). *Keynote: The research base for prevention science*. International Social Work Practice Research Symposium, Albany, NY.

Catalano, R. F. (2004). *Plenary: The research base for prevention science; Plenary: Applying the research base for prevention science: CTC; The research base for gang prevention*. Kidsafe Conference, Richmond, VA.

Catalano, R. F. (2005). *Keynote: The unifying prevention platform for social and emotional learning*. Third Annual Communities in Schools — Juneau Effective Prevention Project, Juneau, AK.

Catalano, R. F. (2004). *Using prevention science to promote positive development and reduce problems among children and youth*. Senate Children and Family Services and Corrections Committee, Olympia, WA.

Catalano, R. F. (2005). *Using the Communities That Care Survey to assess and address barriers to learning*. Governor's Safe Schools Summit, Oklahoma City, OK.

Catalano, R. F., Haggerty, K. P., Fleming, C. B., Harachi, T. W. (2005). *Steering toward safety: Results of two developmental booster sessions to promote healthy driving behavior*. Society for Prevention Research Annual Meeting, Washington, DC.

Choi, Y., Harachi, T. W., Gillmore, M. R., Catalano, R. F. (2004). *Are multiracial adolescents at a greater risk? Comparisons of rates, patterns, and correlates of substance use with monoracial groups*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Egan, E., Murray, D., Hawkins, J. D., Arthur, M. W. (2005). *The Community Youth Development Study: Baseline comparability between conditions on substance use and antisocial behaviors*. Society for Prevention Research Annual Meeting, Washington, DC.

Fagan, A. A. (2004). *Identifying and addressing risk factors for adolescent violence*. Annual Youth Violence Prevention Conference, St. Louis, MO.

Fagan, A. A., Hanson, K., Hawkins, J. D., Arthur, M. W. (2005). *Implementation fidelity achieved in prevention programs chosen by intervention communities participating in the*

Community Youth Development Study. American Society of Criminology Annual Meeting, Toronto, Ontario.

Fagan, A. A., Van Horn, M. L., Hawkins, J. D., Arthur, M. W. (2004). *Gender differences in the association between risk and protective factors and self-reported serious delinquency*. American Society of Criminology Annual Meeting, Nashville, TN.

Frey, K., Hirschstein, M., Snell, J., Van Schoiack-Edstrom, L., MacKenzie, E. P., Bruschi, C. (2004). *Reducing playground bullying and the attitudes that support it: An experimental trial of the Steps to Respect program*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Haggerty, K. P. (2004). *Promoting healthy adolescent behavior: Enhancing protection, reducing risks*. University of Washington School of Nursing, Addiction & Mental Illness in Adolescence—Making the Connections, Seattle, WA.

Haggerty, K. P. (2004). *Raising Healthy Children, A school-based approach for promoting healthy adolescent behavior*. CHEF National Prevention Symposium, Seattle, WA.

Haggerty, K. P. (2004). *Using prevention science to prevent drug abuse: Successes, setbacks, and solutions.* Australian Winter School, Brisbane, Australia.

Haggerty, K. P., Cortes, R. C. (2004). *The promise of family program in early adolescents: Lessons learned from research on Preparing for the Drug Free Years and Parents Who Care*. Orebro University, Orebro, Sweden.

Haggerty, K. P., MacKenzie, E. P. (2004). *Predicting program participation: Results from the Family Connections study*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Haggerty, K. P., Smith, S. (2004). *Invited participant*. Second Forum on Common Performance Measures for Behavioral and Related Service Delivery Systems, Atlanta, GA.

Haggerty, K. P., Smith, S. (2004). *The promise and practicality of self-administered family programs*. National Prevention Network Prevention Research Conference, Albuquerque, NM.

Harachi, T. W. (2005). *Invited presenter, One shoe may not fit all: Adjustment of Cambodian and Vietnamese immigrant youth*. National Institute of Child Health and Human Development, Health, Educational, and Socioeconomic Disparities of Children in Immigrant Families meeting, National Institutes of Health, Bethesda, MD.

Hawkins, J. D. (2004). *Addressing barriers to learning within and beyond the classroom*. Alliance for Education, Seattle, WA.

Hawkins, J. D. (2004). *Addressing barriers to learning within and beyond the classroom*. Seattle City Council, Seattle, WA.

Hawkins, J. D. (2004). *Chair, Community monitoring systems*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hawkins, J. D. (2004). *Chair, Communities That Care International Symposium*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hawkins, J. D., Chadsey, T. (2004). *Communities That Care: Promoting safe and healthy child development*. Leaders in Social Work Breakfast Series, University of Washington, Seattle, WA.

Hawkins, J. D. (2004). *Chair, Consequences of violence and stress in early adulthood: Results from the Seattle Social Development Project*. American Society of Criminology Annual Meeting, Nashville, TN.

Hawkins, J. D. (2004). Participant, *Exploring opportunities for braided funding for prevention service and science*. SAMHSA/CSAP and Society for Prevention Research Meeting, Washington, DC.

Hawkins, J. D. (2005). *From practice wisdom to prevention science: Advances in preventing health and behavior problems among young people*. Face to Face Knowledge Exchange, Center for Addiction and Mental Health, Toronto, Ontario.

Hawkins, J. D. (2005). *Plenary, From practice wisdom to prevention science: Advances in preventing health and behavior problems among young people*. Preventing Substance Abuse in Teens: Opportunities and Challenges for Schools, Cromwell, CT.

Hawkins, J. D. (2005). *Preventing adolescent cannabis use in the Netherlands and the U.S. A binational investigation of the Communities That Care prevention system*. U.S. - Netherlands Workshop on Binational Research Collaboration, Baltimore, MD.

Hawkins, J. D. (2004). *Preventing crime before it happens: The Communities That Care system*. X-S2 Conference, Utrecht, Netherlands.

Hawkins, J. D. (2005). *Plenary, Prevention science: From concept to practice*. International Mental Health Promotion Summer Institute, Toronto, Ontario.

Hawkins, J. D. (2004). *Promoting positive youth development in urban communities*. University of Washington, Tacoma Lecture Series, Tacoma, WA.

Hawkins, J. D. (2005). *Plenary, Promoting successful youth development*. White House Conference on Helping America's Youth, Washington, DC.

Hawkins, J. D. (2005). *Reducing barriers to learning in Seattle*. Seattle Rotary, Seattle, WA.

Hawkins, J. D. (2005). *Science, social work and prevention: Finding the intersections*. The Aaron Rosen Lecture, Society for Social Work Research Annual Meeting, Miami, FL.

Hawkins, J. D. (2004). *Plenary: Service access and utilization*. Complexities of Co-occurring Conditions. Harnessing Services Research to Improve Care for Mental, Substance Use, and Medical/Physical Disorders Conference, National Institutes of Health, Washington, DC.

Hawkins, J. D. (2005). *Plenary, Taking prevention to scale*. Society for Prevention Research Annual Meeting, Washington, DC.

Hawkins, J. D. (2005). *Using Communities That Care to promote healthy child development*. Distinguished Lecture Series, University of South Florida College of Nursing, Tampa, FL.

Hawkins, J. D. (2005). *Using Communities That Care to promote healthy child development*. Five Town Communities That Care, Camden, ME.

Hawkins, J. D. (2004). *Keynote, Using Communities That Care to promote healthy child development and academic success*. National Youth At Risk Conference, Savannah, GA.

Hawkins, J. D. (2004). *Using Communities That Care to promote healthy child development and academic success*. Society for Adolescent Medicine Gallagher Lecture, St. Louis, MO.

Continued on next page ▶

Hawkins, J. D. (2004). *Using theory to guide prevention: The Seattle Social Development Project*. Michael Hindelang Lecture, State University of New York, Albany, NY.

Hawkins, J. D. (2004). *Why Communities That Care?* Netherlands Communities That Care Conference, Rotterdam, Netherlands.

Hawkins, J. D., Arthur, M. W., Catalano, R. F. (2004). *Testing the CTC system for disseminating prevention science: The Community Youth Development Study*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hawkins, J. D., Mason, W. A., Kosterman, R., Herrenkohl, T. I., Hops, H. (2004). *Mental health, positive functioning, and intimate relationships in early adulthood: Results from the Seattle Social Development Project (symposium)*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hemphill, S. A., Herrenkohl, T. I., McMorris, B. J., Clements, J., Mathers, M., Toumbourou, J. W., Catalano, R.F. (2004). *How similar are the predictors of adolescent antisocial behavior in Australia and the United States?* Crime in Australia: International Connections Conference, Melbourne, Australia.

Hemphill, S. A., Herrenkohl, T. I., McMorris, B. J., Toumbourou, J. W., Catalano, R. F. (2005). *Are the risk and protective factors of adolescent antisocial behaviour similar in Australia and the United States?* Fourth Adolescent Health Conference, Melbourne, Australia.

Hemphill, S. A., Toumbourou, J. W., Herrenkohl, T. I., McMorris, B. J., Catalano, R. F. (2005). *Differences in societal responses to antisocial behaviour in the Australia relative to the United States*. Australian Psychological Society Annual Conference, Melbourne, Australia.

Herrenkohl, T. I., Kosterman, R., Hawkins, J. D., Hill, K. G., Abbott, R. D. (2005). *Effect of service utilization on risk of delinquency*. American Society of Criminology Annual Meeting, Toronto, Ontario.

Herrenkohl, T. I., Kosterman, R., Mason, W. A., Hawkins, J. D. (2004). *Youth violence trajectories and proximal correlates of intimate partner violence*. American Society of Criminology Annual Meeting, Nashville, TN.

Herrenkohl, T. I., Kosterman, R., Mason, W. A., Hawkins, J. D. (2004). *Social development and intimate partner violence among young adults*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hill, K. G., Bailey, J. A., Oesterle, S., Hawkins, J. D., Gilchrist, L. (2004). *Parenting practices and family conflict as mediators of intergenerational transmission of substance use and its precursors*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Hill, K. G., Fagan, A. A. (2004). *What to do about gangs today: Predicting and preventing gang membership and delinquency*. National Crime Prevention Council, 2004 Western Regional Conference, Seattle, WA.

Kosterman, R., Hawkins, J. D., Catalano, R. F., Hill, K. G., Abbott, R. D. (2004). *Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Kosterman, R., Hawkins, J. D., Mason, W. A., Herrenkohl, T. I. (2004). *Gender differences in the association of stressful life events with depression, violence, and substance abuse*. American Society of Criminology Annual Meeting, Nashville, TN.

Kosterman, R., Oesterle, S., Hill, K. G., Abbott, R. D., Hawkins, J. D. (2005). *Longitudinal relations among depression, substance abuse, and crime*. American Society of Criminology Annual Meeting, Toronto, Ontario.

Marchesini, G. (2005). *A comparison of two mixed-mode approaches*. International Field Directors and Technologies Conference, Miami Beach, FL.

Mason, W. A., Hawkins, J. D., Kosterman, R., Catalano, R. F. (2004). *Alcohol use disorders and depression in adulthood: Risk factors in the development of comorbid outcomes*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Mason, W. A., Kosterman, R., Haggerty, K. P., Hawkins, J. D., Spoth, R. L., Redmond, C. (2005). *Long-term effects of brief family intervention on young adult alcohol abuse: The mediating role of reduced adolescent polysubstance use*. American Psychological Association Annual Meeting, Washington, DC.

McMorris, B. J. (2004). *Invited presentation, The International Youth Development Study: Studying risk and protective factors for problem behavior in adolescents from Washington State and Victoria, Australia*. National Cancer Institute Tobacco Investigator's Meeting, San Diego, CA.

Oesterle, S., Hill, K. G., Bailey, J. A., Hawkins, J. D., Catalano, R. F. (2004). *The consequences of parents' successful transition to adulthood on their children's behavior problems*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Oesterle, S., Hill, K. G., Hawkins, J. D. (2005). *Adolescent substance use, successful development in young adulthood, and adult substance abuse and dependence*. American Sociological Association Annual Meeting, Philadelphia, PA.

Oesterle, S., Tabares, A., Hill, K. G., Rhule, D., Haggerty, K. P., Bailey, J. A., Hawkins, J. D. (2005). *The Social Development Model Observational Coding System (SDM-OCS): Evidence for reliability and validity*. Society for Prevention Research Annual Meeting, Washington, DC.

Skinner, M. L., MacKenzie, E. P., Haggerty, K. P. (2005). *Measurement sensitivity to cultural differences in parenting behavior: Comparing parents, teens, and observers*. Society for Prevention Research Annual Meeting, Washington, DC.

Toumbourou, J. W. (2004). *Invited plenary presentation: Student substance use within abstinence and harm minimization school policy environments: The International Youth Development Study*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Van Schoiack-Edstrom, L., Hirschstein, M., Frey, K., Snell, J., MacKenzie, E. P. (2004). *Classroom level influences in school-based bullying prevention*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Van Horn, M. L., Arthur, M. W., Hawkins, J. D., Catalano, R. F. (2004). *Disentangling the effects of community on adolescent problem behaviors*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

Williams, M., LaFazia, A. N., Arthur, M. W., Hanson, K. (2004). *Bridging the gap between prevention science and schools*. Society for Prevention Research Annual Meeting, Quebec City, Quebec.

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