



Celebrating 40 Years of Research

Since its inception in 1979, SDRG has been devoted to using the science of prevention to promote healthy youth development. Founders J. David Hawkins and Richard F. Catalano were motivated by the goal of getting ahead of the problem behaviors that kept many young people from succeeding in life. As SDRG has grown over the past 40 years, the vision has remained the same: to raise awareness of the power of prevention and to find and promote science-based solutions that can be implemented reliably at scale.

In exploring specific problem behaviors such as substance abuse, delinquency, teenage pregnancy, and dropping out of school, SDRG researchers have determined a core set of predictors of these problems. **Risk factors**, such as family conflict or low commitment to school, and **protective factors**, such as rewards for prosocial involvement, make problem behaviors more or less likely, much as dietary habits or exercise can have

an effect on disease. Chief among SDRG's accomplishments was the development and testing of the **Social Development Model**, a theory of social processes predicting healthy behavior. Using this model to help identify and address a prioritized set of risk and protective factors at a population level, SDRG's programs have produced a beneficial impact on a number of problem behaviors simultaneously.

This revolutionary approach was one of the catalysts that launched the field of **prevention science**. To this day, risk and protection are studied in every area of prevention. In its research and interventions, SDRG has systematized these concepts, making it possible for communities to join efforts to address prioritized behaviors. SDRG's work has had impacts on **communities, families, and schools**. Of the 80 projects SDRG has undertaken in the last four decades, the following examples are a mix of pivotal and current research.

Community Research

Communities That Care (CTC) is one of SDRG's signature programs. Guided by the Social Development Model, this breakthrough system helps communities to collect and interpret data about their youth, set prevention priorities, and choose tested, evidence-based programs that match those priorities. Through this process, communities can help impact local policies, participate in oversight, and redirect resources to support proven, effective solutions. Clear, measurable outcomes are tracked over time to show progress and ensure accountability. Local CTC coalitions are guided by a robust suite of online videos and tools available through the UW Center for Communities That Care (www.communitiesthatcare.net).

The **Community Youth Development Study** (CYDS) began in 2003 as a community-randomized control trial to test CTC in 24 communities across 7 states. The study found that after 3 years, compared to youth in control communities, youth in CTC communities were:

- 25% less likely to initiate delinquent behavior
- 32% less likely to initiate alcohol use
- 33% less likely to initiate cigarette use

Later findings showed that adoption of a science-based approach to prevention remained significantly higher in CTC communities than in control communities. CTC reduced delinquent behavior and alcohol and cigarette use through Grade 10 and prevented initiation of the same behaviors and violent behavior in Grade 12.

SDRG researchers continue to follow these youth to understand the long-term effects of CTC. CYDS has given rise to several subsequent studies of this population. New research aims also include understanding how changes in laws and norms around marijuana affect its use and how various pathways to adulthood may be associated with drug use, delinquency, violence, and other health-risking behaviors during young adulthood.

CTC has been studied in Australia, Europe, and Latin America, and adapted in the **Keeping Families Together** project to prevent child abuse and neglect in Oregon. CTC now has a presence on four continents and in more than 17 states. In **Evidence2Success**, a collaboration with the Annie E. Casey Foundation, fund mapping and strategic financing was added to CTC for use in urban communities, particularly communities of color.



Director Kevin Haggerty leads a CTC community coordinator training

Family Studies

Guiding Good Choices (GGC; formerly Preparing for the Drug Free Years) is a prevention program for parents of children ages 9 to 14 to help prevent adolescent problem behaviors such as substance use, delinquency, and violence. Research has shown significant impact on substance use rates, delinquency, and depression among the children of parents involved in a trial 6 years after GGC implementation. Grounded in the Social Development Model, GGC is being used in hundreds of communities in North and South America.

As part of the NIH Healthcare Systems Research Collaboratory, SDRG is now testing **GGC for Health**, which embeds a parenting program in primary care settings within three healthcare systems in Northern California, Colorado, and Detroit. The aim is to prevent youth drug use, delinquency, and depression.

Families Facing the Future (formerly Focus on Families) is a prevention program for parents in methadone treatment. The program was tested at Therapeutic Health Services and compared two interventions in a randomized trial: methadone treatment vs. methadone treatment plus case management and parent training to help participants gain skills to avoid relapse and to reduce risk factors and increase protective factors in the lives of their children. One-year follow-up data shows significant impacts on parents' own drug use compared to controls and lower rates of problem behaviors among their children. Twelve years after the participants were enrolled, data demonstrate a long-term impact in reducing substance misuse disorders among boys (now young men) in the study.

*Improving lives through
research since 1979.*

Staying Connected with Your Teen is a family-based intervention to prevent substance use, risky sexual behavior, and violence during adolescence. In a 2-year follow-up, program participants were less likely to initiate drug use and risky sexual activity, and reported lower frequency of violent behavior, especially among low-income African American teens. An adaptation of this program, **Connecting**, is now being tested in a randomized trial with foster teens and caregivers. The program added resources based on feedback from focus groups with LGBTQ+ youth in foster care, foster caregivers, and child welfare workers. A new module was developed to help caregivers support and accept foster teens' sexual orientation and gender identity expression.

School Research

The **Seattle Social Development Project** (SSDP) began in 1981 with an intervention initiated with first-grade students in eight Seattle public schools. Guided by the Social Development Model, SSDP tested the *Raising Healthy Children* (RHC) intervention which consisted of teacher and parent workshops to actively engage children in learning, strengthen bonding to family and school, and encourage children's positive behaviors. Children in intervention classrooms also received lessons in social and emotional skills. Since the intervention ended in 1986, participants have been interviewed regularly through age 39.

Several studies have shown that the RHC intervention had both short-term and long-term effects. By the end of elementary school, children in intervention classrooms had higher achievement test scores than children in control classrooms, and fewer had initiated alcohol use and delinquency. Positive effects continued through adolescence and adulthood. By the time study participants were in their 30s, they reported taking better care of their health (such as getting more exercise), and had better mental health (such as fewer symptoms of depression) and socioeconomic success (such as attaining higher education or income).

SSDP shows the potential of early, school-based intervention, guided by the SDM, to not only improve childhood and adolescent experiences, but also to have lasting effects into the 30s. Current research shows that the children of the original participants are also having better outcomes, demonstrating the multigenerational promise of a social development approach to prevention.



Sonya Brady and Capetra Parker (now a CTC Specialist) discuss their community's needs at a CTC training

SDRG BY THE NUMBERS

851

Number of publications

727

Number of unique authors on SDRG publications

182+

Million of dollars generated by SDRG research grants and contracts

135

Number of Survey Research Division Projects completed in 13 years

40

Years SDRG has been active and advocating for prevention!

Promising New Directions

At SDRG, we are grateful for the opportunity to continue to contribute to the field of prevention science. We place tremendous value on team science and collaboration. For example, our research continues with the project **First Years Away from Home**, a collaborative effort with Washington State University's Department of Human Development. It looks at the impact of a self-administered handbook designed to be used by parents and their college-bound children (students entering their first year at WSU) to help prevent substance use and other risky behaviors.

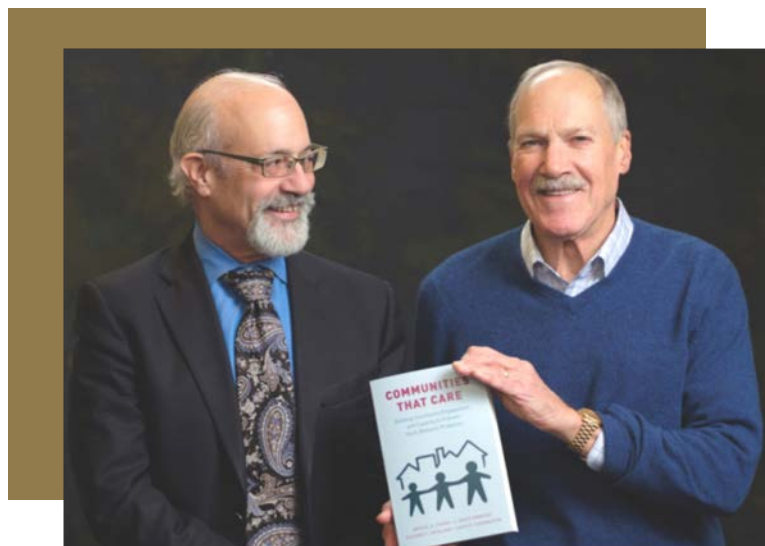
Our data collection arm, the Survey Research Division (SRD), continues to collect survey data for our research projects, and contracts out its services with a variety of organizations, including academic research groups, private nonprofit foundations, and government offices. SRD is noted for rigorous, high-quality data collection and management, with an amazing track record for longitudinal follow-ups.

SDRG is also expanding its efforts in advocacy and dissemination. The **UW Center for Communities That Care** houses our efforts to support over 150 communities using the CTC PLUS prevention system. Our staff and

faculty speak regularly on prevention, provide testimony to the Washington legislature and its committees, and participate widely in professional organizations and regional taskforces. SDRG also produces summaries of its research in a series of briefs for policymakers and practitioners, in order help professionals in human services bring research findings into practice.

Another recent dissemination effort includes the **Northwest Prevention Technology Transfer Center (PTTC)**. Funded by the Substance Abuse and Mental Health Services Administration, the Northwest PTTC serves Alaska, Idaho, Oregon, and Washington, with the goals of building expertise in the prevention workforce and promoting community-activated prevention. The Northwest PTTC is a partnership led by SDRG in cooperation with the Prevention Science Graduate Program at Washington State University and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno.

As we commemorate this anniversary, we expect to continue our scientific research and our intervention work. We are excited to be expanding our efforts and we look forward to our next 40 years.



Founders Richard F. Catalano and J. David Hawkins promote their new book, *Communities That Care: Building Community Engagement and Capacity to Prevent Youth Behavior Problems*