

PRIORITIES

To continue our innovative, etiological research while finding ways to achieve:



Greater access to evidence-based interventions



Greater understanding of effective approaches for embedding evidence-based interventions in systems



Greater impact on populations that have systematically been disadvantaged in our society

ACCESS AND IMPACT

Our channels for increasing access and impact, disseminating effective programs and practices, and strengthening the prevention workforce:

[The Center for Communities That Care \(Center for CTC\)](#)

[Northwest Prevention Technology Transfer Center](#)

EQUITY

We're addressing inequities through all our interventions, particularly:

Families Facing the Future, for parents with substance abuse problems

[Connecting](#), for teens involved in the foster care system

[Evidence2Success](#)



DEAR FRIENDS AND COLLEAGUES

Like many organizations, we have a tradition of issuing an annual letter highlighting the previous year's work. As SDRG's new director, I intend to follow this practice; but this year, I'd like to take the opportunity to share a vision of how SDRG's historical strengths are supporting current priorities, including a preview of some exciting new projects.

SDRG has been contributing to prevention research and interventions for [more than 40 years](#). Our work stands on the shoulders of some giants of prevention science: our founders, J. David Hawkins, PhD and Richard F. Catalano, PhD, and their immediate successor, Kevin P. Haggerty, PhD. The original challenge was to identify primary risk and protective factors for problem behaviors and to develop an approach for supporting healthy development for all young people by reducing risk and enhancing protection in community, school, family, and peer relationships.

SHARING WHAT WORKS

Prevention science has come a long way since its inception. Etiological studies have yielded extensive knowledge about the relationship between risk, protection, and lifelong human development. The field now has more than 70 well-tested, effective preventive interventions addressing a variety of developmental concerns. Many are cost effective, demonstrating favorable returns on investment by both public and private entities. These gains can help drive solutions to pressing social needs by reducing risks and building strengths and competencies that enhance equitable health outcomes and reduce disparities.

Each of our core units is contributing to achieving impact, in part by increasing access to evidence-based preventive interventions. The Center for Communities That Care routinely supports implementation of Communities That Care by coalitions across the country and around the world. Another way to increase access is to provide effective interventions through human-serving systems while ensuring that systems have the infrastructure and capacity to support high-quality implementation. Learn more about this approach by reading about the [Guiding Good Choices for Health](#) study.

SDRG is also working to expand access among populations that have experienced historical and continuing inequity. To respond to the epidemic of opioid use disorder in our state and region, we have just been awarded a grant from the [Foundation for Opioid Response Efforts](#) (FORE) to create the [Northwest Center for Family Support](#), which will build capacity across our state to provide culturally responsive, inclusive, evidence-based interventions, in English and Spanish, for children and families in recovery from opioid use disorder.

VISION

We envision a world where individuals, families, schools, and communities have the tools, skills, and opportunities to promote healthy development and reduce social and behavior problems in every age group.

SDRG LEADERSHIP

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WORKING TOWARD OUR GOALS

How else will we contribute to prevention science impact? We will continue to build support for prevention through rigorous science documenting the long-term benefits of effective prevention. Two of our studies, [SSDP Midlife](#) and [SSDP-TIP](#), offer unique opportunities to expand our knowledge, with the help of a diverse cohort of individuals that SDRG has studied since they were 10 years old through the Seattle Social Development Project (SSDP). That study examined the effects of the Raising Healthy Children intervention, which yielded numerous long-term benefits to those who received it. SSDP Midlife will examine the unique health risks of this group at age 47 and the role of past and current alcohol use in these risks, in order to determine the implications for public health priorities and interventions. The ongoing SSDP TIP study looks at the children of the individuals in the original sample in order to investigate possible benefits from the intervention for children in the next generation. This groundbreaking research would not be possible without our [Survey Research Division](#), which has done phenomenal work in following the SSDP sample since the 1980s.

MOVING FORWARD

After being at the helm of SDRG for six months, I can honestly say that I am even more inspired by my SDRG colleagues, present and past, to do all I can to support SDRG's important work. I hope you will continue to take an interest in SDRG and help us move our new and existing discoveries into practice to improve health and well-being. In the meantime, you are welcome to browse our website and social media for more information about our core divisions and our projects.

Margaret Kuklinski, PhD
Director, Social Development Research Group

DONATE TODAY

To the Social Development Research Group Activities Fund. This fund supports expenses for SDRG that are not covered by other sources. SDRG works to understand and promote healthy behaviors and positive social development among diverse populations of young peoples. Using science and community input, the group develops and tests change strategies for families, schools, and communities.

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