Social Development Strategy Community Converstation

2023

Participant Handouts

THE STORY OF NATE

Story of Nate (J. David Hawkins tells a version of this story often to illustrate the Social Development Strategy):

I would like to tell you a story about a 7 year old boy named Nate. In school, Nate is not one of the good kids and he is not one of the smart kids. In fact, Nate often doesn't do his homework and doesn't always follow the rules in the classroom.

Looking for a way to engage Nate, his classroom teacher (Ms. Carter) decided to give him an opportunity to take care of the classroom pet, a gerbil. When she offered this chance to Nate, he seemed surprised—but accepted.

On Monday morning, Ms. Carter explained to Nate how he should take care of the gerbil, and showed him wher e to find all of the supplies. On Monday afternoon, Nate carefully fed the gerbil, but Ms. Carter noticed that he had not also given the gerbil water.

On Tuesday, Ms. Carter went over the steps for taking care of the gerbil with Nate again. The rest of the week, Nate took very good care of the gerbil! She noticed that he was following all of the steps and checking on the gerbil often.

The following Monday, the teacher mentioned that Nate had taken very good care of the gerbil last week, and asked the students to notice how healthy and happy it was (running around on its wheel in the cage). She asked them to give Nate a round of applause for taking such good care of their pet. All of the kids clapped and Nate felt really good about himself in that moment....he also felt pretty good about his classmates and his teacher.

That day, the teacher gave a reading assignment. She told the class that reading was an important skill and that she wanted them to do well in school and in life.

Well.....do you think that Nate did the reading that night? YES!!!

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THE STORY OF DREW & BRINK

I would like to tell you a story about two 14 year olds named Drew and Brink. Drew and Brink are two boys who live in the community and can often be seen hanging around the neighborhood when school is out. They don't typically participate in organized extracurricular activities and their parents work long hours often meaning they are responsible for supervising themselves when school is not in session.

The local YMCA director (Mr. John) has noticed Drew and Brink on numerous occasions when he is out and about in the neighborhood, but typically does not interact with the boys. He recently noticed that some older guys in the neighborhood have been trying to recruit Drew and Brink to join in on some activities that could lead to big trouble. Slowly, but surely the opportunities were looking more appealing to the boys. Looking for a way to keep the boys out of trouble, Mr. John decides to approach the boys with an opportunity to do some work at the YMCA in exchange for compensation. When the boys heard the offer, they seemed surprised --- but accepted.

On Monday, the boys reported to the YMCA where Mr. John explained their tasks of setting up seating and running scoreboards for the little league games of basketball, football, soccer, etc. He showed them where to find the supplies, how to report how long they worked on the tasks, and other things they needed to be successful at their new tasks. That day Drew and Brink excitedly set up the seating and ran the scoreboards, but Mr. John noticed that they forgot to return the scoreboard equipment at the end of their time.

On Tuesday, Mr. John went over the process for setting up seating and running scoreboards again. Over time, Drew and Brink followed all of the steps for their task and even went over and beyond with helping families carry belongings out to the car after games! As time went on, the boys wanted to hang out more and more at the YMCA. They even begin to invite other youth in the community to join them hanging out at the YMCA. Mr. John noticed all of their effort and following of steps and he continued to provide opportunities for the boys to be involved at the center.

Whenever Mr. John would see Drew and Brink out in the neighborhood with their parents, friends, or even strangers he always made sure to mention how much he appreciated the work the boys were doing at the YMCA and how their efforts have made the little league games a much smoother and fun

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DREW & BRINK CONTINUED

experience for the community. He also always pointed out how they were leaders and other youth in the community looked up to them. Both Drew and Brink always felt really good about themselves during these moments and more and more, they valued the input of Mr. John and his staff.

As time went on, Mr. John often talked with the boys about making good, healthy choices in life. The boys noticed how Mr. John spoke with people, the choices he made, and how he lived his life overall. Eventually Drew and Brink grew in their confidence to be leaders and make healthy choices.

So as time went on, when the older guys approached Drew and Brink with opportunities to engage in behavior that could lead to trouble… what do you think they did? They confidently declined!

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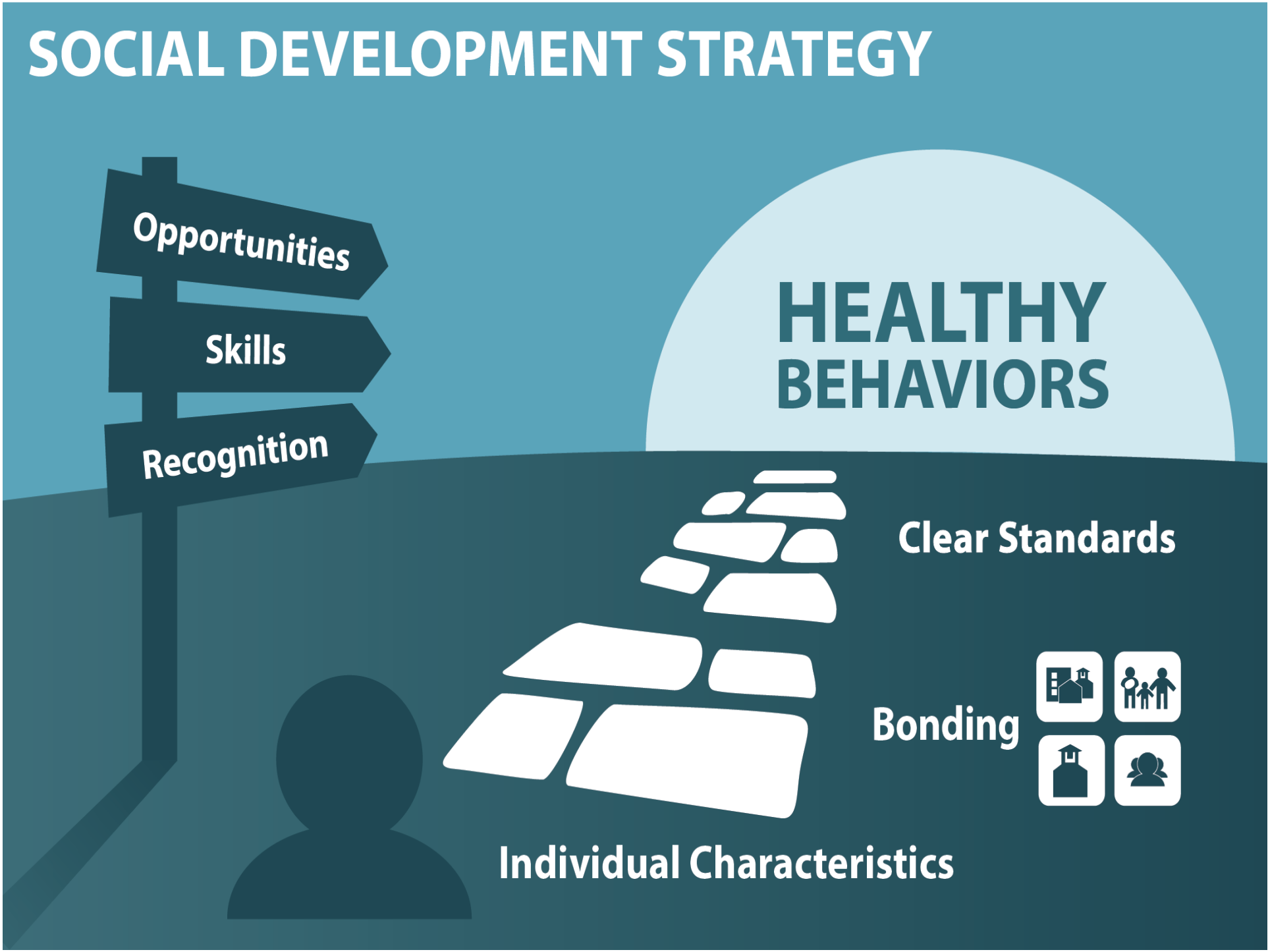
SOCIAL DEVELOPMENT STRATEGY
Opportunities
Skills
Recognition
HEALTHY
BEHAVIORS
Clear Standards
Bonding
Individual Characteristics

BUILDING PROTECTION IN EVERYDAY LIFE

Please answer each question when asked to do so by the presenter. Do not answer all the questions at once. This page is for your notes to yourself; it is yours to keep.

1. List the first names of three young people you interact with on a regular basis.

2. What are some opportunities you can provide to the young people you listed?

3. What are some skills that these young people will need to be successful?

4. What are some types of recognition you can provide for successful involvement?

5. What are some healthy and clear standards you can share with these young people?

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EVALUATION

Presentation Evaluation

1. What stands out for you from this presentation?

   _____

   _____

2. What, if anything, will you do differently as a result of what you have learned in this presentation?

   _____

   _____

3. What suggestions do you have for improving the presentation?

   _____

4. Other thoughts you'd like to share about the presentation:

   _____

   _____

5. I am a

   ☐ parent/guardian ☐ teacher ☐ community leader

   ☐ other _____

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Research Brief

Social Development Research Group

No. 17: February 2016

Promoting Protection Community Wide: Effects of the Communities That Care Prevention System

Original research published in *Prevention Science (2015)*

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Assistant Director

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MISSION of SDRG

To understand and promote healthy behaviors and positive social development among diverse populations, we:

- Conduct research on factors that influence development
- Develop and test the effectiveness of interventions
- Study service systems and work to improve them
- Advocate for science-based solutions to health and behavior problems
- Disseminate knowledge, tools, and expertise produced by this research

Community-wide preventive interventions target both risk and protective factors to reduce problem behaviors and promote healthy youth development. Previous research has shown that the Communities That Care (CTC) prevention planning system reduces elevated risk factors and prevents adolescent problem behaviors.

Communities That Care does not focus exclusively on risk, however. At the heart of CTC implementation is the Social Development Strategy (SDS). The SDS seeks to provide youth with opportunities, skills, and recognition for prosocial (positive social) involvements and interactions in order to strengthen bonding. Bonding is hypothesized to promote acceptance of social standards, which in turn leads to prosocial behavior. These factors, which promote positive behaviors and protect against the development of problem behaviors, are called **protective factors.**

In CTC, all community members are encouraged to use the Social Development Strategy in their daily interactions with young people. Yet, to date, no study has examined CTC's effect on protective factors.

Researchers at the Social Development Research Group wanted to know whether CTC could significantly promote positive development among youth by:

1. Creating opportunities and recognition for prosocial involvement and interaction in youth's daily lives, and
2. Ensuring that youth learn the skills needed to succeed in these involvements and interactions.

Methods

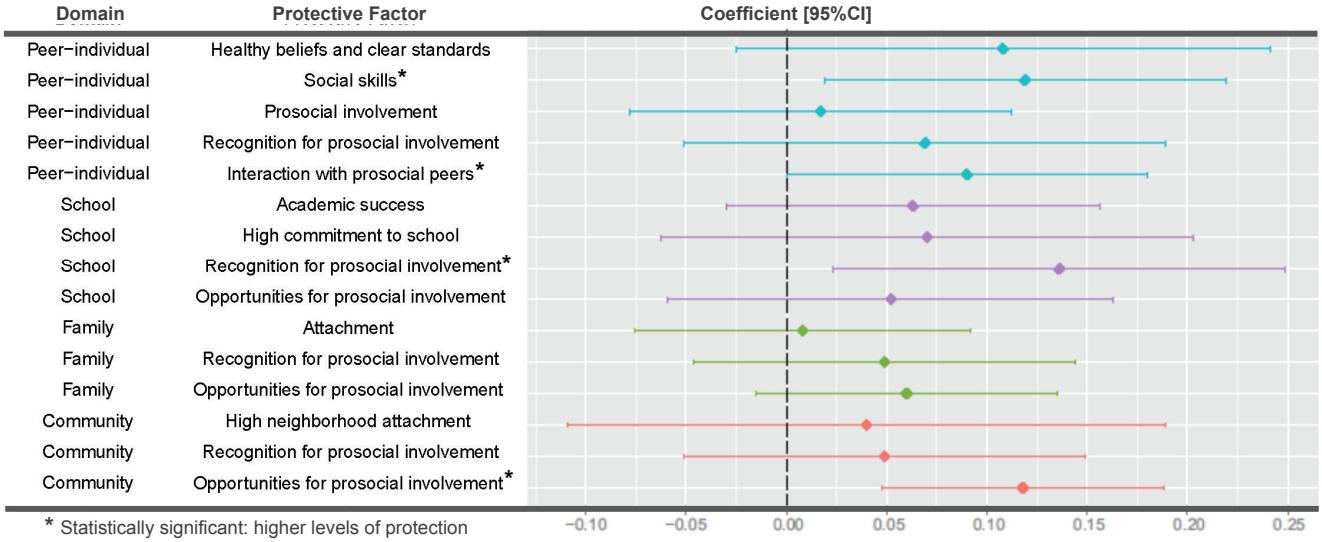
Data for this study came from the Community Youth Development Study (CYDS), a community-randomized trial of CTC in 12 experimental communities compared to 12 control communities.

Key Messages

- ... *The Communities That Care (CTC) prevention planning system* promotes positive development among youth by creating opportunities, developing skills, and providing recognition for prosocial involvement.
- ... *Analyses across all protective factors found significantly higher levels of overall protection among youth in CTC communities compared to youth in control communities.*
- ... *Analyses across domains of influence found significantly higher levels of protection among CTC youth in their communities and schools and in peer/individual interactions, but not in their families.*

SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

Figure 1 – Adjusted differences in mean levels of eighth-grade protective factors comparing CTC to control communities



* Statistically significant: higher levels of protection in CTC communities *(p≤0.05)*

As part of the randomized trial, a longitudinal panel of 4,407 fifth graders was followed (starting in 2004) using the Youth Development Survey (YDS), a self-administered paper survey. The YDS measured fifteen specific protective factors divided into four domains of influence: peer/individual, family, school, and community. This research used global test statistics (GTS) to examine the overall difference in protective factor scores in Grade 8 (2007), controlling for Grade 5 (2004) protective levels. The same technique was used to examine the level of protection in each domain. For each individual protective factor, mean-level differences were examined.

Results

The GTS across all protective factors indicated that the overall level of protection was significantly higher among youth in CTC communities than for youth in control communities at the end of Grade 8. This overall effect appears to be due to increases in protection in every domain except one: family. The CTC communities showed higher protection in the community, school, and peer-individual domains. The adjusted mean-level differences of the fifteen protective factors are shown in Figure 1 above.

Conclusion

Using the SDS within the CTC planning system had a positive effect in increasing the overall levels of protection community wide. As communities consider prevention strategies, it important to enhance protective factors while reducing risk factors. CTC is a helpful way of incorporating protection into community planning efforts.

For additional information on this topic, please refer to the original article:

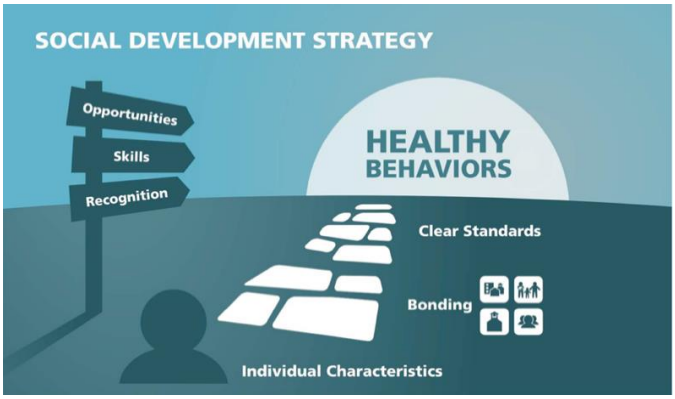
Kim, B. K. Elizabeth, Gloppen, Kari M., Rhew, Isaac C., Oesterle, Sabrina, Hawkins, J. David (2015). **Effects of the Communities That Care prevention system on youth reports of protective factors.** *Prevention Science, 16(5), 652-662*.

This research was supported by research grant R01 DA015183-03 from the National Institute on Drug Abuse, with co-funding from the National Cancer Institute, the National Institute of Child Health and Human Development, the National Institute of Mental Health, the Center for Substance Abuse Prevention, and the National Institute on Alcohol Abuse and Alcoholism.

RESEARCH BRIEF
No. 23: May 2019
Social Development Research Group

THE SOCIAL DEVELOPMENT STRATEGY

HOW CAN PREVENTION SCIENCE HELP YOUTH GROW INTO HEALTHY ADULTS?



Youth today face a world full of risks and challenges, including behavioral health problems like substance use, school drop-out, delinquency, violence, and early pregnancy. Research in the prevention field has often focused on reducing risks and unhealthy behavior. Two recent articles from Haggerty and McCowan (2018) and Cambron, Catalano, and Hawkins (2019) discuss the social development strategy (SDS) as an approach for building protection and preventing problem behaviors. Cambron et al. (2019) describe the SDS as a model for organizing prevention into a practical strategy that promotes positive youth development while reducing risk. Haggerty and McCowan (2018) review the use of the SDS in effective interventions and their impact on social inequalities such as poverty and health disparities.

The SDS provides a framework for building protection that supports healthy youth development even in the face of structural barriers such as poverty and health disparities.

Youth generally make decisions based on values learned from their community, family, or school, and shaped by their personality, experiences, and identity. Giving youth opportunities for engagement, the ability to learn and use skills, and recognizing their actions will promote bonding to their community. When youth are bonded to a healthy community, they make healthy decisions and grow into healthy adults. However, if youth are disconnected from community or bonded to an unhealthy community or group, they will be more likely to develop unhealthy behaviors (Cambron, et al., 2019). The SDS combines aspects of three theories: control theory, social learning theory, and differential association theory to understand the development of behavior. Control theory and the SDS agree that prosocial bonding promotes prosocial behavior, with the SDS adding that antisocial bonding promotes antisocial behavior. Based on social learning theory, the SDS hypothesizes that behavior is learned in groups through rewards and punishment. According to differential association theory, there are parallel but separate paths for prosocial and antisocial behavior.

The SDS moves beyond blaming individual youth for their behaviors, toward a broader understanding of the ways in which social structures can harm healthy youth development. The strategy defines two types of systemic inequities: position in the social structure (e.g., race, socioeconomic status, age, gender), and external constraints (e.g., neighborhood safety and community expectations for behavior). The flexibility of the SDS allows it to be adapted and integrated into communities with unique strengths, challenges, and goals for their youth.

Evidence for the Social Development Strategy

The Social Development Strategy builds on 30 years of evidence-based prevention research. Cambron et al. (2019) reviewed long-term research studies and found that the SDS holds together well as a theory for human development. Early interventions based on the SDS have had powerful results. These interventions, when delivered in childhood or middle school, have prevented later adolescent and adult problem behaviors like violence, smoking, drug and alcohol use and abuse, STIs, and criminal convictions and recidivism. These interventions also improved school bonding, civic engagement, positive social engagement in adulthood, and family attachment—and eliminated racial income disparities in adulthood (Haggerty & McCowan, 2018).

The Results:

Communities That Care

- Reduced delinquency by 25%, violence by 15%, alcohol use by 33%, and tobacco use by 32% in a randomized trial. (Hawkins et al., 2009, 2014)
- Improved school engagement by 16% and academic achievement by 33% in Pennsylvania (Feinberg et al., 2010)

Raising Healthy Children / SSDP

- Completely eliminated the disparity between Black and White young adults (age 27) in income, early pregnancies, and STIs (Hawkins et al., 2005)
- Each dollar brings a long-term savings of $4.35 related to health and wellbeing (Washington State Institute for Public Policy, 2017)

Complete citations are in Cambron, Catalano, & Hawkins (2019) and Haggerty & McCowan (2018)

Implementation

Intervention programs based on the social development strategy work to increase healthy social opportunities, involvement, and rewards, so families, schools, and communities can help youth build the skills they need in the world. Classroom strategies for teachers, parenting skills, and community-wide use of the SDS are all interventions that have shown positive impact on youth development. In addition, youth who are systemically disadvantaged can increase their sense of empowerment, activism skills, belonging, and wellbeing by being involved in justice-orientated community change initiatives.

Four prevention programs based on the SDS have already produced excellent results: the Seattle Social Development Project (SSDP), Guiding Good Choices (GGC), Raising Healthy Children (RHC), and Communities That Care (CTC). Each of these programs has been successfully tested in long-term studies (Haggerty & McCowan, 2018). These programs have been successful with a variety of populations, from primarily White, low-income suburban youth in the Midwest, to multiethnic, urban youth in the Pacific Northwest, and in 12 small- to m id-sized communities in seven states with varied ethnicities.

The social development strategy can be used in many ways, from improving individual interactions in families, to designing and implementing community-wide initiatives like Communities That Care. The SDS and CTC recognize that communities are unique, and both models have been successfully adapted to urban and rural environments in the United States and abroad with many different kinds of communities: urban, suburban, and rural; communities of color; primarily White communities; and multiethnic communities. The SDS provides a framework for building protection that supports healthy youth development even in the face of structural barriers such as poverty and health disparities.

For additional information on this topic, please refer to the original articles:

Cambron, C., Catalano, R. F., & Hawkins, J. D. (2019). The social development model. In D. P. Farrington, L. Kazemian, & A. R. Piquero (Eds.), *The Oxford handbook of developmental and life-course criminology* (pp. 224-247). New York, NY: Oxford University Press.

Haggerty, K. P., & McCowan, K. J. (2018). Using the social development strategy to unleash the power of prevention. *Journal of the Society for Social Work and Research, 9*(4), 741-763.

RESEARCH BRIEF
No. 25: June 2020
Social Development Research Group

Childhood Preventive Intervention Across Generations

Trials of preventive interventions typically focus on the participants of the interventions, but **what if a universal social development intervention showed sustained effects across generations?** This was the question SDRG researchers and their collaborators asked about the Raising Healthy Children (RHC) preventive intervention implemented in the Seattle Social Development Project (SSDP) in the 1980s. The RHC intervention, delivered during elementary school, showed sustained positive effects on behavioral and health outcomes in participants into adulthood, years after the intervention ended. A recent study asked whether effects of the original intervention could now be seen in the children of SSDP participants.

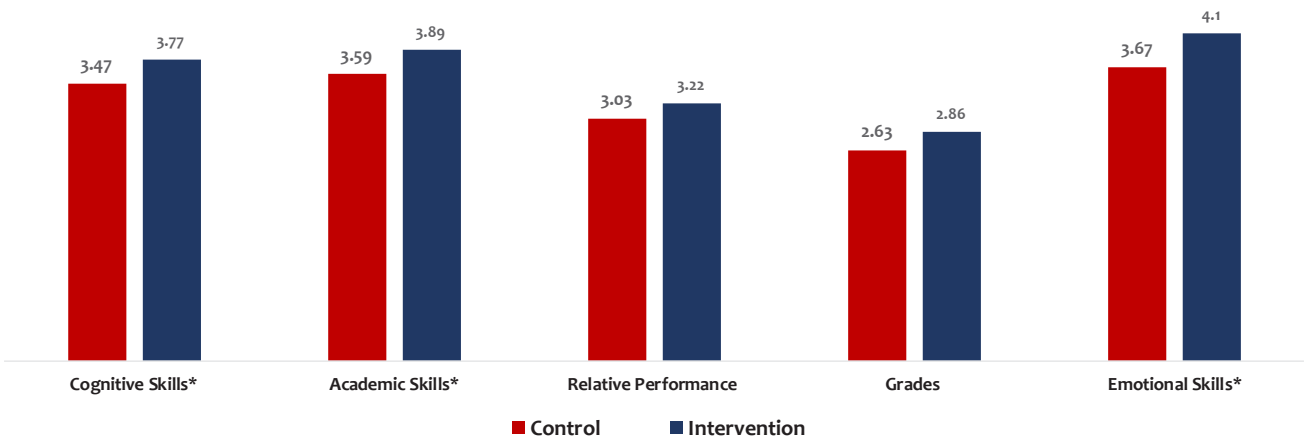
The Intergenerational Project

The new study, SSDP-The Intergenerational Project (SSDP-TIP), was designed as **a nonrandomized controlled trial with follow-up of SSDP subjects' first-born offspring,** ages 1–22 (assessed in seven annual waves). Participants in the original SSDP panel were from public elementary schools serving high-crime areas in Seattle, Washington. The generations involved in SSDP and SSDP-TIP are shown in the table below.

Study	Group	Supports Provided Through RHC
SSDP (1980-2014)	Teachers	Training in methods of classroom management and instruction
SSDP (1980-2014)	**G1:** Parents	Skills training to promote opportunities for children's (G2) active involvement in the classroom and family
SSDP (1980-2014)	**G2:** Children	Social-emotional and refusal skills training
SSDP-TIP	**G3:** First-born children of 182 parents from **G2**	*N/A*

G = Generation

Teacher-Rated G3 Academic Skills and Performance, Ages 6-18



*Significant finding after applying Benjamini-Hochberg False-Discovery Rate (FDR) multiple comparisons adjustment

SSDP-TIP focused on G3 children—the offspring of G2. The study examined G3's self-regulation (emotion, attention, and behavior regulation), cognitive capabilities, and social capabilities. The study also examined G3's risk behaviors from adolescence onwards, including substance use, delinquency, and early-onset sexual activity.

The study controlled for factors that might potentially muddle the results. Significant differences were observed in G3 across four domains: **lower rates of developmental delay** (ages 1–5; significant standardized betas ranged from .45 to .56), **lower teacher-rated behavior problems** (ages 6–18; significant standardized betas ranged from -.39 to -.46), **higher teacher-rated academic skills and performance** (ages 6–18; significant standardized betas ranged from .34 to .49—see the figure above), and **lower child self-reported risk behavior** (ages 6–18; odds ratio for any drug use = 0.27, p. < 0.01).

A number of prevention trials implemented in the 1980s have continued to follow participants over the long term and have reported sustained positive effects into adulthood. To our knowledge, the present study is the first published report of intervention differences in the offspring of participants in a universal preventive intervention provided when G2 parents were children. ***These results indicate that positive results from childhood intervention can not only cascade into adulthood, but into the next generation as well.***

These differences are visible in ratings from multiple people with insight into the functioning of G3 children, including parents, teachers, and the G3 children themselves. G3 raters and participants were fully blind to the parents' original exposure to intervention condition. Cost-benefit analyses have demonstrated the benefits of childhood intervention in one generation. This study suggests the potential of social developmental interventions for promoting positive effects that could endure across generations.

For additional information on this topic, please refer to the original article:

Hill, K. G., Bailey, J. A., Steeger, C. M., Hawkins, J. D., Catalano, R. F., Kosterman, R., Epstein, M., & Abbott, R. D. (2020). Effects of childhood preventive intervention across two generations: A nonrandomized controlled trial. *JAMA Pediatrics*. Advance online publication. https://doi.org/10.1001/jamapediatrics.2020.1310

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