



**The Coalition for the
Promotion of Behavioral Health**



Prevention Training Module 3: Community Prevention Practice

Developed by

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Acknowledgements

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Introduction

This module focuses on increasing students' knowledge of community-level prevention practice. It is part of a broader effort by the [Coalition for the Promotion of Behavioral Health](#) and the social work [Grand Challenge to Ensure Healthy Development for All Youth](#) to integrate prevention training into foundational curricula for MSW students. This broader effort includes training modules on:

[Introduction to Prevention Theory and Concepts](#)

[Direct Practice in Prevention](#)

[Community Prevention Practice](#)

[Policy Prevention Practice](#)

Each of these modules can be used as standalone instructional tools. However, to maximize learning we recommend that students be exposed to the Introduction to Prevention Theory and Concepts module prior to the direct practice, community, and policy modules.





Objectives

Upon completion of this module, students will be able to understand system- and agency-level strategies for integrating preventive interventions and policies in community settings. Specific objectives are:

- Identifying the benefits of prevention and how to advocate for prevention within an agency
- Creating coalitions across agencies (How do we work together to identify and meet community-level needs and opportunities?)
- Shifting system- and agency-level decision-making to support preventive interventions
- Identifying system- and agency-level barriers to creating community coalitions and integrated services that include prevention
- Advocating for system-level changes that address system-level barriers (i.e., shared funding streams, data systems, cross-system training opportunities for practitioners, etc.)
- Developing integrated service delivery models within and across agencies

This module addresses these Council on Social Work Education Educational Policy and Accreditation Standards:

- **Competency 3:** Advance Human Rights and Social, Economic and Environmental Justice
- **Competency 6:** Engage with Individuals, Families, Groups, Organizations, and Communities
- **Competency 7:** Assess Individuals, Families, Groups, Organizations, and Communities
- **Competency 8:** Intervene with Individuals, Families, Groups, Organizations, and Communities

Materials needed:

- Internet connection
- Large dry-erase board or butcher paper and relevant writing utensils
- Printed or electronic versions of handouts (see Appendix)

Total time:

1 hour, 35 minutes





Exercise 1: Prevention in Community Practice

1.1 Begin by addressing the overall aim of prevention in community practice. [4 minutes]

Describe to students the social imperative of intervening early through evidence-based preventive interventions:

Early intervention is critical to working with vulnerable families as it prevents difficulties from starting and stops challenges from progressing into more severe problems. Early intervention through evidence-based prevention practices is therefore an important social imperative: As social workers, we must reduce the risk that vulnerable families and communities so often face. A critical way to do so is to *prevent* problems from starting *or* to keep them from progressing into more serious problems.

In this sense, prevention is an important element for advancing social justice—especially in our most vulnerable communities. As we know that significant disparities exist in communities with a higher level and concentration of risk factors (factors that make individual and social problems more likely) and poor access to protective factors like quality education, safe and affordable housing, and healthy foods, preventing problems by reducing these risks can alleviate persistent disparities seen in many of our most vulnerable communities.

However, as social workers, we do not focus often enough on *preventing* problems. Instead, we frequently intervene when individual, family, or community problems have reached a critical level that requires more costly and often time-consuming treatments and interventions. It is important, then, to consider how we might use preventive interventions often and early to support individuals, families, and communities in need. But how might we convince an agency director or policymaker to invest in prevention?

1.2 Discuss prevention in agency and community settings. [6 minutes]

Tell students how to encourage prevention in agency and community settings:

Key to advancing system- and agency-level prevention is assisting decision-makers in understanding the complexity of social problems and their often shared risk and protective factors, which either exacerbate or mitigate problems for clients and their families. By targeting risk factors with preventive interventions, we are likely to stop problems from progressing to the point of needing more costly treatments.





Decision-makers must understand the value of early intervention to offset the potential for future problems. It is also important to stress that doing so through preventive interventions saves time and money, which is especially important in systems where resources are limited.

AN EXAMPLE FROM PRACTICE

A child welfare agency has experienced another budget cut and is now asked to serve more families with fewer resources. As a result, practitioners are being asked to figure out ways to reduce their caseloads. In an effort to do so, you propose to focus some resources on prevention efforts in the community rather than on more costly intervention services. It is likely to be a paradigm shift for many in the agency's administration.

Q What benefits can you inform administrators of to persuade them to invest in prevention?

Introduce the kinds of benefits that are possible when implementing preventive strategies:

There are a number of benefits to a prevention focus that can inform agency decision-makers about why agencies should work together to prevent and intervene early. Focusing some resources on prevention is a cost-efficient way to address community-level needs and prevent the escalation of problems that require more costly intervention approaches.

The benefits of taking a preventative approach to addressing *community-level* needs include:

- Improving outcomes for vulnerable youth and their families
- Reducing overall agency operational costs overall
- Reducing the time spent by staff in addressing more complex, severe, and often retractable problems many youth and their families face.





By adopting a preventive approach, agencies will be able to design cost-effective prevention strategies to reduce community-level risks before they worsen, bring a wide range of community stakeholders together, and address specific risk and protective factors present in the community.

REVIEW: LEVELS OF PREVENTION

It is important to recognize the different levels of prevention. A community may need to explore the benefits of adopting prevention strategies at these different levels to meet the needs and match the opportunities present within the community.

Universal prevention | Preventing a problem before it has happened. The aim is to prevent the problem for everyone (although we are rarely successful in reaching every young person).

Selected prevention | Preventing a problem among a group of people that have been identified as particularly at risk for the problem.

Indicated prevention | Preventing significant problems for a group of people who are already showing some indication that they have early stages of the problem.

Tell students: Based on a community needs and opportunities assessment (discussed in further detail later), prevention strategies may need to target different levels of risk.

Exercise 2: The Community-Change Process

2.1 Introduce the example of multi-system involved youth to help students frame the community-change process. [5 minutes]

Describe an example of where prevention strategies may be useful:

Research has identified a number of *risk factors* that contribute to negative outcomes for youth, such as school failure, peer relational problems, family disruptions, juvenile delinquency, and mental health issues. As a result of these outcomes, youth may become





involved in multiple systems (e.g., child welfare, juvenile justice, mental health). These negative outcomes are typically the result of the accumulation of risk over time. That is, risk factors predict an increased likelihood for developing a social, emotional, behavioral, or academic problem, especially as risk accumulates over time.

Protective factors, on the other hand, can offset or mitigate risks, therefore reducing the likelihood that problems may result. Risk and protective factors can be identified at the individual, family, peer, and community levels and may be different depending on the specific developmental stage. Risk and protective factors are also considered to be shared across different negative outcomes. In other words, delinquency, drug use, school failure, and behavior problems may share the same risk factors.

Risk factors can occur at *multiple levels*, including in community, peer, family, and school environments and within an individual. Community-based approaches may target risk factors at any of these levels by setting community-level policies or helping agencies to work together to identify common risk factors and offer community programs to target these risk factors.

2.2 Integrate knowledge of risk and protective factors. [5 minutes]

Share the following table (see the Appendix for the handout) from the Communities That Care program with students. Note that this table points out common risk and protective factors across different behavioral health problems.

Ask students to reflect on ways to integrate knowledge of risk and protective factors into their practice setting.





Q How might you use this framework in your own practice?

Q How could it inform how you intervene with youth and their families in your agency setting?





Risk and Protective Factors by Domain

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none">• Low community attachment• Community disorganisation• Community transitions and mobility• Personal transitions and mobility• Laws and norms favourable to drug use• Perceived availability of drugs• Economic disadvantage (not measured in youth survey)	 COMMUNITY	<ul style="list-style-type: none">• Opportunities for prosocial involvement in the community• Recognition of prosocial involvement• Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none">• Poor family management and discipline• Family conflict• A family history of antisocial behaviour• Favourable parental attitudes to the problem behaviour	 FAMILY	<ul style="list-style-type: none">• Attachment and bonding to family• Opportunities for prosocial involvement in the family• Recognition of prosocial involvement
<ul style="list-style-type: none">• Academic failure (low academic achievement)• Low commitment to school• Bullying	 SCHOOL	<ul style="list-style-type: none">• Opportunities for prosocial involvement in school• Recognition of prosocial involvement
<ul style="list-style-type: none">• Rebelliousness• Early initiation of problem behaviour• Impulsiveness• Antisocial behaviour• Favourable attitudes toward problem behaviour• Interaction with friends involved in problem behaviour• Sensation seeking• Rewards for antisocial involvement	 PEER / INDIVIDUAL	<ul style="list-style-type: none">• Social skills• Belief in the moral order• Emotional control• Interaction with prosocial peers

Source: [Social Development Research Group](#), University of Washington. Seattle, WA.





2.3 Discuss implementation in an agency setting. [5 minutes]

Describe how agencies may adopt prevention practices:

Agencies must consider ways to identify children at risk for developing problems early by recognizing risk factors at the community, family, school, peer, and individual levels. In doing so, effective preventive interventions can be identified and implemented in agencies seeking to prevent problems from progressing. Because there are a number of shared risk factors for a range of problems (e.g., violence, substance use, school failure), a prevention approach that targets these shared factors is likely to reduce a number of challenges for youth. This can then result in further cost-savings for the agencies as well as for the broader community as individuals and families begin to face fewer problems that escalate into costly social problems.

Let's return to the previous example. If we work in a child welfare agency that is facing budget cuts and yet we serve youth with increasingly complex needs that may lead to multi-system involvement, how might we best intervene? Can we intervene in ways that prevent a range of problems and therefore reduce multi-system involvement while *saving* resources simultaneously?

One way agencies might best serve multi-system involved youth is by collaborating with other service providers to address shared risk factors for these vulnerable youth.

Creating agency coalitions | Practitioners work together across agencies by sharing information and developing intervention plans to address the often varied and sometimes competing needs that youth and their families experience.

- ✓ Community-level risk factors are often the target of these initiatives because they affect a number of children and families in a community.

Example: A coalition may be formed to address the rise in youth crime and violence in a neighborhood by developing community-level strategies to address gang activity or the lack of prosocial activities available for youth in the community.

- ✓ Widely shared risk factors at other levels can also be useful targets for community-level interventions.

Example: Many families in a community may be affected by drug use, and many communities are facing staggering rates of opioid use. How might a





community coalition address the opioid epidemic facing individuals and families? Solutions might include implementing school-based prevention programming for youth, providing family-level prevention programming through primary care clinics, or generating community-wide messaging campaigns to educate residents about how to help those at risk.

Coalition collaboration | After identifying the most pressing community-level risk factors, coalitions work together to develop community-level solutions that reduce risk and enhance protection across the entire community.

- ✓ Barriers often exist at the system level and within agencies when creating such coalitions. (Strategies for addressing these barriers are discussed later.)

Example: Systems often struggle to identify adequate resources, such as agency- and system-level leadership supportive of prevention.

Example: Additional barriers can result from difficulties sharing information across different agencies. Specifically, a family may be served in multiple systems, but information about the family may not be easily shared across different providers.

Example: Agencies may struggle to collaborate because of competing goals and outcomes.

Exercise 3: Inter-Agency Collaboration

3.1 Describe system- and agency-level phenomena that support inter-agency collaboration. [10 minutes]

Describe these agency factors that can support collaboration and the adoption of prevention into agency practices. Ask students to reflect on how they might go about identifying these factors and/or encouraging these in their agency setting.





SUPPORTIVE LEADERSHIP

Do leaders at the system and agency levels support the idea of prevention?

ACTION STEP | Educating leadership on the power of prevention

It is important for agency decision-makers to understand the benefits of prevention and build infrastructure to support inter-agency collaboration to implement prevention programming in their community.

INFORMATION/DATA SHARING

Can agencies serving youth and their families share information and data to facilitate inter-agency collaboration around prevention?

ACTION STEP | Developing shared data systems

Developing shared data systems can be a substantial barrier to inter-agency collaboration. It requires information sharing agreements and a willingness across agencies to share information. It may also require clients' consent to do so especially when dealing with HIPAA-protected information. As a starting place, agency leaders may need to establish information sharing protocols along with consent procedures for clients to make informed decisions about their information.

COMMON LANGUAGE AND VALUES

Do practitioners speak a common language and support the value of working together?

ACTION STEP | Cross-system training opportunities

One important approach for addressing differences across agencies is to provide training for providers in different systems of care. Collaboration will be better promoted if providers can understand the values, goals, outcomes, and barriers present within a system. In doing so, providers may be able to identify potential opportunities and barriers to effectively collaborating.





SHARED FUNDING STREAMS

Are there ways to pool resources across different systems or across different providers?

ACTION STEP | Creating shared funding mechanisms

One way to develop shared funding streams is to advocate at the state, county, and/or local level for systems (e.g., child welfare, mental health, or education) to generate funding mechanisms that pool resources across these systems of care. Providers can also jointly apply for funds to share resources. For example, two providers (e.g., a school district and mental health provider) may be able to jointly apply for funding to support a position that would provide mental health support to students.

Exercise 4: Communities That Care

4.1 Introduce the Communities That Care model. [20 minutes]

Introduce Communities That Care (CTC) to students as an example of an evidence-based community-level intervention:

An effective model to develop community coalitions, Communities That Care brings together a range of community members and identifies community-level risks and solutions. CTC is a proven community-change model that uses prevention science as its base. CTC guides communities through a five-step process that ultimately “promotes healthy youth development, improves youth outcomes, and reduces problem behaviors.”

Visit [Communities That Care](#) online for more detailed information. Consider playing one of the videos on this web page to introduce students to the model (CTC in Montbello or 5 Phases of CTC). This web page also features a brief video on prevention science that may be used as a supplement to the previous content on risk and protective factors (this video may be shown prior to launching into the CTC model).





Present these stages to students:

Phase 1 | Get Started

Communities get ready to introduce CTC. They work behind the scenes to:

- ✓ Activate a small group of catalysts.
- ✓ Assess how ready the community is to begin the process.
- ✓ Identify key community leaders to champion the process.
- ✓ Invite diverse stakeholders to get involved.

Phase 2 | Get Organized

Communities form a board or work within an existing coalition. After recruiting community board members, they:

- ✓ Learn about prevention science.
- ✓ Write a vision statement.
- ✓ Organize workgroups.
- ✓ Develop a timeline for installing CTC.

Phase 3 | Develop a Community Profile

Communities assess community risks and strengths and identify existing resources. The community board and workgroups:

- ✓ Review data from the community's youth survey.
- ✓ Identify priority risk and protective factors that predict targeted health and behavior problems.
- ✓ Assess community resources that address these factors.
- ✓ Identify gaps to be filled in existing resources.

Phase 4 | Create a Community Action Plan

The community board creates a plan for prevention work in their community to:

- ✓ Reduce widespread risks and strengthen protection.
- ✓ Define clear, measurable outcomes using assessment data.
- ✓ Select and expand tested and effective policies and programs using the [Blueprints for Healthy Youth Development](https://www.coalitionforbehavioralhealth.org/blueprints) website.

Phase 5 | Implement & Evaluate

In this final phase, communities:

- ✓ Implement selected programs and policies.
- ✓ Monitor and evaluate them.
- ✓ Measure results and track progress to ensure improvements are achieved.





4.2 Apply the CTC model to the case scenarios. [30 minutes]

Have students get into small groups of 3-4 students each; assign one case study per group and ask the group to read their case study (see the Appendix for the handout) and then process these cases through the questions provided:

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). Matt's father passed away five years ago, and Matt has grown up with his mother and three brothers in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Like other families in the community, however, Matt's family is close with several of Matt's immediate neighbors, who have known each other for many years. Sometimes the neighbors let Matt stay at their house when Matt's mom needs to work late at her job, which is not uncommon in his neighborhood. Neighbors often gather at the neighborhood church on Sundays where many are members.

Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights on the corner or at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks down from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Despite Matt trying to stay out of trouble, after school is a rough time for him, as it is for many youth in the community. Many parents in the community work late, including Matt's mom, leaving Matt and other youth alone after school and into the evening. When Matt gets lonely or bored, he often meets his friends at the park or the nearby arcade, where youth have been known to get into trouble with gangs or drugs. Matt's friends have recently begun hanging out with older kids who are associated with a local gang. Many





youth in the community, including Matt's friends, wear gang colors and steal things, or tag public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is afraid that he will get caught by police or his mom, Matt wants to fit in and belong. Several of Matt's friends are also struggling with these pressures.

As Matt is one of many youth in the community at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.

Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Although many of the families in the neighborhood support one another, Jessie's family isn't yet close with any of their immediate neighbors. Jessie feels uncomfortable in some parts of the neighborhood because it is common for older adolescents to be seen selling drugs or getting into fights on the corner or at the neighborhood park. Just a few blocks down from Jessie's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Like many families in the community, both of Jessie's parents work long hours, leaving her unsupervised after school. Jessie knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. After school, Jessie takes care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. He smoked weed at her house. This made Jessie feel uncomfortable, as she worried her parents would smell it when they got home, but it seems like a lot of her peers smoke, so she didn't object,





As Jessie is one of many youth in the community struggling and at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.

Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Neighbors are close in Raleigh's community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends or playing soccer after school. His family meets up with friends at the only local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh became a target for harassment and bullying. Bullying is common in Raleigh's school; it didn't seem like a big deal to him until he was the target. A strong student, the recent bullying has made Raleigh





dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping.

As Raleigh is one of many youth in the community struggling and at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.





After students finish reading their assigned case study, prompt them to process the case through these questions (see the Appendix for the handout):

1. Following the CTC model, what is the first step these stakeholders should take?

Answer: Activate a small group of key stakeholders.

Q Who are the people who experience or can help the problem or issue (*targets of change*)?

Q Who are the key constituents you will need to involve?

Think in general terms (i.e., community leaders, key agency personnel, key organizational partner such as neighborhood schools, churches, etc.)—you do not need to identify specific people by name.

Q How will you get them involved? How will you build trust with these constituents?

Q How will you build relationships with and foster relationships among these constituents?

Q Who can help with the improvement (*agents of change*)?

- Who in the community has the power to make changes? Think in general terms (i.e., community leaders, key agency personnel, key organizational partner such as neighborhood schools, churches, etc.)—you do not need to identify specific people by name.
- Who has access to these decision-makers?
- How will you get them involved?
- How might you use technology (blogs, Facebook, twitter, text blasts, etc.) to get the targets and agents of change involved?
- How will you encourage the targets and agents of change to work together?





Q What barriers might you encounter in building this coalition? How might you overcome these barriers?

2. Following the CTC model, what happens next?

Answer: Develop a community profile and community action plan.

Q What community level risk and protective factors are present in the community?

Q What risk and/or protective factors should be the target of a community level intervention?

Q What kinds of preventive interventions might the coalition consider to address the identified risk and/or protective levels?

- What kinds of policies may need to change or be enacted?
- What kinds of universal prevention strategies may be useful at the individual and/or family level that can be adopted community-wide?
- Select effective policies and programs using the [Blueprints for Healthy Youth Development](https://www.cdc.gov/blueprintsforhealthydevelopment/) website.

3. How will you evaluate the impact on the community?

Q How would the coalition evaluate whether the community action plan is achieving its goals?

- Are risk factors reduced?
- Are protective factors enhanced?





Exercise 5: Module Debrief & Discussion

5.1 Guide students in reflecting on prevention implementation. [10 minutes]

Ask students:

- Q** What system-and agency-level supports help to facilitate inter-agency collaboration?
- Q** What common barriers exist and how can they be addressed?
- Q** Considering early intervention as a strategy to prevent the escalation of problems, how could these systems have intervened earlier to support the young person in the case study and their family?

Exercise 6: Optional Follow-up Assignments

The following assignments will help students apply training module material over time:

1. Assign students different roles (e.g., school social worker, child welfare worker, mental health provider, juvenile probation officer) and ask them to develop an intervention plan to support the young person in their case study and prevent further escalation of risks. Each provider must develop a goal, outcome, and intervention strategy, which could involve the use of an evidence-based prevention program. Students must work together to eliminate the potential for duplication of services. Students must also understand the specific role of their system (and thus themselves) in meeting the needs of the young person and their family. (This activity can be used across multiple class sessions to help students to understand different aspects of collaboration.)
2. Have students select a community of interest and assess risk and protective factors present (i.e., create a community profile) consistent with the CTC model. Then ask students to identify community stakeholders, build a community board, refine the community profile, develop a community action plan, and determine an appropriate evaluation plan to assess community-level impacts of the action plan.





Additional Resources

Communities That Care. *Program Guide*. Available at:

<https://www.communitiesthatcare.net/Prevention%20Strategies%20Guide/introduction.pdf>

Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., ... Stone, S. (2015). *Unleashing the Power of Prevention* (Discussion Paper). Washington, DC: Institute of Medicine and National Research Council. Retrieved from <http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/>

Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., ... Stone, S. (2015). *Unleashing the Power of Prevention* (Commentary). Washington, DC: Institute of Medicine and National Research Council. Retrieved from <http://nam.edu/perspectives-2015-a-challenge-to-unleash-the-power-of-prevention/>

Jenson, J. M., & Bender, K. A. (2014). *Preventing child and adolescent problem behavior. Evidence-based strategies in schools, families, and communities*. New York, NY: Oxford University Press.

Social Development Research Group, University of Washington. Information available at: <http://www.sdrp.org>





Appendix

Share the following handouts with students in print or electronically.





Risk and Protective Factors by Domain

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
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<ul style="list-style-type: none">• Rebelliousness• Early initiation of problem behaviour• Impulsiveness• Antisocial behaviour• Favourable attitudes toward problem behaviour• Interaction with friends involved in problem behaviour• Sensation seeking• Rewards for antisocial involvement		<ul style="list-style-type: none">• Social skills• Belief in the moral order• Emotional control• Interaction with prosocial peers

Source: [Social Development Research Group](#), University of Washington. Seattle, WA.





Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). Matt's father passed away five years ago, and Matt has grown up with his mother and three brothers in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Like other families in the community, however, Matt's family is close with several of Matt's immediate neighbors, who have known each other for many years. Sometimes the neighbors let Matt stay at their house when Matt's mom needs to work late at her job, which is not uncommon in his neighborhood. Neighbors often gather at the neighborhood church on Sundays where many are members.

Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights on the corner or at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks down from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Despite Matt trying to stay out of trouble, after school is a rough time for him, as it is for many youth in the community. Many parents in the community work late, including Matt's mom, leaving Matt and other youth alone after school and into the evening. When Matt gets lonely or bored, he often meets his friends at the park or the nearby arcade, where youth have been known to get into trouble with gangs or drugs. Matt's friends have recently begun hanging out with older kids who are associated with a local gang. Many youth in the community, including Matt's friends, wear gang colors and steal things, or tag public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is afraid that he will get caught by police or his mom, Matt wants to fit in and belong. Several of Matt's friends are also struggling with these pressures.

As Matt is one of many youth in the community at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.





Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Although many of the families in the neighborhood support one another, Jessie's family isn't yet close with any of their immediate neighbors. Jessie feels uncomfortable in some parts of the neighborhood because it is common for older adolescents to be seen selling drugs or getting into fights on the corner or at the neighborhood park. Just a few blocks down from Jessie's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Like many families in the community, both of Jessie's parents work long hours, leaving her unsupervised after school. Jessie knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. After school, Jessie takes care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. He smoked weed at her house. This made Jessie feel uncomfortable, as she worried her parents would smell it when they got home, but it seems like a lot of her peers smoke, so she didn't object,

As Jessie is one of many youth in the community struggling and at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.



Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are African American, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of the Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery store, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high school students.

Neighbors are close in Raleigh's community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends or playing soccer after school. His family meets up with friends at the only local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh became a target for harassment and bullying. Bullying is common in Raleigh's school; it didn't seem like a big deal to him until he was the target. A strong student, the recent bullying has made Raleigh dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping.

As Raleigh is one of many youth in the community struggling and at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community.



Case Scenario Questions

After you finish reading the case study, process the case through these questions:

1. Following the CTC model, what is the first step these stakeholders should take?

Q Who are the people who experience or can help the problem or issue (*targets of change*)?

Q Who are the key constituents you will need to involve?

Think in general terms (i.e., community leaders, key agency personnel, key organizational partner such as neighborhood schools, churches, etc.)—you do not need to identify specific people by name.

Q How will you get them involved? How will you build trust with these constituents?

Q How will you build relationships with and foster relationships among these constituents?

Q Who can help with the improvement (*agents of change*)?

- Who in the community has the power to make changes? Think in general terms (i.e., community leaders, key agency personnel, key organizational partner such as neighborhood schools, churches, etc.)—you do not need to identify specific people by name.
- Who has access to these decision-makers?
- How will you get them involved?
- How might you use technology (blogs, Facebook, twitter, text blasts, etc.) to get the targets and agents of change involved?
- How will you encourage the targets and agents of change to work together?





Q What barriers might you encounter in building this coalition? How might you overcome these barriers?

2. Following the CTC model, what happens next?

Q What community level risk and protective factors are present in the community?

Q What risk and/or protective factors should be the target of a community level intervention?

Q What kinds of preventive interventions might the coalition consider to address the identified risk and/or protective levels?

- What kinds of policies may need to change or be enacted?
- What kinds of universal prevention strategies may be useful at the individual and/or family level that can be adopted community-wide?
- Select effective policies and programs using the [Blueprints for Healthy Youth Development](https://wwwBlueprintsforHealthyYouthDevelopment.org) website.

3. How will you evaluate the impact on the community?

Q How would the coalition evaluate whether the community action plan is achieving its goals?

- Are risk factors reduced?
- Are protective factors enhanced?

