Training of Trainers

Trainer's Guide

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Introduction

Goal

The goal of the Training of Trainers (TOT) process is to give new trainers the background knowledge, skills and practical experience to provide *Communities That Care* training and technical assistance to communities.

Objectives

After completing the TOT and mentoring process, trainer candidates will be able to:

- Explain the prevention-science research base and put it into practice.
- Use effective instructional methods.
- Deliver the training and technical assistance components of the *Communities That Care* system with fidelity.
- Fulfill the responsibilities of a certified trainer.

Audience

The participants in the TOT process are candidates to be certified *Communities That Care* trainers. These individuals have been through a preliminary screening process, and may include candidates to be CBC staff trainers or contract trainers.

Overview of TOT materials

Trainer Materials

Trainer's Guide—This Trainer's Guide is divided into three main sections:

- Pre-Training Information—Here you will find an overview of the trainer development process, guidelines for managing the TOT process, the Trainer Competencies Chart, and other pre-training information.

- Training Text—This section includes pictures of the slides, talking points, activity instructions, worksheets and other guidelines to help you deliver the training.

- Appendices—The appendices include a list of references as well as copies of resources provided in the appendices of the Participant's Guide.

Trainer's CD—The CD contains the PowerPoint® slides for the TOT, as well as printable versions of the following forms:

- Practice Presentation Assignments

- Practice Presentation Feedback Form

- Trainer Evaluation form

- Trainer Certification Checklist

- Trainer Certification

Copies of most of these forms are also included in the introductory section of this guide.

Pre-training CD—A separate CD contains printable versions of the following forms, which should be sent to candidates before the training:

- Content Mastery Assessment*

- Simulation Activity*

- Trainer Candidate Self-Assessment and Work Plan

- *Communities That Care* Trainer Competencies Chart

For customer TOTs, these forms should be distributed by the customer. For CBC TOTs, this will be done by the Training Operations Manager.

*These forms are in an editable format so that candidates can type their answers directly into the files and return them electronically to the trainer.

Participant Materials

Participant's Guide—The participant's manual includes two main sections:

- Training materials—This section includes pictures of all the slides in the TOT, as well as worksheets participants will use during the training.

- Appendices—The appendices contain additional resources and reference material to help trainer candidates develop the competencies to become certified trainers.

Overview of trainer development process

Note:

This is a general outline of the trainer certification process. The specific steps and timing may vary, depending on the trainer candidates and other circumstances.

- Applicants are selected to be trainer candidates through a preliminary screening process.

- Trainer candidates are provided with all training materials to review, as well as the Content Mastery Assessment and the Simulation Activity.

- Upon successful completion of the Content Mastery Assessment, candidates are invited to a Training of Trainers (TOT) event.

- Candidates attend the TOT.

- After attending the TOT, candidates attend *Communities That Care* trainings with their mentors and help deliver parts of the trainings.

- Upon successful completion of all of the above steps and positive evaluation by the mentor and master trainers, the candidate is certified by CBC as a *Communities That Care* trainer.

Communities That Care Trainer Competencies Chart

The grid below outlines the core competencies of a certified trainer, how trainer candidates can develop those competencies and how to assess each competency area.

Note: In addition to the tools listed below, candidates are strongly encouraged to review articles listed in the references section in each *Communities That Care* component.

Competency area	Tools for acquiring the competency	Assessment method
I. KNOWLEDGE (what trainers need to know before they become certified)		
A. The research foundation 1. Social Development Strategy (SDS) 2. The public health approach 3. Risk and protective factors 4. Tested, effective prevention strategies	• Trainer's Guides	• Content Mastery Assessment

B. The *Communities That Care* process
1. Assessing readiness for collaborative, outcome-focused, data-driven, research-based community youth-development planning
  • Community mobilization and engagement
  • Building collaboration
  • Developing effective collaborative teams
  • Engaging stakeholders
  • Building structures for community collaboration
  • Developing a community vision
2. Community assessment: Profile of problem behaviors, risk factors, protective factors, existing resources and gaps
  • Risk- and protective-factor assessment tools and techniques
  • Identifying priorities
  • Assessing resources and gaps
  • Communicating assessment results
	• Trainer's Guides
	• *Communities That Care* milestones and benchmarks
	• *Tools for Community Leaders: A Guidebook for Getting Started*
	• *Investing in Your Community's Youth: An Introduction to the Communities That Care System*
	• *Communities That Care Youth Survey* report
	• Experience working in a community
	• Simulation Activity
		• Content Mastery Assessment
		• Simulation Activity

Competency area	Tools for acquiring the competency	Assessment method
3. Outcome-based planning and evaluation using the community profile		
4. Using research on tested, effective prevention strategies to strengthen the current response and select and implement new strategies		
5. Developing a Community Action Plan		
6. Developing a strategic funding plan		
7. Implementing tested, effective programs with fidelity		
8. Evaluating outcomes		

C. The training process
 	
1. Principles of adult learning
 	
2. The role of training in the *Communities That Care* process
 	
3. The role of Technical Assistance (TA) in the *Communities That Care* process
 	
4. Overall content and flow of *Communities That Care* trainings
 	
5. Structure and content of individual *Communities That Care* trainings
 	
6. Additional tools—The *Communities That Care Youth Survey*, *Communities That Care Prevention Strategies Guide*, Strategic Consultation, TA
 	
7. Roles and responsibilities of staff in supporting the training and TA process:
  • Logistics   • Project management
  • Materials   • Lead trainers
  • Certified trainers
  • Supervision, mentoring
	• Participation in TOT
	
	• Training materials
	
	• *Investing in Your Community's Youth: An Introduction to the* Communities That Care *System*
	
	• *Tools for Community Leaders: A Guidebook for Getting Started*
	
	• *Communities That Care Youth Survey* report
	
	• *Communities That Care Prevention Strategies Guide*
		• Content Mastery Assessment
		
		• Observation at TOT

Competency area	Tools for acquiring the competency	Assessment method
II. SKILLS (what trainers must be able to do before they become certified trainers)		
A. General training skills Trainers must be able to: 1. Use a variety of training aids, including an easel, PowerPoint® slides, transparencies and participant materials. 2. Use icebreakers, games and energizers to establish an optimal learning environment. 3. Assess and address participants' readiness for the training content and any obstacles that might decrease the effectiveness of the training. 4. Use mental sets to create motivation for learning. 5. Teach to the learning objectives. 6. Use a wide variety of training methods to achieve learning objectives, including lecture, group discussion, guided practice and hands-on activities. 7. Assess and address participants' learning styles. Adjust training style, pace and activities, as necessary, to address diverse learning styles. 8. Model skills correctly. 9. Facilitate group discussion (ask open-ended questions, respect participant input, handle difficult questions from participants, bring discussion to closure). 10. Give clear and concise instructions. 11. Facilitate group problem solving, including identifying the problem, generating alternatives, selecting a solution, implementing that solution and following up. 12. Manage time effectively. 13. Effectively manage "difficult" participants. 14. Work effectively, efficiently and collaboratively with co-trainers and site contacts. 15. Develop a climate of trust, openness, mutual respect and collegiality. 16. Work well with diverse groups. 17. Project a professional and confident manner (voice tone and clarity, appearance, posture, mannerisms).	• Trainer candidates should come with these skills, but they will be enhanced through the TOT.	• Trainer candidate's application • Videotape of trainer candidate in action • Observation at TOT

Competency area	Tools for acquiring the competency	Assessment method

B. *Communities That Care* training skills
 	
Trainers must be able to deliver the following content:
 	
1. Overview of the *Communities That Care* system
  • What the *Communities That Care* system is
  • Benefits of the *Communities That Care* system
  • Stakeholder roles and responsibilities
  • The five phases and the milestones and benchmarks
 	
2. The research foundation
  • The Social Development Strategy
  • The public health approach
  • Risk and protective factors
  • Tested, effective prevention strategies
 	
3. Installing the *Communities That Care* system
  • Building an organizational structure
  • Developing an effective team
  • Developing a community vision
 	
4. Developing a community profile
  • Assessing risk and protective factors
  • Identifying priorities
  • Assessing resources and gaps
 	
5. Planning
  • Developing desired outcomes
  • Developing the plan
 	
6. Implementation and evaluation
  • Developing a strategic funding plan
  • Implementing with fidelity
  • Conducting program- and community-level evaluations
	• Trainer's Guides
	• TOT practice presentations
	• Observation of mentor trainer delivering content
	• Delivering content at mentor-supervised trainings
		• Videotape/observation of candidate delivering the content at the TOT and at actual trainings

Planning the Training of Trainers event

After applicants have been selected to be Trainer Candidates:

- The Training Operations Manager or the customer should have CBC send each candidate the following items:

  Key Leader Orientation Trainer's Guide

  Community Board Orientation Trainer's Guide

  Community Assessment Training Trainer's Guide

  Community Resources Assessment Training Trainer's Guide

  Community Planning Training Trainer's Guide

  Community Plan Implementation Training Trainer's Guide

  Investing in Your Community's Youth: An Introduction to the Communities That Care *System*

  Tools for Community Leaders: A Guidebook for Getting Started

  Communities That Care Youth Survey Inquiry Pack

  Anytown County *Communities That Care Youth Survey* report

  Communities That Care Prevention Strategies Guide

- Inform the Training Operations Manager or the customer coordinating the TOT about deadlines for candidates to return the Content Mastery Assessment and Simulation Activity to you. Confirm that the Pre-Training Packet has been sent to each candidate.

- Review Content Mastery Assessments and Simulation Activity reports returned by trainer candidates.

- Work with appropriate people to select final candidates for the TOT.

One month before the TOT:

The Training Operations Manager or customer should:

- Send selected candidates invitations to the Training of Trainers event, describing the training, accommodation details and how to register.

- Confirm location of the event and provide maps or directions as needed.

- Confirm food decisions.

- Contact CBC to confirm delivery of participant materials to the site.

Two weeks before the TOT:

- Plan practice presentation assignments for the TOT. Suggested practice presentations are included in this guide.

- Send completed Practice Presentation Assignment sheets (on your CD) to confirmed TOT participants. Be sure participants know they will be delivering their presentations using PowerPoint®. They should familiarize themselves with basic PowerPoint® operation before the TOT.

- Check in with other members of the training team, if more than one trainer will be involved.

  - Discuss any adjustments to the agenda.

  - Provide directions to the TOT site and discuss any lodging or transportation needs.

  - Schedule a pre-training meeting.

Planning the Training of Trainers event

One week before the training:

- Confirm food, room and equipment issues with Training Operations Manager or customer.

- Make copies of items that need to be shared with the group.

- Confirm with the Training Operations Manager that participant materials have been shipped.

- Make arrangements with other members of the training team to assist with room setup.

Day of the training:

- Arrive at site at least 1 hour before registration time with materials and equipment.

- Complete room setup at least 30 minutes before registration begins. (If possible, complete room setup the night before the training.)

- Manage registration (handing out materials, name tags, etc.).

Equipment and materials to bring with you:

- name tags

- roster of trainer candidates

- computer projector/laptop computer and/or overhead projector/transparencies

- flip chart/easel

- markers

- Post-it® notes

- any materials needed to carry out assigned practice presentation (refer to Trainer's Guides for this information)

- icebreaker resources (see Appendix 2)

Room setup:

- The room should be set up banquet style, with round tables to accommodate small-group work and to give candidates a "feel" for the traditional *Communities That Care* training format.

- Provide drinking water at each table and a refreshment table at the back of the room.

- Place a small table for the computer or overhead projector at the front of the room. The projection screen should be large enough for all participants to see the slides.

Before training starts each day:

- Make sure training equipment, participant materials and room are set up.

- Place an easel sheet at the entrance with the message "Welcome to the *Communities That Care* Training of Trainers."

- Preprint one easel sheet with the heading "Parking Lot" and two columns, one column labeled "Questions" and the other labeled "Issues."

Trainer Certification Checklist 1—11

Trainer Candidate: _____

Research

Competency	How Demonstrated	Date Completed
Social Development Strategy (SDS)		
Public health approach		
Risk and protective factors		
Tested, effective prevention strategies		

Trainer Certification Checklist

Trainer Candidate: _____

The *Communities That Care* Process		
Competency	**How Demonstrated**	**Date Completed**
Assessing readiness		
Community mobilization		
Building collaboration		
Developing effective teams		
Engaging stakeholders		
Building structures for collaboration		

Trainer Certification Checklist

Trainer Candidate: _____

The *Communities That Care* Process, cont'd

Competency	How Demonstrated	Date Completed
Developing a community vision		
Risk- and protective-factor assessment tools		
Identifying priorities		
Assessing resources and gaps		
Communicating assessment results		
Outcome-based planning and evaluation		

Trainer Certification Checklist

Trainer Candidate: _____

The *Communities That Care* Process, cont'd

Competency	How Demonstrated	Date Completed
Using research on tested, effective prevention strategies		
Developing a Community Action Plan		
Developing a strategic funding plan		
Implementing tested, effective programs with fidelity		
Evaluating outcomes		

Trainer Certification Checklist

Trainer Candidate: _____

The Training Process

Competency	How Demonstrated	Date Completed
Principles of adult learning		
Role of training in *Communities That Care* process		
Role of TA		
Overall content and flow of trainings		
Structure and content of individual trainings		
Additional tools		
Roles and responsibilities of CBC staff		

Trainer Certification Checklist

Trainer Candidate: _____

General Training Skills

Competency	How Demonstrated	Date Completed
Uses a variety of training aids		
Uses icebreakers, games and energizers		
Assesses and addresses readiness		
Uses mental sets		
Teaches to objectives		
Uses variety of training methods		

Trainer Certification Checklist

Trainer Candidate: _____

General Training Skills, cont'd

Competency	How Demonstrated	Date Completed
Assesses and addresses participant learning styles		
Models skills correctly		
Facilitates group discussion		
Gives clear and concise instructions		
Facilitates group problem solving		
Manages time effectively		

Trainer Certification Checklist

Trainer Candidate: _____

General Training Skills, cont'd

Competency	How Demonstrated	Date Completed
Effectively manages "difficult" participants		
Works well with co-trainers and site contacts		
Develops a positive training climate		
Works well with diverse groups		
Projects professional manner		

Trainer Certification Checklist 1—19

Trainer Candidate: _____

Competency	How Demonstrated	Date Completed
What the *Communities That Care* system is		
Benefits		
Stakeholder roles and responsibilities		
The five phases and milestones and benchmarks		
Social Development Strategy		
Public health approach		

Communities That Care Training Skills

Trainer Certification Checklist

Trainer Candidate: _____

Communities That Care Training Skills, cont'd

Competency	How Demonstrated	Date Completed
Risk and protective factors		
Tested, effective prevention strategies		
Building an organizational structure		
Developing an effective team		
Developing a community vision		
Assessing risk and protective factors		
Identifying priorities		

Trainer Certification Checklist 1—21

Trainer Candidate: _____

Communities That Care Training Skills, cont'd

Competency	How Demonstrated	Date Completed
Assessing resources and gaps		
Developing desired outcomes		
Developing the plan		
Developing a strategic funding plan		
Implementing with fidelity		
Conducting program- and community-level evaluations		

Content Mastery Assessment

Name: _____

PART ONE: The Research

1. Answer the following questions about the risk factors:

   A. How many risk factors are there in the *Communities That Care* model?

   B. Into what four domains are the risk factors organized?

   C. What are the five problem behaviors addressed by the *Communities That Care* model?

   D. How is a risk factor different from a problem behavior?

   E. What criterion must be met in order for a risk factor to make it onto the *Communities That Care* risk factor chart?

   F. What does it mean if there is NOT a check on the risk factor chart for a particular risk factor?

2. Answer the following questions about the protective factors:

   A. How would you define a protective factor?

   B. How can protective factors be measured in the *Communities That Care* system?

   C. List the individual characteristics that are protective factors.

3. Answer the following questions about the Social Development Strategy (SDS):

   A. Why is the SDS the foundation for the *Communities That Care* system?

   B. Give an example of healthy beliefs and clear standards in the community domain.

   C. How is bonding developed?

   D. Give an example of how bonding can be developed between a seven-year-old and his or her school.

   E. What do we mean by "healthy behaviors"?

4. Answer the following questions about tested, effective prevention strategies:

   A. What are the criteria for becoming a "tested, effective program, policy or practice" in the *Communities That Care* model?

   B. Why shouldn't a community select prevention strategies without doing a community profile?

5. Answer the following questions about community mobilization:

   A. Why is a community-wide approach an effective way to address problem behaviors?

   B. How do we know that "A" above is true?

6. Explain why it is important to both reduce risk and enhance protection in order to promote the healthy development of all young people.

PART TWO: The *Communities That Care* Process

1. Briefly explain how the *Communities That Care* process is like the public health approach to heart disease.

2. Answer the following about Phases One and Two of the *Communities That Care* process:

   A. Describe three major stakeholder groups that may need to be engaged as part of the *Communities That Care* process. For each group, pretend you are talking to an individual from that group and briefly explain what his or her role will be in the *Communities That Care* process.

   B. Discuss three readiness issues that a community might need to address before it is ready to engage in the *Communities That Care* process.

   C. List the recommended work groups for the Community Board.

Content Mastery Assessment

3. Answer the following questions about the risk- and protective-factor assessment:

   A. Why should communities do a profile of risk and protective factors?

   B. What data collection methods can help communities do a risk- and protective-factor assessment?

   C. Which risk factors are not currently reported on in the *Communities That Care Youth Survey*?

   D. Why is it important to prioritize risk factors? Why can't communities address all of the risk factors?

   E. What factors need to be considered when identifying priorities?

   F. What is meant by a cluster of risk factors?

4. Answer the following questions about the resources assessment:

   A. Describe three kinds of resource gaps that can exist in a community.

   B. What are the criteria that communities should use to assess their resources?

   C. Identify three goals of a resources assessment.

5. Answer the following questions about Phase Four:

   A. Give a brief definition and example of each type of outcome communities should write for the Community Action Plan.

   B. What are the advantages of outcome-focused planning?

   C. Explain why community-level outcomes should be written before program selection.

   D. What types of actions may be included in the Community Action Plan?

   E. What role does the community's vision statement play in the outcome-based planning model?

   F. What criteria should be used to help select programs, policies and practices for the Community Action Plan?

6. Answer the following questions about Phase Five:

   A. What is "implementation fidelity" and why is it important?

   B. List three things a community can do to ensure high-fidelity implementation.

   C. List two ways evaluation results can be used by a community.

   D. What are two possible data-collection methods for participant-outcome evaluations?

Content Mastery Assessment answers

PART ONE: The Research

1. Answer the following questions about the risk factors:

    A. How many risk factors are there in the *Communities That Care* model?

    Currently there are 20 risk factors.

    B. Into what four domains are the risk factors organized?

    Community, Family, School, and Peer and Individual

    C. What are the five problem behaviors addressed by the *Communities That Care* model?

    Substance Abuse, Delinquency, Teen Pregnancy, School Drop-Out, Violence

    D. How is a risk factor different from a problem behavior?

    A risk factor is predictive. If a young person has elevated risk factors, problem behaviors are more likely to occur. Risk factors come before problem behaviors chronologically.

    E. What criterion must be met in order for a risk factor to make it onto the *Communities That Care* risk factor chart?

    It must be found to be a predictor in multiple longitudinal studies.

    F. What does it mean if there is NOT a check on the risk factor chart for a particular risk factor?

    It means that research has not shown that the risk factor predicts the problem behavior listed at the top of the chart.

2. Answer the following questions about the protective factors:

    A. How would you define a protective factor?

    Protective factors are conditions that buffer children from the effects of risk factors.

    B. How can protective factors be measured in the *Communities That Care* system?

    The Communities That Care Youth Survey *is the only valid, reliable way to measure protective factors.*

    C. List the individual characteristics that are protective factors.

    Positive social orientation, resilient temperament and high intelligence.

3. Answer the following questions about the Social Development Strategy (SDS):

    A. Why is the SDS the foundation for the *Communities That Care* system?

    Because it provides a guiding framework, or road map, for how communities can reach their vision for positive youth development.

    B. Give an example of healthy beliefs and clear standards in the community domain.

    Answers may vary—one example might be a community that takes down cigarette advertisements in the sports stadium.

    C. How is bonding developed?

    Through opportunities for the child to be meaningfully involved, skills to be successful at that involvement, and recognition for his or her contribution.

    D. Give an example of how bonding can be developed between a seven-year-old and his or her school.

    Answers may vary. One example is having a child volunteer to care for the classroom pet or plants over school vacations, making sure he or she has the skills to be successful, and thanking the child and recognizing his or her important role to the rest of the class.

    E. What do we mean by "healthy behaviors"?

    Healthy behaviors are the positive attributes a community wants to build in its young people— behaviors that contribute in healthy ways to the individual, the family or the community. Academic success is an example of a healthy behavior.

4. Answer the following questions about tested, effective prevention strategies:

    A. What are the criteria for becoming a "tested, effective program, policy or practice" in the *Communities That Care* model?

Content Mastery Assessment answers

All tested, effective programs, policies or practices included in Communities That Care Prevention Strategies Guide *meet the following criteria*:

- *They address one or more risk factors for substance abuse, delinquency, teen pregnancy, school drop-out or violence.*

- *They increase one or more protective factors by strengthening healthy beliefs and clear standards or building bonding to prosocial adults or peers by providing opportunities, skills and recognition.*

- *They intervene at developmentally appropriate ages and are intended to benefit youth from before birth to age 21.*

- *They are currently available for implementation.*

- *High-quality evaluations have shown they have positive effects on problem behaviors.*

B.   Why shouldn't a community select prevention strategies without doing a community profile?

Even the most effective program is only effective at addressing specific risk factors. If a given program is not matched to the risk factors that are elevated in the community, there is no guarantee that it will achieve the desired results.

5.   Answer the following questions about community mobilization:

A.   Why is a community-wide approach an effective way to address problem behaviors?

It "immerses" young people in an environment that consistently conveys the same message with the same focus. It mobilizes all the important influences on young people to work toward common goals.

B.   How do we know that "A" above is true?

Research on community-wide approaches to heart-disease prevention, smoking prevention and drunk-driving prevention has demonstrated the effectiveness of this approach.

6.   Explain why it is important to both reduce risk and enhance protection in order to promote the healthy development of all young people.

Research shows that we can achieve the greatest effect on problem behaviors by reducing risk factors <u>and</u> enhancing protection.

PART TWO: The *Communities That Care* Process

1.   Briefly explain how the *Communities That Care* process is like the public health approach to heart disease.

Like the public health approach, the Communities That Care *system addresses specific predictors (risk and protective factors) for problem behaviors. It also mobilizes all the key influences to target priority risk and protective factors, with outreach, education, community norm change, etc.*

2.   Answer the following about Phases One and Two of the *Communities That Care* process:

A.   Describe three major stakeholder groups that may need to be engaged as part of the *Communities That Care* process. For each group, pretend you are talking to an individual from that group and briefly explain what his or her role will be in the *Communities That Care* process.

Stakeholder groups may include elected officials, businesses, schools, public health officials, law enforcement, social services, the faith community, parents, youth and residents. Answers to the second part of the question may vary, but should demonstrate the ability to communicate to different audiences about the Communities That Care *system.*

B.   Discuss three readiness issues that a community might need to address before it is ready to engage in the *Communities That Care* process.

Communities must agree on issues to be addressed and a common definition of prevention, value collaboration, support a risk- and protection-focused approach to prevention, coordinate among existing initiatives/planning efforts and identify community stakeholders.

C.   List the recommended work groups for the Community Board.

Risk- and Protective-Factor Assessment; Resources Assessment and Evaluation; Community Outreach and Public Relations; Funding; Community Board Maintenance; and Youth Involvement

3. Answer the following questions about the risk- and protective-factor assessment:

   A. Why should communities do a profile of risk and protective factors?

   The profile provides objective data to help communities identify priorities to address in the prevention plan. Once the community identifies priority risk and protective factors, it can select tested, effective programs that address those specific priorities. This ensures that the community's resources are used efficiently and effectively to address the community's challenges and build on its strengths.

   B. What data collection methods can help communities do a risk- and protective-factor assessment?

   The Communities That Care Youth Survey *provides a comprehensive view of the community's risk factors, protective factors and problem behaviors. Dr. Hawkins and Dr. Catalano have also identified valid and reliable archival data indicators for some risk factors and all of the problem behaviors.*

   C. Which risk factors are not currently reported on in the *Communities That Care Youth Survey*?

   Media Portrayals of Violence, Extreme Economic Deprivation, Family Conflict, and Early and Persistent Antisocial Behavior

   D. Why is it important to prioritize risk factors? Why can't communities address all of the risk factors?

   Most communities do not have the resources to address all of the risk factors. Moreover, addressing risk factors that are not elevated in a community is a waste of resources. Prioritizing the risk factors is more efficient and more effective.

   E. What factors need to be considered when identifying priorities?

   The levels of risk factors (which ones are the highest), the community's ability to influence a particular risk factor (for example, the community may not be able to influence Extreme Economic Deprivation), and political, social and funding considerations (for example, funders and politicians may mandate a focus on school risk factors) should all be taken into account.

   F. What is meant by a cluster of risk factors?

   A cluster of elevated risk factors is a group of risk factors that, if addressed together, could produce a synergistic response (for example, availability of drugs, favorable attitudes toward drugs and early initiation of drug use).

4. Answer the following questions about the resources assessment:

   A. Describe three kinds of resource gaps that can exist in a community.

   Answers may include any three of the following gaps:

   - *effectiveness—when a community does not have any tested, effective resources to address its priorities*

   - *funding—when funds are not available to maintain or implement tested, effective resources to address priorities*

   - *domain—when resources do not address a priority risk factor in multiple domains (for example, a community only has school programs to address a risk factor when parenting programs could further reduce the factor)*

   - *developmental—when resources do not address each relevant developmental period*

   - *demographic—when resources fail to address priorities for all races, cultures, genders, languages and economic classes*

   - *geographic—when the location of resources limits participation by youth and families*

   - *implementation—when resources are not implemented with fidelity.*

   B. What are the criteria that communities should use to assess their resources?

   Resources should reduce priority risk factors, enhance protective factors, intervene at developmentally appropriate ages and demonstrate effectiveness.

Content Mastery Assessment answers

C. Identify three goals of a resources assessment.

Answers may include any three of the following:

- *Identify the community's tested, effective resources.*

- *Improve collaboration, communication and integration of resources.*

- *Identify gaps and avoid duplication.*

- *Recognize individuals and agencies contributing to positive youth development.*

- *Educate the public and Key Leaders about existing resources for youth.*

5. Answer the following questions about Phase Four:

A. Give a brief definition and example of each type of outcome communities should write for the Community Action Plan.

Behavior outcomes—Desired reductions in the prevalence of problem behaviors (Example: To decrease alcohol and other drug use as measured by 8th-grade students reporting use of alcohol within the last 30 days on the Communities That Care Youth Survey *from the current baseline of 22% to 15% by 2006.)*

Risk and protective-factor outcomes—Desired reductions in priority risk factors and increases in protective factors (Example: To decrease family management problems as measured by 8th-grade students reporting poor family discipline on the Communities That Care Youth Survey *from the current baseline risk-factor scale score of 55 to below the normative database score of 50 by 2006.)*

Participant outcomes—Desired changes in program participants' knowledge, attitudes, skills and behavior (Example: Significantly increase parents' knowledge of appropriate infant health-care practices as measured by pre- and post-tests.)

Implementation outcomes—Specific implementation goals, such as the number of program participants (Example: Trained professionals will provide, over a three-week period, six classroom-based parent training sessions, using role-playing with feedback, to 60% of the community's parents.)

B. What are the advantages of outcome-focused planning?

Outcome-focused planning provides a clear direction for achieving the community's vision and provides built-in evaluation measures and accountability. It is also required by some grantmakers.

C. Explain why community-level outcomes should be written before program selection.

Community-level outcomes provide a long-term strategic focus to help communities make decisions about program selection. Community-level outcomes should guide program selection—not the other way around.

D. What types of actions may be included in the Community Action Plan?

The Community Action Plan may include:

- *incorporating tested, effective strategies into existing services (for example, training existing visiting nurses in David Olds' Nurse-Family Partnership program)*

- *expanding existing tested, effective strategies to reach more people*

- *implementing new tested, effective strategies*

- *systems-change strategies—systemic changes to improve service delivery or facilitate implementation of new programs.*

E. What role does the community's vision statement play in the outcome-based planning model?

The vision statement serves as the long-term goal the community hopes to achieve—all of the elements of the outcome-based plan should be aimed at eventually reaching this goal.

F. What criteria should be used to help select programs, policies and practices for the Community Action Plan?

Implementation costs, resources, skills and time available for implementation, and social and political issues should all be considered.

6. Answer the following questions about
    Phase Five:

    A. What is "implementation fidelity" and why
        is it important?

    *Implementation fidelity means implementing a
    program according to the original program design.
    Implementing tested, effective programs with
    fidelity is important because it helps ensure a
    program's effectiveness.*

    B. List three things a community can do to
        ensure high-fidelity implementation.

    Answers may include:

    *   *Select qualified implementers who support
        the program.*

    *   *Provide proper training for all implementers.*

    *   *Secure commitment to implementation fidelity
        from administrators and staff.*

    *   *Monitor implementation and identify and correct
        problems along the way.*

    C. List two ways evaluation results can be used by
        a community.

    Answers might include:

    *   *Fulfill accountability requirements of funders
        and others.*

    *   *Identify and celebrate successes.*

    *   *Identify causes of unmet expectations and make
        mid-course corrections.*

    *   *Revise and update the Community Action Plan.*

    D. What are two possible data-collection methods
        for participant-outcome evaluations?

    *Answers might include any two of the following:
    questionnaires, interviews, observation, archival data.*

Simulation Activity

Name: _____

This simulation will familiarize you with the *Communities That Care* system from the perspective of your trainees who will be implementing the *Communities That Care* system in their communities. If you have been involved in the *Communities That Care* system at the community level, you may use any of the work done by your team to complete this activity. If you are new to the *Communities That Care* system, you will be doing the simulation for the community in which you live or work.

Instructions

During this assessment, you will be simulating a community's progress through the five phases of the *Communities That Care* system. For each phase, you will be asked to actually experience each of the steps in that phase. Please type the results of your simulation directly into this file.

Phase One: Getting Started

Step one: Define the community. In the *Communities That Care* system it is important to clearly define the "community" at an early stage so that you know:

• which stakeholders to engage

• the level at which data will be collected

• the scope of your prevention efforts.

Briefly define the community you will be using for this simulation.

Step two: Recruit a Champion. Identify an individual in your community who would be a good champion of the *Communities That Care* effort, explain why, and discuss how you would recruit that person to serve in that role.

Step three: Identify readiness issues. Identify any existing youth or family-based initiatives in the community. Discuss how the *Communities That Care* effort would "fit" with existing initiatives. Identify at least two other potential readiness issues that may exist in the community. For each issue, suggest how it might be addressed.

Phase Two: Organizing, Introducing, Involving

Step one: Engage the community. For this part of the simulation, we would like you to practice explaining to a "regular community person" what the *Communities That Care* system is and how he or she might become involved. Select someone from your community (it can be a friend, family member or colleague), and ask that person if you can practice your "pitch." Identify some "talking points" that would be useful in explaining the *Communities That Care* system to this individual and list these. Meet with the person and discuss the *Communities That Care* system, noting any questions that arise and your responses.

Step two: Identify key stakeholders. There are two key stakeholder groups to be identified in this phase— the Key Leaders and the Community Board members.

1. Key Leaders

a. List at least 10 Key Leaders (by title or description) whom you would invite to a Key Leader Orientation in your community.

b. Briefly explain how you would get these Key Leaders to attend a half-day orientation.

2. Community Board

a . List at least 15 people (by title or description) whom you would recommend to serve on a Community Board in your community.

b. Select one person and briefly explain what you would say to that person to motivate him or her to serve on the Board.

Step three: Create an organizational structure. Create a diagram or organizational chart that would illustrate the structure of a *Communities That Care* effort in your community. Is there an existing "Key Leaders" group that could function in that role for the *Communities That Care* effort? Where should the *Communities That Care* effort be "housed"? Should there be an executive committee? A chair? A coordinating council or "oversight group" that represents the Key Leaders? How would the community at large be represented?

Simulation Activity

Phase Three: Developing a Community Profile

Step one: Collect data on risk factors, protective factors and problem behaviors. Select one risk factor from the *Communities That Care* model that has validated archival data indicators. List two archival data indicators that you would collect for that risk factor. Determine the sources of data in your community and then actually go get those data. (**Note:** The preferred source for most risk- and protective-factor data is the *Communities That Care Youth Survey*. However, since it is not possible for you to administer the survey as part of this simulation, we ask that you collect archival data.)

Investigate the process for adopting the *Communities That Care Youth Survey* in your local school district. Who is involved in the decision? What would be the time line for the decision process? What other surveys are used in the district?

Step two: Collect resources data. Using the risk factor you chose in step one above, list at least three existing resources in your community that address that risk factor. Select one of those resources and assess the resource's ability to build protection and reduce the risk factor for participants.

Phase Four: Creating a Community Action Plan

Select a tested, effective program, policy or practice. Based on the risk factor you identified in Phase Three, select a tested, effective program, policy or practice from the *Communities That Care Prevention Strategies Guide*. Answer the following questions about the program, policy or practice you select:

1) What risk factors does it address? What protective factors does it enhance?

2) For which developmental period has it been used effectively?

3) What evidence exists of its effectiveness?

4) What problem behavior(s) does it target?

Phase Five: Implementing and Evaluating the Community Action Plan

Plan for implementation and evaluation. Briefly describe whose support you might need to enlist in your community to implement the prevention program, policy or practice you selected in Phase Four. What funding sources might you approach to help support implementation?

Self-Assessment and Work Plan

Trainer Candidate: _____

Competency area	How demonstrated	Improvement objectives	Action steps	Date to be completed	✔
Research					
Social Development Strategy (SDS)					
Public health approach					
Risk and protective factors					
Tested, effective prevention strategies					
The *Communities That Care* Process					
Assessing readiness					
Community mobilization					
Building collaboration					
Developing collaborative teams					
Engaging stakeholders					
Building structures for collaboration					
Developing a community vision					
Risk- and protective-factor assessment tools and techniques					
Identifying priorities					

Self-Assessment and Work Plan

Trainer Candidate: _____

Competency area	How demonstrated	Improvement objectives	Action steps	Date to be completed	✔
The *Communities That Care* Process, cont'd					
Assessing resources and gaps					
Communicating assessment results					
Outcome-based planning and evaluation					
Using research on tested, effective prevention strategies					
Developing a Community Action Plan					
Developing a strategic funding plan					
Implementing tested, effective programs with fidelity					
Evaluating outcomes					
The Training Process					
Principles of adult learning					
Role of training in *Communities That Care* process					
Role of Technical Assistance (TA)					

Self-Assessment and Work Plan

Trainer Candidate: _____

Competency area	How demonstrated	Improvement objectives	Action steps	Date to be completed	✔
The Training Process, cont'd					
Overall content and flow of training events					
Structure and content of individual trainings					
Additional tools					
Roles and responsibilities of CBC staff					
General Training Skills					
Using a variety of training aids					
Using icebreakers, games and energizers					
Assessing and addressing readiness					
Using mental sets					
Teaching to objectives					
Using variety of training methods					
Assessing and addressing participant learning styles					
Modeling skills correctly					
Facilitating group discussion					

Self-Assessment and Work Plan

Trainer Candidate: _____

Competency area	How demonstrated	Improvement objectives	Action steps	Date to be completed	✔
General Training Skills, cont'd					
Giving clear and concise instructions					
Facilitating group problem solving					
Managing time effectively					
Effectively managing "difficult" participants					
Working well with co-trainers and site contacts					
Developing a good training climate					
Working well with diverse groups					
Projecting professional manner					
***Communities That Care* Training Skills**					
What the *Communities That Care* system is					
Benefits					
Stakeholder roles and responsibilities					
The five phases and milestones and benchmarks					
Social Development Strategy					

Self-Assessment and Work Plan

Trainer Candidate: _____

Competency area	How demonstrated	Improvement objectives	Action steps	Date to be completed	✔
Communities That Care Training Skills, cont'd					
Public health approach					
Risk and protective factors					
Tested, effective prevention strategies					
Building an organizational structure					
Developing an effective team					
Developing a community vision					
Assessing risk and protective factors					
Identifying priorities					
Assessing resources and gaps					
Developing desired outcomes					
Developing the plan					
Developing a strategic funding plan					
Implementing with fidelity					
Conducting program- and community-level evaluations					

Practice presentation assignments

Guidelines for assigning practice presentations

Practice presentations are the central focus of the TOT event. Practice presentations offer presenters the opportunity to practice different parts of each training and receive feedback from you and the other candidates on their training skills. They offer you, the lead trainer, the opportunity to observe and evaluate each candidate "in action." And they offer observers the opportunity to learn from other candidates, as well as to experience being a training participant.

- Practice presentations should be 15-30 minutes, depending on the size of your group.

- When assigning practice presentations, try to ensure that each candidate has the opportunity to practice delivering a range of content and formats—lecture, discussion, activity, etc.

- The way you assign practice presentations may vary, depending on the size of the group. Ideally, each candidate should present a part of each *Communities That Care* training. If the group is very large, you may not have time to have every candidate practice every training. If this is the case, you can help each candidate gain some active exposure to all trainings by assigning them to provide feedback on trainings that they won't practice themselves.

Following are some suggested "chunks" you can assign for practice presentations (page numbers refer to Trainer's Guide pages). You may use only some of these or you may need to identify additional chunks, depending on the size of your group. The important thing to remember is to assign a range of content and delivery format to each candidate.

Key Leader Orientation

1—6 (A call to action)

2—12 to 2—16 (Social Development Strategy)

2—17 (SDS Guided Practice and check for understanding)

2—21 (Risk- and protective-factor mental set)

2—22 to 2—36 (Risk factors)

3—6 to 3—12 (Implementing the *Communities That Care* system)

4—6 to 4—12 (Benefits)

5—3 to 5—10 (Key Leader roles)

Community Board Orientation

2—37 to 2—40 (Protective factors)

2—42 to 2—45 (Association of risk and protection)

3—7 to 3—15 (Readiness)

4—13 (Engaging Key Leaders activity)

5—7 to 5—10 (Vision statement)

5—20 to 5—21 (Involving youth activity)

6—8 to 6—11 (High-performance Community Board)

6—18 (SDS in action check for understanding)

Practice presentation assignments

Community Assessment Training

1—11 to 1—15 (Research review)

1—16 (Candy data assortment activity)

1—17 to 1—23 (Process overview)

2—9 to 2—18 (Survey background)

2—29 to 2—33 (Survey review activity—if time)

3—4 (Height activity)

3—41 to 3—47 (Preparing data for analysis)

4—4 (Balloon mental set)

4—20 to 4—24 (Prioritizing risk factors)

Community Resources Assessment Training

3—7 to 3—11 (Assessing programs, policies and practices)

4—3 to 4—10 (Resources Assessment Report)

4—11 to 4—12 (Audience analysis activity—have whole group analyze one audience to save time)

Community Planning Training

1—21 to 1—27 (Community planning process)

2—17 to 2—20 (Writing outcomes)

3—4 (Cooperation mental set)

3—11 to 3—14 (Prevention strategies)

4—8 to 4—11 (Program-level outcomes)

4—12 to 4—13 (Participant outcome activity)

6—7 to 6—9 (Systems-change strategies)

Community Plan Implementation Training

2—4 (Using resources creatively)

2—8 to 2—11 (Strategic funding plans)

2—28 to 2—34 (Creating blended, flexible funding streams)

3—4 (Replicating a plan)

3—8 to 3—12 (Implementation fidelity)

3—30 to 3—31 (Implementation problems/ Brainstorming solutions)

4—25 (Creating an evaluation instrument activity)

4—33 to 4—38 (Implementing evaluation plans and using the results)

Practice Presentation Assignments

Trainer Candidate: _____

TOT Date: _____

Assignments: _____

KLO _____

CBO _____

CAT _____

CRAT _____

CPT _____

CPIT _____