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## Using Community-Based Participatory Research to Develop the PARTNERS Youth Violence Prevention Program

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### Abstract

**Background**—School-based violence prevention programs have shown promise for reducing aggression and increasing children's prosocial behaviors. Prevention interventions within the context of urban after-school programs provide a unique opportunity for academic researchers and community stakeholders to collaborate in the creation of meaningful and sustainable violence prevention initiatives.

**Objectives**—This paper describes the development of a collaborative between academic researchers and community leaders to design a youth violence prevention/leadership promotion program (PARTNERS Program) for urban adolescents. Employing a community-based participatory research (CBPR) model, this project addresses the needs of urban youth, their families, and their community.

**Methods**—Multiple strategies were used to engage community members in the development and implementation of the PARTNERS Program. These included focus groups, pilot testing the program in an after-school venue, and conducting organizational assessments of after-school sites as potential locations for the intervention.

**Results**—Community members and academic researchers successfully worked together in all stages of the project development. Community feedback helped the PARTNERS team redesign the proposed implementation and evaluation of the PARTNERS Program such that the revised study design allows for all sites to obtain the intervention over time and increases the possibility of building community capacity and sustainability of programs.

**Conclusion**—Despite several challenges inherent to CBPR, the current study provides a number of lessons learned for the continued development of relationships and trust among researchers and community members, with particular attention to balancing the demand for systematic implementation of community-based interventions while being responsive to the immediate needs of the community.

## Keywords

Community-based participatory research; violence; prevention; urban health; leadership

Youth violence is widespread across the United States, but is especially prevalent in economically disadvantaged urban communities, and particularly among African American youth and young adults. A recent report from the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control noted that violence remains the leading cause of morbidity and mortality for African Americans between the ages of 10 and 24 years<sup>1</sup> Violence increasingly has been viewed as a public health concern demanding multidisciplinary modes of intervention and prevention.<sup>2-4</sup> Research is needed to identify the most effective youth violence prevention strategies for use in specific settings<sup>5</sup> and with populations most in need of violence prevention efforts by virtue of their disproportionate exposure to neighborhood and community risks.<sup>6,7</sup> Increased attention recently has focused on research models that transcend the boundaries of university laboratories, outpatient health care facilities, and school settings to include community-based organizations in prevention efforts.<sup>8</sup> These models encourage collaboration between and engagement of academic researchers and community partners to increase the community's capacity for sustaining positive health-related outcomes.

In this paper, we highlight how our team of diverse academic researchers and community partners applies CBPR<sup>9-12</sup> to ensure that researchers and community members work together as equal and complementary partners in addressing the issue of youth violence within an ethnic minority, urban, and economically disadvantaged community. CBPR blends empirical support with valuable key stakeholder feedback, resulting in interventions that are culturally sensitive and responsive to the needs of the local community, while increasing the likelihood of generating meaningful and sustainable results.<sup>9,10</sup>

The current research study represents the work of the multi-institutional Philadelphia Collaborative Violence Prevention Center (PCVPC). The center was formed in 2006 and represents a collaboration between academic researchers from The Children's Hospital of Philadelphia, Drexel University, Temple University, the University of Pennsylvania, and the Philadelphia Area Research Community Coalition (PARCC). All of these partners came together in response to a funding application for an Urban Partnership Academic Centers of Excellence in 2006. PARCC brings together community representatives from 21 different community coalitions, community organizations, faith-based organizations, and community service providers, and was founded 8 months before the formation of PCVPC as a community coalition that could guide research in West and Southwest Philadelphia.<sup>11</sup>

The PCVPC is one of two Urban Partnership Academic Centers of Excellence sites funded by the CDC and the only site in Philadelphia. The mission of the PCVPC is to apply CBPR methods to design, implement, and evaluate programs that enhance the resiliency of communities affected by violence, reduce the frequency and impact of youth violence and violence-related injury in West and Southwest Philadelphia, and develop programs and related skills within the community that can be sustained over time. These communities are of particular concern to our center; at the time of the application for center funding, West and Southwest Philadelphia's average annual youth homicide rate was 37 per 100,000, more than five times the national rate.<sup>12</sup> The academic researchers and community leaders within the PCVPC share decision making authority, whereby individuals from both groups serve as co-directors for each of the four center cores (research, communication and dissemination, surveillance, and administrative cores). This ensures balanced leadership, clear community voice, and shared responsibility for decision making. The center's main research project is

the PARTNERS Program, a community-based clinical trial implementing a violence prevention program for youth ages 10 to 14 years old at six after-school sites in West and Southwest Philadelphia.

The youth program is a group intervention, conducted with approximately ten 10- to 14-year-old youths per group and teaches youth leadership and concrete conflict management skills and strategies. The intervention is based on several theoretical models, including a social problem-solving model of aggression<sup>13</sup> and a developmental-ecological approach.<sup>14</sup> The social problem-solving approach suggests that aggressive behaviors can be reduced by changing the way in which youth interpret and process social cues. The developmental-ecological model posits that aggression can be reduced by changing how youth relate to peers and adults within their community. Members of the PARTNERS team include academic researchers, community leaders, youth intervention facilitators, and community outreach workers. All team members are trained in the principles of CBPR, and the PARTNERS Program is co-directed by academic researchers and community leaders who share equal decision making powers. Table 1 provides an overview of the project partners and key terms. The youth intervention program is held during the afternoon or evening at participating after-school sites and facilitated by one or two graduate students in psychology or social work and a community-based site facilitator identified by the participating after-school site. The program consists of 10 sessions, each lasting approximately 50 to 60 minutes. The first 8 sessions address two to three primary learning objectives related to leadership promotion and anger management, and the final 2 sessions allow the youth to develop a leadership promotion project to demonstrate what they have learned (Table 2). Examples of leadership projects include making a poster about violence prevention tips or writing a letter to the mayor outlining concerns with one's community.

Our PARTNERS team has employed a CBPR approach to forge mutually beneficial and sustainable collaborations between academic researchers and community members in developing a comprehensive, multicomponent, youth violence prevention program. The goal of this paper is to discuss how the youth component of the PARTNERS Program was formed through an iterative, partnership-based process, which sought and valued the community perspective in creating, implementing and sustaining the program.

## METHODS AND RESULTS

All research activities for the PARTNERS Program have received institutional review board approval from all participating academic institutions. To date, there have been seven primary activities/phases that have guided the design of the PARTNERS Youth Program (Table 3). Each phase sought to ensure that the voices of youth, parents, and community leaders were integrated into the planning phases of the project and that community partners played a central role in all planning activities.

### Phase 1: Meetings to Guide Planning for Focus Groups

A series of meetings was held between academic researchers and community partners to understand the best mechanisms by which to include the voice of community members in the intervention's design. In these meetings, community partners reflected a number of concerns from the broader community about conducting focus groups to gain input: (1) Multiple focus groups of youth with similar questions had been conducted over the last several years in the targeted communities within West and Southwest Philadelphia; (2) Past focus groups had provided inadequate incentives for community members' participation; and (3) Previous researchers failed to provide community members with feedback of focus group results. Taking these concerns into consideration, the PARTNERS team agreed that the PCVPC would try to obtain information from prior focus groups, even those conducted

by other researchers. Furthermore, because youth focus groups had recently been conducted, the team would only target adults in focus groups. To address concerns about inadequate incentives, all focus group participants were given a \$10 gift card to a local merchant, compensation for transportation, and food during the group sessions. Last, we agreed that developing a mechanism for providing feedback of findings to participants would be essential.

### **Phase 2: Focus Groups**

Focus groups were conducted with community stakeholder groups (parents/community members, community leaders, and local service providers) drawn from West and Southwest Philadelphia neighborhoods. Detailed description of the focus group methods are provided elsewhere.<sup>15</sup> The focus groups were designed to better understand strengths and challenges within the local community, experiences with prior violence prevention programs, and to elicit specific indicators of programmatic and/or community success in regards to violence prevention. The following recommendations were helpful in the design and planning of the PARTNERS Youth Program. (1) After-school sites such as recreation centers, churches, and public library programs hold promise as settings for prevention programs. (2) The community must play an active and integral role in conducting prevention programs within the community. (3) Local providers should rely on existing resources within the community whenever possible. (4) Mentoring for life skills, self-esteem, problem solving, and future orientation are important aspects to consider when designing prevention programs.

### **Phase 3: Conducting Literature Reviews and Developing a Draft Intervention Program**

The research team reviewed the literature on a number of best practice youth problem solving/social cognitive aggression prevention programs and obtained manuals and detailed descriptions of a number of these promising programs (e.g., Coping Power Program<sup>16-18</sup>; Friend to Friend Program<sup>19,20</sup>; Second Step Program<sup>21,22</sup>). The PARTNERS team presented the components of different best practice programs to site partners from a recreation center in Southwest Philadelphia. The site partners provided the team with suggestions for how to modify the content, language, and process to be maximally responsive for urban African American youth living in West and Southwest Philadelphia. In general, they felt that the session content covered in past programs was appropriate but that several modifications were needed for the PARTNERS Program to be sensitive to the urban cultural context. Suggestions included (1) focusing more explicitly on leadership promotion, (2) allowing youth to use their own “catch-phrases” to describe key concepts, and (3) partnering with site staff and/or slightly older youth to co-facilitate the interventions. Following this process, the community partners and academic researchers of the PARTNERS team constructed a working draft of the 10-session PARTNERS youth program, which was piloted in Phase 4.

### **Phase 4: Pilot Testing of Initial Youth Intervention at a Local Recreation Center**

The PARTNERS team worked with a local recreation center to test the new program with two groups of youth participating in a center’s football program. The pilot program was conducted by two PARTNERS youth facilitators and a community staff facilitator. Post-intervention surveys were collected from approximately thirty African American boys between the ages of 9 and 15. After each session, youth completed a brief series of questions, which used a 5-point Likert scale rating to assess how much they liked the session ( $M = 4.13$ ; standard deviation [ $SD$ ] = 0.91; scale values 1 = *Not at All* to 5 = *Really Liked It*), how much they thought session content was important ( $M = 4.38$ ;  $SD = 0.82$ ; scale values 1 = *Not at All Important* to 5 = *Really Important*), and how helpful the session content was ( $M = 4.14$ ;  $SD = 0.90$ ; scale values 1 = *Not at All Helpful* to 5 = *Really Helpful*). Interestingly, youth did not think that it would be difficult to implement the strategies learned ( $M = 2.36$ ;

$SD = 1.2$ ; scale values 1 = *Not at All Hard to Implement* to 5 = *Really Hard to Implement*). Results suggested that youth viewed most content areas and activities designed to teach skills as acceptable, engaging, important, helpful, and relatively feasible to implement. Furthermore, participants in the intervention shared with facilitators that they believed that the program taught valuable lessons that could be applied both to everyday life and to conflicts occurring on the football field.

Challenges to the PARTNERS Program implementation included occasionally low attendance, especially after the football season had ended, which led to incomplete implementation of the leadership promotion project (sessions 9 and 10). Also, after each session, interventionists distributed homework activities to reinforce the session's skills; these handouts were often lost during football practice and not completed.

### **Phase 5: Retreat to Finalize All Intervention Materials**

After the pilot intervention was complete, the research team held a retreat with community partners and site implementation partners to further refine session content, process, and the leadership promotion project. Feedback was helpful in fine tuning the content and the language/expressions used for the examples. The resulting youth problem-solving and leadership program consisted of ten 50- to 60-minute sessions conducted with 10 to 15 youth per group (Table 2). Data obtained from the focus groups, coupled with feedback from diverse community constituents and the challenges confronted in our pilot implementation, clearly demonstrated the need to not only nest the PARTNERS Program within existing programming at the intended intervention sites, but to ensure that the length of the intervention was shorter than that existing program (i.e., football season) to maximize continued youth participation throughout the entire PARTNERS Program.

### **Phase 6: Community Symposia**

Each year, the PCVPC holds a community meeting to discuss the center and its activities and to ensure that the center's research projects (such as the PARTNERS Youth Program) continue to be aligned with the needs expressed by the community. At the annual symposium, participating youth, parents, and community leaders endorsed a number of aspects of the PARTNERS Program. For instance, they strongly supported a youth intervention focused on helping to identify positive role models and leaders, teaching problem-solving strategies, and providing opportunities for leadership. Community symposia attendees also suggested supplementing the intervention with a series of workshops to teach interested youth and young adults life skills on a range of topics (e.g., public speaking, preparing for job interviews). Finally, when the future roll-out for the community trial of the PARTNERS Program was discussed at the symposia, community participants expressed a strong desire that all participating sites receive the full intervention, rather than the originally planned randomized trial in which some sites would receive an intervention unrelated to violence prevention. This led to the development of a stepped-wedge cluster design, in which all sites receive active intervention over the course of the study implementation (Table 4). Withholding support and interventions from some sites could be considered unethical and/or disrespectful.<sup>23</sup> However, requiring that the interventions be implemented simultaneously across sites would place considerable demands on the PARTNERS team and site resources. To balance these needs, the resulting study design promotes a staggered implementation of treatment sites over a 3-year period. This design also allows for a graded level of accountability for the intervention within the initial treatment sites, thus promoting sustainability of the intervention after the project funding ends. Additionally, to meet the needs of providing life skills and resources to all of the after-school sites at the start of the project period, we added skill-based community workshops as an additional component of the PARTNERS Program. These workshops are maximally

flexible to meet the needs of youth, parents, and/or staff members from the after-school site. In the revised PARTNERS design, all sites receive three community workshops per year over the 3-year intervention period, but are randomized to receive the PARTNERS Youth Program in either time period 1, 2, or 3. This modification ensured that all sites would receive the PARTNERS Program, promoted sustainability in sites that receive the full intervention in time periods 1 and 2, and allowed the project to promote CBPR core principles.

### **Phase 7: Organizational Assessments and Site Selection**

After-school sites were chosen as possible implementation sites as this allows for programming during high-risk after-school hours<sup>24,25</sup> and has been shown to be effective in preventing delinquent behaviors for adolescents.<sup>25</sup> In addition, youth have identified after-school venues as enjoyable environments which provide support for youth development activities and learning.<sup>25</sup> With the goal of better understanding resources, strengths, and challenges within after-school sites, we narrowed an original list of approximately 100 after-school sites within the West and Southwest Philadelphia communities to 30 to 40 sites based on community partners' review. The sites included recreation centers, public libraries, police athletic associations, YMCAs, churches, and a variety of other community organizations, clubs, and interest groups. After-school sites were contacted to set up an organizational assessment meeting. Each site was visited at least once by a team consisting of an academic researcher and community partner. Together, they conducted a semistructured interview with site staff and scored each site using a quantitative rating form. Sites that obtained a higher score tended to have more consistent youth programming, stronger and more consistent leadership and volunteer networks, and typically had a history of providing a range of educational and emotional programming for youth and community members. However, almost all sites struggled to engage parents in programming, and several sites had undergone recent changes in leadership. Data from the organizational assessments coupled with advice from community partners helped the team to identify six sites for the PARTNERS Program community-based clinical trial that is now underway.

## **LESSONS LEARNED AND FUTURE DIRECTIONS**

Our work illustrates that, as part of CBPR, the research team must be willing to adapt the design, implementation, and/or evaluation plan of community-based research in response to key stakeholder input. Although our original proposal included a cluster randomized trial design<sup>26</sup> that assigned after-school venues to receive the PARTNERS intervention or an alternative nonviolence related intervention, it was unacceptable to the community that only selected sites would receive the PARTNERS Program. Second, community members expressed valuable input for the content of the PARTNERS intervention. Finally, community constituents indicated that both the intervention and research design plan must prioritize and measure sustainability, as demonstrated by the enhanced capacity of an after-school site to conduct youth violence prevention programming without supplemental support after the grant funding ended.

### **The Development of Trust**

Developing trust between academic researchers and community partners is ongoing and time-intensive. There are several reasons for this, including that traditional research has often unwittingly been conducted in a manner whereby the community has felt disrespected and devalued.<sup>27,28</sup> The diversity and number of academic institutions and community constituents represented in the PCVPC accentuate the need for patience and perseverance in this regard. To provide opportunities for all partners to express their opinions, the PARTNERS team (1) held meetings in community-based sites, rather than in academic

centers to avoid perceptions of power imbalance, (2) shared meals as part of informal, open-topic gatherings, (3) openly discussed what each partner hoped to achieve through participation in this project, and (4) garnered a commitment from each partner to remain at the table to work out differences.

### **Balancing Research Goals and Community Needs**

CBPR is an iterative process that can be labor intensive<sup>10-29</sup>; balancing research goals while meeting the immediate needs of the community can be challenging. For example, our organizational assessments found several sites that, despite expertly serving the needs of youth in the community, were considered to be relatively poor matches for the PARTNERS Program. Specifically, sites that had “drop-in” programs whereby any youth could participate on a given day were not viable candidates for our intervention model that necessitates multiple sessions with the same youth over time. Our broader violence prevention center (PCVPC) dealt with this challenge by finding other ways to work with some of these sites. Another example emerged during the community symposium, when a youth responded to an audience member’s question in an extremely sexist manner. Although community leaders suggested that the PARTNERS Program be revised to include respectful treatment of the opposite sex, it was clear to the PARTNERS team that this would go beyond the capacity of the current intervention. A solution was reached whereby the PCVPC worked together to identify other means, outside of the PARTNERS Program, to address this important concern.

### **Sharing Results with the Community, Implications for Public Health Policy, and Future Research**

In the CBPR approach, sharing of research results with the community is an integral part of the research process. However, the PARTNERS team did not have the capacity or staffing to accomplish this alone and recognized a distinct benefit of nesting our intervention program within the PCVPC’s overall activities. Through its communication and dissemination core, the PCVPC has developed a number of avenues to disseminate research results and information to both community and academic audiences. The center has partnered with local newspapers and provides regular articles, pictures of research results, photo contests, and discussions of how CBPR differs from traditional research. We also present results and valuable lessons learned from the PARTNERS Program through national professional conference presentations, peer-reviewed journals articles, and book chapters.

### **Limitations**

There are several limitations of the PARTNERS Program, some of which are inherent in many CBPR projects. First, it is difficult to test an empirically proven intervention while adapting it to fit the community’s immediate needs and capabilities. Although the alterations themselves arise from close collaboration with members of the West and Southwest Philadelphia communities, strict monitoring of the integrity of the intervention implementation are necessary to arrive at a scientifically successful and generalizable program.<sup>30</sup> Second, it was difficult to decide whether to limit the type of after-school intervention sites (e.g., recreation centers, churches, YMCA, after-school centers) to achieve more homogeneity and therefore easier comparisons between groups. However, replication of this intervention needs to be effective and feasible across a diversity of community settings. Thus, we decided to generate results that would be relevant for other underresourced, urban communities. Third, we did not conduct our own youth focus groups. Illustrating another principle of CBPR, the research team heard that the community partners were frustrated that multiple focus groups had been conducted with the youth previously. As a result, our PARTNERS team collaborated with another organization to make use of previously collected focus group data without over-taxing the local community. However,

conducting our own focus groups with youth would have allowed us to ask more specific questions related to our intervention plans. Finally, the pilot study described was conducted solely with boys. Additional research is needed to ensure that the program is also responsive to the needs of girls.

## CONCLUSION

The PARTNERS Program, a multicomponent violence prevention program, has been developed by a team of academic researchers and community partners to address the needs of urban youth, families, and communities. Each stage of the intervention development included the integration of empirically based best practice strategies with extensive feedback, support, assistance, and leadership from a range of academic and community stakeholders. By illustrating how the CBPR process unfolded, we hope that our efforts will serve as an example and potential model for designing and implementing best-practice, community-responsive and culturally sensitive prevention programs within underresourced communities.

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**Table 1**

## Definition of Key Project Terms

Key Term	Definition
PCVPC	Multi-institutional collaboration funded by the Centers for Disease Control and Prevention Urban Partnership for Academic Centers of Excellence on Youth Violence Prevention. Partners include: The Children's Hospital of Philadelphia, Drexel University, Temple University, The University of Pennsylvania, and PARCC.
PARCC	Community coalition in W/SW Philadelphia which brings together leaders from 21 community coalitions, community organizations, faith-based organizations, and community providers. PARCC is one way in which PCVPC recruits and involves community members in research.
The PARTNERS Youth Violence Prevention Program (PARTNERS Program) Academic Researchers	The 10 session problem-solving, anger management, and leadership promotion youth intervention designed through CBPR. The PARTNERS Program is the Center's largest research project. Staff from participating academic institutions who work on the PARTNERS Program. Includes a diverse mix of researchers from The Children's Hospital of Philadelphia, University of Pennsylvania, Temple University, and Drexel University. Includes an interdisciplinary team consisting of individuals within psychology, pediatrics, nursing, public health, and social work.
Community Partners	Community-based advocates and leaders from West/Southwest Philadelphia who serve as ongoing members of the internal PARTNERS team.
Community Stakeholders	Community members/parents, community leaders, and local server providers who participated in focus groups conducted by the PARTNERS team.
Site Partners	Youth, parents, and staff from specific after-school sites who participated in brainstorming discussions to help ensure relevance of intervention to the needs of the site and local community.
Implementation Partners	Older youth and staff from specific after-school sites who help co-facilitate PARTNERS and provide feedback on the process to the PARTNERS team.
Pilot Participants	Youth who participated in the initial trials of the PARTNERS Youth Program.

**Table 2**

## Content of the PARTNERS Program Youth Component

Session Number	Title	Content
Session 1	Introduction to the Program, Violence Prevention, and Leadership Framework	How does violence affect your community? What does it mean to be a leader within your community? How will this program help you to become a better problem-solver and leader?
Session 2	Leadership and Problem Solving	What is the difference between a good and bad leader? Discussion and planning for the leadership promotion project to be conducted during Sessions 9–10. How can we become leaders to prevent conflicts and violence?
Session 3	What Does Anger and Aggression Mean to You?	Why do youth get angry—what are the “triggers”? What are different ways in which youth express their aggression? Where are the conflict hotspots—where do conflicts tend to occur in the community?
Session 4	Recognizing Our Feelings	How do we identify feelings? How are feelings different from behavior? Recognizing that everyone has feelings, but how we act on our feelings is crucial.
Session 5	Finding Ways to Stay Calm in Difficult Situations	Recognizing when we are becoming angry. Learning cool-down strategies to stay calm in tough social situations. Benefits and challenges of using cool-down/calming strategies.
Session 6	Mindreading/Why Did This Happen?	Why is it important to figure out others’ intentions? Using face and body clues to determine intentionality. Advantages to giving others the benefit of the doubt.
Session 7	Choices	Recognizing that being a leader means that we consider all of our choices/options. Brainstorming one’s choices and evaluating the consequences of our choices. Learning different categories of choices.
Session 8	Perspective Taking	Why it is important to see another person’s perspective? Discussing that a leader is able to see different people’s perspectives. Learning questions that can be used to figure out someone else’s perspective.
Session 9	Time to Lead: Leadership Activity	Identify an issue to bring to the community’s attention. Brainstorm ideas for completing the leadership activity.
Session 10	Time to Lead: Leadership Activity (Part 2)	Continue to work on the development and implementation of leadership activity. Youth discuss personal impact of this activity and the program.

Table 3

## Overview of Project Activities and Role of Partners

CBPR Principle	Community Member Role	Academic Researcher Role	Joint Decision Making
<b>Phase 1: Meetings to Guide Planning of Focus Groups</b>			
<ul style="list-style-type: none"> <li>Facilitate collaborative and equitable partnerships in all phases of the research</li> <li>Community engaged in all aspects of research</li> <li>Build on strengths and resources of community</li> </ul>	<ul style="list-style-type: none"> <li>Reflect the community's perspective on focus groups</li> <li>Provide suggestions on questions to ask and wording</li> <li>Provide suggestions for recruitment methods and for selection of facilitators</li> </ul>	<ul style="list-style-type: none"> <li>Provide examples of best practice for focus group methods, data collection, and analyses</li> <li>Discuss common challenges in conducting focus groups in systematic manner</li> </ul>	<ul style="list-style-type: none"> <li>Decide to include only adults in focus groups</li> <li>Decide upon questions, wording, and format of questions</li> <li>Select locations in which to conduct focus groups</li> </ul>
<b>Phase 2: Focus Groups Conducted With Community Stakeholders</b>			
<ul style="list-style-type: none"> <li>Emphasize local relevance of public health problems, ecological approaches and multiple, social determinants of health</li> <li>Community engaged in all aspects of research</li> </ul>	<ul style="list-style-type: none"> <li>Openly share information to help better understand strengths and challenges within the community, prior experiences with prevention programs, and to elicit specific indicators of success</li> </ul>	<ul style="list-style-type: none"> <li>Work with the facilitator to collect information in a comfortable and respectful way</li> <li>Determine what information is relevant specifically to PARTNERS Project and what is relevant to the PCVPC</li> </ul>	<ul style="list-style-type: none"> <li>Code data, analyze for meaning, and discuss dissemination of results</li> </ul>
<b>Phase 3: Conducting Literature Reviews and Developing a Draft Program</b>			
<ul style="list-style-type: none"> <li>Build on strengths and resources of community</li> <li>Balance research and action for the mutual benefit of all partners</li> </ul>	<ul style="list-style-type: none"> <li>Community partners help format key findings from literature to enhance clarity for presentation to Site Partners</li> <li>Site Partners provide feedback on what is appropriate and what is missing from programs</li> </ul>	<ul style="list-style-type: none"> <li>Summarize primary findings from best practice program, identify similarities and differences</li> <li>Begin planning core elements of the new PARTNERS Program</li> </ul>	<ul style="list-style-type: none"> <li>Discuss feedback and how best to modify and expand current programming to design the PARTNERS Program</li> </ul>
<b>Phase 4: Pilot Testing Initial Program at Local Recreation Center</b>			
<ul style="list-style-type: none"> <li>Involve systems development in a cyclical and iterative process</li> </ul>	<ul style="list-style-type: none"> <li>Pilot participants were asked to share their feedback with PARTNERS team following each session</li> </ul>	<ul style="list-style-type: none"> <li>Develop easy to understand questions to help youth express their opinions about aspects of PARTNERS after each session</li> </ul>	<ul style="list-style-type: none"> <li>Hold weekly meetings to debrief after each session and to develop ideas that need to be fine-tuned or modified</li> </ul>
<b>Phase 5: Retreat to Finalize All Materials</b>			
<ul style="list-style-type: none"> <li>Involve systems development in a cyclical and iterative process</li> </ul>	<ul style="list-style-type: none"> <li>Site partners and community partners provide honest feedback about</li> </ul>	<ul style="list-style-type: none"> <li>Discuss challenges in implementation that may affect systematic</li> </ul>	<ul style="list-style-type: none"> <li>Discuss content of each session, examples and acronyms used, and modifications</li> </ul>

CBPR Principle	Community Member Role	Academic Researcher Role	Joint Decision Making
<ul style="list-style-type: none"> <li>Build on strengths and resources of community</li> </ul>	<p>strengths, challenges, and recommended changes to the program</p>	<p>implementation of program</p>	<p>needed to finalize curriculum</p>
<b>Phase 6: Community Symposium</b>			
<ul style="list-style-type: none"> <li>Involve systems development in a cyclical and iterative process.</li> <li>Balance research and action for the mutual benefit of all partners</li> <li>CBPR as long term process and long term commitment</li> </ul>	<ul style="list-style-type: none"> <li>Youth, parents, community members, and community leaders are involved in an interactive discussion about the Center and the PARTNERS Project</li> <li>Make suggestions for strengthening PARTNERS Program and the PCVPC</li> </ul>	<ul style="list-style-type: none"> <li>Present main aspects of PARTNERS Program by having Pilot Participants present their impressions of the program and field questions from the community</li> </ul>	<ul style="list-style-type: none"> <li>Meet with the PCVPC leaders to discuss recommendations to be incorporated into PARTNERS Program and those which can be addressed by the center</li> </ul>
<b>Phase 7: Organizational Assessments and Site Selection</b>			
<ul style="list-style-type: none"> <li>Build on strengths and resources of community</li> </ul>	<ul style="list-style-type: none"> <li>Community partners work with different constituents in community to narrow down a list of after-school sites into sites that are appropriate for organizational assessments</li> </ul>	<ul style="list-style-type: none"> <li>Work with city-wide existing databases to better understand resources and potential after-school sites</li> </ul>	<ul style="list-style-type: none"> <li>Each site has an assessment conducted by a researcher and community partner</li> <li>Semistructured interview and rating scale completed</li> <li>PARTNERS team meets to evaluate</li> <li>Initial sites for intervention trial are chosen</li> </ul>

**Table 4**

## Stepped Wedge Cluster Randomized Trial

	Time Period 1	Time Period 2	Time Period 3
Site 1	Intervention Level 1	Intervention Level 2	Intervention Level 3
Site 2			
Site 3	Usual Practice	Intervention Level 1	Intervention Level 2
Site 4			
Site 5	Usual Practice	Usual Practice	Intervention Level 1
Site 6			

*Notes.* Community workshops are implemented in all venues for all time periods.

Full assessment occurs at all sites before and after each time period.

Intervention levels: Level 1 = full project staffing; Level 2 = less project staff involvement; Level 3 = only off-site guidance from project staff.