



Jessica:

Represent a spectrum in terms of how a person can feel about change. So I see some people already responding in the chat, which is great. But I'm going to give you directions in case you want to try some fancy footwork in Zoom. And you can see on the slide, we have the left side representing not being particularly a fan of change. The right side, someone who is very much bring it on. And so we want you to let us know one of two different ways. The first way is if you go to the top of your screen, you see that you're viewing my screen. You'll see a dropdown menu that says view options. Right. If you click that dropdown menu there, one of your options should be to annotate the screen, which will mean that you can draw directly on my screen. That's great. I already see some people are doing it.

Jessica:

And so choose the annotation tool of choice. I like the heart. I see Margo lin also has chosen our heart. So thank you for that. I see some check marks coming in. I see a star from Jamie. A circle as well. And I just want to ask you to plot yourself on that line, on that spectrum, lots of different ways to make your mark. And if you'd rather use the text box, which I see some people have, please feel free to do that as well. Perfectly fine to share your feelings around change as an individual right there as well. And so if you've not used annotate, we just want to model for you that this is a great tool for virtual meetings. We love it here, and we'll be hopefully using some of these nice functions in Zooms throughout today's session and in future sessions as well.

Jessica:

So just checking in on where we all see ourselves on this line, most of us are either in the middle of the line or toward the bring it on fan of change side of the spectrum, which is not surprising, but great to see. And then I see in the chat, a few responses coming in. So Brenda on bring it on. Nice. Change is cool. I am muted, which hopefully I'm not still muted because I've been doing some very excellent pantomime for the past two minutes, if I am. Cautiously optimistic with change, Cynthia, well said. I think I agree. Right. So it's complex. And I think we're going to unpack that today during today's session, that it is complex and not necessarily only one thing at any time.

Jessica:

I like change when it's needed and necessary. It depends on me. So you're in the middle. I see Margolin. Yep. Sometimes you're fine with it, Donna, other times you're not. And so it depends on the area of change. Right? So all wonderful responses. And thank you so much for taking the time to plot yourself on the line. It depends on the sphere, Robert. Absolutely. Right. So there's not one easy answer and that's totally fine. Right. Doesn't have to be. So what I'm going to do for now is I'm going to clear the drawings, but thank you so so much for playing along and I'm going to just move us along to our next slide.

Jessica:

And I'm going to say again, welcome. So glad that you're here. Change as an Opportunity of Growth is the name of today's session. It's part one of two. We're looking forward to digging into this topic with you. And so you'll see our disclaimer slide on the screen now, so you know this webinar is being



recording. We're going to be sharing out the recording in materials after the event. So you can feel free to contact us if you have any questions. We'll share my and Ivy's contact information at the end of the session. And we come to you thanks to funding from the Substance Abuse And Mental Health Services administration. And the views that we're sharing here today are necessarily those of our funder or of the US government.

Jessica:

And so just who you'll be hearing about today, if you've joined us for any of our session PTTC sessions in the past, you might have heard from either myself, my colleague, Ivy Jones-Turner, or both of us in the past.

Jessica:

I'm so glad to be here today with you Ivy. And to share a little bit about Ivy and her experience with you, so Ivy's an expert in behavioral and mental health promotion and prevention. She's an experienced program leader, technical assistance provider, applied researcher and evaluator. And her expertise includes building the capacity of schools and organizations to effectively research, implement, evaluate and sustain interventions to prevent substance misuse, suicide, youth violence and bullying, and to promote social, emotional and mental health. And then to quickly introduce myself, I've worked in prevention for my entire career at the local, state and national level. I've supported communities and organizations really in all aspects of their health promotion and prevention efforts across many and varied issues areas. But most often and most recently in substance abuse prevention and social emotional learning.

Jessica:

So a little bit about what you can expect from us today. There are our learning objectives. We're very much at the beginning of a conversation, and we hope to continue this conversation with you next week and beyond to reframe change as both a normal and necessary part of a process of achieving and sustaining positive outcomes. And that's both those that are made within our individual personal lives and then in our roles as prevention professionals. So we're going to look at some of the theories of change that inform prevention efforts, both explicitly and implicitly. And we'll take a look at how those theories apply across for domains at the individual and interpersonal relationship levels for today, and then next week, within our communities and organizations and then within society at large. So that's really what you can expect from us today.

Jessica:

And before we dive in, we just want to take a moment and share one more thing and to state unequivocally that we, as the Northeast & Caribbean PTTC and as part of the entire PTTC network, we believe in the power of language, that the language that we use matters and has the ability to inspire hope. And so therefore we're going to strive to use equitable and inclusive and affirming language in this session and in all the different kinds of support that we provide as a PTTC to the prevention community. So very glad to have that as a commitment that we can share with you today.

Jessica:



Okay. So change, here we go. We recognize it's a big word, a big concept. We're going to try to ground it for you today in some science, in some practice and then in our own experiences. And so to begin, what I want to do is we want to hear from you. And I'm going to show you the question, but we have another fancy footwork way for you to respond. So take a minute just now to consider the question on the screen. What word or words come to mind for you when you hear the word change? So as you're thinking, I'll explain. We're going to do this activity a little differently than we often do. We often will ask you to respond in the chat box. And that's totally fine if you prefer to respond in the chat box. But for those that do like to play around a little bit with technology, we have the option of participating through following a link that we're going to put in the chat. I'll ask our colleague Shannon, who's behind the curtain to put the link to our word cloud generator in the chat. So there you go. If you look to your chat box, you'll see up link. And if you follow that link, you'll be brought to a site where you're going to be asked to enter words.

Jessica:

I'm just watching the chat. So good. I think Tyler, you should put your answer into our word cloud though. So it represents everybody's collective experiences, appropriately. I have a child under two and I am right there with you. But so we are going to ask you to follow that link and do what I see your colleagues already are doing to put your responses into that link. You can put more than one. So if you feel really strongly about one word, you can put it in more than once. And as words are selected and endorsed by more than person, you'll see those words get larger. So I'm peek out of the corner of my eye, where I see my screen changing as you create this word cloud in real time. I see lots of answers. Challenge being the one that comes up most often so far, although it just got passed by, by progress and opportunity. Constant is come in there pretty often, it looks like. So feel free to add those responses into the word cloud that we're generating.

Jessica:

I'll peek into the chat. Because I know a few people have put their thoughts there as well. So I see something new, revolution and evolution. Thank you, Paul. Thank you, Edwina. Diapers. Yes. Again, Tyler, right there with you. And in fact, because I'm here, I'm not right there with you right now. Stress, uncomfortable, Susie, Lynette, yes. Stress again coming up, Cynthia. So will the change actually do anything good or add more work? Right. A little bit of healthy skepticism, I think. So I think that all of these are good. If you've tried to enter into the word cloud and it's not letting us enter anymore, I apologize for that. I think we didn't anticipate so many responses, but put your thoughts into the chat, because I'm looking at this here as well. So letting go, standing to the side to see either progress, absolutely, Lousouria. [Gratheal 00:09:18], new unknown challenge, stressful at times, resilience and then consensus building, life, all of the above. Right. Absolutely. I think your responses are wonderful.

Jessica:

I think this word cloud is beautiful. Some of the words that aren't quite as big in the word cloud are just as important, powerful, strategic, inevitable, uncertainty, anxiety, growth, transition. These are really, really good words. Good being the worst adjective being used right now, but really excellent, descriptive words to describe what change is. And I think it really does mirror the fact that there's lots of different orientations toward change and there's no right answer, no right or wrong answer really to that



question. Okay. So I see eyebrows, I love that. And we love whoever put that in there. Right. Now what, expectation management and necessary challenging. Right? So some kind of stress that's really necessary to have that progress and have that growth that we're hoping to see.

Jessica:

So thank you so much for following the link or for entering your answers into the chat. We like playing around with this technology. So again, I can happy to share this as the poll everywhere software if you're not familiar with it and it's a great meeting tool, great presentation tool to try to make things as interactive as possible. Stephanie saying, "I assume someone put two words that got split - raise eyebrows. I'm just guessing" Probably. Probably. The problem with the word cloud generators. it doesn't let you enter phrases or sentences. It's just one word. So if you ever really want to enter a sentence, you can actually put dashes between each word. That's how I get away with it sometimes. But since this question was just about what word or words came to mind, most folks were able to just enter the one to capture their thoughts and raise eyebrows, I think is a pretty good guess.

Jessica:

I do see Wendy in the chat, you're experiencing an echo. I'm so sorry. If others are having any audio issue, will you let us know? And then I'll see if Shannon, you might be already on this. If there's any way that we might be able to help Wendy resolve the echo that she's hearing. So thank you again.

Jessica:

I'm going to just move us on and start today's conversation. Without seeming unduly positive or optimistic, right, and with the full understanding that change is a lot of things, as evidenced by the responses we just received in our word cloud, we do want to make the case that it's also an opportunity for growth, whatever else it might be. And so I'm not usually a person who thinks that way. I would've characterized myself as fairly change averse for most of my adult life. Near my house is actually a hair salon that has a whiteboard in the window. And the owner writes lovely inspirational messages from time to time. And last October I walked by and the board said, "Fall, autumn. Fall, a lovely reminder of how beautiful change can be." And first I rolled my eyes and then I snapped a picture of it. So I could remember the message because typically I do spend most of the fall complaining to anyone who will listen that it isn't summer anymore, and then quietly dreading in winter at the same time. So that's obviously a very one sided pessimistic view of change, not one that's particularly fair either.

Jessica:

Yes. I see you, Stefanie. I see you. And I've grown up my whole life in the Northeast. So the world makes sense again. It's not really fair of me though, given that change is such a complex concept.

Jessica:

There's a blog post on the other side of the equation, and I can share the link to it in the chat, if anyone's interested. It's called Why Lying Broken in a Pile on Your Bedroom Floor is a Good Idea. It's a great name. Right. And the writer, JC Peters shares something that she heard at a conference from a yoga teacher, a person who's a yoga teacher, among many other things named Eric Stoneberg. And he talks



about this relatively unknown goddess from Hindu mythology, who represents the possibility and strength that's present with us during times of change, right, and talks about how change gives us the opportunity to become unstuck from patterns and habits that keep us in the same place. Don't allow us to move forward. The writer talks about how when we, as individuals, are in flux we can pull ourselves apart and put ourselves together in different configurations, right, and we're not limited by being whole. And it's a really beautiful idea and really beautifully written. And basically the takeaway is that if we can embrace change and the confusion that comes with it, we can be choosing to rewrite our stories and our expectations about our lives. And then that's a very powerful thing that we can choose to do.

Jessica:

And so why discuss change here and now? Right. Well, change is both ever present as we saw in our word cloud. Right. Constant. It's an ever present constant part of life. And we've been going through a lot of it lately. Right. The past nearly two years since the start of the COVID-19 pandemic, we've seen monumental shifts and changes for our society. And so whatever you've gone through in your personal life, and we've all gone through something as we've weathered the same storm in our separate little boats. As preventionist, we've experienced a lot of changes as well. Right. We've moved from in person to virtual service delivery, and maybe back again, and back again. We've dealt with all manner of new emerging issues in the prevention landscape, and we've had to respond to them creatively by changing our approaches to program and strategy implementation right. We've really embodied the truth that new challenges require new ways of doing things and that old adage that was coined by Albert Einstein, but I confess I had to Google it to figure out who said it, that doing the same thing over and over again and expecting different results is the definition of insanity. Right? And so as you can see from the quotes on the slide, these thinkers are saying that change is a necessary aspect of making improvements, of making progress, of fixing problems and of moving in new and different directions.

Jessica:

So hello. So here's just a quick definition, a dictionary definition on the screen. Surprisingly simple for such a complex idea. I'm struck by how the definition assumes or these definitions assume a neutral or positive result from change. Right. It makes things different or replaces something with something better that we know that any kind of change can be challenging, right, even positive ones. Think of the last time maybe you got a new job or switched positions, even if you wanted the job. You applied and you fought for it. The transition from that old comfortable job that you knew well and you were good at to this new role and maybe a new organization, where you had to learn about all of it from scratch, it's really stressful and maybe doesn't feel particularly positive right away, even if it is. And then some changes are in fact negative, right. And you know that people often respond with negative emotions to them, and rightly so. So to be very clear, we're not insisting that all change is neutral or positive. But the act of change itself represents an opportunity for learning or growth or transformation. Okay.

Jessica:

And so what you'll see now on the screen are basically the truth universally acknowledged that we all react a little differently to change. And there's good reasons for that. Right. So some of it depends on, again, the kind of change. And we saw that in the chat. The kind of change that you're experiencing and how you're perceiving it are individual levels of readiness for change. That's partially intrinsic, but it may



also relate to how much change we've experienced recently. I'm getting better personally at accepting and dealing with change, but that's because I've had to do more of it in the past few years than in my entire life before it. In the past five years I've gotten a new job, I've gotten nearly laid off from that job, gotten married, had a child, bought a house, lived through the global pandemic and other seismic, societal shifts, got another job that was less secure than the previous one, which comes with a lot of uncertainty. And that is challenging. Right. But I can also seem clearly my own ability to deal with that ambiguity and proof. Right.

Jessica:

And so these responses are tied closely to the emotions that they generate. And some of these we did hear in the chat, the word cloud already. Right. Stress, discomfort, fear and loss, fear of loss. Right. When things change, something is often lost. Right. When we go back to the office, when we, literally Ivy, Shannon and I go back to the office, we'll be in a new location. And I know many of my colleagues are mourning the loss of our old office space, where the coffee maker was and the picnic tables outside the building, right. Even if our new space will be better, there's still some sense of personal loss relating to letting something go. People feel overwhelmed often. There might be resistance. And even if they're going through something that everybody else is going through too, it's human nature to wonder why me and to feel disconnected from others experiencing the same thing. And so some people might, I even feel immobilized in the face of change right, in shock and unable to process or act. And so those are some powerful, emotional reactions and not everybody experiencing those, right.

Jessica:

There are definitely people that observe changes taking place with interest or concern. And again, when we saw this within our group, there are definitely people that enjoy change and may even feel energized and excited by it. And so that is good. Right. And based on who all we have assembled here, I'd guess that there were a fair few of us that do feel invigorated by the prospect of change, especially given our role as prevention professionals, coalition members, supporters and partners, since that's what prevention is, right. What is prevention, if not the pursuit of positive changes for our communities. You can see it in its very definition. Right. We take action before issues arise, ideally, to try to change their trajectory and lessen their impact and stop them ideally from happening entirely. And so if that's what change is, then we're all change agents looking to make the greatest impact possible.

Jessica:

And now we're going to take a look at this point. I think, shifting from grounding ourselves on the topic to looking at some of those foundational models of change and change in relationship to ourselves as individuals and in our interpersonal relationships and within our organizations. And so that's what's coming next. And I think I'm going to hand it over to you Ivy now to lead this part of the conversation.

Ivy:

Hi. Yes. Thanks Jess. And thanks so much for taking us through that real grounding of why we want to talk about change in this context and in this conversation. So as we shift our slides, what I'd like to do is just talk with folks a little bit more. Jess has really grounded us recognizing that for prevention, the goal is improvement. The goal is change. We are all about making sure that the conditions that exist currently



have an opportunity to improve. So there's always that focus on the future. But what that also means is that for our field and for all of our colleagues in the broader work of public health, our goal is really that optimal health is that easy choice for everyone, not only as individuals, but also as populations and as a society. And so that means that we don't want to maintain the status quo, particularly if the status quo is not optimal.

Ivy:

So let's think a little bit more about why and how change comes in and what makes a little bit of the impact on that. So as we go to our next slide, we've got a poll question for you. This one you can just simply type into the chat. And that is, we'd like to hear what are you currently working on right now to change in your community? And we recognize that some of you might want to speak up on your phone line. So if you do, if you'll just raise your hand and we'll unmute you. But we'd like to see in the chat, just what are some of those topics? What are some of those things that you're working on in your communities to change? This might be what you do in your work, as well as for those of you who might be doing something in the community. Would love to see some of those examples.

Ivy:

Looks like we've got a couple of examples coming across that very much are related to some of your substance misuse prevention work, either building awareness of a coalition. So increasing the awareness and knowledge about the work, also ensuring that there's greater access to care, recognizing that there needs to be expansion of access to Narcan boxes throughout the community, really working on collecting data through a needs assessment, getting people with lived experience more involved. I see a lot of great examples coming in. Working with.

PART 1 OF 4 ENDS [00:23:04]

Ivy:

... more involved. I see a lot of great examples coming in, working with helping children to make the right choices. Yes, we recognize that the conditions right now on many of these areas, whether it be on the individual choices that individuals make, or the experiences that individuals have, by virtue of either where they live or maybe some other things that are existing in their life, we want to change that. We want to improve it. We want to see them have better opportunities for health. I'm going to just say, I love seeing these comments coming in. Please continue to post them in the chat.

Ivy:

I'm going to move on to the next slide, but we want to continue to have you post some of those examples in the chat, because we're going to talk about those and come back to them. On this slide, what we're looking at is really a very, very, very simplistic way of thinking about the Prevention's theory of change in terms of how and why we do our work. Very, very, very simply the very grossest or very most general way of saying it, we believe that there's a need in a community or a population. Maybe it's youth, maybe it is those who are active users of substances or illicit drugs. We believe that if we do some stuff, that those things will get better.



Ivy:

And so as we shift our slide, just a second, you'll see some of those things come in. What does it mean in terms of what those needs are? We're looking at what the consumption rates or the consequences might be. We're also looking at both the risk and protective factors. And we saw that folks spoke to the collection of data, knowing what the current conditions are, and then knowing what might be some of the root causes for those current conditions in situations.

Ivy:

Then we think about the actions that are done. They might be the interventions and strategies that we believe are going to change the condition. What are those strategies or the knowledge that leads to a delayed initiation of substance use, or a change in youth attitudes or behaviors towards binge drinking. And then we believe that by virtue of really targeting and identifying strategies and interventions that are directly related to what those needs are, we're going to see improvement.

Ivy:

We're going to see some immediate short-term improvement, but we're also going to see long-term outcomes that show how, over time, the conditions of consumption, the consequences, even the risk and protective factors, are modified. That we see maybe more protective factors, protective factors available and implemented across or present across more populations or more widely spread throughout the community. Again, very, very, very simplistic way of thinking about this, but we want to really ground that there's a reason why we approach our work in the way that we do. And it's because we're specifically trying to move from the current situation to change to a new improved situation, a new improved environment and context.

Ivy:

We're going to cover some more of the health and behavior change theories a little further on more specifically, but we just really want to, again, ground and note that we are exerting and encouraging change throughout all aspects of our work as Preventionist. Through our beliefs, through our actions, and through our plan for how we interact with others, whether it's our program participants or our partners.

Ivy:

So let's talk about three models in particular that are a part of our theories of change. These are going to be very familiar to most of you, if not everyone here. They are Logic Models, the Strategic Prevention Framework and the Socio-Ecological Model. I wanted to start with, in terms of the logic model, what we're really looking at here is outlining the specific intervention or the program's theory of change that takes us from the condition to the interventions that we believe need to happen. Those activities and strategies that are going to address the root cause. And then that are going to lead to specific outcomes.

Ivy:

With the Strategic Prevention Framework, this is really a comprehensive iterative data driven process for planning, implementing, and evaluating our change efforts. Most of us are familiar with this because



of SAMHSA's ... Excuse me, SAMHSA's promotion and leadership within the field. And in particular I'll note that SAMHSA's use and promotion of the Strategic Prevention Framework is very much based on a change effort that they've led. By promoting the Strategic Prevention Framework throughout the field of substance misuse prevention, they have changed not only the ability, but also the awareness and the capacity of all of our coalitions and all of our programs in order to not only plan, but evaluate and sustain effective substance misuse prevention efforts.

Ivy:

Then also, I'll just note for the Socio-Ecological Model, this speaks to four levels in which Urie Bronfenbrenner outlined how health is affected by interactions across social context. Starting at the center with the individual, then moving to the interpersonal level, with relationships with family and peers, then looking at the unity in a societal level. This is really recognizing that across all of these systems and institutions, that we are recognizing that there is not necessarily just a change that can happen at one level, but that that change has an opportunity to interact and spread, and is effected by what happens in those other levels. What happens in those other dimensions.

Ivy:

As we go to our next slide, let's spend just a little bit more time talking about the Socio-Ecological Model. I think any and all of us can probably easily identify some attempts at behavior change that were successful and sustained and some that weren't. And how either the level of support or the opposition that was encountered from the social context in which we interacted, whether it's the relationship with our family or within our community and organizations, or the state might have impacted that.

Ivy:

Ultimately, with prevention, we want to see change at the population level as well as at the individual level. And that's because we recognize that there's a greater likelihood that the individual will be able to sustain those behavior and outcome ... Excuse me, that they will be able to sustain those behavior changes, which will lead to changes in outcomes across the individual level if it's also supported at the interpersonal, the community or organizational and the societal level.

Ivy:

And looking at some of the resources and materials, some of you might be very familiar with the idea that one resource notes that in effective health promotion and prevention work across all of these levels of the Socio-Ecological model. Yes, we want to educate individuals and the community about health practices, but we also recognize that there are efforts that are necessary to change organizational behavior, to change the physical and social environments, and as well as developing and advocating for policies that are going to support health.

Ivy:

As we go to our next slide, I want to just kind of put this into another context. And that is the fact that as Jess opened up this morning, we recognize that there are changes that are happening at multiple levels right now. And this is part of why we also wanted to host this series because we recognize that we, as



Preventionist, are trying to drive and encourage change at the individual level, but we are also experiencing change at our own individual level. We're also impacted by the external factors, and we are impacting the external factors across multiple contexts. And we're also trying to exert influence on all of these factors so that we can promote and provide positive community change.

Ivy:

This is a complicated looking image, but I think and hope that everyone here picks up on and just recognizes the multiple levels that we're talking about today. That there's not only the individual level of what we're experiencing, but the goals of our work, and also the social change that we are trying to drive, as well as the social change that is driving us. And I think there were some great examples that several folks noted in terms of recognizing the importance of having Narcan boxes available throughout the community. So that we're changing not only how individuals might respond, but also then the perception and concepts of the entire community.

Ivy:

I see there's another comment in terms of changing the view of how individuals are perceived within society. That's another example of not only how we within Prevention have tried to make an effort in terms of changing our language, but also recognizing that that means that we change our language. We also are changing the language that we're using, and encouraging others to change their language.

Ivy:

As we go to our next slide, I just want to highlight. All of this rec ... Excuse me, all of this requires us to be really strategic. As we think about changing in terms of the Socio-Ecological Model, we recognize that trying to make changes to the individual level really requires a lot more resources. Whether it's staff training, staff capacity, the number of staff involved, as well as monitoring our activities and interventions, et cetera. All of those are necessary components in order for us to make change at the individual level. And that means that we are inserting more effort, more resources, in terms of being effective as we are at that individual level.

Ivy:

As we go down to the societal level or broaden our efforts, there are fewer resources that we are investing per person. However, we also see that our reach and our ability to impact a larger number of people, a larger group, expands as we go from the individual to the societal level. And so really within Prevention, as we think about our work, what's going to be really key is balancing the effectiveness that happens at changing at the individual level, with the efficiency or the ... Excuse me, with the expansion and the ability to make more efficient use of our efforts and resources, by making change at the societal level.

Ivy:

And so we really want to keep in mind that we are balancing change across multiple dimensions. And in many ways it makes things feel complex and complicated, but I think we also recognize the power that that also provides us. As we shift to talking a little bit more about some of this, I'd like to go on to the



next slide and really think a little bit more with you about some of our efforts in terms of promoting change, and continuing to promote change across the Socio-Ecological Model. So I'm going to turn it over to Jess here.

Jessica:

Thanks so much, Ivy. Thanks so much for giving us that grounding, and thinking about change related to our prevention efforts. I think it's so important that we do keep this in mind, even though it may seem intuitive, that really that's ultimately the goal of our work, and that we are not always given a lot of capacity-building in what really goes into change efforts.

Jessica:

And so I think that's what we're hoping to do here today, is give a little bit of that grounding to our conversation. And now look a little more specifically at the individual and interpersonal level. Sometimes interpersonal level is called family or peer level, and also organizational level. But we're going to look at both of these for the remainder of today's session and turn our focus to change in relationship to individuals for right now in the work that we do.

Jessica:

And so we're going to start this section again with the conversation, and we'd love to take a moment. Here are some of the ways specifically you're engaging individuals in your prevention efforts. And so some of you've already shared this potentially in the example you shared in our last question, but now we want you to think about how are you engaging in individuals in your work in terms of being the recipients or beneficiaries of your work?

Jessica:

And so if you'd share some of your examples in the chat to the types of programs or strategies that you're implementing or have implemented to reach individuals, we'd love to hear from you. We'd love to hear a little bit about what that work is looking like in the ground in your communities. So take your time and then when you're ready, pop your thoughts into the chat, if you're feeling brave. I think you have the option of unmuting if you prefer to speak out loud, but if not, the chat is perfectly fine and I see answers are starting to come in, so thanks Michelle for starting us off.

Jessica:

A Global Leadership Now partnership for young girls, and working on a youth campaign for kids in school. So two really excellent examples of individual level strategies or programs that you're implementing in your community. Tanks so much for that. And just curious if others are also doing similar work, related work, or different types of work to try to reach individuals.

Jessica:

Samantha, interactive health education and prevention programs, it's great to hear. If you care to share a little bit more about what interactive means, if you're running these virtually it attractive is what we



think of attractive in the virtual world as now, or if there're programs that have interactive components. Would love to hear more about that, if you wanted to share a little bit more in the chat.

Jessica:

Stephanie, super new. You're reaching out to individual stakeholders and asking for one-on-one meeting to chat with folks and learn the community. I think it's a great strategy. Actually, there's a wonderful YouTube video that two of my colleagues put together about one-on-one relational meetings, which it sounds like what you're doing. You probably don't need it, because a lot of that comes naturally to people in the field certainly or you've built those skills in other roles or context. But I love that video. I go back to that video just to hear what goes into those one-on-one conversations for relationship building.

Jessica:

Interactive ... Oh, let me go back, make sure I'm not missing anything. So Don, "I do evidence-based programs, Too Good for Drugs and Violence. I'm starting in first grade," and you go right through fifth grade, which is great. You're stealing some of my examples for later in this section, but that's great, means we're on the same page. Donna, interactive games in response ... Interactive means games and responses are required in the prevention programs that you're running, so thank you for that. That's great to hear.

Jessica:

Sandra, continued prevention programs for high schoolers, positive alternatives for the community. [inaudible 00:40:11] running focus groups sounds like, which are individuals in groups, sharing their individual responses and perceptions and perspectives on questions that you ask. Paul is doing Too Good for Drugs and life skills trainings looks like, which is great. Darlene is building rapport with individuals while they're in custody, so they're more likely to trust your suggestions when they're released.

Jessica:

So, so, so important. All the examples that you've all shared today, I'm just so inspired by the work you're doing. And it's also important, so thanks for sharing all of the above. Danielle Key, informant interviews with stakeholders. [inaudible 00:40:50] Edwina's evidence based life skills virtually. So yeah, these are all excellent examples of strategies at the individual levels. I see Jeremy just writing, so you have yearly exams where you do mental and substance abuse exams with families. You're working at a community center, so just to see if interventions are needed and it helps to build relationships and families with communities.

Jessica:

And I think you're touching on a really important point, which is we often think about our strategies as fitting within one of those levels of the Socio-Ecological Model. But anything we do for individuals is very likely to have an impact on the people that they relate to in their family. So within a family system, it's very likely too that things we do in communities impact individuals, because what is a community but a



collection of individuals and families. Just thinking that, we try to think about these as you different, but really they're all very interrelated.

Jessica:

I see Laurie, you have expression through art and a youth advisory board to help youth. And you also have a caregiver corner to support grandparents taking care of little ones, especially now during the pandemic. This is my nanny, his nanny downstairs right now with my son. My mom is down there with him right now so I'm sure she'd really like to be a part of something like that. And then you have a MAT department that supports those with addiction and the issues that they face during the pandemic. Another wonderful example of great work that's going on in the field at the individual level.

Jessica:

I'm just going to move us on. And this is a little bit of a misleading slide title. So it's not that we want to say the individual level strategies need defending, as insinuated by the slide, but as Ivy did share, we understand that they do tend to be more resource intensive than other more environmental types of strategies. And they often do reach fewer numbers by design. So I'm going to share a story that many of you have probably heard in one capacity or another in defense of individual level change, and the story's called the boy and the starfish.

Jessica:

One day an older man went walking on the beach just after dawn and he saw that thousands of starfish had been brought onto the shore by the tide. In the distance, he sees a small figure walking toward him, bending down every few feet and then straightening up again and moving on. As he gets closer, he sees that this figure is actually a young boy and the boy is picking up the starfish and tossing them back into the ocean one by one.

Jessica:

When the two are close enough, the older man asks the boy why he's by gathering, spending so much time and energy on something that seems so futile. And the boy responds that if the starfish are left out in the sun, they will bake in the heat and they're not going to survive to the afternoon. So the old man looks down the beach behind him and said, "There's miles and miles of beach and thousands of starfish. You're not going to be able to rescue them all, so what different will it make to throw a few back anyway?" And so the boy bends down, picks up a starfish and throws it into the water and smiles, and says, "Well, it made a difference to that one."

Jessica:

And I love that story. It always brings to mind the times in my life that I was actually the starfish, and when someone took an interest in my concern and made a difference in my life. And that really is the nature of the individual level work that we do in Prevention. We can see the difference that we make in the lives of the people that we touch with our work.

Jessica:



And so, in this session, you know we're looking at these different theories of change. We're going to do the same thing in our next session next Monday. And we're going to introduce a couple theories at each of the levels of the Socio-Ecological Model. The first one is called the Transtheoretical Model. And some of you may know that by a different name, the Stages of Change Model, which was developed by two individuals named Prochaska and DiClementi in the 1970s.

Jessica:

And so this model, often people are pretty familiar with it. It evolved by examining the experiences of smokers who quit on their own and those that actually required further treatment. And this was done to try to understand why some people were capable of quitting smoking without that extra support. And so what they found was that people who quit smoking successfully at the time did so because they were ready to do so.

Jessica:

And so the model focuses in on that individual's decision making process toward intentional change. And it centered on the assumption that people don't change behaviors quickly and decisively. Change instead occurs continuously through a cyclical cycle. We move through these different stages of change, so pre-contemplation, contemplation, preparation, action, maintenance, and then termination. And so termination actually wasn't part of the original model, and it's less often used when we're talking about health related behaviors as we do in Prevention.

Jessica:

So I'll talk a little bit about each of these stages. In pre-contemplation, in that stage people don't really-

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Jessica:

Precontemplation, in that stage, people don't really intend to take action in the foreseeable future. That's what those authors of this theory defined as within the next six months. So, people don't often realize that their behavior is problematic or causing a negative impact on their lives and they would often see more cons than pros related to changing it.

Jessica:

I'll give an example at each stage from my own life. I had a little bit too much fun over the holidays and was in precontemplation about changing my health behaviors until I got my cholesterol levels back from my doctor. That moved me into contemplation, where people are intending to start a healthier behavior in the foreseeable future. People begin to recognize and come to terms with their behavior as maybe being problematic. They're able to consider and hold both the pros and the cons of changing that behavior. And so, they might still be ambivalent about change, but they're thinking about it.

Jessica:



Next comes preparation and so, when people are ready and determined to take action within a shorter timeframe, within like the next 30 days, they're in preparation. Then, they start taking small steps toward behavior change because they believe in this stage that changing their behavior can lead to a healthier life.

Jessica:

I researched some under the desk treadmills when I was in this stage. I contemplated the pros and the cons of more physical activity. Pros being generally healthier and feeling better and then the cons being, I can't find the time in already two short days to get outside and walk. I decided I'd be more likely to exercise if I could do it during my work day, without having to find extra time later in the day. I would be on my treadmill right now walking, except I don't want to make everybody seasick. I'm not walking right now, but I did do my research during my preparation stage.

Jessica:

Then, in the action stage, where people have actually recently changed their behavior, they've either done that by addressing the problem behavior or acquiring other healthier behaviors. In this stage, they intend to keep moving forward with that behavior change. I do have my treadmill. It came a couple of weeks ago and I've been using it pretty regularly thus far.

Jessica:

And so, I'm an action and I'm not quite yet in the maintenance, which is when you've been able to sustain your behavior change for a while, so that's more than six months typically. Then, you intend to maintain that behavior change going forward. The goal in this stage is not to return to the previous behaviors that didn't serve you.

Jessica:

My husband's very much in the maintenance stage for his flossing routine. He hasn't missed a day of flossing since his last dental appointment last summer. He takes a lot of pride in drawing the X on his calendar every day to mark that he's completed his routine. I'm not yet in that stage for my walking.

Jessica:

Then, when people are in termination, they have no desire to return to any unhealthy behaviors. There's really no possibility that they will. It's a really hard state to reach though, so people tend to stay in the maintenance stage, which is just as good to my mind as long as the behaviors are maintained. And so, understanding that individual change is really a stepwise and cyclical process is really helpful to us in prevention, especially if we're encountering resistance from individuals. Then, we'll be able to recognize where people are in terms of their readiness and then support them in moving toward the direction of taking action.

Jessica:

Okay, so the second theory of change we're going to look at, and consider for its relevancy to prevention is called the Health Belief Model. It was developed in the early '50s by social scientists at the US Public



Health Service. It suggested, a person's belief in the personal threat of an illness or disease, together with their belief and the effectiveness of the recommended health behavior can predict whether someone will adopt the behavior.

Jessica:

And so, it's all about desire, the desire to stay well and avoid illness or to recover if already sick. The belief that a specific health action will prevent or cure that illness. It's about the risks of the health issue that are perceived, how susceptible one might be to it, how severe the illness would be, the benefits and barriers related to a specific behavior change, and whether the individual had a clue or a cue for action.

Jessica:

For me, it was my LDL cholesterol and triglycerides that queued me in that it was time to take action. For another person that might be seeing a news piece or hearing about a friend's experience that can spur them into action. Then, how confident is a person that they can make change, all of these go into this model, all these different concepts.

Jessica:

I'm not at all confident. I could have gotten it together to take a walk in my neighborhood every day as much as I might like to, but I'm very confident I can switch on a treadmill, go off my camera, and walk during one meeting a day. When we think about our prevention efforts and our messaging, our information dissemination, our education efforts in particular, how do we make the case relating to the risk and benefit of healthy behaviors? How do we anticipate and resolve barriers that may be standing in individual's way of taking action? How do we affirm and inspire confidence in that change?

Jessica:

We know habits are hard to break, attitudes and beliefs are hard to change. This model doesn't give us the answers for how to do that, but it does help us understand and name what we're up against when we're trying to help move individuals toward change.

Jessica:

Okay, so here are on the slide, a handful of examples of what prevention looks like at the individual level. Many of you named some of these strategies and they're likely familiar to you. But when I think of individual-level prevention, I tend to think about programs that are implemented in settings like schools or by community-based organizations, that are meant to educate and inform and or teach skills to participants. So, that individual level of the social ecological model considers biological and personal history factors that might protect people or put people at risk for substance misuse behaviors. Prevention strategies at this level often aim to promote attitudes, beliefs, and behaviors ultimately to prevent substance misuse.

Jessica:



So, an example would be a program in a school that helps students develop skills to build positive, healthy relationships or other life skills. Not surprisingly life skills is an example of an individual-level program as is AlcoholEDU or Too Good for Drugs. In Too Good for Drugs, as many of you know, helps the individual participants to develop the social and emotional skills they might need to make healthy choices, build positive relationships, develop their self-efficacy, communicate effectively, and resist peer pressure and influence. Mentoring creates these positive individual outcomes for youth by bolstering that protective factor of having a strong relationship with a trusted adult or more than one trusted adults. We're going to talk more about this too at our next section as well. We're going to spotlight motivational interviewing on our next slide, because it's so important. Some of us in prevention are less familiar with it.

Jessica:

Then, SBIRT has become increasingly seen as prevention strategy, particularly they help identify youth that are at elevated risk for developing substance misuse related behaviors or problems. Those that have already exhibited behaviors or experienced problems relating to their substance use, and then help connect them with available and needed resources.

Jessica:

Okay, so motivational interviewing. Let me know in the chat if you're familiar with motivational interviewing. If you've used it in your work in prevention or elsewhere, and I'll just tell you a little bit more about it. It's an evidence-based practice. It's been used to treat substance use disorder. It's often used in counseling relationships. I see a few people writing in the chat they're familiar with MI, which is great. I'm going to just do a quick overview for folks that aren't as familiar with it, just to highlight some of those key aspects of it. But great to see that some people have used it or maybe interested in learning a little bit more in it.

Jessica:

And so, it's been applied to a variety of settings and issues, but it really focuses in on exploring and resolving ambivalence to change and connecting individuals with their own motivators for change. And so, it helps to elicit an individual's internal drive for change through a collaborative and person-centered process. It's really important to that we build rapport. It's also really important to help identify this ambivalence that can exist. That's really meaning feeling two different ways about behavioral change. It's super normal for people to feel conflicted about change and it's a normal part and a natural part of the change process.

Jessica:

And so, I want to be healthy and confident, but I don't want to exercise. So, that's an example of ambivalence that, through using motivational interview, you would help someone name and potentially resolve. Someone using MI principles to help me identify my motivation for change, would pick up on that ambivalence as a cue about my readiness for change. Recognize that I have to resolve that ambivalence before I'd be able to make any desire changes and so, this is a therapeutic approach.

Jessica:



Just something to keep in mind is, even though some of us may have mental health or clinical backgrounds... I was trained as a social worker, for example, we aren't really meant to be doing direct counseling or clinical work in our prevention efforts or our role as preventionists as much as we might still use those skills in our relationships with others. And so, I want to make the case that the principles of MI, to me, are very much like that. They can be applied outside of a clinical relationship because they're straightforward things that anyone regardless of background can incorporate into their work with others.

Jessica:

The principles are very simple, expressing empathy for others and what they're going through, supporting an individual self-efficacy for change, allowing for others to identify the problems that they're facing and the right solutions for themselves when they're ready to do so. That's what we do with communities all the time. We want communities to be the change agents, community members to be the change agents that help identify the problems that they're experiencing and figure out the correct solutions for them. Then, helping others to recognize when there's a misalignment between where they are and where they want to be in order to help them elicit the motivation for making life changes.

Jessica:

And so, we can do all of this by, help by asking open-ended questions in our one-on-one conversations with people. As we're talking to program participants, we can help them stimulate deep thinking about what they want, where they are, and where they want to be. We can affirm what we hear and we can affirm the individual strength and ability to make change. We can reflect what we hear, especially when it comes to those discrepancies between stated values and goals. We can express empathy for what the person is going through and summarize back to them what we hear them saying.

Jessica:

So, those are some of the big key principles in motivational interviewing. A very quick overview. It's not even meant to be a crash course, and people that use this therapeutically have training and experience to use it well. But without that level of expertise, each of us can ask those open-ended questions to better understand another person's goals and behaviors. We could be supportive and empathetic. We can reflect on the goal statements that we hear that don't line up with other people with their behaviors. And so, I think it's really good to have a little bit of grounding in what this is, because change at the individual level always relates to readiness and that's true in the other domains as well.

Jessica:

Readiness and motivation are so important, so we want to think carefully in prevention about how we can help increase that readiness for change and that motivation for change of those on the receiving end of the services that we provide.

Jessica:



Here's a takeaway for this section. We're going to do takeaways in each of our section and that's a lot to consider on a very broad topic, but here's one more thing to consider. Information doesn't usually equal behavior change right away. There are examples of what it does. One example that I remember learning early in my work in prevention relates to, when information about the tobacco industry's tactics to intentionally addict young people to cigarettes became public knowledge.

Jessica:

I remember hearing at the time that high school-aged youth that were aware of the industry's tactics and that they were purposefully targeting them to use tobacco products were something like 17 times more likely to resist initiating cigarette use than their peers that weren't aware of those methods. And so, I always remember thinking how powerful that information is and was. There are times when information is enough, but more often we tend to follow a trajectory or process toward behavior change that involves exposure to relevant information, increased knowledge or skills in the short-term as a result of that information, changes in perception or attitude in the intermediate term that eventually do lead to changes in practice or behavior.

Jessica:

And so, this model is called the KAP or KAB model, knowledge, attitudes, practices, or behaviors. It's been really thoroughly researched over time and applied to countless health issues. I think for us as a takeaway here, it's just important to remember that, even though a lot of what we do is education and information dissemination that, that's one step in the process toward behavior change. An important and necessary first step, but that we have to go further than that in supporting individuals to develop their knowledge and scale, to form or change their attitudes and ultimately incorporate more healthful behaviors. And so, that's our discussion on individual-level change for now.

Jessica:

Any comments or questions you have, please feel free to put in the chat at any point. We've got time built into the session to discuss and reflect together. But for now, I think I'm turning this back over to you, Ivy, to talk about interpersonal and organizational change. Ivy, over to you.

Ivy:

Thanks Jess. So, as we switch to talking a little bit about the interpersonal level, we noted earlier that, as we think about the interpersonal level, we're really thinking about, what happens in terms of the family and peer relationships? Where and how do relationships really matter to this?

Ivy:

We're recognizing that relationships are key to the interpersonal-level change at the interpersonal level. Both how those relationships influence the individual, but also how the individual influences those relationships or those with whom they interact in their peers groups as well as with their family.

Ivy:



And so, as we talk about this, I'm going to switch to the next slide and ask you again to just jot in the chat, a few examples of how you have seen relationships factoring into your efforts to create change. Where have you seen that maybe some of your efforts to create change or either supported or moderated and influenced or limited by the relationships that might exist? How those relationships might impact the individual change that you have been encouraging.

Ivy:

I'd love to see a couple of comments or thoughts that you have on those. I think for many of us, we might immediately think about a couple of examples. For instance, recognizing the relationship that the family has on how an individual makes change with their substance use or some of their attitudes around substance use.

Ivy:

As you have also spoken just a few minutes ago with Jess about the role of the individual in the classroom, individual curriculum, individual strategies in the classroom, recognizing that, that's also a context where peers might have some influence. I see one of the comments that's in the chat is, "Usually you need buy-in from others for a change to really go well and be sustained." Exactly. Stephanie, that is so true. If peers imply that change is good and something to be desired, then we're more likely to see those individual make change. That's because of how the relationships that they have with others influences their own perspective.

Ivy:

As we think about a couple of the other examples, I know people are typing some comments into the chat, so please keep those coming. Do want to reserve some time for us to have some comments and some additional comments from you, so I am going to switch to the next slide. And so, as we think a little bit more about this, what we're highlighting with the interpersonal level is that, relationships matter. This is not just an instance of, if we change the individual's attitudes, behaviors, or skills and knowledge that, that's all that's necessary.

Ivy:

We recognize that in order to sustain, as a couple of you have said in the chat, it's really about developing and building buy-in from peer groups, as well as others who can provide that level of support, who can provide that ongoing level of encouragement, as well as that sustaining effort over the long-term.

Ivy:

Jess, I heard those examples of your husband's flossing on a daily basis. Well, I'm sure there are times when you go, "Yay, rah-rah," and you give that support and you give that encouragement that really helps to reinforce. As well, for I think both of us, as we think about walking and staying active, and for most of us, we know that having a peer group, whether we call it an accountability partner or we have friends who we're competing against in a friendly way, we really need that support, that



encouragement. The importance of the relationship in terms of supporting and encouraging our ongoing participation. Yes, you are so right, Edwina. It helps when the family buys in.

Ivy:

As we switch over to our next slide, we're going to talk about a couple of models, theories of change that speak to the role of relationships with our interventions. Two that are really commonly used within prevention are family systems theory of change and then also the social cognitive theory of change.

Ivy:

These are familiar as you think about them, but we might not necessarily talk about always what's the undergirding of our interventions. But talking about family systems, it's looking at how families yes, are complex and that family members influence one another's behavior. We recognize in this theory of change that each member plays a role or has their part, and their behavior and interactions as that in that role and their interactions with others within the family unit influence how one another behaves.

Ivy:

I think there are a number of examples and Edwina has highlighted the importance of family support. If an individual within a family tries to make a change, let's say, then it's really important to have that buy-in and the rest of the family unit allowing for modifications by that individual's behavior and then responding to it likewise. I'll get into a little bit more about that in just a minute. But the other theory of change we want to highlight right now is the social cognitive theory, and this is a much more recent theory.

Ivy:

It really is focusing on the fact that, behavior, we believe in this theory is determined by a set of internal and external factors that influence one another, but those are playing off of one another. It's an understanding that the social context is really dynamic and it's how the person views their environment, as well as the benefits and the importance of changing behavior. Probably sounds familiar, but it's recognizing that it's how all of those influence one another. We'll note that with the social cognitive theory, that self-efficacy or that ability to change, to modify, that sense of control and mastery are key to this.

Ivy:

I see a couple of comments that are coming into the chat where you have seen where, either as you've tried to implement interventions, both the family systems theory and where you've seen maybe some successes with intervention, both the family systems theory or the social cognitive theory have either come into recognition of how the prevention efforts need to be approached, need to be addressed.

Ivy:

There are a number of just both strengths and challenges with both of these. We'll get into those just a second, but I want to jump into a couple of examples of some of the programs that are driven by both



the family systems theory and the social cognitive theory. These are programs that you're very familiar with. Those-

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Ivy:

These are programs that you're very familiar with. Those family programs, those that are parent education, youth mentoring, whether it be individual, one on one mentoring, or group mentoring, and which there is a focus on relationships with trusted adults. There's the whole role of both the peer education programs and social groups, so social... Excuse me, group programs for young people, where they are serving as a peer group to change and modify behavior and attitudes with one another, but then also looking at social marketing and some of those norms campaigns. A couple of examples that we can share just in terms of titles of programs, you'll I think find that some of these are very familiar.

Ivy:

When we think about programs that focus on maybe supporting and assisting the individual with changing either their self or their peer, thinking about some of the norms, we might think about mentoring. That fits very much into that, but also we have our AA and other 12 step programs that focus on the role and the importance of the peer support, the peer assistance and norm setting. We also have one program called... And I'll just name a couple, not in for any endorsement of any of them, but one in particular is the Curriculum Based Support Group. It's an opportunity for young people who have been identified maybe at that selected population, because of maybe certain risk factors, that they are in need of reestablishing or resetting maybe their peer group and their peer behaviors.

Ivy:

So it's using not only peer education and social groups, but it's also using an opportunity to build that relationship with a trusted adult for that group, and then also changing the norm of the students within that group. We also have those strategies that are embedded in here, and each of these models that reinforce behavior change. And so I know that there are a number of you who referred to the importance of not only the individual being able to make behavior change, but having that behavior change encouraged, supported, and reinforced by the other members of that social context, whether it be the family, or whether it be the peer group, and that includes some of the things like teen intervention programs, where there are a number of group activities and discussions, where youth are able to provide reinforcement as well as changing, again, some of those social norms.

Ivy:

We also can think about intervention strategies, not necessarily fully implemented by preventionist, but also integrating some of the work with maybe counseling and mental health supports like brief strategic family therapy, or creating lasting change connections. These are some intervention... Excuse me, prevention and on the edge of intervention programs that really support at that next level of reinforcing behavior change, and then, of course, there are those ways that we try to sustain and continue for the long term how changes in behavior, changes in knowledge, changes in skills can be supported.



Ivy:

It's that emphasis on the longevity of the relationship with trusted adults through mentoring, for example. It's really ensuring that those mentoring relationships are not just for a brief period of time, say several months, but we know that at a minimum, most mentoring programs are following best practice now of at least one year of being paired with the mentee and the mentor. And that's part of that strategy of really sustaining some of those efforts, really thinking about that encouragement as well to how support can be provided when there are challenges, when there are high levels of stress, when there are other situations that might lead an individual to modify or regress in terms of their behavior.

Ivy:

And so as Jess spoke earlier about the stages of change, and recognizing that we go through that, but this is also where those interpersonal level prevention strategies can provide that support to assist a person or a group of people with maintaining at that level of not just precontemplation, but returning back to some of those steps. We can think about strengthening families as one of those interventions. We also have programs like Families and Schools Together, which is a multi family group intervention. Some of these family programs last for 12 weeks or more, very often may last up to six months or so. And part of the goal with these is to really ensure that there's not just the beginning portion of helping to reset and change behaviors, and how the individual might interact or respond within that family context, but then also providing some of those strategies for long term.

Ivy:

There's also another interesting model called the social developmental strategy model, and that is really based on, I think many of you may be familiar with it, with the Communities that Care program, as well as a lot of the research that's been done by Biglan, and Catalano, and others, that really the social development... Excuse me, social developmental strategy model really pulls together the research across multiple programs, and looks at what are some of those strategies that enable interpersonal interactions, that interpersonal prevention strategies to support not just the change for individual, but the change within the relationships, and using relationships to make and sustain those changes. So as we go to our next slide, I want to talk maybe just a little bit more about some of the family programs.

Ivy:

And I think I saw in the chat there are a number of you who've noted some of the family programs that you may be implementing. Would love to see if there are any others that do not appear in the chat, or have not been mentioned so far. We recognize that there are a whole host of family programs. There are, I think, a number of advantages that we see with family programs, and that is the ability to not only provide the individual support to the young person through maybe a classroom based intervention, but then as particularly as part of universal strategies, but then particularly support families at that selected level by providing some of those additional supports, that additional theory based change of how we are going to support the family unit with making changes in their interactions, as well as supporting the individual within that unit with understanding and seeing how the efficacy that they have, but also the benefits and the outcomes of making those changes.

Ivy:



I see Don has noted that you're just starting to provide Triple P. Yes, that's a great program. I mean, we're all using, hopefully, evidence based interventions that are really driven by not only these theories, but also recognition, and that they have been piloted, evaluated, and implemented across a variety of different populations, and in a variety of different contexts. I think particularly as we are looking right now, we see that there are a number of ways that we continue to grow and continue to move those programs effectively through our interventions.

Ivy:

I'm going to go on and switch over to our next slide, because I'm looking at time, and recognize that I want to hurry and get to some of the discussion portion. In particular, I just want to highlight one of the key takeaways is really understanding that relationship dynamics at this level are essential, and that is really making sure that we understand not only how are we establishing, maybe it's peer groups, but also how are we establishing and supporting relationships across and within the context of these interventions. It's also recognizing that some of the interventions we really need to assess how applicable are they to different populations, in particular, for example, the recognition that maybe relationship dynamics don't stay the same if one person modifies how they behave. That is a key part of the family system's theory of change.

Ivy:

However, there are context in which there may be some other conditions within the relationship, let's say power dynamics, or an assumption of egalitarianism and an equality across all of the adults within that system or within that family unit. They may not exist, particularly if we're looking at situations or families within which there may be one primary breadwinner, or one primary decision maker within the family. It's also understanding that peer relationships can be both positive and negative, and have positive and negatively reinforcing roles. So recognizing that as we are establishing peer groups, for example, that we're really paying attention to who's part of that peer group, and how do we support or how do we manage the efforts of the... Excuse me, the impact of that peer group in terms of the direction, that it's encouraging individuals.

Ivy:

So as we think about some of these strategies, I just want to really also take it from what we're doing in our efforts as preventionist to that next level of thinking about what it means for some of the changes that we're seeing and experiencing. So as we go to our next slide, there are going to be a couple of examples here about some of the changes that you may have experienced as a prevention professional. I've listed on screen a couple of examples that I have been attentive to you over the last several years, recognizing that it's about training and professional development, making sure that I'm looking again at what new information has come in for the work within my field, but also in terms of my own ethical behavior, and how I interpret that, recognizing that I'm also changing some of my language, and being more affirming in my language.

Ivy:

I'm also looking at communities, and neighborhoods, and populations with a more asset based orientation. Would love for you to share at this point any additional examples that you'd like to highlight



in the chat, as well as thinking about some that you're still struggling with. I'm still struggling with some elements of working in terms of thinking strategically about being responsive culturally to different populations, and how to help within my organization to integrate more of a culturally responsive approach. And so let's go on and think about a couple of those examples, and we're going to switch to our next slide. Thinking about some of the changes that we were talking about today, and I'm going to turn that over to Jess.

Jessica:

Thanks. Thanks, everyone. We are coming to the end of today's session, but don't leave yet, because we do want to just give you the chance to reflect together, and instead of looking back, or looking at our current situations, and the work that we're doing right now, to ask you to reflect forward about one thing you could envision changing on the individual level, either in your personal life or professionally, and then one thing you could consider changing at the interpersonal level. Since the focus of this series and of today's session is on change, we thought what better way to begin wrapping ourselves up would be to give that chance to reflect about changes that you could see yourself making maybe based on what you've heard here today, or just more generally.

Jessica:

We've shared, I think, some very real personal examples of changes we're trying to make, or hope to make in the future, but just want to give you the chance also to think about at the individual level, at the interpersonal level, either or both, what are changes you might envision making sometime in the near term future. So feel free to put your responses in the chat to this question, and just in the interest of time, would love to see if anything comes up for you as far as changes you might make. And then while you're thinking, I'll ask Ivy just to peek in the chat at Stephanie's question, because she had a great question about evidence-based lists, like similar to what NREPP was once, certainly, but there are other lists, and she mentioned Blueprints.

Jessica:

I know that SAMHSA has its evidence based resource list on its website that it's culling together, and that I'll share the link for in just a moment, but I didn't know if you have off the top of your head other examples. I know there's many different databases where those are housed, but we could also compile a list, and share it out with everybody on the line after today's session, if that would be of interest?

Ivy:

Yeah. It would be great to hear from folks to just even populate in the chat if there are others who would be interested in that. I think there are a number of different registries, and some of it is also understanding what are some of the issues or aspects of intervention that you're trying to achieve. Oh.

Jessica:

I see some. Thanks so much. Thanks so much, Ivy. Sounds like there is interest, which is great. So we should just do that anyway, but I think it's great that there's interest, and I do see some responses coming into our questions. So thanks so much for hanging in here with us. We know we're coming to the



close of the session. So just love and appreciate that you're here, and thinking this through with us. So Lori, "Learning to support individuals in my life without taking on their problems or forgetting myself." I think it's such a well said and important thought really.

Jessica:

I have a book that I love that probably half of what I've said today is I've said because I've read this book, and it's called The Dance of Intimacy, and it's all about exactly what you're describing, Lori, sort of instead of taking responsibility for other people, for their happiness, for their behaviors, it's about learning how to take a responsible position in the relationship that's authentic to you, that puts in the level of effort that you feel like you need to put into that relationship, but that doesn't kind of take on anything that doesn't serve you through that relationship, and through the role that you play.

Jessica:

So anyway, I wish I could remember the author. I think it's a Judith. I can find that out too, but it's a phenomenal book. It kind of changed my life kind of book. If you haven't read it, I highly recommend it, and it does exactly what you're describing, Lori. Julia, "Personal change, you're committed to being more mindful and staying in contact with friends and family. It's wonderful." Darlene is hoping to make some language changes on your team. I think that it sounds like a wonderful professional goal for you to be leading this change effort for your team on the interpersonal level. See a lot of interest, which is great.

Jessica:

So from C. Louis, "More awareness on holistic health and wellness, especially around trauma." Don is working on changing a personal routine and developing more discipline. Edwina, "Being more aware of stress and listening to your body." I can repeat the book name. It's called The Dance of Intimacy. There's another book also called The Dance of Anger, which I haven't read yet, but I imagine it's on a similar theme, and I'm sure one of my colleagues is probably beating me to find the author, because I can. You can see I can't multi... I can't do anything but read what's in the chat right now.

Jessica:

So trying to make lifestyle change as far as health and wellness, eating better, and more exercise, working on your stress levels, Margolin, not being so upset by small things, and trying to focus on time always, and live in the moment. Darlene is with me. I'm with you, Darlene. You and I can be accountability partners. Ask me how I'm doing on my treadmill, if you can come now next Monday, because it's sitting here mocking me, literally right here, mocking me right now. And so The Dance of Intimacy, it is written from the perspective of a woman and for women, but I think it could be helpful however we identify in terms of gender, and it's really about changing relationships, and it's by a Harriet, not a Judith. Well, there you go.

Jessica:

See? Serves me right for speaking extemporaneously. So we will put together that list for you. If you do have other questions, will you please let us know? I'm just going to zip through our next slides. So we spent today talking about individual and interpersonal level change. We know they take a lot of work,



and they might have smaller reaches, but they're so important, so effective as part of a comprehensive prevention strategy. Next week, if you're able to join us, we'll be looking at community and societal level change.

Jessica:

So we're hoping you're going to be able to be there with us for that. We'd love to have you back. We would love you to take the moment and fill out our evaluation. You can click [here](#). You can see we have our very fancy QR code, because we're very technologically savvy at the Northeast and Caribbean PTTC, and then also our colleague, Shannon, has dropped that into the chat. So please do take a minute. We will read what you write, and we will make everything better for our next session. So please give us any positive or constructive feedback you have.

Jessica:

We would love to improve our services for you moving forward, and the link to that evaluation is in the chat. So feel free to take that and follow it, and then I'm just going to bring up in the interest of time Ivy's contact information and my own. Please reach out to us to continue this conversation. If we can be helpful to you in your change efforts, that's what we're here for. If you want to talk through kind of anything related to changing language also, I did hear that come up a couple of times today. We love to think about that, help you plan for those kind of change efforts in particular, but really anything goes in terms of how we can support your prevention efforts.

Jessica:

I see a request from Margolin in the chat around the registration link for next week. So I'm not sure if we're going to. I'm sure we can get that in the next minute or so, but if you have to hop off, we can follow up with you over email. Margolin, make sure you have that, because we would love to have anyone who's interested in talking more about change, kind of at those higher, broader community and societal levels. We'd love to see you back here next week, but for those who have to jump, thank you again so much for being here, and for all of your participation, and all of your engagement. It's been a great conversation, and we will look forward to seeing you back if you're able to join us next week. Ivy, was there anything that you'd want to add before we sign off?

Ivy:

I would just love to thank everyone for joining today, and encourage you that as we all think about change this week, that we practice wellness and patience as part of it too.

Jessica:

I like that. Thank you for the reminder. Self patience, right? No, my treadmill is not mocking me. It's beckoning me. It's encouraging me to get on it right now that I now am jumping off our webinar before my next meeting. So thanks, everyone. Take care and have a great rest of your day. We look forward to seeing you next week. Bye.

PART 4 OF 4 ENDS [01:30:21]



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