

Southeast PTTC

Prevention Workforce Development Prevention Fundamentals

Resource Guide



Southeast (HHS Region 4)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

**Southeast PTTC
Workforce Development Suite
Training 1: Prevention Fundamentals**

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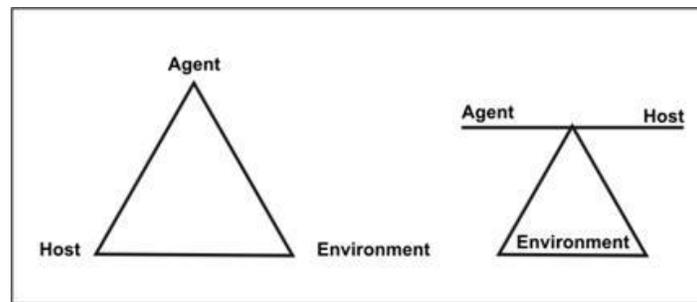
Brief History of Prevention

Time	National Perspective	Strategies	Activities
1950s	Drugs are a problem of the ghetto, used to escape pain and avoid reality	Scare Tactics	Films & Speakers
Early 1960s	Drugs are used to escape pain and avoid reality, but they're more than just a problem of the ghetto	Scare Tactics	Films & Speakers
Late 1960s	Drugs are used to intensify life, to have psychedelic experiences. Drug use is considered a national epidemic	Information	Films & Speakers
Early 1970s	A variety of drugs are used for a variety of reasons: to speed up experiences, to intensify experiences, to escape, to expand perceptions, to relieve boredom and to conform peers	Drug Education	Curricula based on factual information
Mid to Late 1970s	Users become more sophisticated and society develops an increasing tolerance of drug use	Effective education and alternatives to drug use	Curricula based on communication, decision making, values clarification and self esteem
Late 1970s to Early 1980s	Parents begin to form organizations that combat the incidence of drug use	Effective education, alternatives to drug use and training	Social skills curricula, refusal skills training and parenting education
Late 1980s to Early 1990s	Drug use is highly complex.	Parent, school and community partnerships	Research-based curricula, linkages and peer programs
Mid-1990s to 2000	The gap between research and application is gradually being bridged	Replication of research-based models and application of research-based approaches	Environmental approaches, comprehensive programs targeting many domains and strategies, evaluation of prevention programs, media campaigns and culturally sensitive programs
2000-2010	Designer drugs, meth production, non-medical use of prescription drugs, medical marijuana, research on effects of drug on brain and development	Coalition-led community problem solving efforts, data-driven decision making, environmental change initiatives	Strategic Prevention Framework, coalition building and comprehensive approaches
2010–present	Greater emphasis is placed on prevention and treatment for everyone. Behavioral health was integrated with primary care under the Affordable Care Act of 2010.	Use of evidence-based practices;	Strategic planning process; improved access to health insurance with better benefits for mental health and substance abuse services and support

Epidemiologic Triangle – Public Health Approach to Disease Causation

A number of models of disease causation have been proposed. Among the simplest of these is the epidemiologic triad or triangle, the traditional model for infectious disease. The triad consists of an external **agent**, a susceptible **host**, and an **environment** that brings the host and agent together. In this model, disease results from the interaction between the agent and the susceptible host in an environment that supports transmission of the agent from a source to that host. Two ways of depicting this model are shown in the figure below.

Agent, host, and environmental factors interrelate in a variety of complex ways to produce disease. Different diseases require different balances and interactions of these three components. Development of appropriate, practical, and effective public health measures to control or prevent disease usually requires assessment of all three components and their interactions.



Agent originally referred to an infectious microorganism or pathogen: a virus, bacterium, parasite, or other microbe. Generally, the agent must be present for disease to occur; however, presence of that agent alone is not always sufficient to cause disease. A variety of factors influence whether exposure to an organism will result in disease, including the organism's pathogenicity (ability to cause disease) and dose.

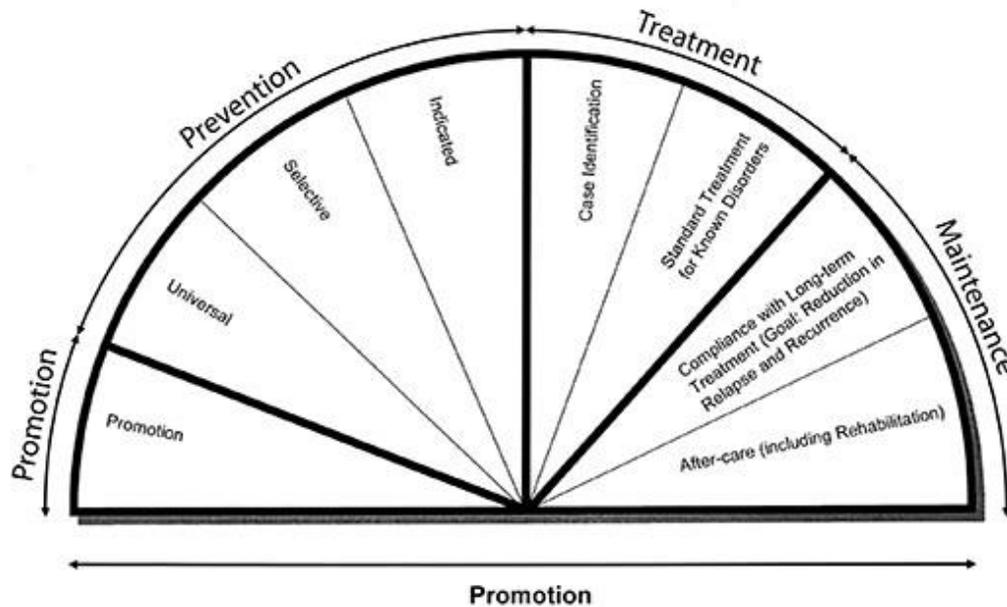
Over time, the concept of agent has been broadened to include chemical and physical causes of disease or injury. These include chemical contaminants (such as the L-tryptophan contaminant responsible for eosinophilia-myalgia syndrome), as well as physical forces (such as repetitive mechanical forces associated with carpal tunnel syndrome). While the epidemiologic triad serves as a useful model for many diseases, it has proven inadequate for cardiovascular disease, cancer, and other diseases that appear to have multiple contributing causes without a single necessary one.

Host refers to the human who can get the disease. Factors intrinsic to the host, sometimes called risk factors, can influence an individual's exposure, susceptibility, or response to the agent. Opportunities for exposure are often influenced by behaviors such as sexual practices, hygiene, and other personal choices as well as by age and sex. Susceptibility and response to an agent are influenced by factors such as genetic composition, nutritional and immunologic status, anatomic structure, presence of disease or medications, and psychological makeup.

Environment refers to extrinsic factors that affect the agent and the opportunity for exposure. Environmental factors include physical factors such as geology and climate, biologic factors such as insects that transmit the agent, and socioeconomic factors such as crowding, sanitation, and the availability of health services.

Source: <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section8.html>

Continuum of Care - Prevention



Mental Health (including Substance Abuse) Intervention Spectrum (IOM Continuum of Care)

The National Research Council and Institute of Medicine in 2009 published an updated version of the Continuum of Care framework which places prevention in a graded continuum of care that distinguishes between prevention, treatment and maintenance, and shows their interrelation. It also distinguishes between three levels of prevention services according to the risk levels of the target populations. The IOM framework has been visibly adopted in prevention policy language, which describes the range of interventions and strategies which support healthy lifestyles and choices

Mental health promotion interventions: Usually targeted to the general public or a whole population. Interventions aim

to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Example: Programs based in schools, community centers, or other community- based settings that promote emotional and social competence through activities emphasizing self-control and problem solving.

Universal preventive interventions: Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse. Programs offered to all parents of sixth graders to provide them with skills to communicate to their children about resisting substance use.

Selective preventive interventions: Target- ed to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological or social risk factors that are known to be associated with the onset of a mental, emotional or behavioral disorder.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional and behavioral outcomes.

Indicated preventive interventions: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

Example: Interventions for children with early problems of aggression or elevated symptoms of depression or anxiety.

Source: *National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.*

<https://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress>



Risk and Protection

Risk and protective factors—conditions in people's lives that make them more or less likely to use alcohol, tobacco, or illicit drugs—play an important role in successful prevention strategies.

A community that is alarmed about a substance use issue may direct most of its attention to risk factors—the negative behaviors, experiences, or conditions that cause or are associated with the problem. For young people, alienation, stress, social pressure, poor grades, family problems, and curiosity are some of the reasons why they may turn to alcohol, tobacco, or illicit drugs.

In addition, many messages, attitudes, and practices throughout society promote or condone the use of harmful substances, such as the casual, consequence-free portrayal of drinking, smoking, and drug use in popular movies and music.

To get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors. While risk and protective factors can be complex, they represent conditions found in everyday life (see text box on *Protective Factors for Youth*). You don't have to be an expert to include these important elements in your prevention strategy.

To get the most out of your prevention efforts, it is important to reduce risks and to boost protective factors.

How Do Risk and Protective Factors Occur?

Everyone is exposed to both risk and protective factors for substance use. From early in life, the more risk factors a young person has, the more likely it is that he or she may use harmful substances and face related problems. On the other hand, the more protective factors a young person has, the less likely it is that he or she will try alcohol, tobacco, or illicit drugs.

Accent the Positive: Protective Factors for Youth

Individual Factors:

- Positive temperament
- Social coping skills (problem solving, ability to stand up for beliefs and values)
- Positive social orientation (engaging in activities that contribute to healthy personal development, accepting rules and community values, identifying with school, and choosing friends who don't use harmful substances)
- Belief in one's ability to control what happens and to adapt to change

Family Factors:

- Unity, warmth, and attachment between parents and children
- Parental supervision
- Contact and communication between and among parents and children

Environmental Factors:

- Positive emotional support outside of the family such as friends, neighbors, and elders
- Supports and resources available to the family, such as crisis lines or hotlines, programs for individuals with trauma or post-traumatic stress, and family counseling
- Community and school norms, beliefs, and standards against substance use
- Schools characterized by academic achievement and students who are committed to school



Where Do Risk and Protective Factors Come From?

Risk factors vary greatly according to age, social and psychological development, ethnic/cultural identity, and surroundings. Protective factors also vary, buffering youth from influences that make them more inclined to start or continue using substances.

Conditions vary from culture to culture and from community to community. Youth at high risk tend to live in settings where they are exposed to numerous risk factors, such as neighborhoods or peer groups where substance use is condoned or viewed as the norm. They also may come from families with a range of problems.

Everyone is exposed to both risk and protective factors for substance use.

How Do Risk and Protective Factors Work?

Risk and protective factors interact continually. Their effect on a person depends on features such as the number of factors that occur at the same time, how intense they are, and how long they last.

While some factors cannot be changed, their influence can be lessened or increased. The more risks can be reduced, the less prone a child will be to health and social problems. For example, some children living in a distressed neighborhood may have fewer behavior problems than others due to strong parenting.

What Problems Are Affected by Risk and Protective Factors?

Several risk factors for substance use also increase the risk of other serious problems—dropping out of school, pregnancy, violence, and crime—in the teen years.

Problem behaviors also tend to be linked with each other. For instance, a youth who uses drugs may engage in delinquency such as violence, theft, and vandalism.

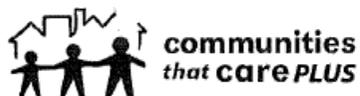
Starting Points

Take a closer look! There are many ways to describe risk and protective factors. A good way to begin is to look at three areas of influence:

- *Individual factors* include behavior and personality as well as genetic and physical makeup.
- *Family factors* include the way that parents and children behave and relate to each other.
- *Environmental factors* include circumstances outside of the family such as school experiences, peer influences, and community conditions.

Have the greatest impact! To address risk and protective factors effectively, look at the big picture:

- Focus on young, school-aged children and their families before negative behaviors and family problems become deep-rooted.
- Choose strategies that fit children's gender and level of development.
- Develop prevention activities in more than one context such as schools, cultural settings, faith-based groups, and neighborhoods.
- Address more than one risk factor at a time.
- Reduce exposure to risks while enhancing protective factors.
- Build on strengths in the individual, family, and environment.



Risk Factors for Health & Behavior Problems

Risk Factors for Health & Behavior Problems	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
Family						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
School						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
Individual/Peer						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

Source: <https://www.communitiesthatcare.net>



Source: <https://www.communitiesthatcare.net>

CADCA's National Coalition Institute
Seven Strategies for Community Change

1. **Providing Information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
2. **Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. **Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. **Enhancing Access/Reducing Barriers**- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. **Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. **Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. **Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Source: <https://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

CSAP STRATEGIES

The Center for Substance Abuse and Prevention (CSAP) strategies were developed and approved by the Substance Abuse Mental Health Services Administration (SAMHSA).

Category	Examples of Programs/Activities
<p>Alternative Activities (Cultural Programs): Activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives.</p>	<ul style="list-style-type: none"> • Youth Cultural Program • Community Drop-In Centers • Community Service Activities • Drug-Free Social Recreational Activities • Mentoring Programs • Youth/Adult Leadership Activities
<p>Community-Based Process: Providing an organized forum to enhance prevention activities by forming a group. The group organizes, plans, and implements prevention activities through this format.</p>	<ul style="list-style-type: none"> • Community Team Building • Systematic Strategic Planning • Multi-agency Coordination & Collaboration/Coalition • Community Prevention Coalition
<p>Education: Activities to provide education to identified group/individuals aimed at teaching decision - making skills, refusal skills, parental management skills, social skill development etc. Education activities involve two-way communication and involve an educator teaching participants.</p>	<ul style="list-style-type: none"> • Traditional Teaching • Ongoing Classroom &/or Small Group Sessions • Parenting & Family Management • Peer Leader/Helper Programs • Preschool ATOD Prevention Programs • Other Education Activities
<p>Environmental: Establish or change community attitudes, norms, and policies that can influence substance use occurrence within the community.</p>	<ul style="list-style-type: none"> • Promoting Establishment/Review of School/Workplace Policies • Public Policy Efforts • Social Marketing Campaign • Social Norms Campaign
<p>Information Dissemination: Provide information about drug use, misuse, and abuse, effects of substance use on individuals. Provide information on prevention related programs and resources available.</p>	<ul style="list-style-type: none"> • Brochures, Fact Sheets, Newsletters & Handouts • Information Resource Centers • Health Fairs, Other Health Promotion • Information Lines/Hotlines • Media Campaign • Radio & TV Public Service Announcements • Speaking Engagements
<p>Problem Identification and Referral: Identify individuals with misuse/abuse of substances in order to provide interventions that can deter those individuals of continued misuse through education and motivation strategies.</p>	<ul style="list-style-type: none"> • DUI Education Programs • Employee Assistant Programs • Student Assistant Programs

Source: https://www.theathenaforum.org/sites/default/files/public/documents/csap_strategies.pdf

Strategic Prevention Framework (SPF)



Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to understand a population's needs, review the resources that are required and available and identify the readiness of the community to address prevention needs and service gaps.

Capacity

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. SAMHSA provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Sustainability

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds.

Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Source: SAMHSA - Substance Abuse and Mental Health Services Administration

SPF Checklist



Task	Level of Implementation			
	High	Med	Low	?
Assess problems and related behaviors				
Prioritize problems				
Assess risk and protective factors				



Engage community stakeholders				
Develop and strengthen a prevention team				
Raise community awareness				



Prioritize risk and protective factors				
Select interventions				
Develop a comprehensive plan that aligns with the logic model				



Deliver programs and policies				
Balance fidelity with planned adaptations				
Retain core components				
Establish implementation supports and monitor				



Conduct process evaluation				
Conduct outcome evaluation				
Recommend improvements and make mid-course corrections				
Share and report evaluation results				



Include target populations in all SPF steps				
Use a population-based definition of community				
Stress importance of culturally appropriate strategies				
Promote cultural competence among staff, evaluators				



Sustain the SPF processes				
Sustain selected programs and strategies				
Sustain prevention team				
Obtain resources to sustain the effort				

Adapted from: SAMHSA A GUIDE TO SAMHSA'S STRATEGIC PREVENTION FRAMEWORK (SPF)

Sources of Information

Athena Forum – CSAP Six Strategies

https://www.theathenaforum.org/sites/default/files/public/documents/csap_strategies.pdf

CADCA – Seven Strategies for Community Change

<https://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

CADCA – Comprehensive Strategies

<https://www.cadca.org/resources/planning-primer-developing-theory-change-logic-models-and-strategic-and-action-plans>

Centers for Disease Control and Prevention - Epidemiological Triangle

<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section8.html>

Centers for Disease Control and Prevention - Public Health Approach to Prevention

<https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>

Centers for Disease Control and Prevention - Prevention

https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf

Centers for Disease Control and Prevention - Prevention

https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf

National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities – Continuum of Care

<https://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress>

SAMHSA - Focus on Prevention

<https://www.samhsa.gov/ebp-resource-center/prevention/focus-prevention>

SAMHSA – Strategic Prevention Framework

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Social Development Research Group - Communities That Care - Risk Factors / Social Development Strategy

<https://www.communitiesthatcare.net>

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