

# 7 Keys to Effective Prevention

---

**Tammy L. Collins, Ph.D.** ICPS, OCPC Center of  
Excellence for Recovery  
Marshall University Research Corporation

**JoAnne McNemar, M.S.** Community Health  
Education CPS2, Partnership for Success Program  
Director, WV DHHR BBH

**Kathy Brunty, B.A.** Early Childhood Development,  
Partnership for Success Coordinator, National SADD  
chapter of year 2015, National SADD advisor of the year 2016

Supported by the Strategic Prevention Framework Partnership for Success grant from the federal Substance Abuse & Mental Health Services Administration through the WV DHHR Bureau for Behavioral Health.



Think about the best  
training you were ever in...  
*What made you like it?*



# Prevention Basics



# Prevention

## Definitions

- **Prevention** promotes the health and safety of individuals and communities. It focuses on preventing or delaying the onset of behavioral health problems (i.e. substance use disorders, mental health diagnoses, delinquency and problem gambling)
- **Prevention Services** are planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavioral change for individuals and/or communities (These services do not include clinical assessment, treatment or recovery support services.)

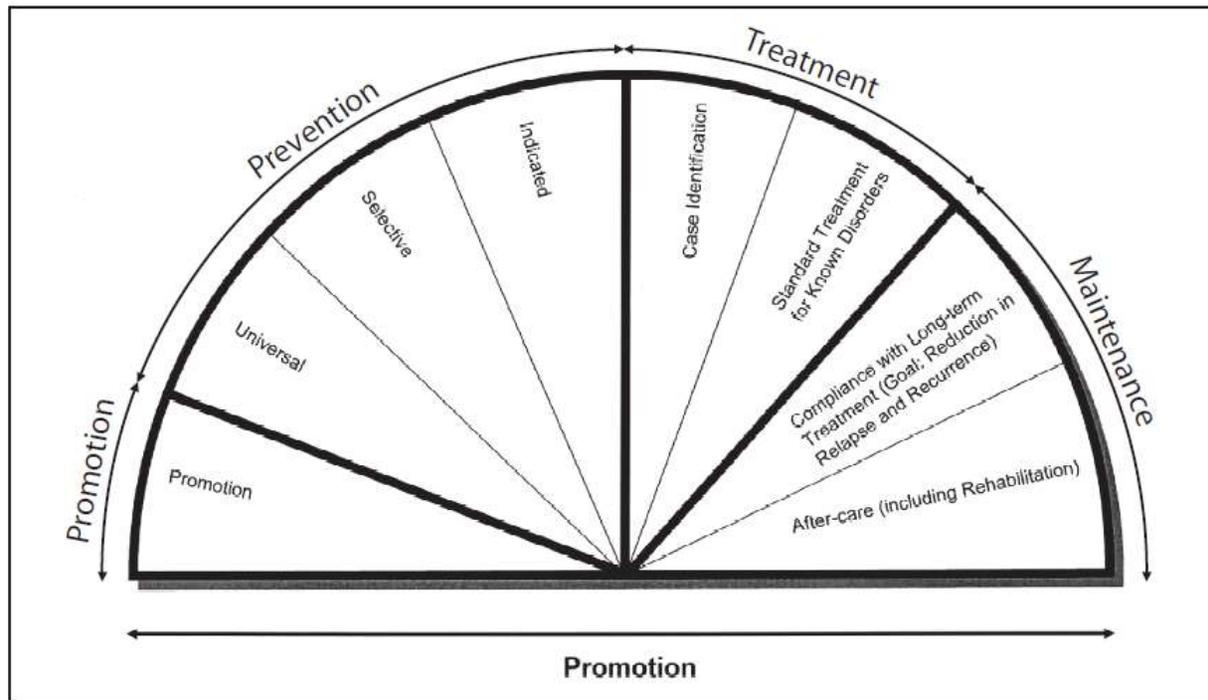


## 2 Essential Elements of Prevention

- The term "prevention" is reserved for interventions designed to reduce the occurrence of new cases of mental, emotional and behavioral health disorders (IOM, 2009).
- Two criteria define primary prevention efforts.
  - First, prevention strategies must be intentionally **designed to reduce risk or promote health before the onset of a disorder**.
  - Second, strategies must be **population-focused and targeted** either to a universal population or to sub-groups with known vulnerabilities (IOM, 2009).

# Continuum of Care

**Prevention is an integral service**



Source: Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults, 2009



# Prevention Principles

Principles provided are from the National Institute on Drug Abuse and can be found at <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>



# 7 Keys

## **To practicing effective prevention**

1. Know what you want to prevent
2. Use what works
3. More IS better
4. Just info is not enough
5. Must increase skill or change environment
6. Scare tactics don't work
7. First, do no harm. Phone a friend



# K1-Know what you want to prevent

## **Risk & Protective Factors**

- “Research over the past two decades has tried to determine how drug abuse begins and how it progresses. Many factors can add to a person’s risk for drug abuse. Risk factors can increase a person’s chances for drug abuse, while protective factors can reduce the risk (SAMHSA 2012).”
  - Vary by person due to gene x environment interaction
  - Impact people differently at different stages of life
  - Are amenable to change
  - Have a multiplication effect
  - Tend to covary
  - Grouped in domains



# Name Some Risk Factors

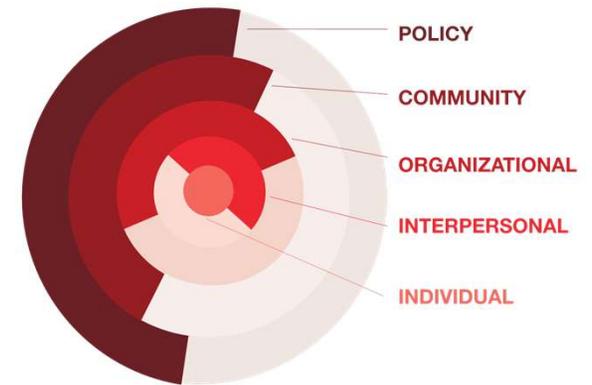
**Individual, Family, Peer, Community, Society**

Not easily changeable

- 
- 
- 
- 
- 

Changeable

- 
- 
- 
- 



Social Ecological Model (McLeroy et al., 1988)  
Urie Bronfenbrenner (1965)



# K2-What Works in Schools

## Principles 7 & 8

- “Prevention programs for **elementary school children** should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following **skills**: self-control, emotional awareness, communication, social problem-solving, and academic support especially in reading.
- Prevention programs for **middle or junior high and high school** students should increase academic and social competence with the following **skills**: study habits and academic support, communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of anti-drug attitudes, and strengthening of personal commitments against drug abuse.”



# K2-What Works for Families

## Principle 5

- “Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.”
  - **Bonding** can be strengthened through skills training on: parent supportiveness of children, parent-child communication, and parental involvement.
  - **Parental monitoring and supervision** skills can be enhanced with training on: rule-setting, techniques for monitoring activities, praise for appropriate behavior, and moderate, consistent discipline that enforces defined family rules.
  - **Drug education** and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.



# K2-What Works for Communities

- Principle 9: “Prevention programs aimed at general populations at **key transition points**, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.”
- Community prevention programs that engage and empowerment people to make their communities healthier and to give voice to the population of focus for prevention.
- Prevention efforts that change or reinforce: 1) positive social norms, and 2) policies and practices that create a healthy, nurturing environment



# K3-More is better



## **Approaches to prevention of physical health & behavioral health disorders**

- Health Promotion refers to the process of empowering people to increase control over, and to improve their health
- We don't expect one stalk of broccoli, one pushup, one blueberry, or one yoga pose to prevent heart disease, cancer, or other physical disorders
- Where did the notion come from that substance use and mental health disorders can be prevented with only a single event, a short conversation or even one dose of evidence-based prevention services?



# K3-More is Better

## Principles 10 & 11

- “Community prevention programs that **combine two or more** effective programs, such as family-based and school-based programs, can be more effective than a single program alone.
- Community prevention programs reaching populations in **multiple settings**—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.”



# K4-Just Info is Not Enough



*"Simply telling young people that many risk behaviors are harmful will not deter them from engaging in them. We will need a far more sophisticated approach to help young people making decisions about risky alternatives." Reducing Adolescent Risk: Toward an integrated approach. (2003, Daniel Romer).*

## Pros

- Attention getting
- Gains media attention
- Gets a lot of people involved
- Short-term so volunteers stay engaged
- Sense of achievement when complete
- Raises awareness that there is a problem

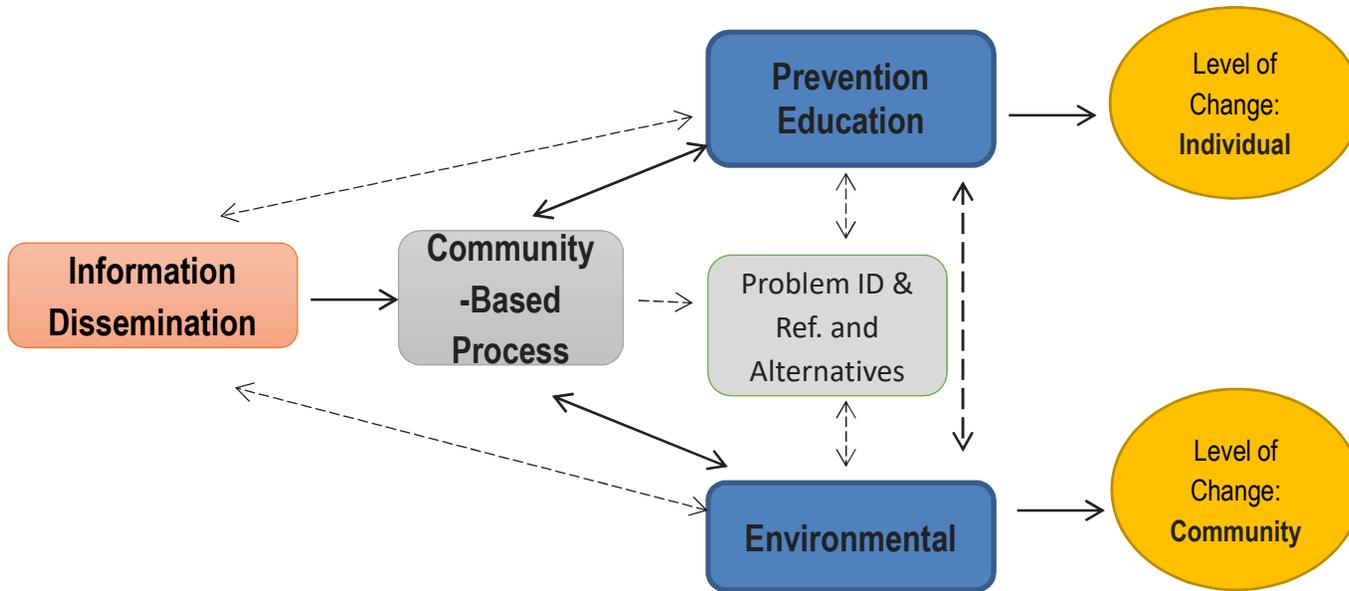
## Cons

- Our brains are hard-wired against negatives
- No new skill is learned
- No opportunity to put new information into practice
- No support in natural environment
- Lack of saliency for most audiences
- Unintended messages



# K5-Must Increase Skill or Change Environment

## CSAP's Prevention Strategies



Strategies employed depend on desired results



# K6-Scare Tactics Don't Work

- Our brains are hard-wired against negatives
  - Denial - "It won't happen to me"
  - Avoidance - "I don't want to face that"
  - Blunting/Numbing - "I don't understand"
  - Skepticism - "They are trying to force their values on me. They are exaggerating the risk"
  - Making Light - "This is your brain on drugs"
- Youth filter info differently than adults
- Risk is attractive
- Unintended messages
  - Norming - "Everyone is doing it", "It must not be that bad"
- "Creating messages that may backfire and actually increase use, especially among our most high-risk youth.
- Creating a lack of trust in other prevention messages when stories and dangers presented do not match someone's personal experiences.
- Creating the impression that drug use is happening more than it is.
- Wasting precious resources of time, money and the attention of our youth when messaging backfire or fails."

Source: *Why Scare Tactics in Drug Prevention Messaging Don't Work*. (2013). Prevention Action Alliance.



# K7-First, Do No Harm

January 2014

## Inventory of Evidence-Based, Research-Based, and Promising Practices For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems

Budget Area	Program/Intervention	Manual	Current Definitions	Suggested Definitions	Cost-beneficial	Reason Program Does Not Meet Suggested Evidence-Based Criteria (see full definitions below)	Percent Minority
General Prevention	Communities that Care	Yes	●	●	Yes (92%)		33%
	Coping and Support Training	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	49%
	Fast Track Prevention Program	Yes	⊙	⊙	No (0%)	Benefit-cost/Heterogeneity/Single evaluation	0%
	Good Behavior Game	Yes	●	●	Yes (92%)		49%
	Guiding Good Choices	Yes	⊙	⊙	Yes (78%)	Heterogeneity/Single evaluation	1%
	Quantum Opportunities Program	Yes	●	⊙	No (59%)	Benefit-cost	N/A
	Reconnecting Youth	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Seattle Social Development Project	Yes	⊙	⊙	No (59%)	Benefit-cost	56%
	Strengthening Multi-Ethnic Families and Communities	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Strengthening Families for Parents and Youth 10-14	Yes	⊙	⊙	No (12%)	Benefit-cost/Heterogeneity/Single evaluation	4%
	Youth Mentoring Programs	Varies*	●	⊙	No (57%)	Benefit-cost	N/A
	4Results Mentoring	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Big Brothers Big Sisters	Yes	●	●	N/A		60%
	Other Mentoring Programs	Varies*	⊙	⊙	N/A	Weight of evidence	N/A
Substance Abuse	Adolescent Assertive Continuing Care	Yes	⊙	⊙	N/A	Heterogeneity	26%
	Adolescent Community Reinforcement Approach	Yes	⊙	⊙	N/A	Single evaluation	59%
	Life Skills Training	Yes	●	●	Yes (99%)		33%
	Matrix Model Substance Abuse Treatment for Adolescents	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Multidimensional Family Therapy for substance abusing juvenile offenders	Yes	⊙	⊙	No (74%)	Benefit-cost/Single evaluation	100%
	Multisystemic Therapy (MST) for substance-abusing juvenile offenders	Yes	●	⊙	No (71%)	Benefit-cost	63%
	Project ALERT	Yes	⊙	⊙	No (2%)	Weight of evidence/Heterogeneity	N/A
	Project STAR	Yes	●	⊙	No (1%)	Benefit-cost/Heterogeneity	21%
	Project Toward No Drug Abuse	Yes	●	●	Yes (66%)		69%
	Recovery Support Services	Yes	P	P		No rigorous evaluation measuring outcome of interest	N/A
	Seven Challenges	Yes	P	P	N/A	No rigorous evaluation measuring outcome of interest	N/A
	Therapeutic communities for substance abusing juvenile offenders	Varies*	⊙	⊙	Yes (64%)	Benefit-cost	58%

**Key:**

- Evidence-based
  - ⊙ Research-based
  - P Promising
  - ⊖ Produces null or poor outcomes
- See definitions and notes on page 6.

<http://www.wsipp.wa.gov/BenefitCost>



# K7-Phone a WV Friend

- **WV Department of Health & Human Resources Bureau of Behavioral Health** is the agency responsible for federal flow-thru funding for prevention and state prevention policy for behavioral health including prevention <https://dhhr.wv.gov/bhhf/Pages/default.aspx>
- **Help & Hope WV** focuses on connecting people and organizations to information and resources needed to prevent, treat and promote recovery of substance use disorders. <https://helpandhopewv.org/index.html>
- **Prevention First WV** is a proactive, comprehensive stance to showcase the importance of substance abuse prevention throughout West Virginia. This approach provides a clear, consistent, strong message to community members, lawmakers, and other key stakeholders that “prevention” is an integral part of the continuum of care and that prevention is a critical component of any thriving community. Contact a Prevention Lead Organization to engage with prevention efforts in your region. <https://www.preventionfirstwv.org/>
- **WV SADD** strives to build, celebrate, and empower generations of young leaders with dedication, passion, and skills for healthy, productive, and caring lives. SADD is a youth-based, peer-to-peer organization that promotes youth empowerment and uses peer influence to spread the message of positive decision-making. The WV SADD organization is comprised of about 315 chapters that embrace a “no use” policy and help educate their peers about potentially destructive decisions regarding underage drinking, impaired driving, other drug use, bullying, and suicide. WV SADD’s mission is to provide students with the best prevention and intervention tools possible to deal with the issues of underage drinking, other drug use, impaired driving, and other destructive decisions. <http://www.wvsadd.org/index.html>

# K7-Phone a National Friend

- Substance Abuse and Mental Health Services Administration, **Center for Substance Abuse Prevention** (CSAP) works creates: Supportive workplaces, schools, and communities; Drug-free and crime-free neighborhoods; and Positive connections with friends and family. <https://www.samhsa.gov/prevention>
- **Partnership for Drug-Free Kids** is a national nonprofit organization that translates the science of teen drug use and addiction for families, providing parents with direct support to prevent and cope with teen drug and alcohol abuse. <https://drugfree.org/>
- **Mental Health America** is a national organization that provides information, advocacy and resources to promote mental wellness. You can access free, online, confidential screens at [www.mentalhealthamerica.net/mental-health-screening-tools](http://www.mentalhealthamerica.net/mental-health-screening-tools)
- **CADCA** is a coalition membership organization representing those working to make their communities safe, healthy and drug-free. They support community, family and youth leaders to be effective agents of change through the coalition model. <https://cadca.org/resources>
- **Higher Education Center for Alcohol & Drug Misuse Prevention & Recovery** (HECAOD) is a collaboration among The Ohio State University's College of Social Work, College of Pharmacy, Office of Student Life, Generation Rx, and the Collegiate Recovery Community. It's a resource for alcohol and drug misuse prevention and recovery for colleges and universities across the country. <http://hecaod.osu.edu/>