Introduction to the PREVENTION CORE COMPETENCIES
ACKNOWLEDGMENTS

This course includes content from various sources:

- **Universal Prevention Curriculum Series**, developed by Applied Prevention Science International (APSI) with funding from the Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State.
- The course was written in collaboration with APSI and RIZE Consultants, Inc.
- **European Drug Prevention Quality Standards**, developed by the European Monitoring Centre for Drugs and Drug Addiction in 2011 with a quick guide published in 2013
- Specific sources from organizations and the academic literature are cited throughout the text.

DISCLAIMER

Funding for this initiative was made possible by the Substance Abuse and Mental Health Services Administration (SAMHSA.) The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

MARGARET MEAD
COURSE MODULES

MODULE 1: INTRODUCTION TO THE PREVENTION PROFESSION

MODULE 2: NEEDS AND RESOURCES ASSESSMENT

MODULE 3: SELECTION OF EVIDENCE-BASED INTERVENTIONS AND/OR POLICIES

MODULE 4: PREPARATION OF INTERVENTION AND POLICY AND ETHICAL CONSIDERATIONS

MODULE 5: MONITORING AND EVALUATION, DISSEMINATION AND CONTINUOUS QUALITY IMPROVEMENT

MODULE 6: PROFESSIONAL DEVELOPMENT PLAN
MODULE 1

INTRODUCTION TO THE PREVENTION PROFESSION
Introduction To The PREVENTION CORE COMPETENCIES

Professionalizing the Field

Day 1

ACKNOWLEDGEMENTS

This course is an adaptation of Applied Prevention Science International (APSI) curriculum Foundations of Prevention Science and Practice to fit this three-day training.
DISCLAIMER

Funding for this initiative was made possible by the Substance Abuse and Mental Health Services Administration (SAMHSA.) The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Opioid Response Network

This training is being provided in collaboration with the Opioid Response Network (ORN)

WE HELP YOU HELP OTHERS
• To ask questions or submit a request for technical assistance:
  • Visit www.OpioidResponseNetwork.org
  • Email orn@aaap.org
  • Call 401-270-5900
Latest Resource

PREVENTION CORE COMPETENCIES

Almost all states have identified the requirements for passing a state certification test in prevention.

This report marks the first time that competencies and KSAs are being discussed for the field of substance use prevention.

Competency Domains (1 of 6)

Cross-cutting Competencies

Interdisciplinary Foundations
Multiple Systems
Family Dynamics
Ethical Practice
Basic Knowledge
Communication
Competency Domains (2 of 6)

Domain 1: Assessment
Data Gathering
Needs and Resource Identification
Problem Definition
Analysis

Competency definitions are of value to a profession because they provide a framework for ongoing coaching and mentoring.

Competency Domains (3 of 6)

Domain 2: Capacity Building
Collaboration
Organizational Advocacy
Organizational Cultural Proficiency

Substance use prevention core competencies will offer professional direction to the prevention field.
Competency Domains (4 of 6)

Domain 3: Planning
- Collaborative Planning
- Cultural Inclusion
- Systematic Thinking
- Evidence-Informed Approaches
- Facilitation
- Strategic Planning

Competency Domains (5 of 6)

Domain 4: Implementation
- Cultural Responsiveness
- Collaboration
- Change Management
Competency Domains (6 of 6)

Domain 5: Evaluation

Evaluation Methods
Data Interpretation and Use

Latest Resource
OVERVIEW
Of prevention science and its application to practice.

STRENGTHEN UNDERSTANDING
Of the knowledge and skills required to do effective planning and implementation of prevention interventions and services

RAISE AWARENESS
About training and credentialing needs

ENCOURAGE THE PURSUIT
Of further, more specialized training to enhance skills and competencies

GOALS
Of The Course

3 – DAYS LEARNING OBJECTIVES

01 RECOGNIZE
The key elements of prevention planning and evaluation

02 IDENTIFY
The core prevention professional knowledge, skills and competencies

03 ACKNOWLEDGE
The importance of research-based theories and processes that help to explain and build effective prevention interventions

04 RECOGNIZE
Evidence-based (EB) prevention strategies delivered across multiple settings
01
INTRODUCTION TO PREVENTION:
The Science and The Professional

02
NEEDS AND RESOURCE ASSESSMENT:
The Beginning of Implementing EB Prevention Interventions

Course Content
DAY 1 FOCUS

03
SELECTING
EB Prevention Interventions and Policies

Course Content
DAY 2 FOCUS
Course Content

DAY 3 FOCUS

04 Preparation, Implementation and Ethical Considerations for Prevention Professionals

05 Monitoring and Evaluation, Dissemination and Continuous Quality Improvement

06 Developing a Professional Development Plan

TRAINING Pretest

SCAN ME
INTRODUCTIONS

NAME YOUR WORK choose 2 from below

I was born in...
Favorite sweet treat...
Favorite vacation spot...
In my spare time I like to...
My family consists of...

OUR EXPECTATIONS

01 Learning objectives
02 Interactive discussions
03 Individual and small-group work

HOW IT WILL GENERALLY GO

Page 16
WHAT WE EXPECT

01
Lots of participation – especially important

02
Lots of shared experiences

03
Be present and on time

04
Feedback through evaluation

INTRODUCTION TO THE Prevention Profession

MODULE 1, Part 1

Cross-Cutting Domain, International Certification & Reciprocity Consortium (IC&RC) Domain VI
WHAT IS THE FIRST WORD THAT COMES TO MIND
When You Think About Prevention?

PREVENTION

KEY DEFINITIONS

PREVENTION
activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders (SAMHSA, 2022)

**PREVENTION SCIENCE**

The study of human development and social ecology as well as the identification of factors and processes that lead to positive and negative health behaviors and outcomes

The foundation for health education and health promotion as well as preventive interventions

---

**KEY DEFINITIONS**

**EVIDENCE-BASED (EB) PRACTICES**

The systematic application of processes or services that have been shown, through available scientific evidence, to consistently improve measurable outcomes

Prevention Science IDENTIFIES

SOCIAL DETERMINANTS OF HEALTH (SDOH):
Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes (CDC)

PROCESSES
For how these determinants operate

STRATEGIES
That effectively intervene when trajectories are negative and reinforce the trajectories which are positive

GOAL
Of Prevention Science

To improve the public’s health by identifying risk and protective factors, assessing the efficacy and effectiveness of preventive interventions, and identifying optimal means for dissemination and diffusion.

IMPLICATIONS OF THE TRANSDISCIPLINARY NATURE
Of Prevention Science

- Prevention programming requires input from a multidisciplinary team.
- Prevention professionals come to prevention with different training, e.g., social work, counseling, public health.
- Professionals delivering prevention interventions and/or enforcing prevention policies may not identify themselves as prevention professionals.

THE ESTABLISHMENT
Of A Profession Requires:

01 SYSTEMATIC BODY
Of theory and knowledge

02 AUTHORITY
To define problems and solutions

03 A CULTURE
That includes the institutions necessary to carry out all its functions

04 COMMUNITY INCENTIVES
To train its members

05 A CODE OF ETHICS
That stresses an ideal of service to others

PHYSIOLOGY AND PHARMACOLOGY
For The Prevention Professional

MODULE 1, Part 2

Cross-Cutting Domain, IC&RC Domain VI
Psychopharmacology and Prevention

Psychopharmacology tells us:

01. How substances work in the brain

02. Where and how they produce their effects

03. The negative consequences of their actions

04. Who is vulnerable to substance use

05. Who is vulnerable to develop a SUD

Definition of a Drug

Any chemical substance, natural or human made which - by its chemical nature - alters biological structure or functioning when absorbed

Pharmacology is the discipline that studies drug effects on the body’s organ systems.
PSYCHOACTIVE SUBSTANCES

Any substance that affects feelings, perceptions, thought processes, and/or behavior

Exert their effects by altering the functioning of the nervous system

WHAT MAKES A SUBSTANCE A MEDICATION?

Recognized in an official pharmacopoeia or formulary
WHAT MAKES A SUBSTANCE A MEDICATION?

01 Recognized in an official pharmacopoeia or formulary

02 Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.

03 Prescribed by a physician or other medical practitioner
WHAT MAKES A SUBSTANCE A MEDICATION?

01 Recognized in an official pharmacopoeia or formulary

02 Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.

03 Prescribed by a physician or other medical practitioner

04 Titrated to the individual's characteristics, e.g., age, weight, sex, etc.

05 Monitored over time through blood and other laboratory tests, symptoms, status etc.
LARGE GROUP DISCUSSION:

Why is it important to distinguish between a psychoactive substance and a medication?
BLOOD–BRAIN BARRIER

Large, water-soluble molecules are blocked

Small, fat-soluble molecules can enter

PSYCHOACTIVE SUBSTANCES ALTER

01 Moods
02 Thoughts
03 Sensory perceptions
04 Behaviors
PSYCHOACTIVE SUBSTANCES INCLUDE

Cannabis    Heroin    Alcohol    Prescription medications    Caffeine

SMALL GROUP ACTIVITY:
Effects Of Psychoactive Substances
SMALL GROUP WORK
Effects Of Psychoactive Substances

MOODS
- Alert
- Relaxed
- More depressed
- Less depressed
- Irritable or angry
- Sociable
- “Happy”
- More sexual
- Less sexual
- Fearful

THOUGHTS
- Racing thoughts
- Inability to plan or make decisions
- Distorted perceptions
- Increased clarity of thought
- Paranoid thoughts
- Poor judgment

SENSORY PERCEPTIONS
- Perceptual distortions
- Changes in temperature perception
- Changes in pain perception

BEHAVIORS
- Decreased or increased activity
- Increased risk-taking; dangerous activities
- Behavior not in line with personal values
- Aggression or violence
- Passivity
- Increased or decreased sexual behavior

LARGE GROUP DISCUSSION:

Why is it important for prevention professionals to understand the effects of substances on the body?
Availability/Commercial Status
Prescription vs non-prescription or Over the Counter (OTC) drugs; licit vs illicit drugs

Potential For Misuse
Schedules of Controlled Substances*
CLASSIFYING SUBSTANCES

Availability/Commercial Status
Prescription vs non-prescription or Over the Counter (OTC) drugs; licit vs illicit drugs

Potential For Misuse
Schedules of Controlled Substances*

Typical Effects/Uses/ Actions
Depressants; stimulants
Anticonvulsants; antidepressants

By Origin or Chemical Structure
### Psychoactive Substance Classes:

**Examples**

<table>
<thead>
<tr>
<th>Stimulants</th>
<th>Opioids (Narcotics)</th>
<th>Depressants</th>
<th>Hallucinogens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>Heroin</td>
<td>Alcohol</td>
<td>LSD</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Morphine</td>
<td>Barbiturates</td>
<td>Peyote/Mescaline*</td>
</tr>
<tr>
<td></td>
<td>Fentanyl</td>
<td></td>
<td>Ayahuasca/DMT</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Opium</td>
<td>Benzodiazepines</td>
<td>Ecstasy</td>
</tr>
<tr>
<td><strong>Nicotine, Caffeine</strong></td>
<td>Demerol</td>
<td>Gamma-Hydroxybutyrate (GHB); Rohypnol</td>
<td>Mushrooms/ Psilocybin</td>
</tr>
</tbody>
</table>

**Other Classes**

- Cannabinoids (marijuana, hashish)
- Other Stimulants (Khat/Miraa)
- Dissociative anesthetics (phencyclidine or PCP, ketamine)
- Inhalants—solvents, gases, nitrites

**Note:** Some substances do not fit neatly into a category.
SPEED OF ACTION

The greater the potential for substance use disorder

The greater and more rewarding the effects

The faster the substance hits the brain

INDIVIDUAL ACTIVITY: Fastest To Slowest
**EXERCISE**

- A: Absorbed through the skin
- B: Injecting in the muscle or under the skin
- C: Smoking
- D: Intravenous
- E: Mucous membrane absorption and snorting
- F: Swallowing

---

**FASTEST TO SLOWEST**

- 7-10 s: C: Smoking
- 15-30 s: D: Intravenous
- 3-5 min: B: Injecting in the muscle or under the skin
- 3-5 min: E: Mucous membrane absorption and snorting
- 20-30 min: F: Swallowing
- Slowly: A: Absorbed through the skin
DEFINITIONS OF TERMS

DEPENDS ON:
- Societal Perceptions of ‘Cause’
- Production and Distribution
- Health Consequences
- Age of those Involved
- Intervention Availability and Level of Effectiveness
- Other???

- Movement from ‘illegal drugs’ to psychoactive ‘substances’
- Substance Use
- Substance Misuse
- Problematic Use
- Substance Use Disorder
SUD is a chronic, recurrent brain disease that is characterized by compulsive substance seeking and use, despite harmful consequences.

It is considered a disease as it:

- Alters the normal physiology (function) of a body part, organ, or system
- Has characteristic syndromes, or set of symptoms and signs

INTRODUCTION TO THE BRAIN

Frontal lobe  
Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality

Motor cortex  
Movement

Sensory cortex  
Sensations

Parietal lobe  
Perception, making sense of the world, arithmetic, spelling

Temporal lobe  
Memory, understanding, language

Occipital lobe  
Vision

Cerebellum  
Coordination

Brainstem  
Breathing, digestion, heart rate
INSIDE THE BRAIN

Frontal Lobe
Parietal Lobe
Occipital Lobe
Vision
Limbic System

Cerebellum (Co-ordination)
Hippocampus (memory) and Amygdala

Pituitary Gland
Thalamus
Pain Center
Spinal Cord

SMALL GROUP EXERCISE
Brain Sites Of Action
<table>
<thead>
<tr>
<th>Substance</th>
<th>Behavior</th>
<th>Brain Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Beer, Wine, Distilled Spirits</td>
<td>Temporal lobe, motor cortex, frontal lobe, cerebellum</td>
</tr>
<tr>
<td></td>
<td>Slurred speech, Staggering, Slow reactions, Odor of alcohol, Confused,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nausea, Vomiting, Sluggish/slow, Fumbling</td>
<td></td>
</tr>
<tr>
<td>Other Depressants</td>
<td>Barbiturates, Quaaludes, Valium, Xanax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slurred speech, Slow reactions, Confused Sluggish/slow, Fumbling</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>Gasoline, Propylene, Solvents, Aerosols, Anesthetic gases</td>
<td>Group 1</td>
</tr>
<tr>
<td></td>
<td>Confused, Slurred speech, Bloodshot, Watery eyes Non-communicative,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residue around the mouth &amp; nose, Lack of muscle control, Flushed face</td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>Marijuana, Hashish</td>
<td>Group 2</td>
</tr>
<tr>
<td>Stimulants</td>
<td>Amphetamines Methamphetamine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bloodshot eyes, Body or eyelid tremors, Increased appetite, odor of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>marijuana, Impaired perception of time &amp; place, Lowered inhibitions,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confused, Possible paranoia</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>Peyote, Mushrooms, LSD MDMA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Body tremors, Disoriented, Paranoia, Hallucinations, Uncordinated,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perspiring, Difficulty in speech, Poor perception of lines and distance,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Memory loss</td>
<td></td>
</tr>
<tr>
<td>Narcotics</td>
<td>Opium, Morphine, Codeine</td>
<td></td>
</tr>
<tr>
<td>Analgesics</td>
<td>Low, raspy, slow speech, Dry mouth, Facial itching, Track marks,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drowsiness, Slow reflexes, Nausea</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH CONSEQUENCES FOR WOMEN**

**Compared to men, women tend to:**

- Develop physical problems related to substance misuse sooner
- Escalate to substance misuse more quickly

**Much of this research has been on alcohol use**

**Recent research on illicit substances suggest similar patterns of rapid progression**
**HEALTH CONSEQUENCES FOR THE FETUS**

Effects range from low birth weight to developmental behavioral and cognitive deficits:

- **COCAINE AND MARIJUANA EXPOSURE:** Impaired attention, language development, and learning skills—associated with behavioral problems

- **METHAMPHETAMINE EXPOSURE:** Restricted fetal growth, decreased arousal, and poor quality of movement in infants

- **ALCOHOL EXPOSURE** is associated with Fetal Alcohol Spectrum Disorder (FASD)

- **HEROIN EXPOSURE:** Infants born dependent, low birth weight—risk factors for delayed development

---

**HEALTH CONSEQUENCES FOR YOUNG PEOPLE**

- Early use of psychoactive substances increases a young person’s chances of more serious substance misuse

- Increased vulnerability to physical and social problems related to substance misuse

- Impacts the development of the brain with use of any substance
**SMALL GROUP EXERCISE**

Consequences of Psychoactive Substance Use by Substance

---

Small Group Work:
**CONSEQUENCES OF PSYCHOACTIVE SUBSTANCE MISUSE BY SUBSTANCE**

- Medical
- Legal
- Social
- Economic
- Group 1: Alcohol
- Group 2: Cannabis
- Group 3: Cocaine
- Group 4: Heroin
WHY DOESN'T EVERYONE Who Tries Drugs

Develop a Substance Use Disorder

Understanding the science of substance use provides the basis for the development and implementation of effective policies and programs.

Psychopharmacology tells us:
- How substances work in the brain
- Where and how they produce their effects
- The negative consequences of their actions
- Who is vulnerable to substance misuse
- Who is vulnerable to develop a SUD
IMPACT OF SUBSTANCE USE

MODULE 1, Part 3

Cross-Cutting Domain, IC&RC Domain VI

2021 DATA HIGHLIGHTS

Tobacco Product Use or Nicotine Vaping

4.7% of people aged 12 or older (or 13.2 million people) used vaping nicotine products in the past month (11.7% use ANY nicotine)

8.1% Among past month users of nicotine products, adolescents aged 12 to 17 (8.1%) vaped nicotine but did not use tobacco products. In contrast, 3.2% of past month nicotine product users are aged 26 or older
47.5% of people aged 12 or older (or 133.1 million people) used alcohol in the past month.

Among the 133.1 million current alcohol users, 60.0 million people (or 45.1%) were past month binge drinkers.

The percentage of people who were past month binge alcohol users was highest among young adults aged 18 to 25 (29.2%) compared with 22.4% of adults aged 26 or older and 3.8% of adolescents aged 12 to 17.

18.7% of people aged 12 or older (or 52.5 million people) used cannabis in the past year.

The percentage of people who used cannabis in the past year was highest among young adults aged 18 to 25 (35.4%) compared with 17.2% of adults aged 26 or older and 10.5% of adolescents aged 12 to 17.

Among people aged 12 or older in 2021, 3.3% (or 9.2 million people) misused opioids in the past year. Among the 9.2 million people who misused opioids in the past year, 8.7 million people misused prescription pain relievers and 574,000 people used heroin.
DATA HIGHLIGHTS

- Broad and Deep Decline in Drug Use
- Cannabis Use Shows A Sharp Decline
- Alcohol Use Declined
- Vaping Declines Sharply
- Tobacco Use Continues to Decline

CHALLENGES TO GETTING TREATMENT

According to the annual NSDUH there are 20.8 million people (7.8 percent of the total population) who currently meet the criteria for an SUD.

Of these people, only 2.2 million (10.4% of the population with SUD) received any type of treatment.
Distribution of Federal Drug Control Spending – FY 2022

Drug Control Spending

- Treatment: 41.5%
- Domestic Law Enforcement: 25.8%
- Interdiction: 24.1%
- Prevention: 5.5%
- International: 3.2%

Limited Implementation of EB Interventions

- **2002**
  - In 2002, only **19%** of school districts were implementing a “research-based” curriculum with fidelity

- **2005**
  - In 2005, around **43%** of middle schools (grades 5-8; ages 11-14) used an EB program; up 8% from 34% in 1999

- **2001 – 2006**
  - From 2001 through 2006, around **37%** of schools offered a “named” EB intervention in the 7th grade
**LIMITED IMPLEMENTATION**
Of EB interventions

*2005*
In 2005, 10.3% of high schools in the United States (grades 9–12; ages 16–18) used EB programs

Many non-EB intervention activities were made available to students in class lessons, assemblies, and group activities:

*7th / 11th*
- 49.2% of schools offered these activities in 7th grade
- 80% offered these activities in 11th grade

**BENEFIT-COSTS**
Of EB interventions

Brief Alcohol School and Intervention of College Students (BASICS): A Harm Reduction Approach

**Benefit-Cost Summary Statistics Per Participant**

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Benefits minus costs</th>
<th>Benefit to cost ratio</th>
<th>Chance the program will produce benefits greater than the costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxpayers</td>
<td>$287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td>$622</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>$62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>($9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total benefits</strong></td>
<td><strong>$962</strong></td>
<td><strong>$885</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Net program cost</strong></td>
<td><strong>($77)</strong></td>
<td><strong>$12.49</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Benefits minus cost</strong></td>
<td><strong>$885</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Washington State Institute for Public Policy: [https://www.wsipp.wa.gov/BenefitCost/Program/312](https://www.wsipp.wa.gov/BenefitCost/Program/312)
**Benefit-Cost Summary Statistics Per Participant**

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>$\text{Benefits minus costs}$</th>
<th>$\text{Benefit to cost ratio}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxpayers</td>
<td>$961</td>
<td>$2,540</td>
</tr>
<tr>
<td>Participants</td>
<td>$1,102</td>
<td>$5.36</td>
</tr>
<tr>
<td>Others</td>
<td>$1,075</td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>($14)</td>
<td></td>
</tr>
<tr>
<td><strong>Total benefits</strong></td>
<td><strong>$3,123</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Net program cost</strong></td>
<td><strong>($583)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Benefits minus cost</strong></td>
<td><strong>$2,540</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Washington State Institute for Public Policy: [https://www.wsipp.wa.gov/BenefitCost/Program/158](https://www.wsipp.wa.gov/BenefitCost/Program/158)

---

**LARGE GROUP DISCUSSION:**

What is the prevention landscape like in your community?
**CHALLENGES**
To Delivering EB Interventions

- Knowledge gaps
- Stigma
- Access to care
- Workforce shortages
- Quality of care and variation in practice
- Fiscal performance
- Payment landscape
- Cultural competency & humility

**OTHER CHALLENGES**
To Delivering EB Interventions

- No standardized training
- No central credentialing and licensing organization
- Self-identified prevention professionals have no shared training or experience
- Those who do not self-identify as prevention professionals but are doing prevention-related work
A Note About Health Equity

RACIAL JUSTICE
REFRAMING

Presidential Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (January 20, 2021)

THE FACE OF PREVENTION

Translate prevention science for policy makers, decision makers, major community groups, and the public

Apply prevention science to promote the quality delivery of EB prevention programming
MODULE 2

NEEDS AND RESOURCE ASSESSMENT
Needs and Resource Assessment:

THE BEGINNING OF IMPLEMENTING EVIDENCE-BASED (EB) PREVENTION INTERVENTIONS

Module 2

RECOGNIZE
The knowledge necessary to perform a needs and resource assessment

IDENTIFY
The different quantitative and qualitative methods used to perform a needs and resource assessment

UNDERSTAND
How epidemiology helps us understand substance use and provides the key to addressing the problem

RECOGNIZE
The developmental nature of substance use and SUDs and why it is important to begin prevention with young people
THE SAMHSA STRATEGIC PREVENTION FRAMEWORK

IMPLEMENTATION CYCLE

Needs and Resource Assessments → Selection of EB Interventions and/or Policies → Preparation and Implementation of the Intervention/Policy → Dissemination and Improvement

Outcomes: Short-, Intermediate-, and Long-Term

Monitoring and Evaluation
Understanding the Prevention Need:

NEEDS AND RESOURCE ASSESSMENT

MODULE 2, Part 1

Cross-Cutting Domain, International Certification & Reciprocity Consortium (IC&RC) Domain VI

Understanding THE PREVENTION NEED

| PREVALENCE | How many people are using and misusing psychoactive substances? |
| INCIDENCE  | Who is using and misusing what substances? |
| SERVICE NEED | What types of prevention interventions are needed? |
| DELIVERY PLATFORM | How can prevention interventions be delivered to the priority populations? |
| QUALITY OF SERVICES DELIVERED | Are services appropriate and adequate? |
PRIORITIZE NEEDS
What is the population with the most need? What is the problem of focus?

REVIEW AND ANALYZE THE DATA
What does it mean? What groups are at risk for substance use and misuse? Why? What types of services are needed to prevent initiation or progression to SUDs?

INVOLVE REPRESENTATIVES
Who is at the “table”? Several community sectors to form a partnership or an advisory group

ASSESSMENT
Of Prevention Need

What Is A NEEDS ASSESSMENT?

NEEDS ASSESSMENT:
A systematic method for reviewing the substance use issues facing a particular group of people, which will lead to agreed priorities and resource allocation in order to implement a substance use prevention intervention

Policy and legislation
Substance use community needs
Justify the intervention
Understand the population(s)
Assess the priority population(s)
Assess the internal capacities
RESOURCE ASSESSMENT

Inventory prevention or prevention-related services or resources that are available

Develop tools to further explore the content of these services. For example:

- **01** What is the intent of the service?
- **02** Who is served?
- **03** What services are delivered?
- **04** What measures are used to assess these services?
- **05** What is their reach?

Understanding the Prevention Need:

**EPIDEMIOLOGY AND PREVENTION**

MODULE 2, Part 2

Cross-Cutting Domain, International Certification & Reciprocity Consortium (IC&RC) Domain VI
**What Is EPIDEMIOLOGY?**

The study of the distribution and determinants of health-related states or events (including disease)

- The onset of the health-related state/event/disease (incidence)
- The existing cases of the health-related state/event/disease (prevalence)

The application of this study to the control of diseases and other health problems

---

**USE of EPIDEMIOLOGIC RESEARCH**

- Figure out what factors might cause someone to start using drugs or alcohol.
- Identify the factors that protect people who are more likely to initiate substance use.
- Understand the socioeconomic, biological, and psychological impact of substance use.
- Inform intervention approaches.
Range Of Use

**PATTERNS AND INTERVENTIONS**

In any population at any point in time we will find:

01 People who do not use substances
  - Resolute non-users
  - Vulnerable non-users

02 Initial use with the potential to progress to SUDs.

03 People who are already using substances and may or may not be experiencing the consequences of their use or misuse.

---

**CLASSIFICATION**

Of Prevention Interventions

- Indicated
- Selective
- Universal
HOW DOES EPIDEMIOLOGY GUIDE PREVENTION PROGRAMMING?

Summary: WHAT WE LEARN FROM EPIDEMIOLOGY

- Substances being used and how they are used. Characteristics of those using substances.
- Non-use is related to perceptions of harm associated with use of a substance.
- Non-use is related to perceptions of social disapproval of use.
- Age of initiation
- Gender
- Geographic location
- Social and environmental factors
SMALL GROUP ACTIVITY:

How does Epidemiology Contribute to Prevention?

1. How does Epidemiology Contribute to Prevention?

2. In what ways can this information be used to guide prevention programming?

3. Give at least one example of how epidemiology is addressed in a prevention intervention or policy in your community.

4. Report back to the large group.

DATA COLLECTION METHODS

MODULE 2, Part 2
Understanding **THE PREVENTION NEED**

<table>
<thead>
<tr>
<th>PREVALENCE</th>
<th>How many people are using and misusing psychoactive substances?</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCIDENCE</td>
<td>Who is using and misusing what substances?</td>
</tr>
<tr>
<td>SERVICE NEED</td>
<td>What types of prevention interventions are needed?</td>
</tr>
<tr>
<td>DELIVERY PLATFORM</td>
<td>How can prevention interventions be delivered to the priority populations?</td>
</tr>
<tr>
<td>QUALITY OF SERVICES DELIVERED</td>
<td>Are services appropriate and adequate?</td>
</tr>
</tbody>
</table>

**SUBSTANCE USE-RELATED PROBLEMS**

Focus on a few issues:
- Driving Under the Influence (DUI) arrests among adolescents
- Increased substance use among teens
- Children of parents who use substances and who are more likely to use substances themselves and experience other problems
- Substance use in the workplace

What factors are related to the problem?

What resources are needed to address the problem?
What Type Of Information CAN BE COLLECTED AND HOW?

ASSESSMENT OF THE PROBLEM

- **ASSESS** societal and environmental factors, and community needs and assets
- **STEP BACK** to look at the community as a whole
- **THINK** about prevention in the short term and the long term
- **ASSESS** the community’s substance use
**Types of Information To Collect**

01 **Quantitative Data**
Quantitative data are described in numbers and show how often something occurs or to what degree a phenomenon exists.

02 **Qualitative Data**
Qualitative data are described in words and explain why people behave or feel the way they do.

**Quantitative Data**

01 Answers, “How many?” “How often?”
02 Measures levels of behavior and trends
03 Is objective, standardized, and relatively easy to analyze
04 Is comparable to similar data from other communities and levels that use similar measures
Answers, “Why?” “Why not?” or “What does it mean?”

- Allows insight into behavior, trends, and perceptions
- Is subjective and explanatory
- Helps interpret quantitative data, provides depth of understanding

QUALITATIVE DATA

DATA COLLECTION METHODS

- Archival or Official Records
  - Population-Based Surveys
    - Households
    - Students
    - Special Populations
- Key Informant Interviews
- Focus Groups
- Ethnographic Studies

Need Both Quantitative and Qualitative
Data Collection Methods

QUANTITATIVE

- Archival or Official Records
- Population-Based Surveys
  - Households
  - Students
  - Special Populations
- Key Informant Interviews
- Focus Groups
- Ethnographic Studies

Need Both Quantitative and Qualitative

ARCHIVES OR OFFICIAL RECORDS

In general, archival data represent information about the consequences of substance use

01 Data on treatment
02 Data on health problems
03 Arrests
04 Disciplinary issues
05 School dropouts

This information comes from archives or official records
BRAINSTORM: ARCHIVAL DATA

What types of archival data are available in your community?

01 Home
02 School
03 Workplace
04 Community

WHAT IS A SURVEY?

Surveys provide a means of measuring a population’s characteristics, self-reported and observed behavior, awareness of programs, attitudes or opinions, and needs.

Data Collection Methods
QUALITATIVE

- Archival or Official Records
- Population-Based Surveys
  - Households
  - Students
  - Special Populations

- Key Informant Interviews
- Focus Groups
- Ethnographic Studies

Need Both Quantitative and Qualitative

KEY INFORMANT INTERVIEWS:

What Are They?

- In-depth interviews of people selected for their first-hand knowledge about a topic of interest
- The interviews are loosely structured, relying on a list of issues to guide the discussion
- Interviewers frame questions spontaneously, probe for information and take notes
WHAT IS A FOCUS GROUP?

A focus group is a small group discussion guided by a trained leader, used to learn more about opinions on a designated topic, and then guides future action.

ETHNOGRAPHIC STUDIES

What Are They?

Ethnography is a social science method developed within cultural anthropology for studying communities in their natural settings.

Ethnographic studies are based on rigorously defined observations.
BRINGING IT ALL TOGETHER

SUMMARY
Of Needs Assessment Steps

01 Carefully frame what problem you want to address and what you mean by ‘need’

02 Use multiple data collection methods

03 Try to combine quantitative and qualitative methods

04 Use key informants to help interpret the data
A Prevention Professional SHOULD BE ABLE TO:

- Work collaboratively with community partners
- Substantiate the importance of the problem selected
- Identify the risk factors and the protective factors
- Identify sources of information and decide the methods for collecting it
- Identify the resources available in the community that can be used to deal with the problem
- Understand the importance and applicability of the laws and regulations in addressing the problem

IMPLEMENTATION CYCLE

- Needs and Resource Assessments
- Selection of EB Interventions and/or Policies
- Preparation and Implementation of the Intervention/Policies
- Dissemination and Improvement

Outcomes:
- Short-, Intermediate-, and Long-Term

Monitoring and Evaluation
LEARNING ANCHORS
Two ideas

New

Meaningful

“Aha!” Moment

THANK YOU
And See You Tomorrow!
MODULE 3

SELECTION OF EVIDENCE-BASED INTERVENTIONS AND/OR POLICIES
**REFLECTIONS FROM DAY 1**

**MODULE 1**
- The Science of Prevention
- Physiology and Pharmacology for Prevention Professionals
- Impact of Substance Use

**MODULE 2**
- Needs and Resource Assessments
- Understanding the Prevention Need: Epidemiology and Prevention
- Data Collection Methods

---

**TODAY’S LEARNING OBJECTIVES**

01. Explain the Etiology model, the risk and protective factors as indicators of likelihood of experiencing substance use

02. Provide an overview of how socialization and life transitions are key elements in substance use and misuse and causes of risky behavior

03. Discuss the Theory of Planned Behavior and how it can be used to guide prevention intervention development.

04. Describe the criteria used to identify EB interventions and how these prevention interventions operate within a developmental framework.
**Steps in Selecting EB Interventions**

1. Define the priority population
2. Define the setting
3. Defining objectives
4. Select an existing EB intervention
5. Consider the evaluation

**Selection of EB Interventions or Policies**

**Step 1**
Define the Priority Population

- What is the age group?
- What is the gender of focus?
- What is the level of risk the strategy must address?
SELECTION
Of EB Interventions Or Policies

AIMS:
Long-term purpose or intention

GOALS:
Statements of program outcomes for participants at completion of the intervention

OBJECTIVES:
Immediate or intermediate outcomes necessary to achieve a goal

STEP 2
DEFINE PLANS, GOALS, AND OBJECTIVES

SELECTION
Of EB Interventions Or Policies

STEP 3
IS THE SETTING RELEVANT FOR THE PRIORITY POPULATION?

01
Does the setting support the EB intervention or policy?

02
Is the setting accessible for the intervention?
**SELECTION**
Of EB Interventions Or Policies

- Are there any existing EB interventions that address the prevention plan?
- Has the EB intervention been monitored/evaluated for anticipated outcome?

**STEP 4**
REVIEWING AN EXISTING INTERVENTION

- Has the intervention been implemented and evaluated with the specific age, gender, or cultural group that you wish to address?

---

**STEP 5**
Consider the Evaluation

01. Process evaluation determines if the interventions have been implemented as planned in order to achieve outcomes

02. Outcome evaluation focuses on determining if the intervention achieved the goals and objectives proposed
Etiology is defined as “the science which deals with the causes or origin of disease, and the factors which produce or predispose toward a certain disease or disorder”

ETIOLOGY OF SUBSTANCE USE AND MISUSE

Determinants of or factors involved in the onset of substance use in children and youth and the continuation to misuse in adults:

- Longitudinal studies of children and adolescents
  - General populations
  - Children of people who misuse substances
RISK AND PROTECTIVE FACTORS: BACKGROUND

1970s
Little research was conducted until the 1970s regarding what factors or processes were associated with the onset of substance use.

1990s
In 1992, two significant works summarized research on factors related not only to the initiation of substance use, but also to the progression from misuse to SUDs.


---

RISK FACTORS

RISK FACTORS: Measures of behavior or psychosocial functioning (including attitudes, beliefs, and personality) which are found to be associated with increased likelihood of substance use onset.

- Contextual
- Individual

PROTECTIVE FACTORS:

Protective factors involve measures which assist in preventing the use of psychoactive substances or reducing the likelihood of developing the negative effects of risk factors.


PROXIMAL (DIRECT) ENVIRONMENTS

Parenting

Positive school climate

NATURE – ENVIRONMENT

https://www.childrenshospitals.org/Newsroom/Childrens-Hospitals-Today/Article/2017/11/7-Challenges-to-Providing-Behavioral-and-Mental-Health-Services (Jena Hausmann, CEO of Children’s Hospital Colorado)

DISTAL (INDIRECT) ENVIRONMENTS

Physical neighborhood of residence

Social/normative community
SOCIALIZATION

Human infants are born without any culture

Socialization is the process of transferring culturally acceptable attitudes, norms, beliefs and behaviors, and how to respond to such cues in the appropriate manner.

Socialization is a lifelong process, so the individual will be socialized by a large array of different socializing agents such as parents, teachers, peer groups, religious organizations and mass media.

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."

Dr. Robert Block, former President of the American Academy of Pediatrics.
INTERACTION # 1:

Personal Characteristics And Micro-level Environments

MICRO-LEVEL ENVIRONMENTS
- Family
- School
- Peers
- Faith-based & community organizations
- Workplace

PERSONAL CHARACTERISTICS

INTERACTION # 2:

Personal Characteristics and Macro-level Environments

MACRO-LEVEL ENVIRONMENTS
- Socioeconomic
- Social and cultural
- Physical
- Climate change

PERSONAL CHARACTERISTICS
INTERACTION #3:
Micro-level and Macro-level Environments

Macro-level Environments
- Socioeconomic
- Social and cultural
- Physical
- Climate change

Micro-level Environments
- Family
- School
- Peers
- Faith-based & community organizations
- Workplace

ETIOLOGY MODEL

Macro-level Environments
- Socioeconomic
- Social and cultural
- Physical
- Climate change

Micro-level Environments
- Family
- School
- Peers
- Faith-based & community organizations
- Workplace

Personal Characteristics
- Attitudes
- Beliefs
- Norms
- Genetics
- Temperament
- Physiology

Behavior

TIME

SOCIALIZATION
Risk is in the interaction between personal characteristics and macro and micro levels

Protection is in the interaction between personal characteristics and macro and micro levels
Communities Need Both Micro-Level and Macro-Level Environmental Prevention Programming.

They Both MUST be Evidence-Based.
THE FOUNDATION OF EFFECTIVE PREVENTION INTERVENTION

Day 2, Module 3, Part 4

Cross-Cutting & Planning Domain, IC&RC Domain I, II VI

Foundation Of EFFECTIVE PREVENTION PROGRAMMING

WHAT CONDITIONS OPTIMIZE LEARNING ACROSS DEVELOPMENT
From birth to old age

RESEARCH
Based theories help to explain and build effective prevention

HOW HUMANS DEVELOP
Physically, biologically, and cognitively

WHAT FACTORS OR PROCESSES INFLUENCE BEHAVIOR
How can they help change negative behaviors
01 Theories of Etiology

02 Theories of Human Development

03 Theories of Human Behavior

CRITICAL THEORIES

THEORY OF PLANNED BEHAVIOR

Behavioral Belief

Attitudes Toward the Behavior

Normative Beliefs

Subjective Norms

Intention

Behavior

Control Beliefs

Perceived Behavioral Control

Actual Behavioral Control
Theory Of Planned Behavior

COMPONENTS

- Normative beliefs
- Attitudes toward the behavior
- Control beliefs
- Perceived behavioral control
A TEEN SMOKING EXAMPLE

Behavioral Belief  \rightarrow  Attitudes Toward the Behavior

I think I'd like to smoke; I have a positive attitude and think it would be a good experience.

Because of those beliefs & attitudes, I now have an intention to smoke

Intention  \rightarrow  Behavior

Actual Behavioral Control

THEORY OF PLANNED BEHAVIOR

Behavioral Belief  \rightarrow  Attitudes Toward the Behavior

Normative Beliefs  \rightarrow  Subjective Norms

I think a lot of kids my age are smoking & I want to be like them so that will also influence my intentions.

Intention  \rightarrow  Behavior

Actual Behavioral Control
**THEORY OF PLANNED BEHAVIOR**

- Behavioral Belief
- Attitudes Toward the Behavior
- Intention
- Behavior
- Actual Behavioral Control
- Control Beliefs
- Perceived Behavioral Control

---

**EVIDENCE-BASED PREVENTION**

Interventions and Policies

Day 2, Module 3, Part 5

Cross-Cutting & Implementation Domain, IC&RC Domain II
Module 3, Part 5, Section 1


**WHY IMPLEMENT EB PRACTICES?**

**Best Outcomes**

- Gives priority groups and populations the best interventions, techniques, and policies that are available

- Offers the possibility to deliver services in a more effective and efficient way

- Provides a more rational basis to make policy decisions

- Assures DO NO HARM!
### International Standards: Categorization of Interventions and Policies

<table>
<thead>
<tr>
<th>Developmental Framework</th>
<th>Setting</th>
<th>Priority Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy and early childhood</td>
<td>Family</td>
<td>Universal</td>
</tr>
<tr>
<td>Middle childhood</td>
<td>School</td>
<td>Selective</td>
</tr>
<tr>
<td>Early adolescence</td>
<td>Workplace</td>
<td>Indicated</td>
</tr>
<tr>
<td>Adolescence and adulthood</td>
<td>Community</td>
<td></td>
</tr>
</tbody>
</table>
WHAT IS INCLUDED IN THE STANDARDS?

- Short description and rationale for the intervention or policy
- Summary of the evidence
- Additional existing guidelines, tools, resources

KEY COMPONENTS
Of EB Prevention Interventions And Policies

- CONTENT
- STRUCTURE
- DELIVERY
Activity Instructions

- Visit website and download the slide for your age group: https://tinyurl.com/mryc8nek
- Study slides and prepare to present content as a team
- Visit www.blueprintprograms.org choose one example of a program for your age group
Reflection?

How does your community make decision about the strategies to implement?

STRATEGIES THAT DO NOT WORK

01 One-time events
02 Assemblies
03 Personal testimony from people in recovery
04 Mock car crashes
05 Drunk goggles
FIDELITY, ADAPTATIONS AND CULTURAL CONSIDERATIONS

Day 2, Module 3, Part 6

Cross-Cutting & Implementation Domain, IC&RC Domain II

FIDELITY
The delivery of a manualized prevention intervention program as prescribed or designed by the program developer

ADAPTATION
The modification of program content to accommodate the needs of a specific consumer group

FIDELITY AND ADAPTATION
Definitions
FIDELITY AND ADAPTATION
SAMHSA recommends:

1. Change capacity before changing the program
2. Consult with the program developer
3. Retain core components
4. Be consistent with evidence-based principles
5. Add, rather than subtract

GREEN LIGHT ADAPTATIONS

- Updating and customizing statistics
- Customizing role-play scenarios
- Making activities more interactive and appealing to different learning styles
- Tailoring learning activities and instructional methods to youth culture
- Changing session order or sequence of activities
- Adding activities to reinforce learning or to address additional risk and protective factors
- Replacing videos
- Implementing program with a different population or in a different setting

**YELLOW LIGHT ADAPTATIONS**

- Shortening a program
- Reducing or eliminating activities that allow youth to personalize risk or practice skills
- Contradicting, competing with, or diluting a program’s goals
- Replacing interactive activities with lectures or individual work

**RED LIGHT ADAPTATIONS**
CULTURE AS AN ORGANIZING CONCEPT
Culture resides in “groups of people”

The term ‘culture’ is defined by:
- Norms
- Practices
- Symbols
- Rituals
- Values

Culture influences institutions including families

INDIVIDUAL ACTIVITY:
Defining Culture

What defines YOUR culture?

- Values (e.g., individualism vs. collectivism; hierarchy vs. egalitarianism)
- Beliefs
- Expectations and Norms (rules of behavior; e.g., adolescents must behave a certain way)
- Traditions, Customs (food, celebrations, religion, rituals, etc.)?
CULTURAL HUMILITY

Cultural humility is “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.” – Tervalon M., Murray-Garcia J. (1998)

“Cultural competence is more aptly viewed as a process; a journey, not a destination. And cultural humility is the mindset that fuels the journey.” – Sacred Heart University

BRINGING IT ALL TOGETHER

Selection of EB Interventions and/or Policies
IMPLEMENTATION CYCLE

Needs and Resource Assessments → Selection of EB Interventions and/or Policies → Preparation and Implementation of the Intervention/Policy → Dissemination and Improvement

Outcomes: Short-, Intermediate-, and Long-Term

Monitoring and Evaluation

THANK YOU
And See You Tomorrow!
TODAY’S LEARNING OBJECTIVES

01 Describe the knowledge and skills required to prepare the implementation of EB prevention interventions

02 Summarize and apply the basic rules regarding ethics and professional behavior in prevention programming

03 Describe the knowledge and skills required to monitor, evaluate and improve the implementation of EB prevention interventions

IMPLEMENTATION CYCLE

Needs and Resource Assessments → Selection of EB Interventions and/or Policies → Preparation and Implementation of the Intervention/Policy → Dissemination and Improvement

Outcomes: Short-, Intermediate-, and Long-Term

Monitoring and Evaluation
**STEP 1
BUILD A TEAM**

Who will be implementing the intervention?

Who are formal and informal leaders within the focus population?

How will the implementation of the intervention be monitored/evaluated?

Who provides services to the priority population and is trusted by them?

---

**STEP 2
SECURE THE RESOURCES REQUIRED**

01 Resource assessment inventory

02 Plan budget

03 Assign resources to each line of the budget: institutional, financial, human
Reach the priority population and explain the intervention

In most interventions, participation requires consent

Make sure participants will participate throughout the whole implementation process

The need for a high volume of participation and retention must not create unethical practices

STEP 3
RECRUIT, TRAIN, RETAIN

STEP 4
PREPARE PROGRAM MATERIALS

Training and training manual for the deliverer of the intervention

Materials for the intervention participant

Necessary equipment

Intervention venues

Monitoring instruments
STEP 5
DEVELOP MONITORING SYSTEM

- Are activities being carried out as planned?
- Accurate recording of the process guarantees accurate adjustments for improvement.
- Accurate recording provides input for accurate process evaluation.

STEP 6
PILOT THE INTERVENTION

- Same intervention, small sample
- Try major elements of intervention
- Lower budget
- Make adjustments
- Scale up afterwards
ETHICAL CONSIDERATIONS
For Prevention Professionals

Day 3, Module 4, Part 2

Cross-Cutting Domain, IC&RC Domain VI

01 Medicine
02 Psychology
03 Social work
04 Law
05 Social science research
06 Substance use prevention/treatment

Professions And CODE OF ETHICS

Almost all professional groups have a code of ethics
01 Protecting people by identifying professional scope of competency

02 Doing no harm by acting responsibly and avoiding exploitation

03 Protecting personal, professional and organizational confidentiality and privacy

04 Maintaining the integrity of the profession

ELEMENTS Of All Professional Codes

PROFESSIONAL ETHICAL JUDGMENT

Even with an ethical code, there are instances of ambiguity. Therefore, professional judgment is important to guide decisions. One needs:

- Active knowledge of national, regional, and local regulations and laws
- An established deliberative process
- Peer Consultation
**DEFINITION OF CODE OF ETHICS**

**WHITE AND POPOVITS DEFINE THOSE CODES FOR PROFESSIONAL PRACTICE AS:**

“An explicitly defined set of beliefs, values and standards that guide organizational members in the conduct of activities in pursuit of the agency’s mission.”

**THE PREVENTION THINK TANK CODE OF ETHICAL CONDUCT STATES THAT:**

“These principles call for honorable behavior, even at the sacrifice of personal advantage.”
Codes of Ethics

Internal
Behaviors in the workplace and among staff

External
Behaviors and actions that occur in the community

The Core of Ethics is Values

Values: Personal core beliefs that guide and motivate attitudes and actions

01 02 03 04
Culture  Family  Organization  Profession
<table>
<thead>
<tr>
<th>Column A: Values</th>
<th>Column B: Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Autonomy</td>
<td>A. Using resources judiciously, wisely</td>
</tr>
<tr>
<td>2. Obedience</td>
<td>B. Not causing harm by considering the possible harm that any intervention might do and at times it may be better not to do something, or even to do nothing, than to risk causing more harm than good</td>
</tr>
<tr>
<td>3. Conscientious Refusal</td>
<td>C. Telling the truth; being transparent</td>
</tr>
<tr>
<td>4. Beneficence</td>
<td>D. Respecting confidentiality and privacy</td>
</tr>
<tr>
<td>5. Gratitude</td>
<td>E. Not breaking promises</td>
</tr>
<tr>
<td>6. Competence</td>
<td>F. Being the best that you can be</td>
</tr>
<tr>
<td>7. Justice</td>
<td>G. Enhancing freedom of personal identity. It can also be defined as the capacity of a rational individual to make informed, un-coerced decisions</td>
</tr>
<tr>
<td>8. Stewardship</td>
<td>H. Being knowledgeable and skilled</td>
</tr>
<tr>
<td>9. Honesty And Candor</td>
<td>I. Not abandoning</td>
</tr>
<tr>
<td>10. Fidelity</td>
<td>J. Disobeying illegal or unethical directives</td>
</tr>
<tr>
<td>11. Loyalty</td>
<td>K. Protecting yourself</td>
</tr>
<tr>
<td>12. Diligence</td>
<td>L. Helping others; non-discrimination by age, gender, or ethnicity</td>
</tr>
<tr>
<td>13. Discretion</td>
<td>M. Working hard</td>
</tr>
<tr>
<td>14. Self-improvement</td>
<td>N. “Giving back” or passing good along to others</td>
</tr>
<tr>
<td>15. Non-maleficence</td>
<td>O. Being fair, distributing by merit</td>
</tr>
<tr>
<td>16. Restitution</td>
<td>P. Making amends to persons injured</td>
</tr>
<tr>
<td>17. Self-interest</td>
<td>Q. Obeying legal and ethically permissible directives</td>
</tr>
</tbody>
</table>

**PREVENTION THINK TANK PRINCIPLES**

- Non-discrimination
- Competence
- Integrity
- Nature of services
- Confidentiality
- Ethical obligations for community and society
NON-DISCRIMINATION

Prevention professionals shall not discriminate against service participants or colleagues.

- Race
- Ethnicity
- Religion
- National origin
- Sex
- Age
- Sexual orientation
- Educational level
- Economic
- Medical condition
- Physical or mental ability

COMPETENCE

Master their prevention specialty's body of knowledge and skill competencies

Strive continually to improve personal proficiency and quality of service delivery

Recognize limitations and boundaries of competence and not use techniques or offer services outside those boundaries

Maintain one's competence through continual learning and professional improvement throughout one's career.
All information should be presented fairly and accurately with appropriate citations

Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations

Where there is evidence of impairment in a colleague or service participant, prevention professionals should be supportive of assistance or treatment

Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading

NATURE OF SERVICES

Services provided by prevention professionals shall:

- Be respectful and non-exploitative
- Preserve and support the strengths and protective factors inherent in each culture and individual
- Incorporate input from service participants in the development, implementation, and evaluation of prevention interventions and policies
- Report the evidence to the appropriate agency when there is suspicion of abuse of children or vulnerable adults
CONFIDENTIALITY

Any information that is acquired during the delivery of a prevention intervention or policy shall be safeguarded including:

- Any verbal disclosure
- Unsecured maintenance of records or recording of any activity or presentation without appropriate releases

Prevention professionals shall be aware of all state and national confidentiality regulations relevant to their prevention specialty and be responsible for adhering to such regulations.

ETHICAL OBLIGATIONS
For Community And Society

“According to their conscience, prevention professionals should be proactive on public policy and legislative issues”

Prevention professionals when appropriate, should educate the general public and policy makers about the public’s welfare, individual’s right to services and personal wellness.

Prevention professionals should adopt a personal and professional stance that promotes health.
ETHICAL DECISION-MAKING PROCESS - SAMHSA

ASSESS
- Identify the Problem
- Consider Influential Factors
- Consult with Others

PLAN
- Brainstorm Possible Options
- Eliminate Unethical Options
- Consider Remaining Options

IMPLEMENT
- Make a Decision
- Carry Out the Decision

EVALUATE
- Reflect on the Decision

LARGE GROUP ACTIVITY:
Faced with an ethical dilemma - What do we do?
LARGE GROUP ACTIVITY:
Faced with an ethical dilemma -
What do we do?

After going through treatment and now in recovery after 6 months, a famous entertainer through his publicist has offered to appear in a public service campaign against cocaine use. He knows firsthand the consequences of cocaine and he wants to warn young people about it. He is also willing to meet with young people directly as part of the effort. Your director loves this idea and feels that it would promote your program and services in a positive way.

STEP 1: ASSESS
Identify the problem:

Establish the facts

State the problem in one sentence

Use the Prevention Think Tank Code of Ethical Conduct to identify the specific principle(s) involved in the situation
INTERNAL FACTORS:
Your personal perspective, values, and needs

EXTERNAL FACTORS:
Who else is involved: the perspectives, rights, vulnerabilities, and responsibilities of others

CONSULT WITH OTHERS:
Who may have more knowledge or experience with the issues involved

STEP 1: ASSESS
Consider influential factors:

STEP 2: PLAN
Brainstorm ‘ALL’ possible options, no matter how impractical or unrealistic they may seem
Eliminate unethical options
Consider the remaining options, weighing their pros and cons
STEP 3: IMPLEMENT

01 MAKE A DECISION
Decide what you believe is the most ethical and appropriate option

02 CARRY OUT THE DECISION
Establish action steps for carrying out the decision you have made

STEP 4: EVALUATE
Use the following questions as a guide to reflect on and assess your decision and actions

01 What was the outcome of the decision?
02 What worked well?
03 What would you do differently?
04 Should anything more be done?
**PRINCIPLES**
- Non-discrimination
- Competence
- Integrity
- Nature of services
- Confidentiality
- Ethical obligations for community and society

**LARGE-GROUP DISCUSSION:**
Prevention Think Tank Principles and You

**YOUR THOUGHTS**
- Which of these is most important to you as a prevention professional in your work?
- Why do you feel that way?
- How does prevention science and EB prevention interventions help you understand ethical behavior as prevention professionals?

**ARRANGE**
For the implementation plan, the delivery of the intervention and the evaluation of the intervention

**ASSIGNED**
The assessed resources according to the intervention requirements

**RECRUIT**
Intervention participants and encourage full participation throughout the intervention

**ASSURE**
adherence with ethical standards for participation in the intervention

A Prevention Professional **SHOULD BE ABLE TO:**
MONITORING AND EVALUATION
Assessment & Evaluation Domain, IC&RC Domain 1
Day 3, Module 5, Part 1

IMPLEMENTATION CYCLE

Needs and Resource Assessments → Selection of EB Interventions and/or Policies → Preparation and Implementation of the Intervention/Policy → Dissemination and Improvement

Outcomes: Short-, Intermediate-, and Long-Term

Monitoring and Evaluation
POINTS TO CONSIDER
In Conducting An Evaluation

The purpose of the evaluation?

What’s going to be evaluated?

Who would be interested in the evaluation outcomes and why?

What is your timeline? Is it realistic?

What do you intend to do with the evaluation results?

What resources are available for the evaluation (e.g., time, money, expertise)?

LEVEL OF IMPACT
To what extent did the program achieve the desired outcomes and were the level of these outcomes significantly greater than if no program were delivered?

PURPOSES OF EVALUATION
There are several reasons why evaluation is important

REACH
To what extent did the program achieve the same outcomes for everyone who participated or were outcomes achieved only for certain groups?

COSTS
To what extent did the benefits of the program outweigh the costs of the program itself?

COMPARISON
To what extent is one program more effective than another if costs are held constant?
01 MONITORING OR PROCESS EVALUATION:
Records everything that happens during the implementation of the program; and thus, gives information on quality and usefulness.

02 OUTCOME EVALUATION:
Outcomes are defined in the planning phase and should be in line with objectives of the intervention/policy. Outcome evaluations document whether the intervention is effective.
HOW WE MONITOR OUR WORK

PROGRAM INPUTS

- Staff
- Training
- Materials
- Time
- Volunteers
- Equipment

PROGRAM OUTPUTS

- Attendance (Interventions)
- Implementation Fidelity
- Assessment Forms
- Short-term Outcomes
**HOW CAN WE GET THE INFORMATION?**

- Sign-in Sheets
- Instructor Completed Forms
- Participants
- Instructor

**Attendance (Interventions)**

**Assessment Forms**

---

**MONITORING/PROCESS**

**Evaluation Questions**

Is there participation on the part of the focus population?

Is the prevention strategy achieving its short-term outcome?

Are children’s perceptions of risk moving in the right direction?

Are parents utilizing appropriate monitoring skills?

Are new parents responsive to the needs of their newborns?
MONITORING AND EVALUATION SYSTEM

Outcomes
- Short Term
- Intermediate Term
- Long Term

Assumptions
External Factors

Investment
- Staff
- Volunteers
- Time
- Money
- Materials
- Equipment
- Technology
- Partners

Activities
- Assessment
- Train
- Deliver Services
- Counseling
- Facilitate
- Target Audience
- Children
- Families

OUTCOME
Evaluation Questions
Did the intervention/policy achieve its intended effect(s)?

For the priority population that received the intervention

For the total population
LARGE GROUP DISCUSSION:
If you do nothing else but the process evaluation or monitoring, what can you learn about a program?

PREVENTION PROFESSIONALS AND EVALUATION
This doesn’t mean that prevention professionals need to be evaluation experts—even though many are, but rather they should:

- Recognize the importance of and advocate for evaluations
- Understand their role in working with evaluation experts to ensure that appropriate populations and programming are incorporated into the evaluation plan
- Know how to use evaluation results to help promote and continue their programming for the future
**DISSEMINATION AND CONTINUOUS QUALITY IMPROVEMENT**

Day 3, Module 5, Part 2

Implementation & Evaluation Domain, IC&RC Domain I & II

---

**NECESSARY STEPS**
For Dissemination And Improvement

**DETERMINE**
whether the intervention should be continued, revised, or eliminated based on results

**DISSEMINATE**
information about the program, its outcomes and future plans

**IMPLEMENT**
a continuous quality improvement plan

**PREPARE**
a final report
DISSEMINATION AND IMPROVEMENT

DETERMINING THE CONTINUATION

- Is there funding?
- Is it worth it (results of monitoring and/or evaluations)
- High quality: ethical, well received, feasible, well implemented
- Difficulty with the implementation
- If continuing, plan for follow up
- Is it necessary to continue?

DISSEMINATING THE RESULTS

- Plan for it in the budget
- Promoting the program among all key groups and individuals
- Adds to evidence base for substance use prevention
- Unintended outcomes are also important to report in order to raise awareness on what not to do
- When intervention shows to be consistently effective, leverages for more support and continuation
CONTINUOUS QUALITY IMPROVEMENT

- Plan and document all the changes to be made to the process
- Guarantee that difficulties are addressed and resolved, when possible
- Identify the areas of improvement to the process
- Take implementers back to the drawing board to begin planning for changes and implementing them

FINAL RESULTS

- Includes a description of all the steps taken to complete each phase of the Implementation Cycle
- Includes the intervention plan
- Includes the results of the monitoring and/or evaluation processes
- Highlights the important aspects relevant to each of the key groups (sponsors, participants, donors, community, etc.)
# Making Evaluation Research Results Useful

- Brief key individuals and groups throughout the evaluation
- Help everyone involved understand the data
- Create a dissemination plan
- Select the most useful media for reporting results

---

## Example from the Field

### LifeSkills Training (LST)

<table>
<thead>
<tr>
<th>FACT SHEET</th>
<th>PROGRAM COSTS</th>
<th>FUNDING STRATEGIES</th>
<th>EVALUATION ABSTRACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Outcomes</td>
<td>Continuum of Intervention</td>
<td>Program Outcomes</td>
<td>Endorsements</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Universal Prevention</td>
<td>Program Costs</td>
<td>Blueprints: Model Plus</td>
</tr>
<tr>
<td>Delinquency and Criminal Behavior</td>
<td>Age</td>
<td>Funding Strategies</td>
<td>Crime Solutions: Effective</td>
</tr>
<tr>
<td>Marijuana/Cannabis</td>
<td>Early Adolescence (12-14) - Middle School</td>
<td></td>
<td>OJJDP Model Programs: Effective</td>
</tr>
<tr>
<td>Sexual Risk Behaviors</td>
<td>Gender</td>
<td></td>
<td>SAMHSA: 3.9-4.0</td>
</tr>
<tr>
<td>STIs</td>
<td>Both</td>
<td></td>
<td>Social Programs that Work: Top Tier</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Type</td>
<td>Program Setting</td>
<td>Program Information Contact</td>
<td></td>
</tr>
<tr>
<td>Alcohol Prevention and Treatment</td>
<td>School</td>
<td>National Health Promotion Associates, Inc.</td>
<td></td>
</tr>
<tr>
<td>Cognitive-Behavioral Training</td>
<td></td>
<td>711 Westchester Avenue, 3rd Floor</td>
<td></td>
</tr>
<tr>
<td>Drug Prevention/Treatment</td>
<td></td>
<td>White Plains, NY 10604</td>
<td></td>
</tr>
<tr>
<td>School - Individual Strategies</td>
<td></td>
<td>(914) 421-2525</td>
<td></td>
</tr>
<tr>
<td>Skills Training</td>
<td></td>
<td>(914) 421-2097 fax</td>
<td></td>
</tr>
<tr>
<td>Social Emotional Learning</td>
<td></td>
<td><a href="mailto:latinfo@npamail.com">latinfo@npamail.com</a></td>
<td></td>
</tr>
<tr>
<td>Program Setting</td>
<td></td>
<td><a href="http://www.lifeskillstraining.com">www.lifeskillstraining.com</a></td>
<td></td>
</tr>
</tbody>
</table>

### Endorsements
- Blueprints: Model Plus
- Crime Solutions: Effective
- OJJDP Model Programs: Effective
- SAMHSA: 3.9-4.0
- Social Programs that Work: Top Tier

### Program Information Contact
- National Health Promotion Associates, Inc.
- 711 Westchester Avenue, 3rd Floor
- White Plains, NY 10604
- (914) 421-2525
- (914) 421-2097 fax
- latinfo@npamail.com
- www.lifeskillstraining.com

### Program Developer/Owner
- Gilbert J. Bohn, Ph.D.
- Weill Cornell Medical College
EXAMPLE FROM THE FIELD


The current study included 1,447 students from 23 middle schools across the United States. Schools were randomly assigned to receive the e-learning program and class sessions or serve as a “treatment-as-usual” control group. Compared to controls, students who received the e-learning program and class sessions showed significantly less cigarette smoking, e-cigarette and vaping use, excess alcohol use, marijuana use, and prescription drug misuse. They also showed increased health knowledge and skills knowledge, increased decision-making skills, increased skills related to coping with anxiety and anger, more effective communication and social skills, and increased conflict resolution and assertiveness skills.

A Prevention Professional SHOULD BE ABLE TO:

- Determine if the intervention will continue or not, based on the results of monitoring and, if applicable, evaluation results
- Let all key individuals and groups know the results of the program, the strengths, the areas of opportunity and changes to be made
- Disseminate a final report to key groups, making sure to underline the interests of each of them and how those were addressed
Implementing a Professional Development Plan

Day 3, Module 6

Implementation Cycle

Needs and Resource Assessments -> Selection of EB Interventions and/or Policies -> Preparation and Implementation of the Intervention/Policy -> Dissemination and Improvement

Outcomes:
- Short-, Intermediate-, and Long-Term

Monitoring and Evaluation

SAMHSA
Network Coordinating Office
Prevention Technology Transfer Center Network
SAMHSA Substance Abuse and Mental Health Services Administration
Applied Prevention Science International
A Prevention Professional **SHOULD BE ABLE TO:**

- Determine how to select the problem to be addressed
- Investigate the problem in the community by carrying out the assessment
- Demonstrate the importance of the problem selected
- Identify sources of information and decide the methods for collecting it

A Prevention Professional **SHOULD BE ABLE TO:**

- Identify the resources available in the community that can be used to respond to the problem
- Identify the risk factors and the protective factors
- Determine the setting in which the intervention will take place: school, community, family, workplace, media, etc.
- Determine the priority population for the intervention
A Prevention Professional SHOULD BE ABLE TO:

01 Universal
02 Selected
03 Indicated

Determine what type of intervention is appropriate

Determine the setting in which the intervention will take place: school, community, family, workplace, media, etc.

A Prevention Professional SHOULD BE ABLE TO:

Review SAMHSA’s resource, Substance Misuse Prevention for Young Adults

Review SAMHSA’s resource, Evidence-Based Practices Resource Center
A Prevention Professional SHOULD BE ABLE TO:

- Select the interventions/policies (use EB registries)
- Assure adherence with ethical standards for participation in the intervention
- Identify the aspects of the intervention that need to be adapted to community needs
- Recruit intervention participants and encourage full participation throughout the intervention
- Determine if the intervention will continue or not, based on the results of monitoring and the evaluation of the intervention
- Delineate how monitoring and evaluation will be performed with the implementation of the program

INDIVIDUAL ACTIVITY:
Self-Assessment
Check all the statements that are true for you
Professional Knowledge Check

Based on what you learned during the course—An Introduction to the Prevention Core Competencies for Prevention Professionals—place a check by the items below that you believe you have adequate knowledge, abilities, or skills.

You can use this self-assessment to develop a professional development plan and select future training and education opportunities.

Knowledge of

☐ Risk and protective factors related to substance use.

☐ Influence of micro and macro level environments on risk and protective factors.

☐ Existing, recognized evidence-based prevention interventions.

☐ Prevention interventions for various environments such as schools, family, and workplace.

☐ Parenting courses and education/prevention interventions that are available for children and families.

☐ Definitions of prevention and prevention science.

☐ Barriers and facilitators for institutionalizing evidence-based prevention interventions.

☐ Developmental needs and vulnerabilities through the life cycle.

☐ Existing local, regional, and national institutions that support prevention efforts and the services they provide.

☐ Community resources for vulnerable youth.

☐ Reporting laws and processes for child abuse, domestic violence, and other forms of abuse and exploitation.

☐ Importance of fidelity of implementation.

☐ Prevention efforts that are not evidence-based that are ineffective and potentially harmful.

☐ Signs of physical abuse and/or maladaptive behaviors in youth that may need referral for proper care.
Importance of monitoring and evaluating interventions for quality improvement.

The value of positive relationships between caregivers and children.

Ability to

- Work within scope of your knowledge and skill level and seek supervision and professional development as needed.
- Implement universal, selective, and indicated prevention interventions.
- Identify signs of substance use and make referrals for care.
- Demonstrate respect for culture, gender, and socio-economic status through behaviors, actions, language, and other forms of interaction.
- Lead interactive instructional strategies.
- Systematically collect, organize, and report on monitoring information, including feedback from participants of the intervention.
- Hold no moral or judgmental attitudes about the opinions and behaviors expressed by others.
- Recognize youthful behavior as normal and to be expected.
- Express compassion, warmth, support, empathy, authenticity, humility, and sensitivity.
- Understand and apply prevention ethics appropriately.

Skill in:

- Demonstrating positive views of evidence-based prevention interventions and policies.
- Valuing the importance of monitoring and evaluation.
- Implementing evidence-based prevention in existing schedules and organizations, particularly schools.
- Creating time and buy-in for prevention activities.
- Believe that family and school are assets to prevention.
- Lived experience, high emotional intelligence.
- Modeling positive behaviors and attitudes.
- Examining personal beliefs and experience and how they affect interactions with and feelings toward others.
- Eliciting opinions, feedback, and criticism about the intervention and its adequacy.
CONTINUED TRAINING

APSI offers an array of curricula that focus on the selection and implementation of prevention interventions that are delivered to:

- Media
- Families
- Students within schools
- Populations – through environmental interventions and policies
- Populations – through community implementation systems, such as coalitions

GO TO www.apsintl.org

PREVENTION TECHNOLOGY TRANSFER CENTER (PTTC) NETWORK

Provides training and technical assistance to the substance use prevention field through 10 regional centers, 2 National focus area centers, and a Network Coordinating Office.

FOCUS ON PREVENTION

This manual helps communities plan and deliver substance use prevention strategies. It covers conducting needs assessments, identifying partners, and creating effective strategies for marketing and program evaluation.

SAMHSA PUBLICATIONS & DIGITAL PRODUCTS

Contains a library of resources
Professional Development Plan Worksheet

Visit the PTTC website and identify your state-specific requirements for certification

Prevention Professional JOB OPPORTUNITIES

- WORKING AT SAMHSA
  Includes job opportunities and internships

- CADCA PREVENTION JOBS BOARD
  Includes national opportunities

- COUNTY AND STATE
  Prevention opportunities embed in local government

- COMMUNITY
  Look for local coalitions, prevention or treatment programs
Fill in the following information:

01 Educational / Training Requirements:

02 Prevention Experience:

03 Supervised Prevention Experience:
**Future Training Opportunities:**

Take a moment to identify the national and location training opportunity in the next year. Document the information below:

<table>
<thead>
<tr>
<th>Name of Conference</th>
<th>Date</th>
<th>Location</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CADCA National Forum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CADCA Mid-Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Prevention Network Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Prevention Conference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTTC Regional Events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TRAINING Post Knowledge Survey and Evaluation

LEARNING ANCHORS
Talking Ball:

GET THE BALL:
Say one word to describe how you felt today

Pass the ball to anyone in the circle
THANK YOU